

nizations (the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), etc.).

During the given period, medical assistance was given to >150,000 patients, including 38,000 children. More than 1,300 patients with active TB were detected, and were given in-patient treatment, and >3,500 contact persons received pharmacotherapy. In-patient assistance was provided to >18,000 patients in the field hospitals, >4,000 people in the hospitals situated near the boundaries of the Republic, and >700 people received highly technological types of assistance outside the Republic. More than 15,000 children were vaccinated. Outbreaks of infectious diseases and group diseases among the temporarily displaced persons from the Chechen Republic were not observed during that period.

A proposed system for providing medical assistance to the temporarily displaced populations in Northern Caucasus showed high efficiency and may be recommended for use in other countries in analogous situations.

Keywords: assistance; efficiency; Chechen Republic; health support; Northern Caucasus; vaccinations

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Provision of Medical Support in Large-Scale Disasters: Level of Commitment by the Municipal Bodies in Prefectures and Government Ordinance-Designated Cities in Japan

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Objective: When a disaster occurs, the municipal bodies must perform prompt and effective allocation of comprehensive disaster medical support. However, establishing the appropriate system for disaster medical support is in its infancy in most of the municipal bodies in Japan. In this study, the current issues affecting the municipal bodies in Japan were surveyed and analyzed in regards to the system for provision of disaster medical support, and the results were analyzed in order to establish future recommendations. **Methods:** In October 2004, a questionnaire was sent to a total of 60 Japanese governmental bodies and the responses were collected.

Results: Of the 60 bodies, 37 (68%) completed and returned the questionnaire. Nine (22%) have a special working committee for the provision of disaster medical support. In regards to developing operational guidelines for disaster medical support management, 25 (68%) of the respondents have designed their own guidelines, while 34 (92%) have stockpiled medical kits and supplies for a disaster in their storage bases. However, of the 68% who designed guidelines, 22% actually made the availability of the guidelines known publicly; of the 92% with stockpiled supplies, 19% made the existence of the stockpiles publicly known. In regards to the system for processing information at the time of a disaster, 38% of the respondents have set up a system that enables them to collect information from all the relevant organizations including local municipal

offices, major hospitals, and related representatives. This study did not find any municipal body that regularly organizes workshops or training sessions in order to train future managers or coordinators for overseeing efficient provision of disaster medical support.

Discussion: The results of the survey showed that: (1) no practical working relationships have been established among related representatives to deal with disaster medical support at the time of a disaster; and (2) a number of municipal bodies have designed guidelines for managing disaster medical support, have arranged to have medical kits and supplies for disaster in stock, and have set up a system to deal with a flood of information in a disaster. However, few municipal bodies have exercised an adequate level of public relations or organized official training sessions in their municipal areas. Thus, it is feared that the aforementioned publicity and facilities may be in vain at the time of a disaster, as they would not function in the optimal manners intended. Each municipal body should take immediate action in the following areas: (1) exercising appropriate professional relations with the medical organizations/institutions and with the public; (2) developing and implementing a system for disaster medical support through proper establishment of working relations among relevant representatives; and (3) offering educational programs to the members of the healthcare community in order to increase the awareness of disaster medical support needs.

Keywords: guidelines; Japan; large-scale disaster; medical; municipal bodies; publicity; support

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Lapses in Response to Road Traffic Crashes in Nigeria

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Introduction: The World Health Organization (WHO) statistics show that since the advent of the automobile, more than 32 million persons have died from traffic crashes, and an average of 700,000 persons die annually. Data from the WHO further reveal that the number of annual deaths due to traffic crashes is more than the number who have died from earthquakes, floods, typhoons and all other natural disasters combined. Another global report from the WHO reveals that developed countries or highly motorized countries (HMC) account for 85% of vehicle ownership, while transitional countries account for only 15% of car ownership. Paradoxically, developed countries account for only 15% of road traffic crashes while transitional countries account for 85% of road traffic crashes. Based on data from Federal Road Safety Commission (FRSC), Nigerian Police, and the Save Accident Victims Association of Nigeria (SAVAN) organization, incidents of road traffic crashes associated with morbidity and mortality are astronomically on the rise. Analysis of these data shows that from 1955–2004, deaths per crash illustrate poor coordination and several lapses of first responders, hence unacceptable deaths are recorded per-accident cases. Non-existing prehospital structures at all levels have contributed to unac-