Sagaing earthquake in Myanmar

External situation report

8th Edition, 30 May 2025, as of 10:00 IST WHO Health Emergencies Programme





Highlights

- Two months after the devastating earthquakes in Central Myanmar, there continues to be significant humanitarian needs. Many families remain displaced in temporary shelters.
- The monsoon season has started, which poses additional challenges to earthquake-affected communities, particularly for individuals living in tents and temporary shelters.
- Sporadic acute watery diarrhea (AWD) cases and skin infections have been reported; however, no major outbreaks have been detected.
- Mental health remains a major concern. According to the multi-cluster initial rapid assessment (MIRA), 67% of respondents reported emotional distress linked to the earthquake and ongoing conflict. Efforts are underway to integrate mental health and psychosocial support (MHPSS) into existing health services. Demands for non-communicable disease (NCD) medicines continued to be high.
- A total of 370 000 doses of vaccines were mobilized from manufacturers, or which over 300 000 doses have already arrived in Myanmar. Given an increase in dog bite cases, human rabies vaccines and immunoglobulin has been made available. Within two months of the earthquake, 120 000 doses of tetanus (Td) vaccines were administered.
- As per data collected up to 15 May 2025, 18 health partners reached 87 000 people with health services, representing 19% of people targeted.
- To address heightened public health risks during the monsoon season, the health cluster has developed the Monsoon Preparedness Plan to guide health partners in prioritizing actions that minimize its impact.
- Coordination is ongoing to ensure equitable and effective delivery of physical rehabilitation services as part of the earthquake response.

Situation summary 123

- Two months have passed since the devastating earthquakes struck Central Myanmar on 28 March 2025. Affected communities continue to face challenging living conditions. Many families remain displaced in temporary shelters or rental housing due to safety concerns, including fear of returning to structurally compromised homes.
- The onset of the monsoon season in May poses significant difficulties, particularly for individuals living in tents and temporary shelters. The health cluster has developed the Monsoon Preparedness Plan to guide health partners.
- So far, no major outbreaks have been reported in earthquake-affected areas; however, sporadic acute watery diarrhea (AWD) cases and skin infections have been frequently observed.

¹ https://www.unocha.org/publications/report/myanmar/myanmar-humanitarian-update-no-46-23-may-2025

² Myanmar health cluster

³ WHO incident management team

- Mental health remains a major concern. According to the multi-cluster initial rapid assessment (MIRA),
 67% of respondents reported emotional distress linked to the earthquake and ongoing conflict. About
 84% said they have no access to mental health services.
- Ongoing demand for medicines for non-communicable diseases has been reported.
- The risk of dengue is increasing due to favorable conditions for mosquito breeding, including stagnant water from rainfall, infrastructure debris, poor sanitation, and inadequate waste management, particularly in temporary settlements.
- The dislocation of unexploded ordnances and landmines is causing injury and death in earthquakeaffected areas, posing an additional health threat in the earthquake-affected areas.



A patient receiving a consultation at a mobile clinic in earthquake-affected area © WHO Myanmar

WHO response ³

Immunization

- WHO rapidly mobilized an emergency vaccination response to prevent the spread of vaccinepreventable diseases in affected communities. Mobile vaccination clinics were established in
 displacement sites and high-risk areas. Additionally, rapid response teams (RRTs) have been actively
 conducting case searches in earthquake-affected areas to detect and respond to potential outbreaks in
 a timely manner.
- A total of 370 000 doses of relevant vaccines were mobilized directly from manufacturers as donations to Myanmar, or which over 300 000 doses have already arrived in Myanmar.
- Given an increase in dog bite cases, human rabies vaccines and immunoglobulin has been made available.
 A total of 8 000 doses of rabies immunoglobulin were mobilized for post-exposure prophylaxis and 10 000 doses of rabies vaccines are being procured.
- Technical support was provided for the development of tetanus and diphtheria (TT)/Td vaccination instructions for vaccinators, along with transportation for vaccination teams at Nay Pyi Taw.

- Within two months of the earthquake, 120 000 Td doses and nearly 35 000 oral cholera vaccine (OCV) doses were administered, including to more than 63 000 women and girls.
- Prioritized vaccination efforts focus on measles-rubella (MR), Tetanus toxoid (TT)/Td, tetanus immunoglobulin, oral polio vaccine (OPV), diphtheria-tetanus-pertussis (DTP), oral cholera vaccine (OCV), rabies vaccine, and typhoid vaccine.

Reproductive, maternal, newborn, child and adolescent health (RMNCAH)

- WHO coordinated with implementing partners to ensure the provision of essential RMNCAH services in earthquake-affected areas.
- The distribution of clean delivery kits (CDKs) and mother and baby packs continues, ensuring that implementing partners receive essential supplies to support maternal and newborn health.
- Health information and awareness initiatives on RMNCAH, including social media posts and distribution of pamphlets and posters, were conducted after the earthquake.

Laboratory

- WHO has been providing critical reagents and laboratory consumables to the National Reference Laboratory and Mandalay Public Health Laboratory to enhance diagnostic capacity for priority diseases such as leptospirosis, cholera, plague, and other outbreak-prone infections.
- Rapid diagnostic tests for cholera, dengue, and malaria were distributed to mobile clinics in Mandalay and Sagaing, to support timely case detection and response efforts.
- Blood transfusion sets and serological testing supplies were provided to blood centers to ensure safe and reliable blood screening and transfusion services.

Water, sanitation and hygiene (WASH) and infection prevention and control (IPC)

- WHO, in coordination with ICRC and UNICEF, initiated rapid WASH and vector control interventions in a camp in Mandalay.
- WHO facilitated water quality testing training for partners in Southern Shan, enabling them to conduct field testing activities.

Risk Communication and Community Engagement (RCCE)

- On 15-16 May 2025, WHO conducted training for Risk Communication and Community Engagement (RCCE) partners on monitoring outbreak-prone diseases following the earthquake, using a community-based approach.
- A series of RCCE materials were disseminated through various communication channels.
 Communications were actively conducted through WHO Myanmar's Facebook, Viber, and Instagram platforms.

Mental health and psychosocial support (MHPSS)

- The MHPSS priority action plan has been developed and is being implemented. Additional funding is required for the implementation of the MHPSS priority activity plan.
- Information, education, and communication materials on MHPSS and psychological first aid (PFA) have been translated into Burmese language and disseminated.
- WHO, in collaboration with the Health Cluster team, conducted a MHPSS and PFA session for implementing partners and frontline workers.

Essential health services

- Essential medicines for primary health care, including the management of outbreak-prone diseases, have been distributed to health partners delivering emergency care in affected areas.
- A total of 500 tent nets have been distributed to partners, prioritizing children, as a preventive measure against mosquito bites.

Communicable diseases control

- WHO continues to monitor and coordinate efforts to ensure the continuity of services in earthquakeaffected areas. Most HIV service delivery sites have resumed services.
- Operational guidelines were drafted for the prevention and control of dengue and Aedes mosquitoes in health facilities within earthquake-affected settings.
- In collaboration with the World Food Programme (WFP) in Mandalay, efforts to address water and vector-borne diseases are being integrated into the cash for work projects.

Health information and epidemiology

• WHO continues to support partners in the early detection and response to potential disease outbreaks, including through field visits to Mandalay and Sagaing.

Protection from sexual exploitation, abuse and harassment (PSEAH)

- WHO actively collaborated with the National Protection from Sexual Exploitation and Abuse (PSEA) Network to implement the PSEA response plan as part of the inter-agency response.
- On 13-15 May 2025, a Training of Trainers session on PSEAH was organized in Mandalay, in collaboration
 with the national PSEA network. A total of 36 participants from the UN, INGOs, and NGOs, including
 facilitators, attended the training.
- PSEAH communication materials have been distributed to the health cluster partners and earthquake responders on the ground.

Response by health cluster partners ²

- As per data collected up to 15 May 2025, 18 health partners reached 87 000 people with health services, representing 19% of people targeted.
- To address heightened public health risks during the monsoon season, the health cluster has developed the Monsoon Preparedness Plan to guide health partners in prioritizing actions that minimize its impact.
- Efforts are underway to integrate mental health and psychosocial support (MHPSS) into existing health services.
- Coordination is ongoing to ensure equitable and effective delivery of physical rehabilitation services as part of the earthquake response.
- The Technical Advisory Group for Disability Inclusion and the Health Cluster are setting up a Physical Rehabilitation Working Group amongst relevant rehabilitation stakeholders.
- Health partners continue to provide essential medicines to service providers on the ground.
- The sexual and reproductive health coordination group (SRH CG) is being established and continues to operate at the sub-national level under the Health Cluster.

For more information

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