

food availability across all sectors of Liberian society and ensuring distribution of a safe food supply needs critical development. Infant mortality remains one of the highest in the world (approximately 160/1000 births), much of which is attributed to food insecurity, food contamination and lack of uniformly available potable water. Recreation of Liberia's public health and food security requires redevelopment of disease monitoring and laboratory diagnostic capability to re-establish safe food production and handling practices across all sectors. This will allow determination of endemic disease burden for the principal livestock species: poultry, sheep, goats, cattle and swine. Creation of a national disease surveillance/monitoring system allows for targeted disease intervention, ensuring vaccination for correct serotypes and most critically prevalent diseases. Creation of community level training and support will target intervention of local diseases, but also allow for national prioritization of diseases. Targeting which are most prevalent or most likely to cause production limiting effects will require periodic surveillance, targeted vaccination, and chemotherapeutic intervention and evaluation of therapeutic success.

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(A344) Integrating Post-Disaster Reconstruction with Pre-Existing Development Strategies — Experiences from the 2010 Leh Flashflood

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Disasters cause destruction, but also bring opportunities for development. A lack of this perspective in disaster management leads to planning and managerial follies. The reconstruction and rehabilitation program from the Latur earthquake (Maharashtra, India) should be used as a starting point. Leh, the largest district of India, was hit by a cloudburst and subsequent flashfloods on 05–07 August 2010. The monetary value of the total damages is estimated to be approximately Rs 225 crores. A total of 87% of the affected infrastructure required complete reconstruction. The rest received partial damages. This paper uses field data collected on development needs in 112 villages over a span of five years (just preceding the disaster) and data for damage assessment from the 42 affected villages collected immediately after the disaster. The paper does a careful assessment of the damages in the flashflood, analyses the pre-existing developmental requirements of all the villages in the district, and explores the possibilities of integrating post-disaster reconstruction with the pre-existing developmental requirements. In India, post-disaster reconstruction quite often is an elaboration of short-term, makeshift arrangements, thereby giving rise to obvious developmental concerns. Merits and demerits of this strategy will be discussed. This research examines the financial implications of integrating reconstruction projects with development programs. It also looks into the sustainability of development, and how can this serve as a strategy in making communities more resilient to future disasters.

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(A345) The Longitudinal Study of Survivors' Daily Lives and Health Conditions after Sichuan Earthquake in China — The Result of the 3rd Year Compared with the 1st Year and 2nd Year Study

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Objective: To longitudinally investigate the Survivors' daily lives and healthy condition after Sichuan earthquake in China. This study identifies Survivors' daily lives and health conditions for 3-years.

Ethical Consideration: The study was conducted after obtaining approval in Ethical Review Board of Sichuan University.

Method: The study was conducted for the survivors who experienced the earthquake and aged 18 years and over, and joined the 1st year and 2nd year study. Questionnaire included the survivors' socio-demographics, impact of disaster and the health status after disaster. The date was analyzed using SPSS 13.0 software.

Results: Results showed the follow-up date which was results of 3-years. The changes of daily lives of survivors for 3-years were fluctuations. As their health conditions in the 3rd year, the following symptoms were decreased: locomotors system disease, respiratory disease, Autoimmunity and endocrine diseases, asthma and allergy, Gout, Irregular menstruation/dysmenorrhea, kidney disease and the others. In contrast, the following symptoms were increased: cardiac disease, weight gain/less, hypertension, diabetes, and liver disease. About their self-rated health, "Not healthy" at 3rd year was 26.4%. Compared with the 1st year and 2nd year results, it has taken a turn for the significantly better (1st year 49.9%; 2nd year 35.1%). With regard to the psychological condition, the Positive response of IES-R at 3rd year was 11.6%. Compared with the 1st year and 2nd year results, the Positive response of IES-R significantly decrease (1st year 49.8; 2nd year 31.8%. $p < 0.001$, by Pearson Chi-square).

Conclusion: After 3rd year of the Sichuan earthquake disaster, the survivors' physical and psychological conditions have improved compared to 1st year and 2nd year results. However most of the survivors still had some health problems in their health. Our local nursing authorities still need to go on their health promotion, which can further improve the survivors' health status.

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(A349) The Role of Poison Centers in the 2010 Gulf Oil Spill Response

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Introduction: There are 60 Poison Centers in the United States that manage over 2.5 million poison exposure calls each year. A poison center can be reached 24 hours a day by dialing a national 800 hotline. Poison Centers are staffed by Specialists in Poison Information who are highly trained in clinical toxicology and are very skilled in telephone triage.

Discussion: ATSDR and the Poison Centers in HHS/FEMA Region 6 developed draft guidance for incorporating Poison Centers into the National Response Plan. That framework was used to incorporate Poison Centers into the gulf oil spill response of 2010. The National Poison hotline was promoted to provide medical support for those with health effects or health questions related to the spill. During the response the surveillance capabilities of the National Poison Data System (NPDS) were highlighted. The Louisiana Poison Center (LPC) and the other gulf states Poison Centers provided information on health effects related to the spill. Information was provided by the LPC to the Louisiana Department of Health and Hospitals, Office of Public Health Section of Epidemiology and Environmental Toxicology, public information officer to assist in briefing the Governor,

the Louisiana Governors Office of Homeland Security and Emergency Preparedness to post to the Virtual Louisiana website, as well as ATSDR, CDC, EPA, and other agencies participating in the gulf response unified command. Poison Centers, for the first time, participated in a response on a national level, providing medical support for those with symptoms or medical questions related to the spill. In addition to assisting in the medical care of those exposed to substances related to the oil spill and the response efforts, Poison Centers also responded to questions about air and water quality and seafood safety.

Conclusion: Poison Centers are a valuable resource to assist in emergency response plans.

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