

Results: A total of 56 people presented for evaluation; 24 confirmed cases of Botulism; 11 patients were intubated; two deaths; and 25 doses of antitoxin were given.

Conclusion: Many lessons learned will be presented, including how our extensive planning for Ebola assisted us in this Botulism response. We determined that our hospital transfer centers were an untapped resource.

Prehosp Disaster Med 2017;32(Suppl. 1):s52–s53

doi:10.1017/S1049023X17001467

Challenges of Establishing National Public Health Rapid Response Teams during an Emergency

Ashley L. Greiner, Tasha Stehling-Ariza, Cyrus Shahpar

Division Of Global Health Protection, Centers for Disease Control and Prevention, Atlanta/GA/United States of America

Study/Objective: To highlight the common challenges of establishing national public health Rapid Response Teams (RRTs) during an emergency, and to identify potential solutions to avoid delays in future responses.

Background: The International Health Regulations dictate the need for countries to establish disease outbreak response capacity. RRTs, multi-disciplinary teams trained in public health emergencies, can help fulfill this need as a component of a larger emergency response infrastructure. However, the need for RRTs is often only realized during the onset of an emergency, leading to substantial delays in effective response measures.

Methods: National public health RRT challenges were identified through direct observation of RRTs during emergencies, as well as discussions with RRT managers involved in outbreak responses in seven African and Asian countries in 2016.

Results: Three common challenges were identified. One challenge is the lack of a trained, ready, and deployable workforce. In addition to public health core competencies, RRT members require training on the country's emergency response infrastructure and deployment processes, as well as exercises to translate their subject matter expertise into timely, actionable, and data-driven objectives. Another challenge is insufficient human resource capacity for response during large and/or growing emergencies. A surge-capacity mechanism is needed, such as rostering personnel with key skills required for common emergencies, including the enrollment of people who are not directly involved in emergencies day-to-day. Finally, the lack of delineated emergency response mechanisms, such as roster activation processes, financial allocation and disbursement, pre-deployment briefings, and in-the-field logistics, can delay RRT response activities.

Conclusion: These challenges highlight the need for pre-emergency planning for RRT implementation, specifically delineating the mechanisms and processes for an effective RRT before an emergency occurs. Countries without an existing RRT, and those in the process of establishing an RRT, should preemptively address these challenges to ensure a rapid and effective response.

Prehosp Disaster Med 2017;32(Suppl. 1):s53

doi:10.1017/S1049023X17001479

An Effective Health Resource Availability Mapping System for Decision Making in Crises Contexts

Michel N.K. Yao

Who Country Office In Car, World Health Organization, Bangui/Central African Republic

Study/Objective: An assessment aiming at analyzing the ability of the health system to provide priority emergency services, and at developing a recovery plan was conducted using the WHO HeRAMS: Health Resources Availability and Mapping System

Background: During a major crises like what the Central African Republic (CAR) is experiencing, it appears very challenging to have reliable information to plan emergency responses and for the restoration of essential health services. HeRAMS provides the state of health infrastructures, their functionality and reasons of their non-availability or non-functionality.

Methods: Briefing and mobilization of health stakeholders, followed by adaptation of a standardized questionnaire that was administered to key informants from each level of care (primary, secondary and tertiary) and health coordination offices, by telephone and/or site visit, or filling of a hard copy. The questionnaires were collected and verified by central, regional and district health officials and information triangulated by health partners who worked in the field.

Results: Two assessments were done in 2014 and 2015 on respectively 814 and 1008 health facilities. A detailed overview on human resources, clinical equipment, availability of health services and infrastructures was done: where 68% and 52 % were respectively functional in 2015 and 2014. An overview on key services such as: essential trauma care, neonatal and maternal care, STIs and HIV/AIDS, and noncommunicable diseases including mental health; as well as reasons of non-functionality: human resources, equipment and medical supplies. The result is help in identifying geographical areas with major service gaps, and developing restoration strategy and plans, including the health sector transition plan for 2015-2017.

Conclusion: The assessment with HeRAMS coupled with epidemiological data helped to set humanitarian priorities and develop lifesaving services, along with the restoration plan of public services. It provided a baseline for further medium and longer term planning. It should be envisaged in major humanitarian crises.

Prehosp Disaster Med 2017;32(Suppl. 1):s53

doi:10.1017/S1049023X17001480

Approaches to the Use of Research Knowledge in Policy and Practice during the Syrian Refugee Crisis

Ahmad Firas Khalid

Health Policy, McMaster University, Hamilton/Canada

Study/Objective: With an increasing demand on health systems to respond to the Syrian refugee migration crisis, there couldn't be a better time to conduct rigorous research to examine approaches to evidence informed decision-making in healthcare delivery for the Syrian refugees. The purpose of this