



Oral Cholera Vaccine (OCV) campaign launched in Cox's Bazar on 08 December 2019



World Health Organization

Bangladesh

Bi-weekly Situation Report #25

Date of issue: 19 December 2019

Period covered: Weeks 49-50 2019
(01 to 14 December 2019)

Location: Bangladesh

Emergency: Rohingya Crisis



911 566
total Rohingya
Refugees
in Bangladesh



3 653 798
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

- Tuberculosis(TB) performance for the third quarter for Cox's Bazar District was reviewed at a meeting held with a view to strengthening TB programme activities in the district.
- Oral Cholera Vaccine (OCV) campaign in Rohingya camps has ended on 14 December. However, the campaign for the host community will continue for the period of 8 to 31 December 2019.
- A total of 127 Community Health Worker(CHW) supervisors have received a two-day training on risk factors of Non-Communicable Diseases (NCD) and behavioral interventions in Cox's Bazar.
- The government of Bangladesh through National Expanded Program on Immunization(EPI), is going to conduct a month-long Measles Outbreak Response Immunization (ORI) activity from 12 January to 12 February 2020 in the Rohingya camps.

SITUATION OVERVIEW

As per Inter-Sector Coordination Group (ISCG) report of September 2019, 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 49 and 50 of 2019 is presented below.

OPERATIONS SUPPORT AND LOGISTICS

- WHO/OSL received the follow consignments in the reporting period: Medical Kits-Reproductive Health Kits of 11,127.00 kgs, which have been donated to sexual and reproductive health (SRH) Working Group in Cox's Bazar.
 - Some Kits were also distributed to different Partners in Cox's Bazar including two Cholera Peripheral kits (drug module), six Interagency Emergency Health Kit (IEHK 2015), 26 Interagency Emergency Health Kit (IEHK 2017)
- The new storage at Hotel Sea Palace has been upgraded with air conditioners, lighting and exhaust fans to maintain the temperature-controlled medicine under 25 degrees as well as space identified for six fridges for cold chain (2-8 degree) medicines. The storage is ready for use now.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- WHO coordinated Early Warning, Alert and Response System (EWARS) has 167 of the total 187 health facilities (nearly 89 %) as active reporting sites with 86% completeness and 80% timeliness.
- A total of 109 alerts (triggers) were reported and reviewed in the EWARS system in weeks 49 and 50. All alerts were reviewed within 48 hours. Of these, 20% were discarded, 3% kept on risk assessment and 77% put in monitored.
- 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 7134 diarrhoeal diseases cases were reported in EWARS during the reporting period (week 49 & 50). Of these, 5150 cases reported with acute watery diarrhoea (AWD), 608 cases with bloody diarrhoea and 1376 cases with other diarrhoea. However, diarrhoeal diseases have shown a decreasing trend in week 48.
- Since 5 September 2019, there have been a total of 237 cases of AWD that have tested positive by cholera Rapid Diagnostic Tests (RDTs), or culture. The majority (85%) of the cases have been reported from Teknaf, nearly 77% from Rohingya camps, 33% in people over 15 years of age and 53% among females.
- Due to the intensified Health and WASH interventions, the identified clusters that were linked to unsafe water sources were acted upon to break the chain of transmission resulting in decline of cases.
- 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 available nearby, to Primary health centers (PHCs) with isolation facilities. Leda DTC (14 beds) and Teknaf DTC (30 beds) remain open.
- The Risk Communication Taskforce has been activated to spread awareness on how to prevent diarrhoea and reinforce the benefits of taking oral cholera vaccine.

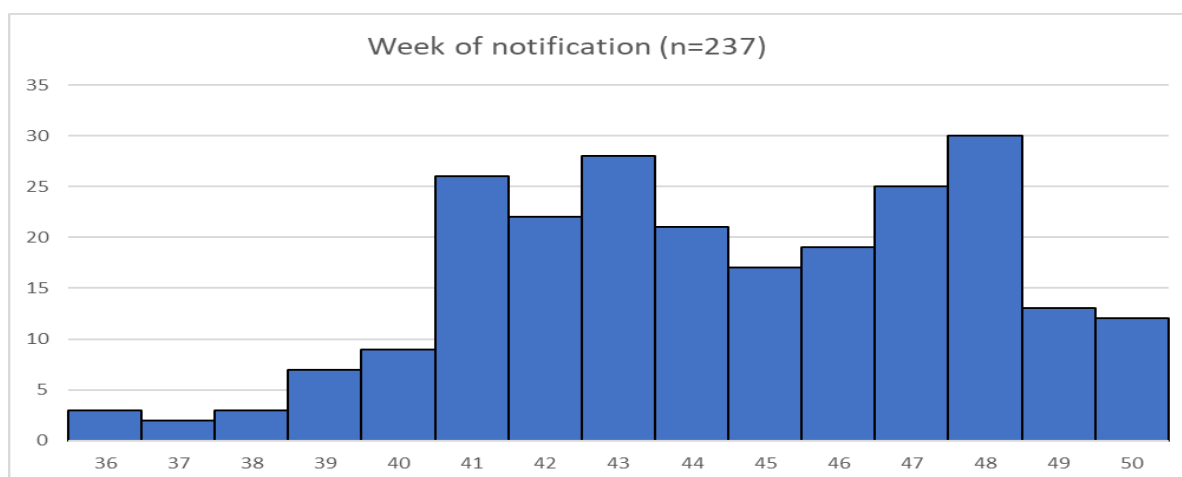


Figure 1: Suspected and confirmed AWD cases by date of notification, 1 September to 15 December 2019.

Diphtheria Update

- No case of diphtheria has been reported in EWARS in week 50
- Since the beginning of outbreak in November 2017, 8928 cases have been reported. Out of these, 315 were confirmed, 2770 were probable and 5842 were reclassified as suspected.
- In 2019, a total of 576 diphtheria cases have been reported in EWARS. 25 were confirmed, 61 probable and 491 suspected. The last confirmed case was reported in week 47 (18 November 2019).
- From the host community, a total of 231 diphtheria cases were reported since the outbreak. Of these, 31 were confirmed, 68 probable and 132 suspected.
- In 2019, 36 diphtheria cases have been reported from host community. Of these, two are confirmed, five probable and 28 suspected. No death was reported from host community. A total of 46 deaths were reported due to diphtheria. The last death was reported on 25 October 2019.

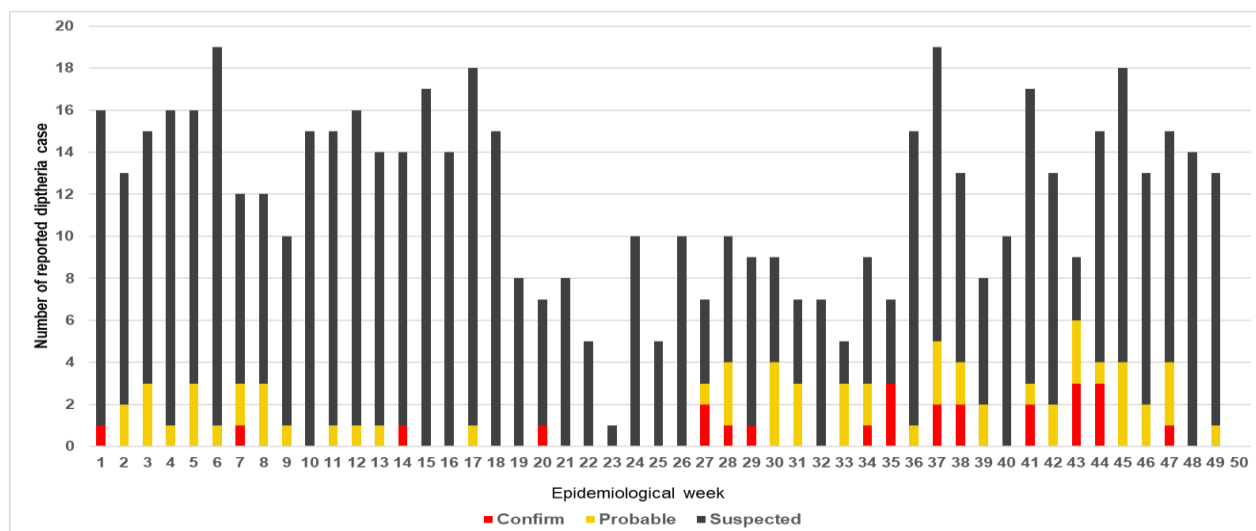


Figure 2: Diphtheria case-patients reported from week 1 to week 48 2019 in EWARS, Cox's Bazar, Bangladesh.

Community Based Surveillance (CBS)

- In weeks 49 and 50, a total of 17 deaths were recorded. Of these deaths, 15 (88.23%) are due to causes classified as “others”, one (5.88%) were due to infectious diseases and one (5.88%) was due to injury
- Most of the deaths occurred at home (64.71%), followed by reports of death at health facility (17.65%) and remaining at community or public spaces (17.65%).

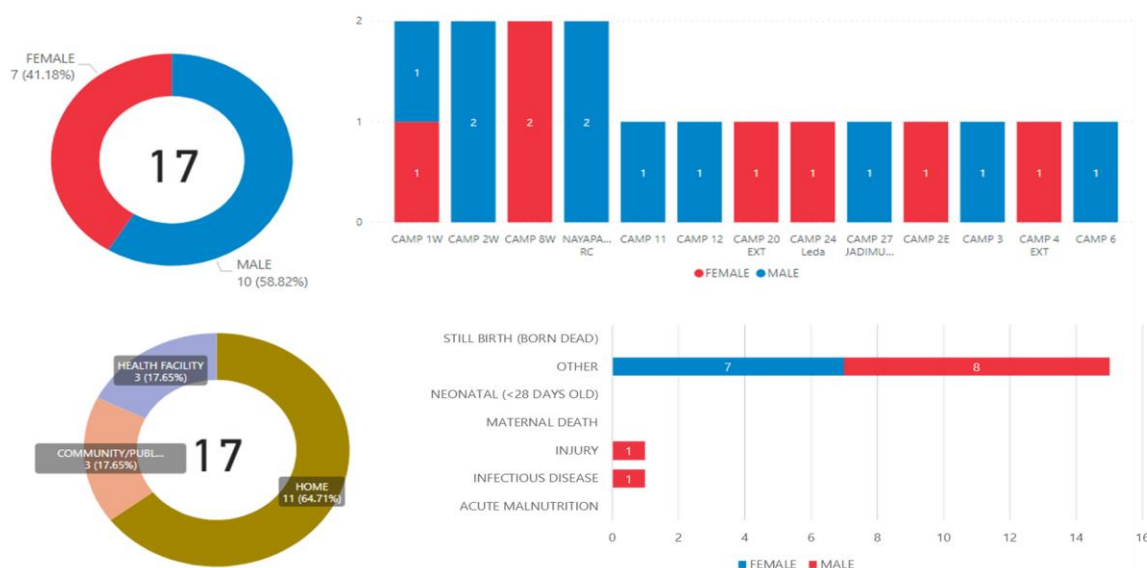


Figure 3: Total deaths by place of death and cause of death, reported in week 49 and 50, Cox's Bazar, Bangladesh.

Measles Update

- Number of Measles cases have sustained high since last September 2019. A total of 219 suspected measles cases were reported through weekly report form in EWARS in week 49 and 50. In 2019, total 2 018 case reported via weekly report form and of these 1 521 cases were reported via measles case report form. WHO is supporting Ministry of Health (MoH) in routine measles surveillance among Rohingya population.

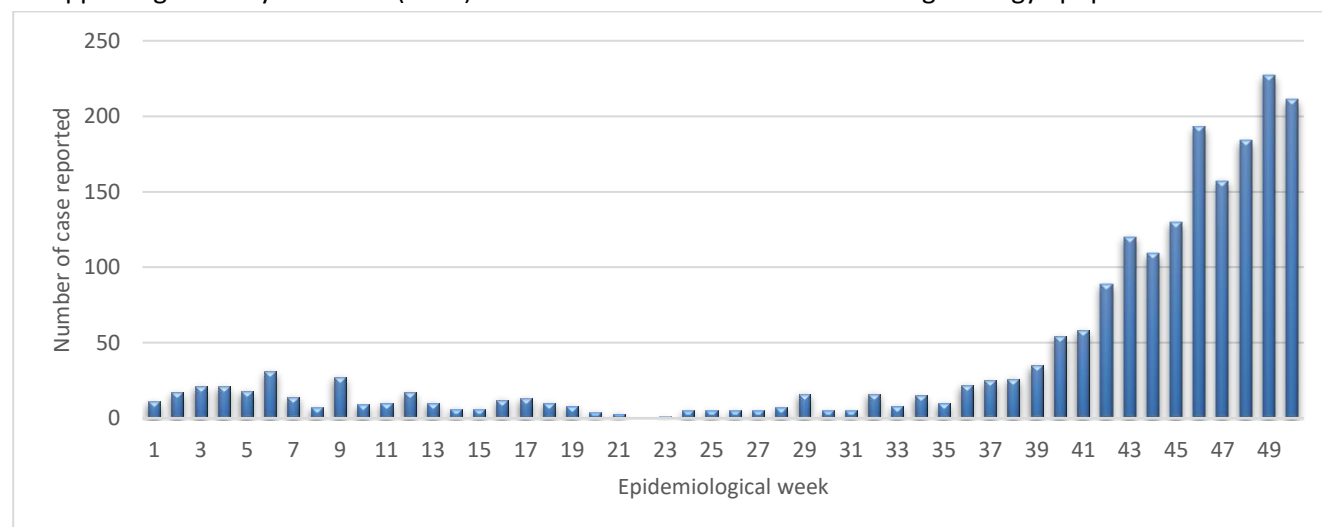


Figure 4: Measles case reported from week 1-50, 2019 in EWARS Cox's Bazar, Bangladesh.

- Out of total number of measles cases, 89.74% were under five years, 10.26% were over five years whereas 53.37% and 46.63% were male and female respectively. The demographic distribution over the time is shown in the figure 5.

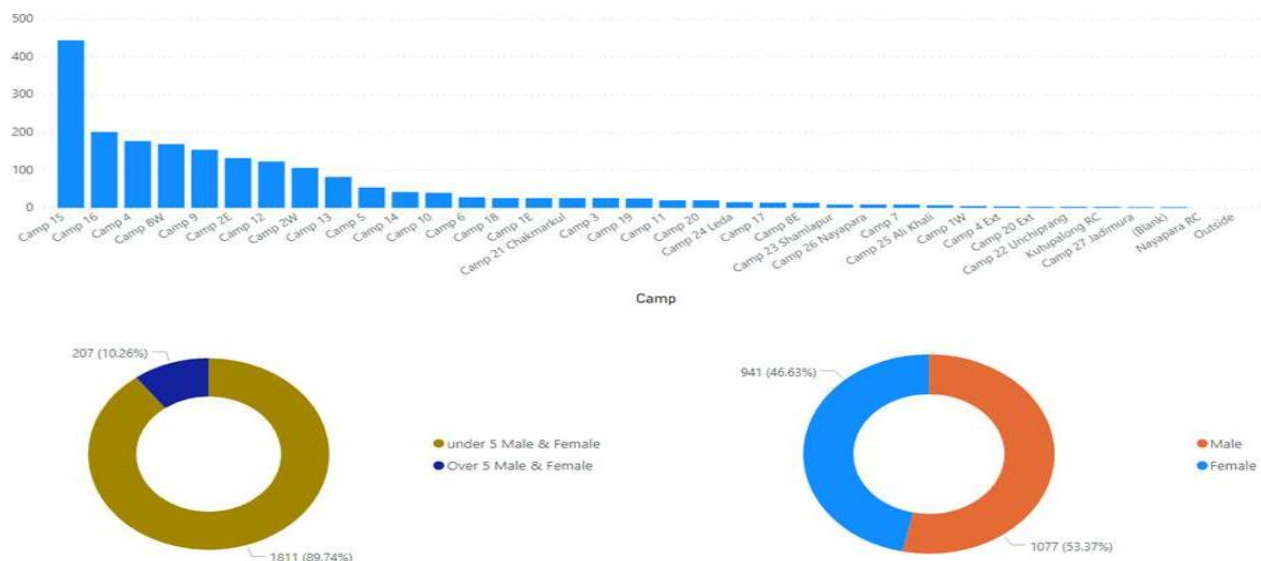


Figure 5: Suspected measles case breakdown by camp, age and sex reported from week 1-50, 2019, Cox's Bazar, Bangladesh.

Measles Outbreak Response Immunization (ORI)

- The government of Bangladesh through National Expanded Program on Immunization(EPI) Program with support from Measles and Rubella Initiative (M&RI), GAVI, WHO, UNICEF and other partners, has planned to conduct a Measles Outbreak Response Immunization (ORI) in the all Rohingya Camps of Ukhiya and Teknaf. The month-long ORI is scheduled to start on 12 January 2020 until 12 February 2020. It will be carried out on a rolling basis from camp to camp with an opportunity for vaccination (on day three) afforded to those who may miss out on the first day of immunization in their respective camps.
- Vaccination teams will deliver the injectable Measles Rubella (MR) vaccines through designated immunization points which will be established in each camp within the proximity of Mahjee houses, learning centers, nutrition facilities, food distribution centers and other relevant points.

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Communicable Disease

- The team visited the households of Lambashia Camp of Ukhiya for delivering TB messages through in PHC, health post and in different community gatherings. They conducted health education sessions also for TB awareness. In addition, the medical technologist conducted 125 and 100 GeneXPert(GXP) tests in Ukhiya Upazila health complex(UHC) and Teknaf UHC, respectively. They also conducted routine microscopy test in UHC
- Supportive supervision sessions were conducted in a few BRAC facilities in the camp to provide technical support activities specially for TB patients
WHO participated in the third quarter Tuberculosis performance review meeting for Cox's Bazar District. The meeting was organized by the Civil Surgeon office, Cox's Bazar.

Immunization

- During the reporting period, main activities were in relation to the first round of Oral Cholera Vaccine (OCV) campaign implementation in the Rohingya camps in Ukhiya and Teknaf Upazilas and in host communities.
- Various pre-campaign activities were conducted in the first week of December. These included trainings of the 1400 Community Health Workers, 1400 Communication 4 Development (C4D) and other volunteers; 240 vaccination team supervisors in camp level for the Rohingya camps and about 1000 personnel for similar roles in the host communities mainly by WHO Cox's Bazar IVD team with surge support through the country office.
- Pre OCV-campaign briefing among camp coordinators and associate camp coordinators held on 5 December to concretize plans and ensure final preparations for the campaign which started on 8 December 2019.
- An inauguration ceremony was conducted in the host community with Deputy CEO of GAVI Dr. Anuradha Gupta as the chief Guest and other personnel from government and UN agencies.
- The OCV campaign was conducted successfully for the Rohingya camps from 8 December to 14 December 2019 with provisional administrative coverage results indicating total coverage of 117.4% for all camps with 120.4% and 104.6% OCV 1st round coverage for Ukhiya and Teknaf, respectively.
- In the host community, as of 14 December for the wards as per micro plan indicated a coverage of 104% and 125% for Ukhiya and Teknaf. The campaign is ongoing and will be completed on 31 December 2019 in the host community.

Routine Immunization Implementation:

- Absolute figures from vaccine doses for various antigens are as per table below (Routine Immunization, November 2019):

Routine Immunization, November 2019							
	BCG	Penta (3 Dose)	PCV (3 Dose)	bOPV	fIPV	MR	Td
Ukhiya	4611	9135	9214	9619	5383	4893	3954
Teknaf	709	2110	2 109	2335	1274	1177	790
Total	5320	11245	11323	11954	6657	6070	4744

BCG- Bacilli Calmette Guérin, Penta-Pentavalent Vaccine (DTP, Hep B, Hib), bOPV-Bivalent Oral Polio Vaccine, fIPV- fractional Inactivated Polio Vaccine, MR- Measles Rubella vaccine, Td- Tetanus diphtheria vaccine.

Water, Sanitation and Hygiene (WASH)

- Supportive supervision¹ with on the job coaching and mentoring was conducted at 48 healthcare facilities with a focus on three key personnel namely; facility in-charge, WASH/IPC/Waste management focal person and medical doctor(s).
- Four batches with 81 participants from 21 facilities received WASH FIT² training to improve the knowledge and understanding of WASH facility and Infection, Prevention and Control in their facilities.
- To capitalize the tangible changes and improvements on WASH FIT, a manuscript for publication developed. The manuscript is under review processes and will be published to catch the wider audience.
- Meetings have been held with UNICEF, WHO and DPHE on validating the 2020 framework for action. Consensus have been reached among the participants to pursue preparation to commence Water Quality Surveillance (WQS) in April as per the revised framework for action.

¹A facilitative approach to supervision that promotes mentorship, joint problem-solving and communication between supervisors and supervisees.
²A risk-based, continuous improvement framework with a set of tools for undertaking water, sanitation and hygiene (WASH) improvements.

- Cleaning staff received hands on training/demonstration on the cleaning procedure and a drill on Personal Protective Equipment (PPE).

Non-communicable Disease

- A total of 127 Community Health Worker(CHW) supervisors have received two-days training of trainers on risk factors of Non-Communicable Diseases (NCD) and behavioral interventions. This was part of the sixth batch of training for the CHWs which was conducted by WHO in collaboration with Noncommunicable Disease Control Program (NCDC), Community Health Working Group and BRAC James P Grant School of Public Health, BRAC University.
- Following approval of Civil Surgeon Cox's Bazar, WHO have published first version of flipcharts on risk factors of NCDs for the use of community health workers and around 1500 copies have been printed. These flipcharts will be distributed to all community health workers through Community Health Working Group and are expected to strengthen awareness activities on NCD risk factors both in host and Rohingya community.

Health Systems Strengthening

- Laboratory equipment including Biochemistry semi auto analyzer, the enzyme-linked immunosorbent assay (ELISA) reader, Microscope and reagents were provided to the Teknaf Upazila Health Complex as a part of World Bank funded project. ELISA reader was installed, and users were trained Sadar Hospital in Cox's Bazar.
- Laboratory equipment including glucometer with strips, urine kits and urine container were handed over to the different Community Clinics at Ukhiya as part of support in improving the laboratory services in these facilities. Furthermore, the laboratory and clinical staff at the facility were also trained by the WHO laboratory personnel on the usage of the equipment. This was done in association with the NCD team at WHO.

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

- A WHO commissioned ethnographic assessment titled "Health Seeking Behavior for Sexual Reproductive Health Rights (SRHR) Services of Rohingya women in Rohingya camps of Cox's Bazar" was completed. The assessment was implemented by the BRAC James P Grant School of Public Health (JPGSPH), BRAC University, Dhaka and the findings disseminated on the 28 November 2019. Discussions on the findings have taken place and recommendations will be shared with SRH WG partners.

HEALTH SECTOR COORDINATION

- The findings from quarter three health facilities monitoring of the Primary health centers(PHCs) by the Camp Health Focal Points (CHFPs) reveal improvement in MhGAP training for mental health service provision in comparison to quarter two, from 69% to 81%. 81% of PHCs were now conducting WASH-FIT self-assessment compared to 55% in the last quarter. The number of PHCs providing comprehensive clinical management of rape (CMR) had increased from 59% to 81%, with 19 facilities providing these services for 24/7.
- Health Sector coordination team together with Camp Health Focal Points and their deploying agencies, participated to the OCV campaign for Rohingya and Host Community. Eight out Ten Camp Health Focal Points deployed and led OCV campaign in Eight camps. Two Camp Health Focal Points supported coordination of Community Health Workers and other volunteers mobilization for the campaign.

- A joint Health and WASH coordination & review meeting for Ukhiya Upzilla organized under leadership of Health and WASH authorities on 2nd December 2019. Health and Water Sanitation & Hygiene issues discussed.
- Field Hospital meeting organized with participation from Health Sector and Field Hospital Representatives. Sexual and Reproductive Health Supportive supervision findings, strengthening 24/7 obstetrics services and field hospitals' role during Cyclone and Monsoon seasons discussed.
- Health Sector partners continue to respond to current AWD situation in Teknaf and Ukhiya Upzilla Rohingya camps and Host Community.

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