

Executive summary

The human impact of the tsunami on December 26 2004 was enormous: more than 175.000 people killed, almost 2 million affected and many people lost their homes. Indonesia, Sri Lanka, India and Thailand were worst hit with Indonesia bearing the greatest burden with nearly three-quarters of all dead and over half the homeless.

Communicable disease outbreaks were foreseen in the aftermath of the disaster and the large number of dead bodies gave rise to widespread fear of epidemics. Evidence from previous natural disasters however, has shown that disease outbreaks are a very rare occurrence and it is well established that dead bodies do not pose a health threat.

The objectives were 1) to describe the patterns and relative importance of major diseases as a consequence of the tsunami, 2) to compare these to the pre-existing disease profiles in Aceh before the disaster, 3) to identify key recommendations for improvement of disease control and surveillance after disasters.

A team from CRED visited Jakarta and Banda Aceh from April 11-23. Data were collected from the Central and Provincial Ministries of Health, WHO and health NGOs. In addition, the team interviewed key health officers from UN, NGO and Ministry of Health, as well as academics. A collaboration was established with the ICRC field hospital in Banda Aceh, the first operational hospital in the province after the disaster and a dataset was constructed including all consultations from January 11-31. Disease profiles are presented for cholera, tetanus, wounds and wound infections, acute respiratory infections, malaria and dengue.

Experience has shown that certain diseases (cholera, malaria, dengue), however commonly believed, are not always a priority immediately after a disaster. The number of disaster related health conditions needing emergency response, decreased by two and became negligible four weeks after the disaster. International humanitarian agencies in the health sector should start working with the MOH well within this time period.

Surveillance systems in emergencies urgently need further research and development. The WHO system set up immediately after the tsunami was a major step forward and lessons should be learnt from this experience and used to develop a prototype for future emergencies.

Guidelines for tetanus and aspiration pneumonia should be included in disaster medicine handbooks and although we have not presented findings on maternal and child health services, deliveries occurred with undiminished regularity and in worsened conditions. Humanitarian aid groups should be prepared to provide emergency obstetrics and post-natal services.

Funding for relief after natural disasters should be mindful of its sustainability. This approach is not contradictory to providing immediate relief, but requires pre-planning and technical skills. Donors should know when to stop providing emergency relief funds and transit to development strategies.