



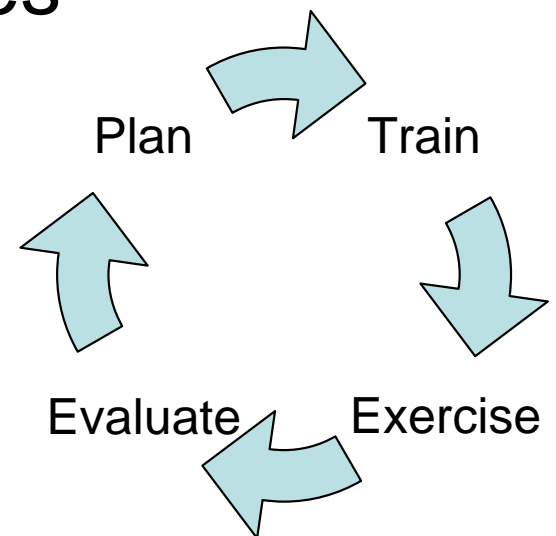
Disaster Epidemiology: Applying public health tracking to emergency preparedness & climate change issues

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WREN Conference
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What is Disaster Epidemiology?

- The study of the impacts of emergencies & disasters on human populations
 - ~ Characterize nature & severity of outcomes
 - ~ Identify to adaptations to reduce human loss
- Involves all epidemiologic disciplines
 - ~ Plan
 - ~ Train
 - ~ Exercise/Respond
 - ~ Evaluate





The Public Health Approach to Disaster Response

- Population-based information is critical to public health action



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- Data collection and analysis are linked to decision-making processes during crises



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The Public Health Approach to Disaster Response

- Population-based information is critical to public health action
- Data collection and analysis are linked to decision-making processes during crises
- Data inform message development, prevention recommendations & adaptations
- Follow-up and evaluation



Why Do Disaster Tracking?

- Assist with situational awareness
- Identify exposures &/or signs/symptoms early in incident
- Information about human resources needs
- Identify vulnerable populations
- Develop prevention messages
- Create population-based registry early on





Emergency Operations Center.





Staff in the Public Health Agency Operations Center.



Who Should We Track?

- Victims in immediate impact area
- Responders & rescue workers
- Displaced persons
- Volunteers
- Recovery workers
- Returning population (secondary impacts)



Exposed ambulatory victims being evacuated from the scene for further evaluation.

DHS | Independent. Healthy. Safe





Field radiation monitoring in the blast zone.

DHS | Independent. Healthy. Safe



What Do We Track?

- Demographics
 - ~ Person, contacts
- Acute effects
 - ~ Nature of illness, injury, cause of death
 - ~ Time, place, circumstances
- Interim or subsequent effects
 - ~ Chronic Disease needs
 - ~ Emotional & behavioral health needs



How & Where to Track?

- Poison Control Center data
- Hospital E.D.
- First responders
- Shelters, screening, decontamination & medical care sites
- Hot lines
- Epidemiology field teams
- Population registries
- Vital statistics, Medical Examiner



Mobile screening point for radiation exposure assessment.



Mobile medical care point.



Receiving center. An excellent point for entering people into the incident tracking system.

DHS | Independent. Healthy. Safe





Disaster Management from a Public Health Perspective

- Assess needs of disaster-affected populations
- Match available resources to those needs
- Prevent further adverse health effects
- Implement disease/injury control strategies for well defined problems
- Evaluate effectiveness of relief efforts
- Improve contingency plans for future disasters



Quantifying the Effects of a Disaster

- We can identify common patterns of morbidity and mortality following some disasters
- Better epidemiological knowledge about disaster impacts is essential
 - ~ Causes of death
 - ~ Types of injuries
 - ~ Patterns of illnesses



Each Disaster is Different

- Hazards & risk may differ by region
- Hazards & risks differ by type of disaster
- Vulnerable populations differ by locality/region & can change over time
- Morbidity & mortality patterns differ
- Impacts on society/economy/environment differ



Disaster Epidemiology Planning

- Anticipating the range of medical needs & health problems before they arise
- Understanding populations at risk before hand
- Improved understanding of health & safety issues among response/recovery workers
- Better preparation for appropriate interventions and timing/location of needed supplies



Surveillance During a Disaster

- How much information can we realistically collect during an emergency/disaster?
- Get as much info as possible, while respecting the people affected;
 - ~ #1 – make sure people are safe
 - ~ #2 – be able to follow-up at more appropriate time
 - ~ #3 – get what you can while you can
- Not going to capture everyone, but can paint a more accurate picture and be in a better position for later follow-up by
 - ~ using multiple tools
 - ~ using multiple mechanisms for data collection (paper, web, phone)
 - ~ collecting information at multiple venues

ATSDR's RRR



Form Version 050405

OMB# 3113-XXXX, Exp. Date MM/DD/YYYY

EVENT CODE: _____ SITE #: _____ INTERVIEWER ID: _____ DATE: ____/____/____ TIME STARTED: ____:____:____

ATSDR RAPID RESPONSE REGISTRY SURVEY FORM

Hello, my name is _____. We are collecting emergency-related health information, this information is important to us and affected people. May I read you a consent statement, and then ask you some health questions? We are getting information from people exposed to this event so they can receive information about exposures, health, or services. You also may be contacted at a later date to see if you want to join a health study. You are free to enroll in the Registry or not. If you choose to enroll, we will ask you questions that will take about 5-10 minutes. You can choose not to answer any question you wish. All the information will be kept confidential to the extent allowed by law.

REGISTRANT INFORMATION

1. Do you speak English?

☐ Yes ☐ No

2. Data obtained from:

- ☐ Registrant
☐ Proxy
☐ Medical/Medical Examiner's Other Record
☐ Other, SPECIFY: _____
☐ Don't Know ☐ Refuse to answer

3. What is (your/that person's) full name?

FIRST _____
 LAST _____ M.I. _____

How old (are you/is registrant)?

☐ Don't Know ☐ Refuse to answer

4. If necessary, what is (your/that person's) gender?

☐ Male ☐ Female
☐ Not Determined ☐ Refuse to answer

5. What is (your/Registrant's) date of birth?

MM ____ DD ____ YYYY
☐ Don't Know ☐ Refuse to answer

7. What is (your/registrant's) Social Security Number?

(Your SSN will only be used to match our data to other health registries and will be kept confidential to the extent allowed by the law.)

☐ Don't Know ☐ Refuse to answer

8. A. What is (your/registrant's) home address?

STREET _____
 CITY _____ STATE ____ ZIP _____
☐ Don't Know ☐ Refuse to answer

B. How many people live at this address?

☐ Don't Know ☐ Refuse to answer

9. What is (your/registrant's) phone number?

A. Home telephone number? (_____) _____
☐ None ☐ Don't Know ☐ Refuse to answer

B. Work telephone number? (_____) _____

☐ None ☐ Don't Know ☐ Refuse to answer

C. Cell other phone number? (_____) _____

☐ None ☐ Same As Home Phone
☐ Don't Know ☐ Refuse to answer

10. (Do you/does registrant) have an email address?

☐ Yes, SPECIFY: _____
☐ No
☐ Don't Know ☐ Refuse to answer

11. What is (your/registrant's) employment status?

☐ Employed, SPECIFY EMPLOYER'S NAME: _____

☐ Not employed
☐ Self-employed
☐ Not Applicable
☐ Don't Know ☐ Refuse to answer

PROXY OR CLOSE FRIEND/RELATIVE INFORMATION

(If data obtained NOT from registrant, please skip to question 13.)

12. Is there someone who does not live with (you/registrant) who can always reach (you/registrant)?

☐ Yes
☐ No
☐ Don't Know ☐ Refuse to answer

13. What is (your/that person's) full name?

FIRST _____
 LAST _____ M.I. _____

14. What is (your/his/her) home address?

STREET _____
 CITY _____ STATE ____ ZIP _____
☐ Same As Registrant ☐ Don't Know ☐ Refuse to answer

15. What is (your/his/her)

☐ Home telephone number? (_____) _____
☐ Same As Registrant ☐ None
☐ Don't Know ☐ Refuse to answer

☐ Work telephone number? (_____) _____
☐ None ☐ Don't Know ☐ Refuse to answer

☐ Cell other phone number? (_____) _____
☐ None ☐ Same As Home Phone
☐ Don't Know ☐ Refuse to answer

16. (Do you/does he/she) have an email address?

☐ Yes, specify: _____
☐ No
☐ Don't Know ☐ Refuse to answer

OTHER CLOSE FRIEND/RELATIVE INFORMATION

17. Is there (someone else/someone) who does not live with (you/registrant) who can always reach (you/registrant)? THIS PERSON MUST LIVE AT A DIFFERENT ADDRESS THAN THE PERSON LISTED IN QUESTION 13.)

☐ Yes
☐ No
☐ Don't Know ☐ Refuse to answer

Form Version 050405

OMB# 3113-XXXX, Exp. Date MM/DD/YYYY

18. What is that person's full name?

FIRST _____
 LAST _____ M.I. _____

19. What is (his/her) home address?

STREET _____
 CITY _____ STATE ____ ZIP _____
☐ Don't Know ☐ Refuse to answer

20. What is (his/her)

☐ Home telephone number? (_____) _____
☐ None ☐ Don't Know ☐ Refuse to answer
☐ Work telephone number? (_____) _____
☐ None ☐ Don't Know ☐ Refuse to answer

☐ Cell other phone number? (_____) _____
☐ None ☐ Same As Home Phone
☐ Don't Know ☐ Refuse to answer

21. Does (he/she) have an email address?

☐ Yes, SPECIFY: _____
☐ No
☐ Don't Know ☐ Refuse to answer

EXPOSURE INFORMATION

Now I'm going to ask you just a few questions about (your/registrant's) experience with this event.

22. (Were you/was registrant) exposed to this event as (CHECK ALL THAT APPLY):

- ☐ A resident
☐ A passerby
☐ An employee
☐ A responder or rescue worker
☐ A government official
☐ A clean-up worker
☐ An non-governmental organization site volunteer
☐ Don't Know ☐ Refuse to answer

23. (Were you/was registrant) at the event site when the event started?

☐ Yes ☐ No
☐ Don't Know ☐ Refuse to answer

24. At the start of the event on [DATE] at [TIME], at what address (were you/was registrant)?

☐ Don't Know ☐ Refuse to answer

25. What was the name of nearest building to (you/registrant)?

☐ Don't Know ☐ Refuse to answer

26. What was the nearest intersection?

☐ Don't Know ☐ Refuse to answer

27. What was the nearest landmark?

☐ Don't Know ☐ Refuse to answer

28. At the start of the event, (were you/was registrant) (CHECK ALL THAT APPLY):

- ☐ Inside a building or structure
☐ Inside a car or other vehicle
☐ Outside
☐ At some other location, SPECIFY: _____
☐ Don't Know ☐ Refuse to answer

29. As a result of the event, did (you/registrant) get injured or ill?

☐ Yes, DESCRIBE: _____
☐ No
☐ Don't Know ☐ Refuse to answer

30. Before the event, did (you/registrant) have any of the following conditions? (CHECK ALL THAT APPLY)

- ☐ Chronic illness
☐ Physical disability
☐ Other disability
☐ None
☐ Don't Know ☐ Refuse to answer

▶ SKIP TO QUESTION 32

31. Please describe your condition:

32. IF REGISTRANT IS FEMALE LESS THAN 12 YEARS OLD, OR MALE, SKIP TO QUESTION 33. OTHERWISE ASK: (Are you/is registrant) pregnant?

☐ Yes ☐ No
☐ Don't Know ☐ Refuse to answer

33. As a result of this event, (are you/is registrant) personally in need of any of the following? (CHECK ALL THAT APPLY):

- ☐ Medications supplies ☐ Medical care
☐ Water ☐ Food
☐ Shelter ☐ Utilities
☐ Other, SPECIFY: _____
☐ None
☐ Don't Know ☐ Refuse to answer

34. Which best describes the level of health insurance (you have registrant has)?

- ☐ Full or comprehensive
☐ Partial or limited
☐ None
☐ Don't Know ☐ Refuse to answer

▶ SKIP TO QUESTION 36

35. Please give me the name of your health insurance plan.

36. Event-specific question 1.

- ☐ Response Option 1 ☐ Response Option 2
☐ Response Option 3 ☐ Response Option 4
☐ Response Option 5 ☐ Response Option 6
☐ Don't Know ☐ Refuse to answer

37. Event-specific question 2.

- ☐ Response Option 1 ☐ Response Option 2
☐ Response Option 3 ☐ Response Option 4
☐ Response Option 5 ☐ Response Option 6
☐ Don't Know ☐ Refuse to answer

That completes our interview. Thank you very much for your time.

TO BE COMPLETED BY INTERVIEWER

38. INDICATE THE SEVERITY OF THE EFFECT ON REGISTRANT

- ☐ No Obvious Effect
☐ Affected, Ambulatory
☐ Unconscious, Non-Ambulatory, Or Badly Injured/ill
☐ Dead
☐ Not Applicable
☐ Don't Know



Oregon's Registry Short Form

INCIDENT NAME _____ SITE _____ DATE _____ INTERVIEWER _____

RADIATION EXPOSURE CONTACT SHORT FORM

Identification (check one and write in number)		
<input type="checkbox"/> Triage Tag _____	<input type="checkbox"/> Drivers License _____	
<input type="checkbox"/> Rapid Screen Tag _____	<input type="checkbox"/> Other (describe) _____	
PERSONAL INFORMATION		
First Name _____	Home Email _____	
Last Name _____ M. I. _____	Work Email _____	
Street Address _____	Home Phone _____	
City _____	Work Phone _____	
State _____ Zip _____	Other Phone _____	
How many people live at this address? _____		
Date of Birth (mm/dd/yy) _____	Sex (circle one) Male Female Unknown	
Or, Age (in years) _____	If female, known to be pregnant? (circle one) Yes No Unk	
EMERGENCY CONTACT INFORMATION		
Emergency Contact Name	If same as above, write "same" and go to next question.	
First Name _____	Home Email _____	
Last Name _____ M. I. _____	Work Email _____	
If same as informant, check here and go to next question <input type="checkbox"/>	If same as informant, check "same" and go to next question.	
Street Address _____	Home Phone _____ <input type="checkbox"/> same	
City _____	Work Phone _____ <input type="checkbox"/> same	
State _____ Zip _____	Other Phone _____ <input type="checkbox"/> same	
EXPOSURE DETAILS		
Location/Proximity to the event on [DATE] at [TIME]	Physical location on [DATE] at [TIME] (check one)	
Address _____	<input type="checkbox"/> Inside a building <input type="checkbox"/> Inside a vehicle	
OR	<input type="checkbox"/> Outside <input type="checkbox"/> At another location (specify) _____	
Nearest Intersection _____	Reason for being at the location described on [DATE] AT [TIME] (check all that apply)	
OR	<input type="checkbox"/> A resident <input type="checkbox"/> A government official	
Nearest Building _____	<input type="checkbox"/> A passerby <input type="checkbox"/> A clean-up worker	
OR	<input type="checkbox"/> An employee <input type="checkbox"/> A non-governmental organization/site volunteer	
Nearest Landmark _____	<input type="checkbox"/> A responder or rescue worker	
TO BE COMPLETED BY EVALUATOR		
Exposure location (check one)	Contamination status	Injury status
<input type="checkbox"/> Blast Zone <input type="checkbox"/> Zone 3	<input type="checkbox"/> None	<input type="checkbox"/> Open wound (non-critical)
<input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 4	<input type="checkbox"/> External contamination	<input type="checkbox"/> Burn (non-critical)
<input type="checkbox"/> Zone 2 <input type="checkbox"/> Outside Plume	<input type="checkbox"/> Internal contamination	<input type="checkbox"/> Other (describe) _____



Oregon's Rapid Registry List

This form is to be used at all Medical Care Points and Emergency Departments by Public Health Department designees. All individuals requesting medical assistance at these locations in response to injuries or exposures related to the [WRITE EVENT NAME HERE] event on [DATE] at [TIME] should be recorded.

Use a separate line for each individual registering at this location. For household members, please use tick-marks ("") to indicate duplicate information (e.g., address, telephone, or emergency contact info).

If a person is coming into the location with a unique form of identification, please record that in the first box on the left. Be sure to document the identification number as well as type (e.g., Oregon driver's license, SSN, registration tag, or triage tag).

Please complete as much of the form as possible before sending the individual to the next check point.

Before turning a completed form in to the either the state or local Public Health Division, please complete the footer section of the form by documenting the name of the incident, the site/location where the form was completed, the date, and your name or initials.

For questions on completing this form, please call: 971-673-1111

RAPID REGISTRY for VICTIMS EXPOSED to RADIATION

Identification (Number/Type)	Name (Last, First MI)	Address (Street, City, State, Zip)	Telephone(s) (Home, Work, Other)	DOB (mm/dd/yy) or Age (yrs)	Sex (M/F)	Emergency Contact (Name)	Emergency Contact (Phone)

INCIDENT NAME _____ SITE _____ DATE _____ INTERVIEWER _____



Oregon's Victim Exposure Log

VICTIM RADIATION EXPOSURE LOG

DATE _____ INCIDENT ADDRESS _____


Name	Phone Number(s)	Home Address	Zone Type	Reading	Detector/ Dosimeter	Decon On-site	Recorder
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

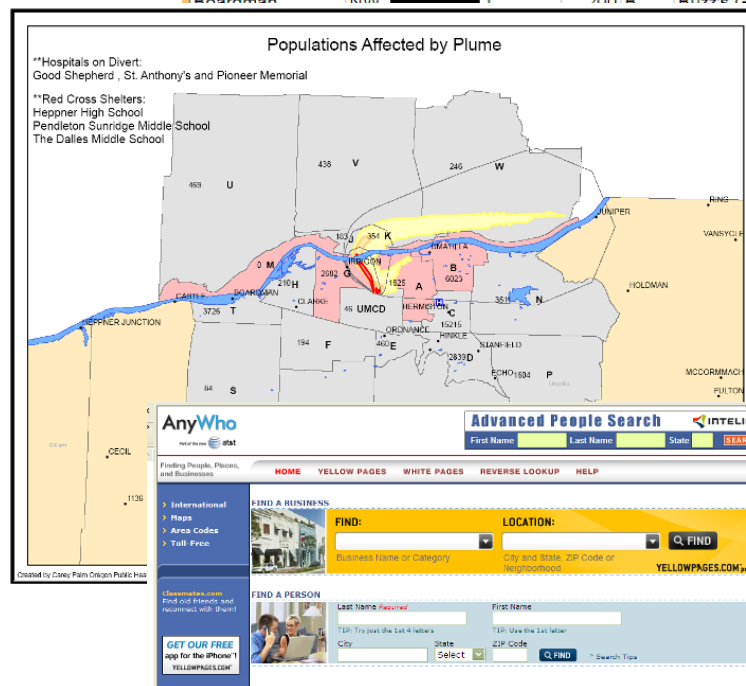
ZKP_PERSON	LASTNAME	FIRSTNAME	MI	ADDRESS	CITY	COUNTY	PHONE	NOTES
17593					Irrigon	Morrow		vision, hearing, can't drive out of Irrig
17594					Irrigon	Morrow		vision, hearing, chronically ill, can't d
17595					Irrigon	Morrow		vision, hearing, chronically ill
17596					Irrigon	Morrow		Does not speak/understand English, car no
17597					Irrigon	Morrow		chronically ill, can't drive
17598					Irrigon	Morrow		vision
17599								
17600	Athena	S		F 340 BH	Commissioner		2/9/2005 UCdone	
17601	Athena			F 100 BH	UMSO		1/12/2005 UCdone	Rd
17602	Boardman	NW		T 100'18	Dodge City Inn-		7/26/2000 B	10988 Manager's Office
17603	Boardman	NW		T 100'18	Dodge City Inn		7/26/2000 B	10994 Restaurant - MM Ant
	Boardman	NW		T 100'18	Dodge City Inn		7/26/2000 B	11005 Main Office
	Boardman	NW		T 100'18	Dodge City Inn		7/26/2000 B	11016 Lounge
	Boardman	NW		T 200'20	Boardman Post Office		9/5/2000 B	12977
	Boardman	NW		T 200'20	Buzz's Gym		7/3/2003 B	
					ctor Beauty Salon		1/25/2001 B	13624
					Pharmacy & Hardware		7/17/2000 Bdome	10101 BSD07
					xicana El Sol		7/17/2000 B	10119
					ail Library		7/24/2000 B	10844
							7/19/2000 B	10509

Populations Affected by Plume


*Hospitals on Divert:
Good Shepherd , St. Anthony's and Pioneer Memorial

*Red Cross Shelters:
Heppner High School





Address http://factfinder.census.gov/servlet/DTTable?_bm=y&-context=dt

 Main Search Feedback

Detailed Tables

You are here: [Main](#) > [Data Sets](#) > [Data Sets with Detailed Tables](#) > [Geography](#) >

[Use the links above to change your results](#) | [Options](#)

P1. TOTAL POPULATION [1] - Universe: Total population
Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data

NOTE: For information on confidentiality protection, nonsampling error, definitions, and <http://factfinder.census.gov/home/en/data/notes/expsf10.htm>.

Multnomah County, Oregon
Total 660,486

U.S. Census Bureau
census 2000

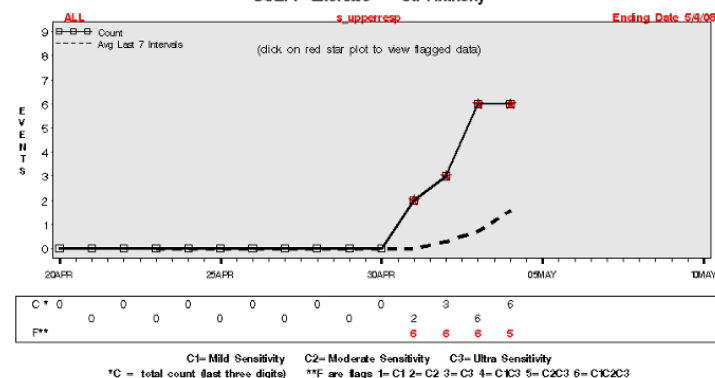
ensus [count corrections](#) for American Indian and Alaska Native Areas (AIANAs), state county subdivisions, census tracts, and blocks may have been released as a result of the [Count Question Resolution Program](#).

standard Error/Variance documentation for this dataset:
accuracy of the Data: Census 2000 Summary File 1 (SF 1) 100-Pe

The letters PDF or symbol indicate a document is in the [Portable Document Format \(PDF\)](#). To view the file you will need the [Adobe® Acrobat® Reader](#), which is available for free from the Adobe web site.



CSEPP Exercise – St. Anthony





Post Disaster Registration State/County System

Post Disaster Registration System

Demographics | Emergency Contact | Exposure Details | Screening/Labs | Clinical/Follow-up | Administration | **Find**

Bobdonovich Ray ☐
(Last Name) (First Name) (MI)

Birthdate
If birthdate not available, enter age below
Age

☐ Female ☐ Male
If female, pregnant? ☐ Yes ☐ No
If female, nursing? ☐ Yes ☐ No

Race ☐ White
☐ Black
☐ Pacific Islander
☐ Asian
☐ American/Alaskan Native
Hispanic ☐ Yes ☐ No
Speaks English? ☐ Yes ☐ No ☐ Unk
other language

Contact Information

7/26/2000 11016 NW 01st 541-981-2441
Date of Contact Info (Address) (Phone)

Boardman OR 97818
Contact Type (home/work) (City) (State) (Zip) (Email)

Who provided information on the registrant?
Identification provided (specify type and number):

How many people live in this household?

State ID 11016

1 of 7356



Post Disaster Registration State/County System

**Post Disaster
Registration System**

Demographics **Emergency Contact** Exposure Details Screening/Labs Clinical/Follow-up Administration

Date of Info

Contact Type (home/work)

(Last Name)

(First Name) (MI)

☐ Lives in the same household

(Phone)

(Email)

(Address)

(City) (State) (Zip)

Previous of 7356



Post Disaster Registration State/County System

Post Disaster Registration System

Demographics | Emergency Contact | **Exposure Details** | Screening/Labs | Clinical/Follow-up | Administration

Where was this person exposed?
(be specific: landmarks, mileposts, etc.)

Reason for being at this location?

Physical location at time of exposure
(e.g., inside a car, in a building)

Time at exposure zone Duration in exposure zone

Based on this information and the description of the plume select the appropriate exposure zone

Contamination/De-con

Contaminated ☐ Yes ☐ No ☐ Unk

Contamination Monitor

Decontaminated ☐ Yes ☐ No ☐ Unk

If yes, where?

Post Exposure

Post exposure instructions

Post exposure location
(where did victim go?)

Post exposure behavior
(what did victim do?)

Notes

Previous 4 of 7356 Next New

Exit



Post Disaster Registration State/County System

**Post Disaster
Registration System**

Demographics Emergency Contact Exposure Details **Screening/Labs** Clinical/Follow-up Administration

Spec Date	Specimen #	Lab Name	Spec Type	Test Type	Result
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OSPDL Data

Spec Date	Specimen #	Lab Name	Spec Type	Test Type	Result
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous 4 of 7356 Next New

Exit



Post Disaster Registration State/County System

Post Disaster Registration System

Demographics | Emergency Contact | Exposure Details | Screening/Labs | **Clinical/Follow-up** | Administration

Clinical Info

Triage Status:

Hospitalized (or clinic or urgent care): ☐ Yes ☐ No ☐ Unk

Specify location:

Preexisting conditions: ☐ Yes ☐ No ☐ Unk

Specify:

Signs/Symptoms

Injuries sustained from exposure:

Symptoms resulting from the exposure:

Other clinical signs of exposure:

Supporting Documentation (electronic files)

Cannot append supporting documentation over the web.

Follow up information (Questions to be defined at a later date)

(Date of follow-up)	Q2	Q5	Q8
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q1	Q3	Q6	Q9
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q4	Q7	Q10	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Notes

Previous 4 of 7356 Next New Exit



Post Disaster Registration State/County System

**Post Disaster
Registration System**

Demographics Emergency Contact Exposure Details Screening/Labs Clinical/Follow-up **Administration**

Who collected/provided initial information?

How was initial information provided?

Where was initial information collected?

Initial information collection date?

Export functionality does not work over the web.

Export Data

County

Previous of 7356

Exit



Post Disaster Registry – Public/Self-Registry

**Post Disaster
Registration System**

(Last Name) (First Name) (MI)

Birthdate ☐ Female ☐ Male If female, are you pregnant? ☐ Yes ☐ No

Contact Information

(Address) (Phone) How many people live in this household?

(City) (State) (Zip) (Email)

Exposure Details

Where do you think you were exposed? (be specific: landmarks, mileposts, etc.)

Why were you there?

Exactly where were you? (e.g., inside a car, in a building)

What time were you there? How long were you there?

Where did you go from there?

What did you do after you left the area?

Additional Comments:



Then What?

Home | About ATSDR | Press Room | A-Z Index | Employment | Contact Us | CDC

ATSDR Department of Health and Human Services
Agency for Toxic Substances & Disease Registry

Search:

ATSDR en Español

Toxic Substances & Health

- > National Exposure Registry
- > Benzene
- > Dioxin
- > Journal Articles
- > Trichloroethylene (TCE)
- > Trichloroethane (TCA)
- > Registry Data

ATSDR > NER

What is the National Exposure Registry (NER) ?

A: The NER is a critical, long-term effort that meets the need for collecting information concerning the potential impact of hazardous substances on human health. It is a listing of persons exposed to hazardous substances. It contains subregistries for specific substances. There are currently four active subregistries-- trichloroethylene (TCE), trichloroethane (TCA), benzene, and dioxin. An important purpose of the National Exposure Registry is to help scientists understand how long-term exposure to hazardous substances may affect human health. This is done by identifying and following the health of individuals who have come into contact with specific substances at selected locations. Another purpose of the Registry is to have a mechanism through which participants can be notified of the results of research related to their exposure.

The Registry program carries out its mandate by creating a large database of similarly exposed persons. This database is used to facilitate epidemiologic research in ascertaining any adverse health effects of persons exposed to low levels of chemicals over a long period. All data collected are confidential. Names and addresses are protected under the Privacy Act and are not released without written permission of the registrant.

Q: What happens to requests to be added to a subregistry of the NER ?

A: Subregistries are site as well as substance specific. Individuals who meet specific eligibility requirements and respond positively when contacted are included. Additional persons are not added after initial baseline interviews are completed.

Q: Is the NER database available on the Internet? If not, when will it be available on the Internet?

A: Currently, information is not available on the Internet. We expect to have NER information available sometime in 2001.

A limited number of hard copies of final technical reports are available to any requestor.

Trichloroethylene (TCE) Subregistry

Q: What is TCE?

A: Trichloroethylene (TCE) is a colorless liquid at room temperature with an odor similar to ether or chloroform. It is a man-made chemical that does not occur naturally in the environment. TCE is mainly used as a solvent to remove grease from metal parts. It is used as a solvent in other ways, too, and is used as a chemical (building block) to make other chemicals.

Q: What is the TCE Subregistry?

A: The TCE Subregistry is a substance-specific part of the NER. It is made up of self-reported health information, from people throughout the United States who have been exposed to TCE from the environment.

The purpose of the TCE Subregistry is to assess the long-term health consequences

Long term, even short term, monitoring of individuals affected by a disaster will quickly overwhelm local and state resources

Who will be responsible for this monitoring?

Who will maintain the registry?



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