



# World Health Organization

## Bangladesh

Weekly Situation Report #34

Date of issue: 12 July 2018

Period covered: 4-11 July 2018

Location: Bangladesh

## Emergency type: Rohingya Refugee Crisis



**919,000**  
Rohingya  
refugees in Cox's  
Bazar



**706,364**  
new arrivals since  
25 Aug 2017



**879,273**  
Rohingya and host  
community members  
vaccinated during the last  
OCV campaign



**734,176**  
Rohingyas being  
monitored for diseases



**1.3 million**  
people targeted for health  
assistance

### HIGHLIGHTS

- Since 11 May, monsoon rains have affected 29,650 people, with 2,909 individuals displaced, 33 injured and 1 killed.
- In the past week health facilities reported 4,335 patients with Acute Watery Diarrhea (AWD). This brings the total number of AWD patients to 125,565 in 2018.

### SITUATION OVERVIEW

- The health sector has received US \$15.2 million out of the \$113.1 million requested through the Rohingya Refugee Crisis [Joint Response Plan](#) 2018 (as of 27 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.
- Disease outbreaks have so far been averted due to preventive measures including vaccination, community engagement and education.

### RESPONSE

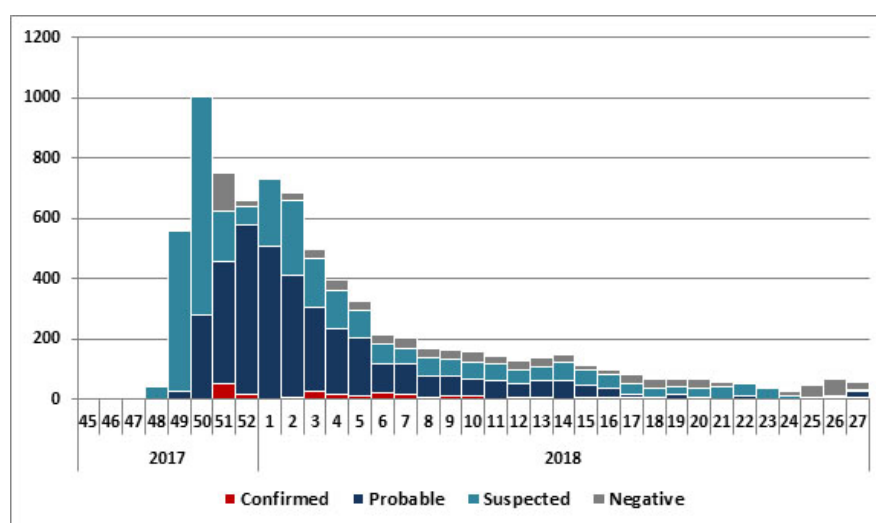
#### EPIDEMIOLOGICAL UPDATE

- Forty-six EWARS alerts were triggered in week 27. WHO epidemiologists looked into all of those 46 alerts and are monitoring eight of them.
- Acute respiratory infections (ARI), acute watery diarrhea (AWD) and other diarrhea are the three leading illnesses. Those three diseases represent 16%, 5.6% and 4%, respectively, of the total number of disease reported to EWARS. These diseases could become outbreaks during the monsoon season.

- Ten new suspected measles patients were reported in week 27, bringing the total number of cases reported in 2018 to 1,430. WHO, in collaboration with the Bangladesh Ministry of Health, is collecting samples from suspected measles cases as a part of routine measles surveillance.
- There was no overall increase in acute respiratory infections in week 27. However, the low reporting frequency during previous few weeks may have caused a backlog of case reports. WHO epidemiologists are following-up on higher numbers of cases that some sites are reporting.
- EWARS showed a constant trend in the number of AWD cases in week 27 and during the previous four weeks.
- The trend of Acute Jaundice Syndrome (AJS) has decreased during the past three months. Thirty-seven new patients with AJS were reported in week 27. There were 56 cases in week 26, which brings the number of reported AJS cases in 2018 to 2,445.

## DIPHTHERIA UPDATE

- Reports to EWARS suggest that in weeks 25, 26 and 27, there was an increase in the number of confirmed diphtheria cases. There were two confirmed cases in week 25; five in week 26; and eight in week 27. No increase in probable diphtheria cases was observed in week 27.
- Some potential acute respiratory infection clusters are under investigation.
- As of 08 July 2018, health facilities reported 7,948 diphtheria patients to EWARS, including 842 patients whose cases were negative in laboratory tests. Fifty-eight new cases were reported during week 27; eight were lab-confirmed, 18 were probable; 3 were suspected and 29 were lab negative.
- Forty-four deaths from diphtheria have been reported in EWARS since the outbreak began in November 2017 (case-fatality rates were less than 1.0%). No deaths were reported in week 27.
- Two new diphtheria case-patients were reported in the host community, bringing the total number of patients to 68 (excluding patients whose tests were lab negative).
- No diphtheria deaths have been reported from the host community.



## HEALTH OPERATIONS

- Preparations continued for the next round of the Oral Cholera Vaccine (OCV) campaign, scheduled for August, which will target children from birth to 2 years old.
- Social mobilizers are being recruited from the Rohingya community to assist in the OCV campaign.

- Rohingya community members will get new vaccination cards for all essential information and protective plastic envelopes for protecting them.
- A short-term and middle-term risk communication framework, including strategies for communicating with communities and delivering vital information on disease prevention, was drafted.
- Risk communications collaborated with epidemiologists on the first of what could be a series of easy-to-understand posters for health facilities on how to report different diseases to the Early Warning, Alert and Reporting System.
- WHO is working with IRC and IOM on plans for an ambulance coordination and response system if a mass casualty incident should occur
- The first phase implementation of the blood bank/transfusion project at Sadar Hospital began.
- Lab requirements were reviewed with Sadar Hospital laboratory technicians.
- Emergency supplies were finalized and prepositioned with supplies in air-conditioned containers at a Samaritan's Purse Infectious Disease Center and at the IOM logistic hub in Nhila.
- One cholera kit for severe cases was delivered to Sadar Hospital. Seven cholera kits for moderate cases were delivered to all upazilas in the Cox's Bazar district.
- A medical instrument was installed in the WHO-supported field laboratory at the Cox's Bazar Medical College. It detects biological and chemical data in blood and other samples.

## COORDINATION

- A standardized referral form and a Standard Operating Procedure, which the health sector helped develop, has been endorsed by health partners for medical referrals outside the camps. This will facilitate the coordination between partner agencies and the government of Bangladesh.
- Guiding principles on WASH and Health sector collaboration were agreed upon for improved joint emergency planning and response.

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