

Tropical Cyclone Idai

Mozambique



Situation Report



World Health
Organization

REGIONAL OFFICE FOR
Africa

Tropical Cyclone Idai

Mozambique



Situation Report 01 April 06 2019

Data as reported by: 06-05-2019

1. HIGHLIGHTS

Surveillance

Training and roll out of the EWAR-in a box in all governmental health facilities, CTCs, CTUs and EMTs started in Beira on 5 April, and reporting of data started on 6 April. Roll out will then occur in Buzi, Nhamatanda and Dondo. This will allow all these health facilities to report in a timely manner information on main epidemic prone diseases and support the management, verification and response to alerts. A surveillance and epidemiology task force was constituted with MoH (national and provincial), WHO, CDC, MSF and IFRC. The task force meets on daily basis and meetings are chaired by oh with WHO support.

Operational Support and Logistics

A cargo of 7.5MT has arrived for WHO. It contains basic medical kits, trauma kits and WASH material including a small water treatment station. One kit 10 000 people/3month has been issued to Save the Children to be used in Chimoyoh. WHO provided technical advice on cold chain to support on the arrival of the 900 000 vaccines that triggered the vaccination campaign. Logistic support for the organization of the campaign has been provided including rental of extra vehicles to support the Ministry of Health. The material to roll out the EWARs material (phones, IT material) has been received, pending more to receive very soon.

Health Cluster

Mozambique Health Cluster is supporting 42 Partners predominantly reporting activities in Sofala but covering overall 11 provinces. Initial information indicates more than 1million beneficiaries will be reached through current activities including infection prevention control, community system strengthening, community health, primary and secondary health care, surveillance and training and technical support.

Cholera

OCV campaign as of 05 April has coverage of 51% for the overall target districts.

Emergency Medical Teams

WHO have been successfully supporting the Ministry of Health with the establishment and running of an emergency medical team coordination cell (EMTCC) in Beira. This has involved supporting the MoH in a number of areas, including in requesting the rapid deployment of teams required for the response, tasking EMTs to the most effective location for their capacity, supporting teams to establish and maintain their operations without burdening the local health system, and quality assuring teams to ensure they meet the standards of care set by the Ministry of Health.

2. BACKGROUND

March 2019, the Cyclone Idai weather system brought destruction and damage to Inhambane, Manica, Sofala, Tete and Zambezia provinces. The impact of Cyclone Idai and subsequent flooding, has resulted in an estimated 1.85 million people in need of humanitarian assistance and protection. As of 6 April, the official death toll had risen to 602 people, with more than 1,641 people injured, according to the Government. The death toll is expected to continue to rise as areas previously cut-off become reachable by road and the full extent of the damage becomes known.

On 22 March, the Inter Agency Standing Committee(IASC) Principles declared a IASC Principals of the “humanitarian system-wide scale upon for a period of 3 months and activated 9 Clusters. WHO Mozambique was designated as the humanitarian Cluster Lead Agency (CLA) of the Health Cluster to provide support to the Ministry of Health.

A Public Health Situation Analysis was completed 21st March identifying the health status and threats, health system status and local health system disruptions, the humanitarian response at the time and information gaps.

As of April 6, 10 Staff from the Mozambique office have been repurposed and deployed to Beira and Chimoio to support the response, along with over 20 (surge staff from Region and Headquarters who have been deployed into Mozambique. Further deployments are planned to replace and fill critical response needs over the coming weeks.

3. CONTEXT UPDATE

The risk of communicable diseases has increased due to stagnant flood water, decreased access to clean water due to the floods, as well as over-crowding in collective centres. An estimated 74,650 women impacted by the cyclone are pregnant and more than 43,000 women in flood-affected areas are estimated to give birth in the next six months, according to UNFPA. Cyclone Idai caused major damage to health facilities, with at least 54 health centres damaged, as of 6th April. The emergency room of the Beira Central Hospital was extensively damaged during Cyclone Idai’s landfall and is still in need to reconstruction efforts.

Major Health Risks

- Cholera and other acute watery diarrhea
- Bloody diarrhea

- Vector-borne diseases, including malaria, dengue
- Other epidemic-prone diseases (measles)
- Malnutrition

Since the confirmation of cholera in Sofala province on 27 March 2019, a cumulative number of 2424 cases have been reported. The outbreak has disseminated from the city of Beira to the districts of Nhamatanda, Dondo and as of 3 April 2019 into Buzi. The vaccination campaign targeting 900 000 people in the 4 above mentioned districts has started on 3 April 2019 and has covered in two days 217 755 people. A multi sectoral cholera response plan is being finalized to ensure the entire affected population can be protected in comprehensive manner should the outbreak disseminate. More than 80% of the need to respond are already prepositioned in country.

A vaccination campaign covering 8 antigens (pentavalent, MR, polio) is planned for the national week of health.

A nutrition sub-group has been formed that is currently assessing all malnourished children so that they can access necessary health and nutritional care and that their family can be targeted for food distribution.

A malaria response plan for the cyclone has been developed which will build on and ensure recovery to linkback with the Malaria Strategic Plan (MSP) 2017-2022. The key interventions in place will be strong program management, vector control activities (described in detail below), the provision of free and effective malaria diagnostics through all public health facility services, a strong surveillance system to monitor programmatic implementation and effectiveness, behavior change communication and epidemiologically-informed efforts to make progress towards malaria elimination.

Operational Support and Logistics

Two assessments with multidisciplinary WHO teams have been done this week in Chimoyoh and Buzi, OSL participated to these assessments in order to evaluate the feasibility to setup a WHO hub. Accessibility is improving and Buzi area is now accessible by road including for light trucks. Currently 2 logisticians are deployed in the field and 1 in Maputo to help the WCO on supply issues, 42 vehicles used out of which 32 are provided for the vaccination campaign.

Emergency Medical Teams

The cyclone caused widespread damage to health facilities while also leaving large numbers of the population cut off or displaced away from their normal health facility. The priority of the EMTCC was to coordinate surge support from EMTs to damaged facilities, in particular to larger referral hospitals, while also deploying smaller mobile or outpatient teams to isolated areas. Currently (5/4/19) we have 12 EMTs in country, including one Type 2 facility in each of the 4 worst affected areas. Teams are reporting using the recently developed EMT Minimum Data Set, which is approved by the Mozambique Ministry of Health. This has significantly strengthened the ability of the MoH and WHO to monitor key surveillance data.

As floodwaters reduce and health facilities reopen, the need for EMT to remain in country is now

reducing, and we are working with teams to support the transition of their work back to the Mozambique health sector.

4. PUBLIC HEALTH RESPONSE

The Cholera response is ongoing with the OCV campaign started on 04 April in Beira, Dondo, Nyamatanda and Buzi. A comprehensive cholera response plan is being implemented with all components including WASH, risk communication within affected communities and temporary accommodation camps. Malaria have been LLINs distributed along with OCV in Beira, Dondo, Nhamatanda and Buzi. Nutrition, malaria and a comprehensive package of health services has been included in response activities to the affected populations. Nutrition and malaria technical working groups set to assess the needs during the recovery period.

Communications

On 3 April WHO and Gavi issued a press release on the launch of the oral cholera vaccination campaign, accompanying video footage was sent to broadcast media and promoted on WHO social media and web.

Among media coverage including CNN, Reuters, Al Jazeera, Associated Press and various BBC outlets, the New York Times published an interview this week with our incident manager Rob Holden. Dr Djamilia Cabral, Head of WHO Office in Mozambique, was interviewed by national and international media.

On 1 April, Dr Matshidiso Moeti, Regional Director for WHO's Africa Region, visited Beira with Dr Cabral. Both did several media interviews and participated in a press briefing with the Ministry of Health at the airport.

Surveillance

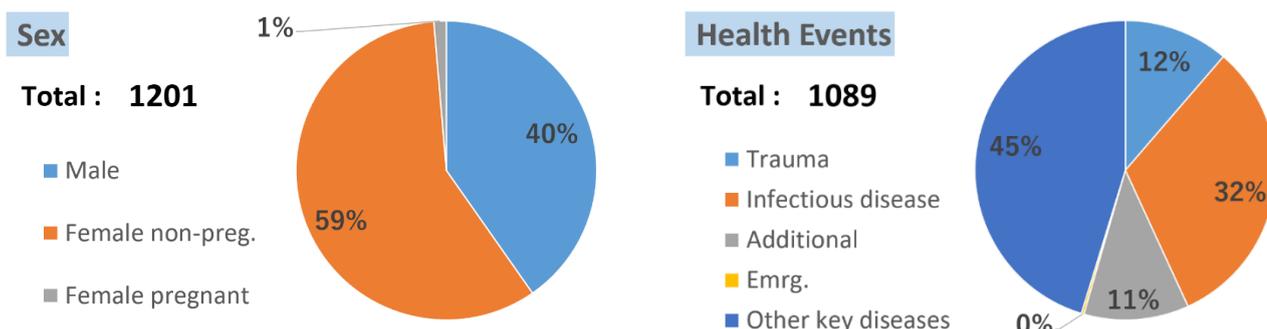
INS/MOH and WHO together with partners prepared the roll out plan for a field data collection tools (EWAR-in-a-box) to monitor and detect unusual trends of the main epidemic-prone diseases, to line-list cases of cholera cases and mange and respond to alerts. The roll out of the system started on 5/4 in Beira and will then be expanded to Buzi, Nhamatanda and Dondo. It will cover all governmental health facilities, CTCs, CTUs, EMTs. This will enhance the surveillance system by streamlining, harmonizing and speeding up the process of data collection, transmission, analysis and reporting. It is by design meant to be simple and flexible and is not aimed at collecting information on all diseases. The diseases under surveillance are suspect cholera cases, other acute watery diarrhea, acute bloody diarrhea, malaria, measles, AFP, acute febrile jaundice and acute febrile illness of unknown origin.

In parallel, WHO and partners support INV/MoH capacity in managing the alerts, verification and rapid response capacity.

An epidemiological and surveillance task force run by INS/MoH and supported by WHO with the main partners involved in surveillance has been constituted and meet on a daily basis.

Emergency Medical Teams

EMT MDS Daily Reporting facilitated by EMTCC Beira and the Japan Disaster Relief Expert Team has been instrumental to the response in coordination with the MoH. MDS daily report was officially activated for the first time on 31st March 2019. Until 3rd April, key information essential for coordinating EMTs were collected by 30 daily reports with 1201 patient's data. Contributing teams for the EMT MDS Daily reporting included AMI, Buzi EFH, China Search and Rescue, Italy Regione Piemonte, FAST, Japan Disaster Relief, Portuguese Red Cross, RescueNet, Samaritan's Purse. Data of use in the response include disaggregation of patient type by gender and health event.



Distribution of types of injury among by EMT classification suggests the MoH referral system among operating EMTs is functional.

EMT	Major	Moderate	Minor
Type2	4	4	13
Type1Fix	0	4	33
Type1Mobile	0	4	61

Classification of injury by the EMT MDS.

MDS4-6	Major injury	Trauma require hospitalization and/or general anesthesia (needs for EMT Type 2or3 care)
MDS7	Moderate injury	Can be treated as an outpatient requiring conscious sedation etc. (needs for EMT Type 1 Fix care)
MDS8	Minor injury	Injury that requires first aid and light dressing care. (needs for EMT Type 1 Mobile care)

Prevalence of health events among 1201 consultations by age categories:

- Comparing <5 and >=5 age categories, injury is 5 times more prevalent among over 5 age category, infectious diseases are more prevalent among under 5 age category.
- 17.3% of consultations required medical follow-up
- 44 cases (3.7%) required referral

Health Events	<5 y.o.	>=5 y.o.
Injury	3.7%	11.9%
Acute respiratory infection	19.1%	8.1%
Acute watery diarrhea	18.3%	11.0%
Malaria	13.3%	4.5%

5. GAPS AND CHALLENGES

Operational Support and Logistics

A pending donation to WHO from the Russian Government to receive a donation with cholera kits to arrive in the coming days. Two trucks of ringer lactate are coming from South Africa and should arrive this coming week once issues with customs clearance have been solved.

It remains a challenge to have a good overview of the pipeline of all health partners, but a reasonable evaluation even with the current incomplete data is that there is a sufficient supply of critical items for the cholera response (Ringer, ORS, infusion set) based on a scenario of 18 000 cases.

Emergency Medical Teams

EMT's continue to work closely with the MoH, health cluster, INGOs and mobile EMTs to gather information on the status of isolated health posts. However, any significant reduction in available flying hours reduces ability to deploy mobile teams to isolated populations.

6. RECOMENDATIONS AND NEXT STEPS

Operational Support and Logistics

OSL is ready to deploy in the field to support medical teams both in terms of material and any HR should it be needed. The remaining of the material received this week will be dispatched to partners and MoH facilities.