KEY HIGHLIGHTS

- Cumulatively 35 800 people have been affected by the Monsoon rains since 11 May 2018.
- About 216 000 Rohingya people are still at risk of landslides and floods.
- 11 Mobile Medical Teams remain on standby to support any surge demands including one MMT each pre-positioned in Ukhia and Teknaf areas.
- The risk of water borne diseases lingers with heavy rains that often lead to damaged water points, latrines and sanitation facilities.

SITUATION OVERVIEW

- According to the Needs and Population Monitoring (NPM) exercise, there are an estimated 919 000 Rohingya refugees in Cox’s Bazar as of 21 June 2018. Of these, 706 364 are new arrivals since 25 August 2017.
- Of the 246 600 Rohingya people that were at risk of landslides and floods, 30 375 people have been relocated while 216 000 remain at risk.

MONSOON UPDATES

- The 26 July 2018 report by Inter Sector Coordination Group (ISCG) indicates that between 11 May and 24 July 2018, 35 800 people have been affected by the Monsoon rains. A total of 4 294 individuals have been displaced while 49 people have been injured and one person reported dead in the camps.
• The Health Emergency Operations Center (HEOC) at Civil Surgeon’s Office was fully activated and its capacity is being extended to accommodate growing needs for additional manpower and IT assets; a hot line service is also being added to facilitate timely reporting.

• In addition, the Inter-sectoral reporting and information sharing between WASH and Health sectors has been strengthened to enable information sharing and joint response in real time to any reports of mutual concern.

RESPONSE

EPIDEMIOLOGICAL UPDATE

• To date, 151 health facilities are registered as active Early Warning Alert and Response System (EWARS) reporting sites. For week 29, 106 weekly reports (70%) were received by Tuesday 24 July 2018, resulting in a cumulative completeness of 77% in 2018.

• A total of 30 alerts were triggered in week 29, in which 8 are currently being monitored by the WHO Epidemiology.

• Fifteen new suspected measles/rubella case-patients were reported in week 29, bringing the total number of cases reported in 2018 to 1446. WHO in collaboration with MoH is collecting samples from suspected measles cases as a part of routine measles surveillance.

• A total of 45 new case-patients with Acute Jaundice Syndrome (AJS) were reported in week 29, bringing the total reported cases of AJS in 2018 is 2522.

• In week 29, acute respiratory infections (ARI) and unexplained fever, and acute watery diarrhea (AWD) are the three leading syndromes with the highest morbidity rates of 16.5%, 10.5% and 4.9%, respectively. These are syndromes at risk of causing severe outbreaks during monsoons and are being monitored by WHO Team.

AWD UPDATE

• During the reporting period, about 3 600 case-patients were reported from weekly report forms and additional 5 cases were reported from diarrhea treatment centers (DTCs).

• A total 136 672 case-patients were reported from health facilities in 2018 and an additional 56 case-patients were reported from DTCs from 1 June 2018.

• In week 29, 3 601 clinical visits of patients with AWD were reported including cases reported from DTCs.
DIPHTHERIA UPDATE

- As of 22 July 2018, there have been 8031 diphtheria case-patients reported through EWARS including 261 positive & 913 negative case-patients who were tested on PCR. This week 34 new case-patients were reported, which is lower than previous week (51 in week 28, 58 in week 27 & 66 case-patients in week 26).
- Among the 34 case-patients 1 was laboratory confirmed, 17 probable, 1 suspected and 15 tested negative on PCR. Last confirmed case was reported on 17 July 2018. Over 59% of the case-patients were over 15 years of age which is slightly higher than last weeks (53 % in week 28).
- No new death reported this week. Total number of death reported due to diphtheria is 44 (Case-fatality proportion <1.0%)

- From the host community 4 new (1 confirmed and 3 probable) diphtheria case-patient was reported in week 29, bringing the total to 71 diphtheria case-patients (updated counts in Figure 2). Among them 25 were laboratory-confirmed, 31 were probable and 15 were suspected. An additional 98 case-patients were excluded from the counts following negative laboratory testing. No diphtheria deaths have been reported from host community.

HEALTH OPERATIONS

- A logistics workshop was held on 24 July 2018 that will inform medical supply procurement and activity plan for 2019. A coordinated process is required to avoid overlaps in procurement among the agencies. One of the key gap identified was lack of temperature controlled storage facilities in the camps.
- As part of KS Relief support to Sadar Hospital, about 1400 boxes of IV Fluids were delivered to the hospital.
- The guidelines for distribution of Oseltamivir, an Influenza medicine, was finalized and shared with some partners.
• Community Health Worker Working Group (CHW-WG) led by UNHCR and WHO-Immunization Team will conduct a workshop in the next two weeks to improve integration and effective utilization of the field resources for the intensification of routine Immunization.

• A total of 15 cleaners from Samaritan Purse’s diarrheal treatment Centers (DTCs) and five cleaners from IOM DTCs were trained on how to prepare and use chlorine solution and how to use personal protective equipment.

COORDINATION

• In collaboration with the Ministry of Health, Civil Surgeon, UN agencies and NGO partners; the field coordination team finalized the facility monitoring exercise first phase which started on 15th July. A total of over 100 health facilities were assessed and monitored in order to ensure quality of services and compliance with standards and policies. So far a total of 25 camps out of 30 were covered. The exercise is expected to culminate during the course of this week.

• In an effort to improve inter-sectoral coordination; the modality of work between the health and wash sectors were discussed and agreed upon. Information collected through health facilities and diarrhea treatment centers (DTCs) will be shared with Early Warning Alert System (EWARS) teams; which in turn will share with WASH sector in case of outbreaks or urgent case investigation. Field assessment and investigation will happen within 24-48 hours.

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