

A total of 33 people (8 male, 23 female, including 3 children) were killed by the water, with approximately 150 significantly injured. EMS runs increased 250% from normal daily averages, with island-wide responses significantly delayed by flood damage. The hospital in Pago Pago, situated near the shore and only 10 meters above sea level, utilized 75 staff to evacuate 68 inpatients to high ground as soon as tremors were felt. This process was completed in 20 minutes with no associated morbidity or mortality. Patient injury patterns for the event are similar to recent literature reports. Mobile clinics and alternate care sites established at outlying dispensaries were used to decentralize healthcare from the hospital. DMAT/DMORT teams from Oregon and Hawaii supported local healthcare initiatives. Post-disaster public health surveillance focused on identifying and limiting food/water-borne illnesses, dengue fever, and influenza-like-illness outbreaks, as well as disaster related PTSD.

Conclusion: The disaster response to the tsunami in American Samoa was effective. Disaster planning was appropriate and rapidly implemented. Post-disaster public health emergencies were minimized.

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(P1-22) Emergency Management Plan for H1N1 Major Epidemic Event – An Experience of a Private Hospital in Sao Paulo – Brazil

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Objective: To describe the Emergency Management Plan for H1N1 Major Epidemic Event to reduce the impact of the patients in a general emergency department.

Method: Einstein hospital has a catastrophe management program which is regularly tested for several scenarios: accidents, fire, and biological attack among others. Special concern is given for pandemics since we need to keep employees' fit to keep the hospital running as usual.

Results: On April 24, WHO issued an alert about the rising cases of influenza virus H1N1. Immediately we provided a plan of care for suspected or confirmed cases based on WHO and CDC guidelines. On April 29 increased level of alert to Phase 5 (pandemic imminent). The crisis management group created a multidisciplinary team with actions directed to Einstein's doctors and staff, 6,000 registered professionals, engineering, emergency care, laboratory, occupational medicine, hygiene, waste disposal, among others. Communication was maintained with government to update the official guidelines. Two specific drills were performed to train staff and support teams. Debriefings were made to all participants and lessons learnt were incorporated.

Results: Official figures showed that in São Paulo until August 2 have been reported 6,383 cases, 11.8% (756 cases) of these were reported by HIAE. From 5 May 2009 to 05 December 2009, 1,324 cases were reported. There were only four deaths of patients with influenza A H1N1 and two acquired in hospital and the daily business were not compromised by the epidemic showing the importance of a crises management plan.

Conclusion: The methodology of realistic simulations has showed effectiveness in the planning of how to manage Major Epidemic Events and improvement actions from this exercise has been showing best results for the patient flow and safety whenever this kind of situation happens at Hospital Albert Einstein.

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(P1-23) The Potential Terrorist Possession of Weaponized Plague in North Africa: A Forensic Epidemiology Case Study and Discussion of Principles in Tizi Ouzou, Algeria

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Background: A report of black death, presumably pneumonic plague (*Yersinia Pestis*) occurred in the terrorist group Al Qaeda in the Land of Islamic Maghreb (AQLIM) in 2009. Up to 40 members of AQLIM are reported to have perished rapidly.

Discussion: The event was managed by Algeria, but questions remain as to the nature of this event and the level of investigation that was applied. This paper is a discussion of the principle elements of a forensic epidemiology investigation that should have, but did not take place in Algeria. The need for improved forensic epidemiology investigation capability is illustrated in this event due the unique problems inherent in the investigation of intentional outbreaks.

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(P1-24) Future Weapons of Mass Destruction: Preparing For Emerging Threats

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Introduction: Civilian Weapons of Mass Destruction (WMD) training involves preparing for threats well-known to the military since World War II. Present and future developments in Chemical-Biological (CB) research have resulted in new potential agents, modes of action, and methods of delivery. Chemical-Biological defense training should include these new agents and anticipate contact with previously unknown ones. The natural response to an unknown threat is fear and panic, out of proportion to the actual threat. Specific training in management of new pathogens and toxidromes should be incorporated into existing preparedness regimes. Leadership skills that address uncertainty and inspire constructive responses will increase resiliency.

Methods: Literature Review

Results: Recent and Future CB Agents: (1) 4th Generation AchE inhibitors: Novichoks, Substance 33, etc.; (2) Genetically enhanced bacteria and engineered chimeric diseases; (3) Modified viral diseases: Variola, Influenza, filoviruses, flaviviruses, arenaviruses; (4) Bacteriophage induced diseases; (5) Agents targeting specific racial or genetic groups; (6) Mid-spectrum agents; (6) Bioregulators: Substance P, vasopressin, enkephalin, etc.; (7) Novel toxins: tetrodotoxin, SEB, saxitoxin, etc.; (8) Hallucinogens and incapacitants (LSD, DMT, carfentanyl, cis-fluoro-ohmefentanyl); (9) Prions and infectious nucleic