

# Epidemiological Highlights

Week 6 (7-13 Feb 2022)



As of week 6, (7-13 Feb 2022) there were 5,133 confirmed cases of COVID-19 (SARS-CoV-2), out of 89,590 samples that had been submitted for testing. The total positivity rate now stands at 5.7%.

In the reporting week, five hundred eighty-eight (588) new confirmed cases were detected out of 1,498 total samples tested. This translated to a 39.3% Test positivity Rate (TPR) which is up from 44.5% reported the previous week.

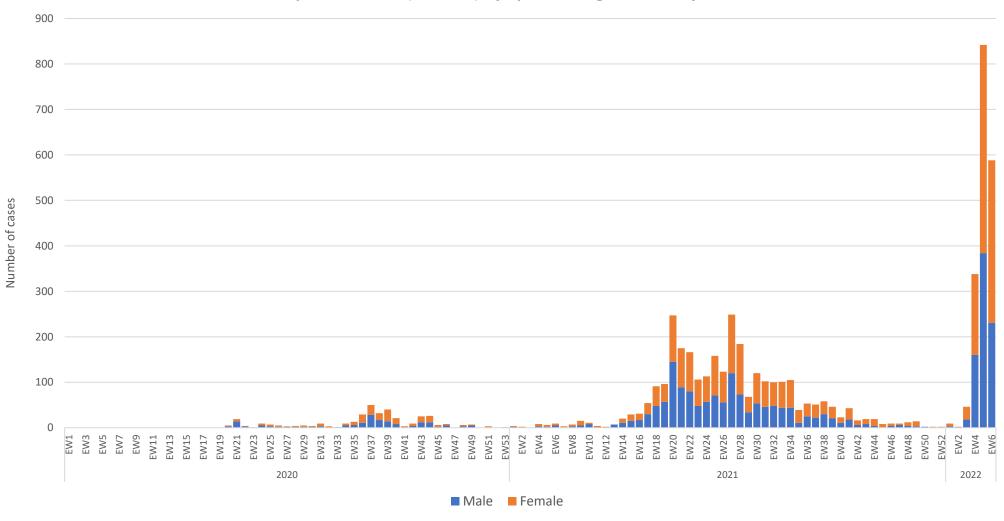
#### As of this week (week 6)

- Median age of tested and confirmed cases were 11 (0-120) and 21 (0-100) years respectively
- Proportion of **females** among tested and confirmed cases were 54% and 53% respectively
- All the 34 **camps**, have so far reported confirmed cases since the outbreak began, while the five camps with the highest number of reported cases were; C17-347, C4-329, C24-326, C2W-324, and C3-298
- One new **death** was reported in this Epi week. Total confirmed COVID-19 deaths so far reported to date stands at 36 with the average case fatality ratio of 0.7%
- The **weekly incidence** was 683.9 cases/1 million population in this Epi week which is substantially higher in comparison with the previous week.





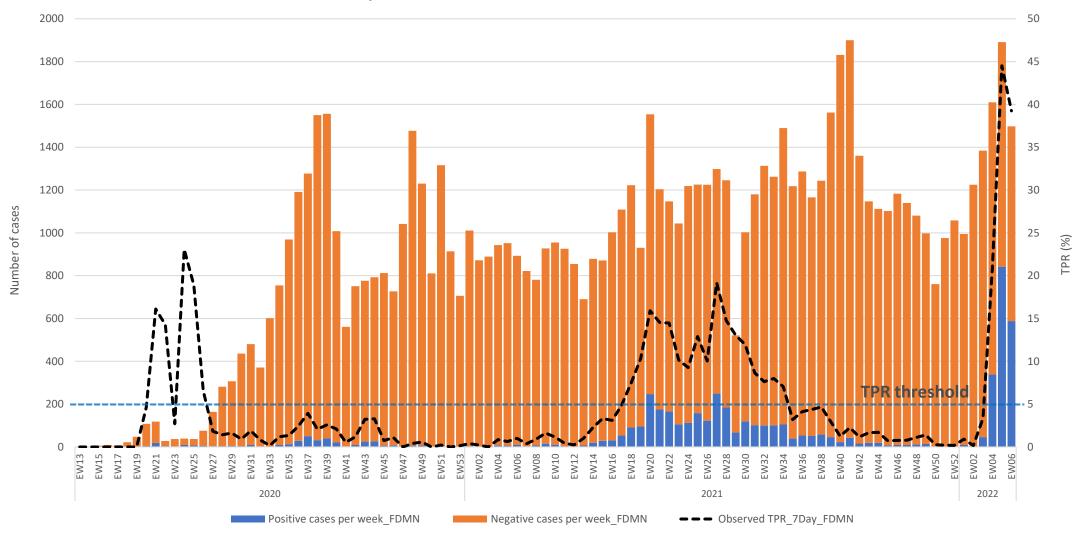
#### COVID-19 positive cases (n=5,133) by epidemiological week by date of test







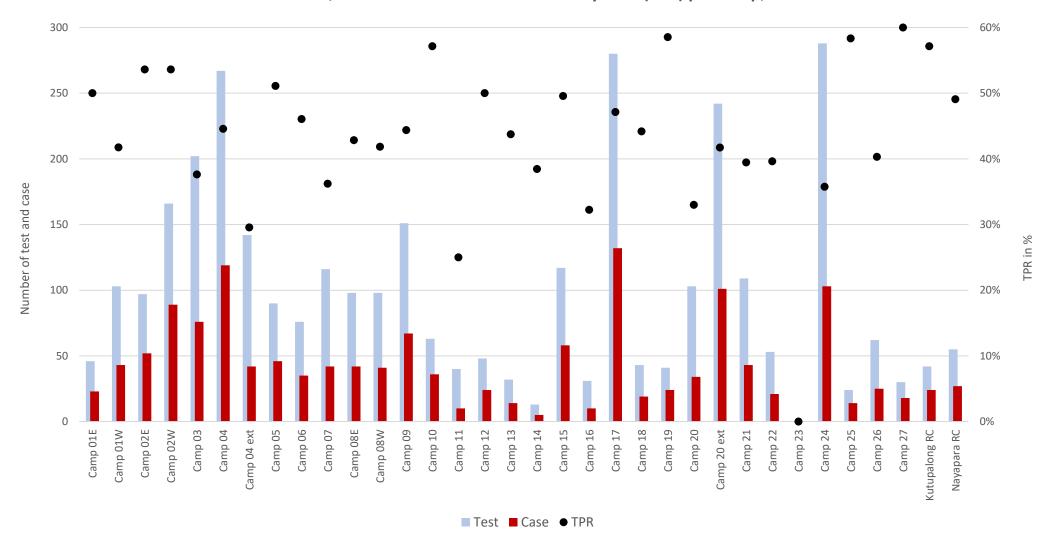
#### Weekly trends of test, confirmed cases and observed TPR





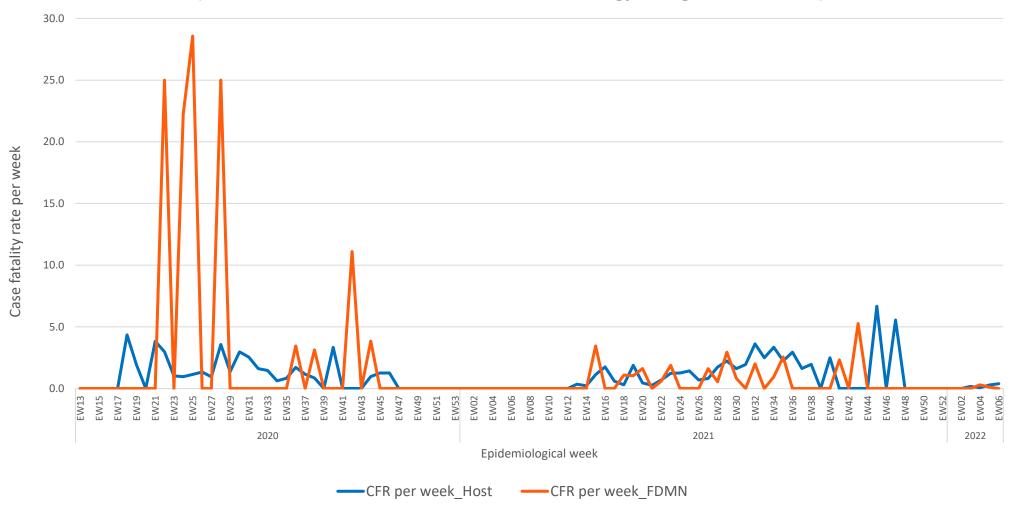


#### COVID-19 test, confirmed case and Test Positivity Rate (TPR) per camp, week 5-6





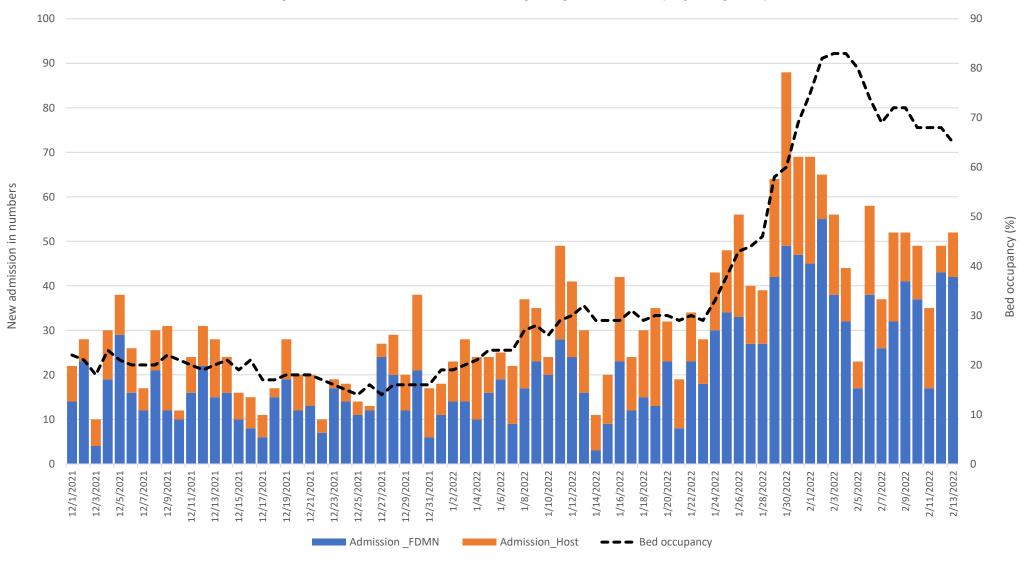
Case fatality rate (%) trends per week (number of death in Host 265, CFR 1.2%, FDMN/Rohingya Refugees 36, CFR 0.7%)





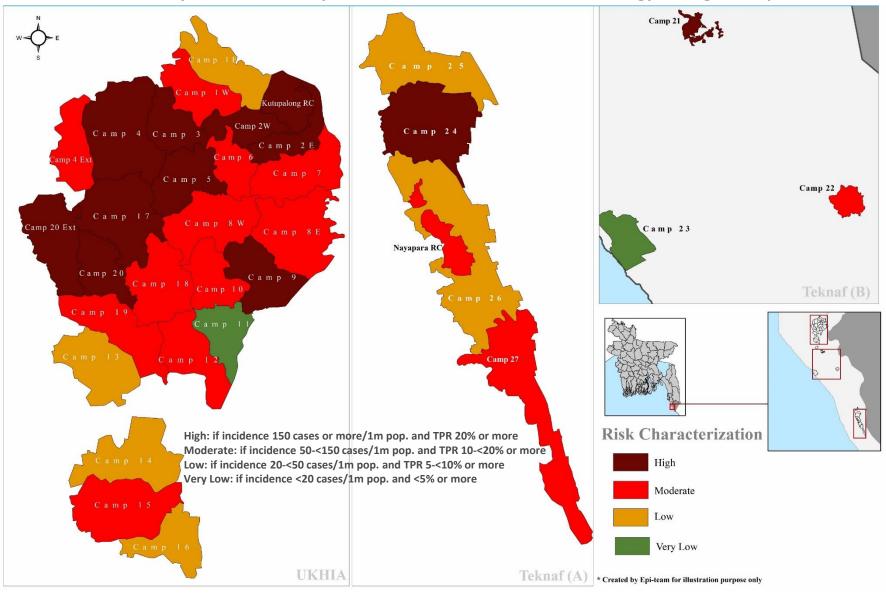


#### Daily new admissions and bed occupancy in SARI ITC (capacity 585)



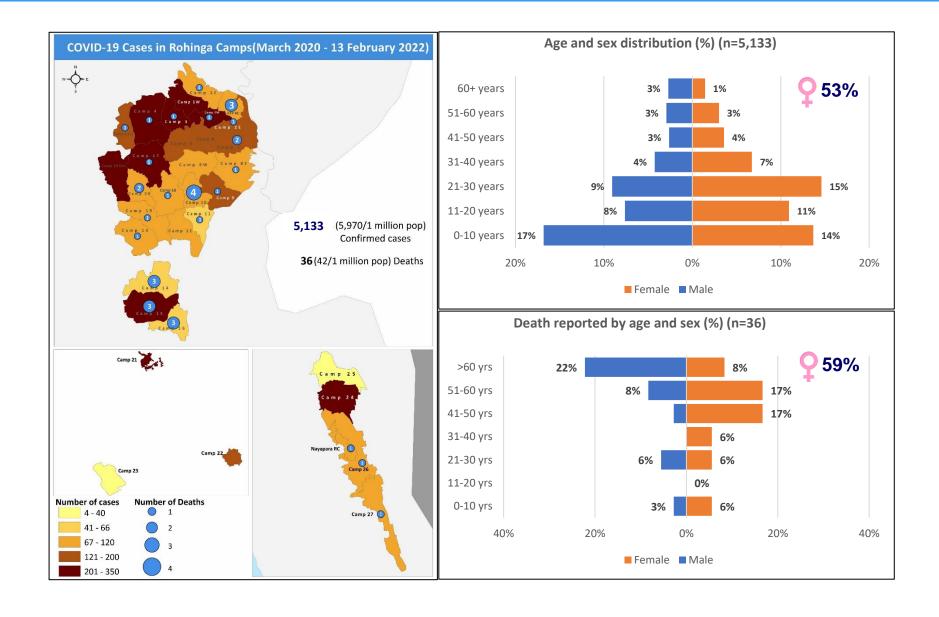


#### Risk Analysis of COVID-19 by case incidence and TPR in FDMN/Rohingya Refugee camps





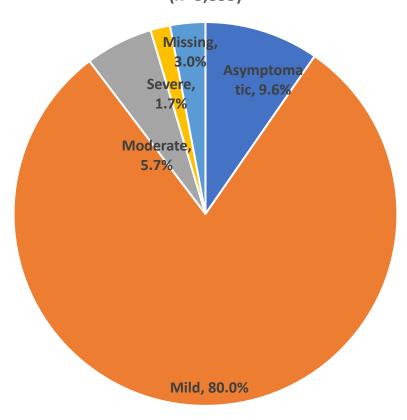




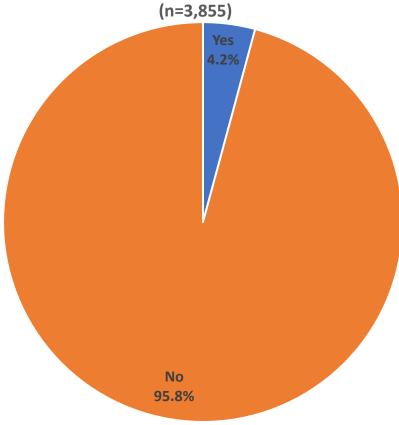




Severity of reported cases at presentation (n=3,855)



Did the case report at least 1 co-morbidity (n=3.855)



Source: Go.Data





#### Contact Tracing of COVID-19

- Total 3,855 (out of 5,133) of the confirmed cases have been investigated by the Rapid Investigation and Response Team(RIRTs)
- Contact tracing continues to be undertaken by CT supervisors with 10,157 (70%) contacts registered for follow-up in the Go.Data out of 14,605 total contacts so far were identified during the field investigation.
- 7,873 (78%) contacts successfully accomplished the follow-up.
- 355 household contacts tested positive within the incubation period.

Source: Go.Data





### **EWARS Reporting Updates**

- Currently, a total of 168 health facilities are registered in EWARS
  - Only 136/168 weekly reports were received on time in week 6
  - Timeliness of reporting for this week was 81%
  - Sixty (60) alerts were triggered
  - All alerts were reviewed and verified by the WHO EWARS team; the number is less than that of the previous week (80 alerts in week 5, 2022).





### **Highlights: Morbidities and Mortalities**

- Acute Respiratory Infections (18.6%), Diarrheal Diseases (3.0%) & Injury and wounds (1.7%) were the diseases and health conditions with the highest proportional morbidity in week 6.
- Monitoring of suspected SARI death under enhanced Community-based mortality surveillance has been continued since week 28, 2020.
- This Epi week, there was four (4) suspected SARI death reported. The detailed update was given below:

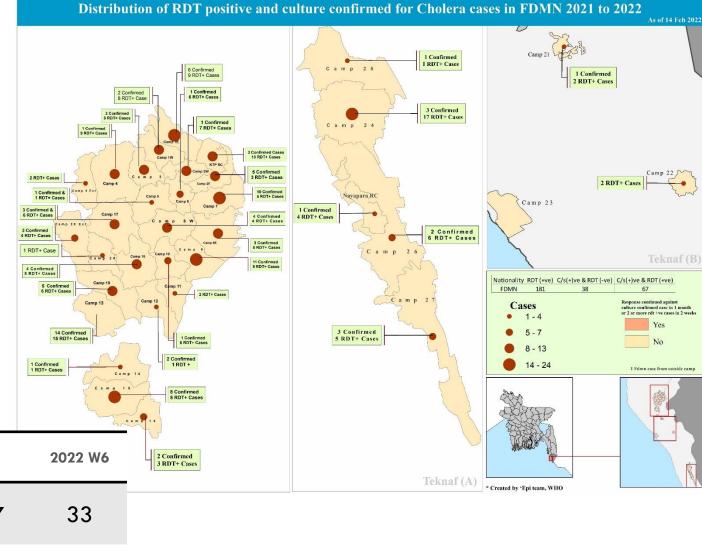
Year	Suspected SARI death reported	Reclassified as death due to probable COVID-19
2022	23	2
2021	96	15
2020	49	2

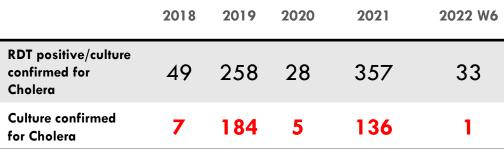




### Cholera/AWD Surveillance Updates

- In this week, three (3) RDT positive cases were reported, among samples sent for testing.
- In 2022 total of thirty-three (33) cholera cases were reported as of W5 2022. Of these 1 was positive 16 were negative and 16 awaiting laboratory confirmation.
- In 2020, a total of 28 RDT/Culture positive cases for Cholera were detected through sentinel testing. Specifically, 5 became confirmed by culture – 2 from Ukhiya Host, 1 from Teknaf host, and 2 from Refugees.

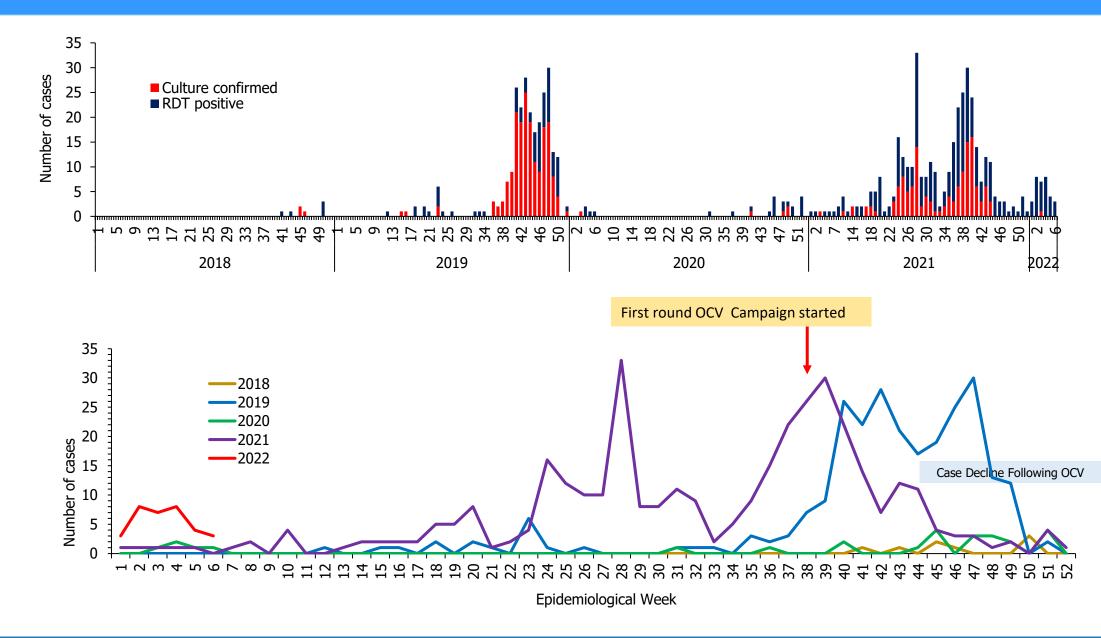








### Epidemic curve of cholera, Cox's Bazar District, 2017-2022 (W6)







### **Diphtheria Surveillance Updates**

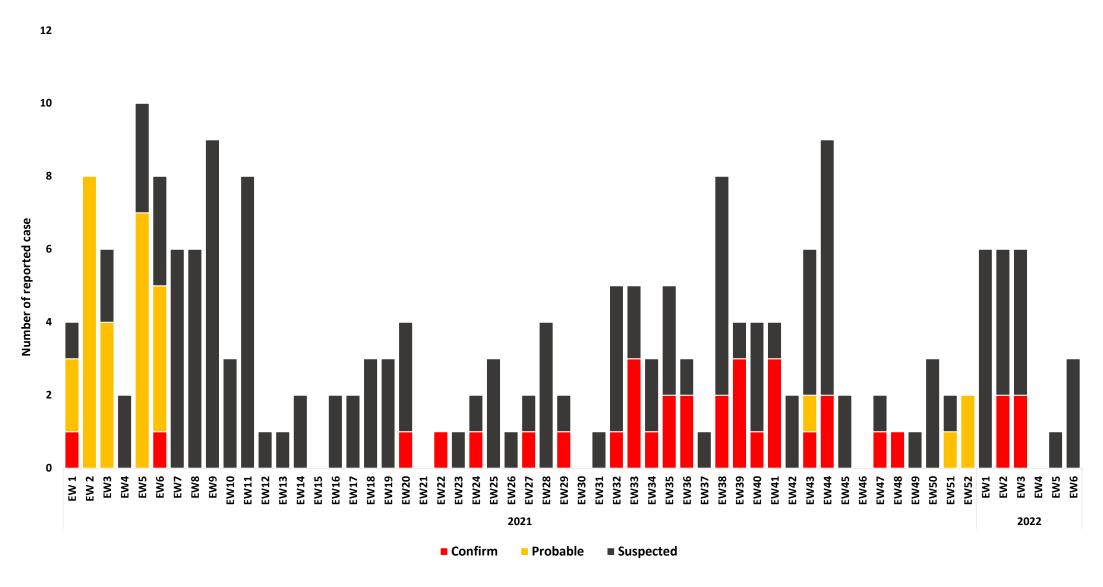
- Three (3) suspected diphtheria cases were reported in go.data in this Epi week
- The last confirmed case was reported on 19 January 2022
- In total 52 deaths have so far been reported since 2017, the last death reported on 5 November 2021

Classification	2017	2018	2019	2020	2021	2022
Confirmed	66	226	31	19	30	4
Probable	1154	1555	60	9	29	0
Suspected	1796	3549	523	198	118	18
Death	30	14	3	0	5	0



### **Diphtheria Surveillance Updates**

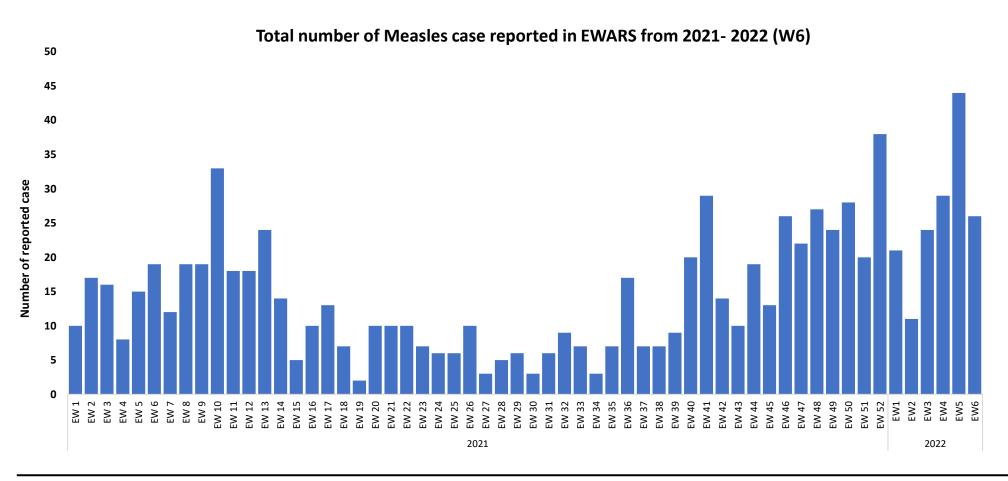
Total number of diphtheria case reported in EWARS from 2021- EW6, 2022







### **Measles Surveillance Updates**



<sup>&</sup>gt; In week 6, 426 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 155 reported in 2022.





<sup>&</sup>gt; About 48% (72/127) of the total reported suspected measles cases were reported through case-based reporting and samples collected for laboratory confirmation

### **Dengue Surveillance Updates**

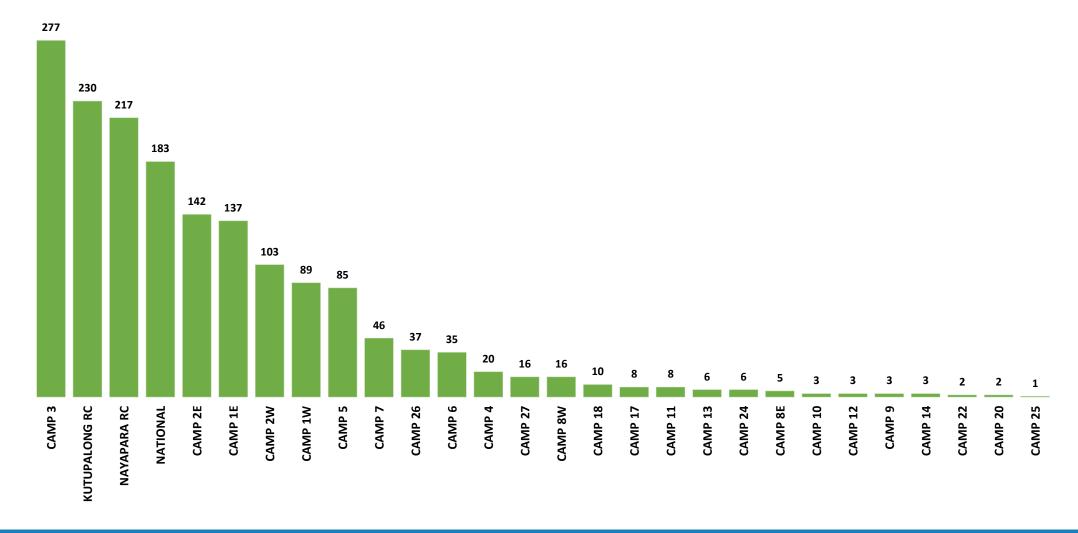
Year	Month/Epi week	Confirmed Dengue case	Death	Confirmed Dengue case (Cumulative)	Death (Cumulative)
	Jan-Mar	1	0	1	0
2021	Apr-Jun	3	0	4	0
2021	Jul-Sep	6	0	10	0
	Oct-Dec	1,494	3	1,504	3
	W1 (3-9 Jan)	88	0	1,592	3
	W2 (11-17 Jan)	53	0	1,645	3
2022	W3 (17-23 Jan)	41	0	1,686	3
2022	W4 (24-30 Jan)	13	0	1,699	3
	W5 (31 Jan- 6 Feb)	5	0	1,694	3
	W6 (7-13 Feb)	1	0	1,695	3





### Distribution of Dengue confirmed cases from 2021-2022 (W6)

#### Geographical distribution of Dengue confirmed cases (n=1,695)





### **Community-based Mortality surveillance Updates**

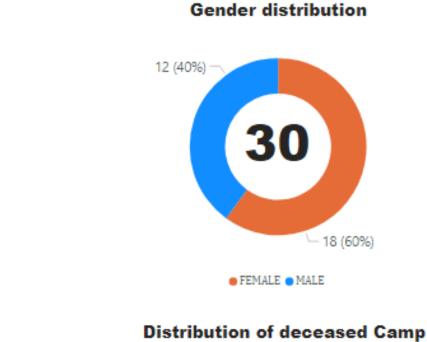
Probable Causes of Death	Week 6	In 2022
Still Birth	5 (17%)	33 (13%)
Neonatal Death (<28 days old)	1 (3%)	19 (8%)
Infectious Disease	1 (3%)	7 (3%)
Severe Acute Respiratory Infection (SARI)		6 (2%)
Injury	1 (3%)	3 (1%)
Maternal Death	1 (3%)	8 (3%)
Acute Malnutrition		1 (0%)
Other	21 (70%)	176 (70%)
Total	30 (100%)	253 (100%)

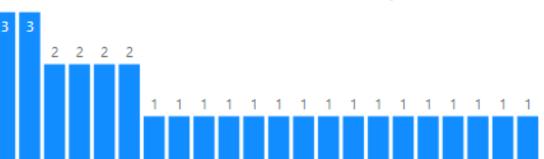
Partners to report all mortalities into the EWARS platform using both case and event-based reporting as applicable.



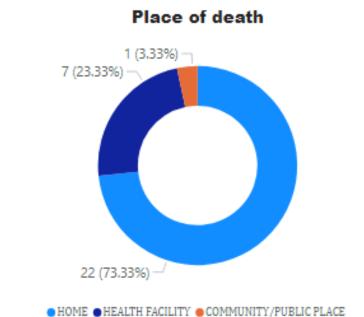


### **Community-based Mortality surveillance Updates**

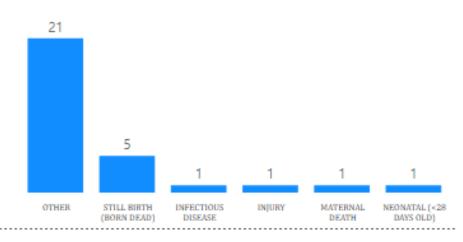




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## Bangladesh

Rohingya Emergency Response

Early Warning, Alert and Response System (EWARS)

Epidemiological Bulletin W6 2022







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#### Sources of data

- 1. Weekly EWARS Reporting Form
- 2. Mortality Case Report Form
- 3. Event-based Surveillance Form





#### Highlights W6 2022

Table 1 | Coverage

#	%	
918,841	-	Estimated total Rohingya population <sup>1</sup>
902,066	98%	Total population under surveillance
175	-	Total number of health facilities
168	96%	Number of EWARS reporting sites

Table 2 | Early warning performance indicators

W6	Cumulative (2022)		
136	1094	Number of weekly reports received	
81%	93%	Completeness	
81%	89%	Timeliness	

Table 3 Alert performance indicators

W6	Cumulative (2022)		
60	614 Total alerts raised		
100%	100%	% verified	
0%	0%	% auto-discarded	
0%	0%	% undergoing risk assessment	
0%	0%	% completed risk assessment	

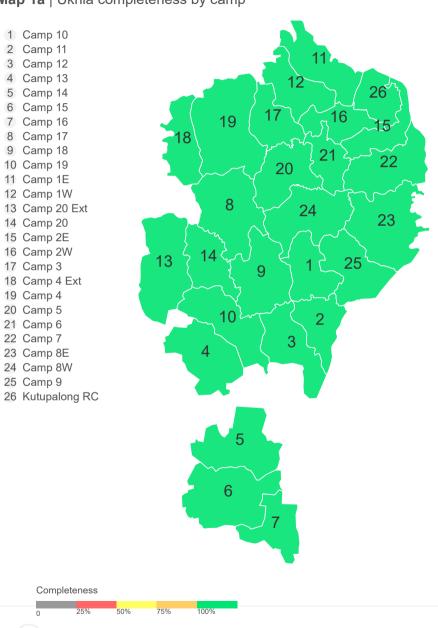




<sup>&</sup>lt;sup>1</sup> Source: UNHCR. Bangladesh: Joint Government of Bangladesh- UNHCR Population Factsheet. 31 December 2020.

#### Early Warning | Ukhia and Teknaf

#### Map 1a | Ukhia completeness by camp



#### Map 1b | Teknaf completeness by camp

- 1 Camp 21 Chakmarkul
- 2 Camp 22 Unchiprang
- 3 Camp 23 Shamlapur
- 4 Camp 24 Leda
- 5 Camp 25 Ali Khali
- 6 Camp 26 Nayapara
- 7 Camp 27 Jadimura
- 8 Nayapara RC





Completeness 75%

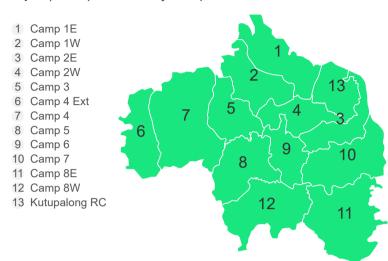




**Table 4** | Performance by camp (W6 2022)

Northern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
	Uk	hia Northern Gro	oup	
Camp 1E	4	4	100%	100%
Camp 1W	5	4	80%	80%
Camp 2E	3	2	67%	67%
Camp 2W	3	3	100%	100%
Camp 3	6	6	100%	100%
Camp 4	5	3	60%	60%
Camp 4 Ext	1	1	100%	100%
Camp 5	5	5	100%	100%
Camp 6	3	3	100%	100%
Camp 7	5	5	100%	100%
Camp 8E	7	7	100%	100%
Camp 8W	4	4	100%	100%
Kutupalong RC	2	2	100%	100%

#### Map 2 | Completeness by camp



Completeness 75%





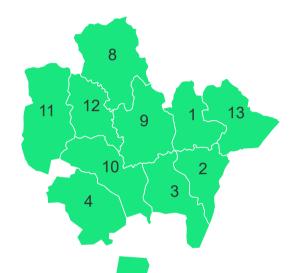


**Table 5** | Performance by camp (W6 2022)

Southern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
	Uk	hia Southern Gro	oup	
Camp 10	4	3	75%	75%
Camp 11	7	7	100%	100%
Camp 12	6	5	83%	83%
Camp 13	10	9	90%	90%
Camp 14	7	6	86%	86%
Camp 15	9	6	67%	67%
Camp 16	7	5	71%	71%
Camp 17	5	4	80%	80%
Camp 18	5	4	80%	80%
Camp 19	5	5	100%	100%
Camp 20	3	2	67%	67%
Camp 20 Ext	3	2	67%	67%
Camp 9	6	6	100%	100%

#### Map 3 | Completeness by camp

- 1 Camp 10
- 2 Camp 11
- 3 Camp 12
- 4 Camp 13
- 5 Camp 14
- 6 Camp 15
- 7 Camp 16
- 8 Camp 17
- 9 Camp 18
- 10 Camp 19
- 11 Camp 20 Ext
- 12 Camp 20
- 13 Camp 9





Completeness







#### Early Warning | Teknaf

**Table 6** | Performance by camp (W6 2022)

Teknaf	Reporting		Performance	
	# health facilities	# reports received Ukhia Teknaf	Completeness	Timeliness
Camp 21 Chakmarkul	4	2	50%	50%
Camp 22 Unchiprang	5	3	60%	60%
Camp 23 Shamlapur	3	1	33%	33%
Camp 24 Leda	1	1	100%	100%
Camp 25 Ali Khali	3	1	33%	33%
Camp 26 Nayapara	4	3	75%	75%
Camp 27 Jadimura	2	1	50%	50%
Nayapara RC	2	2	100%	100%

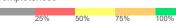
#### Map 4 | Completeness by camp

- 1 Camp 21 Chakmarkul
- 2 Camp 22 Unchiprang
- 3 Camp 23 Shamlapur
- 4 Camp 24 Leda
- 5 Camp 25 Ali Khali
- 6 Camp 26 Nayapara
- 7 Camp 27 Jadimura
- 8 Nayapara RC





Completeness





**Table 7** | Performance by partner (W6 2022)

Partner	Performance		Reporting	Reporting		Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness		# sites	# reports received	Completeness	Timeliness
AKF	1	0	0%	0%	IRC	2	0	0%	0%
AWARD	7	7	100%	100%	MSF	9	4	44%	44%
BASHMAH	1	0	0%	0%	МоН	18	13	72%	72%
BDRCS	12	10	83%	83%	MHI	0	0		
BRAC	11	11	100%	100%	Medair	2	2	100%	100%
CARE	4	4	100%	100%	FH/MTI	3	3	100%	100%
DAM	0	0			PRANTIC	1	0	0%	0%
DBC	1	1	100%	100%	PULSE	1	1	100%	100%
DSK	1	0	0%	0%	QC	1	1	100%	100%
DCHT-PWJ	0	0			PHD	10	8	80%	80%
FRNDS	6	6	100%	100%	RPN	2	2	100%	100%
GK	10	10	100%	100%	RHU	3	3	100%	100%
Global One	1	1	100%	100%	RI	3	3	100%	100%
GUSS	1	1	100%	100%	RTMI	9	8	89%	89%
HAEFA	2	2	100%	100%	SALT	1	1	100%	100%
HAIB	8	8	100%	100%	SCI	7	0	0%	0%
HMBDF	2	2	100%	100%	SHED	0	0		
HOPE	1	1	100%	100%	Turkish	1	1	100%	100%
ICRC	1	1	100%	100%	Government	2	2	1000/	1000/
IOM	18	16	89%	89%	TdH	2	2	100%	100%





Table 8 | Performance by camp

Northern group	W6		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
	Al	erts Northern gro	oup	
Camp 1E	1	100%	8	100%
Camp 1W	1	100%	21	100%
Camp 2E	4	100%	63	100%
Camp 2W	4	100%	20	100%
Camp 3	4	100%	35	100%
Camp 4	2	100%	25	100%
Camp 4 Ext	1	100%	6	100%
Camp 5	1	100%	24	100%
Camp 6	2	100%	14	100%
Camp 7	1	100%	15	100%
Camp 8E	2	100%	11	100%
Camp 8W	5	100%	37	100%
Kutupalong RC	0	0%	10	100%

#### Map 5 | Number of alerts by camp

- 1 Camp 1E
- 2 Camp 1W
- 3 Camp 2E
- 4 Camp 2W
- 5 Camp 3
- 6 Camp 4 Ext
- 7 Camp 4
- 8 Camp 5
- 9 Camp 6
- 10 Camp 7
- 11 Camp 8E
- 12 Camp 8W
- 13 Kutupalong RC

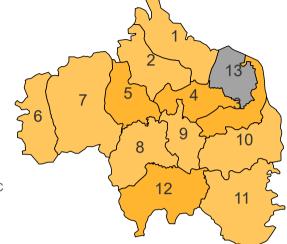






Table 9 | Performance by camp

Southern group	W6		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
	Al	erts Northern gro	oup	
Camp 10	1	100%	14	100%
Camp 11	2	100%	19	100%
Camp 12	0	0%	20	100%
Camp 13	3	100%	27	100%
Camp 14	1	100%	10	100%
Camp 15	1	100%	14	100%
Camp 16	2	100%	19	100%
Camp 17	2	100%	8	100%
Camp 18	5	100%	35	100%
Camp 19	1	100%	8	100%
Camp 20	1	100%	11	100%
Camp 20 Ext	1	100%	11	100%
Camp 9	2	100%	29	100%

#### Map 6 | Number of alerts by camp

- 1 Camp 10
- 2 Camp 11
- 3 Camp 12
- 4 Camp 13
- 5 Camp 14
- 6 Camp 15
- 7 Camp 16
- 8 Camp 17
- 9 Camp 18
- 10 Camp 19
- 11 Camp 20 Ext
- 12 Camp 20
- 13 Camp 9

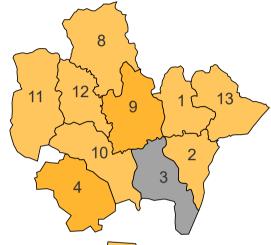










Table 10 | Performance by camp

Teknaf	W6		Cumulative	(2022)
	# alerts	% verif.	# alerts	% verif.
	Ale	erts Northern gro	up	
Camp 21 Chakmarkul	0	0%	8	100%
Camp 22 Unchiprang	2	100%	17	100%
Camp 23 Shamlapur	0	0%	1	100%
Camp 24 Leda	0	0%	15	100%
Camp 25 Ali Khali	0	0%	6	100%
Camp 26 Nayapara	3	100%	23	100%
Camp 27 Jadimura	1	100%	10	100%
Nayapara RC	2	100%	7	100%

#### Map 7 | Number of alerts by camp

- 1 Camp 21 Chakmarkul
- 2 Camp 22 Unchiprang
- 3 Camp 23 Shamlapur
- 4 Camp 24 Leda
- 5 Camp 25 Ali Khali
- 6 Camp 26 Nayapara
- 7 Camp 27 Jadimura
- 8 Nayapara RC











**Table 11** | Performance by type of alert

Event	W6		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Indicator-based su	urveillance			
Malaria	0	0%	2	100%
Measles	17	100%	96	100%
Bloody Diarr.	0	0%	0	0%
AFP	0	0%	4	100%
Meningitis	1	100%	3	100%
Haem. fever (susp.)	1	100%	1	100%
NNT	0	0%	2	100%
Unexp. fever	5	100%	32	100%
AWD	3	100%	47	100%
ARI	1	100%	52	100%
AJS	0	0%	9	100%
Varicella (Susp.)	1	100%	3	100%
Suspected COVID-19	0	0%	0	0%
Event-based surve	eillance			
EBS total	5	100%	45	100%

Table 12 | Risk assessment

W6	Cumulative (2022)		
0	1	Low risk	
0	0	Moderate risk	
0	0	High risk	
0	0	Very high risk	





## For more help and support, please contact:

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Telephone: +88 017 0120 2994

Email: khan@who.int

#### **Notes**

WHO and the Ministry of Health and Family Welfare gratefully acknowledge all partners who have reported the data used in this bulletin.

The data been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind, and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at <a href="http://ewars-project.org">http://ewars-project.org</a>

Sign-up for an account with EWARS Bangladesh at http://bd.ewars.w









## Bangladesh

Rohingya Emergency Response

Early Warning, Alert and Response System (EWARS)

Annex W6 2022







## **Proportional morbidity**

Figure 1 | Proportional morbidity (W6 2022)

0.0%

- Acute Respiratory Infection (ARI)
- Acute Watery Diarrhoea
- Bloody diarrhoea
- Other diarrhoea
- Varicella (susp.)

- Unexplained fever
- Acute Jaundice Syndrome (AJS)
- Measles/Rubella
- Other
- Vector-borne disease\*

<sup>\*</sup> Combines malaria and dengue cases (suspected and confirmed)

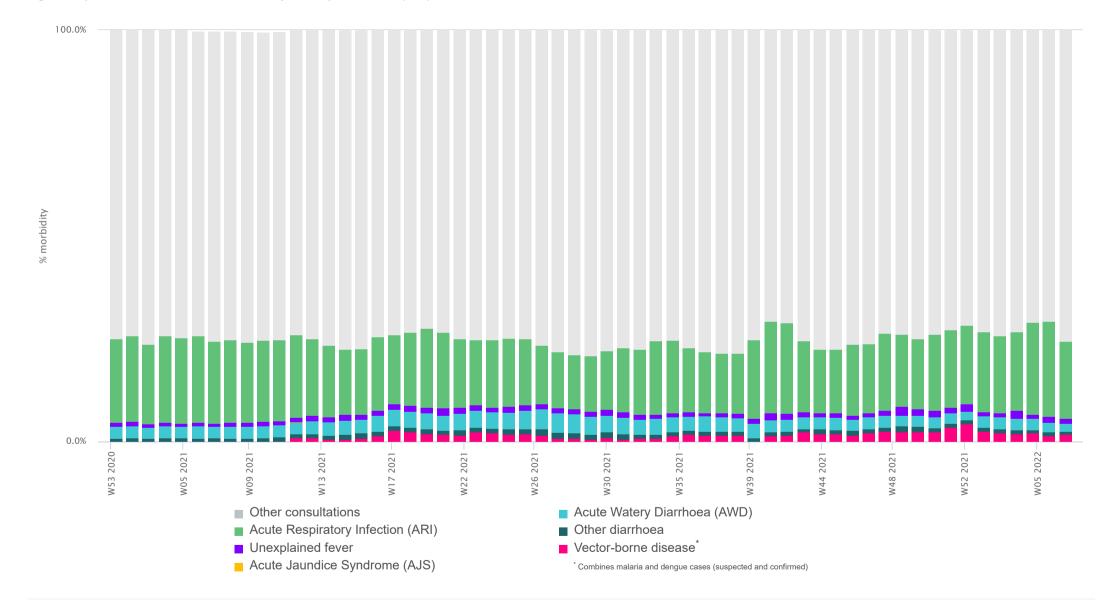
Disease	W6		2022	
	# cases	% morbidity	# cases	% morbidity
AWD	1,607	1.8%	18,575	2.5%
Bloody diarr.	277	0.3%	2,652	0.4%
Other diarr.	789	0.9%	6,936	0.9%
Susp. Varicella	130	0.1%	531	0.1%
ARI	16,676	18.6%	149,036	20.1%
Measles/Rub.	26	0.0%	197	0.0%
AFP	0	0.0%	9	0.0%
Susp. menin.	9	0.0%	16	0.0%
AJS	6	0.0%	96	0.0%
Susp. HF	8	0.0%	8	0.0%
Neo. tetanus	0	0.0%	4	0.0%
Adult tetanus	0	0.0%	1	0.0%
Malaria (conf.)	0	0.0%	205	0.0%
Malaria (susp.)	1,544	1.7%	16,637	2.2%
Dengue (conf.)	8	0.0%	354	0.0%
Dengue (susp.)	12	0.0%	258	0.0%
Unexpl. fever	1,177	1.3%	9,988	1.3%
Sev. Malnut.	30	0.0%	471	0.1%
Inj./Wounds	1,497	1.7%	13,771	1.9%
Other	65,744	73.4%	521,197	70.3%
Total	88,446	100%	741,818	100%





## Trend in consultations and key diseases

Figure 2 | Trend in proportional morbidity for key diseases (W6)

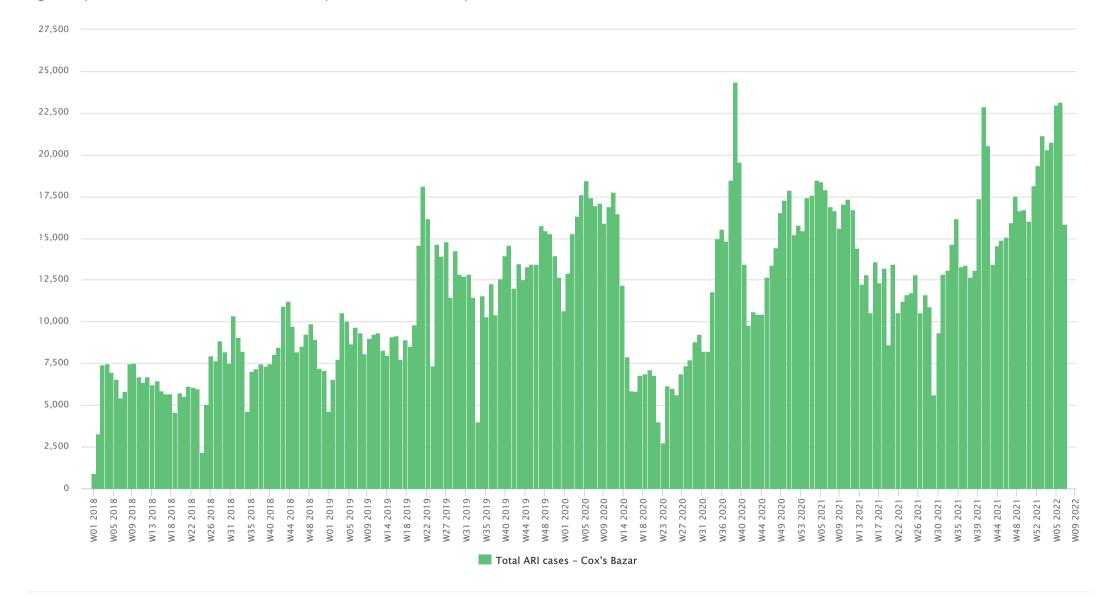






#### Acute Respiratory Infection | Trend

Figure 3 | Trend in number of cases over time (W38 2017 - W6 2022)







### Acute Respiratory Infection | Maps and Alert Management

Map 1 | Map of cases by camp (W6 2022)

**a. Ukhia** | Number of cases Loading...

**b. Ukhia** | Number of alerts Loading...

**c. Teknaf** | Number of cases Loading...

**d. Teknaf** | Number of alerts Loading...



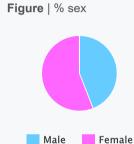


**O**Alerts

0%
Verified

**O** Low Risk Moderate

**O** High Risk **O**Very High
Risk



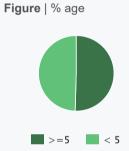
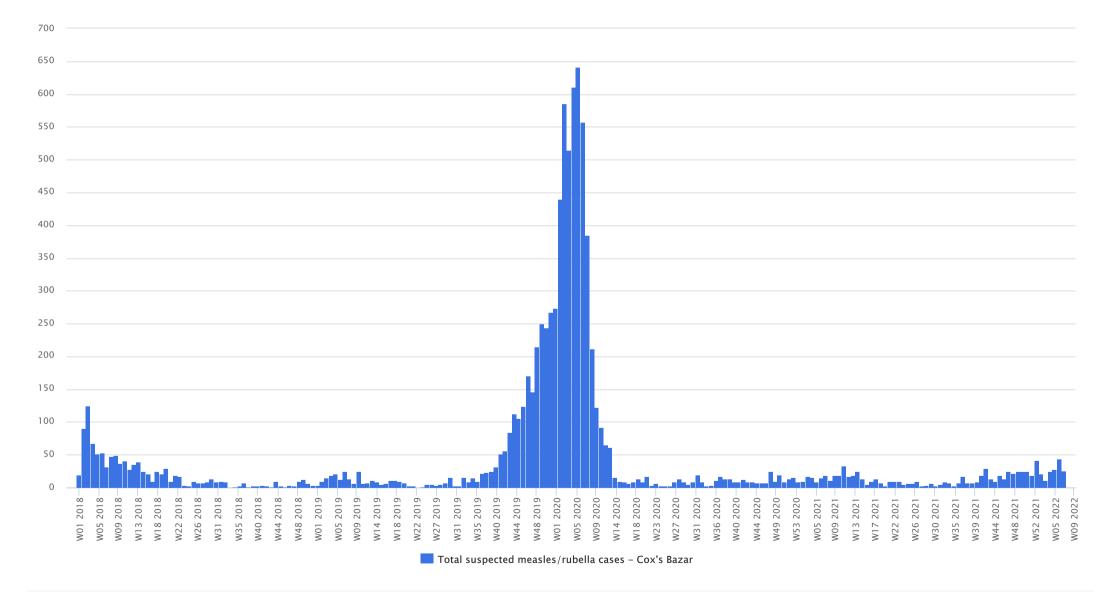




Figure 4 | Trend in number of suspected cases over time (W38 2017 - W6 2022)







Map 2 | Map of cases by camp (W6 2022)

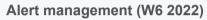
**a. Ukhia** | Number of cases Loading...

**b. Ukhia** | Number of alerts Loading...

**c. Teknaf** | Number of cases Loading...

**d. Teknaf** | Number of alerts Loading...





5

100% 0
Verified Low Risk

**O** Moderate Risk O O Very High Risk

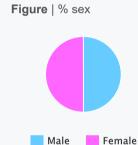


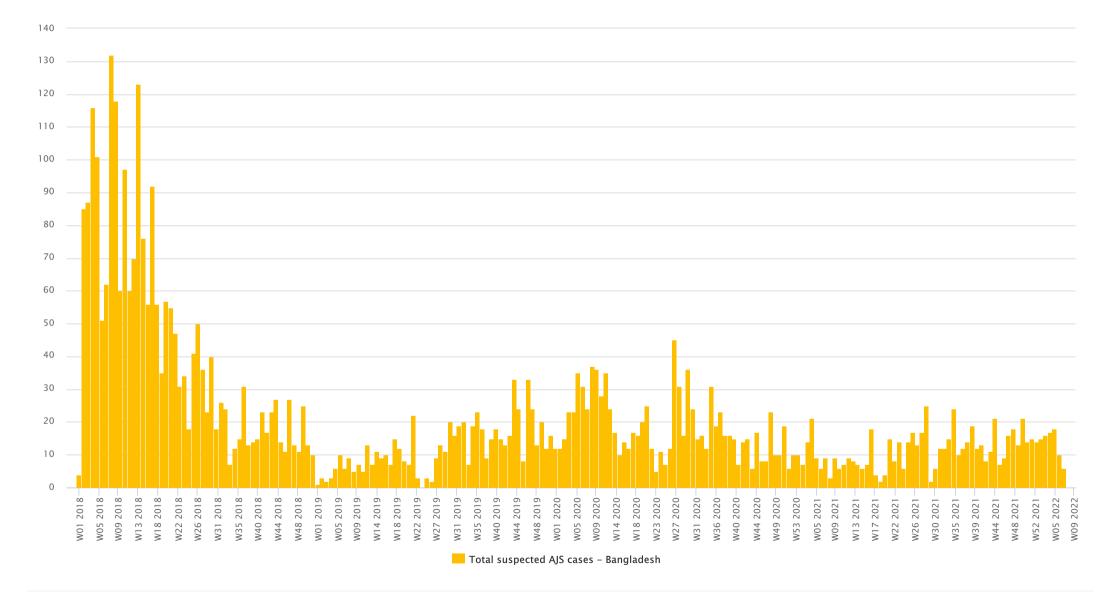
Figure | % age





#### Acute Jaundice Syndrome | Trend

Figure 5 | Trend in number of cases over time (W38 2017 - W6 2022)







#### Acute Jaundice Syndrome | Maps and Alert Management

Map 3 | Map of cases by camp (W37 2017 - W6 2022)

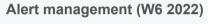
**a. Ukhia** | Number of cases Loading...

**b. Ukhia** | Number of alerts Loading...

**c. Teknaf** | Number of cases Loading...

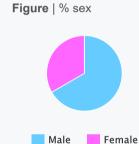
**d. Teknaf** | Number of alerts Loading...

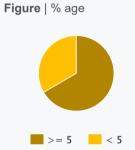




0 0%
Alerts Verified

**O** Low Risk Moderate Risk O O Very High Risk





#### Acute Watery Diarrhoea | Trends

Figure 6 | Trend in number of cases over time (W38 2017 - W6 2022)

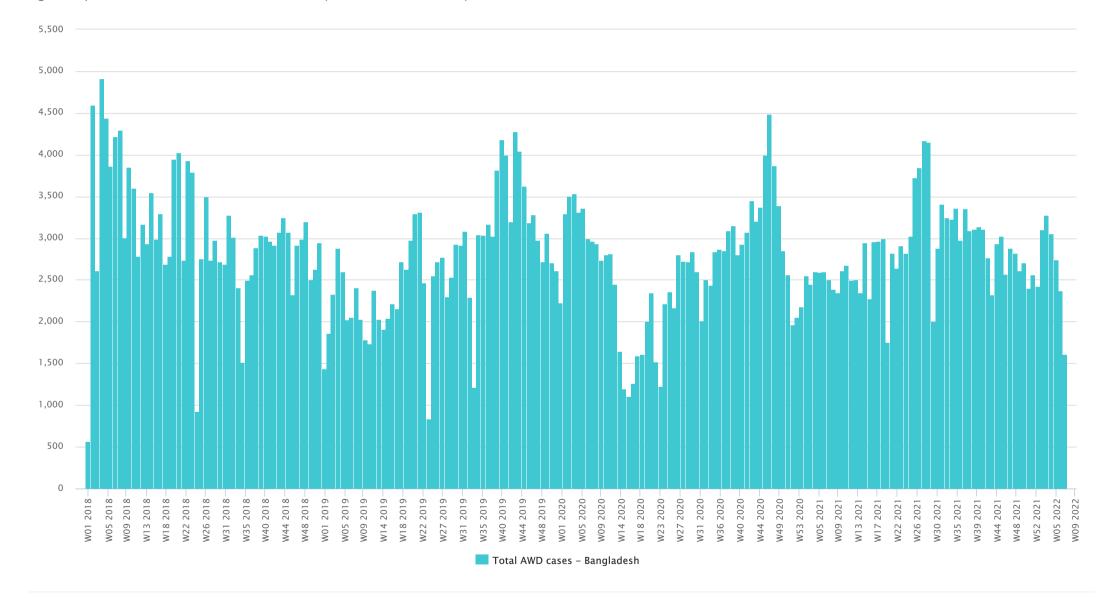
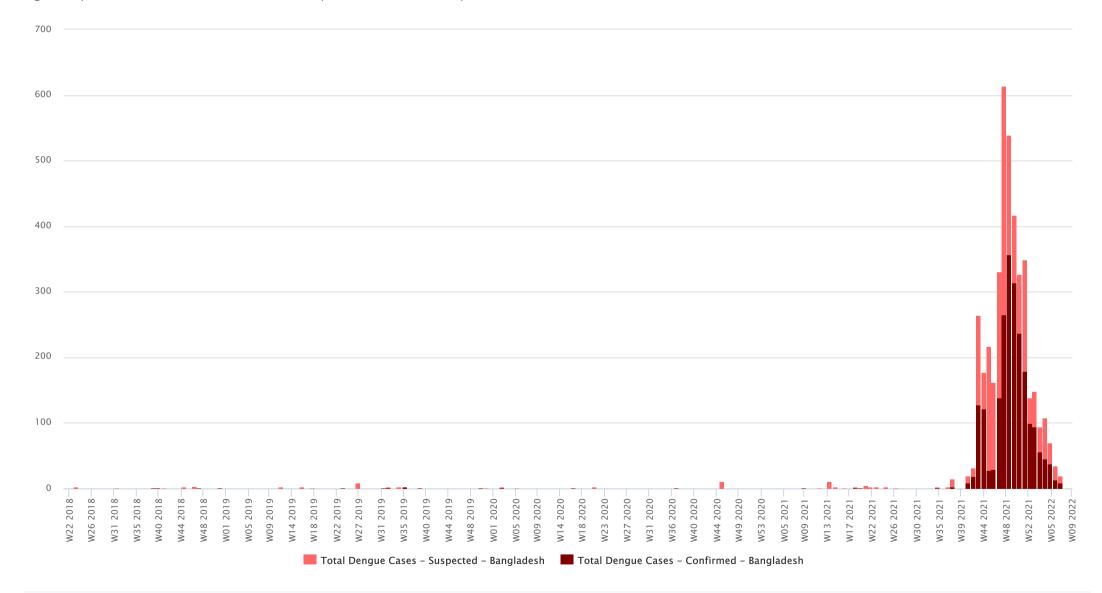






Figure 7 | Trend in number of cases over time (W38 2017 - W6 2022)







#### **Dengue** | Maps and Alert Management

Map 4 | Map of cases by camp (W37 2017 - W6 2022)

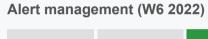
a. Ukhia | Number of cases Loading...

b. Ukhia | Number of alerts Loading...

c. Teknaf | Number of cases Loading...

d. Teknaf | Number of alerts Loading...





6

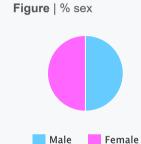
Alerts

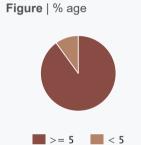
600% Verified Low Risk

0

0

0 Very High Risk



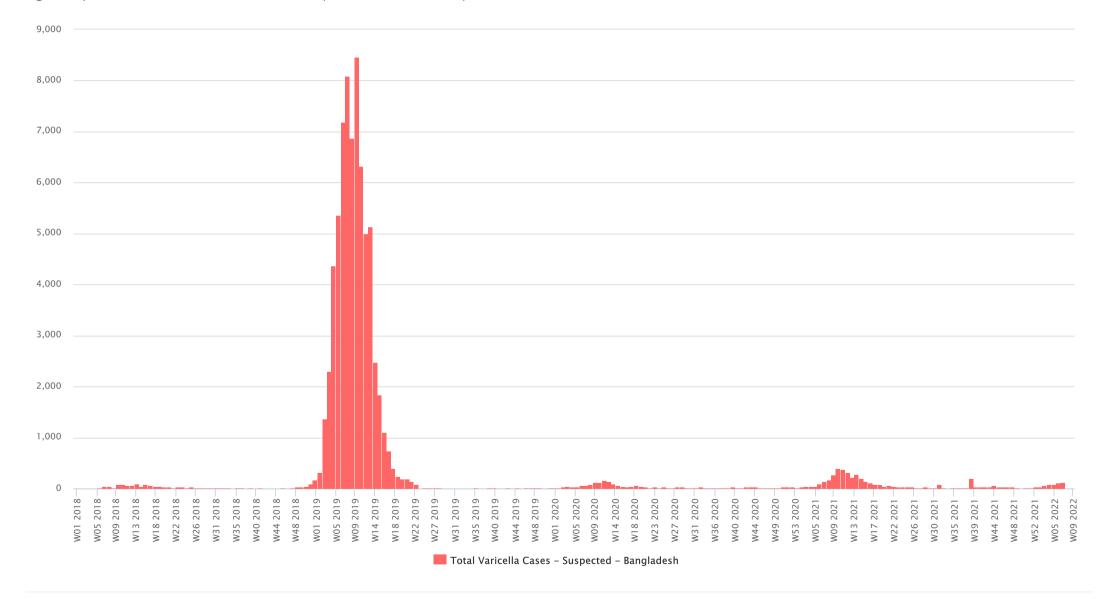






## Varicella (Susp.) | Trends

Figure 7 | Trend in number of cases over time (W38 2017 - W6 2022)





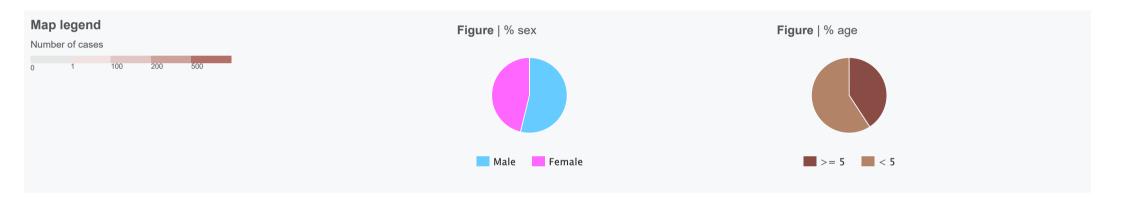


## Varicella (Susp.) | Maps

**Map 4** | Map of cases by camp (W37 2017 - W6 2022)

a. Ukhia | Number of cases Loading...

c. Teknaf | Number of cases Loading...







# For more help and support, please contact:

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#### **Notes**

WHO and the Ministry of Health and Family Welfare gratefully acknowledge all partners who have reported the data used in this bulletin.

The data been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind, and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at <a href="http://ewars-project.org">http://ewars-project.org</a>

Sign up for an account with ENADS Bangladach at http://bd.augra.w







