

Information bulletin



International Federation
of Red Cross and Red Crescent Societies

Mongolia: H1N1 influenza pandemic

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This bulletin is being issued for information only and reflects the current situation and details available at this time. The Federation is not seeking funding or other assistance from donors for this operation. The Mongolian Red Cross Society will, however, accept direct assistance to provide support to the affected population.

Since its outbreak in mid-October, the number of people infected with H1N1 virus had risen to 929, according to the Ministry of Health. As of 9 November, the death toll of the virus had risen to nine. As the infection spreads very quickly all over Mongolia, on 3 November 2009 the government declared an emergency preparedness level-II, which is the second highest alert level. Restrictions apply to school and kindergarten operations, public events, crowded markets and transportation between the capital city and provinces.



Jointly with the Ministry of Health, the Mongolia Red Cross Society developed a TV spot and posters on how to protect oneself from H1N1 virus infection.

According to the World Health Organization (WHO), the intensity of acute respiratory infections in the population of Mongolia is classified as very high. There are several factors such as limited capacity and resource of health and care system, high poverty rate and increased vulnerability to diseases that are contributing to the overall situation. The government is focusing on capacity building of health establishment and while conducting dissemination activities with purpose to educate the general public on preventative measures. Related international and national non-governmental organizations are assisting the government in its response and mitigation measures. The Red Cross has been actively monitoring the situation. A H1N1 mitigation and preparedness project was launched on 1 November 2009 with support from the International Federation.

[<click here to view the map of the affected area, or here for detailed contact information>](#)

The Situation

Mongolia has witnessed a serious epidemic of H1N1 since 12 October, and as of November 9, the latest statistics from the Ministry of Health indicated that a total of 929 people had been infected with this virus and nine people died, including two pregnant women. In comparison, the mainland China

with the size of population 500 times larger than Mongolia, reported only nine deaths since its first cases in May 2009.

The first cases of H1N1 were detected in Ulaanbaatar, the capital city of Mongolia. Subsequently, the outbreak spread to other provinces within a very short period of time. As of 10 November, 17 provinces out of Mongolia's 21 provinces reported the laboratory confirmed cases. The number of reported H1N1 cases continues to increase every day; approximately 70-100 new cases per day have been reported in the past week. Up to 722 cases of H1N1 infections were registered in Ulaanbaatar and 207 in provinces.

As of 9 November, 1,166 people were tested for influenza-like illnesses. Data on the age profile of hospitalized people are not complete, but the majority of cases occurred among people aged between 20-59. Up to 137 out of 1,166 hospitalized people are pregnant. There are five patients currently under intensive care.

According to the government surveillance reports, the health facilities around the country have reported increased number of influenza-like illnesses (ILI) since the week of 5 October. The World Health Organization (WHO) in its latest weekly global H1N1 situation update (week of 19-25 October) categorized the intensity of acute respiratory infections in the population as very high¹. It is not clear yet how many of those cases are severe.

Geographical distribution of cases by provinces and cities:

	Name of provinces	Laboratory confirmed cases of H1N1
1	Arkhangai	8
2	Bayankhongor	3
3	Bulgan	7
4	Gobisumber	16
5	Darkhan-Uul	23
6	Dornogobi	24
7	Dornod	13
8	Zavkhan	3
9	Orkhon	15
10	Uvurkhangai	26
11	Umnugobi	2
12	Selenge	20
13	Tuv	10
14	Uvs	6
15	Khovd	19
16	Khuvsgul	1
17	Khentii	11
	Ulaanbaatar city	722
	Total	929

In Mongolia, the peak of the pandemic has not been reached yet, and many more reported cases and casualties are expected in the coming weeks, as the country is entering winter and seasonal flu season.

Several distinctive factors of the ongoing pandemic make the country more vulnerable to its impact:

- Weak surge capacity of health care services in Mongolia:
The hospitals are already overwhelmed with the increasing number of patients reporting with influenza-like illnesses and many of the health workers are reported to be sick. All the medical facilities have been mobilized to work on 24-hour shift to cope with the pandemic and there is a danger that the

¹ http://gamapserver.who.int/h1n1/intensity-population/h1n1_intensity-population.html

medical personnel will be exhausted if the current situation continues for a long time. This increased demand will put significant pressure on health care facilities, particularly the intensive care units. The majority of district and provincial level hospitals either do not have equipment required for critical care support or are equipped with outdated, poorly functioning ICU equipment. People from many remote, isolated communities may not be able to have access to timely healthcare.

- **Poor hygiene and infection control standards of health facilities:**
According to the study completed recently by the WHO Mongolia, 60 per cent of hospitals in the rural area do not have running water, proper sanitation and health care waste disposal methods. In some cases, water supply to health facilities comes from a distance of 2-3 kilometers away. There is a risk that the hospitals will become a breeding ground for further transmission of the virus.
- **General lack of hygiene awareness and poor hygiene practice:**
Poor families living in Ger districts in Ulaanbaatar do not have running water.
- **A large number of vulnerable families in Mongolia do not have resources to buy common medicines, and vitamin-rich foods if they are sick.** The main factor for casualties associated with H1N1 is delayed seeking of health care.
- **The Mongolian winter is harsh with negative temperature that reaches – 40 degrees C in some places,** which means that people usually spend a lot of time in closed, crowded space. This results in faster transmission of the virus.

The number of blood units collected daily has been steadily decreasing since the onset of the H1N1 cases in the country and, as of 3 November, it is on average two times less than the regular daily average. In normal times, the national blood centre has buffer stocks of seven to ten days. Due to the low supply, the blood centres reserves of red cells is reduced to only five to seven days, reserves of plasma three days. Moreover, it has completely run out of reserves of cryoprecipitate and platelets. According to the anecdotal reports from Red Cross blood donor recruiters, the donors are afraid of donating their blood or plasma during the pandemic since they believe that blood donation will weaken their immune system and subsequently make them more susceptible to H1N1 and other influenza-like illnesses.

On 3 November, the Mongolian government declared an emergency preparedness level – II, which is the second highest alert level. For two weeks between 4 and 18 November, all markets (except food markets) and entertainment establishments will be closed; public events with more than 40 attendees are banned. Every school and kindergarten all over Mongolia has been suspended for extended holidays for two weeks until 23 November. All means of transportation between provinces and the capital city except planes has been stopped until 14 November. While these public health measures are necessary, it is hitting hard the most vulnerable groups in Ulaanbaatar who live on daily earnings at markets. According to the Professional Inspection Agency, prices for some items such as crud, horsemeat and sea buckthorn, which people believe that boosts the body immune system, has increased by two to three times.

Government actions

On 13 October 2009, the State Emergency Committee headed by Deputy Prime Minister established an ad-hoc rapid response working group to coordinate the pandemic mitigation efforts at the national level. This group is headed by the Minister of Health.

At the province and soum levels, working groups to respond to pandemic have been established.

The Ministry of Health established four expert groups: Monitoring and evaluation of response activities, and rapid organization of medical emergency care; clinical care; epidemiology and virology teams; and the logistics, planning and coordination team. Clinical advisory team of Ministry of Health developed patient care advice that can be used in resource-limited settings. These include identification of early danger signs to help clinical diagnosis, early provision of supportive care, timely antiviral and antimicrobial therapy.

The government is taking measures to strengthen hospital clinical management capacity. The WHO donated to the Ministry of Health 45,000 doses of Tamiflu. However, this is not sufficient to meet the

demand. The WHO will also donate 50,000 doses of H1N1 vaccine and the government is planning to procure additional 100,000 doses to cover at least 30 per cent of the population. The first batch of the vaccines will be available only from the end of November to early December.

Several institutions such as the Ministry of Health, the National Emergency Management Agency (NEMA), Ministry of Road, Transportation and Urban Development, the State Professional Inspection Agency, the General Authority for Border Protection and the General Police Department have been ordered to establish prompt groups and take 24-hour actions.

To date, the government has allocated approximately MNT 6.4 billion (CHF 4.7 million or USD 4.5 million) for emergency procurement of critically needed medical equipments, procurement of vaccines and Tamiflu, treatment of H1N1 cases and pandemic mitigation efforts. Also, MNT 1 billion (CHF 0.74 million or USD 0.71 million) is allocated for food supplement for the most vulnerable 80,000 people.

The Ministry of Health produced and distributed information, education, communication (IEC) materials for public, workplaces and all levels of health facilities. A special hotline to respond to public inquiries about the pandemic was set up. It has been seeking an additional funding for dissemination activities and in response to that, the Millennium Challenge Corporation (MCC) and the Millennium Challenge Account – Mongolia (MCA) have approved the funding of USD 50,000 in conjunction with their ongoing health project.

Hospitals are working beyond capacity and overwhelmed. The number of infected pregnant women is high. There is need for more public information on the pandemic in Mongolia.

International partners in country

Currently, the Ministry of Health is working with several partners including WHO, UNICEF, Asian Development Bank (ADB), International Federation of Red Cross and Red Crescent Societies, and World Vision Mongolia to mobilize resources in response to pandemic. WHO is providing technical assistance through its regional, country offices and experts and facilitates provision of Tamiflu and pandemic vaccine. Experts provided support in investigating current increase of pandemic H1N1 2009 cases and provided recommendations for further government actions.

Red Cross and Red Crescent action

Since the start of the epidemic, the Mongolian Red Cross Society (MRCS) has been actively monitoring the pandemic and exchanging information with relevant government agencies and the National Emergency Management Agency (NEMA).

The MRCS has received a total of CHF 61,986 (USD 61,567 or EUR 41,041) from the International Federation in support of their H1N1 mitigation and preparedness activities. The project will be implemented between October 2009 and April 2010 and will target children in secondary schools in Ulaanbaatar and the general population across the country with H1N1 prevention and mitigation messages through school based activities, mass media, distribution of posters and other communication methods.

Following the WHO-UNICEF joint call for action, the MRCS has worked closely with these agencies and jointly with the Ministry of Health, developed a set of key seven messages on H1N1 prevention, by adapting the messages from the International Federation's global communication campaign "The best defence is you". These messages are now being aired daily on national and all provincial public TV channels.

Also, the WHO, Ministry of Health and MRCS have jointly produced 9,500 posters on H1N1 prevention for nationwide dissemination to all cities and provinces using the health system and Red Cross network. During the last week, the MRCS organized a two-day national training on pandemic preparedness, mitigation and response which was attended by representatives from all provincial and district Red Cross branches. Preparations are underway to start the communication activities in schools when the schools resume their classes.

One of the essential services that the MRCS has identified to be maintained at all times during the pandemic is blood donor recruitment activities. Considering the fact that the number of donors is decreasing and thus the blood reserves are running dangerously low, the MRCS intensified its blood donor recruitment efforts through existing network of "Club 25" youth blood donor clubs and has started appealing to the existing pool of donors to donate the blood. These activities have been organized jointly with the Mongolian Youth Union. The MRCS is currently developing communication strategies to counter the donors' hesitance to donate the blood during the pandemic.

The International Federation country office in Mongolia has been actively supporting the MRCS in its pandemic mitigation efforts and coordinating with the international partners and donors in Mongolia for international support. The regional health delegate who was on mission in Mongolia during the first outbreak cases of H1N1 provided guidance to the MRCS in developing the plan of action in response to H1N1.

How we work

All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) (Sphere) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

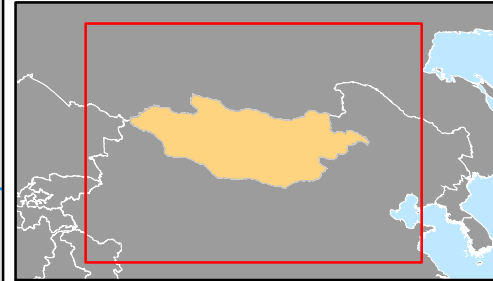
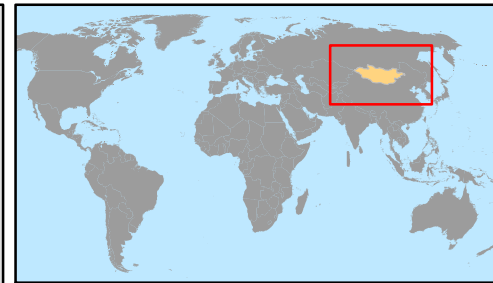
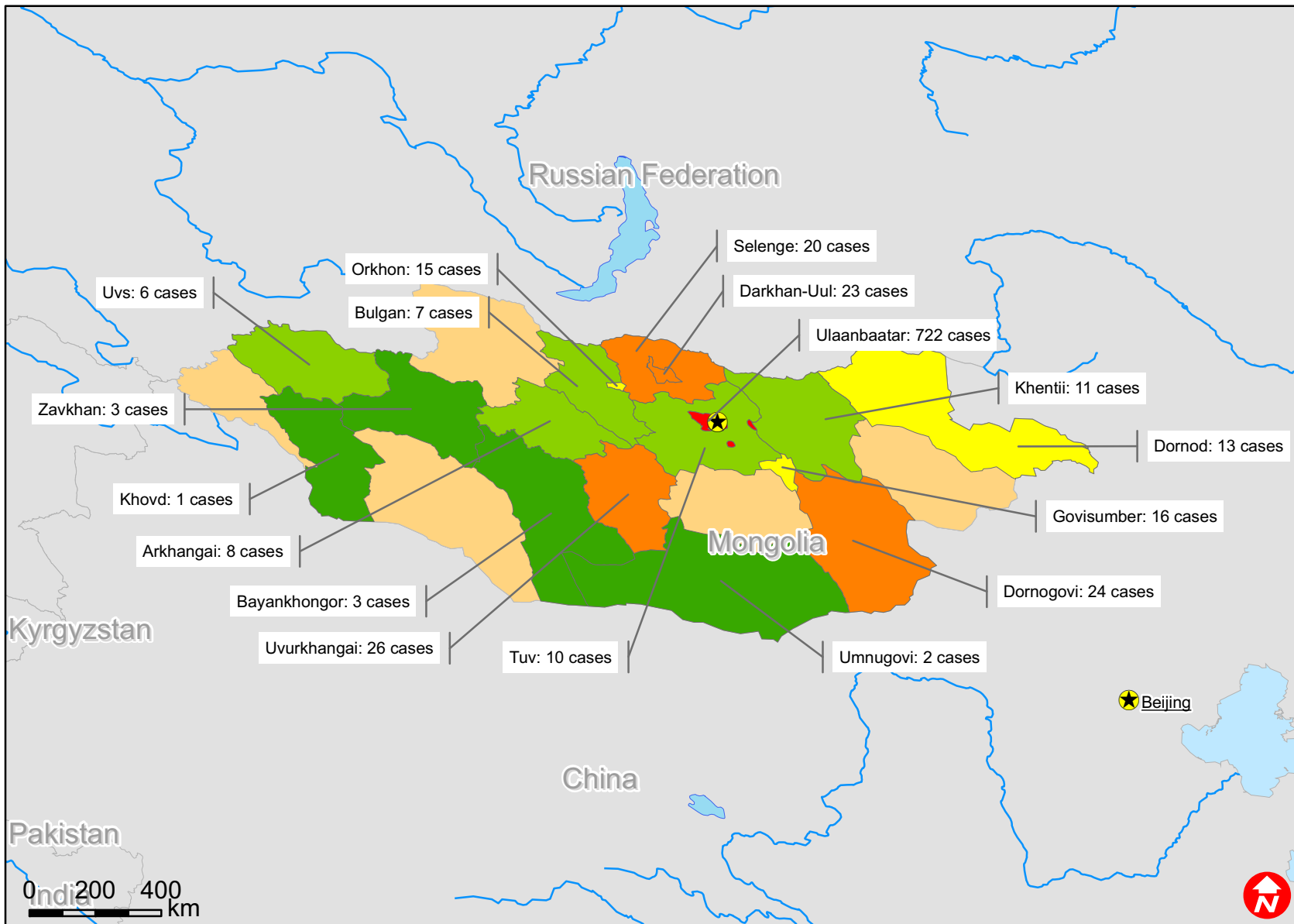
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[<map below; click here to return to the title page or contact information>](#)



Mongolia: H1N1



Laboratory confirmed cases of H1N1

