confirmation of suspected diagnosis, 3.4% as part of CPR. Duration: examination 41.4% <2 min, 41.4% 2-5 min. In 20.7%, the procedure was changed due to the examination. Accessibility and visualization were rated 2 (1 very good - 6 poor). Half of the users considered themselves experienced.
Conclusion: Ultrasound examinations under medical service conditions at an MGE were feasible and accessible. The majority of examinations concerned the abdomen. US protocols were only used in half of the cases. The duration of the examination was usually less than 5 minutes, and the procedure was changed further by the examination in 20.6% of cases. Since there is supposed to be a large amount of extremities trauma in festival visitors, this percentage might be even higher when (in fracture and joint ultrasound) trained emergency physicians are in charge. Data collection will continue.

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Mazu Pilgrimages in Taiwan: The Epidemiology of a Moving Mass Gathering Religious Event with Long Distance and Duration

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Introduction: Medical and disaster-related incidents associated with mass gatherings are increasingly recognized as important issues. Understanding the nature of these gatherings and implementing thorough disaster preparedness and well-planned response strategies are essential for mitigating potential impacts. Taiwan's Mazu pilgrimage is one of the largest mass gatherings worldwide, involving rituals and processions spanning over 300 kilometers in 8 to 10 days. Few studies have examined the health impacts and influencing factors associated with such prolonged and long-distance pilgrimage movements. This study aims to assess the health impacts and associated factors of these events to inform future preparedness and response planning.
Methods: We conducted a retrospective observational study of patients visiting the emergency department during the Mazu pilgrimage from 2018 to 2024, utilizing data from the Emergency Medical Resources Management System (EMRM), Ministry of Health and Welfare. The dataset includes variables such as date of emergency visit, gender, age, primary diagnosis, mode of transportation to the emergency department, triage level, and medical interventions. The primary outcome measured was the frequency of emergency department visits.
Results: A total of 1,637 patients visited the ED during the Mazu pilgrimages from 2018 to 2024. The mean age of all patients was 49.1 years, with 813 (49.7%) being male. Among these patients, 819 (50.0%) were transported to the ED by ambulance, and 177 (10.8%) were triaged as TTAS level I or II. Regarding patient disposition, 1,469 patients (89.7%) were discharged without admission, and 132 (8.1%) were admitted to the general ward.
Conclusion: For the Mazu pilgrimages in Taiwan, most patients visiting the ED presented with mild cases. Furthermore, the health impacts extended beyond EDs to the emergency medical service (EMS), which had to respond to the increased demand for ambulance transportation. Therefore, it is critical to effectively manage both prehospital EMS and emergency services in EDs to bridge potential treatment gaps.

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Mass Gathering: Indianapolis, Indiana 2024 Eclipse

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Introduction: An estimated one million people traveled to the state of Indiana to view the April 8, 2024, total solar eclipse, with over 125,000 of them coming to the city of Indianapolis. This study seeks to evaluate the impact of this large mass gathering on Fire and Emergency Medical Services call volume and response times, as well as interhospital transfer volume.
Methods: Call volumes and response times for the Indianapolis Fire Department (IFD) were analyzed for the following date ranges (all 2024): 3/29-4/4, 4/5-4/11, and 4/12-4/18. Indianapolis Emergency Medical Services (IEMS) call volumes and response times, as well as interhospital transfer (IHT) volume for Indiana University-affiliated hospitals (Indianapolis region) were analyzed for the following date ranges (all 2024): 3/5-4/4, 4/5-4/11, and 4/12-5/10.
Results: IFD total call volume, average daily call volume, and mean response times: for 3/29-4/4: 1074 (153.4), 0:04:16 (urban); 323 (46.1), 0:05:15 (rural.) For 4/5-4/11: 1062 (151.7), 0:04:11 (urban); 334 (47.7), 0:05:31 (rural.) For 4/12-4/18: 1193 (170.4), 0:04:08 (urban); 368 (52.6), 0:04:58 (rural.) IEMS total call volumes, average daily volume, and mean response times: for 3/5-4/4: 11706 (377.6), 0:08:25. For 4/5-4/11: 2763 (394.7), 0:08:38. For 4/12-5/10: 11899 (410.3), 0:08:17. IHT total volume and daily average volume: For 3/5-4/4: 2632 (84.9) For 4/5- 4/11: 567 (81) For 4/12-5/10: 2537 (87.5).
Conclusion: There was minimal variation in response times for either IFD or IEMS during the week of the eclipse compared to the surrounding time frames. There was minimal variation in call volume for IFD, IEMS, and HTV during similar weeks. This could be due to multiple factors, including minimal impact of the mass gathering on emergency medical services or transfers, the large geographic area of the mass gathering, adequate anticipatory preparation, the peaceful nature of the gathering, or other undetermined variables.

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