factors affect the amount and type of medical emergencies during mass gatherings, including type and duration of event, weather, and size and mobility of the crowd. During the European Union (EU) summit, 15 and 16 June 2001 in Gothenburg, Sweden, approximately 50,000 people participated in 43 protest marches. Clashes between police and protestors occurred on some of these occasions. This paper attempts to analyze the number and character of injuries and medical complaints in relation to the EU summit, and to describe the organization and function of the healthcare services during the meeting.

Methods: Medical records were collected of patients who presented with injuries and other types of medical emergencies in relation to the summit at different healthcare stations.

Results: In total, 143 patients sought medical care; 53 were police officers. Most patients had minor complaints, but a few were seriously injured. Nine patients were hospitalized.

Conclusion: During the EU summit, the number of people who needed medical care was in the same range as previously reported from other mass gatherings. Threats and civil disturbances caused difficulties in estimating the need for health care. Most patients had only minor injuries.

Keywords: European Union summit; mass gatherings;police; protesters; Sweden
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Medical Aspects of Unexpected Multiple Mass Gatherings in the Streets during 2002 FIFA World Cup Soccer Game in Korea

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Medical support plans for mass gatherings and disasters were prepared during 2002 FIFA Worldcup Soccer Games in Korea, but multiple unexpected mass gatherings of large numbers of Korean supporters in the streets occurred. The total number of participants in the streets was approximately 22,000,000 during the six days that the Korean team played. The medical aspects of and influences on medical care system of these mass gatherings was analyzed retrospectively.

Data were collected from the national emergency information system managed by National Emergency Medical Center, and detailed clinical data were collected from five hospitals in different regions close to the mass gatherings. Variables collected and analyzed included: (1) Number of persons transported; (2) Traffic accidents; (3) Resuscitation efforts and number of deaths at the emergency departments (ED); (4) Number of patients who visited the EDs; (5) Severity of patients; (6) Proportion of acute and chronic patients; and (7) Admission and transfer rates. The results were compared to statistics of the prior year.

The proportion of acute patients during the Worldcup game increased (p >0.05). Also, the rates of resuscitation effort and mortality in the ED increased. The severity of patients increased, especially in the number with an acute coronary syndrome and acute hemorrhagic stroke. The number of patients visiting an ED per day, proportion of traffic accident patients, and rate of admission did not increased meaningfully.

Multiple, unexpected, mass gatherings of large numbers of participants in the streets can occur in the case of large, famous sports events. Emergency medical teams should be prepared for unexpected mass gatherings, and bear in mind that the patients can be more acute, more severe, and require more critical care.

Keywords: mass gathering; medical aid; sports event; Worldcup
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Disaster Plan for Mass Casualties during 2002 FIFA World Cup Games

Yuchi Koido

The recent host countries of FIFA World Cup games (FIFAWC) already have established the nationwide emergency medical system for a stadium incident during mass gathering. Past histories of mass casualties during international football games led us to recognize the necessity for concrete and practical planning, preparedness, and certain simulation training. As the first step, in order to establish the medical management plan for mass casualty during the 2002 FIFAWC, the Japan Committee for Planning/Management of Disaster in 2002 FIFAWC (JCPD) was organized in April 2000, by Japanese Association for Disaster Medicine (JADM), The JCPD developed the "Guidelines for Planning/Management of Disaster in 2002 FIFA World Cup Games" in March 2001, and distributed them to the organizations at each of the venues. Since then, the JCPD has requested the Ministry of Health, Labor, and Welfare of Japan (MHLW) to take the initiative for establishing a nationwide system. The health research team made the concrete "model plan of medical management for mass casualty" for each venue to be included in the 2002 FIFAWC. Each venue was to have planning and preparedness with common concepts among the 10 domestic venues by 29 January 2002, and also conducted demonstration training in stadium on 09 February 2002. After this, the JAWOC also recognized the necessity to develop a plan immediately for disaster. Currently, the health research team continues to arrange a disaster manual for each venue.

The preparation for a disaster is presented along with how it worked during 2002 FIFA World Cup games

Keywords: disaster; exercises; mass casualties; mass gatherings; plans; venues, multiple; World Cup
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Task Force Session: Medical Response to Terrorism

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