



South Asia Earthquake Health Situation Report # 19

1 November 2005

Health Cluster partners who wish to include information here should write to health@whopak.org copied to southasiaearthquake@who.int.

Highlights

- Lack of adequate shelter is still the main challenge for the earthquake affected population.
- Total number of patients evacuated by helicopter to hospitals outside of the affected areas (Islamabad, Rawalpindi, Chakwal, Jehlum, Taxila and Gujarat) has now reached almost 20,000. The daily number of air evacuations to hospitals has decreased to 80. Of the over 13,000 surgical operations carried out in these hospitals, 436 required amputations.
- The 28 medical teams mobilized by the Ministry of Health and WHO to remote areas have returned to Islamabad. The combined surgical / public health teams altogether treated more than 100,000 patients during the past two weeks. Most patients require dressings and care of infected wounds and many patients have had Acute Respiratory Infections (ARI) and scabies. WHO is providing basic health and surgical kits to each team for their two-week rotation.



WHO staff listen to and support affected communities, as well as provide technical support to the Ministry of Health. Muzaffarabad, 25 Oct 2005 Source: Chris Black, WHO

Health impact

- The majority of cases from all health facilities reporting to the Disease Early Warning and Surveillance (DEWS) system are due to injuries, followed by ARIs (Figure 1).

Figure 1: Cumulative cases of Acute Communicable Diseases in Earthquake Affected Areas as reported by Ministry of Health/WHO Surveillance teams from health facilities/outlets

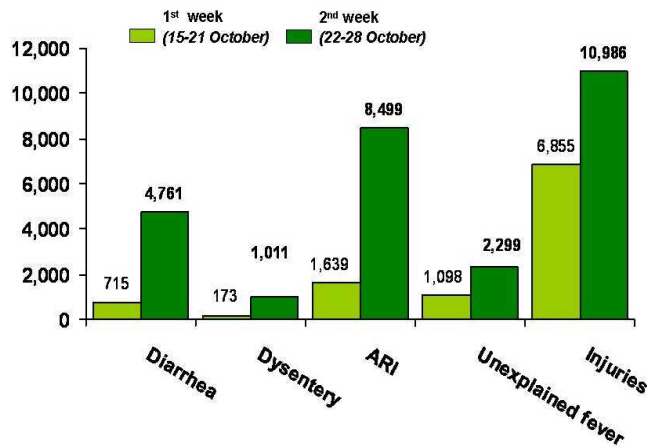
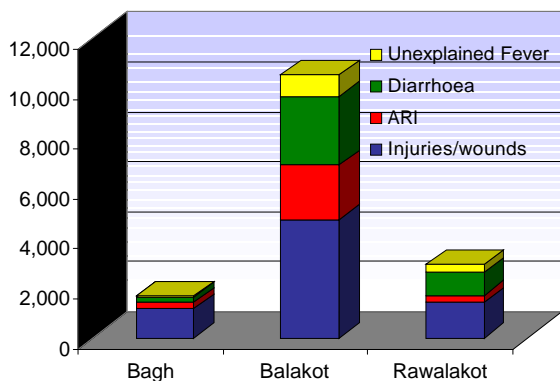


Figure 2: Main categorized reasons for consultation from 22 to 28 October

- Injuries still remains the main reason for consultation in Bagh, Balakot and Rawalakot (Figure 2).



- The number of patients treated per health facility per week is high in all locations: over 500 in Rawalakot (14 reporting sites), almost 900 in Bagh (4 reporting sites) and more than 1,200 in Balakot (13 reporting sites) (Figure 3).
- The percentage of children less than five years of age treated in the health facilities in the affected areas of Bagh, Balakot and Rawalakot is between 14% and 23% (Figure 4).

Figure 3: Total number of consultations and average n number of patients/clinic treated from 22 to 28 October 2005

Health response

Communicable disease control and surveillance and outbreak response

- Case investigation is ongoing into 40 cases of acute watery diarrhoea with 6 related deaths in a remote village in Alai, North of Batagram. The village is only accessible by helicopter, although some patients have made their way after walking for 2.5 hours to the Alai District Hospital. To ensure stocks of medications and supplies for the treatment of acute watery diarrhoea, kits have been propositioned at the WHO field offices in Muzaffarabad, Mansehra and Bagh.
- Two suspected cases of meningitis have been reported: one in Bagh and one in Muzaffarabad. No sample could be taken from the patient in Bagh because no laboratory facilities were immediately available there. A sample from a suspected case in Muzaffarabad will be sent to the National Institute of Health (NIH) Laboratory in Islamabad for verification.
- Two clinically confirmed cases of measles have been reported from Garhi Dupata. The current measles vaccination campaign carried out by the Ministry of Health in collaboration with UNICEF will be directed to the affected area.
- A total of 139 tetanus cases including 41 deaths have now been reported: an increase of 35 cases and 18 deaths in one week's time. Case fatality for tetanus is expected to be 50%.
- The NIH in Islamabad, with WHO collaboration, has prepared kits with transport media, blood tubes and sample collection supplies for disease outbreak investigation. One kit has been provided to each WHO field office for to allow outbreak confirmation in each catchment area. Collected samples will be sent for testing to the NIH in Islamabad.

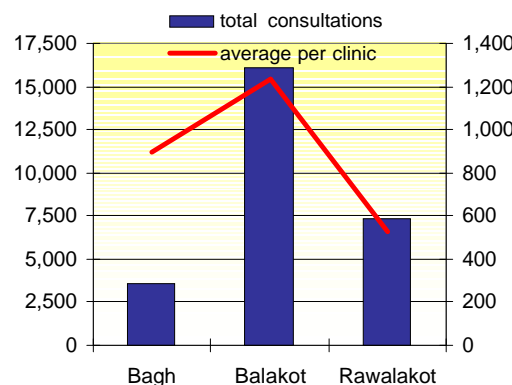
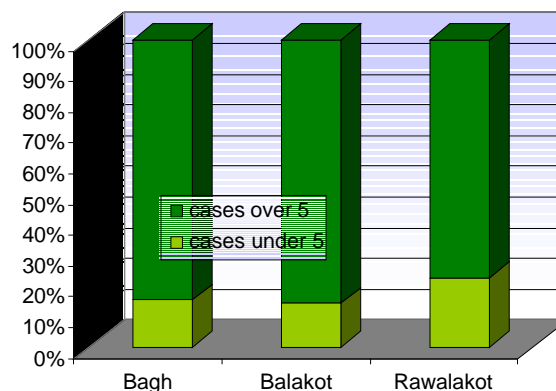


Figure 4: Percentage of children under five of total number of patients treated from 22 to 28 October 2005.

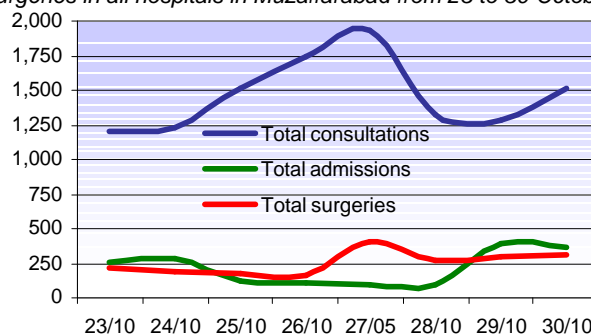


- Ten cases of Acute Jaundice Syndrome were reported from the Military Hospital in Bagh. WHO carried out case investigation and concludes that all cases were chronic with a history of more than three months. Six more cases reported from the District Hospital in Bagh are currently being investigated.

Medical care and referral systems

- The trend in total number of cases treated in all hospitals is shown in figure 5. The number of patients needing admission and surgery is still high; Approximately one of the five patients presented for consultation is admitted and operated on. The dip that is shown in the number of surgeries represents the lower number of surgeries performed that Friday 28th October.

Figure 5: Trend in total number of consultations, admissions and surgeries in all hospitals in Muzaffarabad from 23 to 30 October.



- WHO has organized three coordination cells in Abbas Hospital (AIMS) in Muzaffarabad: one for medical referrals, one for medical mobile teams and one for the measles and tetanus vaccination campaigns.
- A post operative “village” has been set up in Muzaffarabad, and will be expanded to up to 128 beds thanks to the NGO MSF (current capacity is 68).
- The outpatient clinic established in Shohal Najaf Khan by one of the 27 medical teams, mobilized by the Ministry of Health and WHO, is providing 24-hour primary health care services for approximately 100 patients per day.
- The ICRC mobile hospital in Muzaffarabad is planning to expand to 150 beds. ICRC established two fixed medical teams in Patika and Chinari in Neelam Valley.
- Medical teams of over 300 Cuban doctors and surgeons have been mobilized to seven different locations in the earthquake affected areas.
- The NGO ARC is providing basic health services to approximately 250-300 patients in the affected villages of Ratnoi, Khwaja, Mahaldara and Kotla near Bagh. ARC provided the villages with 500 winterized tents, 500 blankets, 1,000 shawls and 3,000 socks. More are in the pipeline.
- The NGO Doctors Worldwide are treating on average 210 patients a day in three camps in Muzaffarabad and Balakot. In total, over 6,500 patients were treated. Doctors Worldwide has set up a new medical camp in a remote area near Bagh, where no medical help has yet been reached.
- The Czech Government donated their field hospital to the District Hospital in Rawalakot to use as alternative facilities for the outpatient department of the heavily damaged hospital.
- The organization Jamaat Dawa treated around 3,500 patients in their field hospital in Shwai Nala, Muzaffarabad.
- The US Army field hospital in Muzaffarabad is doubling its Intensive Care Unit bed capacity from 12 to 24 beds, and is also adding 20 intermediate care beds.

Environmental Health

- To prevent a further increase of Acute Jaundice Syndrome and diarrhea cases in Bagh, a water and sanitation coordination cell was set up between the Ministry of Health, WHO, UNICEF and the NGOs MSF-Belgium and Tearfund. One of the first initiatives will be a clean up exercise in close collaboration with Pakistan authorities. As all septic tanks and/or soak pits have either been damaged or destroyed in Bagh Town, UNICEF and Islamic Relief will be setting up 1,000 latrine plastic slabs. WHO delivered 1,500 chlorine tablets to the Pakistani authorities for distribution with other relief items.
- In Balakot, the NGO ACF is providing latrine kits for the affected population residing in camps.
- In Balakot, the German water purification plant on the same side of the river is run by Technisches Hilswork. The Technisches Hilswork team and plant may return to Germany on 28 October or mid-December. WHO is exploring with the German Embassy possibly

maintaining and handing over this facility to the Pakistan Government since as the lack of safe drinking water will negatively affect the health of the population. The capacity of the plant is to produce 50 cubic meters of purified water per day, although current operation is at a lower capacity of 5-10 cubic meters because of lack of tankers for water distribution. WHO is looking into the possibility of renting a truck to ensure that safe water is available for all health facilities in the area as well as for the nearby tented villages.

Coordination

- The health cluster in Mansehra meets three times a week. Ongoing activities include mapping and monitoring of health interventions and partner activities. An assessment of health facilities is under way. The national authorities have identified two areas 25km from Mansehra where tented villages will be established.
- WHO will be enhancing its presence in Batagram.
- There is a need for a warehouse to cater for the whole district area of Manshera and Batagram.
- In Balakot, the WHO Representative met the National Commission of Human Resources (NCHD). Commission works is on enhancing community health and basic education as well as promoting voluntarism. The NCHD has 160 staff and over 4,000 volunteers working in the area. Together with WHO, NCHD will work on extending health care services to the remotely located Union Council of Balakot sub-district of Mansehra (Ghanool, Hangrai, Kawai, Mhanr, Kaghan and Ghari Habibullah), and to Mansehra sub-district (the Union Councils of Devli Jabbar, Suchan-Kalan, Hilkot and Battal). Several union councils from Batagram District will also be included in this action. Each union council encompasses 25-50 villages.
- In collaboration with all partners, the federal Ministry of Health has prepared a relief action plan that is also reflected in provincial relief action plan of affected provinces. The Balakot Provincial Plan will be discussed with all partners in a one-day workshop in Abbottabad on the 9th of November.

Mental Health

- The mental health team has begun activities operating in the eastern part of the city. It is one among nine teams recently constituted through the support of WHO with participation of MOH and five medical universities and teaching hospitals. A carefully designed plan of action for implementation has been prepared. A Psychiatrist, a social worker and a psychologist (a local lady from Balakot) and an assistant are running the clinic in Balakot. During the last five days they saw about 230 patients, predominantly females and most of them suffering from depression with two men having suicidal intentions. The team was joined by two local ladies as volunteers, adding to the confidence building of the team's work and its future impact.

Urgent needs on behalf of the Health Cluster

- Appropriate tents and blankets for the winter temperatures are still urgently needed to protect in particular women and children from hypothermia and increased susceptibility to respiratory diseases.
- New Emergency Health Kits (NEHK) and trauma kits are needed to provide the surgical and medical teams mobilized by the Ministry of Health and WHO to the affected areas with sufficient medical supplies for the coming months. These supplies will have to be pre-positioned in each of the hubs before the snow falls (expected mid-November).

Donations to WHO

Reported donations as at 1 November 2005 against the WHO total requirement of US\$ 27,750,000. Donations to date currently meet 45.43% of WHO total requirements.

Donor	Funding intentions (in USD)	In-kind contributions
Australia	1,899,696	
Australia	379,939	for emergency health kits and their transportation &

		coordination of delivery	
Canada	1,483,050		
Canada	423,729		
Denmark	483,870		
Ireland	120,192		
Italy	300,481		Kits - 12 Trauma A, 12 Trauma B, 15 New Emergency Health, 5 Diarrhoea Profile D and 5 Diarrhoea Profile F (total value: US\$ 351,000)
Japan	1,000,000	for kits and vaccines	
Monaco	120,192	for supplies	
Norway	250,000		
Slovak Republic	126,622		
Sweden	1,928,020		
Switzerland	100,000		
Turkey	500,000		
UK/DFID	246,913	for NEHK & Trauma Kits and transport	
UK/DFID	864,197	for disease control	
United States	2,000,000		
Total		US\$ 12,226,901	US\$ 351,000