







PHOTO: Since April, nearly 60 000 tests for COVID-19 have been conducted at the Field Laboratory of the Institute of Epidemiology, Disease Control and Research (IEDCR) in the Cox's Bazar Medical College.

HIGHLIGHTS

- During the reporting period, 26 new COVID-19 cases were confirmed in the Rohingya refugee camps. Camp-wise Rapid Investigation and Response Teams (RIRT), including one coordinator, one clinical supervisor and one contact tracing supervisor, have been responding to alerts within 24 hours and referring patients to SARI ITCs with the help of the Dispatch and Referral Unit (DRU). A strategic document on CoVID-19 vaccination campaign for Rohingya refugees is under development and soon will be shared with the government of Bangladesh. The WHO Epidemiology unit is engaging in prioritization, targeting risk groups while continuing COVID-19 surveillance.
- The first of four batches on Basic First Aid trainings has started with 16 nurse-driver teams from SARI ITCs with the aim to strengthen the referral capacity to transport critically ill patients from SARI ITCs to the Intensive Care Unit at the 250 Bed District Sadar Hospital.
- SUBJECT IN FOCUS:** Preparing for & responding to COVID-19 in the Rohingya refugee camps: Clinical Case Management

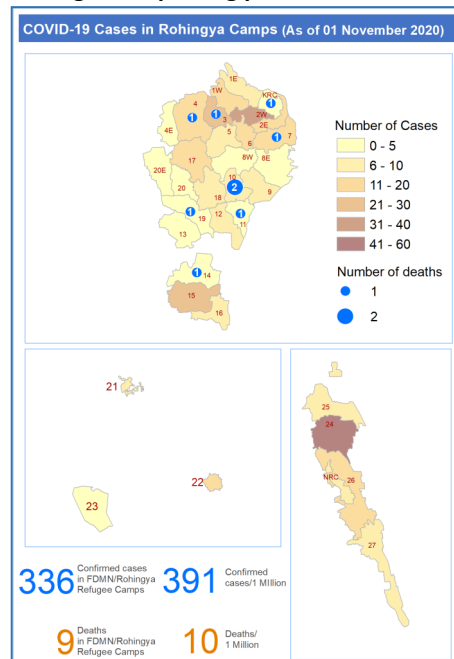
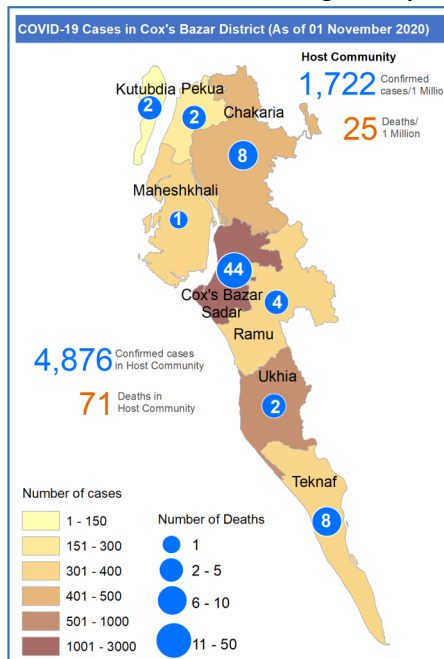
	Host Community	Rohingya refugees
 Total confirmed COVID-19 cases in Cox's Bazar	4876	336
 Total cases in isolation in Cox's Bazar	281	101
 Total number of tests conducted	36 537	14 363
 Total deaths due to COVID-19	71	9

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. During the reporting period, two health sector coordination meetings were held at Ukhiya and Teknaf Upazilas and chaired by the respective Health & Family Planning Officer under MoHFW, both meetings were facilitated by the health sector coordination team with the participation of 40 partner agencies to strengthen coordination and collaboration on on-going health services activities' implementation. A total of seven camp health partners coordination meetings took place during the reporting period.

Joint Response Plan (JRP) 2021 key dates have been selected and shared with health partners, including final submission date for project proposals to the Health Sector (November 26). Review and selection will be conducted by peer review teams.

Under the leadership of Cox's Bazar government (Civil Surgeon, MoHFW and RRRC), a vaccine working group was established by SAG members with key representation from humanitarian actors. The group prepared the first draft of a strategic plan for CoVID-19 vaccination campaign in line with the national framework.

Cluster Coordination Performance Monitoring (CCPM) survey was re-sent to partners (government, UN, INGOs and NGOs) for their feedback on the six core functions of the Health Sector coordination and accountability to the affected population.



SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION

WHO continues to provide epidemiological data to support operational decision making for the COVID-19 response in Cox's Bazar. As of 01 November 2020, a total of 4876 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 497 in Chokoria, 396 in Teknaf, 311 in Maheshkhali, 2524 in Sadar, 517 in Ukhiya, 335 in Ramu, 193 in Pekua and 103 in Kutubdia.

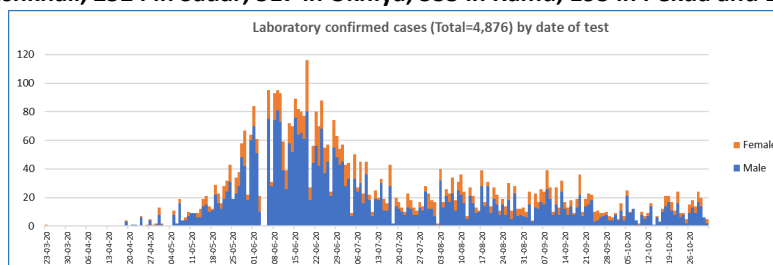


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

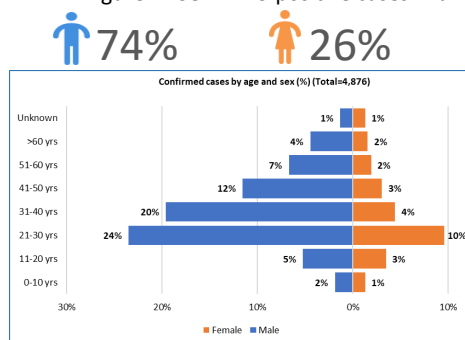


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

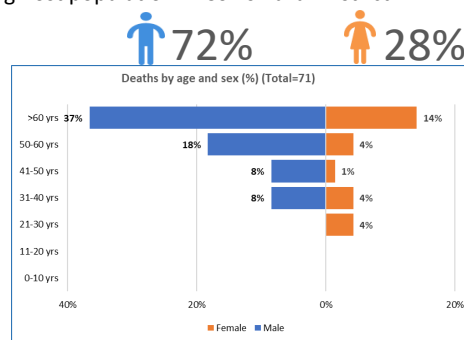


Figure 3: COVID-19 deaths by age and sex among host population in Cox's Bazar

As of 01 November 2020, a total of 336 COVID-19 cases have been reported among Rohingya/FDMN. With a total of 49 cases, Camp 24 has the highest number of cases to date further ahead from Camp 2W with 31 and Camps 3 and 15 have 24 cases each. To date, 20 cases were reported from Camps 6 and 15 from Camp 2E. Camps 1W, 4 and 7 had 12 cases each. Camp 17 had 11 cases and Camps 1E and 10, 10 each while Camps 18 and 26 reported 9 cases. As for Camps 5 and 9, 8 cases reported. Camps 12, 16 and 22 registered to date 7 cases each. Camps 8W, 11, 19, 20 Extension and Nayapara RC identified 5 cases. The remainder Camps had so far less than 5 cases. Camp-wise Rapid Investigation and Response Teams (RIRT), including one coordinator, one clinical supervisor and one contact tracing supervisor, have been responding to alerts within 24 hours and referring patients to SARI ITCs with the help of the Dispatch and Referral Unit (DRU). Contact tracing and referral to quarantine facilities and follow up during the period of at-home quarantine has been coordinated with other sectors and camp administration. The camp wise dedicated Contact Tracing network (34 supervisors and 311 volunteers) is embedded in the RIRT for contact tracing having identified 34% of the contact persons (551/1216) and 2.4% of new cases during the reporting period (8/336).

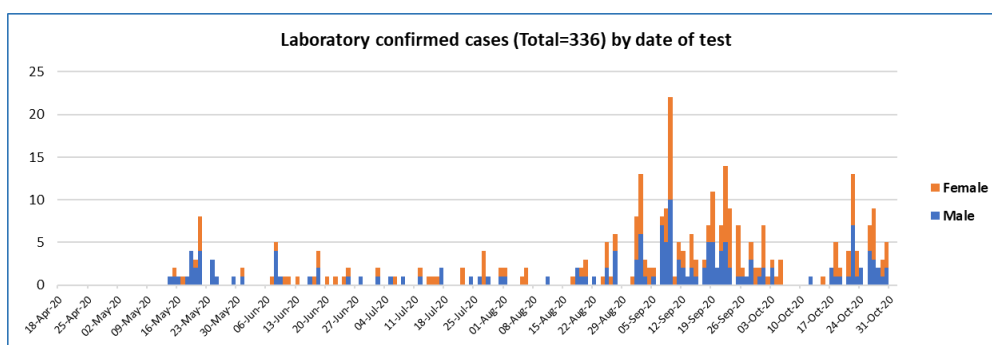


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

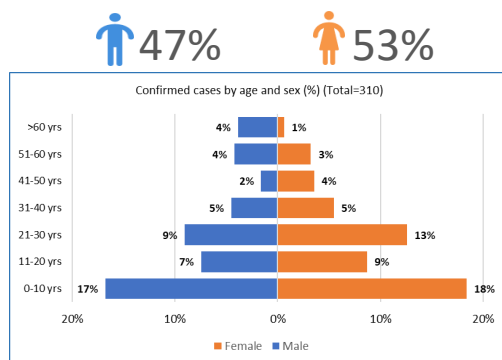


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

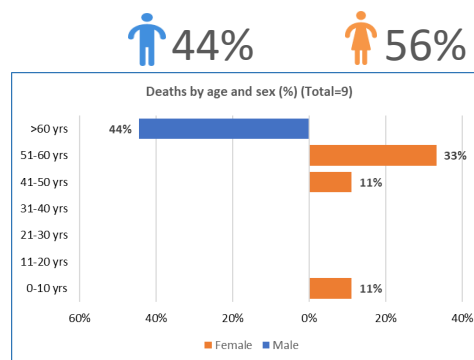


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

Between 26 October and 01 November, 26 new COVID-19 cases were confirmed in the Rohingya refugee camps. The cumulative share of positive tests is 2.3%, with 9 deaths and a fatality rate of 2.7%. The incidence rate is 39 per 100 000 people and 9.1% of the cases showed severe symptoms at the time of admission while 7.5% of the cases report at least one co-morbidity. Although the main age of tested samples is below 12 years, a significant proportion has been tested among 40+ years (158 per 10 000 people), however the highest number is 219 tests per 10 000 population among patients aged 0-9 years. The test positivity was highest in the 50+ cohorts with 3.2% and the age specific mortality of 0.58% per 10 000 people. Existing 25 sentinel sites have been followed up by digital data entry of all tested samples using Kobo platform. Currently this activity uses a paper-based lab request form and excel-based data sharing and management. A strategic document on CoVID-19 vaccination campaign for Rohingya refugees is under development and will soon be shared with the GoB. The Epidemiology unit is engaging in prioritization, targeting risk groups while continuing COVID-19 surveillance. A JAT (Joint Assessment Team) Training for AWD Outbreak Response is planned for 16-19 November 2020. The final revision of the multisector AWD Plan is ongoing together with JAT operational guidance and necessary tools for investigation.

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 populations and protect them from COVID-19. Mixed-media messages include general information on COVID-19, hand washing, physical distancing and mask wearing, risks and vulnerabilities, safe and dignified burials, home-based care, quarantine, isolation, and treatment centres, etc. WHO, through its involvement in Communications with Communities Working Group, (CwC WG) and the Risk Communication and Community Engagement Working Group (RCCE WG), continues to coordinate with agencies across the response to ensure that all information around COVID-19 and health issues are of high quality, technically correct and easily understandable by communities. A RCCE WG public outreach strategy for routine immunization started in October. COVID-19 has seen a decrease in parents and guardians getting the follow up shots in their vaccine schedule: the month-long strategy reminds adults on the importance of vaccines, especially for children yet to be vaccinated. WHO is providing medical experts where needed for community engagement, as well as technical advice and support. WHO is also collaborating with the Health Sector to make sure that all vaccination centres are clearly marked and recognisable to the refugee population.

A total of 1416 community health workers (CHWs) have been trained and are coordinated by the Community Health Working Group (CHWG) 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 137 576 household visits in which 2922 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and 3 patients with moderate/severe symptoms. The cumulative number of mild patients is 49 081, and 202 moderate/ severe patients. 1226 persons with COVID like symptoms were referred to health facilities from a total of 22 467 to date. Through coordination by the CHWG COVID-19 messages reached 257 954 persons between 26 October and 01 November. Since the beginning of the response, community health workers have conducted more than 3.42 million household visits and had contacts with a cumulative number of more than 8.9 million adult household members. Through the CwC Working Group, another 35 064 people were engaged in 9937 small group sessions.

*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 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. Between April and 01 November 2020, a total of 59 357 tests for COVID-19 have been conducted of which 50 900 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. A slight increase in the number of tests conducted among the Rohingya was observed in week 44 (from 903 to 922 tests per one million population). Tests among the host community population have also increased (from 324 to 384 tests per one million population). Currently, 25 sample collection sites are operating for suspected COVID-19 patients.

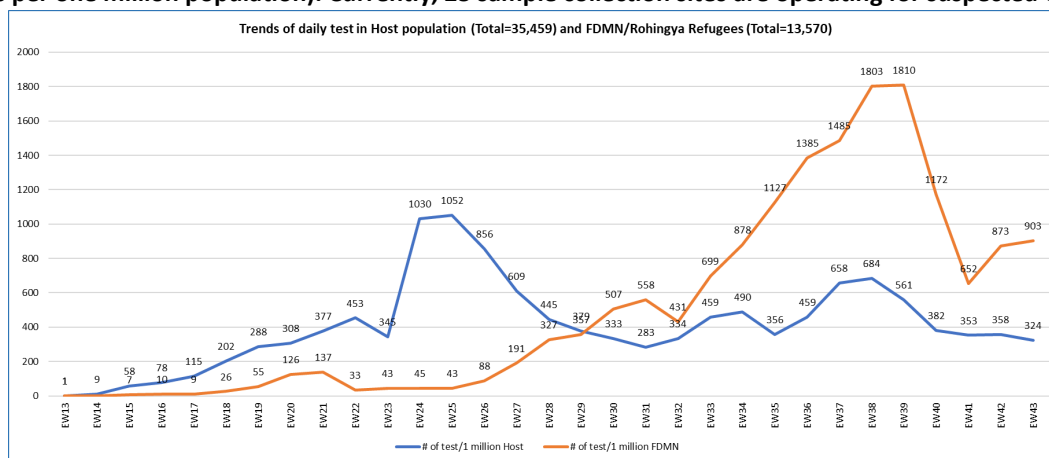


Figure 7: Number of tests conducted per million among the host population and the FDMN/Rohingya refugees

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 1831 humanitarian health care workers and 814 government staff from Severe Acute Respiratory Infection (SARI) ITC partners and government facilities, respectively. IPC supportive supervision was conducted at three health facilities. Since September, 72 health care facilities, including 18 SARI ITCs and Isolation Units, have been visited across 25 camps.

Following a planning and advocacy meeting for WASH FIT, 11 organizations implementing WASH FIT held discussions with the WASH sector to seek support for the required improvements identified by trainees after a 4-days training on Water and Sanitation in Health care facilities Improvement Tool (WASH FIT) provided for 104 health care workers from 105 health facilities. 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. Preliminary findings from 186 facilities indicated that about 40% met the minimum standards according to WASH FIT indicators. To date, 208 health professionals from 179 health care facilities in Cox's Bazar have been trained on WASH FIT to support improvements in these facilities. WASH FIT assessment for SARI ITCs was conducted at 18 SARI ITCs including Sadar HDU/ICU. Water Quality Surveillance (WQS) is a bilateral project between WHO and UNICEF and implemented through the Department of Public Health Engineering (DPHE) to monitor water quality from water sources and at household (HH) level in the refugee camps and host communities. The benefit of WQS is to assess water contamination. During the reporting period, 888 water samples were tested (132 sources of water, 756 household), from a total of 2052 since 17 October 2020.



Photo: WHO and partners conducting Water Quality Surveillance at the Rohingya refugee camps, Cox's Bazar

MONSOON AND CYCLONE PREPAREDNESS

The Health Sector and respective working groups and partners regularly updates its contingency plan for cyclone (March-June) and monsoon (September-November) seasons. Information related to health facility functionality, contingency supplies and locations, mobile medical teams (MMT), ambulance network systems to respond to emergencies and list of camp health focal points is accessible through the Health Sector Google drive. The Health Sector re-activated the Emergency Preparedness Response (EPR) working group which will be meeting every week to discuss and plan for cyclone preparedness and response. During the first meeting, attention was given to catchment areas, identifying focal persons, availability of ambulances and locations for prepositioning. Efforts continue to draft the cyclone plan in close collaboration with ISCG, IOM, WHO and other key partners in emergency preparedness and response. IOM organized a 2-day mobile medical team (MMT) training on all aspects of operation and coordination for responders, including protection mainstreaming, MHPSS, and emergency trauma care, and ending with a practical drill in support of the Health Sector response planning.

The number of available SARI ITC beds has remained stable over the reporting period with now 14 SARI ITCs reporting 1106 beds of which 578 are ready to receive patients and another 528 are on standby. The number of beds that are currently being constructed and are expected to be available by the end of November is 44, out of which 25 will be operational and the remainder on stand by. The case management team and SARI ITC partners are currently involved in the emergency preparedness and response planning of the health sector and look in particular into the need of inter-facility referrals of COVID-19 patients from sites that are located in high risk areas for cyclones to those in safer locations and/or with stronger infrastructure.

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. To that end, a new strategy and microplan has been implemented and coverage data has started showing an increasing trend but due to the slow pace of tracking and mobilization of unvaccinated and under vaccinated children, immunization coverage remains low.

Vaccine-Preventable Disease surveillance is being closely monitored by government authorities with WHO's technical support. SIMOs and Health field monitors (HFM)s continue to visit health facilities for surveillance, monitoring and investigation while contributing to the National AFP & VPD surveillance system. As part of Active Surveillance, WHO SIMOs are visiting surveillance sites for the VPD case searching. Suspected VPD cases are being investigated regularly by E-SIMOs within a very short time. Initiative to collect the field level house to house information to update the

Photo: WHO E-SIMOs, HFMs and Community Health Workers are combining efforts to ensure that Rohingya children don't miss vaccines.

Routine Immunization line listing and to help identifying the left out and drop out children continues. After updating the registered book with the most updated data, a plan will be prepared to mobilize the missed beneficiaries to complete or start the vaccination. WHO-IVD team has started working on COVID-19 vaccination planning and strategy under the leadership of the Government of Bangladesh following the modality of NVDP (National Vaccine Deployment Plan) and CoVID-19 vaccination campaign.

WHO/James P Grant School of Public Health (JPGSPH) completed a 3-day training on non-communicable (NCD) risk factors, screening and behavioral interventions for 28 government field workers including community health care providers, health inspectors and health assistants working at Ukhiya Upazila Complexes. WHO delivered 40 cartridges of X-ray films to support the Ukhiya Health Complex to strengthen diagnosis and management of NCDs.

WHO aims to support the continuation of comprehensive sexual and reproductive health care for host community and Rohingya women and men. The Health Sector distributed 850 pairs of gynecological gloves for obstetric complications, 40 bottles of doppler gel, 2 reproductive health kits to support facility delivery, and 40 SRH flip charts for use by CHWs in the community.

OPERATIONAL SUPPORT AND LOGISTICS

During the reporting period, a total of 577 Kg of supplies including COVID-19 related items, medicines, flip charts, VTM, GBV stationary, and medical equipment were distributed to implementing partners in the camps. Additionally, 15 oxygen concentrators were distributed to Community Partners International (CPI) and for the 250 Bed District Sadar Hospital ITC. A total of 809 Kg and 2.67 CBM of Lab, RDT, WASH and GBV stationary items were received at WHO Sea Palace Warehouse. As part of the inventory management, the supply stock card inventory was finalized. Technical support to the CERF funded Friendship SARI ITC is ongoing, including facility layout, patients and staff flow, bed spacing, ventilation and waste management. Distribution of the SRH kits for the contingency stock in preposition containers in the camps has been finalized. Review of 19 bidding suppliers for laboratory and blood transfusion facilities has been provided for further tender process. Continuous support with two vehicles for DRU activities and two vehicles for sample collection in the camps.



Photo: WHO is ensuring availability of Sexual and Reproductive Health Kits in the Cox's Bazar refugee camps.

POINTS OF ENTRY

Thirteen out of 19 Points of Entry (PoEs) are functional in different strategic locations into the camps. During the reporting period, a total of 39 190 individuals have been screened. Support is ongoing to identify febrile passengers and pedestrians for education and referrals to health facilities.

SUBJECT IN FOCUS: Preparing for & responding to COVID-19 in the Rohingya camps: Clinical Case Management

Internal WHO discussions on potential outbreak scenarios of COVID-19 in the Rohingya refugee camps commenced in early February, rapidly expanding to engage multiple UN and NGO partners in the planning and operationalization of specialized dedicated treatment centers and targeted clinical treatment options required to mount an effective response to a COVID-19 outbreak.

Assessing the impact of COVID-19 in the densely populated refugee camps: Early modelling projections from renowned academic institutions suggested that a large-scale outbreak was very likely in the Cox's Bazar setting after only a single infectious person entering the camp. Alarming projections indicated 0.5%-91% of the population would become infected within the first three months and depending on the transmission scenario, between 70%-98% exposed within the first year if no effective interventions were put into place. Based on the study findings, key planning assumptions were used to calculate surge specialist health care needs, dedicated bed capacity, increased staffing requirements, IPC measures for frontline health care workers; and specific medical equipment, supplies & medicines already in critically high demand around the globe - such as Oxygen and Personal Protective Equipment (PPE).



Photo: COVID-19 patient care and treatment at UNHCR/ Relief International SARI ITC, in Ukhiya, Cox's Bazar.

Establishing Specialized Care & Bed Capacity: In March, WHO developed a concept of operations for the 'Establishment of COVID-19 Temporary Treatment Centres near the Rohingya camps, Ukhiya and Teknaf, outlining the required minimum standards for Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centres (ITCs). WHO worked closely with all implementing Partners throughout design, construction and implementation phases of SARI ITCs providing valuable technical SARI expertise in optimal site selection, aspects of ITC layout and construction, specialist clinical equipment and pharmacy, laboratory support services, staffing plans and IPC considerations for both patient care and health care workers, and safe clinical infectious waste management/disposal. In addition, WHO has been facilitating ongoing training support and supportive supervision visits to ensure safe quality standards of care are being delivered across the SARI Network. Leading a Technical needs assessment,

WHO helped guide the development of an oxygen surge and continuity plan, calculating the life-saving and vital estimated oxygen requirements, including the advocacy and facilitation of the delivery of 6 field oxygen plants for 50 beds, capable of generating up to 303 L per min/ 436 320 L in a day. Based on the technical guidance and with the continuous support by WHO Health Sector partners, 14 facilities with 1106 dedicated beds were established and distributed geographically, providing specialist clinical management of COVID-19 patients to refugees and surrounding host community evenly distributed across the refugee camps. Due to the significant resources and limited availability of specialist skill sets of health staff, the maximum level of care available in the SARI ITCs is restricted to Severe COVID-19 cases only. A referral pathway has been established - and is currently strengthened - to allow for the safe transfer of critically ill COVID-19 patients to the newly established Intensive Care Unit at the District Hospital in Sadar. Across the SARI Network, each ITC reports their daily clinical service activity data using a simple KOBO form, a tool that is used for data collection in other contexts of the Rohingya response.

The data collected is monitored by WHO Epidemiology and Case Management teams in the Cox's Bazar COVID-19 Dashboard, which has become an important source of essential epidemiological and clinical information ensuring an integrated outbreak and response management of the disease in Cox's Bazar. Among many others, a key benefit of this collaborative effort is the monitoring of available bed capacity allowing for optimal bed management, patient flow and referrals, particularly important when there is an increased demand on inpatient beds in a widespread community transmission scenario. All SARI ITCs and ITCs are also sentinel sites for COVID-19 testing. Since 14 May, when the first Rohingya patient tested positive for COVID-19, 336 refugee patients were confirmed for COVID-19, a number far below the initial estimates with 1275 SARI ITCs admissions to date and 82 critically unwell cases transferred to higher levels of care. Initially created solely for patients who are experiencing severe symptoms of COVID-19, SARI ITCs are now also able to accept mild and moderate cases; releasing approximately 60 beds from isolation treatment centres (ITCs) to respond to other likely seasonal disease outbreaks common in the camps such as diarrhoea.

Despite the low numbers of positive cases currently being reported, the future epidemiological course unfortunately remains entirely unpredictable, requiring vigilant monitoring of the trends across the camps through the daily clinical reporting at all SARI ITCs and rigorous implementation of the established surveillance strategies. Some partners are currently scaling down their sizeable SARI ITC capacity, moving a quota of their operational beds into stand by capacity and redirecting human resources to address other essential health services gaps and/or community outreach activities. SARI ITC capacity will remain scalable throughout the coming year maintaining a minimum number of active isolation beds - ready to accommodate any surges in COVID-19 respiratory cases.

SUBJECT IN FOCUS: Preparing for & responding to COVID-19 in the Rohingya camps: Clinical Case Management

WHO and health partners closely coordinate their activities and collaborate through regular meetings among operational and clinical peers. The WHO Cox's Bazar Case Management team has virtually convened weekly Case Conference forums (Clinical, Critical Care and Operational) supporting the ongoing specialist technical needs of Partners in delivering safe and effective clinical care inside SARI ITCs across the camps since June 2020. In addition, real-time 24/7 support is facilitated via WhatsApp forums to ensure timely access to essential expert technical advice, latest evidence-based guidance, research and updated protocols. Remotely based around the globe (Australia, Germany and USA), the Case Management team provides expert technical and operational support in collaboration with colleagues based in Cox's Bazar, coordinating access to a wide network of further international expertise who provide remote support in identified specialist areas as required.

Clinical Case Management: The aim of this forum is to ensure awareness and implementation of national protocols and WHO guidance on clinical case management of COVID-19 in SARI ITCs situated in the refugee camps. The audience of this meeting is frontline health care professionals working in SARI ITCs who share their clinical case experiences with COVID-19 admissions (case history, investigation profile, examination findings, diagnosis, clinical management, prognosis, challenges and key messages) with other health partners. To support as mentor, an international Infectious Disease expert joins and guides the audience to resolve different types of clinical challenges based on the recent scientific and evidence-based knowledge. To date, a total of 13 meetings have taken place. Each clinical session brings together representatives from different SARI ITC partners with an average of 15 clinicians joining the discussions from three continents. SARI ITC clinicians take turns in presenting current or recent cases that either require the collective wisdom among the peers or provide examples of particular challenges that may occur in other SARI ITCs. To ensure real time clinical support from our international experts, a WhatsApp group 'Clinical Case Management of COVID-19' was established.



Photo: WHO Case Management Consultant Ina Bluemel, during one of the clinical case management online meetings. She is working remotely from Germany.

Critical Care: Intensive Care Unit: The aim of this forum is to provide expert technical assistance to the Sadar Hospital Intensive Care Unit, newly established in June 2020 with strong support from UNHCR, ensuring the implementation of national protocols and WHO guidance on COVID-19 critical care clinical case management. The purpose of these calls is to bring together local multidisciplinary ICU clinicians, doctors and nurses, to link with remotely based international Intensive Care consultants and Specialist Nurses to discuss current inpatient cases. In many instances these are cases that have been referred from Cox's Bazar SARI ITCs for specialist critical care treatment. The peer to peer discussions often have direct consequences for the treatment of the presented cases, and lessons learned, and shared experiences are frequently applied in the treatment of new cases. The ICU is the only facility in the district that is capable of treating critically ill COVID-19 patients and collaborative efforts between multiple partners that are operational in



Photo: 250 Bed District Sadar Hospital Intensive Care team during one of the online calls with WHO and other frontline health care workers in Cox's Bazar.

the 260 Bed District Sadar Hospital. UNHCR and WHO have underlined the importance of this newly established ward in the comprehensive approach to managing the COVID-19 outbreak in Cox's Bazar. In addition, based on needs raised by the ICU team, WHO organizes special *ad hoc* training sessions in collaboration with partners to facilitate continued development and establishment of ICU Services at Sadar Hospital. Since July, 12 conference calls have taken place, during this time the ICU has expanded its bed capacity from 18 to 38 beds and the participation of multidisciplinary clinicians has grown to an average of 25 staff in Sadar Hospital and 5 international multidisciplinary clinicians.

Operational Support: WHO provides expert Technical/Operations support to SARI ITCs in the provision of dedicated inpatient COVID-19 clinical service situated in the Rohingya camps. To that end, an online forum was created to support awareness and implementation of national and WHO operational guidance on related essential COVID-19 technical health facility issues such as infectious clinical waste management, IPC, WASH, training, transport and referral systems across the SARI ITC network. Representatives from all SARI ITC partners participate in the forum with invited international speakers to make weekly presentations on relevant topics that enhance knowledge and capacity for COVID-19 patient care in Cox's Bazar.

	Last 24 hours	Total
COVID-19 tests conducted	11 532	2 348 811
COVID-19 positive cases	1320	409 252
Number of people released/recovered	1442	325 940
COVID-19 deaths	18	5941

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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