



PHOTO: Every month, led by WHO the Health Sector Coordination comes together to discuss progresses made and identify immediate needs that require their combined efforts in the Rohingya refugees emergency response in Cox's Bazar.





HIGHLIGHTS

During the reporting period, 40 new COVID-19 cases were confirmed in the Rohingya refugee camps. Since early April until 27 September 2020, a total of 48 787 tests for COVID-19 have been conducted in the Field laboratory of the IEDCR in the Cox's Bazar Medical College, of which almost 10 000 in the past week.

Messaging to improve testing among older age groups have been delivered through the community health working group, sentinel sites and surveillance teams in the camps. Screening and referral of potential cases from health facilities to sentinel collection sites is being reviewed . Currently 23 sites are operating and two more will be operational in the coming days.

WASH FIT assessment for SARI ITCs was conducted at five facilities in four different camps and one location next to the Malaysia Field Hospital. IPC supportive supervision visits were conducted at two SARI ITCs in camps 2E and 7.

SUBJECT IN FOCUS: WHO's Emergency Surveillance and Immunization Medical Officers (E-SIMOs)

	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	4479	252
 Total person in isolation in Cox's Bazar	512	140
 Total number of tests conducted	31 487	10 474
 Total deaths due to COVID-19	68	8

**Updated as of 27 September 2020 / *FDMN = Forcibly Displaced Myanmar Nationals*

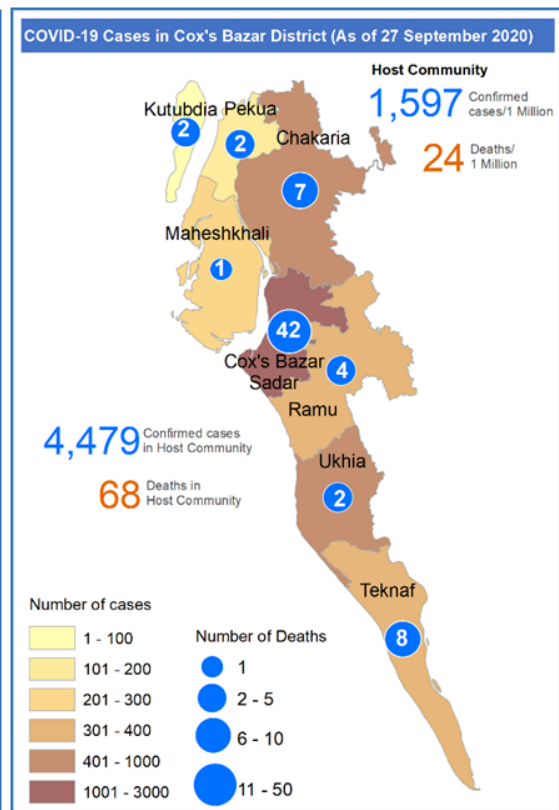
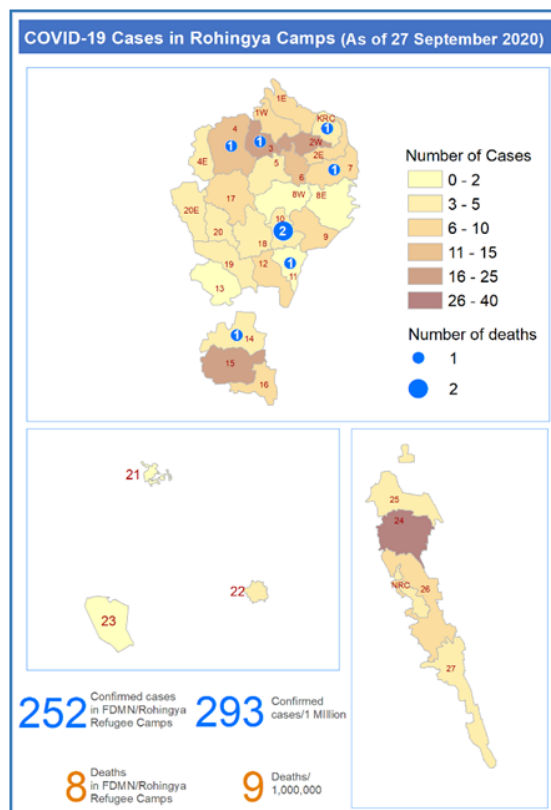
WHO, together with the Ministry of Health and Family Welfare (MoHFW) and Refugee Relief and Repatriation Commissioner office (RRRC), continues to provide leadership, coordination, supportive supervision and collaborative support to all health partners and sectors responding to the COVID-19 emergency response. Camp health Focal Points, Field Coordinators and Health Sector team meet bi-weekly to discuss current COVID-19 response and Cyclone Preparedness including immunization and cyclone and monsoon preparedness at camp level.

The feedback provided by the 10 CHFPs indicated the need to continue addressing fears of isolation and testing among the Rohingya refugees. During the reporting period, seven meetings with health partners took place at camp-level in Ukhiya and Teknaf, Cox's Bazar.

WHO visited the Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centres at Camp 20 Extension, Camp 2E and Camp 7, Rubber Garden.

Discussions at the facilities focused on improving uptake of COVID-19 sample collection among older age groups, infection prevention and control measures, clinical case management and admission criteria for COVID-19 patients.

Weekly surge clinical case management meetings continue enabling discussions on operational aspects and exchange of experiences to improve clinical treatment for COVID-19 patients in Cox's Bazar.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

WHO is working with partners BBC Media Action and Translators without Borders providing technical assistance for their pilot study on community engagement in NGO run health clinics. The pilot phase, which will take approximately 8 weeks, will look at how community outreach can be improved to increase trust and communication between the clinics and the camps where they are based.

Analysis of a survey conducted across all camps between 5-10 September has been completed and will be presented to the Health Sector, Risk Communication and Community Engagement Working Group, Communications with Communities Working Group and ISCG in the coming weeks. The survey assessed the population's knowledge of COVID-19 as well as attitudes towards mask wearing and testing.

A total of 1416 community health workers (CHWs) were trained to provide enhanced Community Based Surveillance and Home-Based Care which includes counselling on testing, quarantine and patients' referral to isolation facilities. During the reporting period CHWs conducted 139 424 household visits in which 4137 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and 24 patients with moderate/severe symptoms. The cumulative number of mild patients is 33 167, and 162 moderate/severe patients. 1844 persons with COVID symptoms were referred to health facilities from a total of 15 625 to date.

COVID-19 messages reached 275 390 persons between 21-27 September. Since the beginning of the response, CHWG conducted more than 2.75 Million household visits and had contacts with a cumulative number of more than 5.22 million adult household members.



Photo: Messaging to improve testing among older age groups have been delivered through community health workers, sentinel sites and surveillance teams in the Rohingya refugee camps in Cox's Bazar.

*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.

WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 27 September 2020, a total of 4479 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 462 in Chokoria, 360 in Teknaf, 273 in Maheshkhali, 2310 in Sadar, 480 in Ukhiya, 316 in Ramu, 180 in Pekua and 98 in Kutubdia.

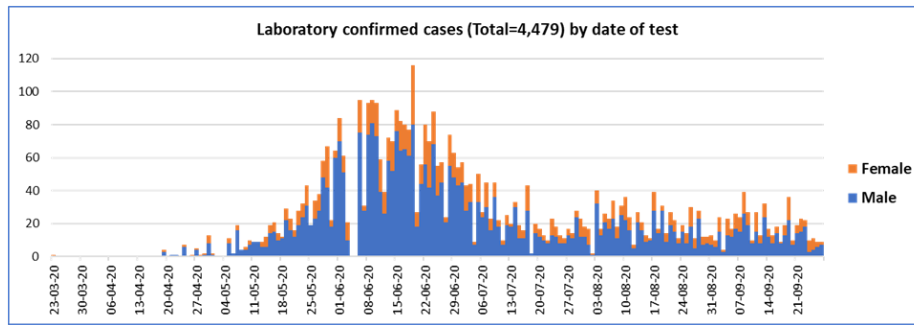


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

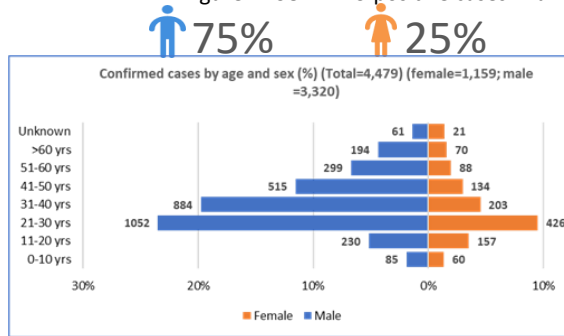


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

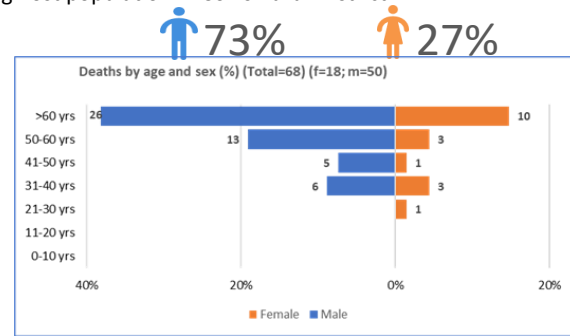


Figure 3: COVID-19 deaths by age and sex among host population in Cox's Bazar

As of 27 September 2020, a total of 252 COVID-19 cases among Rohingya/FDMN have been reported: 3 cases from Kutupalong RC, 7 from camp 1E, 9 from camp 1W, 10 from camp 2E, 23 from camp 2W, 19 from camp 3, 11 from camp 4, 3 from 4 Camp Extension, 5 from camp 5, 14 from camp 6, 10 from camp 7, 2 from camp 8E, 2 from camp 8W, 6 from camp 9, 5 from camp 10, 2 from camp 11, 6 from camp 12, 1 from Camp 13, 3 from camp 14, 21 from camp 15, 6 from camp 16, 7 from camp 17, 4 from camp 18, 3 from camp 19, 3 from Camp 20, 4 from Camp 20 Extension, 5 from Nayapara RC, 2 from camp 21, 5 from camp 22, 1 from camp 23, 38 from camp 24, 3 from camp 25, 6 from camp 26, 3 from camp 27.

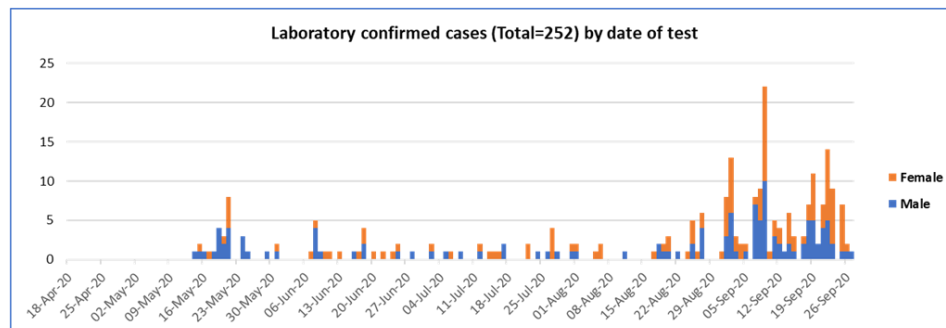


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

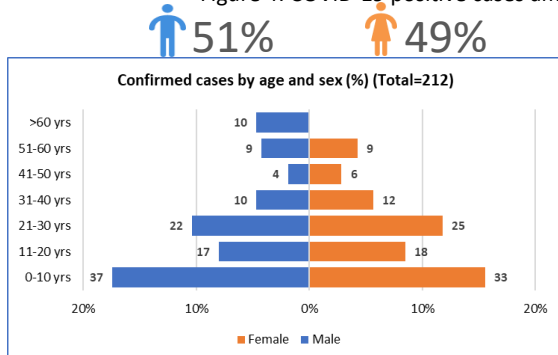


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

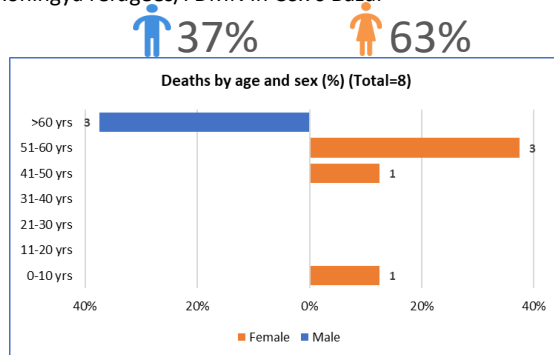


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

During the reporting period, 40 new COVID-19 cases were confirmed in the Rohingya refugee camps. Despite the increasing number of tests, over 50% of the samples are from patients aged 17 and younger. Messaging to improve testing among older age groups have been delivered through the community health workers, sentinel sites and surveillance teams. Screening and referral of cases from health facilities to sentinel sites and coverage and accessibility of sample collection sites are under review. Currently, 23 sites are operating and two more will be operational in the coming days. Organized to improve EWARS reporting, the refresher training targeting 250 Medical Officers, Nurses and Midwives will be completed on 29 September 2020. A training in Community Based Mortality Reporting is expected to start in October followed by a capacity building in Outbreak Response for Acute Watery Diarrhea (AWD).

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 27 September 2020, a total of 48 787 tests for COVID-19 have been conducted in the laboratory, of which almost 10 000 conducted in the reporting period. 41 961 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. In the last two weeks the number of tests conducted for the Rohingya refugees has increased slightly (1803 to 1810 per one million population). A decrease in testing per million was observed in the host community (684 to 561) during the same period.

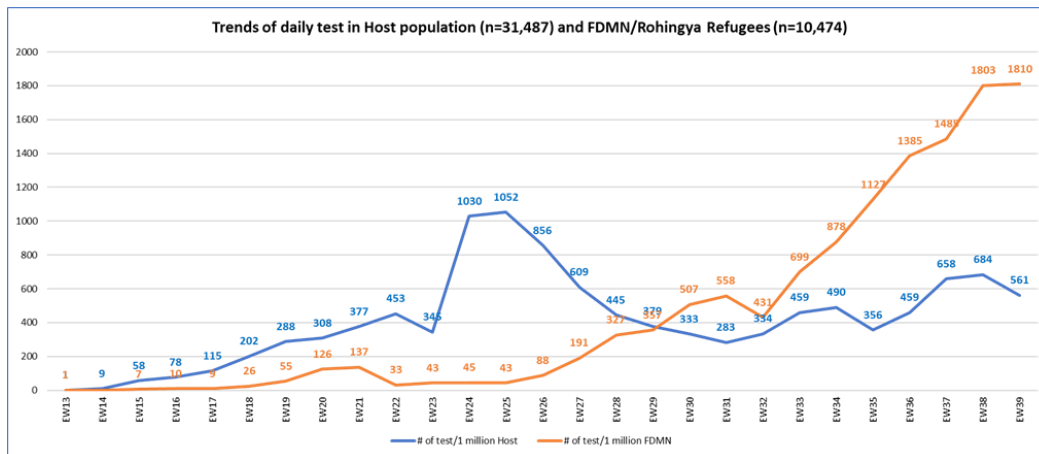


Figure 7: Number of tests conducted per million among the host population and the FDMN/Rohingya refugees

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, training for Infection, Prevention and Control (IPC) has been provided to 1727 humanitarian health care workers from Severe Acute Respiratory Infection (SARI) ITC partners and 800 government facilities.

A 4-days training on Water and Sanitation in Health care facilities Improvement Tool (WASH FIT) has been completed for 104 health care workers from 105 health facilities this year. 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 essential health services. Over 160 facilities have so far been assessed against standard WASH FIT indicators. To date, 208 health professionals from 179 health care facilities in Cox's Bazar have been trained on WASH FIT.

WASH FIT assessment for SARI ITCs was conducted in the reporting period at five facilities in camps 4, 5, 20 Extension, 8W and one outside the camp, next to the Malaysia Field Hospital. IPC supportive supervision was conducted at two SARI ITCs in camps 2E and 7. Since early September, 35 health facilities, including one SARI ITC, have been visited in 14 camps.

Photo: WHO's Supportive Supervision team conduct meetings with health care staff, including cleaning (photo 1) and infection prevention and control focal points (photo 2), for a better understanding of health facilities' needs during the COVID-19 response.



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 the contingency plans for the upcoming cyclone season (September-December). Camp wise contingency plans have been completed at 34 refugee camps.

To date, 14 SARI ITCs are established with a total of 946 beds. Of these, 512 are ready to receive patients and another 453 are in place and held on standby. Five isolation facilities provide additional 72 beds. Also operational is the Intensive Care Unit/High Dependency Unit Facility at Sadar Hospital with ten ICU and eight HDU beds. Twenty HDU beds will soon be operational. The newly staff hired are currently taking part in "on the job" training by shadowing the existing ICU team during their shifts. Construction of SARI ITC sites is expected to be completed by November 2020. WHO is currently conducting WASH FIT assessments at all SARI ITCs. The assessment team offers a summary of their findings on site while providing technical support. Results from all assessments will be aggregated in a combined report.



Photo: Rohingya refugees at the Bangladesh Red Crescent SARI ITC in Ukhiya, Cox's Bazar.

ESSENTIAL HEALTH SERVICES

Routine immunization: as 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. Coverage data shows an increasing trend but due to the slow pace of tracking and mobilization of unvaccinated and under vaccinated children to the vaccination sites immunization remains low.

Vaccine-Preventable Disease surveillance is being closely monitored by government authorities with WHO's technical support. SIMOs and Health field monitors (HFMs) continue to visit health facilities for surveillance, monitoring and investigation while contributing to the National AFP & VPD surveillance system. As part of this system, 13 health facilities have been identified as very high priority (VHP) sites and 38 high priority (HP) as active surveillance sites. VHP and HP sites are visited weekly and bi-weekly respectively. During such visits, 67 suspected measles cases were reported and investigated by WHO SIMOs. 41 Samples were collected and sent for laboratory testing with no confirmed measles cases. Seven suspected Acute Flaccid Paralysis samples were collected with one Non-Polio Enteroviruses positive being found and two negative, another four are still pending. Since the establishment of active surveillance, in 18 August 2020, more AFP and measles cases were reported than in the first seven months of the year showing increase in surveillance sensitivity.

WHO Health Field Monitors (HFMs) monitored 1058 immunization sessions having shared the collected data with government and partners. Monitoring data shows that engagement with Community Health Workers (CHWs) is increasing. WHO HFMs interviewed 1374 caregivers and 63% referred that CHWs asked them to attend vaccination sessions. WHO HFMs monitored 1058 vaccination sessions to see that 97% of vaccinators were wearing face masks while 89% of caregivers were maintaining physical distancing. HFMs also interviewed 662 Imams to find that 52% had low levels of engagement in the immunization program.

OPERATIONAL SUPPORT AND LOGISTICS

During the reporting period WHO provided feedback for the safe storage of oxygen cylinders at the Sadar Hospital following an assessment on the construction of the isolation unit by Community Partners International (CPI), a U.S. non-profit organization.

WHO installed a temporary backup power generator at the WHO Mishuk warehouse and started painting all eight WHO preposition containers in the Rohingya camps. The distribution plan of Sexual Reproductive Health (SRH) kits to UNFPA supported partners is currently under preparation.

Photo: Oxygen cylinders properly stored at IOM SARI ITC, at Camp 20 Extension in Ukhiya.



POINTS OF ENTRY

All 19 Points of Entry (PoE) sites continue to screen for fever and advocating for hand washing at strategic entry locations in the camps. Temperature screeners, educators and WASH volunteers are working together to educate, refer and sensitize the Rohingya, host community and humanitarian workers entering the camps. As of 27 September 2020, 483 550 individuals have been screened at the PoE across the camps. People found febrile have been referred to health facilities.

SUBJECT IN FOCUS: WHO's Emergency Surveillance and Immunization Medical Officers (E-SIMOs)

In Cox's Bazar, E-SIMOs are the backbone of the immunization program. They provide technical and operational support to the Rohingya refugee humanitarian response with special emphasis in the monitoring process of Routine Immunization and AFP & VPD surveillance. Currently three E-SIMOs are working in the world's largest refugee camps, two in Ukhiya and one in Teknaf.

Context

Immunization is a widely recognized and proven tool for controlling and possibly eradicating disease and remains one of the most cost-effective public health interventions. Infectious agents such as viruses, bacteria and parasites are responsible for major childhood diseases. Vaccines are especially important in the Rohingya refugee camps due to the densely populated camp areas and the existing misconceptions about vaccination.

The Government of Bangladesh, supported by WHO and UNICEF and other health partners launched the Routine EPI (Expanded program Immunization) in the Rohingya refugee camps in July 2018. The programme provides 6 vaccines against 10 life-threatening diseases (diphtheria, whooping cough, influenza, tetanus, polio, tuberculosis, measles, rubella, hepatitis B and pneumonia) targeting children under 2 years and pregnant women.



Dr Sujit Paul (on the left) is one of the dedicated WHO Surveillance and Immunization Medical Officers (SIMOs) working in the Rohingya refugee camps. He is providing technical support for routine immunization which includes: microplan to ensure coverage of all beneficiaries; monitoring and supervision; coordination and communication and reporting.

E-SIMOs' monitoring efforts in Cox's Bazar

The supportive supervision provided by SIMOs encourages open, two-way communication, while building team approaches that enhance problem-solving. It focuses on monitoring performances towards goals and using data for decision-making. Evidence indicates that a supportive approach, where supervisors and health staff work together to solve problems and improve performance, enhances benefits for the Routine EPI and, ultimately, for the health of children. Eight government supervisors and twenty Health Field Monitors (HFMs) are working together to monitor and supervise routine immunization activities in the Rohingya refugee camps. WHO provides technical support to Government and its IVD team developed monitoring tools to ensure monitoring activities through House to House (HtH) visits and Monitoring of Monitors (MoM). E-SIMOs and HFMs are making all efforts to encourage vaccinators to prepare updated line list of children that missed vaccination, that list is shared with community health workers who will then contact the families. During supportive supervision and monitoring, E-SIMOs and HFMs provide on job training and feedback to vaccinators. Routine immunization partners in Cox's Bazar meet every month, where monitoring data is shared for further action when necessary.

AFP & VPD surveillance system

E-SIMOs conduct surveillance regularly at Upazila health complexes, very high priority health facilities and high priority health facilities in the refugee camps. They visit the active surveillance sites every week and provide on-job trainings to persons related to the health system like doctors, nurses, paramedics and health care workers. These active surveillance sites are selected according to the disease incidence rate.

Health related persons working in surveillance sites should have proper knowledge about case definition, case identification, case reporting, sample collection of suspected AFP, Measles and other vaccine preventable diseases. E-SIMOs provide the technical support for these health professionals.

A well-established communication system with the health facilities allows timely notification and early investigation. E-SIMOs investigation efforts towards AFP and other VPDs contribute to the Government of Bangladesh surveillance system. They also monitor the sample collection, preservation and transport system to laboratories. Furthermore, they are also responsible for sharing the laboratory reports with the respective health facilities for follow up with the patients.

An adequate surveillance system helps preventing major vaccine-preventable disease outbreaks and enhances early alerts of positive cases which is essential for timely decision making to protect the vulnerable populations in Cox's Bazar.

Vaccine-preventable disease Outbreaks

When an outbreak of a vaccine-preventable disease occurs, it can indicate that a vaccine offered insufficient protection. For example, in the case of the influenza virus, it could also mean that eligible patients were not able to access the vaccine. In Cox's Bazar, the main reason that has been identified is Rohingya family's misconception and fears about vaccines which very often prevents them from bringing their children to vaccination sites or to continue the vaccination program after a first vaccine. When it comes to vaccines, one missed child puts many others at risk.

Since the influx of the Rohingya refugees in Bangladesh in 2017, a total of 13 campaigns were conducted in Cox's Bazar by the Ministry of Health with support of WHO and UNICEF.

Despite all efforts to vaccinate children and pregnant women due to the poor health seeking behaviour and poor nutrition status of these populations, fear of injections continues to prevent the Rohingya families to attend routine immunization sessions. Vaccinators, community health workers, E-SIMOs and HFMs work tirelessly to protect Rohingya people from vaccine-preventable diseases.



Photo: WHO Immunization Coordinator in Cox's Bazar, Dr Md Zion, presenting SIMOs updates at a Health Sector monthly meeting in Ukhiya.



Photo: In Cox's Bazar routine immunization continues despite COVID-19. WHO Representative, Dr Bardan Jung Rana, talked with vaccinators, community health workers and WHO team about ways of engaging communities.

	Last 24 hours	Total
COVID-19 tests conducted	10 685	1 909 460
COVID-19 positive cases	1275	359 148
Number of people released/recovered	1714	270 491
COVID-19 deaths	32	5161

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 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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