hospital" in Singapore and its staff are tasked with fronting the national response to an infectious disease outbreak such as the response during the severe acute respiratory syndrome outbreak in Singapore in 2003 and the ongoing global swine influenza outbreak. This report aims to describe the Tan Tock Seng Hospital's systemic approach of handling any infectious disease outbreak that might be encountered in daily operations.

Methods: Early detection is critical. Hospital personnel stay vigilant to patients who may present with similar patterns of disease to conduct epidemiology studies. An updated screening form was devised so that patients and visitors are screened for history and symptoms that may have an implication on the spread of diseases. Screening the horizon for information, information is obtained from various sources such as World Health Organization (WHO) Websites, (US) Centers for Disease Control and Prevention (CDC), and medical and non-medical media to try to stay abreast on the latest outbreaks in order to constantly update the screening mechanism.

Contact tracing also is implemented in the Hospital's screening mechanism such that the system allows personnel to track down the patients and visitors who might be exposed to an index case via an electronic medical record system.

Results: Hospital personnel have experienced the impact of the H1N1 and avian influenza outbreak in Southeast and East Asia, and also experienced, first-hand, dengue, malaria, and chikungunya disease outbreaks. This mechanism of early detection and a constantly updated screening system have allowed Tan Tock Seng Hospital to stay abreast of these disease outbreaks. In addition, contact tracing has been performed effectively so as to identify specific disease hotspots like in the case of outbreaks of dengue, chikungunya, and malaria.

Conclusions: Infectious disease outbreaks are constantly evolving issues facing healthcare institutions. It is important to stay vigilant in order to expect the unexpected outbreak in the future.

Keywords: detection; infectious disease; management; outbreak; preparedness; screening

Prehosp Disaster Med

Large-Scale Public Health Emergencies: How Long Do They Last and How Many Staff Do You Need?

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Introduction: Multiple large-scale events of public health significance (e.g., natural disasters, pandemics, foodborne outbreaks, acts of bioterrorism) have occurred in recent years. Each required diverting staff from critical public health activities to meet the emergency response at-hand. It is critical that public health leaders be able to estimate: (1) the number (and specialties) of staff that must be diverted from their regular responsibilities to the emergency response; (2) the impact of diverting staff from critical activities; and (3) the duration of these reassignments.

Methods: We reviewed published and unpublished US Centers for Disease Control and Prevention (CDC) staffing, deployments, and duration-of-event data from 2001–2009—the time period during which increased resources have been invested in public health preparedness and response activities. The events studied were: (1) intentional release of *Bacillus anthracis* through the US Postal System [2001–2002]; (2) severe acute respiratory syndrome (SARS) [2003]; (3) monkeypox US [2003]; (4) South Asia Tsunami [2004–2005]; (5) Marburg, Angola [2005]; (6) Hurricane Katrina, US, [2005]; and (7) Salmonella Saintpaul, US, [2008]. Initial analyses of Novel H1N1 Influenza worldwide [2009] also were conducted.

Results: The mean duration of the "emergency response" phase for each event was 102 days (range 63–143 days.) The mean number of CDC staff deployed to respond to each of these events (to either the field or Emergency Operations Center) was 590 (range 70–1,324).

Conclusions: Analyzing workforce needs can be useful to public health managers and leaders for several reasons including: (1) better defining various objectives of the emergency response knowing that increased surge staffing will exist for a limited time; (2) anticipating the implications of reducing or curtailing activities in order to divert resources to the response; and (3) developing specialty-specific strategies to recruit and train staff that will be needed in the public health emergency response.

Keywords: emergency response; health staff; preparedness; public health emergencies; resources

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Assessment of Community Healthcare Services Delivery during Operation Cast Lead—A Cross Sectional Survey

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Background: On 27 December 2008, the Israeli Defense Forces initiated Operation Cast Lead, aiming to strike the infrastructure of the terrorist organizations in the Gaza Strip. An emergency situation was declared on the home front, allowing the security forces special jurisdiction over the area. The Home Front Command's Medical Operation Center, in cooperation with the Superior National Health Authority of the Ministry of Health, coordinated the delivery of community health services.

Objective: The objective of this study was to evaluate the delivery of community health services to the Israeli civilian population living in proximity to the Gaza Strip.

Methods: A telephone survey was conducted during the 20^{th}–24^{th} days of the operation. The sample was drawn from the Jewish population living within a radius of 40 km from the Gaza Strip. Questions included need and use of healthcare services, satisfaction with healthcare services, and demographic variables.

Results: A total of 901 interviews were conducted. A total of 91.3%, 76.0%, and 89.6% of those who needed primary or a specialist health care or drug prescriptions, respectively, received these services during the operation. The reported satisfaction with the healthcare services during the combat period was very high.