



miologist to field units is psychologically beneficial and provides feedback and stimulates reporting.

Two operational aspects of data collection deserve emphasis. First is the importance of regularly sending "negative" reports whenever no patients with notifiable diseases are seen in a unit. A report form with a line of zeros provides valuable information. It also permits assessment of the number of units participating in the surveillance system. Failure to report, on the other hand, can either mean a lack of disease, or that a unit has dropped out of the surveillance effort.

Speed of reporting, always critical in communicable disease surveillance, is especially vital following disaster. Mail and telephone services are most likely to be interrupted or erratic at that time. In general, weekly reporting from all units by telephone, telegraph or shortwave radio is preferable to reporting by mail. Immediate consultation about any unusual condition or suspected epidemic, at any time during the week, should be encouraged. Clear instructions about how to reach the central epidemiologist should be provided to workers in the field.

Innovative ways to facilitate rapid reporting during the period of severe disruption in transportation and communication should be sought by members of the epidemiology unit. This will frequently involve utilizing other elements of the relief effort. Previous sensitivity of the relief coordinator and national authorities to the importance of adequate surveillance for an effective overall effort will pay dividends. Example procedures used with success in previous disasters include daily or weekly radio reporting of selected diseases from the field; the distribution and retrieval of reporting forms by members of the drug and/or food distribution system; gaining access to the national security force's communication network; incorporating disease surveillance into a more general regular report required by the relief coordinator; and regular visiting to field units by the epidemiologist or a member of the surveillance team.

Reporting units should be made to understand that the primary responsibility is theirs to collate and interpret weekly totals, and to act on the information they collect through surveillance. The epidemiologist, rather than being bureaucratically annoying, should help reporting units efficiently carry out these tasks in a standardized fashion. The epidemiologist should also be available for consulting about the diagnosis and management of infectious diseases with the antibiotics or biologics available, to investigate suspected outbreaks and to supervise the

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