



Bangladesh

Weekly Situation Report # 29 Date of issue: 7 June 2018

Period covered: 29 May – 5 June 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



915 000 total Rohingya in Bangladesh



693 000 new arrivals since 25 Aug 2017



879 273Rohingya people and the host community were vaccinated during OCV campaign



728 786people are being monitored for diseases



1.3 million
people targeted for health
assistance

KEY HIGHLIGHTS

- About 200 000 Rohingya people are at risk of landslides and floods in camps, of which 25 000 are at very high-risk.
- Since February 2018, about 7 624 newborns have received BCG vaccine.

SITUATION OVERVIEW

- According to the Needs and Population Monitoring (NPM) exercise, there are an estimated 915 000
 Rohingya refugees in Cox's Bazar as of 25 May 2018. Of these, 702 000 are new arrivals since 25 August
 2017.
- A total of 883 community facilities are at risk of landslide, flood or both. About 200,000 Rohingya people
 are at risk of landslides and floods in camps, of which 25,000 are at very high-risk. More than 18 885
 refugees have been relocated from high risk locations.
- As of 30 May 2018, 58 incidents including landslides, wind-storms and fire were reported. About 9 748
 people were affected while 1 152 shelters were damaged(https://bit.ly/2kVn04l)
- According to Site Assessment Round 10 Situation Overview, May 2018, 83 410 Rohingya persons live in Camps' blocks with limited access health services (https://bit.ly/2kPBdzB)
- The health sector has received 10.9% of the US\$113.1 million requested through Rohingya Refugee Crisis Joint Response Plan 2018 (https://fts.unocha.org/appeals/656/summary as of 6 June 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 cyclone and monsoon season is ongoing. WHO and partners have stepped up efforts to ensure that the people likely to be affected will receive help. Health and WASH sector focal points workshop has been conducted to enable effective coordination and communication during AWD outbreak.
- As part of preparedness plan WHO has introduced an "EWARS Hotline". The aim is to ensure continuous support to the partners on the ground and also receive information from the partners.

RESPONSE

EPIDEMIOLOGICAL UPDATE

- To date, 170 health facilities are currently registered as active Early Warning Alert and Response System (EWARS) reporting sites, 116 weekly reports (68%) were received by Tuesday 05 June 2018, resulting in a cumulative completeness of 71% in 2018.
- A total of 35 alerts were triggered in week 22. All alerts went through initial verification within 72 hours of being triggered. Of the 35 alerts, 21 alerts are currently being monitored by the WHO Epidemiology Team.
- 32 new suspected measles case-patients were reported in week22, bringing the total number of cases reported in 2018 to 1 374.
- 41 new case-patients with Acute Jaundice Syndrome (AJS) were reported in week 22, bringing the total number of cases reported in 2018 to 2 253.
- 5 767 case-patients with Acute Watery Diarrhea (AWD) were reported in week 22, bringing the total number of reported AWD case-patients to 109 730 in 2018. The Diarrhoea Treatment Centres (DTC) have started case-based reporting in EWARS from June 1, 2018.
- In week 22, unexplained fever, acute respiratory infections (ARI) and AWD are the three leading syndromes with the highest proportional morbidity of 11.3%, 11.2% and 7.8%, respectively. These are syndromes at risk of causing severe outbreaks during monsoons and are being monitored by WHO Team.

DIPHTHERIA UPDATE

- As of 02 June 2018, there have been 6 996 diphtheria case-patients reported through EWARS and an additional 686 case-patients were tested negative by PCR, which have been excluded from the total count. This week 51(Updated Counts) new case-patients were reported, which is slightly lower compared to the previous week (57 case-patients in week 21).
- Total of 42 diphtheria deaths have been reported in EWARS (case-fatality proportion <1.0%), no new death was reported this week.
- Of all diphtheria cases, 239 case-patients have been laboratory confirmed. The last laboratory confirmed case-patient was reported on 29 May 2018.
- In the host community 1 new diphtheria case-patient was reported in week 22, bringing the total to 63 diphtheria case-patients (updated counts). Among them 20 were laboratory-confirmed, 30 were probable and 13 were suspected. An additional 90 case-patients were excluded from the counts following negative laboratory testing. No diphtheria deaths have been reported from the host community.

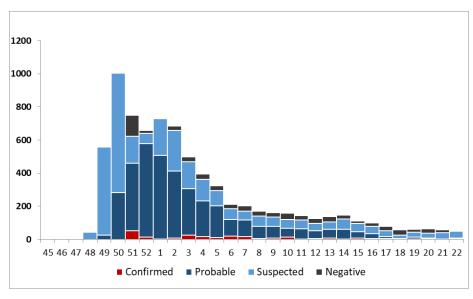


Figure 1: Epidemic curve of diphtheria cases by age groups, W49 2017 to W22 2018, Cox's Bazar

HEALTH OPERATIONS

- Under routine immunization, 7 624 children received BCG vaccine since February 2018, out of which 1 775 were in May. The total Td doses given in pregnancy is 3260.
- The water quality surveillance results were presented to the Medical Superintendent. WHO will support the hospital with 33 family filters, and one Community filter.
- A total of 544 family filters and 35 community filters have been distributed to the partners. Training sessions continue to be provided on installation and maintenance.
- WHO Conducted two Focus Group Discussions for women and adolescent girls on knowledge, attitudes, and practices on vector-borne diseases, including prevention method, and effective ways and channels to use for giving information to affected communities.
- AC installation and loading of supplies in IOM hub will be completed this week.

COORDINATION

- The health sector is strengthening three levels of coordination at the district, Upezilla and the camps.
 For this purpose, camp-level focal points have been assigned to ensure coordination and overview of the health sector emergency response per camp, under the guidance of the Health Sector Field Coordinator.
- A meeting between the Health Sector and Military was conducted through ISCG to discuss mass casualty response coordination, and communications.

CONTACTS

Dr Bardan Jung Rana WHO Representative WHO Bangladesh Email: ranab@who.int Dr Khalid el-Tahir Incident Manager – WHO Cox's Bazar Email: eltahirkh@who.int