eases, (2) pronounced increase in antibiotic resistant organisms and an urgent necessity to improve the control of inhospital infections, (3) profound and targeting extension of epidemiological surveillance and vaccination control of the lay public (4) considerable spread of tuberculosis (TB) as compared with the mean level for Europe, including drug resistant forms of TB, and (5) modernization of primary medical care (WHO definition) in the treatment of communicable diseases.

A model scenario for the preparatory response stage, a process of making strategic decisions, and tactics of their implementation in the system of the Baltic Sea countries' readiness for predictable, ecosocial, epidemiological threat have been developed as a result of the situation analysis.

Key words: assessment; Baltic countries; biological threat; communicable diseases; critical situations; data; epidemiological threats; epidemiology; HIV; primary care; sexual transmission; surveillance; tuberculosis; vaccination

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Management Development Process in 2001 Disaster Medicine

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Substantial growth of new technologies, the dynamics of society, and macroecological shifts connected with these processes, give rise to a great number of disasters. The main strategy of human "survival" in the next century inevitably will be associated with the formation of an international, sufficiently effective system for coping with emergencies and the provision of adequate preparedness for disasters. Otherwise, all accumulated income of the community would not be enough for emergency relief, including medico-sanitary relief and emergency aftermath operations.

The main goal of this presentation is to discuss in principal improvements in management technologies in 2001-Disaster Medicine. A brief history of international management in humanitarian responses to emergency is provided. The most effective response structures and coordination hierarchy in large-scale emergencies are given when emergency relief operations are performed under the auspices of the UN Office for Coordination of Humanitarian Operations with involvement of the EHA/WHO experience, expertise, and medical humanitarian aid.

A hierarchy of strategies at the international level of emergency humanitarian assistance and their brief characteristics is described. An original form of strategy for donation engaging, allocation, and formation of permanent committees providing management in the disaster prone countries is proposed. It also is discussed in each specific case to confirm the necessity to appoint at the level of a Prime Minister's Office, a permanent representative or coordinator-in-chief on emergency problems who is capable of managing preparedness processing and decision-making on strategies for safety promotion in emergencies. The establishment of regional task forces consisting of such representatives and working groups responsible for different regions and main aspects of medico-sanitary prevention and emergency response is proposed. This procedure would promote a higher level of mitigation, preparedness, and mobilization of resources and manpower in the urgent phase of emergency response. Decision-making of the problem at the initial stage by incorporation of appropriate items in the conference memorandum is discussed. The possibility of developing a principal fundamental document, that can constitute a basis for the "Code of International Humanitarian Support for Medical Care in Emergencies" as a preamble in the "Guidelines on the Use of Military and Civil Defence Assets in Disaster Relief" is proposed and discussed.

Key words: care, medical; code; disasters; hierarchy; humanitarian assistance; international; management; organization; phases; strategies; technologies

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Infectious Diseases during the Flood Disaster in Mozambique 2000

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Introduction: The types of medical care that are predominantly needed after a disaster vary and depend on its cycle or its nature. After a flood disaster, it has been pointed out that diarrhea-characterized diseases such as cholera, dysentery, and malaria are likely to break out. Therefore, accurate information to identify any occurrence of infectious diseases is essential for effective relief activities in flood disasters.

Methods: The Japan Disaster Relief (JDR) Medical Team was sent to Mozambique where the flood disaster occurred during a period from January to March 2000. Taking this opportunity, the Team tried to collect information that could be useful for elucidating the post-flood epidemic of the infectious diseases through the use of medical care activities, epidemiological investigation, and laboratory testing. The JDR Medical Team executed its operation for two weeks in the Hokwe region of the State of Gaza, in the mid-south section of Mozambique where the damage was the greatest. Through medical care activities, the information was collected from medical records. Through epidemiological investigation, the information was collected by accessing the data at local medical facilities, by interviewing habitants/evacuees, and by conducting water analysis. Through laboratory testing, information was collected on items related to malaria and diarrhea-characterized diseases.