

deadlines, leading to clinical staff being diverted from patient care to meet reporting needs.

Conclusion: The study shows significant reporting barriers and diversion of resources away from the frontline to supply data collection during disasters. There is significant redundancy in reporting agencies and in reporting systems, each with different reporting frequencies, and variable definitions of data elements. The public health needs of a disaster response would be better served with a more coordinated, efficient system to share information without further straining the healthcare system.

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The Usage of a COVID-19 Contact Tracing Electronic Platform in Greece: Exploring Opportunities, Challenges, and Data on SARS-CoV-2 Infectivity.

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Introduction: Contact tracing is a core public health tool used to interrupt the transmission of pathogens, including SARS-CoV-2. To increase the effectiveness of contact tracing, Greek health authorities used an electronic platform to aid traditional manual contact tracing to track individuals who have come in close contact with identified COVID-19 patients.

Method: Contact tracing was implemented from the beginning of the pandemic in Greece. The aim was to identify and quarantine all the contacts of confirmed cases. The electronic database was designed following all the security protocols and national regulations on the use and protection of personal data. To assess factors associated with infectivity and susceptibility to infection in this analysis, we used contact tracing data with a sampling date between October 1 to December 9, 2020.

Results: During the sampling period, 29,385 laboratory-confirmed SARS-CoV-2 cases and 64,608 traced contacts were identified. A median number of two persons were traced per index case. The secondary attack rate was 17.4% (95% CI: 17.0–17.8). Contacts aged 0–11 and 12–17 years were less susceptible to infection than adults 65 years or older (odds ratio (OR) [95% CI]: 0.28 [0.26–0.32] and 0.44 [0.40–0.49], respectively). Index cases aged 65 years or older were more likely to infect their contacts than other adults or children/adolescents.

Conclusion: Contact tracing is a key strategy to interrupt chains of transmission and to promote early diagnosis. The data collected in this process could be used to estimate epidemiological parameters of interest and to better understand factors associated with infection and susceptibility to infection. Precautions are necessary for individuals 65 or older as they have higher infectivity and susceptibility in contact with their peers.

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The Potential Environmental Implications of Infection Control Prevention During the COVID-19 Pandemic: Waste Generation from a Level 2 Trauma Center in Maine, USA.

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Introduction: Hospital waste in the United States (US) generates 7,000 tonnes of waste daily. During the pandemic, hospitals had to increase the amount of personal protective equipment (PPE) worn by healthcare providers. The aim of this study was to compare pre and present COVID-19 waste generation amounts in comparison with hospital census and PPE purchased.

Method: This research examined the solid waste generated at a level II trauma center from January 2018–December 2021. Data examined included: the amount of solid waste generated, monthly patient census, COVID-19 census, policy changes, and the amount of purchased PPE pre and during the pandemic.

Results: PPE product numbers purchased varied with a noticeable increase in mask and gown ordering. The number of admitted COVID-19 patients peaked at 46. Hospital waste tonnage fluctuated but did not show a statistically significant change.

Conclusion: The COVID-19 pandemic has caused hospitals to increase their PPE posture to help safeguard its employees and patients. In our hospital setting, the use of PPE increased and overall hospital census decreased. This has profound implications for not only the hospital's revenue, but also with less census volume, there was curiously the same amount of hospital waste generated. This work needs to be continued in other healthcare PPE heavy settings, to better understand the downstream consequences of infectious diseases on responsible hospital waste management and environmental sustainability.

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Not Just a Vaccination. Provision of Public Health, Environmental, and Social Needs in an Austere Environment in Miami, Florida

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Introduction: The recently approved COVID-19 vaccine in 2021 provided a glimmer of hope to all people who had isolated, or lost loved ones to the SARS-COVID-19 virus. Clinics were rapidly established in non-traditional settings in order to meet the need in the early phases of the vaccination program. Contractor support provided rapid personnel support to meet

the needs of many locations in several states. Consideration of basic infrastructure requirements such as Incident Command, security, HVAC, electricity, water and sanitation were part of a state supported vaccine clinic in an economically challenged neighborhood in downtown Miami, Florida.

Method: Topics to be discussed include staffing mixes, language/cultural concerns, handheld EMR applications, patient flow, immunization practices, testing practices, vaccine security, adverse event management, infection control procedures and the ever present supply chain challenges. The discussion will be framed from the perspective of the Chief Nursing Officer in an ever challenging vaccine environment.

Results: Over 20,000 vaccines were successfully provided in a little over three months, and a community-based Student Internship program was also implemented.

Conclusion: Vaccine administration is possible in a variety of settings. Foundational principles of vaccine security, management of the environment and provision of safety and security for patients and staff will help to ensure a successful public health campaign.

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Bushfire and Biodiversity Disaster Risk Reduction Tool: A Community-Led Values-Based Bushfire Risk Management Project with Multi-Agency Support to Develop Strategies to Protect Biodiversity and Manage Bushfire in Upper Beaconsfield, Victoria, Australia

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Introduction: This Australian-first project explored residents' values about living in one of Australia's extreme bushfire risk areas. The project team developed the Upper Beaconsfield Bushfire and Biodiversity Tool (UPB&BT) which delivers tailored local information for residents living in the area. Designed to empower residents to make informed decisions, this user-friendly, online tool visualizes a community's devastating bushfire history, reveals residents' values about living in this area, and provides evidence-based actions to protect biodiversity and manage bushfire fuels on private property.

Method: Structured decision-making methodology informed the survey design to elicit residents' values about biodiversity protection and bushfire risk reduction, by inviting approximately 3000 residents to complete the survey. This community-led project applied a participatory approach by inviting collaboration between government, agencies, universities, and community representatives.

Results: Key results revealed 75% of respondents valued nature and lifestyle. 51% saw bushfire risk as an important factor for managing vegetation on private land, while 65% either mow or slash to manage vegetation. Synthesized data informed the content of the UPB&BT, which sourced evidence-based knowledge or specialists' expertise to provide tailored content and actions that met residents' diverse values. This included

the consequences of chosen actions, which helps residents understand the impact of their decisions. However, results identified confusion in roles and responsibilities.

Conclusion: This ground-breaking community-led, government-funded project joined with government, agencies, universities, and community representatives to develop a new bushfire and biodiversity tool to help residents understand biodiversity protection and bushfire management in their local community. Results aim to empower residents to make their own evidence-based and informed choices about managing their properties, thereby contributing to the community good. They decide what is important and identify available actions and their potential consequences. Other communities could replicate this process to localize their own disaster risk reduction strategies.

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Tracking Post-Disaster Chronic Disease: Protocol for the RECOVER Cohort Study

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Introduction: There is growing evidence that disasters may increase the risk of developing chronic diseases, including diabetes, dyslipidemia, chronic kidney disease, and cardiovascular disease. However, how much disaster exposure specifically affects chronic disease risk is unknown. This presentation introduces the study protocol for the Risk of hEalth CondiTiOn AdVerse Events after disasteRs (RECOVER) Cohort Study, which addresses this gap.

Method: The primary aim of RECOVER is to determine the extent to which disaster exposure specifically increases the risk of developing chronic disease (Aim 1). The secondary aims of the study are to determine if the nature, duration and severity of disaster exposure are risk factors for disease (Aim 2), to map mediators of post-disaster chronic disease risk (Aim 3), and to identify potential biomarkers of post-disaster chronic disease risk (Aim 4). RECOVER will recruit over 6000 adults (1:1 disaster exposed vs unexposed) in Australia to a nationally representative cohort for longitudinal follow-up. Detailed data will be obtained annually on disaster exposure, demographic, social and health factors. The primary health outcome (Aim 1) of chronic disease will be defined as new, incident diabetes, cardiovascular or respiratory disease, and will be ascertained through data linkage with the Pharmaceutical Benefits Scheme.