

Results: Sustained and continuing education on the perils of both AIDS and TB infections showed marked improvements in the lifestyle of the participants included in the survey. For instance, condoms were used by 74.4% of those who engaged in sexual intercourse during the last six months included in the study. Moreover, records of the hospital indicated that compliance to DOTS was at 83.5%.

Conclusions: It is important that focused prevention activities and strong surveillance are keys to keeping the diseases of AIDS and TB under control and for preventing the need for costly intervention schemes. Otherwise, the combination of these two infections potentially can cause more problems to the country that it can handle.

Keywords: AIDS; behaviors; education; epidemic; HIV; interaction; prevention; tuberculosis; TB

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Task Force Session: Disaster Planning

Chair: Dr. Per Kulling

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New National Planning System in Crisis and Disaster Management in Sweden

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National Planning: Sweden has adopted a "Total Defence" strategy, which means that it places a high value in preparing for severe peacetime emergencies as well as for war. The Swedish Total Defence system consists of Military Defence, Civilian Defence, as well as Peacetime Emergency Preparedness. Planning within the Civilian Defence takes place in six co-ordination areas to which resources are allocated. The Swedish Emergency Management Agency is responsible for the overall co-ordination of the civilian planning system, and strives to ensure that an integrated approach is achieved and developed further.

Medical and Social Care: The National Board of Health and Welfare takes part in two of the co-ordination areas mentioned above. The National Board of Health and Welfare is a national authority under the Government. The main activities of the National Board of Health and Welfare regarding planning for crisis and disaster are: the establishment of national guidelines and supervision of standards in emergency and disaster medicine, social welfare, public health and prevention of infectious diseases; introduction of new principles, standards and equipment; and provision of financial support. The National Board of Health and Welfare receives a total budget for 2003 of approximately 160 million SEK, corresponding to approximately 18 million US\$, for its activities within the civilian defence.

Keywords: budget; coordination; disaster; funding; guidelines; planning; responsibilities; standards; Swedish National Board of Health and Welfare; Swedish Total Defence System

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Preparation of City Healthcare System for Response to an Earthquake — A Model

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Historically, Israel has experienced many earthquakes, some of them strong enough to cause large-scale disasters. The Syrian-African fault along the Jordan and Dead Sea Valleys was the center of most of the quakes in the region, and is still active. Future events of large magnitude are expected. The last major earthquake in Israel occurred in July 1927; more than 3,000 people were killed and some 1,000 homes were destroyed. The severe earthquake events in Turkey and Greece in 1999, caused the Israeli Government to recognize the need for preparation; until then almost nothing had been done to increase preparedness.

Survival is related directly to the length of time from the occurrence of the quake until extrication from under the rubble. Of all surviving casualties extricated, 85–95% were pulled from the rubble within 24 hours of the precipitating event. What has been learned from most of the past earthquakes is that only the local community can deal quickly and effectively with the rescue effort. States and communities should develop their own ability to reduce vulnerability when preparing for disasters.

This study suggests a model for the preparation of a city healthcare system for response to an earthquake. The study offers a five-stage model: (1) Preparation and prevention; (2) Immediate response; (3) First response; (4) Complement response; and (5) Rehabilitation. The boundary between them is determined by the damage degree, pace, and force of response. A simulation of the model was run on the new city of "Modein", Israel.

Keywords: damage; earthquakes; extrication; Israel; model; preparedness; response

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Disaster Prevention and Relief in Shanghai

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Urban disaster causes great damage to people's lives and properties. So it is important to prevent loss from taking place and rescue potential casualties. Disaster risks and response in Shanghai include the following:

Types and status of urban disasters:

1. Typhoon
2. Rainstorm
3. Tornado
4. Heavy fog
5. High temperature
6. Geology
7. Traffic accident
8. Fire accident
9. Occupational accident

10. Chemical accident
11. Disasters resulting from municipal facilities

Main characteristics of disasters in Shanghai include:

1. Variety
2. Complexity
3. Human factor
4. Enlargement

Rescue troops of Shanghai include:

1. Special rescue teams of the municipal civil defense command
2. Special rescue units of districts
3. Diving rescue units at the levels of city and district
4. Building and rescue unit of Shanghai Construction Group
5. Municipal rescue work station for nuclear and chemical accidents
6. Municipal centre for disease prevention and control
7. Municipal monitoring office of environmental protection
8. Municipal hospital for occupational diseases
9. Municipal station for chemical hazards protection
10. Municipal center for gas emergency
11. Special rescue teams of the armed force
12. Municipal emergency telecommunication unit
13. Emergency telecommunication unit of the municipal civil defense command
14. Municipal first aid medical center

Keywords: disaster; disaster response; urban disaster
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Emergency Operations Planning in Tanzania

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The bombing of the U.S. Embassy in Dar es Salaam on 07 August 1998, revealed a need for greater disaster preparedness, mitigation, and response capacity. The U.S. government allocated funding to the United States Agency for International Development (USAID)/Tanzania, to direct humanitarian assistance to bomb victims, to rehabilitate damaged infrastructure and to improve the capacity of disaster preparedness and response stakeholders.

The USAID's "Strengthening Tanzania Disaster Response Program" is supporting the Ministry of Health (MOH) to develop a National Emergency Operations Plan (EOP) that will be integrated into a comprehensive National Disaster Management Plan upon completion. The EOP is being developed using the following steps:

1. Needs and Resource Assessment
 - a. Planning research methods;
 - b. Reviewing Tanzania's planning framework and laws;
 - c. Identifying hazards, prioritizing risks and creating emergency scenarios.
2. Emergency Operations Planning
 - a. Defining key components of an EOP;
 - b. Defining emergency operations planning methods;
 - c. Establishing an Emergency Operations Planning Committee.
3. Plan Drafting and Development
 - a. Developing a rough draft of a comprehensive EOP;
 - b. Organizing working sessions for the EOP Committee to develop the basic plan, functional annexes and hazard specific appendices;
 - c. Convening meetings for all key disaster preparedness and response stakeholders to review and refine the draft EOP.

4. Tabletop Exercise Development

- a. Establishing tabletop exercise procedures and methods;
- b. Designing MOH scenario and action plans for the tabletop exercise.

The first step of emergency operations planning is important as it helps to define the local environment and the context for the MOH's emergency operations planning. Undertaking the second step enables the EOP Planning Committee to understand the magnitude and scope of the task. Recruitment of key emergency preparedness and response stakeholders in the planning committee should ensure good coordination of emergency operations during crisis. The third step ensures the development of the EOP is both horizontally and vertically consultative while the final step is critical for testing the relevance and application of the EOP.

The Tanzania MOH found the second step to be the most difficult for the development of the Emergency Operations Plan — everything that followed thereafter depended on how well the first step was undertaken. By the third step, the process had gathered enough momentum and interest among stakeholders of emergency preparedness and response to push it on to the fourth step.

This paper describes each step in the process, considers major methodological issues and problems, and discusses alternative ways that may be used to develop an emergency operations plan in Africa more efficiently.

Keywords: assessment; committee; consultation; emergency operations; hazards; methods; needs; resources; Tanzania; USAID

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**Task Force Session:
 Psychosocial Aspects of Disasters**

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Comparative Efficacy of Psychological Treatment Procedures for Disaster Responders and Victims

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Critical Incident Stress Debriefing (CISD) commonly is used to provide psychological support to rescue workers and others in the immediate aftermath of a disaster. However, there have been few scientific studies on the efficacy of this methodology, and an increasing number of reports about possible detrimental effects. Short-term, cognitive behavior therapy (CBT) is a well-researched psychological intervention procedure that has been adapted for the treatment of disaster responders and trauma victims,