Weekly Situation Report #09
Date of issue: 09 May 2019
Period covered: Weeks 17-18 2019
(21 April - 04 May 2019)
Location: Bangladesh

Emergency: Rohingya Crisis

HIGHLIGHTS

- The Mental Health and Psychosocial Support (MHPSS) team conducted an mhGAP training for health workers from Sadar Hospital, Ukhia, Ramu and Moheskhali Upazila health complexes.
- Refurbishment work for Microbiology Room of Institute of Epidemiology, Disease Control and Research (IEDCR) Field Lab in Cox’s Bazar Medical College has been completed.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and unexplained fever were the conditions with highest proportional morbidity this week.
- World Immunization Week was observed in Rohingya camps from 24-30 April 2019 with the theme of ‘Protected Together – Vaccine works’. The week has featured, among others, an advocacy meeting with relevant stakeholders, awareness meetings with community influencers, dropout listing and vaccination by vaccinators, distribution of Information, Education and Communication (IEC) materials to service providers and others.
- The health sector held bilateral meetings with a UN agency to plan on establishing first line support and referral services on gender-based violence (GBV) for ten of its supported health posts where GBV services are currently not available to meet minimum essential service package.
- The Health Sector coordinated preparation for potential damage from heavy rains and winds, associated with cyclone Fani.

SITUATION OVERVIEW

There are an estimated 911,359 Rohingya refugees in Cox’s Bazar, according to the latest ISCG situation report (April 2019). This includes 34,172 refugees from Myanmar who registered before 31st August 2017. All refugees, including new arrivals, face compounding vulnerabilities, including in health. WHO has been
responding to this crisis since September 2017. A summary of response actions from epidemiological weeks 17 and 18 of 2019 is presented below by WHO functions.

**RESPONSE**

**OPERATIONS SUPPORT AND LOGISTICS**

- The refurbishment work for the Microbiology Room of Institute of Epidemiology, Disease Control and Research (IEDCR) Field Lab in the Cox’s Bazar Medical College has been completed.
- The installation work for solar lighting, solar AC and 13 KVA / 6 KVA -generators installations in twelve Primary Health Facilities has been started with UN CERF support.
- The site preparation for the Emergency Stock Prepositioning Containers for Monsoon and Cyclone Season has started in Camp 11.
- A second shipment of 40 oxygen cylinders has been received. From the first 40 received, 35 were distributed through partners.
- WHO has received 40 Malaria modules and 4 Post Exposure Prophylaxis (PEP) modules of the Interagency Emergency Health Kit [IEHK].
- WHO has distributed 23 hand-held very high frequency (VHF) radios to all WHO staff in Cox Bazar. This will be a backup for communication in case network coverage falls during this monsoon season, to ensure continuity of operations.

**INFORMATION MANAGEMENT – EPIDEMIOLOGY**

**Highlights**

During week 17, Joint Assessment Teams (JAT), led by WHO, conducted six field investigations in response to increases in AWD and to investigate suspected cholera. Water shortages are reported in several camps, particularly in the Teknaf area. Poor hygiene and sanitation and contamination of drinking water within households remain common risk factors in all locations reporting increases in AWD.

- As of week 18, 2019, a total of 152 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting in now 78 per cent (152/196).
- Of these sites, 140 submitted their weekly reports (89%) by 8 May 2019 resulting in a cumulative completeness of 87% and timeliness of 85% for 2019.
- A total of 22 alerts (triggers) were reported and reviewed in the EWARS system in week 18, 2019, compared to 37 alerts in the previous week. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), acute watery diarrhea (AWD) and unexplained fever were the conditions with highest proportional morbidity this week. There were no notable changes in other diseases and syndromes.
- The unexplained fever investigation is ongoing with samples collected from 15 patients to date (this effort aims to enroll 100 patients).
- Go.Data training for contact tracing for partners was held on week 18 with support from HQ.
- The in-country EWARS evaluation is planned for 9 – 22 June with support from two WHO epidemiologists with experience in EWARS evaluations in Chad and Nigeria.
- Three JAT workshops will be held on 28-30 May in Cox’s Bazar, Teknaf and Ukhiya.

**Diphtheria Update**

- 14 new diphtheria case-patients were reported in week 18 in EWARS, which was less than the number reported in week 17 (17 cases).
- A total 8612 diphtheria case-patients were reported in EWARS. Out of these, 295 were classified as confirmed cases after laboratory testing. Others were classified as probable (2 729) and suspected (5 558) cases.
• In 2019, a total of 266 diphtheria case-patients were reported including 3 confirmed, 20 probable and 243 suspected cases.

• The total number of deaths reported till now is 45, with the last death reported on 15 January 2019.

![Number of Diphtheria cases reported in EWARS from week 1 to week 18 in 2019, Cox’s Bazar, Bangladesh](image)

Figure 1: Diphtheria case-patients reported from Week 1 to week 18 2019, Cox’s Bazar.

**Suspected Measles Update**

• 12 new suspected measles cases were reported via weekly reporting this week, out of which 3 cases were reported with complete Measles CRF.

• A total of 237 cases were reported in 2019 out of which only 127 (54%) reported with case report form.

• WHO is supporting the Ministry of Health (MoH) in routine measles surveillance in Rohingya population

• Ways to improve the completion of CRF and sample collection for measles and rubella will be addressed at the next Epi Clinical Management meeting.

**HEALTH OPERATIONS & TECHNICAL EXPERTISE**

**Laboratory**

• Further to a training that was conducted from 16 – 17 April 2019, laboratory personnel of interested partner organizations are being invited to form a platform for sharing of technical expertise, building of capacity and dissemination of available regulatory information related to clinical laboratories. This forum will be organized under the leadership of IEDCR and facilitated by WHO.

• Supportive supervision and on-site training for deficiencies that are identified in laboratories in the camp area are ongoing.

• Procurements are being carried out to maintain the availability of Rapid Diagnostic Tests (RDTs), autoclave bags, reagents, consumables and other items that are necessary for partner health facilities especially within the defined prerequisites of the minimum essential services package.

• The work to establish microbiology culture facility under the IEDCR Field laboratory is progressing further with the procurement of reagents, equipment and training of staff happening in a phased manner.

**Mental Health and Psychosocial Support(MHPSS)**

• WHO conducted an mhGAP training for health workers from Sadar Hospital, Ukhiya, Ramu and Moheshkhali Upazila health complexes. Health workers from six organizations participated. Participants were mainly doctors, psychiatric officers and nurses. The training was successful with pre- and post-test differences of 19%.

• This training is the first of a series of five and will be followed by a supervisor workshop on 14 May 2019.

**Communicable Diseases (CDs)**

• WHO took part in the "Second Bangladesh National Tuberculosis Drug Resistance Survey" in Chattogram Division on 30 April, 2019. The survey is aimed at strengthening detection and monitoring for anti-
tuberculosis (TB) drug resistance among TB patients in Bangladesh. This report is expected to be published by the Government of Bangladesh shortly.

**Non-communicable Diseases (NCDs)**

- The first meeting of a newly formed NCD Core Group (comprised of nominees from health partners working on NCDs) convened on 30th April 2019. The group deliberated on its aims and objectives and discussed an NCD Service Availability Assessment, which is scheduled to take place in the coming weeks to establish a baseline for further strengthening activities. The core group agreed to meet monthly to take NCD related activities forward.
- A Defeat-NCD Partnership Mission to Bangladesh, in collaboration with James P Grant School of Public Health (JPGSPH), BRAC University, visited Cox’s Bazar on 1st May 2019, to understand and address the NCD needs for Rohingya population. They visited Primary Health Care Centers to observe NCD services and met key NCD partners to strengthen innovative approaches to NCDs in humanitarian settings. The Defeat-NCD Partnership is a newly formed entity, housed under UNOPS which aims to bring a broad range of stakeholders to support tackling NCDs, in particular in low resource settings.
- WHO has initiated the production of NCD risk communication materials both for host and Rohingya community, which are in line with messaging from the Ministry of Health and Family Welfare (MOHFW), aimed at reducing risk factors for NCDs in Cox’s Bazar district.

**District Sadar Hospital Support Project**

- The renovation work for five wards (male surgery, female surgery, pediatric, female medicine and diarrhea ward) in District Sadar Hospital, Cox’s Bazar started on 2 May 2019 and is expected to be completed by July 2019 with total capacity of 168 beds. The renovation of wards is part of a USD 2 million project aimed at strengthening the Sadar District Hospital’s capacity and is being implemented with funding support from the King Salman Humanitarian Aid and Relief Centre (KSRelief).

**Operational Research**

- A knowledge sharing symposium will be organized in early June 2019 in collaboration with the Health Sector, which will be an opportunity for partners to present findings from operational research initiatives. A Q&A workshop was held to support partners on abstract-writing in preparation for this symposium and to address and queries or concerns regarding the upcoming symposium.

**Immunization**

- World Immunization Week was observed in Rohingya camps from 24-30 April 2019 with the theme ‘Protected Together – Vaccine works’. The week has featured, among others, an advocacy meeting with relevant stakeholders, awareness meetings with community influencers, dropout listing and vaccination by vaccinators, distribution of Information, Education and Communication (IEC) materials to service providers and others.
- Since 23 March, dropout line listing has been ongoing by 67 outreach vaccination teams. A total of 7189 children have been listed for MR dropout doses and were vaccinated subsequently.
- Three advocacy meetings were held at district and two upazilas with relevant stakeholders, mostly reviewing the activities undertaken in the last couple of years and focused on the contribution of different units of the Government. including health, education, religious affairs, social welfare, civil administration and partner agencies in immunizing the Rohingya community. A total of 150 participants from different units attended these meetings.
• Awareness sessions were held in camps with majhees, madrasa teachers, imams and health care providers. A total of approximately 2000 majhees, 1500 imams and madrasa teachers and 1500 health care providers have been briefed and sensitized on immunization.

Vaccine Preventable Disease Surveillance
• In 2019, four suspected AFP/suspected Polio cases were investigated so far against a yearly target of 8. 2 were discarded, one L20B+ve was isolated through ITD/PCR and another is awaited. The total no of cases was 11 and 8 in 2018 and 2017 respectively. No wild polio virus was isolated.
• A total of 298 suspected measles/rubella cases were reported in weeks 18, 2019 with only 122 (41%) completing a case report form. Out of these 92 (31%) were tracked down in the field and 55 (18%) serum samples were sent for laboratory testing. There was 1 laboratory confirmed rubella and 5 laboratory confirmed measles cases. Others are still pending.

HEALTH SECTOR COORDINATION

Gender-based violence (GBV)
• The health sector coordinator and GBV officer were among the 17 participants from ten WHO country programs who participated in a three-day learning and knowledge sharing workshop on health systems strengthening in response to Gender Based Violence (GBV) held in Jordan from April 23-26, 2019. Other participants were health cluster coordinators and GBV experts from countries within East Mediterranean Region (EMRO) covered by the global health cluster project on GBV. As a result of the workshop, the health sector has developed concrete actions and recommendations to build on existing efforts. Lessons learnt and recommendations from the workshop have since been shared with WHO field team in Cox Bazar and the same will be shared with country office and health sector partners.
• The health sector held bilateral meetings with one UN agency to plan on establishing first line support and referral services on GBV for 10 of its supported health posts where GBV services are currently not available to meet minimum essential service package. As an immediate action, the UN partner has started organizing a series of training targeting the facilities while the health sector will provide the WHO training materials and identify co-trainers from Mental Health and Psycho-social support.
• The planned GBV quality assurance assessment by the health sector was rescheduled at the request of partners. It will now be held after a clinical management of Rape/Intimate partner violence training, which will be conducted in second and third week of May. It can then engage some of the participants from the training to conduct the assessment and apply their skills.

Health Sector Information Management
• The health sector is transitioning its 4Ws reporting (Who is doing What, Where and When) from excel to an online reporting tool known as ‘Report Hub’. This is expected to greatly improve the quality and depth of information reported on partners’ activities for refugees and host community. A short pilot and feedback workshop was held to introduce the tool to partners and adapt it to their needs.

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