



Health focal points workshop in Cox's Bazar, 30 August 2018



World Health Organization

Bangladesh

Weekly Situation Report # 42

Date of issue: 06 September 2018

Period covered: 29 August – 4 September 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



919 000
total Rohingya
in Bangladesh



706 364
new arrivals since
25 Aug 2017



2 768 545
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 next round of oral cholera campaign (OCV) will begin on 6 October 2018, targeting 327 364 people.
- Acute Respiratory Infection (ARI) and suspected malaria cases are showing an increasing trend.
- A total of nine Mobile Medical Teams were deployed in week 35. Primary health care and dental care services were provided to 3 375 people across 13 camps.

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.
- 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 2 September 2018, 50 628 people have been affected by the Monsoon rains. A total of 6 075 individuals have been displaced over the same period, while 46 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 35, 152 health facilities have been registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Of those sites, 89 weekly reports (59 %) were received by Tuesday 4th September 2018. This resulted in a cumulative completeness of 75% for 2018. A total of 18 alerts (triggers) were reported in the EWARS system in week 35.
- Acute respiratory infections (ARI), unexplained fever (UF) and acute watery diarrhea (AWD) (14.9 %, 10.2 % and 5.8 %, respectively) were the three leading illnesses in the area for week 35. All these syndromes are being monitored by WHO Epidemiology.

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. Some influenza A/B RDTs have been distributed.
- 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 35, however, there was a slight increase compared to previous weeks (see Figure 1 below).
- Nineteen new case-patients were reported, which is more than previous week. A total of 8 160 diphtheria case-patients were reported through EWARS as of September 2nd, 2018.
- Among the 19 case-patients, 2 were probable and 17 suspected (using the revised case definition). Of these, there were two confirmed cases (on 29th August and 1st September).
- 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, three new diphtheria case-patients were recorded. Since the beginning of the outbreak, 79 probable and 104 suspected diphtheria cases were reported. No diphtheria deaths have been reported from the host community.

Diphtheria cases by week of reporting, 2017-2018

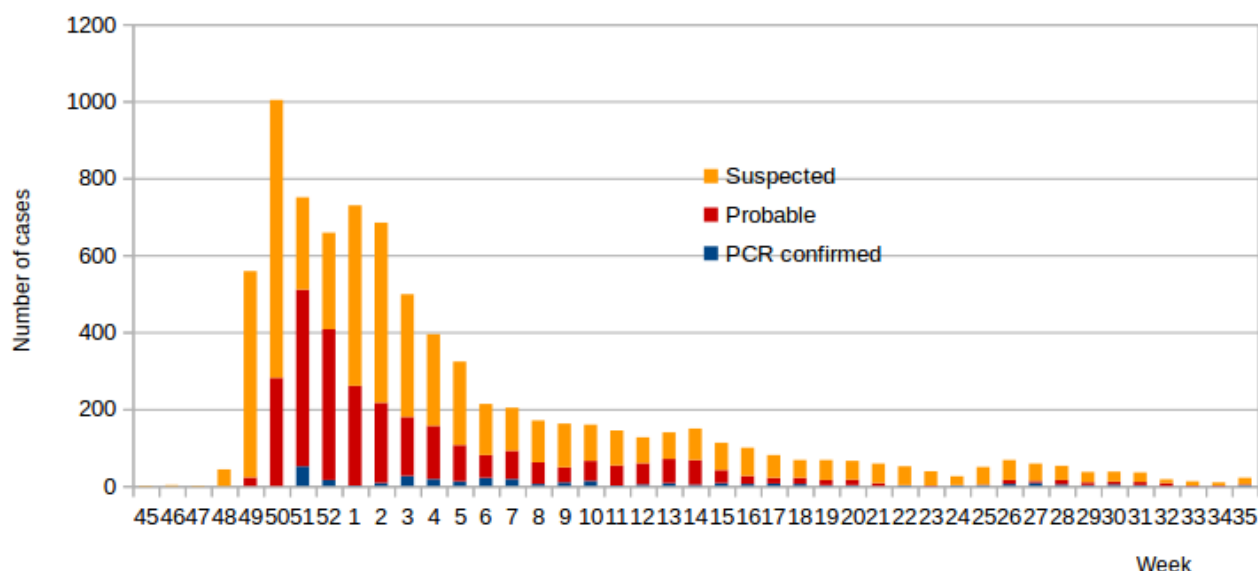


Figure1: Epidemic curve of diphtheria case-patients 2017-2018 in Cox's Bazar, Bangladesh

Week

HEALTH OPERATIONS

- The WASH assessment in health facilities assessment is set to take place between 9-10 September 2018. 21 field staff will conduct the survey focusing on diarrheal treatment centers (DTCs), oral rehydration points (ORPs) and Isolation facilities. The exercise will aid in assessing compliance with IPC and WASH standards in the facilities and suggest improvements.
- Another round of oral cholera campaign (OCV) will begin on 6 October 2018, targeting 327 364 people. About 780 sessions will be held with about 70 outreach mobile teams conducting the sessions.
- A refresher training on routine immunization (RI) and Acute Flaccid Paralysis (AFP) and other vaccine preventable diseases (VPD) surveillance will take place from 16 to 24 September 2018. About 250 participants consisting of vaccinators and supervisors are expected benefit during the training.

COORDINATION

- The Health Sector facilitated a workshop on Strengthening Health Sector Coordination in the Field, 30 August to improve the health intelligence and information sharing in the field. It was attended by the Acting Civil surgeon, DGHS, Ukhia and Teknaf Health Complex, UNHCR, IOM, UNFPA, WHO, health field workers and partners. The feedback was very positive and all representatives agreed that a similar style meeting be run monthly, alternating between CXB and the Upazilas.
- The health sector is developing an action plan to improve GBV related health responses. Consultations were held with partners to identify priorities for the coming months and building on current activities to enhance health responses to GBV.

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