



World Health Organization

Bangladesh

Weekly Situation Report # 17

Date of issue: 13 March 2018

Period covered: 6 March – 12 March

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



883 785
total Rohingya
in Bangladesh



671 000
new arrivals since
25 Aug 2017



397 375 Rohingya children
were vaccinated in the 2nd
round of diphtheria
vaccination



728 786 people are
being monitored for
diseases



1.3 million
people targeted for
health assistance

KEY HIGHLIGHTS

- As of 10 March 2018, a total of 6 132 suspected cases of diphtheria have been reported.
- The third round of 13-day Diphtheria campaign started on 10 March.
- There is an increase in the number of reported cases of acute jaundice syndrome relative to previous weeks.

SITUATION OVERVIEW

Since 25 August 2017, an estimated 671 000 Rohingya have crossed over from Myanmar into Cox's Bazar, Bangladesh, joining approximately 212 000 others who had fled in earlier waves of displacement. The decrease is not a result of population return, but rather the use by IOM's Needs and Population Monitoring (NPM) assessment of a more detailed and accurate methodology to estimate total population figures. There were 801 new arrivals from 1-9 February. As of 5 March 2018, over 589 000 arrivals are in Kutupalong expansion site, 185 000 in other camps and settlements, and 110 000 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, 153 health facilities have been registered in EWARS.
- In week 10, a total of 82 alerts were triggered – a comparable number on previous weeks (77 alerts in week 9).
- There was an increase in cases of acute jaundice syndrome (AJS) in week 10, with a total of 131 cases reported compared to 93 in week 9.
- Of the 45 samples of AJS cases 53% were positive for hepatitis A and none were positive for hepatitis E; three were positive for leptospirosis, five cases were hepatitis C positive and two were chronic hepatitis B patients. Sample collection from patients presenting in health facilities is ongoing for another two weeks and more detailed analysis will be provided.

- A strategy for exhaustive sampling for measles is being prepared to better understand if measles is circulating as a steady number of syndromic measles cases are being reported (55 in week 10).
- Health facilities have been provided with new updated guidance for reporting through EWARS, and feedback is awaited from partners before finalisation. Clear guidelines will be available in all facilities.
- WHO is currently working with partners to implement and coordinate community based surveillance in the camps.
- EWARS bulletin and diphtheria bulletins for week 10 are regularly disseminated to all partners.
- As part of emergency preparedness activities for a future outbreak, a laboratory capacity survey has been sent to health partners.

DIPHTHERIA UPDATE

- As of 10 March 2018, a total of 6 132 diphtheria case-patients were reported in EWARS, including 165 new case-patients in week 10. 182 cases have been laboratory confirmed. The last laboratory confirmed case was reported on 5 March.
- A total of 61 diphtheria case-patients have been reported from the host community; 11 were laboratory-confirmed; 37 probable and 13 suspected. 47 case-patients were excluded after laboratory testing was negative. No death has been reported. All the cases were reported from Cox's Bazar except 4 from Bandarban district. All 4 cases from Bandarban were reported from Nailhongchori Upazila. 27 case-patients were reported from Ukhiya and 30 case-patients were reported from Teknaf. Half of the case patients were female and 59% were under-15 years of age.
- An in depth investigation to improve understanding of risk factors and transmission patterns within the host community is underway.
- A total of 38 deaths (case-fatality proportion < 1%) were recorded as of 17 February, with no deaths reported since 2 Feb. No deaths have occurred in the host community.
- Diphtheria medium-term follow-up has been instituted and is going to be evaluated at a systematic level. An SOP for follow-up and referral has been established and disseminated among partners.
- WHO is continuing to work with IEDCR to strengthen laboratory capacity.

VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- The third round of 13-day Diphtheria campaign has started on 10 March. By day 3, 86 497 (21%) children aged 6 weeks to 15 years have been vaccinated in Ukhiya and Teknaf Upazilas. 1479 humanitarian workers have also received Td vaccine at session sites during campaign days.
- A fixed site at Cox's Bazar has started vaccinating humanitarian workers and will continue every Saturday henceforth.
- Routine EPI training was conducted in Teknaf and Ukhiya to reorient 270 vaccinators, supervisors, medical officers, and volunteers from Government and various NGOs who would be supporting EPI session sites in camps.
- Microplans for routine EPI in Rohingya refugee settings have been developed and EPI services at fixed sites are ongoing.

HEALTH OPERATIONS

- The plan for 4th round of Water Quality Monitoring has been finalized is undergoing administrative approvals. Monitoring has been distributed between UNICEF (North- Kutupalong and Balukali) and WHO (South—Hakimpara, Jamtoli and Teknaf) and will start next week.
- WHO will organize refresher surveillance training on Water Quality Surveillance (WQS) for the laboratory personnel of Department of Public Health Engineering (DPHE). The training will allow them to recap the associated activities on WQS including water quality testing and sanitary inspection and continue the next round of WHO-DPHE joint WQS of at the refugee settlement areas.
- An IPC Guideline for Ambulance Services operating in this area has now been finalized and will be disseminated to partners.

- Technical experts from the WHO regional office undertook assessments of risk for vector-borne diseases for the coming monsoon season last week, with special emphasis on Dengue and Malaria. Report and recommendations to guide action is scheduled shortly.
- Exhaustive sampling of all Acute Jaundice Syndrome (AJS) cases has been extended by 2 weeks until 26 March. Approximately 150 samples have been received from the participating partners and are being tested for Hepatitis A, E, B and C as well as Leptospirosis. Results of first batches will be communicated to partners with recommendations for follow-up action.
- MHPSS working group is working to establish priorities and an action plan and streamlining partner activities. Currently the working group will emphasize cooperation with the government in development of its six month plan for MHPSS for FDMN and host communities in this area of the country.
- An exploratory meeting on non-communicable diseases with key partners is taking place this week to discuss on available services, data on NCD profile and protocols/guidelines that are currently in use, and partner needs for improving patient care.
- WHO will be undertaking a project to address Sexual and Reproductive Health through the Health Cluster, supported by the Dutch government as part of a multi-country project. Focus is on procurement, capacity building and data management. Discussions are ongoing on appropriate implementation modalities and tailoring of the project to specific needs in Cox's Bazar.
- WHO will be strengthening the Sadar District Hospital to enhance secondary health care delivery for the Rohingya population with support from KS Relief. The project will be implemented over 12 months and will focus on expanding capacity (250 beds to 500 beds) of the hospital and improving quality in targeted priority areas. Broader mapping of partners involved in HSS is planned in the coming weeks to make most effective use of all partners' efforts.

LOGISTICS

- Ukhiya Health Complex has cancelled the plans to build triage and isolation rooms for now.
- The taskforce for prepositioning is working on container purchasing, stock contents, locations and site preparation. A map of prepositioned stocks will be produced.
- The WHO supported renovation of warehouse in the Office of the Civil Surgeon is complete. WHO has now received requests for financial support to distribute the drugs to upazilas.
- WHO has donated medical equipment to ICDDR and has received requests for cholera kits from IOM and MSF-Belgium.

COORDINATION

- Health sector participated in and contributed to an inter-sectoral "deep dive" workshop for joint emergency preparedness planning for the upcoming monsoon season.
- Health Sector is planning a desktop simulation exercise for emergency preparedness for the upcoming monsoon season.
- Health sector assigned unique facility IDs to all health facilities, to facilitate and harmonize all facility-based reporting.

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