## EPIDEMIC CONTROL FOR RESPONSE MANAGERS

## **CYCLONE - HURRICANE - TYPHOON**

Role profile 2	Competencies	Gaps 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	Specific adaptations needed for health emergencies, exposure to response approaches, tools, needs outside of sudden-onset natural disasters. Technical responses per disease type, understanding of epidemic profiles for each type of disaster (support for planning programming/health response)	Understanding of health impacts and timeline of natural disasters, tools and approaches available. How to plan for health needs immediately after sudden-impact disaster	
Key facts	Cyclones (hurricanes and typhoons) are associated with damage to infrastructure from high winds and storm surges, and flooding.			
Main health impacts [VM1]	- 1		ne/typhoon, or in the immediate ) following a cyclone/hurricane, the	
	<b>Health concern</b>	Mechanism		
	Vector-borne diseases Flooding or stagnant water can increase the risk of breeding sites for vectors.			
	Respiratory illnesses Significant population displacement and risk of overcrowded, and vaccine communal emergency shelters.  [VM4]			
	Disruption to norm health services [VM5]	_	realth facilities and stock disrupt ED treatment, and maternal and	
Risk factors leading to an outbreak/ epidemic [VM6]	<ul> <li>Poor WASH conditions</li> <li>Displacement of affected populations, especially if prolonged</li> <li>Inadequate or crowded shelter</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 [VM7]	"near drowning" patients [V	ices [VM10]	



Priority actions	Surveillance [VM12]  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>Continuity of health service delivery, including maternal and child health care, and NCDs treatment</li> <li>Specific primary care interventions for diarrhoeal diseases, respiratory tract infections, Hepatitis A, Typhoid, skin infections, snake and insect bites</li> </ul>	
		<ul> <li>Treatment for "near drowning" and exposure</li> <li>Treatment for malaria, dengue and other vector-borne diseases</li> <li>Care of minor wounds and skin infections, including Tetanus immunization.</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>Procedures in place to safely manage human and animal corpses</li> <li>Early detection, referral and treatment of all people with infectious disease symptoms, especially the most vulnerable</li> <li>Psychosocial support for community members, and staff and volunteers</li> <li>Prevention of WASH related diseases: <ul> <li>Handwashing with soap</li> <li>Safe excreta disposal</li> <li>Safe drinking water</li> <li>Environmental Sanitation</li> <li>Food Safety.</li> </ul> </li> </ul>	
	Coordination	<ul> <li>Coordination between agencies and sectors including Health, Nutrition, WASH &amp; Shelter</li> <li>Coordination between rescue services and health services (including level 1,2 and 3 facilities)</li> <li>Coordination of volunteers.</li> </ul>	
Disease Tools that may be relevant [VM13]	<ul> <li>Diarrhoeal disease</li> <li>Malaria</li> <li>Dengue, Chikungun</li> <li>Yellow fever</li> <li>ARIs</li> <li>Respiratory diseases</li> <li>Hepatitis A</li> </ul>	<ul><li>Measles</li><li>Meningococcal disease</li></ul>	
Other Movement tools that may be relevant	<ul><li>CBS</li><li>ECV training manua</li><li>CBHFA training man</li><li>ERUs (clinical and po</li></ul>		

