eral non-governmental organizations, plays a vital role in the management of disasters in Nigeria. These roles vary from the prevention of disasters to the rehabilitation of victims of disasters. Investigations show that some of these disasters are the result of human inadequacies or poor management of government-owned facilities (e.g., refineries in the case of fire or illegal issuance of certificates of occupancy and approvals to builders who build to block drainages, in the case of flood-related disasters).

Some of the disasters resulted from poverty, such as pipeline vandalism. Pipelines are vandalized most frequently in the Niger Delta area in Nigeria, and, on several occasions, resulted in fires, which killed several people and destroyed properties worth millions of naira. This research analyzes the cost implications of some of these documented disasters in Nigeria during the pre-disaster, disaster, and post-disaster stages. The results reveal that during the pre-disaster phase, the cost is negligible, while the burden of the acute phase and the post-disaster phase is astronomically high.

In conclusion, if adequate funding is provided during the pre-disaster phase, perhaps the disaster can be completely avoided and the associated morbidity and mortality prevented. This research analyzes the cost implications of some of these documented disasters in Nigeria during the pre-disaster, disaster, and post-disaster stages. The results reveal that during the pre-disaster phase, the cost is negligible, while the burden of the acute phase and the post-disaster phase is astronomically high.

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**Conclusion:** Most transferred cases had minor injuries and the intra-hospital mortality was low, but the average length of stay was relatively high. In addition to trauma severity indexes, length of stay for patients injured by the earthquake may also be affected by medical complications, especially acute renal failure.

**Keywords:** Bam; earthquake; injury severity score (ISS); revised trauma score (RTS); trauma and injury severity score (TRISS)

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**Study of Respiratory Symptoms Related to Smoke Inhalation During the Sydney 2001–2002 Bushfire Event**

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**Introduction:** On 25 December 2001, Sydney was shrouded in a thick cloud of black smoke fueled by up to 60 bushfires in and around the city caused by a combination of drought, hot weather, high winds, and arson. The smoke persisted for 13 days.

**Objective:** To obtain information about the health risks of bushfire smoke to enable the provision of appropriate public health advice, and to assist in bushfire smoke pollution management.

**Methods:** In early January 2002, a convenience sample was taken of 230 patients attending two Sydney emergency departments for any reason. These patients had all been exposed to bushfire smoke for nine days or more, and completed questionnaires regarding respiratory symptoms and exacerbation of pre-existing asthma or lung disease. The symptoms investigated were cough, shortness of breath, chest tightness, and wheezing.

**Results:** A total of 51% of those surveyed during the bushfires reported one or more of the respiratory symptoms investigated.

**Conclusions:** A large proportion of the persons exposed to smoke have respiratory symptoms that persist well-beyond the period of exposure.

**Keywords:** asthma; bushfires; health risks; public health; respiratory symptoms; smoke inhalation; Sydney

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**Psychosocial Care at Mass-Gathering Events: Integration into Emergency Medical Services during the EURO 2004 in Portugal**

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**Background:** The integration of psychologists with emergency medical services at mass-gathering events has not been well-described.

**Conclusion:** Most transferred cases had minor injuries and the intra-hospital mortality was low, but the average length of stay was relatively high. In addition to trauma severity indexes, length of stay for patients injured by the earthquake may also be affected by medical complications, especially acute renal failure.

**Keywords:** Bam; earthquake; injury severity score (ISS); revised trauma score (RTS); trauma and injury severity score (TRISS)