



World Health Organization

Bangladesh

Weekly Situation Report # 30
Date of issue: 14 June 2018
Period covered: 6 – 12 June 2018
Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



915 000
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

- Cumulatively 24 735 people have been affected by the Monsoon rains since 11 May 2018.
- Several infrastructures in the camps have been damaged including 18 water points, 252 latrines and one health facility.
- The health sector Monsoon and cyclone contingency and response plan is activated.

SITUATION OVERVIEW

- According to the Needs and Population Monitoring (NPM) exercise, there are an estimated 915 000 Rohingya refugees in Cox's Bazar as of 25 May 2018. Of these, 702 000 are new arrivals since 25 August 2017.
- The health sector has received 12.3% of the US\$113.1 million requested through Rohingya Refugee Crisis Joint Response Plan 2018 (<https://fts.unocha.org/appeals/656/summary> as of 13 June 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 UPDATES

- The 12 June 2018 report by Inter Sector Coordination Group (ISCG) indicates that since 11 May 2018, 24,735 people have been affected by the Monsoon rains. A total of 1 522 individuals have been displaced while 26 people have been injured and one person reported dead in the camps.

- In addition, several incidents including 101 landslides, 86 wind-storms, flood, water-logging and fire have been reported since 11 May 2018.
- Further, several infrastructures have been reported damaged. These includes 2,858 shelters, 18 waterpoints, 252 latrines and one health facility.

RESPONSE

EPIDEMIOLOGICAL UPDATE

- To date, 170 health facilities are currently registered as active Early Warning Alert and Response System (EWARS) reporting sites. For week 23, 104 weekly reports (60%) were received by Tuesday 12 June 2018, resulting in a cumulative completeness of 69% in 2018.
- A total of 29 alerts were triggered in week 23, of which, 16 are currently being monitored by the WHO Epidemiology Team.
- Through Event Based Notification (EBS), WHO received a report of Gender Based Violence (GBV) against women in two camps which were sent to the GBV sub-sector for further follow-up.
- 16 new suspected measles case-patients were reported in week 23, bringing the total number of cases reported in 2018 to 1 390.
- 35 new case-patients with Acute Jaundice Syndrome (AJS) were reported in week 23, bringing the total number of cases reported in 2018 to 2 288.
- 5 405 case-patients with Acute Watery Diarrhea (AWD) were reported in week 23, bringing the total number of reported AWD case-patients to 115 291 in 2018.
- In week 23, unexplained fever, acute respiratory infections (ARI) and acute watery diarrhoea (AWD) are the three leading syndromes with the highest rates morbidity of 11.8%, 11.6% and 5.8%, respectively. These are syndromes at risk of causing severe outbreaks during monsoons and are being monitored by WHO Team.
- No major increases of reported case numbers have been observed for any of the diseases/syndromes under surveillance compared to previous weeks.

DIPHTHERIA UPDATE

- As of 09 June 2018, there have been 7 748 diphtheria case-patients reported through EWARS including 691 case-patients who were tested negative by PCR. This week 39* new case-patients were reported, which is lower compared to previous week (57 case-patients in week 22). The majority of the cases reported in recent weeks were suspected cases, while the rates of probable and lab-confirmed cases has markedly declined.
- A total of 42 diphtheria deaths have been reported in EWARS (case-fatality rates <1.0%), no new death was reported this week.
- Of all diphtheria cases, 240 case-patients have been laboratory confirmed. The last laboratory confirmed case-patient was reported on 29 May 2018.
- In the host community 1 new diphtheria case-patient was reported in week 23, bringing the total to 65 diphtheria case-patients (updated counts). Among them 20 were laboratory-confirmed, 30 were probable and 15 were suspected. An additional 91 case-patients were excluded from the counts following negative laboratory testing. No diphtheria deaths have been reported from the host community.

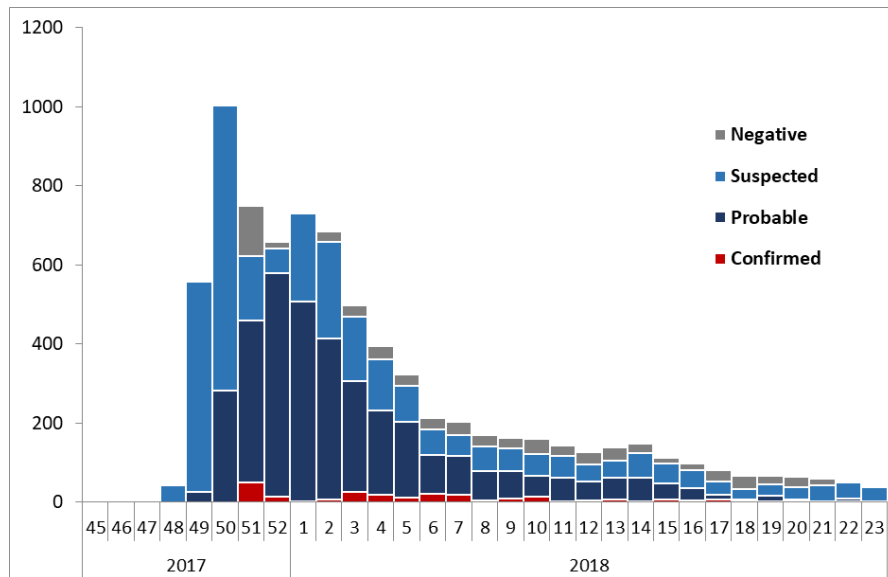


Figure 1: Epidemic curve of diphtheria cases by age groups, W49 2017 to W22 2018, Cox’s Bazar

HEALTH OPERATIONS

- Routine immunization was launched in Ukhiya Mega camps on June 3. A total of 56 teams have been deployed in 56 EPI blocks. Based on the population figures from NPM, IOM Round 10 survey, the routine immunization will now target a total of 111 775 children of age 0-23 months and 25 794 pregnant women.
- WHO is providing a 42-meter square tent and Interagency Emergency Health Kit (IEHK) to assist a partner to rapidly set up a new health facility at the Camp 20 extension site. This will help to reduce the distance that the Rohingyas in this camp have to walk to access health services.
- A Total of 510 bags (500 ml) of dextrose have been transferred by WHO to the Civil Surgeon office to be dispatched to Chakoria Upazila. A total of 7 500 bottles of Azithromycin syrup 200 mg/5ml, 299 520 tablet Azithromycin 250 mg, 6768 bottles, Erythromycin 125 mg syrup and 50 000 tablets Erythromycin 500 mg have been delivered to the Civil Surgeon Office.
- WHO shared Water Quality surveillance analysis findings with Sadar District Hospital’s superintend and other supporting partners. The sample collection and analysis was done in April 2018 in collaboration with Department of Public Health Engineering (DPHE). A long-term action plan is to be developed to minimize and contain contamination. As a short-term response, WHO is assisting the hospital with 33 family and one community water filters.

COORDINATION

- The Monsoon and cyclone contingency and response plan is activated. The Health sector coordination under the coordinator is underway, in line with the response plan.

- The Health Sector stakeholders have been alerted to increased risks of water and vector-borne disease outbreaks and corresponding need to increase vigilance and reporting under EWARS for rapid detection and timely response.
- The arrangements to operationalize Health Emergency Operational Center (HEOC) from June 18, after Eid Holidays was agreed with Civil Surgeon. The Emergency Coordinator, under guidance of Incident Manager (IM) and supported by team will develop HEOC operational plan.
- The health sector will continue to monitor events as they unfold from the resulting heavy rains through the health camp focal points who are instrumental in obtaining relevant information at camp level.
- To help support emergency response during night time hours, the health sector has mapped out facilities with current or planned 24/7 service delivery capacities and will continue to support partners in obtaining the necessary permissions in this regard.
- The list of available ambulances and contacts was updated and a partner consultation was held this week to discuss a proposal on how best to maximize available resources.

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