



# World Health Organization

## Bangladesh

Weekly Situation Report # 23

Date of issue: 26 April 2018

Period covered: 17 April – 24 April

Location: Bangladesh

### Emergency type: Rohingya Refugee Crisis



**898,300**  
total Rohingya  
in Bangladesh



**687,000**  
new arrivals since  
25 Aug 2017



**984,906**  
Rohingya people and the  
host community have  
targeted for the next round of  
OCV campaign



**728,786**  
people are being  
monitored for diseases



**1.3 million**  
people targeted for health  
assistance

#### KEY HIGHLIGHTS

- From 8 November 2017, a total 6,780 suspected cases of diphtheria have been reported. Cases continue to be reported amongst children aged 5-14 years.
- 37 medical technologists and medical assistants participated in Laboratory diagnosis of malaria using Rapid diagnostics and Microscopy.
- About 984,906 people are being targeted in the Oral Cholera Vaccine (OCV) campaign scheduled to commence on 6 May 2018 including 135,000 from the host community.
- The first rains have fallen on the Rohingya camps last week; a clear sign that the monsoon season has started.

#### SITUATION OVERVIEW

- Since 25 August 2017, an estimated 687,000 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 7,400 new arrivals since January 2018.
- The Nearly 1.3 million FDMN people are in desperate need of health assistance with 1 million new arrivals and 300,000 in the host communities. Majority of the people are highly vulnerable, have experienced severe trauma and are living in extremely deplorable conditions.
- The first rains have fallen on the Rohingya camps last week; a clear sign that the monsoon season has started. Of particular concern is increased risk of water-borne and vector-borne diseases like: Acute Watery Diarrhoea (AWD), and malaria respectively. Considering the present water and sanitation conditions in the camps, cases of acute watery diarrhoea are likely to increase with the rains. None of

the health facilities in the camps have reported being flooded, but many have been identified to be at risk of flooding when the rainy season is in full swing.

## 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.
- Agreements have been developed with health partners where WHO prepositioned containers are located. Procurement of air conditioners for upgrading the containers to temperature-controlled storage is underway. Logistics is aiming for 29 April for stocks to be prepositioned in the camps dependent on procurement and service provider processes.
- The planned hands-on training on the Laboratory diagnosis of malaria using Rapid diagnostics and Microscopy, organized in collaboration with the National Control Program for Malaria, Bangladesh with aid of Grade 1 Medical Technologist, took place on 21 April. 37 medical technologists and medical assistants participated in the training conducted at the Medical college. Excellent response and feedback was observed from the participants and the partner organizations.
- Risk communication training was provided to 32 Rohingya Community Health Workers during a UNHCR training workshop in Kutupalong camp. The trainings focused on giving accurate health information before, during and after weather emergencies. The second training highlighted diphtheria symptoms, prevention and treatment in response to continuing cases of and deaths from diphtheria. More than 400 community-based health workers, majority being members of the Rohingya community will be targeted for future trainings to be conducted in collaboration with UNHCR.

## RESPONSE

### EPIDEMIOLOGICAL UPDATE

- To date, 157 (62% ) health facilities are currently registered as Early Warning Alert and Response System (EWARS) sites and includes two new sites since week 14. In week 16, 112 weekly reports were received by Tuesday, resulting in a cumulative completeness of 68% for 2018.
- In week 16, a total of 83 alerts were triggered. All alerts went through initial verification within 72 hours of being triggered. Of the 83 alerts, 11 alerts are currently being monitored by the WHO epidemiology team.
- In week 16, there were 24 new suspected measles cases, compared to 191 cases in week 1 (peak). Number of cases reduced to 53 in week 13, 36 cases in week 14 and 32 cases in week 15. Measles sampling strategy to assess viral transmission was implemented on 15 April 2018. Last sample collection date was 23 April 2018. Results are expected by end of April.
- In week 16, there were 109 cases of Acute Jaundice Syndrome (AJS). For 2018, peak case load was 169 reports in week 7. AJS cases continue to be reported with 135 cases in week 13, 103 cases in week 14 and 83 cases in week 15. Laboratory testing for samples collected from mid-February to mid-March has been completed. Results will be available by the end of April.
- In week 16, 4743 Acute Watery Diarrhea (AWD) cases were notified through Indicator Based Surveillance (IBS). Average number of cases reported through IBS in week 1-16, 2018 was 4882 (range 3579 – 6217 case reports per week). Clusters of AWD have been reported through Event Based Surveillance and continue to be investigated by the WHO team.

- In 2018, acute respiratory infections and AWD are the two leading syndromes with highest proportional morbidity of 9.2% and 5.3%, respectively. Both diseases are at risk of causing severe outbreaks during monsoons and are being monitored by WHO team.
- WHO team is in the process of mapping EWARS sites and transitioning reporting by zones to camps to better align with other health sector activities. This process is expected to be completed in the coming weeks.
- 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 6,780 (excluding 515 lab negative cases) diphtheria cases including 3594 (53%) probable cases reported through EWARS. In week 16, there were 96 (44 probable and 52 suspected) new cases reported through EWARS. To date, 210 (29%) cases have been laboratory confirmed. Cases continue to be reported amongst children aged 5-14 years. An updated epidemic curve is presented in Figure 1.
- As of 14 April 2018, there were 42 deaths (case-fatality proportion <1.0%). No deaths were reported in week 16.
- In week 16, seven (four probable and three suspected) cases were reported from the host community, bringing the total to 64 cases since week 49, 2017. No deaths have been reported within the host community.

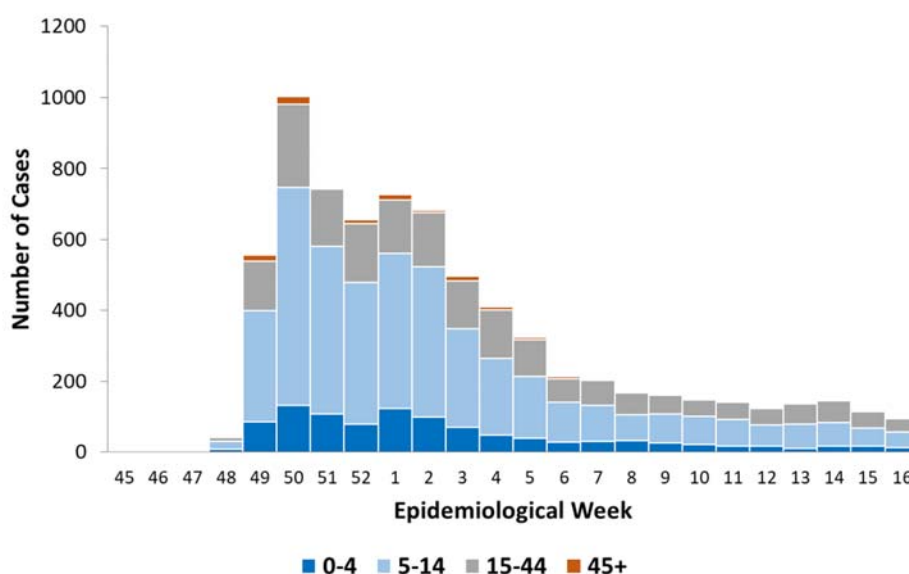


Figure 1: Epidemic curve of diphtheria cases by age groups, W49 2017 to W16 2018, Cox's Bazar

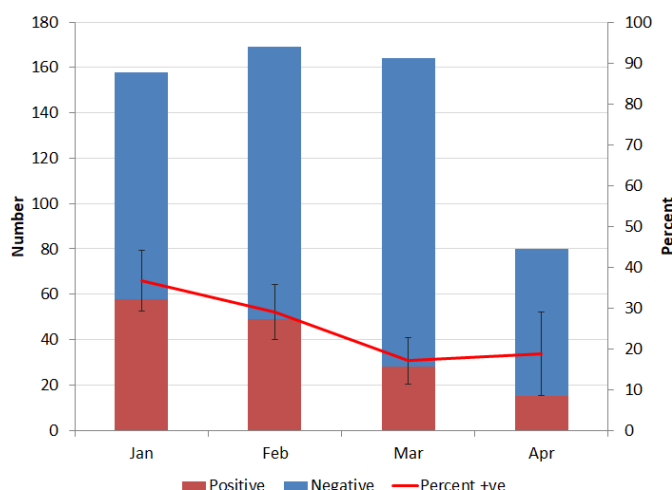


Figure2: Results of diphtheria tested in 2018 by month

The first case of clinically suspected diphtheria was reported among FDMNs in settlement area on 8 November 2017. After that the outbreak peaked in early December and after taking public health interventions like chemoprophylaxis of the close contacts and vaccination in community, it is showing signs of slow down. The bars show decline in total number of suspected diphtheria cases that were tested during the month of April, with decrease trend in the percentage of positives since January with small elevation in the month of April. The specimens were tested by multiplex Real Time PCR assay.

## VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- The Outreach Routine EPI session was launched in Ukhia on 22nd April. A total of 48 teams will be deployed to cover all the camp areas. 576 outreach routine epi session sites have been earmarked for use during the campaign.
- The Oral Cholera Vaccine (OCV) campaign is scheduled to start from 6th May 2018. A total of 245 teams will be deployed to cover all Forcibly Displaced Myanmar Nationals (FDMN) camp areas and the host community. About 984,906 people are being targeted in this campaign.

## HEALTH OPERATIONS

- The health systems strengthening mission from WCO was in Cox's Bazar to review the immediate needs on health systems strengthening and initiated support on the areas of blood safety, referral mechanism, infection prevention-control, community health services and performance targets. The mission proposed several recommendations on the above areas including standardizing the quality of services and reducing potential health related hazards.
- UNOPS will be undertaking a two-day visit to Cox's Bazar to study the Sadar Hospital structure to be renovated and to finalize the human resource to be contracted in Sadar Hospital under the KSRelief project. In this regard, meeting with representatives from Sadar Hospital, Public Works Department and WHO will take place on 25 April.
- Vector-Borne Disease (VBD) experts mission from WHO Regional Office were in Cox's Bazar to make a preliminary risk assessment for vector-borne diseases and potential outbreak, with special emphasis on Dengue and Malaria. This report was shared with VBD technical group to ensure coordinated preparation and timely response to any potential VBD outbreak.
- One-page field reference sheets for Community Health Workers and other community-based health staff were finalized and verified by WHO doctors. These will be forwarded to Translators Without Borders, upon approval by the government, to be translated into Bangla and Burmese and be recorded as audio files in Rohingya and made available to Health Sector partners for downloading.
- The IEDCR field Laboratory has been successfully installed with 1 Biosafety cabinet and ABI7500 Real Time PCR machine. The Biosafety cabinet was verified and certified by the National system from Dhaka and started functioning for the specimen processing. The Real Time PCR machine was installed and calibrated by the Application specialist from the manufacturer. The Laboratory has started specimen

processing as of 22 April and IEDCR is expected to reduce the turnaround time of testing and avoid discrepancies that occur due to transportation.

## LOGISTICS

- The 1000 vial shipment of DAT arrived on 21 April. The total stock is now 1,022.
- WHO health logistics provided a two-hour simulation training session to the Mobile Medical Teams (MMT) on 3 April on logistics considerations and requirements for MMT's during Monsoon Season.
- WHO led a health logistics meeting on 23 April to ascertain prepositioning of other critical UN items for health partners. WHO will create a cross agency health prepositioning map.

## COORDINATION

- The health sector has put in place 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.
- Key indicators for feasible monitoring and evaluation of the response process and its outcomes and impacts are being refined. These include elements to examine coordination, information flow and implementation of plans as well as response outcomes and humanitarian impacts. This is to inform continued effective and efficient decision making. The health sector is working in collaboration with the DGHS to access data to evaluate levels of health and clinical services provided in order to ensure at least minimum standards of care are delivered and there is no negative impact on the host community.
- Health sector partners are collaborating to address safety concerns for humanitarian workers in flood, landslide and cyclone conditions. Safety training has been carried out for mobile medical teams and for volunteers and continued exchange is underway with the Bangladesh Army to address these risks.

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