



WHO colleagues in a focus group discussion to understand perceptions about immunization in camps.



World Health Organization

Bangladesh

Bi-weekly Situation Report #07

Date of issue: 11 April 2019

Period covered: Weeks 13-14 2019
(24 March- 6 April 2019)

Location: Bangladesh

Emergency: Rohingya Crisis



911 149
total Rohingya
in Bangladesh



984,240
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

OBITUARY

With deep sadness, the WHO Bangladesh condoles the passing away of Dr Abdur Noor Bulbul, Health Coordinator of Refugee Relief and Repatriation Commissioner (RRRC), on 8 April 2019. Dr Bulbul was a beloved friend the sector partners in Cox's Bazar, who showed unwavering commitment to helping people in need.

HIGHLIGHTS

- Ten new diphtheria cases were reported in week 14, (1 confirmed, 9 suspected), bringing the total number of reported case-patients to 8 545.
- To gain an understanding of how women and men perceive immunization in camps, WHO organized two focus group discussions.
- Water Quality Surveillance round 10 has been started in all refugee areas.

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 13 and 14 of 2019 are presented below, according to the WHO functions.

RESPONSE

LOGISTICS

- The installation work for solar lighting, solar AC and generators is ongoing in the twelve Primary Health Facilities, as a part of CERF supported activities.
- Adjustable racks for keeping medicines and valuable kits have been installed in WHO warehouse in Cox's Bazar Medical College as well in the prepositioned containers of Ukhiya and Teknaf upazilas.
- WHO has received 2136 calamine lotion units and distributed most to partners, in support to the containment measures for the tail end of the chickenpox outbreak.
- Drugs received for Sadar Hospital under KSRelief fund includes Meropenem, Cefepime, Cefotaxime, lab reagents and distilled water for injection. In addition, Operation Support, Security and Logistics (OSL) has received 3000 tests of Rapid Diagnostic Test (RDT) Cholera SD-Bioline as well as other supplies like examination gloves and consumables for water testing kits.
- A large donation of emergency health kits and other medical supplies was delivered to German Red Cross in Cox's Bazar by WHO.

EPIDEMIOLOGY

- As of week 14, 2019, a total of 152 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 78 per cent (152/196).
- Of these sites, 133 submitted their weekly reports (84%) by 9 April 2019 resulting in a cumulative completeness of 87% for 2019.
- A total of 30 alerts (triggers) were reported and reviewed in the EWARS system in week 14, 2019, which is double of the previous week (15 in week 13). 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.
- Community-based mortality surveillance is being established in EWARS, including suspected maternal death alert for any death of woman of reproductive age group.
- Community-based surveillance and EWARS refresher training was conducted in Cox's Bazar and Ukhiya Health Complex for partner agencies on 2-3 April 2019. A total of 13 partner agencies from health sector covering 90 facilities have been trained.

Diphtheria Update

- Ten new diphtheria case-patients were reported in week 14(1 confirmed, 9 suspected), which brings the total number of reported case-patients to 8545. Of these, 295 case-patients were confirmed by PCR . Based on clinical presentation other case-patients were classified as probable (2 728) and suspected (5 522).
- In 2019,199 case-patients have been reported, of which 3 were confirmed by PCR, 19 were probable and 177 were 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.
- To strengthen outbreak response activity in the tail end of diphtheria outbreak, all partner agencies were agreed to implement the new Go.Data software. This software will help strengthen the current contact tracing activity and determination of the chains of transmission¹.

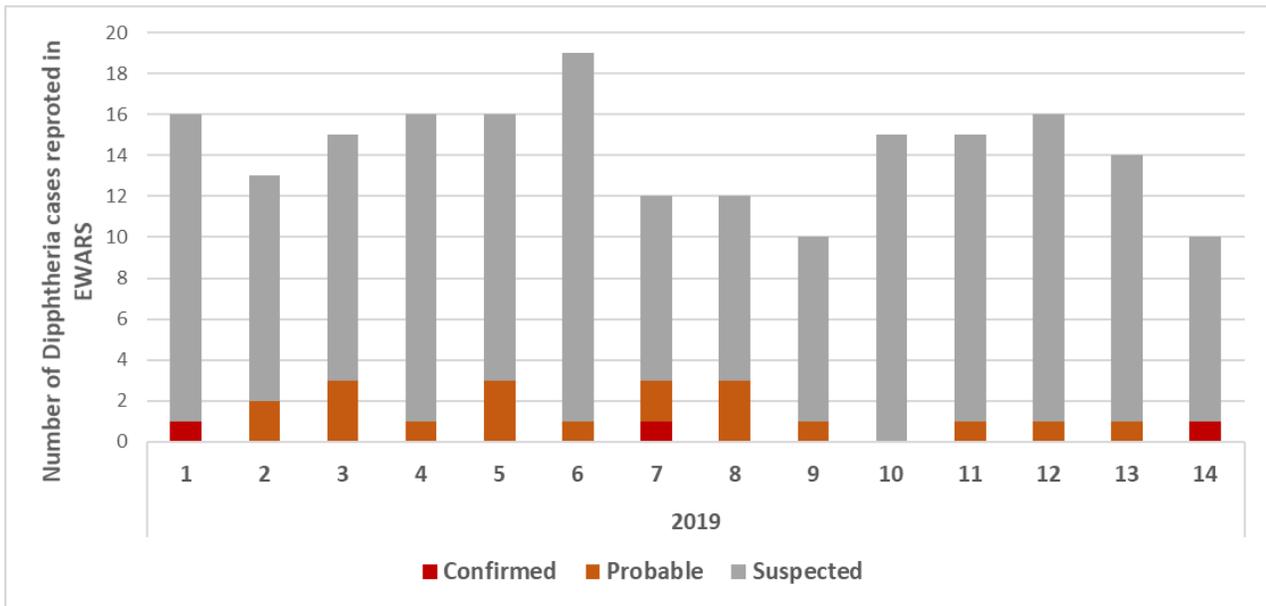


Figure 1: Diphtheria case-patients reported from Week 1 to week 14 2019, Cox's Bazar, Bangladesh

Varicella Update

- A total of 2161 varicella cases were reported this week via weekly report form (2783 cases in week 13).
- Ninety-seven facilities reported varicella cases in EWARS, which is lower than previous week (100 facilities in week 13).
- Increase in awareness levels of frontline community health workers, medical and paramedical staff in health facilities, education sector, child protection sector, communicating with communities working group and others has led to an increase in sensitivity of reporting.

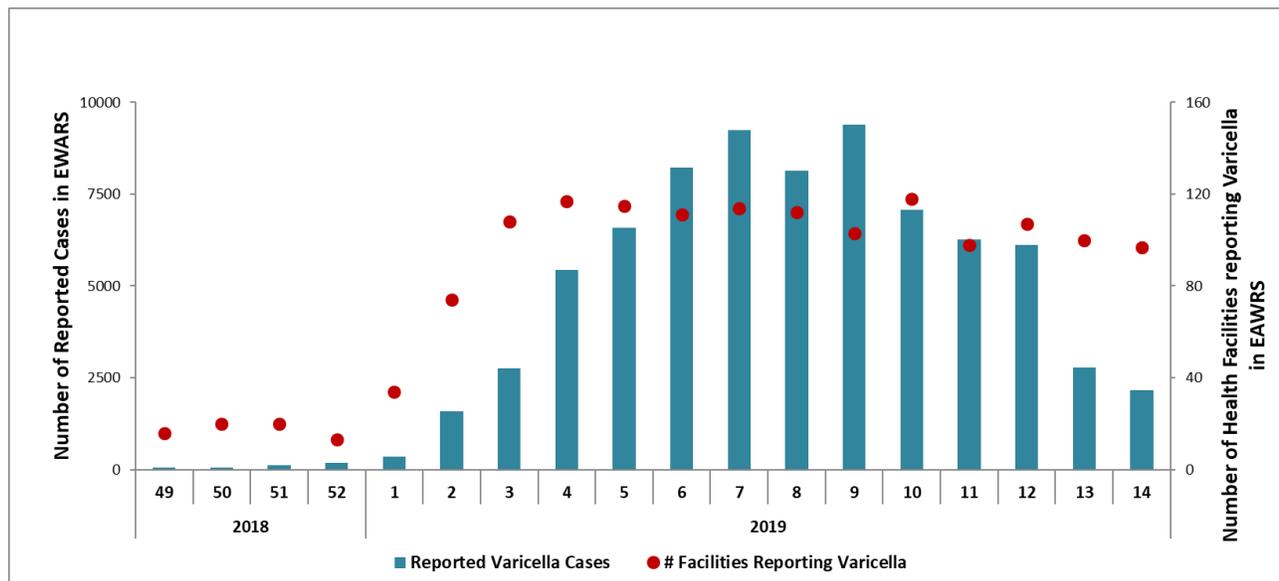


Figure 2: Number of Varicella cases reported in EWARS from Week 49 2018 to week 14 2019, Cox's Bazar, Bangladesh

¹ Go.Data is a new outbreak software developed by GOARN

HEALTH OPERATIONS

WASH

- Water Quality Surveillance round 10 has been started in all camps. The samplers and lab technicians received a 2-day long refresher training, including a day in the field to practice hygienic sampling in the households as well as at communal water sources. Currently, the work has been started and it is expected to receive the first results by mid-April.
- WASH and Health technical expert participated in the JAT (Joint Assessment Team) investigation of Acute Watery Diarrhoea (AWD) cases in the host community. The team conducted active case findings, disinfection of latrines and other areas, water sampling and intensified hygiene promotion focusing on AWD as per the response plan.
- WHO organized a technical planning meeting with all partners working on WASH activities in District Sadar Hospital.

Laboratory

- The Institute of Epidemiology, Disease Control and Research (IEDCR) Field laboratory has begun participating in a limited exercise to test samples from cases of unexplained fever.
- The newly functional autoclave facility at the IEDCR Field laboratory has been used to disinfect waste generated from all laboratory activities.
- The renovation work of laboratory expansion to include microbiological culture is close to completion, and delivery of stocks of reagents and consumables required for it have begun.
- Material support for lab activities especially Rapid Diagnostic test, Personal Protective Equipment (PPE) and autoclavable bags are also being provided to partner laboratories.

Risk Communication

- WHO organized, two separate focus group discussions (FGDs), one for only women of all ages, and another of only men of all ages, held at the Camp 14 in Ukhiya of the Cox's Bazar district. This was to gain an understanding of how women and men perceive immunization in the camps. The questions were kept open-ended to understand perception and attitude related to importance of Immunization, importance of Immunization schedule and compliance, gaps in communication with respect to immunization. Observations from these FGDs revealed that everyone in both the groups had heard about necessity of immunization but did not have clear reasons to believe or act. People opted for it because it is a free service and they trust health workers. Absence of knowledge about relevance of complying with the immunization schedule and dangers of missing out on any vaccine was identified.

MHPSS

- Two Mental Health and Psycho Social Support (MHPSS) consultants have joined WHO Cox's Bazar last month. They are setting up trainings in MHPSS, specifically Mental Health Gap Action Programme (mhGAP), to facilitate integrated mental health in Primary care and supported supervision system.

Immunization

Routine Immunization

- Since March 2019, around 4500 outreach and fixed post sessions were held and contributed by the 112 Rohingya vaccinators and 65 fixed vaccination posts. A total 141 676 doses of different antigens were given to the targeted children and pregnant women.

During this period from 24 March -6 April 2019, the administered doses were:

| BCG | Penta | PCV | bOPV | fIPV | MR | Td |
|------|-------|------|------|------|------|------|
| 4324 | 7119 | 7166 | 7532 | 224 | 3458 | 6246 |

- Other vaccination activities beyond routine immunization i.e. contact vaccination for Diphtheria, vaccination for new arrivals at transit point, health worker vaccination and vaccination at registration post, are continuing.

VPD Surveillance

- A total of 21 suspected measles/rubella cases were reported during this period. National measles surveillance program has been expanded into the refugee camps since September 2018. Under this, all suspected cases are laboratory tested through the National surveillance system (in Dhaka) subject to completion of a case report form (CRF) in EWARS. Since January 2019, out of 273 cases reported in EWARS, 112 (41%) cases with a completed CFR found and 80 (29%) cases were verified by IVD team. 44 (16%) cases were tested in laboratory and 39 result negatives, 1 was laboratory confirmed rubella and 4 were laboratory confirmed measles (other laboratory results are pending).
- In 2019, 2 suspected AFP cases were investigated so far, 1 was discarded and other is still pending. The total no of cases was 11 in 2018 and 8 in 2017. No wild polio virus was isolated.

Logistics Support for Outreach EPI Session

- A total of 780 sets of table and chairs (1 set composed of 1 table and 3 chairs) have been distributed in presence of CIC office representative to the community where the outreach EPI session takes place. These will be used in the session time.

HEALTH SECTOR COORDINATION

- Health sector is in process of reviewing and updating its Emergency Cyclone Contingency Plan for this year. Health Sector Emergency Preparedness and Response Task Force is now activated to lead contingency planning process. Technical Working Groups (TWGs) such as Community Health Workers (CHW), Sexual and Reproductive Health (SRH), Field Hospitals, Medical Mobile Teams (MMTs), Mental Health and Psychosocial Support (MHPSS), and Health Logistic are contributing to the process.
- Field Coordination is now strengthened as two national field coordinators (Health Sector) and five dedicated Camp Health Focal Points (two from IOM and three from UNHCR) are now on board. An introduction meeting was held; and an induction program is planned upon finalization of recruitment of the full team.
- The information management team is finalizing a monitoring tool for use by camp health focal points; to strengthen performance monitoring of health sector partners from the field level to the central level.
- The health sector participated in a meeting with site management sector to review how sectors can work together to improve site planning with co-location of key services such as nutrition; and health services.
- The health sector led a meeting on referrals with the field hospitals; to review and discuss key issues related to the emergency preparedness with a focus on mass casualty planning; as well as to review the hospital rotation plan which is currently in place to strengthen availability of 24/7 surgical services, and how to improve on this.

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