KEY HIGHLIGHTS

- The fourth round of oral cholera vaccination (OCV) campaign was completed with 108% coverage. A total of 356,202 people received vaccination.
- A total of three new diphtheria case-patients (three suspected) were reported this week. Total case-patients reported in EWARS is now 8,327.

SITUATION OVERVIEW

- There are an estimated 921,000 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. From 1 January-15 September 2018, UNHCR has recorded 13,764 new arrivals to Bangladesh.

RESPONSE

EPIDEMIOLOGICAL SUMMARY

- As of week 49, 162 health facilities registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting in now 76 per cent (162/212) *.
- Of these sites, 127 submitted their weekly reports (77%) by 11 December 2018 resulting in a cumulative completeness of 84% for 2018.
• A total of 32 alerts (triggers) were reported and reviewed in the EWARS system in week 48. Suspected measles, acute respiratory infection (ARI), acute watery diarrhea (AWD), unexplained fever (UF) were the commonest ones. All the alerts were reviewed within 48 hours.

• Acute respiratory infection (ARI) and suspected malaria are the diseases with highest proportional morbidity in last week. No notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

AWD UPDATE

• The number of cases reported with diarrhoeal diseases were 5,645 this week of which 3,720 were reported with acute watery diarrhoea (AWD), 178 with bloody diarrhoea and 1,747 with other diarrhoea.

• Diarrhoeal cases in under-5 age group has been showing increasing trend which could partly be explained by rotavirus transmission, that has been observed in previous surveillance data to increase during these months in Bangladesh.

• No Rapid Diagnostic Test (RDT) positive alerts have been reported this week.

Figure: AWD cases reported and weekly attack rate in different camps from week 42 to week 49 2018, Cox’s Bazar, Bangladesh

DIPHTHERIA UPDATE

• A total of three new diphtheria case-patients (three suspected) were reported this week. Total case-patients reported in EWARS is now 8,327.

• Of these, 290 case patients have tested positive on PCR, with the last confirmed case reported on 29 November 2018. Of the remaining cases 2,709 were classified as probable and 5,328 as suspected. The total number of deaths remains 44. Last death was reported on 28 June 2018.

• Recent analysis indicates a shift towards older age groups (15 years and above) of reported diphtheria case-patients and mostly the women are more susceptible to develop the disease.

*Updated numbers from health facility registry data
A total of 194 case-patients were reported from host community since the beginning of the outbreak. Of these, 28 case-patients were confirmed on PCR testing while 63 cases were categorized as probable and 103 as suspected.

No death has been reported from the host community.

HEALTH OPERATIONS

The fourth round of oral cholera vaccination (OCV) campaign was completed with 108% coverage. A total of 356 202 people received vaccination including 257 041 (114 %) Rohingya people and 99 161 (96%) people from the host community. In addition, OCV campaigns were also conducted in no-man's land at Nakyongchari in Bandarban district where 2 476 (104 %) beneficiaries of the 2 375 people targeted were vaccinated. Further, in registered camps at Kutupalong, Ukhia and Nayapara, Teknaf, campaign activities are ongoing with children aged 12-23 months being targeted as they are now eligible. So far a total of 539 children in Kutupalong and 595 in Nayapara have been immunized.

During the house to house rapid convenience monitoring, a total 5 237 beneficiaries were interviewed as of 12 December 2018. The results of the monitoring exercise revealed that, the OCV coverage is 95% and around 11% beneficiaries had already received at least two doses in previous rounds. About 13% beneficiaries did not receive referral slips. Of the people who were not vaccinated (n=214), the reasons
ranged from: beneficiaries not at home (41%); not aware of campaign (24%); not aware of need 16%; and beneficiaries too busy (14%). The mobilization for the campaign was done through the Majhee and Rohingya community mobilizers (50%), megaphone (30%) and moni-flag (15%).

- A list of expired drugs and drugs that are to expire in the next 6 months has been created. This will be useful during the disposal exercise. WHO will use global and national guidelines, as applicable for the disposal of the expired drugs.
- Pre-bidding meeting for the renovation of five (male, female, pediatric, isolation and diarrhoea) wards at Sadar Hospital was conducted on 11 December 2018. A total of eleven vendors received briefing. The bids are expected to close on 20 December 2018 and refurbishment work is expected to start on 1 January 2019.
- The agreement for performance of work with Translators without Boarders was finalized. This will help create an accessible glossary of key health terms and concept between English, Bengali, Rohingya, Chittagonian and Burmese to ensure a common understanding of how concepts in relation to health and wellbeing are expressed by Rohingyas. The materials developed will be used for tailored training sessions to help with better health response.
- The construction of for new partition of the autoclave room in the laboratory of Medical College has started and are set to be completed by next Tuesday, 18 December 2018.

**COORDINATION**

- The health sector conducted a field-level coordination meeting in Teknaf with the objective of strengthening coordination, support to government hospitals and ensure information sharing.
- A workshop to review field coordination structures and monitoring in 2019 was completed. The objective was to identify how the available resources and coordination structures can be used to improve health service quality in the camps, through the three levels of coordination which health sector is implementing.
- Discussions were initiated with the strategic advisory group (SAG) on how to approach rationalization and consolidation of health facilities in 2019; including what criteria will be used and how the process will be carried out.
- Health sector attended the Strategic Executive Group meeting in which the draft JRP was presented to all officials for comment and feedback.
- Health sector oversaw the election process for co-chair of the Community Health Working Group.
- Health sector revised the medical emergency referral form based on feedback from referral workshop held the previous week and aims to finalize the new form in the next week.

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