Professionals i organitzacions de salut pública davant les crisis humanitàries

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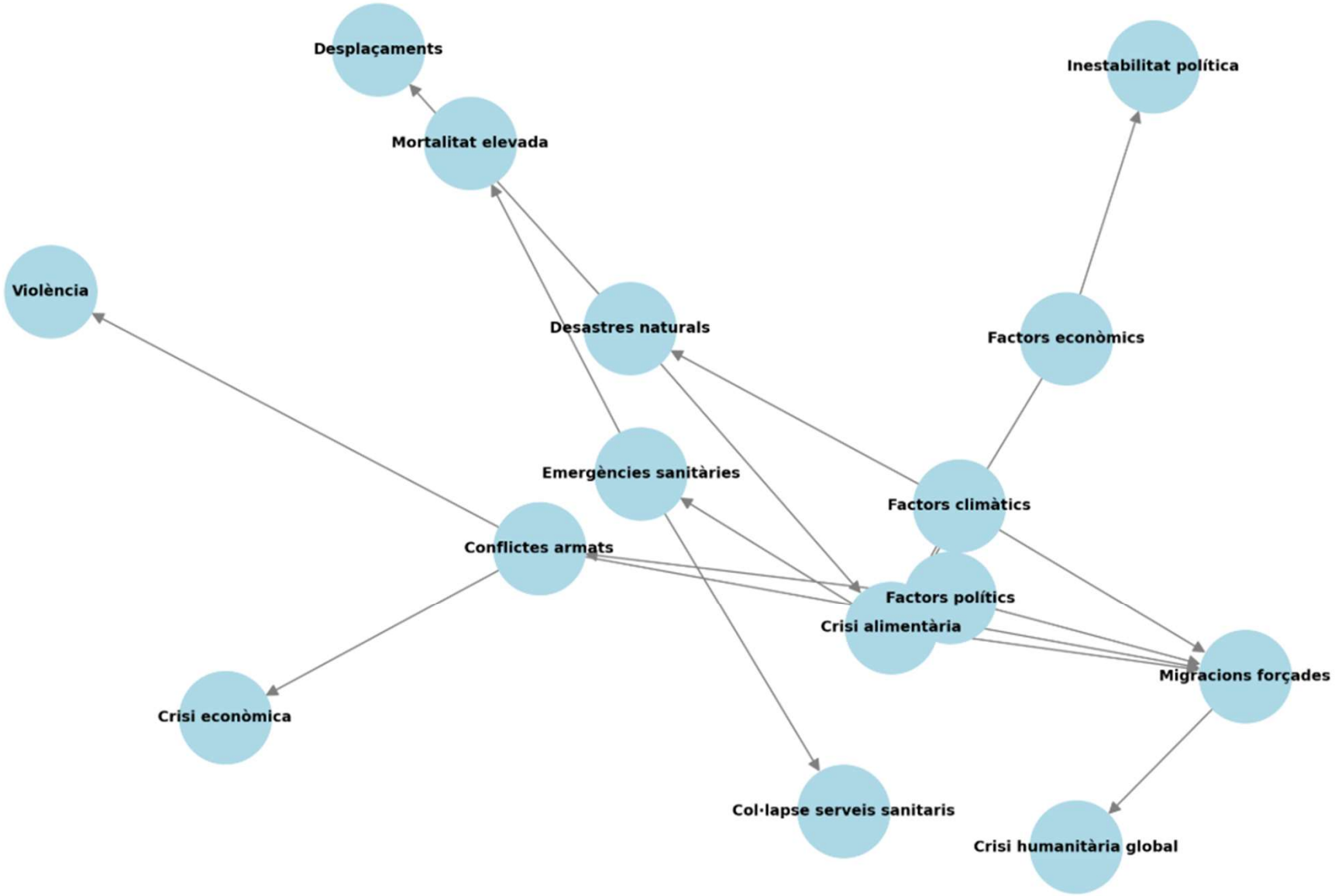
Mapa conceptual de les crisis humanitàries



Desastres naturals i epidèmies

- Detonant: immediat vs. gradual
- Temporalitat: immediata vs. diferida
- Expertesa: generalista vs. especialitzada
- Selecció : rotació d'equips vs. treball en xarxa
- Logística: autònoma vs. integrada en el sistema de salut

Objectius dels equips de salut pública

Oferir assessorament

- als països afectats, avaluant, investigant i intervenint davant l'aparició d'un brot epidèmic o una crisi de salut pública
- donant suport al desplegament d'experts
- contribuint a l'avaluació de riscos i necessitats, i a la planificació de la resposta.

Recolzar

- la implementació de mesures de control
- el desplegament d'experts segons necessitats
- el treball amb eines, guies, protocols, orientació i formació.

Proporcionar capacitat de resposta

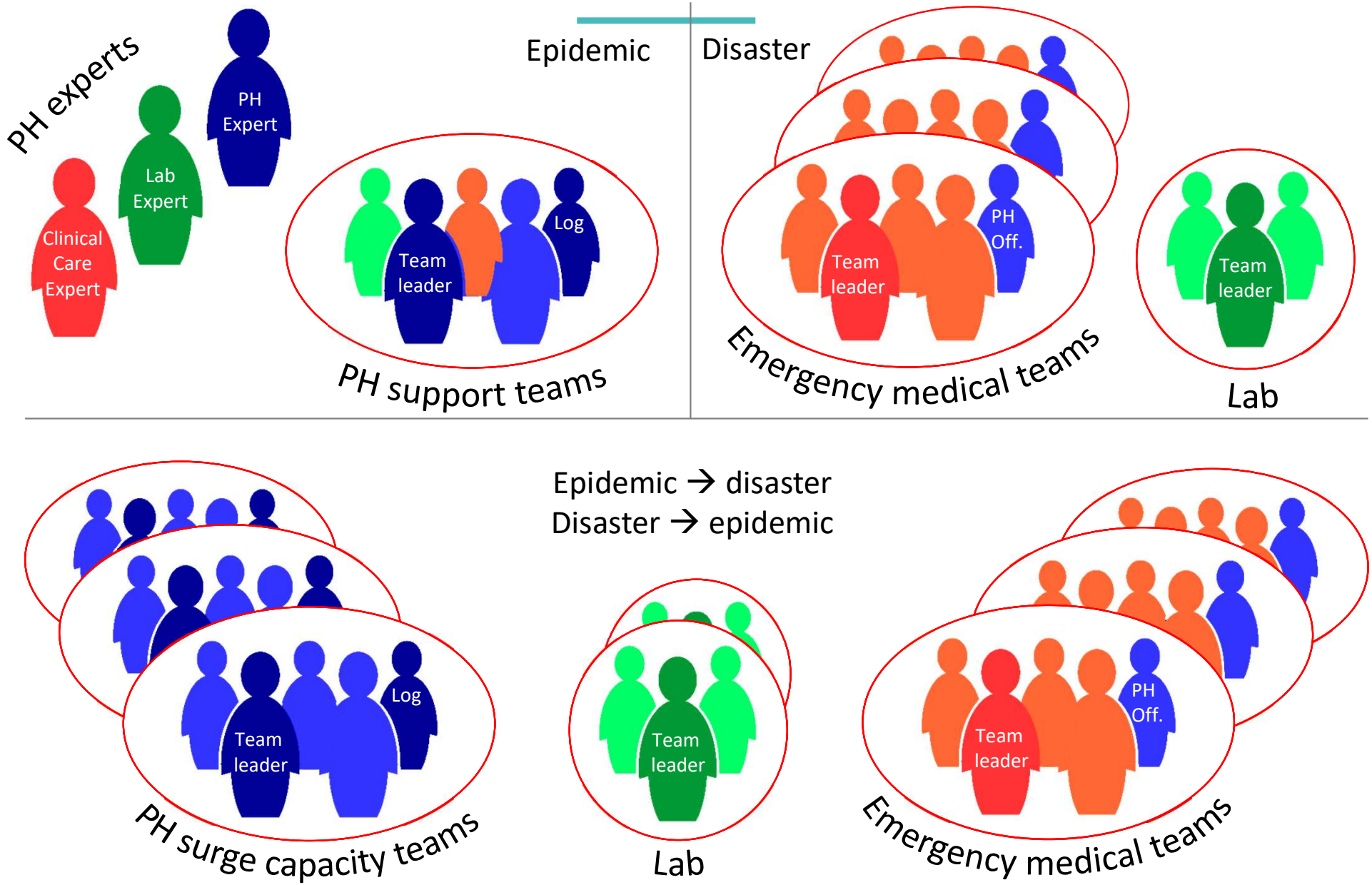
- quan la capacitat del país afectat es veu desbordada
- donant suport al desplegament d'equips de salut pública autosostenibles.

Abstract

The 2013-2016 Ebola epidemic in West Africa challenged traditional international mechanisms for public health team mobilisation to control outbreaks. Consequently, in February 2016, the European Union (EU) launched the European Medical Corps (EMC), a mechanism developed in collaboration with the World Health Organization (WHO) to rapidly deploy teams and equipment in response to public health emergencies inside and outside the EU. Public Health Teams (PHTs), a component of the EMC, consist of experts in communicable disease prevention and control from participating countries and the European Centre for Disease Prevention and Control (ECDC), to support affected countries and WHO in risk assessment and outbreak response. The European Commission's Directorate-General European Civil Protection and Humanitarian Aid Operations and Directorate-General Health and Food Safety, and ECDC, plan and support deployments. The first EMC-PHT deployment took place in May 2016, with a team sent to Angola for a yellow fever outbreak. The aims were to evaluate transmission risks to local populations and EU citizens in Angola, the risk of regional spread and importation into the EU, and to advise Angolan and EU authorities on control measures. International actors should gain awareness of the EMC, its response capacities and the means for requesting assistance.

Keywords: Angola; European Medical Corps; Outbreaks; emergency response; epidemiology; public health; rapid response; yellow fever.

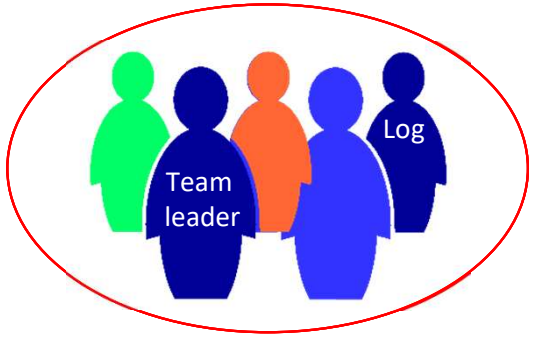
Typology of outbreak support deployments



Epidèmies

1. Experts en salut pública
   - ➢ Clínics, epidemiòlegs, especialistes en SP i de laboratori
   - ➢ Per assessorar experts en països afectats
   - ➢ Per contribuir a l'avaluació ràpida de riscos i necessitats

2. Equips de suport de salut pública
   - ➢ Grup d'experts, amb cap d'equip i logística
   - ➢ Per proporcionar suport als experts en països afectats
   - ➢ Per a la implementació de mesures



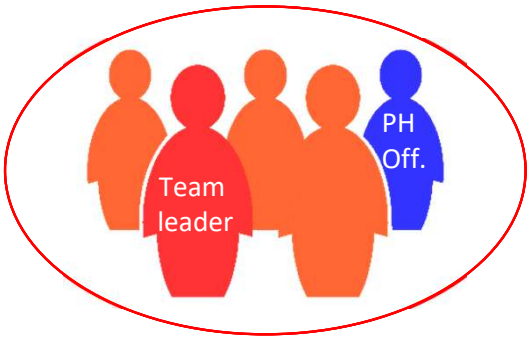
Identificats mitjançant

- ✓ Llista de la UE mitjançant punts focals estatals
- ✓ Referents per país

Mobilitzats a través de

- ✓ L'ECDC a la UE/EEE
- ✓ OMS/GOARN internacionalment

Desastres



3. Equips mèdics d'emergència

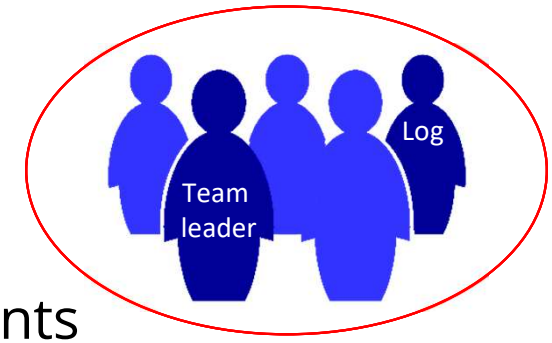
- Especialistes en atenció clínica
- Un expert en salut pública
- Membres identificats mitjançant llistes d'equips certificats
- Mobilitzats mitjançant convocatòries UE

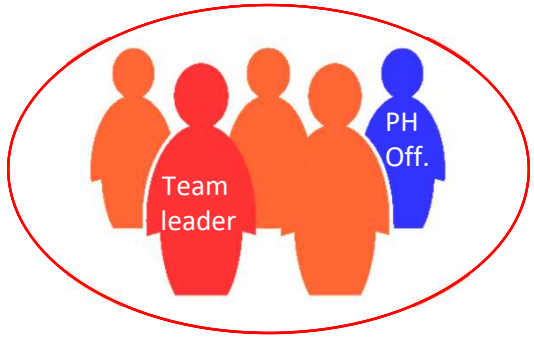
4. Laboratori

- Especialistes i tècnics de laboratori incloent
  - Bioquímica
  - Microbiologia
- Per donar suport a la clínica
- Amb logística pròpia

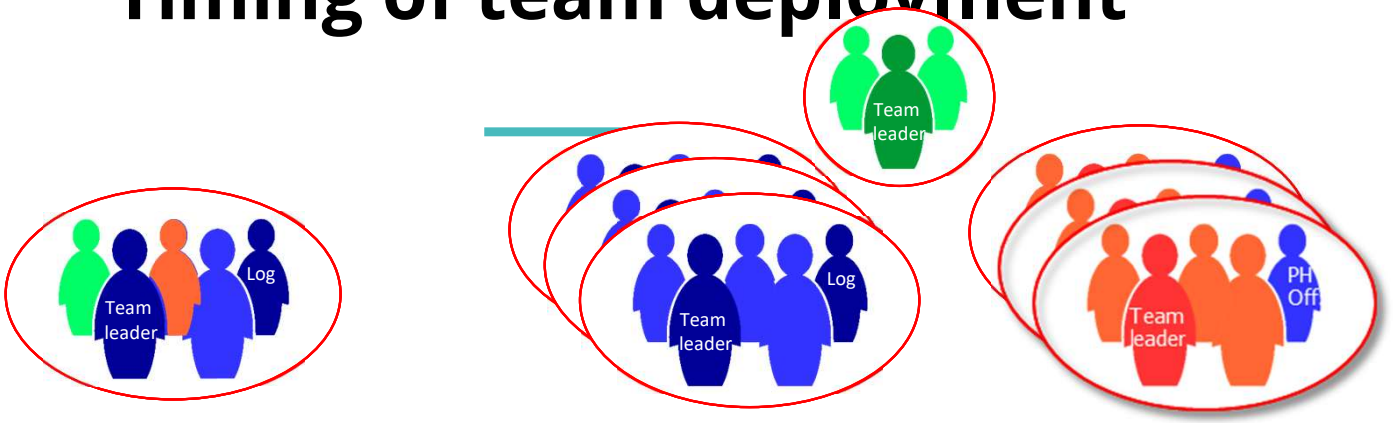
Epidèmia → desastre
Desastre → epidèmia

1. Equips de resposta de salut pública
    - Líders d'equip i logístics identificats a través de llistats
    - Membres de l'equip identificats a través de punts focals
2. Equips mèdics d'urgències
    - Membres identificats a través de relació d'equips certificats
    - Mobilitzats a través de l'ERCC
3. Laboratoris
    - Laboratoris generals i especialitzats que inclouen
        - Confirmació i seqüenciació per SP
        - Bioquímica per a la salut
    - Identificat a través de laboratoris/equips certificats
    - Mobilitzats a través de l'ERCC





Timing of team deployment



Public health experts
Rapid assessment

at the early detection of an event,

- To asses and confirm epidemiological, microbiological and clinical features
- To model anticipated course and estimate impact,
- To develop strategy for prevention and control.

PH response support team

At the acute phase

- to support the implementation of control measures
- In patient care, laboratory diagnosis, public health surveillance and response, exit screening

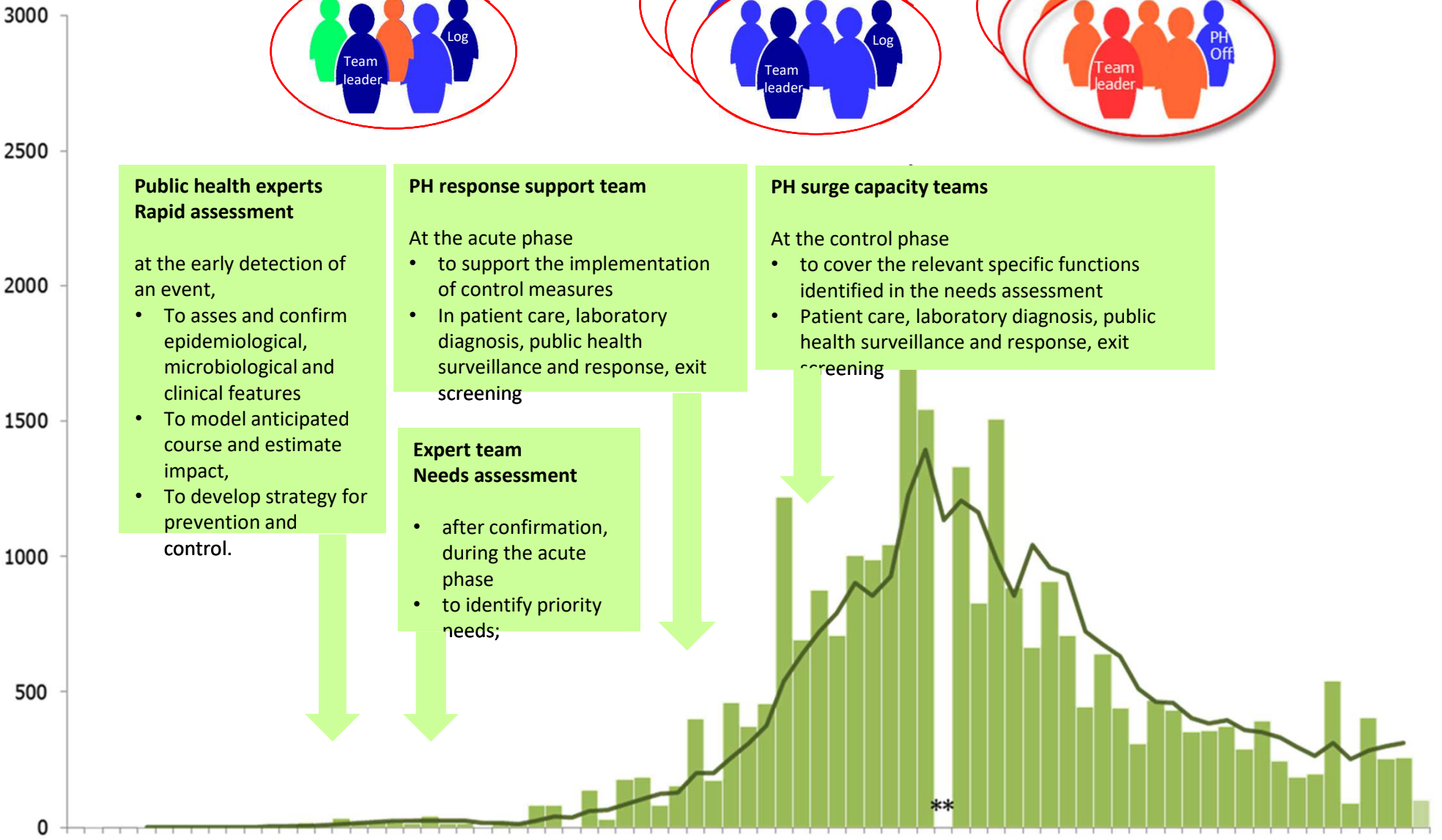
Expert team
Needs assessment

- after confirmation, during the acute phase
- to identify priority needs;

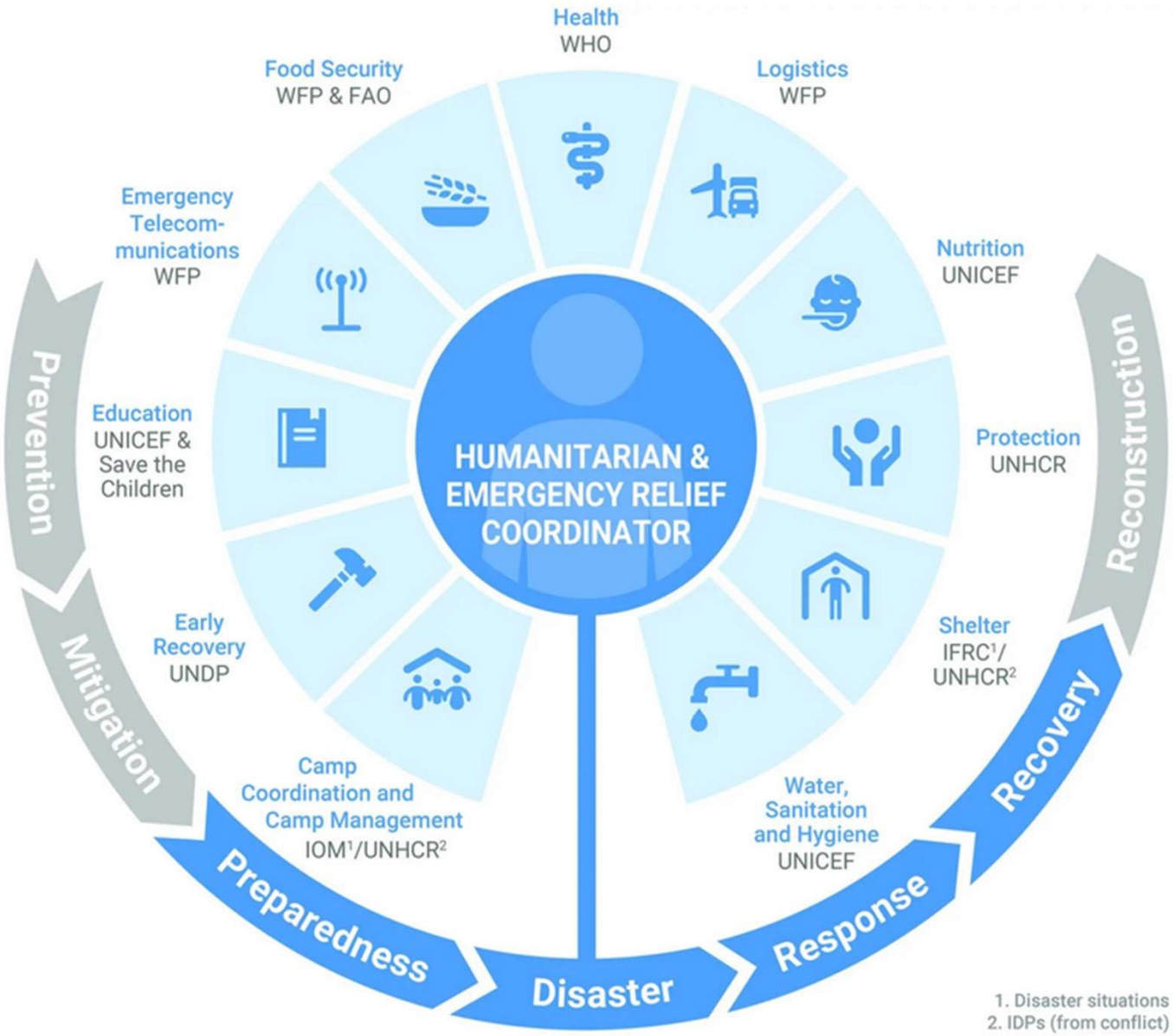
PH surge capacity teams

At the control phase

- to cover the relevant specific functions identified in the needs assessment
- Patient care, laboratory diagnosis, public health surveillance and response, exit screening



Agències especialitzades de Nacions Unides



Desastres naturals

ANNUAL REVIEWS

Annual Review of Public Health

Climate Change, Landscape Fires, and Human Health: A Global Perspective

Fay H. Johnston,[1,3] Grant Williamson,[2,3] Nicolas Borchers-Arriagada,[1] Sarah B. Henderson,[4] and David M.J.S. Bowman[2]

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Keywords

adaptation, air pollution, climate change, population health, smoke, wildfire

Abstract

Landscape fires are an integral component of the Earth system and a feature of prehistoric, subsistence, and industrial economies. Specific spatiotemporal patterns of landscape fire occur in different locations around the world, shaped by the interactions between environmental and human drivers of fire activity. Seven distinct types of landscape fire emerge from these interactions: remote area fires, wildfire disasters, savanna fires, Indigenous burning, prescribed burning, agricultural burning, and deforestation fires. All can have substantial impacts on human health and well-being directly and indirectly through (*a*) exposure to heat flux (e.g., injuries and destructive impacts), (*b*) emissions (e.g., smoke-related health impacts), and (*c*) altered ecosystem functioning (e.g., biodiversity, amenity, water quality, and climate impacts). Minimizing the adverse effects of landscape fires on population health requires understanding how human and environmental influences on fire impacts can be modified through interventions targeted at individual, community, and regional levels.

Ebola Guinea 2015

Field investigation with real-time virus genetic characterisation support of a cluster of Ebola virus disease cases in Dubréka, Guinea, April to June 2015

Alessandro Pini[1,2], Delayo Zomahoun[3], Sophie Duraffour[4,5], Tarik Derrough[1], Myrna Charles[3], Joshua Quick[6], Nick Loman[6], Lauren Cowley[7], Mamadou Leno[8], Nobila Ouedraogo[9], Oumou Thiam[10], Alfonso Hernández-Romieu[3], Annie Iko[3], Halimatou Keita[10], Djiba Konate[10], Aboubacar Aboubak Soumah[10], Etran Bouchouar[3], Samuel Ileka-Priouzeau[3], Sakoba Keita[11], Boubacar Diallo[10], Fode Cisse[8], Josep Jansa[1], Miles Carroll[12,13], Stephan Günther[4,5], Ettore Severi[1], Pierre Formenty[14]

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7. Gastrointestinal Bacterial Reference Unit, Colinc
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RESEARCH ARTICLE

Spatiotemporal Evolution of Ebola Virus Disease at Sub-National Level during the 2014 West Africa Epidemic: Model Scrutiny and Data Meagreness

Eva Santermans[1]*, Emmanuel Robesyn[2], Tapiwa Ganyani[1], Bertrand Sudre[2], Christel Faes[1], Chantal Quinten[2], Wim Van Bortel[2], Tom Haber[3], Thomas Kovac[1,3], Frank Van Reeth[3], Marco Testa[2,4], Niel Hens[1,5], Diamantis Plachouras[2]

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› Int Health. 2016 May;8(3):227-9. doi: 10.1093/i

Social and cultural factors resistance during an Ebola the Guinean Forest region, experience

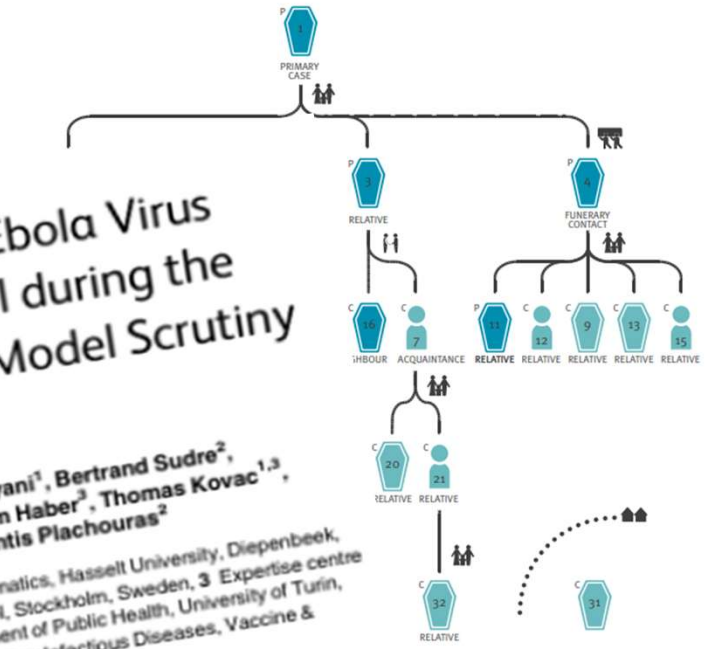
A I Carrión Martín [1], T Derrough [2], P Honomou [3], N Kolie [3], B Diallo [4], M Koné [4], G Rodier [4], C Kpoghomou [5], J M Jansà [2]

Affiliations + expand

PMID: 27059272 DOI: 10.1093/inthealth/ihw018

FIGURE 1

Phylogenetic tree of sequences derived from Ebola virus disease cases, Dubréka, Guinea, April–July 2015 (n = 12 cases)



se; P: probable case.

cases represent most probable transmission links. The cases were numbered based on date of symptom onset (for case '11' we f outcome since the time of symptom onset was not available).

Ebola DRC 2018

- Enquestes a la comunitat
- Registres en centres de salut
- Agents de salut sobre el terreny

Conflictes armats

Concloent

- Les organitzacions i els professionals de salut pública tenen un rol específic en les crisis humanitàries
- La organització, selecció i desplaçament de professionals corre a càrrec d'organismes de Nacions Unides, agències i organismes internacionals
- La coordinació i definició de tasques és essencial per l'efectivitat de les intervencions
- Els professionals desplaçats requereixen de la formació específica segons la tipologia de la crisi