KEY HIGHLIGHTS

- Cumulatively 49,400 people have been affected by the Monsoon rains since 11 May 2018.
- The heavy downpour of Wednesday July 25 led to flooding and landslides, resulting in damages to latrines, shelters and instances of limited road access.
- Different mobile medical teams (MMTs) provided health services this week in several camps to meet additional/surge needs.

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, 41,751 people have been relocated.

MONSOON UPDATES

- The recent report by Inter Sector Coordination Group (ISCG) indicates that between 11 May and 31 July 2018, 49,400 people have been affected by the Monsoon rains. A total of 6,003 individuals have been displaced while over 40 people have been injured and one person reported dead in the camps.
• Operations at Health Emergency Operations Center (HEOC) at Civil Surgeon’s Office were scaled up to address surge coordination and response needs in health. Two surge support teams were deployed, one each to Ukhia and Teknaf, to shoulder any surge coordination/support needs at field levels.
• A rapid response team (RRT) comprised of IVD, EPI, Lab, WASH visited the camps of Teknaf and Ukhia to assess the impact of the prolonged rainfall of last week, the objective was to conduct a situation analysis and inform strategies on responding to the needs of the affected people.
• An after action review (AAR) was conducted on Tuesday, 31 July 2018 to discuss WHO response to the recent heavy rains, the challenges and areas of improvement.

RESPONSE

EPIDEMIOLOGICAL UPDATE

• To date, 151 health facilities are registered as active Early Warning Alert and Response System (EWARS) reporting sites. For week 30, 106 weekly reports (70%) were received by Tuesday 31 July 2018, resulting in a cumulative completeness of 77% in 2018.
• A total of 16 alerts were triggered in week 30, in which one is currently being monitored by the WHO Epidemiological team.
• Ten new suspected measles/rubella case-patients were reported in week 30, bringing the total number of cases reported in 2018 to 1457. WHO in collaboration with Ministry of Health is collecting samples from suspected measles cases as a part of routine measles surveillance.
• A total of 25 new case-patients with Acute Jaundice Syndrome (AJS) were reported in week 30, bringing the total reported cases of AJS in 2018 is 2548.
• In week 30, acute respiratory infections (ARI) and unexplained fever, and acute watery diarrhea (AWD) are the three leading syndromes with the highest morbidity rates of 14.6%, 12.8% and 5.4%, respectively. These are syndromes at risk of causing severe outbreaks during monsoons and are being monitored by WHO Team.

AWD UPDATE

• A total of 3336 case-patients were reported from weekly report forms and ad additional 9 cases were reported from Diarrhoea Treatment Center (DTCs).
• To date 140 118 case-patients were reported from health facilities in 2018 and an additional 79 case-patients were reported from DTCs from 1 June 2018.

DIPHTHERIA UPDATE

• A WebEx technical consultation meeting on Diphtheria took place on July 30, participated by Civil Surgeon, DGHS Coordination Cell, CDC, WHO headquarters, regional, country and field offices, UNICEF, Samartian’s
Purse and MSF. The technical experts advised on strengthening diphtheria immunization, aggressive contact tracing and chemoprophylaxis and technical support to laboratory. A follow-up meeting is planned for afternoon, Monday 6 August, to discuss the next steps in addressing the diphtheria outbreak. A multi-partner visit for better assessment is also planned for September.

- As of 29 July 2018, 8,067 diphtheria case-patients were reported through EWARS including 264 positive and 931 negative case-patients who were tested on PCR. This week 36 new case-patients were reported, which is similar to last week and lower than previous weeks. In the preceding weeks 35 cases were reported in week 29, 52 in week 28 and 58 in week 27.

- Among the 36 case-patients 2 were laboratory confirmed, 29 were probable, 3 suspected and 2 tested negative on PCR. Last confirmed case was reported on 23 July 2018. 67% of the case-patients were over 15 years of age which is slightly higher than last weeks (57 % in week 29).

- No new death reported this week. Total number of death reported due to diphtheria is 44 (Case-fatality proportion <1.0%)

![Epidemic curve of diphtheria case-patients by age group, W49 2017 to W30 2018](image)

**Figure 2: Epidemic curve of diphtheria case-patients by age group, W49 2017 to W30 2018**

From the host community 2 new diphtheria case-patients (1 probable & 1 negative) were reported in week 30, bringing the total to 171 diphtheria case-patients (updated counts in Figure 2). Among them 25 were laboratory-confirmed, 29 were probable and 15 were suspected. An additional 104 case-patients were tested negative on PCR. No diphtheria deaths have been reported from host community.

**HEALTH OPERATIONS**

- To date 14,752 Children have received BCG vaccination under routine immunization activity since February 2018.

- Concurrent house to house monitoring is being conducted alongside daily routine immunization activity. In June and July 2018, the monitoring of 2,203 children of under two years old has revealed that home delivery took place among six percent of new-born babies, vaccination cards were found among 49 percent of the beneficiaries and 11 percent received vaccination at birth.
• WHO facilitated a Medical Logistics workshop on 24 July 2018 to gain a global understanding of the health stocks in the country, trends in consumption, and emerging health issues in relation to health logistics. 50 participants from 29 organizations participated.

COORDINATION

• The Health Facility Monitoring Assessment was completed last week. A total of 177 health facilities were assessed. The result of this assessment will provide the status of the health facilities and guide the Mid-Term Review and the Joint Response Plan.

CONTACTS

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