



Partner coordination meeting in Ukhiya Complex Hospital



# World Health Organization

## Bangladesh

Weekly Situation Report # 47

Date of issue: 17 October 2018

Period covered: 10-16 October 2018

Location: Bangladesh

## Emergency type: Rohingya Refugee Crisis



**921 000**

total Rohingya  
in Bangladesh



**706 364**

new arrivals since  
25 Aug 2017



**3 218 070**

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

- Acute respiratory infection and suspected malaria are still showing an increasing trend.
- EWARS supportive supervision was piloted with an aim of improving quality of data and provision of support to health partners

### 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.

### RESPONSE

#### EPIDEMIOLOGICAL SUMMARY

- As of week 41, 157 health facilities, including 7 newly facilities, have been registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Of these sites, 114 weekly reports (73 %) were received by Tuesday 16 October 2018 resulting in a cumulative completeness of 78% for 2018. A total of 16 alerts (triggers) were reported and reviewed in the EWARS system in week 41.

- Acute respiratory infections (ARI) and suspected malaria (16.3 % and 9.9 %, respectively) were the conditions having increasing trends in week 41. No notable changes in trends of other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology.

Diseases	Week 41		2018	
	# cases	% morbidity	# cases	% morbidity
AWD	4,544	5.9%	183,452	5.7%
Bloody diarr.	180	0.2%	37,680	1.2%
Other diarr.	1,905	2.5%	87,848	2.7%
ARI	12,641	16.3%	421,437	13.1%
Measles/Rub.	5	0.0%	1,519	0.0%
AJS	23	0.0%	2,818	0.1%
Malaria (conf.)	1	0.0%	61	0.0%
Malaria (susp.)	3,820	4.9%	53,739	1.7%
Unexpl. fever	3,607	4.6%	345,250	10.7%
Other	49,156	63.4%	2,018,847	62.7%
<b>Total</b>	<b>77,582</b>	<b>100%</b>	<b>3,218,070</b>	<b>100%</b>

*Overall disease burden as of 16 October, 2018*

## ACUTER RESPIRATORY INFECTIONS

- Acute respiratory infection (ARI) is showing an increasing trend. The number of reported cases this week is higher than previous week.
- The trends of ARI in <5 and ≥5 age group are following same pattern. Clinical picture suggests common respiratory pathogens but the etiology remains to be confirmed due to limited testing capacity.
- Similar increasing trend of ARI towards the end of influenza season has been observed elsewhere in the country.

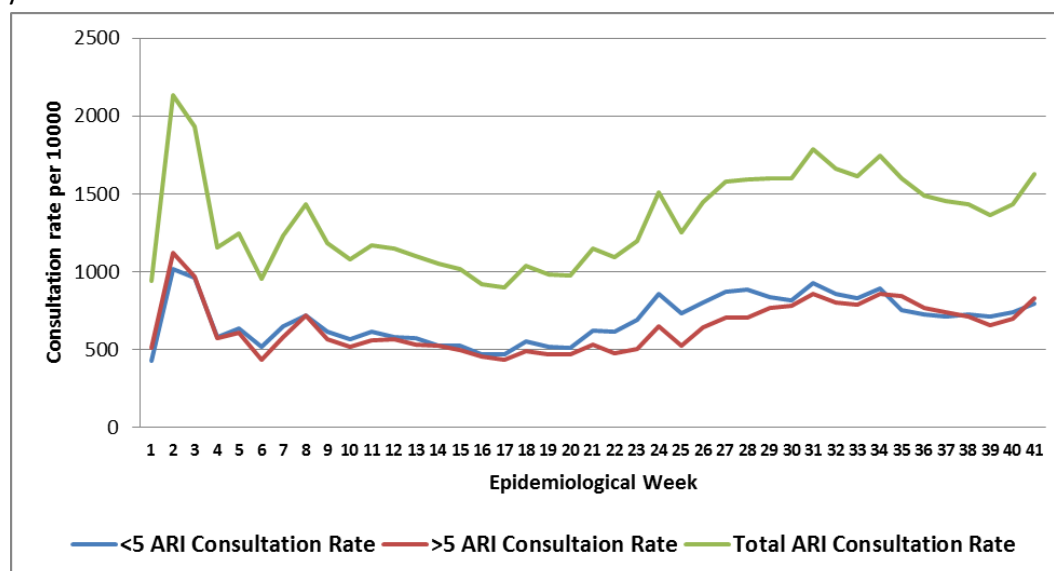


Fig: Epidemiological trend of ARI cases in FDMN population in 2018, Cox's Bazar, Bangladesh

## SUSPECTED MALARIA

- The number of suspected malaria case-patients reported this week is higher than previous week. The proportional morbidity (4.9%) is more than what has been observed overall (1.5%) in 2018.
- This high number suspected malaria cases (53 739 since beginning of 2018) is under investigation for possible misclassification.
- The actual number of confirmed malaria cases (61) remains very low which more likely reflects the true burden.

## DIPHTHERIA UPDATE

- A total of 8 231 diphtheria case-patients have been reported in 2018.
- 9 new case-patients have reported this week including 3 probable and 6 suspected.
- According to laboratory records, 275 confirmed cases were tested by PCR. Of the remaining cases, 2 703 were categorized as probable and 5 253 were suspected.
- No new death was reported. A total death reported in 2018 is 44.

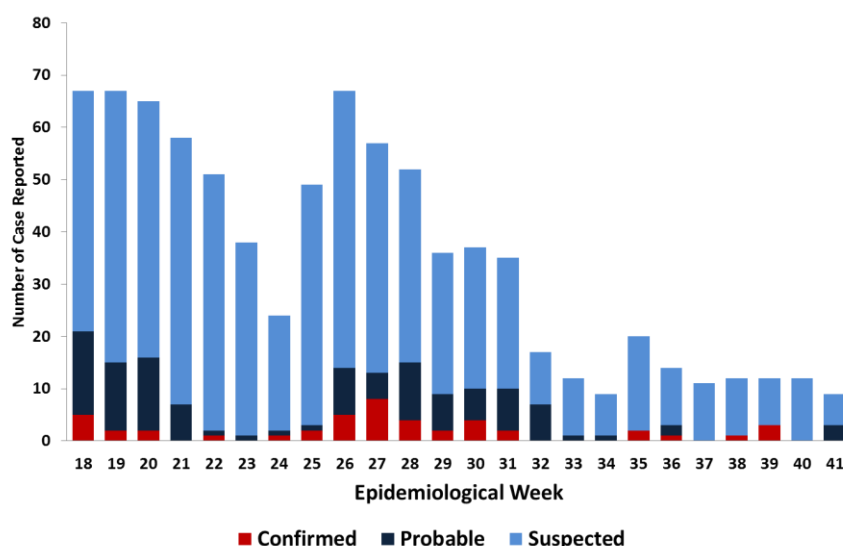


Fig: Diphtheria case-patients reported from week 18 to week 41 in 2018, Cox's Bazar, Bangladesh

- Following two confirmed diphtheria cases last week in 'no man's land', close to Bandarban district, a joint response was conducted involving WHO, UNICEF, IOM and ICRC on 15 October 2018. A total of 22 close contacts were traced out for chemoprophylaxis and 16 for vaccination. Response immunization with Penta, bOPV/Td is scheduled for 23 October covering all population in the area based on age and vaccine eligibility. Consultations with EPI HQ and DGHS is ongoing to establish Routine Immunization in area.

## HEALTH OPERATIONS

- WHO and other partners are supporting the health system strengthening in Cox's Bazar to meet the needs of the host community. Last week WHO donated medical kits to the Civil Surgeon's office. This included 15 Cholera Central Kits, 15 Cholera Peripheral and 20 Inter-agency Emergency Health Kits.

- The first phase of refurbishment of Sadar Hospital wards funded by KSRelief was completed on 15 October 2018. The second phase of refurbishment of five wards will commence upon the necessary approvals.
- WHO continues to monitor immunization sessions to ensure standards are maintained and support improvements where necessary including delivering on job training. Since June 2018, 598 daily immunization sessions have been monitored focusing on daily vaccine availability and information dissemination to the beneficiaries.
- Rapid assessment of essential medicines situation in Rohingya camps in Cox's Bazar has been completed. Some preliminary findings include inadequate non communicable disease medicines, inadequate supply of antibiotics, gaps in cold chain facilities and lack of robust quality assurance strategy. Recommendations include among others, ensuring adequate supply of medicines at health facilities depending on emerging disease trends, raising awareness on rational use of medicines, improving storage conditions especially cold storage and controlling unlicensed drug shops.

## COORDINATION

- In view of the impending 2019 Humanitarian Response Plan (HRP) and preparations for the Health Sector Plan; WHO has commissioned an external review for health services' delivery in the Rohingya refugee camps. Its findings will help to inform the health sector plan.
- The process of developing a comprehensive health sector plan for 2019 is ongoing and is expected to be completed at the end of this October 2018.

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