Weekly Situation Report # 12
Date of issue: 03 February 2018
Period covered: 28 January – 03 February
Location: Bangladesh
Emergency type: Rohingya Refugee Crisis

KEY HIGHLIGHTS

- As of 03 February 2018, a total of 5 253 cases clinically suspected with diphtheria were reported.
- The second diphtheria vaccination campaign is ongoing, targeting 208 914 Rohingya refugees aged 6 weeks to 15 years

SITUATION OVERVIEW

Since 25 August 2017, an estimated 688 000 Rohingya have crossed the border into Cox’s Bazar, joining approximately 212 000 others who had fled in earlier waves of displacement. No new arrivals were reported since last week. As of 03 February 2018 over 585 000 arrivals are in Kutupalong expansion site, 237 000 in other camps and settlements, and 79 000 arrivals in host communities, impacting the already congested health response. Pre-existing camps and settlements as well as new spontaneous settlements have expanded with the new influx.

RESPONSE

EPIDEMIOLOGICAL UPDATE

- To date, 147 health facilities out of 158 (93%) have been registered in EWARS. This provides surveillance for an estimated 728 786 people (84% of the estimated population).
- As of February 3rd, 2018, a total of 5 253 diphtheria case-patients were reported in EWARS, including 324 new case-patients in week 4. This corresponds to a relatively stable number of case-patients reported in a previous week.
- In week 4, 2018 a total of 95 alerts were triggered, of which 100% were verified and 6% underwent risk assessment by the joint MOHFW- IEDCR-WHO response cell.
- Data from facility-based reporting showed a decline in the number of measles cases in week 4 compared to week 2 and 3.
- An increased number of cases suffering from acute jaundice syndrome (AJS) was reported in EWARS. Collecting facility-based reporting of AJS and a more in-depth field investigation were initiated.
- Alerts of unexplained fever and acute watery diarrhea are being triaged for investigation, on an ongoing basis.
- A workshop is planned in week 5 to improve the capacity of partners for alert verification and rapid risk assessment.
- EWARS bulletin for W4 was disseminated to all health sector partners.

**DIPHTHERIA UPDATE**

- As of February 3rd, 2018, there are a total of 5,253 reported case-patients including 103 laboratory-confirmed case-patients, 2,667 (+21) probable case-patients, and 2,483 (+14) clinically suspected diphtheria case-patients. Laboratory negative cases were excluded from these counts.
- On 3rd February, 35 new admissions were reported by the Diphtheria Treatment Centers from the previous 24 hour period.
- Since the beginning of the outbreak 46 suspected diphtheria case-patients have been reported from the host community. Of these, six cases are laboratory-confirmed, 26 are probable and 14 are suspected. The DGHS is leading investigations with support from WHO and the risk for further spread in the host population has been assessed to be moderate as the routine vaccination coverage for DPT is high in the Bangladeshi community.
- A total of 37 deaths (case-fatality proportion <1%) were recorded as of February 3rd.
- Contact tracing continues to improve including post-exposure prophylaxis vaccination of contacts, regardless of age.
- WHO is working with IEDCRB to establish laboratory capacity in Cox’s Bazar for diphtheria and other epidemic-prone diseases. The laboratory plan is being finalised. This upcoming testing of all suspected cases will provide more clarity regarding disease transmission and the impact of the concurrent vaccination campaign.
- Daily Diphtheria updates were disseminated to relevant health sector partners.

**VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION**

- Vaccination for close contacts of cases clinically suspected with diphtheria began on 15 January and continues.
- The second round of vaccination against diphtheria began on 27 January, targeting 186,832 Rohingya refugees aged 6 weeks to 7 years with pentavalent and 177,155 children aged 7 to 15 years of age. It is expected to be completed by 8 February.
- As of February 3rd, a total of 208,914 children were vaccinated against Diphtheria (pentavalent and Td).
- Rapid Convenience Monitoring is ongoing and, in areas with low coverage, mop-up sweeps are in being rolled out.

**HEALTH OPERATIONS**

- A joint water sanitation and hygiene (WASH) and infection prevention and control (IPC) survey, carried out in collaboration with WASH sector partners, is nearly completed. To date, a total of 189 facilities were surveyed. Data cleaning is ongoing and a report with recommendations will be drafted.
- The acute watery diarrhoea working group met jointly with the WASH sector and agreed on priority activities. As a priority, all existing diarrhoea treatment centers will undergo an assessment to determine level or readiness in relation to agreed minimum standards, and what support is needed.
- The UK EMT departed Cox’s Bazar on 2 February and there were a number of meetings to agree on smooth transition including debrief and handover discussion with leadership team.
LOGISTICS

- WHO received three Cholera Kits as part of an order for preparedness for the upcoming rainy season.
- Support was provided to identify constructors for the planned triage area in one of the main government hospitals.
- WHO discussed with IEDCR (Institute of Epidemiology, Disease Control and Research) to set up a laboratory in Cox’s Bazar. The logistics arrangement for materials to be shipped from Dhaka to Cox’s Bazar was planned.
- A supply list for laboratory supplies was developed to equip the planned laboratory.
- A long-term plan was prepared for expanding the laboratory activities from diphtheria-only testing to other disease outbreaks.
- As of 3rd February, there are 1,582 vials of DAT in CXB-WHO warehouse. At current consumption rates, there will be sufficient stock for at least the next 52 days and likely longer if the trend for the last 7 days continues.

COORDINATION

- Health sector partners are conducting emergency preparedness planning for the raining season. Mapping of resources (medical supplies and mobile medical teams) is ongoing.
- Facilities at risk of flooding during the upcoming rainy season were identified, and criteria for prioritizing relocation were defined.
- A District-level Government consultation was held in which the Joint Response Plan sector needs analysis and response strategy were endorsed. The project template was circulated to partners with a submission deadline of 9th February.
- The SAG endorsed the creation of a community health programmes working group to improve coordination of community based health activities.
- Partners were briefed on the National NGO Bureau project approval process.
- Partners were briefed on the new camp boundaries which replace the previously used zonal boundaries including how to identify their own facility location as well as the implications for reporting.

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