



Stakeholder workshop for Cyclone Preparedness and Response on Saturday 29 September 2018.



World Health Organization

Bangladesh

Weekly Situation Report # 45

Date of issue: 4 October 2018

Period covered: 21 September–
2 October 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



921 000
total Rohingya
in Bangladesh



706 364
new arrivals since
25 Aug 2017



3 040 022
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

- Suspected malaria cases continue showing an increasing trend. It is possible that the increase in cases represents variety of syndromes with different etiologies.
- Since February 2018, a total of 21 085 children have received BCG vaccination.
- The 6th round of water quality surveillance in camps commenced on 26 September 2018.
- WHO is in the process of commissioning an external review for health services' delivery in the Rohingya refugee camps.

SITUATION OVERVIEW

- There are an estimated 921,000 Rohingya refugees (215,796 families) in Cox's Bazar, according to the latest Needs and Population Monitoring (NPM) round 12 exercise. The Rohingya refugees continue to arrive in Bangladesh, though the overall influx has slowed since the onset of the crisis in late August 2017. From 1 January-15 September 2018, UNHCR has recorded 13,764 new arrivals to Bangladesh.
- WHO and partners continue to work together to mitigate the impact of this population on the Bangladeshi communities. Provision of support to Sadah Hospital in Cox's Bazar in the form of waste management, renovation of the wards and provision of staff amongst others is ongoing. Further coordination meetings at Ukhiya and Teknaf Complex hospitals were initiated.

EPIDEMIOLOGICAL SUMMARY

- As of week 39, 142 health facilities have been registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Of those sites, 89 weekly reports (63 %) were received by Tuesday 2 October 2018. This resulted in a cumulative completeness of 78% for 2018. A total of 12 alerts (triggers) were reported and verified in the EWARS system in week 39.
- Acute respiratory infections (ARI), unexplained fever (UF) and acute suspected malaria (12.1 %, 5.7 % and 5.7 %, respectively) were the three leading causes of illness in the area for week 39. All these syndromes are being monitored by WHO Epidemiology.

Disease	Week 39		2018
	#cases	%morbidity	%morbidity
AWD	3 547	5.5%	5.7%
Bloody Diarrhoea	186	0.3%	1.2%
Other diarrhoea	1 617	2.5%	2.8%
ARI	7 741	12.1%	13%
Measles/Rub.	3	0%	0%
AJS	7	0%	0.1%
Malaria(susp.)	3 673	5.7%	1.5%
Dengue(conf.)	1	0%	0%
Unexplained fever	3 631	5.7%	11.1%
Other	42 328	65.9%	62.6%
Total	64 230	100%	100%

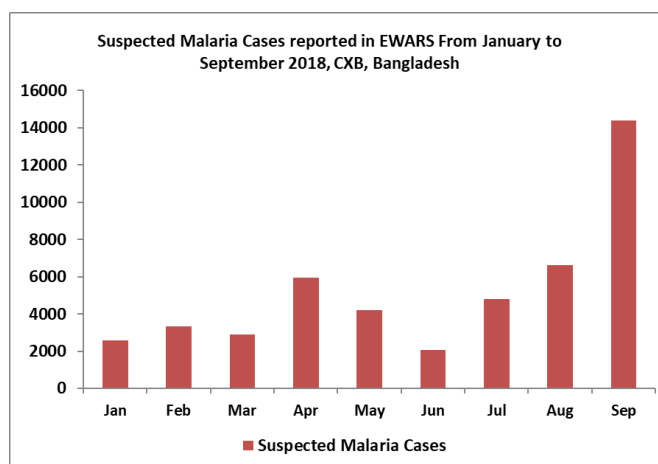
Overall disease burden as of 2 October, 2018

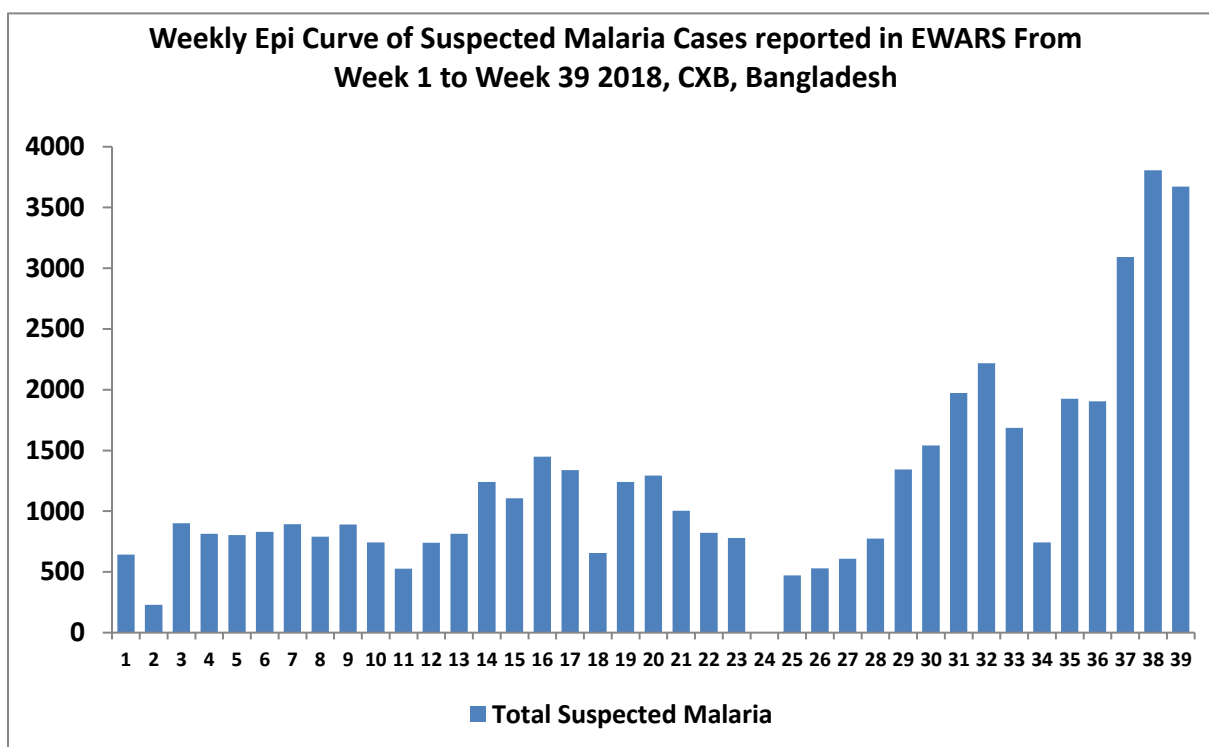
ACUTE RESPIRATORY INFECTIONS

- The number of reported ARI case-patients is slightly lower this week. But it can be a major threat as we are already in the Influenza season.
- There is need for health facilities should to have kits to diagnosis Influenza and Influenza like illness (ILI) as ARI is the leading cause of illness in Rohingya camps, particularly in children <5 years of age.

SUSPECTED MALARIA

- The number of suspected malaria case-patients reported this week remains same as last week. It is showing an increasing trend and the proportional morbidity (5.7%) in more than what has been observed overall (1.5%) in 2018. The actual number of confirmed malaria cases remains very low. It is possible that the increase in suspected malaria cases represents variety of syndromes with different etiologies. Partners have been advised to test any suspected malaria cases with RDT and other vector-borne diseases such as dengue.





DIPHTHERIA UPDATE

- A total of 8 178 diphtheria case-patients have been reported till 11 September 2018.
- Since then diphtheria case reports have not been updated in EWARS due to the change in reporting sites.
- According to laboratory records, 32 diphtheria case-patients were tested by PCR from 12 to 29 September 2018. Of these, 5 were tested positive and the rests were negative. The most recent positive case-patient was tested on 29 September 2018. This suggests that there are pockets of population not fully immunized despite three mass diphtheria campaigns.
- No new death was reported.

HEALTH OPERATIONS

- The 6th round of water quality surveillance in camps commenced on 26 September 2018. An orientation/training program, organized by Department of Public Health Engineering (DPHE) at DPHE Office was conducted from 22-24 September for the sample collectors, sample analyzers and data entry operators with 34 participants attending. The aim of the training was to ensure that the surveillance was done in accordance to DPHE standards and therefore achieve high quality test results.
- In the month of September, 2 758 children received BCG vaccination, 2 760 first dose of Pentavalent, 2 326 first dose of MR while 2 093 pregnant women received first dose of Td. A total of 780 mobile outreach sessions and 500 sessions in health facilities were held in the same period.
- The routine immunization training was successfully completed on 30 September 2018. More than 280 participants including vaccinators and supervisors from the ministry of health and partners attended the training.

COORDINATION

- In view of the impending 2019 Humanitarian Response Plan (HRP) and preparations for the Health Sector Plan; WHO is in the process of commissioning an external review for health services' delivery in the Rohingya refugee camps. This review will help to assess the accessibility and quality of the essential service delivery within the camps. It will further help identify priority areas that need improvement, and highlight services' gaps.
- In order to support and extend health services in underserved camps particularly in Teknaf area; the Field Coordination team organized a meeting with the Camp in Charge that represents the government RRRC and the Site Management teams in camps 24 and 25. The purpose was to facilitate two international NGOs planning to set up a primary health care centre and a health post in these camps to boost health services and relieve the burden on currently available health facilities. These health facilities are expected to serve more than 15,000 refugees in camps 24 and 25.
- A nutrition and health technical task force was constituted to look into areas of collaboration between the two sectors in the implementation of nutrition and health activities in the refugee camps with the interest of ensuring continuum of care.
- Health Sector led a planning session at the Stakeholder workshop for Cyclone Preparedness and Response on Saturday 29 September. This was an opportunity to update on current planning and seek input to medical response needs from Government, Military and Red Cross, Red Crescent Societies.
- A second Health Sector Cyclone Preparedness work group meeting was held 2 October to update partners on current planning, and recommence taskforce planning sessions for field hospitals, trauma response in the field, Outbreak Response and Dead Body Management.

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