World Health Organization
Bangladesh

Rohingya Crisis Situation Report #33

Date of issue: 24 November 2020

Week 47
16 - 22 November
Location: Cox's Bazar

PHOTO: WHO and the Health Sector Team joined the 16 Days of Activism against Gender Based Violence. "Engage, Act, Prevent Violence" is the theme adopted in Cox's Bazar. In the picture Ag Health Sector Coordinator Diana Garde with her team: Sayed Sobuj, Azifur Rahman and Asif Sazed.

HIGHLIGHTS

- **The Joint Assessment Team (JA) Training for AWD Outbreak Response was completed on 22 November 2020. In total, over 100 participants from WASH and Heath sectors attended the training, having received updated information on multisector AWD plan, JAT operational guidance and others as necessary for field investigation. Since mid-October 2020, JAT investigation was conducted for 9 cases that have tested positive for RDT.**

- **The Cox's Bazar Medical College is establishing a multidisciplinary skills laboratory for training and practical examinations for students of the school and for community-based government or non-government clinical providers, supported by WHO and the Health Sector Sexual and Reproductive Health (SRH) project. This week reproductive health training materials were delivered to the Medical College.**

- **So far, 81% (902) of contacts have seen their follow completed and were released from quarantine, while 1.3% (12) of known contacts have tested positive for COVID-19.**

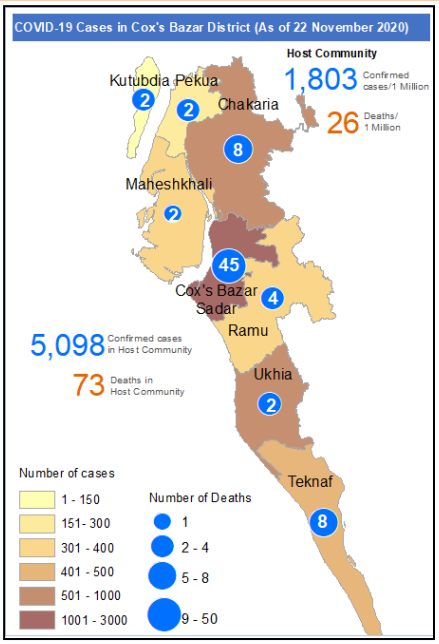
- **SUBJECT IN FOCUS: Health Emergency Operations Center (HEOC) in Cox's Bazar.**

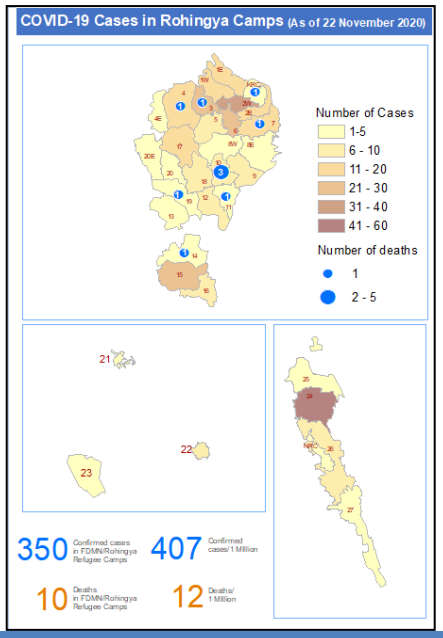
	Host Community	Rohingya refugees
Total confirmed COVID-19 cases in Cox's Bazar	5 098	350
Total cases in isolation in Cox's Bazar	223	42
Total number of tests conducted	40 879	16 944
Total deaths due to COVID-19	73	10

**Updated as of 22 November 2020* / *FDMN = Forcibly Displaced Myanmar Nationals

COORDINATION, PLANNING AND MONITORING

WHO, together with the Ministry of Health and Family Welfare (MoHFW) and Refugee Relief and Repatriation Commissioner office (RRRC), continues to provide leadership, coordination, supportive supervision and collaborative support to all health partners and sectors responding to the COVID-19 emergency. During the reporting period, seven camp level health coordination meetings were held at Ukhiya and Teknaf Upazilas. ISCG facilitated a meeting with Refugee Relief and Repatriation Commissioner (RRRC), Mr. Shah Rezwan Hayat, as an opportunity for coordinators to present the work of their respective sectors. The biweekly camp health focal point meeting was held in Cox's Bazar with the coordination team and UNHCR/ IOM supervisors with a focus on reporting, meeting updates, and sharing of camp level activities by health partners. The team confirmed their participation in the seroprevalence sensitization exercise and updated on the progress with camp in charges, Mahjis, women leaders and Imams. A meeting was held with UNDP Resident Representative on the District Development Planning process, to discuss the sector's support and strengthening in the host community. The 2021 Joint Response Program (JPR) planning continues and a special Strategic Advisory Group (SAG) meeting was held to finalize the Health Sector narrative for the coming year including its objectives and related monitoring framework. The finalized narrative was then shared with health partners and ISCG. Organizations have one more week for completion of their projects and the peer review team is planning to analyze and approve proposals by end of the month. The health sector is in the process of scheduling health partners for interviews towards documenting lessons learnt for the GBV in emergencies project within the health sector response. The process of developing interview guides and mapping key stakeholders is complete. On behalf of the health sector, WHO has received proposals for the in-depth assessment on the impact of COVID-19 on GBV health services. A technical review is underway.





Photos: Health Sector partners visiting health care facilities in the Rohingya refugee camps

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 22 November 2020, a total of 5 098 individuals from the host community in Cox's Bazar district have tested positive for COVID-19: 513 in Chokoria, 104 in Kutubdia, 329 in Maheshkhali, 208 in Pekua, 339 in Ramu, 2 670 in Sadar, 417 in Teknaf and 536 in Ukhiya.

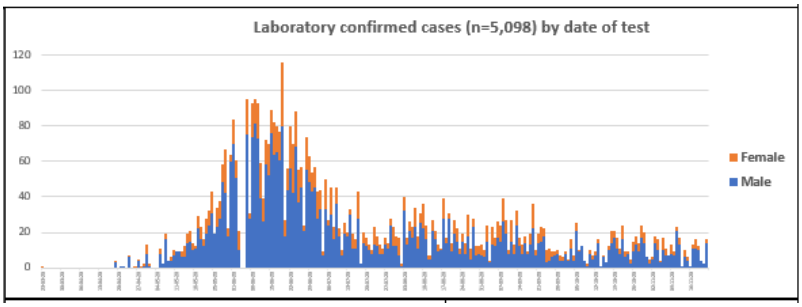


Figure 1: COVID-19 positive cases in among host population in Cox's Bazar District

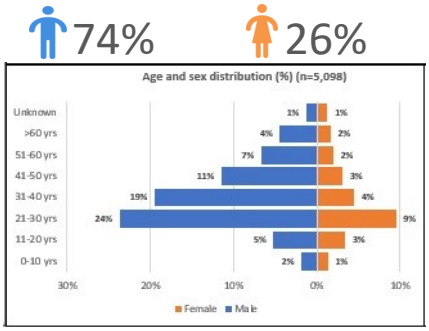


Figure 2: COVID-19 positive cases by age and sex among host population in Cox's Bazar District

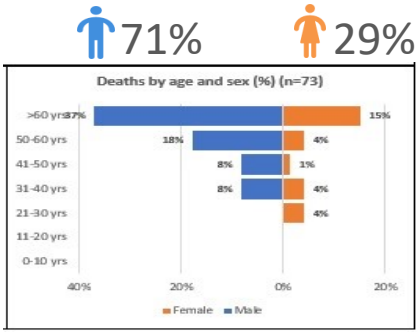


Figure 3: COVID-19 deaths by age and sex among host population in Cox's Bazar

As of 22 November 2020, a total of 350 COVID-19 cases have been reported among Rohingya/FDMN. With a total of 53 cases, Camp 24 has the highest number of cases to date further ahead from Camp 2W with 33 and Camps 3 and 15 with 27 and 24 cases respectively. To date, 21 cases were reported from Camps 6 and 16 from Camp 2E. Camps 1W, 4, 7 and 17 had 12 cases each. Camp 1E registered 11 cases and Camp 10 identified 10 cases while Camps 18 and 26 reported 9 cases. As for Camps 5, 9 and 16, 8 cases were reported. Camps 12 and 22 registered to date 7 cases each. Camps 8W, 11, 19, 20 Extension and Nayapara RC identified 5 cases. The remainder Camps (Kutupalong RC, 4 Extension, 8E, 13, 14, 20, 21, 23, 25 and 27) had so far less than 5 cases.

Camp-wise Rapid Investigation and Response Teams (RIRT), composed of 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 facilitated in coordination with other sectors and camp administration. A camp wise dedicated Contact Tracing network (34 supervisors and 311 volunteers) are embedded in the RIRT for contact tracing, having captured 85% of the contacts (1109/1307) in go.data. So far, 81% (902) of contacts have seen their follow completed and were released from quarantine, while 1.3% (12) of known contacts have tested positive for COVID-19.

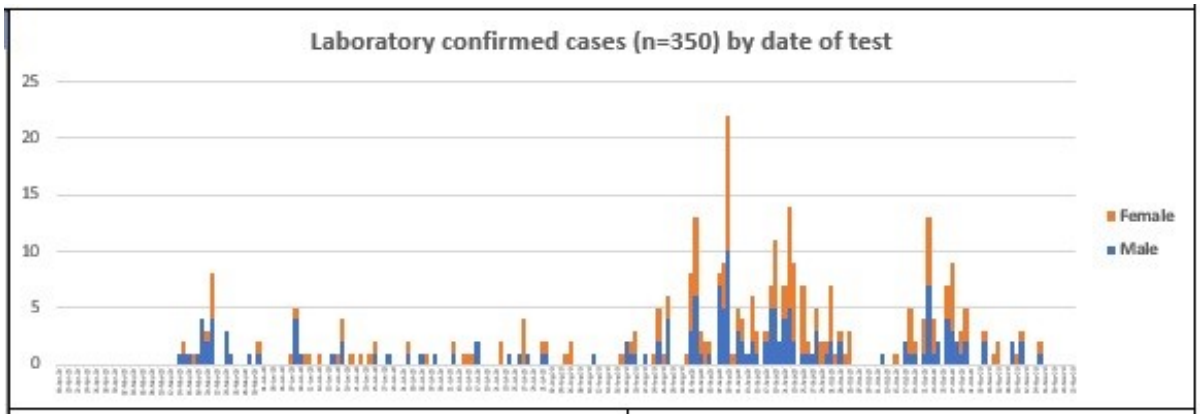


Figure 4: COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

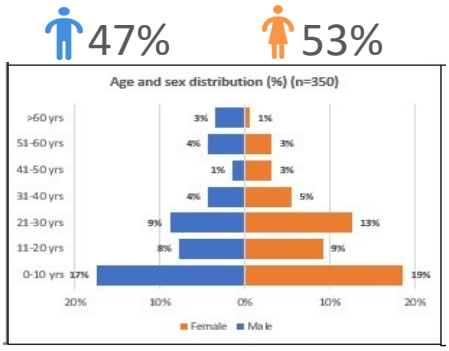


Figure 5: Age and sex distribution of COVID-19 positive cases among Rohingya refugees/FDMN in Cox's Bazar

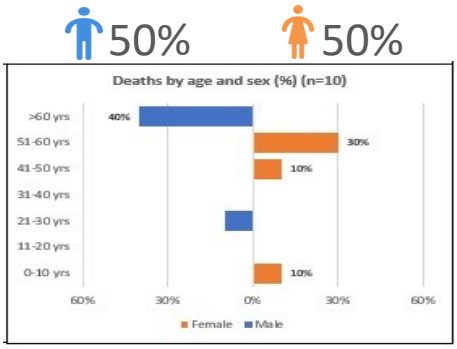


Figure 6: Age and sex distribution of COVID-19 deaths among Rohingya refugees/FDMN in Cox's Bazar

Between 16 - 22 November, no new COVID-19 cases were confirmed in the Rohingya refugee camps. The cumulative share of positive tests is 2.1%, with 10 deaths thus a fatality rate of 2.9%. The incidence rate is 40.7 per 100 000 people and 8.8% of the cases showed severe symptoms at the time of admission while 6.9% reported 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 (186 per 10 000 people), however the highest number is 259 tests per 10 000 people among patients aged 0-9 years. The test positivity was highest in the 50+ cohorts with 3.1% and the age specific mortality of 0.9% per 10 000 people. The testing of contacts of confirmed cases has started this week regardless of being symptomatic or asymptomatic in selected sample collection sites. 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 laboratory request form and excel-based data sharing and management.

The Joint Assessment Team (JA) Training for AWD Outbreak Response was completed on 22 November 2020. In total, over 100 participants from WASH and Heath sectors attended the training, having received updated information on multisector AWD plan, JAT operational guidance and others as necessary for field investigation. Since mid-October 2020, JAT investigation was conducted for 9 cases that have tested positive for RDT. The JAT has been set up for both host and refugee settings to run the outbreak investigation for AWD/Cholera. Out of those, one was confirmed for Cholera in the Ukhiya host Community. One result is pending, and others tested negative for culture. Fourteen sentinel sites for cholera surveillance are functional including 2 UHCs and 1 DTC located at Leda near camp 24, testing over 200 samples on a random basis in a month.

A strategic document on CoVAX (Coronavirus Vaccine Alliance) for Rohingya refugees is under development and will soon be shared with the Government of Bangladesh (GoB). The Epidemiology unit is engaging in prioritization, targeting risk groups while continuing COVID-19 surveillance .

*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.

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 the 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. With UNICEF and UNHCR, WHO is working on a community engagement plan to roll out any upcoming COVID-19 vaccination for the Rohingya and host communities of Cox's Bazar. Planning for the strategy is ongoing in order to be ready for vaccine delivery. The broadest possible community outreach is being prepared. 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 147 629 household visits in which 3098 patients were identified with mild respiratory symptoms (fever, sore throat, cough) and five patients were identified with moderate/severe symptoms. The cumulative number of mild patients is 58 388, and 211 moderate/ severe patients. 1316 persons with COVID like symptoms were referred to health facilities from a total of 26 430 to date. Through coordination by the CHWG, COVID-19 messages reached 265 267 persons between 16 and 22 November. Since the beginning of the response, community health workers have conducted more than 3.9 million household visits and had contacts with a cumulative number of more than 12.21 million adult household members. Through the CwC WG, another 41 048 people were engaged in 12 726 small group sessions.

DISTRICT LABORATORY

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 22 November 2020, a total of 67 634 tests for COVID-19 have been conducted. Among these, 57 823 are from Cox's Bazar district and the remainder from Bandarban and Chittagong districts. An increase in the number of tests conducted among the Rohingya was observed in week 47 (from 727 to 1042 tests per one million population) as well as in the host community population (from 1277 to 1405 tests per one million population). Currently, 25 sample collection sites are operating for suspected COVID-19 patients. Training are being conducted by IEDCR and WHO on the roll out of the seroprevalence study among Rohingya refugees, 86 participants have been trained in a 2 day training with an additional third batch of the training for 120 participants this week.

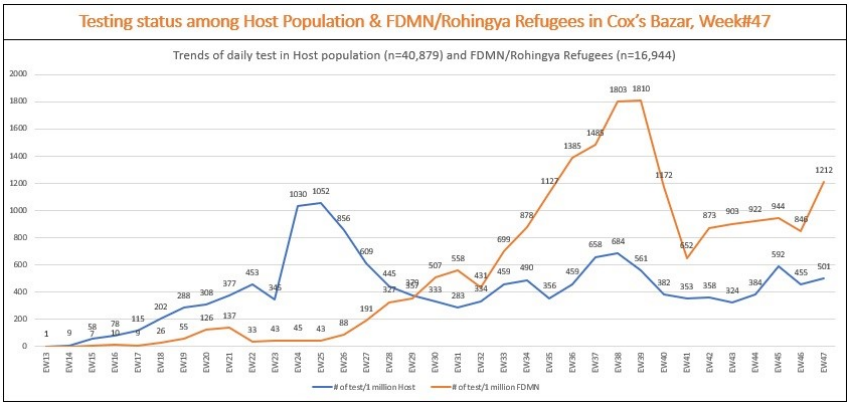


Figure 7: Number of tests conducted per million among the host population and the FDMN/Rohingya refugees

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 2390 humanitarian health care workers and government staff from Severe Acute Respiratory Infection (SARI) ITC partners and government facilities. Supportive supervision visits were conducted in health care facilities across Ukhiya and Teknaf (03 PHC and 04 Health Posts) with several COVID-19 related IPC, WASH and HCWM related issues being identified. Relevant technical recommendations were provided on site and issues were disseminated to different stakeholders for further collaboration. WASH FIT supportive supervision in Health Care Facilities is ongoing. During the reporting period, a joint visit with HEKS/EPER was held to implement the 3rd phase of WASH FIT in the health facilities in 3 Primary Health Care facilities (PHC) and 4 Health Posts (7) in the refugee camps and host community. The visit was an opportunity to provide technical support, assess WASH related gaps that could hinder IPC processes in health care service delivery. Water Quality Surveillance has been completed for 2020. The WHO and UNICEF Bilateral project activities implemented through the department of Public Health Engineering (DPHE) have started in mid-October to build capacity among DPHE staff and since then has been covering a large number of sample for testing at water sources and household levels. In the last week of the project 117 sanitary inspections were conducted at water sources and another 117 at household levels (total: 234). Additionally, 234 E. coli tests were conducted at water sources and 234 at household level (total:468).

MONSOON AND CYCLONE PREPAREDNESS

The Health Sector (HS) 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 HS Google drive. A mini workshop was held with health representation and participants from the ISCG table top exercise to follow up on actions points from the exercise including MMT positioning, communications, medical hub function and camp health focal person activities. Plans have been made to increase HR capacity of both staff at the medical hub and camp level volunteers in December.

CLINICAL CASE MANAGEMENT

Photo: WHO National Consultant, Dr Tasnova Sadneen, with participants at the Basic First Aid Training.

The current SARI ITC bed capacity stands at 638 operational beds and 547 stand by beds respectively. The current occupancy is at 10%. With most of the beds being used for mild/ moderate cases. Forty-four additional beds are under construction of which 25 will be operational and 19 kept on stand by as of December. A comprehensive insight into the work of the Sadar Intensive Care Unit has been presented to all SARI ITC partners in this week's case management meeting. The presentation given by senior consultant Dr. Kafil Uddin Abbas outlined the importance of having this newly established unit in place to manage critically ill COVID-19 patients as well as other critical conditions. One objective of the briefing was to discuss how SARI ITCs and the ICU can collaborate further on issues of safe patient transfer and capacity building of staffs. A fourth and final batch of Basic First Aid in 2020 has taken place this week, targeting health care workers from various health facilities in the camps. Participant feedback from the previous three courses indicate great satisfaction with the quality of the training and confidence in the lessons learned. Participants have also highlighted the importance of such trainings and requested for more emergency care training in the future. Thirty-two clinicians from SARI ITC partners joined in the weekly (every Tuesday) technical discussion meeting on clinical case management of COVID-19. Dr Hakimul Islam, a medical officer from IOM SARI ITC, presented a clinical case on chronic lung disease associated with COVID-19 and related key messages for partners. This presentation was supported with the technical expert opinions from WHO Case Management team on different challenges raised during management of the discussed clinical case.

ESSENTIAL HEALTH SERVICES

The Cox's Bazar Medical College is establishing a multidisciplinary skills laboratory for training and practical examinations for students and community-based clinical providers, supported by WHO and the Health Sector Sexual and Reproductive Health (SRH) project. Reproductive health training materials were delivered to the Medical College to be used by the OB-gynecology team, including pelvic models, simulators for delivery, postpartum haemorrhage, and infant resuscitation. BRAC and UNHCR organized a three-day mhGAP Humanitarian Intervention Guide (mhGAP-HIG) for health care providers. The training is an adaptation of the "WHO mhGAP Intervention Guide (mhGAP-IG) for Mental, Neurological and Substance Use Disorders in Non-specialized Health Settings" and had a total of 14 participants, 11 of whom were doctors and 3 were psychologists from the different camps in Ukhiya and Teknaf. WHO Communicable Diseases Officer (CDO) attended a workshop on 'Malaria Surveillance' in Dhaka which was organized by WHO Country Office together with NMEP and IEDCR.

Photo: WHO Ag Health Sector Coordinator, Diana Garde, delivering training materials to Dr Md Shamsuzzaman at Cox's Bazar Medical College.

Routine immunization sessions continue, both fixed and outreach, with WHO's guidance regarding the operation and sustaining of immunization programs during the COVID-19 pandemic. To that end, a strategy and microplan has been implemented and coverage data has started showing an increasing trend, however immunization coverage remains low. Vaccine-Preventable Disease surveillance is being closely monitored by government authorities with WHO's technical support. WHO SIMOs and Health field monitors (HFMs) continue to visit health facilities for surveillance, monitoring and investigation to contribute to the National AFP & VPD surveillance system. As part of the Active Surveillance, SIMOs are visiting surveillance sites for VPD cases investigation with no laboratory confirmed Measles, Diphtheria or any other VPD in the refugee camps to date.

OPERATIONAL SUPPORT AND LOGISTICS

During the reporting period, a total of 2093 Kg and 10.67 CBM of Medicines, Flip Charts, VTM, GBV stationary and medical equipment were distributed to implementing partners in the camps. Bidding supplier for the laboratory and blood transfusion facilities has been selected. WHO continues its support to DRU activities and sample collection in the camps with four vehicles.

POINTS OF ENTRY

Sixteen out of 19 points of entry (POE) have been functional in different strategic locations across the 34 camps in Ukhiya and Teknaf. A total of 41 523 individuals have been screened during the reporting period. Screeners, WASH staff and educators continue to identify febrile passengers and pedestrians, to provide COVID-19 sensitization including hygiene education and refers to nearby health facilities for when symptomatic individuals. Currently, one site is not operational due to fencing and subsequent road closure, and the other two as a result of HR shifting. Continued efforts will be made to maintain POE while there are still infections in the camps. Eleven supportive supervision visits were made to points of entry sites this week by the Health Sector Field Coordinator.

SUBJECT IN FOCUS: Health Emergency Operations Center (HEOC) in Cox's Bazar

When COVID-19 hit globally, in Bangladesh and in Cox's Bazar, the Health Emergency Operations Center (HEOC/ Control Room) at the Civil Surgeon office (CSO), in Cox's Bazar, was promptly activated for Emergency Level 2 to serve as a coordination platform and information hub for ongoing COVID-19 surveillance and subsequent awareness in the host community and Rohingya refugee camps.

Background

The Government of Bangladesh (GoB) requires every district of the country to have a control room in place however not every district has the structural set up/functional equipment to run a control room/ HEOC. In Cox's Bazar, the support of WHO has been critical to establish and sustain a functional operations center since 2017 through the provision of technical equipment and human resources. The Health Emergency Operations Center (HEOC) was established three years ago and has played a critical role during the Rohingya crisis including since the onset of the COVID-19 outbreak.

Photo: Cox's Bazar Civil Surgeon, Dr Md Mahbubur Rahman, with his team, including WHO National Technical Officer, Dr Umme Asma Absari.

HEOC/Control Room Operations

The CSO HEOC/Control Room continuously functions at Level 1 during which it compiles and displays information from the host communities and refugee population. In addition to these activities, the HEOC/Control Room also monitors local communication and information channels to provide awareness on public health issues based on public impressions whilst addressing false information and rumours. The scope of information managed or made available through the HEOC/Control Room directly reflects the public health operational domains of the Civil Surgeon's Office and depends on the current situation and requests placed by Central and Division authorities. The HEOC/Control Room acts as a trusted and reliable source for routine situational information throughout emergencies to better address vulnerable populations' needs. It also continuously provides public health capacity building in the district through the support from long standing operational partners, including WHO and UNICEF, in particular for rapid consolidation and display of information aiming at improving district level surveillance. The HEOC/Control Room also compiles and maintains a risk assessment, national and sub-national response plans, and documents local data such as contact lists of partners, other Government stakeholders, health facilities information inside and outside the refugee camps.

Photo: Several organizations support the HEOC/Control Room, including WHO: Dr. Umme Asma Absari, Technical Support Officer from WHO, MO -CS Dr. Shownam Barua, Dr. Rishad Choudhury Robin, Public Health officer from MOHFW Coordination cell, Mr. Usaimongmarma, MIS Consultant from UNICEF, Mr. Md Mahidul Islam, District officer from JICA.

Activation and Deactivation

As per the Concept of Operations, in the absence of an emergency declared by the Division Director or Central-level authority, the HEOC/ Control Room functions at Activation Level 1. Upon the declaration of an emergency by the Division Director or any central-level authority (Health EOC, Public Health EOC, etc), the HEOC/Control Room will escalate operations to Level 2. When an Emergency is deactivated, the HEOC/Control Room returns to normal operations. Over the past three years, the Control Room switched between the two levels of emergency based on the current status of the Rohingya crisis due to outbreaks that took place in Cox's Bazar. However, in the absence of a declared emergency, the Control Room operates at level 1, building on operational awareness for the affected host communities and Rohingya refugees, providing public health and disease surveillance updates, through social media, mass media channels and rumour tracking platforms. Capacity building in preparation for and response to natural disasters, including exercises and drills, are part of the scope of work of the HEOC/Control room to protect the vulnerable populations in Cox's Bazar to equip and activate all partners and first line responders.

Additional exercises such as Readiness assessment of project/health care facility also take place. During an emergency (Level 2), the Civil Surgeon or appointed delegate acts as the incident manager and declares the HEOC/Control Room an operational hub to track the progresses made in the emergency response, including the consolidation of operational information as required including hosting surge support staff the Control Room is currently comprised by a medical officer, a technical support officer from WHO, a public health officer from the MoHFW coordination cell, an information manager from UNICEF and a JICA district officer.

SUBJECT IN FOCUS: Health Emergency Operations Center (HEOC) in Cox's Bazar

Media monitoring activities are only carried out during Level 1 activation, and are likely to intensify during an emergency. The HEOC/ Control room acts as key location for the district-level operational health response while liaising with other government actors, including MOHFW coordination cell, RRRC, Health Sector, UN, INGO & NGO organizations and with Inter sector coordination Group (ISCG).

Activating Emergency level 2 for COVID-19

In Cox's Bazar, the preparations for COVID-19 pandemic began months before the first confirmed case in the country. WHO, together with the Ministry of Health and Family Welfare (MoHFW) and Refugee Relief and Repatriation Commissioner office (RRRC), provided leadership, coordination, supportive supervision, and collaborative support to all health partners and sectors to prepare for COVID-19.

In March, when the first COVID-19 positive case was identified in Bangladesh, the HEOC/Control room was activated as per the instruction issued at national level following which a 24/7 Hotline became available for both host community and Rohingya refugees. The hotline offers information on health-related awareness messages, laboratory testing location information, Isolation center information, among others.

Photo: A Medical Officer at the Civil Surgeon Office in Cox's Bazar, Dr Shownam Barua, working during the COVID-19 response.

In May, when the first Rohingya tested positive for COVID-19, fourteen (out of 25) sentinel sites in the refugee camps were active for COVID-19 testing; active surveillance systems and teams, including EWARS and GoData platforms, were fully operational; 120 health care workers (out of 488 to date) had been trained on clinical case management by WHO; 2 SARI ITCs (out of 16) were active and counting 270 beds (to date, there are 1106 beds for COVID-19 patients); 300 health care workers (out of 3600 to date) had received training on Infection Prevention and Control; WHO supporting the government in effectively communicating with the public through engaging with communities, local partners and other stakeholders to help prepare and protect individuals and their families from COVID-19.

Daily current COVID-19 Situation updates of Cox's Bazar District are regularly issued from the Civil Surgeon office through its official Facebook page (https://www.facebook.com/CivilsurgeonCox/). With the support of the WHO Epidemiology team, a COVID-19 Dashboard was created to support the dissemination of key public health information and is accessible at the WHO website: https://cxb-epi.netlify.app/. This platform enables the HEOC to monitor COVID-19 positive cases (recoveries and mortality), Contact tracing, Upazila wise capacities and occupancy rate of COVID-19 dedicated Isolation Centres for host community and SARI ITCs in the Rohingya camps.

Response During Other Public Health Emergencies

Several previous outbreak investigation and response operations were coordinated by the HEOC/Control room in the past. In the early phase of the Rohingya influx, the Diphtheria outbreak required a hub for management of database for outbreak response, followed by a vaccination campaign. The HEOC/control room was also activated during AWD outbreaks and OCV campaigns. During the Dengue outbreak in 2019 the HEOC/Control room was used for coordination and information management, with a strong component on GIS mapping which helped to identify most affected areas across the district and take necessary measures to control the situation.

The World Health Organization has been supporting the Health Emergency Operations Center (HEOC) in Cox's Bazar, since 2017 through provision of technical support, equipment and human resources and will continue to do so despite limited structural and human resources the HEOC/Control room continues to enable the coordination of life saving health response activities.

Photo: WHO Head of Sub-Office, Dr Kai von Harbou, with Epidemiology Team Lead Dr Muhammad Khan and National Consultant Dr Tasnova Sadneen discussing COVID-19 outbreak updates in Cox's Bazar.

	Last 24 hours	Total
COVID-19 tests conducted	15 081	2 680 149
COVID-19 positive cases	2230	451 990
Number of people released/recovered	2266	366 793
COVID-19 deaths	32	6448

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

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

WHO Bangladesh awareness and risk communication materials in Bengali: 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"

World Health Organization
Bangladesh

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