

EPIDEMIC CONTROL FOR RESPONSE MANAGERS

CYCLONE / HURRICANE / TYPHOON - RP4

Role profile 4	Competencies	Gaps in competencies	Gaps in information they need
(P)NS health programme manager			
Key facts	Cyclones (hurricanes and typhoons) are associated with damage to infrastructure from high winds and storm surges, and flooding.		
Main health impacts	Trauma (injury) is most likely during a cyclone/hurricane/typhoon, or in the immediate aftermath. In the days, weeks (and sometimes months) following a cyclone/hurricane, the main health concerns are:		
	Health issues	Mechanism	
	Diarrhoeal diseases	Contamination of water supplies by flood water, damaged or destroyed sanitation facilities and poor hygiene practices	
	Vector-borne diseases	Flooding or stagnant water that increases the risk of breeding sites for vector	
	Respiratory illnesses and vaccine-preventable diseases	Significant population displacement and risk of overcrowded, communal emergency shelters	
	Disruption to normal health services	Destruction and damage to health facilities and stock, disrupting normal services and impacting NCD treatment, and maternal and child health services	
Risk factors leading to an outbreak/epidemic	<ul style="list-style-type: none">• Poor WASH conditions• Displacement of affected populations, especially if prolonged• Inadequate or crowded shelters• Lack of access to steady, appropriate food supplies• Lack of access to health care facilities		
Priority actions	Critical steps	<ul style="list-style-type: none">• Ensure triage, treatment, referral and transport for injured and “near drowning” patients.• Identify key disease risk factors and implement prevention and preparedness.• Establish critical health services.• Identify and manage possible sources of toxic contamination.	
	Surveillance	<ul style="list-style-type: none">• Activate disease early warning systems and community-based surveillance.• Survey vectors and breeding sites with measures to reduce vector density.	



Priority actions	Primary health care intervention	<ul style="list-style-type: none"> • Ensure continuity of health service delivery, including maternal and child health care, and NCDs treatment. • Provide specific primary care interventions for diarrhoeal diseases, respiratory tract infections, Hepatitis A, typhoid, skin infections, and snake and insect bites. • Provide treatment for “near drowning” and exposure. • Provide treatment for malaria, dengue and other vector-borne diseases. • Take care of minor wounds and skin infections, including tetanus immunisation.
	Community-based action and social mobilisation	<ul style="list-style-type: none"> • Implement SBCC interventions aimed at preventing water- and vector-borne diseases. • Plan and implement emergency vaccination campaigns as needed. • Put procedures in place to safely manage human and animal corpses. • Ensure early detection, referral and treatment of all people with infectious disease symptoms, especially the most vulnerable. • Psychosocial support for community members, staff and volunteers • Prevention of WASH-related diseases: <ul style="list-style-type: none"> • Hand-washing with soap • Safe excreta disposal • Safe drinking water • Environmental sanitation • Food safety.
	Coordination	<ul style="list-style-type: none"> • Coordination between agencies and sectors including Health, Nutrition, WASH and Shelter • Coordination between rescue services and health services (including levels 1, 2 and 3 facilities) • Coordination of volunteers
Disease Tools that may be relevant	<ul style="list-style-type: none"> • Diarrhoeal disease • Malaria • Dengue, Chikungunya, Zika • Yellow fever • ARIs • Respiratory diseases • Hepatitis A • Hepatitis E • Typhoid fever • Malnutrition • Measles • Meningococcal disease • Vaccine-preventable disease • Polio 	
Other Movement tools that may be relevant	<ul style="list-style-type: none"> • CBS • ECV training manual • CBHFA training manual • ERUs (clinical and public health) - there is an annex for this 	

