

HIGHLIGHTS

- There has been a marked reduction in number of cases of dengue over the past three months.
- The Myanmar Government's national programme for malaria is currently undertaking a "malaria risk assessment".
- In some areas of the delta some health cluster partners are gradually phasing out their activities.

SITUATION UPDATE

- Clean drinking water remains a major problem in the delta, and although a large number of ponds have been cleaned, many remain salinated.
- The Myanmar Government's national programme for malaria is currently undertaking a "malaria risk assessment". Data to date indicate that the majority (70-75%) of malaria cases in Myanmar are males. Mapping of malaria-endemic regions is needed to ensure that adequate numbers of mosquito nets are provided to match the needs in different regions.

HEALTH CLUSTER RESPONSE

1. Disease Surveillance

- Week 36 (1-7 Sept 2008) of the Early Warning, Alert and Response (EWARS) method of disease surveillance had reports of 24 cases of dengue haemorrhagic fever (DHF), four cases of suspected measles and two cases of suspected tetanus.
- Twenty of the 24 DHF cases were from Patheingyi General Hospital. The remaining cases were from Mawlamyinegyun and Wakema (two cases each). Larviciding with 'abate' in order to tackle dengue in those areas continues.
- All measles cases were reported from Labutta, in patients above the age of 5 years. Measles surveillance in the area is being strengthened and case-based immunization is ongoing.
- The suspected tetanus cases were construction workers who were pricked by nails. They have been given tetanus-toxoid shots.
- There has been a marked reduction in number of cases of dengue over the past three months: 670 cases in June; 873 cases in July and 326

cases in August. Case fatality rate of Dengue has been low: in Ayeyarwaddy division is 0.34% (8 out of 2335) and for Yangon division it is 0.57% (16 out of 2704). Both numbers are lower than the 1% CFR used as the international standard.

- An in-depth analysis will need to be conducted with the MOH to see whether the decrease in dengue cases correlates with larviciding campaigns.

2. Health Action

- The Ministry of Health and health cluster partners have conducted training of basic health staff in Labutta.
- IOM, who has been working on the referral system in the delta, has reported that medical referrals from townships to Yangon, is now available in Mawlamyinegyun, Pyapon and Bogale. They will share guidelines for referrals as these concern medico-legal issues.
- Fifty households in Mawlamyinegyun were sprayed with 'abate' as part of the larvicidal campaign. Mass 'abate' campaign by health cluster partners were conducted in Kyaiklat in last week.
- The Health cluster has suggested that township focal points could assist the township medical officer (TMO) to conduct a "quick" survey on the number and location of mosquito nets distributed amongst the health partners. This would provide the cluster with a better idea of township-level distribution of those nets.
- MoH has given approval to Mercy Malaysia for construction of rural and subrural health facilities in Dedaye. Other partners will also construct four sub-rural health centers in Kyaiklat following discussions with the TMO.
- Health partners conducted a workshop on a draft of global guidelines for HIV response in emergency setting.
- In some areas of the delta some health partners are gradually phasing out health activities. There will have to be alternative partners to take over their activities.

HEALTH COORDINATION

- WWW health cluster database is being field tested in Pyapon
- MoH and health cluster partners discussed a monthly strategic health plan for the month of September in Bogale. Such a plan is being finalized in Mawlamyinegyun by the TMO with health partners.
- The Health Cluster working groups:
 - Disease Surveillance: The Surveillance working group will seek solutions to improve reporting from partners. Regular feedback and response system to improve the surveillance system at the Township level will be discussed. There is need to strengthen information-sharing between Yangon and the Townships.
 - Early recovery/health systems: The Early recovery working group discussed training and capacity building of primary health care services and equipments needed. A concept paper is being developed.

Inter-Cluster Coordination

- Needs, resources availability and approaches of WASH cluster were shared. Nutrition cluster also shared an integrated approach that will be useful to provide better impact on provision of health. Joint monitoring of activities and provision of services were stressed.