Webinar: Finding the Evidence for Global & Disaster Health
November 2018

Thanks for joining us. The session will begin shortly.

You will need your sound switched on and at an appropriate volume. Please check your headphones or speakers are working. Please remain on mute.

If you have difficulty joining or during the session first try logging off and re-joining.

Use the instant messenger window to ask questions or make comments as we go along.

Please use the chat/instant messenger to introduce yourself: tell us your job title and organisation.

If you have any technical problems, either use chat, or email: emma.farrow@phe.gov.uk
Finding the Evidence for Global & Disaster Health

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Session outline

• How we got here – some context

• Information sources:
  1. Evidence Aid
  2. NLM Disaster Management Research Center
  3. TRIP Database
  4. MEDBOX
  5. WHO Global Index Medicus
  6. International Initiative for Impact Evaluation (3ie)

• Supporting material
How did we get here?

• Phase 1: HIFA Library and Information Services Project
  o Aim: To look at how library services can best support global and disaster health
  o Partners:
    ➢ Healthcare Information For All – http://www.hifa.org
    ➢ Evidence Aid – http://www.evidenceaid.org

• Phase 2: IFLA Evidence for Global and Disaster Health SIG
  o Launched in 2018 at the IFLA World Library and Information Congress
  o Satellite meeting with 7 presentations and a workshop
    https://sites.google.com/view/ifla2018e4gdh/bios-and-papers
First meeting of the E4GDH Special Interest Group

#E4GDH
Evidence Aid

- Boxing Day 2004: Indian Ocean Tsunami.
- Professor Mike Clarke (Cochrane) asks: What can we do to help?
- E-mail sent to all those whom Cochrane had contact details for and who were in the affected area.
- Psychiatrist (Prathap Thayran) corresponds saying he had been deployed to carry out a form of counselling, called ‘brief debriefing’.
- What was the evidence…?
- What was the result?

Evidence Aid was born and has responded both reactively and proactively to humanitarian crises since 2004.
Evidence Aid

Aims: To alleviate suffering and save lives by providing the best available evidence on the effectiveness of humanitarian action and enabling its use.

Objectives
1. To increase the use of the best available evidence in humanitarian emergency response.
2. To develop understanding of the aims and objectives of Evidence Aid among our peers and those who influence the humanitarian sector.
3. To become financially sustainable to achieve these objectives.
Evidence Aid

Championing the evidence-based approach in humanitarian action

Use of evidence in the humanitarian sector: A practice guide

Webinar: Providing library support for disaster preparedness - 19/11/18 - https://www.ifla.org/e4gdh #E4GDH
Evidence Aid: evidence collections

Evidence Aid, with the support of many partner organizations, produce curated collections of evidence that concern humanitarian crises and emergencies.

Browse the Evidence Aid Collections:

- Prevention and treatment of acute malnutrition in emergencies and humanitarian crises
- Earthquake resources
- Ebola resources
- Windstorms resources
- Zika resources
- Health of refugees and asylum seekers in Europe
Evidence Aid: systematic reviews

Summaries of all systematic reviews, listed below, are also available in French and Spanish.

- **Epidemiology**
- **Healthcare workers and Ebola**
- **Health systems and outbreak management/surveillance**
- **Patient management**
- **Persistance and seroprevalence studies**
- **Pregnancy and Ebola**
- **Research in Ebola settings**

**Systematic reviews**

**Other important articles**

**Other resources**
Evidence Aid: special collections with Cochrane

Four ‘Special Collections’ have been created in conjunction with Cochrane and are available on the Cochrane Library:

Burns resources

Earthquake resources

Flooding and poor water sanitation

Post-traumatic stress disorder following natural disaster resources
Evidence Aid: special collection with Cochrane

Cochrane & Evidence Aid: resources for post-traumatic stress disorder following natural disasters

As people recover from yet another example of nature’s fury, those involved in disaster planning will need to consider the psychological consequences of the series of traumatic incidents associated with the typhoon.

One such psychological consequence is post-traumatic stress disorder (PTSD), and this special collection brings together the summary conclusions of the evidence from Cochrane systematic reviews on the effects of interventions aimed at preventing and treating PTSD, with links to the full reviews (see below). These Cochrane Reviews have been prepared by the authors and editors of the Cochrane Depression, Anxiety and Neurosis Group.

PTSD develops in people who were exposed to traumatic events that involved an actual or perceived threat of death or serious injury to them, their loved ones or significant others. The symptoms develop usually within the first one to three months after the event. Sufferers from PTSD characteristically re-experience aspects of the traumatic event in the form of vivid experiences that the event is recurring (flashbacks), distressing and intrusive images of the event, or nightmares. Reminders of the traumatic event (people, situations or circumstances resembling or associated with the event) often arouse intense distress or physiological reactions. Attempts to avoid such reminders are another characteristic feature of PTSD. Many people develop symptoms of hyperarousal: being excessively vigilant, easily startled, irritable, or having difficulty concentrating and in sleeping. Many PTSD sufferers describe feeling detached from others, unable to experience feelings and losing interest in previously important activities. PTSD may be associated with depression, anxiety, or panic and may lead some to use harmful amounts of alcohol or other addictive substances.

Most survivors of catastrophic events will initially develop symptoms of PTSD of varying intensity, but the vast majority will recover within the following year, or years, without treatment, or with informal support from families and friends. However, up to a third may continue to have distressing symptoms many years after the event.

This Special Collection was developed in collaboration with Evidence Aid (evidenceaid.org).
Evidence Aid: search by topic

Health issues
Emergency type
Humanitarian cluster
Person groups
NLM Disaster Management Research Center

https://disasterinfo.nlm.nih.gov/
@NLM_DIMRC
Disaster Lit®
Guide to disaster medicine and public health emergency literature and related information.

Search

New Documents from Disaster Lit
- Fact Sheet for Healthcare Providers: DPP Ebola Antigen System (Chembio Diagnostic Systems, Inc.)
- Minimum Standards for Protection, Gender and Inclusion in Emergencies

PubMed
Database of biomedical journal citations and abstracts.

Search

New Articles from PubMed
- The Knowledge Level of Dentists in Turkey About Their Potential Role on the Disaster Victims Identification (DVI) Team
- Anthrax Exposure, Belief In Exposure, and Postanthrax Symptoms Among Survivors of a Bioterrorist Attack on Capitol Hill

More CBRNE/Hazmat Information
- Chemical Emergencies
- Radiological Emergencies
- Biological Agents
- Training/Education on CBRNE Resources
- CBRNE/Hazmat Apps

https://disasterinfo.nlm.nih.gov/
@NLM_DIMRC
TRIP – Turning Research into Practice

http://www.tripdatabase.com
1,249 results for **zika** by quality

1. **Zika virus in pregnancy and congenital Zika syndrome**
   DynaMed Plus 2017
   Tweet this  Star this  Report broken link

2. **Zika virus: interim country classification scheme**
   WHO 2017
   Tweet this  Star this  Report broken link

3. **Recombinant Zika virus envelope protein elicited protective immunity against Zika virus in immunocompetent mice.**
   PLoS ONE 2018
   Tweet this  Star this  Report broken link

4. **Zika virus infection**
   BMJ Best Practice 2018
   Tweet this  Star this  Report broken link

5. **Zika virus infection**
   DynaMed Plus 2017
   Tweet this  Star this  Report broken link

6. **No serological evidence for Zika virus infection and low specificity for anti-Zika virus ELISA in malaria positive individuals among healthy people.**

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**Webinar:** Providing library support for disaster preparedness - 19/11/18 - [https://www.ifla.org/e4gdh #E4GDH](https://www.ifla.org/e4gdh #E4GDH)
TRIP – Turning Research into Practice

Now you can easily export search results...

SEARCH

PICO

Population: Type of patient eg. diabetics

Intervention: Any intervention eg. treatment, diagnostic test

Comparison: Comparing your intervention with another treatment or to

Outcome: Outcome interest eg. reduced mortality, fewer exacerbations

Trip Pro is the most advanced version of Trip it has extra content and functionality, including:

- 100,000+ extra systematic reviews.
TRIP – Turning Research into Practice

Now you can easily export search results...

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TRIP – Turning Research into Practice

The effects of the Zika virus on human brain organoids.

Primary Research

Givie a Hypothetical Zika Vaccine.

Primary Research

Ties after a mid-gestation viral challenge in guinea pigs.

Primary Research

GeoSentinel analysis, 2012 to 2016.

Primary Research

Infection by vector bite to vertebrate host.

Primary Research

Education

Images

Videos

Further refinements

Overdiagnosis

For developing world SPECIFIC

For developing world SENSITIVE

Previously viewed

Starred

Since 2018

Since 2017

Since 2016

Since 2015

Since 2014

Since 2013

Effortlessly
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MEDBOX

https://www.medbox.org/
MEDBOX – Zika virus

KEY RESOURCES
- Context & Facts
- Microcephaly
- Guillain-Barré Syndrome
- Situation Reports
- Maps

PUBLIC HEALTH
- Preparedness & Prevention
- Surveillance
- Health Systems
- National Emergency Response Plans
- Vector Control

CLINICAL GUIDELINES
- Case Definitions
- Gynaecology / Obstetrics
- Paediatrics
- Travel Medicine
- Psychosocial Support
- Laboratory & Diagnostics

COMMUNICATION
- General Information Material
- Risk Communication & Community Engagement
- Infographics
- Videos

https://www.medbox.org/
WHO Global Index Medicus

Global Index Medicus

http://www.globalhealthlibrary.net/
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OpenWHO is WHO’s new interactive, web-based, knowledge-transfer platform offering online courses to improve the response to health emergencies. OpenWHO enables the Organization and its key partners to transfer life-saving knowledge to large numbers of frontline responders.

https://openwho.org/
Lassa fever: Introduction

Overview: Lassa fever, a viral haemorrhagic fever with symptoms similar to those of Ebola virus disease, is endemic in much of West Africa and usually sparks a seasonal outbreak from December to March. Humans usually become infected with Lassa virus from exposure to urine and feces of infected Mastomys rats. Lassa virus may also be spread between humans through direct contact with the blood, urine, feces, or other bodily secretions of a person infected with Lassa fever. This course provides a general introduction to Lassa fever and is intended for personnel responding to outbreaks in complex emergencies or in settings where the basic environmental infrastructures have been damaged or destroyed.

La version française de ce cours est disponible sur : https://openwho.org/courses/fevre-de-lassa-introduction

If you would like to enroll for this course, there are no formal prerequisites or limitations. The course is free and open for everyone. Just register for an account on OpenWHO and go for the course!
Lassa fever: Introduction

Pre-test

This quiz is a self-test. You can repeat it as often as you like.

Question 1

Which of the following statements about Lassa fever is correct?

- The reservoir of Lassa fever is asymptomatic in humans. The virus can be maintained in the human population indefinitely due to this.
- The virus Phelobovirus which causes Lassa fever in humans can only sustained transmission through the bite of an infected mosquito and other arthropods.
- The Lassa virus which causes Lassa fever in humans, can have sustained transmission

Quiz Details

This quiz has 13 questions.
max 82.0 points

No time limit for this quiz, enjoy!

Last saved:
You have not taken this quiz yet.
International Initiative for Impact Evaluation (3ie)

3ie London Evidence Week Conference, 7-8 November 2018

3ie is excited to celebrate our 10th anniversary during our London Evidence Week conference on 7-8 November. On the first day, we are collaborating with DFID, one of our founding supporters and strongest advocates for rigorous evaluation evidence to improve lives. Throughout both days, we will feature panel discussions on varied topics including the importance of partnerships to produce policy-relevant evidence, social protection, education and the learning crisis, innovations in access to data for evaluations, implementation research, and more. read more

http://www.3ieimpact.org/
Mapping the evidence on WASH promotion in communities, schools and health facilities

Published: Aug. 29, 2018
sector: Water and Sanitation
region: None specified

Highlights

3ie’s sector-wide water, sanitation and hygiene (WASH) evidence gap map provides an assessment of the evidence base for behaviour change, health and socio-economic outcomes resulting from WASH promotional approaches in households, schools, health facilities and communities. This brief presents the primary and synthesised evidence available in the map and what evidence is needed across different low- and middle-income countries.

View the evidence gap map | View video

Documents

Download the brief

http://www.3ieimpact.org/en/evidence/briefs/
http://gapmaps.3ieimpact.org/
Critical thinking and Appraisal Resource Library (CARL)

Learning Resources Database

Find Resources...

Filter by:
- EBM Stage
- Key Concept
- Target audience
- Language
- Format
- Difficulty

Sort by:
- Relevancy
- Display as:
  - List

368 results

Informed Health Choices Podcasts
- Rated 5.0 from 1 votes
- >15 mins | Introductory
- Evaluated ✔

Bundles
- Asking answerable clinical questions
  - 5 Resources
- Estadísticas sin números
  - 2 Resources
- Number crunching
  - 3 Resources

Suggest a resource

https://teachingebhc.org/
Supporting material - Padlet

https://padlet.com/caroline_debrun/E4GDH
E4GDH resource guide

Guide: Finding the Evidence for Global and Disaster Health

by Public Health England: Knowledge and Library Services

A guide to resources for Global and Disaster Health, created by Caroline De Brún for the 2018 E4GDH Satellite Meeting.

Introduction

In times of crisis, humanitarian workers need timely evidence which suits the local context within which they work. This guide contains a range of information sources to support evidence-based global and disaster health, highlighting specific resources which have been tailored to meet the needs of relief workers, delivering support in the field.

Suggestions for additional resources are welcome, and will be considered for future updates. Please send these to E4GDHteam@gmail.com.

Download

- [PDF – English]

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https://www.ifla.org/publications/node/81736?og=25692
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