

Poverty and newly emergent diseases: The chicken that lays the curate's egg

Risk reduction is, or should be the holy grail of risk management. Yet our pandemic planning is focussed almost entirely on a response to an outbreak when it arrives on our shores. Reducing the risk must take place off shore in an environment where success is unlikely. Why not? Not because of some Machiavellian plot worthy of a new Dan Brown novel. According to Dr Dennis Carroll, Director of the USAID Avian and Pandemic Influenza Preparedness and Response Unit, it is all about economics.

At a Centre for Strategic and International Studies conference on the economic effects of Avian Influenza, held in Washington on June 28, Dr Carroll said it was time to call for a "transformational strategy" to beat the stream of emerging infectious diseases coming from third world chickens.

In China in 1969 there were an estimated 50 million poultry being raised to feed a population of 750 million. By 1999 the poultry flock had grown to 15 billion birds. This dramatic increase in poultry farming was largely on non industrial farms following traditional animal husbandry practices. The mixture of high populations of people and poultry has created a cauldron of emergent infectious diseases where there is an increased probability that poultry viruses – such as H5N1 – can infect humans and give rise to new pandemic strains.

In the past year more than 4,000 Avian Influenza outbreaks have been reported to the World Organisation for Animal Health (OIE). Of these an estimated 75% have been in backyard or farms. These small farm holders largely fall into the lowest economic quintiles and poultry farming makes a significant contribution to household nutrition and livelihood.

Based on an initial investment of 5NZ\$ for the purchase of a hen and 1NZ\$ required for a "fraction of a cock" the annual return to capital investment is nearly 700%. This very attractiveness has contributed to an explosion in poultry rearing to meet the nutritional and economic needs of ever expanding populations.

For example, in Viet Nam, a country which seems to have got AI under control through rigorous culling programmes, half of all households – rural and urban – keep chickens. In rural areas 70% (8 million) households keep chickens. The average flock size is 16 birds (4 hens, 1 cock and 11 growers and chicks). Only 1% of flocks consist of more than 100 birds.

Chickens mostly kept in backyard flocks by small holders with an average per capita income of less than 200 NZ\$ per year. A flock of 12 hens yields a month income of around 30NZ\$ through the sale of eggs and birds. In addition to the high rate of return a further advantage of investing in poultry is the flexibility to partition the investment in small amounts of cash throughout the year as needed.

At a national level the cessation of backyard farming in Viet Nam would lead to a lost income



Free range but not necessarily free of disease

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 of 1 billion NZ\$ per year or 5% of agricultural GDP, or 2.5 million full time jobs at minimum rural wage rates. Applying this data, even partially, across the 4,000 outbreaks recorded over the past year highlights the important contribution poultry rearing makes to the economic and nutritional welfare to the poor.

Therefore, for reasons of equity and economic efficiency it is important to assess the socio economic impact of AI control measures before they are applied. Culling, our number one reduction measure will reduce the risk for residents of first world countries, yet the cost will be carried by the poor in third world countries. At this stage some of you will be saying, "sad but this is the way it has always been."

Dr Carroll believes that the growing political and public concern about AI has created an unprecedented opportunity – a transformational moment –

to directly address the causes that give rise to AI and other emergent diseases. While much of the public and political discussion on how best to respond to AI has been dominated by emergency responses – which are of critical importance – these strategies will not be sufficient to lower the risk of an influenza pandemic from actually happening.

If we want to get rid of the root causes of H5N1 and SARS and . . . whatever else the future might bring we need to recognise that three trends: increasing populations; the need for increased protein; and the adherence to traditional animal husbandry practices; have given rise to a festering cauldron.

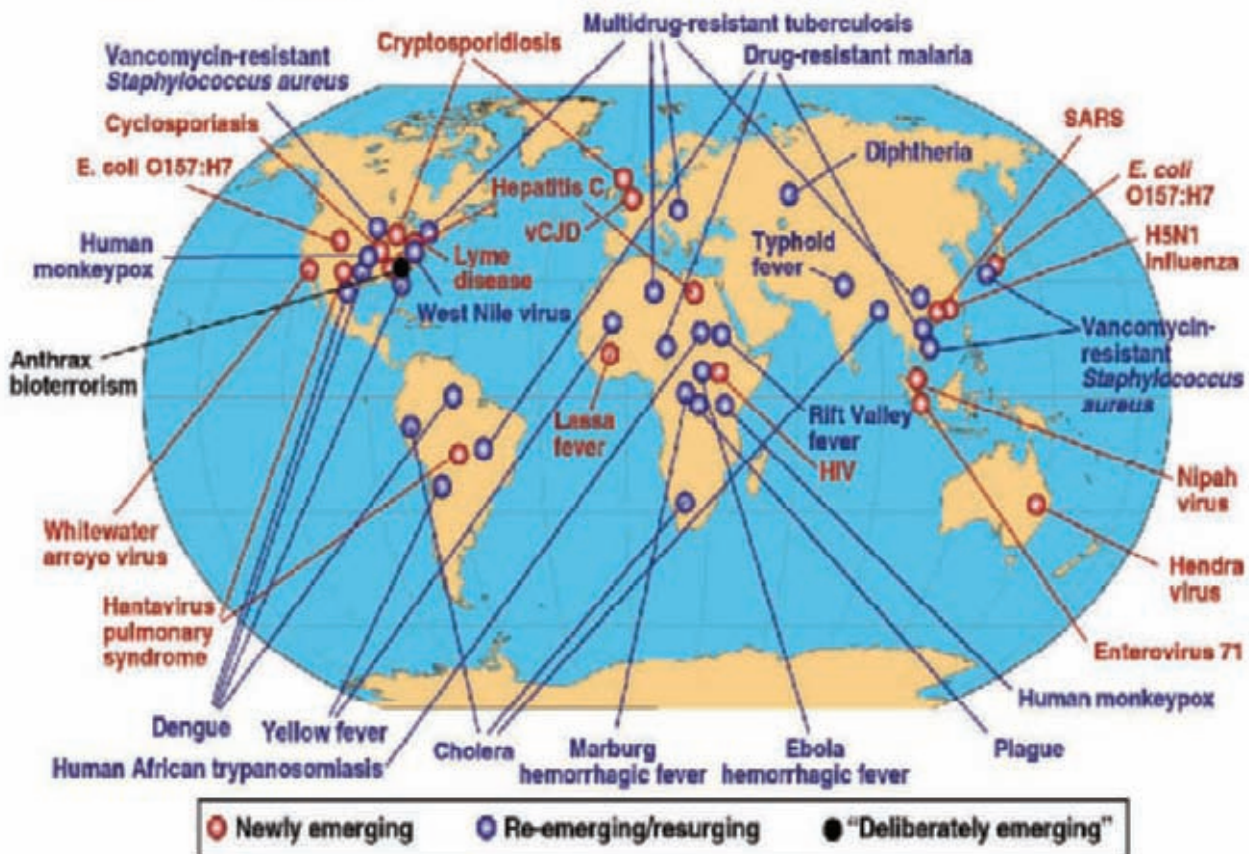
Short of reversing the size of the global population, we need to ask how the animal husbandry and market practices that are driving the emergence of new human pathogens can themselves be transformed. To achieve such a transformation will require new and imaginative investments involving: significant

capital to underwrite the cost of the transformation; and new public – private partnerships that harness a vast array of financial and technical resources.

The business community needs to be part of the solution. Not simply because of the vast array of technical and financial resources, but because AI and its kin have the business community squarely in their sights. By focussing exclusively on building a protective shield of vaccines, drugs and early warnings, we will do little to limit the emergency of newer and deadlier pathogens.

What we do risk is making influenza and other zoonotic diseases a scourge inflicted on those who can't afford or access vaccines and drugs. In short, diseases of the poor as has happened with malaria, tuberculosis and HIV/AIDS. #

Global Examples of Emerging and Re-Emerging Infectious Diseases



Seven days of Flood, Fire and Brimstone

July is a time for holidays in both the northern and southern hemispheres. But nature never takes a holiday. The minor inconvenience of snow and rain storms in our part of the world pale into insignificance when compared with what is happening elsewhere around the Pacific rim over the past ten days.

Tropical Storm Bilis

Torrential rains killed at least 164 people across south China last weekend, flooding major cities, sweeping away houses and cutting off a main rail link. The rains were triggered by Tropical Storm Bilis, which killed dozens in the Philippines and Taiwan before hitting China. Forecasters had said the storm would weaken as it hit China, but instead it wrought havoc across the country's south.

Downpours continued on past the week end across much of southern China, where 12 million people in six provinces were affected by floods and 138 are still missing, state-run China Central Television (CCTV) said.

A section of the Beijing-Zhuhai highway that links the national capital to the country's southern industrial hubs has been submerged by water as deep as three metres. In far-southern Guangdong province, floods severed water supplies and caused blackouts in Shaoguan, a city of half a million. In the southeastern coastal province of Fujian, where Bilis made landfall in China, floods swept away 19,000 homes and forced the evacuation of 519,000 people.

South China is plagued by rainstorms every summer, but this year's flood season has been particularly deadly, already claiming hundreds of lives before Bilis struck.

Over the same weekend South Korea issued a national crisis warning as torrential rain from a different storm caused flooding in parts of the country, killing 10 people and leaving 17 missing and presumed dead.



A Seoul street scene

Tungurahua volcano

Across the other side of the Pacific Ecuador's Tungurahua volcano has been spewing ash, gas and molten rock, driving hundreds of evacuated villagers into nearby schools and churches in search of refuge. Tungurahua, located about 80 miles (130 km) south of Quito, has been increasingly active since May, when it blew out big clouds of hot gas and prompted officials to renew a limited state of emergency in nearby towns.



Tungurahua locals check out a cow covered in ash.

of Pinipe County on the outskirts of the volcano. During a four-hour visit to local villages, President Alfredo Palacio said the country needs to prepare "for the worst-case scenario" and promised \$5.7 million in relief funds for the region.

The volcano's crater is little more than a mile (1.6 km) south of the tourist resort town of Banos whose 17,000 residents were forced to evacuate in 1999 after loud explosions and huge plumes of ash billowed out of its crater.



A villager rides a carabao as smoke spews from Mayon volcano behind him

Over the weekend a rain of molten rock that set fire to trees and grass marked the volcano's strongest recorded activity since it began erupting in 1999

Civil defence authorities and police continued to evacuate seven small villages around the volcano, whose name means "throat of fire" in the indigenous Quichua language. Lava flows blocked roads and destroyed bridges while people fled their farming hamlets tucked in the folds of 16,460-foot (5,020-metre) Tungurahua. More than 3,600 people have been evacuated from the highest risk areas near the volcano.

"We need water, food and medicine ... but we are lucky we had no deaths or people hurt," said Juan Salazar, the mayor

Mount Mayon

Still on the same weekend and back on the western side of the Pacific; flaming mud and rocks the size of a car cascaded from the slopes of Mount Mayon, an active volcano in the central Philippines, raising the risk of a hazardous eruption.

Some 60,000 people in six towns in Albay province packed their belongings as they prepared to flee their farms and homes due to the increased volcanic activity.

A 7-km danger zone was imposed around Mayon, on the southeast slope, facing Legazpi City and Sto. Domingo town as lava seeped out of the summit of the 2,462-metre (8,077-foot) volcano forming an elongated mass to about 800 metres down slope. The lava flow deposited a stream of incandescent molten rocks along Mayon's upper and middle slopes, about 3 km (1.8) miles) from the summit.

Mayon is the most active volcano in the Philippines, having erupted around 50 times over the past 400 years. The

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most destructive eruption came in February 1841 when lava flows buried a town and killed 1,200 people. The last time Mayon erupted was in 2000-2001.

Meanwhile the Philippine Institute of Volcanology and Seismology has also been watching Bulusan volcano in nearby Sorsogon province after it spewed ash and vented steam in March. Last month, volcanologists raised the alert level there to 2.

Pakistan monsoon

The monsoon season in northern Pakistan and Pakistani-administered Kashmir is bringing further misery to the victims of last October's earthquake, with many still living in inadequate, temporary dwellings. After days of heavy rainfall and predictions for a severe monsoon, there are fears that the rain could bring greater devastation than the snows of the past winter, which were relatively mild.

In the North West Frontier Province (NWFP) town of Balakot, which was devastated by the quake, people are still camped out in tents. The unrelenting rain has reduced open areas to giant pools of water. In some cases, the water has seeped into makeshift shelters and families perch atop damp bedding, unable to dry out clothes or other belongings.

In the Mansehra Valley, roads have vanished under massive landslides. Sardar Yousaf, the Mansehra district mayor confirmed that there were blockages at at least three points along the Balakot-Naran Road. The closure of the 60 km road effectively means the Kaghan Valley has been cut off from Balakot and the rest of the country.

Yousaf also said there were reports of other smaller roads being similarly affected. In parts of the isolated Allai area, and in the Neelum and Jehlum valleys of Pakistani-administered Kashmir, victims still dependent on aid from the outside world have been left virtually isolated, possibly for weeks, with military operations to reopen roads handicapped by the weather.

International organisations, including the World Food Programme (WFP), have continued efforts to supply aid to quake victims now back in their villages, but this effort has been badly hampered by the rain. "Many roads are closed. We are trying to take more tin

sheets up towards Allai, but the driving conditions are next to impossible," said Imran Ahmed, a volunteer with the Lahore-based Citizens Foundation, one of the organisations continuing efforts to offer relief to quake victims.

Some families were able to construct their homes before the onset of the rains, but thousands others must now survive in damp, muddy conditions. Makeshift houses are often not sufficiently strong to withstand the rain, and the sense of optimism seen during the spring as reconstruction work began in many locations, has now been largely washed away.

Pangandaran tsunami

To round of a week to forget Mother Nature saved its best for last to give Indonesia another bashing. An earthquake generated tsunami swept through the resort town of Pangandaran.

Some officials had considered the area, about 270 km (170 miles) southeast of Jakarta, less likely to be hit by a tsunami than others in Indonesia so no tsunami warning system had been installed. "It turned out that our prediction was wrong," the Jakarta Post quoted Surono, a senior official of the country's earthquake agency, as saying. "Now, we believe that there are no tsunami-free areas along the southern coast of Java."

The confirmed death toll is up to 550 with another 275, mostly fishermen, reported missing and unaccounted for. As rescuers pulled bodies from the debris and survivors tried to pull their lives together a light aftershock on Wednesday shook Pangandaran beach and sent some people running, while others headed inland on motorcycles and cars as rumours circulated of



A body being pulled from a swamp

a fresh tsunami.

Hours later, tall buildings swayed as an earthquake struck the Indonesian capital Jakarta and nearby parts of Java island, prompting people in several areas to flee from high-rise offices and homes.

Indonesian media questioning why there was no warning ahead of the tsunami were told by Indonesian Vice President Jusuf Kalla that the government would build an early warning system in Java and other areas in Indonesia in three years. Something you may want to consider before booking your holiday in the area.

Government officials said as many as 54,000 people were displaced from wrecked fishing villages, farms and beach resorts, adding to the rehabilitation headache for authorities still dealing with the Yogyakarta earthquake that killed more than 5,700 people in central Java less than two months earlier.

Trucks started to arrive with aid for



Bodies being prepared for a mass burial

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The economic impact of a pandemic

With spreading concern over the probability of a global pandemic, there has been feverish activity in estimating the potential economic impacts. Unlike other types of economic shock, the impacts of a pandemic, beyond the direct human illness costs, would be both supply and demand side and driven by the effects on labour – labour supply, supply chains, consumer demand, investment, international trade and travel, financial system and stability and economic growth.

Economists estimate the economic impacts of food borne and other diseases, industrial and traffic accidents, etc., in terms of “human illness costs”, predominantly medical treatment costs – stratified by case distribution (e.g. age, gender), severity (e.g. mild, acute, critical, chronic conditions) and treatment (e.g. medication, number of general practitioner or specialist consultations, length of hospitalisation); and

Labour productivity losses – due to absence from work by cases and their carers for the period of illness, treatment and recovery, according to case distribution and severity; and intangibles – such as disruption to non-work activities (e.g. leisure, education), “pain and suffering” and loss of life.

There are two approaches to valuing these impacts – in terms of costs incurred due to illness or injury and/or willingness-to-pay to avoid, or in effect reduce the rate or probability of, illness or injury. Pandemic influenza would also have broader impacts on the national economy due to its immense scale, with much of the country’s population withdrawing from work and social activities concurrently due to or to avoid infection.

The World Bank suggests that the potential impacts on the global economy could exceed US\$800 billion a year (25% of global annual GDP). Modelling of 20 interrelated economies puts the global estimate at between US\$330 billion (0.8 per cent of GDP) under a mild scenario and US\$4.4 trillion under a very severe scenario. Another study, including a supply-side disruption in international trade, puts the range at a two to six

percentage point reduction in global GDP growth.

The total economic impact on the Asian region is estimated to range from 2.6 per cent of GDP (US\$113.4 billion) under a mild scenario to 6.8 per cent of GDP (US\$296.9 billion) with a more severe and enduring demand shock. Individual country impacts vary according to openness of economy and size of service export sector, ranging from 0.5 (Indonesia) to 10.4 (Singapore) percentage points reduction in annual GDP growth rate under the mild scenario and from 2.6 (Indonesia) to 22.4 (Singapore) percentage points reduction in annual GDP growth rate under the more severe scenario.

The US Congressional Budget Office estimates a 5% reduction in GDP for the USA under a severe pandemic equivalent to that of 1918. A mild pandemic equivalent to those of 1957 and 1968 is estimated to reduce US GDP by 1.5 per cent. Estimates of the cost of a severe pandemic to the Canadian economy range from Canadian \$14 billion (1.2 % of GDP) to Canadian \$60 billion (5% of GDP).

For the UK, potential costs are put at an 8% reduction in GDP (£95 billion) for a severe pandemic, 0.4% reduction in GDP for a SARS-level impact and 0.2% reduction in GDP for a localised outbreak. Closer to home, the potential economic impact on Australia is estimated to be at least a 5% reduction in GDP in the first year, dominated by effects on household and business confidence.

Estimates vary widely, with differences in the type and severity of impacts modelled due to considerable uncertainty about the timing, scope and virulence of a pandemic and how people and markets would respond. The International Monetary Fund considers that the impact would be sharp but generally short-lived for financially stable economies.

New Zealand estimates

Two recent studies have investigated the potential economic impacts for New Zealand.



C”mon, my breath isn’t that bad!!

New Zealand faces a reduction in GDP of somewhere between 1.4 and 17.7%.

To put this in perspective, a severe pandemic has similar estimated first year impacts to that of the 1931-33 depression, but much smaller cumulative impacts over four years.

Of the 20 countries modelled in 2006 by McKibben and Sidorenko from Lowry Institute for International Policy, Australian National University, New Zealand is estimated to suffer a reduction in GDP of between 1.4% in a mild pandemic equivalent to that of 1968, 9.4 % in a severe pandemic equivalent to that of 1918 and 17.7% in a very severe pandemic. This impact is dominated by increased costs of doing business and a reduced labour force. In this modelling, the reduction in demand is relatively small and the impact on the risk of investing in New Zealand is predicted to be minimal.

The New Zealand Treasury has modelled the possible impact of a pandemic on New Zealand’s macro economy as a simultaneous supply and demand shock through reduced labour supply and domestic demand and business closures.

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A severe pandemic is estimated to reduce real GDP by 5 to 10% in the year of the pandemic. Including the subsequent recovery period, the cumulative reduction in real GDP over four years is estimated equivalent to 10 – 15% of one year's GDP. Estimates for a milder pandemic, based on the 1957 and 1968 pandemics, are a GDP reduction of 0.7 to 2.1% in the first year and 1.1 to 2.8% of one year's GDP over four years. To give some perspective to these estimates, a severe pandemic has similar estimated first year impacts to the 1931-33 depression, but much smaller cumulative impacts over four years. The milder pandemic scenario has estimated impacts of similar magnitude to the estimated cumulative impact of a foot and mouth disease outbreak in the North Island.

This presents an interesting situation.

For New Zealand the livestock disease cost is not overwhelming. One could even suggest that there could be an upside with an increased demand for red meat. The New Zealand's poultry sector is relatively small and serves almost solely the domestic market. The poultry meat industry is quite young, but has expanded considerably over the past 10 years, earning around \$500 million in retail sales per year and providing around 3,000 jobs. The national flock is around 80 million broiler chickens, plus turkey, duck and roasting fowl, and around 2.8 million laying hens. New Zealand exports a small volume of poultry products and live poultry to the Pacific Islands.

Over 17 million birds were destroyed in the 1983/84 outbreak of avian influenza in the USA at a cost of US\$65 million. Direct costs to the livestock sectors of Cambodia, Thailand and

Vietnam of the current wave of outbreaks are estimated to have exceeded US\$560 million so far. Thailand, the world's fourth largest poultry exporter, suffered a loss of US\$880 million in the first wave of these outbreaks when its main export markets including Japan and the European Union closed access. Whilst international poultry prices rose in 2004 in response to the fall in supply by major producers, more recently fears of the risk of human infection have seen poultry consumption and prices plummet.

What has not been measured in these forecasts is the long term economic loss of a high mortality rate, especially amongst those in their most productive years. While quantifying that loss may be pure speculation, it could be the greatest cost of all. #

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the thousands who lost their homes or who, fearing further tsunamis, had fled to hills above the coast. More than 4,000 people were staying in refugee camps in the hills above Pangandaran, Red Cross official Waar Soewardi said. Others found refuge under homemade shelters or stayed inside mosques at Pangandaran and nearby Cilacap port.

At least five foreigners, including a Dutch national, a Swede, a Japanese and a Belgian, were known killed in the quake. "I saw a house coming towards me, but I couldn't run. It stopped 20 metres from me," Anne-Marie Kingmans, a Dutch tourist who survived, told Reuters. "We heard no warning. People just came running," she said, adding that the waves washed a boat into the lobby of her hotel.

One of the worst effects of this tsunami may be to the economy of this popular beach resort, in a country where tourism has already been reeling from bombs, bird flu and earthquakes. The tsunami left the beach front at Pangandaran, formerly clustered with hotels and souvenir shops, looking like a war zone. Fishing boats are now impaled on the smashed red-tile roofs of guest houses, while cars are tossed casually into lobbies of larger hotels.

Thankfully the tsunami was less powerful than the 2004 Boxing Day wave. Survival was possible for some, even

those on the beach. Waan, a 34-year-old local surfer was on the beach when the wave struck and was swept 500 metres in land before pulling himself to safety on top of house. "All my life I never saw a wave like that in Pangandaran," he said, grinning despite deep lacerations on his left leg and cuts on his head. Waan said he had been forced to treat his own wounds by breaking into a shop for antiseptic and bandages, before relief efforts started coming into the town.

Bad as this tsunami was, the outcome

could have been worse. The weekend before the huge waves struck this town of almost 50,000 residents had been busy with visitors celebrating a traditional kite-flying festival and with families taking a last break before the end of school holidays.

On a more personal note, a workshop HEMNZ staffer Robert Patton was programmed to run at Pangandaran was serendipitously moved to a location 100km inland. He kept his feet dry and we kept a colleague. #



We need to finish this tale on a positive note. The human spirit will always prevail. Two young Filipino boys find simple pleasure in the Mayon ash

Healthcare in Evacuation Centres

As the 2006 US Hurricane season waits to strut its stuff the Centers for Disease Control and Prevention (CDC) has issued guidelines for the initial medical screening and ongoing public health surveillance in hurricane evacuation centres. The guidance is not hurricane specific and provides a useful starting point for those tasked with providing health care to evacuation centres in any emergency.

The guidelines recommend an initial medical screening as people are taken into evacuation centres to be followed by ongoing public health surveillance. This medical intake screening and surveillance are important to ensure that the evacuees receive the health care they need.

The goals of the initial screening are to:

- Rapidly identify and triage persons who have medical conditions that require acute medical care (e.g., dehydration, serious wound infections)
- Identify persons who have chronic health problems (e.g., hypertension and diabetes) and other conditions (e.g., pregnancy or disabilities) that require referral for additional medical attention, special services, or medications
- Assess persons for communicable diseases of public health significance to prevent introduction and transmission of these conditions in the

group setting

The general principles of the medical intake screening are that it should be:

- Able to be completed rapidly, by persons who may have differing levels of medical training
- Based on risk assessment
- Focused on identifying persons who require additional evaluation and treatment, rather than being a comprehensive medical assessment
- Sufficiently flexible as ongoing surveillance identifies new issues

To facilitate the intake screening, CDC has provided an interim form to be used for medical intake assessment and triage of evacuees who are entering an evacuation centre. The form can be used to identify evacuees who may need additional medical evaluation and treatment. The first page contains registration information for use by facility, local, and regional authorities. The remaining pages can be used for anonymous reporting of medical conditions among evacuees. These forms are available on the CDC website: www.bt.cdc.gov/disasters/hurricanes/katrina/evacueeform.asp.

After initial screening is completed, a second phase of public health surveillance for evacuation centres is ongoing monitoring for conditions of public health importance among the evacuees. This information will serve to direct

the public health response by:

- Determining the secondary impact of the hurricane on evacuated populations;
- Identifying disease outbreaks and other events of public health concern; and
- Helping to direct distribution of local and regional resources

To accomplish this objective, an interim form, provided at www.bt.cdc.gov/disasters/hurricanes/katrina/pdf/housingsurv.pdf, is intended to be used for surveillance for medical conditions of public health importance among evacuees residing in evacuation centres. The form can be used on a daily basis to record numbers of evacuees with specific infectious syndromes, mental health conditions, injuries and chronic diseases who might benefit from possible public health interventions. The selected syndromes vary in clinical specificity. Syndromic surveillance categories (e.g., fever, gastrointestinal illness, respiratory illness) are included for use when specific clinical information or diagnoses are unavailable. Specific conditions and illnesses (e.g., bloody diarrhoea, generalized rash-suspected chickenpox) are listed for use when clinical information or diagnosis is available.

The guidelines are available at [#">www.bt.cdc.gov/disasters/hurricanes/medscreening.asp #](http://www.bt.cdc.gov/disasters/hurricanes/medscreening.asp)

Cna yuo raed tihs?

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Things to ponder...

Can you cry under water?

How important does a person have to be before they are considered assassinated instead of just murdered?

What disease did cured ham actually have?

How is it that we put man on the moon before we figured out it would be a good idea to put wheels on luggage?

If a deaf person has to go to court, is it still called a hearing?

Why are you IN a movie, but you're ON TV?

Why do doctors leave the room while you change? They're going to see you naked anyway.

Why does Goofy stand erect while Pluto remains on all fours? They're both dogs!

If electricity comes from electrons, does morality come from morons?

HEMNZ Bulletin

The HEMNZ Bulletin is published monthly by the Risk Management Unit of St John Northern Region for all those interested in emergency management in health care settings

Articles and comment on emergency management issues are welcomed

Editor: Bruce Parkes
St John, Northern Region
bruce.parkes@stjohn.org.nz

Check out our Web site at
www.hemnz.org.nz

Up coming Events

9—10 August 2006
Portland Hotel, Wellington
14-15 August
Mercure Hotel, Auckland

Managing Public Affairs and Consultation: Effective techniques for public consultation

Cost \$1795

More information from; www.conferenz.co.nz

23—24 August 2006

Natural Hazards Management Conference - From science to practice

Christchurch Town Hall

Cost \$400

More information from; www.gns.cri.nz/news/conferences

18—19 October 2006

Decision Making in Uncertain Times 3rd National Conference on Risk Management

Sky City Conference Centre, Auckland

Cost: from \$760 + GST for early bird

More information from;

www.risksociety.org.nz

20—22 November 2006

8th Asia Pacific Conference on Disaster Medicine

Tokyo Conference Centre, Shinagawa

Cost: Doctors ¥30,000; Others ¥10,000

More information from;

www2.convention.co.jp/8apcdm/

Editor's soapbox



I hear some people questioning the government's commitment to find the money to combat a virulent influenza pandemic should one arrive on our shores.

Those doubters should look at what is happening in the Middle East mad house. Putting to one side the inane belief the protagonists seem to have that they can solve their differences with a bullet, note the commitment by both sides to channel what ever funds are necessary to ensure their survival/dominance. The economic reality is that our government—whoever is in power—will do all it can to minimise the effect of the pandemic. To do less would guarantee their loss of office.

Do you feel that you have been consulted to death? As all the Ministry work streams are heading to task completion we seem to have a never ending stream of documents to read and offer comment on.

It is only natural that these documents have a "central planning" flavour. A national plan is not going to reflect regional nuances unless it is massaged to accommodate those nuances. Without your informed feedback there will be no massage.

Of the current batch out for comment perhaps the most important needing your feedback is the activity proposed to be tested in the national pandemic exercises in November this year and May next year.

You know where the weak points in our plans are. Make sure that they are the areas we get to test. You can bet your cotton socks that is what the All blacks have been doing this past week.

Bruce Parkes

Waste Management Workshop

After every major disaster response event — as inevitable as night following day, there is a problem with the disposal of unwanted pharmaceuticals.

This past week the WHO and Yogyakarta Public Health Service have held a workshop with the following objectives:

- To address the problem of pharmaceutical waste management met after the emergency phase (donations)
- To be able to destroy expired or damaged medicines in good conditions and at affordable price
- Reflect on the pharmaceutical waste management solutions both for the emergency and the routine situation

I have nagged about this before and will continue to do so. One day the message will get through. Unrequested pharmaceuticals are not wanted in disaster zones and just cause problems for the recipients.

I know that you know better and would not send them. Do all you can to stop others sending them. #