



Laboratory training in Cox Bazar, 7-8 November 2018



# World Health Organization

## Bangladesh

Weekly Situation Report # 51  
 Date of issue: 15 November 2018  
 Period covered: 7-13 November 2018  
 Location: Bangladesh

## Emergency type: Rohingya Refugee Crisis



**921 000**

total Rohingya  
in Bangladesh



**706 364**

new arrivals since  
25 Aug 2017



**3 568 905**

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

- There has been an increase in AWD alerts from the health facilities as well as from Diarrhoea Treatment Centres (DTCs). WHO has conducted field investigations for all the alerts.
- Suspected malaria, acute respiratory infection and other diarrhoea are the diseases with highest proportional morbidity in week 45.
- The next round of Oral Cholera Vaccination campaign is set to commence on 17 November running up to 13 December 2018. More than 328 500 people are being targeted including 103 600 people from the host community.
- A Sexual and Reproductive Health (SRH) and Gender-based Violence (GBV) workshop was held on 4-5 November 2018 in Cox's Bazar with 45 people participating.

### 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 45, 176 health facilities registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 80 per cent (176/219).
- Of these sites, 121 submitted their weekly reports (69 per cent) by Tuesday 13 November 2018 resulting in a cumulative completeness of 79 per cent for 2018.
- A total of 25 alerts (triggers) were reported and reviewed in the EWARS system in week 45. All the alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), Acute watery diarrhea (AWD), Unexplained fever (UF) and suspected malaria are the disease with highest proportional morbidity in last week. All these conditions are being monitored by WHO Epidemiology team.

### AWD UPDATE

- A total of 3 596 AWD cases were reported from weekly report forms which is less than previous week (4 676 in week 44).
- Rapid Diagnostics Test (RDT) positive alerts have been received from Diarrhea Treatment Centre (DTCs) as well from health facilities. These alerts were triggered, mostly from host community. All these alerts were investigated within 24 hours.
- WHO organized a workshop for Health and WASH sectors' partners to build their capacity to conduct joint health and WASH assessments.

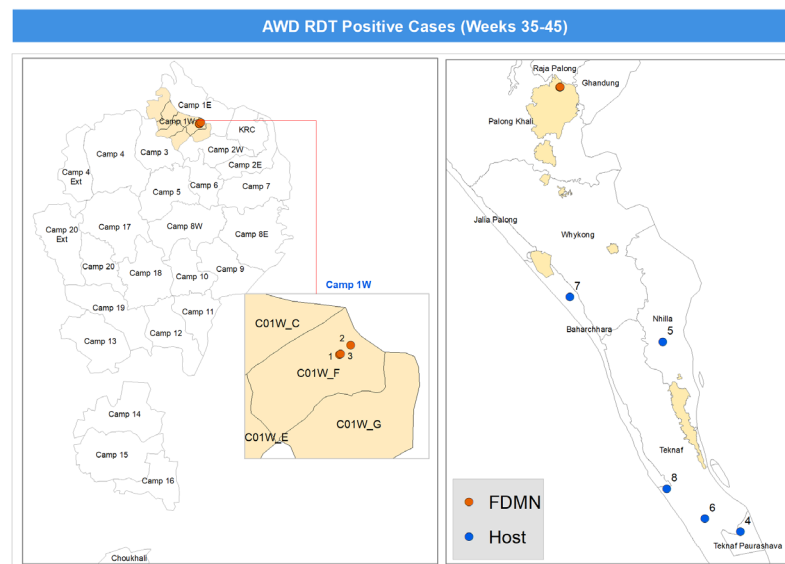


Fig: Geographical distribution of AWD alerts in Cox's Bazar from week 35 to 45

## DIPHTHERIA UPDATE

- A total of 11 new diphtheria case-patients (1 confirmed and other suspected) were reported this week. Total case-patients reported in EWARS is now 8 282.
- Of these, 283 case patients have tested positive on PCR, with the last confirmed case reported on 6 November 2018. Of the remaining cases 2 705 were classified as probable and 5 294 as suspected. The total number of deaths remains 44. Last death was reported on 28 June 2018.

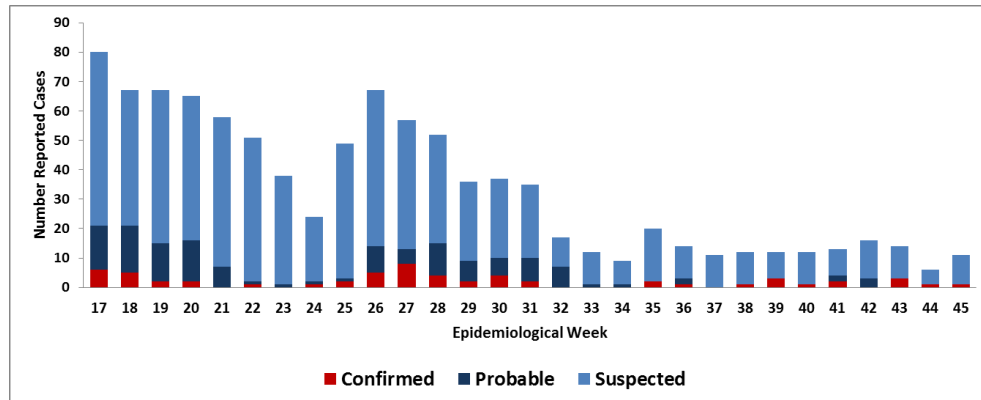


Fig: Diphtheria case-patients reported from week 19 to week 45 in 2018, Cox's Bazar, Bangladesh

## HEALTH OPERATIONS

- The next round of Oral Cholera Vaccination campaign is set to commence on 17 November running up to 13 December 2018. More than 328 500 people are being targeted including 103 600 people from the host community.
- In response to the recent AWD RDT positive cases, a joint health and WASH assessment was conducted to investigate the cases.
- A training on basic biosafety practices for field laboratories was conducted on 7-8 November 2018.

## COORDINATION

- The health sector developed and finalized the coordination structure for 2019 which will include 4 working groups: mental health and psychosocial support; sexual and reproductive health; community health; and epidemiology & case management. The working groups are revising their terms of reference and, in some cases, electing new chairs.
- The community based surveillance information flow was finalized; in collaboration with the community health working group and the Centre Disease Control (CDC). The plan for prospective community mortality surveillance and how this will link with maternal mortality surveillance was clarified.
- A peer review team was formed to review health sector project submissions for the joint response plan. The PRT will meet next week to review all submissions.
- A final round of review of the minimum essential service package was undertaken, which will be finalized by next week for 2019.

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