Emergency Health Response

Portland Oregon

Council of State and Territorial Epidemiologist

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Content

- PAHO/WHO?
- Latest event: Chile, Haiti, H1N1
- How can we assist abroad?

PAHO/WHO:

- Disaster Program since 1976
- Risk reduction/ Prevention:
  - Safe Hospital initiative
- Response:
  - Coordinate international health response team

February 27 Chile Earthquake

- 8.8 earthquake with large destruction
- Deaths: 500
- 60% Hospitals affected:
  - 79 hospitals were affected, of which 54 require repairs (9339 beds), 8 structural repairs (2416 beds)
- 17 hospitals were left out of service

Data as of 23 March 2010

People affected	156,962
Deaths	50
Dwellings destroyed	19,001
Houses with major damage	22,943
Houses with minor damage	41,981
Shelters	35

January 12 Haiti Earthquake

- 7.0 magnitude earthquake; the largest in Haiti in 200 years and most devastating

- Estimates:
  - Deaths: Over 220,000
  - Injured; 300,000, including 4,000 amputations
  - Internally displaced: 500,000
  - People in shelter: 1.3 million (May 2010)

Haiti Earthquake Impact on Health

- 30 out of 49 hospitals have been damaged or destroyed
- The Ministry of Health building collapsed
- 80% Poor
- The rainy season poses further risks to health

23 April H1N1

- Up to 23 it was an epidemiological problem
- After 23 it was a crisis:
  - Sudden impact
  - Overwhelm national capacity
  - Require international assistance

- First time organization wide emergency

PAHO/WHO

- **Coordinated cluster:**
  - over 400 NGOs, UN organizations, and bilateral agencies
  - Establishment of 7 subclusters, 2 of which are disease surveillance and health information management
  - Remain a challenge

- **Independent evaluation**
  - Established health response priorities, provided response standards, and delivered health care to the affected population

- **Mobilize experts and resources** to assist national government in facing crisis.
  - Established field offices (Jacmel, Leogane) and the Haiti/DR border (Fond Parisien)
  - Vaccination of high risk population
  - Regional Response team

Epidemiological support

- Haiti:
  - Expert mobilization:
  - PAHO/WHO, CDC, Cuban Brigades, the Canadian International Development Agency, Médecins Sans Frontières
  - National Sentinel Surveillance System - data is gathered from 52 sentinel sites
  - Surveillance system in temporary shelters (use syndrome reporting)
- H1N1:
  - Investigation (Mexico, Argentina, Chile,..)
  - Lab specialist (Diagnostic, reagent,..)
  - Real time surveillance

Challenges

- Haiti:
  - No epidemic however need for quick field investigation measles, diphtheria
  - Lots of rumor related to foreign presence
  - Difficulty in reporting
- H1N1:
  - Recognize that there was much more then a disease to treat there was a crisis
    - No relation to the number of cases
    - Related to the fear

How can an epidemiologist from state and local levels contribute?

- Refrain travelling if not specifically trained
  - Possible to refrain making mass vaccination campaign
  - Syndromes surveillance
- Know the language and the country to be assisted
- Be self sufficient (transport lodging Work Relieve the work load in the field Health Regional Response Team
- Participate in established agreement (regional disaster response team, GOARN, ..)

Conclusions

- Crisis can be generated by a multitude of hazard (earthquake, new deadly virus, chemical accident,..)
- Response to crisis requires specialist in emergency management in addition to subject matter specialist
- Coordination remains a major challenge. More institutions and professionals must be pre-qualified and trained.

Thank you for attention!

- For more info:

http://www.paho.org/disasters