Oral Sessions | Session

[O2-19]
Immediate capacity assessment of infectious disease surveillance officer after disaster in Central Sulawesi Province earthquake and tsunami, Indonesia

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[O2-19-01]Immediate capacity assessment of infectious disease surveillance officer after disaster in Central Sulawesi Province earthquake and tsunami, Indonesia

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Infectious disease spreading among internal displaced person (IDPs) remains serious problem in post disaster event. Increasing number of infectious diseases and death cases due to lack of surveillance monitoring and surveillance officer capacities negatively associated with daily surveillance monitoring at affected public health center area. This study aimed to assess infectious diseases capacities and to identify issues emerged among surveilance officer at post disaster event. In this study, we obtained the data from all surveillance officer (50 subject) in affected areas that located in Palu, Sigi and Donggala, Province of Central Sulawesi, Indonesia after 60 days sudden of disaster. Short message service was applied in this study due to lack of internet connection and unconnected road after disaster hit these areas. Almost 50% of total surveillance officer in Palu affected the tsunami and earthquake and it caused the shut down of infectious disease surveillance in Palu for 2 weeks after sudden of disaster. Of 90% surveillance officers had taken responsibility to giving assistence to other department in public health center. There was no supporting surveillance equipment available in Sigi and Palu in order to report surveillance data. Approximately 10% of total surveillance officers was trained for surveillance in general setting and no information available about number of surveillance officer had trained with post disaster surveillance. During the disaster, loss of internet connection and unconnected networks accected low reporting of completeness and timeliness of infectious disease surveillance system. Post disaster training and manual guideline for reporting system is needed to monitor infectious disease circulating in shelter and temporary housing. To extend the reporting system while there was no internet connection and transportation available is essential part to improve the post disaster surveillance system.