data collection, focusing on syndromes that may represent infections with bioterrorist agents.

Conclusion: An emergency department-based, enhanced, bioterrorism, syndrome-surveillance system can be maintained effectively for a short-term period. Additional data sources and accumulation of long-term baseline data are necessary for further system development. The guidelines for early aberration reporting and evaluation of syndrome surveillance systems also requires more research.

Keywords: bioterrorism; emergency department; enhanced; Korea; surveillance; system

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Development of a Comprehensive Bioterrorism Information System in Korea

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Introduction: A bioterrorism surveillance system was developed in Korea for the 2002 Korea-Japan FIFA World Cup Games and has been maintained since 13 May 2002 and is being upgraded by a new system. The new system was based on the Internet and is comprised of three parts: (1) emergency department; (2) infection specialist; and (3) laboratory. The parts were separated because the parts were required for the development of a comprehensive bioterrorism surveillance and information system.

Methods: The new system required six months for development, beginning in May 2004. A unified web server and database server were developed and included a firewall. One portal site was developed through which all of the information about bioterrorism would pass. In the emergency department, a syndromic surveillance system was initiated, in which the routine and temporary enhanced surveillance systems were separated. Adding to the three parts previously described, a real-time, automatic, statistical analysis system was developed for the generation of reports, automatic text messaging from the mobile phones of essential personnel, and an automatic information gathering system from the related web sites. The new comprehensive system was implemented on 15 November 2004, and every aspect of this system was tested.

Results: The three parts previously described functioned well through the portal site. The real-time automatic statistical analysis system actually was performed in real-time and matched with those obtained from conventional statistical results. The automatic text message sending system to the mobile phones also functioned well, and it was confirmed that the members of designated hospitals received the messages. The information-gathering system from the related websites was functioning, but the amount of the contents required more work.

Conclusions: A comprehensive bioterrorism surveillance and information system was developed and the early maintenance was confirmed. Further study is needed.

Keywords: assessment; bioterrorism information system; comprehensive; development; Korea

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Terror Australis Redux: Revisiting Australian Emergency Department Preparedness for Terrorism D. Caldicott; N.A. Edwards; A. Eliseo; C. Lee; P. Aitken Australia

In 2003, the results of a survey examining Australian emergency department preparedness for mass-casualty incidents with contaminated casualties was presented at the 13th World Congress on Disaster and Emergency Medicine in Melbourne, Australia. At the time, many politicians in Australia considered the country to be relatively immune to the threat of terrorism from abroad.

Since then, the position of Australia on the world stage has changed. Its involvement in wars in Afghanistan and Iraq has increased its profile as a target for terrorism substantially. Has this change resulted in substantive improvements in levels of preparedness in Australian emergency departments?

A follow-up survey was sent to all emergency department directors in Australia in early 2004, with the intention of comparing the initial survey results with the current opinions and present-day, perceived levels of preparedness. The second survey collected greater detail and new information, as well as documenting the change over time since the first survey. More than 85% (n = 76) of departmental directors replied, a reflection of the ongoing level of local interest in the topic.

Details reviewed included opinions regarding the risks and the potential consequences of terrorist attacks with both conventional and weapons of mass destruction (WMD) approaches. The frequency of practice, levels of training, and amount of pharmaceuticals available and personal protective equipment present all were surveyed in detail. Policy regarding the entry of hospital staff into potential "hot zones" also was surveyed.

The second Terror Australis survey represents the most comprehensive independent analysis of hospital preparation for terrorism in any single developed country. It raises important questions regarding funding, training, and physician attitudes, all of which will need to be addressed before an event, if an effective response is to be mounted. Keywords: Australia; mass-casualty incident; survey; Terror

Australis; terrorism; update Prebosp Disast Med 2005;20(2):s97

Preparations for Possible Bioterrorism Attack

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"See where the green grass grows again, and a blade of grass is for each of you."

The Heavy Rucksack by Giulio Bedeschi

The 20th century can be considered the era of developments in chemical weapons and weapons of mass destruction. Whereas in the 4th century, it was common practice to use poisoned arrows dipped in decomposing bodies, today that might seem a little old-fashioned. Between 1960