



Yogyakarta and Central Java Earthquake

Summary

- Operation plan for hospital assessments will be finalized today.
- Measles vaccination campaign will be undertaken within the week; tetanus campaign for all 15 to 60 year old displaced persons slated.
- Concerns have also been raised that squalid living conditions and crowding in the camps could lead to human avian influenza (AI) outbreaks. However, no human cases of AI have ever been reported from this area, neither have there been significant numbers of poultry deaths.

Background

An earthquake of magnitude 6.2 on the Richter scale (according to the US Geological survey) struck the Indonesian provinces of Yogyakarta and Central Java on 27 May 2006 at 5.54 am. The epicentre was 15 - 20 km southwest of Yogyakarta (17.1 km/10.6 miles depth). Over 60 000 houses have been completely destroyed and over 300 000 damaged. An estimated 200 000 to 650 000 are left homeless.

Current Situation

Official reports estimate the death toll to be from 4992 to 6234, and the number of injuries from 33 699 to 57 790. The life-saving and search-and-rescue phases are over, but medical treatment of surviving victims continues.

Internally Displaced People in Temporary Camps

As many as 33 345 internally displaced persons (IDPs) are reported in 95 temporary camps in Yogyakarta province.

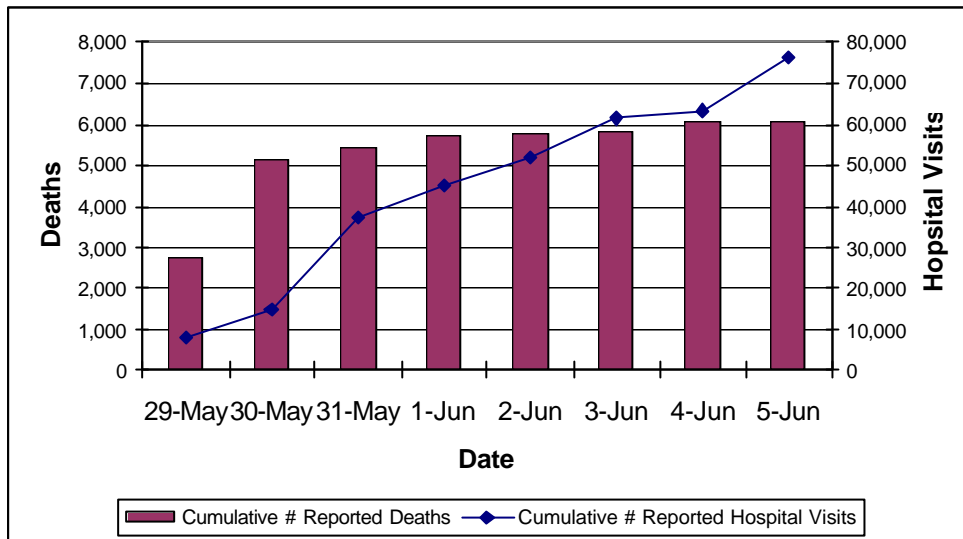
Number of Dead and Injured (Ministry of Health)

Location	Death	Number of Injured	
		Inpatient	Outpatient
Yogyakarta Province	4 861	20 276	22 496
Central Java Province	1 218	5 307	26 222
Patients in Jakarta	-	8	3
Mobile Health Clinic (Yogyakarta and C. Java)	-	-	1 978
Total	6 079	25 591	50 699

Initial data indicates hospitals and field hospitals have performed over 3153 surgeries. General findings indicated no major backlog of cases.



Casualty Summary to Date



Source: DepKes (Ministry of Health) Indonesia Daily Reports

Damage to Health Facilities

Location	Type	Health facilities Damaged			
		Severe	Moderate	Mild	Total
Yogyakarta City	Health Centres	6	9	3	18
	Sub-Health Centres	1	6	4	11
Bantul district	Health Centres	15	4	7	26
	Sub-Health Centres	30	13	13	56
	Officials' Houses	46	21	4	71
	Health Offices	1	-	-	1
	Hospitals	-	-	1	1
Klaten district	Health Centres	7	2	5	14
	Sub-Health Centres	25	8	20	53



Health Staff Assistance for Yoyakarta-Central Java Earthquake		
Staff	Number	
	Indonesian	Foreign
Medical Staff		
Specialist		
Orthopaedic surgeons	45	300
Other surgeons	107	
Anaesthetists	34	
Other Specialists	42	
General Practitioners	187	
Paramedic Staff		
Total	1 150	500
Others	125	
Total Number of Health Staff	2 490	

Health Sector Initiatives

Immunisation Coverage

Measles vaccines and Vitamin A is to be provided to all children aged 6 to 59 months in the displaced population only. The target population is estimated to be 300 000. It is planned to launch the campaign within this week. The measles under-five campaign that was to take place in the entire province next year will be brought forward to follow the emergency phase.

Tetanus vaccination (TD) is to be given to all evacuation workers and all individuals aged between 15 to 60 years in the displaced population only. The target population is estimated to be 1 230 000. Additional efforts are underway to provide at least three doses of TD vaccine to injured and operated persons. The first suspected tetanus case, a 90-year-old patient, has been referred to a hospital in Yogyakarta. The patient is under investigation and observation. There are sufficient supplies of TD vaccines in the country to back up supplies; AusAid has supported 3000 doses of TD and 1000 doses of Tetanus Immunoglobulin.

Pre-Hospital and Hospital Services

A Hospital sub-group was formed and had a preliminary meeting on 4 June, and a major meeting with representatives from all hospitals, specialist, and key stakeholders on 5 June at the Provincial Health Office to manage the growing concern of potential infection among traumatic cases. Priority issues of concern include: guidelines for post-operative care and infection control, developing training for emergency workers on infection control, nursing care, physical rehabilitation of injured patients who are discharged, logistics management of needed orthopaedic supplies, and an assessment and monitoring team to look into hospitals and centres that have not been covered.

Surveillance

No major communicable disease outbreaks have been reported to date.

Preliminary Provincial Health Office data suggest a slight increase in the number of diarrhoea and Acute Respiratory Infection (ARI), but there was no clustering, and no deaths from these. Concerns have also been raised that squalid living conditions and crowding in the camps could lead to human avian influenza (AI) outbreaks. AI poultry outbreaks have been reported in the area without human cases to date (closest human case was in Boyolali, 150 km north of Yogyakarta). To date, there have been no reports of significant numbers of poultry dying in the affected areas.

The early warning system will report on a daily basis from all health care facilities for the following diseases/syndromes: Acute watery diarrhoea, bloody diarrhoea, typhoid fever, malaria (confirmed by test), acute respiratory infection (ISPA), pneumonia, suspected measles, acute jaundice syndrome, tetanus, and trauma.

Water and Sanitation

The provincial water quality laboratory at Yogyakarta is moderately damaged.

Psychosocial Services

The Provincial Health Office will monitor suicide trends in the area together with District Health Offices.

Provincial Health Office is having difficulties in monitoring all psychosocial/mental health interventions carried out by various organizations. If anybody encounters organizations that are involved in psychosocial/mental health activities please give them the contact person name and number (Dr. Arida, 081 827 0291) and ask them to meet her.

Klaten Mental Hospital together with Solo Mental Hospital and Department of Psychiatry UNS will start rapid assessment on mental health needs from Monday, 5 June 2006.

Priority Needs & Challenges

- Bantul still needs water sterilization, trash bags, and milk.
- Provincial Health Office is having difficulties in monitoring all psychosocial/mental health interventions by organizations.
- Measles immunisation campaign is to start within the week.
- Development of coordination and mapping of activities.

WHO Action

Immunisation Coverage

WHO is providing a consultant to support the government for the emergency immunisation campaign.



Pre-Hospital and Hospital Services

WHO has facilitated the coordination process and development of a strategic plan to manage the hospital-related issues. An operational plan will be finalized today, and mobile teams will be formed to conduct assessments and take necessary action at the same time in all hospitals, camps, and communities. Referral will be done to appropriate health facilities and patients will have screening, corrective, and reconstructive surgery if needed. Others will be rehabilitated.

Surveillance

Priority activities for WHO until June 15 include:

- Facilitating the implementation of the Early Warning System; ensuring that sufficient human resources available now, and are trained to sustain activities for at least the next three months.
- Discussing with Provincial Health Office the geographic extension of early warning and response activities to include areas that would be threatened by an eruption of Mount Merapi.
- Developing standard treatment protocol for common epidemic-prone diseases and disseminating to (International) NGOs. Compiling an inventory of drugs available on site to combat epidemics if needed (in line with treatment protocols).
- Obtaining rapid diagnostic tests to support rapid response teams in their investigations.

Water and Sanitation

WHO is to provide support for rehabilitation of provincial water quality laboratory in Yogyakarta.

A WHO consultant, in cooperation with the Ministry of Health, is now in the process of rapid assessment on water, sanitation, and environmental health related issues. Water supplies are sufficient but sanitation needs support, as latrines are limited. Chlorination is on going and chlorine level monitors and field water quality control test kits are being used for water quality control.

Health Coordination

The third meeting organized at Sarjito Hospital. Mapping exercises have been done among different stakeholders and 70 % of the organizations are present in Bantul and 30 % are in Klaten District. A fourth health cluster meeting will be organized today at the PHO.

The following sub-groups are working: Surveillance and communicable disease control, Mental health, Immunization, Health supplies, Hospital, Maternal and Child Health and Reproductive Health groups.



Logistics

The Supply system has been set up in the airport, the Governor's office, and the Provincial Health Office. It will be integrated with the information system and be set up in Provincial Health Office, District Health Office and Sarjito Hospital. Store management is on-going and stores in Bantul are now in the process of being managed according to WHO standards for storage management. Thirty pharmacy students are assisting Ministry of Health and WHO with data entry at different stores.