

Tuberculosis in Southwestern Ontario Emergency

Departments: A Missed Opportunity?

Matt Douglas-Vail, Melanie Colombus, Kristine Van Aarsen, Behzad Hassani

Emergency Medicine, Schulich School of Medicine and Dentistry, London/ON/Canada

Study/Objective: The primary objective is to determine the clinical presentation of emergency department patients with Tuberculosis (TB) in southwestern Ontario, and to evaluate their pre-diagnosis emergency department utilization. Patterns and clinical findings will be used to develop a center-specific TB educational resource for ED physicians, to aid in the recognition and diagnosis of high risk patients which could be used at other large Canadian, urban tertiary care hospitals. Broadly, this study aims to increase awareness of TB in local EDs.

Background: The Middlesex-London Health Unit (MLHU) reports on average 10 cases of active tuberculosis (TB) per year, with 99 cases between January 2005 and December 2015. Most patients with TB heavily utilize the emergency department (ED) prior to diagnosis. Patients with TB seeking care in the ED are often unrecognized as having TB, as risk factors and symptoms are frequently missed. Delays in diagnosis of TB worsen morbidity/mortality and increases disease transmission. The emergency department may present an opportunity for earlier diagnosis and intervention. To date, no studies have been undertaken to examine TB diagnosis and burden of care in Ontario EDs.

Methods: A hospital-based retrospective review of adult and paediatric patients (n = 99) identified by Middlesex-London Health Unit as having active TB between January 1st 2005 and December 31st 2015 will be performed. Health records will be reviewed 1 year prior to and 6 months after the formal TB diagnosis to determine the clinical presentation of ED patients with TB.

Results: This is a proposed study.

Conclusion: This is a proposed study.

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Health Emergency and Disaster Risk Management (H-EDRM): Developing the Research Field within the Sendai Framework Paradigm

Chunlan Guo¹, Sharon T.T. Lo¹, Emily Y.y. Chan¹, Gloria K. w. Chan¹, Virginia Murray², Ali Ardalan³, Jonathan Abrahams⁴

1. Collaborating Centre For Oxford University And Cuhk For Disaster And Medical Humanitarian Response, The Chinese University of Hong Kong, Hong Kong/Hong Kong Prc
2. Public Health England, London/United Kingdom
3. Tehran University of Medical Sciences, Tehran/Iran
4. World Health Organization, Geneva/Switzerland

Study/Objective: To review research trends and evidence in the field of Health Emergency and Disaster Risk Management (H-EDRM), and to provide recommendations for the field moving forward.

Background: Health is recognized as an outcome and a goal of disaster risk reduction activities, which is acknowledged in

international agreements such as the International Health Regulations (2005) and Sendai Framework for Disaster Risk Reduction (2015). H-EDRM has emerged as an umbrella field which encompasses emergency and disaster medicine, Disaster Risk Reduction (DRR), humanitarian response and health systems strengthening amongst other topics. The Thematic Platform on Emergency and Disaster Risk Management for Health was established by the World Health Organization (WHO) and the United Nations International Strategy for Disaster Reduction (UNISDR) in 2009 as an international, multi-agency platform to advocate, share information and catalyse action for H-EDRM.

Methods: On September 23, 2016 a workshop entitled “Emergency and Disaster Risk Management for Health: New Frontiers for Public Health Science” was held at The Chinese University of Hong Kong. Five presentations from international H-EDRM scholars and practitioners aimed to review emerging trends, identify gaps and provide recommendations for the strategic development of the H-EDRM research field. Subsequent closed-door roundtable discussions provided concrete action points.

Results: The H-EDRM research field remains under-developed and fragmented. Key challenges include overlap in research activities, lack of strategic research agenda, non-consensus regarding terminology, limited inter-stakeholder coordination, limited ability to develop multi-sectoral and inter-disciplinary approaches, and lack of resources. Despite this, effort is being made to bridge the science-policy-practice nexus, learn from past experiences, and explore previously under-studied areas such as post-disaster psychosocial health. The Sendai Framework provides a strong impetus and robust framework to guide the strategic development of this research paradigm.

Conclusion: A WHO Research Group has been established to coordinate activities, promote information-sharing, develop partnerships toward H-EDRM and provide technical advice to the WHO Thematic Platform for EDRM-H, health sector and other related stakeholders.

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Strengthening Health Disaster Risk Management in Africa: Multi-Sectoral and People-Centered Approaches are Required in the Post-Hyogo Framework of Action Era

Olushayo Olu¹, Abdulmumini Usman², Lucien Manga³, Stella Anyangwe⁴, Kalula Kalambay⁵, Ngoy Nsenga³, Solomon Woldetsadik⁶, Craig Hampton³, Francois Nguessan³, Angela Benson⁷

1. Country Office, World Health Organization, Kigali/Rwanda
2. Country Office, World Health Organization, Juba/Sudan
3. Regional Office, World Health Organization, Brazzaville/Congo
4. School Of Public Health And Health Systems, University of Pretoria, Pretoria/South Africa
5. Independent Public Health Consultant, Gatineau/AB/Canada
6. Emergency Support Team, World Health Organization, Nairobi/Kenya
7. Independent Public Health Consultant, Monrovia/Liberia

Study/Objective: The objectives were to evaluate the progress in achievement of the nine targets, of the 10-year African regional strategy for health disaster risk management.

Background: In November 2012, the 62nd session of the Regional Committee for Africa of the World Health Organization adopted a comprehensive 10-year regional strategy for health Disaster Risk Management (DRM). This was intended to operationalize the World Health Organization's core commitments to health DRM and the Hyogo Framework for Action 2005–2015, in the health sectors of the 47 African member states. This study reported the formative evaluation of the strategy, including evaluation of the progress in achieving nine targets (expected to be achieved incrementally by 2014, 2017, and 2022).

Methods: This study used a mixed methods design. A cross-sectional quantitative survey was conducted along with a review of available reports and information on the implementation of the strategy. A review meeting to discuss and finalize the study findings was also conducted.

Results: In total, 58 % of the countries assessed had established DRM coordination units within their Ministry of Health (MOH). Most had dedicated MOH DRM staff (88 %) and national-level DRM committees (71 %). Only 14 (58 %) of the countries had health DRM subcommittees using a multi-sectoral disaster risk reduction platform. Less than 40 % had conducted surveys such as disaster risk analysis, hospital safety index, and mapping of health resources availability. Key challenges in implementing the strategy were inadequate political will and commitment resulting in poor funding for health DRM, weak health systems, and a dearth of scientific evidence on mainstreaming DRM.

Conclusion: Implementation of the strategy was behind anticipated targets despite some positive outcomes. Health system-based, multi-sectoral, and people-centred approaches are proposed to accelerate implementation of the strategy in the post-Hyogo Framework of Action era.

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Integrating the Sendai Framework into Primary Health Networks: An Australian Experience

Benjamin J. Ryan¹, Penelope Burns², Sanjaya Bhatia³

1. Northern Queensland Primary Health Network; UNISDR Global Education and Training Institute; James Cook University, Cairns/QLD/Australia
2. School Of Medicine, Australian National University, Garran/ACT/Australia
3. UNISDR, Global Education and Training Institute, Incheon/Korea, Republic of

Study/Objective: To explore the feasibility of integrating the Sendai Framework into primary health networks in Australia.

Background: Over the past 20 years, the exposure of the population to weather-related disasters in Australia and across the world has increased faster than vulnerability decreased. This highlights the need to focus disaster risk reduction strategies on the elderly, people with disabilities and those with chronic diseases. To help address this challenge, the Northern

Queensland Primary Health Network, Australia, partnered with UNISDR's Global Education and Training Institute (UNISDR-GETI) to explore the feasibility of integrating the Sendai Framework into primary health networks.

Methods: The research was conducted using qualitative and quantitative research methods. Participants included general practitioners, pharmacists and other disaster management stakeholders. The workshop methodology was based on the private sector materials used by UNISDR-GETI (United Nations International Strategy for Disaster Reduction (UNISDR), Global Education and Training Institute (UNISDR-GETI)). Qualitative data was collected during the workshops in Cairns, Townsville and Mackay, Queensland, Australia. The quantitative data was collected through a survey of participants after the workshop. A thematic analysis was conducted to analyze the workshop data. Descriptive statistics was used to analyze survey data.

Results: The workshops increased the knowledge of how and why the primary health networks should have an active role in disaster risk reduction activities. Participants indicated that they are now confident they can help integrate primary health into the disaster system by developing and implementing contingency plans. A consistent theme was the need to clearly define the role and function of the primary health network within the Australian disaster system. This should be complemented by access to accredited training.

Conclusion: The workshops identified that the Sendai Framework can be integrated into primary health networks in Australia. This can be sustainably achieved by strengthening partnerships with the academic and government sectors to research roles of primary health professionals, health service providers and the capacity of disaster systems to support local needs.

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The Centrality of Communities and Civil Society in Epidemic and Pandemic Prevention: A Framework for Improved Preparedness and Response

Amanda McClelland

International Federation of the Red Cross and Red Crescent, Geneva/Switzerland

Study/Objective: Large-scale epidemics and pandemics pose a serious threat, not only to global health security but also to countries, communities and individuals in their efforts to achieve resilience. The threat of emerging infectious diseases, including those of zoonotic origin, and the increasing prevalence of diseases previously controlled by antimicrobials and vaccination efforts, is a cause for concern to the global health community. Communities play an important role in prevention, early detection and early response regarding this threat. Communities can support the containment and control of infectious disease threats, limiting geographic spread, saving lives, and mitigating negative impacts.

Background: Recent outbreaks have demonstrated that without community-driven efforts to prevent, detect and respond to infectious disease threats, government efforts can be delayed and negatively impacted. However, communities cannot