

Infection Control in the Indo-Pak Subcontinent: Averting the Aftermath of the Worst Flooding in 60 Years

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In mid-September, India and Pakistan experienced one of the worst flood disasters since their independence. Hundreds of people were killed and thousands of villages were totally destroyed. Both countries were soon facing substantial economic damages, and, more importantly, the recent flooding paved the way for various kinds of infectious diseases. Significant growths in population, poverty, and the lack of infrastructure have posed tremendous public health concerns in this part of the world.

Currently, we are in the impact phase (phase 1) of this disaster, when the survivors are receiving first-line treatment of flood-related injuries. However, phases 2 and 3 are expected to quickly follow with waves of food, water, and airborne infections throughout the Indo-Pak subcontinent.¹ According to the director of health services, at the State Health Department in Jammu and Kashmir, India, the threat of diarrhea and measles is alarmingly high, as many of the affected areas are still inaccessible and people are on the verge of drinking contaminated water.

The situation in Punjab, Pakistan, is not very different; a flood emergency has been declared across the province. About 150 000 people are still feared to be trapped at the affected sites. Recently, 14 children have reportedly died because of the scarcity of appropriate services in the government-run hospital.² At present, more than 480 people have been officially declared dead in India and Pakistan. However, the problem appears much graver than those figures depict.³

As health care professionals, we urge the government and relevant authorities to restore the health care facilities that were closed due to water-drainage issues. Although attempts are being made to provide food, tents, and essential products to remote communities by helicopter, those efforts are proving futile, as most of the food is landing in flood water, which further increases the risk of infection via contamination.

We suggest that boats be used instead of helicopters to deliver food and water. Mobile clinics should also be launched in the affected areas to screen survivors, especially children, for any kind of infectious diseases. Surveillance centers and relief camps should also be

established in greater numbers to provide first aid and assess the possibilities of infection outbreaks. The need to provide education to affected people regarding infection-control measures and the availability of clean drinking water, sanitation facilities, and appropriate shelter should be essential.^{4,5}

This is the time that all health care professionals should abide by their oath and offer their services to those who are waiting for them. Everything should be done to provide essential clinical services to those who are still coping with trauma. Meeting the critical needs of the surrounding communities and preparing post-flood plans for health-care professionals, administrators, and patients should be the key priorities of stakeholders, as they are vital to manage the catastrophe of this era's horrifying flood.

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