and the national authorities who are ordinarily responsible for vector control, immunization programs, etc.

Because epidemiology units do not have the authority or resources to adequately carry out control measures, it is critical to, as effectively as possible, present information from surveillance and the field investigations to key decision makers. Epidemiologic information, implications, and an outline of alternatives of action must be summarized in the presentation in nontechnical terms understandable to laymen. Ordinarily, first presentation should be made by the epidemiologist to the relief coordinator and/or the staff person responsible for health. Support on the part of the relief coordinator should suffice to secure available services and resources, since the relief coordinator has access to national and international resources, such as the Pan American Health Organization, and bilateral and voluntary agencies. This official is also able to initiate discussion with national authorities about overall responsibility for carrying out control measures. In the guide, *Emergency Health Management after Natural Disaster* (*52*), there is an overview of sources of international assistance and ways in which assistance is coordinated within the disaster-affected country.

Surveillance during and after the Recovery Phase

With increasing passage of time after a disaster, both decision makers and the public become progressively less concerned with the probability of epidemic disease. Initial enthusiasm also wanes for providing emergency health services to affected communities and temporary settlements, and many bilateral and voluntary disaster relief agencies begin phasing out activities. Normal communications and transportation, as well as disease notification systems and control efforts, are restored. The phasing out of the intensified, disaster-related surveillance activities should take place after consultation with members of the national epidemiology group. Certain areas, such as permanent encampments of refugees, may require indefinite special surveillance.

In rural or remote areas, the phasing out of postdisaster surveillance may mean that all notification of disease ceases. Organized effort to maintain effective surveillance in such areas has not, in the few instances when it has been tried, been particularly successful. On the other hand, such an effort has never been of high priority or received

significant economic support from authorities of disaster-affected countries or development agencies. In the past several years, however, the Pan American Health Organization has assigned high priority to developing or strengthening epidemiologic surveillance programs after disaster. In some countries, the monitoring of postdisaster recovery in the health sector has been an additional objective.