



Bulletin #4

Covering period:
29.03.2016 to 08.04.2016

Fiji Tropical Cyclone Winston



Women of Verevere Village, on the north-eastern coast of Viti Levu, walk up from their destroyed village to collect dignity kits from a Ministry of Health and Medical Services-United Nations Population Fund assessment team. (Picture: UNFPA Pacific)

82,522		8,466		34		5 million	
Number of people who received medical consultations since the cyclone		Number of people who received Psychological First Aid since the cyclone		EWARS sentinel sites reporting		Estimated cost (in FJD) of donated medical supplies and resources	

HIGHLIGHTS

- Tropical Cyclone Zena passed over the southern island of Kadavu on 7th of April, disrupting response efforts with heavy rainfall, strong winds and extensive flooding in the Northern and Western Divisions. More than 8,000 people took shelter in evacuation centres, mostly in Western Division. Health and hygiene concerns, including the risk of mosquito-borne and water-borne diseases, have officials on alert.
- The Ministry of Health and Medical Services (MoHMS) launched integrated family health outreach activities for hard-to-reach communities on 4th of April. They will focus on immunization and nutrition.
- Fifteen cases of Zika virus have been confirmed in Fiji. MoHMS endorsed the Fiji National Zika Virus Action Plan on 1st of April and its implementation is underway. Surveillance for vector-borne diseases (Zika, dengue and chikungunya), mosquito breeding site source reduction through clean up campaigns and social mobilization, adult mosquito spraying and risk communications about personal protective measures to reduce mosquito bites have been carried out since the cyclone.
- The number of new cases of typhoid fever detected has decreased overall since the last Bulletin, but cases continue to be reported in Qelekoro and other villages in the Tailevu Subdivision. Twenty thousand doses of typhoid vaccine have arrived in Fiji for outbreak prevention and control, if indicated in line with the typhoid fever vaccination strategy that has been finalized by the Public Health Intervention group.
- Radio adverts will resume this week. Updated messages will focus on hygiene, destroying mosquito breeding sites, family health, and nutrition.
- Capacity building in psychosocial support continues with trained officers deployed to Levuka and Taveuni.
- The preliminary draft of Post Disaster Needs Assessment (PDNA) should be completed next week. This process, launched by the Fiji government on the 29th of March, offers an analysis of needs for all sectors, including health, to inform long-term rebuilding efforts.

Priorities, Needs and Gaps

- Addressing the heightened health risks to people affected by TC Zena is a priority. Concerns include the risk of mosquito-borne and water-borne diseases.
- There has been an increase in reports of dengue-like illness for patients seen at Western Division hospitals, mainly Nadi and Lautoka hospitals. A high proportion of cases tested negative on a dengue ELISA test, highlighting a need for alternative diagnosis.
- Logistical support for data management and other areas critical to the supply response.
- Providing maternal health services to affected women in the hard to reach areas is a need. The integrated Family Outreach Teams will help address this priority.
- Finding alternative methods to communicate health messages to people at risk in affected areas remains a priority. Plans to address this are in development.

Health and Nutrition Cluster Action

Nutrition

- The Nutrition Working Group finalized its Disaster Response Plan for Nutrition, and is undertaking further consultations to finalize the Nutrition Humanitarian Action Plan, Standard Operating Procedures and Key Messages for the Joint statement on Infant feeding.
- A UNICEF specialist in the Integrated Management of Acute Malnutrition (IMAM) is providing technical assistance to the Nutrition Unit of the MoHMS for the next three months. The specialist will support strengthening of existing IMAM systems and ensure compliance with international best practice.
- Multi-micronutrient powder (MNP) is distributed as a package with Vitamin A and deworming medication to children 6-59 months of age. Distribution of MNP is integrated with activities of the Family Health Outreach teams deployed to hard-to-reach areas. Roll out began in Ba and Ra highlands, the Ra coast and Koro island on the 4th of April. Other planned sites for outreach activities include Ovalau and Taveuni on the 11th of April, and Lomaloma on the 12th of April. The package is routinely distributed to affected sub divisions.
- Discussions are ongoing with the WASH Cluster on the use of AKVO software to assist in nutrition data collection.

Public Health Interventions

- A total of 15 cases of Zika virus have been confirmed in Fiji. The MoHMS endorsed the Fiji National Zika Virus Action Plan on 1st of April. A meeting of the National Taskforce for Control of Outbreak Prone Diseases (NTCOPD) was held on the 5th of April to plan its implementation.
- Reports of new cases of typhoid fever at a national level have decreased over the last two weeks, but cases continue to be reported in Qelekoro and other villages in the Tailevu Subdivision. The typhoid fever vaccination strategy has been finalized by the Public Health Intervention group and 20,000 doses of Typhoid vaccine have been received. More than 15 latrines with water tanks have been installed and soap has been distributed by the WASH cluster to address Typhoid risks, and active surveillance and treatment are conducted on site at the affected areas.
- EWARS continues to be well supported with 100 per cent of sites reporting for epidemiological (EPI) Week 12. The EWARS early warning surveillance system has been expanded to include a 34th site in Koro. Sixteen indicator-based alerts and three event-based alerts were raised in EPI Week 12 reporting and are being followed up.

- In EPI Week 13, an additional syndrome for Zika-like illness will be added. The EWARS Bulletin continues to develop with the inclusion of proportional morbidity and metrics on alert outcomes. So far, 108 users are registered on the system.
- An evaluation of the new initiatives in communicable disease emergency response, established during the recovery phase, is needed to determine which ones can be used and sustained to enhance current prevention practices.

Family Health

- On the 4th of April, eight weeks of integrated mobile outreach activities were launched for hard-to-reach locations. The first of eight teams began activities at: Ra Province coastal areas, islands and highlands; Ba Province highlands; and Koro Island in the Lomaiviti Province. The objectives of the outreach activities are to maintain immunization coverage above 90 per cent and to reduce burden of under-nutrition and childhood illness.
- The eight outreach teams are composed of doctors, nurses, mid-wives, dieticians and specialists in psycho-social support, integrated management of childhood illnesses (IMCI), and maternal and child health (MCH). UNICEF, UNFPA and other partners provided technical assistance to MoHMS for the development of a detailed plan. The Central Emergency Response Fund (CERF) is used to support this intervention.
- Retired midwives were re-engaged and deployed to outreach teams, selected hospitals and women's information centers to increase local midwifery capacity.
- Assorted reproductive health kits were provided to the MoHMS to distribute to its health facilities in affected areas.

Medical Supplies & Resources

- The team is working with WHO to strengthen the emergency response system and develop a procurement plan for the rehabilitative phase. WHO and the Fiji Pharmaceutical Biological Service (FPBS) are advancing this work.
- FPBS delivered Reproductive Health kits and tent to Ra Sub-Division on the 2nd of April to prepare for the arrival of the Family Health Outreach team.
- FPBS has moved 20,000 doses of Typhoid vaccine from Nadi Airport to its cold storage facility. FPBS sends out advisories to all health facilities and program managers on how to properly manage pharmaceutical stock during heavy wet periods, such as the one caused by TC Zena.
- Twelve tents were received to assist damaged health facilities. One-thousand mosquito nets treated with insecticide will be distributed to health facilities in areas with high risk of vector borne diseases by the 8th of April.
- A logistics workshop on operationalizing the Fiji Health Emergencies and Disaster Management Plan (HEADMAP) is tentatively scheduled for 25th – 28th of April.
- Data management is critical to identify the complex needs and high volume of supplies required for an adequate response. To address this challenge, assistance will be provided to help manage an inventory tracking system for donated items.
- The Consolidated Needs List can be obtained from the Medical Supplies and Resources Sub-Cluster for partners who are interested. It has an inventory of medical products, tents and other items.

Communications

- Radio adverts are updated with messages from partners and new adverts will be introduced in the coming days.
- Updated messages will focus on: hygiene (prevention of typhoid and conjunctivitis), destroying mosquito breeding places, family health, and nutrition.
- Health messages will be delivered and discussed on twice-weekly talk-back radio shows.
- The group continues to explore innovative ideas to replace paper IEC materials for communicating with at-risk populations.
- Sub-Cluster members met with representatives from Vodaphone to discuss special rates for all its partners that wish to use text messaging. A meeting with Digicel is planned for next week.
- The group is planning a workshop to inform, engage and equip leaders of faith-based organizations, including women and youth groups, on the delivery of health messages to at-risk communities. It's scheduled to take place at the end of the month.
- T-shirts and wristbands with health messages are currently developed and will be distributed to affected areas.
- Budget planning for all activities will be finalized next week.

Psychosocial Support & Mental Health

- In the current phase, the response has focused on building capacity in Psychological First Aid (PFA) through 'Trainer of Trainers' workshops by MoHMS and partner agencies.
- PFA training is underway at Ovalau, Levuka and Taveuni, in collaboration with the TB unit.
- Partner agencies have requested familiarization of the Referral Pathway for accessing mental health services. The current pathway has been prepared for dissemination.
- Counselling services also conducted trauma-based counselling or 1:1 counselling.
- The Psychosocial & Mental Health team is currently working on a method to collect information on activities planned by various partner organizations and to avoid duplication of effort. Plans are afoot to continue and discuss Mental Health Gap Action Programme (mhGAP) training of health staff.

EWARS - Early Warning Surveillance and Response System (Cyclone Winston, Fiji)

The primary objective of Early Warning Surveillance and Response System (EWARS) is to rapidly detect and respond to signals that might indicate outbreaks and clusters of epidemic-prone diseases. Data is collected through indicator based surveillance of 9 syndromes across 34 sites in Fiji. Data is also collected from the event based surveillance. The syndromes reported include:

- Acute fever with rash
- Prolonged fever
- Influenza-like illness
- Watery diarrhea
- Bloody diarrhea
- Acute jaundice syndrome
- Suspected meningitis
- Zika like illness

EWARS is a platform for systematic reporting of unusual events or rumours through Event Based Surveillance (EBS). EBS facilitates a rapid capture of information about events that are a potential risk to public health and that may be missed by routine surveillance systems including rare but high impact diseases and emerging or otherwise unknown diseases.

EWARS has two main components: an immediate alert component (which signals the early stages of an outbreak); and a weekly reporting component (which reports weekly data aggregated by health facilities). These complementary components ensure timely detection and verification of outbreaks and effective monitoring of morbidity patterns.

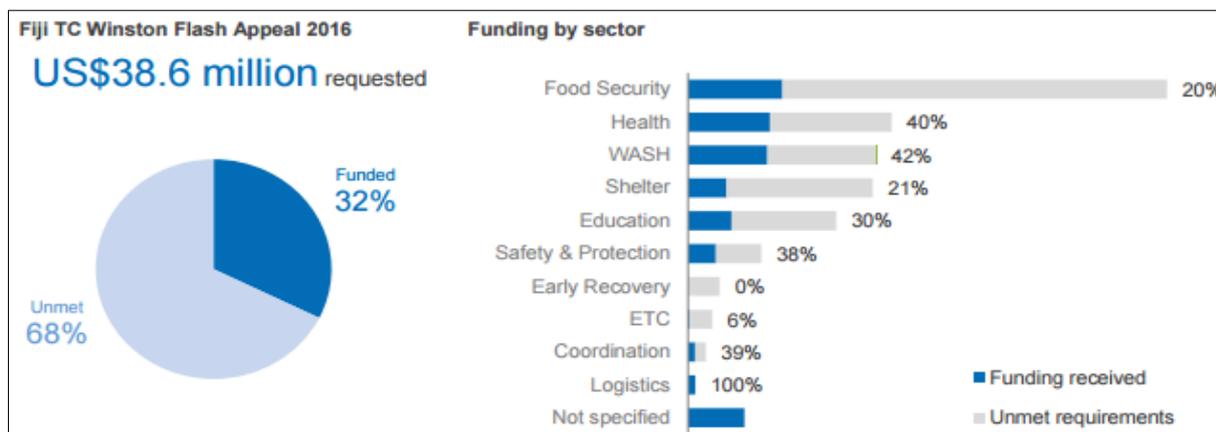
Once the alert threshold is exceeded or EBS report is received, a number of possible actions are initiated such as field visit, collection, and review of additional descriptive epidemiology information, increase laboratory testing, outbreak investigation – RRT and implementation of control measures.



Figure 1. 34 enrolled EWARS Sites

Funding status of action plan

The Flash Appeal for TC Winston Response is 32% funded, with the Health and Nutrition Cluster pledged funds to about 40% of the total. The Australian, Canadian, Swedish and US governments, as well as the UN's [Central Emergency Response Fund](#) (CERF), have contributed US\$12.5 million to its life-saving projects. Revision of Flash Appeals is proposed by Pacific Humanitarian Team for the 12th of April to be launched on the 15th of April.



Source: OCHA SitRep 20

More information

See Health and Nutrition Cluster Webpage: http://www.health.gov.fj/?page_id=5254.

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