Evidence Aid

World Congress on Disaster and Emergency Medicine (WCDEM)
23 April 2015

Facilitators: Claire Allen and Virginia Murray.
Outline of presentation

• Why Evidence Aid?
• Our history and looking to the future.
• Use of Evidence Aid.
• Our stories.
• Website and knowledge management including summaries.
Why Evidence Aid?
Who are we?

Claire Allen
Knowledge Manager, UK
(4 days per week)

Mike Clarke
Founder/Project Lead, UK and Ireland
(No specific dedicated time per week)

Bonnix Kayabu
Co-ordinator, Ireland
(1 day per week)

Dominic Mellon
PhD Student
(Evaluation of Evidence Aid), UK
(2 days per week)

We make up the equivalent of 1 full-time staff
Icebreaker question

- After the Indian Ocean Tsunami in December 2004, a group of psychiatrists in India were considering the use of brief debriefing (a form of counselling).
- What did they do?
- 2 minutes - talk to the person sitting next to you please.
Evidence Aid - why

• Established after the Indian Ocean Tsunami in December 2004.
• Like minded group of individuals (within The Cochrane Collaboration), headed by Mike Clarke (UK) and Sally Green (Australia) formed an advisory group to establish how Cochrane Reviews might help people during a natural disaster or humanitarian crisis such as the Indian Ocean Tsunami.
Evidence Aid - aims

• Use knowledge from systematic reviews to provide reliable, up-to-date evidence on interventions that might be considered in the context of natural disasters and other major healthcare emergencies.

• Highlight which interventions work, which don’t work, which need more research, and which, no matter how well meaning, might be harmful.

• Provide information to agencies and people preparing for, or responding to, disasters.
Hierarchy of evidence

Mazel JW, Poolman RW. What should urologists know about evidence-based medicine?. Indian J Urol 2011;27:536-42
What is a systematic review?

A review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review.

Statistical methods (meta-analysis) may or may not be used to analyse and summarise the results of the included studies.

(from: http://www.cochrane.org/glossary/5#letters)
Why systematic reviews?

- Help understand potential harms, benefits and consequences of decision making.
- Establish whether an intervention works, does not work, or has the potential to cause harm.
- Present a clearer and more consistent picture of the body of evidence.
- Avoid decision-making on the basis of a single study.
- Ensure decisions are based on information that is transparent, rigorous and replicable.
- We realise trials and systematic reviews are challenging but is this reason not to do them?
Complexity of reviews

• Reviews in this area are complex for a number of reasons.
  – Definitions and language used.
  – Data collection.
  – Trials.
  – Ethics.
  – Published data versus grey literature.
  – Research priorities.
Any questions?

Comments?

Want to discuss?
Evidence Aid history and looking to the future
Progress 2004 - 2010

• Between 2004 and 2010, no funding for Evidence Aid was available.

• In 2010, funding was obtained from, among others, The Cochrane Collaboration, John Wiley and Sons Ltd, Porticus UK and McCall MacBain Foundation.

• Late 2010 – Bonnix Kayabu (Evidence Aid Co-ordinator) employed to carry out a needs assessment.
Progress 2010 – 2012

• Knowledge Manager appointed.
• Preliminary results published from the needs assessment survey.
• Advisory Group formed.
• 1st and 2nd Evidence Aid conferences held.

2011 conference, Oxford, UK

2012 conference, Brussels, Belgium
Progress 2013 – 2014

- Priority setting meeting held.
- Launch of new website.
- Unorthodox Prize winners.
- Appointment of Dominic Mellon.
- Delivery of scoping study for 3ie.
- Building relationships and partnerships.
- Symposium in India.
- Appointment of Ethicore.
What does 2015 hold?

• Consolidation and further identification of systematic reviews and other information on the website (see next slide).
• Evaluation of the website: use and usefulness.
• Development of a business and strategic plan for the next 3-5 years.
• Applications for funding.
• Growing our identity and reputation.
2015 – Further building the resources

• Improving the search functionality.
• Systematic reviews from outside of health care but with health care outcomes (e.g. engineering, shelter, water and sanitation).
• Contextual summaries for systematic reviews.
• Mobile applications.
• Multi-lingual.
Use of Evidence Aid
How Evidence Aid has influenced response

A case study series published by the UNISDR Scientific and Technical Advisory Group

UNISDR Scientific, Technical and Advisory Group
Case Studies - 2013

Preventing Post-Traumatic Stress Disorder after the Indian Ocean Tsunami: Using reliable and timely evidence

The problem
The powerful earthquake-triggered tsunami that devastated the coasts of many countries in two continents bordering the Indian Ocean on 26 December 2004, killed more than 280,000 people, displaced more than 1 million, and affected the lives of around 5 million more [1,2].

![Figure 1: Destruction caused by the tsunami in a village in Nagapattinam district, Tamil Nadu, India. (Source: Prathap Tharvan)](image)

Unprecedented media coverage triggered a worldwide outpouring of empathy, financial aid, and pledges of assistance; the mobilisation of resources; and concerted action from the international community. However, some of the well-meaning responses were not without drawbacks. There were concerns that the unregulated, uncoordinated, and poorly sustained activities of independent visiting health-care teams or individuals would undermine local health-care efforts [3].

Authors: Mike Clarke, Evidence Aid and Queen’s University, Belfast; Claire Allen, Evidence Aid; Prathap Tharvan, South Asia
Philippines Disaster
(also repackaged for Cyclone Pam in March 2015)

• Within 48 hours, packaged together resources for Typhoon Haiyan.
• Resource link distributed to aid agencies, NGOs, policy makers, and academics.
• Links made with medics travelling to the Philippines who were responding to the disaster.
• Letters published in national newspapers 19 and 20 November 2013.
Evidence Aid and Cyclone Pam in Vanuatu

Photo: Caritas/CAFOD, November 2013
www.evidenceaid.org/windstorms

- Evidence Aid Special Collections
- **Health impacts of windstorms**
- Disaster risk management for health
- Infectious diseases and flooding
- Flooding and mental health
- Power outages and health impacts
- Disaster evacuation and medication
- Secondary stressors and extreme events and disasters
- Disaster needs assessment

**Download bundle of the PDFs**
Review Paper

The health impacts of windstorms: a systematic literature review

A. Goldman a, B. Eggen b, B. Golding c, V. Murray d, *

a St. George’s University of London, on Attachment to Extreme Events and Health Protection, Public Health England, UK e
b Toxicology Department – Air Pollution & Climate Change, Public Health England, UK e
c UK Met Office, UK
d Extreme Events and Health Protection, Public Health England, Wellington House, 133-155 Waterloo Road, SE1 8UG, London, UK e

ARTICLE INFO

Article history:
Received 20 February 2013
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ABSTRACT

Introduction: This systematic literature review aims to identify documented impacts that windstorms have on human health. Windstorms occur frequently and some researchers have predicted an increase in severe gales in the future, resulting in an urgent need to understand the related patterns of morbidity and mortality.

Study design: Systematic literature review.

Methods: A systematic literature review of international evidence on the impacts of windstorms.
## Windstorm Health Impacts

<table>
<thead>
<tr>
<th>Timeline</th>
<th>PRE-STORM</th>
<th>STORM</th>
<th>POST-STORM</th>
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<tbody>
<tr>
<td></td>
<td>Accidents and falls whilst securing roofs, windows and antennae</td>
<td>Building collapse&lt;br&gt;Flying debris&lt;br&gt;Being blown into a stationary object, moving vehicle or a body of water&lt;br&gt;Road traffic accidents&lt;br&gt;Ocular injuries</td>
<td>Electrocutation, burns&lt;br&gt;Carbon Monoxide poisoning&lt;br&gt;Accidents during clean-up (chainsaws, bonfires, etc.)&lt;br&gt;Accidents and falls whilst repairing building damage&lt;br&gt;Crowding and poor sanitation (if evacuation has occurred)</td>
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**Health risks:**

- PSYCHOLOGICAL IMPACTS including anxiety, stress, bereavement and mental health disorders
www.evidenceaid.org/windstorms

- Evidence Aid Special Collections
- Health impacts of windstorms
- Disaster risk management for health
- Infectious diseases and flooding
- Flooding and mental health
- **Power outages and health impacts**
- Disaster evacuation and medication
- Secondary stressors and extreme events and disasters
- Disaster needs assessment

[Download bundle of the PDFs]
Power Outages, Extreme Events and Health: a Systematic Review of the Literature from 2011-2012

JANUARY 2, 2014 · RESEARCH ARTICLE

AUTHORS
Chaamala Klinger  Owen Landeg  Virginia Murray

ABSTRACT
Background
Extreme events (e.g. flooding) threaten critical infrastructure including power supplies. Many interlinked systems in the modern world depend on a reliable power supply to function effectively. The health sector is no exception, but the impact of power outages on health is poorly understood. Greater understanding is essential so that adverse health impacts can be prevented and/or mitigated.

Methods
We searched Medline, CINAHL and Scopus for papers about the health impacts of power outages during extreme events.
What do we lose when we lose power?

- Mental health
- Light
- Temperature control
- Clean water
- Sewage disposal
- Food storage
- Medication storage
- Life support devices and medical technologies
- Safety mechanisms
- Communication
- Transport
- Air quality
What people said about the Typhoon Haiyan response...

• “Thank you ... for sharing this useful resources. I'll disseminate this to fellow librarians in the country.” Data Bank Senior Information Assistant, Southeast Asian Fisheries Development Center (SEAFDEC), Philippines

• “Thanks so much for alerting us to this useful resource! I have just sent out a tweet and will include it in our next email update.” ALNAP

• “The Evidence Aid package emailed out [...] is extremely useful. I will be circulating it to the team to bone up on over the next week or two. The kind of resources they produce are vital to relief efforts and are very, very practical and useful.” Medical Officer of Health (Canterbury, NZ)

• “Your work is excellent and very useful in critical emergency response. I will pass this message to some of the local NGOs i know in PHL, I have posted your message on my network to get wide coverage and i am sure more help will come to PHL vulnerable population.” Manish Mehta, Philippines

• “Thank you for sharing this- very useful. Our lean network of independent humanitarian responders can definitely use this.” Consultant at A Single Drop for Safe Water, Philippines
Who are the influencers?

• Who else should we have talked to?
• Where does the evidence need to be?
• Who are the influencers in humanitarian response?
Ebola 2014: Evidence Aid packaged together systematic reviews, other important articles and other resources allowing people a ‘one stop shop’ for information about Ebola.
Table 2: Research questions prioritized for up-to-date systematic reviews at the Evidence Aid prioritization meeting on 3-4 June 2013

<table>
<thead>
<tr>
<th>Question</th>
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<td>What are the effects of point-of-use treatments for water compared to point-of-collection treatments after a disaster or in other humanitarian emergencies?</td>
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<td>What are the most effective sanitation and hygiene related personal behaviors after a disaster or in other humanitarian emergencies?</td>
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<tr>
<td>What are the effects of sanitation and hygiene interventions after a disaster or in other humanitarian emergencies?</td>
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<td>What are the most effective strategies for waste management in high density emergency settings?</td>
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<td>What are the effects and cost effectiveness of investing in disaster preparedness in low- and middle-income countries for reducing excess mortality during a disaster?</td>
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<td>What are the effects of community based preparedness on health outcomes after a disaster or in other humanitarian emergencies?</td>
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<td>Which human resources and competencies are needed for each phase of disasters (in order to be prepared for future episodes and to have the right people in the right place at the right time)?</td>
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<td>What are the effects of different models of co-ordination of humanitarian intervention after a disaster or in other humanitarian emergencies (including financing mechanisms, management mechanisms (e.g. clusters and leadership), information management (e.g. use of new media), communication to and from disaster affected communities)?</td>
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<td>What are the effects of breastfeeding promotion interventions, including integrated breastfeeding, on breastfeeding rates and duration after a disaster or in other humanitarian emergencies?</td>
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<td>What are the effects of emergency feeding programs (including the provision of food, cash and vouchers) after a disaster or in other humanitarian emergencies?</td>
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<tr>
<td>What are the effects of targeted supplementary feeding after a disaster or in other humanitarian emergencies?</td>
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<td>How can nutrition or food security information (including probability forecasting) be presented to ensure resource mobilization?</td>
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<tr>
<td>What are the most effective interventions to reduce childhood morbidity and mortality, and improve wellbeing after a disaster or in other humanitarian emergencies?</td>
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<tr>
<td>What are the most effective interventions to reduce maternal morbidity and mortality, and improve wellbeing after a disaster or in other humanitarian emergencies?</td>
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<tr>
<td>What strategies increase the uptake of maternal and neonatal healthcare services after a disaster or in other humanitarian emergencies?</td>
</tr>
<tr>
<td>Which are the most effective health and non-health indicators for measuring health outcomes of people affected by a disaster or in other humanitarian emergencies?</td>
</tr>
</tbody>
</table>
Challenges for the 30 priority questions for humanitarian sector

• How would you go about answering such complex questions?
• What does the evidence base look like?
• How would you decide what to include and exclude?
• Other challenges?
Our stories
2011 Japanese earthquake, tsunami and nuclear disaster

I knew of EvidenceAid through your presentations at Cochrane Colloquium; when we had a faculty meeting a few days after the earthquake and tsunami, it occurred to me that it would help them/us. And we all agreed that it would be one of the many things we could do for the people who were suffering then as a school of public health in the same country. So I contacted Evidence Aid and we also set up a team to translate the information once we had the permission.

On the way, however, we found that much of the information concerned situations with underdeveloped social infrastructure and would not be quite applicable to the regions afflicted this time in Japan. The part on post-traumatic stress however was applicable.

Toshiaki A. Furukawa, MD, PhD
Dept of Health Promotion and Human Behavior & Dept of Clinical Epidemiology, Kyoto University, Japan
2011 New Zealand (Christchurch) earthquake

- Lunchtime, Tuesday, February 2011, a powerful earthquake struck killing nearly 200 people, injuring nearly 7000 more and causing massive disruption to the structure and function of the city. Christchurch has a number of hospitals, but only one with an emergency dept, intensive care unit, and acute operating theatres. After receiving hundreds of injured patients over the ensuing few hours, with all variety of blunt trauma, there continued a steady stream of casualties who had been trapped under fallen rubble and had been extricated. Many had crush injury syndrome one manifestation of which was hyperkalaemia (high blood potassium levels due to damaged muscle). This was managed according to pre-existing local guidelines for this condition. However, potassium levels were slow to fall until renal replacement therapy (dialysis) was commenced. After the dust had settled I searched Evidence Aid resources to see if hyperkalaemia, in the context of crush injury, should have been managed differently. The evidence confirmed appropriate management. However, the evidence presented had been derived from studies of hyperkalaemia in patients with kidney failure (where the potassium accumulates largely because of reduced elimination of it through the urine). In crush injury syndrome, while renal failure often follows, the initial rise in potassium is due to its release from damaged muscle cells.

Michael Ardagh, Professor of Emergency Medicine, Emergency Dept., Christchurch Hospital, New Zealand
We were supported in writing documents about common health problems during flood by the University Dean, who introduced us to Evidence Aid which we found very useful. We decided to translate some topics into Thai to provide this knowledge as widely as possible.

Although flooding does not frequently happen in Thailand, once it happens it has a high resource costs. Information on evidence based interventions for managing various conditions that happen during floods is essential for healthcare people working in the field.

Praew Kotruchin, MD
On behalf of the department of Emergency Medicine
Faculty of Medicine, Khon Kaen University, Thailand
The importance of Evidence Aid for Belgian Red Cross-Flanders

- Diarrhoeal diseases cause more than 40% of the deaths in disasters and refugee camps. The systematic reviews identified interventions that improve water quality and prevent diarrhoea, showing that interventions at the household level are more effective than those at the source of the water. This led to changes in policy, and measures to safeguard the quality of water at the household level were implemented along with the provision of safe water. The Red Cross now includes a hygiene education component on the treatment and storage of water at the household level when training local volunteers.

Why the Belgian Red Cross-Flanders works with Evidence Aid

- Belgian Red Cross-Flanders has the mission to stand up for the rights of vulnerable people in Belgium and abroad. As we want to achieve our goals in a quality-oriented manner we want to ensure that everything we do is supported by solid scientific data. By supporting all our projects with Evidence-Based Practice, we work on bridging the gap between science and practice, from blood supply to emergency aid. As we are possible target users of Evidence Aid’s database and also have the knowledge in-house to develop evidence-based guidelines and systematic reviews, we would like to be involved in the Evidence Aid project, consisting of transferring knowledge into practice, which is also part of our own mission.
Any questions?

Comments?

Want to discuss?
Evidence Aid Resources and website
Evidence Aid resources

- Special Collections
- Social media
- Resources
- Website
Evidence Aid resources - why

• Aim: To summarise information and make it accessible to users.

• After the 2004 Indian Ocean tsunami, we realised there was no single source of information for disasters; how could we help?

• 2004 – 2009: four Special Collections were created and linked to from the Cochrane Library (Earthquakes, Flooding and Poor Water Sanitation, Burns, and Post Traumatic Stress Disorder).

• Website hosted by Cochrane until August 2013.

• Needs assessment survey showed that our potential users did not have ready or free access to evidence-based materials that would help them in their decision-making process.
Special Collections

- Not searchable.
- Defined by The Cochrane Collaboration and The Cochrane Library.
- Different audiences.
- Cochrane seen as medical, UK-based and not relevant to the humanitarian aid sector.
- What could we do to overcome this?
Evidence Aid: Special Collections
COCHRANE EVIDENCE AID: RESOURCES FOR FLOODING AND POOR WATER SANITATION

The Cochrane Reviews in this Evidence Aid Special Collection are freely available; please click on the links below to access the reviews.

In times of natural disaster, having access to safe and clean water is essential. Water polluted by faecal matter can lead to the spread of diarrhoeal diseases such as cholera, and water polluted by animal waste can spread other diseases, such as leptospirosis. Natural disasters can also result in an increase in water-based insect vectors that can spread disease (such as malaria), and a lack of clean water for personal hygiene can result in an increase in diseases such as conjunctivitis and scabies. These outcomes are outlined in the World Health Organization’s Communicable Disease Control in Emergencies field manual,¹ and have informed the preparation of this Special Collection.

The burden caused by natural disasters adds to the existing burden of morbidity and mortality from diarrhoeal diseases. According to the World Health Organization (WHO), diarrhoeal disease is the second leading cause of death in children under five years old and kills 1.5 million children each year.²

Cochrane systematic reviews can contribute to the use of effective interventions to prevent and treat water-related diseases, and they have also examined interventions to improve sanitation and promote hand washing. This Special Collection presents the Cochrane Reviews that summarize the available evidence around water safety and water-related diseases. Where available, links to Evidence Update summaries are provided.

This Special Collection concludes with a list of additional resources and guidelines, recommended by the contributors to this Special Collection, likely to be of relevance and interest to those working in disaster relief.

A Japanese translation is maintained by Kyoto University School of Public Health.

- Water-related diseases caused by faecal pollution: general diarrhoea prevention, management, and treatment
- Water-related diseases caused by faecal pollution: sorted by disease
- Water-related diseases caused by water-based insect vectors
- Skin, eye, & louse-borne diseases that can occur when there is a lack of water for personal hygiene
- Skin diseases caused by long-term exposure to water
- Water-related diseases caused by urine of certain mammals

WATER-RELATED DISEASES CAUSED BY Faecal POLLUTION: GENERAL DIARRHOEA PREVENTION, MANAGEMENT, AND TREATMENT

Diarrhoea prevention: water quality and hand washing

Diarrhoea is a common cause of morbidity and a leading cause of death among children aged less than five years, particularly in low- and middle-income countries. Persistent diarrhoea can also contribute to malnutrition, reduced resistance to infections, and sometimes impaired growth and development. Many of the infectious agents are transmitted by ingesting contaminated food or drink, by direct person-to-person contact, or from contaminated hands.

Interventions to improve water quality for preventing diarrhoea
Diarrhoea treatment: zinc and probiotics

Oral zinc for treating diarrhoea in children

In areas where the prevalence of zinc deficiency or the prevalence of moderate malnutrition is high, zinc may be of benefit in children aged six months or more. The current evidence does not support the use of zinc supplementation in children below six months of age.

Zinc supplementation is recommended by WHO and UNICEF. In areas where the prevalence of zinc deficiency or the prevalence of moderate malnutrition is high, zinc may be of benefit in children aged six months or more. But the current evidence does not support the use of zinc supplementation in children below six months of age.

There is currently not enough evidence to confirm that whether zinc supplementation during acute diarrhoea reduces death or hospitalization. But in children aged more than six months with acute diarrhoea, zinc supplementation may shorten the duration of diarrhoea. In children aged six months with malnutrition zinc appears to reduce the duration of moderate diarrhoea. In children aged less than six months, the available evidence suggests zinc supplementation may have no effect on mean diarrhoea duration. In children aged over six months with persistent diarrhoea, zinc supplementation may shorten the duration of diarrhoea. The majority of the data included in the 24 included trials are from Asia, from countries at high risk of zinc deficiency, and may not be applicable elsewhere.

Probiotics for treating infectious diarrhoea

Used alongside rehydration therapy, probiotics appear to be safe and have clear beneficial effects in shortening the duration and reducing stool frequency in acute infectious diarrhoea. However, more research is needed to guide the use of particular probiotic regimens in specific patient groups.

Probiotics are microbial cell preparations or components of microbial cells that have a beneficial effect on the health and well-being of the host. Probiotics may offer a safe intervention in acute infectious diarrhoea to reduce the duration and severity of the illness. This review assesses the effects of probiotics in proven or presumed acute infectious diarrhoea.

Probiotics for treating persistent diarrhoea in children

There is limited evidence suggesting probiotics may be effective in treating persistent diarrhoea in children.

Persistent diarrhoea (diarrhoea lasting more than 14 days) accounts for one third of all diarrhoea-related deaths in developing countries in some studies, and probiotics may help treatment. This review evaluates probiotics for treating persistent diarrhoea in children.
Evidence Aid website

- Evidence Aid website with a database of resources launched August 2013 (now >200 systematic reviews).
- Searchable resources.
- Brand identity throughout the website.
- Gives a consistent message.
- Ability to include links not relevant to Cochrane.
Homepage
Expanding the resources

• We will partner with other publishers to ensure we have freely available evidence available that is specific to the emergency setting.

• Do you have contacts in the publishing world who can help us?
Evidence Aid resources

Providing resources for decision-makers before, during and after disasters and other humanitarian emergencies

You are here: Home » Resources

Resources

Until now, the main source of systematic reviews for Evidence Aid have been Cochrane Reviews, with Special Collections made available through The Cochrane Library website (www.thecochranelibrary.com) for various topics. The Evidence Aid team continues to assess the titles, protocols and full reviews to identify those of potential relevance to Evidence Aid. The list of potentially eligible Cochrane reviews has been reviewed by the Emmanuel D’Harcourt and Ruwan Ratnayake from the International Rescue Committee (USA) and the prioritised reviews will have summaries written, contextual summaries developed, and be added to the Evidence Aid website along with the Cochrane Reviews from the existing Special Collections. Other evidence will be made available within the database which will have a fully functioning search facility to help people to get to the information they need more quickly.
Diarrhoea prevention: water quality and hand washing

- Hand washing for preventing diarrhoea
- Interventions to improve disposal of human excreta for preventing diarrhoea
- Interventions to improve water quality for preventing diarrhoea

Diarrhoea management: oral rehydration solution (ORS)

- Oral rehydration salt solution for treating cholera: ≤ 270 mOsm/L solutions vs ≥ 310 mOsm/L solutions
- Oral versus intravenous rehydration for treating dehydration due to gastroenteritis in children
- Polymer-based oral rehydration solution for treating acute watery diarrhoea
- Reduced osmolarity oral rehydration solution for treating dehydration caused by acute diarrhoea in children

Diarrhoea treatment: zinc and probiotics

- Oral zinc for treating diarrhoea in children
- Probiotics for treating infectious diarrhoea
- Probiotics for treating persistent diarrhoea in children

Fracture management
Hand washing for preventing diarrhoea

Interventions that promote hand washing can reduce diarrhoea episodes by about one-third. This significant reduction is comparable to the effect of providing clean water in low-income areas.

Hand washing after defecation and handling faeces, and before preparing and eating food, is one of a range of hygiene promotion interventions that can interrupt the transmission of diarrhoea-causing pathogens. This review evaluates the effects of interventions to promote hand washing on diarrhoeal episodes in children and adults. [Evidence Update summary]
Hand washing for preventing diarrhoea

Regina I Ejemot-Nwadiaro¹, John E Ehiri², Martin M Meremikwu³, Julia A Critchley⁴

Editorial Group: Cochrane Infectious Diseases Group

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Social Media

• Facebook (Evidence Aid group): 476 members
• Linked In (Evidence Aid and Claire Allen)
• Twitter (@EvidenceAid): > 1,400 followers
What we can give to our audience

- The already searched literature.
- Easy and free access to systematic reviews of the effects of interventions and related to health care outcomes.
- Contextual summaries to facilitate quicker decision-making.
- Dynamic searching facility (to come).
- Rapid response to identified gaps.
The future

• We want to share resources and knowledge with those who most need it at the time that they need it most.

• To be effective, we need them to share their information and their knowledge needs too!
Who should be telling us?

• Who should we be sharing information with and who should be telling us what they need?
Any questions?

Comments?

Want to discuss?
The technology, resources, partnerships and knowledge are all coming into place for Evidence Aid.

The time has come to ensure that those making decisions about services and interventions following natural disasters have access to the most reliable evidence for those choices.
Contact us using:
Website: www.evidenceaid.org
Twitter: @EvidenceAid
Facebook: Evidence Aid
LinkedIn: Evidence Aid
E-mail: callen@evidenceaid.org