



Life-straw monitoring discussion at WHO Offices in Cox's Bazar



World Health Organization

Bangladesh

Weekly Situation Report # 56

Date of issue: 21 December 2018

Period covered: 11-17 December 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



921 000

total Rohingya
in Bangladesh



706 364

new arrivals since
25 Aug 2017



3 963 707

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

- Following the sweeping and repeat activities, the fourth round of oral cholera vaccination (OCV) campaign now has coverage of 111%. A total of 363 411 people received vaccination including 99 161 from the host community.
- A total of three new diphtheria case-patients (three suspected) were reported this week. Total case-patients reported in EWARS is now 8 327.

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 50, 162 health facilities registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 76 per cent (162/212) *.

- Of these sites, 137 submitted their weekly reports (85%) by 18 December 2018 resulting in a cumulative completeness of 85% for 2018.
- A total of 21 alerts (triggers) were reported and reviewed in the EWARS system in week 50. Suspected measles, acute watery diarrhea (AWD), and acute jaundice syndrome (AJS) were the most common. All the alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI) and acute watery diarrhoea were the diseases with highest proportional morbidity last week. No notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

AWD UPDATE

- The number of cases reported with diarrhoeal diseases were 5 553 this week of which 4 106 were reported with acute watery diarrhoea (AWD), 256 with bloody diarrhoea and 1 191 with other diarrhoea.
- A couple of AWD alerts were received from diarrhoea treatment centers (DTCs). A notification of increased number of suspected bloody diarrhoea cases from camp 16 was also received. WHO with joint assessment team (JAT) are following up these alerts.

ARI UPDATE

- The number of cases reported in EWARS via weekly report form for ARI (n= 11 011) has decreased slightly from the previous week (13 249 in week 49).
- The proportional morbidity in week 50 is 16.2% which is slightly lower than previous week (18.1% in week 48; 17.9% in week 49).
- The total reported cases till now is 550 283 and overall proportional morbidity is 13.9%. *(See below trend)*

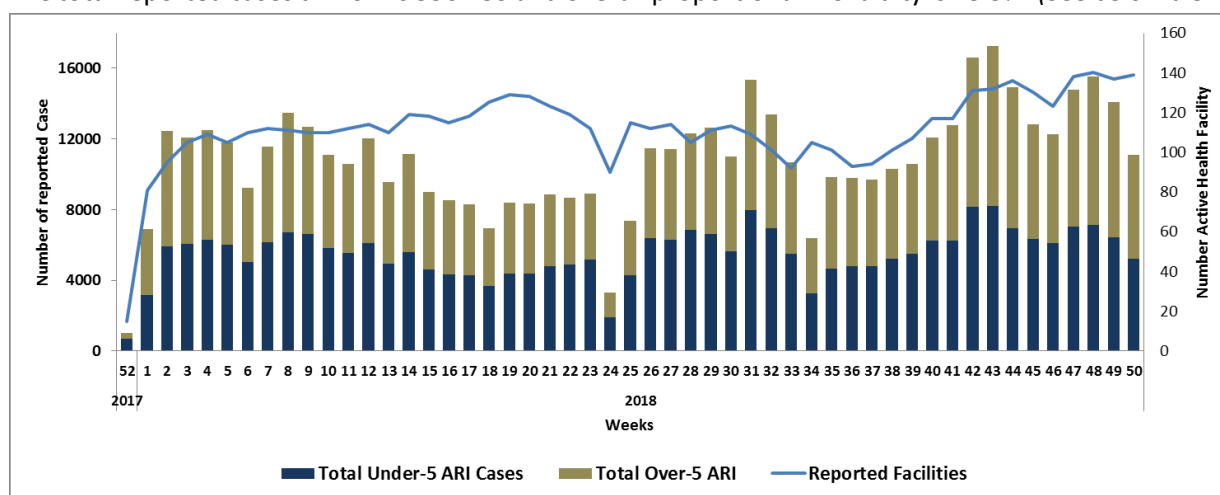


Fig: Total number of under-5 and over-5 ARI cases reported from week 1 to week 50 reported from different health facilities from FDMN camps in 2018, Cox's Bazar, Bangladesh

DIPHTHERIA UPDATE

- A total of eight new diphtheria case-patients (all suspected) were reported this week. Total case-patients reported in EWARS is now 8 335.

**Updated numbers from health facility registry data*

- Of these, 290 case patients have tested positive on PCR, with the last confirmed case reported on 29 November 2018. Of the remaining cases 2 709 were classified as probable and 5 336 as suspected. The total number of deaths remains 44. Last death was reported on 28 June 2018.
- A total of 194 case-patients were reported from host community since the beginning of the outbreak. Of these, 28 case-patients were confirmed on PCR testing while 63 cases were categorized as probable and 103 as suspected.
- No death has been reported from the host community.

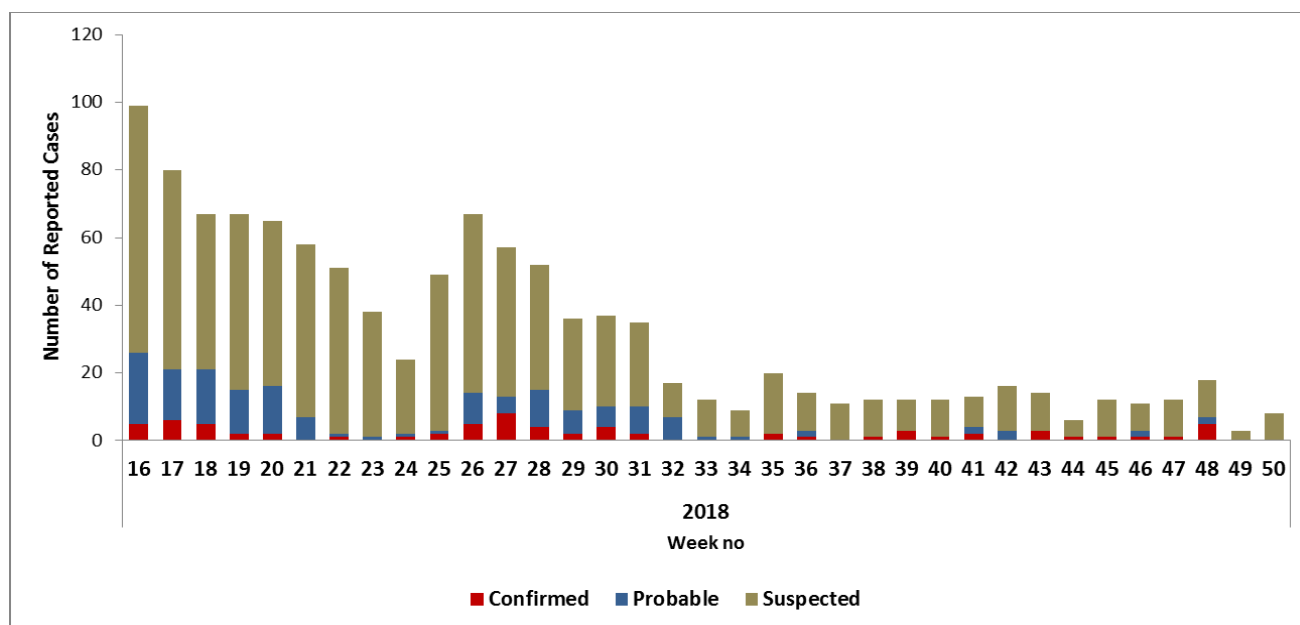


Figure: Diphtheria case-patients reported from Week 16 to week 50 2018, Cox's Bazar, Bangladesh

HEALTH OPERATIONS

Oral Vaccination Campaign updates

Repeat activity

- An additional 11 249 oral cholera vaccination (OCV) campaign doses were administered in both Teknaf (5 130) and Ukhia (6 119) through sweeping and repeat activities. These activities were conducted, based on the findings of monitoring exercises and in areas with low coverage.
- The repeat activities took place in three of the five unions in Teknaf, with the host community as well as people in camps 25 and 26 benefitting.
- In Ukhia, the repeat activities were conducted in camps 3, 4, 4 Extension, 7, 11, 14, 15, 17, 18, 19, 20 and 20 Extension. The exercise is set to be completed next week.

Geographical coverage

- About 363 411 people (110.6%) benefited from the OCV campaign including 264 280 people (117.5%) from Rohingya population.
- A total of 99 161 people (95.7%) from the host community were reached, including 96 963 people from 53 sub-blocks in 11 wards in 5 unions in Teknaf.
- Further, in no-man's land at Nakyongchari in Bandarban district, 2 475 (104.3%) received OCV dose against a target of 2 374. In registered camps at Kutupalong, Ukhia and Nayapara, Teknaf, a total of 539 (107.2%) and 840 (112.3%) children of 12-23 months were immunized respectively.

Session Site Monitoring

- A total of 640 (over 40%) campaign sessions were monitored with local and international partners involved including UNICEF, ICDDR, DGHS, CS, WHO amongst others.
- Major findings include: a) referral slips with recipients (87%), b) maintaining order in queues during sessions (84%), c) sufficient supply of water and disposable glasses (91%) and d) children of less than one year receiving OCV doses (2.0%).

House to House Rapid Convenience Monitoring

- A total of 6 407 (1.8%) beneficiaries were interviewed as of 15 December 2018. Evaluated coverage was 95.1% and around 12% beneficiaries had already received at least 2 doses in previous rounds. Referral slips were not received by 14% beneficiaries.
- The main reasons not being vaccinated (n=314, 4.9%) were: a) beneficiaries not at home (40%), b) not aware of campaign (38%) and c) beneficiaries too busy (15%) and d) sickness (5%). The important means of mobilization were the Majhees and FDMN mobilizers (50%), megaphone (31%) and moni-flag (14%).

WASH

- The ninth round of water quality surveillance in FDMN settlements started from 26th November 2018 and was completed in 12 December 2018. A total of 613 sources and 1 226 household water samples were collected and tested for E. Coli. Further, a total of 1 839 sanitary inspections were also conducted for sources and household's storage water. The findings will be available next week.
- The life-straw community and family water filter monitoring activity has commenced with a partners' meeting being conducted on 20 December 2018. A total of 20 participants participated in the meeting including a professional from the supplier company. The partners agreed to provide locations of all the filters by 29 December 2018 with monitoring activities starting first week of January 2019.
- A technical discussion was conducted to deliberate on the concept note of health care facility waste management with the participation of the acting Incident Manager, Health Operations Lead and the WASH Officer.

Logistics

- The IEDCR field laboratory established by WHO received the digital shaking dry Bath which is an essential equipment for laboratory procedures. The laboratory has been expanded with an independent autoclave room in the Cox's Bazar Medical college. A proposal is also being made to the Cox's Bazar Medical College to set up a 72 m² Tent and accommodate the logistic supplies.
- WHO headquarters is exploring the possibility of sending 500 DAT from Cox's Bazar to Yemen.

COORDINATION

- A consultative meeting was conducted to review the community health working group TOR and monitoring and evaluation tools.
- The health sector is compiling a list of health facilities that will possibly remain open during the upcoming holidays.
- Health sector revised the medical emergency referral form based on feedback from referral workshop held earlier. The document has been finalized and shared with the RRRC's office for approval.

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