



# World Health Organization

## Bangladesh

Weekly Situation Report # 20

Date of issue: 3 April 2018

Period covered: 27 March – 2 April

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



**883 868**  
total Rohingya  
in Bangladesh



**671 500**  
new arrivals since  
25 Aug 2017



**431 448** 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 31 March 2018, a total 6,460 suspected cases of diphtheria have been reported.
- The third round of Diphtheria campaign has been completed.
- Preparation for the upcoming monsoon season is on-going.

### SITUATION OVERVIEW

Since 25 August 2017, an estimated 671 500 Rohingya have crossed over from Myanmar into Cox's Bazar, Bangladesh, joining approximately 212 500 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 have been 5 168 new arrivals since January 2018. As of 15 March 2018, over 584 000 arrivals are in Kutupalong expansion site, 187 000 in other camps and settlements, and 113 000 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.

### MONSOON PREPAREDNESS

- In preparation for the upcoming monsoon season, WHO is developing response guidelines and protocols including 1) Health facilities guide for reporting through EWARS 2) Outbreak investigation tool kit 3) AWD preparedness and response plan.
- WHO is exploring the possibility of establishing EWARS hotline for partners to contact EWARS surveillance officers based at WHO Health Emergency team.
- Preparation is ongoing for the Oral Cholera Vaccine campaign scheduled to start mid-April targeting the entire refugee population (>1 year age).
- Scenarios to guide response operations for the six most likely diseases of epidemic potential are being finalized. Guidance documents for health promotion and community engagement for Shigella, Hepatitis

A and E, and Typhoid have been drafted. These guides are designed to assist health workers, mobilizers and promoters educate communities about these diseases.

- WHO and UNHCR have drafted the action plan on Mental Health and Psychosocial Support (MHPSS) Emergency Preparedness. Once finalized, the plan will be disseminated with all MHPSS actors including relevant government bodies.
- Training of Trainers was conducted for Psychological First Aid in Dhaka and a plan has been established for cascading this training down to 250 health care providers in Cox's Bazar.
- Assessment of field laboratories has been conducted. Training program on malaria rapid diagnostics for the field lab is being planned for this month.
- Containers for emergency health supplies will be prepositioned – they are expected to be delivered on 8 April. WHO will have one container placed in the IOM logistics hub, Teknaf and two containers at Samaritans Purse, south of Mega Camp. One container at each location will be temperature controlled to store drugs. Formal agreement with partners is under development.
- ISCG is coordinating the development of joint distribution points in the camps. The health sector will be looking to establish static medical teams at these positions to ensure multiple service availability in the same location. The mobile medical team muster point map will be updated accordingly.
- The bulk of the mobile medical teams (MMTs) supported by partners have been identified; WHO and partners will be training the MMTs on logistics, operations and coordination, infection prevention and control and personal safety awareness and risk assessment are planned for mid-April.
- A training is planned for community health workers on hygiene promotion and acute watery diarrhea, through the hygiene promotion working (WASH sector).

## RESPONSE

### EPIDEMIOLOGICAL UPDATE

- To date, 155 health facilities (98%) have been registered as EWARS sites. 109 reported were received for week 13, with 9% timeliness and 69% completeness.
- In week 13, total of 79 alerts were triggered, of which 78 were verified (99%).
- In week 13, there were 43 new suspected measles cases bringing the total for 2018 up to 1 105 cases. To assess ongoing transmission and circulation of measles virus, a rapid sampling strategy has been designed to sample 25 patients over 3-4 days, with the possibility of extending sampling timeframes up to 7 days.
- Exhaustive sampling for cases of AJS was conducted between 26 February and 26 March 2018. Three of four have been tested. Results from the final batch are pending. To date, serological testing of samples gave positive results for the following etiologies: Hepatitis A Virus (104/184, 56.2% positive); chronic Hepatitis B (HBSAg) (7/85, 8.2% positive), Hepatitis C Virus (14/100, 14% positive) and Leptospirosis (3/103, 2.9% positive). No sample was positive for Hepatitis E virus. A complete epidemiological analysis and report will be prepared for the national authorities and partners.
- There were 3 889 acute watery diarrhea (AWD) cases bringing the total for 2018 to 63 496 cases.
- The community based surveillance of mortality and unusual severe events among Forcibly Displaced Myanmar Nationals (FDMNs) in Cox's Bazar has been approved for implementation by the Civil Surgeon Office.
- Public Health Situational Analysis 2018 as part of the Rohingya crisis, assessing major public health threats faced by the affected populations is currently underway.

## DIPHTHERIA UPDATE

- From 8 November 2017, there were 6 460 diphtheria case-patients reported through EWARS. Week 13 cases include 169 new case-patients (+ 31 cases from week 12).
- Majority cases (67, 57.5%) were in persons aged 5-14 years (Figure 1).
- Total of 40 deaths (case-fatality proportion <1.0%). Most recent death occurred during week 12 2018 in a child aged 3 years.
- Diphtheria cases amongst the refugee population have declined since January 2018, on average 163 case-patients per week continue to be reported since week 9 (169 case-patients for week 13). Further investigation is currently underway to understand transmission and design strategies to further reduce transmission in the community.
- Since 1 December 2017, 58 diphtheria case-patients have been reported in the host community including 34 probable and 10 suspected cases. Of the 75 tested, of which 14 were laboratory-confirmed. As of now, 61 case-patients were excluded following negative laboratory testing. No deaths have been reported within the host community.

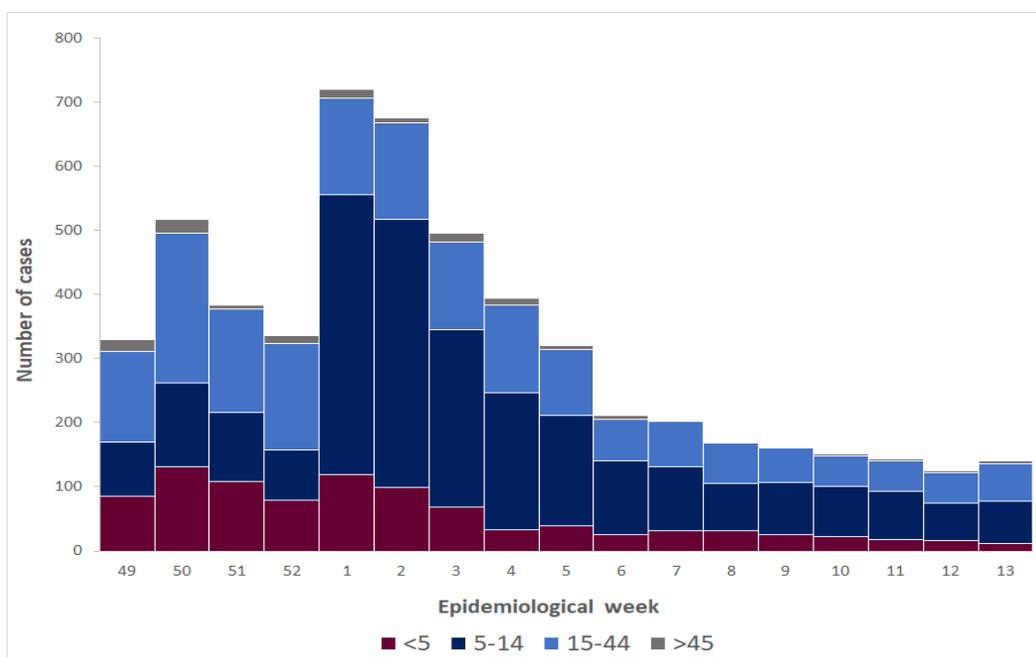


Figure 1: Age distribution of diphtheria cases in Cox's Bazar, by epidemiological week W49 2017 to W13 2018

## VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- Third round of Diphtheria vaccination campaign has been completed covering 431 448 (104%) children 6 weeks to 15 years of age in Ukhiya, Teknaf & Naikhyongchari Upazilas.
- 5166 humanitarian workers have received Td vaccine during the campaign days and an additional 421 healthcare workers have received vaccination services in the weekly fixed site in Cox's Bazar.

## HEALTH OPERATIONS

- Discussions with health and communication partners to address health communication gaps and needs are ongoing.
- For diphtheria case management, analyses on Diphtheria Anti Toxin (DAT) use and follow-up is ongoing. The use of DAT is stable.

- WHO has mapped activities of partners involved in strengthening Sadar Hospital. These will be shared in the round table meeting next week and will facilitate improved coordination between partners and make the most effective use of all partner's effort. WHO has also finalized the procurement materials for the laboratory at Sadar Hospital.
- WHO is working to strengthening Sadar Hospital through a project from KSRelief, Saudi Arabia. In this regard, the Supervisor General of KSRelief will make an official visit to Cox's Bazar 11 – 12 April.
- WHO held bilateral meetings with key MHPSS actors (IOM, UNHCR, BRAC, ACF, MSF, IFRC) for their inputs before drafting the plan. All MHPSS actors were also advised to have their internal emergency preparedness plan.
- The 4th round water quality surveillance program of WHO-Department of Public Health Engineering (DPHE) is ongoing. Training for Water Sample Collectors, Sample Analyzers and Laboratory Managers was conducted on 27 March. The field program started from Hakim Para settlement on 31 March. So far, 21% of the samples have been collected from water sources and households. Additionally, 220 sanitary inspections have been conducted. The analysis is ongoing. WHO has also initiated an assessment of microbiological water quality (E. Coli contamination) at the Cox's Bazar Sadar Hospital.
- A team from WHO Country Office and the DGHS Program Management for Safe Blood Management will travel to CXB on 8 - 13 April to provide assistance in investigating and making recommendations for sustainable solutions for Waste Management for Health activities related to the Rohingya camps and settlements.

## LOGISTICS

- On 10-12 April, World Food Program/United Nations Humanitarian Response Depot (UNHRD) will be organizing an in-kind flight from Dubai to Dhaka, which will facilitate early delivery of drugs and supplies from the WHO warehouse at UNHRD hub to Cox's Bazar.
- WHO has provided WASH materials to DPHE for water quality surveillance activities.
- The procurement for medicines for District Sadar Hospital in Cox's Bazar is in process.
- The laboratory renovation in Medical College<sup>1</sup> in Cox's Bazar supported by WHO is expected to be functional by mid-April.

## COORDINATION

- The health sector participated in a donor meeting which was held in Dhaka and presented key health sector updates and needs.
- The health sector is working to put in place the three levels of coordination. For this purpose, camp-level focal points are being assigned 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. Selection of these camp-level focal agencies is ongoing and training is planned.
- The health sector is developing 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

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<sup>1</sup> Please note this is a correction of what appeared in WHO SitRep #19. We regret the error.

implementation modalities and tailoring of the project to specific needs in Cox's Bazar. Consultations are underway with key partners in Cox's Bazar.

## CONTACTS

Dr Bardan Jung Rana  
WHO Representative  
WHO Bangladesh  
Email: [ranab@who.int](mailto:ranab@who.int)

Dr Khalid el-Tahir  
Incident Manager – WHO  
Cox's Bazar  
Email: [eltahirkh@who.int](mailto:eltahirkh@who.int)