statements, two recommendations of a prerequisite of the on-site medical team, and two manuals concerning the treatment of gunshot and explosive injuries. Based on some of these statements, the Tokyo government has already enhanced the previous plan.
Discussion: The AC2020 will propose the web site as a portal site and platform, disseminate the activities widely to society, and ask for the cooperation of other related organizations and academic societies. The AC2020 will aim to provide the landmark project of mass-gathering medical care in Japan as well as the transition to the Olympic Games in Paris in 2024.

Prehosp Disaster Med 2019;34(Suppl. 1):s156–s157
doi:10.1017/S1049023X19003534

Pharmaceutical Prescribing Patterns and Costs During Hurricane Harvey Shelter Operations in Dallas, Texas

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Introduction: Hurricane Harvey made landfall in southeast Texas in August 2017, causing unprecedented flooding throughout the Texas coastal region. Residents of affected regions were forced to evacuate to nearby unaffected areas, including Dallas, TX, where a large shelter operation was opened for 23 days to care for those evacuees. Retrospective evaluation of pharmaceutical prescribing patterns for the evacuees who self-presented to the Megashelter Medical Clinic (MMC) established in the shelter contributes to developing evidence-based planning strategies for healthcare delivery in the post-disaster setting.
Aim: To describe the pharmacy needs of a displaced population following a large-scale evacuation after a hurricane
Methods: De-identified prescription records written and filled at a shelter pharmacy were reviewed, looking at both cost and category of medications dispensed over time.
Results: Approximately 41% of evacuees with a total of 2,654 visits utilized the MMC clinic, resulting in 1,590 prescriptions filled with an associated cost of $78,039. The most commonly prescribed drug categories were cardiovascular (21.2%), neuropsychotropic (15.6%), infectious disease (12.5%), and endocrine (9.6%). While the most commonly dispensed were antihypertensives, diabetes treatment-related prescriptions, antibacterials, antidepressants, and NSAIDs, the costliest individual prescriptions were antiretrovirals and antipsychotics.
Discussion: Prescribing patterns for the MMC differed from normal prescribing patterns of a general population. Of the prescriptions dispensed at the MMC, pharmaceutical prescription patterns suggest the immediate needs of evacuees differ from later needs. There is a greater need for chronic disease management in the early phase of shelter operations, and an increasing need for neuropsychotropic and infectious disease prescriptions over time. Understanding overall patterns of drug utilization over the duration of the shelter provides valuable insight on post-disaster medical resource utilization in evacuee populations.

Prehosp Disaster Med 2019;34(Suppl. 1):s157
doi:10.1017/S1049023X19003546

Pharmaceutical Relief Activities at Western Japan Torrential Rain Disaster

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Introduction: The torrential rain triggering massive flooding and hundreds of landslides was the worst weather disaster in Western Japan. A temporary pharmacy was established in the Kurashiki health center, which provided medicine to victims.
Aim: To evaluate the supply status of prescription under the health insurance system during a disaster.
Methods: When the enormous disaster occurred, victims get a prescription in the hospital or community pharmacy under the Disaster Relief Act or Health Insurance Act. Under the Disaster Relief Act, prescriptions that are given at a first aid station are able to be filled at the mobile pharmacies at no cost to the patient from the local government. Prescriptions that are issued by a medical institution, and are in accordance with the Health Insurance Act or National Health Insurance Act, can be dispensed at hospitals or community pharmacies. Patients may be exempt from the co-payment by being covered by their health insurance. Here, we investigated the supply status of prescription to affected people.
Results: The good points of the supply status were as following: 1) dispensing out of disaster area was a good system to relieve a pharmacist2.) J-SPEED was also a good reporting system to provide appropriative medicine inventory management, and 3) sending prescription using a mobile phone was very useful for pharmaceutical activities. On the other hand, the points for improvement were as following: 1) more time to learn the medical insurance system during the disaster was needed, and 2) the mobile pharmacy is better to make the rounds of shelters including health care consultation.
Discussion: In case of a disaster, two different medicine supply systems cause confusion to medical relief teams. It is considered that collaboration relief activities with relief teams that included a pharmacist was very important.

Prehosp Disaster Med 2019;34(Suppl. 1):s157
doi:10.1017/S1049023X19003558

Pharmaceutical Services Preparedness of Military Units in an Institution of Brazilian Armed Forces

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Introduction: Military participation in humanitarian operations, both in cases of armed conflict and in response to natural