



# World Health Organization

## Bangladesh

Weekly Situation Report # 27

Date of issue: 24 May 2018

Period covered: 15 – 22 May 2018

Location: Bangladesh

## Emergency type: Rohingya Refugee Crisis



**905 000**

total Rohingya  
in Bangladesh



**693 000**

new arrivals since  
25 Aug 2017



**879 273**

Rohingya people and the  
host community were  
vaccinated during OCV  
campaign



**728 786**

people are being  
monitored for diseases



**1.3 million**

people targeted for health  
assistance

### KEY HIGHLIGHTS

- About 200 000 Rohingya people are at risk of landslides and floods in camps, of which 25 000 are at very high-risk
- The Oral Cholera Vaccination (OCV) campaign was successfully completed on 16 May, 2018. A total of 879 273 (89% of the people targeted) beneficiaries including 103 605 people from host community were vaccinated during the Oral Rehydration Campaign.

### SITUATION OVERVIEW

- Since 25 August 2017, an estimated 693 000 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 8 441 new arrivals since January 2018.
- A total of 883 community facilities are at risk of landslide, flood or both. About 200,000 Rohingya people are at risk of landslides and floods in camps, of which 25,000 are at very high-risk. More than 5 956 refugees have been relocated from high risk locations.
- According to Emergency Preparedness and Response report (as of 22 May 2018), 51 cumulative incidents have been reported in the camps. A total of 1 064 shelters have been damaged while 9 087 individuals have been affected. WHO and health sector partners continue to put in place mechanisms to respond to health needs to those likely to be affected.
- The health sector has received 6.3% of the US\$113.1 million requested through Rohingya Refugee Crisis Joint Response Plan 2018 (<https://fts.unocha.org/appeals/656/summary> as of 16 May 2018). Additional funding is required to cater for the health needs of the Rohingya community as well as strengthening the health system in Cox's Bazar.

## MONSOON PREPAREDNESS

- The preposition of the logistic material has commenced in one of the containers located in Samaritan Purse health facility. Local procurement is ongoing.
- As a part of the preparedness, WHO EWARS team has finalized the AWD case report form (CRF) used for case-based reporting of severe AWD cases into EWARS, AWD case investigation form (CIF) and outbreak line list. All forms with main health sector partners. A combined training-package consisting of EWARS refresher trainings with focus on event reporting as well as training of AWD notification procedures in EWARS for diarrheal treatment centers is planned for Monday, 28 May 2018.
- Health Sector has informed partners to assess structural safety of all of their facilities, as partners are accountable for this. Health Sector is monitoring which health facilities will be decommissioned or upgraded.
- Health Sector participated in the Bangladesh Army-led simulation exercise in one of the camps and is adjusting its response plan accordingly.

## RESPONSE

### EPIDEMIOLOGICAL UPDATE

- To date, 170 health facilities are registered as active Early Warning Alert and Response System (EWARS) reporting sites, 123 weekly reports were received by Tuesday, resulting in a cumulative completeness of 71% in 2018.
- A total of 43 alerts were triggered in week 20. All alerts went through initial verification within 72 hours of being triggered. Of the 43 alerts, 18 alerts are currently being monitored by the WHO epidemiology team.
- 19 new suspected measles case-patients were reported in week 20, bringing the total number of cases reported in 2018 to 1,319. Currently, there were 55 case-patients of Acute Jaundice Syndrome (AJS). Since January 2018, a total of 2,146 AJS case-patients have been reported in EWARS.
- In week 20, 6,281 Acute Watery Diarrhea (AWD) case-patients were notified through Indicator Based Surveillance in EWARS bringing the total number of reported AWD case-patients to 98,702 in 2018. AWD Preparedness and Response Plan with case report form (CRF), case investigation form (CIF) and outbreak line list shared with the partners.
- In week 20 of 2018, unexplained fever, acute respiratory infections (ARI) and AWD are the three leading syndromes with highest proportional morbidity of 13.2%, 9.4% and 7.8%, respectively. These are syndromes at risk of causing severe outbreaks during monsoons and are being monitored by WHO team.

### DIPHTHERIA UPDATE

- As of 19 May 2018, there were 6 918 diphtheria case-patients reported through EWARS and an additional 653 case-patients tested negative on PCR and are excluded from the total count. This week 58 new case-patients were reported which is similar to previous week (60 case-patients in week 19).
- A total of 42 deaths were reported in EWARS (case-fatality proportion <1.0%), no new death was reported this week.
- Of all diphtheria cases, 237 cases have been laboratory confirmed. The last laboratory confirmed case-patient was reported on 15 May 2018. The epidemiological curve of the case-patients is presented in the Figure.

- In the host community 1 new diphtheria case-patients were reported in week 20, bringing the total to 60 diphtheria case-patients. Among them 20 were laboratory-confirmed, 28 were probable and 12 were suspected. An additional 89 case-patients were excluded following negative laboratory testing. No deaths have been reported from host community.

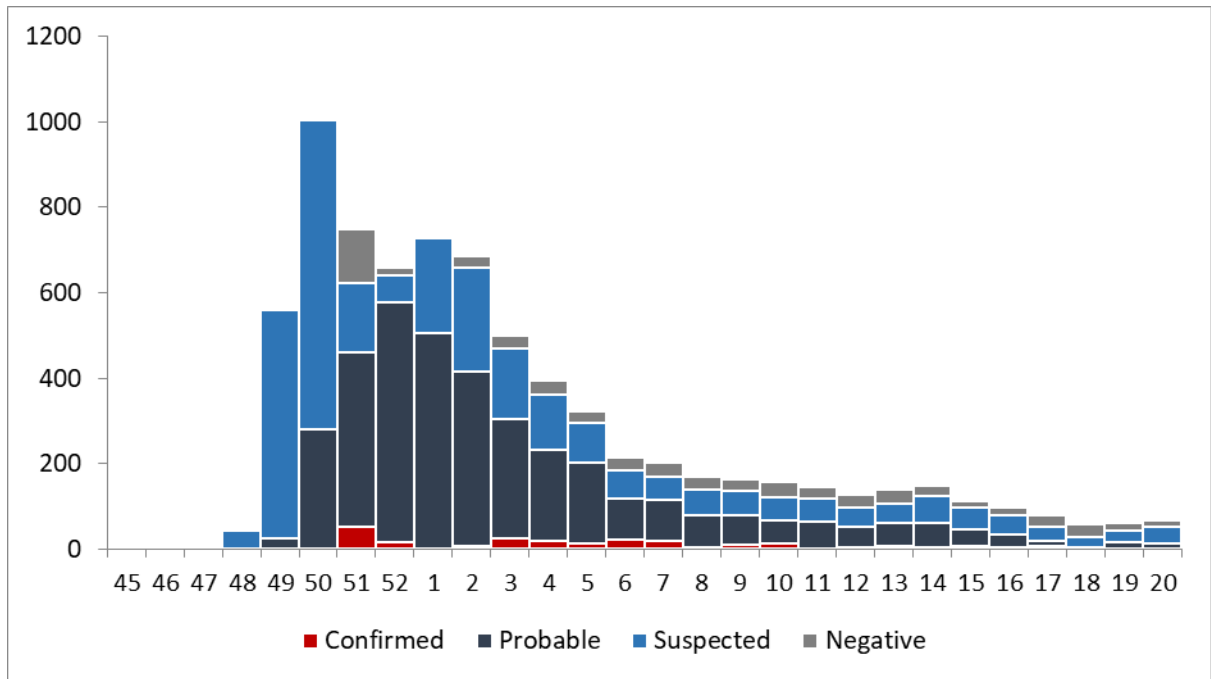


Figure 1: Epidemic curve of diphtheria cases by age groups, W49 2017 to W20 2018, Cox's Bazar

### VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- The Oral Cholera Vaccination (OCV) campaign was successfully completed on 16 May, 2018 including the 3 days sweep activity. According to the Civil Surgeon, Cox's Bazar, the total coverage of beneficiaries is 879 273. The sweep teams achieved 20 361 through repeat activity in some grey areas, identified through Rapid Convenience Monitoring (RCM). RCM was done to evaluate the quality of coverage. As per the RCM data, coverage is 95%. A total 871 areas were monitored by checking 8 146 beneficiaries and 33 areas were gone through repeat vaccination by sweep team. Total 1 317 OCV vaccination sites were checked (by observer's checklist) by WHO monitors.

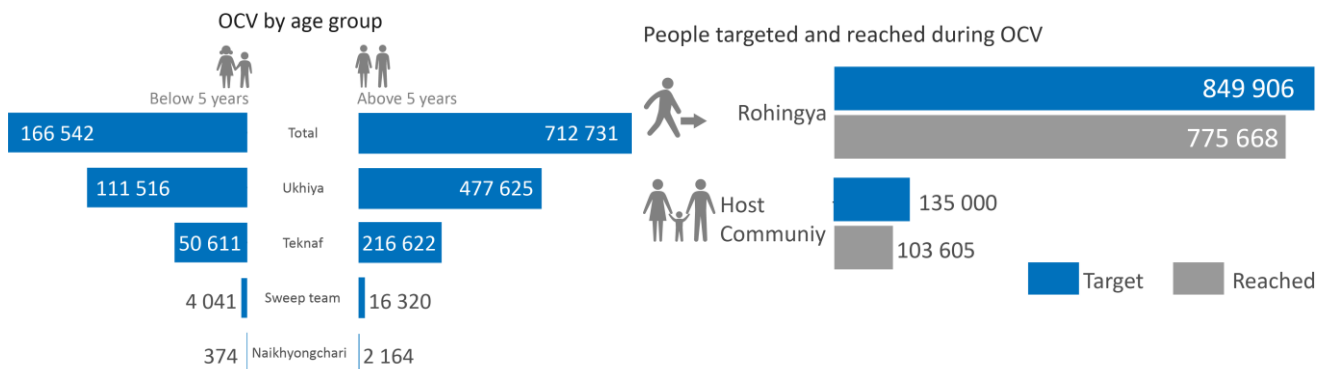


Figure 2: Oral cholera vaccination coverage by age

## HEALTH OPERATIONS

- The fifth round-table meeting of partners of Sadar Hospital took place on 21 May 2018. The partners continue to provide assistance to the hospital. However, key gaps still remain that need intervention. Among these are blood transfusion services, expansion of Out-Patient Department (OPD), waste management and human resource.
- WHO participated in the Disability and Disaster Risk Management International Conference inaugurated by the Bangladesh Prime Minister and held in Dhaka. WHO through its technical officer presented MHPSS emergency preparedness activities for the Rohingya community. The conference emphasized the incorporation of mental healthcare in disaster management plan to provide more support to the affected populations during humanitarian emergencies.
- The upcoming monsoon season, the existing high temperatures and the natural bamboo vegetation provide a perfect breeding ground for disease causing vectors in the Rohingya community camps. 12 field monitors were trained on prevention and control of vector borne diseases. Community awareness messaging was provided to Islamic training centers. A total of 27 knapsack sprayers have been distributed to the partners for anti-larval measures. Vector control activities and personal protection have been discussed with partners.
- WHO conducted Infection Prevention and Control (IPC) refresher training in BRAC training center for medical staff who will be in charge of AWD outbreak (DTC/ORP). The participants also gained knowledge on how to prepare and use chlorine solution. Nine participants attended the training.
- The fifth-round water quality surveillance program of WHO-DPHE started on 21 April 2018 and ended on 16 May 2018. The surveillance program covered sanitary inspection and water quality testing for fecal contamination (*E. Coli*). The analysis of the data reveals improvement in water quality. Partners have been urged to continue with hygiene promotion and chlorination at households in all camps. In addition, continue with chlorination of shallow tube wells and decommissioning of latrines close to water sources.

## LOGISTICS

- A total of 150 community water filters and 3000 family filters will arrive on 24 May. Pregnant women living close to contaminated water sources will be prioritized during distribution of family water filters. Oral Rehydration Points (ORPs) in these areas will also benefit. The health facilities within these areas will be prioritized in distribution of community water filters. These filters will be temporarily stored at the Logistics Hub in Ukhia upon arrival.
- WHO is conducting re-assessment of Diarrheal Treatment Centers (DTCs). A total of 10 DTCs and one ORP have been assessed in the last weeks. The partners were advised during the AWD working group meeting to ensure that facilities adhered to the set hygiene and sanitary guidelines.
- In preparation for likely AWD outbreak ,30 cholera peripheral kits have arrived in Cox's Bazar. A total of six trucks were offloaded and the kits stored in the WHO warehouse. An extension of extra 150 m2 of space in warehouse is in the process. WHO Cox's Bazar is currently processing requests for cholera kits.
- WHO Logistics has commenced the development of an SOP for the entry of humanitarians and medical related supplies into Bangladesh, and movement into the camps. Many issues have been highlighted through the Logistics Cluster, and WHO will use the Logistics Cluster meeting to gain input into the document.

## COORDINATION

- The health sector is strengthening three levels of coordination. For this purpose, camp-level focal points have been assigned to ensure coordination and overview of the health sector emergency response per

camp, under the guidance of the Health Sector Field Coordinator. Selection of these camp-level focal agencies has been finalized and mapped out. Training will take place this week,

- Health Sector has identified partners to establish health facilities in the new expansion camps
- Health facility maps were updated based on newly released Camp names and boundaries

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