

Honduras, and El Salvador between 1900–2022. Disasters are analyzed by frequency, severity, financial cost, distribution by country, burden of death, affected and financial cost by country, and type of disasters most prevalent in each country. These trends are then graphed over the time period of the database.

Results: EM-DAT records 359 disasters in the Northern Triangle between 1900 and 2022. Meteorologic events (floods and storms) were the most common types of disaster (44%), followed by transport accidents (13%). Meteorologic events and earthquakes were the most severe, as measured by deaths (62% of total deaths caused by disasters), people affected (60%), and financial cost (86%). Guatemala had the greatest number of disasters (45%), deaths (68%), and affected people (52%). The financial costs of the disasters were evenly distributed between the three countries.

Conclusion: Meteorologic disasters are the most common and most severe type of disaster in the Northern Triangle. Earthquakes and transport accidents are also common. As climate change causes more severe storms in the region, disasters are likely to increase in severity as well. Governments and aid organizations should develop disaster preparedness and mitigation strategies to lessen the catastrophic effects of these coming disasters. Missing data in the EM-DAT dataset limits the conclusions of this study to general trends

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WHO Health EDRM Research Network and Health Data Management

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Introduction: The WHO Health Emergency and Disaster Risk Management (H-EDRM) Research Network has identified that health data collection during health emergencies and disasters is a key element to enable proper coordination and timely response, and research priorities of the network.

Method: Focus group discussion was performed to identify key challenges which hinder accomplishment of the data collection.

Results: It was concluded that the issue faces significant challenges including; (1) Access: Logistic issues including safety, transport and communication did not allow experts such as epidemiologists to access onsite and relevant stakeholders. It is also challenging for local public health stakeholders to accept new experts during emergencies. (2) Tools: forms or tools that are concise and operational to be accepted by frontline responders should be provided. (3) Standardization: to set standard forms or tools and its operational mechanism is essential to collect health data, otherwise collected data will be partial and fragmented. (4) Governance: overall governance of procedure and data ownership must be clarified before its implication administratively and legally. These should be endorsed by local health authorities. (5) Ethical procedure: Obtaining informed consent

and conducting timely procedures is difficult. Contextually, health data collection during emergencies and disasters in many cases is inappropriate. (6) Operation: Collected data should contribute to ongoing operation in a timely manner. The discussion also found the standard tool of the WHO; the Emergency Medical Teams Minimum Data Set, which has been already used in more than ten countries and has been providing leading examples for this topic.

Conclusion: Further research to fulfill the identified challenges and gaps will facilitate the collection and strengthen the health emergency and disaster risk management.

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Compliance of the Public with Governmental Regulations and Recommended Protective Health Behavior During COVID-19: Lessons Learned from Varied Waves of the Pandemic in Israel

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Introduction: Managing pandemics is dependent on the adherence of civil societies to directives and recommendations issued by governmental and public health authorities. In the context of the COVID-19 pandemic, hurdles were encountered by authorities regarding public compliance to orders and recommendations of protective health behavior. The objective is to investigate the factors that most powerfully enhance or impede compliance to varied measures—both regulations (i.e. lockdown, mask wearing, social distancing) and recommendations (i.e. vaccination etc.) in Israel.

Method: A longitudinal study, based on structured questionnaires was conducted to investigate factors that enhance or impede the uptake of protective health behavior throughout two years of COVID-19.

Results: Various factors throughout different phases of the pandemic have been identified as playing a significant role in compliance. During the initial phases of the pandemic, the most salient factors for enhanced compliance to non-pharmaceutical interventions (lockdown) were concern for family or self-health, while deterrence played little role. During the fourth wave, findings indicated that pandemic fatigue had begun to have cascading effects on vaccination efforts. Particularly at this stage, trust in authorities and even threat perception components were incapable of predicting uptake, while perceived importance of the vaccine and its effectiveness positively and significantly predicted uptake. Throughout the pandemic, a negative correlation between levels of resilience and distress symptoms and a positive correlation between resilience and enhanced compliance were identified.

