



Cyclone/hurricane/typhoon

Last update: 2022-03-22

Key facts

- Cyclones/hurricanes/typhoons are associated with damage to infrastructure from high winds, storm surges and flooding.
- Cyclones/hurricanes/typhoons are exacerbated by climate change.
- Trauma (injury) is most likely during a cyclone/hurricane/typhoon, or in the immediate aftermath. In the days, weeks (and sometimes months) following a cyclone/hurricane, the main health concerns include diarrhoeal diseases, vector-borne diseases, respiratory and skin infections and other adverse health outcomes.

Main health impacts

Health concern	Risk factors
Diarrhoeal diseases	Contamination of water supplies by flood water, damaged or destroyed sanitation facilities and poor hygiene practices.
Vector-borne diseases	Flooding or stagnant water can increase the risk of breeding sites for vectors.
Respiratory illnesses, skin diseases and vaccine-preventable diseases	Significant population displacement and overcrowded, communal emergency shelters coupled with poor hygiene can lead to respiratory illnesses or skin diseases. If there is flooding, it should be noted that flood water does not increase the risk of tetanus, but emergency responders and community members may be at increased risk for wounds and injuries that become contaminated with flood waters, soil, dirt, human or animal waste. It is important that Red Cross Red Crescent responders are up to date with tetanus vaccination.
Overall adverse health outcomes	Destruction and damage to health facilities and stock disrupt provision of and access not only to primary health care such as maternal and child health services, but also to essential care for chronic noncommunicable diseases (NCD).

Priority actions for teams with community and public health response capacity

Immediate steps	<ul style="list-style-type: none"> • Provide first aid and ensure ambulance transport for injured and “near drowning” survivors. • Identify key disease risk factors and implement corresponding prevention and preparedness activities. • Identify and support authorities to manage possible sources of toxic contamination.
Surveillance	<ul style="list-style-type: none"> • Activate disease early warning systems. • Assess existing surveillance mechanisms (if any). Determine, if there is a need, the extent to which the National Red Cross Red Crescent Society could feasibly support community-based surveillance efforts. If necessary, set up a community-based surveillance system. • If vector control is needed, consider household vector surveillance and community clean-up activities for vectors and breeding sites to reduce vector density.
Community-based action and social mobilization	<ul style="list-style-type: none"> • Implement Risk Communication and Community Engagement (RCCE) interventions aimed at preventing water and vector-borne diseases. • Social mobilization for emergency vaccination campaigns as needed. • Ensure procedures in place to safely manage human and animal corpses. • Ensure access to mental health and psychosocial support (MHPSS) services for community members and staff/volunteers which may include (but are not limited to): regularly assessing MHPSS needs; providing information on the situation regularly in cooperation with authorities; training volunteers for the provision of psychosocial support (PSS); using mobile teams providing a range of support; embedding PSS into evacuation centre/shelter facilities; providing special support to vulnerable groups; working closely with authorities in family tracing; coordinating points for further care. • Identification in the community of cases of high-risk diseases (see list of disease tools below) and referral to pre-identified health structures. This requires a prior elaboration of a referral pathway, that is, mapping of existing primary health facilities, and assessment of minimum quality care standards and accessibility (including geographic and cost-related barriers).

For teams with additional clinical capacity

Please always refer to the appropriate local or international guidelines for clinical management.

Important primary health care interventions

- Ensure triage, treatment, referral and transport for injured and “near drowning” patients.

- Support continuity of health service delivery, including maternal and child health care.
- If disrupted, advocate and/or support authorities to ensure access to services and medication for patients with NCD and who require palliative care.
- Specific primary care interventions for diarrhoeal diseases, respiratory tract infections, Hepatitis A, typhoid, skin infections, snake and insect bites.
- Treatment for malaria, dengue and other vector-borne diseases.
- Care of minor wounds and skin infections.
- Tetanus vaccination.

Disease tools that may be relevant

- > [Hepatitis A](#)
- > [Measles](#)
- > [Malaria](#)
- > [Cholera](#)
- > [Acute respiratory infections \(ARI\): Influenza \(avian and seasonal\)](#)
- > [Chikungunya](#)
- > [Dengue fever](#)
- > [Diphtheria](#)
- > [Diarrhoeal diseases](#)
- > [Hepatitis E](#)
- > [Meningococcal meningitis](#)
- > [Pertussis \(whooping cough\)](#)
- > [Poliomyelitis \(polio\)](#)
- > [Rubella](#)
- > [Typhoid fever](#)
- > [Yellow fever](#)
- > [Zika virus infection \(Zika\)](#)