



Mother to be Ayasha, 19, and her mother-in-law Elambahar have benefited from water filters



World Health Organization

Bangladesh

Weekly Situation Report # 43

Date of issue: 13 September 2018

Period covered: 5 – 11 September 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



919 000
total Rohingya
in Bangladesh



706 364
new arrivals since
25 Aug 2017



2 835 266
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

- Bangladesh is experiencing seasonal influenza, which may also be circulating in the camp area.
- A total of 1 988 family and 70 community water filters have so far been distributed to 13 partner organizations with the main beneficiaries being pregnant women.
- Since February 2018, 18 327 children of 0-23 months have received BCG vaccination while the Pentavalent vaccine has been administered to 20 522 children.

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.
- Due to the ongoing risks of high winds and heavy rains, more land is urgently needed for sustainable relocation sites as severely congested camp conditions present far-reaching negative consequences. The heavy rains and the second season of cyclones and monsoons toward the end of the year pose a 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 11 September 2018, 51 138 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 36, 149 health facilities have been registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Of those sites, 89 weekly reports (60 %) were received by Tuesday 11th September 2018. This resulted in a cumulative completeness of 76% for 2018. A total of 32 alerts (triggers) were reported in the EWARS system in week 35.
- Acute respiratory infections (ARI), unexplained fever (UF) and acute watery diarrhea (AWD) (15.9 %, 8.9 % and 5.4 %, respectively) were the three leading illnesses in the area for week 36. All these syndromes are being monitored by WHO Epidemiology.

ACUTE WATERY DIARRHOEA (AWD)

- AWD cases remain fairly low currently compared to annual average. It is expected that an increase may happen post-monsoon season.
- AWD death reported from the community was investigated by a multi-agency team. Death had occurred already 10 days before. Case was shown to suffer from chronic illness and associated renal dysfunction.
- Camps 15, 17 and 20 had higher level of AWD during week 36 compared to previous four weeks.

ACUTE RESPIRATORY INFECTIONS (ARI)

- ARI is causing major burden of illness in Rohingya camps, particularly in children <5 years of age.
- There has been a slight increase in ARI cases in past few weeks, but for week 36 trend is leveling off.
- Bangladesh is experiencing seasonal influenza, which may also be circulating in the camp area.
- One RDT (rapid diagnostic test) positive case of influenza A has been detected from Leda (camp area). WHO supports further testing of cases.

DIPHTHERIA UPDATE

- The number of diphtheria cases continue to decrease in week 36.
- Fourteen new case-patients were reported. A total of 8 176 diphtheria case-patients were reported through EWARS as of 9 September, 2018.
- Among the 14 case-patients, 2 were probable, 1 was confirmed and 11 were suspected (using the revised case definition).
- 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 104 suspected diphtheria cases were reported. No diphtheria deaths have been reported from the host community.

Diphtheria cases by week of reporting, 2017-2018

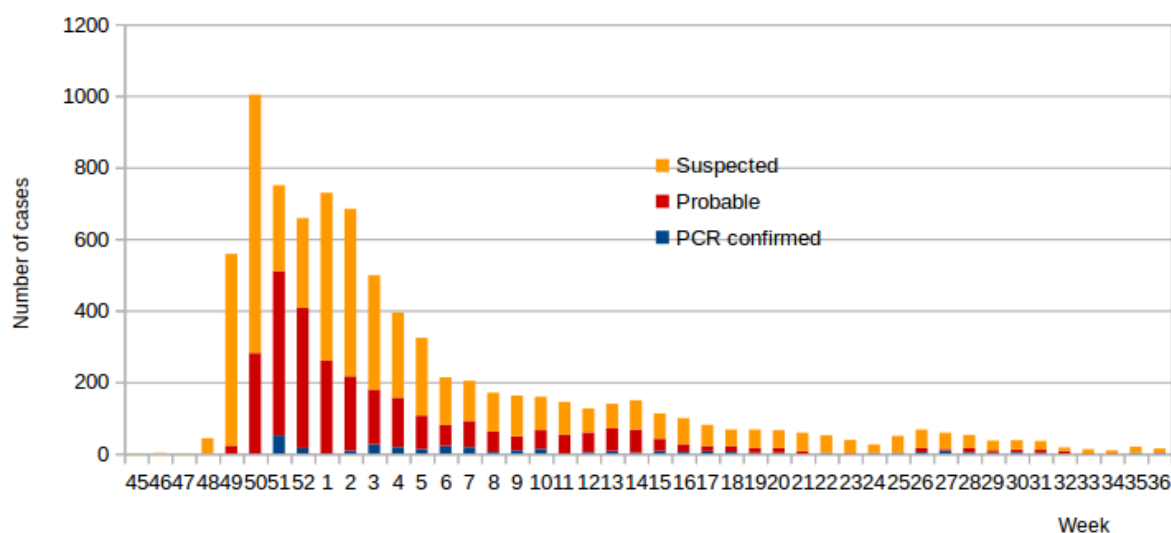


Figure1: Epidemic curve of diphtheria case-patients 2017-2018 in Cox's Bazar, Bangladesh

HEALTH OPERATIONS

- Since February 2018, 18 327 children of 0-23 months have received BCG vaccination. Pentavalent has been administered 20 522 children while 16 077 women have benefitted from Td vaccination.
- WHO continues to work with other partners to strengthen the health system in Cox's Bazar. The refurbishment of 40 bed capacity wards on fourth Floor of Sadar Hospital, supported by KS Relief, has commenced and is expected to be completed in two months' time.
- WHO has distributed 1 988 family and 70 community water filters to 13 partner organizations. The main beneficiaries are pregnant women and facilities located in areas with AWD spikes. Training of partners receiving the filters continues to be conducted to ensure proper installation and maintenance. A recent field visit revealed several mothers using the filters correctly and all commented that the water from the filter tasted better and was cleaner.
- A total of 3 750 kilograms of emergency reproductive health (ERH) kits (2A, 2B, 6B and 11A) has arrived in Cox's Bazar. The distribution of these kits will be done in collaboration with UNFPA.

COORDINATION

- The health sector has participated in mid-term review meetings and presented its key priorities to the end of the current Joint Response Plan (JRP). These include sustaining and expanding morbidity, mortality and disease surveillance, ensuring sufficient surgical capacity and functioning referral system and implementing appropriate interventions to improve facility-based deliveries.
- A meeting to discuss ways of strengthening health services delivery in Teknaf was held on 13 September 2018. The discussions focused on gap analysis and improving coordination in the Upazilla.
- The health sector is activating bi-weekly emergency preparedness meetings in anticipation of the upcoming cyclone season. The military and the civil surgeon office are set to be part of these meetings that will commence next week on Tuesday.

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