of 468 severely malnourished children and temporary involvement in supplementary feeding.

During the inundation of Chokwe town, MSF was involved in Search and Rescue activities (SAR) saving more than 100 individuals from immediate drowning, and evacuating inpatients from the flooded district hospital. Despite the pressure of the provincial authorities, who evacuated Chokwe, MSF remained in the flooded town assisting the 8,000 of the remaining residents, who were unwilling to leave.

The MSF emergency program ended in the month of July. The overall cost of the operation figured at approximately 4,000,000 Swiss Francs. Transport by air was the one of the largest cost factors.

Conclusion: A MSF-emergency intervention followed the disastrous floods in Southern Mozambique in early 2000. Experts estimated that the destruction caused by the floods annihilated 10 years of development in southern Mozambique.

The main difficulties, when facing such a complex situation involving hundreds of thousands of victims, are the coordination of activities between the different actors, the dimensioning of the respective interventions, and the availability of reliable information, in particular, in situations when the access to the populations at risk is heavily impaired. Anticipation of the evolution of the situation is crucial for providing rapid assistance.

Key words: cholera; coordination; floods; health care; interventions; malnourishment; Medicins sans Frontiere; Mozambique; rain; responses; sanitation; surveillance; water

E-mail: Thomas_Nierle@geneva.msf.org

Prehosp Disast Med 2001;16(2):nnn.

**Medicine in the Global Village**

*Dr. David Noble*

Morningside, AUSTRALIA

The advent of the information super highway permits us virtually unlimited access to public information. Shopping over the Internet now is commonplace. If you can buy groceries, why not medical supplies? If you can organise custom-made furniture, why not custom-made medical equipment?

Bohica medical is a microindustry specialising in innovative medical equipment. We are able to compete within the global market place. I had a vision, developed a plan, and made it happen. If you have ever had a dream, or wanted to make a difference, listen to my story.

Key words: equipment; Internet; manufacture; plan; vision; E-mail: nobledrdg@hotmail.com

Prehosp Disast Med 2001;16(2):s53.

**Bioterrorism: Challenges for Public Health Action**

*Eric K. Noji*

Centers for Disease Control and Prevention, Atlanta, Georgia USA

Four components of the public health response to disease outbreaks are also important to address acts of terrorism in a coordinated fashion: detection of usual events, investigation and containment of potential threats, laboratory capacity, and coordination and communication.

The public health effort to combat infectious diseases is based on the early detection of unexpected cases or clusters of illnesses, so that small outbreaks can be stopped before they become big ones. In the case of a bioterrorist attack, the initial detection of a disease is likely to take place at the local level. It is essential to work with members of the medical community who may be the first to recognize unusual diseases, and who are most likely to mount the initial response—especially if the intentional nature of the outbreak is not immediately apparent. Strong communication links between clinicians, emergency responders, and public health personnel are important.

As is the case for any naturally occurring infectious disease outbreak, the initial response to an outbreak caused by an act of bioterrorism, is likely to take place at the local level. Once the cause of a terrorist-sponsored outbreak has been determined, specific drugs, vaccines, and antitoxins may be needed to treat the victims and to prevent further spread.

In the event of a bioterrorist attack, rapid diagnosis will be critical to the immediate implementation of prevention and treatment measures.

In the event of an intentional release of a biological agent, rapid and secure communications will be especially crucial to ensure a prompt and coordinated response. Each hour of delay will increase the probability that another group of people will be exposed, and the outbreak will spread both in number and in geographical range. Because of the ease and frequency of modern travel, an outbreak