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Emergency services and healthcare preparedness for religious mass gatherings-challenges in India

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Mass gatherings during religious festivals are becoming increasingly the loci of crowd disasters. On analyzing the casualty figures from the year 2000, it was found that human stampedes caused 2293 deaths in India. A study on crowd disasters in India by Illiyas et al in 2013 has revealed that religious gatherings have been the venues for 79% of human stampedes in India. Emergency preparedness of mass gathering safety in India is a major challenge. The physical composition of religious gatherings makes them more vulnerable to human stampedes. Festivals attract large crowds comprised of children, youth, the middle aged and older people to vulnerable locations like hill tops, valleys or river banks. Many of the religious sites are located at remote places where infrastructure and medical facilities are very limited. Persistent hazards at the venues are usually neglected and the gatherings continue to be held at the same places. As a result, stampedes recur at the same place over different intervals. Event organizers have primary responsibility in ensuring safety of a mass gathering event. Effective planning is required at the administrative level to coordinate event organizers, service departments, emergency response agencies etc. This paper analyses recent religious mass gatherings in India and the emergency preparedness measures implemented to deal with mass emergencies.

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A point-of-care test for facing the burden of undiagnosed celiac disease in the Mediterranean area

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Background: We aimed at assessing the factors that can influence results of the dissemination of an already validated, new generation commercial Point-of-Care Test (POCT) for detecting celiac disease (CD), in the Mediterranean area, when used in settings where it was designed to be administered especially in countries with poor resources.

Methods: Pragmatic study design. Family pediatricians at their offices in Italy, nurses and pediatricians in Slovenia and Turkey at pediatricians, schools and university primary care centers looked for CD in 3,559 (1-14 years), 1,480 (14-23 years) and 771 (1-18 years) asymptomatic subjects, respectively. A new generation POCT detecting IgA-tissue anti transglutaminase antibodies and IgA deficiency in a finger-tip blood drop was used. Subjects who tested positive and those suspected of having CD were referred to a Celiac Centre to undergo further investigations in order to confirm CD diagnosis. POCT Positive Predictive Value (PPV) at tertiary care (with Negative Predictive Value) and in primary care settings and POCT and CD rates per thousand in primary care were estimated.

Results: At tertiary care setting, PPV of the POCT and 95% CI were 89.5 (81.3-94.3) and 90 (56-98.5) with Negative Predictive Value 98.5 (94.2-99.6) and 98.7% (92-99.8) in children and adults, respectively. In primary care settings of different countries where POCT was performed by a different number of personnel, PPV ranged from 16 to 33% and the CD and POCT rates per thousand ranged from 4.77 to 1.3 and from 31.18 to 2.59, respectively.

Conclusions: Interpretation of POCT results by different personnel may influence the performance of POC but dissemination of POCT is an urgent priority to be implemented among people of countries with limited resources, such as rural populations and school children.

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