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Strategic Plan for Emergency Communicable Diseases Response to the Tsunami Disaster

WHO Project: ICP CSR 001



**World Health
Organization**

REGIONAL OFFICE FOR
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CONTENTS

	<i>Page</i>
1. BACKGROUND	1
2. OBJECTIVES	3
3. THE STRATEGY	3
4. INSTRUMENTS OF BROAD ACTIVITIES.....	3
5. COORDINATION AND MANAGEMENT	5
6. ACTION PLAN	6
7. MONITORING OF IMPLEMENTATION	6

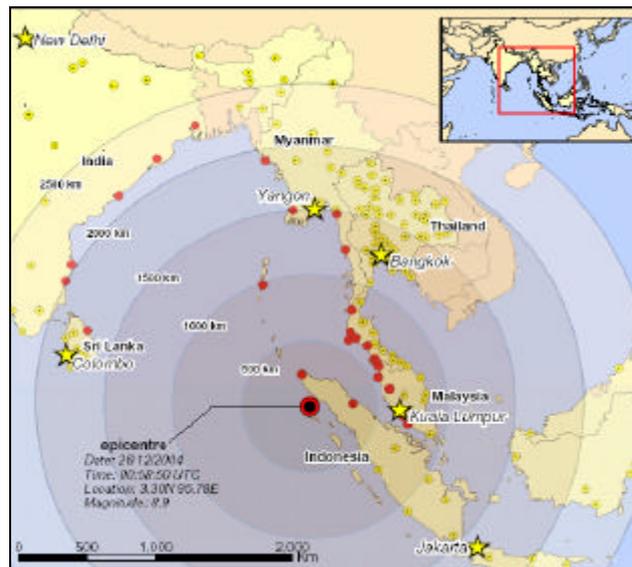
Annexes

1. Anticipated Health Problems and Interventions in Sudden Disasters	10
2. Risk Assessment for Possible Communicable Disease Outbreaks.....	11

1. BACKGROUND

On Sunday 26, December, 2004, the tsunami hit several areas along the coast of six countries in the South-East Asia Region causing unprecedented damage. The intensity of the tsunami was unparalleled and the devastation it caused is one of the worst in living memory. The South-East Asia Region was the most severely affected. As of 03, January, 2005, more than 140, 000 people are reported dead. These include more than 80,000 in Indonesia, 28,551 in Sri Lanka, 9,063 in India, 4,798 in Thailand, 74 in Maldives, 59 in Myanmar, and 2 in Bangladesh. Many more suffered injuries and are reported missing.¹ In addition to the huge toll of lives lost, the tsunami destroyed property and most of the basic infra-structure in the affected areas, rendering millions homeless.

Figure 1: Tsunami-affected countries and the worst-affected districts in South-East Asia



The names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

Source: UNOCHA

¹ Tsunami and Health Situation Reports, SEARO; 3 January 2005.

The initial phase of an emergency is crucial for the survival of victims. Thus, the urgent concerns of survivors are related to management of injuries, shelter, food and water. This initial phase is likely to be followed by increased morbidity and mortality due to communicable diseases associated with disruption of sanitation services and poor water quality, and overcrowded conditions – creating an environment for the spread of disease and of disease outbreaks. The immediate risks are posed by waterborne diseases, mainly diarrhoeal diseases like cholera and bacillary dysentery. Overcrowding of displaced populations in temporary camps lead to an increased risk of outbreaks of measles, meningitis, and acute respiratory infections and increased tuberculosis transmission. From the initial stage to several weeks, cholera, typhoid fever, shigellosis, hepatitis A and E are serious threats. Vector-borne diseases such as malaria and dengue fever can also pose significant threats.

Based on an assessment of these likely health problems and possible disease outbreaks which are associated with this disaster situation, it is essential to strengthen appropriate public health interventions (Annexes 1 and 2).²

This unprecedented disaster situation requires an immediate response from the health point of view. This includes setting up of an emergency surveillance system for early detection and management of outbreaks, mobilization of health personnel to the affected areas, availing simple guidelines on management of illness, emergency procurement of life saving medicines, diagnostic kits and vaccines, and monitoring of trend of diseases. These activities must be organized systematically.

This regional strategy provides a framework and action plan for the health response to the tsunami disaster. The proposed activities, which emphasize control of communicable diseases, will complement WHO's ongoing response to the disaster; namely;

- supporting needs of WHO country offices and Ministries of Health in disease surveillance;
- providing technical advice to countries on good practice in outbreak situations and to reduce environmental and public health risks;

² Sudden Impact Natural Disasters. In: Rapid Health Assessment Protocol for Emergencies; WHO; 1999.

- supporting needs assessment and proposal development for present and medium term restoration and protection of the health and well-being of the affected population;
- providing guidelines on disposal of dead bodies, psycho-social needs and protection of vulnerable groups, especially women;
- mobilizing resources and supplies such as essential drugs and water purification tablets/chlorine; and
- Coordinating and managing information requests for technical issues and public and media information.

2. OBJECTIVES

- Monitoring public health to provide early warning of emerging health threats and to enable the timely organization of any necessary response, by providing technical expertise to health authorities to enable key gaps to be filled.

3. THE STRATEGY

- (1) To strengthen emergency surveillance by efficient data collection on communicable diseases and other health problems for quick analysis and use for planning interventions and logistics management.
- (2) To plan and implement an effective response by mobilizing human resources and logistics system from national or international sources.
- (3) To plan for rebuilding the health infrastructure. (this plan would focus only on emergency response and not recovery or reconstruction aspects)

4. INSTRUMENTS OF BROAD ACTIVITIES

- (1) Early Warning/Surveillance system to gather strategic information
 - Focusing on diseases of public health significance and cause of morbidity and mortality – to detect outbreaks early and respond effectively³

³ Guidelines on emerging health problems during floods, cyclones [final draft]; SEARO; 2004

- Simple guidelines, case definitions, reporting forms (in hard copies)
 - Daily update on outbreak for dissemination
 - Laboratory support for confirmation of diagnosis (desirable but not essential in all situations)
- (2) Human resources and deployment
- From SEARO, within Department of Communicable Diseases (CDS), from country offices, ministries of health, other regional offices, WHO Headquarters, and other UN agencies and partners including Global Outbreak Alert and Response Network (GOARN).
 - Plan their deployment in a matrix, in keeping with country requests
 - Compile CVs of health personnel according to background
 - Develop one page briefing note plus a kit for field use.
- (3) Guidelines and tools
- Assess what guidelines are needed; what guidelines are available, and what needs to be duplicated for distribution for field use.
 - Prepare relevant guidelines as a part of the investigation team's kit including WHO policies on various aspects such as vaccination i.e. measles, cholera, typhoid
 - Prepare standardized reporting forms for surveillance of communicable diseases
 - Distribute hard copies, send by e-mail, update website of the situation
- (4) Procurement and distribution of life saving medicines/vaccines
- Plan for what may be needed at various phases post-disaster (see guidelines)

- Stockpiling, local/regional procurement of water purification tablets, ORS packets, antibiotics, Vitamin-A capsules, measles vaccine, antimalarial drugs, bednets, etc.
- Coordinate with Member countries regarding their needs
- Resource mobilization including adjustments within CDS activities
- Coordinate with administration on resources and procurement

5. COORDINATION AND MANAGEMENT

WHO works within the framework of the UN, and under the overall coordination of national governments of the affected countries. As outlined in this strategic document, CDS/SEARO's function is to help country offices, respond to the country's urgent and emerging needs in the area of health by mobilizing technical support in disease surveillance and response, providing guidelines on simple ways of diagnosing, treating and preventing illnesses in emergency situations, preparing appeals for resources and articulating the health needs.

While Department of Health Action in Crisis is responsible for the overall coordination of emergency response in crisis situations, the department of CDS provides the technical lead for disease surveillance, early warning, preparedness and response. CDS collaborates with EHA and other units in the Regional Office such as Immunization and Vaccine Development, Health Systems Development etc. It will also further strengthen coordination of its activities with other regional offices and HQ to identify the support needed and to identify epidemiologists who can be mobilized at short notice at government request. CDS will also closely work with the GOARN mechanism to coordinate international support for and assist affected countries with disease surveillance and outbreak response.⁴

To ensure that response efforts are based on country needs and they are coordinated with WR offices and other agencies, CDS will further enhance its communication and feedback to/from WHO country offices. Moreover, WHO country office/CDS focal points in affected countries and CDS/SEARO

⁴ Global Outbreak Alert and Response Network: Strategic Plan. WHO; 2004

will work closely and collaborate, in supporting disease surveillance, early warning, investigation and response to outbreaks. Feedback and daily updates on disease outbreaks will be provided to all countries.

6. ACTION PLAN

This strategy includes a plan of action for the 3-month period covering the immediate and intermediate post-disaster phases (Table 1). However, it is clear that the health effects of the disaster will last a long time, including those arising from the destruction of health facilities and basic water and sanitation services, disruption of medical care and the disease surveillance system. Therefore, it is essential to support longer-term efforts to develop and establish these services and systems. Accordingly, a longer-term (beyond the 3 month phase) plan of action will be developed and incorporated with the ongoing country support activities. The main emphasis of the next phase of activities will be on strengthening the communicable disease surveillance and response system, including capacity development and laboratory strengthening. Moreover, there may be a need to develop a plan of action to address specific country/local needs in the areas of disease surveillance and control.

7. MONITORING OF IMPLEMENTATION

The CDS unit, in collaboration with WR offices of affected countries and the SEARO Task Force will monitor the progress of implementation of activities. Regular health situation updates, mission reports, and the number and type of responses to country requests will be compiled. Likewise, availability of stocks of essential and lifesaving drugs and supplies, as well as laboratory support will be monitored. Regular reviews on status of implementation, situation updates and evolving needs will be made to decide on appropriate response.

Table 1: Implementation plan – health response to Tsunami Disasters; CDS/SEARO

Activity	When	Who	Remarks
1. Disease early warning/ surveillance system and strategic information			
1.1 Adapt and avail simple surveillance forms/guidelines	First week (1 Jan 05)	CDS	Available
1.2 Produce daily outbreak update for dissemination	Ongoing	CDS	Ongoing
1.3 Enhance communication with CDS focal points in WR offices	First week/ ongoing	CDC/CDS	Contact established, ongoing
1.4 Monitoring of disease trends	First week/ ongoing	WRO/CDS	Reports from WR offices
1.5 Technical support for investigation of rumours and suspected disease outbreaks	As required	WRO/CDS	Based on country needs
2. Human resources and deployment			
2.1 Prepare and update personnel on standby for deployment	First week	CDS / RDO	Initial list of more than 50 experts ready by 1 Jan 2005. To be updated as required
2.2 Provide technical support to affected countries as required	Second week (from 2 Jan 05) onwards	CDS/WRO	Sent to Sri Lanka, Indonesia

Activity	When	Who	Remarks
3. Guidelines and tools for communicable disease surveillance and response			
3.1 Assess required surveillance and assessment guidelines/tools	First week	CDS	Completed in first week (SEARO/HQ/CSR/HAC tools)
3.2 Prepare/collate/compile a set of practical guidelines and matrix on managing health problems in various post-disaster phases	First/second weeks	CDS	Completed
3.3 Prepare list of guidelines available and put on web-page	Second week	CDS / ISM	List completed and available on SEARO Webpage
4. Procurement and distribution of lifesaving medicines/vaccines			
4.1 Identify needs and resources	First week	CDS / DAF	List of essential medicines and supplies identified
4.2 Stockpile essential and life saving drugs and supplies	Second week		Procurement in process

Activity	When	Who	Remarks
5. Coordination and communication			
5.1 Establish a coordination mechanism with WR offices of affected countries, HQ and EHA	First week/ ongoing	CDS/ Regional Task Force	Regional Task Force established
5.2 Strengthen information and communication/ situation updates and needs in disease surveillance	First week/ ongoing	CDC/CDS/ WROs	CDS daily meetings

Annex 1

ANTICIPATED HEALTH PROBLEMS AND INTERVENTIONS IN SUDDEN DISASTERS

Days 1-3	Drowning/trauma/ deaths Injury/trauma Snake bites	Safe disposal of corpses Injury management/medical care Needs assessment for health risks and plan response
Days 3-5	Diarrhoeal diseases Acute respiratory infections Psychosocial problems	Health promotion (sanitation, environment water purification, personal hygiene, etc.) Immunization (measles) Oral Rehydration Salt Emerging disease surveillance (morbidity/ mortality)/ and Early Warning Systems (epidemic-prone diseases)
Days 5-10	Above plus: Dehydration, Pneumonia, Conjunctivitis Skin infections	Above plus; Antibiotics for pneumonia Drugs for skin infections and conjunctivitis
> 10 days	Above plus: Vector-borne diseases (malaria, Dengue, Scrub Typhus) Typhoid fever Measles Malnutrition	Ongoing surveillance Health education Measures for vector control, antimalarial drugs Supplementary feeding programme Start rebuilding health infrastructure

Annex 2

RISK ASSESSMENT FOR POSSIBLE COMMUNICABLE DISEASE OUTBREAKS

	Sri Lanka	Indonesia	Maldives	Thailand	India
Cholera	+	+	-	+	+
Typhoid	+	+	-	+	+
Shigellosis	+	+	-	+	+
Hepatitis A & E	+	+	+	+	+
Dengue fever	+	+	+	+	+
Malaria	+	+	-	Unlikely in south	+
Scrub typhus	+	+	+	+	+
Leptospirosis	+	+	?	+	+

Key: + : At risk
- : Not at risk
? : No information available/potentially at risk