managers and patients’ charts. Patients were uniformly distributed across the four hospitals, and the hospital capabilities were able to cope with this mass influx of casualties. The Modified Utstein Template for Hospital Disaster Response Reporting is a valid tool for hospital disaster management reporting. This template could be used for a better comprehension of hospital disaster reaction, debriefing activities, and revisions.

References

Examining the National Profile of Chronic Disaster Health Risks in Australia
Dr. Lennart Reijfs¹, Dr. Michel LA Dückers², A/Prof. Grant Blashki³
1. Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia
2. Nivel - Netherlands Institute for Health Services Research, Utrecht, The Netherlands
3. Nossal Institute for Global Health, University of Melbourne, Melbourne, Australia

Introduction: Despite a longstanding focus on examining acute health impacts in disaster research, only limited systematic information is available today to further our understanding of chronic physical health risks of disaster exposure. Heterogeneity of studies and disaster events of varying type and scale compounding this challenge highlight the merit of a consistent approach to examining nationally representative population data to understand distinctive profiles of chronic disaster health risks.

Aim: This epidemiological study examined the full spectrum and national profile of chronic physical health risks associated with natural and man-made disaster exposure in Australia.

Methods: Nationally-representative population survey data (N=8841) were analyzed through multivariate logistic regression, controlling for sociodemographic variables, exposure to natural and man-made disasters, and other traumatic events. Key outcomes included lifetime national chronic health priority conditions (asthma, cancer, stroke, rheumatism/ arthritis, diabetes, heart/circulatory) and other conditions of 6 month or more duration (based on the World Health Organization’s WMH-CIDI chronic conditions module).

Results: Natural disaster exposure primarily increased the lifetime risk of stroke (AOR 2.06, 95%CI 1.54-2.74). Man-made disaster exposure increased the lifetime risk of stomach ulcer (AOR 2.21, 95%CI 1.14-4.31), migraine (AOR 1.61, 95%CI 1.02-2.56), and heart/circulatory conditions (AOR 2.01, 95% CI 1.07-3.75). Multiple man-made disaster exposure heightened the risk of migraine (AOR 2.98, 95%CI 1.28-6.92) and chronic back or neck conditions (AOR 1.63, 95% CI 1.02-2.62), while multiple natural disaster exposure heightened the risk of stroke (AOR 3.28, 95%CI 1.90-5.67). No other chronic health risks were elevated. Despite the relatively greater chronic health risks linked to man-made disasters, natural disasters were associated overall with more cases of chronic health conditions.

Discussion: The analysis of nationally-representative population data provides a consistent method to examine the unique national imprint of disaster exposure and distinct profile of disaster health risks to inform future detection, prevention measures, disaster health preparedness, and response planning.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s4-5
doi:10.1017/S1049023X19000291

Resurgence of Vector-Borne and Vaccine-Preventable Diseases in Venezuela in Times of a Complex Humanitarian Health Crisis: A Regional Menace
Dr. Adriana Tumi¹-², Prof. Maria Eugenia Grillet³, Dr. Alberto Paniz-Mondolfi⁴, Dr. José Oletta⁵, Dr. Martin S Llewellyn⁶, Dr. Juan V Hernández-Villena⁷, Ms. Marianna Márquez⁸, on behalf of the working group on emerging and re-emerging diseases in Venezuela
1. Department of Medical Microbiology, University Medical Center Groningen, University of Groningen, Groningen, Netherlands
2. Faculty of Medical Sciences, Universidad de Carabobo, Valencia, Venezuela
3. Laboratorio de Biologia de Vectores y Parásitos, Instituto de Zoología y Ecología Tropical, Facultad de Ciencias, Universidad Central de Venezuela, Caracas, Venezuela
4. Infectious Diseases Research Incubator and the Zoonosis and Emerging Pathogens Regional Collaborative Network, Department of Tropical Medicine and Infectious Diseases, Instituto de Investigaciones Bimédicas IDB, Clínica IDB Cabudare, Barquisimeto, Venezuela
5. Sociedad Venezolana de Salud Pública/ Red Defendamos la Epidemiología Nacional, Caracas, Venezuela
6. Institute of Biodiversity, Animal Health and Comparative Medicine, University of Glasgow, Glasgow, United Kingdom

Introduction: Venezuela has plunged into a humanitarian, economic, and health crisis of extraordinary proportions. This complex situation is derived from dismantling of structures at the institutional, legal, political, social, and economic level affecting the life and wellbeing of the entire population.

Aim: This study aims to assess the impact of Venezuela’s healthcare crisis on vector-borne and vaccine-preventable diseases and the spillover to neighboring countries.

Methods: Since October 2014, there is a paucity of official epidemiological information in Venezuela. An active search of published and unpublished data was performed. Venezuela and Latin America data were sourced from PAHO Malaria Surveillance and from Observatorio Venezolano de la Salud. Brazil and Colombian data were accessed via their respective Ministries of Health.

Results: Economic and political mismanagement have precipitated a general collapse of Venezuela’s health system with hyperinflation rates above 45,000%, people impoverishment, and long-term shortages of essential medicines and medical supplies. In this context, the rapid resurgence of previously well-controlled diseases, such as vaccine-preventable (measles, diphtheria) and arthropod-borne (malaria, dengue) diseases has turned them into epidemics of unprecedented magnitudes.