

interventions implemented in LMICs to prevent and manage infectious diseases during humanitarian crises from 2018 to 2023.

Methods: A comprehensive literature search was conducted across databases, including Scopus, PubMed, and Web of Science, following the SPIDER framework to identify relevant studies. The review included studies published between 2018 and 2023 that focused on the prevention and management of infectious diseases in LMICs during humanitarian crises. The quality of the studies was assessed via the Joanna Briggs Institute checklist.

Results: Eleven results were identified from 1,415 unique articles, addressing different interventions for infectious disease control, including vaccination campaigns, epidemiologic surveillance, and integrated health services.

Gang violence in Haiti and Cyclone Kenneth in Mozambique have fueled cholera outbreaks, tackled through surveillance, case management, improved WaSH services, and vaccination. In Thailand, mathematical models optimized cholera vaccination in refugee camps. At Kumbh Mela in India, targeted surveillance prevented disease spread. The Philippines improved disaster response with point-of-care testing. Yemen's malaria surveillance integration was recommended. Uganda's multihazard plan supported the Ebola and refugee crises. In South Sudan, integrated immunization increased coverage. Despite conflicts, Nigeria's measles efforts faced challenges, but SARS-CoV-2 vaccination improved through visual communication.

Conclusion: These interventions highlight the importance of diverse, targeted, and collaborative responses to address complex health crises without relying on unsustainable investments. They emphasize safeguarding the right to health, even in the face of challenging sociopolitical conditions, crises, or natural disasters.

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Migrant Women's Emergency Department Utilization Amid the COVID-19 Pandemic: Investigating Barriers to Primary Healthcare Using Data From a Hospital in Milan, Italy

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Introduction: During the COVID-19 pandemic, migrants and women were among the most vulnerable groups. By adopting an intersectional lens that considers the challenges arising both from being a migrant and a woman, it is possible to emphasize how migrant women (MW) face specific impacts. While emergency department (ED) datasets are typically used in disaster contexts to analyze utilization patterns and monitor conditions post-emergency, this study employed ED data to assess whether the pandemic exacerbated MW's barriers to accessing primary healthcare (PHC).

Methods: A retrospective observational analysis was conducted using data from the Sacco Hospital ED in Milan, Italy. Ambulatory-care sensitive conditions (ACSC) served as indicators to assess PHC effectiveness. Access-related variables were analyzed using appropriate tests to identify patterns in ED utilization, while time trends revealed visits distribution over time.

Results: ED utilization decreased for all groups, but while Italian patients did not return to pre-pandemic utilization levels, both migrant women and men exceeded their previous visit rates. Although ACSC-related visits declined across all groups, the decrease among MW was not statistically significant, suggesting a more stable reliance on the ED. After the pandemic, ACSC visits among MW slightly increased, indicating a potential decline in their health status, possibly due to postponed PHC during the pandemic. The study also found that MW, like migrant men, are referred to GPs more often than Italians and are triaged with lower urgency codes.

Conclusion: While differences between migrants and Italians are evident, they primarily reflect trends within the broader migrant population rather than specific patterns among MW, particularly concerning ED utilization, urgency of presentation, and assessment outcomes. EDs must collect more detailed information to facilitate a nuanced and intersectional analysis. This project was supported by Fondazione Cariplo (ref. 2022-1447) and conducted in the framework of the International PhD in Global Health, Humanitarian Aid, and Disaster Medicine (UPO).

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A Home Disaster Preparedness Intervention with Korean-American Immigrants in New York City

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Introduction: On a stormy September evening in 2021, the remnants of Hurricane Ida arrived in New York City, resulting in record rainfall, widespread flooding, and 13 deaths. Eleven of those deaths occurred in basement-level homes of residents of Asian descent in low-income Asian immigrant communities. As a result of this experience, members of an Asian immigrant community organization requested disaster preparedness education for their members.

Methods: The Household Emergency Preparedness Instrument (HEPI) was translated into Korean, field-tested, and pilot tested. The K-HEPI was then used in a controlled before-and-after study to measure the preparedness level of an at-risk population before and after receiving a group-based educational intervention. The experimental group received two classes covering evacuation planning, community resources, and disaster kits. The experimental group's K-HEPI scores were compared to the control group's scores at baseline and at one-month follow-up.

Results: The K-HEPI generated the intended factor structure, providing evidence for construct validity of the translated instrument. Participants in the experimental arm (n = 200) realized greater pre-post gains in disaster preparedness compared to those in the control arm (n = 199) (Preparedness Actions and