



KS relief donors meet WHO in the field as part of a high-level Partnership Mission



World Health Organization

Bangladesh

Bi-weekly Situation Report # 06
Date of issue: 29 March 2019
Period covered: Weeks 11-12 2019
(10-23 March 2019)
Location: Bangladesh

Emergency: Rohingya Crisis



911 149
total Rohingya
in Bangladesh



922 066
Total number of
consultations reported in
EWARS in 2019



728 786
people are being
monitored for diseases



1.24 million
people targeted for health
assistance

HIGHLIGHTS

- WHO organized the first ever Go.Data (an outbreak investigation app) training in Cox's Bazar from 18-21 March to strengthen outbreak preparedness capacity among partner agencies and Member States.
- A high-level Partnership Mission to Bangladesh comprising of delegations from Azerbaijan, ECHO, KS Relief, Kuwait, Qatar, Turkey and UAE visited Cox's Bazar from 22 – 24 Mar 2018 in solidarity of 2019 Joint Response Plan for Rohingya humanitarian crisis, to assess the humanitarian needs and challenges of both the refugees and the host communities.
- Through the Global Health Cluster project, the Health Sector conducted a workshop with partner organizations from Health, GBV and Child protection sectors to finalize a GBV Quality Assurance Tool and define an implementation process.

SITUATION OVERVIEW

There are an estimated 911 149 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (February 2019). This includes 34 172 refugees from Myanmar who registered before 31st August 2017. All refugees, including new arrivals, face compounding vulnerabilities including health. WHO has been responding to this crisis since September 2017 to date. Summary of response actions from epidemiological weeks 5 and 8 2019 are presented below, according to the WHO functions.

RESPONSE

LOGISTICS

- Heavy duty racks for the WHO warehouse and prepositioned containers in the field were received.
- A cargo of Interagency Emergency Health Kits was received in Cox's Bazar Warehouse.
- Containers of 2x20 feet were installed close to the Malaysian Field Hospital for prepositioning of emergency stocks. There is a plan to install air conditioners (AC) and adjustable racks imminently. Space for an additional 2x20ft containers has been identified beside Swiss RC Primary Health Facilities.
- The microbiology laboratory refurbishment is ongoing and is to be completed by end of March.
- Installation of solar lighting, solar AC and generators, funded by CERF, was initiated in 12 health facilities.

EPIDEMIOLOGY

Summary

- As of week 12, 2019, a total of 1561 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 78 per cent (156/200).
- Of these sites, 135 submitted their weekly reports (85%) by 26 March 2019 resulting in a cumulative completeness of 85% for 2019.
- A total of 35 alerts (triggers) were reported and reviewed in the EWARS system in week 12, 2019, which is lower than the previous week (42 in week 11). All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), suspected varicella and Acute watery diarrhea (AWD) were the diseases with highest proportional morbidity this week. There were no notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.
- WHO is going to organize training on community based surveillance reporting from 2 to 3 April 2019 in Cox's bazar and Ukhia for the doctors and medical officers in the camps.
- A refresher training for Joint Assessment Team (JAT) will be organized on 7 to 10 April 2018 in Cox's Bazar, Ukhia & Teknaf. JAT is a joint Health and WASH team to conduct disease alert investigation and response.
- The first ever Go.Data super user training in Cox's Bazar took place from 18-21 March as a part of outbreak preparedness activity for 2019. The training was led by GOARN, to improve the capacity of the partner agencies and member states for outbreak investigation. The training included participation from IEDCR, ICDDR, and Health sector partners.

Diphtheria Update

- Thirteen new diphtheria case-patients were reported in week 11 (1 probable and 12 suspected) but no case-patient was reported in week 12. This could be due to reporting delay in EWARS.
- Of these, 294 case-patients have tested positive on PCR, with the last confirmed case reported on 12 February 2019. Of the remaining cases 2 726 were classified as probable and 5 483 as suspected.
- The total number of deaths reported due to diphtheria since the start of the outbreak since is 45. Last death was reported on 15 January 2019.
- A total of 208 diphtheria case-patients were reported from the host community. Of these, 30 were diagnosed confirmed on PCR, 65 were classified as probable and 113 were classified as suspected. No death has been reported from the host community.

¹ As of March 2019; Health facility registry has been updated with recently completed field survey.

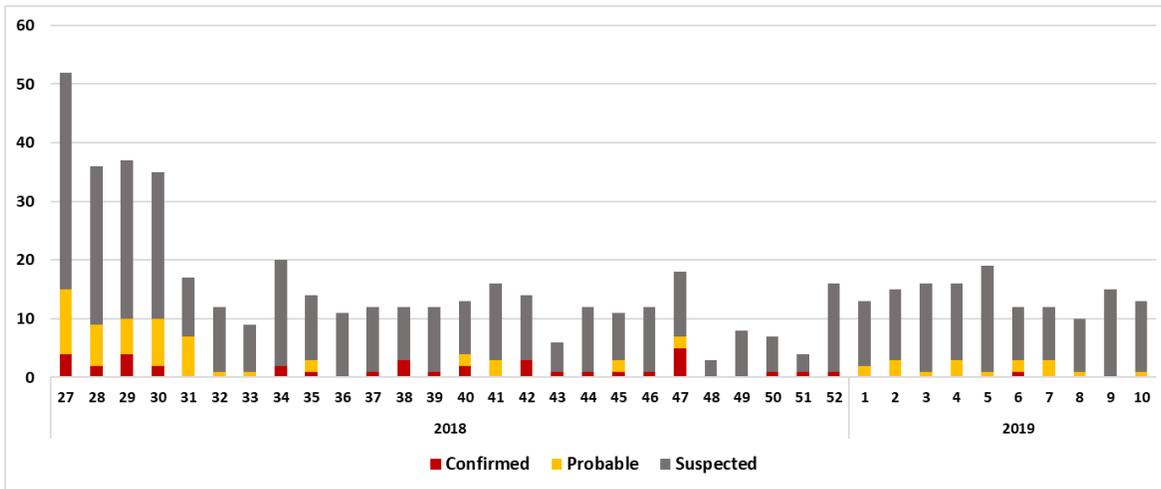


Figure 1 Diphtheria case-patients reported from Week 27 2018 to week 11 2019, Cox's Bazar, Bangladesh

Varicella Update

- 5996 varicella cases were reported this week via weekly report form (5536 cases in week 11).
- A total of 107 facilities reported varicella cases in EWARS, which is higher than previous week (98 facilities in week 11).
- Increase in awareness levels of frontline community health workers, medical and paramedical staff in health facilities, education sector, child protection sector, communitarian with communities working group and others has led to an increase in sensitivity of reporting.

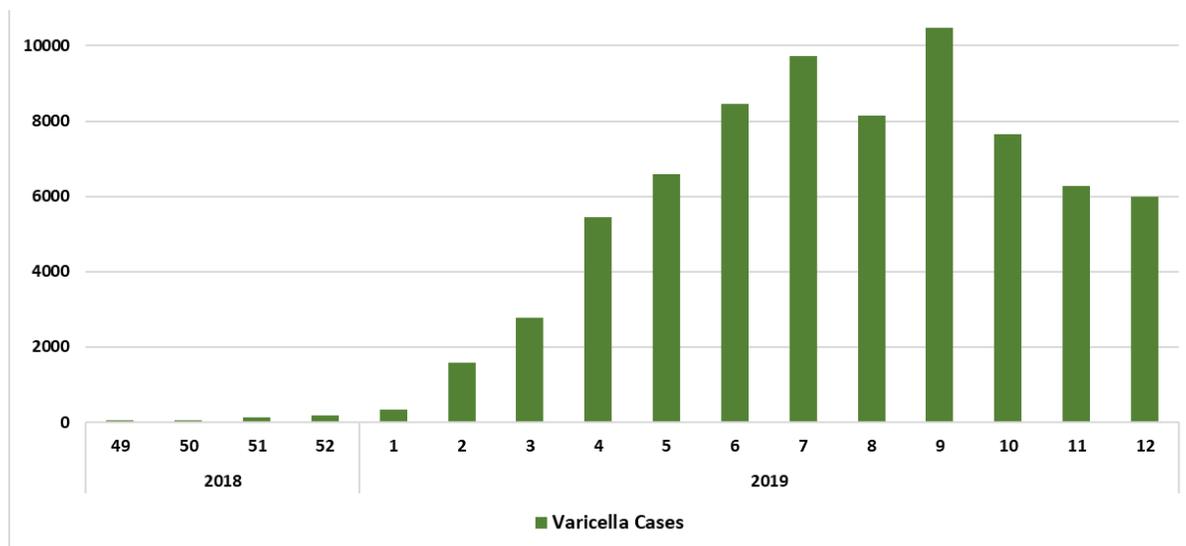


Figure 2 Number of Varicella cases reported in EWARS from Week 49 2018 to week 12 2019, Cox's Bazar, Bangladesh

HEALTH OPERATIONS

WASH

- A follow-up meeting with different Health Partners practicing WASH FIT (a continuous improvement tool for WASH in health care facilities) took place in the camp. The WHO WASH team participated in a visit to PHCs in camp 10 for a joint facility assessment and to assess the Health Care Waste Management system put in place after the WASH FIT training and which is used by several other facilities in the same area.

- WASH and Health technical expert participated in the JAT (Joint Assessment Team) investigation of a potential Hepatitis E case. In addition to active case investigation by the health team, a WASH-action plan was established and implemented (sanitation disinfection, bucket chlorination of drinking water, reinstallation of handwashing facilities and hygiene promotion activities focusing on water borne diseases).
- The WHO WASH team demonstrated use of Life Straw Filters at health care facilities during visit of the high-level donor delegation.

Laboratory

WHO assessed nine laboratory facilities at Primary Health Care (PHC) level using the WHO laboratory assessment tool (LAT). The information is expected to minimize the laboratory capacity gaps and help better support health facilities with quality diagnostics and provide supportive supervision. In addition, IEDCR laboratory referral system is being explored for sample referral from IOM, MSF and BRAC facilities at Ukha and Teknaf. The referral laboratory system is expected to provide access to immunodiagnostic and microbiology facilities for infectious diseases to make better clinical decisions and to help with strengthen laboratory disease surveillance.

Sadar Hospital

WHO, with support from King Salman Humanitarian Aid and Relief Centre (KS Relief) continues strengthening 250 Bed District Sadar Hospital in Cox's Bazar with 1.2 tonnes of antibiotics recently donated to the hospital.

WHO welcomed representatives of KS Relief as part of high level partnership mission in Cox's Bazar. The delegation was updated on the progress made in 250 Bed District Sadar Hospital and support required for referrals.

Immunization

Routine Immunization

During this period, the administered doses of BCG were 1480, Penta 2500, PCV 2481, bOPV 2497, MR 1951 and Td 1517. This is being implemented through 804 outreach session sites run by 67 outreach mobile teams (12 sessions in a month) consisted of 2 MoH vaccinators and 65 fixed sites with 756 sessions built into health facilities run by different agencies by their own vaccinators across the camps.

Since the beginning of February 2018 to date, the following antigen doses were delivered to children through routine immunization: 55 412 BCG doses; 78 881 pentavalent doses; 81 294 Oral Polio Vaccine (bOPV) doses; 77 269 PCV doses; 44 541 Measles/Rubella (MR) doses. Pregnant women are targeted for Td (41 700 doses delivered from February to date 28 February 2019).

VPD Surveillance

In 2019, two AFP cases were reported out of total expected number of eight cases (annual prevalence of one AFP case/100 000 of population under the age of 15 years is expected for this population).

A total of 186 suspected measles/rubella cases were reported in weeks 1 to 11 2019. The programme has been expanded into the refugee camps since September 2018. Under the National measles surveillance, all suspected cases are laboratory tested in Dhaka subject to completion of a case report form (CRF) in EWARS. Of the 186 cases reported in EWARS from week 1-10 2019, only 95 (38%) completed a CRF. Of these 95,

laboratory results are available at present for 40 cases of which 31 tested negatives, one was laboratory confirmed rubella and four were laboratory confirmed measles (other laboratory results are pending).

Training on fIPV introduction

To introduce fIPV (Fractional Inactivated Polio Vaccine against all sub-groups 1, 2 and 3) along with bOPV (Bivalent Oral Polio Vaccine against 1 and 3) in the camps, a total of 112 refugee camp vaccinators and eight government supervisors received orientation briefing on fIPV standardized guidelines stipulated by EPI HQ.

HEALTH SECTOR COORDINATION

- The Health Sector is continuing its coordination of the rationalization process to consolidate health services and ensure appropriate geographic distribution and quality of health services. The scoring of health facilities was completed and the sector is held a plenary workshop to review camp-wise suggestions. These were submitted to Civil Surgeon's Office for his further decision making.
- Through the Global health cluster project, the health sector conducted a workshop with 19 staff of 8 partner organizations from health, GBV and Child protection sectors on GBV Quality Assurance Tool implementation process. An action plan was developed that included consolidating the inputs from the workshop on the tool, presentation of the next steps from the workshop to the GBV and SRH working groups and piloting the tool before actual assessment. Since then, the tool has been piloted in two primary health care facilities. Lessons learnt from the pilot will be used to plan for the assessments scheduled for April.
- Two field coordinators have been recruited and on-boarded to strengthen coordination of health activities at the field level.
- A high-level Partnership Mission to Bangladesh comprising of delegations from Azerbaijan, ECHO, KS Relief, Kuwait, Qatar, Turkey and UAE visited Cox's Bazar from 22 – 24 Mar 2018 in solidarity of 2019 Joint Response Plan for Rohingya humanitarian crisis. The high-level mission observed and assessed the humanitarian needs and challenges of both the refugees and the host communities and met with key interlocutors from the Government and United Nations, including WHO, to understand ongoing and emerging needs towards the 2019 Joint Response Plan. They visited the Primary Health Centre located in Camp 2W to observe the immunization, EWARS, laboratory, essential medicines and midwifery services amongst others. The delegation pledged their support for advocacy and additional resource mobilization for the affected population.

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