



# World Health Organization

## Bangladesh

Weekly Situation Report # 22

Date of issue: 19 April 2018

Period covered: 10 April – 17 April

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



**898 300**  
total Rohingya  
in Bangladesh



**687 000**  
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

- From 8 November 2018, a total 6,687 suspected cases of diphtheria have been reported. Majority of those affected are of age between 5-14 years.
- The third round of Diphtheria campaign has been completed with coverage of 104% for between 6 weeks to 15-year-old children.
- With monsoon season looming, preparations are ongoing to mitigate the effects of the rains on the Forcibly Displaced Myanmar Nationals (FDMN) population.

### SITUATION OVERVIEW

- Since 25 August 2017, an estimated 687,000 Rohingya have crossed over from Myanmar into Cox's Bazar, Bangladesh, joining approximately 212,500 others who had fled in earlier waves of displacement. There have been 7,400 new arrivals since January 2018.
- The Nearly 1.3 million FDMN people are in desperate need of health assistance with 1 million new arrivals and 300,000 in the host communities. Majority of the people are highly vulnerable, have experienced severe trauma and are living in extremely deplorable conditions.
- In addition, the Cox Bazar district is prone to natural disasters and the imminent monsoon season presents high risks of flooding, landslides and storm damage, leading to potential communicable disease outbreaks and disruptions to routine health service delivery. WHO and partners have developed a response plan to tackle priority areas for health including Water, Sanitation and Hygiene (WASH), prevention of communicable disease outbreaks, access to essential health services, strengthening coordination for sexual and reproductive health and building capacity to improve access to mental health and psychosocial support (MHPSS) services.

### MONSOON PREPAREDNESS

- In preparation for the upcoming monsoon season, WHO is continuing to collaborate with partners to develop practical guides to support response activities during an emergency. These guides include 1) Health facilities guide for reporting through EWARS 2) Outbreak investigation toolkit 3) AWD preparedness and response plan. Activities will also include refresher training sessions for EWARS users.

- The WHO containers for prepositioning emergency health supplies have been delivered. Two have been positioned in south of Ukhiya camps and one in Teknaf. Partners were consulted on the contents at the Emergency Preparedness (EPREP) meeting in this week. WHO has also been allocated 50 square meters of space for AWD kits in a health partner warehouse in North Ukhiya. All prepositioning supplies will be placed in the warehouse by 29 April.
- Scenarios based response operations for six most likely diseases of epidemic potential are being finalized; scenarios for water borne and vector borne disease have also been defined. 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.
- The Mental Health Psychosocial Support Emergency Preparedness Task Force launched Psychological First Aid Training for Mobile Medical Teams. In addition, technical guidance for the management of severe mental cases during emergencies and a case record have been drafted in collaboration with UHNCR. A workshop has been scheduled for all MHPSS sub sector members who are engaged in emergency preparedness. The 4W's MHPSS data collection is completed and data verification in process.
- Field laboratories assessment has been conducted. Training program on malaria rapid diagnostics for the field lab has been planned on 21 April 2018.
- ISCG is coordinating for the development of joint distribution points in the camps. The health sector is 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 first training for mobile medical teams (MMTs) has taken place while another is scheduled to take place in the coming days; WHO and partners are training the MMTs on logistics, operations and coordination, infection prevention and control and personal safety awareness and risk assessment.
- Training for community health workers on hygiene promotion and acute watery diarrhea has commenced through the hygiene promotion working group (WASH sector).

## RESPONSE

### EPIDEMIOLOGICAL UPDATE

- To date, 156 health facilities are currently registered as Early Warning Alert and Response System (EWARS) sites. 116 facilities reported for week 15.
- In week 15, a total of 85 alerts were triggered. All alerts went through initial verification within 72 hours of being triggered.
- In week 15, there were 32 (compared to 33 cases in week 14) new suspected measles cases bringing the total number of cases to 1,813 since January 2018. Measles sampling strategy to assess viral transmission was implemented on 15 April 2018. Sample results to be expected by end of April.
- In week 15, there were 77 cases of Acute Jaundice Syndrome (AJS) compared to 98 cases in week 14. Since January 2018, there have been a total of 1,772 reported cases. Laboratory testing for samples collected from mid-February to mid-March has been completed. Results will be available by the end of April.
- In week 15, 4,012 Acute Watery Diarrhea (AWD) cases were notified through Indicator Based Surveillance. Clusters of AWD have been reported through Event Based Surveillance. One cluster is currently being investigated.

- Reporting practices for EWARS sites is currently being reviewed. As part of review, the WHO team is mapping all EWARS sites.
- 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 have been a total of 6,687 diphtheria case-patients reported through EWARS. In week 15, there were 126 new cases reported. To date, 210 (29%) cases have been laboratory confirmed (An updated epidemic curve is presented in Figure 1). Majority of the cases (64, 58.3%) occurred in children between 5-14 years.
- As of 14 April 2018, there were 42 deaths (case-fatality proportion <1.0%). Most recent death occurred during week 15 is a female aged 10 years.
- Diphtheria cases amongst the refugee population have declined since January 2018, however they appear to be plateauing in the weekly case counts. WHO, in collaboration with partner organizations, is working towards identifying strategies that will strengthen contact tracing.
- In week 15, there were five new cases in the host community, bringing the total to 57 cases which have been notified within the host community (Since 1 December 2017). Of 88 samples that have been tested, 14 have been laboratory confirmed. No deaths have been reported within the host community.

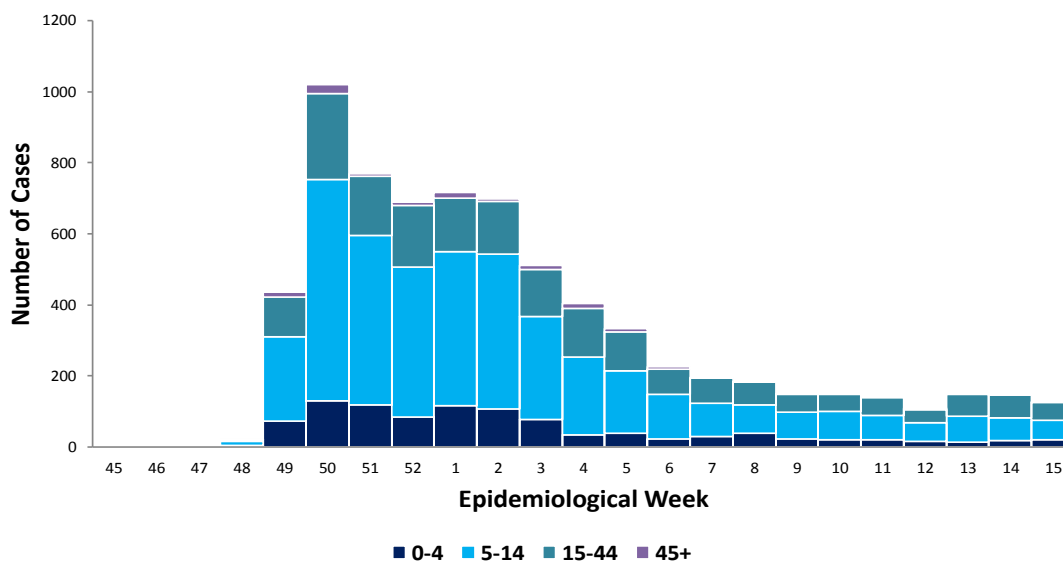


Figure 1: Epidemic curve of diphtheria cases by age groups, W49 2017 to W15 2018, Cox's Bazar

## 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 & Naikhongchhari Upazilas.
- 5,166 humanitarian workers have received Td vaccine during the campaign days and an additional 421 healthcare workers have received vaccination services at the weekly fixed site in Cox's Bazar.
- Oral Cholera vaccination is planned for the FDMN population and Host community at risk in May 2018.

## HEALTH OPERATIONS

- WHO has mapped activities of partners involved in strengthening Sadar Hospital. These have been shared in a round table meeting on 9th April and will facilitate improved coordination between partners and make the most effective use of all partners' effort.
- The IEDCR Field laboratory physical arrangements are nearing completion. The Laboratory were expected to begin working on 16th April 2018. A Real Time PCR instrument is to be installed and calibrated with diphtheria testing commencing possibly on 18th April 2018.
- The 4th round of water quality surveillance program of WHO-DPHE is ongoing. The sanitary inspection for a total of 470 sources and 940 household's water storage were conducted in Camp14/Hakimpara, Camp15/Jamtoli, Camp16/Bagghona/Potibonia, Kerontuli/Chakmarkul, Roikhong/Unchiprang and Shamlapur. A total of 470 unsterile source, 468 sterile source and 940 household's storage water samples have also been collected for testing.
- Training on the laboratory diagnosis of Malaria using rapid diagnostic tests (RDTs) and microscopy is scheduled for 21 April 2018. The training will be organized by WHO in collaboration with the National Control Program for Malaria for all partners who are currently using RDTs for Malaria.
- Routine Expanded Program on Immunization (EPI) sessions will be expanded for the refugee population aged < 2 years from 15 April 2018. Currently, 19 NGO fixed vaccination sites are functioning in Ukhiya. In Teknaf, 4 NGO fixed sites and 8 government outreach teams are covering the whole camp area.
- The health systems strengthening mission from WCO was in Cox's Bazar and recommended that partners working in infection prevention and control to be mapped, and the main problems and comprehensive actions are to be identified. For blood transfusion capacity, discussions will be held to map possible avenues for improving the capacity of blood transfusion and the availability of blood banks within the camps' reach. For waste management, the ministry of environment and the district commissioner and other stakeholders will be involved in assessing the situation and sketching a plan of action.

## LOGISTICS

### Diphtheria

- WHO currently has 220 vials of Diphtheria Antitoxin (DAT) in stock (one-week supply). The 1000 vial shipment of DAT will arrive on 20 April.

### Other

- 35 pallets of emergency medical supplies are expected to arrive on 18 April. Those include trauma and surgical kits, and heavy-duty Personal Protective Equipment (PPE) to support health partners for mass casualty events and flooding.
- WHO health logistics provided a two-hour simulation training session to the Mobile Medical Teams (MMT) on 16 April on logistics considerations and requirements for MMT's. A second training session will be run next week for the remaining MMT teams.

## COORDINATION

- 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 implementation modalities and tailoring of the project to specific needs in Cox's Bazar. Consultations are underway with key partners in Cox's Bazar.
- A project to strengthen the capacity of the Health Cluster and WHO's Emergency Work to address Gender-Based Violence (GBV) is planned to commence in May. The main objectives of this project are to enhance the capacity of the health sector/health care providers to deliver essential services to survivors/victims of GBV in crises (including survivors/victims amongst refugees), and to enhance prevention of GBV.
- Key indicators for feasible monitoring and evaluation of the response process and its outcomes and impacts are being refined. These include elements to examine coordination, information flow and implementation of plans as well as response outcomes and humanitarian impacts. This is to inform continued effective and efficient decision making. The health sector is working in collaboration with the DGHS to access data to evaluate levels of health and clinical services provided in order to ensure at least minimum standards of care are delivered and there is no negative impact on the host community.

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