



Health Sector Coordinator joined WHO IPC team for a mock drill at UNHCR SARI ITC in Camp 5 in preparation for admission of patients

## Emergency: Rohingya Crisis





Situation Report #07

Date of issue: 27 May 2020

Period covered: Week 21

(18 to 24 May 2020)

Location: Cox's Bazar, Bangladesh.

|  | Host Community | Rohingya refugee/FDMN |
|--|----------------|-----------------------|
|  Total confirmed cases in Cox's Bazar      | 369            | 25                    |
|  Total person in Isolation in Cox's Bazar | 292            | 20                    |
|  Total number of test conducted           | 4756           | 533                   |
|  Total deaths due to COVID-19             | 5              | 0                     |

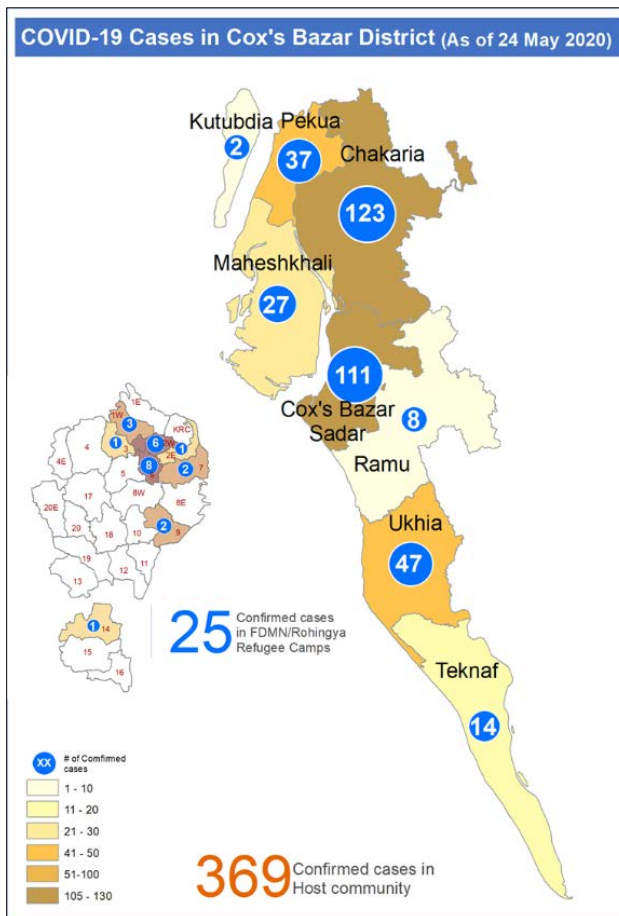
*\*Updated as of 24 May 2020; FDMN = Forcibly Displaced Myanmar Nationals*

### HIGHLIGHTS

- A total of 369 COVID-19 positive cases have been reported in Cox's Bazar district (including Rohingya camps) as of 24 May 2020 as per Civil Surgeon Office, Cox's Bazar. From the laboratory confirmed cases, the most frequently affected age group was people of 11-30 years of age (41%)
- 25 confirmed cases have been reported in Rohingya camps as of 24 May 2020. A total of 121 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
- The 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
- CHFPs are ensuring safety and security of suspected cases in close collaboration with camp authorities and community leaders. They are actively guiding and assisting the Rapid Investigation Team, CiC office, Site Management and contract tracers at camp level
- The joint Health Sector Coordination and Immunization review meeting held at Teknaf Upazila Health Complex under leadership of UHFPO discussed the overall COVID-19 situation and Health Sector response, and decided upon re-opening of immunization in Teknaf FDMN camps
- The Health Sector, in collaboration with working group coordinators from Gender and Protection (SEA, GBV, Child Protection), completed the orientation slides on cross-cutting issues in health response to COVID-19. These will be included in future WHO-organized Health Sector trainings
- The draft Health Sector Gender Action Plan on COVID-19 has been completed and is currently under review by the ISCG Gender Hub



### 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 the early response to COVID-19
- Over the past month, messages have been developed on COVID-19 in general, on risks and vulnerabilities, on safe and dignified burials, home based care, isolation and quarantine, isolation and treatment centers and other issues. WHO has provided technical input to responses to rumors and community feedback through CWC mechanisms to capture and respond to these
- WHO is supporting translation of essential technical materials into local language to ensure the best uptake by health workers and other relevant staff
- In collaboration with partners, materials will be developed for SARI-ITCs, including experiences of survivors, to reassure local populations and aid in a better understanding of the care that is provided in SARI ITCs

## 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 24 May 2020, a total of 369 persons from the host population of Cox's Bazar district were tested positive for COVID-19: 27 from Maheskhali, 37 from Pekua, 123 from Chokoria, 111 from Sadar, eight from Ramu, 47 from Ukhia, two from Kutubdia, and 14 from Teknaf Upazila
- To date, 25 confirmed cases of COVID-19 have been detected inside the Rohingya camps: four cases from 1W, one from 2E, six from 2W, one from camp 3, eight from camp 6, two from camp 7, two from camp 9 and one from Nayapara RC
- Cascade training of contact tracers was conducted in 12 camps. Camp supervisors facilitated the training with WHO providing supervision. Around 150 tracers were trained on contact line listing, follow-up, and counselling for facility quarantine. For the remaining camps, the training is scheduled in the next week
- The ARI/ILI Sentinel Site Surveillance strategy has been revised after consultation with all relevant partners of Isolation Units and ITCs. It was suggested that the proposed arrangement would now be for the patient to remain in the facility for the duration of period (24-48 hours) until the result has been received from the laboratory. The decision will be finalized shortly

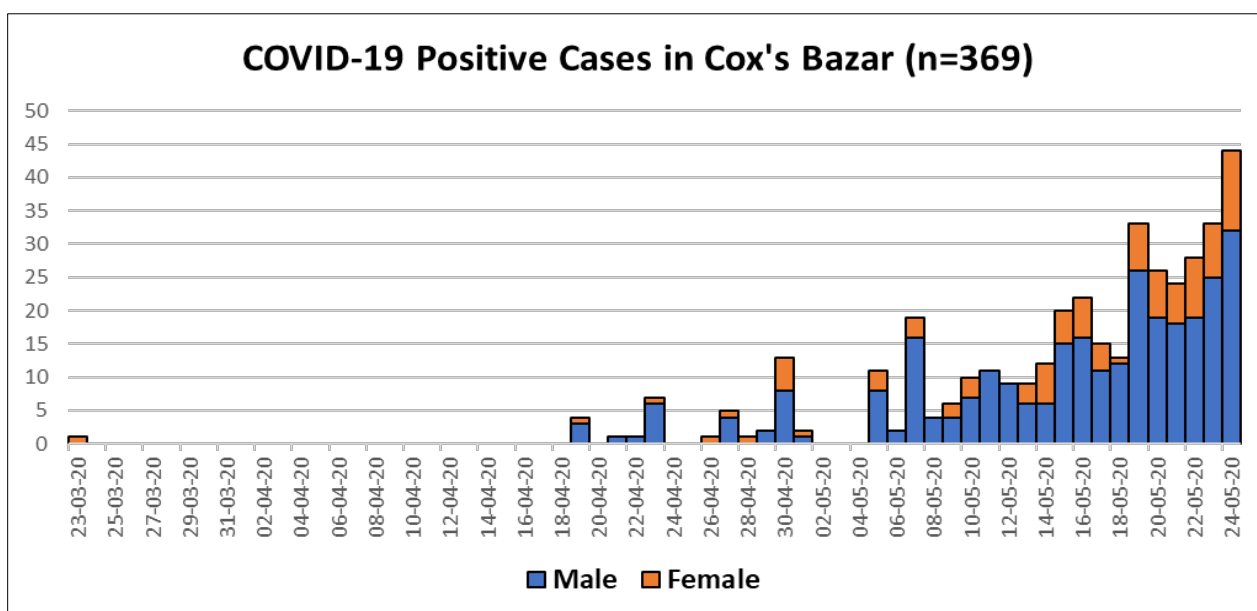


Figure 1: COVID-19 positive case in Cox's Bazar District

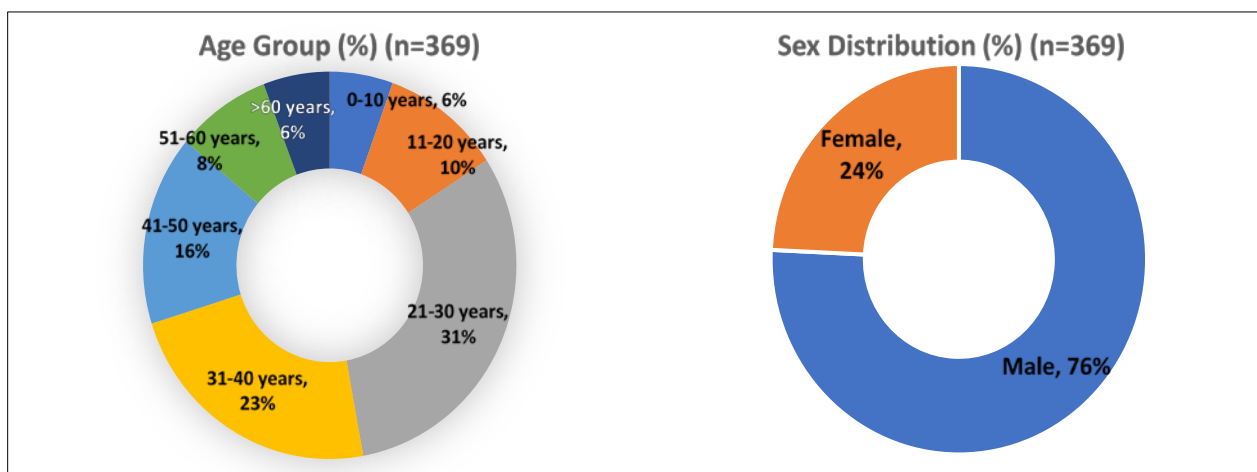


Figure 2: Age and sex distribution of COVID-19 positive cases in Cox's Bazar District

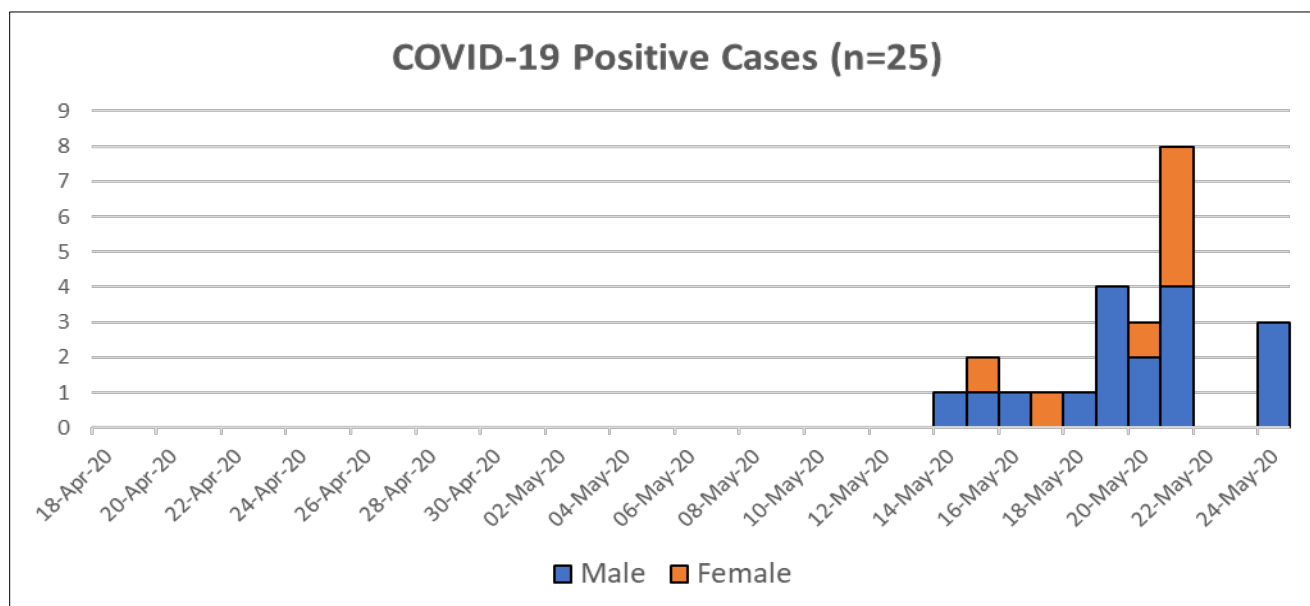


Figure 3: COVID-19 positive case in Cox's Bazar Rohingya refugee/FDMN community

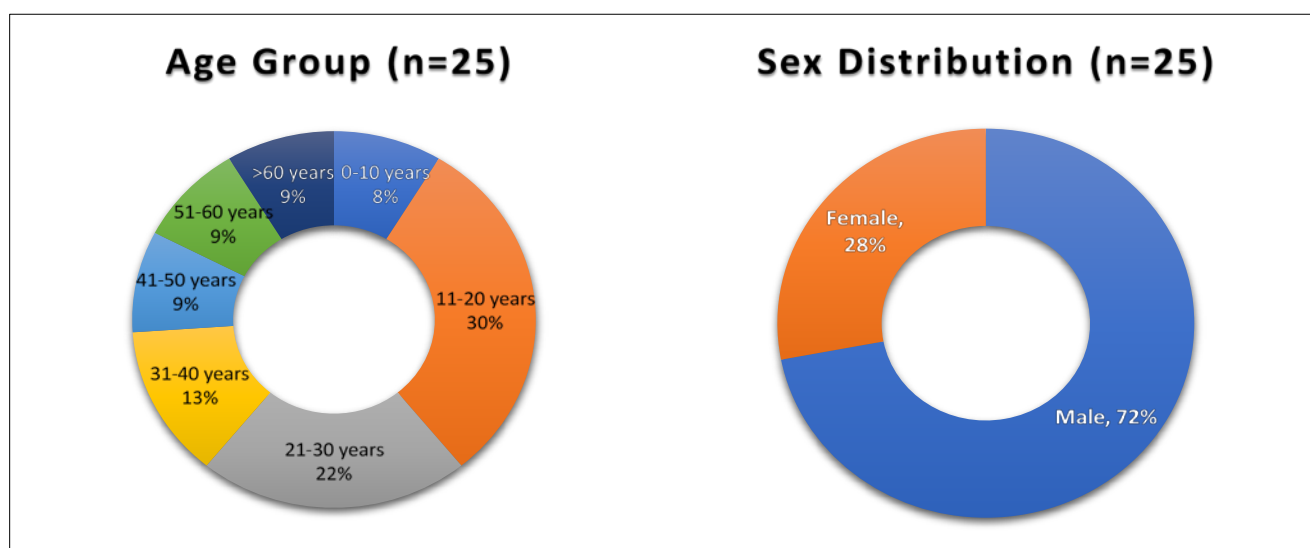


Figure 4: Age and sex distribution of COVID-19 positive cases in Cox's Bazar Rohingya refugee/FDMN community

## 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 24 May, 4,752 tests have been conducted, mainly for persons from Cox's Bazar district, but also parts of Bandarban and Chittagong district. As of 24 May, a total of 394 tests were positive for COVID-19 in Cox's Bazar from the host community. So far, 533 tests have been conducted for Rohingya refugees/Forcibly Displaced Myanmar Nationals (FDMN), with 25 positive cases to date



The new PCR machine has been officially received by the Principal of the Medical College, on behalf of the IEDCR field laboratory

- In total, 82 staff have been trained on safe and correct laboratory sample taking, handling and transportation from partner organizations and Government, of which 67 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

## 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, 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 commenced rolling out training for different categories of health care workers. This includes 15 doctors and nurses, and 180 cleaners, at Cox's Bazar Sadar Hospital; 27 doctors and nurses from Save the Children; and 21 doctors from Government of Bangladesh "Batch 39" who were deployed to support the isolation units at Government facilities
- Handwashing, screening and triage was initiated at entry points of Cox's Bazar Sadar Hospital following the training. 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
- Training for setting up screening and introduction to isolation was offered to 121 healthcare workers, targeting facilities beyond the SARI ITCs
- 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 to those health facilities. To support facility level supervision and coaching related to IPC and broader water, sanitation and hygiene (WASH) in 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 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
- To date, a total of 158 participants from government isolation facilities and SARI ITCs participated in the WHO Training of trainers on clinical case management for COVID-19
- 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 FDMN communities on Safe and Dignified Burial in the context of COVID-19 have been finalized
- WHO has continued to engage in discussions with partners surrounding health care waste management options for the SARI ITCs. Additionally, the costing for a two-year health care waste management system for Moheshakali Upazilla Health Complex has been completed
- In terms of quarantine capacity, as of 21 May, there were 420 active beds for contacts and 810 beds for incoming travelers. There is additional 1,210 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
- A quarantine pathway draft has been shared with relevant stakeholders for feedback, including UNHCR, WHO epidemiology team, DRU and site management. Further discussions are to be held to clarify movement and counselling of contacts and new arrivals before the pathway will be made public
- Home-based care planning continues, with focus on severe and palliative care guidance and drafting of a respective training package. This has been a collaborative process between Save the Children, UNHCR, CHWG, IOM, MSF, UKEMT, WHO and the health sector. Conversations regarding repurposing of health care workers from health posts during high community transmission to home-based care are ongoing, and commitment from partners will be required soon to identify participants for the TOT to be held at the beginning of June
- Plans are underway between health and site management sectors to meet with CICs and ACICs for check-in regarding on the ground activities and support to processes around quarantine and isolation
- The health sector presented COVID updates including home-based care at both nutrition partners and FSS meetings
- Interim guidance on *“Advice for vulnerable populations, including people over 60 years old, and those with co-morbidities during the COVID-19 pandemic in the forcibly displaced Myanmar national (FDMN) / Rohingya refugee setting”* was shared with health partners and to ISCG
- WHO and UNFPA are translating *“Standard operating procedure: COVID-19 Antenatal, intrapartum, postpartum and obstetric emergency care”* into a training package for program managers and medical officers / midwives, to be held beginning of June

## 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 IEHK, trauma kits, surgical kits, cholera kits, 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
- On 20 May, Cyclone Amphan, the first super cyclonic storm to occur in the Bay of Bengal since the 1999 Odisha cyclone, made landfall in West Bengal. Coastal areas in East India and Bangladesh were significantly affected. Amphan caused a number of minor to moderate incidents within the camps affecting over 1,500 households. 118 shelters were totally destroyed but there were no injuries or loss of life reported to ISCG

## 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
- The regular monthly EPI review meeting took place jointly with the Health Sector Coordination meeting in Taknaf, where reopening and continuation of fixed routine immunization sites was decided by UHFPO, with particular focus on strengthening of VPD surveillance
- Two batches of VPD surveillance orientation in the context of COVID-19 were conducted, with 30 participants joining from six health facilities in FDMN camps

## OPERATIONAL SUPPORT AND LOGISTICS

- WHO provided technical support regarding SARI ITC layout design to HOPE Foundation in Camp 4, Ukhiya, and ventilation solutions within SARI wards to UNHCR
- A meeting was held between ICRC, NRC, WHO, CPI and the Sadar Hospital superintendent to decide the location of the isolation unit
- WHO provided expertise to SMAP and WFP regarding the disinfection station at the WFP hubs
- WHO have followed up with implementing partners to address the concerns and challenges of PPE procurement; the suppliers list of PPE is also being updated on a regular basis, with information available on a database for all implementing partners
- WHO provided logistics support to IPC training in the ISCG hub in Ukhiya with IOM agreeing to expand the facility to increase training capacity at this location
- COVID-19-related security measures have been adjusted and updated by WHO into the fleet management system
- Partition works have been carried out by WHO on the IEDCR laboratory in the Medical College to increase testing capacity of the facility
- WHO is continuing to receive and distribute regular supplies on a routine basis

## COVID-19 HIGHLIGHTS: NATIONAL LEVEL, AS OF 27 MAY 2020 (BANGLADESH)

|                                     | Last 24 hours | Total   |
|-------------------------------------|---------------|---------|
| COVID-19 tests conducted            | 5,407         | 258,494 |
| COVID-19 positive cases             | 1,166         | 36,751  |
| Number of people released/recovered | 245           | 7,579   |
| COVID-19 deaths                     | 21            | 522     |

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/>

## CONTACTS

Dr Bardan Jung Rana  
WHO Representative  
WHO Bangladesh  
Email: [ranab@who.int](mailto:ranab@who.int)

Dr Kai v. Harbou  
Head of Sub Office  
WHO Cox's Bazar  
Email: [vonharbouk@who.int](mailto:vonharbouk@who.int)

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<sup>1</sup> 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.