WHO team visited construction site of SARI health facility at Ukhiya - 18 April 2020

World Health Organization
Bangladesh

Monthly Situation Report #04
Date of issue: 23 April 2020
Period covered: Weeks 13-16 2020
(23 March-19 April 2020)
Location: Bangladesh

Emergency: **Rohingya Crisis**

859 808
total Rohingya Population in Cox's Bazar

950 621
Total number of consultations reported in EWARS in 2020

919 946
people are being monitored for diseases

1.39 million
people targeted for health assistance

HIGHLIGHTS

- No confirmed COVID-19 cases have been reported in Rohingya camp as of 19 April 2020. However, six COVID-19 positive cases were reported from host community in Cox's Bazar.
- WHO is leading the health sector and working together with ISCG, providing technical support and guidance to partners setting up Severe Acute Respiratory Infection (SARI) facilities. The health sector confirmed commitment from seven identified partners to support the rapid establishment of 11 SARI isolation and treatment centers(ITCs) in the camps and nearby host population as of 18 April 2020.
- A Standard Operating Procedure of COVID-19 surveillance and contact tracing draft with key elements to assess the risk effectively, has been finalized and shared with Epidemiology working group (WG) members.

SITUATION OVERVIEW

As per UNHCR report of March 2020, there are 859 808 Rohingya population in Cox's Bazar. This includes 34 917 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 13 to 16 of 2020 is presented below.

RESPONSE

INFORMATION MANAGEMENT – EPIDEMIOLOGY

COVID-19 Update:

- As of 19 April 2020, no confirmed cases have reported in Rohingya camps. Total 20 suspected cases were reported in Early Warning, Alert and Response System (EWARS) and 19 of them tested negative till the last day of the reporting period.
- In Cox's Bazar district six patients were found laboratory positive of COVID-19. Out of total six laboratory confirmed cases, five were from Cox's Bazar district (one from Chakaria,one from Teknaf and three from Maheshkhali Upazilas) and one from Bandarban district. The first laboratory confirmed case was identified on 23 March 2020 in Cox's Bazar.
- A Standard Operating Procedure (SOP) of COVID-19 surveillance and contact tracing draft with key elements to assess the risk effectively, has been finalized and shared with Epidemiology Working Group (WG) members. Community based surveillance strengthening is being followed up to increase chances of community based COVID-19 detection and to enhance sentinel testing.
- Training on Contact Tracing and Go.data Apps were conducted. Total of 38 participants were trained in a one-day long training into two batches. The trained personnel will be responsible in case investigations, contact tracing related activities and data management. A cascade training to train contact tracers is continued and will be keeping up till first week of May 2020.

Overview

- A total of 138 out of 166 health facilities (83%) are active in Early Warning, Alert and Response System (EWARS) with 92% completeness and 83% timeliness rate.
- A total of 109 alerts (triggers) were reported and reviewed in the EWARS system in the reporting period. All alerts were reviewed within 48 hours. Of these alerts, 18% were discarded and 68% were monitored and 11% kept on risk assessment, of these 92% risk assessment completed.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and nexplained Fever (UF) were the most common causes of illness among the reported cases. There were no notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

Measles Update

- Number of measles cases have been consistently decreasing since week 6 (3-9 February 2020) following the Measles-rubella(MR) campaign. A total of 38 suspected measles cases were reported through weekly report form in EWARS from 23 March to 19 April 2020.

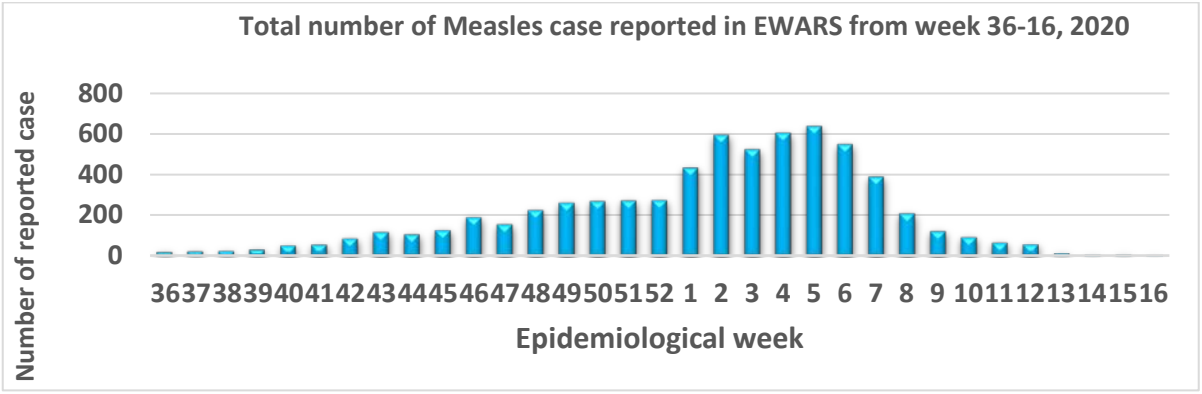

Figure 1: Total number of Measles case reported in EWARS from week 36,2019-16, 2020

Diphtheria Update

- A total of 14 suspected and two confirmed cases of diphtheria have been reported in EWARS from 23 March to 19 April 2020.
- In 2020, a total of 127 diphtheria cases have been reported in EWARS. Of these, seven cases were confirmed, seven probable and 113 suspected. The last confirmed case was reported on 24 March 2020.
- Since the beginning of outbreak in November 2017, a total of 9991 cases have been reported. Of these, 329 were confirmed, 2785 were probable and 5977 were reclassified as suspected.
- From the host community, a total of 236 diphtheria cases have been reported since the outbreak. Of these, 31 were confirmed, 68 probable and 134 suspected. In 2020, four suspected diphtheria cases have been reported from the host community. However, no death case has been reported from the host community.
- Since 2017, a total of 47 deaths were reported due to diphtheria. The last death was reported on 25 October 2019.

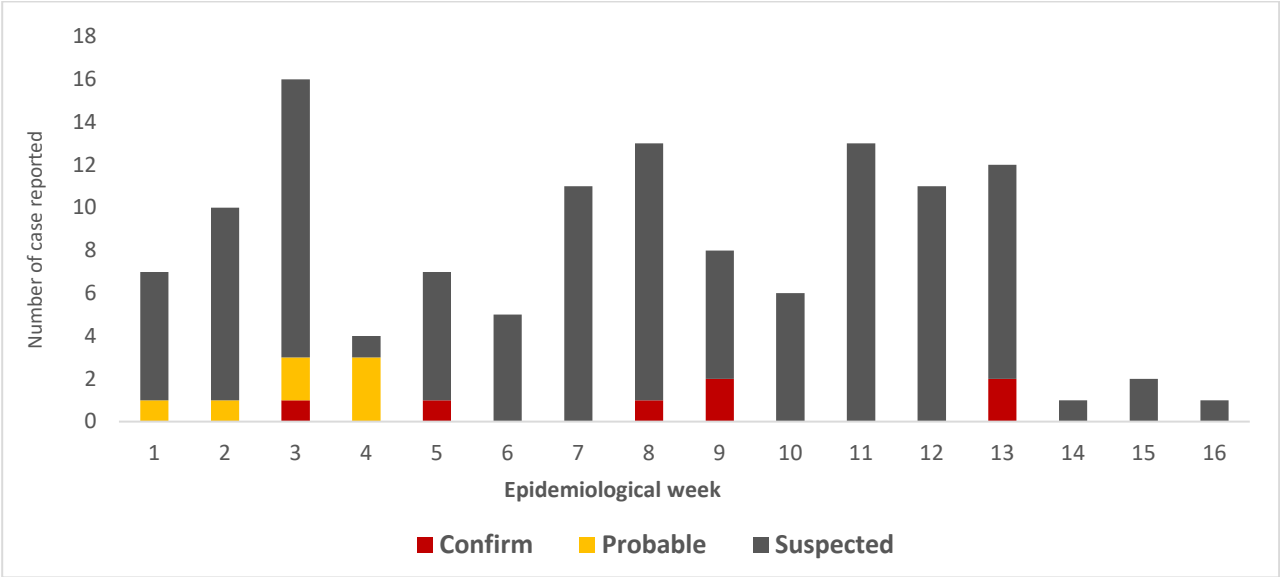

Figure 2: Diphtheria case patient reported in EWARS from Epi week 1-16, 2020

Community Based Surveillance (CBS)

- In the reporting period, a total of 29 deaths were recorded. Of these deaths, 21 (72%) deaths were classified as “others”, four (14%) were due to stillbirths, one(3%) were due to infectious diseases, two (7%) were due to injury, and one (3%) was due to suspected maternal death.
- Most of the deaths occurred at home (79%), and later reported at health facilities (10%) and remaining at communities (10%).

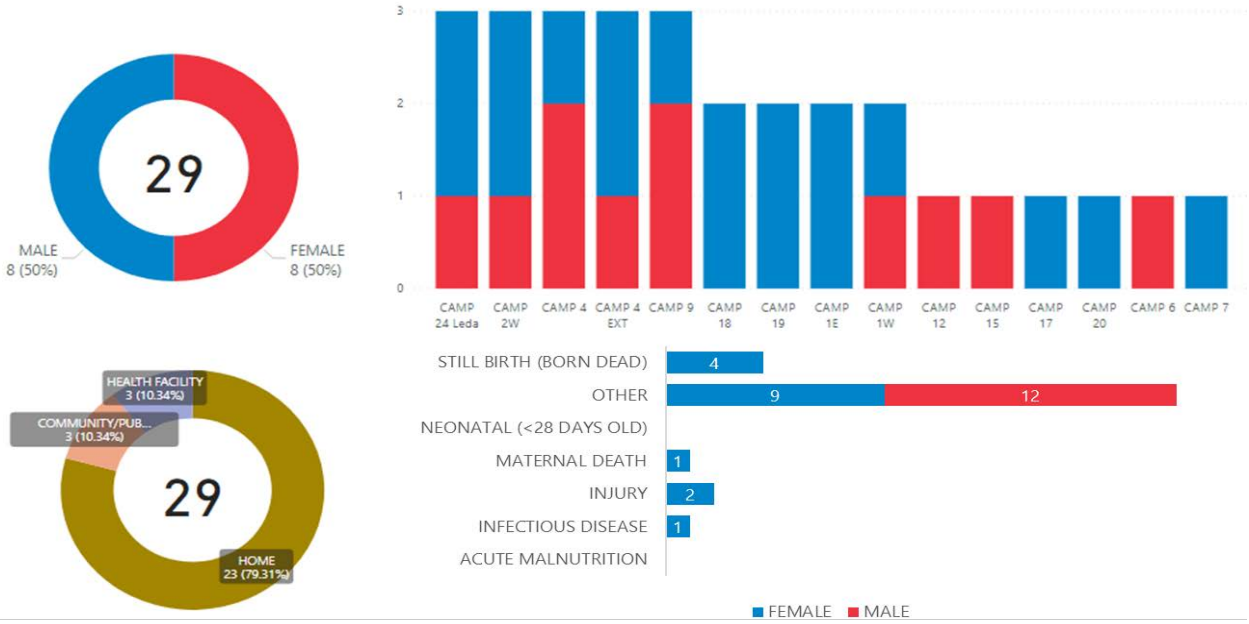

Figure 3: Total deaths by place and cause , reported in week 13-16 ,2020 Cox’s Bazar, Bangladesh.

Acute Respiratory Infection (ARI)

- A total of 33 385 ARI cases were reported in EWARS during the reporting period. Of these, 17 016 cases reported with under five years of children and 16 369 over five years. Compared to the previous year reported cases, although ARI cases have been shown increasing pattern this year (Jan-March 2020), a decreasing trend is being noticed in April. However, proportional morbidity is not significantly varied.

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Environmental health and sanitation

- WHO, through the health sector. and at times in close collaboration with the WASH Sector, supported guidance to WASH sectors in conducting WASH and Health Care Waste Management assessments at Upazilas in Cox’s Bazar for COVID-19 response.
- For longer term and continuous support to WASH Facility Improvement Tool(FIT), WHO finalized processes leading to Agreement for Performance of Work with a partner, HEKS/EPER to conduct the training sessions on WASH FIT in the camps.
- WHO offered technical support and guidance to WASH Sector for the preparation of WASH COVID-19 Response plan for Cox’s Bazar.

- In addition, WHO supported preparation of Guidance and installation of hand washing stations at the points of entry of Rohingya camps.
- The first round of Water Quality Surveillance (WQS), through the tripartite engagement with UNICEF and Department of Public Health Engineering (DPHE) was put on hold due to the ongoing global COVID-19 pandemic and holiday arrangements.

Mental Health

- Multiple field visits were organized in quarantine locations. These sessions aimed at supporting persons that have been quarantined to appreciate their situations, manage the stressful state that comes with this public health intervention and cope
- WHO continues to organize regular supervision sessions in the camps with different organizations with special emphasis on COVID-19 related mental health support. These visits offered on job supportive supervisions and trainings at camp level targeting small numbers of counsellors, doctors and care givers.
- WHO in a collaborative arrangement with partners in Mental Health and Psychosocial support working group to support compilation of awareness guidelines for the COVID-19 response in the camps and the host community with emphasis on mental health.

Risk Communications

- WHO in close collaboration with the Risk communication Technical WG through Communications with Communities (CwC) working group supported the development of Risk communication and community engagement (RCCE) Strategy and updated Key Messages for Rohingya and Host communities based on critical (wide spread community transmission) operational modality for COVID-19 response.
- Through partnership with Translation Without Border (TWB) and in close collaboration with Risk Communication unit, WHO supported translation (not official) ofStandard Operating Procedures (SOPs)/Guidelines for COVID-19 response developed by MoHFW and WHO. These included;
  - Dead body management
  - Rational use of PPE
  - Standard Operating Procedures (SOP) for medical waste management
  -

Laboratory

- The Institute of Epidemiology, Disease Control and Research(IEDCR) laboratory and Cox's Bazar Medical college have been at the focus of WHO work in supporting the government to boost testing capacity in Cox's Bazar. WHO has supported:
  - The calibration of cabinets for the COVID-19 testing which was a standard requirement for certification and accreditation for conducting COVID 19 testing
  - Recruitment of key laboratory staff which included a Microbiologist, Laboratory Technologist, Technician and support staff. These efforts were in supporting scale up testing for COVID-19 from 30 samples per day at inception to 100 tests per day capacity by mid-April 2020.
  - Procurement of consumables and supplies including reagents.
  - WHO conducted on-job trainings for IOM and MSF laboratory staff who will be involved in sample collection and serve as a sample drop off hub from sentinel sample collection points within the camp.

- WHO finalized the laboratory sample collection and transportation pathway in line with the surveillance SOP.

To ensure quality of COVID-19 is maintained, WHO supported quality assurance supporting COVID-19 sample testing of samples that had already been tested to be retested at another laboratory. No difference in results was observed of all the samples tested. This reaffirmed confidence in results from the laboratory

Non-communicable Diseases

- WHO supported partners on gap filling basis with Non-communicable disease kits items and medicines for diagnosis, management of patients with Non-communicable diseases mainly hypertension and diabetes.

Communicable diseases and Infection Prevention and Control

- WHO offered technical support and guidance to partners setting up Severe Acute Respiratory Infection (SARI) facilities through discussions of layouts. Land was identified for partners to set up SARI isolation and treatment centers (ITCs) and guidance was accorded to each of the partners. These included UNHCR, UNICEF, IOM, IRC, IFRC, NRC, CPI, among others.
- WHO convened and contributed partners on isolation beds for SARI. An update of capacities has been a regular standing agenda items to support partners where they are challenged in setting up these facilities was discussed with update on level of readiness to admit a COVID-19 patient. Key issues like Oxygen, HR, Training and procurement of PPE, among others.
- WHO in partnership with BBC Media Action started recording videos with Bengali narratives in relation to Infection Prevention and Control for Health Care workers. Once completed these videos will be utilized for upcoming COVID specific Infection Prevention and Control Training for master trainers.
- Ongoing development of Master Trainers training materials to support several modular trainings that are planned for Clinical and non-clinical humanitarian workers training in response to COVID 19.
- WHO has been actively engaged, in collaboration with ISCG in offering technical guidance on setting up SARI ITCs with partner agency. Several field visits were conducted and location scouting missions but also on supporting structural setups and lay out of the SARI ITCs that are being prepared to support clinical case management of COVID 19 for the Rohingya and the host communities conducted site visits to two locations for recommendation for setting up a SARI treatment facility for humanitarian workers

Tuberculosis

- Medical technologists conducted 203 and 220 GeneXPert tests in Ukhiya and Teknaf upazila health complexes(UHC) respectively during the reporting period. Total 202 and 190 routine microscopy tests for TB diagnosis were conducted in Ukhiya and Teknaf UHC from 23 March to 19 April 2020.
- Supportive supervision visits were also carried out at two laboratories of BRAC to provide technical support especially for ensuring quality on TB diagnosis.
- In addition, direct support to the Upazila led to of 88 X-ray examinations for the referred patient at Teknaf UHC. Out of that, around 60% were Chest X-rays.

IMMUNIZATION

- In view of ongoing COVID-19 context, outreach immunization sessions are temporarily stopped. Limited health facility-based immunization sessions are running.
- Revised Routine Immunization strategy for Rohingya in COVID-19 context is being drafted.

- Immunization Health field monitors received training to assist the government and partner on contact tracing of COVID-19 cases.
- Teknaf IVD team supported the Teknaf upazila health complex in responding to the immediate services (facilitated with partners, transported medicines etc.) for around 396 Rohingyas who arrived by boat on 16 April 2020.

HEALTH SECTOR COORDINATION

- Glossary of terms established and shared to ensure all actors across sectors understand and use the same terminology for COVID-19 discussions.
- Sexual and reproductive health (SRH) supplies contributed to Ramu Upazila Health Complex in scaling up for isolation bed capacity for the host community. Continued support to isolation units on active and stand-by status across Teknaf and Ukhiya, managing data base and sharing with relevant stakeholders.
- The health sector developed a concept note for Dispatch and Referral Unit (DRU) with IOM.The DRU will oversee the coordination of ambulances during the COVID-19 response.
- Health Sector together with UN agencies is working (UNHCR and IOM) to identify sites, facilities and partners for quarantine. Established information note on what quarantine is and self-care during quarantine.
- Developed screening tool for identifying those meeting case definition, and a referral pathway for COVID-19 shared with health partners to standardize practice and protocol. Packets including screening tool and screening principles, referral pathway, and IPC guidelines shared to all camp health focal points to disseminate amongst CICs and health care facilities.
- In addition to ongoing efforts to strengthen health response to GBV, health sector was engaged in efforts to integrate protection and gender considerations in the COVID-19 preparedness and response planning. Key actions included participating in Gender in Humanitarian Action(GIHA) led discussions and coordination meeting, providing inputs to gendered protection guidance materials on COVID-19 and disseminating final information products to health partners.
- A meeting was also held with ISCG Gender Hub on developing Health Sector Gender Action plan for COVID-19 and for JRP. The health sector is in the process of reviewing the guidance documents to inform the plan that is aligned with health sector response plan on COVID-19.
- Health Sector coordinated with WASH focal agency to support Teknaf UHC and public places to disinfection regarding COVID-19 response.
- Health Sector Camp Health Focal Points and Health Field Coordinators are in touch with health partners and other sectors, Camp in Charge's regarding coordination and to support on awareness messages about COVID-19
- Total 10 camp level health partners coordination meeting were conducted to discuss and guidance to health care provider's about COVID-19 readiness, response, case management, infection control and referral.

OPERATIONS SUPPORT AND LOGISTICS

- WHO provided technical support was provided in SARI ITC layout design to ISCG and implementing partners including IOM, IRC, UNICEF, UNHCR and provided practical recommendation for site selection in refugee camps during frequent field visits. Suppliers list of PPE and oxygen was updated, information collected, and provided to logistic and health sectors to the database available for all implementing partners.

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