

SETTING UP A SURVEILLANCE SYSTEM

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MAKE MAXIMAL USE OF THE PRE-EXISTING SURVEILLANCE DATA
AS BASELINE INFORMATION;

ADJUST THE SYSTEM TO MEET DISASTER CONDITIONS.

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IF A STANDARD REPORTING SYSTEM DID NOT EXIST BEFORE THE DISASTER, IT IS FRUITLESS TO ATTEMPT TO ESTABLISH ONE IN THE IMMEDIATE POST-DISASTER PERIOD.

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DO NOT BELIEVE THAT THE PROMULGATION OF FORMS, GUIDELINES, REGULATIONS, ETC... WILL CONSTITUTE PER SE AN EFFECTIVE SURVEILLANCE SYSTEM.

EFFECTIVE SURVEILLANCE IMPLIES :

- LINKING WITH THE PEOPLE ON THE SPOT
- GETTING INFO - QUICK
- RECOMMENDING APPROPRIATE ACTION

BY WHATEVER MEANS.

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IDENTIFY, MONITOR AND INVESTIGATE UNOFFICIAL AND
UNCONVENTIONAL SOURCES OF INFORMATION;

SET UP A STANDARDIZED OPERATING PROCEDURES TO HANDLE
RUMORS.

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DEVELOP AN ADDITIONAL AD HOC SURVEILLANCE SYSTEM
UTILIZING MEDICAL RELIEF WORKERS.

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SELECT DISEASES TO BE NOTIFIED AND SET UP SOUND CLINICAL CRITERIA FOR NOTIFICATION.

DEFINE SYMPTOMS OR SYMPTOM-COMPLEXES FOR REPORTING

ANALYSE AND DOCUMENT SUSPECTED OUTBREAKS (BASELINES, ON THE SPOT INVESTIGATION).

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NEGATIVE REPORTS ARE AS IMPORTANT AS POSITIVE ONES.

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PLENTY OF INFORMATION MAY BE AVAILABLE AT LOCAL LEVEL BUT
NOT TRANSMITTED : DO HAVE ACCESS TO COMMUNICATION
SYSTEMS AND CHECK LOCAL SITUATION.

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**STIMULATE ROUTINE REPORTING BY FEEDING BACK INFORMATION
TO LOCAL LEVEL.**

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INCLUDE WHENEVER APPROPRIATE SURVEILLANCE FOR NON-COMMUNICABLE CONDITIONS TO ASSIST RELIEF MANAGERS AND PROVIDE BASELINES FOR MONITORING LATE EFFECTS.

KEEP CONTACT WITH VETERINARIANS FOR ZOOZOSES.

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EVALUATE INCOMING REPORTS IMMEDIATELY UPON RECEIPT; DO
NOT WAIT UNTIL TABULATION IS COMPLETED.

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PRESENT INFORMATION DECISION-MAKERS IN AN APPROPRIATE
AND UNDERSTANDABLE WAY FOR EFFECTIVE ACTION.

REMEMBER THAT STEREOTYPES WILL BE HARD TO COMBAT.

STEREOTYPES

BURIAL OF THE DEAD

BLOOD AND DRUGS

DOCTORS

VACCINATIONS

PRIORITIES

SURVEILLANCE

SANITATION

FOOD PROTECTION

PERSONAL HYGIENE

PREPARE TO HANDLE STEREOTYPES

VACCINATION IS ONLY ONE METHOD OF CONTROL; IT IS NOT AN
UNIVERSAL RECIPE.

1. EPIDEMICS OF DISEASES PREVENTABLE BY VACCINATION
RARELY OCCUR FOLLOWING DISASTERS IN UNVACCINATED
POPULATIONS;
2. VACCINATION GENERALLY REQUIRES SEVERAL INJECTIONS
AT WEEKS INTERVALS;
3. SEVERAL VACCINES CONFER ONLY SHORT-LASTING PARTIAL
PROTECTION;
4. VACCINATION DIVERTS SCARCE RESOURCES/PERSONNEL;
5. VACCINATION PROVIDES A FALSE FEELING OF SAFETY;
6. VACCINATION UNDER ADVERSE CONDITIONS CAN INCREASE
THE RISK OF SOME DISEASES, I.E. HEPATITIS B, AIDS.

WATCH FOR THE LONG TERM !

OUTBREAKS OF COMMUNICABLE DISEASES ARE MORE LIKELY TO
OCCUR IN THE TRANSITION PERIOD, AFTER RELIEF HAS BEEN
PHASED OUT AND SURVEILLANCE HAS BEEN RELAXED.

EPIDEMIOLOGICAL DETERMINANTS OF COMMUNICABLE DISEASES FOLLOWING DISASTERS

- 1. Endemic level in the community**
- 2. Ecological changes**
- 3. Population displacement**
- 4. Population density**
- 5. Disruption of sanitary facilities**
- 6. Interruption of health services**