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Beit Lahia
Tuesday 03 April 2007

1. Overview - update

- The updated figures related to the flood affecting - on the 27th of March - part of the Bedouin village of Um Al Nasser, in northern Gaza strip, are the following:
 - Three children and three women were killed and a further 18 were injured (MoH sources).
 - 333 families (2168 people), of which 26 (151 people) local residents and the remaining refugees have been evacuated from the flooded village to a nearby site, in 376 tents.
- UNRWA has now established a comprehensive list of all families (including family size and tent number) which is to be used for all future assistance purposes.
- Potable water and safe water for personal use is available in sufficient quantity.
- Latrines and showers have been put in place as well as a garbage collection system, temporarily managed by UNRWA until the PA will be prepared to take it over.
- The additional emergency medical points that are providing medical services are all still in place except the one of Caritas that has been suspended. MDM and MSF will support the PMRS mobile clinic, if needed.

2. Public health priorities – follow up

a. Surveillance System

An ad hoc health coordination meeting including all health providers in the affected area has been organized on the 1st of April by WHO in order to facilitate the establishment of an effective emergency surveillance.

A field visit as been conducted by a team formed by MoH and WHO staff in order to supervise the emergency surveillance system in place - after the prior distribution of and instruction on surveillance forms and case definitions. The team visited all health facilities in the area, including the medical points and referral hospitals in Beit Lahia. The epidemiological information has started to be collected on daily bases in all medical points by the MoH staff as well as daily sent by the referral hospitals to the epidemiology department in the MoH. Statistics on the listed diseases are regularly monitored and analyzed.

The physicians working in the medical points reported that the majority of the cases seeking care had *acute respiratory infections*. Several cases of *Scabies* were received as well.

b. Health Promotion and Education

The MoH health education and promotion department, in cooperation with a PMRS team, on Sunday 1st of April have started to conduct health education sessions to the affected population. The sessions have been conducted by the MoH team in the school and in the community centers in the area, whilst the PMRS team has been visiting the population in the tents.

c. Water Quality

The MoH public health lab has collected 6 water samples from different sources in the affected area. The results of the tests showed no water contamination. Collection and testing of water samples will be regularly carried out done every 3 days.

d. Immunization

The measures identified by the MoH, after consultation with UNRWA and WHO, are the following:

1. A polio immunization campaign for all children 0-5 years residing in the Bedouin village will be carried out.
2. The tetanus seroconversion has been tested in a random sample of school children in the area, the finding confirming that tetanus coverage is very high in this population.
3. As a result, an anti tetanus immunization campaign will be targeting people 15 years and above residing in the Bedouin village. The campaign will start in the two MoH medical points.

e. Psychosocial support

A workshop has been conducted by UNICEF to coordinate among the different service providers. Psychosocial services, with 13 counselors, started to be provided in the area by UNRWA, with support from UNICEF and the MoH. The counselors have been organized in groups and started to visit the tents. The MoH has made available one psychiatrist who will follow up with those cases in need of referral identified by the counselors.

The MoH, with the support of MDM and MSF, will conduct a session for the physicians working in the different medical points on psychosomatic symptoms and on the guidelines and mechanisms for referral.