Abstracts – 17th World Congress on Disaster and Emergency Medicine

(P1-82) Implementation of an Active Vaccination Strategy Increased the Pandemic Influenza A (H1N1) 2009 Vaccine Coverage among Swedish Children

M. Omberg
Department of Disease Control and Prevention, Östersund, Sweden

Introduction: The European Center for Disease Control and Prevention (ECDC) identified young children as a group at higher risk of developing severe pandemic influenza A (H1N1) 2009 infection compared with the general population. Since children have high attack rates and seem essential in augmenting local outbreaks of influenza, vaccination of children was an important objective in the Swedish pandemic influenza A (H1N1) 2009 vaccination campaign. Children <13 years of age were recommended to take two doses of the pandemic vaccine (Pandemrix®).

Objective: The objective of this study was to compare the vaccination coverage among children 1–12 years of age in different councils in the County of Jämtland, Sweden that either implemented an active advocating or a passive vaccination strategy.

The active strategy included direct information to parents promoting vaccination, individual appointments, collaboration between different care providers, and visits of vaccination teams to day care centers and schools, whereas no specific measures, except general information in press and media, were undertaken in councils using a passive approach.

Methods: All pandemic vaccinations in the County of Jämtland were registered in a Web-based registration software system. Vaccine coverage was determined by comparing the actual number of children residing in different councils with the number of vaccinated children.

Results: A total of 4,162 of 6,000 children (69.3%) residing in councils using an active vaccination strategy were vaccinated compared with 5,059 of 9,373 children (53.9%) living in councils using a passive vaccination strategy (p < 0.0001).

Conclusions: Implementation of an active advocating vaccination strategy during the Swedish pandemic influenza A (H1N1) 2009 vaccination campaign resulted in a significantly higher vaccination coverage rate compared with a passive vaccination strategy.

Prehosp Disaster Med 2011;26(Suppl. 1):s124–s125
doi:10.1017/S1049023X11004146

(P1-83) Infectious Diseases Following Natural Disasters: Prevention and Control Measures

I.K. Kouadio, T. Kamigai, O. Hitoshi
Virology, 8575, Japan

Communicable diseases represent a public health problem in developing countries, especially in those affected by disasters, and necessitate an appropriate and coordinated response from national and international partners. The importance of rapid epidemiological assessment for public health planning and resources allocation is critical. This review assesses infectious disease

May 2011

Prehospital and Disaster Medicine

Downloaded from https://www.cambridge.org/core. IP address: 54.70.40.11, on 16 Dec 2018 at 09:54:31, subject to the Cambridge Core terms of use, available at https://www.cambridge.org/core/terms. 
doi:10.1017/S1049023X11004158
outbreaks during and after disasters caused by natural hazards and describes comprehensive prevention and control measures. The natural hazard event that causes a disaster does not transmit infectious diseases in the immediate aftermath of the disaster, nor do dead bodies. During the impact phase, most of the dead bodies are associated to blunt trauma, crush-related injuries, burns, and drowning rather than from infectious diseases. Most pathogens cannot continue to survive in a corpse. The remaining survivors are the ones from which infectious diseases can be transmitted under appropriate conditions created by the natural disasters. Among several diseases, diarrheal diseases, leptospirosis, viral hepatitis, typhoid fever, acute respiratory infections, measles, meningitis, tuberculosis, malaria, dengue fever, and West Nile Virus commonly were described days, weeks, or months after the disaster event in areas where they are endemic. Therefore, diseases can also be imported by healthy carriers among a susceptible population. The objective of the public health intervention is to prevent and control epidemics among the disaster-affected populations. The rapid implementation of control measures should be a public health priority especially in the absence of pre-disaster surveillance data, through the re-establishment and improvement of the delivery of primary health care and restoration of affected health services. Adequate shelter and sanitation, water and food safety, appropriate surveillance, immunization and management approaches, as well health education will be strongly required for the reduction of morbidity and mortality.

Conclusions: The present study revealed important deficiencies as per IPHS norms in the studied CHCs so that adequate measures can be taken to improve the healthcare facility.

(P1-85) Health Seeking Behavior Post-Unintentional Household Injury in Hong Kong
E.Y.Y. Chan, P.P.Y. Lee, J.M.S. Leung
School of Public Health and Primary Care, Faculty of Medicine, Shatin, Hong Kong

Background: Unintentional household injuries are a major public health problem that affects large numbers of people. Various population-based surveys from the literature showed >40% of households reporting an injury that required medical attention. However, there is a general lack in comprehensive population surveys to highlight the risk of post-injury, help-seeking behavior and its associated financial cost. This study is part of the urban, home-based injury epidemiological study series (2007–2010) in Hong Kong.

Methods: A population-based, cross-sectional, random telephone survey was conducted using the last birthday method in 2009. A study instrument was developed and validated based on the modified Chinese World Health Organization guidelines for injury and violence surveys.

Results: The study population comprised of non-institutionalized, Cantonese-speaking Hong Kong residents (n = 6,570). Among the 39.4% self-reported injuries within the past 12 months, only 8.6% of injured people had sought medical care. Respondents tended to seek medical care from the private setting in the first episode of post-injury treatment. Among health seekers, 70% of the injured participants reported having to seek a second treatment and the care-seeking pattern shifted from private to public medical service delivery setting. Predictors of service preferences were identified and discussed.

Conclusions: Medical care seeking patterns post-unintentional household injury was identified. Medical and emergency services providers may wish to consider health service implications.

(P1-86) Socioeconomic Impact of Natural Disasters in China
W. Zhang
Office for Disease Control and Emergency Response, Beijing, China

Introduction: China is one of the countries most affected by disasters caused by natural hazards. Disasters comprise an important restricting factor for economic and social development.

Methods: Retrospective analysis was performed based on the epidemiological data of disasters caused by natural hazards in recent two decades.

Results: The deadliest disaster that was reviewed was the Sichuan, Wenchuan earthquake on 12 May 2008 with a death toll of 88,928. Floods were the the primary natural hazard resulting in disaster in China. The economic loss caused by natural disasters