

(A189) The U.S. National Veterinary Stockpile: Science-Based Logistics Improving Animal Disease Response

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Background: Agriculture emergency responders always will require equipment and supplies. A rapid and effective logistical response depends upon having the right item in the right quantity at the right time at the right place for the right price in the right condition to the right responder. Established in 2004 by U.S. Homeland Security Presidential Directive 9, the National Veterinary Stockpile (NVS) within the U.S. Department of Agriculture (USDA), Animal and Plant Health Inspection Service, Veterinary Services is the nation's repository of critical veterinary supplies, equipment, vaccines, and services appropriate to respond to the most damaging animal diseases affecting human health and the economy. An overview of the NVS program, its capabilities, training and exercise strategy, and outreach to stakeholders will be presented.

The NVS Program: The goals of the NVS program are to deploy countermeasures against the 17 most damaging animal disease threats within 24 hours, and to help states/tribes/territories plan, train, and exercise the receipt, processing, and distribution of NVS countermeasures. To meet these goals, the NVS program heavily relies upon science-based logistics to identify animal vaccines and other countermeasures to respond, and sound business processes to purchase, hold, maintain, and deploy the countermeasures. Significant resources also are dedicated to the NVS outreach activities, which interface directly with federal/state/tribe/territory animal health stakeholders. NVS team members work hand-in-hand with these leaders to help develop written NVS-specific plans for their jurisdictions, provide logistics training, and sponsor discussion-based and operations-based exercises in accordance with the Homeland Security Exercise and Evaluation Program.

Conclusion: The USDA NVS exists to provide states/tribes/territories the countermeasures they need to respond to catastrophic animal disease outbreaks created by either terrorists or nature. As logistical experts, the NVS team develops plans for logistical emergency response, manages their supply chain of countermeasures, and helps stakeholders improve logistical response capabilities.

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(A193) Concurrent Measles and Rubella Outbreaks in Transit Camps in Cote D' Ivoire

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Background: Measles still remains an important cause of morbidity and mortality among children in many developing countries, especially in refugee settings where fatality rates as high as 33% have been documented. From January to April 2004, concurrent measles and rubella outbreaks had occurred in four transit camps hosting 2,767 Liberian refugees in Cote d'Ivoire.

Objective: This study describes the epidemiology of concurrent measles and rubella outbreaks, and the investigation of a Disease Surveillance Team.

Methods: Patients meeting the case-definition (rash and fever > 38°C) were detected actively. Blood sample were collected for measles and rubella IgM antibody confirmation.

Results: Sixty rash and fever cases were identified. During weeks 8 to 13, measles IgM testing had resulted in 61.1% positive tests. The highest incidence (18.5%) was observed in children below 9 months. Ninety-three percent of children aged between 6 months and 12 years received a measles vaccination but the rash and fever cases continued to occur. This prompted a systematic test for both measles and rubella IgM antibodies. Rubella IgM testing had resulted in 74.0% positive tests. The highest incidence (3.88%) was found in children between 5–15 years. Supplemental immunization with a measles-mumps-rubella (MMR) vaccine was conducted, following which, no fever and rash cases were documented.

Conclusions: This study indicates the importance of an early serological testing for measles and rubella together or the use of the MMR vaccine rather than only measles vaccine in disasters settings. Good management of surveillance data will be an asset for effective immunization strategies in refugee settings.

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(A194) “Displaced Voices”: Are those Displaced by War Satisfied with the Provision and Quality of Health Care they Received?

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Research into how war-displaced communities value or prioritize aid response is limited. A clearer conceptualization of what affected populations seek from the international humanitarian response to their needs would be valuable in planning for emergencies.

Aim: Exploring internally displaced person's (IDP) experiences and perceptions of the humanitarian response, with a focus on health risks, resources, and health services received during their displacement.

Method: A mixed-method approach using both quantitative and qualitative methods was used. This study assessed the perceptions of IDPs on provision of health and other services using an interviewer-administered-questionnaire (survey) using a sample frame that included the entire displaced population of 150,000 IDPs living in 97 camps. Findings from the survey were synthesized with the key themes that emerged through the qualitative methodology. In-depth interviews were conducted with health cluster actors. An innovative child-to-child (CTC) based research methodology was used to ascertain the insights and perceptions of displaced children and adolescents.

Results: The survey revealed community satisfaction with health care services immediately after displacement (within IDP camps) improved considerably from 63% to 80% (6 months after the acute phase). Significant gains also were registered