

establishment of the Health Security Committee. Since then, health threats activities have been, and are still, under development mainly within the framework of the Health Threats Unit at the Health and Consumers Directorate General (DG SANCO).

The main aim of the European Commission's actions within the health threats area is to facilitate cooperation and coordination within the EU. Areas of great concern are surveillance, reporting, and preventing communicable diseases, performed with the technical support of the European Centre for Disease Prevention and Control (ECDC). Other areas of importance are preparedness planning and response for chemical, biological, radio-nuclear (CBRN) events, and generic preparedness planning and response. Technical guidance documents within these areas are published. Technical tools for facilitating reporting and information sharing are available. Training and exercises are performed regularly. Close cooperation with international organizations, such as the World Health Organization (WHO) and the Global Health Security Initiative (GHSI), are established. Cooperation and coordination between the different services of the European Commission also are important factors for the successful management of major events and crises.

Keywords: European Commission; health threats; pandemic; public health; terrorist attacks

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Preparing Prisons for Health Emergencies

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Introduction: Prisons generally are organized and well-equipped for emergencies, including power outages, extreme weather, labor actions, and unrest among inmates. Emergencies generated by unusual health conditions such as influenza or a rapidly spreading gastro-intestinal outbreak present unusual challenges in an incarcerated population and its associated workers.

Methods: The American Correctional Association (ACA) has been encouraging all member organizations to plan for a possible pandemic influenza event, with many state and local governments simultaneously expecting every agency to have a "flu plan". Guidance developed for emergency response agencies and traditional health organizations requires adaptation to the culture of incarceration. A university-based health emergency preparedness program has worked with the ACA to provide materials and workshops on planning and exercising for flu and other major health emergencies.

Results: The evaluations of the several influenza planning/exercise workshops presented at the ACA have been positive. The interactive approach with practical tools for considering health emergencies has been well received. Understanding the mutual risk to prisoners and staff members is a critical step. Translating tools developed for health facilities allowed participants to return to work better prepared to integrate health emergencies into the facility's emergency plan, and to efficiently organize staff.

Conclusions: With a concentrated population disproportionately drawn from populations at high risk for poor

health, prisons and jails present a great challenge to planning for health-related emergencies. Collaboration between corrections and health emergency planners can lead to effective responses.

Keywords: health emergency; influenza; planning; preparedness; prison; public health

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Evidence-Based Decision-Making in Disaster Relief Operations

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Introduction: The Good Humanitarian Donorship (GHD) Initiative is an international effort by donor countries to improve donor practices in the aftermath of disasters. For the 2007–2008 meeting cycle, the US Office of Foreign Disaster Assistance commissioned a study on evidence-based decision-making in disaster relief operations.

Methods: The authors performed full searches of original research, reports, and reviews using MEDLINE, PubMed, and databases of the selected institutional libraries. Keywords were "evidence", "evidence bases", "decision-making", and "humanitarian assistance". The authors also used unpublished data from disaster medical coordinators worldwide.

Results: Twenty-two information management initiatives were identified. Evidence-based disaster management varied between the medical, public health, and humanitarian communities. Clinical medicine emphasized evidence from systematic research in which data possessed a hierarchy of strength based on the method of acquisition. By contrast, public health emphasized evidence from rapid health assessments, population-based surveys, and disease surveillance for which the strength of evidence obtained was not measured easily by the grading scales of evidence-based medicine. Humanitarian assistance was characterized by eminence-based decisions.

Conclusions: Twenty-six recommendations emerged from the study. A pilot course on needs-based decision-making, sponsored by Sweden, is currently under development.

Keywords: decision making; disaster; evidence-based; Good Humanitarian Donorship; relief

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Public Health Services—Coping with the Challenges of Epidemics in the 21st Century

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Introduction: Since the end of the 20th century, the discipline of public health and the public health system have found themselves facing old and new challenges as never before, including the emergence of new epidemics and the re-emergence of infectious diseases. Public health should look at this phenomenon not as a threat but as an opportunity to improve by investing in public health system preparedness. The aim of this study was to identify the services that must be upgraded in order better prepare for epidemics such as pandemic influenza.

Methods: A new public health system model was developed and validated based on the four health system framework functions: (1) stewardship; (2) resource generation; (3) financing; and (4) provision of services, as determined in the World Health Report 2000, as well as essential public health functions.

Results: The model includes: (1) roles and performance standards required from the public health system in developing and executing a contingency plan to combat infectious disease epidemics; and (2) a checklist that examines and evaluates whether the contingency plan is feasible in face of the essential public health functions.

Conclusions: A framework to evaluate public health system performance and structure is needed to identify strengths, weaknesses, and gaps, as well as how to create a platform to upgrade infrastructure in order to cope with current challenges.

Keywords: epidemic; pandemic preparedness; preparedness; public health; public health system

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Assessing Shelter Operations Using a Standard Form: Results of the Centers for Disease Control and Prevention Environmental Health Shelter Assessment Workgroup

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Every year, disasters directly or indirectly affect millions of people in the United States. Large-scale disasters will displace many people from their homes and will force them, either temporarily or permanently, to alter their way of living. The most vulnerable among them may find themselves housed in a shelter. During a disaster, the role of environmental health officials includes monitoring conditions that could impact people's physical, mental, or social well-being. To ensure that residents' basic human needs are identified quickly and are met without delay, shelter assessments are essential. To assist in such assessments, the Centers for Disease Control and Prevention (CDC), in a joint effort with several environmental health partners, developed a tool for evaluating shelters during disasters. In this presentation, the importance of environmental health shelter assessments and the importance of collecting shelter information in a standard way will be highlighted.

Keywords: Centers for Disease Control and Prevention; displaced persons; large-scale disasters; public health; shelter operations

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Medication Preparedness and Awareness for Chronic Disease Sufferers during Disasters

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Introduction: Many are affected by chronic diseases and depend on medication to attain and maintain a good quality of life. The medication required by some may be specific and not the generic brands readily available from pharmacies. The most globally listed chronic diseases include cardiovascular problems, cancer, mental health problems, diabetes

mellitus, and chronic respiratory diseases, all being major causes of death. Depression and diabetes have reached epidemic significance. In Australia, there is significant property destruction from bush fires and cyclones. Post-disaster situations significantly will impact on those people with chronic illnesses who have not adequately prepared for continuation of their medication.

Methods: The information was obtained from extensive literature searches, phone calls to state emergency services (SES), and government offices involved in health protection in Australia.

Results: Information obtained from the SES indicated that in cases of evacuation, advice given to evacuees is to pack photographs and personal items and leave the premises. It is assumed by emergency personnel that people automatically will pack their medication and medical details. Evacuees without necessary medication, such as in the case of diabetics, only will be attended to urgently if they develop hypoglycaemic shock. Otherwise, medication is a low priority in disaster situations in Australia, this being reflected in that the medical stockpile for emergency situations does not include medication for chronic diseases.

Conclusions: Medication preparedness should be addressed by introducing self-care and self-management programs for medication management for chronic disease sufferers in disaster-prone areas.

Keywords: chronic disease; evacuation; medication; preparedness; public health

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Preparing Personnel for Deployment

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The World Health Organization's (WHO) Global Plan of Action on Workers' Health 2008–2017 and the International Labour Force Promotional Framework for Occupational Safety and Health (2006) aims to promote and protect the health of the workforce. This includes support for the development and provision of occupational health. Fit and healthy employees produce high-quality work, cope well with pressure and change, and will work with the organization to meet its goals. This is particularly important in relation to the nature and demands in disaster relief workers engaged on overseas deployments. The risks to the health and safety of aid workers (given the adverse environment in which they may work) are high; therefore, employers have an additional responsibility to protect their staff. In support of the WHO, the United Kingdom's "Health, Work and Wellbeing" strategy makes employers responsible for maintaining the health of their employees to ensure they are not placed in situations that may adversely effect their health and well-being. The aim of this presentation is to present (based on a risk-assessment approach) the pre- and post-deployments occupational health assessment of aid workers deployed on overseas engagements, understand and appreciate the pre-employment steps that assist in preparing field volunteers, and reflect on the responsibilities of agencies to ensure the health, safety, and security of field volunteers while employed.

Keywords: aid; deployment; plan, psychosocial; public health

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