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
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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.