EPIDEMIC CONTROL FOR RESPONSE MANAGERS

CYCLONE / HURRICANE / TYPHOON - RP3a

Role profile 3a	Competencies		Gaps in competencies	Gaps in information they need
PNS/IFRC health emergency delegate (deployment)	ToT, general community approaches to health programming, specific response experience but not necessarily to this disease / type of emergency / context			
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	normal	tion and damage to health fac services and impacting NCD t alth services	
Risk factors leading to an outbreak/ epidemic	 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	"nearIdentiprepaEstabl	e triage, treatment, referral and drowning" patients. fy key disease risk factors and redness. ish critical health services. fy and manage possible sourc	implement prevention and

Priority actions	Primary health care intervention	 Activate disease early warning systems and community-based surveillance. Survey vectors and breeding sites with measures to reduce vector density. 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	 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: Hand-washing with soap Safe excreta disposal Safe drinking water br>o Environmental sanitation Food safety.
	Coordination	 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	 Diarrhoeal disease Malaria Dengue, Chikungun Yellow fever ARIs Respiratory diseases Hepatitis A 	 Hepatitis E Typhoid fever Malnutrition Measles Meningococcal disease Vaccine-preventable diease Polio
Other Movement tools that may be relevant	CBSECV training manualCBHFA training manERUs (clinical and pu	