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homologies in *Shigella* spp. was seen in *Shigella sonnei* (93%) and in *Salmonella* belong to *Salmonella typhi* (95%).

CONCLUSION Results declared that RAPD-PCR by 1254 primer is a useful tool for study of *Salmonella* isolates polymorphisms. Whereas 1283 primer was useful for differentiation of *Shigella sonnei* from other *Shigella* species, but it was not useful for study the polymorphisms inside of *Shigella sonnei* isolates.

Disease Surveillance

PA 112 Response capacity to epidemic emergencies: a challenge of the new millennium

A. Gala González
Institute of Tropical Medicine 'Pedro Kouri', Epidemiology, La Lisa, Cuba

The infectious diseases that have emerged in the last years have demonstrated their great dissemination capacity and potential to saturate national resources causing emergencies of great span. The most recent epidemics demonstrated that only strengthened systems of health along with a strong capacity to respond to events of this nature will be able to control future occurrences. All over the world countries have recognized the necessity to promote the initiative of strengthening national capacities for surveillance, prevention and control of the emergencies caused by epidemics. In this work main elements are identified that allow guiding the efforts of the governments with the support of international organizations toward the achievement of a common objective: National Systems of Alert and Competent Effective Response to situations of epidemic emergency. The most important aspects are presented, with emphasis in the syndromic management of diseases for constructing surveillance systems with great sensibility for the detection of any early signs of an event that suppose a danger of becoming an epidemic of serious consequences for public health.

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The use of Cercariae infection the *Bulinus truncatus* snail as a model for evaluation of schistosomiasis control program in Khuzestan province, south western Iran

A. Farahnak, I. Moebedi and M. R. Eshraghian
School of Public Health, Tehran University of Medical Sciences, Dept. of Parasitology and Mycology, Tehran, Iran, Islamic Republic of Iran

OBJECTIVES Infection with urinary schistosomiasis, which was widely distributed and prevalent in parts of Khuzestan Province, southwest, Iran has been successfully controlled and almost eliminated. Because of the limited number of infected cases (if any), assessment of transmission status by finding infected cases is difficult and costly. Therefore, based on the decision of the national health authorities, a new approach for evaluating the transmission status of *S. haematobium* by finding cercariae of the parasite among local *B. truncatus*, the intermediate host snail, was tried.

METHODS A total of 2400 *Bulinus* snails collected from Dezful areas during years 2004-2006 were examined for cercariae using shedding and crushing methods.

RESULTS From the total number of *Bulinus* snails which examined for cercariae, 52 snails were found to be infected with *Amphistome* cercaria and 15 snails with *Strigea* cercariae, however, *S. haematobium* cercariae was not found in samples.

CONCLUSION Lack of *S. haematobium* cercariae in our samples in this region revealed that snails are free from this parasite and support this theory that transmission of schistosomes cecaria does not occur in the districts and therefore this disease is still under control and this is good news for inhabitants of the region as well as for local health authorities.

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Epidemiological surveillance: a growing role in humanitarian emergencies

F. Riccardo¹, L. E. Pacifici², A. G. De Rosa³, E. Scaroni², L. Nardi¹, G. Russo¹ and V. Vullo¹
¹University of Rome 'La Sapienza', Infectious and Tropical Diseases, Rome, Italy; ²Italian Red Cross, International Health Cooperation for Development office, Rome, Italy

OBJECTIVES Epidemiology is assuming an important role in a multi-sector approach to humanitarian aid. This presentation examines the rationale and application of communicable diseases epidemiological surveillance in humanitarian emergencies.

METHODS The partnership model involved developing (Sri Lanka District health authorities) and industrialized countries (Italian Red Cross - IIRC - in collaboration with infectious disease physicians of the University of Rome 'La Sapienza') with a unilateral donor (IIRC). The policy innovation consisted in the introduction of a programme of systematic communicable diseases epidemiological surveillance within a health assistance project in the Eastern Province of Sri Lanka. This area was not only wracked by a tsunami of unprecedented violence in 2004 but is also politically unstable since 1983. Since the beginning of the programme, passing from a late-emergency phase to a post-emergency phase, there has been a priority shift to development and a slow replacement of IDP (internally displaced people) camps by villages even if the persisting political instability does not allow the population to settle definitively.

RESULTS Clusters of scabies and acute hepatitis were identified and interventions made on both local and district levels. Medical teams were deployed in the affected IDP camps acting on treatment/isolation of cases and prevention campaigns; cases were notified according to local laws, coordination meetings were held at district level with health authorities and NGOs; 'community health' trainings were organised for local volunteers in IDP camps. Achievement of cooperation and coordination with all organisations present in the assigned area, value attribution to existing public health plans and capacity building in epidemiological surveillance applied to public health were some of the major outcomes. No epidemics followed the containment interventions on the clusters identified in the IDP camps. The added value of the partnership can be found locally since a connection was made between clinical assistance and public health programmes in areas from which information is not available in official statistics. This allowed rapid containment strategies avoiding the spread of communicable diseases in poor hygiene settings. Moreover coordination achieved with the divisional health authorities and NGOs that increased accountability and strengthened the relationship with the host country. The IIRC is the only currently accepted humanitarian organisation offering health assistance in the area.

CONCLUSION Comprehensive knowledge, respect of existing systems (e.g. notification) in the host country, consequent adaptation and the choice of capacity building strategies are applicable with good results in humanitarian emergency management.