



Routine Immunization in progress: Photo by Patrick Shepherd



World Health Organization

Bangladesh

Weekly Situation Report # 40

Date of issue: 23 August 2018

Period covered: 15 – 21 August 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



919 000
total Rohingya
in Bangladesh



706 364
new arrivals since
25 Aug 2017



2 671 024
total number of consultations
reported in EWARS in 2018



728 786
people are being
monitored for diseases



1.3 million
people targeted for health
assistance

KEY HIGHLIGHTS

- Several health facilities remain closed due to Eid holidays.
- The Mobile Medical Teams were deployed to provide surge support in Camp 20 and Camp 4 Extensions where most of the relocations are taken place.
- Unexplained fever continues to show steady trend, however, some concerns have been raised on localized outbreaks. Field visits were conducted to investigate the cases.

SITUATION OVERVIEW

- According to the Needs and Population Monitoring (NPM) exercise, there are an estimated 919 000 Rohingya refugees in Cox's Bazar as of 22 July 2018. Of these, 706 364 are new arrivals since 25 August 2017.
- The overcrowding in the camps and poor living conditions coupled with monsoon rains expose the refugees to the risks of water-borne and vector-borne diseases.
- Despite financial limitations (health sector only 18% funded, the lowest) and operational challenges, health sector partners including the government continue to coordinate to expand health access, coverage and quality.

MONSOON UPDATES

- The recent report by Inter Sector Coordination Group (ISCG) indicates that between 11 May and 6 August 2018, 49 758 people have been affected by the Monsoon rains. A total of 6 020 individuals have been displaced while over 40 people have been injured and one person reported dead in the camps.
- Operations at Health Emergency Operations Center (HEOC) at Civil Surgeon's Office were scaled up to strengthen monitoring, feedback and response mechanism in the refugee camps and the affected host community. A core team of key partners has been constituted and the first meeting is tentatively planned for next week.

RESPONSE

EPIDEMIOLOGICAL UPDATE

- As of week 33, 152 health facilities have been registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Of those sites, 81 weekly reports (53 %) were received by Tuesday 21st August 2018. This resulted in a cumulative completeness of 76% for 2018.
- Acute respiratory infections (ARI), unexplained fever (UF) and acute watery diarrhea (AWD) (15.7 %, 11.2 % and 4.7 %, respectively) were the three leading illnesses in the area for week 33. All these syndromes are being monitored by WHO Epidemiology.
- Three new suspected measles/rubella case-patients in under 5-year old age group were reported in week 33, bringing the total number of case-patients to 1 199 in 2018. World Health Organization (WHO), in collaboration with the Ministry of Health, Bangladesh, collects blood samples from the suspected measles cases as a part of routine measles surveillance.
- Additionally, a cluster of 13 cases of suspected measles cases during weeks 30-33 was reported from a health facility in Camp 12. All 13 cases were from Camps 11, 12, 18 and 20. Seven health facilities in the area were visited as a part of active search of measles cases. One additional case has been reported to EWARS from a close-by Camp 17. WHO team visited the sites to trace the suspected cases and is planning to reinforce MR vaccination in those areas.
- Two notified suspected AFP (acute flaccid paralysis) cases were followed. One case was reported from Camp 25, and the sample collection from this case is under process. The other one was from Camp 11 and proved to be a false alarm.

ACUTE RESPIRATORY INFECTIONS (ARI UPDATE)

- A total of 15 alerts (triggers) were reported in the EWARS system in week 33. Seven of them were related to acute respiratory infections (see figure 1 below), and a joint response has been taken.

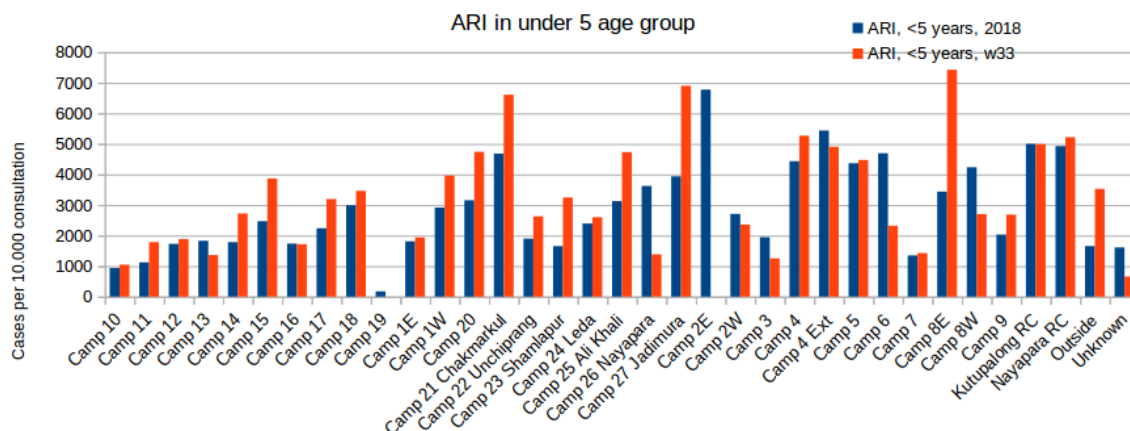


Figure 1: Status of ARI alerts in the camps in Cox's Bazar, Bangladesh

AWD UPDATE

- A total of 2 830 suspected AWD cases were reported in week 33. Of which 26 cases were reported from Diarrhea Treatment Center (DTCs).
- A block/sub-block based case definition using increased number of cases per sub-cluster has been created. The investigation is coupled with a joint Health and WASH questionnaire to be used for AWD cluster investigations, a pilot version is available for partners in EWARS. Using this approach, two joint IOM & WHO assessments on clusters of bloody diarrheas in Camps 10 and 19 were carried out. Hilly areas with challenging access to drinking water (steep hill) and some dysfunctional hand-pumps were identified. These areas would benefit from targeted distribution of Aquatabs, chlorine and water filters. Further drinking water, latrine and hygiene assessments are needed for evaluating the situation in full and guide targeted distribution of prevention tools.

DIPHTHERIA UPDATE

- The number of diphtheria cases continues to decrease in week 33, as shown in figure 2.
- Twelve new case-patients were reported, which is lower than previous week. A total of 8 135 diphtheria case-patients were reported through EWARS as of 19 August 2018, including 268 with a positive lab test (PCR) and 1 011 with a negative lab test.
- Among the 12 case-patients, 1 was probable and 11 were suspected (using the revised case definition). The last confirmed case was reported on 3rd August 2018. 58 % (7/12) of the case-patients were 15 years or older, which is consistent with the trend of previous weeks. During the past four weeks (weeks 30-33), 86 case patients have been PCR-tested and 7 % (6) tested positive.
- No new deaths were reported this week. Total number of deaths reported due to diphtheria is 43 (case-fatality proportion <1.0%).
- From the host community, one new probable diphtheria case-patients was reported which tested PCR negative. Since the beginning of the outbreak, 79 probable and 101 suspected diphtheria cases were reported. Of these, 25 were PCR-positive and 110 were negative. No diphtheria deaths have been reported from the host community.

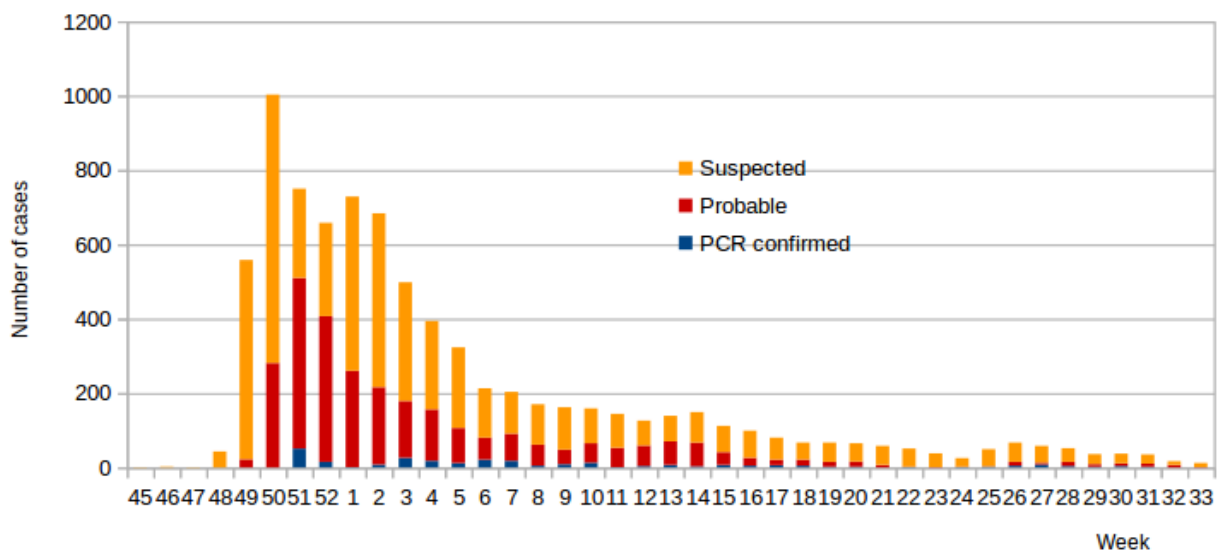


Figure 2: Epidemic curve of diphtheria case-patients (W49-2017 to W33-2018), in Rohingya FDMN

HEALTH OPERATIONS

- A field visit was conducted to investigate the increase in unexplained fever cases and assess the need for biological tests, medical training or epidemiological study.
- An outbreak response is to be conducted in selected health facilities as “sentinel site” to explore fever/unexplained fever cases and malaria-like/dengue-like cases with one week of exhaustive testing for influenza, Vector-borne diseases and Arthropod-borne diseases.
- The WASHFIT training course is set take place on 28-30 August 2018 with a total of 16 participants expected to attend. The participants will include facility managers, national programme lead and WASH officers. The training is expected to enhance the capacity of the managers to run safe and efficient health care facilities.
- A comprehensive assessment of Healthcare waste management was conducted in Camps 26 and 27. The report of the findings was written and a plan made for further follow up with facilities requiring additional support.

COORDINATION

- WHO is planning one-day meeting on August 28 in Cox’s Bazar for the health focal point from the camps together with the supporting partner agencies. The aim of the meeting is to empower the health focal points in the camps and strengthen coordination mechanism and information sharing at camps, Ukhia and Teknaf Upazillas and Cox’s Bazar district levels.
- Several health facilities remain closed due to the ongoing Eid holidays. The information was gathered and shared with all the partners. The mobile medical teams are available for any required surge support.
- A meeting with WASH sector and community health working group (CHWG) and WHO was held with the goal of strengthening information gathering through the community health workers for better preparedness and response.

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