



WASHFIT training in Cox's Bazar (28-30 August 2018)



World Health Organization

Bangladesh

Weekly Situation Report # 41

Date of issue: 30 August 2018

Period covered: 22 – 28 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

- The number of diphtheria cases continues to decrease. Of tested samples, no confirmed cases have been reported in the last four weeks.
- Acute Respiratory Infection (ARI) suspected cases are showing an increasing trend.
- Eight Mobile Medical Teams were deployed to provide surge support in six camps with a total of 1 120 consultations being reported.

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.
- Despite very harsh living conditions, including monsoon rains, the Bangladesh government and humanitarian health responders have worked with the Rohingya community to protect the community from many major diseases. The aggressive and timely response diphtheria outbreak ensured that mortality rates remained relatively low.
- More heavy rain from the current monsoon season and the second season of cyclones and monsoons toward the end of the year will increase the risk of water-borne diseases such as cholera and hepatitis A and vector-borne diseases such as malaria, dengue and chikungunya.

MONSOON UPDATES

- The recent report by Inter Sector Coordination Group (ISCG) indicates that between 11 May and 28 August 2018, 49 979 people have been affected by the Monsoon rains. A total of 6 020 individuals have been displaced over the same period, while 42 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.

RESPONSE

EPIDEMIOLOGICAL SUMMARY

- As of week 34, 152 health facilities have been registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Of those sites, 91 weekly reports (60 %) were received by Tuesday 28th August 2018. This resulted in a cumulative completeness of 75% for 2018. A total of 5 alerts (triggers) were reported in the EWARS system in week 34.
- Acute respiratory infections (ARI), unexplained fever (UF) and acute watery diarrhea (AWD) (15.4 %, 10.3 % and 5.5 %, respectively) were the three leading illnesses in the area for week 34. All these syndromes are being monitored by WHO Epidemiology. The proportionality of diseases may have been affected by low number of reports received due to Eid festival.
- Additionally, a cluster of 13 cases of suspected measles cases during weeks 30-33 was reported from a health facility in Camp 12. However, the patient records for the cases were missing some location information and it was not fully possible trace back these cases. However, one case from week 29 has been tested negative from one of the affected camp areas. MR vaccination will be reinforced in these areas. Enhanced surveillance from health facilities in the area with daily reporting has been carried out.

INJURIES

- The number of injuries and wounds from EWARS remains on a steady level of about 1 400 a week giving a 2 % rate on weekly consultations.
- Injuries are also reported from Mobile Medical Teams (MMT). A total of 54 reports (4 major injuries) have been reported between weeks 25 and 34, 2018. Of the 54, 72 % (39) were male.

UNEXPLAINED FEVER

- A few sites have reported higher number of cases of unexplained fever during the past weeks, even though overall reporting has remained on steady level.
- Lack of diagnostics tools and laboratory capacity are major restrictive factors of diagnostics in the field level.
- An enhanced sampling protocol has been planned. Sites will also be trained on ad hoc basis on the use of the clinical EWARS case definition. Training and laboratory capacity building will be conducted. Also treatment protocols and guidelines will be provided.

DIPHTHERIA UPDATE

- The number of diphtheria cases continues to decrease in week 34 (see Figure 2 below).
- Nine new case-patients were reported, which is lower than previous week. A total of 8 140 diphtheria case-patients were reported through EWARS as of August 28, 2018.
- Among the 9 case-patients, 1 was probable and 8 were suspected (using the revised case definition). The last confirmed case was reported on 3rd August 2018.
- No new deaths were reported this week. Total number of deaths reported due to diphtheria was 44 (case-fatality proportion <1.0%).
- From the host community, no new diphtheria case-patients were recorded. Since the beginning of the outbreak, 79 probable and 101 suspected diphtheria cases were reported. No diphtheria deaths have been reported from the host community.

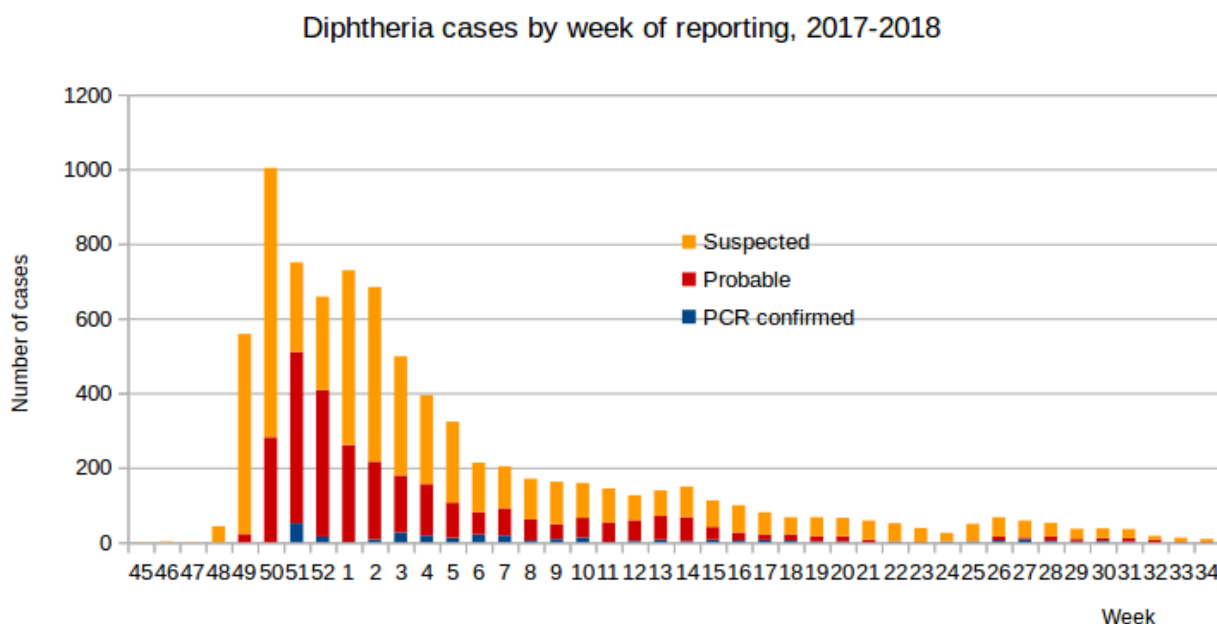


Figure1: Epidemic curve of diphtheria case-patients 2017-2018 in Cox's Bazar, Bangladesh

HEALTH OPERATIONS

- Following the field assessments conducted in camps 26 and 27 in the previous week, templates for standard operating procedures (SOP) and memorandum of understanding (MOU) were developed in collaboration with some partners to assist in establishing a centralized waste management disposal for sharps and infectious waste using large capacity twin chamber incinerator. These instruments will guide all parties in clarifying responsibilities and lines of communication when rationalizing medical waste management in facilities.
- A 'training of trainer' session was conducted for UNHCR Health Promotion lead on how to use UV light box to train community health workers and Community (CHW) mobilisers in hand hygiene and cross contamination training.
- The Water, Sanitation and Hygiene Facility Improvement Tool (WASH FIT) training was conducted in Cox's Bazar with 14 participants taking part. WASHFIT tool is a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities.

- A refresher training on routine immunization (RI) and Acute Flaccid Paralysis (AFP) and other vaccine preventable diseases (VPD) surveillance will take place from 8 to 18 September 2018. About 250 participants consisting of vaccinators and supervisors are expected benefit during the training

COORDINATION

- WHO is scaling its effort to improve coordination of partners' support to Ukhia Health Complex hospital. Mapping of partners' activities is currently ongoing and monthly coordination meetings will be held at the hospital. A similar initiative for Teknaf Health Complex hospital is in plan.

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