Typhoon Yolanda

- Continuing heavy rains are increasingly impacting relief and recovery efforts in Region VI, VII VIII and IX. As a result of the rain some evacuation sites in Tacloban are experiencing flooding, which is affecting living areas.
- Acute hemorrhagic fever and RDT positive Dengue cases have been reported from throughout the Yolanda affected area. Control activities are underway in the Ormoc area and Eastern Samar.
- Less than half of Tacloban City can be confidently declared free of dead bodies. The task-force, WHO and the Tacloban City Mayor have been working toward the return of the cadaver dogs to facilitate body.

Zamboanga Conflict

- The latest water samples collected 15 January 2014, from different evacuation centers and transitional shelters tested negative for total coliforms.

Bohol Earthquake

- Level 3 water sources, water pipes into private connections such as households, were tested in 12 of the 16 municipalities. Of the 12 municipalities, 10 had Level 3 water sources test positive for the presence of E. coli.

Inside this bulletin:

- Typhoon Yolanda  page 2
- Zamboanga Conflict  page 11
- Bohol Earthquake  page 13
- Health Cluster Partners  page 15
As of 14 January 2014, the National Disaster Risk Reduction Management Council (NDRRMC) of the Philippines reported 6,201 deaths, 26,626 injured, and 1,785 missing. An estimated 16,078,181 people have been affected and 4,095,280 have been displaced.

Continuing heavy rains are increasingly impacting relief and recovery efforts in Region VI, VII, VIII and IX. As a result of the rain, some evacuation sites in Tacloban are experiencing flooding, which is affecting living areas.

There are concerns that isolated communities in the mountainous areas of Antique Province, the northern part of Negros Occidental and in outlying islands off the west coast of Panay are not regularly assessed and/or serviced with aid.

**RESPONSE**

**Health care facilities**

The DOH is planning to move the Eastern Visayas Regional Medical Center (EVRMC) to a higher location in the next two years. The plan includes measures to ensure that the new medical center is more resilient to coming disasters and can serve as a future evacuation centre.

Roxas sub-national health cluster reported that Mambusco Rural Health Unit has been affected by the recent flooding and currently has no running water in the facility.

**Partners and Foreign Medical Teams**

As of 14 January 2014, 40 foreign medical teams are operating in Regions VI, VII and VIII. This is a decrease from 52 over the last 5 days. Twenty-eight teams provide basic outpatient care (type I), 3 teams provide more advanced health services including surgeries (type II), 1 team provides specialty services (type III). Six teams provide mobile health clinics and mental health and psychosocial support.
Tacloban sub-national health cluster reported that MSF activities will continue at Bethany Hospital over the coming week and that they are working north of Tacloban City with a mobile health and mental health team, providing health services at schools that were severely damaged.

Ormoc sub-national health cluster reported that MSF Holland, HuMA and the Japanese Humanitarian Medical Mission have finished their operations in Ormoc and other municipalities in Western Leyte. WHO has supplied renovation materials including iron sheets, timber and renovation/building materials as well water purification systems to the Kananga Hospital in Region VIII to assist the on-going rehabilitation. WHO has also supplied medical and surgical supplies to Ormoc District Hospital.

In Roax the Provincial Health Office and WHO conducted an evaluation mission in the Municipality of Tapaz. Like most of the other municipalities, the overall situation in Tapaz is almost back to normal. No urgent needs or gaps have been detected, and Project Hope is the only health partner providing primary health care services through outreach mobile medical team in the municipality.

In addition to this in Roax, flood assessments have been carried out by WHO in the previously flooded areas of Sigma, Quarteao and Mambusco, reporting that generally the water is now subsiding and there are no ongoing concerns as a result of the flooding. The WHO Roxas team reassessed the oil spill area in Estancia, the assessment team found that barge has been floated again but there still appears to be leaking and the cleaning of the area is still continuing. Most families have returned to their homes, there are a remaining 123 families in the evacuation site because the location of their homes is yet to be declared safe. DOH is providing health services to the remaining families and MSF has left the area.

Most partners have closed operations in the Roax area the remaining partners are ACF, RAM, Project Hope, Save the Children, IOM, UNICEF, UNFPA and ADRA.

Mapping of the health cluster activities and partners in Leyte has also been updated as per maps below.
Surveillance and communicable disease control
The total number of consultations and the number of facilities reporting through SPEED have decreased since early December. A strategic meeting was held on 8 and 9 January 2014 in Tacloban to determine which sites should continue reporting through SPEED and to address the transition to re-establishing the routine surveillance system Philippine’s Integrated Disease Surveillance and Response (PIDS). The outcome of the meeting was that a total of 33 hospitals, 9: Eastern Samar, 1 West Samar, 1 Biliran, 5 Ormoc City, 7 Tacloban City, 10 Leyte; 45 Rural Health Units, 13 Eastern Samar, 3 West Samar, 29 Leyte; 12 District Health Centers, 6 Ormoc, 6 Tacloban and 2 Main Health Centers, 1 Ormoc, 1 Tacloban were committed by the DOH and Local Government Units health workers in their respective areas to continue reporting through SPEED for the next two months.

SPEED Technical Assistance and Response Team members will be working in Region VIII to strengthen surveillance with monitoring and training of SPEED staff.

In Ormoc city, one day long refresher training was conducted for SPEED focal points from DOH Ormoc, Ormoc District Hospital.

The number of suspected measles cases in Region VIII from 15 December to 11 January included 15 in Tacloban, 5 in Carigara and 4 in Biliran, and they are currently being investigated. Two of the suspected cases had been in Manila within the past 7 days.

Cases of fever with rash have been reported from Eastern Samar and multiple areas in Leyte including Ormoc and the Tacloban area. The Department of Health, UNICEF and WHO are coordinating for measles vaccination campaigns in Leyte and further investigation of the cases.

Acute hemorrhagic fever and RDT positive Dengue cases have been reported from throughout the Yolanda affected area. Control activities are underway in the Ormoc area and Eastern Samar, including Dengue and Cholera mitigation and prevention training in Tacloban this week.

Increasing cases of acute bloody diarrhea were reported by Event-Based Surveillance with 28 cases in Barangay San Roque, Daram, Western Samar. Ages ranges from 2 to 35 years. The Regional Epidemiology Surveillance Unit conducted investigation and collected specimens for laboratory examinations. Four out of 28 (14.3%) of specimens were positive for Entamoeba Histolytica.

TYPHOON YOLANDA / ZAMBOANGA CONFLICT / BOHOL EARTHQUAKE HEALTH CLUSTER BULLETIN
January 17, 2014
Tuberculosis

The Ormoc City Health Office (DOH) is reporting that the TB unit has run out of Streptomycin. The unit therefore is currently providing prescriptions for patients to buy it from private pharmacies. Assessment of TB treatment and diagnosis facilities’ functionality continues. Facilities are consid-

Table 1: Summary of SPEED Reporting in Typhoon Yolanda affected Areas 5 – 11 Jan 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Provinces (#)</th>
<th>Municipalities (#)</th>
<th>Health Facilities and Reporting Sites (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI</td>
<td>3</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>VII</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>VIII</td>
<td>2</td>
<td>32</td>
<td>49</td>
</tr>
</tbody>
</table>
Vaccination and cold chain
Ormoc sub-national health cluster reported that as of January 1st, all District health centres (RHUs) are providing routine EPI services for all antigens. Vaccines are being supplied from the regional cold chain hub in Tacloban.

Cold chain assessment was finalized for Region VI. UNICEF has committed to supporting the Provincial Health Office (PHO) with the provision of 17 WHO prequalified refrigerators, generators, vaccines carriers and boxes, and will further assist with improving the PHO cold room.

Vector control
Tacloban City has highlighted the need for an integrated vector control including fumigation for bunkhouses before the IDPs move in along with the prioritized fumigation in toilets, drainage and also the proportion of toilets with the total individuals, contingency of water and durable solutions of IDPs.

Mental health and psychosocial support (MHPSS)
Action Contre la Faim (ACF) is working in mental health and nutrition in focusing on 4 municipalities, Pontevera, Pilar, Estancia and Sandioniso, in Roxas. They have currently 2 psychologists and 8 psychosocial staff on team.

The MHPSS National cluster reported that the major challenges facing MHPSS activities in the affected areas are damage to facilities, affected health workers and significant number of pre-existing cases. Across the affected areas, only 1 facility with 10 beds provides specialty mental health services. There are plans to scale up this capacity to 40 beds.

In Guiuan RHU/centro MSF Belgium is seeing outpatients and conducting daily psycho-education sessions including distribution of leaflets in Tagalog explaining physical and emotional normal traumatic stress reactions to experiences as Typhoon Yolanda. They are also providing individual, family or couple mental health consultations provided for an average of 5 patients a day. Psychotropic drugs, donated by MSF, are available in RHU and prescribed by doctors with support from psychologists.

MSF Belgium in Guiuan is also conducting MHPSS activities in Felipe Abrigo Memorial Hospital, evacuation centers in Guiuan, outreach programs in Mercedes, Saicedo, General Macarthur, Hernani, Victory island, Manikani island, Homonhon island and Suluan island, as well as providing training for teachers, Rural Health Units and Abrigo Hospital.
MSF Belgium has raised concerns that access to long term treatment for the patients needing to continue with psychotropic drugs or for the management of the acute phase can be a challenge due to financial barriers and consideration for provision of free treatment is recommended.

In Tacloban International Medical Corps (IMC) is supporting training of Barangay Health workers in psychosocial fist aid and case identification, destigmatisation and support. IMC is also providing training for RHU staff in treating mental disorders in 6 municipalities and Tacloban City. Action Contre la Faim (ACF) international is supporting Care Practices & Psychosocial support to children in Tacloban city and Doulag. MSF Holland and Spain are supporting Group Discussions (Psychoeducation) in 14 municipalities in region VIII.

Reproductive Health (RH)
Reproductive health referral facilities in Kalibo, Region VI, have been enhanced through the provision of emergency RH kits that can provide safe delivery for a population of 30,000 for 3 months. In addition they have been provided with family planning services and clinical management of sexual violence for 10,000 people in the next 3 months. The kits also support clinical delivery, management of miscarriage and suture of vaginal tears for the needs of 30,000 people for 3 months.

Since the typhoon hit, the Milk Bank at the Jose Fabela Hospital in Manila has provided more than 40L of pasteurized breast milk to the affected areas.

Water, Sanitation and Hygiene (WASH) and Environmental Health
Flooding of latrines has been identified as a concern as the rain continues in Regions VI, VII, VIII and IX.

The health cluster is conducting water quality reassessments and is setting up a water quality monitoring system to improve the information and allow quick interventions across Eastern Samar and Leyte.

The health cluster has also conducted assessments of health care waste management in Tacloban City, Ormoc, Eastern Samar, and Cebu.

Dead body management
In Tacloban City, Task Force Cadaver has been renamed Task Force Management of the Dead, it includes representatives from Local Government Units, National Bureau of Intelligence, DOH, Bureau of Fire Protection, Philippines National Police Scene of Crime Operations (PNP-SOCO), Department of Public Works and Highways and UNDP working collaboratively.

The exhuming of temporarily buried bodies at Suhi for identification processes, along with new bodies, is continuing. Once the bodies have been processed they are being permanently buried at the Holy Cross Cemetery.

The PNP-SOCO, LGU and DOH are also responsible for exhuming the bodies buried in makeshift graves around the city. The LGU will pay for permanent burial of the deceased in these graves at Holy Cross. If there is no positive identification of the deceased in the makeshift graves they will be processed by the NBI before permanent burial.

Less than half of Tacloban City can be confidently declared free of dead bodies. The taskforce, WHO and the Tacloban City Mayor have been working toward the return of the cadaver dogs to facilitate body retrieval before rubble clearing with heavy machinery begins to prevent any bodies not being found.
As of 10 January 2014, OCHA has updated the action plan, which is now at is 39% funded for the health sector (table 2).

<table>
<thead>
<tr>
<th>Project</th>
<th>Appealing Agency</th>
<th>Amount Required</th>
<th>Funding</th>
<th>% Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merlin &amp; Save the Children Essential Health Services for Preventing Excess Mortality and Morbidity in Typhoon Haiyan affected Populations</td>
<td>Save the children</td>
<td>4 707 706</td>
<td>800 000</td>
<td>17%</td>
</tr>
<tr>
<td>Ensuring Access to Reproductive Health Services in the Aftermath of Typhoon Haiyan</td>
<td>UNFPA</td>
<td>10 000 000</td>
<td>1 539 518</td>
<td>15%</td>
</tr>
<tr>
<td>Provision of emergency health services to typhoon affected populations</td>
<td>WHO</td>
<td>15 000 000</td>
<td>14 306 932</td>
<td>95%</td>
</tr>
<tr>
<td>Immediate assistance to injured and vulnerable persons affected by Haiyan typhoon in the Philippines</td>
<td>HI</td>
<td>240 000</td>
<td>237 417</td>
<td>99%</td>
</tr>
<tr>
<td>Emergency Health care, public health and referral initiatives for displaced and affected persons ‘on the move and their vulnerable host communities’</td>
<td>IOM</td>
<td>1 810 511</td>
<td>212 417</td>
<td>12%</td>
</tr>
<tr>
<td>Provision of life-saving interventions for health to children 0-59 months affected by Typhoon Haiyan emergency</td>
<td>UNICEF</td>
<td>19 000 569</td>
<td>13 009 889</td>
<td>68%</td>
</tr>
<tr>
<td>Provision of quality medicines and developing resilience in the supply chain to avoid gaps by strengthening the department of health medicines stock management systems</td>
<td>IHP</td>
<td>806 000</td>
<td>488 599</td>
<td>61%</td>
</tr>
<tr>
<td>Prevent increase in maternal, neonatal and child mortality post disaster through ensuring continuity of services for these more vulnerable groups</td>
<td>Plan</td>
<td>3 960 422</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Promoting mental health and psychosocial wellbeing of populations affected by Typhoon Haiyan</td>
<td>IMC</td>
<td>727 961</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Ensuring the health needs of older people in the Philippines</td>
<td>HelpAge International</td>
<td>465 000</td>
<td>465 000</td>
<td>100%</td>
</tr>
<tr>
<td>Health care support for Typhoon Haiyan</td>
<td>IMC</td>
<td>3 865 225</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Enhancing coordination within and outside the health sector</td>
<td>WHO</td>
<td>1 816 100</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Surveillance, outbreak prevention and vaccination</td>
<td>WHO</td>
<td>3 929 850</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Local health system recovery for social and economic protection</td>
<td>WHO</td>
<td>406 1800</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Delivery of essential health services to meet the immediate health needs of the affected population</td>
<td>WHO</td>
<td>3 524 500</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Typhoon Haiyan emergency health response</td>
<td>WV Philippines</td>
<td>400 000</td>
<td>400 000</td>
<td>100%</td>
</tr>
<tr>
<td>Health assistance for disaster affected communities of inland Leyte and coastal Barangays of Tacloban municipalities of Tacloban</td>
<td>RI</td>
<td>955 500</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
Major WHO donors: Australia, Canada, Norway, Japan, the United Kingdom and the UN Central Emergency Response Fund (CERF), Russian Federation, Sweden and the United States of America, and from the European Commission Humanitarian Aid and Civil Protection (ECHO).

| Provision of emergency medical assistance to affected population of the Typhoon Haiyan | MDM France | 2 700 000 | 0 | 0% |
| Saving Women’s lives in Typhoon affected | Saude em | 1 150 800 | 0 | 0% |
| Restoration of basic health package within Concepcion Municipal Health Office area | AAI | 310 000 | 0 | 0% |
| **Sub total for health** | | **79 431 944** | **31 247 355** | **40%** |

ZAMBOANGA CONFLICT SITUATION OVERVIEW

As of 9 January DSWD reported 13 evacuation centers remained open due to the armed conflict in Mindanao. The evacuation centres hold 21,740 individuals including 2,500 individuals aged 5 years needing health services. In addition to the internally displaced persons (IDPs) in evacuation centers there are an estimated 38,062 IDPs living outside of evacuation centers.

The Joaquin F. Enriquez Memorial Sports Complex (JFEMSC) remains the largest evacuation center housing 11,457 IDPs. The City Government has put up bunkhouses within the JFEMSC compound sheltering 1,657 IDPs. Some IDP families from different evacuation centers have been relocated to transitional shelters/bunkhouses in Tulungatong, Taluksangay, Rio Hondo. Tulungatong transitional site has the biggest number of IDPs with 1,939 individuals, while Taluksangay Bunkhouses has 822 individuals, and Rio Hondo Transitional Shelter with 153 individuals.

At least 13 people were killed and several others were reported missing and injured following flooding and landslides triggered by Low Pressure Area (LPA) in Eastern and Northern Mindanao. Further reports indicate that more than 4,000 people have been evacuated from the affected areas while several domestic flights to and from the affected areas as well as the eastern Visayas and central Visayas regions have been cancelled.

RESPONSE

Health care facilities
To date, due to the unpredictable nature of the situation it has not been possible to consider developing long term rehabilitation plan to reconstruct and rehabilitate the damaged Barangay Health Stations (BHS).

Partners, WHO and DOH activities
The Department of Health continues to supplement basic medicines and drugs to the local Barangay Health Stations (BHS).

It has been identified that Tulungatong BHS and Taluksangay BHS are inadequately staffed and resourced, which limits their ability to meet the ongoing health needs of the increasing number of displaced families. The DOH is currently considering plans to better support the BHS health workers in Tulungatong BHS, Taluksangay BHS and other relocation areas under the RNHEALS program which will start this month.

A referral pathway has to be reinforced and strengthened especially to BHSs in host communities with evacuation centers/transitional shelters to further support BHUs to meet the needs of the IDPs. The Philippine Red Cross emergency unit continues to cater emergency cases and medical consultations beyond the City Health Office schedule.

Surveillance and communicable disease control
Surveillance in Post-Extreme Emergencies and Disasters (SPEED) reporting remains to be the main source of information for the trending of diseases. For the latest epidemiology morbidity week, top 5 conditions reported under SPEED are:

- Acute Respiratory Infection
- Fever
- Acute Watery Diarrhoea
- Skin Diseases
- Wounds and Bruises
On 9 September 2013, fighting broke out in coastal villages of Zamboanga city between a faction of the Moro National Liberation Front and the Armed Forces of the Philippines which spread to the nearby island province of Basilan. The clashes displaced more than 120,000 people during the height of the conflict in the most affected barangays of Kasanyangan, Mariki, Rio Hondo, Santa Barbara, and Santa Catalina in Zamboanga. From 6 to 10 October, the UN Resident and Humanitarian Coordinator and the Cluster Heads of Agencies held a mission in Zamboanga to gain first-hand observation of the conflict-affected areas and have direct contact with the affected people, the local authorities and humanitarian actors. The mission findings revealed congested conditions inside the evacuation centres and prolonged displacement are increasing the risk of health and protection issues. An inter-agency common working space was established on 10 October in Zamboanga as humanitarian partners further scaled up the response. Flooding in early October also worsened the living conditions inside the evacuation centres. Due to persistent insecurity and lack of humanitarian access, information on approximate needs of displaced people in Basilan remains a significant gap.

The City Health Office recorded a total of 63 IDP mortalities at the sports complex from 9 Sep – 8 Jan. Close to half (47%) of the reported deaths were from children below five (5) years old, with diarrhoeal cases as the most commonly recorded cause of mortality.

Local health workers from the Barangay Health Stations had the SPEED case definition of each disease reinforced with the guidelines of the Philippine Integrated Disease Surveillance and Response (PIDS) to ensure cases are carefully identified.

**Mental health and psychosocial support (MHPSS)**
The MHPSS cluster needs strengthening at the local level. The Department of Education and Development (DSWD) are both providing MHPSS services needs to streamline activities especially with psychosocial in children.

On 7 to 10 of January 2014 the second phase of capacity training for government leads (DOH, City Health Office, DSWD, Dep-Education) and locally-based NGOs (CFSI, BALAY, SAC-CAPIN, WMSU, PRC, Katilingban) was delivered. The aim of the training was to build the capacity and enhance the knowledge and skills of MHPSS providers in emergencies and disasters. The first phase was conducted in late December.

The MHPSS specialized team will be organized to assist with providing psychotherapy to referred patients. MHPSS specialized services teams have begun tracking MHPSS referrals through the DSWD to provide appropriate interventions to individuals.

The MHPSS cluster is coordinating a series of Psychosocial Processing sessions in transitional shelters and bunkhouses over the coming weeks. More therapists to provide specialized services to referred patients, especially children, has been identified as a need by the group.

**Reproductive Health**
An estimated total of 847 pregnant women and 565 lactating women (0-6 months) are in need of targeted reproductive health services for pre- and post-natal health, health promotion, family planning services and adolescent reproductive health within the evacuation centers, transitional shelters and bunkhouses.

It has been identified that the inclusion of home-based pregnant/lactating women and women of reproductive age is needed in the next reproductive health medical missions.

**Water, Sanitation and Hygiene (WASH) and Environmental Health**
The Department of Health sent 14 samples from suspected cases of acute watery diarrhea/acute bloody diarrhea to the Research Institute for Tropical Medicine for pathogen investigation. Two test-positive for Shigella, which can be attributed to hygiene and sanitation practices.

The latest water samples collected 15 January 2014, from different evacuation centers and transitional shelters tested negative for total coliforms. This is an improvement compared to results from the previous weeks.

The Zamboanga sub-national health cluster closely collaborates with the WASH cluster to address the pressing need of water sources from evacuation centers which tested positive previously. A refresher orientation was provided to the Sanitary Inspectors who collects water samples from different sources to ensure the sterility of samples.

**BACKGROUND INFORMATION**

On 9 September 2013, fighting broke out in coastal villages of Zamboanga city between a faction of the Moro National Liberation Front and the Armed Forces of the Philippines which spread to the nearby island province of Basilan. The clashes displaced more than 120,000 people during the height of the conflict in the most affected barangays of Kasanyangan, Mariki, Rio Hondo, Santa Barbara, and Santa Catalina in Zamboanga. From 6 to 10 October, the UN Resident and Humanitarian Coordinator and the Cluster Heads of Agencies held a mission in Zamboanga to gain first-hand observation of the conflict-affected areas and have direct contact with the affected people, the local authorities and humanitarian actors. The mission findings revealed congested conditions inside the evacuation centres and prolonged displacement are increasing the risk of health and protection issues. An inter-agency common working space was established on 10 October in Zamboanga as humanitarian partners further scaled up the response. Flooding in early October also worsened the living conditions inside the evacuation centres. Due to persistent insecurity and lack of humanitarian access, information on approximate needs of displaced people in Basilan remains a significant gap.

TYphoon Yolanda / Zamboanga Conflict / Bohol Earthquake

Health Cluster Bulletin

January 17, 2014
As of 12 December, the Department of Social Welfare and Development (DSWD) reported that 367,760 individuals both inside and outside evacuation centers remain vulnerable and displaced. There is an increasing need for essential health services including mental health and psychosocial support delivery to be strengthened to support the need of the affected population.

There is an estimated 7,894 pregnant and 5,262 lactating women, needing specialized services for prenatal, postnatal, child health, health promotion and family planning services.

A Bohol Earthquake Action Plan (BEAP) revision workshop was conducted on 10 January 2014 to assist clusters in the revision process. A revised BEAP will be finalized by end of January 2014.

There are increasing efforts to finalize the reconstruction of houses and resettle the remaining families in the evacuation camps.

OCHA has identified an urgent need to compile accurate information on the number of families still living in camps in order to make progress on allocation of resources for the repair and reconstruction of houses.

**RESPONSE**

**Health care facilities**

There have been 15 identified Barangay Health Stations (BHSs) totally damaged and still need to be provided with tents to serve as temporary health facilities. The local BHUs also need further support in accessing additional primary care medicines and supplies.

Partners, WHO and DOH activities MERLIN continues to provide mobile medical services in selected barangays in the municipalities of Inabanga, Tubigon, Catigbian, Clarin, and Sagbayan.

**Surveillance and communicable disease control**

The have been reported cases of suspect measles, suspect dengue hemorrhagic fever, and the continuing reporting of acute watery diarrhea and acute bloody diarrhea demonstrating the need to strengthen Surveillance in Post Extreme Emergencies and Disasters (SPEED) reporting.

The top five leading consultations reported on (SPEED) from the municipalities of Antequera, Bailihan, Carmen, Sagbayan, San Isidro and Tubigon are:

- Acute respiratory infections
- Fever
- Hypertension
- Open wounds
- Bruises and skin diseases

WHO is deploying volunteer nurses to Rural Health Units (RHU) to support SPEED data collection and reporting, as well as, in the assessment of damaged barangay health stations.

**Vaccination and cold chain**

Supplemental immunization activities for children 9-59 months old in selected barangays in the 18 priority municipalities have been completed. Partial results show 10,874 children received MCV and 12,009 children were given OPV.

**Mental health and psychosocial support (MHPSS)**

The number of referrals of patients needing further psychiatric assessment and management has increased after the series of capacity building activities of local health workers and community volunteers on psychosocial support. Patients who need to be confined have to be referred to Cebu as there is no mental health facility in Bohol. The associated expenses discourage families from agreeing to the referral.

A referral system for patients needing higher levels of psychiatric care has been agreed upon by the PHO, MHOs and the province and municipal social welfare departments. The use of 1-2 rooms at the Celestino Gallares Memorial Hospital in Tagbilaran for psychiatric patients is being explored.
On October 15, 2013, a powerful earthquake struck central Philippines. Measuring 7.2 on the Richter scale with a depth of 33km, PHILVOLCS reported the quake’s epicentre in the municipality of Sagbayan in Bohol province. The tremor was felt in Cebu, Bohol, Negros Occidental, Negros Oriental, Iloilo, Siquijor, Leyte, where houses, public buildings, roads, bridges, churches, seaports, schools, health facilities, were damaged and thousands of people displaced. The earthquake killed 222 people (209 in Bohol) and injured 976 (877 in Bohol). As of 3 November, 2013, PHILVOLCS recorded a total of 3,198 aftershocks, with 94 strong enough to cause alarm to the population. Aftershocks continue to be felt beyond this period.

On November 8, 2013, super typhoon Yolanda (international name Haiyan) made landfall in Guiuan, Eastern Samar. Electric power cables supplying electricity to Bohol were damaged, causing power outage in the whole island and affecting the delivery of disaster relief including cold chain integrity and immunization services.

**BACKGROUND INFORMATION**

### Nutrition
An initial nutritional assessment was conducted in the hardest-hit municipalities covering children remaining in the 23 evacuation centers and those who went home. Consolidated results show that out of 12,924 children (6-59 months), 1,183 have moderate acute malnutrition (MAM) and 330 have severe acute malnutrition (SAM). Unconfirmed reports indicate that more malnourished children are living in the other 30 municipalities of Bohol.

### Water, Sanitation and Hygiene (WASH) and Environmental Health
The WASH cluster released results of their water quality monitoring from 20 December. In the monitoring level 3 water sources, water pipes into private connections such as households, were tested in 12 of the 16 municipalities. Of the 12 municipalities, 10 had Level 3 water sources test positive for the presence of E. coli.

### Reproductive Health
UNFPA conducted a reproductive health medical mission in San Isidro covering 91 Pregnant and Lactating Women. Twenty-five of the women also received psychosocial education.
Health Cluster Partners

National- Manila:

Sub-national- Tacloban:

Sub-national- Cebu:

Sub-national- Roxas:

Sub-national – Guian / Borongan:
IOM, Medical Team International, DOH, Plan, PHTO, Norwegian Church aid, Radio Bakdaw

Sub-national– Ormoc:
ALMNS, AmeriCares, ASB Germany, Asia Hope Tree, Canadian Medical Assistance Teams, Canadian Red Cross, Cebu City, Cebu City Health Department, Cebu Provincial Health Office, Child Fund, Disaster Tech La, DOH, DSWD, Embassy of Israel, ERIK, Eversly Child Sanitarium, Global Med, Glory Reborn, GOAL, Handicap International, Health Org of Mindanao, Help Age Asia, HuMa, IFRC, IMC, Islamic Help, JOMF, JSDF, JPMRT, LandsAid, Leger Foundation, Mangna, Medecins du Monde, MRA, MTI, MDM, MRC Indonesia, Mercy Malaysia, Merlin, MSF, MDMC, Muslin Aid, NNC, NAVIS, NYC Medics, PSF, PCP, NARS, Philippines Red Cross, Project Hope, Rascal Doctor, REACT Philippines, Relief International, Saint Anthony Mother and Child Hospital, Samaritan Austria, Samaritan’s Purse, SC, SAMU, Spanish Red Cross, Star of Hope, Talisay District Hospital, THW, The Mentor Initiative, UGR, OCHA, Veepo, VSMMC, World Vision

Sub-national– Bohol:
UNFPA, Philippines Red Cross Society, UNICEF, MERLIN, IOM, DOH

Health Cluster Contacts

National- Manila: haiyanhccmanila@wpro.who.int
Sub-national - Tacloban: haiyanhcctacloban@wpro.who.int; hcctacloban@gmail.com
Sub-national - Cebu: haiyanhcccebu@wpro.who.int
Health Cluster Website: http://www.wpro.who.int/philippines/typhoon_haiyan/en/
Please send any information on potential disease outbreaks to: haiyanops@wpro.who.int

January 17, 2014