



World Health Organization

Bangladesh

Weekly Situation Report # 26

Date of issue: 17 May 2018

Period covered: 8 – 14 May 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



905 000

total Rohingya
in Bangladesh



693 000

new arrivals since
25 Aug 2017



901 810

Rohingya people and the
host community were
vaccinated during 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 6 887 suspected cases of diphtheria have been reported. A total of 42 deaths were reported in EWARS during this time.
- The Oral Cholera Vaccination (OCV) campaign was successfully completed on 13 May, 2018. A total of 901 810 beneficiaries were vaccinated.
- To date a total of 92 223 Acute Watery Diarrhea (AWD) case-patients have been notified through Indicator Based Surveillance in EWARS bringing. WHO and partners continue to prepare for likely outbreak.

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 8 441 new arrivals since January 2018.
- According to incident report (as of 12 May 2018) by Site Management Sector in Cox's Bazar, 27 incidents have been reported as a result of current rains. A total of 1 551 households have been affected including 7 112 individuals. WHO and health sector partners continue to put in place mechanisms to respond to health needs those likely to be affected.
- 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 16 May 2018). Additional funding is required to cater for the health needs of the Rohingya community as well as strengthening the health system in Cox's Bazar.

MONSOON PREPAREDNESS

- The Multi-Sectoral Acute Watery Diarrhoea (AWD) Preparedness and Response Plan was approved by AWD working group.
- The EWARS outbreak investigation toolkit is finalized as part of the emergency preparedness plan for the upcoming monsoon season and has been shared with the partners.
- Further, WHO EWARS team has finalized AWD case report form (CRF), AWD case investigation form (CIF) and outbreak line list. These will be shared with the health sector partners. The posters on case definitions and event-based reporting in EWARS for the health facility were updated. In addition, the SOPs for EWARS alert verification and response is finalized as part of the outbreak investigation toolkit guideline.
- Mobile Medical Teams (MMT) training on Protection is ongoing. Several MMTs are ready to deploy and will be mobilized to the new land areas where population at risk are being relocated to.
- The health sector contingency plan was updated based on new information from intersectoral level.
- First Aid trainings for Community Health Volunteers are ongoing by health sector partners, with a target to reach 2 000 Community Health Volunteers (CHVs).
- A Training of Trainers on Psychological First Aid was completed by health sector partners
- Health Sector is monitoring which health facilities will be decommissioned or upgraded in preparation for the monsoons.
- Health Sector is engaged in the planning for a Bangladesh Army-led simulation exercise in one of the camps. This will be a realistic simulation of a landslide event and will test the inter-sectoral coordination.

RESPONSE

EPIDEMIOLOGICAL UPDATE

- To date, 170 health facilities are currently registered as active Early Warning Alert and Response System (EWARS) reporting sites, 125 weekly reports were received by Tuesday, resulting in a cumulative completeness of 70% in 2018.
- A total of 40 alerts were triggered in week 19. All alerts went through initial verification within 72 hours of being triggered. Of the 40 alerts, 3 alerts are currently being monitored by the WHO epidemiology team.
- 30 new suspected measles case-patients were reported in week 19, bringing the total number of cases reported in 2018 to 1 298. In week 19, there were 54 case-patients of Acute Jaundice Syndrome (AJS). Since January 2018, there have been a total of 2 076 case-patients reported in EWARS.
- In week 19, 5 684 Acute Watery Diarrhea (AWD) case-patients were notified through Indicator Based Surveillance in EWARS bringing the total number of AWD case-patients to 92 223 in 2018. AWD Preparedness and Response Plan with case report form (CRF), case investigation form (CIF) and outbreak line list shared with the partners.
- In 2018, acute respiratory infections and AWD are the two leading syndromes with highest proportional morbidity of 11.7% and 5.5%, respectively. Both diseases are at risk of causing severe outbreaks during monsoons and are being monitored by WHO team.

DIPHTHERIA UPDATE

- As of 12 May 2018, there were 6 887 diphtheria case-patients reported through EWARS and an additional 617 case-patients were tested negative on PCR which have been excluded from the total count. This week 59 new case-patients were reported which is less than previous week (33 case-patients in week 18_updated counts after additional 27 case-patients were tested negative on PCR).
- A total of 42 deaths were reported in EWARS (case-fatality proportion <1.0%), no new death was reported this week.
- Of all diphtheria cases, 235 cases have been laboratory confirmed. The last laboratory confirmed case-patient was reported on 04 May 2018.
- In the host community 2 new diphtheria case-patients were reported in week 19, bringing the total to 60 diphtheria case-patients. Among them 19 were laboratory-confirmed, 30 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.

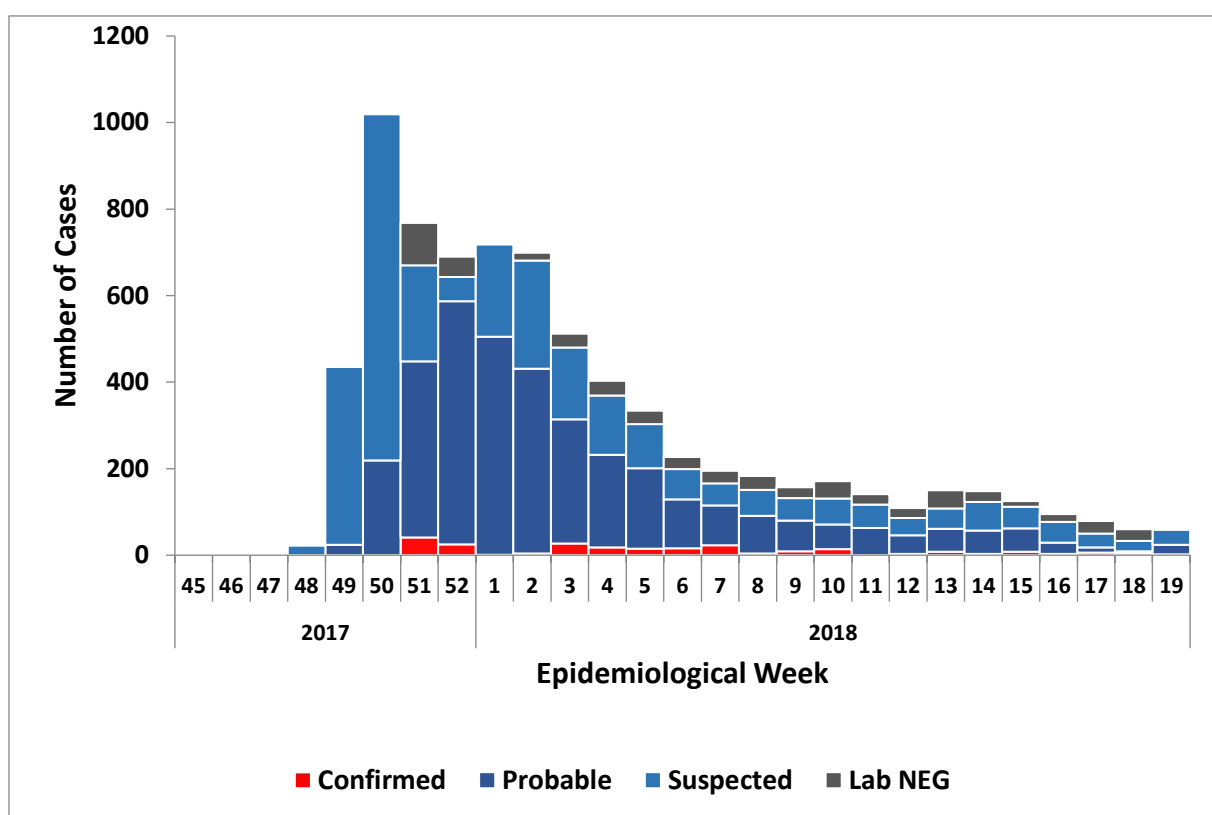


Figure 1: Epidemic curve of diphtheria cases by age groups, W49 2017 to W19 2018, Cox's Bazar

VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- The Oral Cholera Vaccination (OCV) campaign was successfully completed on 13 May, 2018. A total of 901 810 people were vaccinated in this campaign. RCM was done to evaluate the quality of coverage. As per the RCM data, coverage is 94%. First time entire monitoring data (RCM and Observer's checklist) was compiled electronically and was analysed on daily basis for mid – campaign corrective measures. Total 640 areas were monitored and 8 745 beneficiaries were checked. Total 1 317 OCV vaccination sites were checked by WHO monitors. During this campaign, Civil Surgeon, Cox's Bazar, reviewed the progress with all partners.

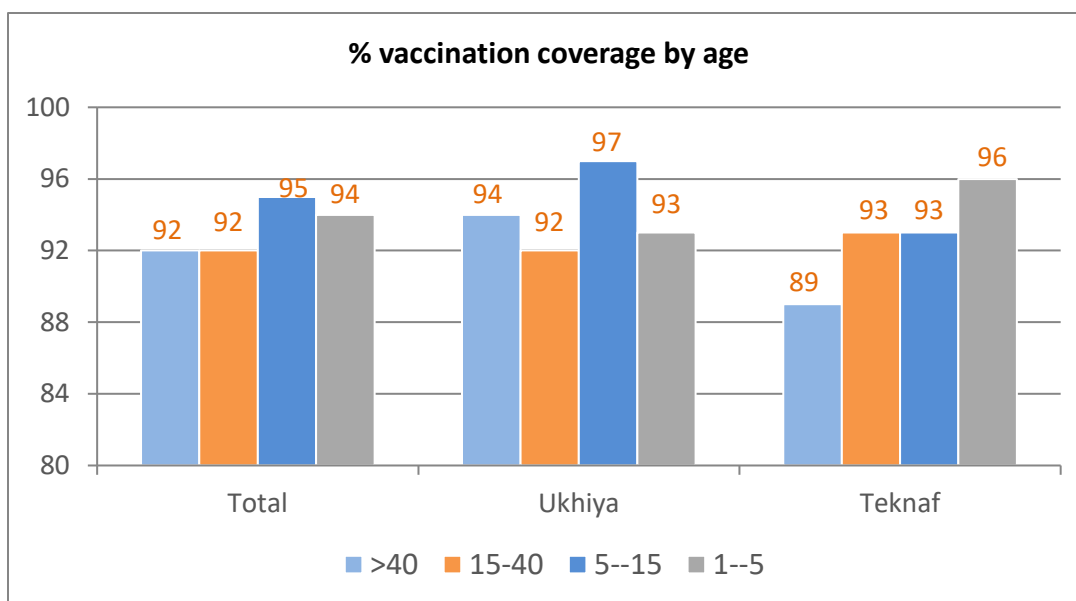


Figure 2: Oral cholera vaccination coverage by age

HEALTH OPERATIONS

- WHO continues to coordinate health partners' support to Sadar Hospital through round table meetings. At least 12 partners including WHO are supporting the hospital in several areas including beds, supplies, capacity building, equipment, transportation services, human resource, WASH and Infrastructure. WHO is also supporting the hospital with patient meals for 250 beds.
- The Rapid Response Team (RRT) plan was introduced to partners during health sector coordination meeting. The objective of RRT is to investigate and monitor infectious diseases, strengthen public health surveillance and prevent, control and contain disease outbreaks thereby reducing morbidity and mortality. The health cluster partners were requested to nominate volunteers with select expertise in epidemiology, health education, infection control and communicable disease specialists to be trained as RRT members.
- A Directly observed Treatment (DOT) strategy will be deployed to improve efficiency of contact tracing. During Ramadhan, for 0-12 years (not observing Ramadhan), DOT will be administered normally while for those fasting, people will be requested to take pill when breaking fast on days 1,2 and 3. Video messaging will be used to convey message to remind the community to take the pills when breaking fast.
- A rapid risk communication/community engagement project, in collaboration with BBC Media Action, was begun to encourage Rohingya community members to continue taking medications and getting vaccinated – including those at high risk of getting diphtheria – during the month of Ramadan.
- Training of Community Health Workers (CHWs) from UNHCR partner agencies continued. WHO now has trained more than 300 CHWs to recognize urgent and potential disease symptoms and treatment and in holding 2-way conversations with Rohingya community members so as to get and give the most relevant health information during emergencies.

LOGISTICS

- 24 tones and 135 m3 of Peripheral Cholera kits will be arriving to Cox's Bazar this week.
- 30 vials of DAT were provided to Samaritan Purse in week 19.

- An agreement with IRC has been drafted for the management of WHO cholera stock prepositioned in IRC's warehouse in Kutupalong.
- The 3,000 LifeStraw family water filters and 150 LifeStraw Community water Filters will be arriving end of May. Meetings are being arranged with the partners on the distribution plan.

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 has been finalized and mapped out; and training is planned. Field coordinators are engaging at camp level meetings and are preparing for camp-level health coordination meetings.
- Health Sector oriented the Camp In Charges (CiC) on the Health Sector coordination structure and minimum standards.
- Health Sector updated the maps on health facilities including which facilities are operating 24/7 services.
- Health Sector is engaged in the planning for a Bangladesh Army-led simulation exercise in one of the camps. This will be a realistic simulation of a landslide event and will test the inter-sectoral coordination.

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