

Accordingly, the state (national) veterinary service of Bosnia and Herzegovina (BiH) conducted exercises which resulted in increased monitoring of wild and domestic bird populations and the drafting and adoption of a contingency plan (CP) for AI. The activities prescribed by the CP were implemented in February 2006 when the H5N1 virus was diagnosed in wild swans. However, no cooperation was established with public health authorities during this incident, further underscoring the need for a one health approach to disease control activities. Adoption of the One Health concept is challenging, and there is no simple plan that can be applied across all cultures. To prevent it from simply existing as an idealistic theory, some revision is needed and practical guidelines must be developed. The authors will include suggestions as to how this might be achieved.

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(A184) Survey of Knowledge, Attitudes and Risk Perceptions (KAP) of Healthcare Personnel, in the Event of an Outbreak of H1N1 Influenza, in Limited Resource Environment

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Introduction: Little is known about the risk perceptions and attitudes of healthcare personnel, in the event of an epidemic of H1N1 influenza. It is acknowledged that perception of risks, as opposed to actual risks, alters behaviour. Indian data on KAP is needed as the scenario of working in limited resource environment, can have a different risk perception and attitudes amongst the healthcare workers. This will help in chalking out a ‘model response planning’ The study is designed to investigate the Knowledge and attitudes amongst healthcare workers in Mumbai, India during H1N1 pandemic of 2008–2009.

Methods: Questionnaire based interviews were given to healthcare workers, selected by their place of work, level of education and income group. This is based on the priori hypothesis that KAP differs amongst these groups. Surveys were distributed randomly to 20% employees from each of the above categories. Also healthcare officials, making policy decisions and guidelines, and the patients approaching these healthcare centres for treatment were interviewed for their perceptions of adequacy of the response measures. The questions designed included assessment of demographic characteristics, individual’s knowledge about swine flu, perceived adequacy of training, perception of preparedness to tackle the epidemic situation and perception of risk to them and their families during epidemic conditions. The responses were graded as ‘adequate or inadequate knowledge’, perceived ‘high or low risk’ and ‘tendency to apathy’. Results were analysed using statistical software (SPSS17).

Conclusion: Understanding the concerns and responses of healthcare personnel to a major infectious disease outbreak is critical to maintaining response capacity.

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(A185) Did the Ministry of Health’s Intervention Increase Compliance of Medical Teams to be Vaccinated against H1N1?

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Background: Pandemic influenza poses a great challenge to healthcare systems. Vaccinating medical teams and the population against pandemic influenza is the global recommended strategy to contain spread of the disease. As part of the efforts made to overcome the H1N1 pandemic, the Israeli Ministry of Health (MOH) initiated a general vaccination program for medical teams and the total country population. Due to low compliance rates of the medical staff, the MOH conducted regional conferences aimed at providing knowledge and encouraging staff to be vaccinated.

Objectives: To evaluate the effect of the regional conferences on the compliance rates amongst medical providers to be vaccinated against H1N1.

Methods: Medical providers from the primary health care services were invited to conferences that were conducted in 3 regions. Attitudes of the teams regarding compliance to be vaccinated were assessed pre and post the conferences. Additionally, the actual rates of vaccinations were recorded over the period of vaccination program. Actual compliance rates before and after the conferences were compared to detect differences as well as the relationship between teams’ attitudes and actual vaccinations.

Results: Vaccination rates of medical providers remained low during the full vaccination period. Among the non-vaccinated, 24% to 29% reported before the conference that they agree to be vaccinated versus 57% to 62% following the conference. Analysis of the actual vaccination data among the medical providers did not demonstrate a change in compliance following the conferences and an overall decrease was noted after the first two weeks of the vaccinated project.

Conclusions: A statistically significant relationship was not found between reported attitudes of medical providers regarding readiness to be vaccinated and their actual vaccination. The MOH intervention did not achieve the expected result and did not raise compliance to be vaccinated.

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(A186) Edward via College of Osteopathic Medicine (VCOM) Honduras Dengue Outbreak Emergency Response Case Study

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In July 2010, the government of Honduras requested VCOM assistance with a widespread Dengue Outbreak. At the time of the mission trip, over 33,000 Hondurans had been hospitalized for Dengue Fever and a National State of Emergency declared. VCOM sent a team of medical students, faculty and volunteers to