



World Health Organization

Bangladesh

Weekly Situation Report # 7

Date of issue: 23 December 2017

Period covered: 7 December – 23 December

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



867 550
total Rohingya
in Bangladesh



655 000
new arrivals since
25 Aug 2017



82 339 children aged under 7
years vaccinated with
pentavalent, pneumococcal,
and bivalent oral polio
vaccine.



58 871 children under
15 years were
vaccinated with Td
vaccine.



1.2 million
people targeted for
humanitarian assistance

KEY HIGHLIGHTS

- A total of 2248 cases suspected of diphtheria, of whom 26 died, have been reported from 8 November – 23 December 2017. The District Core Committee for Diphtheria Outbreak, chaired by the Civil Surgeon of Cox's Bazar, has been formalized with WHO and partners to contain the spread of diphtheria through effective treatment, vaccination, and contact tracing activities.
- From October 16 to December 10, the most frequently reported diseases/syndromes were: unexplained fever, acute watery diarrhea, skin diseases and acute respiratory infection (with higher incidence rate among children less than 5 years old).
- Health facility assessments in Sadar District Hospital, Ukhia Upazila Health Center, and Teknaf Upazila Health Centers were conducted by WHO with health partners to assess facility capacities in light of the influx of displaced persons since August 2017.

SITUATION OVERVIEW

Since 25 August 2017, an estimated 655 000 Rohingya have crossed the border into Cox's Bazar, joining approximately 300 000 that had fled in earlier waves of displacement. Respiratory infection, skin disease, and acute watery diarrhea risks remain high with increasingly crowded living conditions, inadequate water and sanitation (WASH) facilities, and low vaccination coverage.

As of 21 December 2017 over 547 000 arrivals are in Kutupalong Balukhali expansion site, 242 000 in other camps and settlements, and 79 000 arrivals in host communities, with impact on the already congested health response. Pre-existing camps and settlements as well as new spontaneous settles have expanded with the new influx.

RESPONSE

Epidemiological Situation

- From October 16 to December 10, the 5 most frequently reported diseases/syndromes were: unexplained fever (98 523 cases, 15.9%), acute respiratory infection (68 769 cases, 11.1%, with higher incidence rate among children less than 5 years old), acute watery diarrhea (65 092 cases, 10.5%), and skin diseases (28 693 cases, 4.6%, with similar numbers of reported cases among both children aged under 5 and individuals aged 5 years and older).
- Severe malnutrition was reported among 1518 patients, of which 88% were children aged under 5 years. 1860 patients presented with suspected measles or rubella, of which over 20% were among individuals aged five years and older.
- “Other” conditions accounted for 318 661 cases (51.3% of all reported conditions), with 83% among people aged 5 years or older. Further investigation of this group will be conducted as a priority to assess the main causes of disease constituting this large category, in particular the incidence of non-communicable and/or chronic diseases that can lead to death if not treated (such as tuberculosis, diabetes and cardiac dysfunction), and psychiatric and psychological conditions that require specialized care.

Water, Sanitation, and Hygiene

- The third round of water quality surveillance was completed from 4 to 20 December 2017. The sanitary inspection was conducted for 572 sources and 1144 households. A total of 715 source water samples and 1144 household water samples were collected and tested for E. Coli. The assessment results and the summary of findings will be presented to health sector partners and shared with the WASH sector for actions.
- WHO will initiate a baseline assessment of WASH in health facilities. The assessment will be performed by health workers of partners organizations and the WHO water quality team to strengthen WASH in health facilities that are located in camps and host communities.

Vaccination Campaigns and Routine Immunization

- Vaccination for children under 7 (Penta, PCV, bOPV) began on 12 December with a target population of 234 564 children. Vaccinations for children 7 up to 15 years (Td) began on 17 December in Ukhia and Teknaf with a target population of 189 564 children.
- As of 21 December 82 339 children 6 weeks to under 7 years were vaccinated with Penta, PCV and bOPV and 58 871 children aged 7-15 years were vaccinated with Td vaccine.
- Vaccination will start in Naikhongchari Upazila of Bandarban district will start from 26-27 December.
- Additional vaccination sites for Penta, PCV, and Td in addition to measles-rubella and bOPV began on 23 December at border entry points.
- Vaccination campaigns for humanitarian aid workers began on 18 December with a target population of 20 000 personnel across all agencies.

Referrals

- A harmonized referral process for all health facilities, including diphtheria treatment and isolation centers, is being developed to improve access to essential health services.
- Protocols for the prevention of diphtheria and other communicable diseases in schools, child friendly spaces, and learning centers are being developed with UNICEF, UNHCR, and other key partners. A series of trainings will be provided for teachers, community health workers, and all health partners to ensure infection prevention and prompt referral of sick children.

Review Of Hospital Services

- Health facility assessments in Sadar District Hospital, Ukhia Upazila Health Center, and Teknaf Upazila Health Centers were conducted by WHO with health partners to assess facility capacities in light of the influx of displaced persons since August 2017. Additional in-depth interviews with the hospital leadership, medical personnel, and a walk-through of the facility were conducted to note related services.
- Hospital waste management procedures were assessed and are currently under review for priority actions.
- WHO and health partners are advocating to accelerate authorization for 24/7 essential maternal, child health, and acute medical services for preventable mortality and morbidity.

Drugs And Medical Supplies

- A bulk shipment of 34 pallets of medical supplies is due to arrive mid-week. An additional 110 pallets of medications and medical equipment is due to arrive by the end of the week.
- Follow up of medical and logistic shipments for the health sector is ongoing including donations of trucks to health partners to support new health facilities.
- To date, 400 000 doses of pentavalent vaccine and 900 000 doses of Td vaccine have been secured in collaboration with UNICEF for the ongoing vaccination campaign as part of the diphtheria outbreak response.
- Over 1300 doses of diphtheria anti-toxin have been made available by WHO for case management at Cox's Bazar.

Coordination

- The District Diphtheria Core Committee chaired by the Civil Surgeon of Cox's Bazar was created on 11 December. 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 Host Community Working Group, chaired by the District Commissioner Cox's Bazar, was created with the objective to address the concerns, needs, and priorities of the host community.
- On 19 December, WHO hosted a Humanitarian Response Plan expert consultation workshop with the health sector Strategic Advisory Group (SAG).
- The health sector strategy and indicators were discussed, finalized, and the draft strategy note was shared with the ISCG on 21 December.

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