



# World Health Organization

## Bangladesh

Weekly Situation Report # 11

Date of issue: 29 January 2018

Period covered: 14 January – 27 January

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



**900 377**  
total Rohingya  
in Bangladesh



**688 000**  
new arrivals since  
25 Aug 2017



**363 537** Rohingya children  
targeted for 2<sup>nd</sup> round of  
diphtheria vaccination



**766 460** people are  
being monitored for  
diseases



**1.2 million**  
people targeted for  
humanitarian assistance

### KEY HIGHLIGHTS

- As of 27 January 2018, a total of 4 907 cases clinically suspected with diphtheria have been reported.
- A second diphtheria vaccination campaign started, targeting 363 537 Rohingya refugees aged 6 weeks to 15 years.
- A joint health and WASH sector survey of health facilities started to inform implementation of priority WASH and IPC interventions.

### SITUATION OVERVIEW

Since 25 August 2017, an estimated 688 000 Rohingya have crossed the border into Cox's Bazar, joining approximately 212 000 others who had fled in earlier waves of displacement. Respiratory infection, skin disease, and acute watery diarrhea risks remain high with crowded living conditions and inadequate water and sanitation (WASH) facilities.

As of 27 January 2018 over 585 000 arrivals are in Kutupalong expansion site, 237 000 in other camps and settlements, and 79 000 arrivals in host communities, impacting the already congested health response. Pre-existing camps and settlements as well as new spontaneous settlements have expanded with the new influx.

### RESPONSE

#### EPIDEMIOLOGICAL UPDATE

- To date, 145 health facilities have been registered in EWARS. This provides surveillance for an estimated 766 468 people (89% of the estimated population).
- In week 3, 2018 a total of 87 alerts were triggered, of which 98% were verified and 11% underwent risk assessment by the joint MOHFW- IEDCR-WHO response cell.

- Ongoing facility-based reporting of diseases and conditions of epidemic potential threats has identified ongoing transmission of measles and mumps in the camps. There are also reports of pertussis. Alerts of acute jaundice syndrome, unexplained fever, and acute watery diarrhea are being triage for investigation
- WHO is convening partners to assess opportunities for community based mortality surveillance
- A workshop is planned for 4 Feb to help coordinate community-based surveillance amongst the partners.

## **DIPHTHERIA UPDATE**

- As of 27 January 2018, a total of 4 907 cases clinically suspected with diphtheria have been reported. Of these, laboratory specimen information was reported for 269 cases, 88 (32.7%) of which tested positive by PCR. A total of 35 deaths have been recorded as of 27 January.
- Reports of diphtheria have stabilized at 50-60 case-patients per day over the last 10 days which is consistent with diphtheria antitoxin use.
- DAT stocks are sufficient and there is further supply on order.
- An exit strategy for the UK medical team, which has been providing clinical support and oversight to three Diphtheria Treatment Centres, was agreed among partners. The updated referral process is underway.
- Resumption of laboratory testing has reaffirmed that approximately 65-75% of reported case-patients are not laboratory-confirmed diphtheria.
- WHO is working with IEDCRB to establish laboratory capacity in Cox's Bazar for diphtheria and other epidemic-prone diseases. The laboratory plan is progressing with final proposals pending. This upcoming testing of all suspected cases will provide more clarity to disease transmission and the impact of the concurrent vaccination campaign
- A total of 40 cases suspected with diphtheria were host nationals. The DGHS is leading investigations with support from WHO and the risk for further spread in the host population is being continually assessed.
- Diphtheria treatment centers have been scaled up to increase bed capacity across six function sites for all camp areas.
- Contact tracing continues to improve and has been expanded to include post-exposure prophylaxis vaccination of contacts.

## **VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION**

- Vaccination for close contacts of cases clinically suspected with diphtheria began on 15 January. Close contacts above six weeks old identified during contact tracing will be referred to the nearest fixed vaccination point.
- The second round of vaccination against diphtheria began on 27 January, targeting 186 832 Rohingya refugees aged 6 weeks to <7 years with pentavalent and 177 155 children aged 7 to < 15 years of age.
- Vaccination for humanitarian aid workers was made available again in Cox's Bazar and close to 200 aid workers were vaccinated. Field based humanitarian aid workers can also receive the vaccine from field vaccination sites during the duration of the vaccination campaign.
- A school vaccination campaign was completed in the host community from 13-17 January in which 168 842 children aged 6 weeks to 15 years were vaccinated against diphtheria.

## **WATER, SANITATION, AND HYGIENE**

- A joint wash, sanitation and hygiene (WASH) and infection prevention and control (IPC) survey, carried out in collaboration with WASH sector partners, is underway. A total of 20 survey teams were trained on the data collection tool and the field data collection began on 27 January 2018.
- The plan is to survey all health facilities serving Rohingya refugees in Ukha and Teknaf.
- The assessment will support development of training materials for hospital staff to ensure practical WASH and IPC standards as well as implementation of priority interventions.

## LOGISTICS

- WHO received four tons of medical supplies for the second round of diphtheria vaccination and is coordinating delivery of international and national shipments including DAT supplies.
- WHO has streamlined transport of specimens from patients clinically suspected with diphtheria. Specimens that are collected by partners are now transferred to the WHO office in Cox Bazar, kept in cold chain and transferred by air to Dhaka.
- WHO supported the upgrading of latrines in the Civil Surgeon's office.
- WHO ordered an additional 20 Central Cholera kits and 40 peripheral kits as part of the preparedness activities for the upcoming rainy season.
- Support was provided to design a triage area in one of the main government hospitals and construction is expected to begin soon.

## COORDINATION

- Health sector partners are conducting emergency preparedness planning for the raining season. A Working Group was formed and key priority activities were identified.
- The District Diphtheria Core Committee continues to meet regularly to prioritize actions and implement coordinated interventions.
- The Joint Response Plan sector needs analysis and response strategy was reviewed during a planning meeting with Directorate General of Health Services (DGHS) in Dhaka.
- A Multi-sectoral Vector Borne Diseases (VBD) Working Group is being established to ensure interagency coordination among different actors and enhance preparedness for an outbreak of VBDs within the FDMN camps/settlements and the surrounding host population.

## CONTACTS

Dr Bardan Jung Rana  
WHO Representative  
WHO Bangladesh  
Email: [ranab@who.int](mailto:ranab@who.int)

Dr Arturo Pesigan  
Incident Manager – WHO  
Email: [pesigana@who.int](mailto:pesigana@who.int)