







*Photo: Remembering the 25 August 2017, three years back, when 850 000 Rohingya fled Myanmar to find generous Bangladeshi in Cox's Bazar who provided food and support. It has also been three years since the first - of many - vaccination initiatives organized by the Government of Bangladesh, WHO, Unicef and other health partners.*

## Highlights

A total of 3927 COVID-19 positive cases have been reported in Cox's Bazar, of which 88 in the Rohingya camps. Increasing the number of samples collected from the camps remains a priority for WHO and the Health Sector. There are currently 23 sentinel sites in the camps.

Weekly Severe Acute Respiratory Illness Isolation and Treatment Centre (SARI ITC) clinical case presentations have commenced where alternating SARI ITC sites present cases to be reviewed with technical support from WHO infectious disease specialist. 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.

Civil Surgeon has approved the VPD surveillance site list as Very High Priority and High Priority. It is now integrated in the National AFP and VPD surveillance system.

	Host Community	Rohingya refugee/FDMN
 Total confirmed COVID-19 cases in Cox's Bazar	3839	88
 Total person in isolation in Cox's Bazar	536	29
 Total number of tests conducted	23 859	3931
 Total deaths due to COVID-19	62	6

*\*Updated as of 23 August 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.

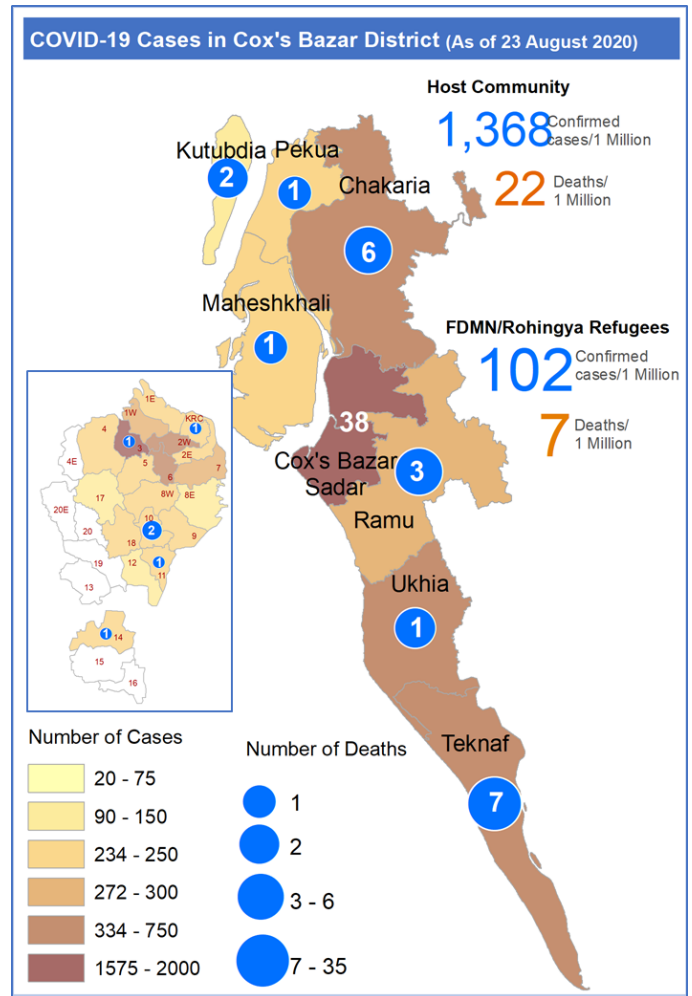
Surge clinical case management meetings continue on a weekly basis to discuss operational aspects and improve clinical treatment while scientific knowledge about COVID-19 continues to be developed.

Camp Health Focal points continue to hold health sector coordination meetings at camp level. During the reporting period 11 meetings were held in Ukhiya and Teknaf.

WHO and the Civil Surgeon's Office, MOHFW Coordination Centre, conducted a supportive visit to Pekua Upazila Health Complex (UHC). The discussions focused on the importance of building community's confidence in health care services, including screening for COVID-19 symptoms and home-based care options, through engaging community leaders and field workers to increase uptake of essential health services.

The health sector together with SRH WG completed, for the second time, 4-day Clinical Management of Rape/Intimate Partner Violence (CMR/IPV) training targeting 10 Primary Health Care centers where CMR/IPV services aren't yet available.

A total of 22 medical staff from different organizations participated. The training was co-facilitated by WHO, UNFPA, IOM and IRC.



## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

WHO is engaging communities, health partners and other key stakeholders to develop, implement and monitor an action plan to effectively help prepare and protect populations 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 has provided technical input to quickly respond to rumours and promote community feedback through Communication with Communities (CwC) mechanisms, and is collaborating with partners to disseminate information about safe use of masks.

WHO is supporting the translation of essential technical materials into local languages to improve public awareness and help lead to behavioural change. Such materials include key messages for public and official guidance. In one week, community messaging on COVID-19 reached 275 107 individuals.

In the past week, CHWs provided messages on COVID-19 to 240 446 persons. Since the beginning of the response, CHW Group conducted more than 1.98 million household visits and had contacts with a cumulative number of more than 3.86 million adults. In addition, 5716 small group sessions were conducted for 32 880 persons. Messages include information about COVID-19 symptoms, risk factors and quarantine and isolation/ treatment centers.

Messages on the use of masks were developed in collaboration with Communication with Communities (CwC) and circulated through

partners to encourage usage in the camps and host populations.

Through enhanced community-based surveillance, CHWs continue to assist people in identifying COVID-19 symptoms. In the past week, 2364 patients with mild symptoms of respiratory tract infections and two patients with moderate COVID-like symptoms were identified during 131 756 household visits. The cumulative number of patients identified with mild symptoms since the introduction of the activity eight weeks ago is 14 896 and additional 90 patients with moderate/ severe symptoms.

Nine hundred and ninety people were referred to health facilities in the past week, from a total of 7671 and CHWs provided messages on COVID-19 to 240 446 persons. Since the beginning of the response, CHW Group conducted more than 1.98 million household visits and had contacts with a cumulative number of more than 3.86 million adults. In addition, 5716 small group sessions were conducted for 32 880 persons. Messages include information about COVID-19 symptoms, risk factors and quarantine and isolation/ treatment centers.

Between 13 - 19 August 2020, COVID-19 prevention messages reached 96 365 persons. Additionally, 59 708 Rohingya refugees received COVID-19 key messages through 8395 community consultation meetings. And finally, 5319 participated in 665 group sessions to watch 493 video/film show sessions about the new virus. Among host communities, 58 340 people participated in 16 090 community awareness meetings about COVID-19.

WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 23 August 2020, a total of 3839 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 411 in Chokoria, 308 in Teknaf, 231 in Maheshkhali, 1946 in Sadar, 408 in Ukhiya, 277 in Ramu, 163 in Pekua and 95 in Kutubdia.

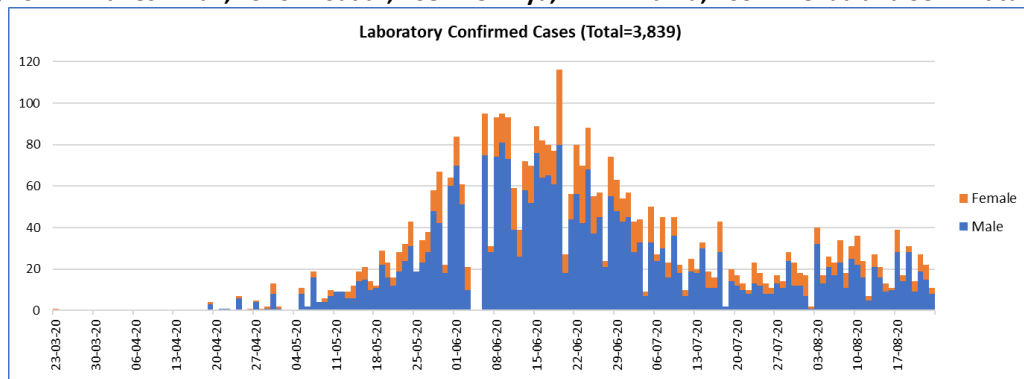


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

72% Male 28% Female

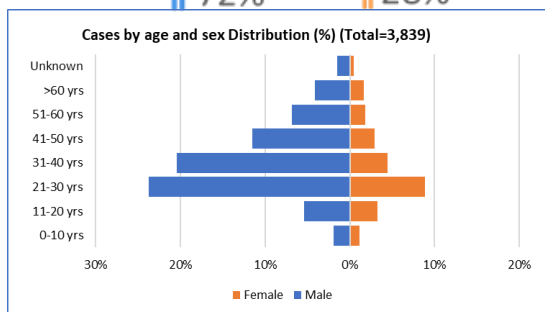


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

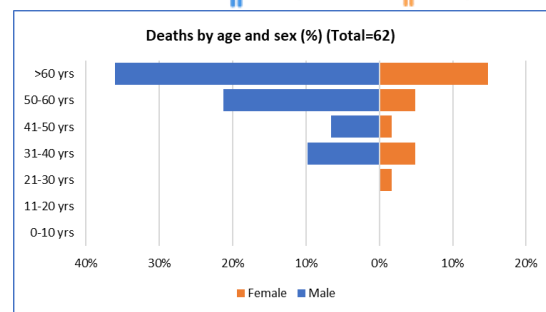


Figure 3: COVID-19 deaths by age and sex among host population in CXB

As of 23 August 2020, a total of 88 COVID-19 cases among Rohingya/FDMN have been reported: three in Camp 1E, six in Camp 1W, four in Camp 2E, eight in Camp 2W, 11 in Camp 3, two in Camp 4, two in Camp 5, ten in Camp 6, six in Camp 7, one in Camp 8E, two in Camp 8W, two in Camp 9, two in Camp 10, two in Camp 11, one in Camp 12, two in Camp 14, one in Camp 17, two in Camp 18, two in Camp 21, two in Camp 22, five in Camp 24, one in Camp 25, two in Camp 26, two in Camp 27, three in Kutupalong RC and four in Nayapara RC.

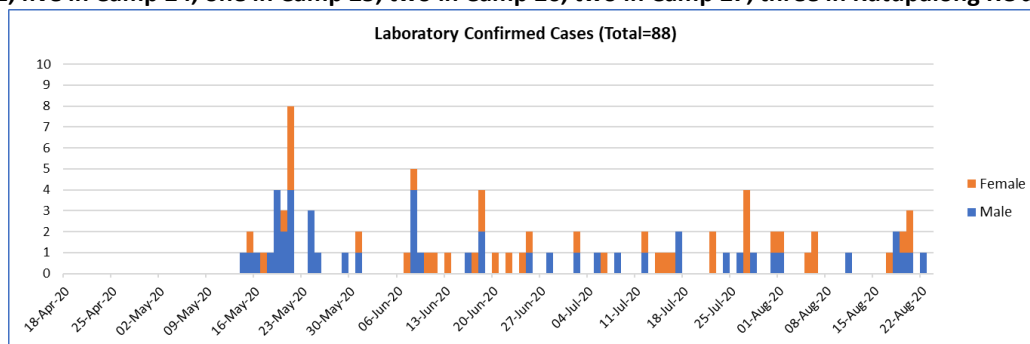


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

53% Male 47% Female

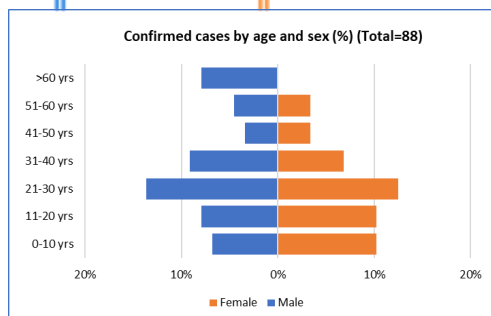


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

50% Male 50% Female

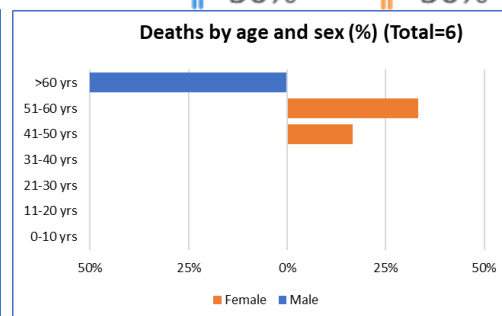


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

Increasing the number of samples collected from the camps remains a priority for WHO and the Health Sector. There are currently 23 sentinel sites in the camps. Within the Cox's Bazar Data Hub, the COVID-19 Dashboard is now operational and being updated daily: can be accessed here: <https://cxb-epi.netlify.app/>

The first RIRT (Rapid Investigation and Response Team) review was conducted following which a list of recommendations were drawn and agreed upon to improve response. Under strengthening initiatives of community-based mortality surveillance, suspected Severe ARI death review protocol has been drafted and piloted on recently suspected death alerts due to Severe Acute Respiratory Illness (SARI).



WHO continues its support to 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 23 August 2020, a total of 33 148 laboratory tests for COVID-19 have been conducted in the laboratory, of which 27 790 from Cox's Bazar district. The remainder are from Bandarban and Chittagong districts.

The number of tests per million conducted among the Rohingya population continues to increase. In week 34 it is 878 compared to 699 in week 33. An increase in testing per million was observed for the second week running among the host community in the same timeframe, from 459 to 490.

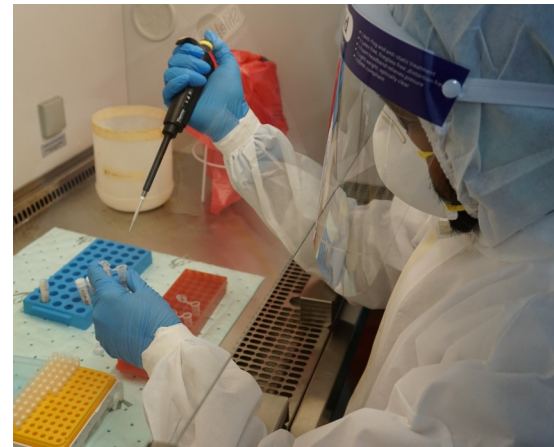
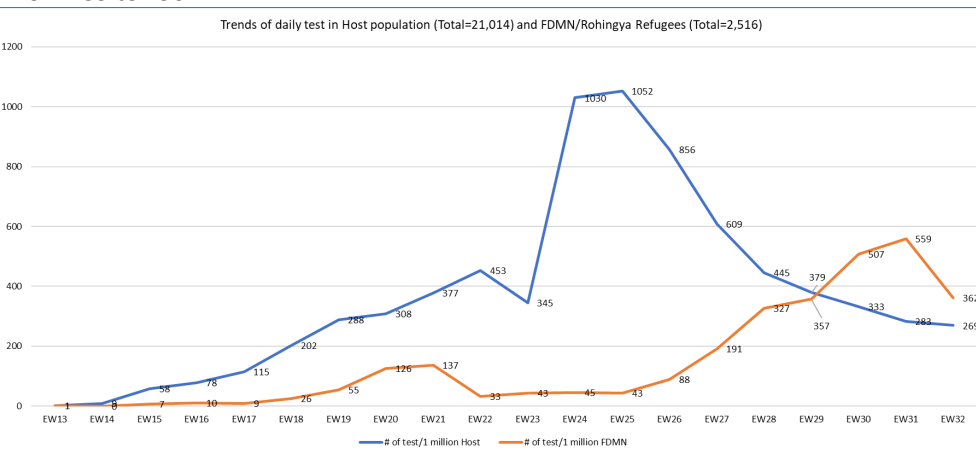


Photo: Extraction of COVID-19 RNA from a sample.

Figure 7: Number of tests conducted per million among host population & FDMN/Rohingya refugees

## INFECTION PREVENTION AND CONTROL

As part of the operational capacity building to enhance COVID-19 preparedness in Cox's Bazar, WHO conducted a 4-day training for Infection, Prevention and Control (IPC) for health care workers from Severe Acute Respiratory Infection (SARI) ITC partners and Government facilities with ongoing direct and indirect support from WHO. So far, 766 government workers and 1523 humanitarian health care workers have been trained. WHO continues to support partners as co-facilitators on a cascade of trainings conducted remotely and on-site. Since the beginning of August, IPC supportive supervision visits have been conducted in 12 facilities including 3 UHC. The visits are a follow up to previous assessments.

Within the reporting period, 21 healthcare workers were trained on Infection IPC at Pekua UHC as part of WHO support to all Upazilas in Cox's Bazar. To date 123 health care workers from six Upazilas, including Ukhiya, Teknaf, Ramu, Mohashkali and Chokoria have been trained. 120 Health care workers were trained on IPC at UNICEF, iccdr, ITC in Teknaf as part of ongoing capacity building by WHO and the IPC TWG to support best practices. WHO is also engaging with health care waste management partners to offer options for the SARI ITCs to minimize waste and to identify the best possible combustion system with available incinerators.

21 health care workers completed a 4-days training on Water and Sanitation in Health care facilities Improvement Tool (WASH FIT). This training included field visits and assessment with participants drawing action plans for improvements on IPC, WASH, waste management at their respective facilities. WHO is supporting partners with IPC tools and checklists to monitor and track daily cleaning within health care facilities and track improvements on a regular basis.

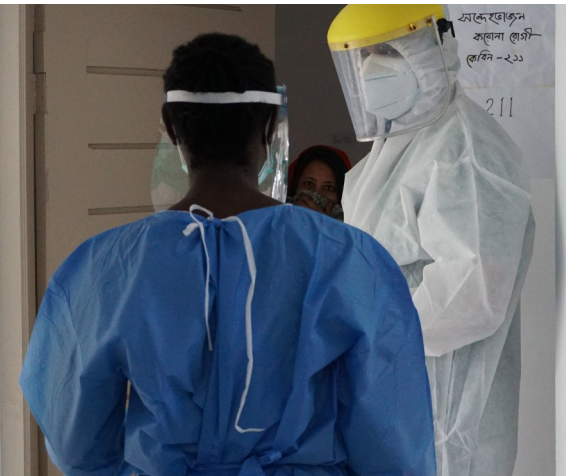


Photo: WHO IPC Expert, Rebecca Rachel Apolot, with COVID-19 suspect case

## MONSOON AND CYCLONE PREPAREDNESS

Health Sector and respective working groups and partners regularly updates its contingency plan for cyclone (April-May) and monsoon (June-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 across the camps have been identified.

Twenty-one mobile medical teams and 29 dispatch and referral unit ambulances are ready to respond to the adverse effects of cyclone and monsoon season. Conversations proceed with camp-level health focal points and authorities to develop camp-wide contingency plans.

The Health Sector is updating the monsoon and cyclone contingency plan in preparation for the upcoming cyclone season (September-December). Camp wise contingency plan is under development for all 34 camps.

## CLINICAL CASE MANAGEMENT

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

As of 25 August 2020, 13 SARI ITCs are active and can receive patients. The Intensive Care Unit/High Dependency Unit Facility at Sadar Hospital with 10 ICU and 8 HDU beds is also operational. There are 510 Severe Acute Respiratory Infection Isolation and Treatment Facilities (SARI ITCs) and 62 isolation active beds in the camps.



Photo: IUC team at CXB Sadar Hospital during one of the virtual meetings organized by WHO Clinical Case Management Team.

Weekly SARI ITC clinical case presentations have commenced where alternating SARI ITC sites present cases with technical support provided by WHO infectious disease specialist. 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.

As a part of WHO's support to all upazilas in Cox's Bazar, 21 health care workers completed trainings on COVID-19 Clinical Case Management at Pekua UHC. A total of 125 health care workers have been trained covering six Upazila Health complexes, including Ukhiya, Teknaf, Ramu, Mohashkhali and Chokoria. A total of 22 health care workers including doctors, nurses and counsellors completed a 4-days Mental Health Gap Action Programme (mhGAP) training in support to MHPSS for patients and humanitarian workers during COVID-19.

## ESSENTIAL HEALTH SERVICES

WHO continues to provide guidance regarding the operation and sustaining of immunization programs in the context of COVID-19. VPD surveillance is being closely monitored by government authorities with the support of the WHO SIMO network and EWARS: available data indicates a reduction in the number of reported cases. SIMOs and Health Field Monitors (HFMs) are continuously visiting health facilities for VPD surveillance, monitoring and investigation. Civil Surgeon has approved the VPD surveillance site list as Very High Priority and High Priority which will be now considered as Active surveillance site and integrated in the National AFP & VPD surveillance system. WHO-SIMOs will provide technical and operational support and monitor the process as per national guidelines.

Routine immunization sessions, both fixed and outreach, continue. Current data shows an increasing trend in immunization coverage after COVID-19. However, it is necessary to develop risk communication messages to engage community leaders on immunization activities. Session monitoring tool has been implemented in the field and monitored by HFMs. House to house monitoring tool will be launched soon.

The new batch of trainings on WHO Package of Essential Noncommunicable Disease (NCD) for Primary health care providers (PEN), started with an opening ceremony by the DGHS Line Director of Bangladesh NCD Program, Dr Md Habibur Rahman, Civil Surgeon, Dr. Md. Mahbubur Rahman, Chief Coordinator of MOHFW Coordination Center, Prof. Brig Gen Mohammad Ali Head and Head of WHO CXB Emergency Sub-Office, Dr Kai Von Harbou. WHO is supporting NCD services to increase prevention, early detection and treatment after disruption on essential health services imposed by COVID-19 through a partnership with James P Grant School of Public Health.

23 healthcare workers 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. 27 Doctors, Nurses and Medical Assistants are participating in the training's second batch of four.

## OPERATIONAL SUPPORT AND LOGISTICS

WHO provided expertise and structural support on air flow and ventilation for patients to IFRC Severe Acute Respiratory Illness Isolation and Treatment Centres (SARI ITCs). Daily distribution of COVID-19 related items to government agencies and implementing partners continue.

Technical support at the IEDCR Field Laboratory in Cox's Bazar Medical College is ongoing, including provision of PPE and extension and back-up power. WHO supported the transport of test kit supplies from Dhaka to Cox's Bazar and transport of COVID-19 samples from the camps. WHO has provided two dedicated vehicles to IEDCR Field laboratory. In addition, 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 were supported with medical supplies and COVID-19 guidelines, including SRH kits, Malaria Kits and Laboratory items.

## POINTS OF ENTRY

All points of entry are functioning to the best of their ability, given the heavy rainfall, 7 days a week and 8 hours per day in both Teknaf and Ukhiya Upazilas. In some areas, the staff have been unable to complete their shift as the road became impassible due to rain water at the point of entry. Proper monitoring of the situation is underway and screening activities resume when the water level drops to a safe level.

267 448 total individuals have been screened at points of entry since June 2020; those that are febrile are referred to health care facilities.

\*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.

## SUBJECT IN FOCUS: Tuberculosis (TB)

Every year, 10 million people fall ill with tuberculosis. Despite being a preventable and curable disease, 1.5 million people die from TB each year - making it the world's top infectious killer. Most of the people infected with TB live in low and middle-income countries including: Bangladesh, China, India, Indonesia, Nigeria, Pakistan, Philippines and South Africa.

### Context

Three years ago, with the influx of 860 000 Rohingya refugees in Cox's Bazar, the National TB control program (NTP) of Bangladesh was extended to the refugee camps and strengthened among host communities in Cox's Bazar. The program includes early TB detection, Drug-resistant (DR) Tuberculosis and timely and quality treatment to all patients. WHO is providing human resources, technical and logistic support to strengthen TB control in the district.



Photo: WHO TB Supervisor talking with a family from host community about TB prevention (2019)

### TB program Partners

An important partner of the National TB control program (NTP), BRAC (Bangladesh Rural Advancement Committee) is supporting the TB activities in Cox's Bazar. There are four Gene-X-Pert machines and microscope facilities in each Upazila Health Center (UHC) to increase testing which were made available to both Rohingya and host communities. Within the camps, there are fifteen TB laboratories for diagnosis by microscopy. Sputum samples from highly suspected persons (patients who experienced weight loss and/or have no appetite) are being transported to Upazila Health Complexes (UHC) of Ukhiya or Teknaf for further testing and X-ray examination. According to the National protocol, treatment (1st line/ 2nd line of anti TB drug) is also available through the UHCs. The Malaysian and Turkish field hospitals are supporting TB diagnosis by offering free chest X-ray for TB suspect cases in the camps. Health sector partners such as IOM, MSF, Save the children and other organizations are referring TB suspect cases for definitive diagnosis following microscopy examination and/or X-ray examination. WHO and BRAC conduct two visits per month under Direct Observation Treatment (DOT).

### WHO Activities

WHO's TB team is comprised by a district Medical officer, two field supervisors, a radiographer, two Medical Technologists for laboratory and ten junior field assistants. Together, they support the existing health workforce in Cox's Bazar in accelerating TB service delivery in Ukhiya and Teknaf. Additionally, the health workers at the UHC coordinate, detect cases, provide treatment, follow up and engage communities for increased public awareness.

The team is coordinated by the district TB medical officer who supervises the activities by liaising with the Civil Surgeon office, other health facilities and NGO partners in Cox's Bazar.

In every Upazila Health Complex (UHC), there is a radiographer and a medical technologist dedicated to case detection. This team communicates regularly with a network of field staff supporting NTP partners. The medical technologists conduct the Gene X-pert diagnosis and carry out supervisory activities on TB laboratory services, that includes sputum collection and smear preparation two times a week in the refugee camps to provide technical support and supervision to ensure TB diagnosis quality.

At the household level, field teams are identifying TB presumptive cases and referring them to the respective TB clinic for further investigation and health education. A field supervisor in each Upazila is working with five junior field assistants.

To improve diagnostic services, a digital X-ray machine and a X-ray printer were installed in Ukhiya and Teknaf UHCs. Before COVID-19, WHO recruited a Radiographer who was conducting more than 100 x-rays per month and up to 1500 household visits are conducted on a monthly basis among the different camps to deliver TB awareness messages. However, the numbers decreased due to COVID-19.



Furthermore, community engagement sessions were also being conducted in PHC, health post and at different small community gatherings. About 5000 people were reached on a monthly basis for community health education on TB control. These community sessions were followed by distribution of sputum collection pot and referral of suspected TB patients to the near-by BRAC facility for further evaluation and diagnosis. Gene Xpert (GXP) service and routine microscopic tests were approximately 200 per month. Capacity building, regular feedback and supportive supervision helped improve NTP's performance at Upazila Health Complexes level as well as coordination efforts between partners and UHCs towards quality TB services delivery.



Photo: WHO TB Supervisor talking with a Rohingya refugee about TB (2019)



Photo: BRAC Supervisor at Refugee Camp in Ukhiya, Cox's Bazar (2019)

### Epidemiology

From 2017 and until April 2020, every four months, it was reported for the host community that the number of TB presumptive was around 12000 -15000 and confirmed cases were 900-1100. As for the cure rate, it was more than 95% for TB patients.

Among Rohingya refugees, TB suspect and confirmed cases were 130 000 and 7940, respectively, since September 2017. Only five MDR -TB cases were reported in refugees since September 2017 and three were under treatment. Only 2.2% of TB cases occurred in children. TB treatment was provided for more than 85% of confirmed patients with a cure rate of 97-99%.

### TB services during COVID-19

As a respiratory disease, the COVID-19 pandemic has had a negative impact on the TB program in Cox's Bazar, hindering its progresses among host and refugee communities due to the stigma associated to both conditions but also because the populations were reluctant to seeking health services due to some reservations about quarantine and isolation centres.

Additionally, as a result of the lockdown, TB activities were disrupted. As a result, activities such as health education and community mobilization for TB awareness were scaled down or suspended. Within the host community, all smearing centers, and peripheral laboratory activities were halted except Hnila Family Welfare Clinic (FWC) of Teknaf and Betua Bazar FWC of Chakaria.

Chest X-Ray (CXR) facilities, monitoring patients follow up, sputum follow up, drugs and patients referral are among the activities also affected by COVID-19 and related movement restrictions both to patients and staff.

From April to June 2020, 273 persons were diagnosed with TB among the 2087 TB suspect cases among the host population. As for the Rohingya refugee, 395 persons were diagnosed with TB out of 5454 suspect cases.

95 and 65 GXP tests were conducted, as per criteria in Ukhiya and Teknaf UHC in this quarter, respectively. 65 and 80 X-ray examinations were conducted for patients referred to these services at Ukhiya and Teknaf UHC, respectively.

Despite the COVID-19 Outbreak, field teams continued their work in about 700 households to follow up 300 TB patients as part of the TB contact tracing process. To enhance safety during COVID-19, WHO provided trainings to laboratory personnel on sample collection.

### Conclusion

Despite the COVID-19 outbreak, TB activities continue, that includes c services, host community engagement and mobilization to increase TB awareness - however in smaller groups and following COVID-19 preventive measures. X-ray services, routine visits to community clinics and other health facilities continue with instructions to maintaining social distance and ensuring all safety measures to prevent COVID-19.

	Last 24	Total
COVID-19 tests conducted	13 382	1 456 038
COVID-19 positive cases	2485	297 083
Number of people released/recovered	3784	183 875
COVID-19 deaths	42	3983

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://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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