World Health Organization
Bangladesh

Rohingya Crisis Situation Report #6

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Weeks 11-12
15-31 March 2021
Location: Cox's Bazar

PHOTO: Additional Refugee Relief and Repatriation Commissioner (RRRC), Mr. Md. Shamsud Douza, at the opening session of the training on fire safety and burn care organized by WHO in collaboration with the Fire Service and Civil Defence Authority, the Cox's Bazar Medical College and the International Committee of the Red Cross (ICRC) to enhance the capacity of fire emergency response in Cox's Bazar.

HIGHLIGHTS

- **On 22 March 2021 afternoon a massive fire spread through camps 8E, 8W and 9 in the Rohingya refugee camp in Cox's Bazar, resulting in eleven deaths confirmed by government authorities and a significant number of injuries reported.**
- **Three days after the fire broke out in the refugee camps, WHO organized two training sessions on management of burn for 130 healthcare professionals working in MMTs, primary and secondary health facilities in Cox's Bazar.**
- **WHO continues to support the Government of Bangladesh (GoB) in the preparation for the COVID-19 vaccination campaign for the Rohingya community, scheduled to start in the coming weeks, pending the revised arrival date of the allocation of vaccines from the COVAX facility for Bangladesh.**
- **Following the reported increase of Varicella Zoster cases in the Rohingya refugee camp, WHO organized a training session to the health sector partners on the infection and its clinical management.**
- **SUBJECT IN FOCUS: Enhancing the capacity of fire emergency response among health partners in the world´s largest refugee camp, Cox´s Bazar**

	Host Community	Rohingya refugees
Total confirmed COVID-19 cases in Cox's Bazar	6 014	438
Total cases in isolation in Cox's Bazar	285	15
Total number of tests conducted	68 860	34 224
Total deaths due to COVID-19	73	10

**Updated as of 28 March 2021* / *FDMN = Forcibly Displaced Myanmar Nationals

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

On 22 March 2021 afternoon a massive fire spread through camps 8E, 8W and 9 in the Rohingya refugee camp in Cox's Bazar, resulting in eleven deaths confirmed by government authorities and a significant number of injured reported. Six health facilities were damaged or destroyed by the fire: one specialized clinic, one Primary Health Care (PHC) facility, and one Health Post (HP) were destroyed while another PHC and HP were partially damaged. In addition, a secondary health center (Turkish Field Hospital) which played a key role as a referral facility in the camps was destroyed.

In the early hours after the incident, WHO conducted an initial on-site assessment to document the impact of the fire in health services and help guiding the Health Sector's response. A Health Sector response coordination mechanism was rapidly established as part of the Health Sector Emergency Preparedness and Response Plan.

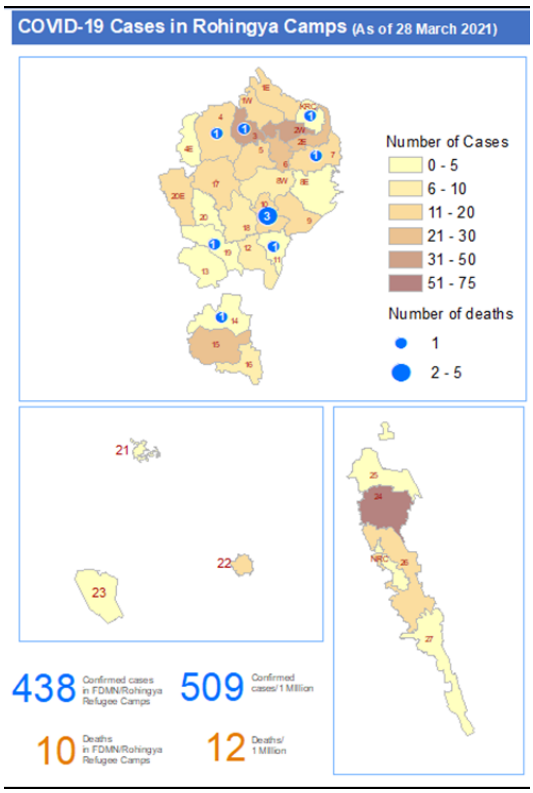
Six Mobile Medical Teams (MMTs) from Health Sector partners were deployed in the affected areas of the camps to respond to the emergency, coordinated through the Health Sector Mobile Medical Team (MMT) working group, as part of the WHO and IOM co-chaired Emergency Preparedness and Response Technical Committee. MMTs also reinforced health service delivery in non-affected health facilities near the camps, anticipating higher patient loads.

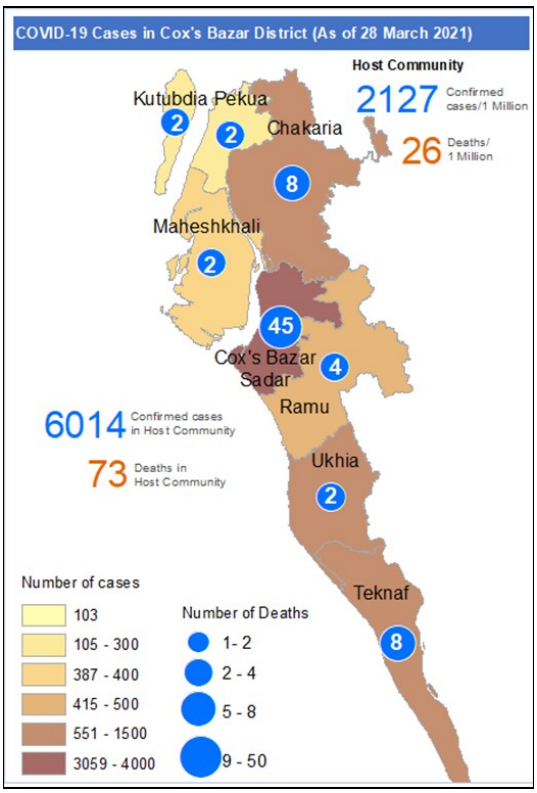
Under the coordination of the Health Sector Mental Health and Psychosocial Support Working Group (MHPSS WG), over 300 MHPSS personnel were mobilized from 23 March onwards, having provided Psychological First Aid (PFA) support to more than 9500 individuals. The MHPSS emergency teams helped reduce the initial distress of the affected communities and supported individuals to address their basic needs through referrals in the affected areas. MHPSS service providers reported high levels of anxiety and fears of loss among the affected population, as well as uncertainty over their future. Most of the individuals also conveyed flashbacks to similar incidents lived in the past in their country of origin. In addition, frontline primary health workers previously trained by WHO on the Mental Health Gap Action Programme (mhGAP) provided mental health services to the patients who attended Primary Health Care (PHC) facilities in the camps.

WHO activated an enhanced surveillance and reporting mechanism to monitor epidemiological data for Acute Water Diarrhea (AWD) and other priority communicable diseases in the affected areas after the fire incident.

All primary health care facilities have restarted health services, at least on a limited scale. Discussions on reconstruction are currently ongoing, with the re-establishment of most health facilities expected shortly. The Turkish Field Hospital is providing general surgery, trauma surgery and pediatric services out of the BDRCS Field Hospital. A Turkish military cargo plane carrying equipment and supplies arrived in Bangladesh and efforts to reconstruct the Field Hospital has started.

The Health Sector organized a special strategic advisory group meeting on COVID-19 vaccine preparedness and deployment plan for Rohingya refugees in Cox's Bazar. After the fire incident, public consultations with the community were agreed for the coming weeks in order to develop consensus for the upcoming COVID-19 Vaccination Campaign roll-out.





During the reporting period, a total of eleven (11) camp level Health Sector coordination meetings were held at Ukhiya and Teknaf Upazilas. These meetings were engaged by partner agencies including Government agencies, UN agencies and NGOs. Key challenges, achievements, and areas requiring support, strengthening coordination, collaboration, and liaison among partners and government authorities were discussed. Issues on camp-level health service activities, epidemiological updates, as well as updates on key public health programs such as routine immunization and health promotion were also addressed, among others, during the meetings.

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 28 March 2021, a total of 6014 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 565 in Chokoria, 105 in Kutubdia, 400 in Moheshkhali, 225 in Pekua, 424 in Ramu, 3170 in Sadar, 501 in Teknaf and 624 in Ukhiya.

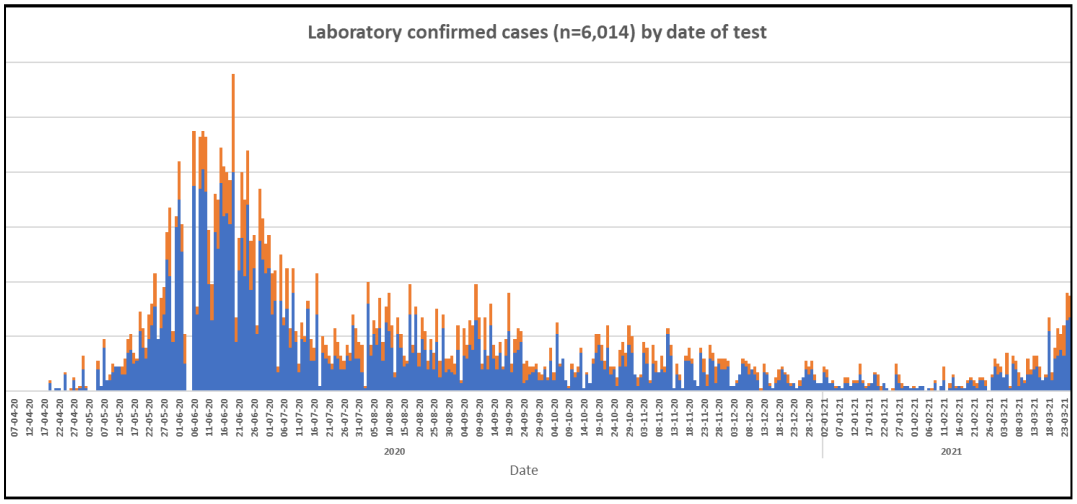


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

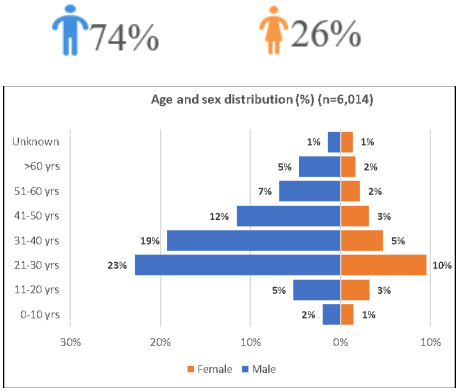


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

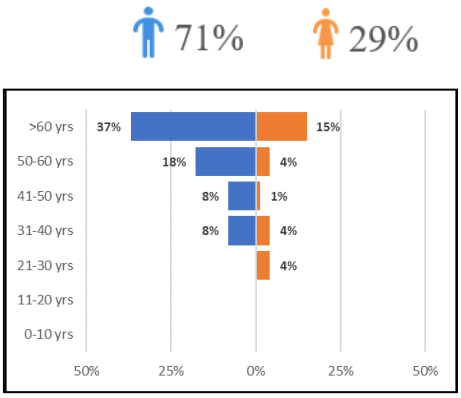


Figure 3: Age and sex distribution of COVID-19 positive cases among host population in Cox's Bazar District

In recent weeks, an increasing trend in the positive cases among the host community has been observed. In week 8, 35 cases came out positive in comparation with the 20 positive cases registered in the previous week. In week 12, the number of positive COVID-19 cases registered among the host community is 203. The positivity also rises from 2.2 percent in week 8, to 8.8 percent in week 12. Most cases increased in the municipality area with more than 50% of new cases (247 out of 426) contributing to the total number in the district. During the reporting period, no confirmed cases of death have been observed in the district, although 60% of ICU beds were occupied during the last two weeks. Less than 40% bed occupancy has been observed in general isolation beds in different Upazilas. In response to the increase in number of cases among the host community, the Government of Bangladesh and the Office of the Refugee Relief and Repatriation Commissioner (RCCC) in Cox's Bazar have imposed movement restrictions and other mitigation measures in district and camp areas All tourist activities will remain closed in the district for next two weeks.

As of 28 March 2021, a total of 438 COVID-19 cases have been reported among Rohingya/FDMN. With a total of 62 cases, Camp 24 has the highest number of cases to date further ahead from Camp 2W with 43 and Camps 3 and 15 with 33 and 28 cases, respectively. To date, 25 cases were reported from Camp 6, 22 from Camp 2E and 19 from Camp 4. Camps 5 and Camp 1W had 17 and 14 cases, respectively, and camp 22 had 13 cases. Camps 7, 9, 10, 17, 20 Extension and Camp 26 had twelve cases each. Camp 1E registered 11 cases. As for Camps 16 and 18, ten and nine cases were reported to date. Camp 8W reported eight cases. Camps 12 registered 7 cases while Camps 11, 19, and Nayapara RC have recorded 5 cases. The remainder Camps (Kutupalong RC, 4 Extension, 8E, 14, 20, 21, 23, 25 and 27) have so far had less than 5 cases.

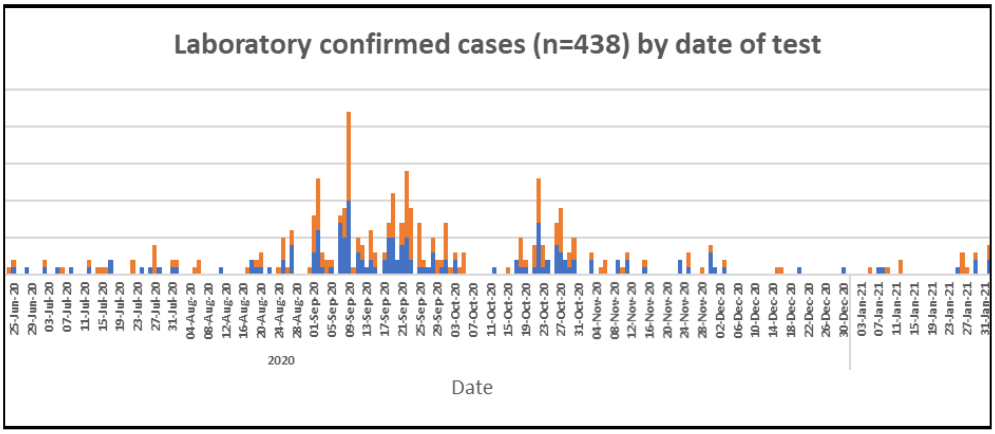


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

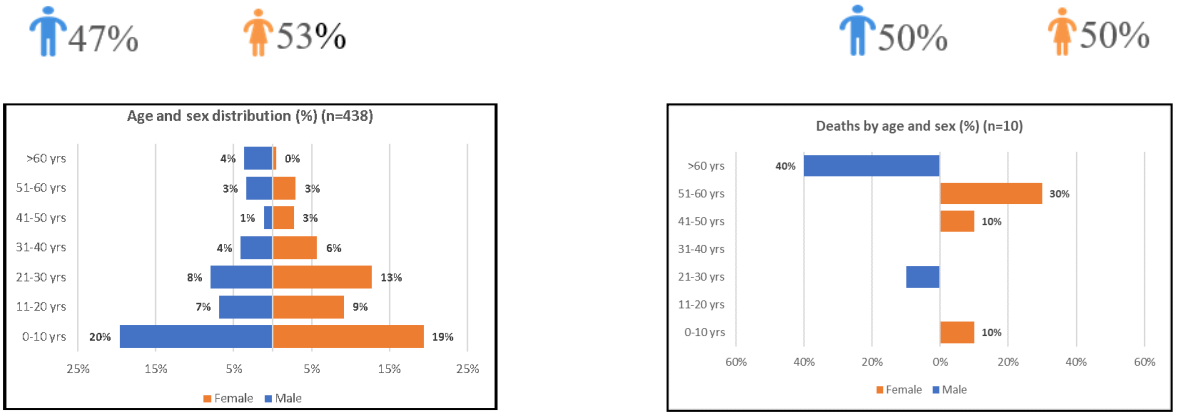


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

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

Between weeks 11-12, 6 new confirmed cases were detected from 1781 samples tested, the test positivity was therefore 0.3%. As of 28 March 2021, the cumulative incidence is 50.9 per 100 000 people. The overall positivity of samples tested is 1.3%. Among the cases, 6.2% showed severe symptoms at the time of admission while 6.5% reported at least one co-morbidity. The median age of tested and confirmed cases was 10 (0-120) & 18 (0-90) years, respectively and ratio of females among tested and confirmed cases was 55% and 53%, respectively. Though the median age of tested samples remained below 10 years, a significant proportion has been tested among 50+ years: 473 per 10 000 population, following that of 0-9 years with 603 tests per 10 000 population as highest number. The test positivity was highest 1.7% in 20-29 years age cohort followed by 1.6% in 30-39 and the age specific mortality 0.99 per 10 000 population observed among 50+ years during the period. In total, and since the outbreak began, 10 deaths due to Confirmed COVID-19 have been reported in the camps with a case fatality ratio of 2.3%.

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 432 confirmed cases (out of 438 to date) have been investigated by RIRTs by 28 March, with contact tracing activities being conducted and captured through Go.data, including the 1674 contacts to be followed up. Out of these, 1439 (86%) contacts have seen their follow up visits completed and were released from quarantine. Twenty-one (1.3%) became confirmed cases during the follow up period. WHO is closely supporting contact tracing through the Camp Health & Disease Surveillance Officers (CHDSOs).

No Rapid Diagnostic Test (RDT) positive cases for Acute Water Diarrhea (AWD) were reported in the reporting period. The total number of cases reported so far is twelve in 2021: five (05) from the refugee camps and seven (07) from host communities. Out of these, two (02) were culture confirmed and ten (10) tested negative by culture. In 2020, a total of 28 RDT positive cases for Cholera were detected through sentinel testing, five (05) of which were confirmed by culture - two from Ukhiya host community, one from Teknaf host community and two from the refugee camps. Currently 22 sentinel testing sites are functional in camp setting including Ukhia and Teknaf Upazila Health Complex. 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 9256 to date (3016 in 2017; 5334 in 2018; 617 in 2019; 226 in 2020 and 71 as of week 12, 2021). In total, 9014 cases were reported in the camps and 242 from the host community, with 47 deaths registered in the refugee camps 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 25 October 2019.

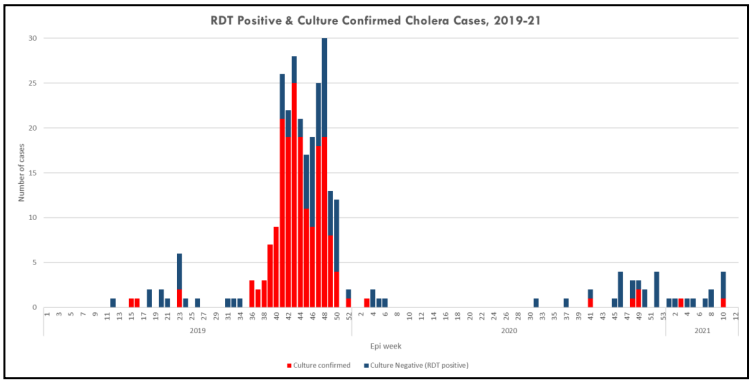


Figure 7: RDT positive and culture confirmed for Cholera cases in 2019-21.

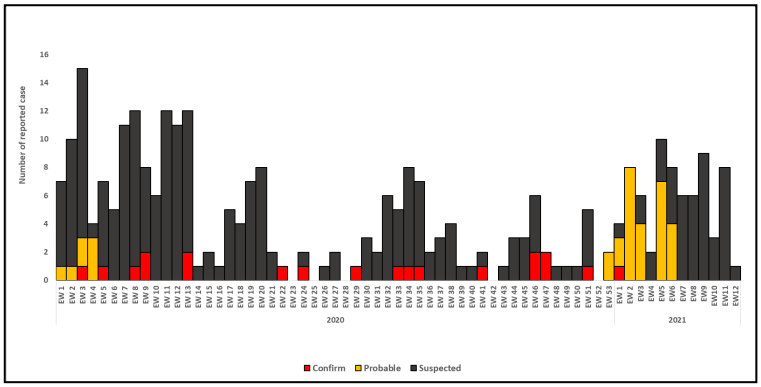


Figure 8: Total number of diphtheria case reported in EWARS from 2020-2021 W12

In weeks 11-12, three (03) suspected SARI death has been reported. In total 29 deaths have been reported in 2021. All deaths have been investigated by RIRT for COVID-19 response. Seven (07) deaths have been reclassified as COVID-19 probable death cause. In 2020, a total 49 suspected SARI deaths were reported through community-based mortality surveillance. Of these, all were verified and two (02) considered probable.

During the reporting period, two (02) new suspected maternal death has been reported. In total 34 suspected and confirmed maternal/ deaths of Women of reproductive age (WRA,12-49 years) have been reported in 2021, of which seven (07) deaths have been reported from facilities and directly undergone review by Maternal and Perinatal Mortality Surveillance and Response (MPMSR). 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 weeks 11-12 a total of 506 varicella cases were reported in EWARS. An increase was observed in these weeks in comparation with the same period of 2020. In total, a cumulative number of 2102 have been reported in 2021. Among the reported cases in 2021, 50.1% are male and 56.5% under-5 years of age.

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. 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 centers, among others. 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.

During the reporting period, communication training sessions facilitated by WHO and Translators Without Borders (TWB) to humanitarian workers in the camps (including programme manager, programme officer, communication officer and health service providers) continued in the camps. The training, provided in Rohingya language, was engaged by 35 health care workers and helped them improve their communication skills while dealing with the Rohingya community. Further trainings will be conducted in the coming weeks. In weeks 11-12, WHO also provided technical assistance in the designing of Information, Education and Communication (IEC) materials on COVID-19 vaccination awareness for the Rohingya community in the refugee camps. WHO and UNICEF continue providing English and Bangla versions of the 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 by the Rohingya community through radio broadcasting.

Following the fire incident, WHO in close coordination with RCCE WG and the CwC WG developed public health messages on preventive measures against fire hazard and management of burn wounds. Ten days after the major fire incident, WHO continues providing support and coordination to partner agencies to ensure that post-fire health messages are accurate and easily understandable by the community, including the technical assistance to BBC Media Action for the production of Public Service Announcement (PSAs) on burn wound care.

During the reporting period CHWs conducted 275 108 household visits in which 5 219 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and 51 patients with moderate/severe symptoms. The cumulative number of mild patients is 119 142, and 491 moderate/ severe patients. To date, 56 942 persons with COVID-19 like symptoms have been referred to health facilities, 3 749 of which during the reporting period. Through coordination by the CHWG, COVID-19 messages reached 531 361 persons between 16-28 March 2021. Since the beginning of the response, CHWs have conducted more than 6.56 million household visits and had contacts with a cumulative number of more than 17.4 million adult household members. Through the CwC WG, 53 254 people were engaged in 15 531 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 28 March 2021, a total of 119 534 tests for COVID-19 have been conducted of which 103 084 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. A slight decrease in the number of tests conducted among the Rohingya refugees was observed in weeks 11-12 as compared to weeks 09-10, from 1882 to 1781 tests. However, among the host community a slight increase was detected: from 3345 tests in weeks 09-10 to 4171 tests in week 11-12. Currently, 26 sample collection sites are operating for suspected COVID-19 patients.

WHO conducted a training on biosafety and Infection, Prevention and Control (IPC) to support the technical operations of five sample collection sites in the refugee camps during the COVID-19 pandemic. In total 40 health care professionals (including doctors, nurses, paramedic and laboratory staff) from government and other partner agencies completed the training. Additionally, during the reporting period 20 laboratory personnel engaged a one-day training session on general laboratory practices with the aim of improving and reinforcing best practices in routine laboratory work. During the reporting period, supportive supervision visits were conducted by WHO team to 37 World Bank funded health facilities established in the Rohingya refugee camps. A needs assessment for trainings, equipment and supplies was also conducted during the visits to better plan interventions for these facilities

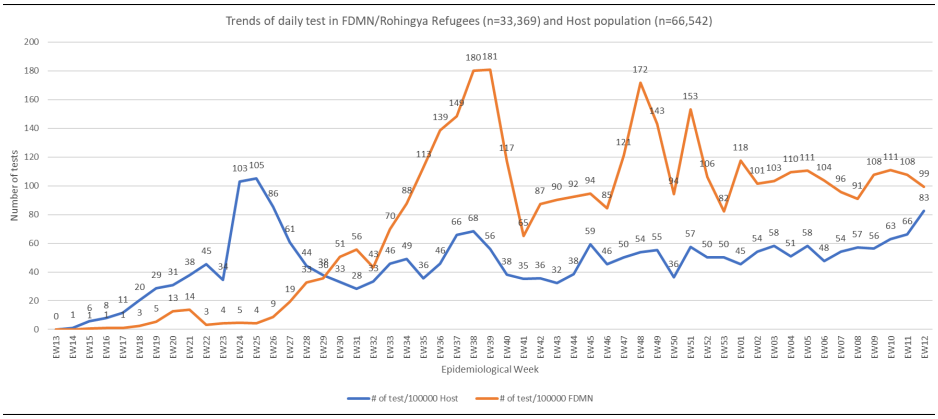


Figure 9: Number of tests conducted per million among the host population and the Rohingya refugees/FDMN

*The Government of Bangladesh refers to Rohingya as "Forcibly Displaced Myanmar Nationals". The UN system refers to this population as Rohingya refugees, in line with the applicable international framework. In this document both terms are used, as appropriate, to refer to the same population.

INFECTION PREVENTION AND 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 Infection, Prevention and Control (IPC) has been provided to 2 390 humanitarian health care workers and government staff. On 24th March, the IPC Technical working group held its 11th meeting of 2021 where WHO provided feedback of the COVID-19 Intra Action review on IPC interventions and a follow up on action points was discussed. During the meeting, WHO also addressed the need for PHCs and field Hospitals to assign IPC focal persons and constitute IPC committees by mid-April.

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 (01) working group meeting along with one (01) case conference for SARI ITCs and two (02) case conferences for ICU were conducted. As of 28 March 2021, there are 13 operational SARI ITCs in the camps with a total of 502 functional beds open and 415 on stand by. The SARI ITC bed ocupancy is currently 110. At the 250 Bed District Sadar Hospital, the Intensive Care Unit (ICU) has 10 beds while the High Dependency Unit (HDU) has 8 beds and the Severe Care Unit (SCU) 20 beds functional beds. At the moment, 22 beds are occupied.

ESSENTIAL HEALTH SERVICES

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 run by Health Sector partners to provide services to the population include 38 primary health care centers (PHCs), 97 Health Posts (HPs), 23 special facilities and three field hospitals.

Photo: Under the Health Sector MHPSS working group, WHO and other UN agencies conducted supportive supervision sessions with councillors and psychologists working on the field during the fire incident.

Three days after the fire broke out in the refugee camps, WHO organized two training sessions on management of burn for 130 healthcare professionals working in MMTs, primary and secondary health facilities in Cox's Bazar. The two webinars on "Emergency Burn Mass Casualty Incident (MCI) First Aid care for Mobile Medical Teams" and "Severe Burns Emergency Resuscitation Care, Stabilization & Packaging" were conducted by international experts from the Australian Medical Assistance Team (AUSMAT). These trainings are part of the WHO and IOM capacity building programme already started in February 2021 to enhance the capacity of fire emergency response in Cox's Bazar. Further in-person trainings are planned for the coming days to enhance fire safety on health care facilities in collaboration with Civil Surgeon Office, the Refugee Relief & Repatriation Commissioner (RRRC), the Fire Service and Civil Defence Authority, the Cox's Bazar Medical College and the International Committee of the Red Cross (ICRC).

Currently, WHO continues supporting mhGAP trained health professionals working in the camps and in the nearby host communities to handle these stressful times caused by the devastating fire in Camp 8W and 9. In the immediate aftermath of the fire incident, WHO psychiatrist is offering remote stress management and counselling sessions for humanitarian workers on the field. Further to this, WHO offered Psychological First Aid (PFA) supportive supervision in camps 8W and 9 as part of the early response to the fire. This support was extended to psychologists from different partner organizations, including BRAC, Save the Children and IOM.

To continue strengthening psychosocial services in the refugee camps, WHO also organized a 3-day mhGAP training for healthcare professionals in Cox's Bazar. A total of 31 health service providers engaged the training, including 19 Doctors, 5 Counselors, 6 Psychologists and 1 Medical Assistant. Out of the total, 37% of the participants were working in government-led health care centers, while the remaining 63% worked in facilities managed by health partner organizations in the camps. These training sessions helped these healthcare professionals who often handle high-pressure situations to better cope with the stress and to improve psychosocial support to the beneficiaries. In addition, WHO carried out supportive supervision sessions in camps 21, 25, 19 and 2W in Teknaf and at Ukhia Upazila to assist staff trained on mhGAP better integrate mental health services and psychosocial support in primary health care services.

WHO and Health Sector partners continue supporting the Government of Bangladesh (GoB) in the preparation for the COVID-19 vaccination campaign for the Rohingya community, scheduled to start in the coming weeks, pending the revised arrival date of the allocation of vaccines from the COVAX facility for Bangladesh. WHO Immunization and Vaccine Development (IVD) team implemented a series of trainings on operational guidelines for COVID-19 vaccinations in the Rohingya community and on Adverse Events Following Immunization (AEFI) of COVID-19 Vaccination at Ukhiya and Teknaf Health Complexes. Around 450 health professionals, including focal doctors, nurses, vaccinators and supervisors completed the training sessions. The COVID-19 vaccination campaign for international humanitarian workers has started in Cox's Bazar district.

Photo: WHO continued the implementation of a series of trainings on Adverse Events Following Immunization (AEFI) of COVID-19 Vaccination at Ukhiya and Teknaf Health Complex after the fire incident.

Routine immunization (RI) sessions continue, 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 Government with technical assistance from WHO and other partners based on data collected in 2020. Since February 2021, the new revised microplan has been implemented in the camps. Outreach sessions have been conducted for the Rohingya community and for the health care facilities in the camps. Trend of vaccine receiving is increasing as the coverage gaps in the blocks/sub-blocks were identified based on the data. A separate Measles Missed Children line list was created and shared with Vaccinators to update and involve CHWs for community mobilization.

The fire incident on 22nd March also caused loss of official medical records and other documents, including on child and maternal vaccination, stored in the health care facilities that were affected by the fire. WHO is working closely with Community Health Workers (CHWs) to back up and restore data on vaccination registers. Furthermore, WHO is working to re-establish communications with the heath care facilities affected by the fire for Acute Flaccid Paralysis (AFP) and VPD surveillance.

Following the reported increase of Varicella Zoster (Chicken Pox) cases in the Rohingya refugee camp, WHO organized a training session to the health sector partners on the infection and its clinical management. Clinical management of cases, prevention of spread within the healthcare facilities, and referral pathways within the camps for patients with complications were some of the topics addressed during the session. In March 2021, WHO Tuberculosis (TB) field assistants conducted 08 sessions and visited approximately 500 households on TB community awareness in the refugee camps and host community of Ukhiya and Tekhnaf Upazilla. They distributed sputum collection pot and refer the TB suspect to the near-by BRAC facility for further evaluation on diagnosis of TB. During the reporting period WHO collected data in reference to TB activities. Medical technologists performed 170 and 120 GXP tests and 90 and 100 routine microscopy tests for TB diagnosis in Ukhiya and Teknaf UHC respectively, having helped collecting samples for COVID-19 at UHC. Radiographers conducted a total 45 X-rays including Chest X-rays for referred patients in Teknaf UHC for TB & COVID-19 suspect cases & other respiratory illnesses. On March 24th, WHO and health partners celebrated the World TB day. A community awareness programme for TB and sample collection were conducted at Upazila level in Cox's Bazar.

MONSOON AND CYCLONE PREPAREDNESS

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 list of camp health focal points is maintained and updated regularly. During the reporting period, WHO and IOM, as co-chairs to the Emergency Preparedness and Response Working Group, compiled the final version of the Health Sector Preparedness and Response Plan to Monsoon and Cyclone. This plan has been shared with health partners for dissemination. In addition, the Emergency Preparedness and Response Technical Committee is also working on the Preparedness and Response Plan to Mass Casualty Events in the refugee camp. A draft plan will be shared in the next two weeks among critical partners for their feedback.

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. The WHO Operational Support and Logistics team took an immediate response in the fire incident that broke out on 22nd of March across three refugee camps. WHO dispatched 10 Interagency Emergency Health Kits (IEHK) and 3 Trauma and Emergency Surgery Kits (TESK) to other health partner organizations working in the camps. Distribution of an additional 14 IEHK Basic, 12 IEHK supplementary, 23 TESK and 18 Emergency Reproductive Health Kit (ERH) were provided within the first 48 hours. WHO also provided logistical support with the supply of tents, equipment and medical commodities to partners whose facilities were damaged or destroyed by the fire. A Medical Camp Kit Tent was handed over to Reaching People in Need (RPN) to ensure the temporary provision of health services for the refugee camps affected. In addition, Mobile Medical Teams (MMTs) used WHO trauma bags and kits, including first aid and surgical items. WHO is closely working with the engineers of the Turkish Field Hospital to ensure that the WHO Emergency Preparedness and Response (EPR) stockpiling container is fully functional for the upcoming monsoon and cyclone season. Preposition of new kits and supplies will take place in the coming weeks.

During the reporting period, a total of 7.53 MT total volume 37.62 Cubic meters of Medicines were deployed to Cox's Bazar including medicines, PPE and sample collection kits for the diagnosis of COVID-19. WHO continues its logistic support to the IEDCR Field Laboratory with two vehicles providing transportation of COVID-19 sample collection in the Camps. In the coming days, WHO will support the Health Sector in the distribution of 8000 pieces of cloth masks to Community Health Workers for COVID-19 prevention.

Photo: WHO provided tents, medical supplies and equipment to those facilities damaged by the fire in order to support the temporary provision of primary health services in the refugee camps affected.

SUBJECT IN FOCUS: Enhancing the capacity of fire emergency response among health partners in the world´s largest refugee camp, Cox´s Bazar

Burns are a global public health problem, accounting for an estimated 180 000 deaths annually. The majority of these occur in low- and middle-income countries and almost two thirds occur in the WHO African and South-East Asia regions. In addition, non-fatal burn injuries result in lifelong disabilities and disfigurements, often with resulting stigma and rejection.

Context

A burn is an injury to the skin or other organic tissue primarily caused by heat or due to radiation, radioactivity, electricity, friction or contact with chemicals. Skin injuries due to ultraviolet radiation, radioactivity, electricity or chemicals, as well as respiratory damage resulting from smoke inhalation, are also considered to be burns.

Globally, burns are a serious public health problem. An estimated 180 000 deaths occur each year from fires alone, with more deaths from scalds, electrical burns, and other forms of burns, for which global data are not available. According to the Global Health Estimates, 95% of fatal fire-related burns occur in low- and middle-income countries, such as Bangladesh. In addition to those who die, millions more are left with lifelong disabilities and disfigurements, often with resulting stigma and rejection.

The suffering caused by burns is even more tragic as burns are so eminently preventable. High-income countries have made considerable progress in lowering rates of burn deaths, through combination of proven prevention strategies and improvements in the care of burn victims.

Fire incidence in the world's largest refugee camp in Cox's Bazar

Informal settlements, as the refugee camps in Cox's Bazar, may face a high risk of large and multiple-dwelling fires due to the different factors such as the high density of shelters and the use of combustible construction materials such as bamboo and plastic sheeting. Poor electrical installations, the use of kerosene lamps and poor accessibility for fire response vehicles are also considered high risk factors for the rapid spread of a fire. In addition, specific risks arise in health facilities due to the use of oxygen concentrators and ventilators.

Since May 2018 until February 2021, the refugee camps in Cox's Bazar had registered 165 fires, with 6 deaths reported, a hundred of injured and a thousand of shelters damaged.

Photo: WHO and partners estimate that 45 000 Rohingya refugees were impacted by the fire that broke out in the Cox's Bazar refugee camp on 22 March 2021.

On 22 March 2021 a massive fire broke out across camps 8E, 8W and 9 in the world's largest refugee settlement in Cox's Bazar, making 45 000 Rohingya refugees homeless overnight. The fire resulted in eleven deaths confirmed by government and a significant number of injured. In addition, six health facilities were partially damaged or fully destroyed during the fire incident, including a secondary health center (Turkish Field Hospital) which played a key role as a referral facility in the camps.

WHO Emergency Preparedness and Response

In the evening of 22 March, WHO conducted an initial on-site rapid assessment to document the impact of the fire in health services and help guiding the Health Sector's response. A Health Sector response coordination mechanism was established in the early hours of the fire incident as part of the Health Sector Emergency Preparedness and Response Plan.

Six Mobile Medical Teams (MMTs) from Health Sector partners were deployed in the affected areas of the camps to respond to the emergency, coordinated through the Health Sector Mobile Medical Team (MMT) working group, as part of the WHO and IOM co-chaired Emergency Preparedness and Response Technical Committee. MMTs also reinforced health service delivery in non-affected health facilities near the camps, anticipating higher patient loads.

Under the coordination of the Health Sector Mental Health and Psychosocial Support Working Group (MHPSS WG), over 300 MHPSS personnel were mobilized from 23 March onwards, having provided Psychological First Aid (PFA) support to more than 9500 individuals. The MHPSS emergency teams helped reduce the initial distress of the affected communities and supported individuals to address their basic needs through referrals in the affected areas

Operations and Logistic Support

WHO immediately dispatched 10 Interagency Emergency Health Kits (IEHK) and 3 Trauma and Emergency Surgery Kits (TESK) to other health partner organizations working in the camps. Distribution of an additional 14 IEHK Basic, 12 IEHK supplementary, 23 TESK and 18 Emergency Reproductive Health Kit (ERH) were provided within the first 48 hours. WHO also provided logistical support with the supply of tents, equipment and medical commodities to partners whose facilities were damaged or destroyed by the fire.

Capacity Building on Fire Safety and Burn Care

Prior to the devastating fire occurred on 22 March, the Health Sector in collaboration with WHO and IOM already started a capacity building programme to enhance the capacity of fire emergency response in Cox's Bazar. On 15 and 16 February 2021, two webinars on Fire Safety and Burns Care were organized for healthcare managers and clinical staff working in the camps. The trainings conducted by ARUP Fire Engineering Consultants and the Australian Medical Assistance Teams (AUSMAT) covered topics related to fire safety of health facilities and the clinical care of burn, and gathered 125 and 85 participants, respectively.

Only three days after the major fire incident, WHO organized two training sessions on management of burn for 130 healthcare professionals working in MMTs, primary and secondary health facilities in Cox's Bazar. The two webinars on "Emergency Burn Mass Casualty Incident (MCI) First Aid care for Mobile Medical Teams" and "Severe Burns Emergency Resuscitation Care, Stabilization & Packaging" were conducted by international experts from the Australian Medical Assistance Team (AUSMAT).

WHO is currently conducting five batches practical trainings on fire safety of health facilities and burn care in collaboration with the Fire Service and Civil Defence Authority, the Cox's Bazar Medical College and the International Committee of the Red Cross (ICRC). Successful participants will act as fire response focal points in their respective health facilities and will build the technical and operational capacity of fellow colleagues to ensure sustainability and further strengthened response to fire incidents in the future. These facility preparedness and clinical management trainings are expected to complement the efforts of various partners who are the first line responders in the event of fire at household levels, including the Rohingya Community Health Workers (CHWs).

Fire safety and oxygen management in the SARI ITCs

In March 2020, WHO initiated and coordinated the establishment of 14 Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centers (ITCs) in Cox´s Bazar to meet the projected demand of COVID-19 positive cases in the camps and nearby host communities. With a capacity of nearly 1200 beds, these facilities can provide treatment for mild, moderate and severe cases of COVID-19, including provision of oxygen.

Due to the large number of oxygen cylinders required to secure oxygen supply 24 hours a day, consideration of their safe storage and management was a priority, in particular from a fire safety point of view. In June 2020, the Health Sector Clinical Management working group led by WHO organized a session on fire safety and oxygen management in collaboration with ARUP Fire Engineering Consultants. Following this training, various partners developed well documented fire safety plans for their SARI ITCs, such as the IOM SARI ITC in Camp 20 Extension.

Next steps

Further efforts to enhance all-hazard emergency preparedness of health facilities in the camps, through strengthening mass casualty management planning, conducting health facility assessments and building capacity of staff are on the way.

Photo: Considerations on safe oxygen storage and management were considered during the construction of the 14 SARI ITCs in the camps, due to the large number of oxygen cylinders required.

Photo: Starting on 1 April 2021, WHO in collaboration with partners is conducting a practical training on fire safety of health facilities and burn care to enhance the capacity of fire emergency response in Cox's Bazar.

	Last 24 hours	Total
COVID-19 tests conducted	26 931	4 670 576
COVID-19 positive cases	5358	611 295
Number of people released/recovered	2219	542 099
COVID-19 deaths	52	9046

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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