what the Europeans have called Epidemic Intelligence, Americans have called Biosurveillance. This presentation will describe the US National Biosurveillance Strategy for Human Health and provide a status report.

Methods: Through a process of sector working groups (federal inter-agency; state/local public health and medical; Centers for Disease Control and Prevention intra-agency) and professional society document reviews, a 2008 version of the US National Strategy was posted on the Internet in December 2008. Additionally, a non-federal National Biosurveillance Advisory Subcommittee convened working groups in key topic areas and produced recommendations to the US government for strengthening biosurveillance.

Results: The National Strategy defined six priority areas for more detailed efforts to coordinate and strengthen national biosurveillance: (1) electronic health information exchange; (2) electronic laboratory information exchange; (3) unstructured data; (4) integrated (fused) biosurveillance information; (5) global disease detection and collaboration; and (6) workforce. Objectives and progress within these areas will be discussed.

Conclusions: Leveraging advances in technology and digital information resources requires clarity of purpose and coordination of efforts defined by common interests. While still young, the US effort to frame a national strategy and increase visibility of distributed efforts is providing an important foundation for coordinated investments.

Keywords: biosurveillance; coordination; detection; information; pandemic influenza

Prehosp Disaster Med

Medical Facilities as Protected Shelters
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Until Operation Cast Lead, the concept of clinic protection was based on a protected space on each floor. The protected area was determined as 3% of the principle space of each floor and was limited to a walking distance of 40 meters from the farthest treatment room. During Operation Cast Lead, it was realized that fortification solutions, which are suitable for office buildings and public buildings, are not suitable for clinics. Examples of various activities during non-stop alarms include:

1. Ambulatory surgical treatment;
2. Orthopedic treatments; and
3. Treatment of the handicapped.

Each area of the country has a different warning time. Near Gaza during Operation Cast Lead, the warning time was 10 to 30 seconds.

All these considerations led to the design of new protection regulations for ambulatory medical facilities. The leading protective theme of these regulations is the construction of a large, centralized, protected space that will provide the ability to treat while fully protected. Thus, the need to be able to operate without distraction can be fulfilled.

The protected space should be built at the bottom of the building or in the basement, and will be divided into treatment rooms, especially x-ray and ambulatory surgical theaters. Limited clinic services can also fit in.

In addition, in order to provide protection solutions for patients in the clinic area, the staircase should be built as a form of protected space, so a person reaching the stairs will be protected until arriving to the larger protected area.

For CBRN protection, the protected space and the stairwell will be sealed and equipped with ventilation and filtering systems.