

DIPHTHERIA OUTBREAK RESPONSE UPDATE

COX'S BAZAR, BANGLADESH
27 DECEMBER 2017

UPDATE #2

KEY UPDATES

- As of 26 December 2017, a total of **2 526** cases suspected with diphtheria have been reported, of whom **96** presented at the treating health facilities on 26 December 2017. A total of **27** deaths have been recorded so far.
- As of 26 December, 109 487 children 6 weeks to under 7 years were vaccinated with Penta,
 PCV, and bOPV and 102 383 children aged 7-15 years were vaccinated with Td vaccine.
- Vaccination for aid workers began on 18 December. As of 26 December, 11 734 aid workers have been vaccinated across all agencies.
- New diphtheria treatment and isolation centers will open by the end of this month to increase capacity for treating patients suspected with diphtheria. Emergency medical teams from the UK will arrive soon to support treatment of severe diphtheria cases within some of the newly operational facilities.

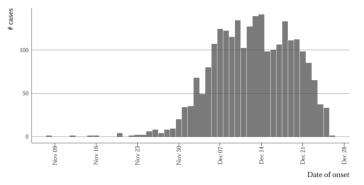
SITUATION OVERVIEW

- Violence in Rakhine State, Myanmar, which began on 25 August 2017 has driven an estimated 655 000 Rohingya across the border into Cox's Bazar, joining some 300 000 that had fled in earlier waves of displacement. Pre-existing settlements and camps have expanded with the new influx, while new spontaneous settlements have also formed and grown.
- The current outbreak is mainly occurring within the displaced Rohingya population living in the Balukali makeshift and extension camps. Cases are also being reported from the Kutupalong extension, Thangkhali, Jamtoli, and Nyapara camps. This population is also affected by malnutrition, low routine immunization coverage, and poor access to clean water and sanitation facilities.

EPIDEMIOLOGICAL SITUATION

- As of 26 December 2017, a total of 2 526 cases suspected with diphtheria have been reported, of whom 96 presented at the treating health facilities on 26 December 2017. A total of 27 deaths have been recorded so far.
- Approximately 14% of cases suspected with diphtheria are between 0-5 years of age, 34% are between 5-10 years, 27% are between 10 to 15 years old, and 25% of cases are over 15 years old.
- The median time from onset of symptoms to presenting at a health facility is 2 days. The cases that have died presented to the health facility an average of 6 days after symptom onset. Active case search and referral pathways are being strengthened in order to reduce this delay.

Figure 1. Epidemic curve (by date of onset of symptoms) of cases suspected with diphtheria



CASE MANAGEMENT

- New diphtheria treatment and isolation centers will open in Kutupalong extension site by the end of this month to increase capacity for treating patients suspected with diphtheria. IOM has already opened a new treatment and isolation center this week in Kutupalong MS and will open 2 additional treatment and isolation centers in Kutupalong extension and Leda camp. Samaritan's Purse will also open a facility in Kutupalong extension which is expected to be operational next week.
- Emergency medical teams (EMT) from the UK will arrive soon to support treatment of severe diphtheria cases within newly operational treatment and isolation centers.
- The first training on diphtheria case management will be held on 27 December 2017 for medical officers from the DGHS, emergency medical teams, and medical officers from partner agencies who will be working in diphtheria treatment centers. This is the first of a series of trainings that will occur through the end of the year as additional medical teams arrive and new treatment centers become operational.
- Diphtheria Anti Toxin (DAT) has been administered to a few critical cases starting from 11
 December. The DAT administration is expected to increase as treatment facilities expand in
 coming days. Treatment protocols for Diphtheria Anti Toxin (DAT) use are currently being
 implemented.

COORDINATION

- The Diphtheria Health Sector Response plan was finalized in coordination with the Director General of Health Service and health sector partners.
- WHO is working with partners in education, protection, and WASH sectors to develop guidelines for infection prevention and referral of children within schools, learning centers, and child friendly spaces. Subsequent training will be conducted for teachers, child friendly space staff, and community volunteers to contain the spread of diphtheria in community spaces.

VACCINATION

- Vaccination for aid workers began on 18 December. As of 26 December, 11 734 aid workers have been vaccinated across all agencies.
- Partners have rapidly strengthened social mobilization efforts for the vaccination campaign in Ukhia and Teknaf Upazilas, which has been extended until 31 December. As of 26 December, 109 487 children 6 weeks to under 7 years were vaccinated with Penta, PCV and bOPV and 102 383 children aged 7-15 years were vaccinated with Td vaccine.
- Vaccination will start in Naikhongchari Upazila of Bandarban District from 26-27 December.
- Additional vaccination for Penta, PCV, and Td in addition to measles-rubella and bOPV began on 23 December at border entry points.

Table 1. Vaccination campaign coverage for children under 15 as of 26 December*

	Estimated Total Target Population**	Achievement	Coverage
Under 7 years	194 945	109 487	56%
7 to 15 years	159 501	102 383	64%

^{*}Vaccination of under 7 years started on 12 December and vaccination of 7 to 15 year olds started on 17 December.

^{**}Target populations are based on Needs and Population Monitoring Round 7 estimates and are currently under review.

CONTACT TRACING

- WHO is coordinating contact tracing among partners and has provided chemo-prophylaxis, contact tracing protocols, forms, training materials, and personal protective equipment to partners who have agreed to mobilize community health workers for contact tracing.
- On average, at least 75% of patients' households are found by contact tracing teams. Due to challenges with locating individual households within certain areas of the camps and settlements, contact tracing teams continue to work actively with treatment and isolation center staff, community leaders, and community volunteers to identify and follow up with household contacts.

LABORATORY

- On 21 December, WHO was notified by the national IHR focal point of 4 laboratory samples tested by IEDCR that were found positive for diphtheria.
- IEDCR and US CDC completed swab sample collection from all patients suspected with diphtheria who presented at diphtheria treatment and isolation centers over the last week. Results for these samples are pending.

RISK COMMUNICATIONS AND COMMUNITY ENGAGEMENT

- Risk communication and community engagement strategies to support the ongoing vaccination campaign, contact tracing activities, and infection prevention measures in community spaces are being implemented to address issues such as vaccine fatigue, information fatigue, and rumors circulating in the communities.
- WHO is working with UNICEF and partners to strengthen and prioritize social mobilization strategies in preparation for the next rounds of vaccination.

HEALTH INFORMATION MANAGEMENT

- WHO is working closely with key partners to improve information flow and reporting of the daily line list of cases provided by newly opened diphtheria treatment and isolation centers, contact tracing monitoring data, and case management information.
- Regular surveillance for a number of diseases including diphtheria has been ongoing since August 2017 through the Early Warning and Alert System (EWARS). A series of trainings to strengthen the Early Warning and Alert System (EWARS) will take place this week for agency and health facility EWARS focal points.

LOGISTICS

- WHO is supporting partners that are opening new diphtheria treatment and isolation centers through the provision of medical supplies and infrastructure. As of 26 December, over 100 beds have been provided for severe and mild cases in addition to supplies of personal protective equipment and medication.
- 1 490 doses of antitoxin are available in country for use in treatment and isolation centers.
- Additional stocks of chemoprophylaxis for contact tracing has been ordered for an anticipated
 2 800 contacts per day and is expected to arrive over the next two weeks.

CONTACT INFORMATION

Dr Nilesh Buddha Incident Manager – WHO Email: <u>buddhan@who.int</u> Ms Shalini Singaravelu Information Management Officer – WHO Email: singaravelus@who.int