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Summary: Universities have a unique opportunity to lead the evolution of disaster medicine by reorganizing their institutional frameworks to address the interconnected challenges of environmental sustainability and resilience. This submission uses the Johns Hopkins Institute for Planetary Health and the Planetary Health Alliance as a case study to demonstrate how reframing academic and operational structures can create new pathways for advancing disaster medicine programs.

Adopting a Planetary Health framework, the Johns Hopkins Institute for Planetary Health has aligned its research, education, and clinical initiatives to address the systemic drivers of disasters, such as climate change, biodiversity loss, and environmental degradation. By integrating environmental determinants of health with interdisciplinary collaboration, this approach has fostered innovation and expanded the scope of disaster medicine.

Key outcomes include leveraging ecological and environmental data for predictive modeling, incorporating nature based solutions into disaster preparedness, and enhancing cross-sector partnerships with public health, engineering, and policymaking stakeholders. These strategies build on the foundation of the Sendai Framework for Disaster Risk Reduction, propelling disaster medicine into a new era that emphasizes prevention, sustainability, and equity.

This report highlights how Planetary Health principles can act as a catalyst for transforming disaster medicine programs, equipping them to address cascading risks and systemic vulnerabilities in a rapidly changing world. By finding "another gear," universities can drive disaster medicine forward, offering a replicable blueprint for institutions to align their missions with the complexities of a resilient and sustainable future.

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The Early Warning and Response Systems in Syria: A Functionality and Alert Threshold Assessment

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Introduction: The protracted conflict in Syria has led to a fragmented health system, resulting in two distinct syndromic surveillance systems: Early Warning and Response Network (EWARN) and Early Warning and Response System (EWARS). Given this unique epidemiological context in Syria, there is a need for continuous evaluation of these Early Warning Systems (EWS) to improve their effectiveness in detecting and responding to public health threats.
Methods: A retrospective analysis of EWARN and EWARS surveillance data assessed functional characteristics. WHO alert thresholds for measles, acute bloody diarrhea (ABD), acute jaundice syndrome (AJS), and severe acute respiratory infections (SARI) were tested using three methods. Sensitivity, specificity, and Youden's index determined threshold suitability for each syndrome.
Results: The annual average number of reported cases was 1,140,717 for EWARS and 10,189,415 for EWARN. The study found that the optimal alert thresholds varied among the different diseases. The percentile method showed promising results, demonstrating good sensitivity and specificity. For measles, the 85th percentile (P85) threshold had the best results (Youden's index = .443), whereas for ABD it was the P75 (Y= .532), and for SARI it was P90 (Y= .653).
Conclusion: The study supports the use of adaptable disease-specific alert thresholds, such as the percentile approach. Further research is needed to develop statistical methods that can be applied across various EWS in conflict contexts.

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A Case Report of Acute Anticholinergic Intoxication Following Intentional Cyproheptadine and Alcohol Overdose

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Summary: This is a 45-year-old female patient who presented to the emergency department with altered mental status, pinpoint pupils, and tachycardia after intentionally ingesting a large quantity of the antihistamine cyproheptadine and alcohol. The patient was treated with physostigmine, a cholinesterase inhibitor, which improved her clinical condition. This case highlights the importance of recognizing and managing acute anticholinergic intoxication, a potentially life-threatening condition.
Case Presentation:

The patient, a 45-year-old female, was brought to the emergency department due to a poor response and the presence of "sleeping pills" (cyproheptadine 2 mg) and alcohol bottles. On arrival, she presented with confusion, decreased responsiveness, pupils dilated, and tachycardia. Physostigmine was administered for suspected anticholinergic intoxication. After physostigmine, the patient became more conscious, oriented, and alert, though still fatigued. She reported taking over 10 tablets of cyproheptadine and consuming alcohol due to insomnia, denying suicidal intent. Physical examination revealed the patient to be sleepy but oriented, with bilateral dilated pupils. Vital signs were notable for hypertension and tachycardia. Laboratory investigations, including arterial blood gas and electrocardiogram, were unremarkable. Based on the clinical presentation and history, the impression was acute anticholinergic intoxication. The patient was admitted for further management and monitoring.

Anticholinergic intoxication can result from the overdose of various medications, including antihistamines. The administration of physostigmine helped to reverse the patient's anticholinergic symptoms. Ongoing management in the observation unit was crucial to monitor for potential complications and address any mental health concerns.

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