

Significance of Volunteers' Data Collected in Areas Hit by Major Disasters

Lesson learned from Medical Relief Activity in East Japan Earthquake

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[Abstract]

If we are to effectively conduct medical support activities in disaster stricken areas, it is better to take steps such as analysing and assessing the target areas first and then judge how best to cope with them before commencing activities. However, it is usually the case that stricken areas lose local medical service delivery systems so that routine data collection systems are often destroyed. Under such a difficult situation, volunteers' information could be used to assess the stricken areas. In order to know what kind of information could be collected from volunteers' data, we tried to analyse and utilize our own data.

In Rikuzentakata we provided health services to local people for 100 days from March 24, 2011; 13 days after the quake up to the end of June. We analysed the records of the visiting patients in order to identify the trend of health needs in our target areas and to assess our own performance and contribution to our target area.

Through analysing patients' data, the trend of illness and health demands of local people inside the stricken areas became visible. Most of the patients visiting our facilities were patients with chronic diseases and no new surgical cases, which were related to the disaster, were seen from March 24.

If we are to tackle vague targets such as major disaster stricken areas, it is very important to objectify and visualize the target by using some indicators. Medical volunteers' data which are accumulated through field clinics are very helpful in revealing the reality of the target. The data can show us the real health needs existing there. If we are to work effectively in the field of disaster medicine, we should utilize volunteers' data more widely.

Key words: Surveillance, Volunteer medical service, Disaster medical care, Infection prevention and control.