



World Health Organization

Bangladesh

Weekly Situation Report # 25

Date of issue: 10 May 2018

Period covered: 1 – 8 May 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



905 000
total Rohingya
in Bangladesh



693 000
new arrivals since
25 Aug 2017



984 906
Rohingya people and the
host community 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 6 860 suspected cases of diphtheria have been reported. Cases continue to be reported amongst children aged 5-14 years.
- About 985 000 people are being targeted in the Oral Cholera Vaccine (OCV) campaign that commenced on 6 May 2018 including 135 000 from the host community. Over 464 000 people have been vaccinated by day four.
- According to Early Warning Alert and Response System (EWARS), in 2018, acute respiratory infections and AWD are the two leading syndromes with highest proportional morbidity of 11.8% and 5.4%, respectively. Both diseases and mosquito-borne diseases are at risk of causing severe outbreaks during monsoons and are being monitored by WHO team.

SITUATION OVERVIEW

- Since 25 August 2017, an estimated 693 000 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 7 885 new arrivals since January 2018.
- Over 100 partners are operating 270 health facilities of different types. Approximately 900 hospital beds are available to the people in need, of which 290 are in government run facilities. The health sector is working with the government and continuously monitors what services are available and where to ensure population coverage. Lack of resources means that sustaining health services meeting minimum standards remains a significant challenge.

- The health sector has received 6.3% of the US\$113.1 million requested through Rohingya Refugee Crisis Joint Response Plan 2018 (<https://fts.unocha.org/appeals/656/summary> as of 9 May 2018). Additional funding is required to cater for the health needs of the Rohingya community.

MONSOON PREPAREDNESS

- Mobile Medical Teams (MMT) training on Protection are planned. Several MMTs are ready to deploy and will be mobilized to the new land areas where population at risk are being relocated to.
- An orientation on the emergency preparedness and response plan was done for health sector partners including preparedness checklist and overall response plan including coordination mechanism.
- A coordination mechanism for centralized management of response resources was developed and presented to the Government authorities.
- First Aid trainings for Community Health Volunteers are planned with a target to reach 2 000 Community Health Volunteers (CHVs).
- The Multi-Sectoral Acute Watery Diarrhoea (AWD) Preparedness and Response Plan is in its final stage. The plan will guide WHO and partners to provide quality and timely response that will reduce risks of an AWD outbreak.
- WHO EWARS team is planning a refresher training for all the health partners as part of the preparedness plan for the upcoming monsoon season which includes implementing the EWARS reporting system in the Diarrhoea Treatment Centres (DTCs) and Oral Rehydration Points (ORPs).
- Onsite training on laboratory diagnosis of malaria using rapid diagnostics and microscopy continues. Field laboratory of BDRCS field hospital was visited on 5 May and the laboratory technologists trained on usage of rapid diagnostics. Further trainings will be conducted in other laboratory diagnostic points in the coming weeks.
- A total of 20 cholera drug module and 10 renewable kits have been prepositioned in Kutupalong IRC Warehouse. A batch of 30 tons of Cholera kits is expected to arrive in June to help mitigate potential outbreaks during the monsoon season. In addition, 14 Inter-Agency Emergency Health Kit (IEHK - basic) have been delivered to the Mobile Medical Team (MMT).
- WHO finalized 12 audio messages that give general health information and health information specific to if a weather crisis occurs. Also finalized are five messages in Rohingya language, that explain the services MMTs will provide during cyclone, flooding and other weather emergencies. The messages are available on USB sticks with the WHO logo to promote reliability of information. The 48 MMTs will relay the messages through megaphones in emergency situations. These messages also will be available on the Shongjog/Communicating with Communities in Bangladesh website (<http://www.shongjog.org.bd/resources/i/?id=a6b50f5a-e193-4733-899d-1b8c549420d6>).

RESPONSE

EPIDEMIOLOGICAL UPDATE

- To date, 169 health facilities are currently registered as active Early Warning Alert and Response System (EWARS) reporting sites, including twelve new MoH sites which were registered last week. In week 18, 110 weekly reports were received by Tuesday, resulting in a cumulative completeness of 69% in 2018.
- A total of 55 alerts were triggered in week 18. All alerts went through initial verification within 72 hours of being triggered. Of the 55 alerts, 8 alerts are currently being monitored by the WHO epidemiology team.

- 17 new suspected measles case-patients were reported in week 18, bringing the total number of cases reported in 2018 to 1 258. The results of measles sampling strategy to assess viral transmission which was implemented from 15 April to 23 April 2018 is still pending.
- In week 18, there were 29 case-patients of Acute Jaundice Syndrome (AJS). Since January 2018, there have been a total of 2 000 case-patients reported in EWARS.
- In week 18, 4 115 Acute Watery Diarrhea (AWD) case-patients were notified through Indicator Based Surveillance (IBS) in EWARS bringing the total number of AWD case-patients to 86 214 in 2018. Field investigation of two case-patients with positive Cholera RDT results in Leda, Nayapara were conducted on 1 May and 4 May 2018 in collaboration with colleagues from UNICEF, IOM, and ICDDRDR representing both the Health and WASH sector.
- **DIPHTHERIA UPDATE**
- As of 05 May 2018, there were 6 860 diphtheria case-patients reported through EWARS and an additional 582 case-patients were tested negative on PCR which have been excluded from the total count. This week 75 new case-patients were reported which is less than previous week (100 case-patients in week 17).
- Total of 42 deaths were reported in EWARS (case-fatality proportion <1.0%), no new death was reported in last three weeks.
- Of all diphtheria cases, 228 cases have been laboratory confirmed. The last laboratory confirmed case-patient was reported on 30 April 2018.
- In the host community 2 new diphtheria case-patients were reported in week 18, bringing the total to 58 diphtheria case-patients. Among them 19 were laboratory-confirmed, 28 were probable and 11 were suspected. An additional 84 case-patients were excluded following negative laboratory testing. No deaths have been reported from host community.

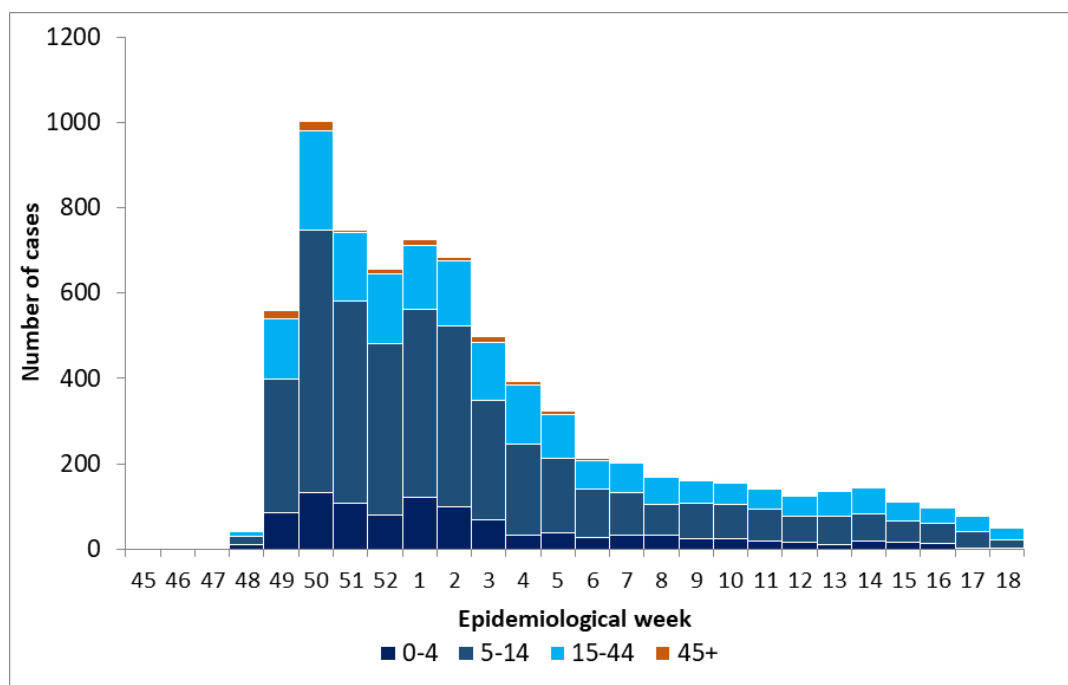


Figure 1: Epidemic curve of diphtheria cases by age groups, W49 2017 to W18 2018, Cox's Bazar

- The field laboratory continues its diphtheria testing and is equipped to perform a maximum of 40 specimens per day. The diphtheria treatment centres were visited on 22 May for onsite training on the specimen collection. Major issues like antibiotic administration prior to specimen collection, storage conditions for transport, laboratory capacity were addressed. Further, the laboratory request form and diphtheria specimen collection protocols were revised and distributed to partners.

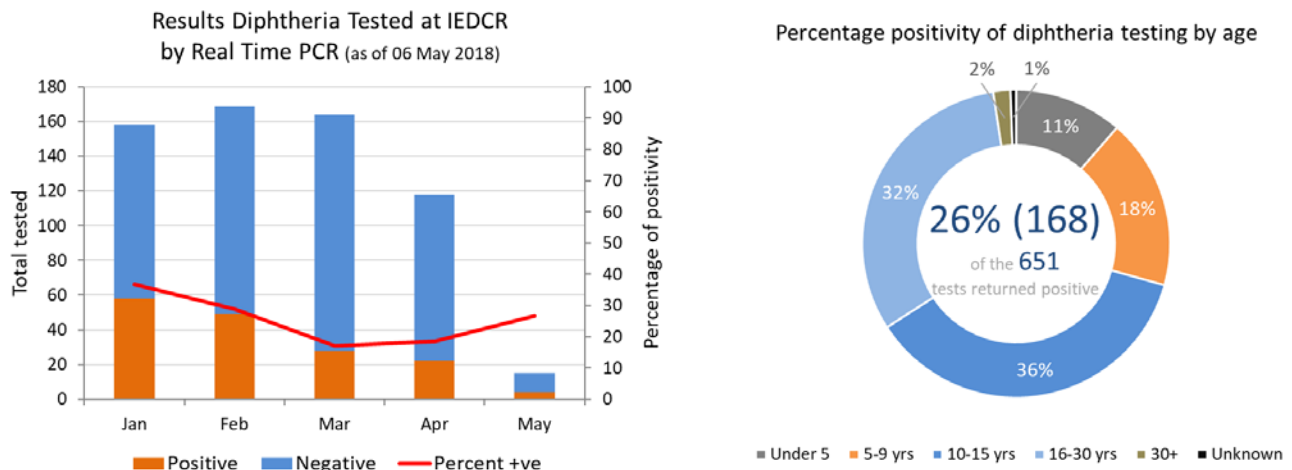


Figure 2: Diphtheria testing results as of 06 May 2018

VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- The Oral Cholera vaccination campaign was launched on 6 May, 2018. More than 2000 volunteers, working in 225 teams are expected to complete the exercise in 7 days. 34 international and national monitors will oversee the campaign to ensure effectiveness and efficiency. About 985 000 people including 135 000 people from the host community are being targeted in this campaign.

HEALTH OPERATIONS

- The fourth round-table meeting of partners of Sadar Hospital took place on 7 May 2018. A summary of the activity mapping including the existing gaps was shared with the partners. The need to upgrade blood transfusion services was identified as a key gap that needs urgent attention. Lack of adequate human resource, capacity, infrastructure and supplies has hampered the ability of the hospital to effectively deliver this service.
- WHO provided Clinical Management and Basic Infection Prevention and Control training sessions to 28 participants who included nurses and doctors. The aim of this practical session is to prepare the frontline healthcare workers for likely outbreaks.
- The Rapid Response Team (RRT) work plan is ongoing and is expected to be completed in two weeks' time. The team is expected to have direct communication channel with EOC and will conduct risk assessment and effectively respond to outbreaks. The team will include an epidemiologist, infectious disease expert, laboratory technician, IPC expert and a WASH expert.
- The fifth-round water quality surveillance program of WHO-DPHE started on 21 April 2018 and will be completed on 16 May 2018. The surveillance program will cover sanitary inspection and water quality testing for fecal contamination (E. Coli).
- WHO has participated with UNHCR in the Cyclone Preparedness training of more than 200 community health workers in Kutupalong and Nayapara camps, presenting modules on diphtheria symptoms, treatment and contact tracing and on getting and giving deeper, more relevant health information from Rohingya community members during weather emergencies.

LOGISTICS

- A total of 14 Inter-Agency Emergency Health Kit (IEHK) basic kit have been delivered to the Mobile Medical Team (MMT).
- In week 18, the consumption of DAT dropped from 17 vials/day to 9 vials/day compared the previous weeks. WHO and partners continue to work together to reduce diphtheria cases among the Rohingya community.
- A pilot ORP training has been conducted by WHO in collaboration with UNICEF at an IOM health center in Kutupalong D4. Similar training will be offered to other partners in the coming weeks.

COORDINATION

- The health sector is strengthening three levels of coordination. For this purpose, camp-level focal points are being assigned to ensure coordination and overview of the health sector emergency response per camp, under the guidance of the Health Sector Field Coordinator. Selection of these camp-level focal agencies is being finalized; and training is planned. Field coordinators are engaging at camp level meetings and are preparing for camp-level health coordination meetings.
- The Working Group on referrals agreed on the content of the standard operating procedures for referrals (ongoing), a standardized referral form; and a referral pathway. These will be sent to the Government authorities for approval.
- WHO will be undertaking a project to address Sexual and Reproductive Health (SRH) through the Global Health Cluster. This is supported by the Dutch government as part of a multi-country project. Focus is on procurement, capacity building and data management. An expert from WHO Headquarters visited Cox's Bazar this week for a scoping mission.
- A project to strengthen the capacity of the Health Sector 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. An expert from WHO Headquarters visited Cox's Bazar this week for a scoping mission.
- Health Sector is orienting the Camp In Charges (CiC) on the Health Sector coordination structure and minimum standards.

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