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## Information bulletin

# Mongolia: Influenza A outbreak



<b>Glide number:</b> <a href="#">EP-2019-000007-MNG</a>	<b>Date of issue:</b> 18 January 2019
<b>Date of disaster:</b> Ongoing from December 2018	<b>Point of contract:</b> Davaajargal Batdorj, Director of Programs and Cooperation
<b>Host National Society:</b> Mongolian Red Cross Society	
<b>Number of people affected:</b> 21,080 <sup>1</sup>	<b>Categorization of disaster:</b> Yellow
<b>N° of National Societies currently involved in the operation:</b> -	
<b>N° of other partner organizations involved in the operation:</b> Government of Mongolia, WHO	

*This bulletin is being issued for information and reflects the current situation and details available at this time. The Mongolian Red Cross Society (MRCS), with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC), has determined that external assistance is required, and is therefore seeking funds and other assistance from donors for the implementation of response activities.*

[<click here for detailed contact information>](#)

## The situation

On 15 January 2019, due to the outbreak of Influenza A (H1N1) virus in Mongolia, the State Emergency Commission meeting was called. The Ministry of Health stated that Influenza A cases were confirmed to be H1N1 in the end of December 2018 and since then it had rapidly spread within a short period of time. Starting from 3 January, the outbreak became higher than three years average and two deaths have been registered among children within the first week of January 2019. By January 2019, 9 districts of Ulaanbaatar city and 11 provinces are spread to epidemics, ranging from 11-17 per cent with a national average of 9.3 per cent of total outpatient examinations. According to the Ministry of Health contingency plan, if influenza is detected in more than 15 per cent of the total outpatient examinations, there will be local and national quarantine. The outbreak is expected to rise over the coming weeks as Influenza is dominantly (40 per cent) caused by Influenza A (H1N1) virus. The same outbreak was registered in 2009 in Mongolia and state of emergency had been called.

From the total registered cases, 67.4 per cent is children from 0-4 ages. 86.3 per cent of the hospitalized patients are children from 0-4. Hospitals of Ulaanbaatar city is capacitated to hospitalize 977 children, which is now exceeded by 53.2 per cent. In Ulaanbaatar city hospitals, 423 beds are transferred from adult floor and 354 portable beds are being used additionally to handle the situation. According to the Ministry of Health, on average about 139 new patients are hospitalized every day, at least 500 more portable beds are needed urgently.

The situation has worsened, and the risk of outbreak rapid increase is high in urban areas due to several factors including air pollution, high population density, extremely cold temperatures dropping lower than -40°C and socioeconomic situation of households. It must be emphasized that due to poor air conditions in Ulaanbaatar<sup>2</sup>, the infants and children in the city are most exposed and vulnerable to the outbreak<sup>3</sup>. The fatality risk is high due to the Ulaanbaatar city air quality is 133 times worse than what the WHO deems safe, placing pneumonia to become the 2<sup>nd</sup> leading cause of death of child aged 0-5 years. The following tables provide more comparative details on pneumonia cases, ambulatory screening children mortality for 2017-2018.

<sup>1</sup> 68 H1N1 Influenza cases are detected in every 10,000 people.

<sup>2</sup> [https://www.unicef.org/mongolia/Mongolia\\_air\\_pollution\\_crisis\\_ENG.pdf](https://www.unicef.org/mongolia/Mongolia_air_pollution_crisis_ENG.pdf)

<sup>3</sup> [https://www.unicef.org/eap/sites/unicef.org/eap/files/press-releases/eap-media-Mongolia\\_air\\_pollution\\_crisis\\_ENG.pdf](https://www.unicef.org/eap/sites/unicef.org/eap/files/press-releases/eap-media-Mongolia_air_pollution_crisis_ENG.pdf)

Cases	Year		Increased percentage (%)
	2017	2018	
Pneumonia cases among children	10,000	14,000	40%
Ambulatory screening among 0-5 years old children	37,896	67,000	76.8%

Children mortality	Year (Month)		Increased percentage (%)
	2017 (December)	2018 (December)	
Mortality among children under 28 days of age	77	95	23%
Mortality among children under 5 years of age	98	121	23%

The Ministry of Health is concerned about the speed and scale of the epidemic. There is a high risk that it may spread at a national scale during the Lunar New Year (5-7 February) as the population movement becomes highest during the year, because population moves from Ulaanbaatar city to more remote areas to meet and greet their families. In Mongolia, the peak of the outbreak has not come yet as the country is in the midst of winter which will continue for another two months. The Ministry of Health has sent an official request to Mongolian Red Cross Society to support the health facilities and to organize public awareness campaigns to prevent further spread of the outbreak.

## Red Cross and Red Crescent action

MRCS is the member of State Emergency Commission and has been closely monitoring the situation since the start of the epidemic. MRCS is working closely with the Ministry of Health to better understand the situation and with mid-level branches to identify the needs and gaps.

Having implemented community-based health and first aid program in the recent past, MRCS has some trained human resources readily available at its branches who are on high alert and can be mobilized for public awareness and information dissemination. Public awareness information on epidemic prevention is currently being distributed to the public through MRCS Facebook and social media page. Based on the request and needs, MRCS has provided Songinokhairkhan district hospital with 50 portable beds. Currently, further needs assessment is being conducted by branches (BDRT) and national (NDRT) disaster response team members.

MRCS is closely coordinating with the IFRC to disseminate situation update to Movement partners and is supporting MRCS in identifying support options and developing an emergency plan of action, to assist the health authorities in health promotion, campaign and public awareness activities.



Songino-Khairkhan district is one of the districts with high population density and district hospital is overloaded with children with influenza, additional foldable beds are placed in the corridor, (Photo: MRCS)

## The government action

The Government of Mongolia has taken several actions to take measure and prevent from further spread:

1. Established Emergency operations team on influenza outbreak at the Ministry of Health to take immediate measures.
2. Elementary school winter vacation is extended, people are advised not to bring along their children outside if not necessary to prevent from the influenza.
3. 394 senior students from Mongolian National University of Medical Sciences, 22 resident doctors are mobilized to support district hospitals.
4. 24/7 hotline for monitoring influenza related cases and communicating with public, giving out medical advices is set-up.
5. 21 infographic posters, 6 videos, 7 types of flyers are developed and being shared through social media channels and TVs.
6. The Ministry of Health worked together with Ministry of Labor and Social Protection to give paid leave (3-5 days) for the parents of children infected by Influenza A.

The current priorities of the government are focusing on the following needs:

1. To increase the number of beds in the district hospitals by at least 500 portable beds to accommodate more patients.
2. If the epidemic is spread rapidly, necessary actions will be taken to halt organization of events, activities that gather crowd at a national level.

## **Other international and NGO action**

1. With the support of WHO, 400 Tamiflu (antiviral medicine) is distributed and 1,700 more is ordered for hospitals.
2. Medications, equipment worth of \$107,000 distributed to the hospitals with support from UNICEF.
3. 130,000 children under 5 are provided with high dose vitamin A and zinc supplement, 22,300 pregnant women are provided with D3 vitamin for immunization.
4. 122,277 children and adults from kindergartens, the vulnerable population are vaccinated.

## Contact information

**For further information, specifically related to this operation please contact:**

- **In the Mongolian Red Cross Society:**
  - Bolormaa Nordov, secretary general; email: [bolormaa.n@redcross.mn](mailto:bolormaa.n@redcross.mn)
  - Davaajargal Batdorj, director of programs and cooperation; phone: +976 8095 8095; email: [davaajargal.batdorj@redcross.mn](mailto:davaajargal.batdorj@redcross.mn)
- **In the IFRC country cluster support team (CCST) Beijing office:**
  - Gwendolyn Pang, head of CCST; mobile: +86 135 110 6515; email: [gwendolyn.pang@ifrc.org](mailto:gwendolyn.pang@ifrc.org)
  - Bahram Amintorabi, disaster risk management manager; mobile +86 135 1106 5152; email: [bahram.amintorabi@ifrc.org](mailto:bahram.amintorabi@ifrc.org)
- **In the IFRC Asia Pacific regional office, Kuala Lumpur:**
  - Alka Kapoor Sharma, acting deputy regional director; [alka.kapoorsharma@ifrc.org](mailto:alka.kapoorsharma@ifrc.org)
  - Necephor Mghendi, head of disaster and crises unit: [necephor.mghendi@ifrc.org](mailto:necephor.mghendi@ifrc.org)
  - Johanna Arvo, operations coordinator; email: [johanna.arvo@ifrc.org](mailto:johanna.arvo@ifrc.org)
  - Dr. Abhishek Rimal, regional emergency health coordinator; email: [abhishek.rimal@ifrc.org](mailto:abhishek.rimal@ifrc.org)
  - Riku Assamaki, logistics coordinator; mobile +60 12 298 9752; email: [riku.assamaki@ifrc.org](mailto:riku.assamaki@ifrc.org)
- **In IFRC Geneva:**
  - Nelson Castano, manager operations coordination, [nelson.castano@ifrc.org](mailto:nelson.castano@ifrc.org)

### For communications enquiries:

- **In IFRC Asia Pacific Regional Office:** Rosemarie North, communications manager; email: [rosemarie.north@ifrc.org](mailto:rosemarie.north@ifrc.org)

### For resource mobilization and pledges:

- **In IFRC Asia Pacific Regional Office:** Gaku Tsujita, acting resource mobilization in emergencies coordinator; email: [gaku.tsujita@ifrc.org](mailto:gaku.tsujita@ifrc.org)

### For planning, monitoring, evaluation and reporting (PMER) queries:

- **In IFRC Asia Pacific Regional Office:** Liew Siew Hui, PMER manager; email: [siewhui.liew@ifrc.org](mailto:siewhui.liew@ifrc.org)

## How we work

All IFRC assistance seeks to adhere to the [Code of Conduct](#) for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Humanitarian Response \(Sphere\)](#) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace.**

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