



## Yogyakarta and Central Java Earthquake

### Summary

- At least nine cases of tetanus have been found and clinically confirmed, with one fatality. Tetanus management guidelines have been distributed.
- There is a need to ensure smooth transition in health activities as international teams leave the affected areas.
- Operational draft plan of infection control and management of trauma cases will be finalized today.

### 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 80 000 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 has reached 6487, and the number of injuries has reached 96 786. Initial data indicates hospitals and field hospitals have performed over 4269 surgeries.
- Mount Merapi has shown heightened activity. The villagers living around Mount Merapi are returning to IDP campsites in Klaten and Sleman.

### Priority Needs and Challenge

- There is a need to confirm stocks of anti-tetanus serum in hospitals.
- Immunisation campaigns need to be followed up, through information campaigns, and the use of mobile teams for active outreach.
- As many as 32 000 emergency toilets are needed in Yogyakarta. There are currently plans to provide 20 000 units, leaving a gap of 12 000 units needing to be bridged urgently.
- As international teams leave, a smooth transition is critical to fill in any gaps that may be created.

### Health Sector Initiatives

#### *Immunisation Coverage*

- Anti-tetanus serum is available in all hospitals and is used as an alternative to TT Igm (tetanus-toxoid immunoglobulin).

#### *Pre-Hospital and Hospital Services*

- Due to a decreasing number of surgery cases, IMC has withdrawn teams from hospitals in Yogyakarta. Staff have been redeployed to Palbapang village, Bantul Sub-district. Two mobile clinics (plus 2 ambulance units) are reinforcing primary health care service coverage, in coordination with local health authorities.



- The Indonesian Red Cross (PMI) and the International Federation of Red Cross (IFRC) are providing basic health-care services to 100 patients (on average) per unit per day through thirteen mobile clinics and four health posts in four districts (Sleman, Bantul, Klaten, Kulon Progo).

### *Surveillance*

- The government has announced that at least nine cases of tetanus have been found and clinically confirmed, with one fatality, in the earthquake-affected areas of Yogyakarta and Central Java; all cases are in the hospital. Two cases of bloody diarrhoea resulting from food poisoning have been reported. There was one case of gangrene, resulting in amputation.
- The US Center for Disease Control (CDC) is forming an active case surveillance team station in all affected hospitals and strategic sites linking with the mobile and International organizational team.

### *Water and Sanitation*

- There are currently no sanitation operations in Klaten. UNICEF is looking for implementing partners to provide assistance.
- PMI/IFRC sanitation assessments to establish emergency latrines are ongoing in all affected districts. Hygiene campaigns are being carried out with the help of 250 volunteers.

### *Logistics*

- The World Food programme (WFP) reported that the overall logistic infrastructure is sound, with both the Solo and Yogyakarta airports open. Atlas Logistic is currently conducting a logistics assessment.

## **WHO Action**

### *Immunisation Coverage*

- With WHO support, the Ministry of Health (MOH) is purchasing 1000 vials of TT Igm that will be arriving today, to be distributed to all hospitals immediately. Additional supplies will be arriving soon.
- With WHO and UNICEF support, TT, Measles, Vitamin A campaign was launched today at Gunungkidul. Baniksoka village.
- Measles and Vitamin A campaign is on going in all 6 affected districts.

### *Health Coordination*

- In the next few days, many international teams will be leaving. Health Cluster coordination must be sustained. A smooth transition should be ensured to fill voids that may be created as teams leave.
- The fifth health cluster coordination meeting was organized at the Provincial Health Office (PHO). Thirty international NGOs and UN organizations attended the meeting.
- The sixth health cluster will be organized on 9 June 2006 at the PHO. The meeting is now to take place on alternative days.



- Tetanus management guidelines were distributed at the meeting.
- On 7 June, a donor briefing/videoconference provided updates from Yogyakarta, WHO Indonesia, SEARO and HQ to representatives of Canada, Australia, Finland, Germany and France.

### *Pre-Hospital and Hospital Services*

- Operational draft plan of infection control and management of trauma cases is being developed and will be finalized today.

### *Logistics*

- Supply-related information is now being gathered from all partner agencies, and pooled at the provincial central information and supply unit.