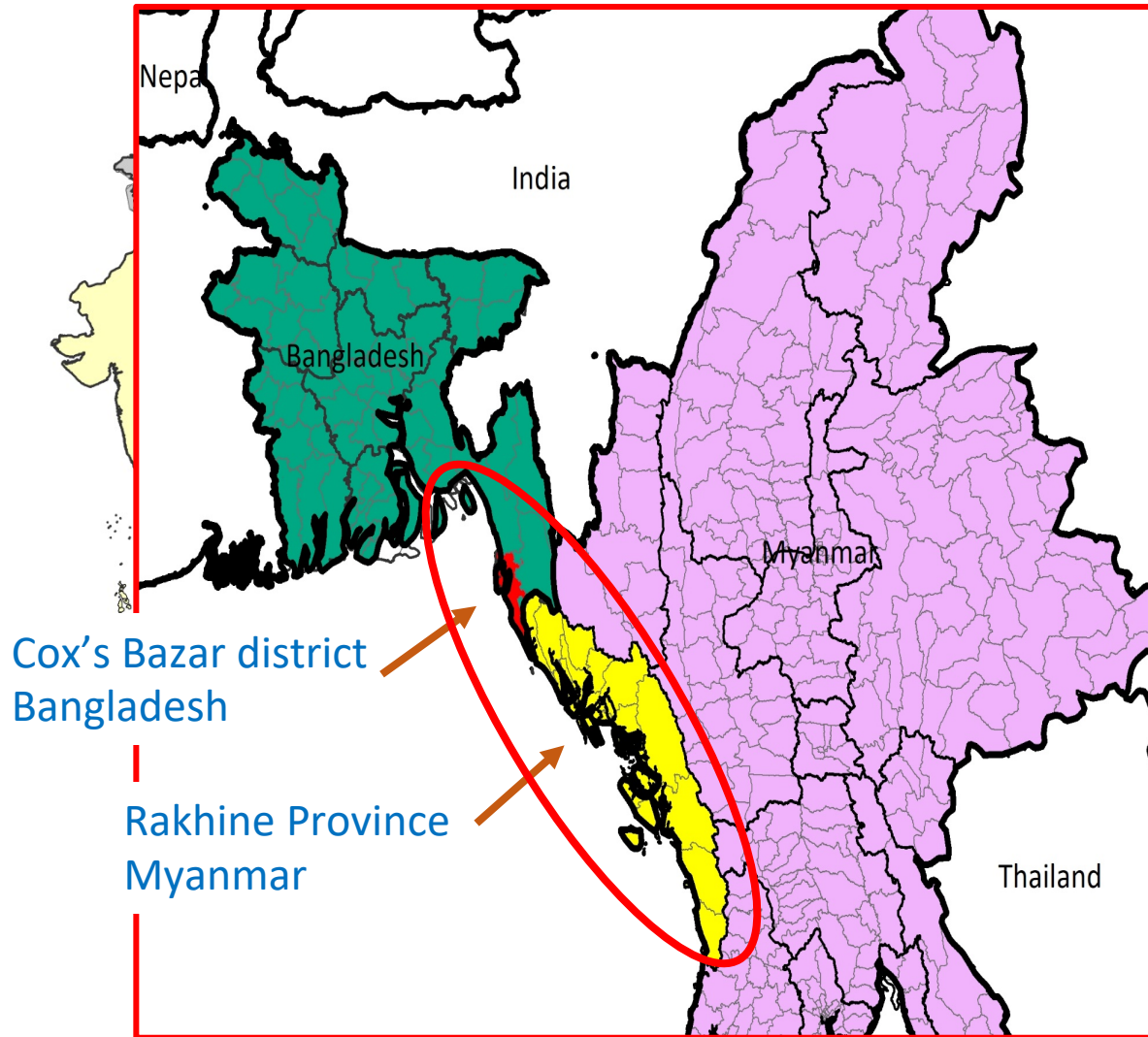


Diphtheria Outbreak Response

Cox's Bazar Bangladesh



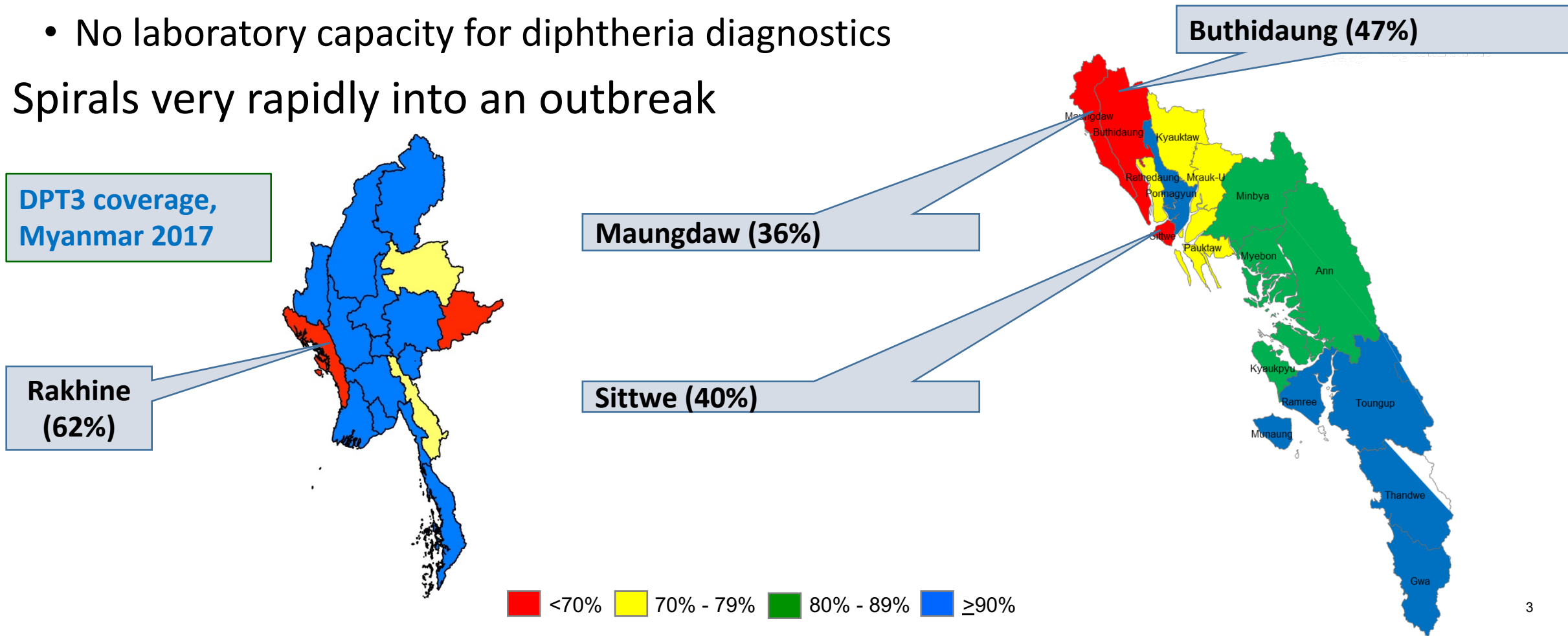
Movement of population from Rakhine (Myanmar) to Cox's Bazar (Bangladesh)



- Began on 25 Aug'17
 - Massive, sudden influx
 - > 700,000 cross-over in a short time period
 - Add to > 200,000 that had moved earlier
- Settled in make-shift camps
 - Overcrowded and unstable settlements
- Priorities - shelter, food, life-saving health services
- Lack of sufficient resources
- Categorized Grade 3 emergency in October 2017

Emergence of diphtheria in Cox's Bazar

- Suspected diphtheria cases reported through EWARS in November 2017 in camps
- Passive surveillance for diphtheria in Bangladesh
 - No laboratory capacity for diphtheria diagnostics
- Spirals very rapidly into an outbreak



Diphtheria outbreak response – Cox's Bazar

Key elements



Surveillance

- Case definition
- Case investigation and classification
- Sample collection and laboratory testing

Immunization

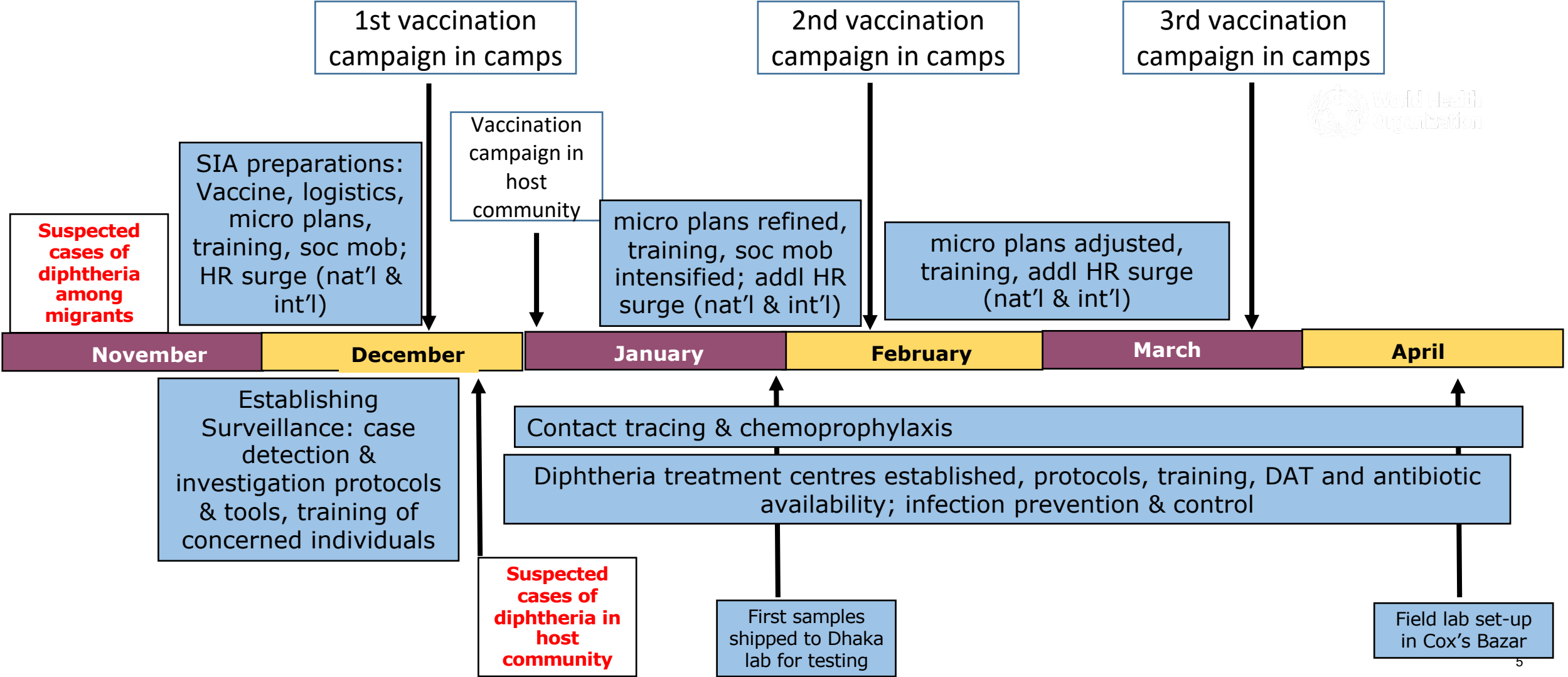
- Campaign planning & implementation
- Routine EPI strengthening
- Vaccination at the borders
- Vaccination of health workers and host community
- Vaccination of contacts of diphtheria cases

Case management & contact tracing

- Protocols for management
- Setting-up diphtheria treatment centres
- Availability of antibiotics and DAT
- Contact tracing & chemoprophylaxis

Diphtheria outbreak response – Cox’s Bazar

Timeline of activities



Diphtheria outbreak in Cox's Bazar - Observations/lessons learnt



- Diphtheria outbreak response rapidly initiated – strong govt leadership, support from partners & NGOs (WHO, UNICEF, Gavi, CDC, MSF, others)
- Significant human and financial resources required to control outbreak
- Sub-national immunity gaps in Rakhine in Myanmar – lead to the diphtheria outbreak among migrants in Cox's Bazar
- Passive surveillance for diphtheria, with no laboratory support, in Bangladesh – confirmation of cases is a significant challenge
- Policy barriers in Bangladesh
 - No boosters of diphtheria toxoid containing vaccine in EPI schedule of Bangladesh
 - TT (and not Td) vaccine used in programme (Td only for pregnant women in camps)
- Challenges in timely availability of diphtheria anti-toxin

Diphtheria outbreak in Cox's Bazar - Actions being taken



- Intensification of routine immunization
 - increased session sites & number of days for RI; strengthening of community mobilization efforts
 - systematic registration of entire cohort; vaccination cards distribution
- Immunization of new arrivals at borders & in make-shift camps
- Vaccination of contacts of suspected cases with pentavalent/Td
- Policy changes
 - replace TT vaccine with Td vaccine
 - introduce boosters of diphtheria toxoid containing vaccine
- Strengthen surveillance
 - revise case definitions and protocols for investigation (as per WHO global and regional guidelines)
 - laboratory capacity strengthening

