KEY UPDATES

- As of 19 December 2017, a total of 1841 cases suspected with diphtheria have been reported, of whom 109 presented at the treating health facilities on 19 December 2017. A total of 22 deaths have been recorded so far.

- Vaccination started in Ukia and Teknaf on 12 December for children under 7 with pentavalent, pneumococcal, and bivalent oral polio vaccines and on 17 December for children from 7 up to 15 years with tetanus-diphtheria (Td) vaccine.

- The current outbreak is mainly occurring within the displaced Rohingya population living in the Balukali makeshift and extension camps. Cases are also being reported from the Kutupalong extension, Thangkhali, Jamtoli, and Nyapara camps. This population is also affected by malnutrition, low routine immunization coverage, and poor access to clean water and sanitation facilities.

- Strengthening case-management capacity, contact tracing, provision of chemoprophylaxis, immunization against diphtheria covering a wide age range combined with clear health messaging are key to reducing the spread and impact of this outbreak.

- A diphtheria core committee chaired by the Civil Surgeon of Cox’s Bazar, has been formalized with WHO facilitation. Key tasks such as epidemiology, case management, risk communication, laboratory confirmation, vaccination, and logistics are being coordinated by the sub-groups of this core committee.

- The Director General of Health Service, Ministry of Health & Family Welfare, Government of Bangladesh visited Cox’s bazar and the camps for three days to take stock of the situation and direct concerted clinical and public health operations to manage the outbreak.

SITUATION OVERVIEW

- Violence in Rakhine State, Myanmar, which began on 25 August 2017 has driven an estimated 646,000 Rohingya across the border into Cox’s Bazar, joining some 300,000 that had fled in earlier waves of displacement. Pre-existing settlements and camps have expanded with the new influx, while new spontaneous settlements have also formed and grown.

- A diphtheria outbreak is occurring in this population. The first suspected case was reported on 10 November by the clinic of the Médecins Sans Frontières - Operational Centre Amsterdam (MSF) in Cox’s Bazar. Currently all cases suspected with diphtheria are being managed by MSF.

EPIDEMIOLOGICAL SITUATION

- As of 19 December, approximately 14% of cases suspected with diphtheria are between 0-5 years of age, 34% are between 5-10 years, 26% are between 10 to 15 years old, and 26% of cases are over 15 years old.

- The median time from onset of symptoms to presenting at a health facility is 3 days. The cases that have died presented to the health facility an average of 6 days after symptom onset.
CASE MANAGEMENT

- WHO is supporting partners to implement case management protocols for applying the case definition, and triage. All cases are being treated with appropriate injectable and oral antibiotics as per protocol.
- Diphtheria Anti Toxin (DAT) was administered to about 15 critical cases starting from 11 December. Due to limited global supply, protocol for prioritization of cases for DAT administration is being finalized for implementation.
- Complications that are contributing to deaths include unmanaged airway obstruction due to limited capacity for post-tracheostomy care and unrecognized cardiotoxicity which is not being monitored by ECG.

COORDINATION

- The District Diphtheria Core Committee chaired by the Civil Surgeon of Cox’s Bazar, has been formalized with WHO facilitation.
- Sub-groups (epidemiology, case management, risk communication, laboratory, vaccination, and logistics) of the core committee composed of key partner agencies supporting the response continue to meet regularly to prioritize actions and implement harmonized interventions.
- The Diphtheria Health Sector Response plan was finalized in coordination with the Director General of Health Services and health sector partners.

VACCINATION

- Vaccination for aid workers began on 18 December with an estimated target population of 20,000 personnel across all agencies.
- Partners have rapidly strengthened social mobilization efforts for a 2 week vaccination campaign targeting children under 7 (Penta, PCV, bOPV) and children 7 up to 15 years (Td) in Ukhia and Teknaf. Continued improvements will be made to encourage vaccination, including consideration of cultural and gender specific sensitivities.

Table 1. Vaccination campaign coverage for children under 15 as of 19 December*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Estimated Total Target Population**</th>
<th>Achievement</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 7 years</td>
<td>234,564</td>
<td>56,435</td>
<td>24%</td>
</tr>
<tr>
<td>7 to 15 years</td>
<td>189,564</td>
<td>32,055</td>
<td>17%</td>
</tr>
</tbody>
</table>

*Vaccination of under 7 years started on 12 December and vaccination of 7 to 15 year olds started on 17 December.
**Target population estimates are based on a total population of 850,000 and are currently under review.
CONTACT TRACING
- To date, contact tracing and chemo-prophylaxis has been coordinated by MSF. With increasing case load, this task will be coordinated by WHO henceforth.
- Contact tracing and chemo-prophylaxis protocols, forms, training materials, and tools have been provided to key agencies who have agreed to engage in contact tracing and providing chemoprophylaxis. Partners are mobilizing focal points, supervisors, and contact tracing teams to engage in this activity after adequate training. Implementation of the contact tracing protocols is expected to start mid-week.

LABORATORY
- The Institute of Epidemiology Disease Control and Research (IEDCR), WHO, and US-CDC laboratory focal points are working closely together to strengthen laboratory capacities for Diphtheria and the broader response. Cases being reported from new localities in the settlements and presenting at new diphtheria treatment and isolation facilities are being tested.

RISK COMMUNICATIONS AND COMMUNITY ENGAGEMENT
- The Emergency Risk Communications Framework was endorsed by the Ministry of Health on 13 December. WHO in collaboration with UNICEF and various health partners from the Communications with Communities (CwC) group have rapidly strengthened social mobilization efforts to raise risk perception, address rumors, and ensure that traditional leaders and trusted service providers are engaged in response efforts.
- WHO is coordinating social mobilization efforts of various health partners to encourage communities to get vaccinated through a joint operational plan with UNICEF to support the ongoing immunization campaign. Field assessments with vaccination teams have been conducted to review the implementation of protocols and to determine additional needs.

HEALTH INFORMATION MANAGEMENT
- Regular surveillance for a number of diseases has been ongoing since August 2017 through the Early Warning and Alert System (EWARS) and shared with all partners and stakeholders through the Mortality and Morbidity Weekly Bulletin (MMWB).
- WHO is working closely with key partners to improve data completeness, information flow, and regular data reporting through the daily line list of cases from diphtheria treatment and isolation centers using which epidemiological reports are generated daily and shared with all stakeholders.
- WHO will also serve as the central data repository for the contact tracing operations on behalf of the Civil Surgeon’s office in addition to monitoring of the emergency vaccination drive.

LOGISTICS
- WHO is streamlining the health sector logistics pipelines for all partners engaged in the response in order to harmonize efforts and support the management of this outbreak.
- 400,000 doses of pentavalent vaccine and 900,000 doses of Td vaccine have been secured in collaboration with UNICEF for ongoing emergency vaccination drive.
- Over 1300 doses of DAT have been made available by WHO for case management at Cox’s Bazar.
- Stocks of antibiotics for managing cases and contacts for at least a month has been secured.

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