

Academia
Paediatrics
Kurume

Infection surveillance after natural disaster



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Infection surveillance after natural disaster

- **Background: Myself & Rikuzen-Takata**
- ICAT surveillance
- Takata surveillance
- Critical comparison between two systems
- Conclusions



Perfect contribution to the world in my style




research

City of Rikuzen-Takata:

- Population-23000
- Victims-10%
- Number of physicians-16


Rikuzen-Takata after the Quake



4 totally collapsed clinics

- 心臓科 (Psychology)
- 血液 (haemodialysis)
- 内科 (内科)
- 小児科 (小児科)
- 鳥羽院 (宇志)
- 立川診療所
- 日本紅十字 (Japan Redcross)
- 二又診療所
- 行徳診療所

Successful restoration of primary care system



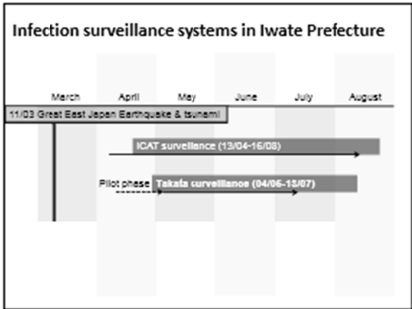
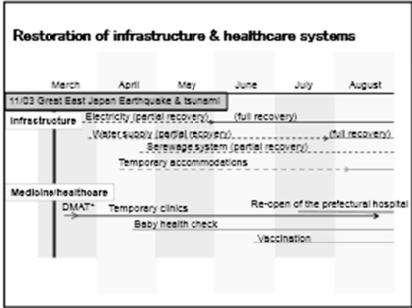
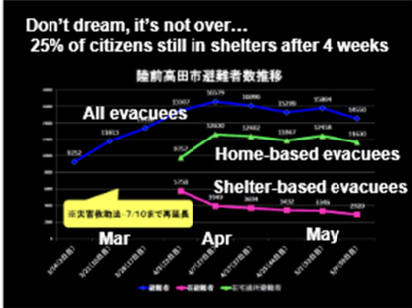
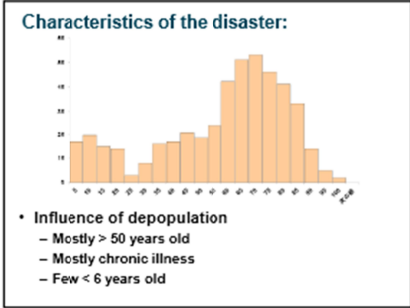
Number of patients

Numbers of evacuees & medical volunteers

April May

DMAT

- Primary care & transportation
- Infection control
- Vaccination Health check
- Further re-establishment of public health system



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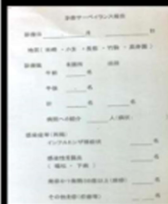
Healthcare teams in Rikuzen-Takata



● Hospital clinic closed after 13th March
○ Active clinic in the beginning of May

16 medical teams operating in 10 bases
2 large bases in Takata and Yonesaki

Pilot surveillance in Yonesaki since April



- Proposed by a public health nursing team from Kobe
- Abbreviated CDC format

Limitation of Takata survey



- Not all clinics participated
 - No analytical approach
 - No systematic feedback
- Need to establish a unified system

Difficulties encountered:

- Lacks in:
- Dedicated staffs
 - Funding supports
 - Communication tools
 - Command chains



"Clinic-based survey was unrealistic due to the chaotic command chains between the government and support teams." (Kaku et al.)

