







*Photo: A patient with COVID-19 mild symptoms is admitted at the UNHCR/ Relief International SARI ITC in Ukhiya. Increased testing is helping early detection and referral of COVID-19 cases.*

## Highlights

- As testing continues to increase in the refugee camps, the reporting period registered the highest number so far - 29 new cases - of a total of 130 infected. In the host community, 4082 cases were detected to date.
- The Health Sector together with camp management encouraged all SARI ITCs to work on their cyclone preparedness plans, which is currently undergoing. Among others, cyclone preparedness includes the identification of relocation sites in case of evacuation.
- New WHO case definition guidance is now available for COVID-19 suspected cases. Sentinels are currently testing before implementing the new criteria in the context of Cox's Bazar.

	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	4082	130
 Total person in isolation in Cox's Bazar	468	50
 Total number of tests conducted	26 147	6091
 Total deaths due to COVID-19	65	7

*\*Updated as of 06 September 2020 / \*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. Bi-weekly Strategic Advisory Group (SAG) meetings, bi-weekly Health Sector coordination meetings and daily updates continue.

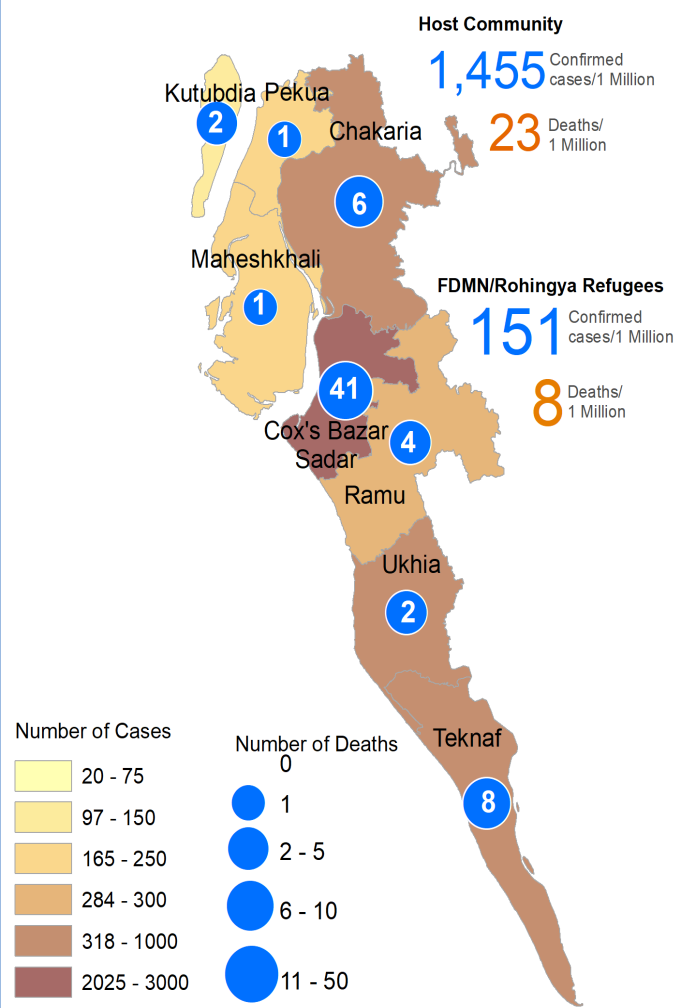
Weekly surge clinical case management meetings proceed to discuss operational aspects and improve clinical treatment while more scientific knowledge about COVID-19 is being developed.

Camp Health Focal points continue to hold health sector coordination meetings. During the reporting period, six meetings with health partners were held at camp-level in and one at Upazila level.



Photo: Health Sector Coordinator Dr Mukeshkumar Prajapati talking with partners on the inauguration day of the UNICEF SARI ITC in Teknaf.

#### COVID-19 Cases in Cox's Bazar District (As of 06 September 2020)



### RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

WHO is engaging communities, health partners and other key stakeholders to develop, implement and monitor an action plan to help prepare populations and protect them from COVID-19. Mixed-media messages include general information on COVID-19, risks and vulnerabilities, safe and dignified burials, home-based care, quarantine, isolation and treatment centres, use of masks, etc.

WHO in partnership with UNHCR started a survey across all Rohingya camps on three major issues: knowledge and understanding of COVID-19, mask use and attitudes towards testing for the virus. The survey has been created to gather information that WHO can use to enhance response effectiveness.

WHO has worked with UNICEF to finalize a routine immunization community engagement plan for action that will be launched on October 1st.

Through enhanced community-based surveillance, in the past week community health workers (CHWs) helped identify 1897 patients with mild symptoms of respiratory tract infections and no patients were identified with moderate COVID-like symptoms during 113 281 household visits.

In the reported period, CHWs provided messages on COVID-19 to 239 958 persons. Since the beginning of the response, CHWG conducted more than 2.34 Million household visits and had contacts with a cumulative number of more than 4.41 million adult household members.

In addition, CHWs conducted 8254 small group sessions for 25 439 persons. Messages focus on symptoms of COVID-19, risk factors, quarantine and isolation/treatment centers.

1416 CHWs have been trained on Home Based Care (HBC) to identify suspect cases, provide counselling on testing, quarantine and isolation and refer patients to health facilities.



Photo: Dr Nazia Sultana, Medical in charge at the UNHCR/Relief International SARI ITC, washing her hands as she arrives at the health facility following a call of a new COVID-19 positive patient with mild symptoms.

WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 06 September 2020, a total of 4082 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 431 in Chokoria, 326 in Teknaf, 242 in Maheshkhali, 2100 in Sadar, 426 in Ukhiya, 294 in Ramu, 166 in Pekua and 97 in Kutubdia.

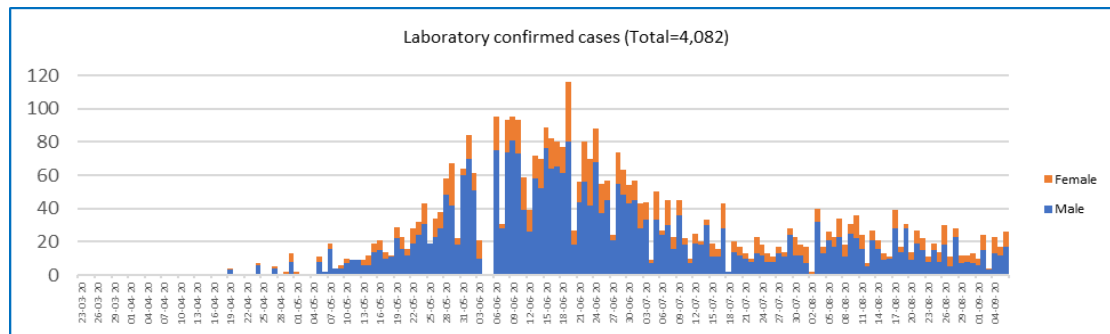


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

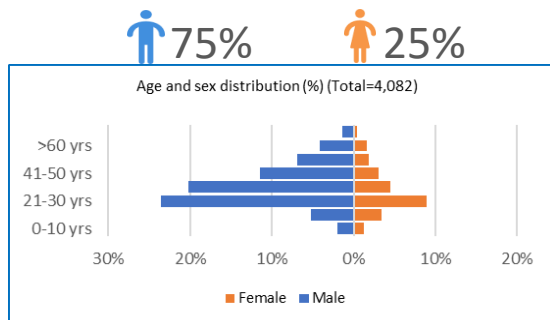


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

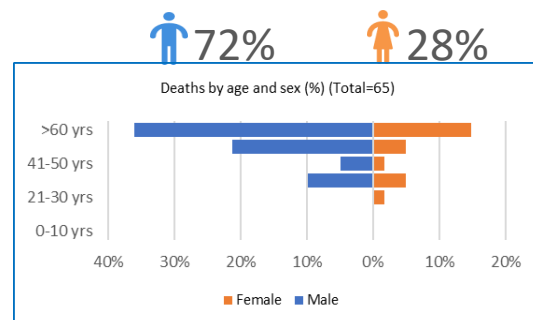


Figure 3: COVID-19 deaths by age and sex among host population in CXB

As of 06 September 2020, a total of 130 COVID-19 cases among Rohingya/FDMN have been reported: 3 cases from Kutupalong RC, 6 from camp 1E, 7 from camp 1W, 6 from camp 2E, 16 from camp 2W, 13 from camp 3, 5 from camp 4, 3 in camp 5, 14 from camp 6, 7 from camp 7, 1 from camp 8E, 2 from camp 8W, 3 from camp 9, 4 from camp 10, 2 from camp 11, 1 from camp 12, 2 from camp 14, 3 from camp 15, 2 from camp 16, 1 from camp 17, 2 from camp 18, 1 from camp 19, 5 from Nayapara RC, 2 from camp 21, 2 from camp 22, 1 from camp 23, 10 from camp 24, 1 from camp 25, 2 from camp 26, 2 from camp 27 and 1 case from Zero Point.

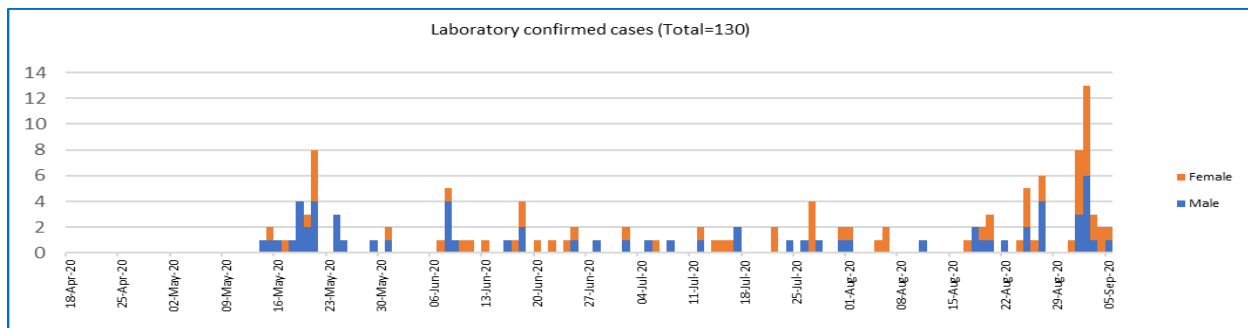


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

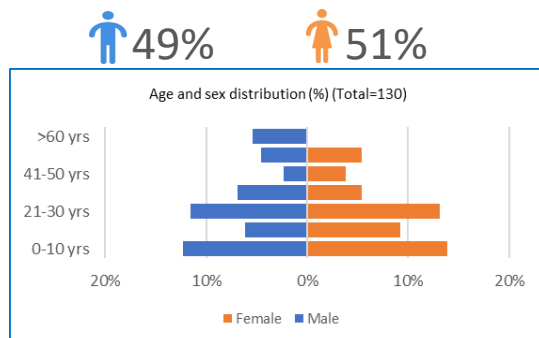


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

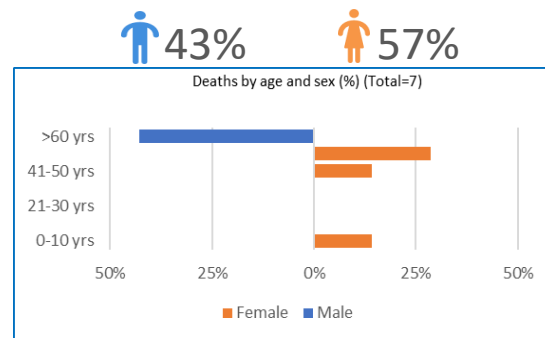


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

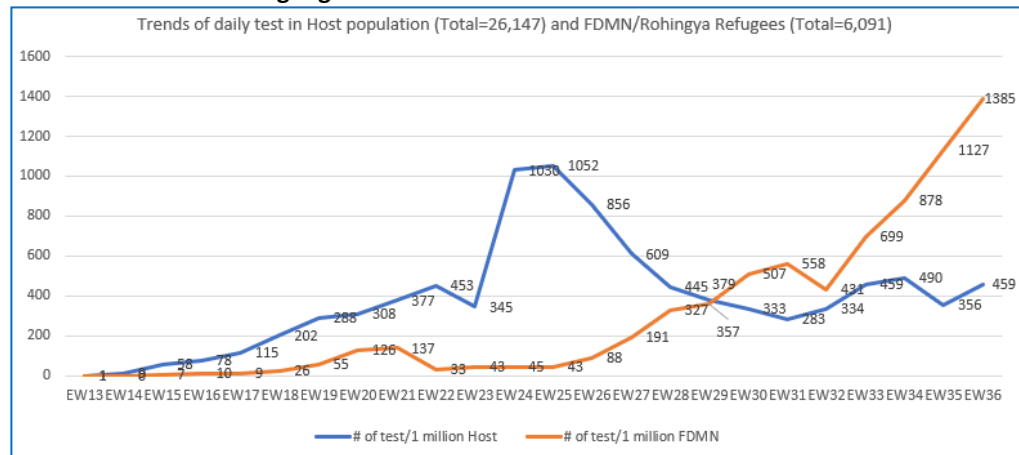
Increasing the number of samples collected from the camps remains a priority for WHO and the Health Sector. Rapid investigation and response teams (RIRT) have been responding against confirmed cases in the camps ranging from contact tracing and referrals, quarantine for contacts in designated facilities and coordination with various actors. RIRT are also identifying existing gaps.

Eight Camp Health and Disease Surveillance Officers (CHDSOs) have been deployed to support investigation of COVID-19 confirmed cases, suspect cases and deaths. Another four CHDSOs are expected to join the team in the coming week. WHO is currently reviewing the COVID-19 surveillance strategy in Cox's Bazar in line with the new global surveillance guidance.

WHO continues to support the Field Laboratory of the Institute of Epidemiology, Disease Control and Research (IEDCR) in the Cox's Bazar Medical College comprising human resources, equipment, supplies/consumables and technical and operational expertise. From early April until 06 September 2020, a total of 37 985 laboratory tests for COVID-19 have been conducted in the laboratory, of which 32 238 from Cox's Bazar district. The remainder are from Bandarban and Chittagong districts.

The number of tests per million conducted among the Rohingya population is increasing. In week 36 (31 August-06 September 2020) 1385 tests were performed as compared to 1127 in week 35. Similarly, an increase in testing per million was observed among the host community in the same timeframe, from 356 to 459.

Figure 7: Number of tests conducted per million among host population and Rohingya refugees



## INFECTION PREVENTION AND CONTROL

WHO continues to support partners as co-facilitators on a cascade of trainings conducted remotely and on-site to enhance COVID-19 preparedness. To date, 4-day trainings for Infection, Prevention and Control (IPC) were facilitated to 1523 humanitarian health care workers from Severe Acute Respiratory Infection (SARI) ITC partners and Government facilities and 766 government workers from six Upazilas.

WHO is also engaging with health care waste management partners to offer options for SARI ITCs to minimize waste and to identify the best possible combustion system with available incinerators. A consultative meeting was attended by health care waste focal persons on 6 September where participants agreed to continuously share best practices and receive support under the general IPC Working Group.

To date, sixty-one health care workers from 40 health facilities completed a 4-days training on Water and Sanitation in Health care facilities Improvement Tool (WASH FIT). The training included field visits and assessment with participants drawing action plans for improvements in general IPC, WASH, health care waste management at their respective facilities delivering routine essential health services. The WASH FIT assessment started in September aiming to cover all health facilities in the camps.

WHO is supporting partners with IPC tools and checklists to monitor daily cleaning within health care facilities and track improvements on a regular basis. To date, 18 IPC focal persons from SARI ITCs received training on daily IPC checklist and monthly score card.

IPC supportive supervision was conducted at 12 health care facilities (camps 5, 11, 12, 17 and 25) as part of the ongoing support for quality assurance and to strengthen IPC measures and practices at health care facilities for increased confidence in essential services.



Photo: Inside of the Red Zone of the UNHCR/Relief International SARI ITC, as team prepares to provide the first medical assistance to a Rohingya patient with COVID-19 mild symptoms.

## MONSOON AND CYCLONE PREPAREDNESS

The Health Sector and respective working groups and partners regularly updates its contingency plan for cyclone (April-May) and monsoon (Jun-July) seasons. Information related to health facility functionality, contingency supplies and locations, mobile medical teams, ambulance network systems to respond to emergencies and list of camp health focal points is accessible through the health sector Google drive.

Contingency supplies such as Inter-Agency Emergency Health Kits (IEHK), trauma kits, surgical kits, cholera kits, SRH kits and other supplies have been stored at 20 locations in the districts and camps. Thirty-nine 24/7 priority health facilities have been identified in the camps.

Twenty-one mobile medical teams and 29 dispatch and referral unit ambulances stand ready to respond to the adverse effects of cyclone and monsoon season. The Health Sector is updating monsoon and cyclone contingency plan in preparation for the upcoming cyclone season (September-December). Camp wise contingency plan is under development for all 34 refugee camps.

Health facilities provided services without any incident reported due to monsoon rainfall while the health sector continued updating monsoon and cyclone contingency plan as a part of preparation for the upcoming cyclone season.



The WHO training of trainers (ToT) to government officials and partners in the camps and host community is being expanded by trained workers within their organizations. WHO continues to provide remote and on-site support with updated guidance and training content.

Draft of interim guidance for referral hubs during COVID-19 has been completed and shared for feedback. The document ensures alignment between home-based care protocol, transport teams and DRU.

To date, 14 SARI ITCs are established with a total of 946 beds. Of these, 513 are ready to receive patients. Another 433 are in place and held on standby in case of need. Five Isolation facilities provide additional 62 beds. Also operational is the Intensive Care Unit/High Dependency Unit Facility at Sadar Hospital with ten ICU and eight HDU beds.

Weekly SARI ITC clinical case presentations continue with alternating SARI ITC teams presenting cases for review among their peers and with technical support provided by WHO's infectious disease specialist.



Photo: Medical team checking the vitals of a patient at UNHCR/RI SARI ITC.

Weekly case presentations are conducted with the Sadar ICU medical and nursing staff supported by intensive care and infectious disease specialists and facilitated by WHO. Over 70 field coordinators and assistant field coordinators received training on Home Based Care, informed decision making and counselling, referral mechanisms to isolation and quarantine, referrals to other sectors and data collection.

## ESSENTIAL HEALTH SERVICES

As routine immunization sessions continue, both fixed and outreach, WHO continues to provide guidance regarding the operation and sustaining of immunization programs in the context of the COVID-19 pandemic.

VPD surveillance is being closely monitored by government authorities with the support of the WHO SIMO network and EWARS. SIMOs and Health field monitors (HFMs) continue visiting health facilities for VPD surveillance, monitoring and investigation while contributing to the National AFP & VPD surveillance system. WHO-SIMOs are providing technical and operational support according to national guidelines.

Data collected by HFMs through the session monitoring tool has been analysed and will be shared with Government and partners. House to house monitoring tool will be launched in mid-September.

WHO is supporting NCD services to increase prevention, early detection and treatment following the disruption on essential health services imposed by COVID-19 during the second quarter of 2020, through a partnership with James P Grant School of Public Health.

Twenty-seven health care workers of the third batch completed the 4-days training on WHO Package of Essential Noncommunicable Disease (NCD) for resource limited settings (PEN). The participants were introduced to the newly published Bangladesh National Protocol for NCDs to support strengthening essential service delivery.

Thirty-eight health professionals received a 2-day Training of Trainers on Non pneumatic Anti Shock Garments (NASG). This training is aimed to enhance health care workers' ability to stabilize obstetric hemorrhages that need to be referred.

## OPERATIONAL SUPPORT AND LOGISTICS

Daily distribution of COVID-19 related items to government agencies and implementing partners continue. WHO provided two dedicated vehicles to the IEDCR Field laboratory. Additional two vehicles are part of the Dispatch and Referral Unit (DRU) fleet pool for ambulance support transportation of mild COVID-19 patients.

Twenty partner organizations received medical supplies and COVID-19 guidelines, including SRH kits, Malaria Kits and Laboratory items.

WHO supported the UN Clinic in Cox's Bazar as well as three health facilities in the camps with COVID-19 sample collection kits. Medicines, personal protective equipment (PPE) were also distributed among partners to fill urgent gaps.

WHO provided seven rented vehicles to support Camp Health and Disease Surveillance Officers (CHDSOs) in their daily activities.

## POINTS OF ENTRY

All 19 Points of Entry (PoE) sites continue to screen for fever and enforce hand washing at strategic locations in the camps. Temperature screeners, educators and WASH volunteers work together to educate, refer and sensitize the Rohingya, host community and humanitarian workers. As of 6 September 2020, over 350 000 individuals have been screened at the PoE across the camps.

\*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.

In Bangladesh, Cox's Bazar is among the districts that are prone to cyclones. It has been hit by at least twelve cyclones since 1970. 2018 and 2019 cyclone seasons have passed without any cyclone but history of the area shows that this was exceptional, and it is uncertain whether 2020 will see another mild season.

### Context

Over 860 000 Rohingya refugees reside in Ukhiya and Teknaf in the district of Cox's Bazar. The vast majority lives in 34 densely populated camps. High winds are likely to affect shelters and health facilities in refugee camps despite the efforts to strengthen some facilities in the camps. Further to this, the majority of health facilities are also at risk of being affected.

#### 1991: A severe cyclone hits Bangladesh

On the night of 29 April 1991, a very severe cyclonic storm with wind speed of over 240 km/h struck the coastal areas of Bangladesh. The path of the eye, close to the shore, raised a storm surge of unusual height, reportedly more than 9 meters above sea level, which devastated the offshore islands, the mainland coast and caused damages at the port of Chittagong and some areas of Cox's Bazar district. Death tolls from the cyclone storm surge and its aftermath exceeded 138 000 making it one of Bangladesh's major natural disasters of the century.



Photo: Floods in Bangladesh in recent years

According to the Inter Sector Coordination Group (ISCG), tropical cyclones generally strike Bangladesh in two seasons, March through July and September through December, with the greatest majority of storms arriving in May and October. The upcoming cyclone season, when associated with the Covid-19 outbreak, can contribute to worsen the Rohingya humanitarian crisis in Cox's Bazar.

The Health Sector is preparing for forthcoming cyclone season by updating its contingency plan including preposition of essential supplies at strategic locations, strengthening response including capacity of Medical Mobile Teams (MMT) and emergency referral mechanism. Cyclone and monsoon preparedness and response readiness remains a high priority in Cox's Bazar. In line with the government's standing orders on coping with a possible disaster, together with district authorities the humanitarian community has put in place a 72-hour response plan.



Photo: Dry season (2018) versus rainy season (2020) in Cox's Bazar, Bangladesh



### Preparedness

As part of the preparedness, ten Camp Health Focal points supported by partners are extending assistance to the health sector while two Health Field Coordinators continue to monitor the situation in close collaboration with health sector partners with the support of WHO. Additionally, WHO prepared and shared with all partners a contingency plan for Cyclone/Monsoon 2020 seasons for the 34 camps in Teknaf and Ukhiya, which includes an evacuation plan for the patients at SARI ITCs and 32 ambulances.

According to the health sector contingency plan, Mobile Medical Teams (MMTs) will be on standby/deployed during period of a cyclone warning. Currently there are twenty-one MMTs on standby, trained to support triage, stabilization, referrals and transport of patients. Each MMT team includes a doctor, midwife/nurse and support staff. Health Sector has now unique Dispatch and Referral Unit that will support emergency referrals/ medical transportation as and when required during cyclone warning as well as post cyclone period.

The Health Sector is also contributing to:

- Support the Health Emergency Operations Centre (HEOC) at upazila and district's level;
- Ensure camp level mass casualty management mechanism linking with an updated list of priority hospitals/health facilities;
- Organize and participate in the simulation/table top exercises.

The Government of Bangladesh Cyclone Preparedness Program (CPP) is a unique institutional arrangement for community preparedness created to mitigate the challenges of catastrophic cyclones that frequently hit Bangladesh's coast line. The CPP has now been extended in camps with CPP volunteers in each camp. To date, at least 50 volunteers received First Aid training. As the frontline responders for the Rohingya refugees and host community, their role is to provide basic first aid and carry injured patients to health facilities and ambulances. The Camps in Charge (CiC) at the refugee camps remain responsible for each camp and are expected to assess and report the situation to the Emergency Operations Centre (EOC).

In this context, quarterly review of cyclone plans and early procurement are pivotal. Because a large scale cyclone incident might lead to emergency response supply chain shortages for several days, life-saving supplies are prepositioned within the camps which include surgical and trauma supplies; First Aid box; Inter-Agency Emergency Health Kits (IEHK) and essential medicines; Malaria and other Disease diagnostics kits; Outbreak response investigation and medicines such as ORS and Cholera kits; Temporary medical facility equipment; Sexual Reproductive Health Emergency kits; Body bags; Stretchers/wheel chairs and petrol and diesel for generators.



Photo: Young Rohingya at a viewpoint in the refugee camps in Cox's Bazar (2018).

The Health Sector continues to raise awareness on cyclone preparedness and response readiness including monitoring for the upcoming months. Awareness raising and continued monitoring is also an ongoing process within camp management, local Government Unit and relevant stakeholders in Cox's Bazar.

	Last 24 hours	Total
COVID-19 tests conducted	11 354	1 617 957
COVID-19 positive cases	1592	325 157
Number of people released/recovered	3423	221 275
COVID-19 deaths	32	4479

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:  
<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](mailto: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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