World Health Organization
Bangladesh

Rohingya Crisis Situation Report #19

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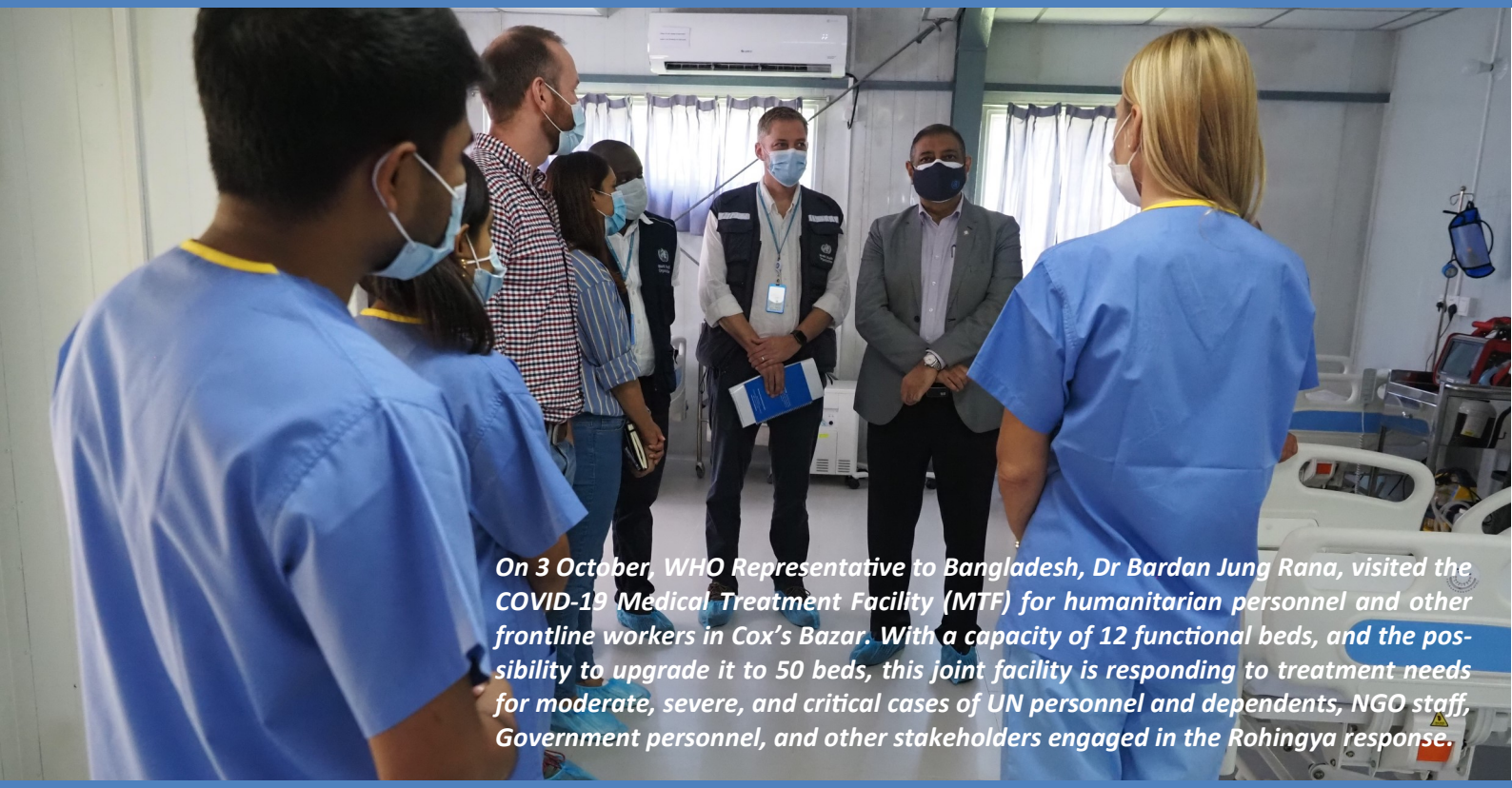
Weeks 37 - 38
13 - 26 Sep 2021
Location: Cox's Bazar



On 3 October, WHO Representative to Bangladesh, Dr Bardan Jung Rana, visited the COVID-19 Medical Treatment Facility (MTF) for humanitarian personnel and other frontline workers in Cox's Bazar. With a capacity of 12 functional beds, and the possibility to upgrade it to 50 beds, this joint facility is responding to treatment needs for moderate, severe, and critical cases of UN personnel and dependents, NGO staff, Government personnel, and other stakeholders engaged in the Rohingya response.

HIGHLIGHTS

- **Refugees of 55 years-old and above received last week the second dose of COVID-19 vaccine in the Rohingya refugee camps in Cox's Bazar. A total of 33 386 people – 19 919 male and 13 467 female – completed the required doses of vaccination throughout a 6-day vaccine roll-out.**
- **The Government of Bangladesh is planning to launch a 02-dose Oral Cholera Vaccine (OCV) campaign for Rohingya refugees and nearby host population above 1 year- approximately 1.4 million population in the Rohingya camps. The campaign is expected to start on 10 October.**
- **WHO initiated a large scale training effort on the use of the daily Infection prevention and control checklist and monthly score card targeting IPC focal persons from all the healthcare facilities in the Rohingya camps**
- **WHO conducted a workshop on "Health Care Waste Management (HCWM) in healthcare facilities in Cox's Bazar" aimed at building consensus on the SoP on HCWM as well as analyzing the implementation challenges and way forward**
- **Subject in focus: Dengue prevention, control and treatment in Cox's Bazar**

	Host Community	Rohingya refugees
Total confirmed COVID-19 cases in Cox's Bazar	17 311	3 084
Total cases in isolation in Cox's Bazar	41	158
Total number of tests conducted	143 450	63 776
Total deaths due to COVID-19	253	32

**Updated as of 26 September 2021* / **FDMN = Forcibly Displaced Myanmar Nationals*

WHO, together with the Ministry of Health and Family Welfare (MoHFW) and office of Refugee Relief & Repatriation Commissioner (RRRC) continues to provide leadership, coordination, supportive supervision, and collaborative support to all health partners and sectors responding to the COVID-19 response and maintaining essential health services.

The 2nd round of COVID-19 vaccination campaign for Rohingya refugees aged 55 years & above was launched on 18 September 2021. This round ended on 23 September with an achievement of vaccinating 90% of the targeted population in Ukhia and Teknaf. Overall, this 02-dose COVID-19 vaccination campaign successfully vaccinated 77% of the population aged >55 years in Ukhia & Teknaf.

The Government of Bangladesh is planning to launch a 02-dose Oral Cholera Vaccine (OCV) campaign for Rohingya refugees and nearby host population above 1 year- approximately 1.4 million population- in Ukhia and Teknaf. The WHO Immunization & Vaccines Development (IVD) team and the Health Sector are working closely with the Government authorities to successfully execute this program. The campaign is expected to start on 10 October. Meanwhile, the Health Sector is mapping the human resources support from the government and partners.

The Burmese translation of the general information of General Health Card has been finalized. The government endorsement is expected soon. Following the planned pilot of the card in 5 camps for more than one month, the general roll-out of the card will take place in 34 camps, subject to positive feedback from the beneficiaries as well as health partners after the pilot.

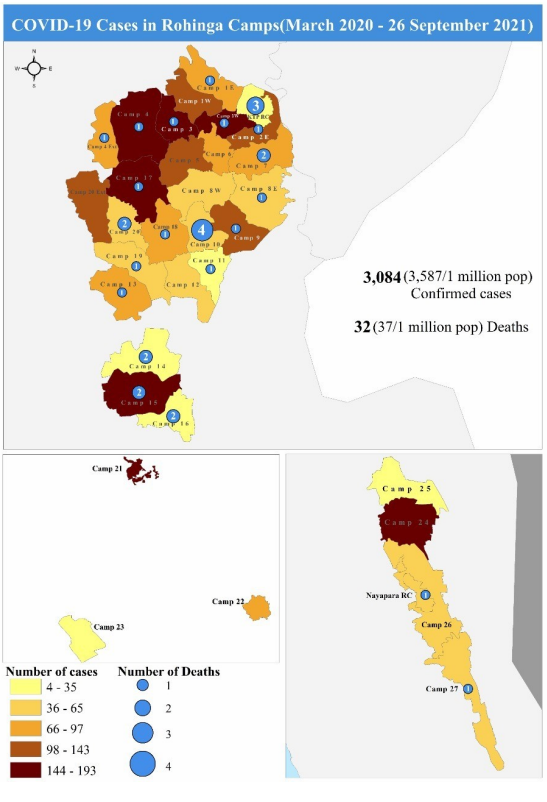
At present, Community Health Workers (CHW) are undertaking active case finding for AWD, referring persons with symptoms, disseminating key health messages, and distributing ORS/Zinc in households reporting symptoms. In addition, enhanced surveillance is ongoing, utilizing EWARS and 22 sentinel testing sites. In the field, Joint Assessment Team (JAT)s are investigating in and around the household of any Cholera case and ensuring necessary public health measures. At present, 72 active and 400 standby beds are dedicated to AWD management. A coordination meeting among Health, WASH & CwC actors takes place regularly.

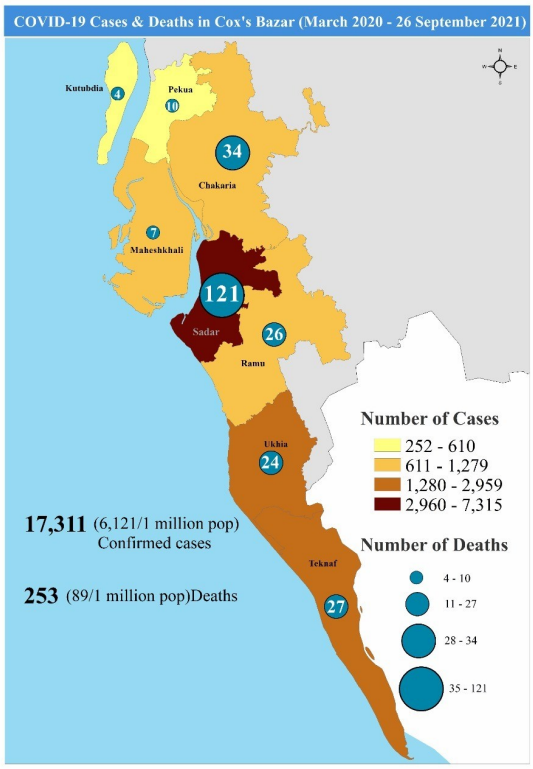
Health Sector is expecting to conduct the next round of Quarterly Health Facility Monitoring (Q3/2021) within the next 10 days. This quarterly exercise focuses on the health services availability and quality as standardized for Health Post and Primary Health Center in Rohingya camps by the 'Minimum Package of Essential Health Services for Primary Healthcare Facilities- 2020'.

Currently, Civil Surgeon Office is reviewing the Referral Standard Operating Procedure (SOP) for Rohingya refugees. Government endorsement is anticipated soon.

During the reporting weeks, a total of 13 camp-level Health Sector Coordination Meetings were held maintaining precautions against COVID-19. During the events, strengthening Essential Health Services as well as public health responses were the principal discussion topics among the different working group partners. In addition, Rapid Investigation and Response Team (RIRT) coordination meetings are ongoing in the camps to strengthen the COVID-19 enhanced surveillance.

In collaboration with the Protection Sector, the Health Sector is aiming to mainstream protection in the health response, through trainings, among others of child carers and health workers on child protection and general protection principles, as well as the development of a Protection Action plan.





SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION

WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 26 September 2021, a total of 17 311 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 1279 in Chokoria, 252 in Kutubdia, 1131 in Moheshkhali, 610 in Pekua, 1009 in Ramu, 7315 in Sadar, 2756 in Teknaf and 2959 in Ukhiya.

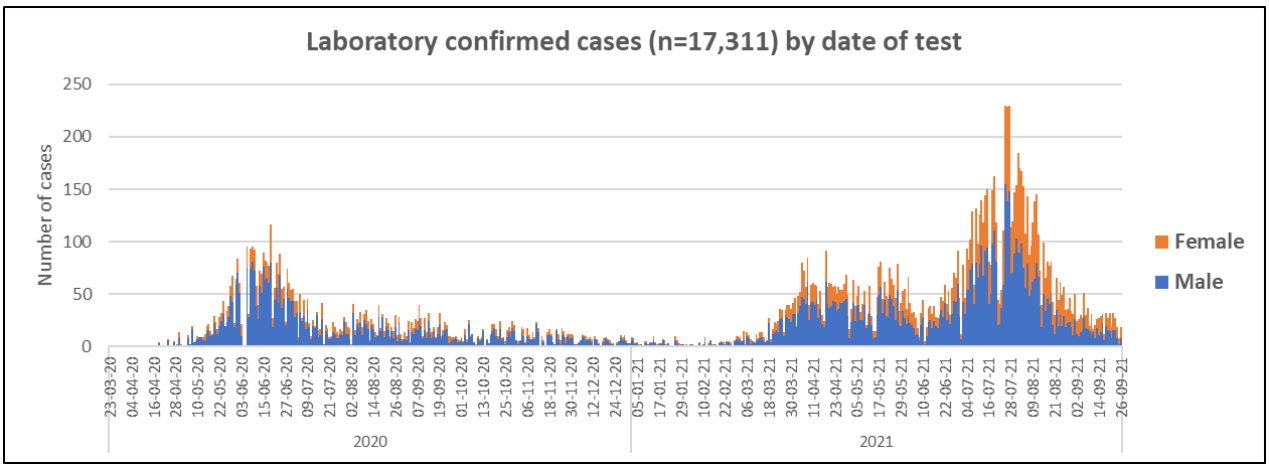


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

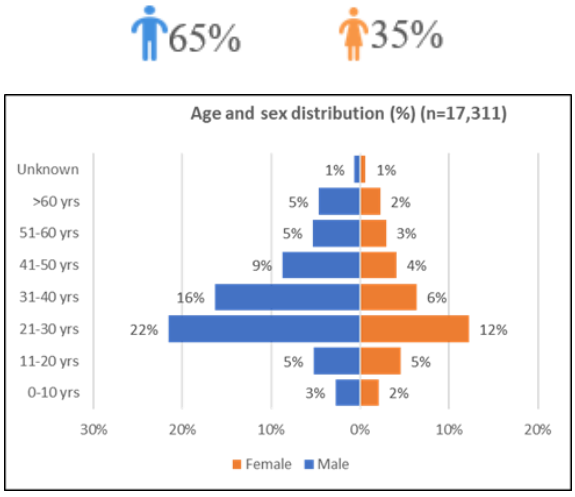


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

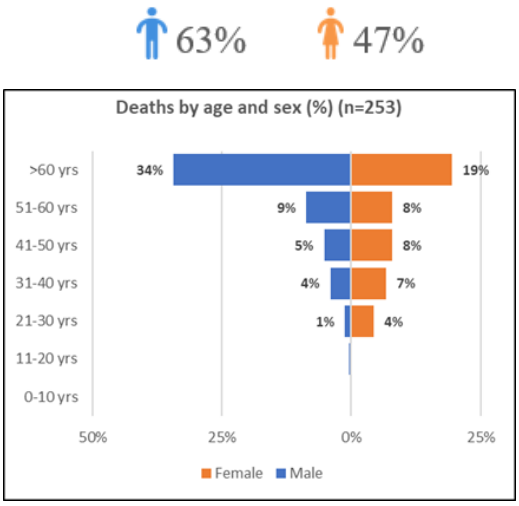


Figure 3: Age and sex distribution of COVID-19 deaths among host population in Cox's Bazar District

While the overall positivity of samples tested in the district is 12.1%, a decrease of positive cases has been observed among the host community in recent weeks. In week 38, 153 cases tested positive, with a test positivity rate of 5.5%, in comparison with week 37 when 184 positive cases were registered with a test positivity rate of 6.5%. To date, a total of 253 deaths have been reported in the host community, with a case fatality ratio of 1.5%.

Among the Rohingya refugee population, the number of confirmed COVID-19 cases has also decreased in the past weeks. In week 38, a total of 58 positive cases were registered in the Rohingya refugee camps with a test positivity rate of 4.7%, in comparation to the 51 confirmed cases in week 37, with a test positivity rate 4.4%. As of 26 September 2021, a total of 3084 COVID-19 cases have been reported among the Rohingya population.

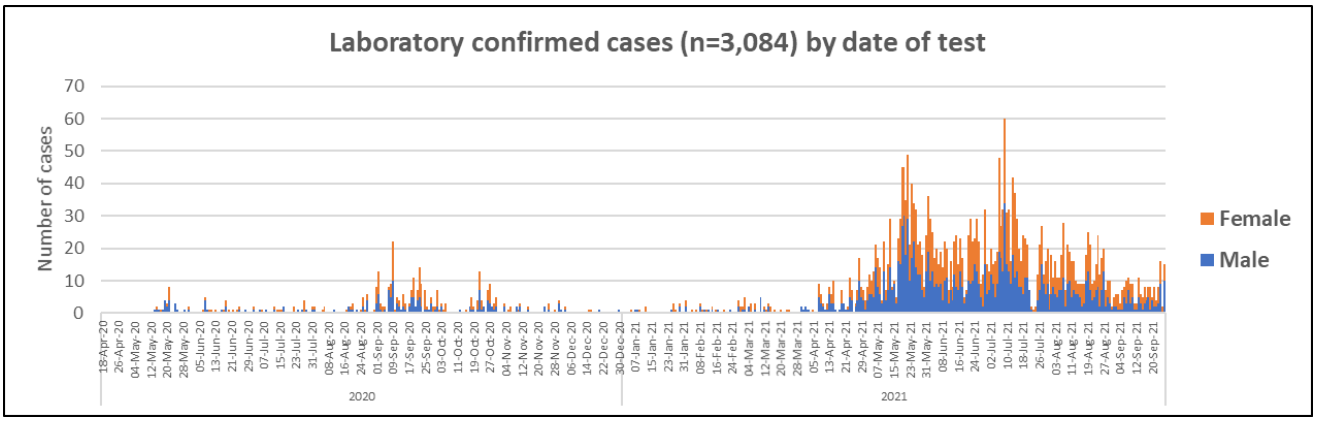


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

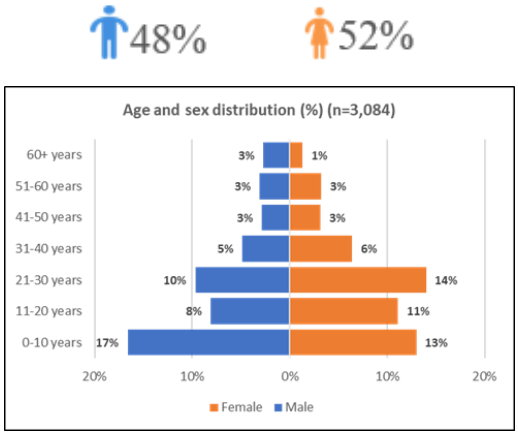


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

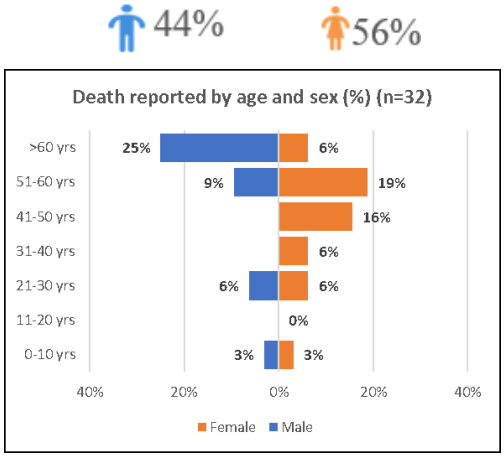


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

With a total of 181 cases, Camp 24 has the highest number of cases to date ahead of Camp 3 with 180 cases, Camp 2W with 164 cases, Camp 15 with 162 cases and Camp 21 with 161 cases. To date, 158 cases have been reported from Camp 158, 156 cases have been reported from Camp 4, 138 cases from Camp 1W and 125 cases from Camp 20 extension. In Camp 5 and 9, 112 cases have been registered. Camp 2E has 109 cases reported. Camp 1E, 4 Ext, 6, 7, 8E, 8W, 10, 11, 12, 13, 14, 16, 18, 19, 20, 22, 23, 25, 26, 27, Kutupalong RC and Nayapara RC so far had less than 100 cases. 7 cases have been registered from Zero Point and 5 amongst new arrivals.

Total cases among FDMN/Rohingya refugees 3,084 (Provisional – 34 cases from Kutupalong RC, 80 from camp 1E, 143 from camp 1W, 111 from camp 2E, 171 from camp 2W, 193 from camp 3, 161 from camp 4, 79 from camp 4Ext, 117 in camp 5, 95 from camp 6, 74 from camp 7, 57 from camp 8E, 60 from camp 8W, 112 from camp 9, 60 from camp 10, 28 from camp 11, 58 from camp 12, 80 from camp 13, 35 from camp 14, 162 from camp 15, 35 from camp 16, 167 from camp 17, 80 from camp 18, 65 from camp 19, 51 from camp 20, 129 from camp 20Ext, 53 from Nayapara RC, 170 from camp 21, 97 from camp 22, 4 from camp 23, 189 from camp 24, 22 from camp 25, 58 from camp 26, 54 from camp 27 and 7 cases from Zero Point & 5 of new arrivals).

Currently, 641 beds are functional in 13 Severe Acute Respiratory Infection Isolation and Treatment Centers (SARI ITCs) in the camps with provision of oxygen to assist both the Rohingya refugee population and the nearby host communities of Cox's Bazar. The bed occupancy of these SARI ITCs is 37% at the end of the reporting period. Moreover, the capacity of general isolation beds in the district is 517. The Intensive Care Unit/High Dependency Unit (ICU/HDU) at the Cox's Bazar Sadar Hospital has a capacity of 43 beds for severe and critical patients, bed occupancy in district below 10% in both cases at the end of the reporting period.

Between weeks 37-38, 109 new confirmed cases were detected from 2 410 samples tested, the test positivity was therefore 4.5%. As of 26 September 2021, the cumulative incidence is 35.9 per 1000 people. The overall positivity of samples tested is 4.8%. - The median age of tested and confirmed cases was 11 (0-120) & 21 (0-100) years, respectively and ratio of females among tested and confirmed cases was 54% and 52%, respectively. . In total, and since the outbreak began, 32 deaths due to confirmed COVID-19 have been reported in the camps with a case fatality ratio of 1.0%.

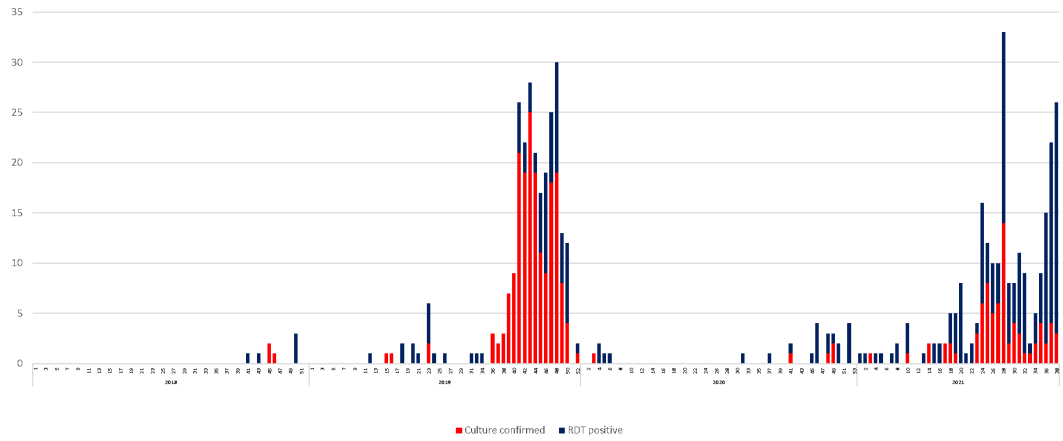


Figure 7: RDT positive and culture confirmed for Cholera cases in 2019-21.

A Camp wise dedicated Contact Tracing (CT) network (34 supervisors and 311 volunteers) has been embedded in the Rapid Investigation and Response Teams (RIRTs) for COVID-19. A total of 2 871 confirmed cases (out of 3 084 to date) have been investigated by RIRTs by 26 September 2021, with contact tracing activities being conducted and captured through Go.data, including 7 202 contacts out of 10 429

contacts identified through RIRT field investigation. Out of these, 4 740 (66%) contacts have seen their follow up visits completed and were released from quarantine. 301 (6.4%) tested positive cases during the follow up period. WHO is closely supporting contact tracing through the Camp Health and Disease Surveillance Officers (CHDSOs).

Since 1 January, there have been 242 cases (184 from Rohingya refugees and 58 from host community) of Acute Watery Diarrhoea (AWD) that have been tested positive by Rapid Diagnostic Tests (RDTs)/bacteriological culture confirmed cases for cholera (data as of 26 September), of these 77 were culture confirmed, 109 negative and 56 awaited for culture result. In the past three weeks (week 36-38) the total number of cultures confirmed cases is 9.

In week 38 (20-26 September)- a total of 24 RDT positive cases were reported, all samples are waiting for culture result and 2 additional culture positive cases were identified from RDT negative samples. In week 37 (13-19 September)- a total of 22 RDT positive cases were reported (4 were culture confirmed, 5 discarded and 13 waiting for culture result. In week 36 (6-12 September) a total of 13 RDT positive cases were reported (9 were discarded, and 38 waiting for culture result) and 4 additional culture positive case was identified from a RDT negative sample.

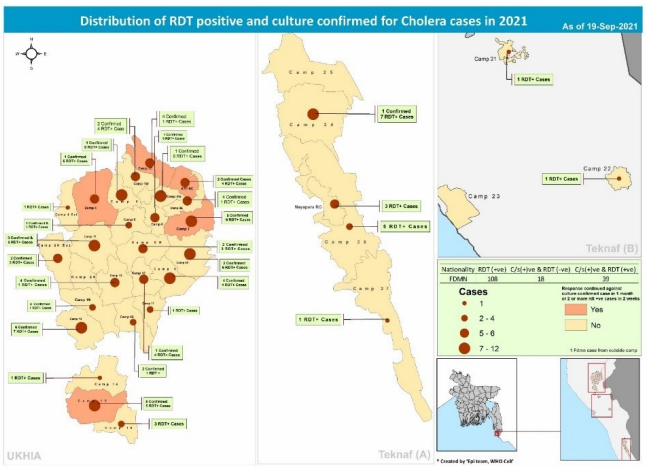


Figure 8: Geographic distribution of all RDT Positive and Culture Confirmed Cholera Cases in 2021

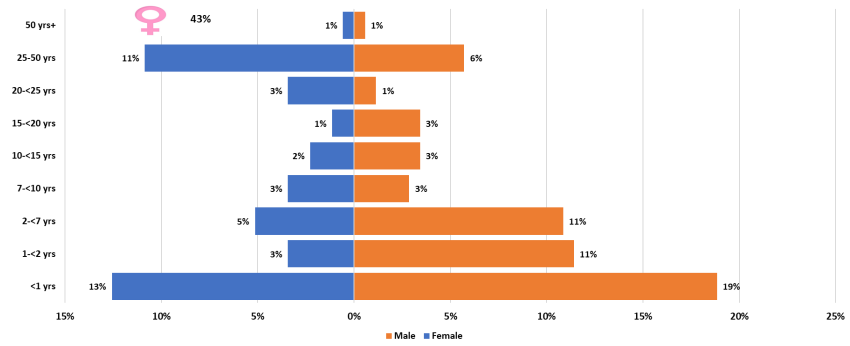


Figure 9: Age group distribution of RDT Positive and Culture Confirmed Cholera Cases among refugees

In line with the Multisectoral AWD response plan, a joint Health and WASH Sector investigation takes place for each case, followed by the implementation of household and sub block level measures. Areas of focused intervention have been identified based on at least one culture confirmed case in camp in last 30 days and/or 2 or more RDT positive cases from same sub-block in the last 14 days, where WASH, health and community engagement activities are undertaken/intensified at sub block/camp level as appropriate. In 2021, at least one confirmed cholera case was reported in the last 30 days, from camps 1E, 7,8W, 13, 20 extension and 15. Out of these camps with culture confirmed cases, only Camp 8W and 15 has reported more than one case.

In response to the surge of Acute Watery Diarrhea (AWD) cases in Cox's Bazar, a rapid mapping conducted by WHO and partners in line with the Multisectoral Acute Watery Diarrhea Response Plan (August 2020) has identified 72 isolation beds for AWD are functional at this time, with additional 400 beds on stand-by that could be activated on short notice. Out of these standby beds, 160 are SARI ITC standby capacity beds that could be repurposed for AWD if the epidemiological situation requires. Diarrhea Treatment Centers (DTC) in Leda remain open for strengthened case management of AWD patients and are ready to expand the capacity.

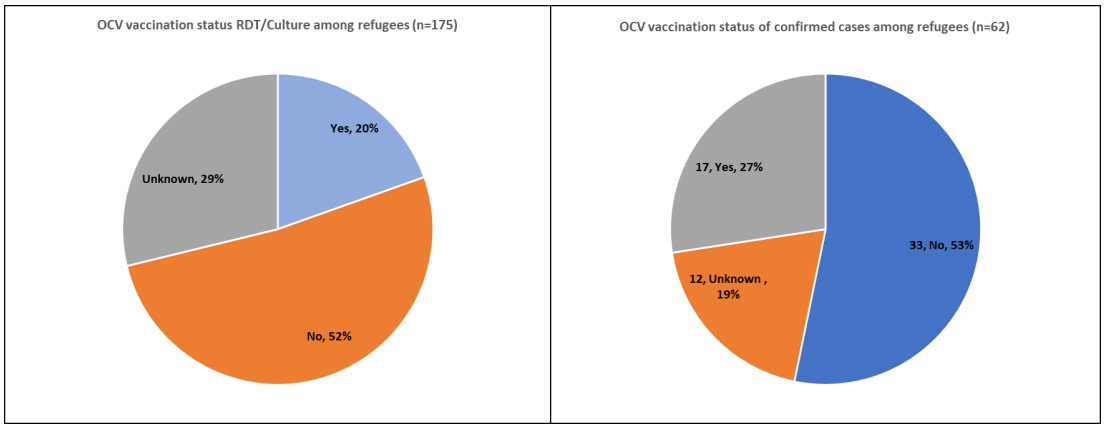


Figure 10: OCV vaccination status among RDT Positive and Culture Confirmed Cases among refugees

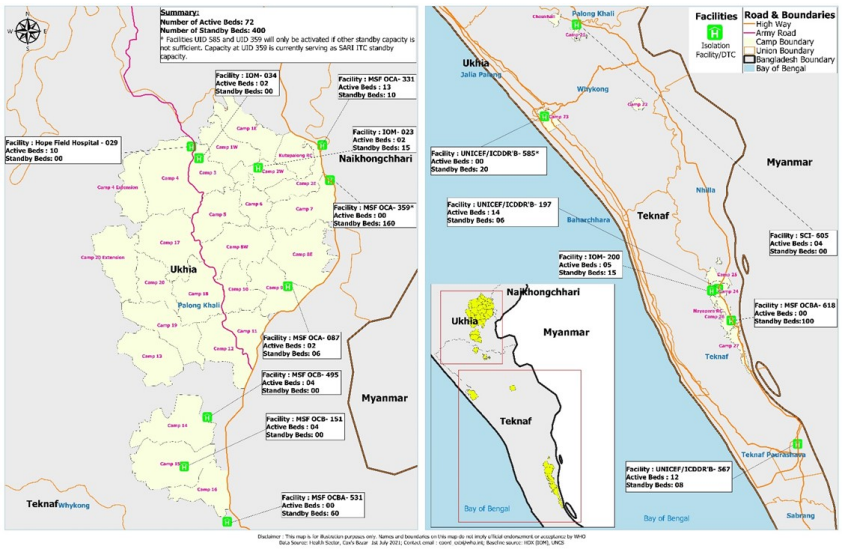


Figure 11: Acute Watery Diarrhea Isolation & Diarrhea Treatment Center Bed Capacity Mapping.

The situation continues to be closely monitored by WHO in order to respond accordingly. WHO conducted AWD clinical management training for healthcare workers in the camps. In total, 254 Healthcare workers mainly from the affected Upazilas and the camps attended a three-day online training on clinical management of AWD organized by the Civil Surgeon of Cox's Bazar, WHO/Health Sector in collaboration with iccdr,b. In the month of September 2021, 139 admissions to the isolation facilities and the Diarrhea Treatment Centers (DTC) have been registered. No deaths have been reported at the isolation facilities so far.

A total of 954 refugee cases were admitted to DTC and other health facilities with AWD isolation capacity. Out of the cases, 21% were severely dehydrated, 30% had some dehydration and 47% showed no sign of dehydration at the time of admission among refugees.

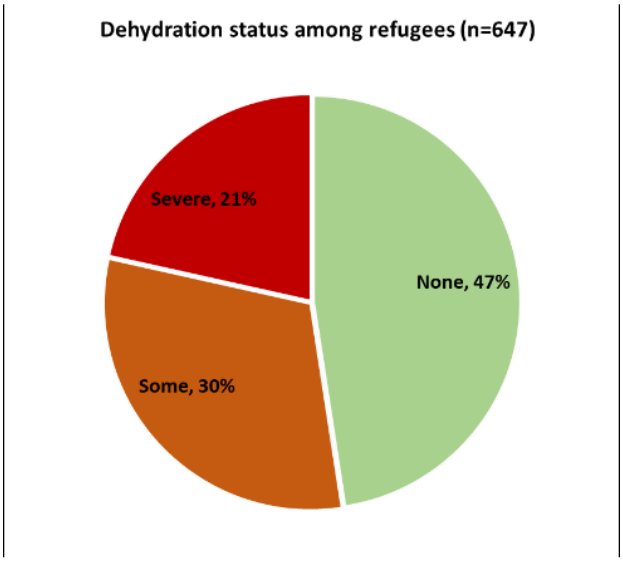


Figure 12: Dehydration status of admitted cases reported from Leda DTC and other health facilities with isolation capacity in camps from week 1-38, 2021

As of 11 August 2021, around 1400 Community Health Workers (CHWs) have been trained on key messages on health/hygiene promotion and prevention of acute watery diarrhea, following a training of 120 CHW supervisors and managers in previous weeks. UNHCR, as chair of the Community Health Working Group (CHWG), has organized and facilitated the training. UNHCR is also supporting with printing and distribution of hygiene promotion and AWD prevention IEC materials to help enhance awareness and prevention measures in the camps, other agencies are providing support as well.

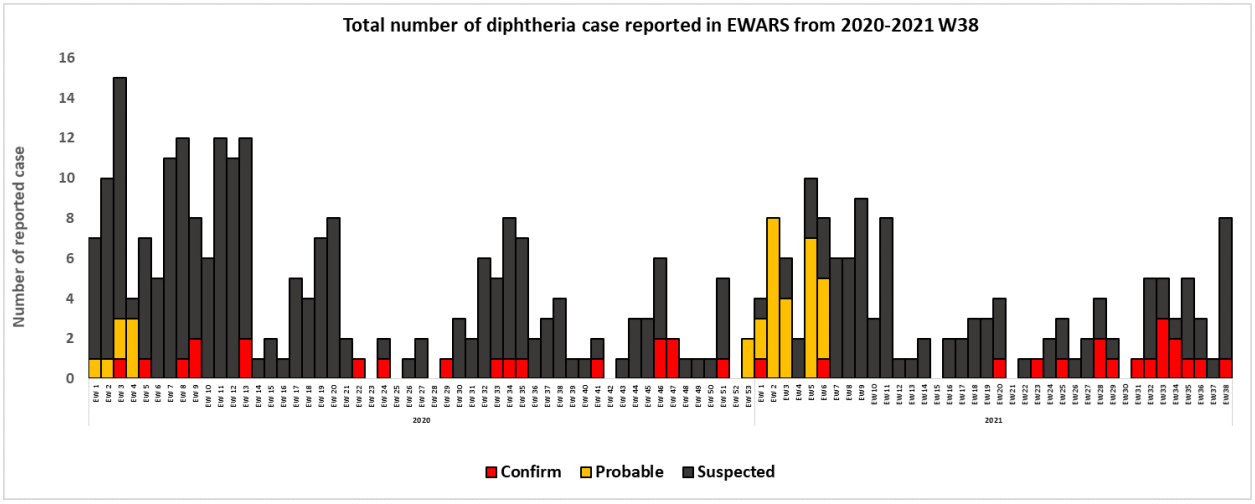


Figure 13: Total number of diphtheria case reported in EWARS from 2020-2021

Active case finding with a uniform line list has been rolled out by CHWG partners since early July, in support of community-based surveillance. CHWG with Health Sector support developed AWD surveillance which was rolled out as of week 27 (4th July). At the end of the reporting period, over 270 000 household visits have been conducted, out of which over 2 900 AWD cases were referred to the health

facility for further case management. Furthermore, over 10 000 Oral Rehydration Solution (ORS) sachets and over 9 700 zinc tablets have been distributed at community level.

Throughout the camps, CHWs have reinforced community engagement activities through weekly visits to every household in the camps. This includes community-based surveillance; health education on hygiene promotion and prevention of AWD through house to house visits and small group sessions and active finding of cases with AWD and subsequent referrals to health facilities. Specific emphasis is being placed on "target camps".

In 2020, a total of 28 RDT positive cases for Cholera were detected through sentinel testing, 5 of which were confirmed by culture – 2 from Ukhiya host community, 1 from Teknaf host community and 2 from the refugee camps. It is important to note that a Cholera outbreak occurred in late 2019 with a reported number of 239 RDT/culture positive cases and in response a mass Oral Cholera Vaccine (OCV) vaccination campaign was conducted with over 160 000 children of 1-<5 years being vaccinated with a 2- doses regimen.

Since the onset of the outbreak in 2017, Diphtheria surveillance is ongoing in the camps. The total number of diphtheria cases reported is 9321 to date (3016 in 2017; 5330 in 2018; 614 in 2019; 226 in 2020 and 135 as of week 38, 2021). In total, 9075 cases were reported in the camps and 246 from the host community, with 50 deaths registered in the refugee camps including 1 new death in the reporting period and none in the host community. While the first Diphtheria case was detected on 10 November 2017, the first death occurred on 29 December 2017 and the last death on 13 September 2021.

During this reporting period (week 36-37), no new probable maternal/WRA (12-49 years) death has been reported through Community Based Mortality Surveillance, the total number remained at 94 in 2021. And twenty-five (25) confirmed maternal deaths occurred in health facilities, were reported directly through Facility Based Mortality Reporting. Death review for confirmed maternal deaths and verbal autopsy (VA) for probable deaths are conducted by the MPMSR (Maternal and Perinatal Mortality Surveillance and Response) review committee as per specific guidelines as appropriate.

Investigation of mortality due to suspected potential infectious causes i.e. SARI, Measles, Cholera, Diphtheria etc. is ongoing in the camps along with death due to maternal causes, as high priority. In week 36-37, one new suspected Severe Acute Respiratory Infection (SARI) death was reported, with the total standing at 69 in 2021. All deaths have been investigated by RIRT as a part of COVID-19 response and of these, nine were considered as death due to probable COVID-19. While in 2020, a total of 49 suspected SARI deaths were reported, two deaths considered as death due to probable COVID-19 through RIRT investigation as well. All these probable deaths were reported through community-based mortality surveillance. So far in 2021, 2 deaths at community level were investigated that were eventually considered as death due to suspected cholera.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

WHO is engaging communities, health partners and other key stakeholders to develop, implement and monitor an action plan to effectively help prepare populations and protect them from COVID-19. Through its involvement in the Communications with Communities Working Group (CwC WG) and the Risk Communication and Community Engagement Working Group (RCCE WG), WHO continues to coordinate with agencies across the response to ensure that all information around COVID-19 and health issues are of high quality, technically correct and easily understandable by communities. Mixed-media messages include general information on COVID-19, hand washing, physical distancing and mask wearing, risks and vulnerabilities, safe and dignified burials, quarantine, isolation, and treatment centres, among others.

WHO and UNICEF continue providing English and Bangla versions of the updated weekly radio script on COVID-19 confirmed cases and number of tests conducted among refugee and host communities. These messages were shared with partners to be widely disseminated among the Rohingya community through radio broadcasting (Bangladesh Betar and Community radio Naf 99.2 FM).

During the reporting period, RCCE WG and WHO maintained regular communications with other humanitarian partners on the COVID-19 vaccination campaign for the Rohingya community. WHO supported the technical clearance of Public Health messages on COVID-19 awareness before the reopening of educational institutions. Additionally, Information, Education and Communication (IEC) materials on dengue awareness and breastfeeding during COVID-19 were disseminated during week 37-38. Additionally, WHO provided technical support to review public health messages and IEC materials on the upcoming OCV campaign.

Currently, technical focal points from WHO and UNHCR are reviewing the draft report of the joint WHO and UNHCR study on "Knowledge, Attitude and Practice on Minimum Invasive Procedure in the Non-Healthcare Settings among Rohingya Refugees in Cox's Bazar".

During the reporting period CHWs conducted 335 870 household visits in which 3289 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and 28 patients with moderate/severe symptoms. The cumulative number of patients with mild symptoms is 179 150, and 1144 patients with moderate/ severe symptoms. To date, 97 608 persons with COVID-19 like symptoms have been referred to health facilities, 1987 of which during the reporting period. Through coordination by the CHWG, COVID-19 messages reached 624 947 persons between weeks 37 and 38. Since the beginning of the response, CHWs have conducted more than 9.98 million household visits and had a cumulative number of more than 26 million contacts with adult household members. Through the CwC WG, 79 786 people were engaged in 34 057 small group sessions.

DISTRICT LABORATORY

WHO continues its support to the Institute of Epidemiology, Disease Control and Research (IEDCR) Field Laboratory at the Cox's Bazar Medical College comprising human resources, equipment, supplies/consumables and technical and operational expertise.

Between early April 2020 and August 2021, a total of 228 827 tests for COVID-19 have been conducted, of which 207 226 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. An increasing trend has been observed in the number of tests conducted among the Rohingya Refugees in the week 38, 1.45 per one thousand population from 1.36 in week 37 and decrease in the host community 0.98 in week 38 from 1.0 in previous week. Currently, 41 sample collection sites are operating for suspected COVID-19 patients.

WHO continues supporting the Government of Bangladesh through the Civil Surgeon's office in the implementation of standard laboratory procedures in the Cox's Bazar district. During the reporting period WHO conducted a training on basic laboratory techniques and quality management for a total of 45 laboratory personnel from different facilities in the Rohingya camps. WHO also conducted training on Biosafety and Implementation of Essential Health Service Packages in which 35 health workers from the Rohingya camp and nearby host communities received the training.

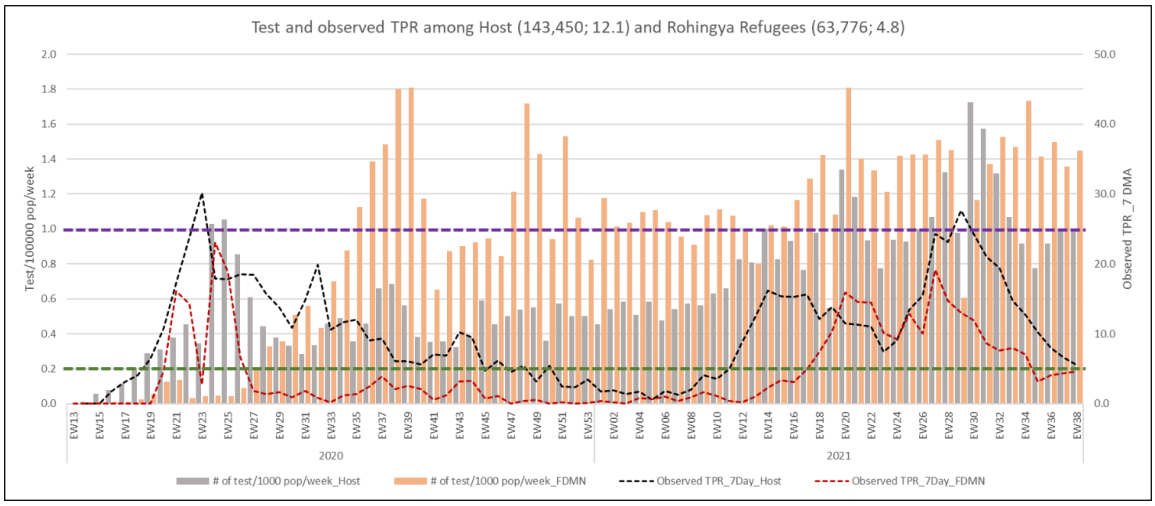


Figure 14: Number of tests conducted and observed test positivity per million among the host population and the Rohingya refugees/FDMN

INFECTION PREVENTION CONTROL

To enhance preparedness for COVID-19 in Cox's Bazar, WHO has been training healthcare workers on Infection Prevention and Control (IPC) from Severe Acute Respiratory Infection (SARI) ITC partners and Government facilities. To date, training for IPC has been provided to 3600 humanitarian health care workers and government staff from healthcare facilities and SARI ITCs in Cox's Bazar.

On 19 September, WHO IPC team initiated a mass training on the use of daily IPC checklist and monthly score card targeting IPC focal persons from all the healthcare facilities in the Rohingya camps. During the reporting period, 89 health workers engaged those trainings which aims to improve IPC performance through regular self-monitoring and timely intervention by different healthcare facilities. A total of 160 health workers are expected to be trained in the next two weeks, upon which all facilities in the camp will be covered.

CLINICAL CASE MANAGEMENT

Since the onset of the outbreak, WHO is coordinating regular weekly Operational, Clinical and Critical care online forums; each with a multidisciplinary panel of health care providers with experience in the clinical management of patients with COVID-19 and other viral infections to foster peer to peer support and knowledge exchange. With the guidance provided by WHO experts, the initiative is serving as a foundation for optimized clinical care to ensure the best possible outcome for patients in Cox's Bazar.

During the reporting period, one health sector case management working group meeting along with two case conference calls for SARI ITCs and two case conference calls for ICU/HDU of Cox's Bazar District Hospital were conducted. There are 13 operational SARI ITCs in Cox's Bazar with a total of 641 beds functional and 276 on stand by. The SARI ITC bed ocupancy rate is currently 37% (Ukhiya 44% and Teknaf 23%). For the admitted patients, 79% of them are categorized as mild patients, 14% moderate & 7% severe cases. At the 250 Bed District Sadar Hospital, the Intensive Care Unit (ICU) has 10 beds while the High Dependency Unit (HDU) has 15 beds and the Severe Care Unit (SCU) has 13 beds (all of the beds are functional). At the moment, 7 beds are occupied with suspected and confirmed COVID-19 patients in total.

Ensuring the provision of essential health services remains a priority in Cox's Bazar. Under the coordination of WHO and the Civil Surgeon, Cox's Bazar, the Health Sector is providing health care to nearly 890 000 Rohingya refugees and 472 000 Bangladeshi living in the surrounding areas of the refugee camps. The health facilities operated by Health Sector partners to provide services to the population include 41 primary health care centers (PHCs), 90 Health Posts (HPs), 23 special facilities and three field hospitals.

Photo: WHO conducted several trainings on mhGAP to healthcare professionals with the aim of improving mental health and psychosocial well-being of refugees.

Under the leadership of the Government of Bangladesh and with the technical support of WHO and Health Sector partners, the 2nd round of COVID-19 vaccination campaign for Rohingya refugees aged 55 years & above was launched on 18 September 2021. This round ended on 23 September with an achievement of vaccinating 90% of targeted population (those who completed the 1st dose) in Ukhia and Teknaf. Overall, this 02-dose COVID-19 vaccination campaign successfully vaccinated 77% of the population aged >55 years in Ukhia & Teknaf.

The Government of Bangladesh is planning to launch a 02-dose Oral Cholera Vaccine (OCV) campaign for Rohingya refugees and nearby host population above 1 year- approximately 1.4 million population- in Ukhia and Teknaf. WHO IVD is closely working with Health Sector partners under the leadership of the Government authorities to successfully execute this program. The campaign is expected to start on 10 October in the Rohingya camps.

During the COVID-19 vaccination campaign, routine immunization (RI) sessions are continuing, both fixed and outreach, with WHO's guidance on the operation and sustaining of immunization programs during the COVID-19 pandemic, and a revised strategy and microplan having been reviewed by the Government with technical assistance from WHO and other partners, based on data collected in 2020. Currently, 59 health facilities are working as immunization fixed sites and another 75 vaccination teams are conducting outreach sessions both in community and healthcare facilities. Vaccination sites and surveillance health facilities will be reassessed by Government authorities with the technical support of Surveillance and Immunization Medical Officers (SIMOs) based on data from 1st half of 2021.

Currently, WHO is completing the preparatory work and planning to conduct basic routine immunization trainings for vaccinators and supervisors after the campaign. During the reporting period, WHO continues monitoring and following up with children who missed their vaccines at the healthcare facilities. Assessment of the vaccination list is currently ongoing through the work of WHO Health Field Monitors. WHO is continuously monitoring Acute Flaccid Paralysis (AFP) and vaccine-preventable diseases (VPDs) despite the lockdown.

WHO has conducted 6 supportive supervision sessions in Ukhiya for continued capacity building of healthcare professionals who were previously trained in mhGAP to better integrate Mental Health and Psychosocial Support (MHPSS) at primary care level. Further mhGAP trainings will be organized in the coming weeks. Additionally, ongoing remote supportive supervision is carried out through online platform, where the mhGAP trained doctors and staff can reach out to the WHO psychiatrist for active advice regarding patient management. During weeks 37-38 more than ten consultations were conducted online. This initiative is part of a group for mhGAP personnel that has been previously trained by WHO the last two years.

Photo: On 26 September, the Health Sector led by WHO held its monthly coordination meeting in Teknaf Upazila to discuss progress and challenges

During the reporting period, WHO has organized a round of 3-day mhGAP trainings where a total of 33 participants (including doctors, counselors, psychologists and medical assistants, clinic supervisors and nurses) were trained and iscurrently conducting another round of 5-day mhGAP training with 35 clinical participants. A joint visit to health facilities in 3 Rohingya refugee camps was conducted by the MHPSS working group to evaluate the MHPSS services offered and services sought. The evaluation will facilitate planning to improve and streamline MHPSS service delivery.

As part of the Non-communicable Diseases (NCDs) program, during the reporting period, a total of 13 761 NCD related consultations from the host community and Rohingya refugees from Ukhiya and Teknaf were reported in DHIS-2. Hypertension was reported with the highest percentage of 34% followed by Diabetes Mellitus with 33% of all NCD patients. On 14 September, WHO Cox's Bazar in coordination with the WHO Country Office, the WHO Regional Office for South-East Asia

(SEARO) and WHO Headquarters, held a webinar on "Strengthening Noncommunicable Disease Prevention & Management in Humanitarian Settings - Reviewing the Cox's Bazar approach" which aimed to provide a comprehensive analysis of NCD care delivery in Rohingya refugee camps, while helping identify key common aspects that could be extrapolated to similar settlements around the world. Organized in close coordination with the Government of Bangladesh, this event brought together NCD experts from Government, UN agencies and international and national NGOs (including WHO, UNHCR, Save the Children and RTM International) highlighting the collaborative efforts with partners to deliver care and reflecting on practical lessons from its implementation in Cox's Bazar.

Photo: Head of WHO Cox's Bazar Emergency Sub-Office, Dr Kai von Harbou, and RRRC Health Coordination, Dr Abu Toha M.R.H Bhuiyan, attended the closing session of the IPC training on daily checklists and monthly scorecard

During the reporting period, three batches of training on prevention, control and treatment of Dengue for healthcare workers from Government, NGOs/INGOs health facilities in the Rohingya camps and nearby host communities were conducted from 13 to 15 September 2021. The training, which reached a total of approximately 140 healthcare workers (Physicians, Nurse and Medical Assistants) aimed at equipping them with adequate knowledge in handling patients suspected with and or confirmed with Dengue at health posts, primary healthcare centers and referral level facilities.

On 19 September, WHO conducted a workshop on "Health Care Waste Management (HCWM) in healthcare facilities in Cox's Bazar" aimed at building consensus on the SoP on HCWM as well as analyzing the implementation challenges and way forward. Civil Surgeon, Upazila Health & Family Planning Officers (UHFPOs) and representatives from Cox's Bazar Sadar Hospital, RRRC, MOHFWCC, UNHCR, IOM, MSF-OCA, PHD, RTMI, ICRC and WASH Sector coordinator team attended the workshop.

Additionally, on 20-22 September WHO held a training on "Health Care Waste Management in the World Bank supported Health Facilities of Cox's Bazar". Over 100 participants attended the different sessions of the training which were facilitated by WCO EHU colleagues, IPC Specialist, Communicable Disease Officer, District TB Specialist and RRRC Health Coordinator.

On 14 September, the 2nd Quarterly Monitoring Meeting on Tuberculosis was organized by the Civil Surgeon Office of Cox's Bazar and the National TB control Program (NTP). During the monitoring meeting, that was chaired by Government officials and all the TB stakeholders in Cox's Bazar, progress and implementation challenges of TB activities for Cox's Bazar were discussed, with special focus on the one carried out within the Government and World Bank funded Health and Gender Support Project (HGSP).

EMERGENCY PREPAREDNESS AND RESPONSE

The Health Sector, with respective working groups and partners regularly updates its contingency plan for cyclone (March-June) and monsoon (September-November) seasons. Information related to health facility functionality, contingency supplies and locations, mobile medical teams (MMT), ambulance network systems to respond to emergencies, and the list of camp health focal points is maintained and updated regularly.

On 6-9 September, WHO and IOM, as co-chairs of the Emergency Preparedness and Response Technical Committee in Cox's Bazar, conducted the second batch of the 4-day training course on "Emergency & Trauma Care" for healthcare workers responding to the health needs of the Rohingya refugees and host population. The course, carried out with the support of emergency medicine experts from the International Committee of the Red Cross (ICRC), aimed to equip frontline health providers with basic trauma and surgical skills, as well as effective incident command system for emergency response. Following the training, WHO, IOM and ICRC provided hands-on training on different aspects of mass casualty incidence management and emergency trauma care.

OPERATIONAL SUPPORT AND LOGISTICS

WHO continues to ensure timely provision of quality and adequate supplies, equipment and consumables for the health emergency operations in Cox's Bazar. During the reporting period, WHO has supported the sentinel sites in the camps with the provision of 3100 viral transport medium, 5000 throat swab stick, 5000 nasal swab stick and 3100 Zip Lock bag to reinforce the public health response to COVID-19. WHO IVD & logistics team conducted a situation assessment of the cold chain system at Ukhia UHC and Balukhali Sub-center as part of the strengthening cold chain capacity for the upcoming OCV campaign. WHO logistics is also supporting the procurement process to ensure a smooth vaccination campaign. During the reporting period WHO donated 2031.52 kg with volume of 11.48 cubic meter of kits, medicines, PPE and medical equipment to 10 partners in the Rohingya refugee camp. Logistics support to the IEDCR Field Laboratory is ongoing with two vehicles providing transportation of COVID-19 sample collection in the camps.

SUBJECT IN FOCUS: Dengue Prevention, Control and Treatment in Cox's Bazar

Dengue is a mosquito-borne viral infection that can cause a wide spectrum of disease. This can range from subclinical disease to severe flu -like symptoms in those infected. Although less common, some people develop severe dengue, which can be any number of complications associated with severe bleeding, organ impairment and/or plasma leakage. Severe dengue has a higher risk of death when not managed appropriately.

Global burden of dengue

The incidence of dengue has grown dramatically around the world in recent decades. A vast majority of cases are asymptomatic or mild and self-managed, and hence the actual numbers of dengue cases are under-reported. Many cases are also misdiagnosed as other febrile illnesses.

The number of dengue cases reported to WHO increased over 8-fold over the last two decades, from 505 430 cases in 2000, to over 2.4 million in 2010, and 5.2 million in 2019. Reported deaths between the year 2000 and 2015 increased from 960 to 4032.

This alarming increase in case numbers is partly explained by a change in national practices to record and report dengue to the Ministries of Health, and to the WHO. But it also represents government recognition of the burden, and therefore the pertinence to report dengue disease burden. Therefore, although the full global burden of the disease is uncertain, this observed growth only brings us closer to a more accurate estimate of the full extent of the burden.

Prevention and control

The proximity of mosquito vector breeding sites to human habitation is a significant risk factor for dengue as well as for other diseases that Aedes mosquito transmit. At present, the main method to control or prevent the transmission of dengue virus is to combat the mosquito vectors.

Educating the community on the risks of mosquito-borne diseases and engaging them to improve mobilization for sustained vector control results instrumental to prevent the disease. Moreover, WHO recommends the use emergency vector control measures by health authorities, such as applying insecticides as space spraying during outbreaks.

Active monitoring and surveillance of vector abundance and species composition should be carried out as well to determine effectiveness of control interventions.

Dengue in Bangladesh

Bangladesh is among the most affected countries by dengue/severe dengue. According to the Directorate General of Health Service (DGHS) of the Ministry of Health and Family Welfare (MoHFW), a total of 2292 patients have been diagnosed with dengue this year, including at least three deaths. Bangladesh witnessed its worst-ever dengue outbreak in 2019 when it recorded more than 100,000 cases and 179 deaths. However, the situation in Cox's Bazar is much favorable in comparison with other districts in the country.

WHO response in Cox's Bazar

In 2018, an external review of health service delivery for Rohingya refugees in Cox's Bazar was commissioned by WHO in support of health sector coordination. Given the magnitude of resources and efforts needed for dengue in epidemic proportions, the review team strongly recommends mitigation of dengue transmission risks through training to all doctors at all levels, starting from consultants, registers to MOs and also to senior staff nurses who are engaged in the clinical management of dengue.

Photo: With the financial support of European Union, WHO is providing trainings on clinical management, diagnosis and vector control to medical professionals to combat dengue in Cox's Bazar.

Even though there is no specific treatment for dengue/severe dengue, early detection of symptoms and signs associated with severe dengue, and access to proper medical care lowers fatality rates to below 1%. With the financial support of the European Union, WHO is providing trainings on clinical management, diagnosis and vector control to medical professionals to combat dengue in Bangladesh and protect communities against this viral infection. As part of preparedness and readiness response, on 13, 14 and 15 September the WHO Communicable Disease unit conducted three batches of training on prevention, management and control of dengue targeting 135 healthcare workers, including physicians, nurses and medical assistants from different national/international organizations. WHO also distributed 250 copies of Information, Education and Communication (IEC) materials on "Pocket Guideline for Den-

gue Case Management" to the Health Sector partners in the camp, who have been encouraged to follow the national protocols for the clinical case management of suspected patients infected with dengue. Additionally, until July 2021 a total of 6000 RDTs have been distributed to different partners for the early detection and diagnose of dengue fever.

Entomological Study of the Mosquito Fauna in the Rohingya refugee camps

The Entomology section of National Malaria Elimination Program (NMEP) and Malaria & Parasitic Disease Control (M&PDC) under Disease Control Division, DGHS, along with WHO Bangladesh will conduct an entomological survey of mosquito fauna in the Rohingya refugee camp and adjacent areas. Considering the disease prevalence, human resource, security situation NMEP will conduct the survey in 06 camps.

NATIONAL LEVEL HIGHLIGHTS, 04 October 2021 (BANGLADESH)

	Last 24 hours	Total
COVID-19 tests conducted	24 928	9 819 418
COVID-19 positive cases	794	1 558 758
Number of people released/recovered	834	1 519 588
COVID-19 deaths	18	27 591

WHO global situation report: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

WHO interim guideline on Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings: https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings

Institute of Epidemiology, Disease Control and Research (IEDCR) for COVID-19 updates in Bangladesh : https://www.iedcr.gov.bd/

COVID-19 Bangladesh situation reports: https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/coronavirus-disease-(covid-2019)-bangladesh-situation-reports

WHO Bangladesh awareness and risk communication materials in Bengali: https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update

Previous issues of this Situation Report: https://www.who.int/bangladesh/emergencies/Rohingyacrisis/bulletin-and-reports

COVID-19 Dashboard under WHO Cox's Bazar Data Hub can be accessed here: https://cxb-epi.netlify.app/

Write to coord_cxb@who.int to receive COVID-19 updates and situation reports from Cox's Bazar with the subject "Add me to the situation reports and updates mailing list"

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