



World Health Organization

Bangladesh

Bi-weekly Situation Report #23

Date of issue: 21 November 2019

Period covered: Weeks 45-46 2019
03 to 16 November 2019)

Location: Bangladesh

Health Care Waste Management assessment: Daily waste quantification

Emergency: Rohingya Crisis



911 566

total Rohingya
Refugees
in Bangladesh



3 366 095

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

- Preparations are on for cholera vaccination campaign in December with the International Coordinating Group for Cholera vaccine (ICG) secretariat approving 1,270,170 doses of oral cholera vaccines (OCV). ICG has ordered immediate release of 635,085 OCV doses. The first round of the OCV campaign is scheduled from 8-14 December 2019.
- The OCV campaign is being planned in view of the increasing trend of diarrhea cases. Since 5 September 2019, a total of 147 cases of Acute Watery Diarrhea (AWD) have tested positive by cholera Rapid Diagnostic Tests (RDTs), or culture.
- The Health Sector has finalized the development process for the Joint Response Plan 2020, in which 20 projects from as many partners, are approved for inclusion. The minutes of the peer review team (PRT), the health sector monitoring indicators and revised needs and response documents were shared with ISCG.
- To strengthen services at the Moheshkhali Upazilla Health Complex Laboratory, a referral facility, hemoglobinometer, glucometer, urine kits and reagents have been provided. About 400,000 people (Bangladeshi nationals) are expected to benefit from these supplies.

SITUATION OVERVIEW

As per the September 2019 ISCG report there are 914 998 Rohingya refugees in Cox's Bazar. 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 43 and 44 of 2019 is presented below.

RESPONSE

OPERATIONS SUPPORT AND LOGISTICS

- 20 community size and 80 family size LifeStraw water filters have been distributed in Ukhiya camps and in the host community as part of response to increasing number of AWD cases.
- Prepositioning and distribution of cholera supplies has been finalized in Ukhiya and Teknaf camps.
- The Sadar hospital is being renovated to be able to provide more services to the Rohingya refugees and the host community.
- The X-Ray Rooms have been refurbished with new Digital X-Ray Machine added. Training on the use the machines is scheduled this week.
- NCD Kits (medicines, renewable and equipment modules) were distributed in Maheshkhali sub-district in Cox's Bazar.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- The WHO coordinated Early Warning, Alert and Response System (EWARS) has 167 of the total 187 health facilities – nearly 89 % - as active reporting sites.
- A total of 57 alerts (triggers) were reported and reviewed in the EWARS system in week 46 which as compared to 47 alerts in week 45. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and unexplained fever were the most common causes of illness reported during the week. There were no notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

Diarrhoeal disease

- A total of 6,108 diarrheal disease cases have been reported in EWARS during the reporting period. Of them, 4,229 are cases of acute watery diarrhea, 560 with bloody diarrhea and 1,319 cases are of other diarrhea.
- Diarrheal diseases are on an increasing trend in the last two weeks, but remains below weekly average.
- Since 5 September 2019, there have been 162 cases of AWD that have tested positive by cholera Rapid Diagnostic Tests (RDTs), or culture.
- The majority 83%, cases have been reported from Teknaf. Nearly 63% from Rohingya camps and 41% in people over 15 years of age and 56% among females.
- To ensure adequate clinical management of AWD cases, WHO and the Health Sector has recommended that all cases that present to the health facilities with dehydration should be referred to diarrhea treatment centres (DTCs), or, if there are no DTCs nearby, to PHCs with isolation facilities. Leda DTC (14 beds) and Teknaf DTC (30 beds) remain open.
- Six batches of health personnel will be trained in clinical management Ukhiya next week.
- Institute of Epidemiology, Disease Control and Research(IEDCR) field laboratory has tested 25 stool samples from Teknaf children under five years of age for rotavirus. Sixteen of these samples were positive confirming co-circulation of rotavirus in young children. Rotavirus is an important cause of severe diarrhoeal disease in children. The management for rotavirus is the same as for other causes of AWD.

- The Risk Communication Taskforce has been activated to spread awareness on how to prevent diarrhea, and reinforce the benefits of taking oral cholera vaccine.

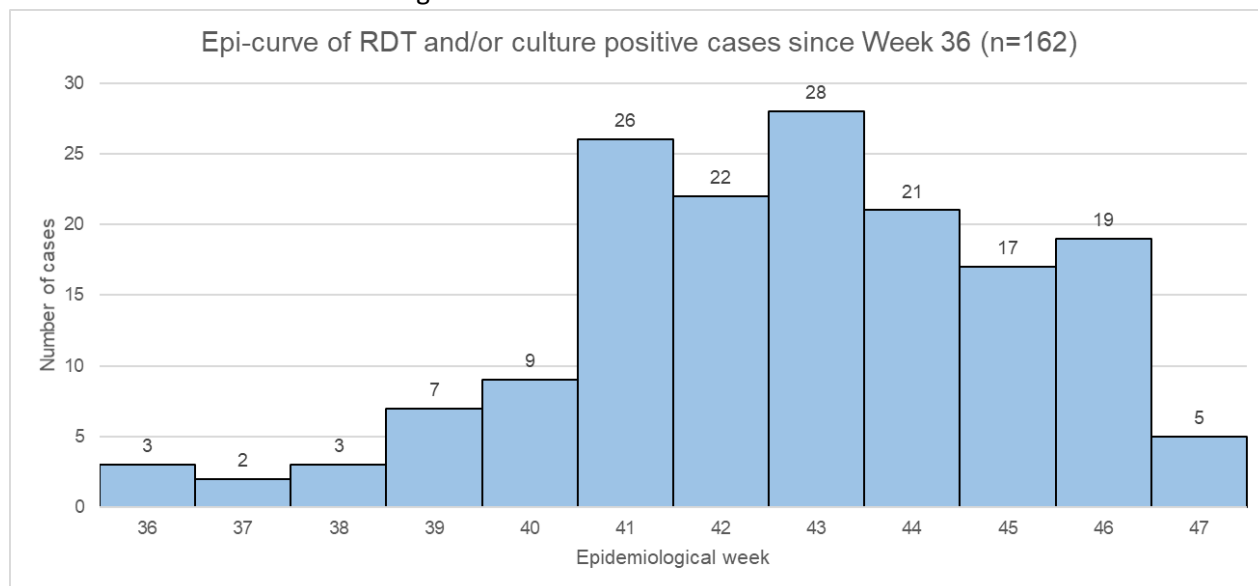


Figure 1: Suspected and confirmed cases by date of notification, 1 September to 18 November 2019.

Diphtheria Update

- In 2019, a total of 523 diphtheria cases were reported in EWARS: 24 were confirmed, 56 were probable and 443 were suspected. Last confirmed case of diphtheria was reported in Week 44 (31 October 2019).
- In 2019, a total of 32 diphtheria case were reported from host community. Two were confirmed, five were probable and 24 were suspected.
- Since the beginning of outbreak, November 2017, 8875 cases of diphtheria have been reported among Rohingya refugees and the host community. Of these, 314 were confirmed, 2765 were probable and 5794 were reclassified as suspected.
- A total of 45 deaths were reported due to diphtheria since the beginning of the outbreak among the Rohingya refugees while no death has been reported from the host community. No death has been reported in 2019.
- From the host community, a total of 227 diphtheria cases were reported, of which 31 were confirmed, 68 were probable and 128 were suspected.

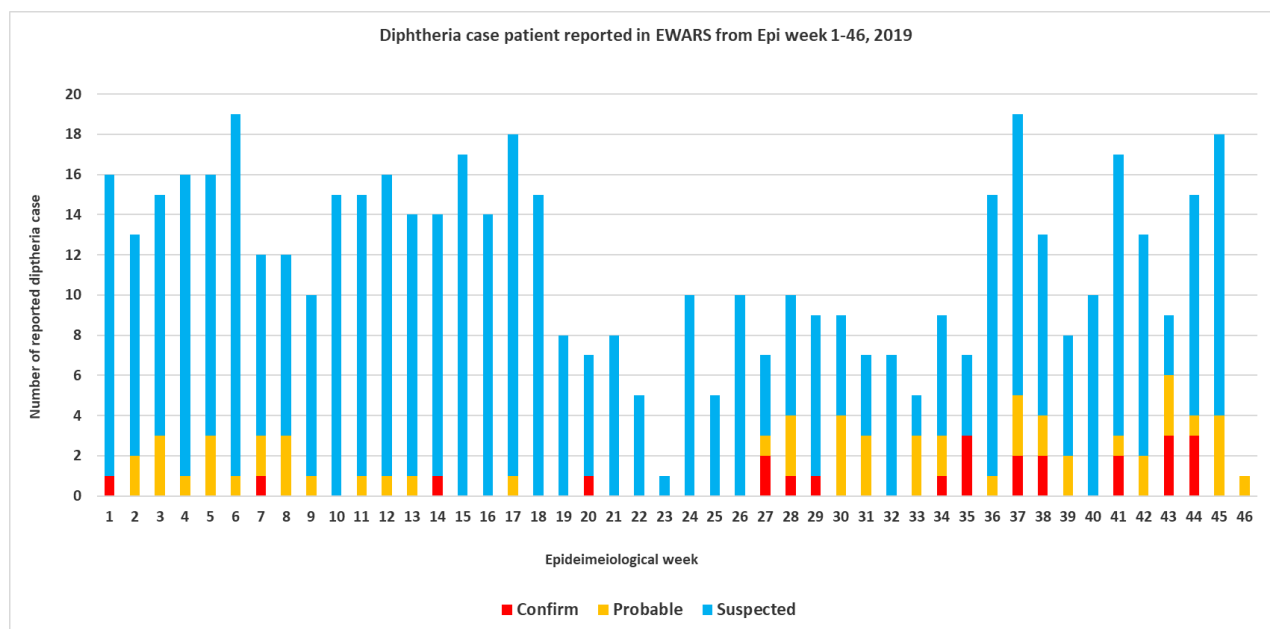


Figure 2: Diphtheria case-patients reported from week 1 to week 44 2019 in EWARS, Cox's Bazar, Bangladesh.

Community Based Surveillance (CBS)

- In week 44, a total of 24 deaths were recorded. Of these deaths, 20 (83%) are due to causes classified as “others” and 3 (13%) were due to stillbirths and neonatal deaths, and one (4%) was due to injury.

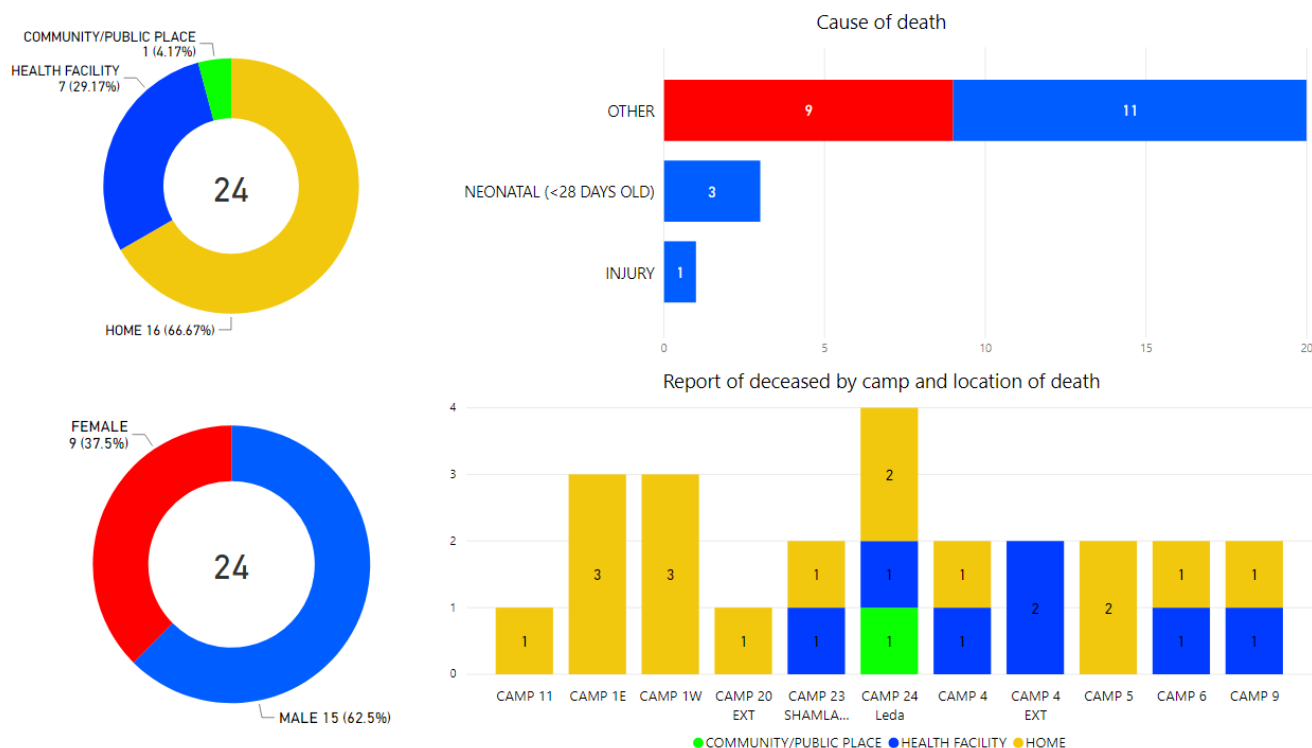


Figure 3: Total deaths by place of death and cause of death, reported in week 45 and 46, Cox's Bazar, Bangladesh.

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Communicable Disease

- The WHO Communicable Diseases Team conducted six day-long trainings *Acute watery diarrheal training for physicians, nurses and health staffs in Ukhiya*, on 6-7 November and from 11-14 November 2019. A total of 201 participants included physicians, nurses and medical assistants. The training focused on diagnosis, reporting, stabilization/initial management and referral for diarrhea with dehydration and suspected Cholera infection.
- The WHO Tuberculosis (TB) team visited health facilities including Health Posts and Primary Health Centres in Ukhiya
- Medical technologists from WHO continue to support basic laboratory diagnosis and GeneXpert (GXP) operation in the Upazilla Health Complexes (UHCs). Over 150 tests were conducted during the reporting period.
- Supervisory visits of BRAC facilities are being conducted to provide technical support for laboratory activities, specifically for TB patient diagnosis. There are two visits every week.

Immunization

Oral Cholera Vaccine and Measles Outbreak Response Immunization campaigns

- In collaboration with the Government (CS office and MoHFW Coordination cell) and partners, preparations for Oral Cholera Vaccine (OCV) campaign are ongoing. This includes consultations, strategy and budget development, microplanning and communication plans.
- The Government of the People's Republic of Bangladesh submitted a proposal for OCV campaign in response to the upsurge of Acute Watery Diarrhea cases in camps and the surrounding host community. The International Coordinating Group for Cholera vaccine (ICG) secretariat approved 1,270,170 doses with immediate release of 635,085 doses. The first round of the campaign is scheduled to take place from 8-14 December 2019 in the refugee camps and 8-30 December in the host community.
- The campaign would target all children 1-4 years of age in both Ukhia and Teknaf Rohingya camps (irrespective of previous OCV history). All Rohingya who arrived from Myanmar after the last OCV campaign will receive two doses. Within the host community, all persons older than 1 year of age will be targeted to receive two doses of the oral cholera Vaccine.
- In response to measles outbreaks in the Rohingya camps in Ukhia and Teknaf, the Government and partners are notifying, the Measles Rubella Initiative (MRI) for conducting an Outbreak Response Immunization (ORI) targeting children between 6 months and 9 years. The campaign is tentatively planned to take place beginning end Dec 2019 until mid-Jan 2020.
- WHO is supporting the upcoming immunization campaigns of OCV and MR within the Risk Communication Taskforce for advocacy with key stakeholders to ensure maximum vaccination coverage in both the Rohingya camps and host population of Ukhiya and Teknaf.

Routine Immunization

- WHO has recruited eight (8) additional Health Field Monitors (HFMs) during this reporting period to support routine immunization coverage in the camps. WHO now has 22 HFMs to support the program

needs. All newly recruited monitors received Introductory training with 2 days of on-the-job training in the field.

During the month of October 2019, the following doses were administered under routine immunization.

Routine Expanded Programme on Immunization (EPI) report of FDMNs for October							
	BCG	Penta (3 Doses)	PCV (3 Doses)	bOPV	fIPV	MR	Td
Teknaf	855	2437	2431	2641	1468	1278	842
Ukhiya	4960	9858	9942	10109	5807	5675	3951
Total	5815	12295	12373	12750	7275	6953	4793

BCG- Bacillus Calmetter Guerin, Penta- Pentavalent vaccine, PCV- Pneumococcal Conjugate Vaccine, bOPV- bivalent Oral Polio Vaccine, fIPV-Fractionated injectable Polio Vaccine, MR- Measles Rubella Vaccine, Td- Tetanus Diphtheria vaccine

Non-communicable Disease

- A total of 102 healthcare professionals including doctors, nurses and paramedics from 27 primary health care centers, 7 Upazila health complexes and Cox's Bazar District Hospital received 4 days training on WHO 'Package of Essential Noncommunicable Disease Interventions (PEN) for Primary Health Care Providers' from WHO in collaboration with Noncommunicable Disease Control Program (NCDC) and BRAC James P Grant School of Public Health, BRAC University.
- The 4th meeting of Non-Communicable Disease (NCD) Core Group took place on 05 November 2019 with participation of health partners, including government, working on prevention and management of NCDs in Cox's Bazar district. The preliminary results of 'NCD Service Availability Assessment Cox's Bazar 2019' were presented in this meeting.
- Moheshkhali, one of the Upazilas located on islands of Cox's Bazar district, has received NCD KITs (essential medicines and medical devices assembled in line with global standards to manage priority NCDs) from WHO on 6 November 2019. These NCD KITs were delivered to the Upazila Health Complex, one Union Sub-Center health facility and seven Community Clinics. About 400,000 people (Bangladeshi nationals) are expected to benefit from these supplies.
- In the coming weeks, WHO will undertake focus group discussions (FDG) with male adolescent boys in the Rohingya camps to solicit social cultural barriers and enablers for betel nut chewing / smokeless tobacco. The Findings will inform risk communication interventions on the harmful effects of betel nut chewing / smokeless tobacco. Additional FGDs are planned to address physical inactivity, healthy living, salt intake and hypertension and diabetes as part of plans to make Cox's Bazar a model district for non-communicable disease.

Health Systems Strengthening

- WHO installed a new biochemistry semi-auto analyzer at the Teknaf Upazilla Health Complex. This improves the capacity for routine biochemical tests that were previously being done manually. This was done as part of the support to strengthen government facilities that serve as referral centers for the health facilities in Ukhia and Teknaf. A C-ARM machine was also installed at the Cox's Bazar Sadar Hospital.
- Laboratory equipment including hemoglobinometer, glucometer, urine kits and reagents were handed over to the Moheshkhali Upazilla Health Complex as part of support in improving the laboratory services in the facility. The laboratory and clinical staff at the facility were also trained by the WHO laboratory expert on the usage of the equipment.

WASH

- WHO and UNICEF experts bilaterally discussed improvement of the 14th round Water Quality Surveillance (WQS). Icddr, b, will provide training to DPHE water quality laboratory and field staffs. The 2020 strategic plans for WQS discussed and decision made to include the host community's piped water supply system in community-based institutions.
- WHO in partnership with HEKS/EPER¹ conducted WASH FIT training for health facility managers to build capacity and engage them in the ongoing WASH FIT rollout in the health facilities. 24 participants from 15 Health implementing partners attended the training. In partnership with HESK/EPER, WHO conducted supportive supervision² on primary and secondary health care facilities located in the settlement. In this reporting week 13 more health care facilities staffs were addressed with on the job coaching and mentoring. Since 15 of Sep 2019, 33 Health Care facilities have been covered by the on the job supervision.
- An assessment and plan development exercise for health care waste management is ongoing. Waste quantification and survey is ongoing in 27 selected health care facilities in Cox's Bazar Upazilas.
- The WASH and WASTE stream and management supervision has been conducted in Leda and Teknaf diarrhea treatment centers. The supportive supervision reports have been developed; key recommendations shared with the facilities for improvement for corrective measures; and management of possible infection transmission from the DTC to the public.

Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

- WHO is finalizing a commissioned assessment of sexual and reproductive health. The findings will inform risk communication interventions to further focus on addressing socio-cultural, religious and structural barriers that continue to impede Rohingya population to access SRH health care services.

HEALTH SECTOR COORDINATION

- The Health sector team continues to support the Government offices of Civil Surgeon, MoHFW Coordination cell. The team is also closely engaging and working with Refugee, Relief and Repatriation Commissioner (RRRC) office.

¹ HEKS/EPER (Hilfswerk der Evangelischen Kirchen Schweiz)

² A facilitative approach to supervision that promotes mentorship, joint problem-solving and communication between supervisors and supervisees.

- The Health Sector has finalized the development process of Joint Response Plan (JRP 2020) and the reports sent to ISCG. A total of 23 partners applied to be included in JRP 2020 with 20 projects from 20 partners being approved for inclusion by the peer review team (PRT).
- The Health Sector continues to support and coordinate the current AWD response in the Rohingya camps and the host community. Camp level coordination mechanism is well established and ongoing with one field coordinators being deployed in Teknaf to support coordination at camp and Upazila level. Weekly Health and WASH partner meetings are held regularly while AWD Control room meetings in Teknaf are held under the leadership of Teknaf Upazila health and family planning officer (UHFPO) and attended by Disease Control (MODC), health partners and the MoHFW coordination cell.
- Support being extended to partners/ stakeholders engaged in forthcoming immunization campaigns.

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