

establishment of the Health Security Committee. Since then, health threats activities have been, and are still, under development mainly within the framework of the Health Threats Unit at the Health and Consumers Directorate General (DG SANCO).

The main aim of the European Commission's actions within the health threats area is to facilitate cooperation and coordination within the EU. Areas of great concern are surveillance, reporting, and preventing communicable diseases, performed with the technical support of the European Centre for Disease Prevention and Control (ECDC). Other areas of importance are preparedness planning and response for chemical, biological, radio-nuclear (CBRN) events, and generic preparedness planning and response. Technical guidance documents within these areas are published. Technical tools for facilitating reporting and information sharing are available. Training and exercises are performed regularly. Close cooperation with international organizations, such as the World Health Organization (WHO) and the Global Health Security Initiative (GHSI), are established. Cooperation and coordination between the different services of the European Commission also are important factors for the successful management of major events and crises.

**Keywords:** European Commission; health threats; pandemic; public health; terrorist attacks

*Prehosp Disast Med* 2009;24(2):s6

### Preparing Prisons for Health Emergencies

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**Introduction:** Prisons generally are organized and well-equipped for emergencies, including power outages, extreme weather, labor actions, and unrest among inmates. Emergencies generated by unusual health conditions such as influenza or a rapidly spreading gastro-intestinal outbreak present unusual challenges in an incarcerated population and its associated workers.

**Methods:** The American Correctional Association (ACA) has been encouraging all member organizations to plan for a possible pandemic influenza event, with many state and local governments simultaneously expecting every agency to have a "flu plan". Guidance developed for emergency response agencies and traditional health organizations requires adaptation to the culture of incarceration. A university-based health emergency preparedness program has worked with the ACA to provide materials and workshops on planning and exercising for flu and other major health emergencies.

**Results:** The evaluations of the several influenza planning/exercise workshops presented at the ACA have been positive. The interactive approach with practical tools for considering health emergencies has been well received. Understanding the mutual risk to prisoners and staff members is a critical step. Translating tools developed for health facilities allowed participants to return to work better prepared to integrate health emergencies into the facility's emergency plan, and to efficiently organize staff.

**Conclusions:** With a concentrated population disproportionately drawn from populations at high risk for poor

health, prisons and jails present a great challenge to planning for health-related emergencies. Collaboration between corrections and health emergency planners can lead to effective responses.

**Keywords:** health emergency; influenza; planning; preparedness; prison; public health

*Prehosp Disast Med* 2009;24(2):s6

### Evidence-Based Decision-Making in Disaster Relief Operations

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**Introduction:** The Good Humanitarian Donorship (GHD) Initiative is an international effort by donor countries to improve donor practices in the aftermath of disasters. For the 2007–2008 meeting cycle, the US Office of Foreign Disaster Assistance commissioned a study on evidence-based decision-making in disaster relief operations.

**Methods:** The authors performed full searches of original research, reports, and reviews using MEDLINE, PubMed, and databases of the selected institutional libraries. Keywords were "evidence", "evidence bases", "decision-making", and "humanitarian assistance". The authors also used unpublished data from disaster medical coordinators worldwide.

**Results:** Twenty-two information management initiatives were identified. Evidence-based disaster management varied between the medical, public health, and humanitarian communities. Clinical medicine emphasized evidence from systematic research in which data possessed a hierarchy of strength based on the method of acquisition. By contrast, public health emphasized evidence from rapid health assessments, population-based surveys, and disease surveillance for which the strength of evidence obtained was not measured easily by the grading scales of evidence-based medicine. Humanitarian assistance was characterized by eminence-based decisions.

**Conclusions:** Twenty-six recommendations emerged from the study. A pilot course on needs-based decision-making, sponsored by Sweden, is currently under development.

**Keywords:** decision making; disaster; evidence-based; Good Humanitarian Donorship; relief

*Prehosp Disast Med* 2009;24(2):s6

### Public Health Services—Coping with the Challenges of Epidemics in the 21<sup>st</sup> Century

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**Introduction:** Since the end of the 20<sup>th</sup> century, the discipline of public health and the public health system have found themselves facing old and new challenges as never before, including the emergence of new epidemics and the re-emergence of infectious diseases. Public health should look at this phenomenon not as a threat but as an opportunity to improve by investing in public health system preparedness. The aim of this study was to identify the services that must be upgraded in order better prepare for epidemics such as pandemic influenza.