## Abstracts of Oral Presentations-WADEM Congress on Disaster and Emergency Medicine 2019

## OCEANIA CHAPTER

## A Primary Care Role in Building Local Capacity Following Volcanic Activity in Vanuatu

Dr. Alison Lyon

Western Sydney University, Sydney, Australia

**Introduction:** Vanuatu is situated in the Pacific Ring of Fire. In July 2018, there was increased volcanic activity on Ambae, an island with a population of 11,000 people. Due to the destruction of food sources, contamination of water supply, and respiratory issues caused by ash fall, an immediate compulsory evacuation was ordered by the government.

**Aim:** To describe the role of the primary care team response to urgent and ongoing healthcare needs of evacuees following volcanic activity.

Methods: A non-governmental organization (NGO) primary care team of a general practitioner, nurse practitioner, and two healthcare assistants undertook the initial assessment of a group of newly arrived evacuees. This allowed the identification and management of urgent care needs. Over the subsequent weeks, the primary care clinic provided care to the evacuees. A prospective database of anonymized case files was undertaken to monitor evolving primary healthcare needs of the evacuees. Results: Twenty-five patients were assessed initially. Two patients required urgent transfer to a hospital for acute management. Six diabetic patients required medication supplies. There were eight hypertensive patients. Two patients required urgent BP reduction and four required medication supplies. Over the following two weeks, 104 patients were reviewed at the clinic. During this time, 45 patients were treated for respiratory tract infections. Medication supplies were replenished for antihypertensives and diabetic medications for seven patients. Opportunistic cardiovascular and diabetes risk reviews were performed and follow up arranged for nine patients.

**Discussion:** The primary care team role was part of a local services collaborative approach initiated by the government. Involving local primary care clinicians in disaster management builds local capacity. Patients are able to receive continuity of care for acute and ongoing medical problems. Clinicians are able to evaluate evolving care needs and gain an improved understanding of the impact of displacement on the community.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s52

doi:10.1017/S1049023X19001201

Earthquake, Tsunami, and Liquefaction in Central Sulawesi, Indonesia: How Far is Our Disaster Health Management Progress?

Mrs. Bella Donna, Miss Madelina Ariani Center For Health Policy And Management, Faculty Of Medicine, Public Health, And Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

Introduction: Located in the Pacific Ring of Fire, Indonesia is prone to natural hazards, such as earthquakes, tsunamis, floods, and volcanic activity. Management in the health sector is a necessary foundation for dealing with a disaster. Management lessons and essential experiences identified from disasters are often forgotten. The faculty of Medicine, Public Health, and Nursing Universitas Gadjah Mada has been developing disaster health management since 2009 after Padang Earthquake, followed by Merapi Volcano Eruption (2009), Pidie Jaya Earthquake (2016), and Lombok Earthquake (2018). The latest series of earthquakes that struck Central Sulawesi has revealed management problems with respect to the communication process, the development of coordination, and information and data synchronization.

**Aim:** To show the importance of effective management in a health cluster, including what went well, what went poorly, and what will happen from the acute phase until the transition phase.

**Methods:** Disaster health management implementation was compared from Padang to the Central Sulawesi' earthquake. Then health cluster management was compared in Lombok and Central Sulawesi. Indicators were coordination, communication, data information, and organization.

Discussion: There has been good progress for disaster health management in Indonesia. The health cluster approach makes coordination, data collected, and communication much easier. However, it also needs to focus on disaster planning, training, or simulation for the district health office while enhancing district response capacity. Although the challenges have changed in the last few decades, additional research is planned to limit management difficulties in the health cluster.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s52 doi:10.1017/S1049023X19001213