

from respiratory (26%) and gastrointestinal infections (28%), whereas the adults had a significant number of musculoskeletal complaints (21%), non-specific diagnoses (19%), and chronic medical conditions (11%). Only (6%) of the conditions required surgical interventions. A significant number of complaints were related to post traumatic stress disorder (10%).

Conclusions: Mobile clinics were useful for treating patients who did not have access to medical care. The post disaster epidemics that were expected were not experienced. Given the patient load, it was useful to have a pediatrician, primary healthcare physician, and emergency physician to cope with the cyclone-related medical conditions.

Keywords: Cyclone Nargis; disaster; mobile teams; Myanmar
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(C35) Pediatric Morbidity from Cyclone Nargis *Arif Tyebally*

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Introduction: Cyclone Nargis struck on 02 May 2008, and was the worst disaster due to natural hazards in the recorded history of Myanmar. More than two million people were affected by the cyclone, which left 146,000 people dead. Children made up a significant proportion of those affected by the cyclone, and formed a significant patient load during Team Singapore's medical relief mission. The pediatric morbidity was studied in order to help plan for future disaster relief missions.

Methods: Demographic and medical data from the medical records of the 4,489 patients seen by team doctors was collected and analyzed.

Results: A total of 1,402 pediatric patients ≤ 16 years of age were seen during nine days from team visits to a hospital, eight camps/villages, and an orphanage. They formed $>30\%$ of the total clinical workload. Most of them suffered from respiratory (36%) and gastrointestinal infections (29%). Injuries and wounds made up 12% of the attendances, and 2.8% of the children presented with psychological manifestations/post-traumatic stress disorder.

Conclusions: Children are more susceptible to infection, vulnerable to the effects of vomiting and diarrhea, and often form a large population of victims during a disaster. Their psychological needs must be addressed. The needs of children are unique and medical aid should be rendered by pediatric specialists trained to render medical assistance to children during extreme situations. The special requirements of children must be considered during the planning of any disaster relief mission.

Keywords: children; Cyclone Nargis; mobile medical teams; Myanmar; pediatrics
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Oral Presentations—Terrorist Attacks in High-Density Areas

New Concepts in Terrorism and Non-Conventional Global Threats: Framework for Health Response and Preparedness

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After the 11 September 2001 attacks, it became clear that all nations are vulnerable to a mass-casualty incident (MCI) caused by the use of non-conventional weapons. Repeated terrorist attacks in different areas and the global threat of a possible non-conventional chemical, biological, radiological, nuclear, or explosive attack (CBRNE) now are considered to be a worldwide problem. The size of the attack, setting, sophisticated level of planning and organization, and the methods employed were unprecedented.

Public institutions such as government facilities, hospitals, universities, schools, and public gathering places may be targeted by terrorists using weapons of mass destruction (WMDs). Governmental and public institutions must be prepared to prevent or respond to such attacks.

The healthcare system is called upon to react to terrorism incidents. Appropriate alternative actions for the response to these threats require planning with consideration of the level of risk and the local reality.

The development of models, an analysis of new forms of terrorism, and possible non-conventional attacks, with the examination of alternative actions according to types of risks, and the selection of the most appropriate settings for preparedness and response are underlined and suggested. The study and application of laws and regulation based on population protection and with the respect of civil liberties will be explored.

Planning, teaching and drills, risk assessment and risk communication, and inter- and multi-level cooperation at national and international levels are emphasized.

Keywords: chemical, biological, radiological, nuclear, and explosive; human rights; non-conventional attack; preparedness; response; terrorism; weapons of mass destruction

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Willingness of US Emergency Medical Technicians to Respond to Terrorist Incidents

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Introduction: There is a difference between prehospital providers' ability and willingness to respond to terrorist, public health emergencies, and disaster incidents.

Methods: A nationally representative sample of the 203,465 basic and paramedic emergency medical service providers in the United States was surveyed to assess their ability and willingness to respond to terrorist incidents.

Results: Emergency medical technicians were appreciably (10–20%) less willing than able to respond to such potential terrorist-related incidents as smallpox outbreaks, chemical attacks, or radioactive dirty bombs ($p < 0.0001$). Emergency