**Health Action in Nepal**

**Health Newsletter**

Ministry of Health and Population, Department of Health Services, Epidemiology and Disease Control Division

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**Laboratory Confirmed Poliomyelitis Case Recently Detected In Nepal**

Dr. Ganga Ram Choudhary
Surveillance Coordinator, IPD/WHO

Nepal remains at high risk of poliomyelitis because of continued virus transmission in the Indian states of Uttar Pradesh and Bihar. The border between Nepal and India is porous with people from either country freely moving back and forth.

In Nepal, there were two laboratory confirmed cases of poliomyelitis in 1999 and four cases in 2000. All cases were identified in the districts bordering India. Since the last case in 2000, Nepal has remained polio free until recently.

The most recent case in Nepal was a 2-year-old male child from Sarlahi district in the Central Region of Nepal. The case was recorded by Sadar Hospital, Sitamani, India on 9th August 2005. The child was presented to the hospital with complaints of weakness in all four limbs for three days. The case was investigated by the Surveillance Medical Officer (SMO), Sitamani India.

A single stool sample was collected on 10th August 2005 and was sent to the referral laboratory for further investigation as a suspected Poliomyelitis case. The patient could not move, sit, stand, and hold his head. No association of fever, common cold, muscle pain, diarrhea or vomiting was noted. There is no record of second sample being collected by SMO Sitamani. The case was notified to Nepal on 20th September 2005.

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Japanese Encephalitis in Nepal (JE kills over 300 in 2005)

Until the end of October 2005, there were altogether 1916 Japanese Encephalitis cases reported to EDCD from 19 districts. Out of that 1609 (84%) patients were cured and 309 (16%) died. Compared to September 2005, 37 additional cases were detected from the Eastern Region and Mid- Western Region of Nepal and out of these 9 died in the month of October 2005.

News update in October 2005

“Workshop for reduction of food and water-borne communicable disease outbreak in the Western Region

For “the reduction of food and water borne communicable disease outbreak”, a 2-day workshop was held in Palpa, Western Region of Nepal from 2-3 October 2005. The participants came from the Municipality, Office of the Drinking Water, NGO/INGO, Veterinary and Agricultural Development Office, and the District Public Health Office (DPHO). Staff from the Mission Hospital, Palpa and teachers from Government Schools also attended. After the workshop, participants will play an active role for creating awareness at the grass roots level and then assist in prevention and control of outbreak from food and water borne communicable diseases.

2 Day Orientation on Vector Control (Malaria) in Central Region, from 29-30 October 2005

The 2-day orientation program on vector control especially on essential malariology for Vector Control Assistants (VCA) and Malaria Inspectors was held in VBDRTC (Vector Borne Disease Research and Training Center) in the Central Region. Altogether 30 Vector Control Assistants (VCA), Malaria Inspectors and representatives from the Regional Health Directorate from 21 districts of five regions participated actively. 14 districts of especially Terai and inner Terai are highly affected by Malaria. The objective of this two day program was to discuss the existing malaria information system and identify areas to improve, to improve the reporting system for outbreaks of malaria and to discuss monitoring and supervision of malaria prevention and control activities.
Influenza Pandemic Preparedness in Nepal

The National Task Force is working to finalize the National Influenza Pandemic Preparedness and Response Plan for Nepal.

The plan aims to facilitate and coordinate the implementation of the activities of both the health and agricultural sectors to prevent and contain Avian Influenza in poultry and humans, and to reduce the risk and mitigate the impact in the event of an Influenza pandemic.

Under the leadership of the Ministry of Health and Population (MOHP) and the Ministry of Agriculture and Cooperatives (MOAC), with technical support from WHO, this plan was further developed in September 2005 with the participation of different constituencies from the private and public sector. The most recent task force meeting was held on 31st Oct 2005. It was chaired by the Director General of Health Services and co-chaired by the Director General of Livestock Services. The Director of Epidemiology and Disease Control Division, the Director of Animal Health Directorate, the Joint Secretary of the Ministry of Home Affairs, and officials from the Department of Health Services and Agriculture all participated. Partners like Nepal Red Cross Society (NRCS), FAO, WHO, and USAID also attended the meeting.

At this meeting, there was a consensus that:

1. There should be a joint emergency action plan in case of outbreak
2. The Central Disaster Relief Committee chaired by the Minister of Home Affairs will coordinate the response and preparedness efforts. A Subcommittee for influenza preparedness will be created under the Chairmanship of MOHP. MOAC, and other partners will be included as necessary, and the National Act will be amended to include pandemic preparedness and response
3. A detailed Action Plan for emergency preparedness activities will be prepared outlining all activities necessary for increasing the operational capacity of key institutions. This will form the basis for raising necessary funds.

It was decided that the preparedness plan will be presented at a half-day workshop for finalization of the plan during 2nd week of November 2005. Once finalized, it will be presented to the Central Disaster Management Committee for endorsement and subsequent mobilization of resources.
Lymphatic Filariasis Elimination Program in Nepal

The Program for Elimination of Lymphatic Filariasis (LF) was initiated in 2003 and has now come to end for the year 2005. There are five districts under the implementation namely Parsa, Makawanpur and Chitwan in the Central Region and Nawalparasi and Rupendehi in the Western Region. This year the program has reached three million people of those five districts. The coverage rate is around 90% among the eligible people, and has maintained its achievement since the program started.

Post Mass Drug Administration (MDA) sample survey is under way in Rupendehi in the Western Region and Parsa in the Eastern Region to determine the actual coverage rate, to monitor the proportion and nature of adverse reactions following co-administration of the given drugs on Filariasis Day, to assess reasons for non-acceptance of the drug by means of direct and indirect interview, and to identify reasons for inadequate or drop in coverage in some places. The program in Nawalparasi district is fully financed by the World Bank. Expenses for the remaining four districts were met with HMG allocated budget and WHO country budget. Lack of resources has limited the speed of expansion of the program into more districts.

Floods and Landslides in Nepal 2005

Compared to recent years, the overall impact of floods and landslides has been less severe with fewer districts affected during the monsoon season. According to Nepal Red Cross Society, a total of 5895 families have been affected by floods and landslides this year. Immediately after the end of the monsoon season, on the 16th October 2005, heavy rains and floods caused a boat accident in the Sunkoshi River in Udayapur District in the Eastern Region. 5 people were killed and 6 people are missing. On the 20th October 2005, Dang district in the Mid-Western Region experienced heavy rains with large landslides and localized flooding. 3 people were killed and 800 families were affected. Assistance was provided by the District Disaster Relief Committee and the local chapters of Nepal Red Cross Society, and no additional outside assistance was required. (Source: Nepal Red Cross Society, July 3 to October 26 2005)

Funds and Landslides in Nepal 2005
Public Health monitoring based on Nepal Red Cross Society, 03 July to 26 October 2005

For the statistics of total affected families:
- < 20
- 20 - 99
- 100 - 499
- > 500

Total Affected families = 5895


Forthcoming News in 2005
National Annual Review Meeting for the Fiscal Year 2004/05, From 13-15 November 2005

The Health Sector National Annual Review Meeting is going to be held from 13-15 November 2005 for the fiscal year 2004/05. The focus of the meeting will be:

1. Progress report of goals and budgeting in expenses for activities in the fiscal year 2004/05.
2. The progress report of analytical trends of three years (2002/03, 2003/04 and 2004/05) with main health indicators.
3. The contribution of External Development Partners (EDP) and NGOs to the activities to achieve the goals of the Health Sector Implementation Plan.
4. The problems / Constraints / Issues raised in the regional review meeting of the fiscal Year 2004/05 in the Regional Health Directorate.
5. The main strategy for better performance especially for the low performance districts in order to improve performance.
Emergency Preparedness in Sindhupalchowk District

Sindhupalchowk district lies in the central region of Nepal on the Northern border with Tibet. A crack was detected in the rock over the Bhotekoshi river on the Tibet side which could result in a landslide blocking the river, causing severe impact to people upstream and downstream. A District Disaster Relief committee meeting was held to prepare for the reduction of the hazards as well as to improve emergency preparedness. The District Disaster Relief Committee decided to prepare the local resources as follows:

1. Sindhupalchowk Landslide & Floods Information Sharing Sub Committee should be formed. The Sub-committee will work in coordination with the Tatopani Revenue Office and Kodari Monitoring Office for sharing information regarding floods and landslides.

2. Request to Bhotekosi Power Company to make an early warning signal of danger.

3. Request to Division of Road Office, Charikot, Dolakha to have a Bull Dozer ready at a safe area of Arniko Highway.

4. Request to District Health Office Sindhupalchowk for the emergency preparedness for reduction of humanitarian loss and provision of immediate first aid treatment to potential victims.

5. Request to Nepal Red Cross Society Branch Office Sindhupalchowk for the necessary emergency preparedness for the probable incident.


As part of the preparedness efforts, the District Health Office Sindhupalchowk requested to Epidemiology and Disease Control Division (EDCD) for additional emergency supplies. EDCD and WHO EHA (Emergency Preparedness and Humanitarian Action) provided emergency drugs and medical supplies with a total cost of 1285 US dollars in October 2005.

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