KEY HIGHLIGHTS

- EWARS refresher training began on 18 November and will conduct 6 sessions ending on 29 November. The aim is to improve the quality of EWARS reporting.
- The IEDCR field laboratory has been upgraded with Molecular testing for Dengue/Chikungunya/Zika triplex RT-PCR and Influenza RT-PCR assay.
- The fourth round of oral cholera campaign was launched on 17 November 2018 under the leadership of DGHS in collaboration WHO, UNICEF and other health sector partners.

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 46, 181 health facilities registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting in now 83 per cent (181/219).
• Of these sites, 120 submitted their weekly reports (65 per cent) by Tuesday 13 November 2018 resulting in a cumulative completeness of 78 per cent for 2018.
• A total of 31 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) are the diseases with highest proportional morbidity in last week. All these conditions are being monitored by WHO Epidemiology team.

AWD UPDATE

• A total of 4 280 AWD cases were reported from weekly report forms which is more than previous week (3 596 in week 45).
• 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.

DIPHTHERIA UPDATE

• A total of 10 new diphtheria case-patients (3 probable and 7 suspected) were reported this week. Total case-patients reported in EWARS is now 8 293.
• Of these, 283 case patients have tested positive on PCR, with the last confirmed case reported on 6 November 2018. Of the remaining cases 2 708 were classified as probable and 5 298 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 46 in 2018, Cox’s Bazar, Bangladesh
HEALTH OPERATIONS

- The fourth round of oral cholera campaign was launched on 17 November 2018 targeting about 330,000 people, under the leadership of DGHS in collaboration with WHO, UNICEF and other health sector partners. The campaign will aim to ensure a two-dose vaccination coverage for the target population and consequently cover a major portion of the entire refugee population in the camps as well as host community at risk. A total 700 volunteer vaccinators along with 2,000 Majhee and 2,000 community health workers are involved in this campaign.

- The risk communication taskforce finalized both oral cholera vaccination and vector borne disease campaign material. Leaflet, Audio messages for Imams/Majhee for narrow cast through handmike/mosque mike and Info hub, radio programmes, public service announcements, magazine and live phone in are being used to make this campaign a success.

- The NCD report of WHO SEARO and WHO Country office that took place from 28 Oct to 1 Nov 2018 was finalized. The mission observations and situation of the existing capacity and services for noncommunicable diseases (NCDs) for Rohingya refugees in Cox’s Bazar area was further discussed during the NCD workshop organized by IoM on 19 Nov 2018. This workshop further discussed on details of joint collaboration with the National Institute of Preventive and Social Medicine (NIPSOM) to develop research plan on strengthening screening, disease monitoring and community-based intervention for NCD in Cox’s Bazar.

- The training on basic biosafety practices for field laboratories that was conducted on 7-8 November 2018 in collaboration with the Institute of Epidemiology, Disease Control and Research (IEDCR), Dhaka brought together a total of 61 trainees from different partner organization working in the field laboratories. A virologist from IEDCR, Dhaka and microbiologists from IEDCR field Laboratory and Cox’s Bazar Medical College trained the participants on laboratory biosafety focusing on safety during specimen collection, handling, transportation, laboratory accidents, importance of vaccination for health care workers and risk group pathogens in Cox’s Bazar.

- The IEDCR field laboratory performed its first testing in the immuno-serology diagnostic section for Hepatitis E as a confirmatory testing from a RDT positive case. The laboratory is also well equipped to test for Dengue NS1 and IgM, Chikungunya IgM, Hepatitis Viruses IgM (HepA, HepB, HepC), Leptospira IgM Rotavirus Antigen, Scrub Typhus IgM, Japanese Encephalitis IgM.

- The IEDCR field laboratory has been upgraded with Molecular testing for Dengue/Chikungunya/Zika triplex RT-PCR and Influenza RT-PCR assay.

- IOM, WHO, Health sector, UNHCR, UNICEF, UNFPA and other health partners in coordination with National AIDS/STD Programme (ASP), Ministry of Health organized a joint one-day workshop on HIV/AIDS response for FDMN and host population on 22 November 2018 in Cox’s Bazar. The challenges, systems strengthening approaches and HIV response framework were discussed. Under the leadership of AIDS/STD Programme, health sector will convene all stakeholders on 11 December 2018 to update the HIV response framework for Cox’s Bazar.
COORDINATION

- A four-day training on Improving health responses for Gender-Based Violence (GBV) will begin on 26 November 2018. The objective this training is to build skills and knowledge among health staff who provide first-line support and clinical care to survivors of intimate partner violence and/or sexual violence. The participants are expected to gain enhanced skills to respond to immediate physical, emotional/psychological health needs and improved ability to provide care and support to GBV survivors including referrals.

- A peer review team (PRT) was formed to review health sector project submissions for the 2019 joint response plan (JRP). The PRT will meet on 24 November to review all submissions.

- A community health information workshop was held on 21 November to deliberate on various monitoring and evaluation tools used by various partners with the aim of integrating them into a single tool.

- 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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