



A session of training of trainers on clinical case management of COVID-19 at Ukhiya - 13 May 2020

Emergency: Rohingya Crisis





Situation Report #06

Date of issue: 19 May 2020

Period covered: Week 20

(11 to 17 May 2020)

Location: Cox's Bazar, Bangladesh.

	Host Community	Rohingya refugee/FDMN
 Total confirmed cases in Cox's Bazar	186	5
 Total person in Isolation in Cox's Bazar	139	4
 Total number of test conducted	3958	198
 Total deaths due to COVID-19	1	0

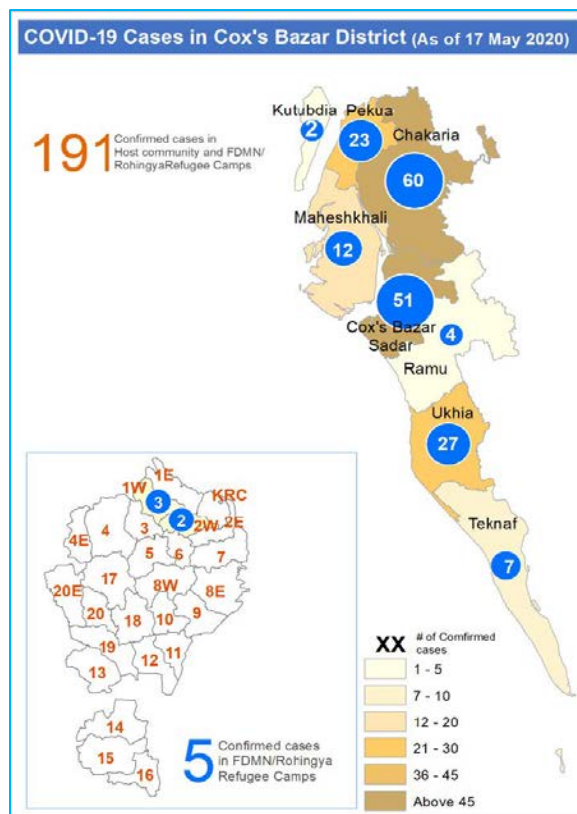
**Updated as of 17 May 2020; FDMN = Forcibly Displaced Myanmar Nationals*

HIGHLIGHTS

- A total of 191 COVID-19 positive cases have been reported in Cox's Bazar district (including Rohingya camps) as of 17 May 2020 as per Civil Surgeon Office, Cox's Bazar. From the laboratory confirmed cases, the average age is 33.9 years (median 31, range 2-90) and around 75% of them are male
- Five confirmed cases have been reported in Rohingya camps as of 17 May 2020. A total of 80 individuals are in institutional quarantine in the camps
- Partners who are managing health facilities were briefed on "Home-based care for mild and moderate COVID-19 symptoms and isolation support" initiative on 11 May 2020. Partners expressed their willingness to support the activity in the event of widespread community transmission in the camps

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
- Home-based care and isolation support interim guidelines (during widespread community transmission phase), with possible repurposing of health facility staff to support this concept, was presented and discussed in a meeting with partners managing health facilities in the camps. It is envisaged that activation of this will require 400 health care workers supporting 2,000 community health volunteers
- Health Sector held its regular health sector coordination meeting focusing on COVID-19 response on 13 May 2020. Partners were updated on the current COVID-19 situation, epidemiological and case management updates of the ongoing response
- Health Sector, together with key partners, reviewed current case investigation protocols to incorporate lessons learned from recent investigations of cases in camps
- Health sector engaged Gender-Based Violence (GBV) actors through GBV sub-sector in collecting information on GBV needs arising as a result of COVID-19. This will inform any necessary adjustment of the health sector action plan on GBV



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. The goal is to help prepare and protect individuals, families and the public's health during early response to COVID-19
- Cumulatively, through communication with communities working group partners, 181,544 people were reached through 26,844 neighborhood-based interpersonal communication sessions on key COVID-19 messages from 7 to 13 May 2020. Additionally, a total of 21,678 people received consultations from 2,331 community consultation meetings on COVID-19 in the camps
- In the host community, 6,121 people have been reached through 1,662 community awareness sessions on COVID-19. Four information service centers operated to receive feedback and complaints from people within the community. COVID-19 messages are being announced through loudspeakers and megaphones on CNG/Tomtom auto-rickshaws in Cox's Bazar, Sadar, Pekua, Maheshkhali and Kutubdia upazilas

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 17 May 2020, a total of 186 persons from the host population of Cox's Bazar district were tested positive for COVID-19: 12 from Maheshkhali, 23 from Pekua, 60 from Chokoria, 51 from Sadar, four from Ramu, 27 from Ukhia and seven from Teknaf Upazila

- To date, five confirmed cases of COVID-19 have been detected inside the Rohingya camps: three of them are from camp 1W and two are from 2W
- The Rapid Investigation team has been deployed and contact tracing initiated for all cases in camps, with go.data utilized as a data collection tool
- To date, over the course of 2020, a total of 390 medical doctors, epidemiologists, nurses and midwives, health facility managers and lab personnel from government and humanitarian partners have been trained on Early Warning Alert and Response System (EWARS) Refresher Trainings including Rapid Investigation Team Trainings, Contact Tracing, and Go.Data App Training
- Over the last week, 10 medical personnel and one data manager were trained on the go.data mobile app and web version

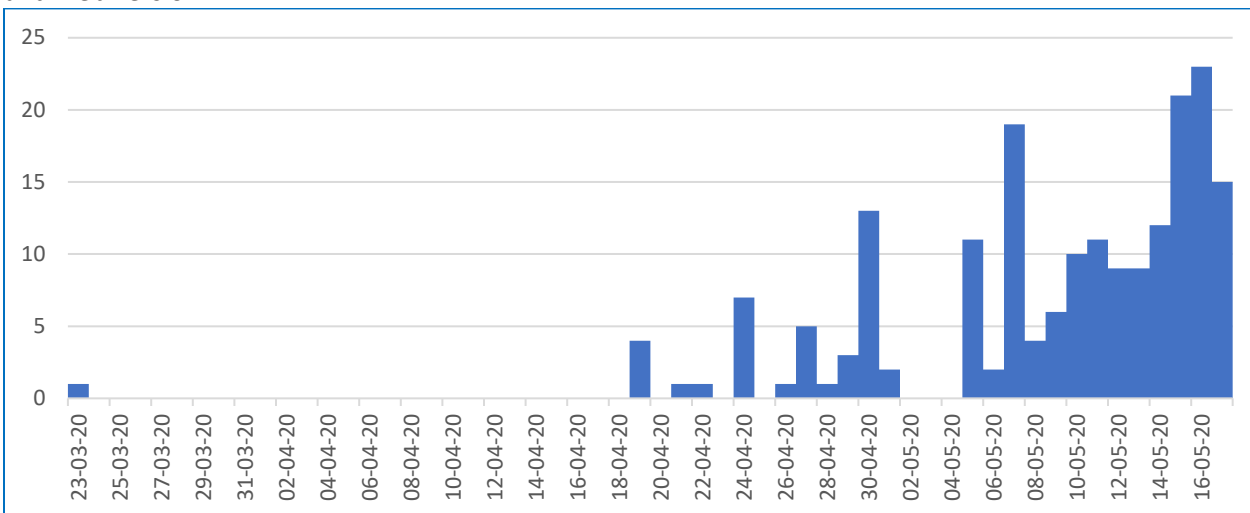


Figure 1: COVID-19 positive case in Cox's Bazar District

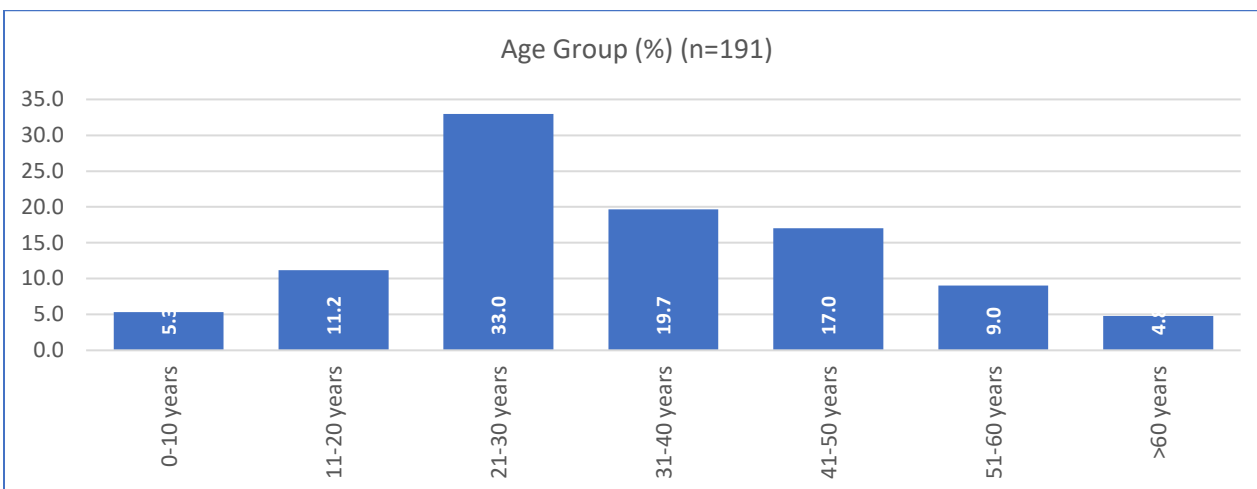


Figure 2: Age distribution of COVID-19 positive cases in Cox's Bazar district

DISTRICT LABORATORY

- WHO continues to support the Institute of Epidemiology, Disease Control and Research (IEDCR) Field Laboratory in the Cox's Bazar Medical College with human resources, equipment, supplies/consumables and technical and operational expertise. From early April until 17 May, 3,958 tests have been conducted in the Field Laboratory, mainly for persons from Cox's Bazar district, but also parts of Bandarban and Chittagong district. A total of 191 tests were positive for COVID-19 in Cox's Bazar. So far, 198 tests have been conducted from Forcibly Displaced Myanmar Nationals (FDMN), with five positive cases to date

- In total, 60 staff have been trained on safe and correct laboratory sample taking, handling and transportation from partner organizations and Government, of which 14 were trained during this reporting week. The trained personnel will support to enhance sample collection for the 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 per day. WHO is working with authorities to further expand this capacity as soon as possible
- Within this reporting week, WHO has supported the IEDCR Field Laboratory in the Cox's Bazar Medical College with supplies and consumables, such as face shields, gloves, distilled water, chlorine tablets and biohazard bags, among other items, as well as technical support

INFECTION PREVENTION AND CONTROL

- WHO continue to provide training, supplies and technical guidance on Infection Prevention and Control (IPC) to keep patients, staff and the general population safe. So far in 2020, 300 healthcare workers have been trained on IPC, including participants from five government facilities and 36 partner facilities. Specifically relating to COVID-19, WHO has completed training of 43 master trainers in May 2020. During the intensive four-day training, the entire journey of a patient from the community through the Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centers (ITC) until discharge home is followed, with key emphasis on IPC considerations discussed and best practices for each step
- Participants of the 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
- WHO supported preparation of guidance and installation of hand washing stations at the entrance points of FDMN camps
- IPC for COVID-19 orientations have been offered to approximately 1,607 persons from the humanitarian response community
- WHO provided training to all 21 doctors of the Government surge contingent "Batch 39" on IPC within a COVID-19 Isolation Unit with emphasis on proper donning and doffing of Personal Protective Equipment (PPE), and hand hygiene, among others
- IPC supplies were reported as a requirement by 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 were provided
- In support of Health Sector Partners, an IPC Technical Working Group 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 1,080 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 oxygen. The first facilities will be operational from mid-May 2020
- To date, a total of 120 participants from government isolation facilities and SARI ITCs participated in the WHO Training of trainers on clinical case management for COVID-19
- 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 1,400 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 initiative would be activated should the SARI ITCs reach 75% bed occupancy threshold, at which point only severe and critical cases will be accepted, with other symptomatic

individuals cared for at home. The Health Sector is discussing with partners the repurposing of medical workers to support community health workers (CHWs) in the field during any high community transmission phase

- The final version of “Guidance note for child separated due to COVID 19” was completed through a concerted effort of the MHPSS WG with support of WHO and partners
- Guidelines of “Considerations for the elderly during COVID-19” have been drafted through interagency collaboration; this will be finalized and shared with Health partners and other sectors to ensure standardized messaging and cooperative efforts in the camps

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. The updated plan and documents will be shared with partners soon
- Contingency supplies such as Inter-Agency Emergency Health Kits (IEHK), trauma kits, surgical kits, cholera kits, Sexual and Reproductive Health (SRH) kits and other supplies have been stored at 20 locations in the districts and camps. 1,339 CHWs are being mapped across the camps covering an average 147 Households per CHW. Thirty-nine 24/7 priority health facilities across the camps have been identified, 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. VPD surveillance is being closely monitored by government authorities with support of WHO SIMO network
- Three separate brainstorming meetings were held with Civil Surgeon, MoHFW-CC, Teknaf UHFPO and IVD-WHO Coordinator on the current EPI status, with a discussion on draft Routine Immunization Strategy during COVID-19

OPERATIONAL SUPPORT AND LOGISTICS

- WHO continues distributions of COVID-19 related items on a daily basis to government agencies and implementing partners. Seven different PPE Items weighing around 200 kg were distributed during this reporting period
- 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 relating to oxygen and PPE supply requirements for treatment facilities, monitoring partners’ stock, supply pipeline and gaps, recording in a central database, and liaison with available supply chain procurement and monitoring tools
- Over the past week, WHO provided logistic support to set up backup power for IEDCR in the Cox’s Bazar Medical College and initiated preparatory work for the expansion of the field laboratory.

COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 17 MAY 2020 (BANGLADESH)

	IEDCR Lab	Other Labs	Total
COVID-19 test conducted in last 24 hours	342	7842	8184
Total COVID-19 test conducted	17 729	157 569	175 298
COVID-19 positive cases in last 24 hours	75	1198	1273
COVID-19 Total cases	2 627	19 641	22 268
Death in last 24 hours: 14			
Total Death: 328			

Hotline at IEDCR for COVID-19 support and information: 01927711784, 01927711785, 01937000011, 01937110011, 01401184551, 01401184554, 01401184555, 01401184556, 01401184559, 014011184560, 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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¹ 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 term are used, as appropriate, to refer to the same population.