Each week, the World Health Organization Department for Health Action in Crises in Geneva produces information highlights on the health aspects of selected humanitarian crises. The WHO contributions in each situation are provided through a mix of different WHO programmes: the staff involved is drawn from WHO field and country offices, often with support from different departments in WHO regional offices and Headquarters. The remit of the WHO departments specifically concerned with Emergency and Humanitarian Action in Crises is to increase the effectiveness of the WHO contribution to crisis preparedness and response, transition and recovery. This note, which is not exhaustive, is designed for internal use and does not reflect any official position of the WHO Secretariat.

**INDONESIA**

**Assessments and actions:**
- On 1 January, heavy rains caused flashed floods and landslides in 10 sub-districts in Jember District, East Java Province, Indonesia. The area is prone to similar events and extensive logging has damaged water catchment areas.
- According to the Jember District disaster management office, as of 4 January the floods had killed 77 people and injured several dozens. Between 6,500 and 8,000 people have been displaced and are now sheltered in various public buildings. According to first estimates, at least 2,500 houses and thousands of vehicles were damaged.
- Authorities are concerned with the risk of disease outbreaks among survivors. One person has already been diagnosed with typhoid and has been admitted to the local community health centre.
- On 4 January, landslides triggered by torrential rains swamped a village in Banjarnegara Sub-District, Central Java Province, burying 102 houses. According to the local disaster management office, 29 persons have been killed and 13 others injured. Close to 100 are reported missing.
- National, regional and local authorities are carrying out search, rescue and evacuation activities, providing emergency items such as food, water, medicines and ensuring treatment and/or transfer for the injured.
- The Government of Indonesia has not requested international assistance.
- WHO is in contact with the MoH and local health authorities and monitors the situation to provide support as needed.
- WHO has called for an emergency meeting with the UN Technical Working Group on Disaster Risk Reduction to review the situation and provide emergency assistance as needed to the affected population.

**SOUTH ASIA EARTHQUAKE**

**Assessments and actions:**
- Since 31 December, heavy rains and snowfall have hit most earthquake-affected areas, making accessibility a serious concern. Landslides were also reported (no related casualties have been notified).
- In Muzaffarabad, UNICEF and WHO are assessing health facilities available in camps. There is no threat of epidemics although isolated cases of measles and diarrhoea have been reported.
- In Battagram, WHO is assessing its support to Basic Health Units (BHUs) rehabilitation. UNICEF and WHO will construct 100 new prefabricated BHUs to be distributed in the affected zones in accordance with the MoH’s recommendations.
- In Bagh, a WHO survey showed that the mental health of affected populations requires immediate attention. A large part of the population, including many children, suffer, to varying degrees, from depression, anxiety and Post Traumatic Stress Disorder. The main reasons are accumulated loss and grief. The city neither has the resources nor the means to cope with the problem. WHO experts recommend grief counselling, followed by a district-wide community-based training programme for social workers. The MoH and WHO have already sent to affected areas nine teams to provide mental health care and psychosocial support to survivors.
- WHO confirmed that no more cases of jaundice are reported. Full investigation samples were taken and sent to Islamabad.

More information is available at: [WHO EMRO South Asia Earthquake](https://www.who.int/emro/south_asia/earthquake)
[Health Action in Crisis South Asia Earthquake Coverage](https://www.who.int/health_actions/crises/southasia/earthquake_coverage)
Health Action in Crises

WHO is working with partners to address the health aspects of crises in more than 40 countries. Check the Health Action in Crises Web site for more details: http://www.who.int/disasters/

- The MoH, UNICEF and WHO are conducting an immunization campaign in Mansehra for both established and spontaneous camps. It provides measles vaccination for children aged 6 months to 15 years and not covered in previous campaigns. Vaccination against tuberculosis, hepatitis E, polio, tetanus and meningitis are given simultaneously as per the National Policy.
- Of the USD 27 million requested by WHO to fund the health response in the affected area, only about half has been received.
- WHO activities in Pakistan are supported by Australia, Canada, Denmark, Ireland, Italy, Japan, the Republic of Korea, Kuwait, Monaco, Norway, the Slovak Republic, Sweden, Switzerland, Turkey, the UK, the US and many private contributions.

**SUDAN**

**Assessments and actions:**

- In Darfur, acute respiratory infections, malaria, bloody diarrhoea and injuries remain the leading causes for morbidity for all age groups. Severe malnutrition currently has the highest case fatality ratio (CFR) among children under-five at 1.6%, followed by malaria at 0.5%.
- Although it is the low season for malaria transmission – the attack rate declined from 52.7 to 20.8/10,000 between September and December – the burden of malaria-related deaths among vulnerable groups should not be neglected or underestimated in areas of unstable and seasonal transmission like in Darfur. The CFR of malaria is high.
- The number of Hepatitis E cases is greatly reduced, with only 2 new cases reported in North Darfur during the last week of December. This brings the total number of cases since 1 January 2005 to 17,568, including 66 deaths.
- The measles campaign, organized by WHO and the NGOs Relief International, Partner Aid International, Malteser and MSF-Belgium, is almost completed, covering more than 95% of the targeted population.
- In West Darfur, six new measles cases were reported, bringing the total number of cases since 1 January 2005 to 410. The general insecurity, which limits accessibility, raises concerns regarding the extent of the EPI coverage in the area.
- In South Darfur, a mass schistosomiasis treatment campaign was initiated by WHO and the State MoH in Add el Fursan. Around 3,000-3,500 children were treated with praziquantel.
- Between 1 January and 23 December 2005, a total of 546,916 cases of acute respiratory infections were reported in the Greater Darfur, including 121 deaths (CFR: 0.02%). During the same period, 225,577 malaria cases (including 208 deaths) and 100,999 bloody diarrhea cases (113 deaths) were reported.
ZAMBIA

Assessments and actions:

• Heavy rains have exacerbated a cholera outbreak that was ongoing in urban areas around Lusaka. Zambia has confirmed that since the beginning of the outbreak in August, 1,144 cases have been recorded and six deaths confirmed.
• Numbers rose sharply at the end of December as sanitation and water problems tend to worsen during the rainy season.
• Local and national health authorities are striving to prevent a repeat of the 2004 cholera epidemic, which claimed over 100 lives.
• WHO has offered its support to the government in responding to the outbreak.
• Upon request, emergency medical supplies, including Oral Rehydration Salts, Ringer Lactate, catheter and disposable syringes, have been shipped from the WHO Regional Office to the Country Office.

Please send any comments and corrections to crises@who.int

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