outbreaks. Community cases were recorded in November 2022; this impacted on the health system. The government requested for medical assistance from Fiji.

Objectives: To describe the Fiji Emergency Medical Assistance Team's (FEMAT) response in Tuvalu. To describe the Fiji Emergency Medical Assistance Team's (FEMAT) response in Tuvalu.

Method/Description: The team consisted of clinicians, nurses, and a Health Inspector. FEMAT together with World Health Organization (WHO) staff provided guidance on various standard operating standards (SOP) and clinical pathways development and training. Clinicians supported case management and referral pathway. They were later deployed as part of a mobile team.

Results/Outcomes: FEMAT provided support to the working group on data collection that aided the government's decisions. Clinicians provided training on Infection Prevention Control (IPC) standards for medical staff. Hospital staff were trained on management of moderate to severe cases with advice on the setting up of the high dependency unit. The health inspector contributed to the development of a waste management SOP with its implementation around health facilities. The team with the local medical team and WHO representatives were deployed for a week-long mobile response to smaller islands. The FEMAT team provided medical equipment's and medications to the hospital upon return.

Conclusion: FEMAT through trainings and implementations of SOPs assisted the health working group to consolidate the governments' COVID-10 response.

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A Local EMT Deployment in Fiji

Marica Boleia Mataika MBBS¹, Jese Rokalevulevu Vatukela MSC¹, Litia Vatuvoka BEH², Lawata Nukutalai Leone¹, Viliame Nasila MBBS²

1. FEMAT, Suva, Suva, Fiji

2. MOHMS, Suva, Suva, Fiji

Background/Introduction: In May 2021, Lautoka Hospital a tertiary referral hospital recorded the first Delta variant COVID infection within medical wards. This prompted the national Incident Management Team to close the hospital and convert the entire facility to a COVID 19 isolation hospital. The staff and patients were isolated for a period of 28 days. The Fiji Emergency Medical Assistance Team (FEMAT) was deployed to set up and manage a field hospital.

Objectives: To describe the response of FEMAT to continuity of health service delivery in Lautoka.

Method/Description: FEMAT set up a 28-bed inpatient field hospital within 72 hours. The facility was furnished with water and electrical power supply systems from the existing FEMAT cache. The service provided included general outpatient (GOPD), special outpatient (SOPD), inpatient wards (men, women, maternity, and resuscitation), dental, pharmacy, radiology, and minor surgical services. This was managed at a 12-hour shift by a 48-member team of clinicians, administrators, and logisticians.

Results/Outcomes: There were 78 admissions, 671 cases triaged, 414 GOPD, 61 SOPD, 16 pediatric, 161 dental, 16 antenatal clinic, 1 Home retrieval, 4 cases requiring medical evacuation, 165 COVID screenings, 11 transfer of cases, 35 surgical procedures, and 8 deliveries within the field hospital. **Conclusion:** FEMAT response ensured continued provision of critical health services for the people of Lautoka during the main hospital lockdown.

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FEMAT Response to Leptospirosis Outbreak in Navosa, Fiji

Marica Boleia Mataika MBBS¹, Jese Rokalevulevu Vatukela Msc¹, Litia Vatuvoka BEH², Lawata Nukutalai Leone¹, Viliame Nasila MBBS²

1. FEMAT, Suva, Suva, Fiji

2. MOHMS, Suva, Suva, Fiji

Background/Introduction: The province of Navosa in Fiji is less developed with water, sanitation, and hygiene (WASH) standards below other provinces in Fiji. In February, 2022 Navosa suffered an outbreak of Leptospirosis cases leading to severe disease, hospitalization, and death. The Fiji Emergency Medical Assistance Team (FEMAT) was activated to respond.

Objectives: To describe FEMAT response to the Leptospirosis outbreak in a rural island setting.

Method/Description: FEMAT joined the local public health team based out at the Keyasi Hospital with early contact tracing occurred for 26 villagers and 37 of 63 settlements were surveyed for early case detection. It provided additional support to the local clinical team with case management. Health inspectors supported community awareness sessions, and distribution of purification tablets and WASH Kits.

Results/Outcomes: The team was able to treat 12 cases in the community with an additional of 20 acute febrile illnesses in the contact tracing. 87 cases of leptospirosis were treated at the hospital. Therefore, the team treated 99 cases of leptospirosis directly preventing more severe presentation to health facilities. Our health inspectors distributed 200 WASH kits in five communities.

Conclusion: The FEMAT response assisted in the containment and control of the leptospirosis outbreak in the Navosa province while at the same time provided community outreach, preventative care, and surgical management in a rural island community.

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