



Acute Watery Diarrhoea (AWD) case investigation in camp- 11 June 2019



World Health Organization

Bangladesh

Bi-weekly Situation Report #12

Date of issue: 20 June 2019

Period covered: Weeks 23-24 2019
(02-15 June 2019)

Location: Bangladesh

Emergency: Rohingya Crisis



911 359

total Rohingyas
in Bangladesh



1,606,669

Total number of
consultations reported in
EWARS in 2019



728 786

people are being
monitored for
diseases



1.24 million
people targeted for
health assistance

HIGHLIGHTS

- Four suspected measles/rubella cases were reported in EWARS. (source: either via weekly reporting or case reporting form in week 24.)
- Final plans for the expansion of the Sadar Hospital Laboratory have been approved by the hospital management. Expansion is expected to be completed by August 2019 and will ensure full functionality.
- As part of the health sector rationalization exercise, the preliminary findings from the assessments conducted in March 2019 were shared with Camp in Charges (CiCs) and concerned health partners, following agreement by RRRC and Civil Surgeon's Offices.

SITUATION OVERVIEW

There are an estimated 911 359 Rohingya refugees in Cox's Bazar, according to the latest ISCG situation report (April 2019). This includes 34 172 refugees from Myanmar who registered before 31st August 2017. All refugees, including new arrivals, face compounding vulnerabilities, including in health. WHO has been responding to this crisis since September 2017. A summary of response actions from epidemiological weeks 23 and 24 of 2019 is presented below by WHO functions.

OPERATIONS SUPPORT AND LOGISTICS

- The site preparation is completed for the installation of twelve generators in twelve primary health facilities in the camps, under UN CERF support. As per the vendor, the generators will be delivered and installed latest by the end of June.
- The electric wiring work for lighting and Air conditioners (ACs) connection for the five WHO-supported prepositioned containers have been completed. The newly procured ACs will be installed in a week's time.
- WHO Operation Support and Logistics(OSL) unit has received the following supplies: C-Arm Machine EVRO-1 unit(740kg), for Sadar Hospital under KS Relief grant, lab micro tips-10 000, Art 10 micro point Racked ST 48 000, Marker ultra-fine black 336, surgical face masks 100 000, and 140 000 nitrile examination gloves.
- The renovation of the medical storage area at the Teknaf health complex has started and will be completed by end of June as per the work plan. The current store is being upgraded with air conditioning, adjustable racks and exhaust fans for better storage of medicines.

INFORMATION MANAGEMENT – EPIDEMIOLOGY

Overview

- As of week 24, a total of 153 health facilities have registered as active Early Warning, Alert and Response System (EWARS) reporting sites. Coverage of EWARS reporting is now 78 % (153/196).
- Of these sites, 117 submitted their weekly reports (86%) by 17 June 2019 which is an improvement on the previous weeks.
- A total of 24 alerts (triggers) were reported and reviewed in the EWARS system. All alerts were reviewed within 48 hours.
- Acute respiratory infection (ARI), unexplained fever and acute watery diarrhea (AWD) were the conditions with highest proportional morbidity this week. There were no notable changes in other diseases and syndromes. All these conditions are being monitored by WHO Epidemiology team.

Acute Watery Diarrhoea Update

Joint Assessment Teams have conducted four investigations in response to suspected cholera cases in the camps (4, 10 and 20) and the host community. There has been some limited transmission within a single household but no further spread within the camps. All cases have been investigated and managed by joint health and WASH teams. WHO is monitoring the AWD situation closely with WASH partners.

Actions undertaken so far:

- Health Partners have been requested: (1) to enhance communication on hygiene and sanitation and AWD and (2) ensure isolation facilities are functional.
- All cases with positive rapid diagnostic tests for cholera will be investigated by health and WASH.
- WHO will continue to monitor the epidemiological situation and communicate any alerts.
- Community health working group is working on AWD awareness and hygiene promotion in the community.

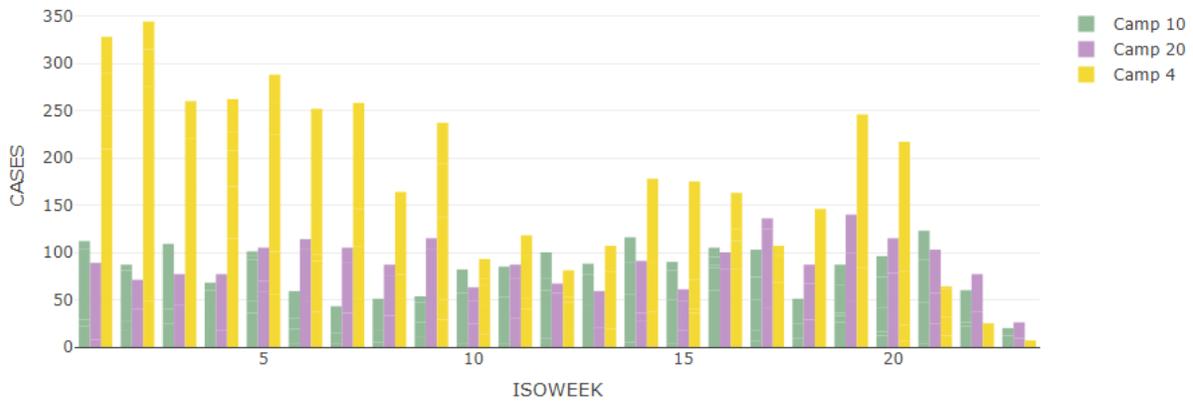


Figure 1: Number of AWD cases reported in EWARS from Camp 4, Camp 10 and Camp 20 from week 1 to week 23, 2019, Cox's Bazar, Bangladesh.

Diphtheria Update

- There has been one new suspected case of diphtheria reported in the past two weeks with an onset date in week 22.
- A total of 8 641 diphtheria case-patients have been reported in EWARS since the start of the outbreak. Out of these, 296 were classified as confirmed cases after laboratory testing. Others were classified as probable (2 729) and suspected (5 616) cases.
- In 2019, a total of 295 diphtheria case-patients were reported including 4 confirmed, 20 probable and 271 suspected cases.
- The total number of deaths reported until now is 45, and the last death was reported on 15 January 2019.

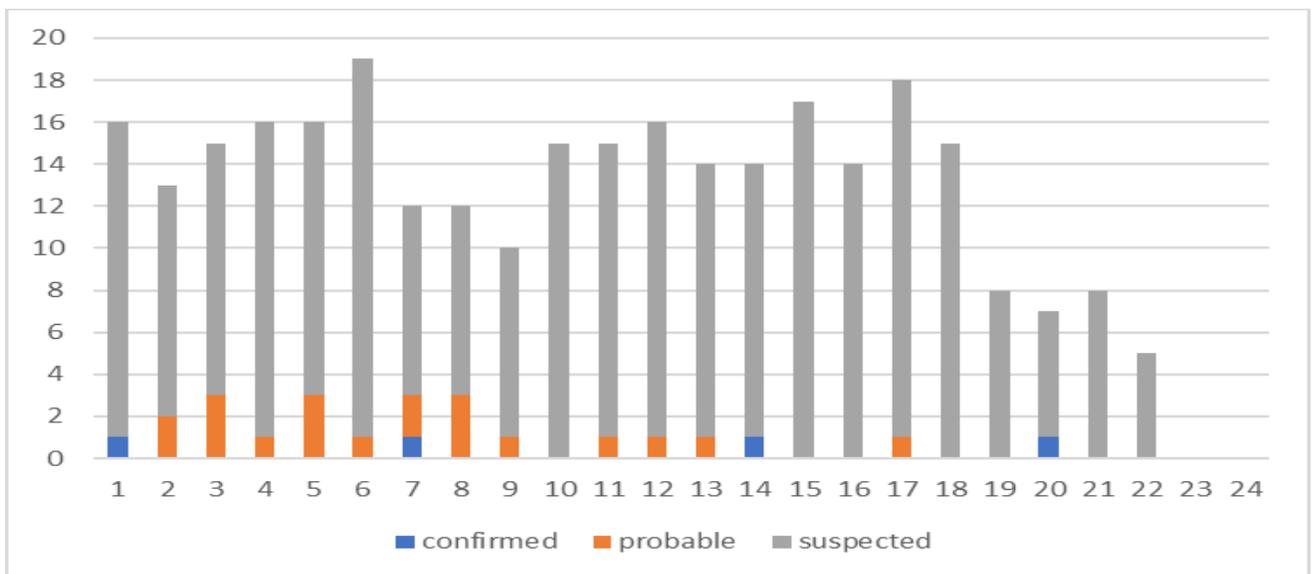


Figure 2: Diphtheria case-patients reported from Week 1 to week 23 2019 in EWARS, Cox's Bazar, Bangladesh

Suspected Measles Update

- Four suspected measles/rubella cases were reported in EWARS either via weekly reporting or case reporting form in week 24.

- Until week 24 2019, a total 280 suspected measles cases were reported via weekly reporting and 147 cases were reported via measles case reporting form.
- Suspected measles/rubella cases are followed up by surveillance and immunization medical officers.
- WHO is supporting Ministry of Health (MoH) in routine measles surveillance in Rohingya population.

Community Based Surveillance

- Currently only 17 facilities involving seven partners are reporting data from the community coverage areas.
- A total of the 92 deaths were captured in EWARS from community-based mortality reporting between weeks 14 and 24. 65.2% (n=60) of mortalities were reported in their homes, 16.3% (n=15) reported in the health facility, 13.0% (n=12) reported in community or public spaces and 5.43% (n=5) had insufficient information.

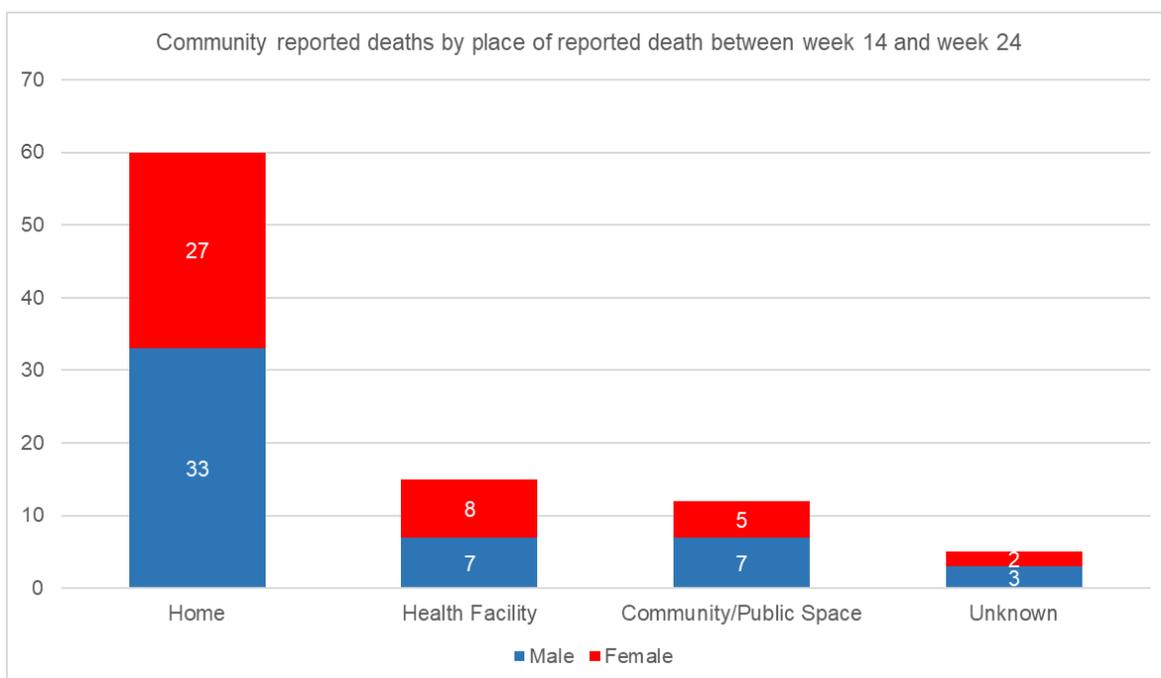


Figure 3: Community reported deaths by place of reported death between week 14 and week 24, Cox's Bazar, Bangladesh

- Among the deaths reported, female age ranges from 0 to 92 (n=42) and male age ranges from 0 to 95 (n=50).
- A total of 10 deaths were reported among women of reproductive age (12-49 years), of which one was reclassified as a maternal death.
- In addition, 12 neonatal deaths and four still-births were reported, approximately 50% of deaths classified as others are due to chronic causes and while a third are due to insufficient information presented during review.

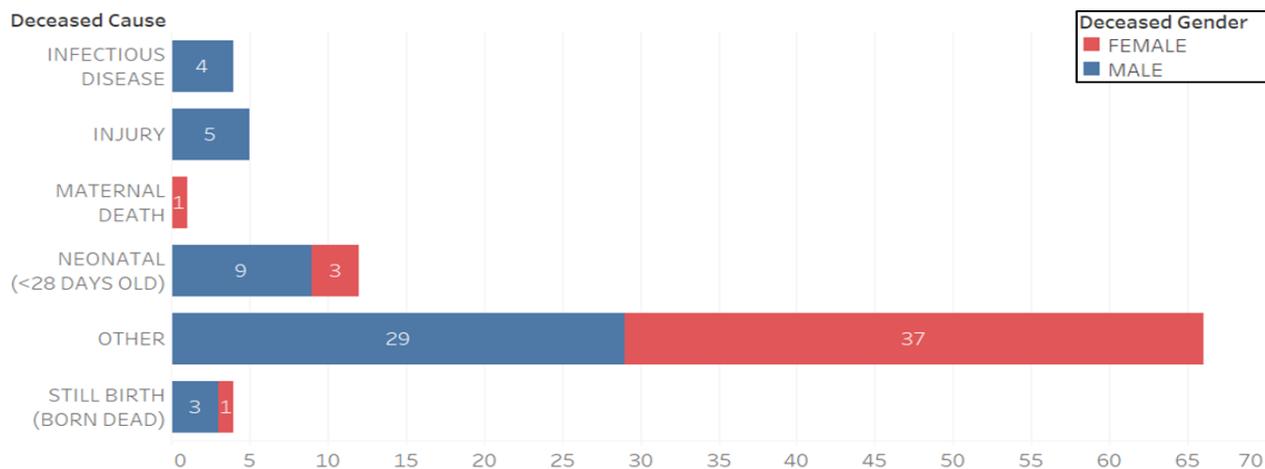


Figure 4: Community reported deaths by cause from week 14 to week 24 in EWARS, Cox's Bazar, Bangladesh

HEALTH OPERATIONS and TECHNICAL EXPERTISE

Communicable Disease and Cox's Bazar Sadar Hospital

- WHO in collaboration with icddr,b conducted a two day training program for two batches in 'Management of diarrheal diseases and associated malnutrition' from 10 - 13 June 2019 for 67 nurses from the 250 bed District Sadar Hospital, Cox's Bazar with bedside hands-on session. The training was part of ongoing capacity development for health care professionals. So far 100 doctors and 125 nurses were trained in management of diarrheal diseases.



Training on 'Management of diarrheal diseases and associated malnutrition' from 10 - 13 June 2019

Non-Communicable Diseases

- Information, Education and Communication (IEC) materials for priority risk factors of non-communicable diseases have been developed in two languages (Bangla and Burmese). These are currently being printed

for dissemination in Cox's Bazar district. A training package for community health workers/volunteers is also being developed.

Mental Health and Psychosocial Support

- WHO conducted an Mental Health Gap Action Programme (mhGAP) training for 12 doctors and 12 nurses from 9-13 June for 6 NGOs and government health facilities in Ramu, Moheshkhali and Ukhiya.

Laboratory

- Final plans for the expansion of the Sadar Hospital Laboratory have been drawn up and approved by the hospital management. This is expected to be completed by August 2019 and ensure full functionality.
- Laboratory reagents and consumables ordered under CERF funding have started arriving in Cox's Bazar and are being transferred to partner organization laboratories in the camps depending on assessed needs and requirements from the laboratory assessments conducted in March-June 2019.
- All necessary procedures have been completed for the extension of staff services at the IEDCR field laboratory until the end of November 2019. This will ensure the availability of molecular testing and public health functions for this year during the monsoon season.

WASH

- The 11th round of water quality surveillance (WQS) in the Rohingya settlement started on 7 May and was completed on 2 June 2019. A total of 1 353 water sources and 2 706 household's drinking water storage were visited by the sample collectors. Data compilation was completed and reports with detailed data will be available by the 3rd week of June 2019.
- The field activities for the rapid review of health care waste management have been ongoing. So far, 47 health care facilities in the Rohingya settlements were visited by the field monitors and information on health care waste management was collected using a standardized questionnaire.
- Translation into Bangla language and planning for WASH FIT trainings have been completed.

Immunization and Risk Communication

- In May, 797 outreach sessions and 699 fixed site sessions by health facilities were conducted vaccinating children under 2 years (64 270) and pregnant women (36 887) against 10 diseases. Currently 15 international and national agencies are complementing the work of the Ministry of Health and Family Welfare in routine immunization.
- In May, 2 424 children under 2 years and 960 pregnant women were monitored by the WHO monitor pool and found vaccination coverages of BCG 87%, Penta3 78% and MR1 71%. Vaccination card retention was observed to be improved at 68%, in comparison with last year when it was approximately 50%.
- Audio recordings of priority immunization messages have been developed in Rohingya language. These are currently being aired through Radio NAF and through spot-casting, narrowcasting and "miking" in selected camps with low immunization performance.
- In 2019, 4 suspected AFP/suspected polio cases were investigated against a yearly target of 10. Three (3) were discarded, one L20B positive was isolated through ITD/PCR. The total number of cases was 11 in 2018 and 8 in 2017 respectively. No wild polio virus was isolated.

- A total of 344 suspected measles/rubella cases were reported in 23 weeks of 2019 with only 140 (41%) completed Case Report Forms. Out of these 122 (34%) were tracked down in field and 60 (18%) serum samples sent for laboratory testing. Results were received for 55 of which 1 laboratory confirmed rubella and 5 laboratory confirmed measles (others are still pending).
- No CRS (Congenital Rubella Syndrome) and NT (Neonatal Tetanus) cases reported in 2019, whereas 2 NT cases reported in 2018 in Teknaf. Surveillance continuing to maintain the elimination status. In 2019 so far 3 AES (Acute Encephalitis Syndrome) cases were reported and investigated without isolating any disease-causing organism. 9 cases of AEFI (Adverse Event Following Immunization) were reported this year among which no hospitalizations and deaths.

HEALTH SECTOR COORDINATION

- The health sector has transitioned its 4Ws reporting (Who is doing What, Where and When) from excel to an online reporting tool known as 'Report Hub'. A total of 33 reports were submitted for the month of May using this new system. The health sector team is following up individually with partners to improve reporting for the next month report. This has improved the quality and depth of information reported on partners' activities for refugees and host community
- As part of the health sector rationalization exercise, the preliminary findings from the assessments conducted in March 2019 were shared with Camp in Charges (CiCs) and affected health partners, following agreement by RRRRC and Civil Surgeon's Offices. The health sector has established an appeals committee for partners who wish to contest the decision of the rationalization task team. During the reporting period, the first set of appeals meetings were held with partners, chaired by RRRRC's office. Following this, a final set of recommendations will be made and implementation of these will be initiated.
- Together with the Government health authorities, the health sector is preparing for a research knowledge sharing symposium, which will take place on 23rd June. The purpose of this symposium is to provide health sector partners with a platform to present operational research and best practices. The health sector received and reviewed 35 abstracts and has selected the 16 of the best ones to be presented at the symposium.
- The health sector is planning to develop monthly camp-level reports using data from DHIS-2; EWARS; 4Ws and quarterly field monitoring visits. 'Mock-ups' of these reports have been created using dummy data and the first draft of the reports are expected to be completed this month using real data. It is hoped that the reports will eventually be automated. The reports will be shared with Camp Health Focal Points and Camp in Charges use of data and information at the field level.
- Health sector is in process of consultation to update its current contingency plan to expand the monsoon preparedness component. Health sector monsoon preparedness activities such as participation in inter sectoral preparedness mechanism and camp level preparedness process are continuing. Health Sector Emergency Preparedness and Response Task Force has remained activated and continues to meet every two weeks.

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