



World Health Organization

Bangladesh

Weekly Situation Report # 21

Date of issue: 12 April 2018

Period covered: 3 April – 9 April

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



883 868
total Rohingya
in Bangladesh



671 500
new arrivals since
25 Aug 2017



431 448 Rohingya children
were vaccinated in the 3rd
round of diphtheria
vaccination



728 786 people are
being monitored for
diseases



1.3 million
people targeted for
health assistance

KEY HIGHLIGHTS

- As of 31 March 2018, a total 6,577 suspected cases of diphtheria have been reported.
- The third round of Diphtheria campaign has been completed.
- Preparation for the upcoming monsoon season is on-going.

SITUATION OVERVIEW

Since 25 August 2017, an estimated 671 500 Rohingya have crossed over from Myanmar into Cox's Bazar, Bangladesh, joining approximately 212 500 others who had fled in earlier waves of displacement. There have been 5 168 new arrivals since January 2018. As of 15 March 2018, over 584 000 arrivals are in Kutupalong expansion site, 187 000 in other camps and settlements, and 113 000 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.

MONSOON PREPAREDNESS

- In preparation for the upcoming monsoon season, WHO is continuing to collaborate with partners to develop practical guides to support response activities during an emergency. These guides include 1) Health facilities guide for reporting through EWARS 2) Outbreak investigation toolkit 3) AWD preparedness and response plan. Activities will also include refresher training sessions for EWARS users

- Scenario based response operations for six most likely diseases of epidemic potential are being finalized; scenarios for water borne and vector borne disease have also been defined. Guidance documents for health promotion and community engagement for Shigella, Hepatitis A and E, and Typhoid have been drafted. These guides are designed to assist health workers, mobilizers and promoters educate communities about these diseases.
- WHO and UNHCR have drafted the action plan on Mental Health and Psychosocial Support (MHPSS) Emergency Preparedness.
- Training of Trainers was conducted for Psychological First Aid in Dhaka and a plan has been established for cascading this training down to 250 health care providers in Cox's Bazar.
- Field laboratories assessment has been conducted. Training program on malaria rapid diagnostics for the field lab has been planned for 21 April 2018.
- Delivery of the containers for emergency health supply prepositioning have been delayed. They are now expected to be delivered by Saturday 14 April. WHO will have one container placed in the IOM logistics hub, Teknaf and two containers at Samaritans Purse, south of Mega Camp. Those temperature-controlled containers at each location will be used to store drugs. Formal agreement with partners is under development.
- ISCG is coordinating for the development of joint distribution points in the camps. The health sector is looking to establish static medical teams at these positions to ensure multiple service availability in the same location. The mobile medical team muster point map will be updated accordingly.
- The bulk of the mobile medical teams (MMTs) supported by partners have been identified; WHO and partners will be training the MMTs on logistics, operations and coordination, infection prevention and control and personal safety awareness and risk assessment are planned for mid-April.
- Training for community health workers on hygiene promotion and acute watery diarrhea has commenced through the hygiene promotion working (WASH sector).

RESPONSE

EPIDEMIOLOGICAL UPDATE

- To date, 155 health facilities are currently registered as EWARS sites. 111 facilities reported for week 14. In 2018, the cumulative completeness for reporting is 69%.
- In week 14, total of 90 alerts were triggered through indicator-based surveillance (IBS) and 12 through event-based surveillance (EBS). All alerts were verified. Of the 90 IBS alerts, 75 (83.3%) were discarded and 13 (16.7%) are being monitored.
- In week 14, there were 33 (compared to 43 cases in week 13) new suspected measles cases bringing the total for 2018 up to 1148 cases. Measles sampling strategy to assess viral transmission has been finalized and is scheduled to begin by mid-April.
- In week 14, there were 98 cases of AJS, bringing total for AJS in 2018 up to 1,691 cases.
- In week 14, there were 4827 AWD cases, bringing total for AWD in 2018 up to 68,628 cases. One field investigation was conducted in response to an AWD alert. The investigation and risk assessment were completed in less than 48 hours.
- In week 14, there were 2 suspected meningitis bringing total for suspected meningitis in 2018 up to 42 cases.
- In week 14, there were 3 suspected hemorrhagic fever bringing total for suspected hemorrhagic fever in 2018 up to 67 cases.

- Public Health Situational Analysis 2018 as part of the Rohingya crisis, assessing major public health threats faced by the affected populations is currently underway.

DIPHTHERIA UPDATE

- From 8 November 2017, there have been a total of 6,577 diphtheria case-patients reported through EWARS. In week 14 cases, there were 170 new case-patients. Updated epidemic curve is presented in Figure 1.
- Majority cases (64, 58.3%) were in persons aged 5-14 years.
- As of 7 April 2018, there were 41 deaths (case-fatality proportion <1.0%). Most recent death, which occurred during week 14, is a female aged 6 years.
- Diphtheria cases amongst the refugee population have declined since January 2018, however there appears to be plateauing in the weekly case count. Discussions are underway between WHO, the Director General of Health Services' Department and other health sector partners to assess the current outbreak situation.
- Since 1 December 2017, the host community had 52 diphtheria case-patients, of which 14 were laboratory confirmed, 30 were probable and 8 were suspected cases. As of 7 April 2018, 74 case-patients were excluded following negative laboratory testing. No deaths have been reported within the host community. In week 14, there were four new cases in the host community.

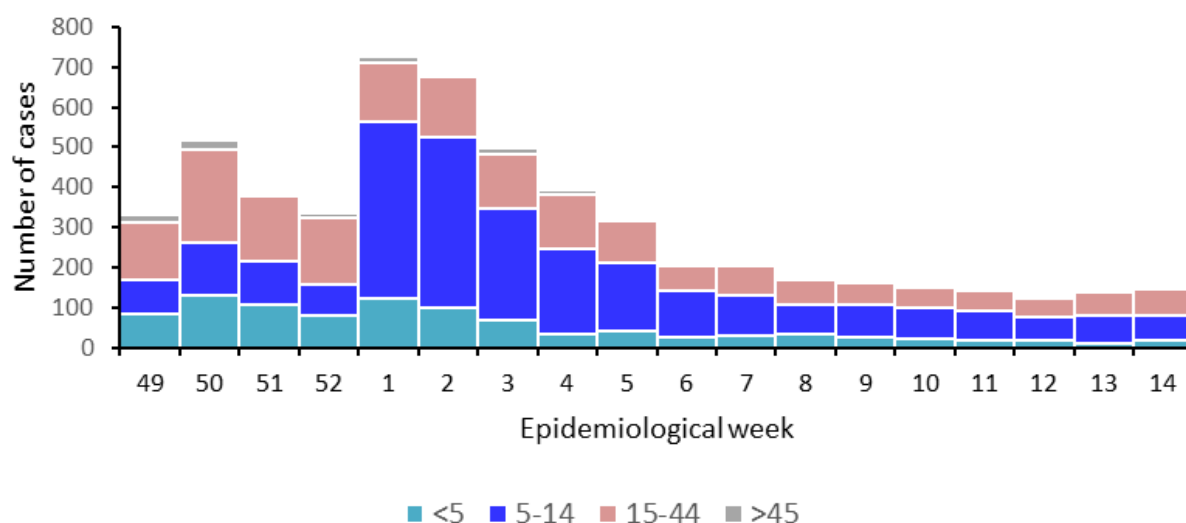


Figure 1: Epidemic curve of diphtheria cases by age groups, W49 2017 to W14 2018, Cox's Bazar

VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- Third round of Diphtheria vaccination campaign has been completed covering 431 448 (104%) children 6 weeks to 15 years of age in Ukhia, Teknaf & Naikhongchhari Upazilas.
- 5 166 humanitarian workers received Td vaccine during the campaign days and an additional 421 healthcare workers received vaccination services through the weekly fixed site in Cox's Bazar.

HEALTH OPERATIONS

- Discussions with health and communication partners to address health communication gaps and needs are ongoing.
- For diphtheria case management, analyses on Diphtheria Anti Toxin (DAT) use and follow-up is ongoing. The use of DAT is stable.
- WHO has mapped activities of partners involved in strengthening Sadar Hospital. These have been shared in a round table meeting on 9th April and will facilitate improved coordination between partners and make the most effective use of all partners' effort. WHO has also finalized the procurement materials for the laboratory at Sadar Hospital.
- WHO is working to strengthening Sadar Hospital through a project from KS Relief, Saudi Arabia. In this regard, the Supervisor General of KS Relief made an official visit to Cox's Bazar 11 – 12 April.
- WHO held bilateral meetings with key MHPSS actors (IOM, UNHCR, BRAC, ACF, MSF, IFRC) for their inputs before drafting the plan. All MHPSS actors were also advised to have their internal emergency preparedness plan.
- The 4th round water quality surveillance program of WHO-Department of Public Health Engineering (DPHE) is ongoing. Training for Water Sample Collectors, Sample Analyzers and Laboratory Managers was conducted on 27 March and the field program commenced on 31 March. To date, 25% of the samples have been collected from water sources and households. Additionally, 360 sanitary inspections have been conducted. The analysis is ongoing. WHO has also initiated an assessment of microbiological water quality (E. Coli contamination) at the Cox's Bazar Sadar Hospital.
- Training on the laboratory diagnosis of Malaria using rapid diagnostic tests (RDTs) and microscopy is scheduled on 21 April 2018. The training is organized by WHO in collaboration with the National Control Program for Malaria for all partners who are currently using RDTs for Malaria.
- Routine Expanded Program on Immunization (EPI) sessions will be expanded for the refugee population aged < 2 years from 15 April 2018. Currently 19, NGO fixed vaccination sites are functioning in Ukhaia. In Teknaf, 4 NGO fixed sites and 8 government outreach teams are covering the whole camp area.
- The health systems strengthening mission from WCO has arrived in Cox's Bazar to provide support in setting attainable objectives for MoHFW health facilities, increasing and decentralizing blood bank capacity to Upazila levels, referral systems and initial examination of waste management situation in camps and settlements.

LOGISTICS

Diphtheria

- MSF OCB is experiencing procurement and supply chain delays in the importation of diphtheria antitoxin (DAT). The Rubber Garden hospital is currently administering on average 185 vials per week. WHO has been supporting the provision of DAT to cover delays in stock imports, however it is anticipated this will be an ongoing problem until the Diphtheria cases decline. A formal request is anticipated from MSF, to utilise WHO's shorter pipeline for DAT importation.

Other

- An in-kind arrival of supplies from the UNHCR store in Dubai is expected to arrive on 15 April. This includes heavy duty PPE, trauma kits, and surgical kits in preparedness for monsoon season.
- WHO and health partners have been experiencing difficulties in procuring 65% Chlorine granules needed for AWD disinfection in an outbreak situation. A local supplier has been identified. WHO tested a sample and found it to be of sufficient potency

- The PCR machine and stabiliser were transferred to the laboratory at the Medical college in Cox's Bazar this week. The laboratory is expected to be functional by mid-April.
- WHO logistics will run a training session for the Mobile Medical Teams on the 16th and 23rd of April.

COORDINATION

- The health sector is working to put in place the three levels of coordination. For this purpose, camp-level focal points are being assigned to ensure coordination and overview of the health sector response per camp, under the guidance of the Health Sector Field Coordinator. These will be responsible for centralizing and circulating relevant health information among all public health related partners operating in the same camp and coordinating between health and other sectors. Selection of these camp-level focal agencies is ongoing, and training is planned.
- The health sector is developing standard operating procedure for referrals (ongoing).
- WHO will be undertaking a project to address Sexual and Reproductive Health through the Health Cluster, supported by the Dutch government as part of a multi-country project. Focus is on procurement, capacity building and data management. Discussions are ongoing on appropriate implementation modalities and tailoring of the project to specific needs in Cox's Bazar. Consultations are underway with key partners in Cox's Bazar.
- A project to strengthen the capacity of the Health Cluster and WHO's Emergency Work to address Gender-Based Violence (GBV) is planned to commence in May. The main objectives of this project are to enhance the capacity of the health sector/health care providers to deliver essential services to survivors/victims of GBV in crises (including survivors/victims amongst refugees), and to enhance prevention of GBV.

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