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Study/Objective: To develop a framework for reducing the risk of Non-Communicable Disease (NCD) exacerbation after a disaster.

Background: Worldwide, there has been a “disease transition” to NCDs, creating challenges for governments, health care, and service providers. Prominent NCDs are cardiovascular diseases, cancers, diabetes, respiratory conditions, and renal diseases. NCD treatment and care is reliant on Public Health Infrastructure (PHI), such as medications, equipment, housing, water, and sanitation. A breakdown of PHI places people with NCDs at increased risk of disease exacerbation or death.

Methods: Qualitative and quantitative research methods were used to complete the research. Participants included people with a NCD, environmental health professionals, and disaster service providers in Queensland, Australia. The qualitative component included six focus groups and 42 interviews with 105 participants. A thematic analysis was conducted to analyze the data. A modified Delphi process was then completed, which included a consultative forum and a survey. Descriptive statistics, bivariate, and logistic regression modelling were used to analyze survey data.

Results: A breakdown of PHI can result in an exacerbation of NCDs after a disaster. Mitigation strategies include: tailoring advice to the most vulnerable, maintaining a register of people at risk, providing patients with disaster packs, locating health services in disaster resilient locations, early evacuation, and providing health services at shelters and evacuation centers. These findings were integrated into a framework for reducing the risk of NCD exacerbation following a disaster.

Conclusion: This framework allows disaster service providers to prepare people with NCDs for a disaster. Implementation will require a multidisciplinary and inter-sectoral approach. The framework shifts the focus to prevention and preparedness activities and, most importantly, provides a sustainable approach for protecting the health and well-being of people with NCDs before, during, and after a disaster.

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Knowledge and Awareness of HIV/AIDS Infection among Patients with Sexually Transmitted Infections (STIs) at the Komfo Anokye Teaching Hospital (KATH) Polyclinic

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Study/Objective: To determine the level of knowledge on HIV/AIDS among patients with STIs. To determine measures taken by patients with STI's against HIV/AIDS. To determine views on HIV/AIDS against pregnancy.

Background: Ghana has an overall HIV prevalence of 1.3%. Like other developing countries, it is still considered a high-risk country for several reasons: the presence of covert multi-partner sexual activity, a low level of knowledge and low condom use, unsafe professional blood donation, high incidence of self-reported sexually transmitted infections (STIs) among vulnerable groups, infected expatriates who infect their sexual partners when they return to Ghana, and high levels of HIV/AIDS in the bordering countries - all contribute to the spread. This study was conducted to describe the knowledge and awareness of HIV/AIDS among patients with sexually transmitted infections at KATH.

Methods: A cross-sectional study was carried out at the Family Medicine Directorate of KATH for three months. We interviewed participants using a structured questionnaire. Patient consent was obtained before being interviewed. After the interview, patients were then educated on HIV/AIDS and its relatedness to other STIs, using educational material that was developed by investigators. Analysis was done using SPSS16.0.

Results: A total of 112 participants were recruited, (4 participants refused to consent), therefore, 108 were interviewed over the study period. The average age at which participants became sexually active was 19 years. Two-thirds of the participants had had up to 4 lifetime sexual partners, and 16% had had between 5 and 25 lifetime partners. Males had more lifetime partners compared to females. Participants were generally aware of HIV/AIDS and admitted that HIV/AIDS more than pregnancy and other STIs was going to significantly change their lives, change their career goals and affect their social lives.

Conclusion: Most participants had knowledge about STIs and HIV/AIDS but exhibited risky sexual behaviour and practices. Frequent education for this high risk group will be useful in changing behavior and reducing the transmission of STIs and HIV/AIDS.

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Designing a County-wide Crisis Care Plan

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Study/Objective: To create a practical, stakeholder-approved, crisis care plan for a county health care system.

Background: Riverside County, California is the state's 4th largest county with a population of 2.3 million. Although the county had pre-existing medical surge plans, no plan existed for managing the allocation of critical medical supplies and pharmaceuticals during a large-scale, county-wide crisis.

Methods: A plan was needed to formalize the distribution of limited, centrally controlled medical resources in a multi-site, county-wide disaster. To that end, the county's public health and emergency management departments partnered to review prevailing best practices, develop an ethical framework for decision making with respect to limited resource allocation during crises,