KEY HIGHLIGHTS

- Acute respiratory infection (ARI), Acute watery diarrhoea (AWD), Unexplained fever (UF) and suspected malaria were the diseases with highest proportional morbidity in last week.
- The process of developing 2019 health sector plan for Rohingya Joint Response Plan was completed.

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.

RESPONSE

EPIDEMIOLOGICAL SUMMARY

- As of week 43, 174 health facilities, including 5 new facilities, have been registered as active Early Warning, Alert and Response System (EWARS) reporting sites.
- Of these sites, 124 submitted their weekly reports (71 %) by Tuesday 23 October 2018 resulting in a cumulative completeness of 78% for 2018.
- The number of reporting facilities remarkably increased in last couple of weeks. Coverage of EWARS reporting in now 79% (174/219).
• A total of 29 alerts (triggers) were reported and reviewed in the EWARS system in week 43. All these alerts were reviewed within 48 hours.
• Acute respiratory infections (ARI) and suspected malaria (16.9 % and 4.4 %, respectively) were the conditions having increasing proportional morbidity in week 43. No notable changes in trends of other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

![Reporting facility coverage in EWARS in 2018 in FDMN Camps, Cox's bazar, Bangladesh](image)

**ACUTER RESPIRATORY INFECTIONS**

• The number of acute respiratory infection (ARI) cases reported this week is slightly less than previous week.
• The proportional morbidity trend of ARI cases in <5 and ≥5 age group are slightly lower this week compared to previous weeks but following same pattern.

![Weekly trend of ARI cases in Under-5 and Over-5 age group in FDMN population, Cox’s Bazar, Bangladesh 2018](image)

**AWD UPDATE**

• 4 856 cases were reported from weekly report forms which is steady on previous week (4 734 cases in week 42, 4 544 cases in week 41 & 4 683 cases in week 40) and an additional 65 case-patients were reported from Diarrhoea Treatment Centre (DTCs).
• Total AWD cases reported in 2018 is 193 338. Total Case-patients reported from DTCs since June 2018 is 544.
DIPHTHERIA UPDATE

- 11 new diphtheria case-patients (1 probable and 10 suspected) were reported this week. Total case-patients reported in EWARS is 8 262.
- Till now 278 case-patients were tested positive on PCR (last Confirmed reported on 10 October 2018). Among other cases 2 706 case-patients were classified as probable and 5 278 case-patients were classified as suspected.
- Total number of deaths till now is 44. Last death was reported on 28 June 2018.

![Diphtheria case-patients reported from week 19 to week 43 in 2018, Cox’s Bazar, Bangladesh](image)

HEALTH OPERATIONS

- The second refurbishment of Sadar hospital supported by KS Relief is in the process with civil engineer already identified. The refurbishment of five wards will help to ease congestion in the hospital.
- The ELISA reader was successfully installed at the IEDCR field laboratory in Cox’s Bazar Medical College, with this the laboratory is now ready to receive specimens for immunodiagnosis for various diseases like Hepatitis A, B, C & E, Leptospirosis, Scrub typhus, Chikungunya, Dengue and Japanese encephalitis. The laboratory is running trial runs for all these diseases, to ensure quality of the results for the specimens to be tested.
- Laboratory assessments for field laboratories operated by different partners with varying capacity, through google forms is in progress and is set to be completed in the next week. So far 45 responses have been received including 33 from functional laboratories.
- IEDCR supported by WHO, is planning to conduct biosafety and biosecurity training for laboratory staff working in field laboratories with the aim of improving health care systems.
- A total of 16 new fixed sites will start providing routine immunization services in November. Gaps still exist in some camps especially in Shamlapur, where one fixed site is required.

COORDINATION

- The process of developing a 2019 health sector plan for Rohingya Joint Response Plan was completed and the plan submitted to Inter Sector Coordination Group (ISCG).
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