



WHO Non-communicable diseases (NCD) team and Laboratory team conducting assessment of healthcare facilities



World Health Organization

Bangladesh

Bi-weekly Situation Report #18

Date of issue: 12 September 2019

Period covered: Weeks 35-36 2019
(25 August – 7 September 2019)

Location: Bangladesh

Emergency: Rohingya Crisis



911 566
total Rohingya
Refugees
in Bangladesh



2 468 035
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

- A total of 40 cases of dengue, of which 32 are suspected and 8 are confirmed, have been reported in 2019, with no deaths among the refugee population.
- A training on dengue clinical case management was conducted to increase capacity among healthcare workers to mitigate the current dengue situation.
- The second round of water quality surveillance has concluded with data collected from 158 health facilities.
- Interactive Communication Initiatives WHO in line with its risk communication strategy explored an innovative way of communication through art to raise awareness on health seeking behavior particularly on immunization to increase the uptake.
- The health sector, through the 'Gender-based Violence (GBV) in emergencies' project, organized and supported a four days training from 26-29 August 2019 in Cox Bazar on Clinical Management of Rape & Intimate Partner Violence.

SITUATION OVERVIEW

There are an estimated 911 566 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (July 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 35 and 36 of 2019 is presented below by WHO functions.

RESPONSE

OPERATIONS SUPPORT AND LOGISTICS

- Sexual and Reproductive Health (SRH) kits, defibrillator pads, Rapid diagnostic tests (Hepatitis A, Leptospirosis), laboratory consumables and accessories that had been ordered for partner support have been received. Further, material support including medicines, cholera kits, severe acute malnutrition (SAM) kits and healthcare waste management supplies (Biohazard waste bins, biohazard bags, autoclaves) have been transferred to various partner organizations including the District Sadar Hospital and camp level health facilities. A few items stocked in the warehouse have been identified as nearing the end of their viable shelf-life and informed to partner organizations to encourage their optimal usage and avoid wastage.
- Refurbishment of X-Ray Rooms at Ukhiya Health Complex is ongoing and expected to be completed by the end of September.
- Three more Generators of 10KVA capacity funded by DFID are being installed in the 24/7 health facilities and the work is to be completed by the end of September.
- Five wards that were renovated by WHO at Sadar Hospital have been handed over and other remaining works at the Sadar Hospital are expected to be handed over shortly. Further, the renovation of the Sadar Hospital laboratory has been completed with technical inputs from the WHO laboratory team that aided the laboratory personnel in ergonomically and practically establishing equipment within the renovated laboratory thereby helping in streamlining the workflow.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- A total of 154 health facilities are registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 82 % (154/187).
- Of these sites, 114 submitted their weekly reports (73%) by 10 September 2019.
- A total of 50 alerts (triggers) were reported and reviewed in the EWARS system in week 36 including one acute watery diarrhoea (AWD) case alert. 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

- A total of ten dengue cases were reported in EWARS in last two weeks; 8 cases (5 suspected and 3 confirmed) in week 35 and 1 case (1 suspected) in week 36.
- The total number of reported dengue cases in 2019 is 40¹ including 32 suspected cases and 8 confirmed cases. No death has been reported from refugee population.

¹ Data source: EWARS Weekly report, dengue case report form

- In recent weeks, the number of dengue case reporting in EWARS slightly increased as health facilities have started an upsurge report of dengue cases from week 26. A total 34 (85%) dengue cases reported from week 26 from FDMN (see below).

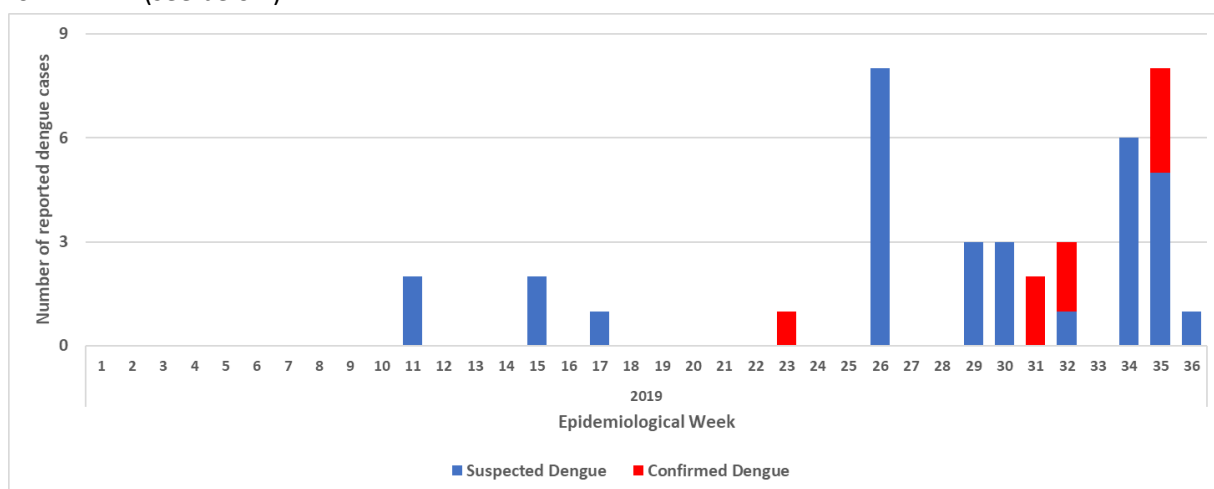


Figure 1: Number of reported dengue cases from FDMN from week 1 to week 36 in 2019, Cox's Bazar, Bangladesh

Diarrhoeal disease

- A total 5430 diarrhoeal cases reported in EWARS for Week 36. Among which 4047 cases reported with acute watery diarrhoea (AWD), 354 cases reported with bloody diarrhoea and 1029 cases reported with other diarrhoea.
- The trend in diarrheal diseases remained relatively unchanged despite the decrease in reporting this week.
- Diarrhoeal diseases are the second highest contributor of proportional morbidity after acute respiratory infection (ARI).

Diphtheria Update

- Total number of diphtheria cases reported to date is 8750. Out of these, 302 were confirmed, 2746 were probable and 5702 were reclassified as suspected.
- In 2019, a total 404 diphtheria cases reported in EWARS. 10 were confirmed, 37 were probable and 357 were suspected.
- A total 45 deaths were reported due to diphtheria since the beginning of the outbreak. No death reported in 2019.
- From the host community, a total of 223 diphtheria cases were reported. Of which 31 were confirmed, 68 were probable and 124 were suspected. Among all reported cases from host community, 27 cases were reported in 2019, of which 2 were confirmed, 5 were probable and 20 were suspected. No death was reported from host community.

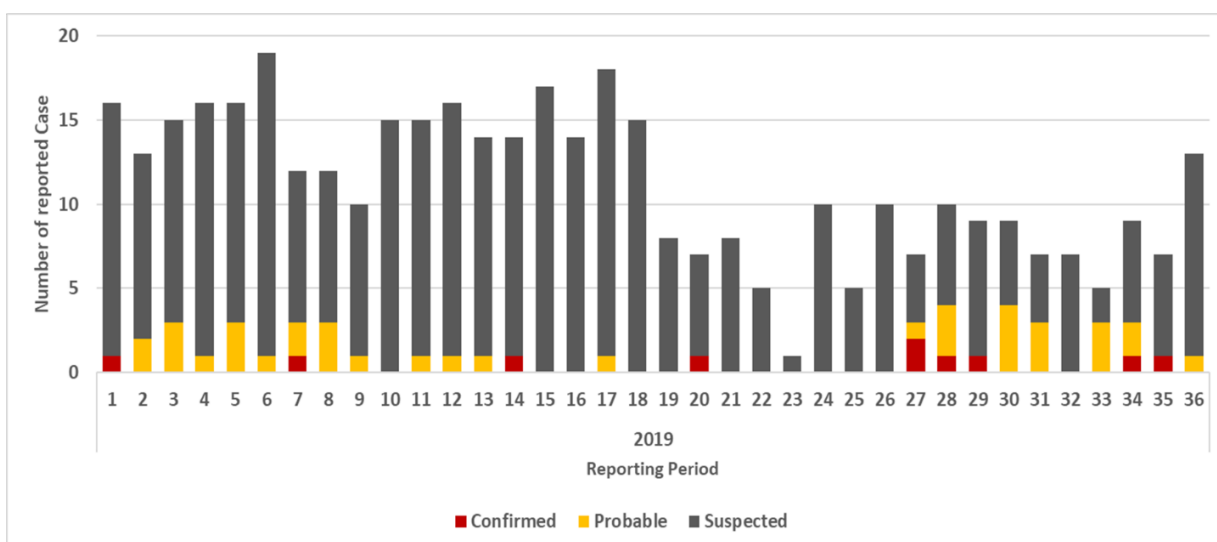


Figure 2: Diphtheria case-patients reported from week 1 to week 36 2019 in EWARS, Cox's Bazar, Bangladesh

Community Based Surveillance(CBS)

- In weeks 36, a total of thirteen deaths were reported via community based surveillance reporting in EWARS.
- Of these reported deaths, 11 were classified as “others”, 1 was suspected maternal death and 1 was neonatal death.
- Of the deaths classified as “others”, 54.5% (n=6) were due to unknown causes while the remaining were likely due to causes such as heart or asthma attack.
- One alert for mortality of women of reproductive age (12-49 years) raised for week 36 which was classified as a suspected maternal death. Verbal autopsy will be conducted.

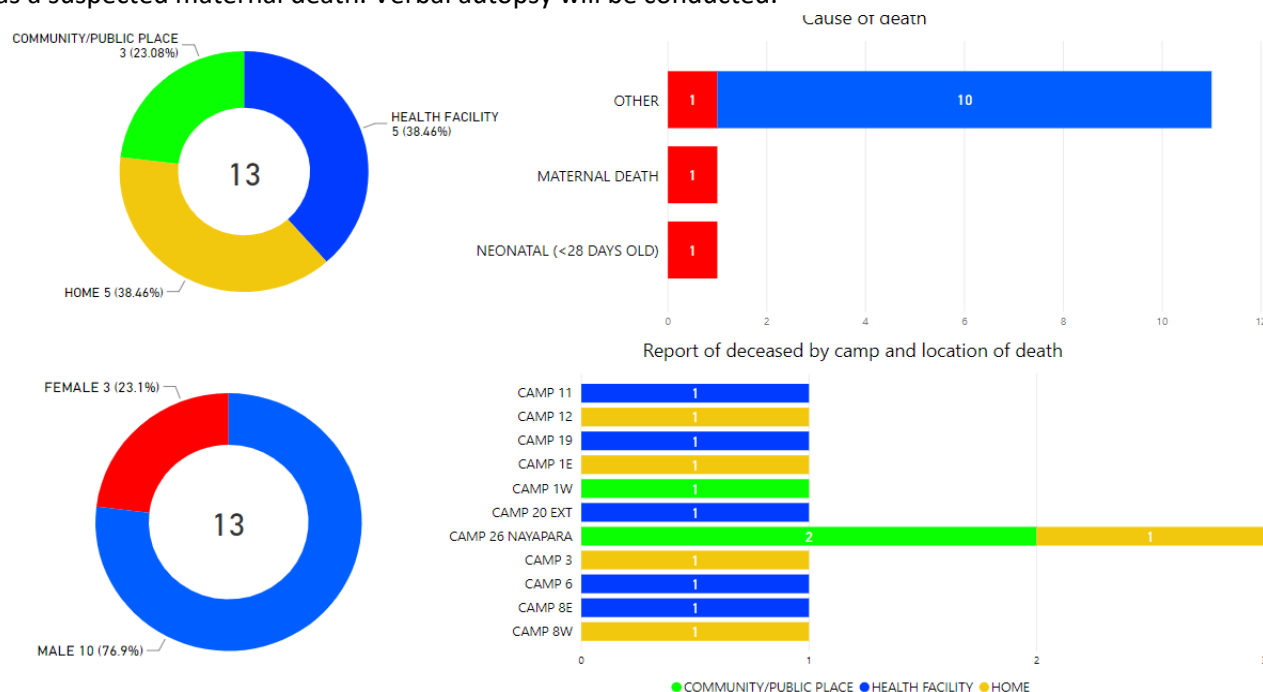


Figure 3: Total deaths by place of death, cause of death reported in week 36, Cox's Bazar, Bangladesh

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Laboratory

- The laboratory team supported Sadar Hospital with a supply of biohazard bags and autoclave to support the management of waste generated especially by the laboratory and blood bank operating at the hospital. This will lead to better infection control and supplements the trainings imparted to the Sadar Hospital personnel in biosafety and infection control. In addition, biohazard bags were also supplied to other partner organizations as part of the commitment to improve infection control through waste management after the previous trainings on biosafety
- BRAC facilities received supportive supervisory visits from the laboratory team specially to strengthen their non-TB testing services
- The laboratory team aided in the preparation for the training on basic quality assurance for medicines that is being planned to be held in the subsequent week

Communicable Disease

- TB Joint Monitoring (JMM) was organized by NTP from 01 to 10 September 2019. National and International TB experts and stakeholders were involved in this mission to achieve and sustain the targets for TB prevention, care and control in Bangladesh.
- WHO is supporting partners with Dengue Rapid Diagnostic Tests, information-education-communication (IEC) materials and technical guidance on dengue case management, including a checklist on vector control targeted at households, health facilities and community. A 3-day long Dengue clinical case management training was conducted from 1 September- 3 September 2019. A total 260 participants from government and other partner NGOs/INGOs attended this training which was arranged in response to the Civil Surgeon's request for healthcare workers (preference for doctors and nurses) to be trained to mitigate the current dengue situation. The training was facilitated by a nationally acclaimed dengue expert

Non-Communicable Disease (Including Mental Health and Psychosocial Support)

- Noncommunicable Disease Service (NCD) Availability Assessment Cox's Bazar, 2019 that is being done in 5 upazilas of Cox's Bazar district (Ukhia, Teknaf, Moheshkhali, Kutubdia and Pekua) has been completed in 88 health facilities. The assessment visits were conducted at the Pekua and Kutubdia upazila health facilities in collaboration with the laboratory team from WHO
- Initial findings from the assessment has revealed that training on the national protocol, availability of glucometer with strips and proper utilization of NCD Corner are 3 major areas requiring support especially for Moheshkhali, Kutubdia and Pekua upazilas.
- WHO is organizing mhGAP training each month to ensure that all health facilities in the camps have at least one mhGAP trained staff. As a part of these ongoing series of mhGAP trainings, WHO conducted a mental health Gap Action Programme (mhGAP) training at Hotel Long Beach from 25 August -29 August 2019 with 24 participants consisting of health workers from both government facilities and camp area health facilities (NGOs / INGOs). Government participants were from District Sadar Hospital, Teknaf Upazila Health Complex and Ramu Upazila Health Complex while participants from the camp areas were from SCI, Friendship, DCHT, RTMI, Handicap International, Caritas Bangladesh, HOPE, Gono Shastho (GK) and ACF.

- WHO's ongoing supportive supervision work continued with supervision of health workers at camp area who were trained on mhGAP. Supervision took place at Hope Hospital situated in camp 4 on 04 September 2019



mhGAP Training held at Cox's Bazar, 25 – 29 August 2019

Water, Sanitation and Hygiene (WASH)

- The second-round water quality surveillance has concluded. WHO in collaboration with the Department of Public Health Engineering (DPHE) has been implementing Water Quality Surveillance (WQS) in the FDMN settlements. The main purpose of the facility level WASH surveillance is to indicate the potential risks and pollution incidences so that health care facilities (HCF) can take appropriate remedial action to safeguard staff and patients from public health risks. The 2nd round Water Quality Surveillance (WQS) held from 18-26 of August 2019 and visited 213 health care facilities (HCF) of which 49- HCFs were found closed and 6- HCFs did not grant access for data collectors. Therefore, the sanitary survey and water quality analysis have collected data from the 158 functional health care facilities and results will be shared soon
- The drinking water quality surveillance and sanitary inspection protocol were revised and presented to the WASH Sector - To improve the representativeness, inclusiveness, quality and reliability of Water Quality Surveillance (WQS) in the settlement; WHO has submitted the proposal for WQS improvement to UNICEF and WASH sector. The WQS improvement protocol was also presented to the WASH sector (water supply TWG) meeting and consensus has been reached on the proposed methodology. Furthermore, two consecutive discussions have been held in UNICEF and WHO offices to operationalize the revised WQS protocol and other pertinent issues related to the overall WQS improvement by 2020. Further bilateral meeting among UNICEF and WHO will be held on the following weeks to come up with concrete roadmap and MoU. Next meeting is tentatively scheduled on Sep 11th, 2019 in UNICEF office

Immunization

- Routine Immunization: Since February 2018 the focus has been on routine EPI targeting children 0-23 months of age. Around 1500 outreach and fixed post sessions were held and contributed by the 112 vaccinators and 65 fixed vaccination posts in a month since June 2018. The following antigen doses were delivered to children through routine immunization in 2019:

Visit	Antigen	Achievement in August 2019	Cumulative Achievement in 2019 (Jan-Aug)
Birth dose/ 1 st Visit	BCG	5360	43128
	bOPV	91	1221
1 st Visit (6 weeks)	Penta	3669	33617
	PCV	3660	33508
	bOPV	3544	33962
	fIPV	4113	25737
	Td for PW	2455	21191
2 nd Visit (10 weeks)	Penta	3430	26781
	PCV	3434	26890
	bOPV	3301	26893
	Td for PW	2080	17431
3 rd Visit (14 weeks)	Penta	3199	23584
	PCV	3289	23700
	bOPV	3103	23704
	fIPV	2359	5692
4 th Visit (9 months)	MR1	3192	28690
5 th Visit (15 months)	MR2	2674	18828

- Acute flaccid paralysis (AFP) and vaccine preventable diseases (VPDs) surveillance: from January 2019, out of 372 cases reported in EWARS, 158 (42%) cases with a completed CFR found and 92 (25%) cases were verified by IVD surveillance team. 67 (%) cases were tested in laboratory and 58 results were negatives, two were laboratory confirmed rubella and seven were laboratory confirmed measles. Four suspected AFP cases were investigated in 2019, all has been discarded for Polio. In 2017 and 2018 the number of suspected AFP case was 8 and 11. No Polio virus was isolated from those sample. Other diseases like Neonatal Tetanus (no case), Acute Encephalitis Syndrome (4 cases) and Congenital Rubella Syndrome (no case) surveillance is ongoing.
- GAVI mission to Cox's Bazar, IVD quarterly review and assessment of Routine Immunization programme in FDMN camps has been planned on 15-19 September 2019
- Training on Measles Surveillance: 'EWARS Reporting and Lab Aspect' will be conducted on 11 - 12 September for staffs of different health facilities in camps
- Risk Communication -Outdoor Communication Activities: WHO intended to create images on immunization to get people informed and to advocate the activity as well. As part of it, 15 billboards and 5 gas balloons were installed in the camps and related message containing stickers (3000) have been pasted on Tom-tom (local ride) in Cox's Bazar Municipality.
- Interactive Communication Initiatives: WHO in line with its risk communication strategy explored an innovative way of communication through art to raise awareness on health seeking behavior particularly on immunization to increase the uptake. A group of theater workers displayed their performance engaging Rohingya mothers to deliver key messages on immunization following a brief assessment in selected camps (2E, 10 and 14). An impact assessment will be made to measure the effectiveness of the intervention in near future.

HEALTH SECTOR COORDINATION

- The health sector through the 'GBV in emergencies' project, organized and supported a four days training from 26-29 August 2019 in Cox Bazar on Clinical Management of Rape & Intimate Partner Violence (CMR/IPV). A total of 18 medical staff (doctors, midwives and paramedics) from eight health partners operating from Ukhia and Teknaf took part in the training and demonstrated 47% increase in knowledge on average based on pre-and post- test exam. UNFPA provided the facilitators from a pool of local staff who were previously trained as trainers.
- The health sector, through the Global health cluster SRH project, is in the process of engaging a consultant to translate a flipchart on comprehensive Sexual and Reproductive Health Rights (SRHR) for Community Health Workers (CHWs) from Bangla into Burmese as a need expressed by the Community Health Working Group (CHWG). At the time of reporting, the support team had begun sourcing for potential quotations.
- Health sector participated to information sharing meeting with recently deployed Camp Commanders. Health sector regularly participates to the Bi-weekly civil military coordination meeting.
- Health sector continue to have Bi-weekly meeting bringing Camp Health Focal Points, Field Coordinators, health Sector Team and key supporting agencies together to minimize information gap and facilitate better coordination between field and Cox' Bazar.
- Health Sector continue to hold Health Sector Emergency Preparedness and Response Working group meetings to take account of forth coming cyclone season preparedness.
- Camp Health Focal Points (CHFPs) continue to hold camp level health coordination meetings in Rohingya Camps and with Field Coordinators continue to visit health facilities in camps to provide supportive supervision to health facilities and partners.
- The health sector information management team mapped out a severity scale for the health sector based on indicators from the multi-sectoral needs analysis, as part of an inter-sectoral initiative for joint response planning 2020
- Health sector participated in Joint need assessment(JNA) regional level training from 02-04 September 2019 in Cox's Bazar. Moving forward, health sector aims to support Needs Assessment Working Group (NAWG) Bangladesh in preparedness and response activities relating to natural disasters such as flash flood, landslide etc. across the country.

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