

provision of the DTP to all NEMS personnel has the potential to improve Disaster Medicine culture among health professionals in the Country.

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Test Characteristics of Stool Color for Predicting Infection with *Vibrio Cholerae* in Patients with Acute Diarrhea

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Introduction: Recurring outbreaks of cholera coupled with lack of laboratory diagnostic capacity in low resource settings fuels clinicians' reliance on clinical case definitions and highlights the importance of accurate diagnostic guidelines. While "rice-water" stool color is the hallmark predictor of cholera, few have examined the diagnostic accuracy of this assessment. This study assesses the sensitivity, specificity and positive and negative predictive value (PPV; NPV) of classifying stool color as "rice", "clear" (i.e. watery) or "rice or clear" stool by either the patient or nurse for diagnosing cholera.

Method: From March 2019–2020, a random sample of patients presenting to the International Centre for Diarrhoeal Diseases Research, Bangladesh with acute diarrhea who had a stool sample obtained were included in this analysis (N=2135).

Results: Of the 1198 (56.1%) of patients that had culture growth, 641 (53.5%) were positive for *Vibrio cholerae*. "Rice" stool was reported by 518 (23.8%) patients and 640 (29.5%) nurses, while "clear" stool was reported by 1081 (49.8%) patients and 353 (16.3%) nurses. When observed by nurses, both "rice" (76%) and "clear" (85%) stool were reasonably specific but not very sensitive for cholera (44% and 20%, respectively). The combined "rice or clear" colored stool had the best balance of sensitivity (65%) and specificity (61%) with a PPV of 42% and NPV of 80%. When reported by patients, "rice" stool had high specificity for cholera (76%) but low sensitivity (25%), while "clear" stool had both poor sensitivity (54%) and specificity (51%).

Conclusion: Current international guidance that recommends classifying watery (clear) stool as cholera in outbreaks may still miss many patients with culture confirmed cholera even when the stool color is observed by trained health professionals and is likely not useful at all self-reported by patients. The combination of "rice or clear" diarrhea may provide somewhat more accurate assessments.

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Creating an International Resource Center for Pandemic and Disaster Nursing Education and Training

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Introduction: Globally, nurses play pivotal roles in epidemic and emergency response. Nurses' actions include supporting and informing surveillance and detection, dispensing live-saving medical countermeasures, implementing prevention and response interventions, providing direct care for patients, educating patients and the public, providing health systems leadership, and counseling community members. Despite these roles, there exist gaps in how countries train and prepare their nursing workforce for these health threats.

Method: To help address this gap, the Johns Hopkins Center for Health Security has developed an International Resource Center for Pandemic and Disaster Nursing. We have established an international working group to provide input on the goals and mission of the center, website development and functionality, and advocacy efforts. This working group has met four times over the course of the last year. We have also met with several organizations involved in nursing and epidemic and disaster preparedness and response, including the World Health Organization and the International Council of Nurses (ICN), to identify ways to align our work with other ongoing efforts.

Results: Presently, we have developed a static website that provides access to evidence-based, open-source trainings and educational resources applicable to pandemic and disaster nursing. The website also provides listings of upcoming webinars, guest blog posts, trainings, and conferences relevant to disaster and pandemic nursing. The website will be launched in early 2023.

Conclusion: The long-term vision for this center is to expand beyond a static website and create a vibrant and fully staffed virtual center. This center would be the first of its kind dedicated to developing the resources, technical assistance, partnerships, and advocacy efforts needed to build and support a global nursing workforce that is prepared for outbreaks and disasters. It would build on the existing wealth of expertise within the working group and forge lasting connections between disaster nurse experts across the globe.

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Hospital Workforce Education and Training for Emergency Management and Disaster Response in Complex Settings.

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Introduction: Understanding how to best prepare hospital staff for disasters or emergencies is critical, as there is increasing