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Letter to the Editor

First COVID-19 case in the Rohingya camp in Bangladesh: needs proper attention



Since the first outbreak in Bangladesh on March 8, 2020, two cases of coronavirus disease 2019 (COVID-19) have been confirmed in the Cox's Bazar Rohingya refugee camp on the 67th day, May 14, 2020. Currently, almost one million Rohingya refugees are residing in 34 refugee camps in Cox's Bazar, with limited access to water, sanitation, and health facilities.¹ While the coronavirus is gaining pace with around 18,000 cases and 283 deaths inside the country as of May 15, 2020,² it is quite surprising that there has been no evidence of COVID-19 in the Rohingya community until this first identification. The camps have been under complete lockdown since March 14, 2020.

The government of Bangladesh is trying its best to cope with the situation. The all-inclusive holidays have been extended for the sixth time, until May 31, 2020. But these densely populated settlements in refugee camp settings could be a massive threat in the current COVID-19 pandemic. Based on currently available information, people with severe underlying medical conditions such as diabetes, cardiovascular disease, asthma, and so on may have a higher comorbidity rate than other patients.³ The Rohingya community is susceptible to a variety of non-communicable diseases owing to the shock of earlier sexual violence, physical idleness, unhealthy lifestyles, and many more definite reasons. Thousands of older people and children are living there, suffering from varieties of non-communicable and chronic diseases that make them more susceptible to viral infections. Maintaining social distancing is almost unworkable in the Rohingya refugee community as they live in a highly dense (40,000 people per square kilometer) camp environment.

It has been difficult for most of the supporting organizations to conduct their regular activities to help refugees owing to the present lockdown of intercity and intracity communication. Reproductive and sexual health issues, as well as food safety and security, might be neglected while dealing with COVID-19. The primary impact of this outbreak would result in widespread transmission, possibly leading to a higher than average mortality rate than other regions inside the country. Overcrowding, health and hygiene

infrastructure, health information system, disease surveillance structure, misinformation, cultural norms, and so on are the key factors that exacerbate the spread of this disease inside the camps.

Therefore, immediate and necessary actions are badly needed to facilitate surveillance, testing, and infection prevention; to implement proper control measures; and to ensure food safety and supply through multisectoral approaches. Solid action plans and implementation strategies are required to minimize the impact of COVID-19 on the Rohingya refugee population in Bangladesh.

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