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Beit Lahia
Friday 30 March 2007

1. Overview

- On the 27th of March, 2007, at about 9.30 AM, a basin of sewage burst its banks and flooded part of the Bedouin village of Um Al Nasser, in northern Gaza strip, with 5000 inhabitants (700 families).
- In the disaster, two children and three women were killed and a further 24 were injured.
- About 1,800 people - 280 families - have been made homeless and evacuated from the flooded village.
- PA, UN and humanitarian agencies rapidly responded to the emergency. The most urgent humanitarian needs have been met.
- The people evacuated have been accommodated in a camp that has been established to the north east of the Bedouin village. More than 330 tents were provided mainly by UNRWA. Non food items have been distributed by several humanitarian organizations.
- Sufficient quantity of potable water has been made available so far. However, safe water for personal use is still lacking. Latrines and showers have been put in place. A garbage collection system is not set up yet.
- The banks of the existing sewage basin have to be reinforced and the level of wastewater has to be urgently reduced, to ensure there is no recurrence of the flooding with 50,000 people in the vicinity that are at risk. ECHO has made available €600,000 for emergency works to consolidate the embankments of the main sewage lake in danger of collapse.

2. Public Health Threats

People relocated in the camp, as well as those remaining in Um Al Nasser village, are made vulnerable to several communicable diseases as a result of multiple risk factors that should be prevented or mitigated.

Inadequate shelter, poor health care services, overcrowding and lack of food are the main risk factors for **acute respiratory infections**, especially in children under one year old and elderly people.

Inadequate quantity and/or quality of water, poor personal hygiene, poor washing facilities, poor sanitation and insufficient soap may result in outbreaks of **diarrhea diseases**, including **cholera, and hepatitis (A and E)**.

Open wounds due to trauma and poor hygiene are risk factors for **tetanus** in adults.

Contamination of water by rat urine, contact with infected domestic and other animals (dogs, pigs, rats), inadequately treated drinking water sources, poor hygienic conditions in shelters and immediate environment are as well risks for **leptospirosis**.

WHO is currently advising the MoH on the most appropriate measures to prevent related outbreaks, as well as for preparedness and response.

3. Immediate health response

The Ministry of Health (MoH) declared a state of emergency in Gaza strip. The MoH Operation Room has been activated. Four MoH PHC clinics located in proximity of the affected area (Shaimma clinic in Beit Lahia, Jabalia clinic in Jabalia city, Beach clinic in the beach camp and Sheikh Radwan clinic in Gaza) are currently operating on a 24 hour schedule in response to the emergency. In addition, the PMRS PHC health facility in the affected area is also functioning around the clock. An UNRWA PHC clinic in Jabalia camp is providing services to refugees.

Additional medical points providing basic services have been put in place in the area: Two by the MoH, others by the Union of Health Work Committee (UHWC), Caritas and the PRCS. PMRS has made available one mobile clinic with the support of MDM and MSF.

Patients in need of hospital care are referred to the three hospitals in Beit Lahia: Kamal Edwan (MoH), Balsam (military services) and Al-Awda (UHWC).

Humanitarian, environmental and public health assessments are ongoing by different agencies.

4. Public health priorities

a. Surveillance System

A surveillance system for the emergency phase should be established, in order to track health events for early warning and response in case of an outbreak, according to communicable diseases risks in the specific situation in the affected area

WHO is currently providing technical support to the MoH for the identification of epidemic prone and vector borne diseases that will be monitored and reported on a daily basis with an active case finding and specimen collection for lab confirmation when appropriate. Case definitions and line listing forms have been prepared and distributed by MoH/WHO to the health providers operating in the area. A

It is imperative that health providers working in the area coordinate in establishing a consistent surveillance system, using the same indicators and case definitions and reporting to the MoH. WHO will conduct a meeting for all the medical providers in the affected area to ensure efficient coordination in the management of the emergency surveillance.

b. Health Promotion and Education

In response to the emergency, the MoH, through its health education and promotion department, is going to conduct daily education sessions to the affected population starting next week. The sessions will focus on personal hygiene, nutrition, skin diseases, respiratory infections, in addition to other required topics.

WHO is providing technical support on the contents, to assure that correct and easy to understand messages are conveyed to the affected population. The MoH and the PMRS will be responsible for conducting education sessions.

c. Environmental Health

The Environment Quality Authority in cooperation with the Environmental health department of the MoH is responsible for this area. WHO has mobilized from its regional office an environmental expert, available to assist the MoH on an environmental health assessment of the area.

d. Water Quality

In response to the current emergency situation, since the day after the disaster water samples are collected and analyzed every 3 days by the MoH public health lab from the different sources in the area, to test the quality of water, including the piped one, that may have been contaminated by infiltrations of the flooded untreated water.

e. Immunization

An anti tetanus immunisation campaign will be carried out in the affected area by the MoH to. The MoH is currently defining the targeted age group for the campaign. UNICEF will provide the required vaccines.

f. Psychosocial support

Psychosocial interventions by several humanitarian agencies are planned. A workshop will be conducted by UNICEF to coordinate among the different bodies providing this service.