





Emergency: Rohingya Crisis

Monthly Situation Report # 4

Period covered: 1 – 30 APR 2022

Location: Cox's Bazar, Bangladesh

Population	 Total Population	 Total number of tests conducted	 Total lab-confirmed COVID-19 cases	 Total COVID-19 related deaths
Rohingya refugees	925 380*	99 607 (3 447)	5 992 (20)	42 (0)
Host Community	541 021	207 863 (3 346)	23 447 (3)	269 (0)

Note: The figures above are cumulative since the beginning of the pandemic, in parenthesis the monthly cases.

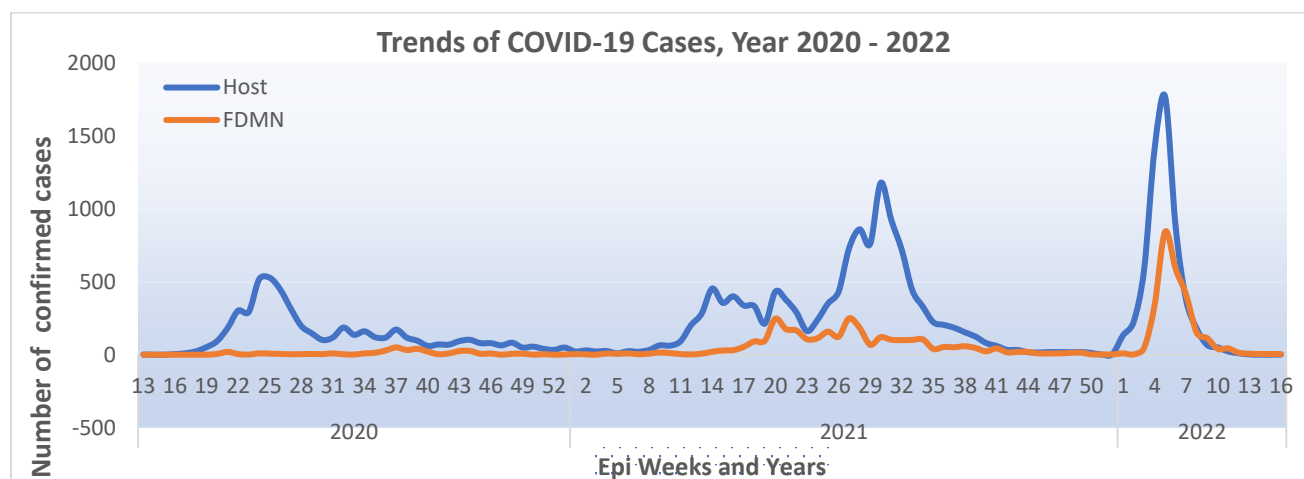
* Total including Bashan Char, Source: UNHCR Bangladesh Operational Update April 2022 (<https://data.unhcr.org/en/documents/details/92906>)

COORDINATION, PLANNING, AND MONITORING:

- ❖ COVID-19 Vaccination: By April 2022, supported by WHO and other partners, the government has endorsed plans to conduct another round of COVID-19 vaccination targeting about 115,000 Rohingya refugees above 18 years of age to receive Sinopharm® vaccine.
- ❖ Scaling back multi-sector COVID-19 contact tracing mechanism: Considering the low COVID-19 infection rate with Test Positivity Rate <1%, the Health Sector in collaboration with the Site Management and Site Development Sector revised the approach to Contact Tracing, reducing the resources/volunteers dedicated to this activity. The Health Sector Community Health Working Group (CHWG) will continue with the Contact Tracing activities until deemed necessary to expand to volunteers from other sectors
- ❖ COVID-19 preparedness: Given lessons learned from past years, Cox's Bazar saw an uptick in COVID-19 in the immediate period after the Holy month of Ramadhan possibly related to reduced compliance to the social measures. In preparation, WHO distributed up to 120,000 pieces of cloth face mask to targeted camps, congregation points.
- ❖ Activation of multi-agency/multisector response to Scabies: To mitigate the observed seasonal rise in scabies in a few camps, the Health Sector Epidemiology Working Group activated a targeted response in coordination with WASH sector, Risk Communication and Community Engagement WG and health actors in the priority camps to increase access to treatment for cases and household contacts, health education, and improving WASH conditions.

SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION:

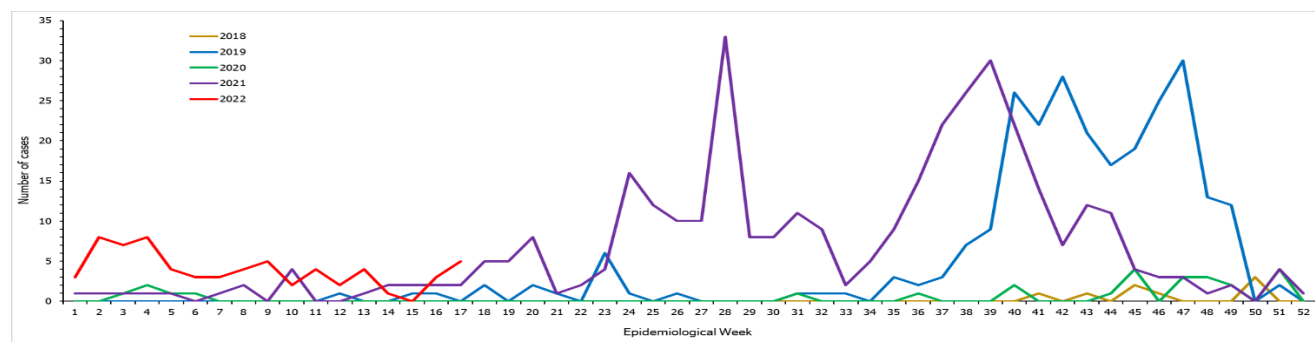
By the end of April 2022, 23,447 cases of COVID-19 (65% male and 35% female) were reported in the Cox's Bazar host community. Among the Rohingya refugees, a total of 5,922 (Females- 55%, Males- 45%) COVID-19 cases were reported. In April 2022, a total of 2 new positive cases were registered in the host population with a TPR of 0.1% while 13 new confirmed cases were reported among the Rohingyas with a monthly TPR of 0.5%. See data at [Cox's Bazar COVID-19 dynamic dashboard](#)



There were two new COVID-19 confirmed deaths among the host population, with cumulative deaths at 269 and the Rohingya Refugees' deaths at 42 as of April 2022. WHO is closely supporting contact tracing through the Camp Health and Disease Surveillance Officers (CHDSOs). Contact tracing continues across the camps through a network of 33 supervisors and approximately 150 volunteers working within the COVID-19 Rapid Investigation and Response Teams (RIRTs) for COVID-19.

Acute Watery Diarrhea

In the reporting period of April 2022, there were 13 RDT confirmed/Suspected cholera cases in the host and refugee populations; of these four (4) were culture-confirmed cholera cases. The refugee population bears the burden of the disease as it accounts for 54% (7/13) of cumulative RDT confirmed cases. The AWD yearly trends are seen below the graph.



Varicella

An increase of varicella cases was detected among Rohingya Refugees with a total of 7,134 suspected cases as of April, of these 4,141 reported in month of April 2022. The highest increase in suspected cases was reported at the end of March/beginning April which accounted for 28% (1,151/4,141) of total cases. Under-five years were the most affected as they contribute 61% of total cases so far reported.

Diphtheria

In April 2022, a total of 37 Diphtheria cases were reported, of these 5 were confirmed, and 32 were suspected cases. In 2020, pentavalent vaccination coverage among infants under 1-year-old had declined among the Rohingya refugees due to the COVID-19 pandemic – hence the recent confirmed cases heighten the risk of a resurgence.

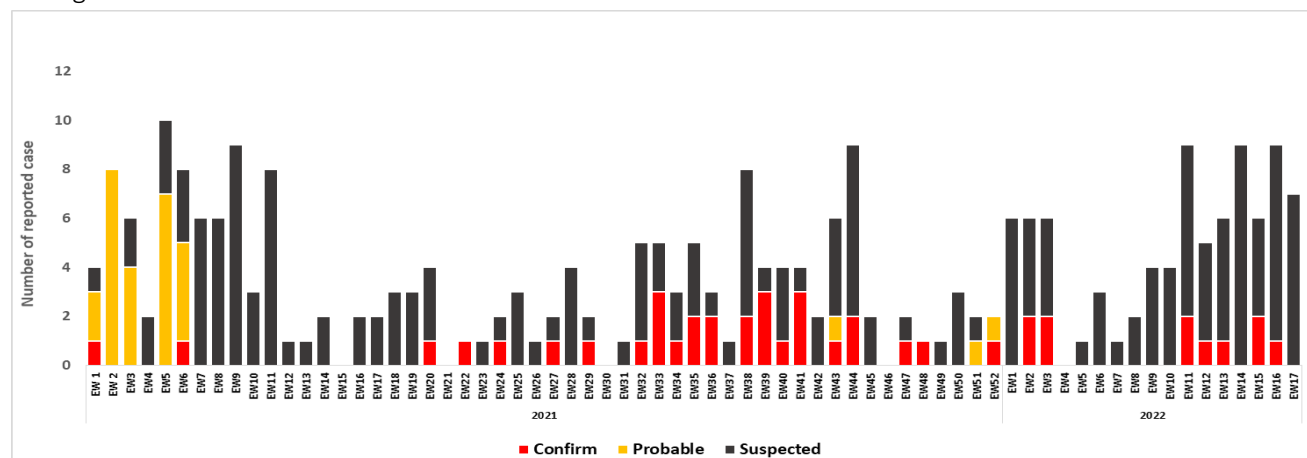


Figure: Total number of diphtheria cases reported in EWARS from 2021 – Epi week 18, 2022

Skin infection (Scabies)

There have been rising skin infections among Rohingya Refugees in Cox’s Bazar in the past five years (2017-2021). According to data on DHIS2, there is a 1.8-fold increase in Skin infection consultations in 2022 compared to 2019 while consultations on skin infections reported in 2021 are 45% higher than in 2020. From health facility data on scabies, in April 2022, there was a total of 33,389 new consultations of skin infection, of these, 13,889 (42%) were scabies. Patients aged above 5 years seem most affected as they contributed 68% of total cases so far reported with no gender difference.

In April, a community assessment survey has been started and over 113,000 households and 180,909 individuals were reached. CHWs confirmed 18,505 scabies cases across all camps—an average of 10.2% prevalence rate that crosses the transmission threshold for mass drug administration. Eight camps reported community transmissions over 10%, with four camps reporting borderline 10% thresholds. A further 14 camps show infestations between 5% and 10%. WHO is currently exploring the availability of treatment supplies for mass administration of scabies treatments. Health partners will also implement risk communication and community awareness campaigns with a focus on WASH as a cost-effective control solution. WHO emphasizes the need for strengthening case management and referral practices.

Mortality Surveillance in April one (1) confirmed maternal death had occurred in health facilities with an additional 9 probable maternal/WRA (12-49 years) deaths recorded through Community Based Mortality Surveillance.

CLINICAL CASE MANAGEMENT

In April 2022, the WHO-led health sector case management working group conducted one meeting to update the health partner managers on case management situations, epidemiological analysis related to case management, and to provide operational guidance in alignment with the government and health sector strategy. WHO also coordinated one bi-weekly online case conference for clinical staff working in the ICU/HDU department of Cox’s Bazar District Hospital on the management of Critical COVID-19 cases with the participation

of 8 healthcare professionals (7 males and 1 female). A case of suspected COVID-19 with Pulmonary Embolism and Acute Gastroenteritis in a patient following the removal of an implant with Ilizarov fixation secondary to non-union of fracture shaft of femur (hip bone) was discussed during the case conference.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Updated and shared weekly English and Bangla versions of the radio script on COVID 19 update among host and refugee community for airing through Bangladesh Betar and Community Radio Naf 99.2 FM.
- Reviewed, and finalized the IEC material, PH messages, and FAQs on COVID-19 vaccination for the Rohingya Refuge and FDMN communities to enable Community Health Working Group and Communication For Development network to mount effective community engagement activities on the ground to enhance the vaccine uptake.
- Developed and disseminated the IEC materials on World Health Day 2022, World Vaccination Week, and World Malaria Day among the health sector partners.
- Drafted, reviewed, and finalized Public Health and Hygiene Promotional messages for prevention and control of Scabies in Rohingya camps for Health and WASH sectors through Communication with Communities and Hygiene Promotion network.
- Developed public health messages on Ramadan and IEC materials on Eid ul Fitr celebration and disseminated for community engagement actions to sensitize Rohingyas and the host population to adopting health approaches during the celebration with compliance to the public health and social measures to COVID-19.

ESSENTIAL LABORATORY SERVICES

- The IEDCR Field laboratory at Cox's Bazar Medical College with support from WHO continues to conduct COVID-19 testing for samples collected from the Rohingya camps and host community. By 30 April 2022, a total of 330,117 COVID 19 tests had been conducted by the lab since the start of the pandemic. Specifically, for the Rohingya camps, from the start of the pandemic until 30 April 2022, a total of 99,330 samples had been tested with 5,653 samples being tested in April 2022 alone. WHO maintained the sample collection and transportation network with dedicated vehicles and support with supplies to all 45 sentinel sites in and around the Rohingya camps.
- Blood transfusion safety monitoring and technical support to fully operationalize the blood transfusion center in Teknaf Upazila Health Complex which started in April 2022. Logistical support is also being extended by WHO through the procurement of supplies and consumables for the blood bank and laboratory at Sadar Hospital as part of the Health and Gender Support Project.

INFECTION PREVENTION AND CONTROL

- WHO and Infection Prevention and Control (IPC) TWG Technical Working Group (TWG) conducted the first quarterly supportive supervision for all the 13 SARI ITCs. The standard of IPC in these facilities was well maintained.
- The IPC TWG conducted the 22nd online meeting co-chaired by one of the health sector partner-Dhaka Community Hospital Trust. The main discussions hinged around improvement of medicine storage, improvement of staff health and safety, and environmental cleaning.
- Health partners continue to use the scorecard for monitoring monthly IPC performance. Sixty-four percent of the health partners reported their score cards including 50% of filed hospitals, 68% of PHCs, and 63% of health posts. The scorecards have helped trigger continuous improvement of IPC in the Rohingya refugee camp facilities.

Health Care Waste Management

- Technical assistance extended to the WHO Bangladesh Country Office to identify the technical agency to capacitate the Upazila in Cox's Bazar with effective management of the health care waste generated in their health facilities.
- Technical assistance provided to Bangladesh Red Crescent Society and RTMI/UNFPA for planning a hands-on training for operating the newly built De Montfort incinerator at the district Maternal and Child Welfare Centre.
- Facilitated the WASH Sector with coordination of geo-locations for primary and secondary health care facilities to coordinate the existing Material Recovery Facilities for disposal of medical wastes discarded in the communal spaces.

ESSENTIAL HEALTH SERVICES

Communicable diseases

- **Training on diagnosis, treatment, and prevention of Scabies for HCWs**

In response to the reported trends of skin diseases, with an increased proportion of these being due to Scabies, in the Rohingya refugee camps, WHO conducted a series of training on scabies prevention, control, and treatment with the differential diagnosis for healthcare workers from in Ukhiya and Teknaf. A total of 113 Health Care Workers (41 female and 72 males) were trained. Among them, were 63 physicians and 50 medical assistants.

- Following the training, a series of post-training monitoring visits were conducted at 29 Health facilities of 18 Organizations in 14 FDMN camps to review the clinical management capacities and availability of distributed IEC materials on scabies. Medicines storage for the treatment of scabies was found to be insufficient in most facilities.



Tuberculosis:

- A total of 314 GeneXpert tests (Male -144 & Female- 170) and 626 routine microscopy tests (M- 298, F- 328) were done in Ukhiya and Teknaf UHC for TB diagnosis.
- Among them, 38 (30 male, 08 female) tested positive for TB (Host & FDMN) in April 2022.
- Similarly, 39 chest X-rays were done (20 male, 19 female) in April for TB & COVID-19 suspects at Teknaf UHC.

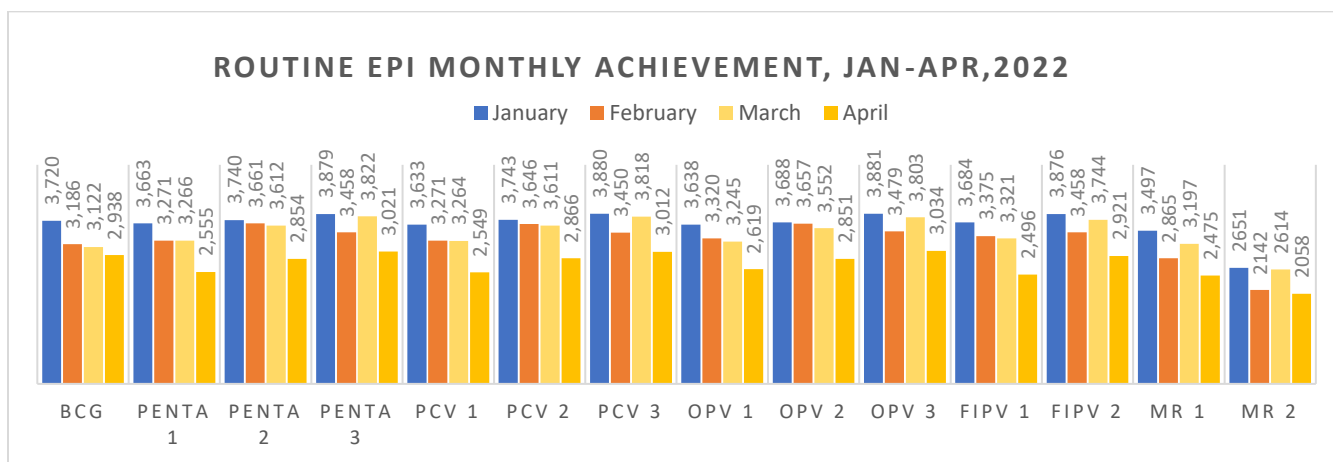
- TB field assistants also reached over 450 people and conducted 10 field sessions for community awareness programs in refugee camps and host communities to distribute sputum collection pot to the TB suspect and refer them to the nearby BRAC facility for further testing.

Immunization

Routine Immunization and AFP & VPD surveillance update:

Routine Immunization sessions are being continued uninterrupted in FDMN camps. From January- to April 2022, children under the age of 2 received more than 183,000 different antigens.

AFP & VPD surveillance activities are also being continued through the active and passive surveillance systems. Up to 30 April 2022, 152 suspected Measles samples and 6 AFP samples have been collected after investigation. Among them, 9 Lab Confirmed Rubella and 1 Lab Confirmed Measles cases were found from different camps. Out of 6 AFP cases 5 are classified as Non-Polio AFP and 1 report is pending.



Non-Communicable Diseases (NCD)

- In April 2022, as part of the Noncommunicable Diseases (NCDs) program with the technical assistance of WHO, a total of 27,182 patients (Rohingya refugees & adjacent host community) from Ukhiya & Teknaf were reported in DHIS-2 to have sought care with NCDs from health facilities situated in Rohingya refugee camps. Among the monthly NCD consultations, Hypertension was reported with the highest percentage of 36% followed by Diabetes Mellitus (35%), Chronic Obstructive Pulmonary Disease (9%), Asthma (7%), cardiovascular disease (1%), and other NCDs/chronic conditions (12%).
- In collaboration with the International Organization for Migration (IOM), WHO is conducting the second round of piloting of the noncommunicable diseases (NCD) register and screening register in two (2) primary health care centers and two (2) health posts. In this reporting period, 401 beneficiaries aged ≥40 years (166 males and 235 females) were screened for Hypertension and Diabetes Mellitus. Among the screened beneficiaries, 145 persons (59 males and 86 females) were identified with high blood pressure and/or high blood sugar, received treatment as per national NCD guideline and disease information were recorded in the NCD register and screening register undergoing piloting.
- In collaboration with the United Nations High Commissioner for Refugees (UNHCR) and Community Health Working Group (CHWG), WHO facilitated technical sessions on 'Noncommunicable Disease (NCD) Prevention' to train 103 community health worker supervisors/managers/coordinators (68 males and 35 females) as part of 'Training of Trainers (ToT) on Community Health Worker (CHW) Core Package' arranged in 3 batches. In these sessions, participants were oriented on risk factors related to the development of NCDs, the importance of community-level screening, and basic community-based interventions required for the prevention of NCDs among beneficiaries.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

mhGAP training

During the reporting period, WHO facilitated a three-day mhGAP training in Cox's Bazar. The training was organized and funded by IRC. We had selected 28 candidates for the training from camps with no mhGAP trained staff. Amongst the trainees, there were 17 doctors, 5 Medical Assistants, and 6 psychologists. There were 12 female Participants in the training.



At the end of 2021 WHO held a mission visit assessment in Bhasan Char and identified gaps in MHPSS knowledge and skills. To bridge the gaps, in April WHO in collaboration with UHCHR conducted the first mhGAP training. A total of 18 health care workers (6 female and 12 male) were trained. Amongst the trainees, there were 9 doctors, 3 Medical Assistants, and 6 psychologists. - See right above insert photo of the training.

mhGAP Supportive supervision and mentorship

In April 2022, WHO and health partners conducted 14 supportive supervision sessions in Ukhia, Teknaf, and Bhasan Char, supervising 52 health care professionals, including Doctors, Medical assistants, nurses, and Psychologists. The supportive supervision looked at the performance and comparison to standards of evidence-based clinical practice; provision of corrective and supportive feedback on performance; onsite discussion with clients and benefactors; provision of technical updates on guidelines in accordance with the principles of mhGAP Intervention Guidelines; Onsite training; use of data and client input to identify opportunities for improvement; joint problem-solving; case discussions and follow-up on previously identified issues. The sessions are designed to continuously improve the quality of the health care services and integrate mental health and psychosocial support services in the primary healthcare systems

Technical support for mental health patient management in the Rohingya camps

WHO also offered ongoing remote technical support to health workers attending to mental health patients in the Rohingya refugee camps. The support is given through the social media platform WhatsApp and over the phone, where the mhGAP trained doctors reach out to the WHO psychiatrist for real-time advice regarding patient management issues that might be beyond their capacity to handle. A total of 22 consultations (10 male and 12 female) were directly assisted through this innovation in April 2022.

EMERGENCY PREPAREDNESS AND RESPONSE

- Updated the mapping exercise of the emergency health logistics and medical supplies by Mobile Medical Teams and the Health Sector Partners for sharing with ISCG through the Health Sector to complement the preparedness and response readiness to Cyclone and Monsoon.
- Supported the Health Sector to update the health sector camp contingency plan for better health sector preparedness for Cyclone and Monsoon.

OPERATIONAL SUPPORT AND LOGISTICS

- During the reporting period, WHO has supported the sentinel sites in the camps with the provision of 3,850 viral transport medium and 2,500 pcs of Zip lock bag to reinforce the public health response to COVID-19. WHO supported to distribution 120,000 pcs cloth masks to Community Health worker group.
- During the reporting period WHO donated 9,242.92 kg with volume of 14.17 cubic meter of kits, medicines, PPE, and medical equipment to government health facilities and 21 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.

ONLINE COVID-19 Resources:

- 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](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](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](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(COVID-19)-update)
- Previous issues of this Situation Report can be accessed under the following link: <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://www.humanitarianresponse.info/en/operations/bangladesh/health>

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