managers and patients’ charts. Patients were uniformly distrib-
uted 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
1. Debacker, M, Hubloue I, Dhondt E, et al. Utstein-style
template for uniform data reporting of acute medical response

Examining the National Profile of Chronic Disaster Health
Risks in Australia
Dr. Lennart Reijeli1, 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 com-
pounding 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

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 Grillet1, Dr. Alberto Paniz-Mondolfi1, Dr. José Oletta3, Dr. Martin S Llewellyn4, Dr. Juan V Hernández-Villena4, Ms. Marilianna Márquez4, 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 Biología 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 Biomédicas 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

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.

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.
Brazili and Colombi 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.