



World Health Organization

Bangladesh

Weekly Situation Report # 10

Date of issue: 13 January 2018

Period covered: 7 January – 13 January

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



868 051
total Rohingya
in Bangladesh



655 500
new arrivals since
25 Aug 2017



83 833 host population
children under 15 years
vaccinated with
pentavalent and dT vaccine



766 460 people are
being monitored for
diseases



1.2 million
people targeted for
humanitarian assistance

KEY HIGHLIGHTS

- As of 13 January 2018, a total of 4 119 cases clinically suspected with diphtheria have been reported. Of these, laboratory specimen information was reported for 228 cases, 61 (27%) of which tested positive by PCR. 108 clinically suspected cases were admitted at diphtheria treatment facilities on 13 January 2018. A total of 32 deaths have been recorded so far.
- Microplanning for the second round of vaccination against diphtheria for Forcibly Displaced Myanmar Nationals (FDMN) children under 15 is underway. The campaign is expected to begin on 27 January.
- A vaccination campaign targeting 178 183 host national children under 15 years in Teknaf and Ukhia Upazila with pentavalent and dT vaccination resumed on 13 January. 83 833 children have received their first dose of vaccine as of 13 January.
- An investigation and response cell is being established in the Civil Surgeon's Office in partnership with WHO and the Institute for Epidemiology, Disease Control and Research (IEDCRB). A total of 70 alerts were reported, of which 92% were verified and 14% are undergoing risk assessment.

SITUATION OVERVIEW

Since 25 August 2017, an estimated 655 500 Rohingya have crossed the border into Cox's Bazar, joining approximately 300 000 others who had fled in earlier waves of displacement. Respiratory infection, skin disease, and acute watery diarrhea risks remain high with increasingly crowded living conditions, inadequate water and sanitation (WASH) facilities and low vaccination coverage.

As of 13 January 2017 over 548 000 arrivals are in Kutupalong Balukhali expansion site, 242 000 in other camps and settlements, and 79 000 arrivals in host communities, impacting the already congested health response. Pre-existing camps and settlements as well as new spontaneous settlements have expanded with the new influx.

RESPONSE

EPIDEMIOLOGICAL UPDATE

- The Early Warning and Alert System (EWARS), established in August 2017, has been strengthened to provide surveillance for a number of diseases and notify focal points when there is a need to investigate an alert. The upgraded EWARS system was launched on 1 January.
- In week 2, 2018 a total of 70 alerts were triggered, of which 92% were verified and 14% are undergoing risk assessment.
- 145 (92%) of health facilities have been registered in EWARS. This provides surveillance for 766 468 people (89% of the estimated population).
- For week 2, 92 out of 145 (63%) of health facilities reported. The major causes of proportional morbidity were: acute watery diarrhea, acute respiratory tract infections, and unexplained fever.
- 109 cases of suspected measles were reported through EWARS. This is in addition to 2 092 suspect cases of measles reported in the last 8 weeks of 2017.
- An investigation and response cell has been established in the Civil Surgeons Office in partnership with WHO and IEDCRB. A total of 70 alerts were reported, of which 92% were verified and 14% are undergoing risk assessment.
- WHO is convening partners to assess opportunities for community based disease monitoring of deaths including among pregnant women.

DIPHTHERIA UPDATE

- As of 13 January 2018, a total of 4 119 cases clinically suspected with diphtheria have been reported. Of these, laboratory specimen information was reported for 228 cases, 61 (27%) of which tested positive by PCR. 108 clinically suspected cases were admitted at diphtheria treatment facilities on 13 January 2018. A total of 32 deaths have been recorded as of 13 January.
- A total of 36 cases suspected with diphtheria were host nationals. The DGHS is leading investigations with support from WHO and the risk for further spread in the host population is being assessed.
- Diphtheria treatment centers have been scaled up to increase bed capacity across six function sites for all camp areas.
- DAT administration has expanded to all patients presenting with pseudo membrane irrespective of age. Coordinated referral mechanisms to ensure 24/7 care of DAT patients are being implemented.
- WHO is working with partners to strengthen contact tracing as part of the diphtheria outbreak response. Key partners have been mobilized to increase coverage of contact tracing activities and streamline reporting.
- A strategy for prioritize sample testing for laboratory confirmation of diphtheria cases has been developed based on the testing capacity of the diphtheria laboratory in IEDCRB. Currently testing is limited to 20 samples per day due to resource constraints. To overcome this bottle neck WHO is working with IEDCRB to establish Laboratory capacity in Cox's Bazar for diphtheria and other Epidemic-prone diseases.

VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- A vaccination campaign targeting 178 183 host national children under 15 years in Teknaf and Ukhia Upazila with pentavalent and dT vaccination resumed on 13 January. 83 833 children have received their first dose of vaccine as of 13 January.
- Vaccination for close contacts of cases clinically suspected with diphtheria began on 15 January. Close contacts above six weeks old identified during contact tracing will be referred to the nearest fixed vaccination point.
- Planning for the second round of vaccination against diphtheria for Rohingya children under 15 is underway. A review of antigens that will be used for this campaign is underway to include measles rubella vaccine for under 15 year-olds. The campaign is expected to begin on 27 January.
- Vaccination for humanitarian aid workers has been made available in Cox's Bazar and Ukhia.

WATER, SANITATION, AND HYGIENE

- Planning for a joint wash, sanitation and hygiene (WASH) and infection prevention and control (IPC) survey in collaboration with WASH sector partners is underway.
- Training materials for hospital staff to ensure WASH and IPC standards in health facilities inside the camps have been developed. A joint assessment has been developed to review WASH and IPC in health facilities inside the camps. The assessment will support development of training materials for hospital staff to ensure practical WASH and IPC standards as well as implementation of priority interventions.

REVIEW OF HOSPITAL SERVICES

- A joint assessment of hospital services for three referral hospitals located outside the camps was conducted in order to strengthen services in light of the influx of FDMN since August. The assessment highlighted a need to support in reducing the caseload burden on existing overcrowded hospitals.
- Site visits of the Ukhia Upazila Hospital highlighted a need for a triage post at the hospital entrance. WHO in collaboration with the Ukhia Hospital will support infrastructure and staffing to establish this post.

RISK COMMUNICATIONS AND COMMUNITY ENGAGEMENT

- The Communication with Communities (CwC) working group reviewed activities and agreed to move towards consolidating research and lessons learned and integrating plans with the indicators in the Humanitarian Response Plan.
- CDC, WHO, UNICEF, BBC Media Action, BRAC and PULSE conducted focus group discussions with Rohingya mothers, fathers and imams to revise diphtheria vaccination messaging ahead of round 2 of the vaccination campaign.
- Community mobilization microplan template was shared with partners to map volunteers and identify gaps.

LOGISTICS

- WHO is coordinating delivery of international and national shipments including DAT supplies, medication, medical equipment, and logistical items to health sector partners.
- Efforts are underway to streamline specimen collection from patients who are clinically suspected with diphtheria, sample delivery, and laboratory testing from Cox Bazar to Dhaka. Specimens that are collected by partners will be transferred to the WHO office in Cox Bazar, kept in cold chain, and transferred through air plane to Dhaka.

COORDINATION

- The DGHS with support from WHO hosted a workshop between all health sector partners to identify key priorities to be included in the 2018 joint operational plan.
- The District Diphtheria Core Committee continues to meet regularly to prioritize actions and implement coordinated interventions.
- WHO is working closely with the WASH sector to align plans for addressing acute watery diarrhea.
- A working group will be established to coordinate interventions for vector borne diseases.
- WHO is supporting the MHPSS working group to finalize the mental health action plan.

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