



World Health Organization

Bangladesh

Weekly Situation Report # 15

Date of issue: 01 March 2018

Period covered: 19 February –25 February

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



883 785
total Rohingya
in Bangladesh



671 000
new arrivals since
25 Aug 2017



397 375 Rohingya children
were vaccinated in the 2nd
round of diphtheria
vaccination



728 786 people are
being monitored for
diseases



1.3 million
people targeted for
health assistance

KEY HIGHLIGHTS

- As of 28 February 2018, a total of 5 882 suspected cases of diphtheria have been reported.
- The Diphtheria vaccination campaign in the host community in Teknaf upazila, vaccinated 39 222 children (97% coverage) from 17 February to 22 February with pentavalent vaccine in the age group of 1 to 5 years.
- There is a decline in the reported numbers of suspected measles/rubella cases as well as acute watery diarrhea in week 8 relative to the previous week

SITUATION OVERVIEW

Since 25 August 2017, an estimated 671 000 Rohingya have crossed over from Myanmar into Cox's Bazar, Bangladesh, joining approximately 212 000 others who had fled in earlier waves of displacement. The decrease is not a result of population return, but rather the use by IOM's Needs and Population Monitoring (NPM) assessment of a more detailed and accurate methodology to estimate total population figures. There were 801 new arrivals from 1-9 February. As of 28 February 2018 over 589 000 arrivals are in Kutupalong expansion site, 185 000 in other camps and settlements, and 110 000 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

- To date, 150 health facilities out of 158 (95%) have been registered in EWARS.
- In week 8, a total of 81 alerts were triggered – a number that is within the average range of alerts since week 4 2018
- As of 24 February 2018, a total of 5882 diphtheria case-patients were reported in EWARS, including 171 new case-patients in week 8, a decrease compared to 219 cases reported in Week 7.

- The reported number of acute jaundice syndrome cases decreased from 87 in week 8 from 169 in in week 7. Reporting is currently changing for all health facilities to case-based reporting in order to improve epidemiological understanding and inform the response.
- AJS samples are being sent to the IEDCR laboratory in Dhaka to test for Hepatitis A, E, B, C and leptospirosis
- Improved guidance for reporting through EWARS, particularly for event-based reporting, has been prepared and will be shared with partners in reporting health facilities for review.
- WHO is currently working with partners to implement community based surveillance in the camps.
- EWARS bulletin for week 8 was disseminated to all health sector partners.¹

DIPHTHERIA UPDATE

- As of 24 February 2018, a total of 5 882 suspected cases (excluding laboratory negatives) have been reported, including 164 laboratory confirmed, 3127 probable and 2591 suspected cases. A total of 171 cases were reported in the week of 18 – 24 Feb, a decreasing trend on previous weeks (219 cases were reported in Week 7). The last laboratory confirmed case was reported on 16 February. Note, however, that the total number of laboratory confirmed cases has been updated as more samples from previous weeks were analysed and entered on the system.
- A total of 51 suspected cases (excluding laboratory negatives) have been reported from the host community since the start of the outbreak. Of these, 9 cases are laboratory-confirmed, 30 are probable and 12 are suspected. In week 8, six case-patients were reported. The risk for further spread in the host population has been assessed to be moderate as the routine vaccination coverage for Pentavalent vaccine/diphtheria is high in the Bangladeshi community.
- A total of 38 deaths (case-fatality proportion <1%) were recorded as of 17 February, with no deaths reported since 2 Feb. No deaths have occurred in host communities.
- Contact tracing continues to improve, WHO is continuing to work with IEDCR to strengthen laboratory capacity
- Diphtheria bulletins are disseminated to relevant health sector partners.

VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- The Diphtheria vaccination campaign in the host community in Teknaf upazila concluded on 22 February, vaccinating 39,222 children (97% coverage) with Pentavalent vaccine in the age group of 1 year to 5 years. Also, 5,169 children who had been missed during the school campaign of January were administered Td vaccine. With this, a total of 213,223 children (99% coverage) in age group of 1 to 15 years old have been vaccinated in the host community since January 2018.
- The third round of Diphtheria vaccination campaign for Rohingya population is scheduled to start on 10 March.
- Entry point vaccination for new arrivals at Sabrang (Teknaf) and vaccination for close contacts of cases clinically suspected with diphtheria are continuing
- Due to the high coverage of MR vaccination in the Rohingya population following two campaigns in September 2017 (coverage 110%) and November 2017 (coverage 105%), the emphasis is now on routine EPI
- Routine EPI for Rohingya population has been started in 19 sites in Ukhiya Upazila with support from NGO partners. There is a plan to expand fixed site EPI sessions in more than 70 health facilities. Routine EPI orientations for service providers and supervisors is being developed using standardized training package.

¹ <http://www.searo.who.int/bangladesh/mmwb/en/>

HEALTH OPERATIONS

- The results of WASH and IPC assessment were presented in the Health Sector Partner Meeting on 22 February. An action plan was prepared in the same day to follow up with the health facilities found with WASH issues.
- WHO sub-office in Cox's Bazaar has begun the process to map MHPSS/NCD human resources needs in collaboration with WHO Country Office and SEARO. Terms of references for these human resources have been created.
- In order to investigate the ongoing presentation of acute jaundice syndrome cases, WHO has put in place an exhaustive sampling plan in which all cases presenting with acute jaundice syndrome will be tested for Hepatitis A, E, C and B, as well as for Leptospirosis. The testing will give a clearer picture of the etiology and allow for tailored public health interventions.
- The Vector Borne Disease TWG has met for the second time in the past week. An overview of risks in this area was provided and technical guidance available at a national level and at WHO level was provided to partners. . The development of an action plan was initiated in close consultation with partners.
- The Outbreak Emergency Preparedness TWG had two meetings in the past week and drafted the emergency preparedness plans for the scenarios of Malaria, Hepatitis, Shigella and Dengue, which will be further completed and improved in the coming week.
- Options for making use of in-country expertise for medium term care of complications following Diphtheria are being put in place in consultation with the WHO Country Office in Dhaka.
- The list of instruments and other lab materials to be procured for the molecular testing facility and serology were finalized in close discussion with IEDCR. The principal of Cox's Bazar Medical College has agreed to accommodate a centrifuge from IEDCR in the serology unit, with the aim of achieving serum separation functionality as soon as possible.
- As part of projected AWD response, WHO is supporting the coordination of health partners undertaking community-level prevention activities through CHWs with WASH partners in the Hygiene Promotion technical working group. Together they will define programming, responsibilities and best practices.

LOGISTICS

- In preparation for the rainy season, three cholera kits have been delivered to Ukhiya logistics hub
- A pharmacy room in the Cox's Bazaar warehouse has been created and a temporary storekeeper is being trained.
- The evaluation of the Diarrheal Treatment Centers has revealed a lower number of treatment beds than initially expected. Analysis of the remaining data is ongoing.
- Discussions are ongoing for the placement of one or two containers next to one health sector partner's Diphtheria treatment facility pending agreement on funding arrangements.

COORDINATION

- Health sector peer review team vetted partner project proposals and recommended suitable projects for inclusion into the Joint Response Plan.
- The development of the Health Sector Emergency Response Plan for the rainy season is ongoing.
- Mapping of Health Service provision in camps was completed and shared with partners
- Procedures and forms for referral of patients to government facilities are revised and updated

CONTACTS

Dr Bardan Jung Rana
WHO Representative
WHO Bangladesh
Email: ranab@who.int

Dr Khalid el-Tahir
Incident Manager – WHO
Email: eltahirkh@who.int