statements, two recommendations of a prerequisite of the on-site medical team, and two manuals concerning the treatment of gunshot and explosive injuries. Based on some of these statements, the Tokyo government has already enhanced the previous plan. **Discussion:** The AC2020 will focus the web site as a portal site and platform, disseminate the activities widely to society, and ask for the cooperation of other related organizations and academic societies. The AC2020 will aim to provide the landmark project of mass-gathering medical care in Japan as well as the transition to the Olympic Games in Paris in 2024.

**Pharmaceutical Prescribing Patterns and Costs During Hurricane Harvey Shelter Operations in Dallas, Texas**

**Introduction:** Hurricane Harvey made landfall in southeast Texas in August 2017, causing unprecedented flooding throughout the Texas coastal region. Residents of affected areas were forced to evacuate to nearby unaffected areas, including Dallas, TX, where a large shelter operation was opened for 23 days to care for those evacuees. Retrospective evaluation of pharmaceutical prescribing patterns for the evacuees who self-presented to the Megashelter Medical Clinic (MMC) established in the shelter contributes to developing evidence-based planning strategies for healthcare delivery in the post-disaster setting.

**Aim:** To describe the pharmacy needs of a displaced population following a large-scale evacuation after a hurricane

**Methods:** De-identified prescription records written and filled at a shelter pharmacy were reviewed, looking at both cost and category of medications dispensed over time.

**Results:** Approximately 41% of evacuees with a total of 2,654 visits utilized the MMC clinic, resulting in 1,590 prescriptions filled with an associated cost of $78,039. The most commonly prescribed drug categories were cardiovascular (21.2%), neuropsychotropic (15.6%), infectious disease (12.5%), and endocrine (9.6%). While the most commonly dispensed were antihypertensives, diabetes treatment-related prescriptions, antibacterials, antidepressants, and NSAIDs, the costliest individual prescriptions were antiretrovirals and antipsychotics.

**Discussion:** Prescribing patterns for the MMC differed from normal prescribing patterns of a general population. Of the prescriptions dispensed at the MMC, pharmaceutical prescription patterns suggest the immediate needs of evacuees differ from later needs. There is a greater need for chronic disease management in the early phase of shelter operations, and an increasing need for neuropsychotropic and infectious disease prescriptions over time. Understanding overall patterns of drug utilization over the duration of the shelter provides valuable insight on post-disaster medical resource utilization in evacuee populations.

**Pharmaceutical Services Preparedness of Military Units in an Institution of Brazilian Armed Forces**

**Introduction:** Military participation in humanitarian operations, both in cases of armed conflict and in response to natural disasters, has increased in recent years. The Brazilian Armed Forces have been involved in various humanitarian missions around the world. This study focuses on the pharmaceutical services preparedness of military units in an institution of Brazilian Armed Forces.

**Methods:** A cross-sectional study was conducted among military personnel of an institution of Brazilian Armed Forces. The study aimed to assess the preparedness of pharmaceutical services in terms of stock of essential medications, drug logistics, and training of medical personnel.

**Results:** The study revealed that the institution had a sufficient stock of essential medications, with a good supply chain management. However, there were some gaps in the training of medical personnel, particularly in the areas of pharmacovigilance and drug management. The study also highlighted the need for continuous improvement in the logistics of pharmaceutical services to ensure timely access to medications.

**Discussion:** The findings of this study suggest that while the institutional pharmaceutical services have made significant progress in preparedness, there is still room for improvement. The study recommends the implementation of regular training sessions for medical personnel and the establishment of a robust pharmacovigilance system to enhance the preparedness of pharmaceutical services in military units.