



World Health Organization

Bangladesh

Weekly Situation Report # 28

Date of issue: 31 May 2018

Period covered: 22 – 28 May 2018

Location: Bangladesh

Emergency type: Rohingya Refugee Crisis



915 000
total Rohingya
in Bangladesh



693 000
new arrivals since
25 Aug 2017



879 273
Rohingya people and the
host community were
vaccinated during OCV
campaign



728 786
people are being
monitored for diseases



1.3 million
people targeted for health
assistance

KEY HIGHLIGHTS

- About 200 000 Rohingya people are at risk of landslides and floods in camps, of which 25 000 are at very high-risk
- Since February 2018, about 6 000 newborns have received BCG vaccine. A total of 3 396 pregnant women have received Td1 and 1 400 Td2 vaccines.
- The Oral Cholera Vaccination (OCV) campaign was successfully completed on 16 May, 2018. A total of 879 273 (89% of the people targeted) beneficiaries including 103 605 people from host community were vaccinated during the OCV campaign.

SITUATION OVERVIEW

- According to the Needs and Population Monitoring (NPM) exercise, there are an estimated 914 678 Rohingya refugees in Cox's Bazar as of 25 May 2018. Of these, 623 000 are in Kutapalong Balukhali Expansion site, 277 000 in other camps and settlements and 15,000 are with the host community. There have been 8 988 new arrivals since January 2018.
- A total of 883 community facilities are at risk of landslide, flood or both. About 200,000 Rohingya people are at risk of landslides and floods in camps, of which 25,000 are at very high-risk. More than 5 956 refugees have been relocated from high risk locations.
- The health sector has received 6.3% of the US\$113.1 million requested through Rohingya Refugee Crisis Joint Response Plan 2018 (<https://fts.unocha.org/appeals/656/summary> as of 16 May 2018). Additional funding is required to cater for the health needs of the Rohingya community as well as strengthening the health system in Cox's Bazar.

MONSOON PREPAREDNESS

- As a part of the monsoon preparedness, the WHO Epi Team organized a training on 28 May, on Early Warning Alert and Response System (EWARS), a refresher training, with focus on event reporting and a training on AWD notification procedures in EWARS for diarrheal treatment centers. The AWD case report form (CRF) used for case-based reporting of severe AWD cases into EWARS, the AWD case investigation form (CIF) and the outbreak line list are available on EWARS.
- The Health Sector Coordination team informed partners that they should assess structural safety of all of their facilities, as partners are accountable for this. The Health Sector led by WHO is monitoring which health facilities will be decommissioned or upgraded.
- The Health Sector Coordination team participated in a meeting with the Bangladesh Army for joint planning and coordination on the health response plans.
- In readiness for the Flood and Monsoon season, the Health Sector led by WHO has updated various documents relevant to the emergency response including a map of secondary facilities for referral, health facility maps (1-4) which also indicate which facilities operate 24hrs/7, operational presence of health partners and health camp focal points, a map of health sector logistic supplies (including prepositioned containers), a map of isolation capacities in the camp, coordination and communication structure for health sector response and in addition, the list of MMT contacts and operational readiness and ambulance list.

RESPONSE

EPIDEMIOLOGICAL UPDATE

- To date, 170 health facilities are currently registered as active Early Warning Alert and Response System (EWARS) reporting sites, 123 weekly reports (68%) were received by Tuesday 29 May 2018, resulting in a cumulative completeness of 71% in 2018.
- A total of 56 alerts were triggered in week 21. All alerts went through initial verification within 72 hours of being triggered. Of the 56 alerts, 22 alerts are currently being monitored by the WHO Epidemiology Team.
- 20 new suspected measles case-patients were reported during the reporting period, bringing the total number of cases reported in 2018 to 1 339. In week 21, there were 55 case-patients of Acute Jaundice Syndrome (AJS). Since January 2018, there have been a total of 2 210 case-patients reported in EWARS.
- In week 21, 5019 Acute Watery Diarrhea (AWD) case-patients were notified through Indicator Based Surveillance (IBS) in EWARS, bringing the total number of reported AWD case-patients to 103 824 in 2018. AWD Preparedness and Response Plan with case report form (CRF), case investigation form (CIF) and outbreak line list shared with the partners.
- In week 21, unexplained fever, acute respiratory infections (ARI) and AWD are the three leading syndromes with highest proportional morbidity of 11.3%, 11.2% and 7.1%, respectively. These are syndromes at risk of causing severe outbreaks during monsoons and are being monitored by WHO Team.

DIPHTHERIA UPDATE

- As of 26 May 2018, there have been 6 949 diphtheria case-patients reported through EWARS and an additional 681 case-patients were tested negative on PCR which have been excluded from the total

count. A total of 47 new case-patients were reported, which is slightly lower compared to previous week (58 case-patients in week 20).

- Total of 42 diphtheria deaths have reported in EWARS (case-fatality proportion <1.0%), no new death was reported this week.
- Of all diphtheria cases, 238 case-patients have been laboratory confirmed. The last laboratory confirmed case-patient was reported on 15 May 2018.
- In the host community 3 new diphtheria case-patients were reported in week 21, bringing the total to 62 diphtheria case-patients (updated counts). Among them 20 were laboratory-confirmed, 29 were probable and 13 were suspected. An additional 90 case-patients were excluded from the counts following negative laboratory testing. No diphtheria deaths have been reported from host community.

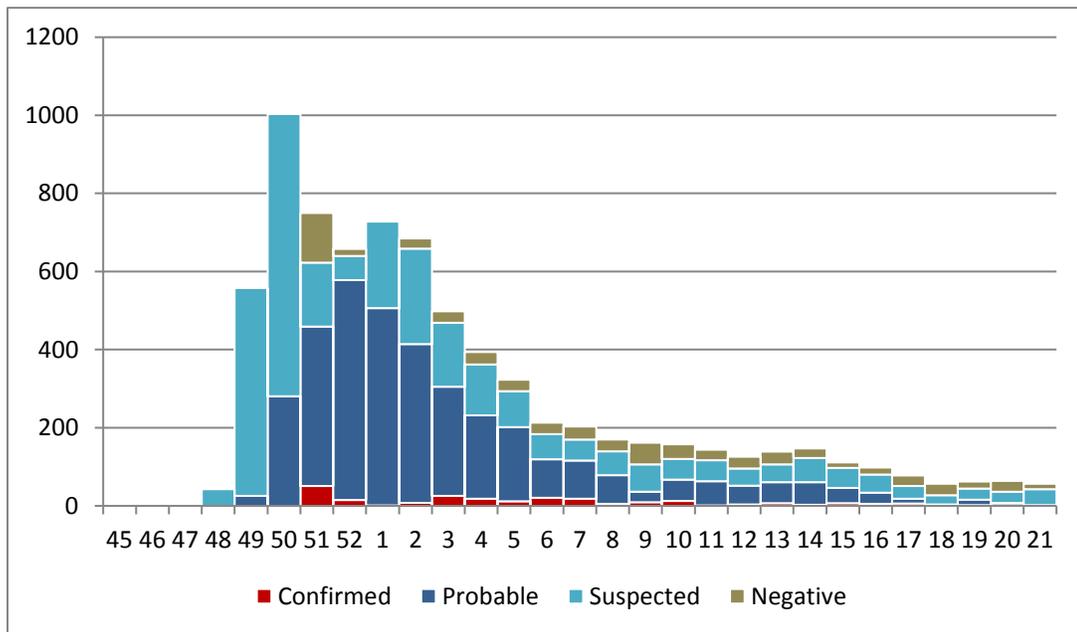
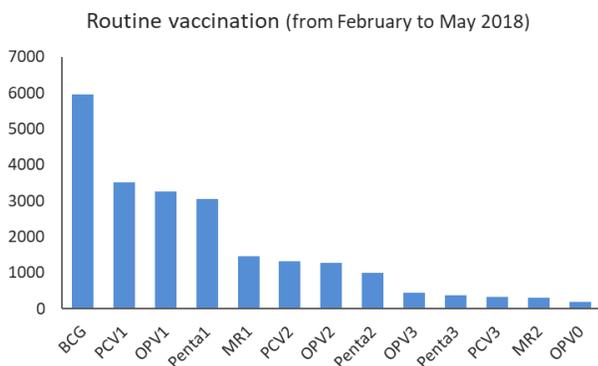
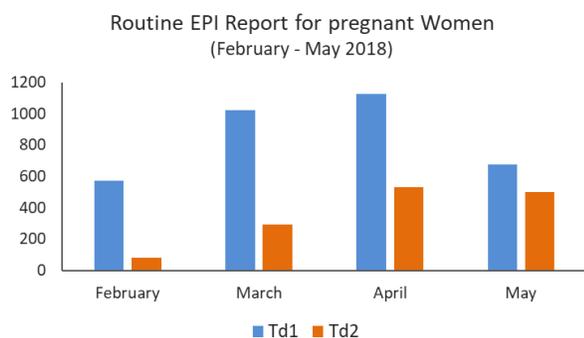


Figure 1: Epidemic curve of diphtheria cases by age groups, W49 2017 to W21 2018, Cox's Bazar

VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION



- The house to house screening survey was successfully completed to determine the number of beneficiaries for the next round of OCV campaign. The campaign will be conducted from house to house.
- WHO Cox's Bazar continues with its Routine vaccination for the Rohingya people to ensure that they are fully immunized against vaccine-preventable diseases. Vaccination in Ukhia will be scaled up next week. A total of 56 teams using 672 sessions will be used in the process.



- Since February 2018, about 6 000 newborns have received BCG vaccine. A total of 3 396 pregnant women have received Td1 and 1 400 Td2 vaccines. More than 860 health workers have been immunized against diphtheria. Through contact vaccination, 3 403 children between 6 weeks -7 years have received Penta vaccine and 8 734 children of between 7-15 years have benefited with Td vaccine.

Figure 2: Routine vaccination for children and pregnant women

HEALTH OPERATIONS

- WHO and partners continue to provide assistance to the Sadar District Hospital. However, key gaps still remain that need intervention. Among these are blood transfusion services, expansion of Out-Patient Department (OPD), waste management and human resource.
- As of 22 May, 15 Diarrheal Treatment Centers (DTCs) and one Oral Rehydration Point (ORP) have been assessed by WHO. Partners managing DTCs were advised to install waste zone areas, increase hand washing points, monitor chlorine solution and ensure enough spacing between cholera beds.
- WHO has received the water filters and the plan for distribution is ongoing, partners are invited to make requests. Priority for the family filters will be given to pregnant women and ORPs located close to contaminated water sources while community filters will be issued to health facilities.

LOGISTICS

- Discussions to ensure that communication is achieved during the monsoon period are ongoing. Meetings have been held with WFP on the possibility of rapid procurement of radios and obtaining of licenses if the Government approves NGO access to the UN radio frequencies. Several health partners have expressed interest in using this option if the Government approval is granted.
- The AC was installed in Samaritans Purse prepositioned container this week and stocks loaded. Local cabling and supplies are required to hook up the IOM prepositioned containers in the South.

COORDINATION

- The health sector is strengthening three levels of coordination at the district, Upezilla and the camps. For this purpose, camp-level focal points have been assigned to ensure coordination and overview of the health sector emergency response per camp, under the guidance of the Health Sector Field Coordinator. A training took place this week to orient these Camp Health Focal Points on their terms of reference as well as the emergency response plan. The field coordinators will aim to meet the focal points on a fortnightly basis going forward.
- The health facility registry is being transition into the HeRAMS (Health Resources Availability Monitoring System). Partners were oriented on the new system.
- Health sector collected data on available ambulances and their locations for mapping and gap analysis purposes.

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