



EXPERIENCES IN THE MARSHALL ISLANDS WITH UNDERSTANDING & MANAGING THE HEALTH RISKS OF CLIMATE CHANGE



"KUMITI EJMOUR"

HEALTH IS A SHARED RESPONSIBILITY

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Republic of the Marshall Islands

https://www.youtube.com/watch?v=MgD_TI5vQKY





PRESENTATION OUTLINE



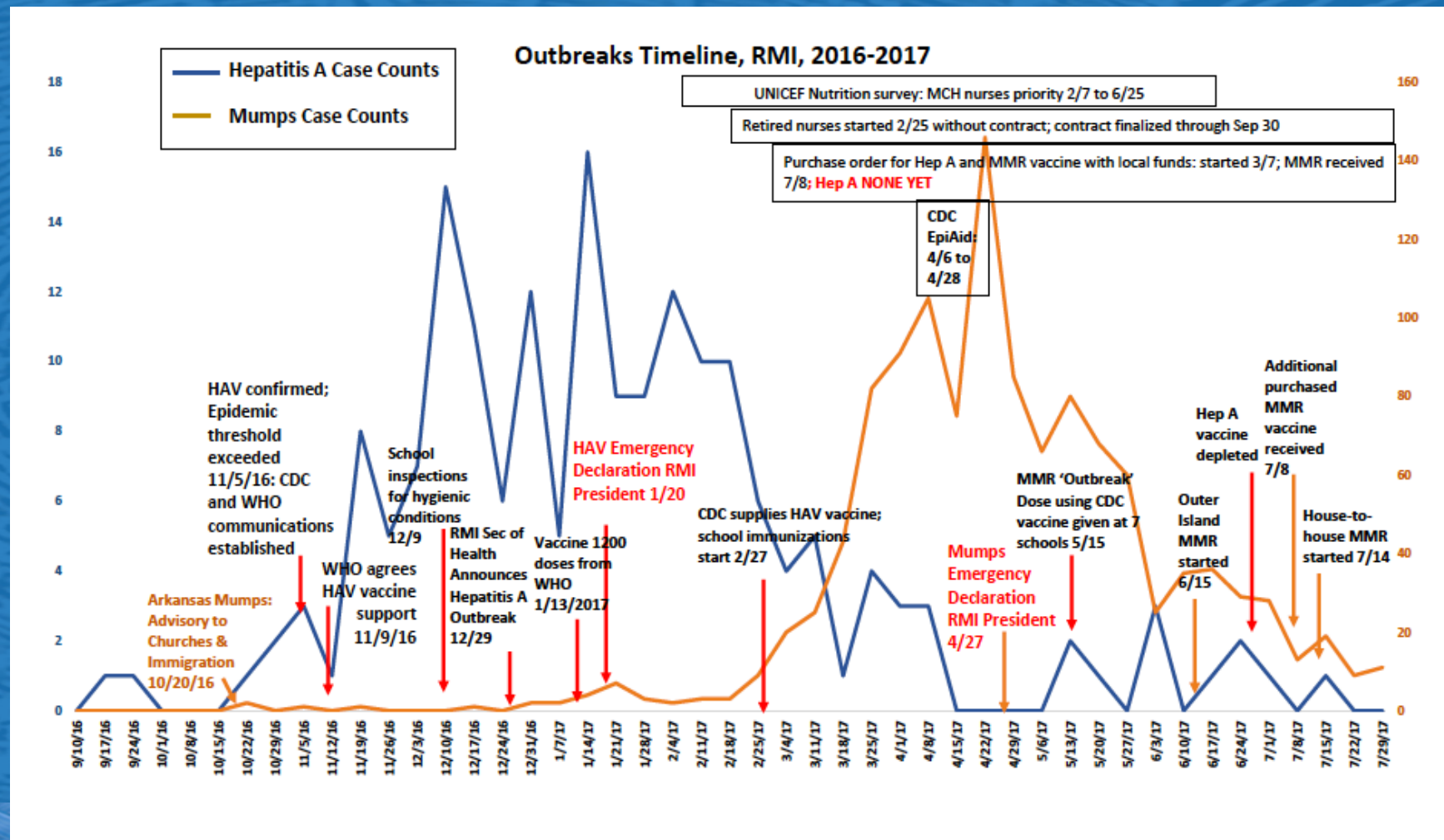
- Current Evidence, *What We've Experienced*
- National Efforts, *What We've Done*
- Recommendations, *What We Need*
- In the Pipeline
- Conclusion



Current Evidence: What We've Experienced



OUTBREAK	DATE
MEASLES	1988
MEASLES	2003
CHOLERA (EBEYE)	
H1N1	
DENGUE	2011
DROUGHT	April 19, 2013
ILI	2014
CHIKUNGUNYA	2015
DROUGHT	2015-2016
ZIKA	2016
AGE	2016
CONJUNCTIVITIS	2016
ILI	2016
MUMPS	2016
HEPATITIS A	2016





Cont...

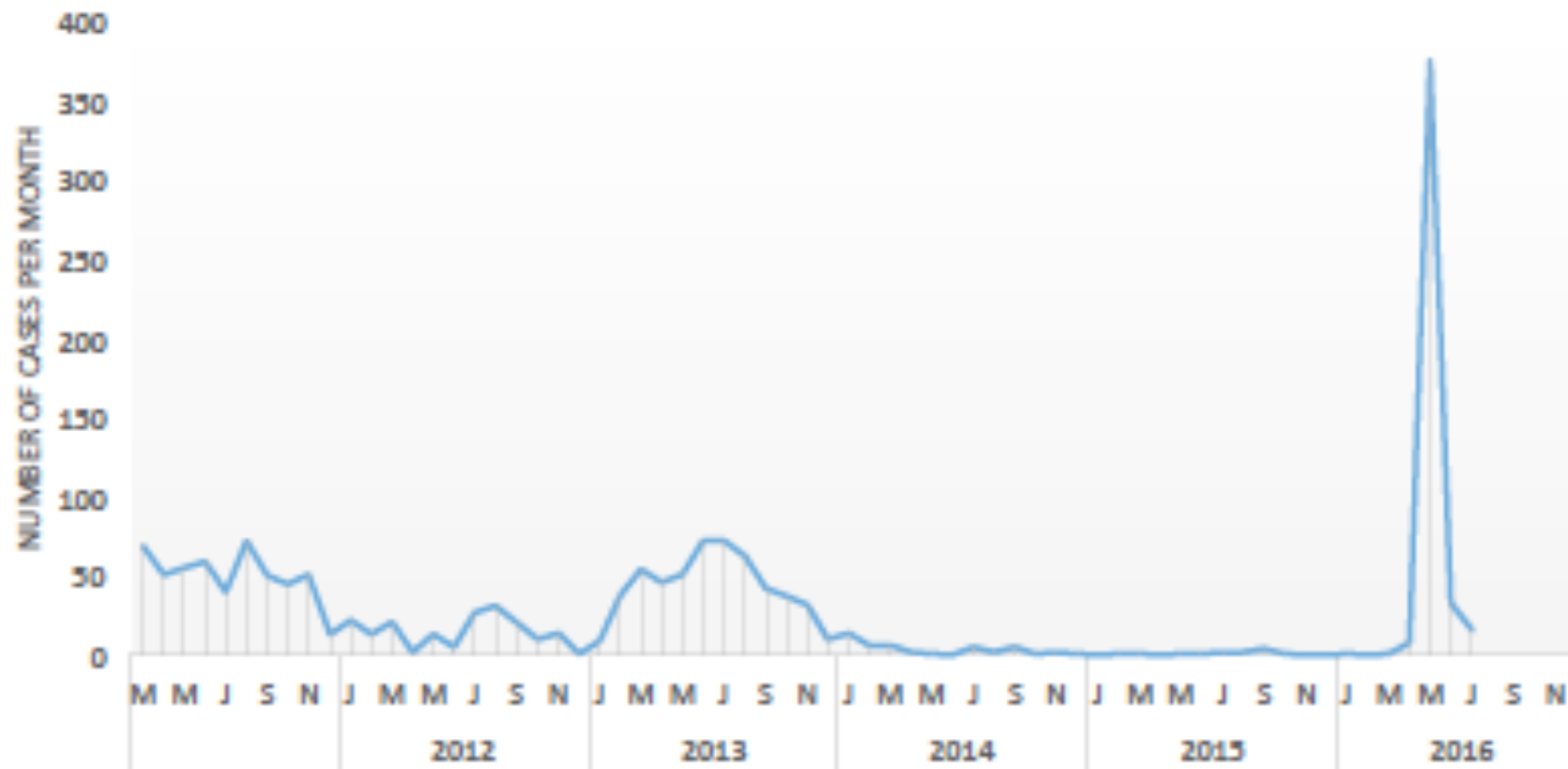


Figure 12: Variation in the number of patients with conjunctivitis in Majuro, 2011 to 2016



National Efforts, *What We've Done*



Quick response to Zika

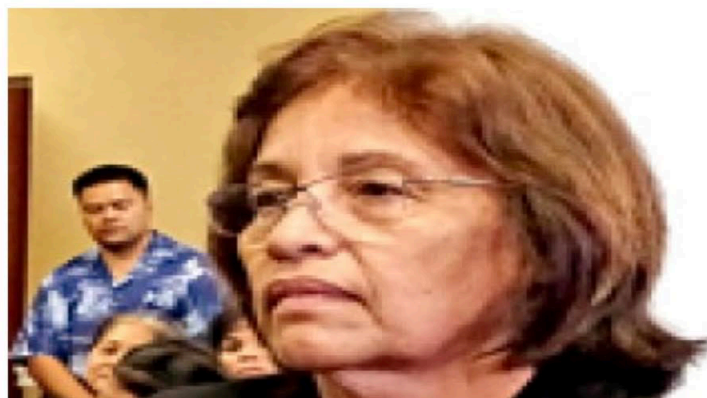
By **Journal** on February 25, 2016 [News Archive](#)



HILARY HOSIA The Ministry of Health moved into emergency action mode after confirmation last Thursday that Majuro has its first case of the Zika virus. After verifying Zika confirmation with the Hawaii laboratory Thursday, in less than two hours a team was set up and dispatched to inspect the home and surrounding area where the [...]

Zika 'emergency' declared

By **Journal** on March 4, 2016 [Feature Articles](#)



KEY ACTIVITIES

STATUS

EH Assessment

Completed

Identified Staffs

Started

Vector Control
Management Plan

Drafted; not
endorsed


EPINET / ICS

Completed

EH Strategic Plan
(Regional)



Drafted





MUMPS in Republic of the Marshall Islands, 2016-2017

Report Date: Mar 31, 2017

Outbreak Overview

There are total 223 probable cases of mumps in RMI. 219 on Majuro and 4 on Ebeye. Kwajalein, RMI was informed that there MUMPS in the state of Arkansas with 88% of those cases were Marshallese. EpiNet moved from passive to active surveillance in RMI in Oct 2016. Age range is 1 to 69; Median age is 13. Most cases on RMI are among school children ages 10-14. MMR vaccine coverage for 1 dose is 82% and 2 doses are 74% among these cases.

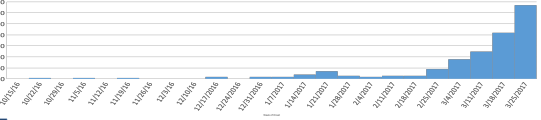
Case Definition (CDC):
Probable: Acute onset of Unilateral or Bilateral Tender, self limited swelling of the parotid or other salivary glands lasting two or more days and without other apparent test.
Confirmed: Meets possible case definition plus positive lab test (IgM or serial IgG) test

Lab Testing

Index Case: (Illness onset 10/22/2016). Specimens were tested in early days of onset and thus resulted negative for IgM antibody to Mumps virus. PCR testing is available and testing are doing randomly due to limited Confirmation of 15 cases that were negative for IgM serology by commercial test have been tested positive by CDC, affirming that this is truly a Mumps outbreak situation.

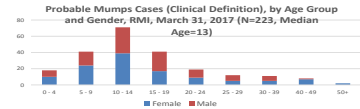
Cases by Date of Onset

Probable Mumps Cases, by Clinical Case Definition*, RMI, March 31, 2017 (N=223)



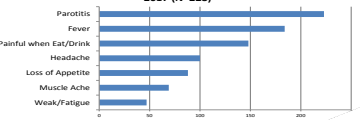
Cases by Age & Sex

Probable Mumps Cases (Clinical Definition), by Age Group and Gender, RMI, March 31, 2017 (N=223, Median Age=13)



Symptom Profile of Possible Cases

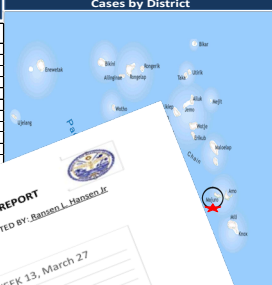
of Probable MUMPS cases by Symptoms March 31, 2017 (N=223)



Probable cases of Mumps and Attack Rates, by School, RMI March 31, 2017

School	Case Count	School Pop	Attack rate per 1,000
Ajelake Elem	3	292	34.25
Assumption	7	245	28.57
Baptist	8	274	10.95
Coop Elem	2	265	7.55
CMI	12	927	12.94
Delap Elem	13	704	18.47
Ebeye, ECIS	1	100	10.00
Ebeye, Jctiro	1	153	6.54
Ejit Elem	1	67	14.93
Laura Elem	0	483	0.00
Laura HS	2	318	6.29
Laura SDA	0	70	0.00
Long is Elem	10	342	29.24
MHS	19	1091	1.74
MCHS Rongro	9	1001	0.90
MHS	12	1001	1.20
RCS	1	1001	0.10
Rairok Elem	1	1001	0.10
Rita Elem	1	1001	0.10
SDA	1	1001	0.10

Cases by District



Response Measures

- EpiNet team activated → Emergency Response Plan put in place
- Declaration of Health Emergency to be discussed at NCD
- Expanded active surveillance started in October, 2016
- Media releases for public, posters & flyers issued; radio announcements and mass texting to mobile phones; Newspaper
- Ministry of Health OPD and MCH clinics established triage desks for potential mumps patients.
- Patients were given masks and escorted through the clinic to decrease exposure to other patients.
- Public School Principals were given information to review the immunization cards and exclude any students that do not have 2 doses of MMR vaccine and refer them to MOH for immunization.
- Any new cases found in schools are sent home for 5 days with instructions for isolation. Referral to MOH is suggested for any worsening symptoms or complications.

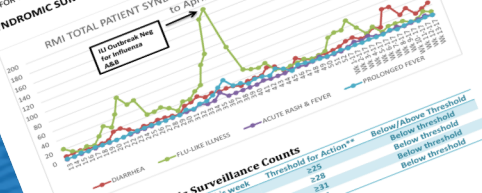
Contact:
 Dr Helentina Garstang
 EpiNet team chairperson:
 455-4031
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RMI COMMUNICABLE DISEASE WEEKLY REPORT

REPORT FOR WEEK ENDING: April 2, 2017 (Reporting week #13)
 SUBMITTED BY: *Sabrina L. Harmon Jr*

I. SYNDROMIC SURVEILLANCE:

RMI TOTAL PATIENT SYNDROMIC COUNTS BY WEEK 13, March 27 to April 2, 2017



Syndrome	Last Week	This week	Threshold for Action**
Dengue	18	23	235
Prolonged Fever	14	8	226
Acute Rash & Fever	5	1	234
Prolonged Illness	2	0	234

Clinic	Diarrhea	BF	AFR	None	SS	Fill	%
OPD	13	1	0	1	257	270	33
ER	3	7	0	0	142	156	58
MCH	3	7	0	0	160	167	24
Total	22	8	0	1	559	593	115

Syndrome	Last Week	This week	Threshold for Action**
Dengue	0	0	235
Prolonged Fever	0	0	226
Acute Rash & Fever	0	0	234
Prolonged Illness	0	0	234



NEXT STEP (IN THE PIPELINE)



ACTIVITY	TIMEFRAME
Environmental Health Framework Alignment	July 2018
EH Governance Taskforce Initial Meeting: Food Safety -	June 2018
Preparedness / Disaster Management Mapping	June 2018
Parliament Budget Hearing	August 2018
National Donor Development Agency Crop Meeting	October 2018
Officiating of EH Unit	October 2018
Sustain AGCI Partnership	May 2018



<https://www.youtube.com/watch?v=DJuRjy9k7GA>





KOMOL TATA
THANK YOU VERY MUCH
MAHALO NUI LOA

