



Rotavirus and other diarrheal diseases refresher training, 2-4 October 2018



World Health Organization

Bangladesh

Weekly Situation Report # 46

Date of issue: 11 October 2018

Period covered: 3 - 9 October 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



921 000
total Rohingya
in Bangladesh



706 364
new arrivals since
25 Aug 2017



3 126 530
total number of consultations
reported in EWARS in 2018



728 786
people are being
monitored for diseases



1.3 million
people targeted for health
assistance

KEY HIGHLIGHTS

- Acute respiratory infection and acute watery diarrhoea are showing increasing trends.
- Suspected malaria cases continue to be reported in relatively high number. It is possible that these cases represent variety of syndromes with different etiologies.
- A refresher training was conducted to improve the capacity of health workers for preparedness and response to diarrhoeal disease outbreaks in Cox's Bazar.

SITUATION OVERVIEW

- There are an estimated 921,000 Rohingya refugees (215,796 families) in Cox's Bazar, according to the latest Needs and Population Monitoring (NPM) round 12 exercise. The Rohingya refugees continue to arrive in Bangladesh, though the overall influx has slowed since the onset of the crisis in late August 2017. From 1 January-15 September 2018, UNHCR has recorded 13,764 new arrivals to Bangladesh.
- The dense population, continuous contamination of the environment in the camps and the rainy season, indicate that continuous vigilance for disease outbreaks is needed. WHO through EWARS is continuously monitoring diseases and coordinating health response. More than 8,200 cases of Diphtheria have been reported since November 2017 and the risk of water-borne and vector-borne diseases remain. Other acute watery diarrhoea (AWD) and related clinical conditions, more specifically cholera and shigella, may potentially cause outbreaks. Due to endemicity of rotavirus in the camp areas and long-term knowledge on rotavirus in the community, an annual increase in rotavirus case notifications is also anticipated.

EPIDEMIOLOGICAL SUMMARY

- As of week 40, 157 health facilities, including 10 newly recruited facilities, have been registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Of those sites, 109 weekly reports (68 %) were received by Tuesday 9 October 2018. This resulted in a cumulative completeness of 78% for 2018. A total of 24 alerts (triggers) were reported and verified in the EWARS system in week 40, including one acute flaccid paralysis (AFP) alert (an old case) which has been reported via Event-Based surveillance (EBS).
- Acute respiratory infections (ARI), acute watery diarrhoea (AWD) and suspected malaria (14.2 %, 6.0 % and 3.9 %, respectively) were the three conditions having increasing trends for week 40. All these conditions are being monitored by WHO Epidemiology.

Diseases	Week 40		2018	
	# Case	% Morbidity	# Case	% Morbidity
AWD	4,683	6.0%	178,761	5.7%
Bloody diarr.	254	0.3%	37,479	1.2%
Other diarr.	1,736	2.2%	85,554	2.7%
ARI	11,169	14.2%	406,932	13.0%
Measles/Rub.	8	0.0%	1,513	0.0%
AJS	26	0.0%	2,786	0.1%
Malaria (conf.)	0	0.0%	60	0.0%
Malaria (susp.)	3,083	3.9%	49,914	1.6%
Dengue (conf.)	0	0.0%	2	0.0%
Dengue (susp.)	1 (BDRCS IFRC NonFinRC / HF_375)	0.0%	11	0.0%
Unexpl. fever	3,892	5.0%	341,527	10.9%
Other	51,866	66.1%	1,958,548	62.6%
Total	78,500	100%	3,126,530	100%

Overall disease burden as of 9 October, 2018

ACUTER RESPIRATORY INFECTIONS

- The number of reported ARI case-patients is higher than previous week. WHO epidemiology team closely monitoring the ARI trend in the camps.
- Most of these ARI cases are presented as common cold with mild fever and respiratory symptoms and very few with severe illness.
- Lack of diagnostic capacity results in inability to find the etiological agents. However according to the physician most of common etiology are due to respiratory syncytial virus (RSV).

SUSPECTED MALARIA

- The number of suspected malaria case-patients reported this week is lower than previous week but still remains higher than overall morbidity in 2018. The proportional morbidity (3.9%) is more than what has been observed overall (1.5%) in 2018.
- The actual number of confirmed malaria cases remains very low.

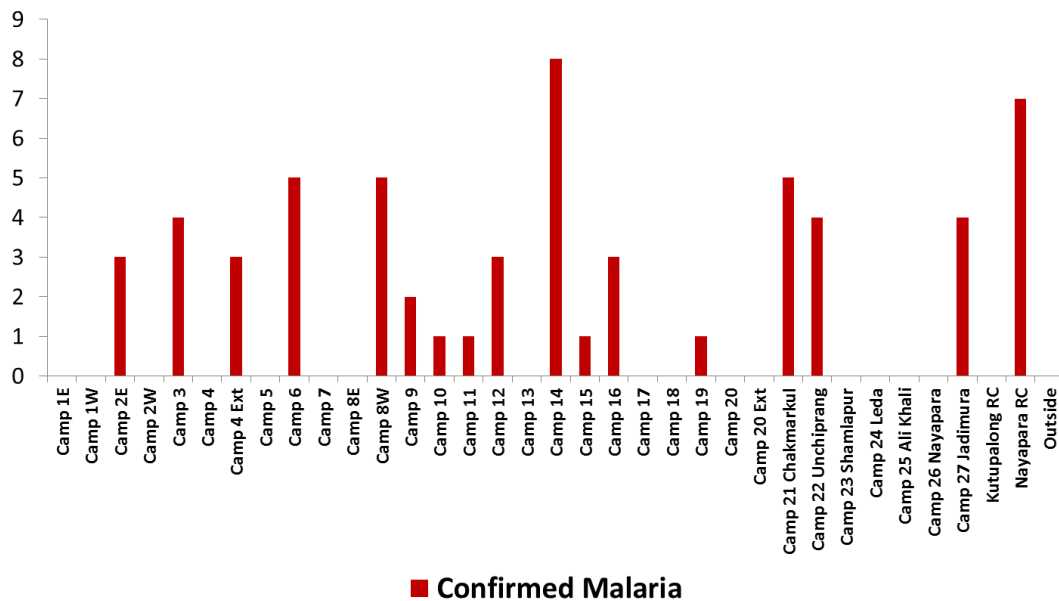


Fig: Distribution of confirmed malaria cases by camp in 2018

DIPHTHERIA UPDATE

- A total of 8 202 diphtheria case-patients have been reported in 2018.
- A few confirmed cases have reported from the “No Man’s Land” the place between Bangladesh and Myanmar border.
- WHO and other health partners with the help of IRC are working together to find out ways to enhance vaccination coverage and contact tracing activities as there is a huge challenge for field teams to access those areas.
- According to laboratory records, 275 confirmed cases were tested by PCR. Among the rest of the cases 2 700 were categorized as probable and 5 227 were suspected.
- No new death was reported.

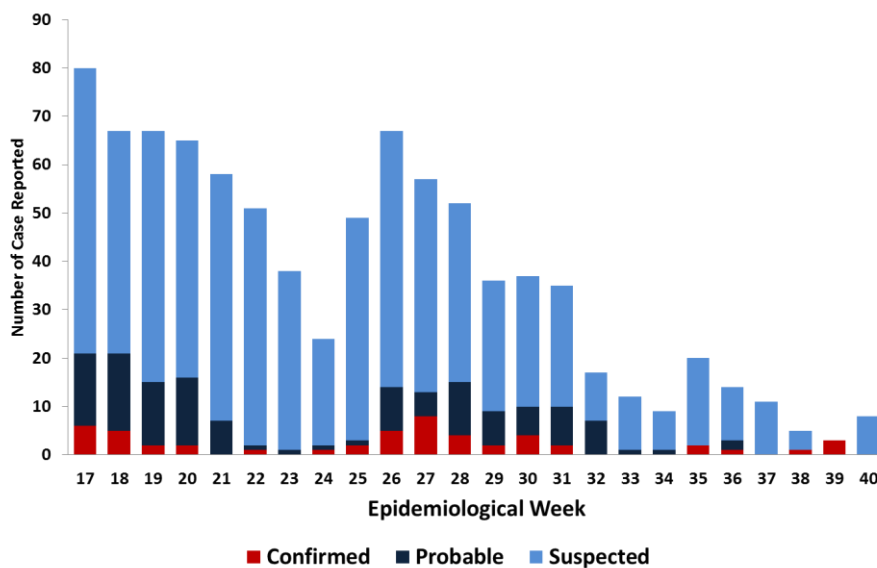


Fig: Diphtheria case-patients reported from week 17 to week 40 in 2018, Cox’s Bazar, Bangladesh

HEALTH OPERATIONS

- The plans for the 4th round of oral cholera campaign targeting 327 364 are in progress and is set to commence on 3 November 2018. These includes the Forcibly Displaced Myanmar Nationals (FDMN) who arrived after mid-October and children between 12-18 months. The host community living near FDMNs will also be targeted. Routine immunization approach will be utilized.
- As part of the ongoing preparedness and response plan, WHO conducted a refresher training from 2-4 October 2018, aiming to build the capacity of clinicians and health care providers to be well prepared for the expected increase in number of diarrheal illness in the Rohingya community in the coming months.
- Rapid assessment of essential medicines situation in Rohingya camps in Cox's Bazar is ongoing. The aim of the assessment is to assess the main sources of medicines, procurement methods used by service providers, quality assurance measures employed to ensure quality and safety of medicines and access by the Rohingya community.

COORDINATION

- In view of the impending 2019 Humanitarian Response Plan (HRP) and preparations for the Health Sector Plan; WHO is in the process of commissioning an external review for health services' delivery in the Rohingya refugee camps. This review will help to assess the accessibility and quality of the essential service delivery within the camps. It will further help identify priority areas that need improvement, and highlight services' gaps. The review is expected to commence next week.
- A meeting was held with sector partners who are providing health services overnight, to discuss how best to ensure security and safety of health care workers in the camps overnight. Several gaps were identified for follow-up by the health sector.
- The sector initiated the process of developing a comprehensive health sector plan for 2019. A task force was formed to lead this; divided into thematic groups for ease of planning.

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