Communicable Disease Surveillance and Response

Under the stewardship of the Ministry of Health, the Central Epidemiology Unit (CEU), being the National Focal Point for the Communicable Disease Surveillance and Response, is working hard in collaboration with related ministries, departments and organizations.

National Surveillance System focuses on the surveillance of the epidemic prone communicable diseases (severe diarrhoea (Cholera), dengue haemorrhagic fever and plague), Diseases Under National Surveillance (DUNS) (diarrhoea, dysentery, food poisoning, typhoid and paratyphoid), emerging infectious diseases, post disaster communicable diseases, climate related communicable diseases and vaccine preventable diseases. The ultimate aim of communicable disease control is the reduction of morbidity and mortality while some of the diseases like Vaccine Preventable Diseases (VPDs) are being controlled to achieve eradication and elimination goal.

With the strengthening of the routine immunization programme, the surveillance of all VPDs Case Based Measles Surveillance, Acute Flaccid Paralysis (AFP) surveillance, neonatal tetanus, other tetanus, diphtheria, and whooping cough surveillance has been strengthening for effective and timely response to the outbreaks. Currently, the goal of eradicating poliomyelitis and eliminating measles are set up and all the Basic Health Staff are endeavoring to achieve those goals. At the mean time, the elimination status of maternal and neonatal tetanus has been sustaining through the effective strategies.

Changing climate has significant effect on the epidemiology of communicable diseases resulting in the emergence and re-emergence of infectious diseases. Thus, the surveillance and response to the emerging and re-emerging diseases has been reinforcing in the recent years through One World One Health Approach and capacity building of the health staff at all levels of National Surveillance System.
Field Epidemiology Training Programme

The epidemiological skills of the BHS have been building up by providing epidemiology trainings since five decades ago. Since 2008, those trainings have been revolutionized as Field Epidemiology Training Programme which focuses on the application of field epidemiology in disease surveillance and outbreak investigation. Total of 163 participants including doctors and BHS from Ministry of Health and Veterinarian from Department of Livestock Breeding and Veterinary have been trained in Field Epidemiology during the period of year 2008 to 2011.

Pandemic Influenza Preparedness

Avian Influenza is expected to be the next pandemic after the H1N1 (2009) pandemic. Ministry of Health has been preparing for the best with the worst expectation to combat the next pandemic. The preparedness is undertaken in accordance with existing Strategic Plan for Prevention and Control of Avian Influenza and Human Influenza Pandemic Preparedness and Response endorsed by the National Health Committee in 2006. The table top exercise and simulation exercise on pandemic preparedness and response, updating of National Influenza Preparedness Plan and Pandemic Vaccine Deployment Plan and the first step of developing of Business Continuity Plan were accomplished in 2010 & 2011. The antivirals have been stockpiled in 2011-2012 through the support of ASEAN-Japan Stockpile Project.

Development of BCP in multi-sectoral Approach

One of the most important preparedness for the pandemic is to develop Business Continuity Plan (BCP) which identifies the essential services of each ministry and how to maintain those by mobilizing resources. Ministry of Health has organized the workshop on developing BCP at all key line ministries on 22nd November 2011 in Naypyitaw.

Implementation of International Health Regulation (IHR 2005)

In order to prevent the international spread of communicable diseases, the Central Epidemiological Unit works closely in collaboration with National IHR Focal Point, the International Health Division of the Ministry of Health. In addition, the existing communicable disease surveillance activities have also been integrated with the regional surveillance systems like ASEAN Disease Surveillance Network (ADSNet) and Mekong Basin Disease Surveillance (MBDS) Network.
6th Meeting of ASEAN Expert Group on Communicable Diseases

With the high commitment of the Ministry of Health, the Department of Health has been promoting its partnerships with ASEAN countries in implementing the Socio-cultural Blueprint. The Ministry of Health hosted the 6th Meeting of ASEAN Expert Group on Communicable Diseases which was convened on 9-11 November, 2011 in Yangon. Myanmar is the current chair of AEGCD and acquired the chance for the first time participation in the AEGCD Meeting and for providing technical contributions in the Medium Term Plan for Emerging Infectious Diseases.

The delegates from the ASEAN Member States, officials from ASEAN Secretariat, delegates from the partner organizations; from WHO (SEARO) and (WPRO), FAO and Asia One Health Formulation Program Mission and participants from the Ministry of Health Myanmar joined the meeting and discussed on finalization of Draft Medium Term Plan of Emerging Infectious Diseases and its 12 components. Myanmar has proposed to take the chairmanship of ASEAN + 3 Field Epidemiology Training Network (FETN) in 2012 and to host the meeting and to take the lead country in Malaria and Highly Pathogenic and Emerging Diseases (HPED).

Disaster Management and Preparedness

Under the stewardship of the National Disaster Management Committee, the Ministry of Health has been working together with Department of Meteorology and Hydrology of Ministry of Transport, Ministry of Social Welfare, Relief and Resettlement, other related ministries, UN organizations and NGOs for disaster management, particularly damage and loss assessment of the health facilities, sustaining and restoration of health services and control of communicable
diseases. The priority activities for disease prevention and control included the establishment of Early Warning, Alert and Response System (EWARS), immunization of susceptible population, proper camp management, food and water safety and prompt response to the outbreaks.

**Relief Efforts for the Tarlay Earthquake**

The earthquake of magnitude of Richter Scale 7 and the aftershocks hit Shan State at 8:30 p.m., 24th March 2011, with the epicenter at Lwal-Mway, Tarlay Sub Township, Tarchileik District. There were 64 deaths and 92 injuries. A total of 2948 persons from 702 households were affected by this strong earthquake and displaced to the temporary camps. Tarlay Sub Township Hospital was totally collapsed and the residences of the health workers were also badly destroyed.

The emergency care was provided at Temporary Hospital and affected areas by the Rapid Response Teams from Central, State and District, Regional Surveillance Officer, the Specialist Teams from Yagon General Hospital and the Public Health Teams together with the local health staff. Emergency Supplies and drugs were provided for emergency care. The communicable

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*Deputy Minister for Health, Dr. Win Myint, supervising the post disaster management of health sector*
diseases have been well controlled through the establishment of EWARS System, the chlorination of the water sources, providing injection TT immunization for injured and sustaining routine immunization at affected areas.

Responding Pakokku Flash Flood

The heavy torrential rain due to the effect of O2B Cyclone in 19th and 20th October, 2011 caused the flash flood in Pakokku, Myaing, Pauk, Saikphyu townships in Magway Region. Flash flood claimed 161 lives and 29,751 people were affected. More than 8,000 were displaced to temporary relief camps. It also caused partial damages to some Rural Health Centers and sub-Rural Health Centers in Pakokku District.
Based on the previous experiences from Cyclone Nagis and Tarlay Earthquake, Ministry of Health activated the Strategic Health Operation Center and sent the initial rapid response teams with Emergency Health Kits as early as 21st October 2011. Total of US$ 12,000 worth of drugs were supported by Ministry of Health for the affected population. As a result of effective surveillance, prevention and control, no outbreak of communicable diseases occurred in post disaster period.

**Emergence Response to Fire Outbreak in Mingalar Taungnyunt Township**

The fire outbreak in Kadoseik Ward, Mingala Taungnyunt Township started around 1:40 am on 29 December, 2011. The official death toll rose to 20 and 96 trauma cases were admitted to Yangon General Hospital, East Yangon General Hospital, and West Yangon General Hospital. The deadly fire left over 1000 people from 140 households homeless.

The Specialist Teams of the Ministry of Health took emergency actions in line with Hospital Mass Causality Management Plan; triage of the patients, providing intensive treatment and referral of the critically injured patients. Under the guidance of Ministry of Health, Regional Rapid Response Team lead by Regional Health Director together with Township Medical Officer carried out public health and disease control measures which included emergency logistic supply, water and food safety, environmental sanitation, referral of patients, measles vaccination of under five children and TT vaccination to those working in the field and in the camps.