answer the call for help. The Honduran government selected five villages where the need for medical attention was greatest. The team provided medical exams, treatment or referral when necessary to approximately 200 patients in each of the five villages. General medical exams were provided in addition to screenings for Dengue Fever and subsequent supportive treatment including oral rehydration salts, Tylenol, vitamins and treatment of complications. National and local strategic partnerships to provide emergency medical response services included the Minister of Health, Minister of Defense, Minister of Transportation and Housing and office of the President of Honduras; Deans of the National and Catholic Medical Schools; President of the Board of Medicine and other governmental and non-governmental offices; Mayors and local officials, and often local media. At Marcala, the Minister of Public Transportation and Housing arrived by Helicopter from Tegucigalpa to greet the VCOM team and patients at the clinic; and at Santa Maria del Real, the Honduran President's son met the team personally. The Honduran support for VCOM's ongoing continuity of health and improved medical care efforts in the country was evident. The trip enhanced the skills and knowledge of participating students and faculty. Student Jenie Sales writes, "I not only enhanced my own clinical experience and knowledge, but I obtained a greater understanding for the people and culture of Honduras." Student opportunities for reflective learning included case study writing, surveys and evaluations. The successful experience will lead to increased knowledge in the care of patients during a Dengue outbreak.

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(A187) Red Cross Volunteers' Roles in Epidemic Control: Community-Level Interventions during Cholera Outbreaks in Zimbabwe and Haiti

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Managing epidemics, or preferably, preventing them, is a priority for the International Federation of the Red Cross (IFRC). The IFRC response to the cholera outbreaks in Zimbabwe in 2009 and in Haiti in 2010 both included: the Emergency Response Unit system as the backbone, and the International Red Cross Movement helped the National Red Cross Society fulfill its humanitarian mandate during the emergency. Water and Sanitation units and Basic Health Care Units cooperated seamlessly to ensure consistency and effectiveness in the activities. A large part of the International Red Cross and Red Crescent Movement response is performed by community-based volunteers. During both outbreaks, the Red Cross put special focus on community-level interventions. In both countries, the National Red Cross Society, supported by the International Federation of the Red Cross, trained volunteer groups using a local adaptation and translation of the IFRC training package for emergency health and epidemic control. Research has shown that community volunteers frequently lack the background information necessary for a quick and efficient response to epidemics, especially when they are located in areas that do not benefit from the support and guidance of health professionals. This is particularly true in developing countries that often lack sufficient healthcare facilities and staff. To help fill those gaps, the IFRC launched a training package — Epidemic Control for Volunteers — more effectively involving volunteers in the epidemic management. It provides volunteers with a basic understanding of the diseases that can easily turn into epidemics. This training package is intended for volunteers and trainers in local branches of Red Cross and Red Crescent societies. It teaches them how they can help limit the number of victims, act quickly and effectively, and define their role in the community before, during, and after an epidemic.

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(A188) Foot and Mouth Disease Continuity of Business Planning for the U.S. Dairy Industry

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If foot-and-mouth disease (FMD) was detected in the United States (U.S.), a national animal health emergency would be declared and livestock and allied industries would feel the immediate impacts of animal and product movement restrictions, animal quarantines, disease surveillance activities and other necessary measures implemented to control the disease. These control measures, while necessary to contain the outbreak, would have impacts on the normal business practices of uninfected livestock producers in affected regions, and potentially disrupt interstate commerce. Such impacts would be most disruptive to industries producing perishable products and utilizing 'just-in-time' supply models. One significantly impacted sector would be the U.S. dairy industry whose operations rely upon daily animal, product and other supportive movements, and do not have the capacity to store milk for more than 24-48 hours. Disruption of normal milk movement in the U.S. could affect the provision of milk and milk products, as well as create significant milk disposal, environmental and animal welfare issues. The challenge of controlling and eliminating FMD while at the same time maintaining the long term viability of the U.S. dairy industry, represents a complex and multifaceted challenge. The United States Department of Agriculture (USDA) is collaborating in preparedness initiatives and pre-event, academia-facilitated emergency management planning efforts with states and livestock industries. A key element, critical to a successful outcome from this initiative is the involvement of industry throughout the process. One such effort is the 'Secure Milk Supply' (SMS) Plan project and its initial goal is to develop agreed upon processes and procedures to pick up, transport, and pasteurize milk from uninfected farms in FMD control areas thus helping to maintain business continuity for dairy producers, haulers, and processors. This presentation will describe the current approach to FMD control in the U.S., issues of special relevance to the dairy industry and the progress and planned future directions of the USDA sponsored SMS Plan.

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