



World Health Organization

Bangladesh

Weekly Situation Report # 31

Date of issue: 21 June 2018

Period covered: 13 – 19 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 28 415 people have been affected by the Monsoon rains since 11 May 2018. Of these, 17 977 between 9-13 June 2018.
- Following the recent heavy rains, the Health Sector stakeholders have been alerted to increased risks of water and vector-borne disease outbreaks.

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 20 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 13 June 2018 report by Inter Sector Coordination Group (ISCG) indicates that since 11 May 2018, 28,415 people have been affected by the Monsoon rains. A total of 2 785 individuals have been displaced while 32 people have been injured and one person reported dead in the camps.

- In addition, several incidents including 133 landslides, 97 wind-storms, flood, water-logging and fire have been reported since 11 May 2018.
- Further, several infrastructures were reported damaged. These include 3 303 shelters, 22 waterpoints, 300 latrines and 1 health facility. About 14 health facilities were temporarily closed during the rains.
- An after-action review was conducted both internally and with partners to identify lessons learned and improvement areas for updating the monsoon and cyclone contingency plan.
- During the after-action review it was recommended that: Emphasis and improved collaboration between Health and WASH Camp Focal Points at field level should be encouraged and real-time reporting on evolving situation as related to critical health threats and early warning; Strengthen systems for real-time capturing and verifying field information; and ensure timely and effective Information management streams for downward and upward information sharing.

RESPONSE

EPIDEMIOLOGICAL UPDATE

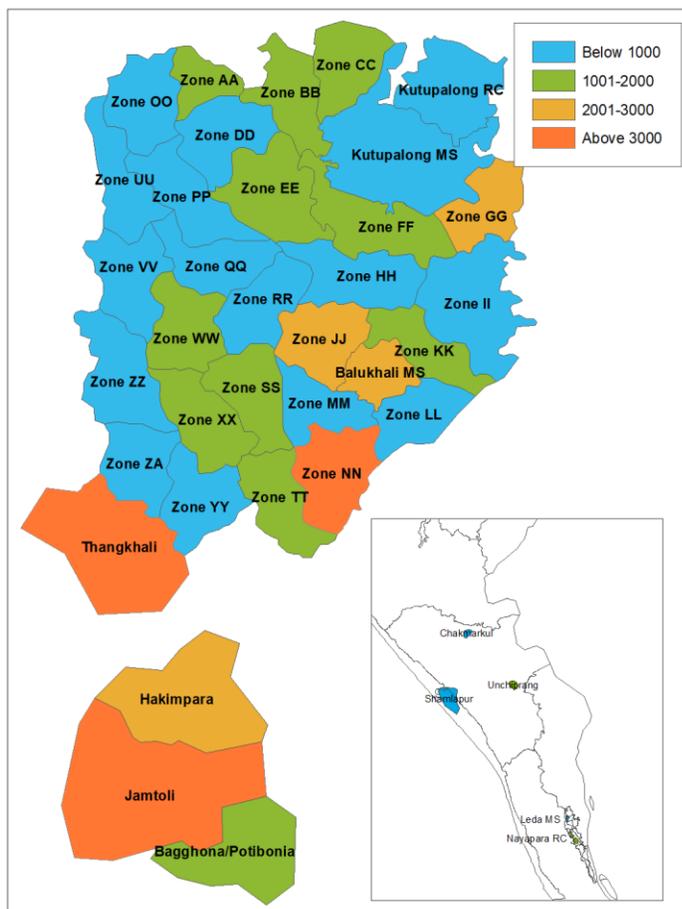


Figure 2: AWD cases Heat Map Weeks 15-24 by Zones

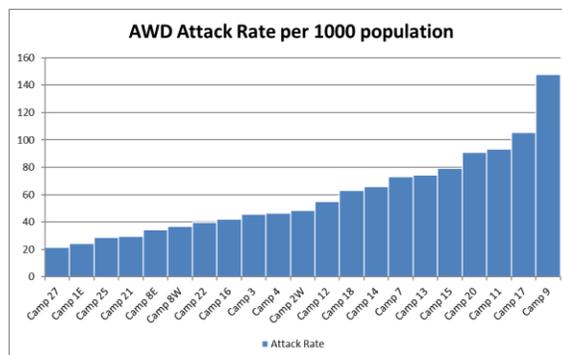


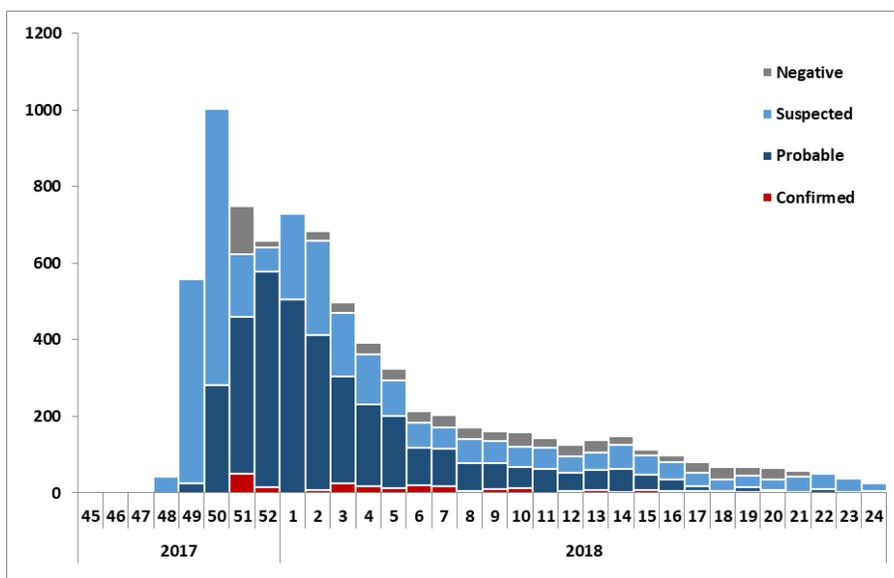
Figure 1: Attack rate of AWD per 1000 population (Week 15-24)

- A total of 47 385 suspected AWD case patients have been reported through EWARS in the last 10 weeks. Of these 8 037 have been reported in Camp 11 (Zone NN)
 - There was a sudden decrease of reported case numbers this week mostly due to the heavy rainfall and Eid holidays.
 - A total of 873 Acute Watery Diarrhea (AWD) case-patients including 12 case-patients admitted in Diarrhoea Treatment Centre) were reported in week 24, bringing the total number of reported AWD case-patients to 116 196 in

2018. WHO Epi team is doing an in-depth analysis on diarrhoeal disease trends in the camps
- Acute respiratory infections (ARI), acute watery diarrhoea (AWD) and unexplained fever are the three leading syndromes with the highest proportional morbidity of 12%, 11% and 6.9% respectively this week.

- Only one new suspected measles case-patients were reported in week 24, bringing the total number of cases reported in 2018 to 1 391. The sudden drop of the suspected measles case-patients number is probably due to the reporting artifact.
- A total of 12 new case-patients with Acute Jaundice Syndrome (AJS) were reported in week 24, bringing the total number of cases reported in 2018 to 2 301.
- Four alerts were triggered this week. All alerts went through initial verification within 72 hours of being triggered by WHO Epidemiology team.
- To date, 170 health facilities are currently registered as active Early Warning Alert and Response System (EWARS) reporting sites. In week 24, a total of 56 weekly reports (33%) were received by Tuesday 19 June 2018, resulting in a cumulative completeness of 69% in 2018.
- WHO EWARS team successfully organized a training program for the mobile medical teams (MMTs) this week as part of the emergency preparedness plan. A new reporting form and an Event Based Surveillance (EBS) form have been introduced in EWARS for MMTs.

DIPHThERIA UPDATE



- As of 17 June 2018, there have been 7 772 diphtheria case-patients reported through EWARS including 693 case-patients who were tested negative on PCR. This week 25 new case-patients were reported, which is lower compared to previous week (38 case-patients in week 23 and 57 case-patients in week 22).
- Among the case-patients reported this week, one was lab-confirmed, four were probable and 20 were suspected.
- A total of 42 diphtheria

deaths have been reported in EWARS

Figure 3: Epidemic curve of diphtheria cases by age groups, W49 2017 to W24 2018, Cox's Bazar

(case-fatality proportion <1.0%), no new death was reported this week.

- Of all diphtheria cases, 241 case-patients have been laboratory confirmed. The last laboratory confirmed case-patient was reported on 11 June 2018.
- From host community no new diphtheria case-patient was reported this weeks. A total 65 diphtheria case-patients were reported from the host community so far. 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.

HEALTH OPERATIONS

- The Routine Immunization (RI) outreach continued last week despite the heavy rains. The attendance was however low compared to the previous weeks.

- The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B) and WHO are set to meet on 20 June 2018 to finalize sample collection training details. Each Diarrhoeal Treatment Centre (DTC) has been requested by ICDDR, B to provide four staff members to be trained.
- WHO has so far approved 742 water filters to be issued to the partners. A total of 25 people from different partners have been trained on installation and maintenance.
- WHO is supporting Upazilla Complex Hospitals with Cholera kits. A total of seven full cholera kits will be provided to the Civil Surgeon Office (CSO) to be distributed to the Upazilas.

COORDINATION

- The Health sector monsoon and cyclone contingency and response plan was activated during the week of heavy rains.
- Health sector monitored the temporary health facility closures resulting from the rains (14 in total) and due to Eid holidays (45 in total) and provided daily updates to partners along with other critical information updates on the number and impact of incidents reported as well as road access updates.
- 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.

CONTACTS

Dr Bardan Jung Rana
 WHO Representative
 WHO Bangladesh
 Email: ranab@who.int

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