

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

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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.

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Resurgence of Vector-Borne and Vaccine-Preventable Diseases in Venezuela in Times of a Complex Humanitarian Health Crisis: A Regional Menace

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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.