

studies. An overview of training and education of Agricultural Emergency Response personnel across the United States will be covered with a more in depth look at the training provided by the Animal Plant Health Inspection Service.

Conclusion: The Professional Development Staff provides technical training in disease identification and control, emergency response, import/export, and other topics as needed. Protecting and promoting American Animal Agriculture is our core mission. Veterinary Services provides leadership at the intersection of Animal and Public Health concerns.

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(A331) Simulation of Mobile Hospital Team for Mass Gathering and Mass Casualty in Iraq: Korean Experience

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Introduction: From 2007, it is decided officially to provide and support mobile hospital team for Iraqi people to enhance access to quality healthcare not only for primary healthcare but also for religious mass gathering and mass casualty situation. Multiple special vehicles were donated to two provincial governments in Iraq and Iraqi experts were invited to Korea for mobile hospital team training including field simulation.

Methods: The simulation was based on computer aided initially, and table top simulation was done and real field drills were performed twice. This process was performed for 2 years to different teams from different province in Iraq. The arrangement of mobile hospital vehicles differed between the first and second year field simulation for finding more efficient arrangement. All the table top simulation and real field drills were recorded by writing and camcoders, after the simulations the video was analyzed and discussed with experts and participants.

Results: Table top simulation has highest number of right decisions in individual simulation situation. The second field drill has more right decisions than the first field drill. The second year field simulation has less duration of drill, highest number of right decisions, and was more comfortable to trainees.

Conclusions: The necessity of mobile hospital team is increasing especially in some region and situation, however, the effort is not enough to seek the appropriate preparedness and method of operation academically. Specific knowledge and guideline for mobile hospital will be necessary as well as the up-to-date facilities and technologies.

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(A332) Increasing Medical Situational Awareness and Interoperability via “Virtual USA”

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Introduction: History is replete with interoperability and resource reporting deficits during disaster that impact medical response and planning. Situational awareness for disaster and emergency medical response includes communicating health hazards as well as infrastructure and resource status, capability

and GIS location. The need for actionable, real-time data is crucial to response. Awareness facilitates medical resource placement, response and recovery. A number of internet, web-based disaster resource and situational status reporting applications exist but may be limited or restricted by functional, jurisdictional, proprietary and/or financial requirements. Restrictions prohibit interoperability and inhibit information sharing that could affect health care delivery. Today multiple United States jurisdictions are engaged in infrastructure and resource situation status reporting via “virtual” states and regional projects considered components of “Virtual USA”.

Methods: This report introduces the United States’ Department of Homeland Security’s “Virtual USA” initiative and demonstrates a health application and interoperability via “Virtual Louisiana’s” oil spill related exposure reporting during the 2010, British Petroleum Gulf Horizon catastrophe. Five weekly Louisiana Department of Health and Hospital summary reports from the Louisiana Poison Center; Hospital Surveillance Systems; Public Health Hotline; and Physician Clinic Offices were posted on the Louisiana Office of Homeland Security and Emergency Preparedness’s “Virtual Louisiana”.

Results: 227 total spill-related, exposure cases from five reporting weeks were provided by five Louisiana source agencies and reported in Virtual Louisiana. Cases were reported weekly and classified as “workers” or “population”; associated with the parish exposure locations (8), offshore (1), or unknown (1); and shared with four other virtual states.

Conclusions: Real-time health and medical situation status, resource awareness, and incident impact could be facilitated through constructs demonstrated by “Virtual USA”.

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(A333) The Potential use of Social Media in Animal Emergency Response

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Social networking has been utilized for information sharing and communication since the beginning of time. Current communication technology allows for rapid information sharing across social networks through the increased utilization of social media—Facebook, Twitter, Flickr etc. Social media tools have been used increasingly in recent emergency response efforts including the response to the 2010 earthquake in Haiti and the BP oil spill in the US Gulf Coast. Veterinarians have been engaged in emergency preparedness and response activities for many years. The American Veterinary Medical Association founded in 1863 and representing approximately 83% of United States veterinarians and the American Veterinary Medical Foundation, established by the AVMA in 1963, have been active in emergency preparedness and response including the development of a world class veterinary disaster response program (VMAT) since 1993. Animals and humans share a special bond in the United States. According to the 2007 AVMA U.S. Pet Ownership and Demographics Sourcebook there are 72 million dogs, 81.7 million cats, 11.2 million birds and 7.3 million horses in U.S. households. Approximately 60 percent of all U.S. households own at least one pet and 64 percent own

more than one pet. Following Hurricane Katrina in 2005 thousands of animals received veterinary medical care at the Lamar Dixon Animal Shelter in Baton Rouge, LA. Social networking was utilized by responders to obtain supplies yet current social media capabilities were not utilized to enhance veterinary medical response and care at the largest disaster animal shelter in US history. Several challenges (volunteer management, lack of veterinary supplies, and referral of critical veterinary patients etc.) in veterinary disaster response could be met through utilization of targeted social media messaging. Social media has the potential to enhance the efficiency and quality of disaster veterinary medical response now and into the future.

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(A334) Disaster Medicine Center Evolution (Structure and Activities)

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The requirements of coping with emergencies on the national level include the necessity to modify the structure of disaster medicine centers that deal with major emergencies. Sharing the responsibility for the management of emergency response and preparedness also is important. The evolution of disaster medicine service is key for disaster risk activities. The goal of this presentation is to show the center subunits and their tasks based on strict management under the leading the Ministry of Health and Social Development of Russian Federation. The main units of the disaster medicine center are proposed in view of the relationship to the regional and municipal centers and local medical facilities. The participation of corresponding-level centers in emergency response is dictated by the emergency scale, characteristics of the event, number of injured, number and capacities of local (regional) medical facilities, and other needs in emergency response management. The system of supply management during emergencies comprises a network of warehousing conserving the federal, regional, and local reserves of medical products is revised regularly. The new, information-sharing, automatic, geo-informational system manages the distribution of supplies for any event and evaluates the presence of resources and personnel around any focal point where any natural or technological emergency occurs. Such an informational system is being discussed for the revision of supplies and management on the international scale. The issues of field practice are proposed and suggestions on the modern coordinating mechanisms will be discussed.

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(A335) Emergent use of Social Media: A New Age of Opportunity for Disaster Resilience

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Background: Social media (SM) are forms of information and communication technology disseminated through social

interaction. SM rely upon peer-to-peer (P2P) networks that are collaborative, decentralized, and community-driven transforming people from content consumers into content producers. The role of SM in disaster management galvanized during the world response to the 2010 Haiti earthquake. (Pew 2010) During the immediate aftermath, much of what people around the world were learning about the earthquake originated from SM sources. (Nielsenwire 2010) During the first 2 weeks following the earthquake, “texting” mobile phone users donated over \$25 million to the American Red Cross. (Sysomos 2010) Both public and private response agencies used Google Maps™. Millions joined MySpace™ and Facebook™ discussion groups to share information, donate money, and offer support. SM has also been described as “remarkably well organized, self correcting, accurate and concentrated”, calling into question the ingrained view of unidirectional, official-to-public information broadcasts. (Sutton, et al 2008) SM may also offer potential psychological benefit for vulnerable populations gained through participation as stakeholders in the response. (Sutton, et al 2008) (Laor 2003) **Discussion:** However, widespread use of SM also involves several important challenges for disaster management. Although SM is growing rapidly, it remains less widespread and accessible than traditional media. Also, public officials often view person to person communications as “backchannels” with potential to spread misinformation and rumor. (Akre 2010) In addition, in absence of the normal checks and balances that regulate traditional media, privacy rights violations can occur as people use SM to describe personal events and circumstances. (Palen 2007)

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(A336) Sustaining Telecommunications Capability and Capacity during Acute Phase of Disasters and Disaster Responses

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Background: Telecommunications plays a critical enabling role in disaster response, both for the local population and for responses of external origin. However, it is common for telecommunications capacity to be reduced or disabled by the disaster or emergency. Meanwhile, the disaster stimulates demand for any remaining capacity, often resulting in total loss of telecommunications capability during the acute phase of a disaster and its response.

Discussion and Observations: The Serval Project is addressing this through the implementation of a mesh mobile telephony system that is compatible with some existing mobile telephone handsets, and can be integrated into many more models without changing handset hardware designs or cost. This technology allows mobile telephones to directly communicate with one another, and allows telephone calls to be made without infrastructure beyond the telephones themselves. Our Distributed Numbering Architecture allows the telephones to use their existing telephone numbers, so that communications can continue immediately and without impediment when needed. The telephones self-organise, and relay calls for distant telephones, thus forming their own resilient telecommunications