

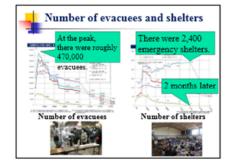
Ken Ishikawa, Yasuhide Nakamura, Toyojiro Matuishi, Osuke Iwata, Hakuyo Ebara, Yoshitaka Miura, Toru Fuchimukai, Takeo Kasai, and Shoichi Chida

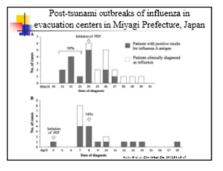


20,000 people.











Tuberculosis infection in a shelter for Great East Japan Earthquake

We report a case of active pulmonary tuberculosis (TB) in a person who stayed at a shelter after the 2011 Great East Japan Earthquake, and results of an investigation into prevalence of latent tuberculosis infection (LTBI) among evacuees and others exposed to this patient.

Emerg. Infect. Dis., May 2013; 19(5):799-801.



Infection control

The occurrence and outbreaks of infectious diseases in shelters after the earthquake were of concern, because taking standard precautions was difficult and access to health care was poor. Infection control activities were required to support shelters in efforts to minimize infectious diseases.

Emerg. Infect Dis., May 2013; 19(5):799-801.

Fortunately, medical records of expectant mothers





were kept on the server of a perinatal medical information system that was operational in Iwate prefecture. Disaster area





Modern health-care systems are highly vulnerable to the

Associate neutri-care systems are lightly vulnerative to the loss of advanced technological tools. The initiation or reestablishment of disease surveillance following a natural disaster can therefore prove challenging, even in a developed country.

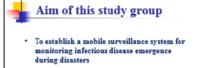
Surveillance should be promptly initiated after a disaster by. (D Developing a surveillance system that is tailored to the local setting.

- ii) Establishing a support team network
 iii) Integrating resources that remain or soon become
 locally available.

Onlice Iwate et al., Sulfern of the World Health Organization; Lessons from the Field, Article ID: BLT.19.117945







 To improve the system, which can be used during future disasters worldwide



