

# Indonesia Tsunami Situation Report

<b>Date: 17-02-2005</b> <i>Covering period 14-17 Feb05</i>	<b>Number: 40</b>
Indonesia Operations will update information twice weekly Monday and Thursday	

## 1. Key issues

Wednesday 16 February the Minister of Health, Dr Siti Fadillah Supari visited health facilities in the Aceh province, accompanied by the WHO Indonesia Representative, Dr Georg Peterson, and WHO Special Envoy for Aceh operations.

More emphasis needs to be given to immunization campaigns, especially now that confirmed measles cases have been found in Aceh Utara.

### *Challenges:*

- Population figures of the Aceh province remain a challenge, due to moving of displaced populations, and still many missing cases;
- While new relocation sites are being set up, mobility is high amongst the displaced populations, from camps to families, and back to their original home-grounds. The population in Medan is decreasing, resulting in larger numbers in Banda Aceh and Meulaboh.
- In the transition to reconstruction, more foreign aid relief teams are leaving Aceh province. Continuation of services, including quality health care, is one of the key challenges.

## 2. Situation Update

As of the 15<sup>th</sup> Feb until the end of the month, the Government has opened 42 relocation sites. The provincial health office announced that teams of health workers (16 members per team) will be supporting all the relocation areas.

As part of the rehabilitation and reconstruction phase, the Government of Indonesia Planning unit (Bappenas at central level; Bappeda at provincial level) has initiated a planning process. Various sectoral working groups have been brought together to involve the various agencies and organizations active in Aceh province.

### **Casualties**

As of 16 February 2005 (*Bakornas*):

	<b>Aceh</b>
Deaths & Buried	120,514
Missing	114,897
IDPs	403,428 (in 18 districts)

*As many bodies were not identified before burial, it is possible that there is some double counting between the "missing" list and the "deaths and buried" list.*

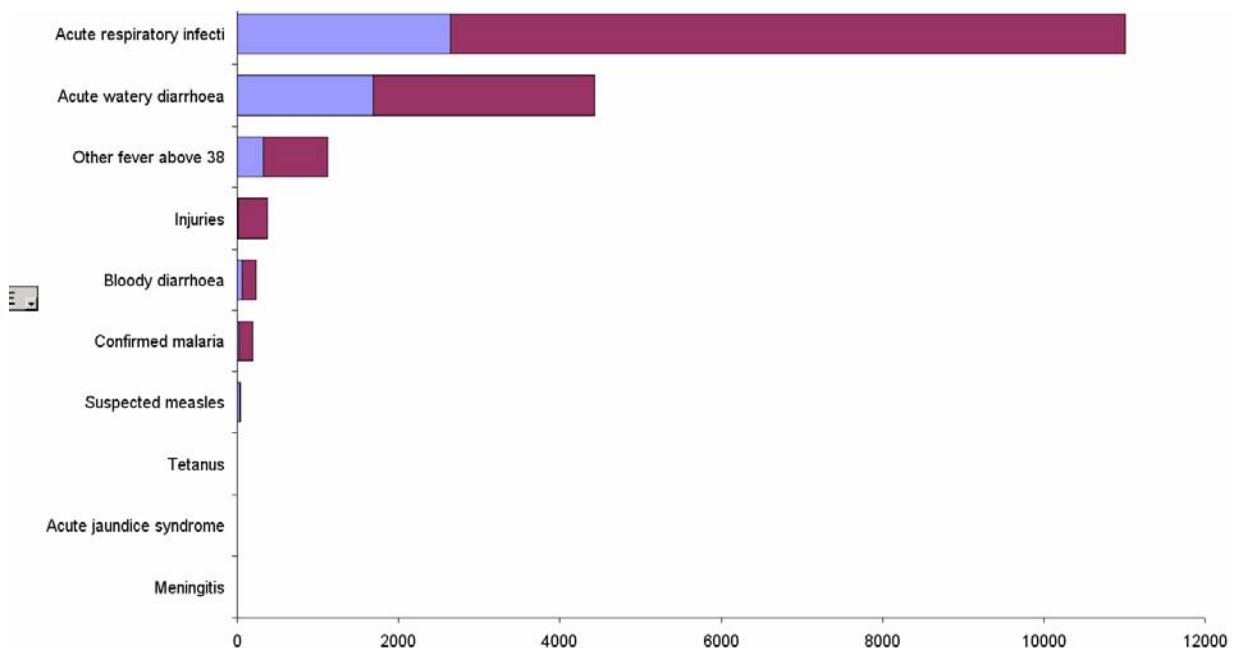
### 3. Health status and trend\*

#### Communicable Diseases

The regular surveillance reports from number of NGOs and reporting units has decreased since week 4: in part due to departure of some NGOs, massive turn-over of NGO staff, and reporting units were often once-off mobile clinic visits to various areas which is now decreasing. Therefore, we have achieved reporting from 8 out of 14 districts affected by the Tsunami. Reporting remains of importance for adequate response to the reported disease cases.

#### Reported consultations by disease Aceh province, 2005-05

*Jumlah Konsultasi yang dilaporkan berdasarkan Penyakit di Prop. Aceh, Minggu ke-5 Tahun 2005*



#### Alerts and field investigations

There were new alerts for bloody diarrhoea, confirmed as *Shigella flexneri* (Meulaboh), measles (Aceh Utara), malaria (Aceh Barat), hepatitis A (Aceh Besar) and neonatal tetanus (Simeulae island).

Bloody diarrhoea cases increasing in Meulaboh, multi-resistant. Sensitive to ceftriaxone and ciprofloxacin. This is the first reported case of NNT since tsunami, reflecting lapse of routine immunization and urgent need to re-establish cold chain and re-supply EPI vaccines.

Updates on previous alerts:

- Typhoid fever cases in Meuloboh is recovering on medication and health education/hygiene promotion conducted in the surrounded area.
- Dengue control measures implemented in and surrounding household of 27 y.o. female case in Banda Aceh.
- Control measures instituted after confirmed Hepatitis A case in Aceh Besar (sanitary and hygiene measures, health education and heightened surveillance).

### *Rapid health assessments:*

The first phase is now completed (Banda Aceh and Aceh Besar although latter not entirely completed as new camps being discovered). Information used for health service provision plans in new resettlements currently being built for IDPs.

### *Measles*

Vaccination coverage only about 60% in Banda Aceh 6 weeks post-tsunami despite vaccination campaign. Meeting between district health office, provincial health office, UNICEF, WHO and NGOs held on Feb 17 to identify solutions and develop improved plan to increase coverage.

### *Malaria, Vector-borne Diseases*

UNICEF, PMOH, WHO, MDM, Malteza (German NGO), Oxfam, IFRC, SCF all contributors to supply of the bednets (insecticide treated nets - ITNs) in Banda Aceh, Meulaboh, Medan, Jakarta and some on order. NGOs in the respective districts will be supporting social mobilization and distribution. Final logistics plan will be drawn up on Friday 18 February, for the first wave of distribution which will be supported by German Armed Forces through helicopters.

## **Other health issues (Mother and child health, nutrition, mental health etc)**

### *Maternal and Newborn health*

Routine immunization is becoming a major issue of concern for the provincial health office and health-related agencies active in Aceh province.

### *Immunization*

Aceh Utara is suffering from a measles outbreak, as reported earlier. To urgently address the low coverage of the measles vaccinations over the last month, a planning meeting was held on Wednesday 16 February for a 2<sup>nd</sup> intensified measles campaign in Banda Aceh. The meeting was attended by health center staff, the provincial health office, ministry of health, UNICEF, WHO, IOM, and Japanese Red Cross. Over the next 10 days all partners will do micro-planning for the 2<sup>nd</sup> measles immunization campaign (including provision of Vitamin A), which is planned in the week of 28 Feb- 5 March. Concentrated social mobilization efforts and information, communication and education materials will support the campaign.

## **Health systems and Infrastructure**

### *Hospitals*

Several of the relief organizations that have been actively operating medical support through mobile clinics and temporary health shelters are leaving Aceh. Emphasis has been given this week on planning handover of their equipment and activities to the functioning hospitals and Indonesian staff.

## **4. WHO actions over the past 2-3 days**

### *Food Safety*

On 11 Feb there was a suspected outbreak of food poisoning reported at an IDP camp in Lhokseumawe (East Coast), reporting about 247 people being ill after eating noodles. WHO dispatched a food safety expert to investigate. He found no definitive evidence, so far to confirm that the reported illness in the camp is caused by contaminated food, or intoxication. The noodles that were mentioned are from various brands and multiple packages. No evidence of any microbiological infections could be found. No link could be found with water (no toxins), and good drinking water is available in the camps. WHO has carried out a systematic case-control analysis. The data of the survey are currently being analysed for further information on the cause.

### *Maternal Health*

Three proposals have been developed for Provincial health office and two district health offices (Aceh Besar and Banda Aceh). WHO has facilitated a planning meeting on Wednesday 16/02, and will facilitate planning meeting for Aceh Besar on Friday 18/02, and for Banda Aceh on Saturday 19/02. More proposals for 4 other district health offices are being processed. All initial activities will be executed between February and March and then we will move to a more specific activities to facilitate DHO to link the existing MCH/RH services to the planned health post attached to the semi-permanent resettlement area.

### *Tuberculosis*

TB drugs have been delivered to the provincial hospital and health centres in Banda Aceh, Meulaboh, and some temporary sites in Aceh Jaya. Staff have been trained for the usage of the fixed-dose combination drugs. For example, in Calan/ Aceh Jaya temporary camp site, Medicins du Monde (Spain) have started to treat TB patients with the newly arrived TB drugs. While the testing of the sputum is collected on site, the actual laboratory support is being done in the regular laboratory in Banda Aceh.

The Provincial Health office is holding a meeting in Aceh Besar with all district TB officers on Thursday 17 February to investigate the links between the temporary health clinics (including mobile clinics in IDP camps) and the hospital and primary health centers (Puskesmas). This is specifically important to ensure that patients have uninterrupted treatment once started. Referral systems will be explored to ensure proper diagnosis and case-holding. WHO is supporting the Government with the preparation of the meeting, a circular for all temporary health facilities, and a proposal for the next months.

### *Essential Drugs*

A large investigation of the stock of medical supplies in all the provincial health office warehouses is currently ongoing by Pharmaciens Sans Frontieres (PSF). During the visit of the Minister on Wednesday, she has launched a strategy to destroy damaged and outdated medical supplies. For that occasion she used the incinerator to burn the first amount of drugs. Provincial health office partners, including AUSAID, PSF, and WHO are preparing a medium and long-term plan for medical waste management, and to build a system for warehouse management at the provincial level.

## **5. Contact Persons**

The following persons can be contacted if more information is needed:

		Contact phone	Tel / Fax	E-mail
<b>Government of Indonesia</b> , Center for Health Emergency preparedness and Response (PPMK)/ MOH	Dr. Doti Indrasanto, Head of Department	+62 811173712	62-21-5265043 62-21-5271111	<a href="mailto:Ppmk02@yahoo.com">Ppmk02@yahoo.com</a>
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WHO/ Aceh Field office	Ms Petra Heitkamp, Information Manager	062 815 135 13039		<a href="mailto:heitkampp@who.or.id">heitkampp@who.or.id</a>

***Source of Information from Indonesia***

*Information is gathered from the following sources and is not subjected for quotation, as it might not reflect the actual true facts at the field level but can be used as references.*

1. PPMK, MOH and Bakornas
2. WHO/EHA and HAC
3. UN and INGO Network
4. Local and international news media

*For further information on Health Action in response to Tsunami, please contact: [mailto: health-info@aceh.who.int](mailto:health-info@aceh.who.int)*