
Yours faithfully
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Management of chemical incidents

Sirs,
We agree with Dr Bakhshi that public health practitioners have a central role in the management of chemical incidents.1 This role embraces emergency planning, surveillance of chemical incidents and associated health effects, chemical incident risk management, including community hazard identification, risk assessment and risk reduction, planning for treatment, rehabilitation and follow-up.

Because many health authorities recognize that they do not have sufficient expertise to respond effectively to a chemical incident, they have contracted with a specialist Regional Service Provider Unit (RSPU) to give support. There are currently five such specialist service providers in the United Kingdom, namely: (1) Scottish Centre for Infection and Environmental Health, Glasgow; (2) Centre for Chemical Incidents, Birmingham; (3) Department of Environmental and Occupational Medicine, Newcastle; (4) Chemical Incident Response Service, London; (5) Chemical Incident Management Support Unit, Cardiff.

These RSPUs are able to provide medical, toxicological and public health advice both during an incident and for investigations following an incident. They are also able to assist with emergency planning and training of public health practitioners.

The National Focus for work on response to chemical incidents and surveillance of health effects of environmental chemicals was established in February 1997 and is the ‘centralized unit’ to which Dr Bakhshi refers. The National Focus is the third tier in the system for co-ordination of chemical incident planning, response and surveillance, and should be notified by health authorities of chemical incidents presenting unusual features in terms of scale, complexity or potential threat to the health of the population. The National Focus can activate additional sources of expertise (for example, the Health Advisory Group on Chemical Contamination Incidents) and ensures liaison with other agencies (for example, the Health and Safety Executive).

Dr Bakhshi highlights the importance of public health practitioners being ‘prepared to supply timely and needed information on chemical incidents to public service providers’. The National Focus is working with the RSPUs and other national sources of information on chemical incidents such as the Ambulance Service Association and the National Chemical Emergency Centre to undertake national surveillance of chemical incidents and associated health effects. Surveillance information disseminated to all participating organizations and UK government departments will be useful for policy making, emergency planning and operational management, as well as triggering the need for epidemiological investigations.

Reference

Yours faithfully
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Pilot studies on the possible effects on malaria of small-scale irrigation dams in Tigray regional state, Ethiopia

Sirs,
The possibility that irrigation schemes and dams within development programmes may increase malaria transmission is not new. Large-scale water development projects have been shown to have this effect.1–3 However, the presence of newly created water bodies does not necessarily lead to increased transmission, depending on climatic and other factors.4,5 Despite larger numbers of mosquitoes. Urbanization and associated development activities may also exacerbate the problem.6 There is thus a need to identify the risks associated with water development in a range of ecological settings.

In the Tigray Region of Ethiopia, dam building is under way within a major rural development programme called Sustainable Agriculture and Environmental Rehabilitation in Tigray (SAERT). The reservoirs thus created vary in size from 50 000