



WHO Tuberculosis(TB) team during field level monitoring activities



World Health Organization

Bangladesh

Bi-weekly Situation Report #16

Date of issue: 15 August 2019

Period covered: Weeks 31-32 2019
(28 July -10 August 2019)

Location: Bangladesh

Emergency: Rohingya Crisis



912 485
total Rohingya
Refugees
in Bangladesh



2 235 428
Total number of
consultations reported in
EWARS in 2019



728 786
people are being
monitored for
diseases



1.24 million
people targeted for
health assistance

HIGHLIGHTS

- WHO is supporting response to the dengue outbreak with around 3000 Dengue Rapid Diagnostic Testing(RDT) kits, including 500 for the District Sadar Hospital, as well as Information, Education and Communication (IEC) material and technical guidance on dengue case management.
- An emergency technical consultation on vector control measures for Rohingya camps and host community during monsoon season was convened on 3 August 2019.
- The health sector, in collaboration with Sexual & Reproductive Health(SRH) Working Group, developed a draft Standard Operating Procedure (SOP) on health service delivery to survivors of Gender-Based Violence (GBV) based on the Bangladesh national protocol.

SITUATION OVERVIEW

There are an estimated 913 316 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (June 2019). This includes 34 172 refugees from Myanmar who registered before 31st August 2017. All refugees, including new arrivals, face compounding vulnerabilities, including in health. WHO has been responding to this crisis since September 2017. A summary of response actions from epidemiological weeks 29 and 30 of 2019 is presented below by WHO functions.

OPERATIONS SUPPORT AND LOGISTICS

- Distribution of kits for noncommunicable Disease(NCD), rapid diagnostic test (RDT) and sexual and reproductive health (SRH) among health partners are ongoing.
- Installation of generators in two health facilities (out of selected five) were completed with DFID fund support in Ukhiya.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- As of week 32 a total of 149 health facilities are registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 80 % (149/187).
- Of these sites, 50 submitted their weekly reports (34%) by 14 August 2019. There are some reporting delays due to the holidays.
- A total of 12 alerts (triggers) were reported and reviewed in the EWARS system in week 32 compared to 26 triggers reported in week 31. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), unexplained fever and acute watery diarrhea (AWD) were the conditions with highest proportional morbidity this week. There were no notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

Dengue Fever

- To date there have only been two dengue NS1 positive confirmed in the camps. Active case search did not find any additional cases.
- More than 200 health care workers were trained on the dengue case definition and on basic clinical care of uncomplicated dengue fever. Additional clinical management training is planned for late August.
- An increase in locally acquired dengue is being reported in Cox's Bazar.

Diarrhoeal disease

- A total 1576 diarrhoeal cases have been reported in EWARS.
- Of the total number of diarrhoeal cases, 940 cases reported with acute watery diarrhoea (AWD), 209 cases reported with bloody diarrhoea and 427 cases reported with other diarrhoea.
- Trend in diarrhoeal diseases remained relatively unchanged and it is the second highest contributor of proportional morbidity after acute respiratory infection.

Diphtheria Update

- Since 2017, a total 8708 diphtheria cases patients were reported in EWARS by week 31. Of these, 300 were classified as confirmed after being positive on PCR. The remaining were classified as probable (2,735) and suspected (5,673) based on clinical presentation. There are some reporting delays due to the holidays.
- A total of 362 diphtheria cases were reported in 2019, of which eight were confirmed, 26 probable and 328 were suspected. Last confirmed case was reported in Week 29 (15 Jul 2019)
- A total of 45 deaths were reported. No death was reported from the host community.

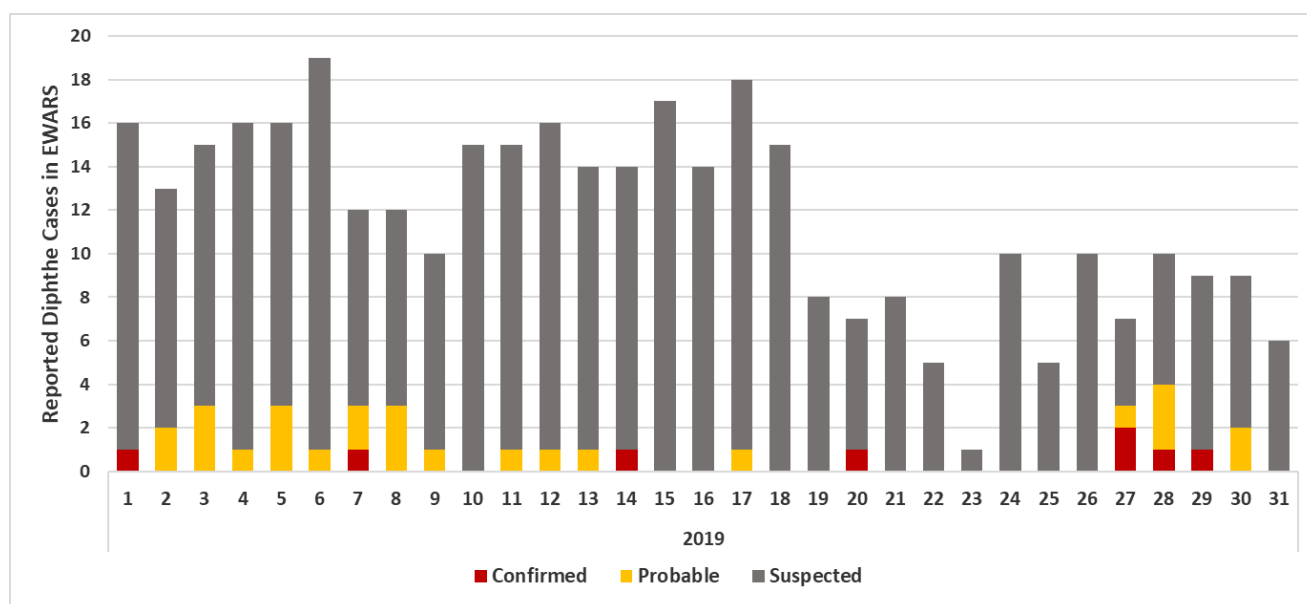


Figure 1: Diphtheria case-patients reported from week 1 to week 31 2019 in EWARS, Cox's Bazar, Bangladesh

Suspected Measles Update

- Three suspected measles/rubella cases were reported in EWARS either via weekly reporting or case reporting form in week 32. Up till week 32 2019, a total 332 suspected measles cases were reported and 204 reported using the case report form.
- Suspected measles/rubella cases are followed up by surveillance and immunization medical officers.
- WHO is supporting Ministry of Health (MoH) in routine measles surveillance in Rohingya population.

Community Based Surveillance

- A total of 36 facilities involving seven partners are reporting data from the community coverage areas covering a total of 26 camps.
- EWARS refresher training with community-based surveillance (CBS) component was conducted in week 31 for all health facilities to enhance and strengthen reporting as well as getting more partners onboard for this programme. All mortalities will be reported into EWARS moving forward with the "Community-based mortality surveillance" form.
- In weeks 31 and 32, a total of 31 deaths were recorded. Of these deaths, 54.8% (n=17) are due to causes classified as "Others", 25.8% (n=8) are due to neonatal deaths, 9.67% (n=3) due to infectious causes, 6.44% (n=2) are suspected maternal deaths, 3.22% (n=1) are due to stillbirths. Suspected maternal deaths are still under investigation.
- Of the reported deaths at home between weeks 29 and 30, 19 (61.3%) were male and 12 females (38.7%) . 77.4% of the reported deaths were at home, 16.1% reported deaths were at the health facility and 6.5% reported in community or public spaces.

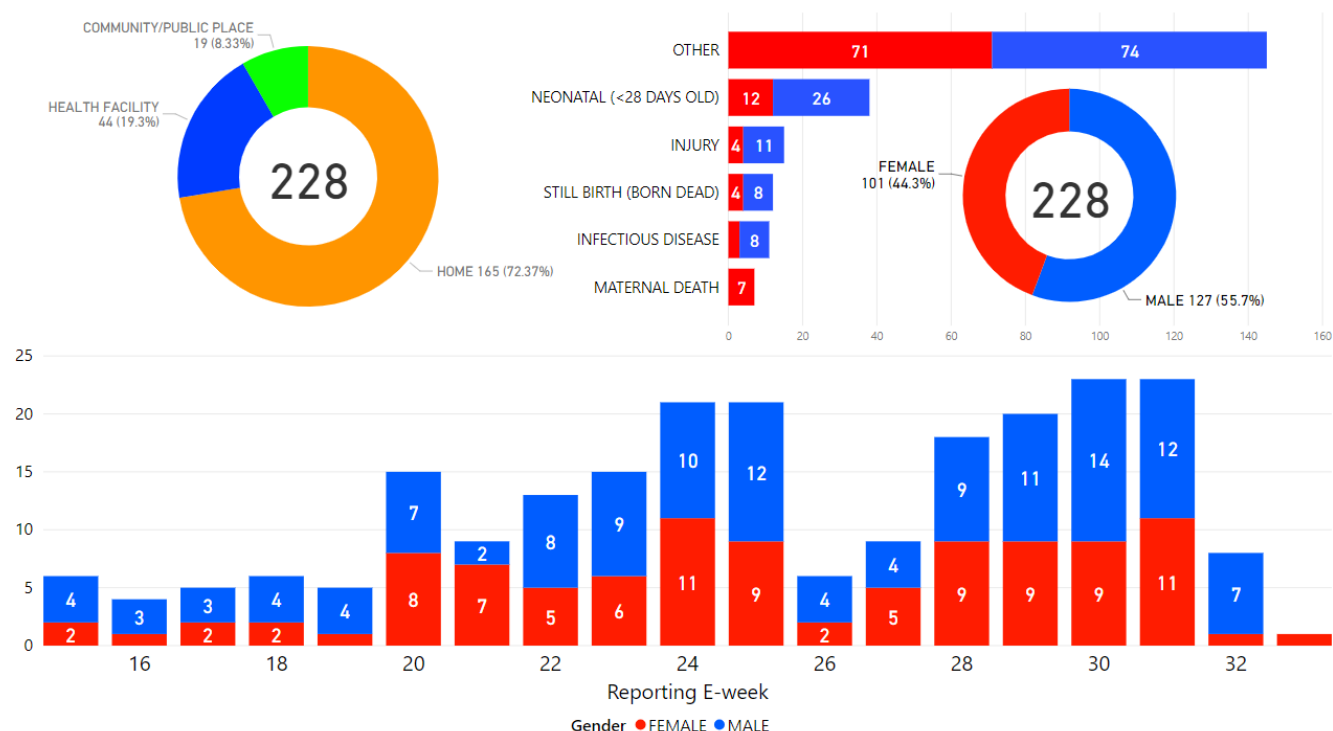


Figure 2: Total deaths by place of reported death, cause of death between week 14 and week 32, Cox's Bazar, Bangladesh

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Laboratory

- The laboratory team conducted a two-day training on Biosafety and Handling of Infectious Materials for laboratory personnel and other healthcare staff from different partner organizations on 5-6 August 2019. This was attended by 71 participants in total and served to increase the reach of the biosafety training to staff who had not been able to attend during previous trainings. It is expected that these trainings will increase compliance to safety guidelines at healthcare facilities within the camps thereby contributing to health worker safety and reduction of nosocomial infections.
- Laboratory reagents and support were also provided in the form of Rapid Diagnostic Testing kits, Biohazard bags and other laboratory supplies to the Ukhia Upazila Health Complex.
- Further, the laboratory team supported various partner organizations by procuring and providing Dengue Duo rapid diagnostic kits during the current ongoing Dengue season thereby filling the gap in Dengue diagnostics.
- Supportive supervision of partner facilities is continuing with visits to the facilities and on-site hands on trainings in a variety disciplines including microscopy for blood picture and differential counts of blood.

Sadar Hospital

- As a part of strengthening District Sadar Hospital project, implemented with support of KS Relief, WHO completed the renovation of the pediatric ward which is the last ward to be renovated as part of this project,

on 9 August 2019. The renovation work for five wards in District Sadar Hospital (Male Surgery Ward, Female Surgery Ward, Female Medicine Ward, Isolation ward and Pediatric Ward) was completed in 99 days, starting on 3 May 2019.

- The renovation work for medical gas pipeline in second OT complex is ongoing and will be completed next week.
- To improve coordinated partner support and gap-filling at the Cox's Bazar Sadar District Hospital, the 15th Sadar Round Table meeting was convened, in which all partners providing support to the district hospital meet at the invitation of the Medical Superintendent to coordinate efforts.

Communicable Disease

- An emergency technical consultation on vector control measures for Rohingya camps and host community during monsoon season was convened on 3 August 2019, with technical support from WHO's senior entomologist for the South East Asia(SEARO) to review existing data and plan a way forward. A subsequent, more comprehensive entomological survey of camps is planned to take place shortly.
- Risk communication messages on Dengue have been developed and endorsed by the Civil Surgeon Cox's Bazar in collaboration with the Risk Communication task force. These messages have been disseminated to partners and are being communicated through Community Health Workers, through existing partner communication mechanisms including radio through loudspeakers/narrowcasting, and other communication mechanisms through the sectors. A Dengue Awareness rally, organized by the RRRC, took place last week.
- WHO is organizing a clinical case management training for healthcare workers from different levels of health facilities, including Health Posts, Primary Health Centers, Field Hospitals, Upazilla Health Complexes and District Hospital. This is expected to take place in the first week of September.
- WHO is supporting partners with around 3000 Dengue RDTs, including 500 for the District Sadar Hospital, as well as IEC materials and technical guidance on dengue case management.
- A rapid assessment on the availability of bed nets among a 209 household sample in the camps by WHO (epidemiology and health operations teams) revealed high percentages of households (>90%) with bed nets and high utilization. Data will be shared with relevant forums for necessary action.
- The fifth round of trainings on management of diarrheal diseases for 30 nurses of District Sadar Hospital was concluded on 8 August 2019.
- WHO Tuberculosis field team continued their work in monitoring and support of TB related field activities for partners. Consultations with partners on innovations, including through utilization of mobile diagnostic services, have been ongoing.

Non-Communicable Diseases (NCD)

- At the request of Civil Surgeon of Cox's Bazar District, and together with the partners of Noncommunicable Disease (NCD) Core Group with technical and logistic support of WHO, NCD Service Availability Assessment Cox's Bazar 2019 has been completed in 62 health facilities out of 105. Based on collected data, initial areas to support identified are availability and utilization of national guidelines, training status of healthcare

workers following national protocol, availability of NCD related IEC (Information, Education and Communication) materials and referrals for chronic patients.

- A distribution plan for NCD KIT (essential medicines and equipment assembled in line with global standards to manage priority NCDs) procured by WHO with the support of the Government of Japan for 45 health facilities in Cox's Bazar district has been endorsed by Civil Surgeon Cox's Bazar. Ukhiya Upazila health complex has received 1st supply of NCD Kit which will strengthen its NCD Corner both for host and Rohingya communities.

Mental Health and Psychosocial Support

- WHO conducted a mental health Gap Action Programme (mhGAP) training for health workers of government health facilities (Sadar Hospital, Ukhiya and Moheskhalia Upazila Health Complexes) and camp area health facilities. Participants were mainly doctors, psychologists, MHPSS officers/coordinators and nurses. The training took place at Hotel Long Beach from 4 August to 8 August 2019 with 24 participants. WHO is organizing one mhGAP training each month until the end of 2019 to ensure that all health facilities in the camps have at least one mhGAP trained staff.
- WHO's ongoing supportive supervision work continued with supervision of health workers at camp area who had received mhGAP training conducted by WHO. Supervision took place at facilities in camps 21 and 4 in this period.

WASH and Healthcare Waste Management

- Supportive supervision on WASH/HCWM took place in four hospitals (MSF-OCP, MSC-OCA, Malaysian Field Hospital, and Hope Foundation Hospital) in the camps. The overall healthcare waste management in most of the hospitals were not found safely managed and can potentially pose operational and public health risks. Technical advice provided for clinical and waste operators while the assessment and supportive supervision was ongoing. The development of the report is ongoing, and feedback will be shared for the medical superintendents to improve the Infection Prevention and Control (IPC) activities in the hospital.
- For the 12th round water quality surveillance (WQS), run by DPHE in collaboration with UNICEF and WHO, data collection and sample analysis have been completed on 7th of August 2019. Data entry is ongoing by DPHE and report is expected after the Eid vacation.
- The international tender for a comprehensive healthcare waste management assessment and planning in Cox's Bazar district has been concluded after the technical and financial evaluation. The assessment and plan development are expected to start from early September.
- The WASH sector completed an AWD campaign and recently started the preparation of camp cleaning campaign and promotion of key dengue prevention messages.

Immunization and Risk Communication

- Strengthening Community Mobilization – 67 mobilizers have been selected and were oriented for rigorous community mobilization. At this preliminary phase, under-5 children and pregnant women counting has been started, since 24 July and continued until 6 August 2019. A total of 97 000 under 5 children and a total of 11 500 pregnant women have been registered under mobilization registration in Ukhiya camps.

- Mass communication in raising awareness - To complement other means of communication (including radio, spotcasting/narrowcasting/loudspeaker, visual messages, etc) to improve routine immunization, WHO has initiated outdoor media activities including billboards, balloons, and tom-tom stickers with key immunization messages for the camps and in Cox's Bazar town. The installation of the first phase has been completed.
- Innovative theatre for Community Engagement - Preparatory activities on innovative theatre on immunization have been continuing. Theater, engaging members of communities, will be launched in three low performing camps shortly as a part of a 360-degree communication strategy to improve routine immunization.
- Routine Immunization Implementation progress in July 2019 were as follows: during the month of July, the monthly administered doses of BCG were 6158, Pentavalent 12289, PCV 12339, bOPV 12804, fIPV 7384, MR 6418 and Td 5312 in pregnant women. This is being implemented through 804 outreach session sites run by 67 outreach mobile teams (12 sessions in a month) consisted of 2 MoH vaccinators and 67 fixed sites with 756 sessions conducted in HFs run by different agencies by their own vaccinators across the camps. In 2019, the cumulative doses administered till July: BCG 37,751 doses; Pentavalent 73,610 doses; PCV 73,640 doses; bOPV 75,502 doses; fIPV doses; 24,972; MR (Measles/Rubella) 41,508 doses and Td 33,885 doses in Pregnant women.

HEALTH SECTOR COORDINATION

- The health sector continued to receive GBV service quality improvement action plans from Primary Health Care facilities (PHC) based on May 2019 assessment findings on gaps. By the time of the report, five out of sixteen facilities had shared their action plans.
- In collaboration with Community Health Working Group (CHWG) and Sexual Reproductive Health Working Group (SRHWG), the health sector was involved in planning for three upcoming trainings to be supported by the global health cluster SRH and GBV projects; TOT on SRH package for CHW supervisors, First line support on GBV for health post staff and Clinical Management of Rape/Intimate Partner Violence (CMR/IPV) training targeting PHCs with no CMR/IPV and other outpatient units based on identified gaps. All trainings to be completed by end of August.
- The health sector in collaboration with SRHWG developed a draft Standard Operating Procedure (SOP) on health service delivery to survivors of GBV based on the Bangladesh national protocol. A workshop is planned for with the key stakeholders in health to adapt the draft SOP to the humanitarian context in the camp.

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