



Measles-Rubella(MR) outbreak response immunization campaign activities are being monitored by Civil Surgeon, Cox's Bazar.

Emergency: Rohingya Crisis



World Health Organization

Bangladesh

Monthly Situation Report #01

Date of issue: 30 January 2020

Period covered: Weeks 01-04 2020

(30 December 2019- 26 January 2020)

Location: Bangladesh



914,998

total Rohingya
Population
in Bangladesh



319,067

Total number of
consultations reported in
EWARS in 2020



919,946

people are being
monitored for
diseases



1.26 million
people targeted for
health assistance

HIGHLIGHTS

- The health sector has started the process of reviewing Minimum Essential Health Service Package 2019 and updating it for 2020.
- WHO conducted After Action Review (AAR) for Acute Watery Diarrhea (AWD) response on 27 January 2020 involving related partners and working groups.
- An assessment of Infection Prevention and Control(IPC) situation initiated in the Ukhiya and Teknaf of Cox's Bazar with a view to train health care workers on IPC.

SITUATION OVERVIEW

As per Inter-Sector Coordination Group (ISCG) report of November 2019, there are 914 998 Rohingya population in Cox's Bazar. This includes 34 172 refugees from Myanmar who registered before 31st August 2017. All Rohingyas, including new arrivals, face compounding vulnerabilities, including in health. WHO has been responding to this crisis since September 2017. A summary of response actions from epidemiological weeks 01 to 04 of 2020 is presented below.

OPERATIONS SUPPORT AND LOGISTICS

- Logistic support to MR and Oral Cholera Vaccines (OCV) vaccination campaigns in local purchase of supplies, transportation, and data entry has started in January and is ongoing based on requests by involved teams.
- WHO has supported the host community and Rohingya communities in Ukhiya and Teknaf camps through the distribution of various supplies to partners during the reporting period, of 25 metric tons and valued at US\$ 110 000, in the last three months (November 2019 – January 2020).
- Regular supplies are being received and distributed with full utilization of newly established WHO warehousing system in Cox's Bazar. Contingency stock in preposition containers in camps have been rotated and replenished, as appropriate.
- A meeting regarding contingency stock has been conducted by Health Sector coordination with OSL participation and list of emergency preparedness items have been summarized for the technical team's submission for procurement after the final approval.
- Meeting at Turkish Field Hospital (TFH) in camp 9 in Ukhiya regarding a new site for the preposition container concluded in full agreement. The container will be moved from Medical College in Cox's Bazar to the proposed new site within TFH premises. The second site for the Teknaf container is planned to be discussed with the Teknaf Health Complex authority.
- Anesthesia machine installation, biosafety cabinet calibration, and air outlet connection in Sadar Hospital operation theatre (OT) have been successfully completed as final aspects of the King Salman Humanitarian Aid and Relief Center (KSRelief) project. Awaiting equipment's warranty cards and front side board design to fully accommodate the completion of the project.
- Additional repair works of wall tiles in five wards in Sadar Hospital are ongoing and to be finalized by 10 February 2020.
- All expired and soon expiring (less than three months) drugs have been identified and shifted in WHO warehouse for disposal by authorized company. Final arrangements with the company for the discarded items transportation and disposal are in the process. Total value of expired items equals to 1.45% of the total supplies value procured in 2018 and 2019.
- Total Stock Report is updated and disseminated to technical teams on regular weekly basis for guidance and directions regarding distributions to partners. The expiring items (less than or equal nine months) are flagged out for immediate team's attention.
- Logistic Sector meetings were attended by OSL team. Cold Chain Management presentation module was prepared by OSL upon sector's request for the supplies management training to be conducted for partners by IOM and WFP.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- WHO-coordinated Early Warning, Alert and Response System (EWARS) has 149 of the total 166 health facilities (90%) as active reporting sites with 70% completeness and 66% timeliness.
- A total of 290 alerts (triggers) were reported and reviewed in the EWARS system in weeks 1-4. All alerts were reviewed within 48 hours. Of these, 19% were discarded and 81% are being monitored.

- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and unexplained fever were the most common causes of illness reported during the reporting period. There were no notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

Diarrhoeal disease

- A total of 18 535 diarrhoeal diseases cases were reported in EWARS during the reporting period (week 1-4). Of these, 11447 cases reported with acute watery diarrhoea (AWD), 1941 cases with bloody diarrhoea and 5147 cases with other diarrhoea. Diarrhoeal diseases have shown a decreasing trend in week 1-4.
- From 5 September to 14 December 2019, a total of 239 cases of AWD that have been tested positive by cholera Rapid Diagnostic Tests (RDTs), or culture. The majority (85%) of the cases have been reported from Teknaf, nearly 64% from Rohingya camps, 41% in people over 15 years of age and 53% among females.
- In 2020 diarrheal diseases are showing a decreasing trend in comparing previous two years data reported in EAWRS.

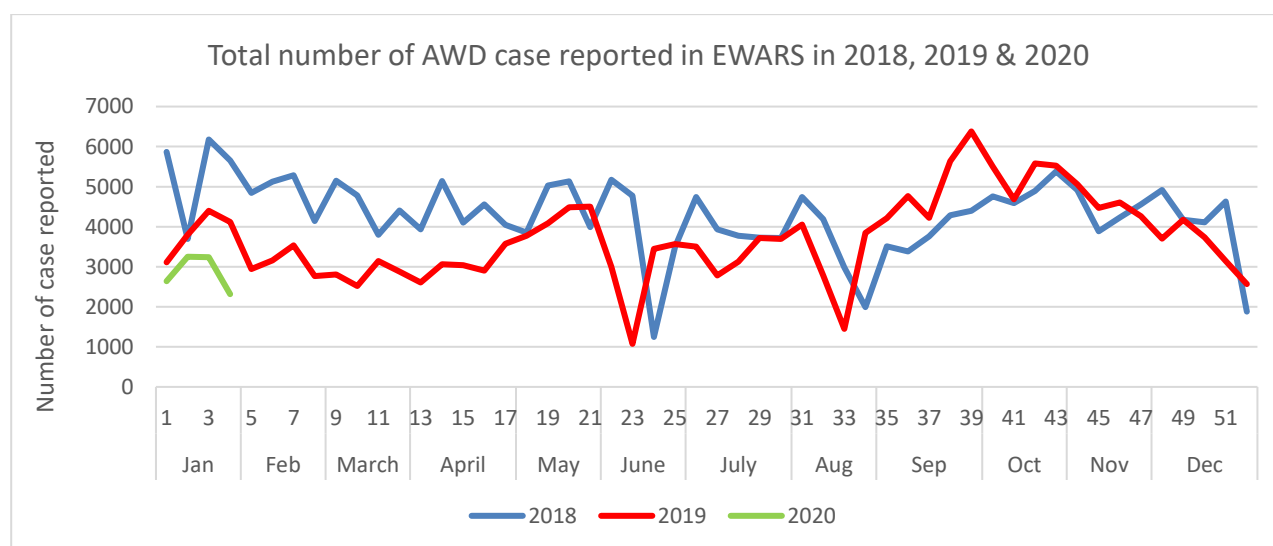


Figure 1: Total number of AWD case reported in EWARS in 2018, 2019 & 2020

Measles Update

- A total of 1680 suspected measles cases were reported through weekly report form in EWARS in week 1-4.
- From August 2019 to January 2020, total of 4224 cases of measles were reported. Of these total number of measles cases, 91.06% were under-five years of age, 8.95% were over five years; and 54.05% were male, 45.95% were female respectively. The demographic distribution over the time is show in the figure 3.
- A Measles-Rubella outbreak response immunization(ORI) in campaign mode is ongoing from 12 January to 12 February 2020, targeting children aged 6 months to less than 10 years in the Rohingya camps. This activity was planned in response to Measles outbreak reported in Rohingya camps.

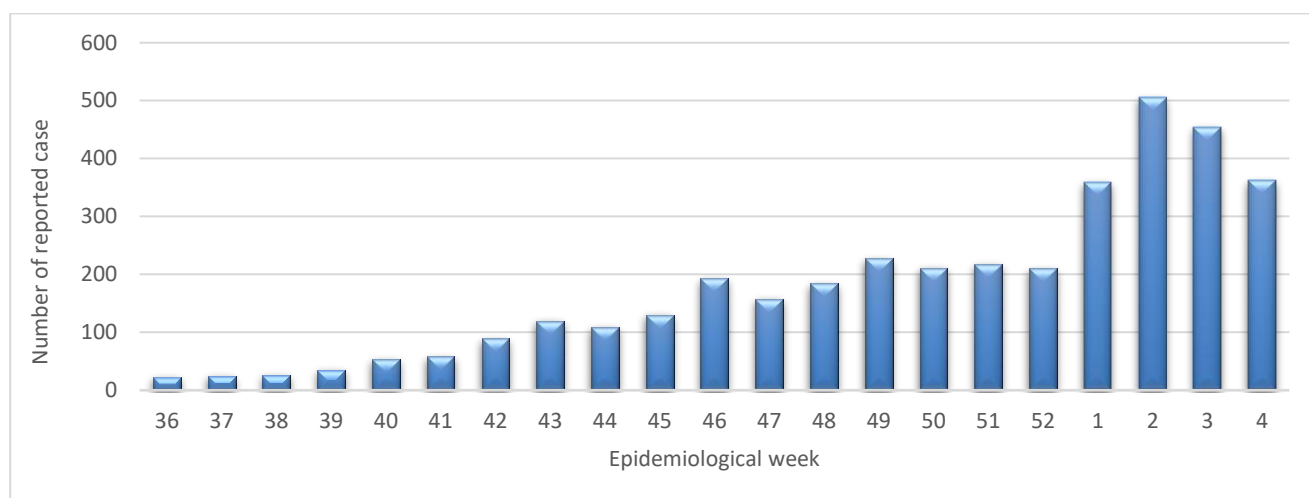


Figure 2: Measles case reported from week 1-4, 2020 in EWARS Cox's Bazar, Bangladesh

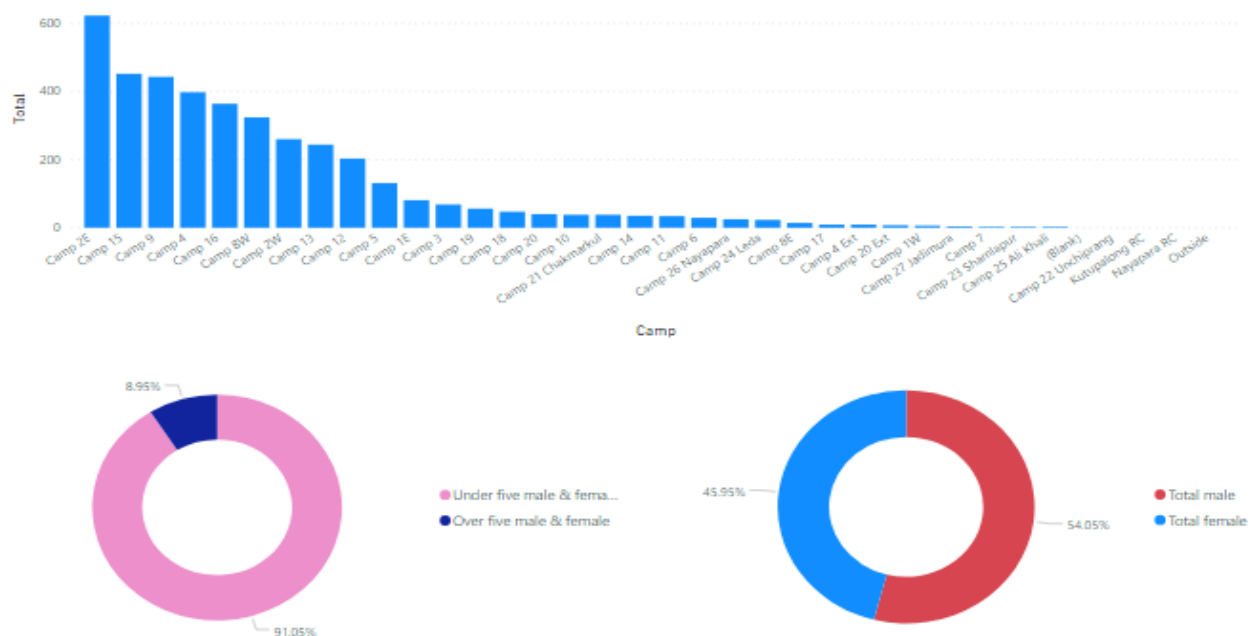


Figure 3: Suspected measles case breakdown by camp, age and sex reported from week 36-4, 2020, Cox's Bazar, Bangladesh

Diphtheria Update

- A total of 36 suspected, two probable and one confirmed case of diphtheria has been reported in EWARS in week 1-4.
- Since the beginning of outbreak in November 2017, a total of 9 003 cases have been reported. Out of these, 323 were confirmed, 2780 were probable and 5900 were reclassified as suspected.
- In 2020, a total of 39 diphtheria cases have been reported in EWARS – one is confirmed, two are probable and 36 are suspected. The last confirmed case was reported in week 3 (13 January 2020).
- From the host community, a total of 233 diphtheria cases were reported since the outbreak. Of these, 31 were confirmed, 68 probable and 134 suspected. In 2020, two suspected diphtheria cases have been reported from host community. No death was reported from host community.

- A total 46 deaths were reported due to diphtheria. The last death was reported on 25 October 2019.

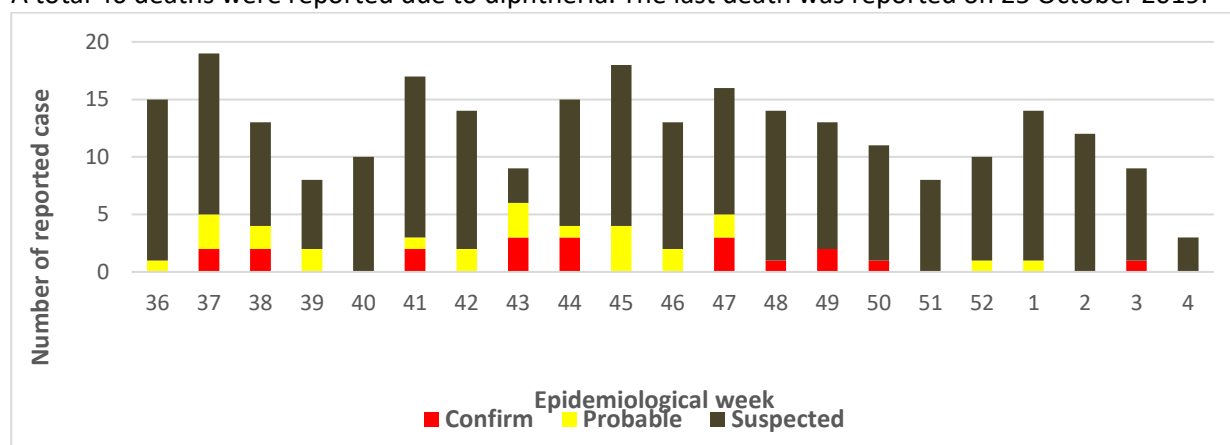


Figure 4: Diphtheria case-patients reported from week 36-4, 2020 in EWARS, Cox's Bazar, Bangladesh.

Community Based Surveillance (CBS)

- In weeks 1-4, a total of 101 deaths were recorded. Of these deaths, 61 (60.39%) are due to causes classified as "others", 13 (12.87%) were due to stillbirths, 15 (14.85%) neonatal deaths, five (4.95%) were due to infectious diseases, two (1.98%) was due to injury, and five (4.95%) was due to suspected maternal death.
- Most of the deaths occurred at home (58.4%), followed by reports of death at health facility (31.6%) and remaining at community or public spaces (5.94%).

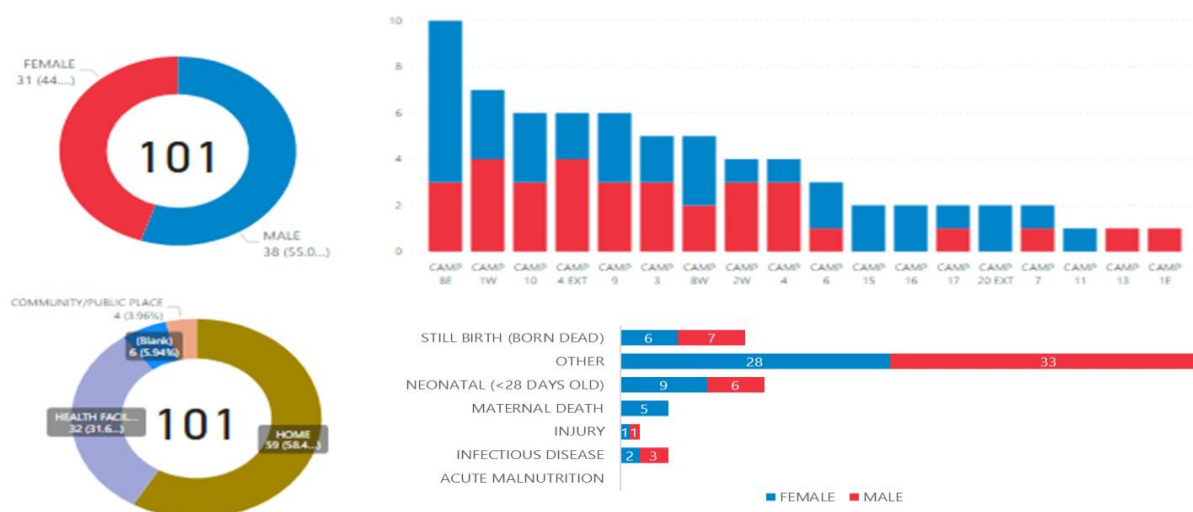


Figure 5: Total deaths by place of death and cause of death, reported in week 1-4, Cox's Bazar, Bangladesh.

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Communicable Disease

Laboratory systems strengthening

- A two-day training entitled "Implementation of Minimum Service Packages for the Laboratory Personnel and Infection, Prevention & Control at Handling of Infectious Materials for Healthcare Workers" was

conducted on 21-- 22 January 2020. Participants were from various NGOs and INGOs operating health facilities operating in the Rohingya camps.

- The main objective was to refresh participants knowledge to identify abnormal characteristics while analyzing various stained and unstained samples under a microscope and in enhancing safe practices for biosafety. The training was well received by the participants.
- A biosafety cabinet was installed at Sadar Hospital, Cox's Bazar including training of end user as a part of KS Relief.
- In the same reporting period, WHO offered oversight support in monitoring the installation of the gas line for anesthesia machine, and for the renovation work at the Cox's Bazar Sadar Hospital.
- Laboratory equipment including glucometer with strips and some other consumables were handed over to the nine health facilities with support from World Bank, as part of support in improving the laboratory services in the district.

Tuberculosis

- The WHO Tuberculosis (TB) team, in camps 1W and four of Ukhiya and camp 26 of Teknaf, conducted community sensitization and community engagement to majhees and volunteers. This was aimed at increasing awareness for case identification, referral and supporting Direct Observed Treatment (DOT) to strengthen the TB program performance. Targeted messages were also delivered at household and health facility level. Sputum collection containers were distributed to support sample collection and referral to the nearest BRAC facility for laboratory testing and diagnosis of TB.
- At the upazila Health Complexes (UHCs), medical technologists conducted 260 and 273 TB Gene X-Pert (GXP) tests at Ukhiya and Teknaf, respectively. Up to 356 and 207 routine microscopy tests for TB diagnosis were conducted at Ukhiya and Teknaf UHC, respectively during the reporting period
- For quality assurance at TB diagnostic centers in the camps, eight supportive supervision visits were conducted to BRAC laboratories.
- At Teknaf UHC, Radiographer conducted 113 X-ray examinations, 50% of which were Chest X-ray to rule out presence of TB cavities in the chest.

Outbreak preparedness and response

- After Action Review (AAR) for Acute Watery Diarrhea (AWD) Response was conducted on 27 January 2020 with overall coordination by WHO team. This review brought together partners from related sectors which include Water Sanitation and Hygiene (WASH), Communicating with Communities (CwC), among others.
- In line with international and national efforts to limit spread of the novel coronavirus (2019n-CoV), an assessment of Infection Prevention and control situation was initiated in the Ukhiya and Teknaf upazilas and preparatory arrangements have been made to train health care workers on Infection Prevention and Control (IPC).

Non-communicable Disease

- During the reporting period, concentration was accorded to printing of job aids, flip charts and copies of national protocol on management of high blood pressure and diabetes. These tools will be provided to government and partner health facilities as part supportive supervision visits targeting 102 health care professionals who completed Package of Essential Noncommunicable Diseases (PEN) in 2019.
- Ongoing distribution of NCD kits continued through the reporting period, 19 partner organizations have received NCD Kits on gap filing basis until end of January 2020.

Mental Health and Psychosocial support (MHPSS)

- From 26 to 30 January 2020, the first batch for WHO Mental Health Gap Action Programme (mhGAP) training was conducted. A total of 30 participants (mainly doctors) from government and NGOs working at camp-facilities participated in the training, which was conducted by two Senior Clinical Psychiatrists on secondment from Ministry of Health.
- WHO has joined the Early Childhood Development Working Group (ECD-WG) within the MHPSS technical working groups (TWG) as core member for Health component in ECD-Cox's Bazar.

Risk Communication

- WHO was involved in delineating and establishing Risk communication task force through the CwC working group in order to respond to ongoing risk communication and community engagement requirements due to disease outbreaks, and related interventions. The task force was fully endorsed by the CwC WG in January, is chaired by WHO and co-chaired by UNICEF. Risk communication has supported drafting of press release report for Measles Rubella vaccination campaign and translation of reports for Communicable diseases focusing on HIV and TB for dissemination to respective audiences.

IMMUNIZATION

- Measles Rubella (MR) Outbreak Response Immunization started in the camp from 12 January 2020 and will end on 12 February 2020. A total of 290 116 Rohingya population aged from six months to less than 10 years are planned to be vaccinated in this campaign. Earlier in the month, pre-campaign activities including training of the camp coordinators, vaccinators, volunteers and team supervisors were carried out by WHO and health sector partners. As on 29 January 2020 in a camp wise approach, total 195, 491 children vaccinated and 18 out of 34 camps have been covered in a camp wise approach.
- Oral Cholera Vaccine (OCV) campaign for the host community held from 19 -- 26 January 2020 in Cox's Bazar. Two out of 10 unions were covered in that phase and total 164 615 beneficiaries have been reached. Remaining unions will be covered after national MR campaign.
- Second round of OCV campaign for the Rohingya population will start on 15 February 2020. Over 162 871 children aged one year to five years and all new arrival (over one year) will get vaccination in the Rohingya camps.
- Routine Immunization Implementation status for the Rohingya population of January 2020 is below:

January 2020							
	BCG	Penta (3 Dose)	PCV (3 Dose)	bOPV	fIPV	MR	Td
Ukhiya	2975	7172	6005	7496	4566	3361	3830
Teknaf	522	1545	1549	1718	936	706	590
Total	3497	8717	7554	9214	5502	4067	4420

BCG- Bacilli Calmette Guerin, Penta-Pentavalent Vaccine (DTP, Hep B, Hib), bOPV-Bivalent Oral Polio Vaccine, fIPV- fractional Inactivated Polio Vaccine, MR- Measles Rubella vaccine, Td- Tetanus diphtheria vaccine.

HEALTH SECTOR COORDINATION

- With the highest level of commitment to provide quality health services, the health sector has started the process of reviewing Minimum Essential Health Service Package 2019 and updating it for 2020. The draft is expected to be submitted to the Civil Surgeon's office by first week of March 2020. Moreover, the Health

Sector Strategic Advisory Group is reviewing drafts of the minimum SRH essential service package at the field hospital level and minimum essential eye care package in humanitarian settings.

- Health Sector continues sharing daily updates on Novel Coronavirus (2019-nCoV) with the partners and sectors. The health sector along with WHO will provide trainings to at least one healthcare worker from each primary health center starting from second week of February in Cox's Bazar.
- Health Sector published the health facility rationalization outcome status of as of January 2020 with its partners. As of January 2020, total 38 health facilities have discontinued its services following rationalization exercise recommendations. Currently, total 146 health facilities (108 health post, 34 primary health centers and four field hospital) are providing health services in the camps.
- Regular camp level health sector partners coordination meetings were held. Two upazila level health sector monthly coordination meetings held. In addition, Health Sector supported to 1st round of Oral Cholera Vaccination (OCV) by ensuring monitoring and coordination activities through engagement of Camp Health Focal Points (CHFP) and Health Sector Field Coordinators. Preparations for 2nd round of Oral Cholera Vaccination (OCV) ongoing. The team is also supporting on-going Measles Rubella Outbreak Response Immunization (MR ORI) in various aspects including monitoring.
- Under the Gender Based Violence (GBV) in emergencies global health cluster project, the health sector consolidated job aids on health response to GBV for dissemination to health care providers, convened a meeting with technical working group leads; GBV Sub-sector (UNFPA), Child Protection Sub-sector (UNICEF) and Community Health Working Group (UNHCR) on GBV messages and strengthening referral linkages among the various outreach teams. Lastly, the health sector engaged field hospitals in developing a schedule for facility-based sensitization sessions on how to provide first line support to GBV survivors, planned for February 2020.
- To fill the need for essential and life-saving commodities for sexual and reproductive health, and through the Global Health Cluster SRH project, a final order of reproductive health kits was completed, including treatment of Sexually transmitted infections (STIs), supplies for clinical management of rape, condoms and clean delivery packs. In addition, training materials (including models for intrauterine contraceptive device (IUD) insertion and management of postpartum hemorrhage (PPH), infant models for resuscitation, and supplies for learning implant insertion) have been ordered to enhance the quality of training for medical officers, midwives and paramedics, for use by all the sexual and reproductive health (SRH) working group partners. SRH standard operating procedures for the Government of Bangladesh are being printed for distribution to all health facilities serving the Rohingya community and the affected host community, to ensure clinical providers practice the same standard of quality care.

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