
Chapter 4

Operational Aspects of Disease Surveillance after Disaster

While a complete discussion of operational considerations of surveillance after disaster is beyond the scope of this manual, there are four aspects which specially warrant inclusion. These are the investigation in the field of rumors and reports of communicable disease; gaining access to laboratories for obtaining definitive diagnoses and support in epidemiologic investigation; presenting epidemiologic information to decision makers; and carrying out surveillance activities during the recovery phase and afterward.

Field Investigation of Rumors and Reports of Communicable Disease

Rumors and unconfirmed reports frequently circulate after a major disaster, but until recently epidemiologists were not asked to take part in relief efforts except when there was need to investigate the more serious of these. Political issues and the nature of public outcry, rather than public health priorities, often determined the perceived severity of a rumor or report. Rumors of increase in snake-bites after flooding, or the discovery of patients with residual poliomyelitis would, for example, lead invariably to an official government request for scarce antivenom or polio vaccine.

Following the Nigerian Civil War, a major bilateral agency initiated the sending of medical epidemiologists to evaluate the substance of such reports before responding to requests for assistance. This practice rapidly expanded to one in which requests for massive supplies of drugs and supplies for health services, and the long term impact of disaster on health services and nutritional status, are now routinely evaluated (44-46). Immediately consulting the medical epidemiologists of

major relief agencies has become a definite feature in decision making. Now, epidemiologists are sent to affected areas to organize surveillance before rumors and unconfirmed reports are even generated.

In recent major disasters the appropriate evaluation of rumors has been made possible through this increasingly earlier involvement of epidemiologists in the relief response. This can be attributed to two factors. The most obvious is that prompt investigation can take place before a situation gets out of hand. Perhaps more important, however, has been the existence of the opportunity to educate members of disaster agencies, the media and national health authorities about appropriate ways to interpret and respond to rumor.

Epidemiology staff members who participate in relief should expect the appearance of rumors and unconfirmed reports and should be prepared to deal with them. Rumors from many sources may come to the epidemiologist's attention. Perhaps easiest to handle are reports communicated to field relief workers and visitors to the field from relief headquarters. Of the most frequent and difficult to handle are reports promulgated in the media, and reports directly brought to the attention of national leaders.

The most efficient and effective way of handling rumors of any origin is to undertake surveillance. To confirm and/or quantify the magnitude of a problem indicated by rumor, the epidemiology staff should try to canvass reporting units in the area by radio. Negative responses will frequently satisfy the need for information on the part of media, political authorities and participating agencies. This is particularly true when negative results are coupled with the promise of repeating the survey and of sharing surveillance information. Sources should also be encouraged to report any rumors they might hear in the future to the epidemiology unit or the relief coordinator for investigation. In general, maintaining a positive attitude toward receiving rumors instills trust in the source, as well as in the public. When convinced that efforts to substantiate the reports are underway, responsible persons of the media will delay publication of rumors until after discussion with relief authorities.

Reports of disease in the media originate at local, regional, or national levels. It is common in this age of satellite communications for a television or newspaper item to have directly reached the international services from the area affected by the disaster, thus bypassing authorities in the capital. Although estimates of death and disease are not usu-
