

ally reported in the media, so that sensationalism is minimized and panic and anxiety are prevented, breakdowns of respect of such a policy do occur. Reporters often assume that information provided by a doctor or nurse on the scene is more accurate and reliable than that in releases from official, central sources. Inexperienced and tired health personnel have on occasion locally released information, subsequently shown to be mistaken or exaggerated, to members of the media. The likelihood of such an occurrence will be reduced if seasoned health workers lead relief teams, there are briefings about the policy of dealing with the media, and an open relationship is developed between the media and the relief coordinator.

It is always possible that individual reporters may be more concerned with publicity than accuracy and that precautions do not prevent the publication of rumor. Also, the extent of disaster or of an epidemic may be exaggerated in order to embarrass authorities or to seek political advantage. The only recourse to take under these circumstances is to provide the relief coordinator the most accurate information available.

When influential local citizens or authorities report a rumor, it can be difficult to convince decision makers to wait for the results of an epidemiologic investigation before taking unnecessary or counterproductive action. Fortunately, it is usually possible to convince policy makers that immediately dispatching a team to look into the report is the quickest and most visible and effective response available. A potentially more serious operational problem exists when local or national authorities deny rumors which have not been investigated.

The majority of rumors of epidemic communicable disease after a disaster will not be confirmed. Nevertheless, the epidemiology team should not discount rumors without canvassing reporting units and/or undertaking field investigations. It may be necessary to exercise selectivity in investigating rumors, based on public health implications and/or political sensitivity, since lack of manpower is a frequently limiting factor. When the central epidemiologist is not satisfied with the field staff's ability to investigate a rumor, one or more epidemiologists should be sent to the field. In international relief efforts, national epidemiologists and members of their staff should be responsible for investigations.

The principles involved in investigating rumors are very similar to those of any other epidemic investigation. These are discussed by

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Langmuir (47), Western (48), Sommer (1), and Blake (44) have demonstrated how to adapt these principles to disaster situations.

### **Gaining Access to Laboratories to Obtain Definitive Diagnoses and Support for Epidemiologic Investigations**

Selected issues concerning the use of laboratories in disaster situations, particularly in remote areas and in poorer countries, are discussed in this section. Details not contained here are presented in documents available elsewhere (49-51).

When the epidemiologist investigating a rumor encounters patients with symptoms compatible with the disease in question, it is imperative to collect specimens appropriate for diagnosis, and to properly handle and transport them to a competent laboratory, where they should receive priority attention. Selected laboratory investigation of symptoms or symptom complexes (such as fever-diarrhea) reported to be increasing may also be required for undertaking appropriate public health measures and developing guidelines for proper management of patients.

There are four reasons that it may be necessary to obtain laboratory confirmation of selected notifiable diseases from a sample of patients. The first of these is that not all notifiable communicable diseases can be diagnosed with confidence on the basis of clinical criteria alone. The probability of reaching a mistaken diagnosis is increased during a period of relief in which medical staff members lack experience in recognizing tropical or endemic communicable diseases. In addition, experienced physicians from the affected area may fail to consider recently introduced diseases in their differential diagnoses. In Latin America and the Caribbean, for example, influenza, dengue and typhoid fever are frequently confused in surveillance reports.

Second, the public health laboratory is essential to the promotion of efficient communicable disease control. The epidemiologist and preventive medical officer are primarily concerned with communicable diseases in general populations, rather than in individual patients. For such persons, the diagnosis of typhoid fever or measles in a hospitalized patient only represents the tip of an iceberg. Examination of the disease in family members, close contact and neighborhood populations is frequently indicated. To determine the prevalence of disease and initiate control measures, it may also be necessary to undertake community-wide surveys.

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