pitalization, and a lack of community-based care.1 To address these concerns, the Southside Medical Homes (SMH) network began linking emergency department-patients with 18 community providers in 2004. The emergency department-based patient navigator is an integral component of this network. This study will illustrate the current and developing role of the emergency department-based patient navigatorr.

Methods: Six navigators at the UCH Emergency Department approached eligible patients flagged by the emergency department electronic tracking system. Patients were offered primary-care referral and treatment at appropriate dental, mental health, and substance abuse facilities. Appointments were scheduled, and pertinent emergency department medical data were faxed to the outlying sites. Navigator roles are expanding with SMH to include: (1) a focus on frequent user/chronic disease populations, such as sickle cell disease where advocates will expedite multidisciplinary clinical referral; (2) training to better inform patients about the specific benefits a "medical home" provides for preventive and psychosocial care; and (3) improvements to navigator and patient knowledge of community resources, such as health-education sites, vocational programs, advocacy agencies, and support groups.

Results: During the first eight months of 2006, 30% (11,612) of the emergency department patients were without a medical home, 2,279 appointments were made, and 816 were kept at the emergency department. The SMH network data demonstrate that patients return to their referred providers (38% of the patients have been seen ≥2 times).

Conclusions: The role of an emergency department-based patient navigatorr is evolving with the expansion of SMH to include: frequent-user population referrals, preventive health education, and utilization of community resources.

Reference:

1. Chicago Department of Public Health: Community Area Health Inventory, Part 1: Demographic and Health Profiles (July 2006). Available at http://egov.cityofchicago.org/webportal/COCWebPortal/COC_EDITORIAL/CAHI_part1.pdf.

Keywords: advocate; Chicago; emergency departments; medical homes; patient navigators

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(217) Health and Welfare for Emergency Personnel in Major Disasters

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This presentation will define the requirements of an aid operation after an analysis of the principal characteristics of disasters. The conditions of emergency personnel and assistance teams will be described through practical experiences (tsunamis, forest fires, and earthquakes). The skills of the personnel and managerial staff will be analyzed, along with problems with security and safety. The physical, psychological, medical, and material aspects of security and safety have declined. In this presentation, the conditions resulting from conserving an operational workforce, action capacity, and mission target will be explained. The responsibilities of the team leader, risk manager, and chief medical officer will be defined. The principal conditions of a successful mission are: (1) sanitation; (2) medical support; (3) housing; (4) restoration and catering; (5) camp hygiene; and (6) lifestyle. The goal of an effective assistance program (physical and psychosocial) and the economic cost of not caring for personnel who provide services during and after disasters will be demonstrated.

Keywords: care programs; disasters; emergency assistance; emergency personnel; safety

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(218) Are Belgian Hospitals Prepared for a H5N1-Pandemic?

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Objective: Virulent airborne diseases can be a real burden to a nation's health system. The most recent threat is that of a mutation-induced H5N1-influenza pandemic. We studied whether Belgian hospitals are able to deal with H5N1-influenza infected patients in the case of a pandemic. Many patients, including children, may require artificial ventilation within 48 hours of admission.

Methods: A survey aimed at determining availability and preparedness was sent by e-mail to the different Belgian Emergency Departments (EDs).

Results and Discussion: Sixty-five hospitals were included. The number of patients being potentially admitted is limited by the reduced number of intensive-care beds equipped with automatic ventilators. Furthermore, the number of available intensive-care beds for children is still lower than for adult patients.

The number of mortuary places, in the case of a catastrophe, also is insufficient. Although most hospitals set up a disaster plan for H5N1, there are only limited stocks of antiviral medication to protect the hospital staff during the acute phase. A separate triage area only is available in a limited number of hospitals.

Conclusions: Belgian hospitals and EDs are not equipped sufficiently to deal with potential pandemic situations.

Keywords: Belgium; pandemic; preparedness; hospitals; emergency department; limitations

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(219) Improving Public Health Emergency Response and Preparedness in India

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This paper discusses some of the strategies and challenges for successfully implementing the public health emergency response plan and preparedness in India. For disasters caused by natural and man-made hazards, the public health emergency response requires an innovative, trained, and committed workforce. Without adequate training, the response capacity of health agencies and communities in India, and their ability to respond effectively to a disaster is

unpredictable. Over the years, preparedness has gained recognition as a critical component of overall public health management for public health emergencies triggered by infectious disease outbreaks, natural hazards, terrorism, and other causes. *Front-line preparedness* means that public health leaders and administrators must be able to communicate information, roles, capacities, and legal authority to all emergency response partners during planning, drills, and actual emergencies. The recent increased threat of terrorism, coupled with the ever-present dangers posed by disasters caused by natural hazards and public health emergencies, clearly support the need to incorporate preparedness and emergency response into the Indian system. Various programs focusing on different aspects of health emergency preparedness and response have been conducted in India, but there are clear gaps during the response phase of public health emergencies. Public health becomes an indispensable pillar of the national security framework, and to respond to the challenges, planners must think in the broader context of causes as well as symptoms. An attempt is made to identify the gaps and challenges in developing a comprehensive approach to improving public health emergency management in India.

Keywords: emergency response; India; planning; preparedness; public health
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(220) Hospital Template Tool Kit for the Effective Evaluation and Management of Victims of a Botulism Mass-Casualty Incident

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Botulinum is known as the most poisonous toxin. A recent mathematical model has indicated that 1 gram of botulinum toxin in commercially distributed milk consumed by 568,000 people would generate 100,000 casualties. Whether the exposure is caused intentionally or naturally, multiple botulinum patients will present with a unique set of recognition and management imperatives. These imperatives will stress a medical infrastructure that currently is understaffed, inexperienced, and lacking in immediate resources needed to deal with such a threat. While strategic discussions involving anti-toxin caches, ventilator supply deficits, and surge capacity continue, there has been a noticeable lack in the literature regarding the tactical aspects associated with the management of large numbers of botulism victims. This is compounded by the fact that, often times, initial manifestations may be subtle, overlooked, or dismissed easily, and can lead to sudden deterioration of the patient. Therefore, a tool-kit of templates has been created to assist healthcare providers in the recognition, evaluation, and management of botulism victims. This tool-kit contains botulism-specific physician orders, nursing documentation, evaluation templates, patient monitoring forms, anti-toxin administration forms, and discharge instructions. These templates are meant to supplement or be incorporated into the existing management protocols of a hospital. The templates are internet-based so they can be downloaded as needed should an incident arise. There is no cost to end-users. They also may be utilized for training purposes. With this tool-kit, the initial and ongoing management of multiple botulism victims will be enhanced regardless of the level of experience or training of the healthcare provider.

Keywords: botulism toxin; hospitals; management; mass-casualty incident; patients
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(222) Characterization of Acute Watery Diarrhea Outbreak in Ethiopia's Oromia Region

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Introduction: In late June 2006, Ethiopia's Oromia Region was affected by an outbreak of acute watery diarrhea (AWD), subsequently confirmed to be Vibrio cholerae 01. Despite control efforts, the outbreak quickly spread from the original zone of West Arsi to four neighboring zones within the Oromia Region.
Methods: The current assessment, conducted during the last two weeks of September, addressed the zones of Guji, Bale, and East Shoa. Surveys were administered to health bureau staff, case treatment center (CTC) staff, and community members. A convenience sample was used to assess both CTCs and community members.
Results: Geographically, the AWD cases occurred along the Ganale River. There was a trend observed of adult males being disproportionately affected. Overall, the infection rates were low (0.03% to 4.12%), although the CTC data likely underestimate the true values. The CTC case fatality rates ranged from zero to 6.4%, but again these data likely underestimates the true case fatality rates since community deaths were not included. The community response depended on the village chairmen and the strength of community mobilization varied according to the zone. Medical management generally was appropriate and was based largely on Médecins Sans Frontières (MSF) cholera treatment guidelines.
Conclusions: This outbreak primarily resulted from insufficient access to clean water and from poor sanitation. Future epidemics undoubtedly will occur unless these basic deficiencies are addressed properly. In this particular instance, the outbreak was brought under control by a prompt and effective response at the community level.

Keywords: Cholera; community-level response; Ethiopia; mortality; outbreak
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(223) Health Disaster Management: Balkan and Mediteranean Network

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In the past decades, the hazards and risks associated with disasters threatening civilian populations in the Balkans and Eastern Mediterranean have worsened. This presentation reports on the collaboration between Greece, Egypt, and Turkey. This collaboration features activities in public health