be taken are described in detail by Asar (*22*) and are summarized in Annex 4. Civilian authorities often find it difficult to organize and then indefinitely sustain needed military discipline. If the camps are occupied by refugees or independent-minded citizens, they are likely to eventually rebel.

Communicable Diseases after Disasters

Even in very poor developing countries, serious outbreaks of communicable disease very rarely occur after natural disasters which do not involve the encampment of populations (*21*). Known exceptions to this include cases of leptospirosis, which increased in Brazil after flooding (*23*), the aggravation of an ongoing typhoid fever problem following hurricanes in Mauritius (*24*), and cases of food poisoning in both Dominica and the Dominican Republic (*25*). It is probably more likely that the diversion of scarce resources from normal public health activities to disaster relief, or subsequent economic problems aggravated by a disaster, will lead to epidemic long after the acute event, such as in the resurgence and subsequent failure to eradicate malaria from Haiti (*26*).

With this in mind, in the thirteenth (1981) edition of the American Public Health Association handbook entitled *Control of Communicable Diseases in Man* (*27*) there is a consensus described that was reached by specialists in communicable disease, liaison representatives, and Pan American Health Organization/World Health Organization officials about the relative risk of individual communicable disease after disaster. This information is presented in a simplified form in Table 2 (see next page). For a further discussion of each disease, the reader should consult the thirteenth edition or a tropical medicine text (28).

Table 2. Epidemic Potential of Selected Communicable Diseases Following Disaster in Latin America and the Caribbean (27, 28)

Disease	Disaster Potential Qualitative/Quantitative*		Geographic Areas at Risk
Amebiasis	contamination water/food	?	cosmopolitan
Chickenpox-Herpes Zoster	overcrowding in emergency situations	3+	worldwide (infection nearly universal)
Cholera	contamination water/food, crowding in primitive conditions	1+	none
Diarrhea, nonspecific	contamination water/food, crowding	4+	universal
Diphtheria	crowding of susceptible groups	2+	universal
Ebola/Marburg Virus	direct contact with infected blood secretions, organs or semen. Possible by vector-borne/ aerosol routes	?	Rhodesia, Kenya, Sudan, Zaire
Food Poisoning —Staphylococcal	mass feeding and inadequate refrigeration/ cooking facilities	4+	universal
—Bacillus cereus	mass feeding and inadequate refrigeration/ cooking facilities	3+	universal
Gastroenteritis —Epidemic Viral Gastroenteritis	contamination water/food crowding	?	universal
—Rotavirus Gastroenteritis	contamination of water/food, crowding	?	universal