## EPIDEMIC CONTROL FOR RESPONSE MANAGERS

## **CYCLONE / HURRICANE / TYPHOON - RP2**

| Role profile 2   | Competencies   | Ga  | ps in competencies  | Gaps in information they need   |  |
|--|--|---|---|---|--|
| NS community health (non-clinical work) programme staff (non- emergency) | Training in community health approaches for long-term health programming, not specific to emergencies  | hed<br>to<br>ned<br>nat<br>res<br>und<br>pro<br>dis | ecific adaptations needed for alth emergencies, exposure response approaches, tools, eds outside of sudden-onset tural disasters. Technical ponses per disease type, derstanding of epidemic offles for each type of aster (support for planning ogramming/health response) | Understanding of health impacts<br>and timeline of natural disasters,<br>tools and approaches available.<br>How to plan for health needs<br>immediately after sudden-impact<br>disaster |  |
| Key facts  |  |   | and typhoons) are associate storm surges, and flooding.   | ed with damage to infrastructure  |  |
| impacts aftermain Heat   | 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 illnesse<br>and vaccine-<br>preventable disease  |   | Significant population displace communal emergency shelte   | rs  |  |
|  | 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<br>to an outbreak/<br>epidemic                      | <ul> <li>Poor WASH conditions</li> <li>Displacement of affected populations, especially if prolonged</li> <li>Inadequate or crowded shelters</li> <li>Lack of access to steady, appropriate food supplies</li> <li>Lack of access to health care facilities</li> </ul> |   |   |   |  |
| Priority actions   | Critical steps   |   | <ul><li>"near drowning" patients.</li><li>Identify key disease risk fact preparedness.</li><li>Establish critical health serv</li></ul>   | Ferral and transport for injured and ors and implement prevention and ices.  Solve sources of toxic contamination.  |  |

| Priority actions                          | Surveillance  Primary health care intervention   | <ul> <li>Activate disease early warning systems and community-based surveillance.</li> <li>Survey vectors and breeding sites with measures to reduce vector density.</li> <li>Ensure continuity of health service delivery, including maternal and child health care, and NCDs treatment.</li> <li>Provide specific primary care interventions for diarrhoeal diseases, respiratory tract infections, Hepatitis A, typhoid, skin infections, and snake and insect bites.</li> </ul>  |  |
|---|--|--|--|
| action                                    |  | <ul> <li>Provide treatment for "near drowning" and exposure.</li> <li>Provide treatment for malaria, dengue and other vector-borne diseases.</li> <li>Take care of minor wounds and skin infections, including tetanus immunisation.</li> </ul>  |  |
|   | Community-based action and social mobilisation   | <ul> <li>Implement SBCC interventions aimed at preventing water- and vector-borne diseases.</li> <li>Plan and implement emergency vaccination campaigns as needed.</li> <li>Put procedures in place to safely manage human and animal corpses.</li> <li>Ensure early detection, referral and treatment of all people with infectious disease symptoms, especially the most vulnerable.</li> <li>Psychosocial support for community members, staff and volunteers</li> <li>Prevention of WASH-related diseases: <ul> <li>Hand-washing with soap</li> <li>Safe excreta disposal</li> <li>Safe drinking water<br/>br&gt;o Environmental sanitation</li> <li>Food safety.</li> </ul> </li> </ul> |  |
|   | Coordination   | <ul> <li>Coordination between agencies and sectors including Health,<br/>Nutrition, WASH and Shelter</li> <li>Coordination between rescue services and health services<br/>(including levels 1, 2 and 3 facilities)</li> <li>Coordination of volunteers</li> </ul>   |  |
| Disease Tools that may be relevant        | <ul> <li>Diarrhoeal disease</li> <li>Malaria</li> <li>Dengue, Chikunguny</li> <li>Yellow fever</li> <li>ARIs</li> <li>Respiratory diseases</li> <li>Hepatitis A</li> </ul> | <ul> <li>Hepatitis E</li> <li>Typhoid fever</li> <li>Malnutrition</li> <li>Measles</li> <li>Meningococcal disease</li> <li>Vaccine-preventable diease</li> <li>Polio</li> </ul>  |  |
| Other Movement tools that may be relevant | <ul><li>CBS</li><li>ECV training manual</li><li>CBHFA training manu</li><li>ERUs (clinical and pul</li></ul>   | ual<br>blic health) - there is an annex for this   |  |