BACKGROUND

Acheh Province context

- Earthquake (9.2 Richter scale) with tsunami on 26 Dec 2004
- In Acheh province 128,000 deaths, 37,000 missing, 513,000 displaced (Source: Indonesian Gov., 30 April 2005)
- Survivors in precarious living conditions
- Health care system seriously compromised
- Medical concerns: recent dengue outbreak (2004), increasing burden of malaria and diarrhoeal diseases (Shigellosis), low measles vaccination coverage ...

Relief interventions

- Medical and surgical care
- Psychological support
- Basic water and sanitation
- Non-food item distribution

Epidemiological objectives

- Evaluate vital needs and health related conditions → Rapid assessments with convenient and systematic samples (standardised methodology)
- Detect outbreaks → Early Warning System

RESULTS

8 Epicentre/MSF rapid assessments

- Data collected since 28 December 2004
- Adapted and fully operational after 4 weeks (end of January)
- Focus on epidemic-prone diseases
- Adapted (WHO) case definitions used
- Age-groups: < 5 and ≥ 5 years
- Geographical information
- Weekly reporting

Epidemic-prone diseases reported

- Sporadic cases of measles, malaria, meningitis, dengue, Shigellosis (S. flexneri) and Hepatitis E
- No major outbreaks

List of actors involved in medical relief

- Acné Humanitarian Post
- ACT Public Health Kuta Baru
- AMDA Assoc. Med. Dr of Asia
- CRT China Int. S & Resc. Team
- EMT Estonian Medical Team
- Food for the hungry
- Global relief
- Indonesian Red Crescent
- IFRC Int. Fed. Red Cross
- Islamic Foundation of Toronto
- Japan SDF rescue team
- KEAT
- MER C Malaysia
- Malaysian Red Cross Society
- Merlin
- Mexican Government
- MSF Holland
- OMC outpatient and mobile clinic
- Project concern international
- Singapore armed forces
- TDH Italy
- Team Albania
- Turkish Red Crescent

Tetanus

- Anzac field hospital
- Family planning agency, Indonesia
- German armed forces
- IRC International medical corps
- International office of migration
- PPA
- IRC-CIRCCARDI
- Japan Int. Coop. agency
- Jesuit refugee services
- Médecins Du Monde (MDM)
- Médecins Sans Frontieres (MSF)
- Médecins Sans Frontieres B
- Médecins Sans Frontieres H
- Northwest Medical Team
- PHBI
- PMT Philippines Medical Team
- Portuguese Hospital
- SCF Save the Children Fund
- Spanish cooperation

DISCUSSION

Constraints & challenges

- Vast area affected (approx. 1000 km of coast-line)
- Hundreds of sites of intervention
- Difficult access to affected areas (complex logistics)
- High number of relief agencies (~ 200–250)
- Co-ordination constraints

Rapid assessments

- Quantitative data are vital to clarify the needs
- To be carried out as soon as possible
- To be planned more systematically (standardised method)
- Coordination to be strengthened

Early warning system

- Sufficiently reactive to detect outbreaks, ... but ...
- Fully operational after 4 weeks (late!!)
- Standardised data collection needs to be implemented from the beginning
- Personnel specifically assigned to it is essential, to ensure quality and adequate feed-back of appropriate information