



Varicella field investigation on 06 January 2019 in Camp 19



World Health Organization

Bangladesh

Bi-weekly Situation Report # 01

Date of issue: 17 January 2019

Period covered: Weeks 1-2, 2019

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



908 000

total Rohingya
in Bangladesh



706 364

new arrivals since
25 Aug 2017



130 318

total number of consultations
reported in EWARS in 2019



728 786

people are being
monitored for diseases



1.3 million

people targeted for health
assistance

KEY HIGHLIGHTS

- The number of varicella cases reported this week in 1 358. WHO and the health sector are working in collaboration with Education sector and Risk communication to contain the disease.
- A total of 2.2 million doses were administered in 2018 through two Penta/Td, bOPV campaigns and two OCV campaigns

SITUATION OVERVIEW

- There are an estimated 908 000 Rohingya refugees (215 796 families) in Cox's Bazar, according to the latest Needs and Population Monitoring (NPM) round 12 exercise. The Rohingya refugees continue to arrive in Bangladesh, though the overall influx has slowed since the onset of the crisis in late August 2017. Rohingya refugees have continued to arrive in Bangladesh, though in much fewer numbers than the initial influx in late 2017. More than 15,247 new arrivals were reported from 1 January to 30 November 2018 (source: UNHCR). The refugees continue to face compounding vulnerabilities including health.

EPIDEMIOLOGICAL SUMMARY

- As of week 2, 2019, a total of 166 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 77 per cent (166/212) *.
- Of these sites, 126 submitted their weekly reports (74%) by 12 January 2019 resulting in a cumulative completeness of 68% for 2019.
- A total of 54 alerts (triggers) were reported and reviewed in the EWARS system in week 2 2019. Varicella has been added to indicator-based surveillance (IBS) and event-based surveillance (EBS) in EWARS. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), acute watery diarrhoea and unexplained fever were the diseases with highest proportional morbidity this week. No notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

*Updated numbers from health facility registry data

Varicella UPDATE

- The number of varicella cases reported this week is 1 358. The number of varicella cases is higher than previous week but this might be due to improvement of varicella reporting in the camps.
- Varicella has been added to Indicator-Based Surveillance (IBS) and Event-Based surveillance (EBS) in EWARS.
- Ministry of Health (MoH) & IEDCR has requested to health partners to report all varicella cases on a daily basis.

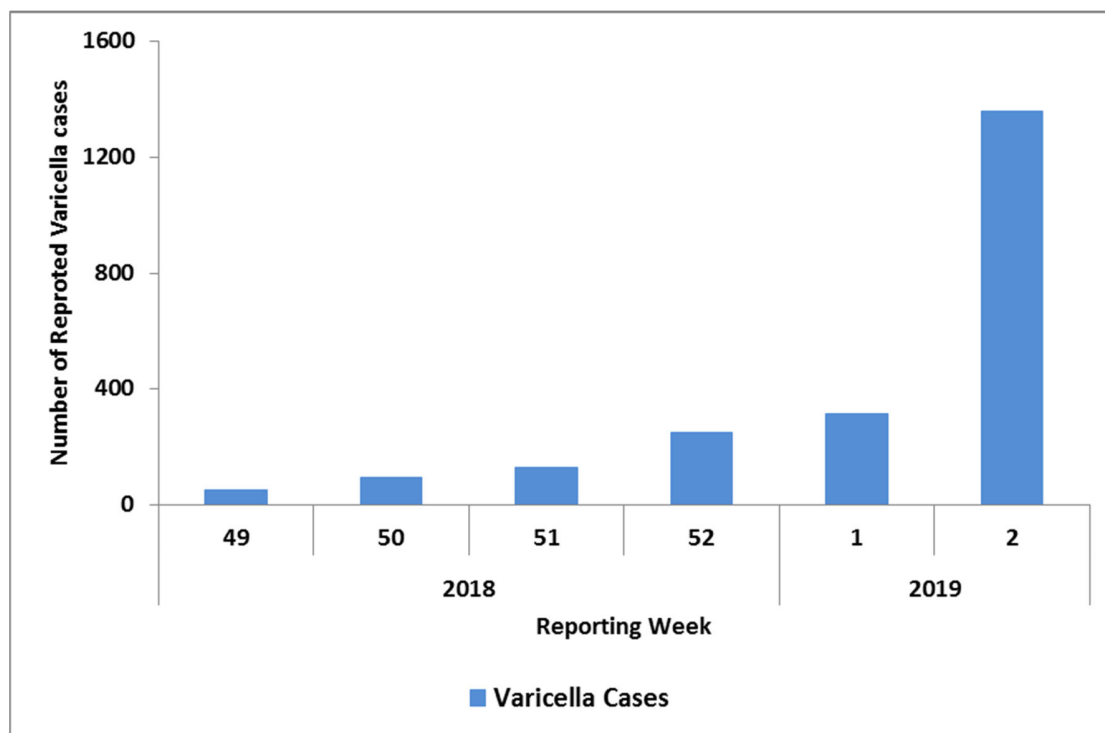


Figure 1: Number of Varicella Cases reported from Week 49 2018 to Week 2 2019, Cox's Bazar, Bangladesh

DIPHTHERIA UPDATE

- Ten new diphtheria case-patients (one probable and nine suspected) were reported this week. Total case-patients reported in EWARS is now 8 372.
- Of these, 293 case patients have tested positive on PCR, with the last confirmed case reported on 31 December 2018. Of the remaining cases 2 710 were classified as probable and 5 369 as suspected. The total number of deaths remains 44. Last death was reported on 28 June 2018.
- No death has been reported from the host community.

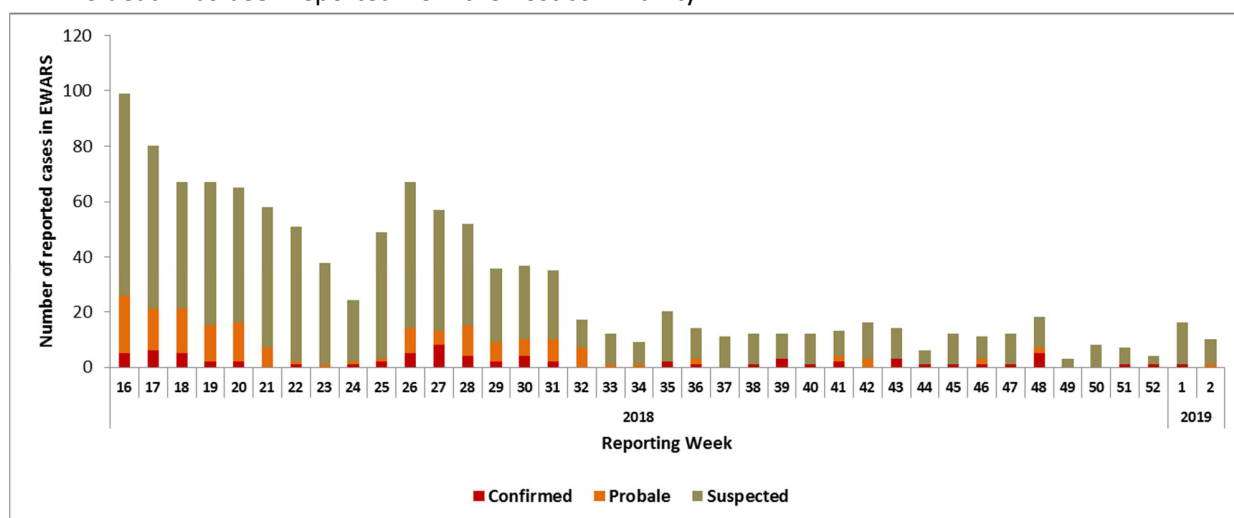


Figure 2: Diphtheria case-patients reported from Week 16 2018 to week2 2019, Cox's Bazar, Bangladesh

HEALTH OPERATIONS

Routine Immunization

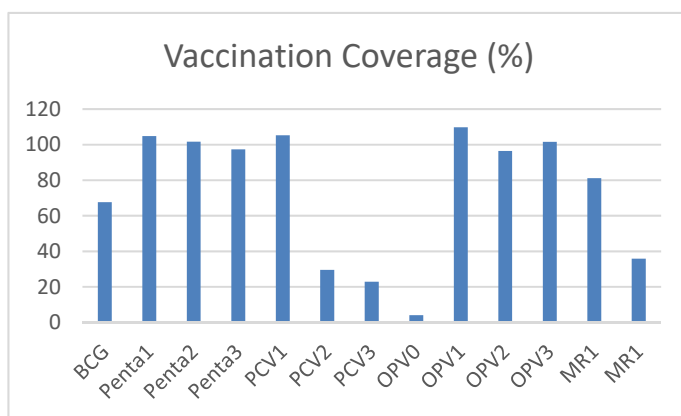


Figure 3: Routine immunization coverage

- From the beginning of February 2018 to date, the following antigen doses were delivered to children: 40 965 BCG doses; 56 512 pentavalent doses; 58 234 Oral Polio Vaccine (OPV) doses; 55 086 PCV doses; 29 039 Measles/Rubella (MR) doses and 19 906 Td doses to pregnant women.
- Before February, several campaigns were held in Rohingya camps among specific age groups, which covered the target cohort of routine immunization to an extent. The resulting coverage is shown in Figure 3.

Vaccine Preventable Diseases (VPD) Surveillance

- In 2018, following cases were accomplished through IVD surveillance network and responded to accordingly.

Year	AFP	Measles	CRS	NT	AES	AEFI
2018	11	75	0	2	1	1
2017	8	205	0	0	0	1

Campaigns in Rohingya Camps

- A total of 2.2 million doses were administered in 2018 through two Penta/Td, bOPV campaigns and two OCV campaigns.

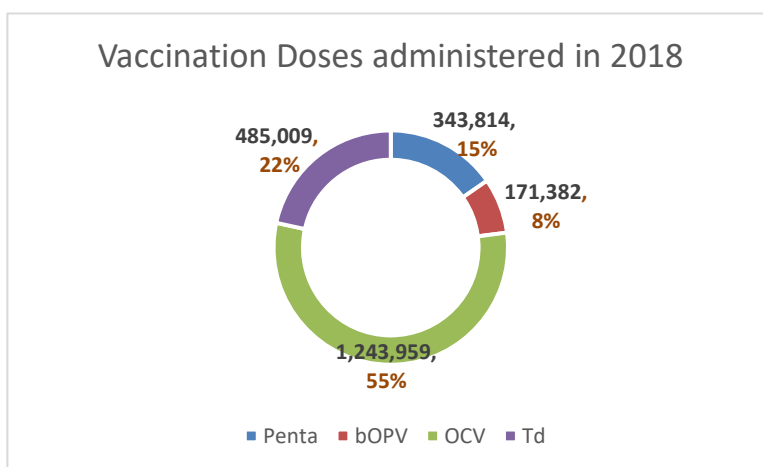


Figure 4: Routine immunization coverage

Logistics

- A new order for SRH kits for the year 2019 has been uploaded in GSM and sent it to HQ.
- The first cargo with seven Trauma A kit and six Trauma B kit have arrived in Cox’s Bazar.
- The Hospital Beds (on wheels) and 50 mattresses were delivered and installed in Sadar Hospital under KS Relief Fund.
- The process to purchase five new containers have started.
- The Tender for the renovation of OT Complex in Sadar Hospital to be funded under KSRelief has been announced. The submitted proposals from bidders under review Committee.
- The Storage Capacity assessment was undertaken for Ukhiya and Teknaf Health Complexes.
- WHO visited Malaysian Field Hospital to assess its suitability to accommodate a 1x40ft Reefer container that will be supplied from Logistics Cluster Coordination

COORDINATION

- In response to the increase in Varicella cases, the health sector coordination office has undertaken numerous actions. An emergency meeting was organized at Civil Surgeon Office with the health partners and a follow up meeting held to update the Civil Surgeon on situation and way forward. The same day, health partners were formally informed about the current situation and the need to remain vigilant.

Formal communication was sent to ISCG and the education sector to alert them of the situation and health sector presented the situation update in the education sector meeting. Camp in Charges (under RRRC's office) were also briefed. Finally, the sector coordinated and orientation for Camp Health Focal Points and immunization field monitors (IFMs) regarding their respective roles and responsibilities in the response, including monitoring reporting as well as the risk communication campaign.

- Going into 2019, it was agreed that the health sector should rationalize and consolidate services to reduce duplication of health services, ensure appropriate geographic distribution of health facilities and to free up land for shelters and road infrastructure projects. This was also a key recommendation from the external evaluation of health services. It is noted that fewer health facilities providing higher quality services is a preferable modality. For these reasons, the health sector has initiated the rationalization process, which will focus on the camps that are most over-supplied with primary health facilities. The process has begun by establishing a rationalization task team who will develop scoring matrix (partly based on the minimum service package) which will be used as the basis for recommendations; conduct campwise tabletop review; undertake field visits in priority camps for decongestion; and finally make recommendations for health facility closures and/or relocations. The task team is composed of Civil Surgeon's Office; DGHS coordination center; RRRC health coordinator; all UN agencies; 3 INGOs and 3 NNGOs. The aim is to complete the overall process by end of March 2019 after which facilities that have been identified for closure/relocations will be informed. The process will aim to be fully transparent and fair.
- In late 2018, the health sector finalised a minimum standards document for health posts and primary health centres; outlining what services need to be provided. As part of a next step, the health sector Strategic Advisory Group agreed that all partners should conduct their own 'self-assessment' to measure their current status/attainment towards the minimum package. The health sector information management team has developed an online self-assessment questionnaire and will train partners on this assessment tool next week.

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