



Highlights

- Surveillance systems have been put in place and are reporting throughout affected areas of Yogyakarta and Central Java.
- Measles and Tetanus immunization campaigns are underway with increasing coverage in response to reported cases.
- Recent Health Coordination particularly highlighted planning activities and filling gaps in the areas of tetanus treatment and control, the rehabilitation of injured patients, reproductive health care and the management of drug donations.

Yogyakarta and Central Java Earthquake (27 May 06)

Background

An earthquake with a magnitude of 6.2 on the Richter scale rocked Yogyakarta and Central Java Provinces (Indonesia) on the 27th of May. An estimated 145 929 houses were destroyed and 464 622 were damaged, leaving approximately 1 845 352 million people homeless. As of 26 June, The Ministry of Health (MOH) reported 6736 dead and 45 201 injured. The Indonesian government has placed the highest alert status for the Mount Merapi volcano. There have been two fatalities due to recent eruptions. This situation may have a significant impact on humanitarian operations in earthquake-affected areas.

Assessment

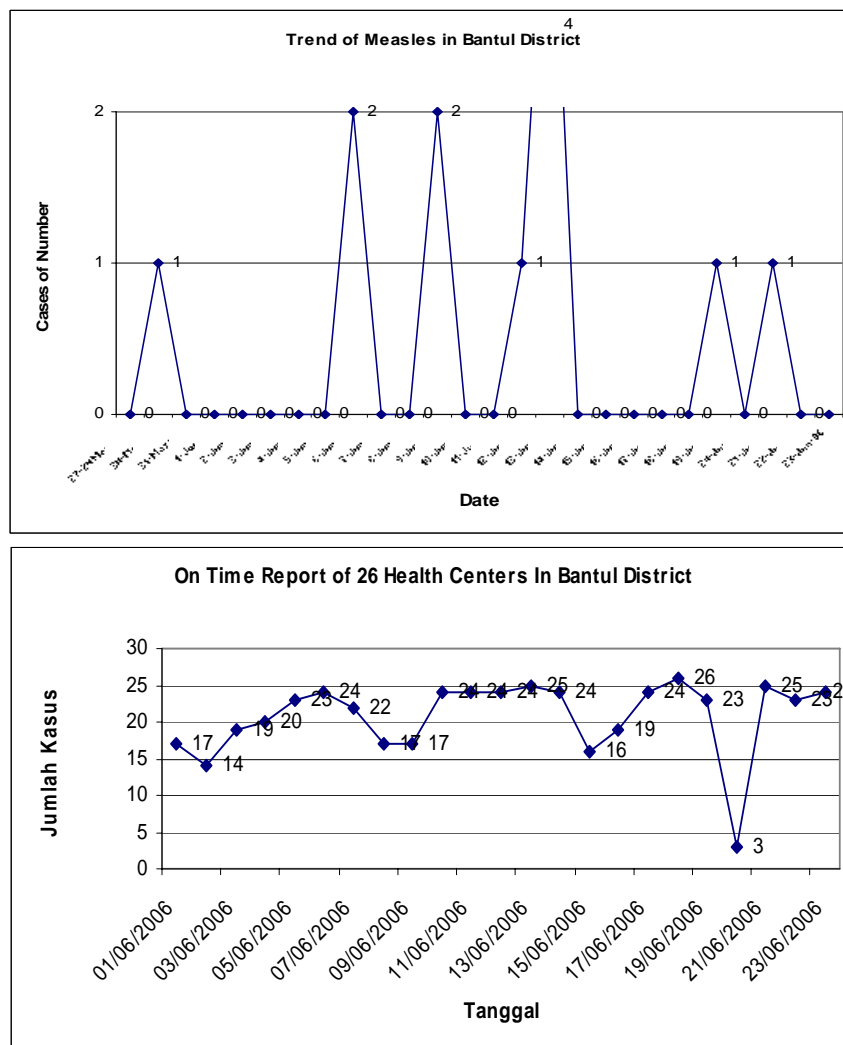
1. Medical Care and Treatment

Ministry of Health (MoH) – Tetanus teams have conducted an assessment of injury management and tetanus prevention and treatment procedures. The team detected tetanus cases among victims of the earthquake disaster. Victims found in the Yogyakarta and Central Java area have been targeted for treatment and immunisation. Overall there have been 50 cases found in the Yogyakarta area and 23 cases in Central Java. The total death toll has reached 25 for Yogyakarta and Central Java. Treatment programs supported by WHO and AusAid have been organized to supply vital medicine to tetanus patients.

2. Communicable Disease Control (CDC)

2.1 The Outpatient Mortality and Morbidity daily surveillance system collects information on priority communicable diseases from all actors (MOH, local and international NGOs, and other agencies) involved in health care activities in the 6 districts affected by the earthquake. There are numerous reporting sites throughout the Yogyakarta and Central Java area in which suspected measles and tetanus cases are monitored.

As seen below, the majority of cases have been found in Bantul, the most severely affected area.



2.2 Over 12 000 trauma cases in Bantul were seen in health facilities during the first week. The rate dropped to an average of 150 per day after the first week. The total numbers of tetanus cases has reached 73, with 25 fatalities. There have been isolated cases of measles with 9 reported cases and 5 investigated.

3. Mental Health

There will be 5 centres for psychosocial consultation in Yogyakarta and Central Java. These centres are: Sardjito Hospital, Sleman District Hospital, Ghasia Hospital, Magelang Mental Hospital and Klaten Mental Hospital.

4. Reproductive Health

A recent rapid assessment reported 35 deliveries, with 1 maternal death. Three cases did not receive adequate assistance. At least 24 mothers in *Prambanan* and 4 in *Cawas* will give birth within the coming 1-2 weeks. Underreporting of cases is assumed. UNFPA estimates that at least 270 deliveries in Bantul and 870 in Klaten will take place in the next 30 days

Coordination

1. Health Cluster Meeting, Monday 12 June 2006; Provincial Health Office Yogyakarta

The meeting focused on communicable disease control, Dengue, management, procedures and support for Tetanus cases. Additionally, there were updates on the supply of and aid for TT Immunoglobulin.

2. Health Cluster Meeting, Wednesday 14 June 2006; Provincial Health Office Yogyakarta

2.1 The meeting focused on Tetanus cases emphasizing three strategies: active finding, prophylaxis with immunoglobulin and an immunisation campaign. This strategy will be achieved with the assistance from international agencies and communities currently in Yogyakarta and Central Java.

2.2 Special Issues included: health care waste management (Dr. Jagdish Barot - WHO), operational guidelines on infant and child feeding during emergencies (Dr. Dorothy Foote – UNICEF), and mobile units for active tetanus case follow-up (Dr. Mariana Sompie – Department of Health)

3. Hospital and Medical Services Sub Cluster, Thursday 15 June 2006; Provincial Health Yogyakarta

3.1 Teams and agencies focusing on rehabilitation provided data and a list of resources for further allocation.

3.2 A report on agencies and the international community was presented which included where they are stationed, what they have done, and what they plan to do.

4. Health Cluster Meeting, Friday 16 June 2006; Provincial Health Office Yogyakarta

4.1 Special issues included rehabilitation of injured patients (Handicap International) and avian influenza (Dr. Peter Mala, WHO).

4.2 Follow-up on various programs (Health Sub Clusters, Immunisation, Mental Health, Reproductive Health and MCH).

5. Health Cluster Meeting, Monday 19 June 2006; Provincial Health Office Yogyakarta

5.1 Updates on immunizations (Dr. Sidik Utoro - WHO) reported 82.8% of children have been immunised. The Program of Communicable Disease Control (CDC) explained why there is a difference in the number of reported tetanus cases from the UN Coordination meeting and Department of Health. Reasons include the time lag in reporting between the collection of information in the field and receipt by the focal person at the collection point. Another reason cited is the lack of coordination among collection points for relaying data.

5.2 IOM requested support for coordination of transport services for patients. Handicap International and Yakkum will co - lead the work on rehabilitation.

6. Health Cluster Meeting, Wednesday 21 June 2006; Klaten Midwifery Polytechnic

6.1 Focused on rehabilitation and assistance for the patients that still have not received medical care.

6.2 Reports on tetanus cases and updates on the peak period reflected a cumulative 76 cases and 25 deaths.

6.3 Reports from the Cuban Medical Team, Handicap International survey and Central Java Provincial Health Office on their progress in rehabilitation and medical treatment.

7. Health Cluster Meeting, Monday 26 June 2006; Provincial Health Office Yogyakarta

- 7.1 Focusing on disease surveillance, drug management, drug expiration and the second dose for the TT immunization campaign.
- 7.2 Report from mobile clinics, working in a total 953 sub-villages (dusun) in Bantul. Other agencies/NGOs are expected to continue their work in still untouched areas.
- 7.3 Delivery of new drugs will be an issue due to overstock in district and provincial pharmacy warehouses.
- 7.4 Vaccine stocks are sufficient for the second dose of TT immunization and cold chains are ready.

Filling Gaps

1. IFRC: medical care and treatment (focusing on disabled people), wound management and physiotherapy care and general rehabilitation.
2. AusAID: medical care and treatment with medical teams stationed in Prambanan and Bantul (assisted by nursing students).
3. Malteser: medical care and treatment, neurosurgeon available and stationed in Bethesda Hospital, Yogyakarta. Agencies can refer to Dr. Wang for assessment and further definitive surgical procedures.
4. Handicap International: medical care and treatment, identification of patients in hospitals and communities in collaboration with various agencies and physiotherapy schools.
5. YAKKUM: medical care and treatment, emergency response for the victims, caring for over 80 patients with fractures. In coordination with Bethesda Hospital, emergency response services are given to patients with or at risk of permanent disability.
6. A team ensured immediate provision of reproductive health care. On the third day after the disaster, UNFPA supported five midwifery posts in Bantul and four midwifery posts in Klaten, all run by the Indonesian Midwives Association (IBI), in order to immediately re-establish RH service provision. In partnership with IBI, Yogyakarta, Central Java, Bantul, and Klaten, UNFPA proceeded to mobilize midwives to take rotation at the above posts. A plan for continued rotation has been developed for one month.
7. WHO has distributed emergency health and surgical kits requested by international and national aid groups. A water and sanitation assessment has been conducted by WHO with follow-up planned for the coming weeks. The immunization campaigns and environmental health programmes are now entering the later stages. Operational cars, ambulances and radio equipment have been provided.
8. Ministry of Health in cooperation with WHO has launched measles and tetanus immunization campaigns through various areas in Yogyakarta and Central Java. Mass measles immunization campaigns have been completed with 76.6% coverage for measles immunization and 45.3% for tetanus toxoid (TT) immunization. The actual number of children needing vaccination may be less than estimated due to the movement of the population in the area. The districts of Yogyakarta, Bantul, Sleman, Kulonprogo and Gunungkidul have all been included in the campaign. The Central Java campaign is currently focused on the Klaten area of Jawa Tengah.

Capacity Building

1. Three strategies have been developed to handle tetanus: active finding of tetanus cases, proper treatment and prophylaxis immunoglobulin and immunization campaigns.
2. Handicap International and the Polytechnic Academy in Solo have worked together to train several people in the area on rehabilitation.
3. Management and medical aid support have been made available and coordination on distribution has been done among responsible parties.
4. Public communication for immunization, disability prevention, and dust inhalation (asbestos) has been conducted. Flyers about tetanus have been produced by WHO, UNICEF and Provincial Health Office and have been distributed.

Contacts

Field of Activity	Contact / Agencies	Contact Number
CDC	Dr. Peter Mala (WHO)	0811895028
Immunization	Dr. Sidik Utoro (WHO)	0811933823
	Dr. Sudath Peiris (WHO)	08119001159
Mental Health	Dr. Albert Maramis (WHO)	08158959009
Medical Supplies	Dr. Sylvain Denarie (WHO)	08121027740
Hospital & Medical Services	Dr. Sarminto (PHO)	08164221115
Health Cluster Coordinator	Dr. Tomasz Starega (WHO)	02747460383

Health Cluster and Sub Cluster Meeting Shedule

Period: 26 June – 1 July 2006

No	Meeting	Day/Date	Time
1	Klaten Coordination Meeting, DHO	Monday, 26 June 2006	12.00 noon
2	Health Cluster Meeting, PHO Yogya	Monday, 26 June 2006	05.00 PM
3	Sub Cluster on Hospital and Medical Services at YAKKUM to be chaired by Handicap International	Tuesday, 27 June 2006	05.00 PM
4	Health Cluster Meeting, PHO Yogya	Thursday, 29 June 2006	05.00 PM
5	Sub Cluster Immunization, PHO Yogya	Everyday	04.00 PM
6	Sub Cluster Communicable Diseases, PHO Yogya	Every Monday	09.00 AM
7	Sub Cluster Reproductive Health, PHO Yogya	Every Monday	03.00 PM
8	Sub Cluster Medical Suplies, PHO Yogya	Every Wednesday	10.00 AM
9	Sub Cluster Mental Health, PHO Yogya	Every Saturday	09.00 AM