

Tokyo, Japan; bombings at the World Trade Center in New York City, the federal building in Oklahoma City, and the American Embassy in Kenya; and the recent interdiction of terrorists attempting to enter the United States, provide enough evidence to suggest that strong local terrorism preparedness and response programs are needed.

Planning for terrorism must go beyond training courses and drills. Terrorism readiness requires an in-depth, multi-level, comprehensive approach geared to the nuances and intricacies of terrorism involving chemical warfare agents and industrial materials, and biological pathogens and toxins.

Objective: To provide attendees a detailed overview of effective metropolitan terrorism preparedness in order to effect similar programs in their home communities.

Briefing topics include: (1) planning assumptions and developing a baseline from where to begin the process, (2) threat analysis, targets, and vulnerability; (3) capability assessment—emergency medical service, fire and hazardous materials, law enforcement, public health, health and medical; and (4) program initiatives including training, equipment, enhancements, and exercises. Responses to terrorism start at the local level. Federal response assets will not arrive for hours, perhaps even days after an incident. Local jurisdictions must develop a stand-alone capability to react to a terrorist incident while awaiting the arrival of the authorities.

Key words: assessments; capabilities; initiatives; planning; responses; terrorism; threat analysis

Prehosp Disast Med 2001;16(2):s40.

NBC Programme of the Swedish National Board of Health and Welfare

Per Kulling, MD

Director, Department of Emergency and Disaster Planning, Swedish National Board of Health and Welfare, Stockholm, SWEDEN

Introduction: The Swedish National Board of Health and Welfare is a national authority under the government tasked with the supervision of medical and social care with respect to quality, safety, the rights of the individual, mediation of expertise, and participation in development and training. Within the programme of national defence, actions to manage threats from N, B and C agents have high priority. In this concept N, B and C agents include both warfare agents and agents occurring in peacetime (e.g., accidents with nuclear material, pandemics, and chemical accidents). During the last decade, the Swedish National Board of Health and Welfare has developed a programme meeting the demands of threats from N, B and C agents.

Medical expert groups (MEG): The first medical group established was the medical expert group for N agents (N-MEG) in 1986 after the Chernobyl incident when medical information in many cases was quite confusing. This group of medical experts is at the disposal of the Swedish National Board of Health and Welfare and the Swedish Government. Corresponding medical expert groups for C

agents (C-MEG) were established in 1998 and for B agents (B-MEG) in 2000.

Guidelines: The Board has published guidelines in order to standardise planning and preparedness for emergency situations in the country. These guidelines are "Chemical Accidents and Disasters" and "Nuclear Accidents and Disasters Due to Release of Radioactive Materials". Guidelines on "Pandemics and Bioterrorism" are under preparation.

Centres of Research and Expertise: In order to guarantee knowledge, research, education, and training within the N, B, and C fields, special centres of research and expertise are being contracted and supported financially.

Highly contagious patients: In order to be able to take care of and transport highly contagious patients, financial support is given to Linköping University Hospital for equipment and for education and training of personnel in treating and transporting (especially equipped ambulance and aircraft) highly contagious patients.

Decontamination and personal protective equipment: In order to manage situations of chemical incidents, a programme for decontamination and personal protective clothing has been developed. This programme includes equipment for decontamination of exposed persons at accident site and at hospital as well as personal protective equipment (including respiration protection) for ambulance and medical personnel. Research on decontamination procedures is also included in this programme and focuses on when, how, and why decontamination of persons exposed to chemicals must be performed.

Key words: accidents; biologics; chemicals; decontamination; disasters; education; knowledge; nuclear materials; programmes; research; responses; threats; training
Prehosp Disast Med 2001;16(2):s40.

Health Information Team in a Congolese Refugee Camp of Tanzania

Dr. Osamu Kunii

Tokyo, JAPAN

Background: The persisting conflicts in the Great Lakes regions of Africa continue to cause refugees to flee into the United Republic of Tanzania. As of February 2000, the UNHCR has provided protection and assistance to some 415,000 refugees from Burundi, 285,000; DRC, 118,000; Rwanda, 7,600; and Somalia, 4,200. The Health Information Team (HIT), whose members were selected from refugee communities, has played a pivotal role in the provision of health services for refugees in Tanzania since February 1997.

Objectives: This study aimed at illustrating the role of the Health Information Team, and the gap between expected and achieved work in a Congolese refugee camp of Tanzania.

Methods: We conducted face-to-face, structured interviews with 50 members of the HIT and with 500 refugees. Focus group interviews also are given to both HIT members and refugees.

Results: We are scheduled to complete the survey by the