



Community health care providers received WHO NCD diagnostic kits at Pekua Upazila Health Complex on 24 December 2019



World Health Organization

Bangladesh

Bi-weekly Situation Report #26

Date of issue: 02 January 2020

Period covered: Weeks 51-52 2019
(15 to 28 December 2019)

Location: Bangladesh

Emergency: Rohingya Crisis



911 566
total Rohingya
Refugees
in Bangladesh



3 805 192
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

- Measles cases are showing an increasing trend in the Rohingya camps. A total of 428 suspected measles cases were reported through weekly report form in EWARS in week 51 and 52 whereas total 219 suspected measles cases were reported in week 49 and 50.
- WHO distributed Non-communicable Disease(NCD) kits and laboratory equipment to Pekua Health Complex, for strengthening NCD detection and care in the host community in Cox's Bazar.
- Two antenatal care (ANC) trainings of two days each, were completed for 35 midwives and 18 medical officers, based on the Government of Bangladesh ANC guidelines.

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 51 and 52 of 2019 is presented below.

OPERATIONS SUPPORT AND LOGISTICS

- WHO has supported the host community through the distribution of various supplies during the reporting period including distribution of non-communicable disease (NCD) kits to Pekua Health Complex in Cox's Bazar.
- WHO received and distributed the third order of Emergency Reproductive Health (ERH) kits, obtained with support from Norway Government funds, to sexual and reproductive health (SRH) working group partners. The third consignment included: 100 Kits ERH4 (Oral and Injectable contraception kit), 10 Kits ERH5 (Treatment of Sexually Transmitted Infection), 20 Kits ERH9, eight ERH KIT 11A, (Reusable equipment), eight Kits ERH 11B (Drugs and Disposable Equipment).
- The second consignment of NCD Kits under World Bank Fund have been received in Cox's Bazar. The NCD Kits include 125 NCDK (renewable) 15 Kits (Supply for equipment) and eight Kits (equipment module, Mosquito net, DOME TENT of 654 pcs) also have been received in Cox's Bazar.

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 78% timeliness.
- A total of 90 alerts (triggers) were reported and reviewed in the EWARS system in weeks 51 and 52. All alerts were reviewed within 48 hours. Of these, 13.33% were discarded and 86.66% put on 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 8911 diarrhoeal diseases cases were reported in EWARS during the reporting period (week 51& 52). Of these, 5654 cases reported with acute watery diarrhoea (AWD), 737 cases with bloody diarrhoea and 2 520 cases with other diarrhoea. Diarrhoeal diseases have shown a decreasing trend in week 51 and 52.
- Since 5 September 2019, there have been 239 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 64% from Rohingya camps, 41% 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. The outbreak is now considered over.

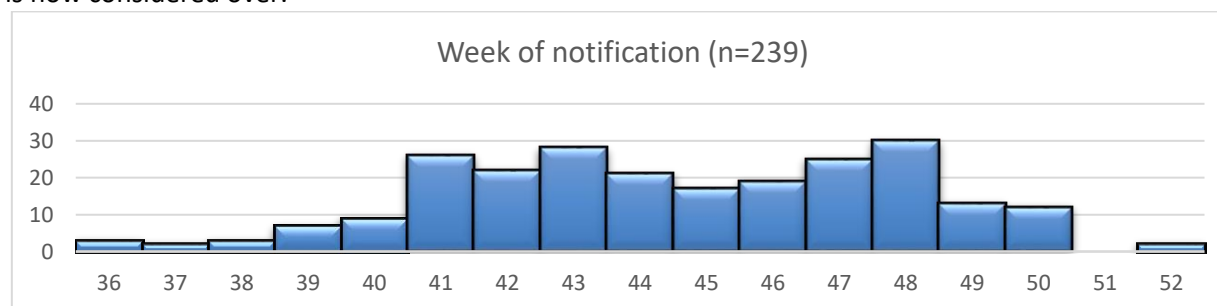


Figure 1: Suspected and confirmed AWD cases by date of notification, 5 September to 29 December 2019.

Measles Update

- Number of measles cases have been consistently high since last September 2019. A total of 428 suspected measles cases were reported through weekly report form in EWARS in week 51 and 52.
- In 2019, total 2446 cases were reported via weekly report form, and of these 1851 cases were reported via measles case report form (fig 2). Of the total number of measles cases, 90.36% were under-five years of age, 9.64% were over five years; and 54.21% were male, 45.79% were female respectively. The demographic distribution over the time is shown in the figure 3.
- A measles-rubella outbreak response immunization campaign will start on 12 January, targeting all children aged 6 months to less than 10 years.

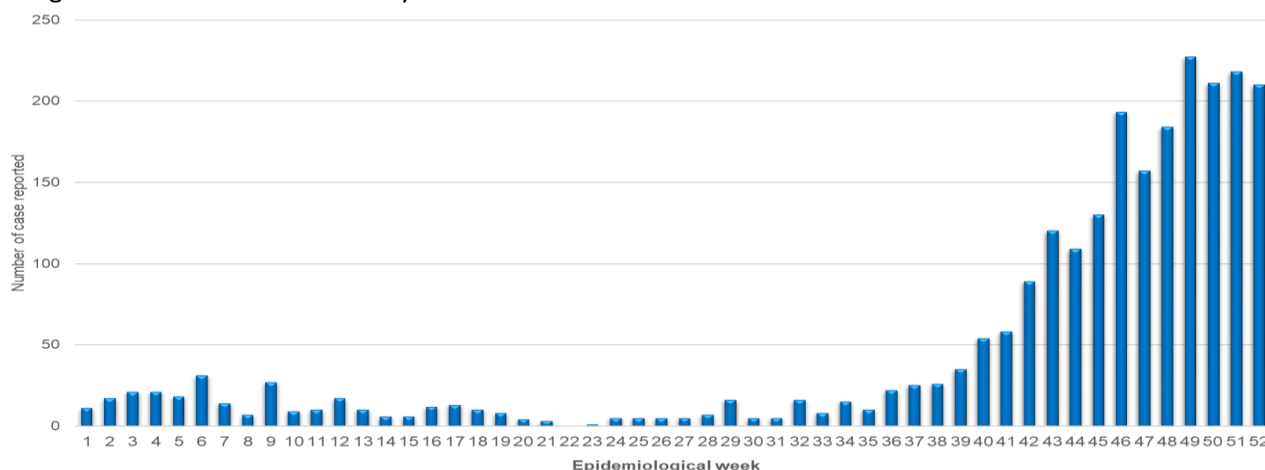


Figure 2: Measles case reported from week 1-52, 2019 in EWARS Cox's Bazar, Bangladesh

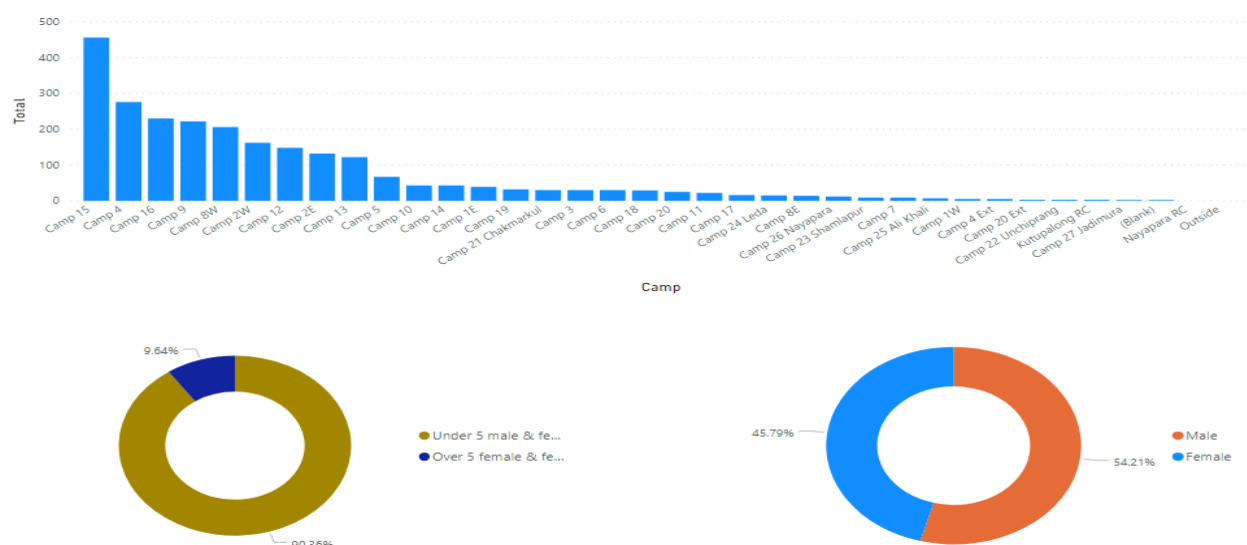


Fig 3: Suspected measles case breakdown by camp, age and sex reported from week 1-52, 2019, Cox's Bazar, Bangladesh

Diphtheria Update

- A total of 17 suspected and one probable case of diphtheria has been reported in EWARS in week 51 and 52.
- Since the beginning of outbreak in November 2017, 8952 cases have been reported. Out of these, 316 were confirmed, 2781 were probable and 5855 were reclassified as suspected.

- In 2019, a total of 602 diphtheria cases have been reported in EWARS – 24 are confirmed, 63 probable and 515 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, 37 diphtheria cases have been reported from host community. Of these, two are confirmed, five probable and 30 suspected. No death was reported from host community.
- A total 46 deaths were reported due to diphtheria. The last death was reported on 25 October 2019.

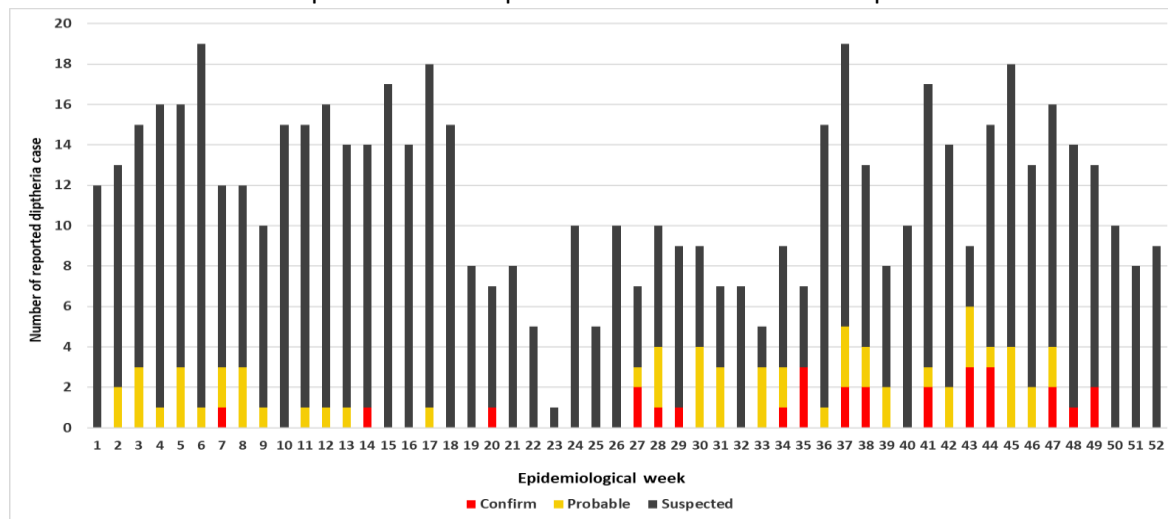


Figure 4: Diphtheria case-patients reported from week 1 to week 52, 2019 in EWARS, Cox's Bazar, Bangladesh.

Community Based Surveillance (CBS)

- In weeks 51 and 52, a total of 37 deaths were recorded. Of these deaths, 23 (62.16%) are due to causes classified as "others", three (8.1%) were due to stillbirths, seven (18.91%) neonatal deaths, two (5.4%) were due to infectious diseases, one (2.70%) was due to injury, and one (2.70%) was due to suspected maternal death.
- Most of the deaths occurred at home (56.7%), followed by reports of death at health facility (40.5%) and remaining at community or public spaces (2.7%).

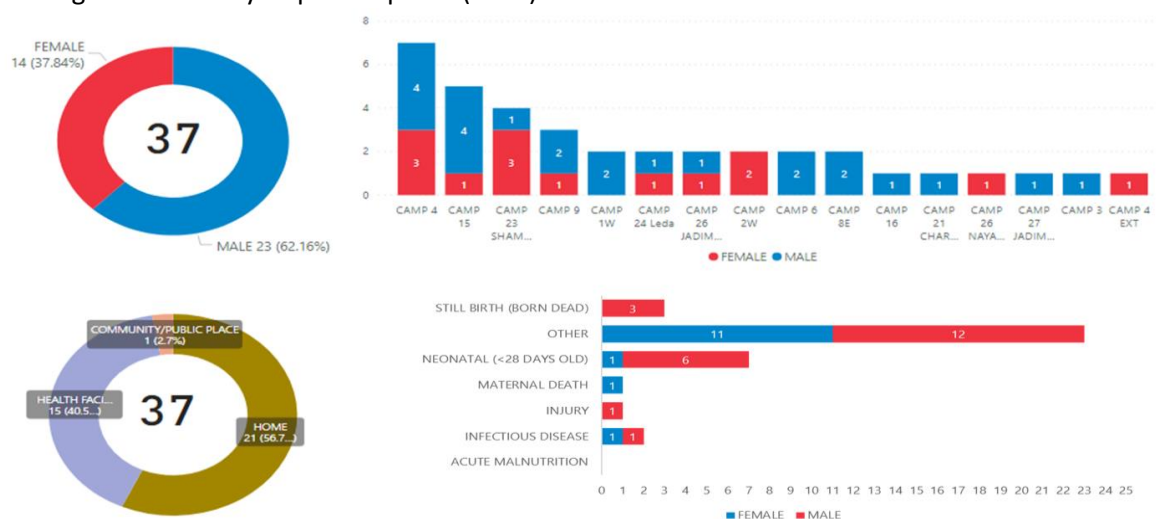


Figure 5: Total deaths by place of death and cause of death, reported in week 51 and 52, Cox's Bazar, Bangladesh.

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Communicable Disease

- A workshop for the revision of HIV response framework for Cox's Bazar District was conducted on 26 December to finalize the framework. Line Director- TB leprosy, Director ASP, Divisional Director Chattogram and other stakeholders participated the workshop. Technical staff from WHO CXB also attended to provide expert advice.
- The TB team participated in community mobilization with the BRAC outreach centre in camp 3 of Ukhiya. The team conducted surveillance for suspected cases of TB by going house-to-house. Sputum samples were collected by the outreach team from people suspected to be infected with TB. This allows early diagnosis and treatment of cases of TB.
- WHO TB field staff visited also attended several community gatherings in camp 3 where they distributed sputum containers and referred suspected cases of TB to near-by BRAC facility for further evaluation and management.
- To improve community awareness of TB, the team visited the households of camp 3 to deliver messages. TB messages are communicated through primary health centers, health posts and during community gatherings. They conducted health education sessions with community leaders (Majhe, Imam).
- The medical technologist conducted 120 and 115 GenXpert tests in Ukhiya and Teknaf, respectively, since 15 December 2019. Routine microscopy for TB diagnosis is conducted in the UHCs. Supervisory visits are conducted in BRAC facilities in the camp to provide technical support activities. Each week two labs are visited in in the camps.

Immunization

Oral Cholera Vaccine and Measles Outbreak Response Immunization campaigns

- The oral cholera vaccine (PCV) campaign was successfully conducted in the Rohingya camps and the host community in December.
- The OCV campaign was launched by the Deputy DEO of GAVI, Dr. Anuradha Gupta and was implemented in Ukhiya and Teknaf Upazilas from 8 to 31 December 2019 to reach an intended total of 635 085 people (138,726 Rohingya including 1 162 new arrivals and 495 197 Bangladeshi nationals).
- According to administrative data as of 31 December 2019, OCV campaign covered almost all children 1-4 years in the Rohingya camps of Ukhiya and Teknaf Upazilas. More than half of new arrivals (after June 2018, ie 5336) received the first dose of OCV campaign.
- Targets were met for vaccination of host community population above one year of age.
- The second round of the OCV Campaign is scheduled for mid-January to mid-February depending on the availability of the OCV stock and other operational resources. The MOHFW Coordination Cell will lead the host community campaign for OCV.
- The Civil Surgeon, with support from WHO and UNICEF, established an immunization core group.
- The Rohingya Camp-wide Measles-Rubella Outbreak Response Immunization (MR ORI) is planned in response to the measles outbreak that is currently confirmed in 16 of 34 camps in the Ukhiya and Teknaf Upazilas. There is need for timely ORI while ensuring quality, good coverage and proper capacity and management plan for any Adverse Events Following Immunization (AEFI).

- The MR-ORI campaign will commence on 12 January targeting 320,000 children from six months to less than 10 years of age in the Rohingya camps of Ukhiya and Teknaf in Cox's Bazar district. The campaign is scheduled to continue for four weeks. MR vaccine has arrived in CXB.
- Various pre-MR ORI activities took place in December. Selection and training of the MR ORI coordinators, district planning and coordination meeting, briefing of the MR ORI activities to partner organizations and training of vaccinators, volunteers, supervisors, community health workers supervisors, community health workers and Majhes.

Water, Sanitation and Hygiene (WASH)

- The comprehensive healthcare waste management assessment for sustainable improvement of healthcare waste management services in Cox's Bazar District has been completed. The national policy was reviewed, key informant interviews were conducted with different key stakeholders in CXB and at central level. Several health care facilities were surveyed for health care waste management facilities and practices. In 2020, the development of a health care waste management strategy will be prioritized.
- The 14th round of water quality surveillance (WQS) was conducted from 25 November to 31 December 2019. Data compilation and analysis is ongoing. The report will be available by mid-January 2020.
- A WHO-UNICEF-DPHE tripartite meeting was held where it was agreed to continue the water quality surveillance and health care facility WASH monitoring in 2020. The strategy, plan and protocol were developed in close collaboration with UNICEF, DPHE and WASH cluster organization.

Non-communicable Disease

- Training (two days) was provided to 220 participants in 11 batches of community health workers and supervisors on risk factors of noncommunicable diseases (NCD) and behavioral interventions. This training activity 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.
- In support for the host community, WHO distributed NCD kits (essential medicines and medical devices assembled in line with global standards to manage priority NCDs) in Pekua Upazila of Cox's Bazar district. Pekua Upazila Health Complex, one union sub-center and seven community clinics received NCD kits benefiting 150 000 people in the host community for improved diagnosis and management of NCDs.

Health Systems Strengthening

- A core group will be convened in the coming weeks to establish priorities, support adherence to standards and coordinate between partners with the goal of achieving quality laboratory services under government leadership.
- A cell counter machine has been installed and training was provided to technicians at Teknaf Upazila Health Complex as a part of the World Bank project supporting 45 facilities in Cox's Bazar.
- In support for the host community, laboratory equipment including glucometer with strips, urine kits and containers were handed over to the Pekua Upazila Health Complex as part of support in improving the laboratory services in the facility. Further, 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.
- WHO's support to Sadar hospital continues. An anesthesia machine and biosafety cabinet were installed during the reporting period.

HEALTH SECTOR COORDINATION

- The Health Sector contributed to a supportive supervision and field monitoring tool workshop with partners in the SRH WG. Priority indicators were developed and participants came to consensus on framework for monitoring facilities that provide reproductive health services, including primary health centers (PHCs), stand-alone maternity centers and field hospitals.
- Two batches of antenatal care trainings of two-days each, were completed for 35 midwives and 18 medical officers, based on the Government of Bangladesh ANC guidelines, and endorsed by WHO and Obstetrical and Gynaecological Society of Bangladesh (OGSB). The training consisted of updates on evidence-based practice, and practical sessions and was organized and facilitated collaboratively between WHO, UNFPA, Care Bangladesh, Relief International, IRC, and Hope International.
- Discussions were initiated with the field hospital clinicians to review government and global standards for eclampsia and hepatitis C in pregnancy. Given the capacity of the Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) facilities accepting obstetric complications in the field, recommendations will be drafted to support the on-site management of such cases for the Rohingya, and host community.

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