



World Health Organization

Bangladesh

Weekly Situation Report # 50

Date of issue: 8 November 2018

Period covered: 31 October–6 November 2018

Location: Bangladesh

SRH and GBV workshop in Cox Bazar, 4-5 November 2018

Emergency type: Rohingya Refugee Crisis



921 000
total Rohingya
in Bangladesh



706 364
new arrivals since
25 Aug 2017



3 494 331
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 (ARI), Acute watery diarrhea (AWD), Unexplained fever (UF) and suspected malaria were the diseases with highest proportional morbidity.
- The next round of Oral Cholera Vaccination campaign is set to commence on 17 November running up to 13 December 2018.
- A Sexual and Reproductive Health (SRH) and Gender-based Violence (GBV) workshop was held on 4-5 November 2018 in Cox's Bazar with 45 people participating.

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 44, 176 health facilities registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 80 per cent (176/219).

- Of these sites, 128 submitted their weekly reports (73 per cent) by Tuesday 6 November 2018 resulting in a cumulative completeness of 79 per cent for 2018.
- A total of 20 alerts (triggers) were reported and reviewed in the EWARS system in week 44 including a cluster of RDT positive suspected cholera cases and RDT positive Hepatitis E case from host community. All the alerts were reviewed within 48 hours.
- Samples from the RDT positive suspected Hepatitis E case was collected and tested in the IEDCR laboratory which confirmed the case. Investigation by WHO team was carried out in the surrounding households no other suspected cases.
- Acute respiratory infection (ARI), Acute watery diarrhea (AWD), Unexplained fever (UF) and suspected malaria are the disease with highest proportional morbidity in last week. All these conditions are being monitored by WHO Epidemiology team.
- The number of acute respiratory infection (ARI) cases reported this week is slightly less than previous week. 13 891 cases reported in EWARS via weekly report form (15 529 in week 43)

AWD UPDATE

- A total of 4 676 suspected cases were reported from weekly report forms which is steady on previous week (4 856 in week 43) and an additional 19 case-patients were reported from Diarrhea Treatment Centre (DTCs). The total AWD cases reported in 2018 is now 198 623 including 550 from DTCs.
- Couple of Event-Based alert was triggered from FDMN population and from host community as well. WHO epi team is closely monitoring these alerts and conducting field investigation.
- Two RDT positive suspected AWD cases were reported from Camp 1W. A joint Health and WASH assessment observed poor hygiene practices and sanitary conditions. Several recommendations suggested included hygiene promotion in the concerned block, desludging latrines as soon as possible, distribution of aqua tabs, ORS, soap and chlorine by the WASH sector and creating handwashing facilities in the latrine areas. Urgent refresher training on risk assessment for health teams was recommended.

DIPHTHERIA UPDATE

- Six new diphtheria case-patients (all suspected) were reported this week. Total case-patients reported in EWARS is now 8 271.
- Of these, 281 case patients have tested positive on PCR, with the last confirmed case reported on 24 October 2018. Of the remaining cases 2 705 were classified as probable and 5 285 as suspected. The total number of deaths remains 44. Last death was reported on 28 June 2018.

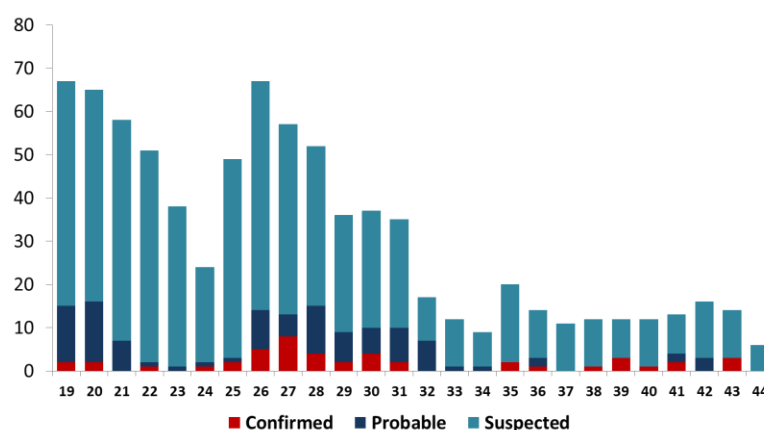


Fig: Diphtheria case-patients reported from week 19 to week 44 in 2018, Cox's Bazar, Bangladesh

HEALTH OPERATIONS

- Partners continue to support Sadar Hospital in Cox's Bazar with waste management, medical and support staff, rehabilitation of CCU and Emergency units and logistics such as ambulances. Rehabilitation of five patient wards through KS Relief project will help ease congestion in the facility.
- Laboratory assessment has revealed key gaps in gram staining, CFS collection, RDTs to cover maximum facilities and limited capacity in blood collection and storage. Major gap also exists in cold chain transport.
- The next round of Oral Cholera Vaccination campaign is set to commence on 17 November running up to 13 December 2018.
- The results of the 7th round of water quality testing in the camps have revealed that of the 613 unsterile source water samples tested, 84% were free of E. Coli contamination. The analysis of 1 126 household's storage water samples shows that 40% were free of E. Coli contamination.

COORDINATION

- The global Health Cluster/Sector supported by the government of Netherlands is carrying out projects on Sexual and Reproductive Health (SRH) and Gender-based Violence (GBV) with the aim of significantly increasing the number of women and girls accessing good quality sexual and reproductive health services in humanitarian crises in three countries (Bangladesh (Cox's Bazar), the Democratic Republic of the Congo (DRC) (Kasai) and Yemen). As part of this project a workshop was held on 4-5 November 2018 in Cox's Bazar. Over 45 participants from the ministry of health, UN agencies, INGOs, NNGOs and BRAC University attended. The objective was to provide a platform for participatory planning among stakeholders and partners in order to improve the quality of services through a collective work plan for comprehensive SRHR in Cox's Bazar.
- The recent external review conducted in the camps to assess health service delivery, indicates amongst other findings gaps in prevention of mother-to-child transmission (PMTCT) services and dental health services. There is also need to scale up MHPSS services while coordination both vertically and horizontally need to be improved.
- A meeting was held with all field hospital partners to brainstorm how best to fill gaps in surgical capacity in view of the upcoming departure of one of the field hospitals.

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