



World Health Organization

Bangladesh

Weekly Situation Report # 16

Date of issue: 06 March 2018

Period covered: 26 February – 5 March

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 3 March 2018, a total of 6 025 suspected cases of diphtheria have been reported.
- There is a decline in the reported numbers of acute jaundice syndrome in week 9 relative to the previous weeks.

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 5 March 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, 151 health facilities have been registered in EWARS
- In week 9, a total of 77 alerts were triggered; a comparable number on previous weeks (81 alerts in week 8). One alert is still undergoing risk assessment.
- As of 3 March 2018, a total of 6 025 diphtheria case-patients were reported in EWARS, including 193 new case-patients in week 9, relatively stable on previous weeks (171 in week 8, 219 in week 7).
- A total of 77 cases of acute jaundice syndrome (AJS) were reported in week 9, a decrease from 158 in week 8 and 169 in week 7. The decrease may be due reporting delays. Monitoring is ongoing. Since 27

January 2018, 45 samples have been collected from patients presenting in health facilities: these are being analysed at the IEDCR laboratory in Dhaka to test for Hepatitis A, E, B, C and leptospirosis.

- Health facilities have been provided with new updated guidance for reporting through EWARS, and feedback is awaited from partners before finalisation. Clear guidelines and posters will be made available in all facilities.
- WHO is working with partners to implement and coordinate community based surveillance in the camps.
- EWARS bulletin and diphtheria bulletins for week 9 are being disseminated to all partners every Wednesday (next one on 7 March).

DIPHTHERIA UPDATE

- Of the 6 025 diphtheria case-patients, reported in EWARS, 175 were confirmed, 3 205 probable and 2 645 were suspected cases. Of the 193 new cases reported in week 9, 2 were confirmed, 102 were probable, and 87 were suspected. The last laboratory confirmed case was reported on 26 February. Note that the number of cases for week 9 reported here (193) differs from that reported for the same week in the weekly bulletin published on Sunday 4 March (180), due to reporting delays.
- In total, 58 cases from the host community are classified as probable (34), suspected (14) or confirmed (10), and an additional 41 cases from the host community tested negative since the beginning of the outbreak. In week 9, five new cases were reported from the host community, of which one was classified as probable, and all others as suspected. WHO-IEDCR-MoHFW are planning to undertake a more in-depth field epidemiological investigation of host community cases in the coming days.
- A total of 38 deaths (case-fatality proportion < 1%) from diphtheria were recorded as of 3 March 2018, with no deaths reported since 2 February. No deaths have occurred in the host community.
- The coverage of contact tracing has remained stable on the previous week.
- WHO is working with IEDCR to strengthen laboratory capacity.

VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- Two-day training for vaccinators and supervisors in routine EPI was conducted for the first batch in Teknaf Upazila. The training package was developed by WHO and Unicef, based on Government of Bangladesh EPI guidelines. More than 70 vaccinators, supervisors, medical officers from partner organizations and NGOs were trained.
- Microplans for routine EPI in Rohingya refugee settings have been developed.
- EPI services have been launched in 9 sites in Teknaf and will be expanded to 70 sites immediately after the third campaign. In Ukhiya routine EPI is ongoing at 19 fixed sites and will be expanded after trainings.
- The third round of Diphtheria vaccination campaign for Rohingya refugees in Cox's Bazar is scheduled to start from 10th March.
- 1 054 children were vaccinated at Sabrang (Teknaf) entry point in February 2018. All children aged 6 weeks to 15 years are being vaccinated at entry points.
- Vaccination for close contacts of cases clinically suspected with diphtheria is ongoing.
- A fixed site at Cox's Bazar has been set up to facilitate Diphtheria vaccination to humanitarian workers on Saturdays from 10 March onward.

HEALTH OPERATIONS

- Follow-up of results of WASH and IPC assessment with health facilities that had WASH related issues is ongoing.
- WHO sub-office in Cox's Bazaar has mobilized human resources for MHPSS in cooperation with WHO Country Office and SEARO and will be welcoming a technical officer to support the important work done by partners in this area from this week onwards.
- In order to investigate the ongoing presentation of AJS cases, WHO has put in place an exhaustive sampling plan in which all cases presenting with AJS will be tested for Hepatitis A, E, C and B, as well as for

Leptospirosis. The tests will give a clearer picture of the etiology and allow for tailored public health interventions.

- WHO sub-office in Cox's Bazar will host a delegation this week comprising of a senior entomologist, a technical officer for Malaria and a government programme counterpart to further preparedness activities for the upcoming rainy season.
- The technical working group (TWG) for outbreak prevention has drafted the emergency preparedness plans for the scenarios of various communicable diseases which will be improved and finalized.
- WHO and partners are closely engaged to mobilize clinical care for medium/long term Diphtheria complications, initially making use of readily available services in the surrounding area.
- Laboratory materials for the molecular testing and serology facility to be established at Cox's Bazar with WHO and IEDCR support have been identified and procurements are being undertaken.
- 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 TWG. Together they will define programming, responsibilities and best practices.
- WHO has initiated consultations with key partners on how to better support sexual and reproductive health activities in camps over the coming period through the health sector.
- Procurement of 150 Life straw filters (25 liters) for healthcare facilities and 3 000 Life straw filters (5 liters) to pregnant women and family of Hepatitis A & E patients is in process.
- Preparations for 4th round of water quality monitoring and sanitary inspection in the southern part of refugee settlement are ongoing.

LOGISTICS

- WHO is planning to support construction of triage and isolation rooms at Ukhiya Health Complex.
- The assessment of Diarrhea Treatment Centers is ongoing.
- WHO will support Samaritan Purse to prepare the land close to their Diphtheria Treatment Center to be used for prepositioning emergency medical kits.
- 50 interagency emergency health kits (IEHK) will arrive in Cox Bazar on 6 March.
- A new quarterly order for personal protection equipment (PPE) is under preparation.
- Warehouse rehabilitation in the Civil Surgeon Office is ongoing.
- Weekly interagency task force meeting for monsoon preparedness is ongoing.
- The current stock of Diphtheria anti-toxin (DAT) current stock is enough to cover at least two months.

COORDINATION

- Through coordination with the shelter sector, training is planned for agencies with flood prone facilities that cannot be relocated, to help mitigate risks to service disruption.
- The process of developing a comprehensive referral SOP, which outlines the minimum criteria and referral processes, is progressing jointly with the relevant Government authorities.
- The health sector 4Ws was successfully transitioned to reflect the new camp boundaries, in line with ISCG reporting requirements.

CONTACTS

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

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