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Hurricanes and other natural disasters frequently disrupt communications. The designation of alternative communications systems is a key step in preparedness.

disease control efforts. In a well run surveillance effort it is not acceptable to passively report the appearance of measles or fever-bloody diarrhea in a population by mail. When this occurs, the situation gets out of control before the epidemiologist is aware of the problem.

It is also imperative that incoming notifications are evaluated immediately upon receipt by the epidemiology unit, rather than at the end of the reporting period. This will permit prompt response to rumors or enquiries, recognition of unusual reports (e.g., typhus, human rabies) and comparison of individual units of the current reporting period with previous ones. It will also make it possible to recognize sudden increases in more common conditions such as diarrhea and acute respiratory illness.

There should be a firm and immutable deadline established by the epidemiology unit for receipt of notifications before the daily and weekly tabulations are compiled. The unit frequently works twenty-four hour shifts immediately after a major disaster strikes. Under less urgent conditions or in long term relief efforts, the reporting week should end on Friday, notifications received on Monday and the weekly report completed Tuesday. In long term refugee camps, it has sometimes been necessary to resort to clinic reporting only one day per week in order to reduce the bookkeeping demand placed on field workers. These pragmatic changes do not, however, change the need for immediate reporting of epidemics or unusual cases of disease.

A firm deadline for weekly tabulations is required to ensure prompt evaluation and action. The epidemiologic week actually decided upon is of minor importance, but its scheduling should be agreed upon by national and relief epidemiologists to avoid confusion about actual case counts in formal reports. For instance, if a case of malaria is reported by the national group in week 30 and in week 31 by the relief effort, the question is raised of whether one or two cases existed. Disagreement on this rather trivial point has in the past been a source of friction in international relief where epidemiologists of the donor and host countries differ in what constitutes an epidemiologic week.

Figure 3, derived from Figure 2, is a model for a weekly tabulation report at the central level. This model entails a summary sheet in which disease in children (under 15 years) and adults (15 years and older) are separately notified and combined totals are given. In this model, cases and deaths are combined in a total notification because the central summary sheets should be kept as uncluttered as possible for easy scan-
