



Simulation exercise session during Infection Prevention and Control (IPC) master trainers' course in the camp- 06 May 2020

## Emergency: Rohingya Crisis





Situation Report #05

Date of issue: 12 May 2020

Period covered: Week 19

(04 to 10 May 2020)

Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
 Total confirmed cases in Cox's Bazar	91	0
 Total person in Isolation in Cox's Bazar	69	0
 Total number of test conducted	2574	80
 Total deaths due to COVID-19	01	0

*\*Updated as of 10 May 2020*

### HIGHLIGHTS

- A total of 91 COVID-19 positive cases have been reported in Cox's Bazar district as of 10<sup>th</sup> May 2020 as per Civil Surgeon Office, Cox's Bazar. Out of these laboratories confirmed cases, people of age of 19-49 years have been affected the most (76 %).
- No confirmed cases have been reported in Rohingya camps as of 9<sup>th</sup> May 2020. A total of 60 individuals are in institutional quarantine in the camps.
- The health sector has developed an interim concept note for home care and isolation support for persons with mild and moderate symptoms consistent with COVID-19 during the widespread community transmission phase in Rohingya camps applicable when facilities (SARI isolation and treatment centers and isolation units) do not have the capacity to serve mild and moderate COVID-19 cases.

### COORDINATION, PLANNING AND MONITORING:

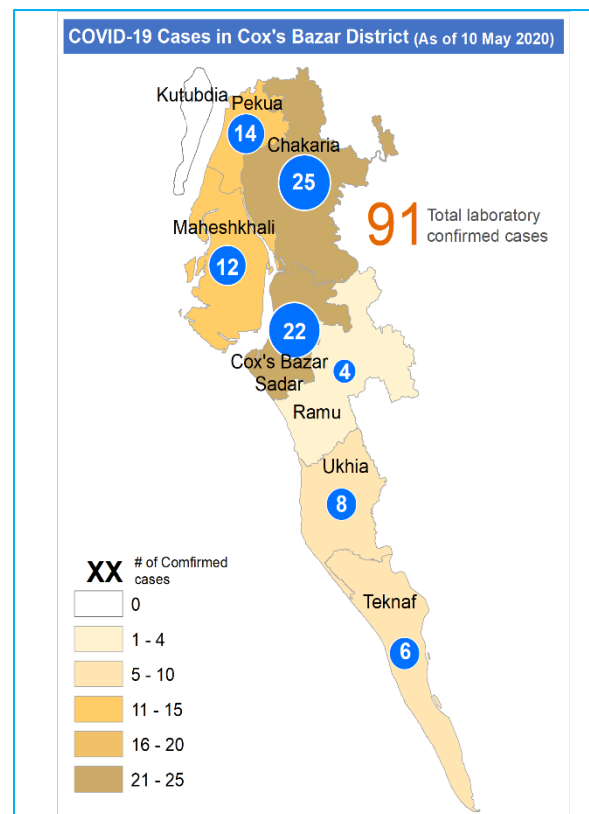
- WHO, together with the Ministry of Health and Family Welfare (MoHFW) and Refugee Relief and Repatriation Commissioner office (RRRC), continues to provide leadership, coordination, supportive supervision, and collaborative support to all health partners and sectors responding to the COVID-19 emergency. Weekly Strategic Advisory Group (SAG) meetings and bi-weekly Health Sector coordination meetings are held and daily updates are shared with partners.
- Health Sector's Camp Health Focal Points (CHFPs) along with camp level stakeholders, health facilities and the Dispatch and Referral Unit (DRU) are ensuring referral pathways are followed up to identify, detect, refer and test persons with suspected COVID-19 infection. Also, CHFPs are ensuring safety and security of suspected cases in close collaboration with camp authorities and community leaders.

### RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:

- WHO continues to engage with community staff and responders working with national health authorities, and other partners to develop, implement and monitor an effective action plan for communicating effectively with the public, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public's health during early response to COVID-19.
- Cumulatively through community health working group (CHWG), 330,496 houses were provided with COVID-19 prevention messages between 22 March and 2 May 2020 reaching at least 679,600. A total of 9,978 sessions were held with 52,335 people participating during the same period.
- Total 146,364 people have been reached through 40,861 neighborhood-based inter-personal communication sessions with key COVID-19 messages and 20,207 people have been consulted on COVID-19 key messages in around 4,130 community consultation meetings and 268 people have been reached through 128 meetings/sessions held to ensure home care of elderly people in the camps by the Communications with Community (CwC) partners.
- In the host community, 4,739 people have been reached through 1,326 community awareness session on COVID-19 and four information service centers operated to receive community people's feedback and complaints. COVID-19 messages are being announced through loudspeaker and megaphone on CNG/Tomtom auto-rickshaw in Cox's Bazar Sadar, Pekua, Maheshkhali and Kutubdia districts/Upazilas by the CwC partners.

### SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION:

- WHO continues to provide epidemiological data to continuously inform operational decision making for the COVID-19 response in Cox's Bazar. As of 10 May, a total of 91 persons from the host population of Cox's Bazar district were tested positive for COVID-19, 12 from Maheshkhali, 14 from Pekua, 25 from Chokoria, 22 from Sadar, four from Ramu, eight from Ukhia and six from Teknaf Upazila.



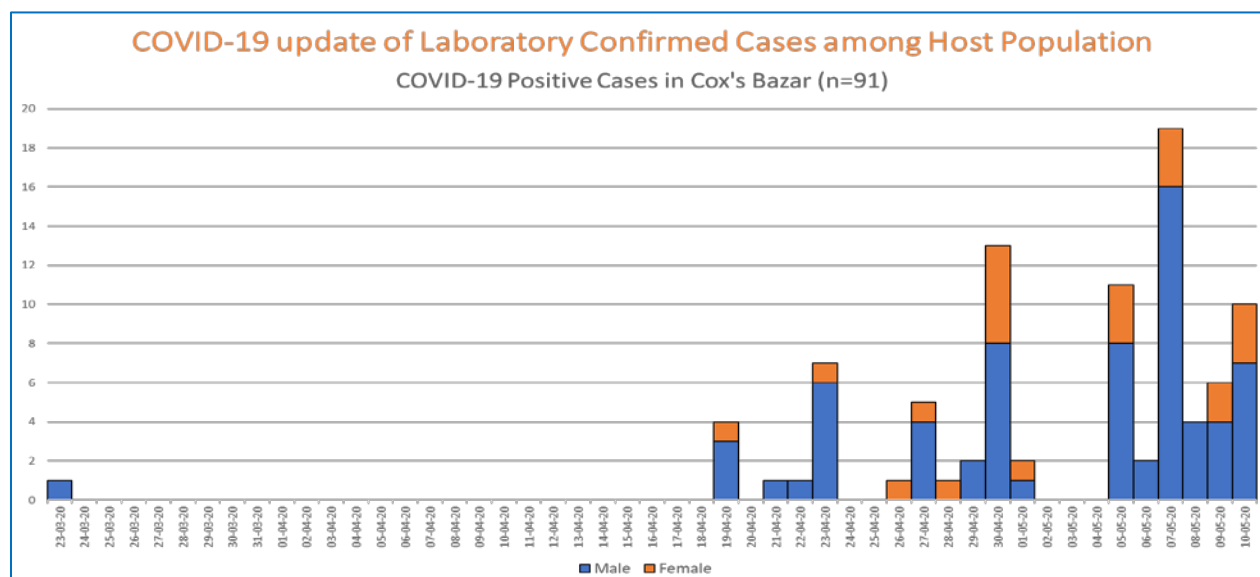


Figure 1: CoVID-19 positive cases among host population of Cox's Bazar.

- To date no confirmed cases of COVID-19 have been detected inside the Rohingya camps.
- To date, over the course of 2020, a total of 352 medical doctors, epidemiologists, nurses and midwives, health facility managers and lab personnel from government and humanitarian partners have been trained on EWARS Refresher Trainings including Rapid Investigation Team Trainings, Contact Tracing and Go.Data App Training.
- Over the last week, 10 volunteers were trained on contact tracing and go.data apps.

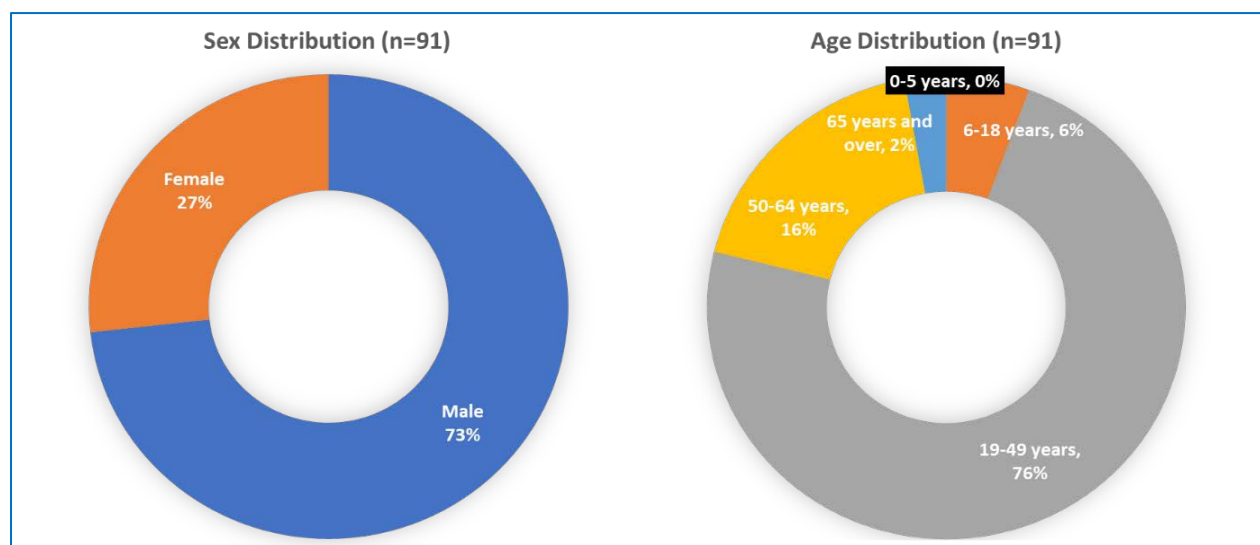


Figure 2: Age and sex distribution of CoVID-19 positive cases among host population of Cox's Bazar

## DISTRICT LABORATORY

- WHO continues to support the IEDCR Field Laboratory in the Cox's Bazar Medical College with human resources, equipment, supplies/consumables and technical and operational expertise. From the start of the COVID-19 testing in the Field Laboratory in early April until 10 May 10, 3200 tests have been conducted, mainly for persons from Cox's Bazar district, but also parts of Bandarban and Chittagong district. A total of 134 test were positive for COVID-19 in Cox's Bazar, all of these were from the host community. So far, 91 tests have been conducted for Rohingya refugees/FDMN with no positive cases till date.
- In total 46 staff have been trained on safe and correct laboratory sample taking handling and transportation for COVID-19 from partner organizations and Government, of which 31 during the month of May. The

trained personnel will support to enhance sample collection for the Forcibly Displaced Myanmar Nationals (FDMN) population.

- Responding to partner requests, WHO has conducted supportive supervision visits at 6 sample collection hub facilities so far in May, with emphasis on proper packaging and labelling of samples.
- The current daily sampling capacity is 180-200 samples/day. WHO is working with authorities to further expand this capacity as soon as possible.

## INFECTION PREVENTION AND CONTROL

- WHO is providing training, supplies and technical guidance on Infection Prevention and Control (IPC) to keep patients, staff and the general population safe. So far, in 2020, 284 healthcare workers have been trained on IPC, including participants from three government facilities and 36 partner facilities. Specifically relating to COVID-19, WHO has completed training of 43 master trainers in May 2020 following the entire journey of a patient from the community through the Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centers (ITC) until discharge home, with key emphasis on IPC considerations.
- Participants of IPC Master Trainers' training for COVID-19 have started rolling out training for different categories of health care workers. This includes 180 cleaners at Cox's Bazar Sadar Hospital.
- Additionally, handwashing, screening and triage started at entry points at Cox's Bazar Sadar Hospital following the master's training.
- IPC for COVID-19 orientation has been offered to approximately 1 607 persons from humanitarian response community.
- Three healthcare facilities from government and partners have been assessed for COVID-19 IPC using a tool adapted from the WHO IPCAF at facility level, and advice for improvement of IPC was provided back to those health facilities. To support facility level supervision and coaching related to IPC and broader WASH in the health facilities, WHO is partnering with NGO "HEKS/EPER", with whom an extensive programme will be rolled out in the coming months.
- IPC supplies were reported as a gap filling measure to Government and partners. Since April 2020, 18 500 pairs of examination gloves, 6 700 surgical masks, 107 face shields, 1 436 respirators, 1 207 bottles of hand sanitizer, and 190 Coverall suits was provided.
- In support of Health Sector Partners, an IPC Technical Working Group formation was initiated on 4 May 2020. The Technical Working Group aims to strengthen initiatives of IPC committees at health facility level.

## CASE MANAGEMENT

- WHO is building capacity in Cox's Bazar to meet the anticipated demand for treatment for COVID-19. Under WHO leadership, partners, have committed to establishment of 1080 additional beds in "Severe Acute Respiratory Infection – Isolation and Treatment Centers", or SARI-ITC in Ukhiya and Teknaf. In these facilities, treatment can be provided for mild, moderate and severe cases of COVID-19, including provision of life- saving oxygen. The first facilities will be operational from mid-May 2020.
- The first phase of Training of trainers on clinical case management for COVID-19 was completed on 7 May 2020 at Ukhiya Upazila Health Complex. To date a total of 81 participants from government isolation facilities and SARI ITCs were trained.  
To ensure appropriate hygiene and cleaning messages are in place during kit distribution for home care and to the elderly, WHO has contributed health related inputs to distribution guidelines for Non-Food Items (NFI) in collaboration with the Shelter Sector. Kit contents were reviewed, and clinical guidance given to WASH sector colleagues to assist in procurement planning of hygiene items for severely ill individuals in isolation or SARI ITCs.
- In close collaboration with the Site Management Sector, operational documents to support engagements of the Rohingya communities on Safe and Dignified Burial in the context of COVID-19 have been finalized
- WHO has continued to be engaged in discussions with partners about health care waste management options for the SARI ITCs. Additionally, the costing for a 2 year health care waste management system for Moheshkali Upazilla Health Complex has been completed.

- In terms of quarantine capacity, as of 10 May, there were 270 active beds for contacts, and 810 beds for incoming travelers. There is an additional 1400 bed quarantine capacity in development. WHO is streamlining the data management from quarantine sites across all relevant stakeholders, including UN and NGO organizations, government and army.
- Over the past week, WHO and the Health Sector continued to work on the “Home-based care for mild and moderate COVID-19 symptoms and isolation support” initiative, in close collaboration with the community health working group (CHWG). This is in preparation for shifting case management should the SARI ITCs reach a 75% bed occupancy threshold, at which point they will only accept severe and critical cases. Other symptomatic individuals will be cared for at home. The Health Sector is in the discussion phase with partners managing health facilities to repurpose medical workers in order to support community health workers (CHWs) in the field during the high community transmission phase.
- WHO engaged with a multisector working group to develop guidelines for home based care for mild and moderate cases and will soon add protocols for severe and palliative care.

## **MONSOON AND CYCLONE PREPAREDNESS**

- Health Sector with support from its working groups and partners regularly updates its contingency plan for Cyclone (April-May) and Monsoon (Jun-July) seasons. Information and data related to health facility functionality, contingency supplies and locations, mobile medical teams, ambulance network and systems to respond to emergencies and list of camp health focal points is being maintained and accessible through the health sector google drive. Updated plan and documents will be shared with partners soon.
- Contingency supplies such as IEHK, Trauma Kits, Surgical kits, Cholera kits, SRH kits and other supplies have been stored at 20 locations in the districts and camps. 1339 CHWs are being mapped across the camps covering an average 147 Households per CHW. 39 24/7 priority health facilities across the camps have been identify and Health Sector and Mobile Medical Team (MMT) working group with support from IOM has planned a refresher training to MMTs observing physical/social distancing protocols.

## **ESSENTIAL HEALTH SERVICES**

- As immunizations are an essential health service that protect susceptible individuals from vaccine-preventable diseases (VPD) WHO continues to provide guidance regarding the operation and sustaining of immunization programs in the context of the COVID-19 pandemic.
- A revised Routine Immunization strategy is currently under development and deliberations with government and partners are ongoing. Vaccine Preventable Disease surveillance is being closely monitored by the government authorities with support of WHO SIMO network.
- In the past week 12 Immunization Health field monitors received trainings to assist the government and partner teams for contact tracing of COVID-19.

## **OPERATIONAL SUPPORT AND LOGISTICS**

- WHO continues distributions of COVID-19 related items on a daily basis to mainly government agencies, as well as implementing partners. 10 different PPE Items with 1.4 MT weight were distributed last week.
- WHO continues to provide expertise for SARI ITC layout designs to implementing partners in refugee camps (UNICEF, IRC, UNHCR, IOM) and in Cox’s Bazar (NRC, CPI, ICRC).
- WHO is providing support in terms of oxygen and PPE supply requirements for treatment facilities, monitoring partners stock, pipeline and gaps, and providing database and liaison with available supply chain procurement and monitoring tools.
- Over the past week WHO provided logistic support to setting up backup power in IEDCR in the Cox’s bazar Medical College and prepared BoQs for partition wall and AC repairs in the facility to enable expansion of the Field Laboratory workspace.

## COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 9 MAY 2020 (BANGLADESH)

	IEDCR Lab	Other Labs	Total
COVID-19 test conducted in last 24 hours	125	5340	5465
Total COVID-19 test conducted	15211	101708	116919
COVID-19 positive cases in last 24 hours	16	620	636
COVID-19 Total cases	2205	11565	13770
<b>Death in last 24 hours: 8</b>			
<b>Total Death: 214</b>			

Hotline at IEDCR for COVID-19 support and information: 01927711784, 01927711785, 01937000011, 01937110011, 01401184551, 01401184554, 01401184555, 01401184556, 01401184559, 01401184560, 01401184563, 01401184568, 01550064901-5

## ONLINE COVID-19 Resources:

- 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)
- 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) website for COVID-19 Bangladesh update: <https://www.iedcr.gov.bd/>

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