

# Abstracts of Oral Presentations-WADEM Congress on Disaster and Emergency Medicine 2019

## LATIN AMERICA AND CARIBBEAN CHAPTER

### “What Do You Know About Zika?”: Investigating Women at a Primary Healthcare Facility in a Small Municipality in Brazil

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**Introduction:** In Brazil, poverty-stricken population groups were the most affected by Zika virus (ZIKV). Women and children are fragile links that need focused attention, especially in relation to health care.

**Aim:** To investigate vulnerable, at-risk women in relation to their awareness of the ZIKV infection knowledge about the disease.

**Methods:** With evidence-based risk communication literature and consequences of ZIKV infection, a data collection instrument with open-ended questions was developed. Women from a small municipality in west-central Brazil, most from a rural setting, were interviewed at primary health care centers in April 2018. Interviews were recorded and transcribed. A preliminary analysis ensued.

**Results:** Forty women were interviewed. The average age was 42.3 (21-74 yrs) and 39 women had at least one child. The average number of people living in the same home was 3.8 (1-18) and 24 homes (60%) had one to four children. Fourteen women (54%) were beneficiaries of income supplementation programs. Two interviewees mentioned they had never heard of Zika and eight (20%) had no actual knowledge to convey. Other groups had some knowledge about ZIKV. Fifteen (37.5%) associated ZIKV with mosquito bites and another 15 with pregnancy or birth defects. Ten women (25%) mentioned dengue or chikungunya, but only 7 (17.5%) were aware of symptoms. Only eleven women (27.5%) declared public health workers as information sources.

**Discussion:** Positive aspects of awareness and knowledge were the tentative relationship some women made between pregnancy risk and exposure to mosquitoes, and with dengue or chikungunya. However, given ample media coverage and the severity of the epidemic, it is noteworthy to point out that all aspects were mentioned by fewer than half of the women. Health workers were not represented as relevant sources of information. Future in-depth content analysis of interviews

may reveal important issues for risk communication strategies for this population.

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### Risk Perception of Zika Virus Infection Among Vulnerable Women in Rio de Janeiro

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**Introduction:** The Zika virus (ZIKV) infection outbreak in Brazil surged in late 2014, peaking in 2015. The most affected region was the northeast, but Rio de Janeiro was especially affected in poor, vulnerable, low-income communities with inadequate sanitation and water. Most cases of the ZIKV-related neurologic syndrome, microcephaly, were detected among newborns coming from this environment.

**Aim:** To identify risk perception and consequences of ZIKV infection for pregnant women in a vulnerable community in Rio de Janeiro.

**Methods:** Forty women who frequented a primary health care center (PHC) in a ZIKV-prone area of Rio de Janeiro were interviewed based on an open-ended questionnaire on ZIKV infection and risk. No censorship regarding age or other demographic characteristics was applied. Interviews were transcribed and analyzed according to analytical categories stemming from the literature and prior work. Preliminary analysis focused on risks for pregnant women and other groups.

**Results:** Absolute number of responses reflect density of issues within all responses. Age range was 15-60 years. Several women identified microcephaly as a consequence of ZIKV infection for newborns, but many respondents did not cite any health problem associated with ZIKA in pregnancy. Although some cited pregnant women and children as most vulnerable, people living in or near insalubrious environments, such as the elderly, and those with low immunity were more cited. Information was mostly obtained from health professionals and television. Many confused origin and symptoms of ZIKV infection with other arbovirus infections.

**Discussion:** This vulnerable group of women, who continuously attend a PHC in the area, have had community experience with the disease and its consequences, showed surprisingly little knowledge as to the risks of ZIKV infection for pregnant women. Results may indicate that the health system has still not achieved adequate risk communication for at-risk women for ZIKV infection in Rio de Janeiro.

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### Surveillance and Control of Threats in the Public Health System in Brazil: Mapping Managers' Competencies

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**Introduction:** With the increase in the number and intensity of disasters, integrated risk management has been a subject of discussion in Brazilian health system, in which the local level plays an important role. Competency Mapping of Managers working at a Municipal Health Office from a Metropolitan Area of Curitiba, Southern Brazil was developed.

**Aim:** To describe gaps in core competencies identified for Surveillance and Control of Risks and Threats.

**Methods:** The Public Health Core Competencies contained in the booklet: A Regional Framework for the Americas, of the

Pan American Health Organization, originated a semi-structured self-assessment questionnaire. A Likert scale with levels of proficiency (from one to five) was aggregated to the 56 specific core competencies. It was applied to a sample of 78 managers between the months of October 2017 and January 2018. The data obtained were submitted to quantitative analysis. Gaps (Training Priority Degree) were defined according to the grade of importance and expression by means of a arithmetic mean and standard deviation.

**Results:** Gaps were identified for the competencies: Design disaster risk management plans for natural, technological and biological threats so as to mitigate their impact on health ( $2.82 \pm 1.16$ ); Design investment projects for reducing the health risks of disasters ( $2.8 \pm 1.07$ ); Provide an immediate response to threats, risks and damage from disasters based on the risk assessment, in order to protect health ( $2.89 \pm 1.13$ ); Plan and execute post-disaster reconstruction, based on the damage identified for the immediate restoration and protection of the population's health ( $2.81 \pm 1.11$ ).

**Discussion:** The degree of expression for these competencies indicate the need of preparing public health managers for surveillance, by monitoring the exposure of people or population groups to environmental agents, or their effects with an integrated approach to injuries and the etiology of emergencies and disasters.

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