

Infection surveillance after natural disaster

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

Healthcare teams in Rikuzen-Takata



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

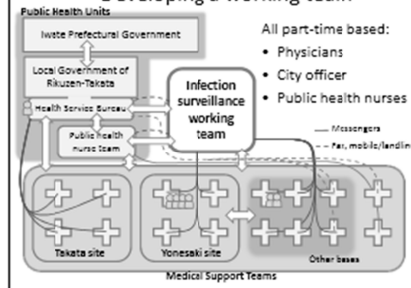
Difficulties encountered:

- 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.)

Developing a working team

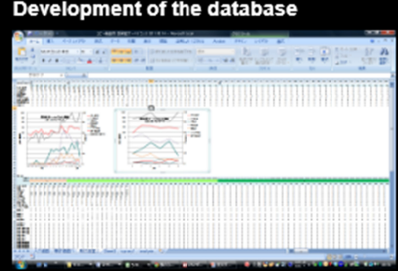
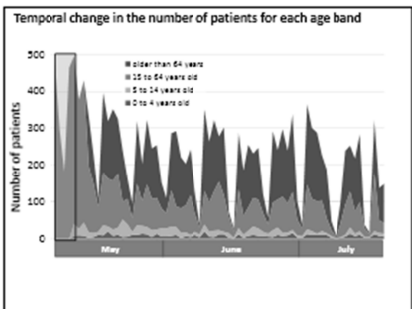
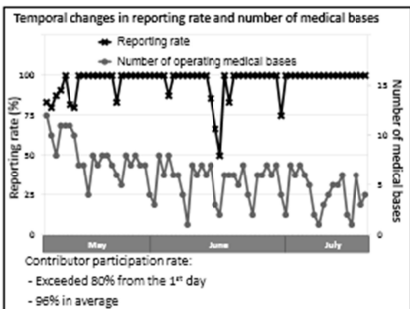
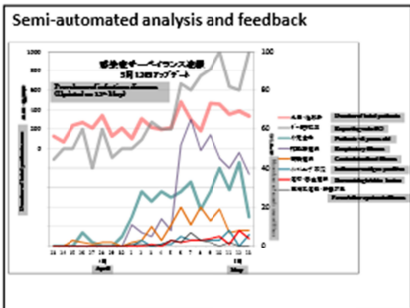


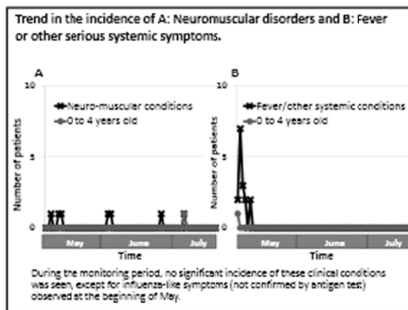
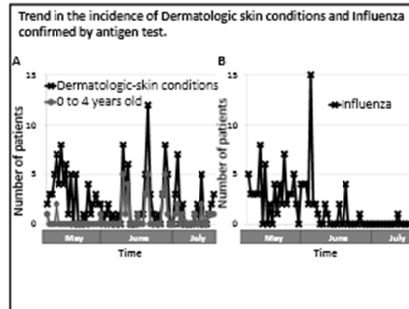
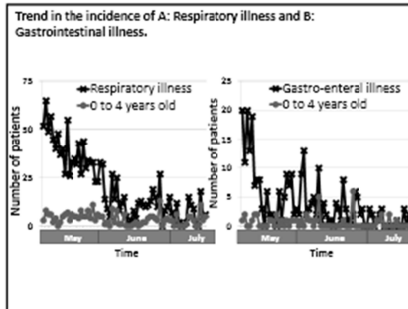
Unified reporting sheet for clinic-based infection surveillance



- CDC-tally sheet based
- Consistent to pre-existing formats
- Daily data submission using any available communication tool
- Daily feedback

Development of the database



Summary

- Infection surveillance covering an entire city built
 - Within a week
 - Without dedicated full-time staff
 - Without specific funding
- Consistently high contribution rate
- No significant outbreaks of diseases

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- **Critical comparison between two systems**
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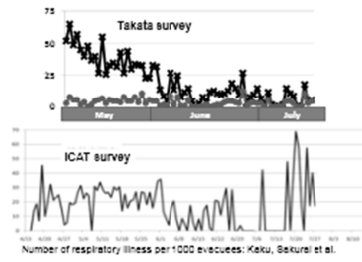
1. High-tech or Low-tech?

- High-tech tools should be utilised further.
- However 'how to use' is more important
- Command chains can be established

2. Evacuation centre or Clinic?



Comparison in "Respiratory illness"



Summary

- Advanced high-tech tools should be utilised.
- However, "how we use" is more important than "what we use".
- Facilitation of command chain is the key
- Clinic/hospital based surveillance would be more suitable

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Conclusions-1

- Healthcare system in modern world is:
 - dependent on high-tech tools & database
 - susceptible to catastrophic disasters
- Implementation of new system is challenging because of lacks in:
 - command chain between support teams
 - reliable communication
 - dedicated work forth

Conclusions-2

- Measures for post-disaster infection surveillance:
 - careful assessment of local settings
 - optimisation of system
 - integration of available resources
 - development of support-team network
- Even a small, part-time voluntary working team can improve the temporary healthcare system
- Close contact with public health units required

