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Mental-health effects of the Chernobyl disaster live on

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See <http://www.iaea.org/NewsCenter/Focus/Chernobyl/index.shtml>

Nearly 20 years after the Chernobyl nuclear power plant disaster, the Chernobyl Forum—a group of eight UN agencies, including WHO and the International Atomic Energy Agency—has released a 600-page report that details the accident's effects on health, local economies, and the environment, and provides recommendations for the future.

The report describes the health effects caused by the radiation released as less prevalent and severe than initially feared, although an estimated 4000 people could eventually die because of radiation exposure. The report attributed only 50 deaths so far to the accident, including nine children who died from thyroid cancer. There was a big jump in the frequency of thyroid cancer, but the survival rate is a reassuring 99%. Radiation levels in areas contaminated by the blast were found to be returning to normal background amounts, except for in a few restricted areas, including the 30 km region surrounding the reactor.

However, the report emphasised that data about the biggest public-health problem to emerge from the

disaster—that of long-term effects on mental health—remain sparse. Poor education about the health risks of radiation and the lack of accurate information on how to live safely in contaminated areas have bred a “paralyzing fatalism” among local populations. The trauma of forced relocation and the stigma of being a “victim”—as opposed to a “survivor”—of radiation exposure has created psychological issues for many people of a severity that rivals the disaster's medical effects.

Knowledge of the health effects of radiation is more complete as a result of the work done on individuals exposed to Chernobyl's radiation. But it is a tragedy that the failure to disseminate accurate information to people affected by the disaster has contributed to the persistence of psychological late effects. 20 years on, survivors are still unaware of the information they need to live healthy lives. The challenge now for the governments of Russia, Belarus, and Ukraine, is to actively counter the pervasive fear and reassure their populations that Chernobyl has no more power to harm.

■ *The Lancet*

Leadership needed to revamp US quarantine plan

See http://www.nap.edu/execsumm_pdf/11435.pdf

In the wake of hurricane Katrina, it comes as little surprise that yet another potential disaster the USA is not prepared for is emerging diseases. An Institute of Medicine (IOM) report issued on Sept 1 (*Quarantine Stations at Ports of Entry Protecting the Public's Health*) says that much more attention needs to be given to the management of quarantine for ill people coming into the USA.

The country's traditional quarantine system is outdated, especially in light of global travel and the consequent potential for rapid worldwide spread of infectious diseases, such as severe acute respiratory syndrome, Ebola virus, and avian influenza. For the 120 million people who go in and out of the country through its 474 ports of entry every year, a mere 25 quarantine stations, charged with screening people, animals, and cargo, are planned. Only 11 are now staffed (by the Centers for Disease Control and Prevention) and fully active. Furthermore, screening for disease now consists of little more than visual surveillance for people who look sick. But the most worrisome aspect of this shoestring operation is that no single agency has

the power to manage the whole quarantine system, which involves a range of organisations, including public-health departments, customs and agriculture agents, and the Department of Homeland Security. With the latter agency under fire for its handling of the hurricane and the aftermath, its role in any future public-health emergency needs to be carefully reconsidered.

The IOM report calls for interagency cooperation in a national plan created and led by the quarantine team of the CDC (primarily its Division of Global Migration and Quarantine and other experts). This idea is a sound one, but one that requires adequate resources, financial and legal, both of which are currently lacking, to become a reality. Further, as painfully demonstrated by hurricane Katrina, it is not enough to have a plan; dozens of now-underwater filing cabinets in New Orleans are doubtless bulging with plans. What is also absolutely critical is rapid and skilful implementation of those plans, and leaders empowered with the resources and authority to carry them out. ■ *The Lancet*