



# World Health Organization

## Bangladesh

Weekly Situation Report # 19

Date of issue: 27 March 2018

Period covered: 20 March – 26 March

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



**883 785**  
total Rohingya  
in Bangladesh



**671 000**  
new arrivals since  
25 Aug 2017



**425 444** Rohingya children  
were vaccinated in the 3<sup>rd</sup>  
round of diphtheria  
vaccination



**728 786** people are  
being monitored for  
diseases



**1.3 million**  
people targeted for  
health assistance

### KEY HIGHLIGHTS

- As of 24 March 2018, a total of 6 339 suspected cases of diphtheria have been reported.
- The third round of Diphtheria campaign has been completed.
- Preparedness for the upcoming monsoon season is on-going.

### 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, 155 (98%) health facilities have been reporting in EWARS.
- In week 12, a total of 77 alerts were triggered – a comparable number on previous weeks (74 alerts in week 11).
- As of 24 March 2018, a total of 1 034 suspected measles case has been reported in EWARS since 01 January 2018, through cumulative weekly case reports of syndromic measles. In week 12 there were 50 new case-patients, slightly lower than the previous three week mean of 55 new case-patients the majority of whom are children under five years of age.
- In order to assess whether measles is still circulating, a rapid sampling strategy has been designed to sample approx. 60 patients over a seven day period, beginning early April 2018. A total of 10 samples per site will be collected within a period of 1 week, from all patients who present with suspected measles at

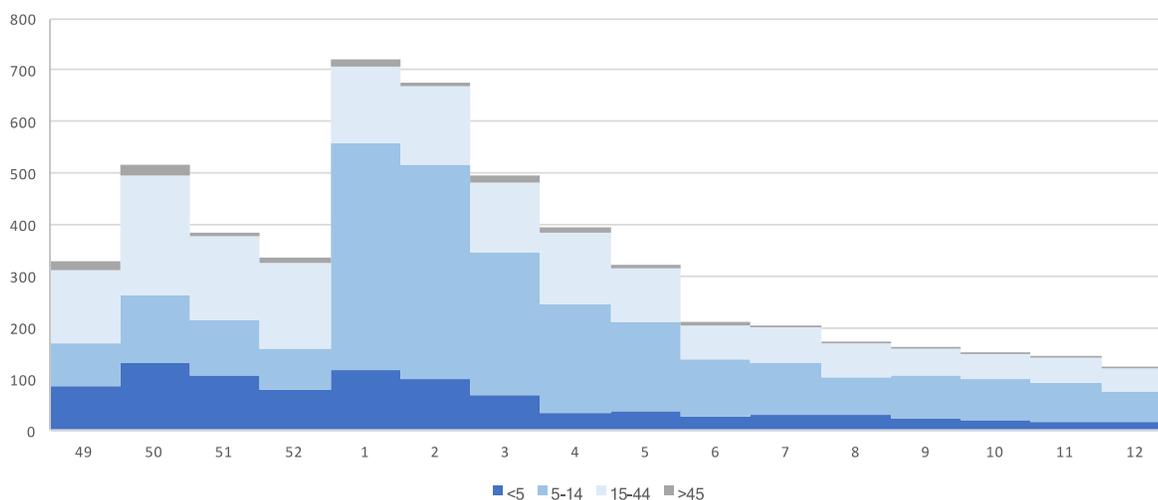
selected health facilities which have reported measles cases in EWARS in 2018 and for whom the Case Report Form (CRF) is filled out.

- As of 24 March 2018, a total of 1 454 cases of Acute Jaundice Syndrome (AJS) were reported in EWARS since 01 January 2018, through cumulative weekly case reports of AJS presentations. In week 12 there were 101 new case-patients, roughly equivalent to the previous three week mean of 104 new case-patients (88 in week 11, 131 in week 10, 93 in week 9).
- A “health facility guide to reporting through EWARS” and a poster informing Event Based Surveillance (EBS) reporting requirements and case definitions are currently being finalized and approved. A plan for dissemination of materials to partners is under development.

## DIPHTHERIA UPDATE

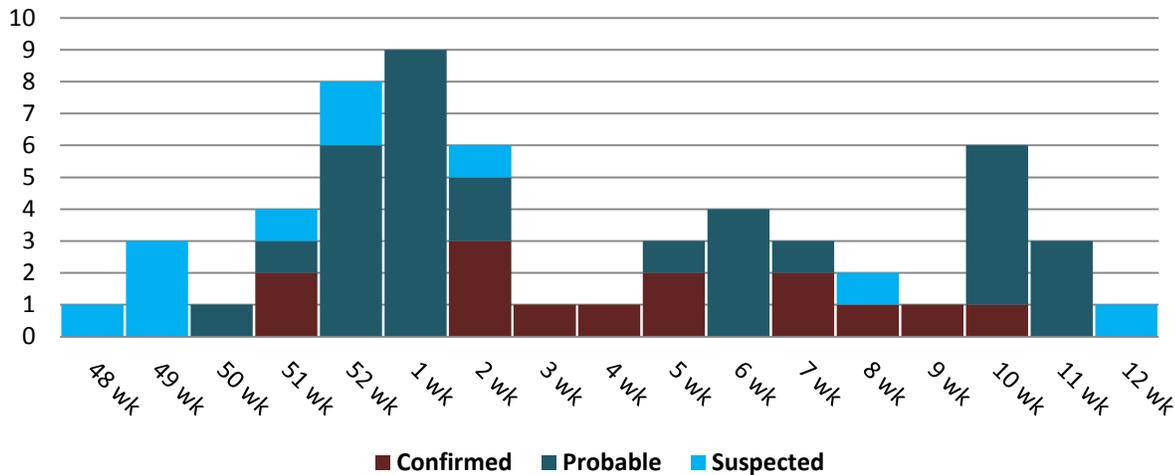
- As of 24 March 2018, a total of 6 339 diphtheria case-patients have been reported in EWARS since 08 November 2017, including 131 (+27) new case-patients in week 12, slightly lower than the previous three week mean of 180 new case-patients (195 in week 11, 151 in week 10, 193 in week 9).
- 196 cases have been laboratory confirmed. The last laboratory confirmed case was reported on 7 March. There have been 3 353 (+14) probable, and 2790 (+13) suspected cases reported up to week 12.
- The age distribution of cases has remained constant with decreasing incidence (Figure 1).

Figure 1: Epidemic curve of diphtheria cases in Cox's Bazar by epidemiological week (W48, 2017 – W12, 2018) and age group, Bangladesh, 2018



- Since 1 December 2017, 57 diphtheria case-patients have been reported from the host community including 33 probable and 10 suspected ones. Of the 75 tested cases 14 were laboratory-confirmed, (Figure 2). As of now, 61 additional case-patients were excluded after laboratory testing was negative. No death has been reported.
- In the host community, all the cases were reported from Cox’s Bazar district except 4 from Bandarban district. All 4 cases from Bandarban were reported from Nailhongchori Upazila. 29 case-patients were reported from Ukhia and 24 case-patients were reported from Teknaf.
- While diphtheria trends in the refugee population have declined since January, case reports from the host community remain limited but steady. In depth investigation to improve understanding of risk factors and transmission pattern is ongoing.
- WHO has requested partners to collect the GPS coordinates of all new host cases, to help with geolocation and spatiotemporal assessment of the epidemic.
- As of 25 March, a total of 39 deaths (case-fatality proportion < 1%) were recorded. The latest death reported in week 11 tested negative for diphtheria. No deaths have occurred in host communities.

Figure 2: Diphtheria case-patients from Host Community by confirmation status and epidemiological week, Bangladesh, 2018



### VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- The third round of Diphtheria campaign has been completed, providing vaccination to more than 425 000 children (103% of target). This is the highest coverage recorded for Diphtheria campaigns (6 weeks to 15 years age) in the Rohingya camps. About 28 000 more children received vaccinations compared to the previous rounds.
- More than 10 000 eligible children were assessed for diphtheria vaccination status as part of rapid convenience monitoring (RCM). Nearly 90 % of these children were found to be vaccinated. Mop up (sweep teams) were deployed to cover the children identified by RCM as having missed the vaccination. So far more than 18 485 children have been vaccinated by the sweep teams and the operation will continue until 29 March 2018.
- 5 103 health workers received diphtheria vaccination in the campaign. An additional 366 health workers have received vaccination services in the weekly fixed site in Cox’s Bazar.

### HEALTH OPERATIONS

- Preparedness and response scenarios for the major outbreak syndromes are being finalized.
- For Diphtheria, WHO and partners have organized a clinic for medium term treatment of sequelae with physiotherapists from Handicap International. The clinical consultations are ongoing.
- WHO is conducting a survey among partners to develop a rough overview of the service provision for non-communicable diseases.
- The AJS Exhaustive Sampling Exercise completed on 27 March. So far about 260 samples have been collected and will be tested for Hepatitis A, E, B and C and Leptospirosis.
- WHO is collecting information from partners on their activities to strengthen Cox’s Bazar Sadar Hospital. These will be mapped against gaps that were identified in the hospital assessment for to streamline partner efforts towards supporting the hospital, thereby producing results more effectively, avoiding duplications and reducing transactional costs for local administrators.
- WHO is providing support to Sadar Hospital through the King Salman Humanitarian Aid and Relief Center. As per hospital needs, WHO will be providing support to increase the bed capacity, human resources, capacity building, provision of patient meals, medicines, equipment and consumables as well as renovation of laboratory, hospital kitchen and wards.
- Mental health and psychosocial support working group (MHPSS WG) has arranged for a psychological first aid training for trainers (ToT) on disaster preparedness for the focal points in MHPSS agencies. The ToT will take place in Dhaka from 29 to 31 March. The trainers then will train mobile medical teams and community leaders for 6 weeks starting early April.

- Coordination among MHPSS WG, Health and Protection Sectors is being strengthened. MHPSS component has been added to UNHCR's (shelter-focused) training on emergency preparedness for community health leaders.
- WHO and IEDCR support to establish laboratory establishment at Cox's Bazar Medical College is ongoing. Molecular technique capacity which will allow identification of major pathogens is expected to arrive next week.
- The training for the 4<sup>th</sup> round of Water Quality Surveillance at camp areas will take place on 27 March at Department of Public Health Engineering (DPHE) in Cox's Bazar and on 28 March in the field.

## LOGISTICS

- WHO and International Rescue Committee undertook a field assessment to identify an alternative site for muster points and potential prepositioning for mobile medical teams supplies. The original muster points are no longer suitable as they are functioning as distribution centers.
- The site IOM logistics hub for prepositioning in Teknaf is expected to be ready on 2 April. However, the roads are not complete to enable crane access to bring in the containers.
- WHO continues to provide cholera kits, basic interagency emergency health kits (IEHKs) and malaria modules to partners.
- The laboratory renovation in Ukhiya College that is WHO is supporting is almost complete and expected to be functional in mid-April.

## COORDINATION

- The health sector held a one-day simulation exercise for cyclone/monsoon season emergency preparedness, with attendance from health partners, other sector focal points, and government agencies including Ministry of Health and Family Welfare, Camp in Charge, Cyclone Preparedness Programme, Refugee Relief and Repatriation Commissioner and the Bangladesh Military. The health sector preparedness plan for cyclone/monsoon season was tested through a table-top simulation exercise. The exercise was successful in highlighting gaps and areas where more defined roles and responsibilities are required. The sector will continue to coordinate with partners and government authorities to enhance preparedness for the monsoon season.
- WHO as the lead in health sector coordination also conducted its business continuity plan simulation exercise to ensure support to prepare for health sector response for the monsoon/cyclone season.
- The health sector is working to put in place the three levels of coordination through assigning camp-level focal points to ensure coordination and overview of the health sector response per camp, under the guidance of the Health Sector Field Coordinator. These will be responsible for centralizing and circulating relevant health information among all public health related partners operating in the same camp and coordinating between health and other sectors.
- The health sector's is working to strengthen the referral system through developing a clear standard operating procedure for referrals (ongoing).
- 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. Consultations are underway with key partners in Cox's Bazar.

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