



World Health Organization

Bangladesh

Weekly Situation Report #35

Date of issue: 19 July 2018

Period covered: 11-17 July 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



919,000
Rohingya
refugees in Cox's
Bazar



706,000
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

- Rainfall was relatively low during the reporting period. The weather's impact on health service delivery was limited. No health facilities were damaged or temporarily closed as a result of weather-related incidents.
- No notable increase in AWD cases has been reported to WHO's Early Warning and Alert Response System (EWARS).
- The number of diphtheria cases continues to decline.

SITUATION OVERVIEW

- Since 11 May, heavy rains and winds affected 34,993 people, with 4,259 individuals displaced, 40 injured and 1 killed.
- Approximately 20,000 refugees have been relocated to safer ground from areas that are at high-risk of landslides.
- As of 13 July, 246,600 refugees remained at risk of landslides or flooding.
- A total of 3,830 cases of Acute Watery Diarrhoea (AWD) were reported, including four people who were admitted to Diarrhoea Treatment Centers during the 8-14 July epidemiological week.

EPIDEMIOLOGICAL UPDATE

- 152 health facilities are registered as active Early Warning Alert and Response System (EWARS) reporting sites. Ninety-four weekly reports (62% of participating facilities) were received as of Tuesday 17 July 2018. An average of 77% of participating health facilities have reported in EWARS in 2018.
- A total of 37 alerts were triggered in week 28. WHO epidemiologists are monitoring six of these.
- Nine new suspected measles/rubella patients were reported in week 28, bringing the total number of reported cases to 1,430 in 2018. WHO, in collaboration with the Bangladeshi Ministry of Health, is collecting samples from suspected measles cases as a part of routine measles surveillance.
- A total of 19 new patients with Acute Jaundice Syndrome (AJS) were reported in week 28, bringing the total of reported AJS cases to 2,466 in 2018.
- In week 28, there were reports of 3,827 patients visiting health facilities with Acute Watery Diarrhea, including people who went to Diarrhoea Treatment Centres.
- There has not been a general increase of acute respiratory infections, however, some camps are reporting a high proportion of children under 5 who have these infections.
- Acute respiratory infections, unexplained fever and acute watery diarrhea were the three leading syndromes in week 28. They had the highest morbidity rates of 15.3%, 11.6% and 5.6% respectively. These syndromes could cause severe outbreaks during monsoons and are being monitored by WHO.

DIPHTHERIA UPDATE

- There have been 7,986 diphtheria case patients reported through EWARS from the outbreak's beginning in November 2017 through 15 July 2018. This number includes 884 patients whose lab tests were negative.
- Thirty-eight new case-patients were reported over the last week; four were lab confirmed, five were probable and 29 were lab negative.
- Forty-four diphtheria deaths have been reported in EWARS (case-fatality rates <1.0%) since the outbreak began. No deaths were reported this week.
- One new diphtheria patient was reported from the host community. There were no diphtheria deaths.

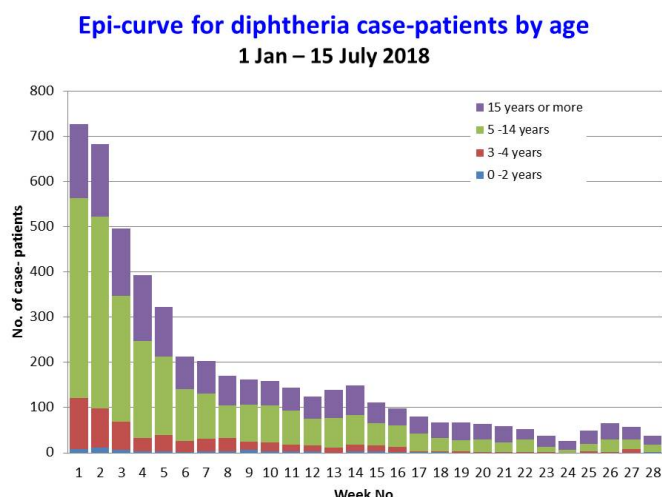


Figure 1: Epidemiology curve for diphtheria case-patients by age (1 Jan – 15 July 2018)

HEALTH OPERATIONS

- WHO continued to support routine childhood immunization in Rohingya camps with these partner agencies: BRAC, PHD, Médecins Sans Frontières (MSF) Holland, MSF Spain, the International Organisation for Migration, Save the Children International, GSK and Migrant Offshore Aid Station (MOAS).
- In partnership with UNFPA and Bangladeshi NGO Mukti, WHO risk communications conducted the second in a series of focus group discussions with Rohingya women on how they experience health and health care.
- WHO conducted camp visits with partner organizations, including IOM, MSF and Friendship to review challenges and capabilities required for managing non-communicable diseases.
- An analysis of surgical capacity in the field was designed to identify and fill gaps.
- Made plans to increase the height of the partitions as a way to prevent contamination in a testing room at the IEDCR laboratory.

COORDINATION

- Health Sector field coordinators and the information management officer continued to participate in the government health facility monitoring assessment. This is an opportunity to validate the existing health facility registry and verify the availability of key health services such as 24/7 service provision and the number of inpatient and maternity beds. Over half of 193 health posts and primary health centers were assessed in the exercise's first week.
- The Health Sector's monsoon season response plan remains activated.
- The sector coordination office continues to monitor the level and impact of weather incidents and inform partners accordingly.
- Obtained partner commitments to establish points in the camps for routine immunization of children and pregnant women, filling a critical gap.

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