



Epidemiological Highlights

Week 12 (21-27 March) 2022



**World Health
Organization**

Highlights: COVID-19

As of week 12, (21-27 Mar) 2022 there were **5,902 confirmed cases** of COVID-19 (SARS-CoV-2), out of **96,160 samples** that had been submitted for testing. The **total positivity rate now stands at 6.1%**

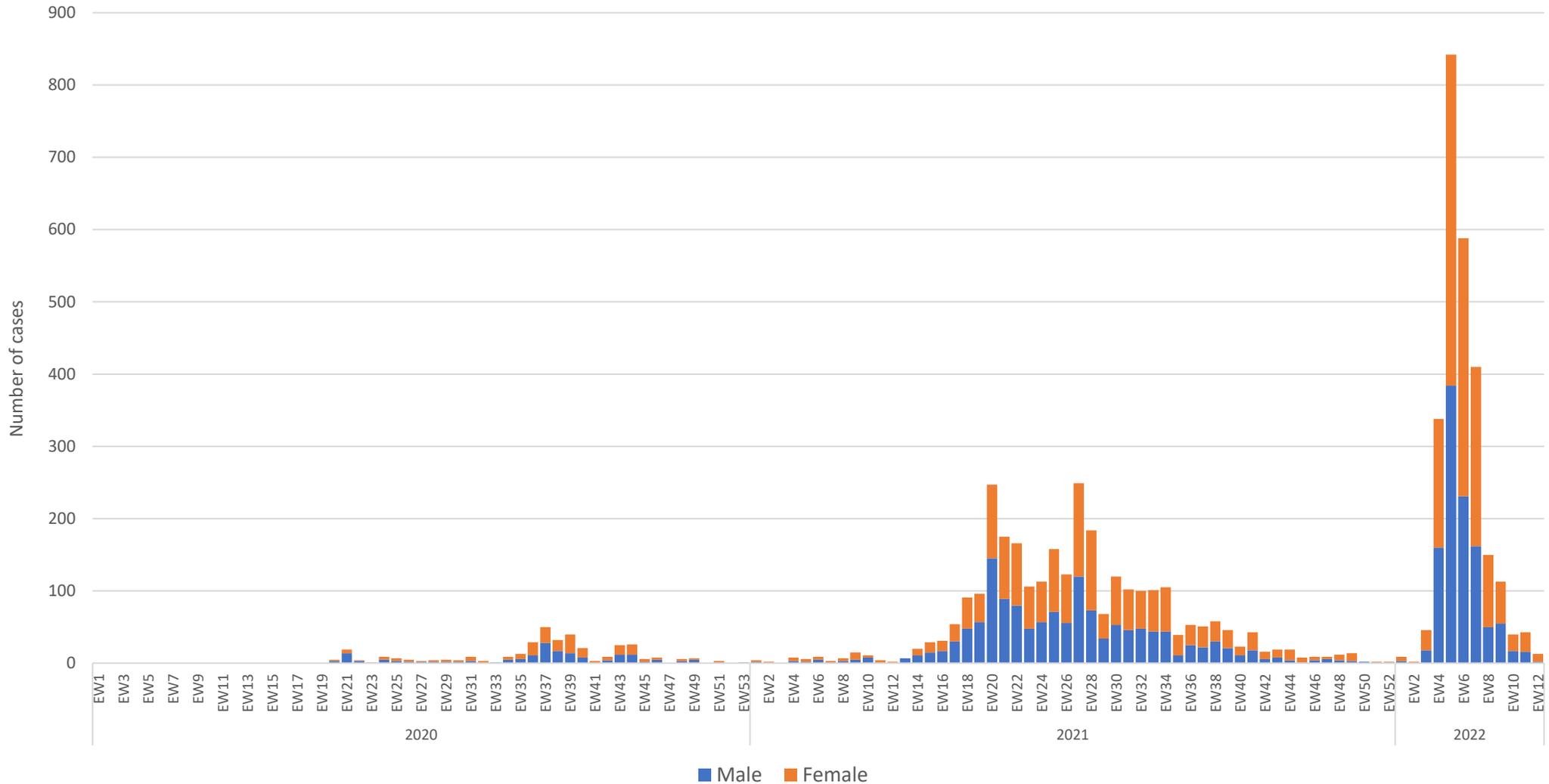
In the reporting week, thirteen (13) new confirmed cases were detected out of 936 total samples tested. This translated to a 1.4% Test positivity Rate (TPR) which is up from the 4.7% reported the week before.

As of this week (week 12)

- **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 55% 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; C17-404, C24-387, C2W-368, C4-363, and C3-337
- No new death was reported in this Epi week. Total confirmed COVID-19 deaths so far reported to date stands at 42 with the average **case fatality ratio** of 0.7%
- The **weekly incidence** was 15.1 cases/1 million population in this Epi week which is 70% lower in comparison with the week before.

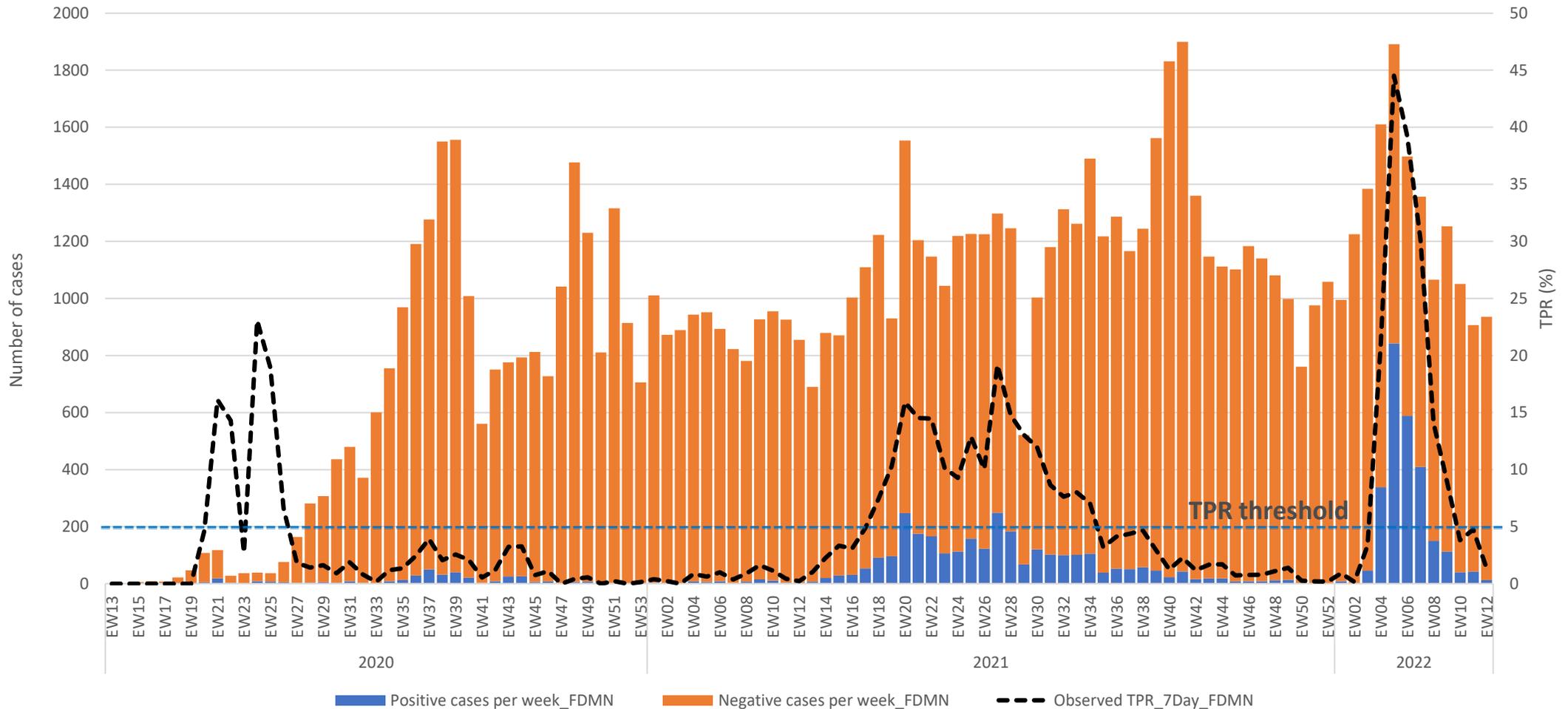
Highlights: COVID-19

Weekly trend of COVID-19 positive case (n=5,902) by date of test

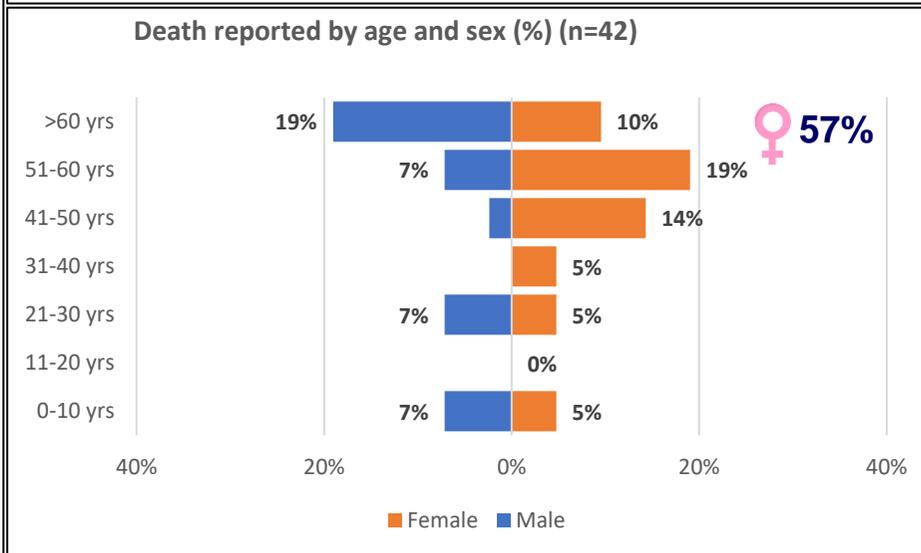
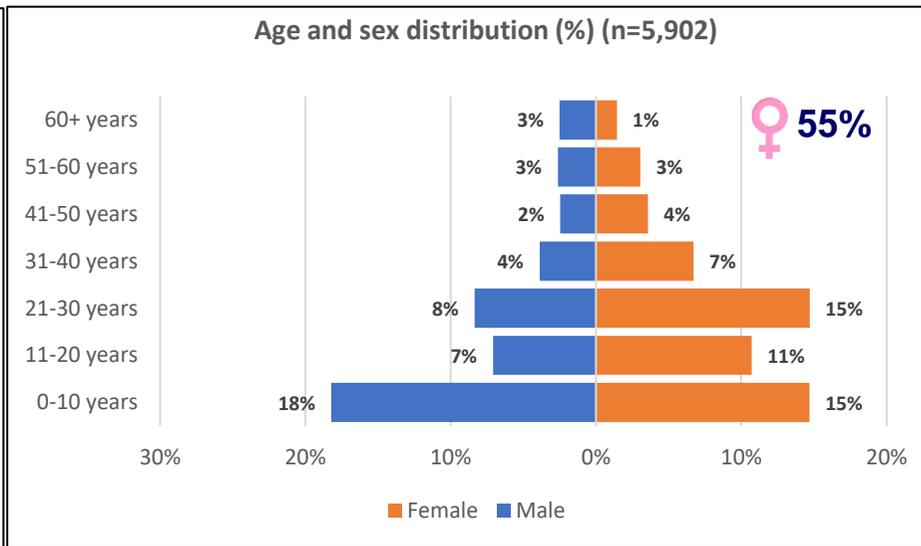
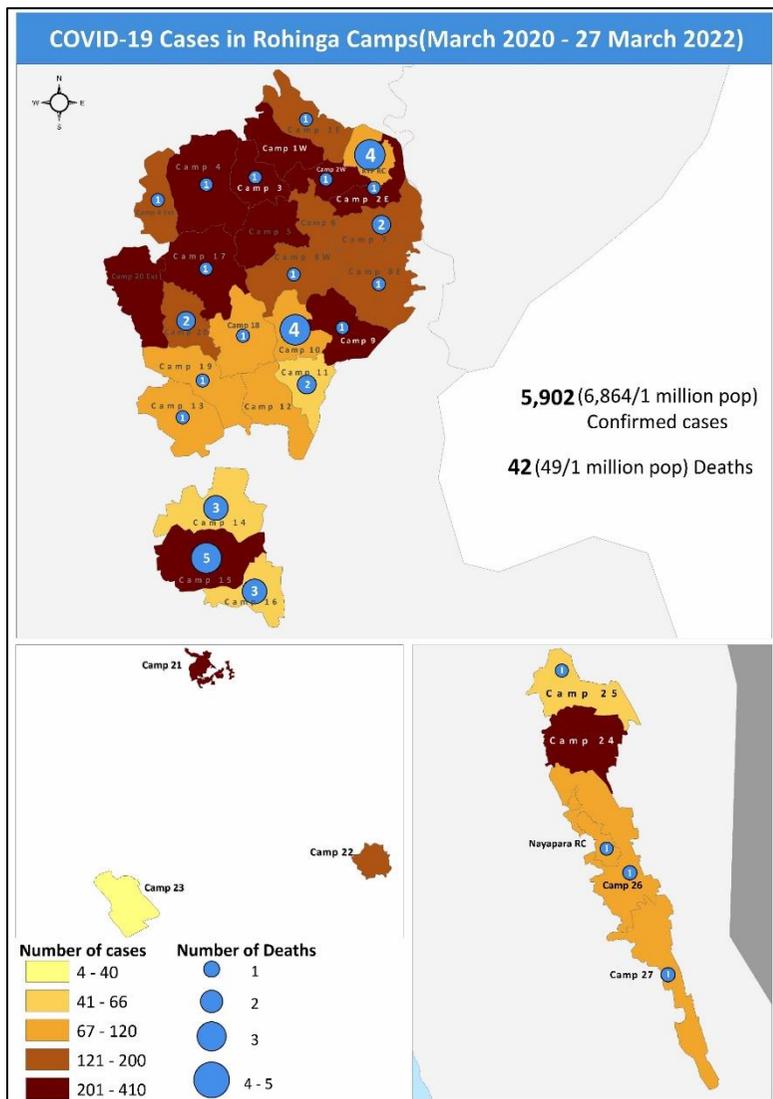


Highlights: COVID-19

Weekly observed TPR, FDMN/Rohingya Refugees, Cox's Bazar

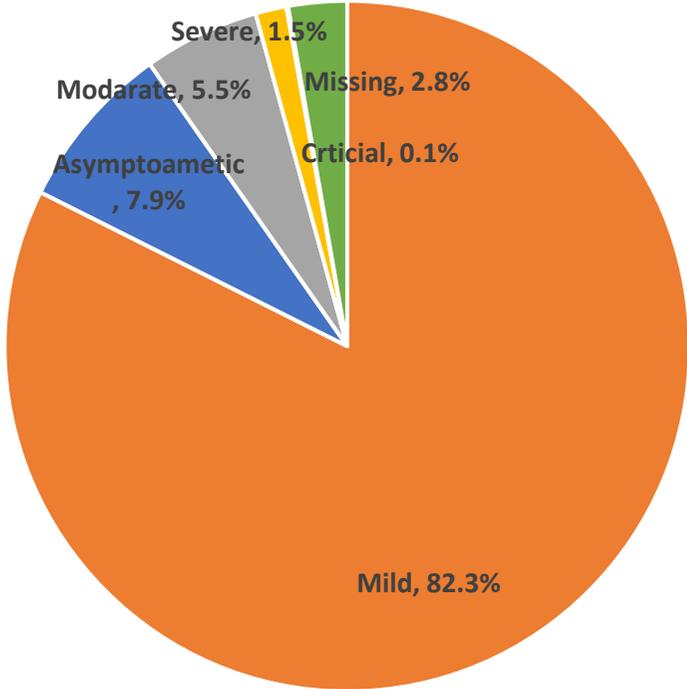


Highlights: COVID-19

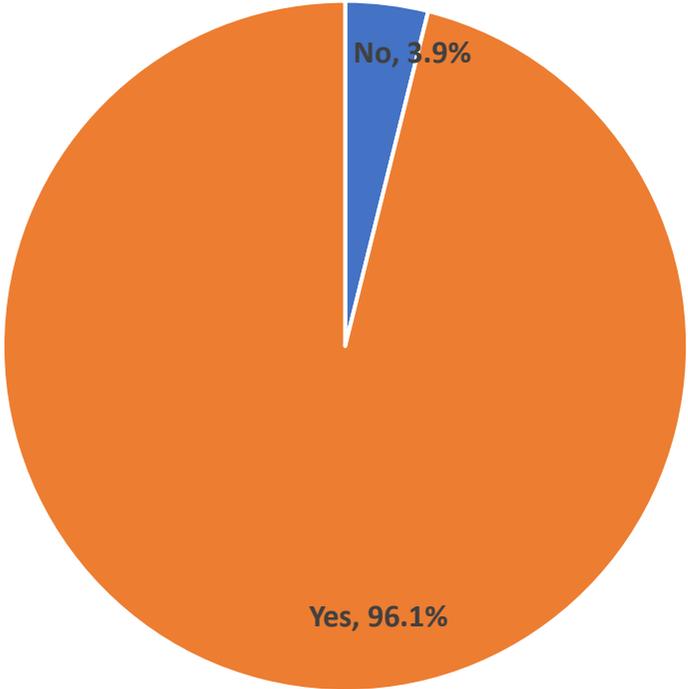


Highlights: COVID-19

Severity of reported cases at presentation (n=4,927)



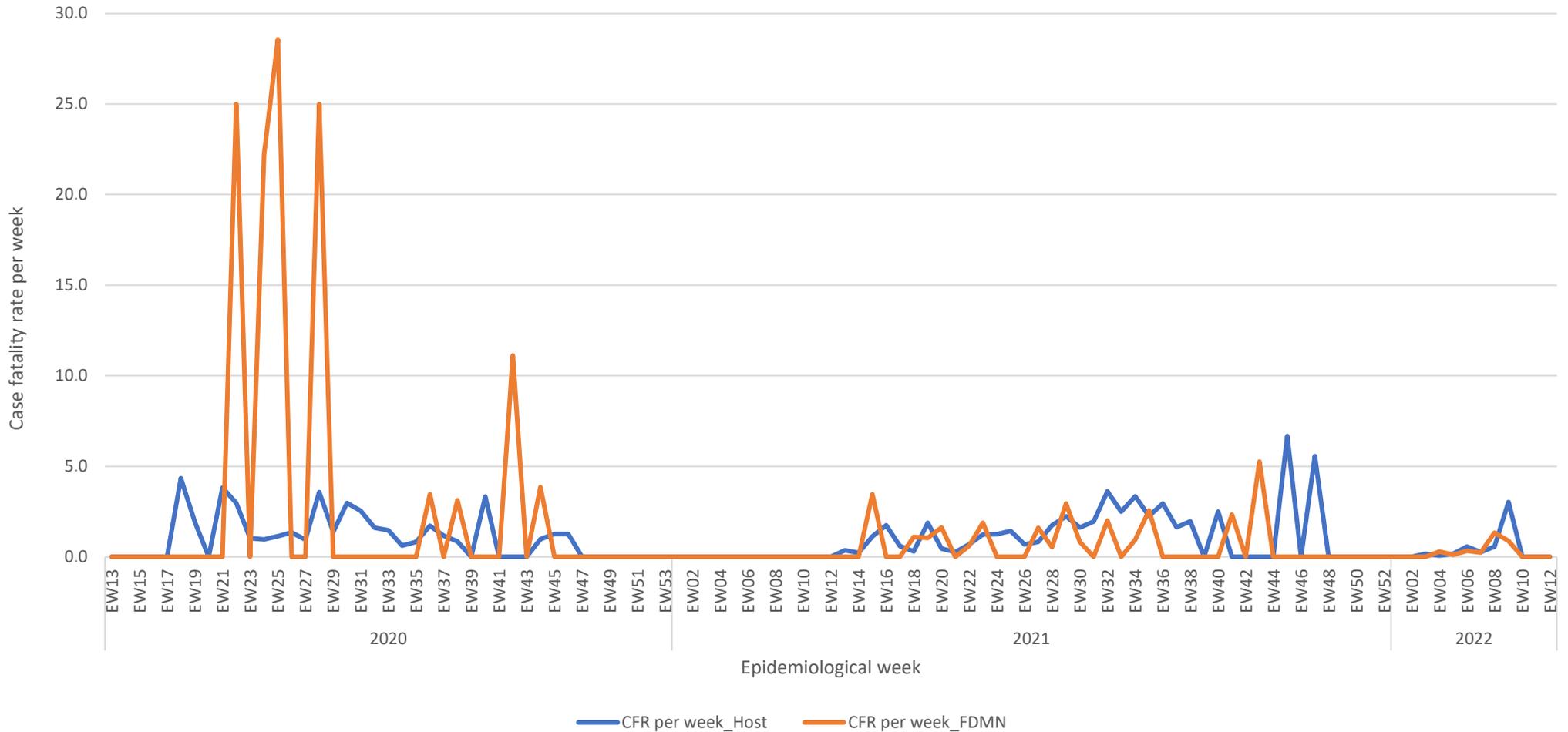
Case with at least 1 co-morbidity (n=4,927)



Source: Go.Data

Highlights: COVID-19

Weekly trend of case fatality rate (CFR)
(number of death in Host-269, CFR -1.1%; FDMN/Rohingya Refugees- 42, CFR -0.7%)



Highlights: COVID-19

Contact Tracing (CT) of COVID-19:

- Total 4,927 (out of 5,902) of the confirmed cases have been investigated by the Rapid Investigation and Response Team (RIRTs) and submitted in the go data while almost 975 cases have been investigated but not updated in the go.data
- Contact tracing continues to be undertaken by CT supervisors with 12,698 (76%) contacts registered for follow-up in the go.data out of 16,604 total contacts so far were identified during the field investigation.
- 9,296 (73%) contacts registered in the go.data have successfully accomplished the 14-days follow-up.
- 360 household contacts tested positive within the incubation period.

Source: Go.Data

EWARS Reporting Updates

- Currently, a total of 166 health facilities are registered in EWARS
 - Only 151/166 weekly reports were received on time in week 12
 - Timeliness of reporting for this week was 91%
 - Eighty-three (83) alerts were triggered
 - All alerts were reviewed and verified by the WHO EWARS team; this was a drop from the previous week (69 alerts in week 11, 2022).

Highlights: Morbidities and Mortalities

- Acute Respiratory Infections (14.9%), Diarrheal Diseases (3.7%) & Injury, and wounds (2.0%) were the diseases and health conditions with the highest proportional morbidity in week 12.
- Monitoring of suspected SARI death under enhanced Community-based mortality surveillance has been continued since week 28, 2020.
- This Epi week, one (1) SARI deaths reported as highlighted below:

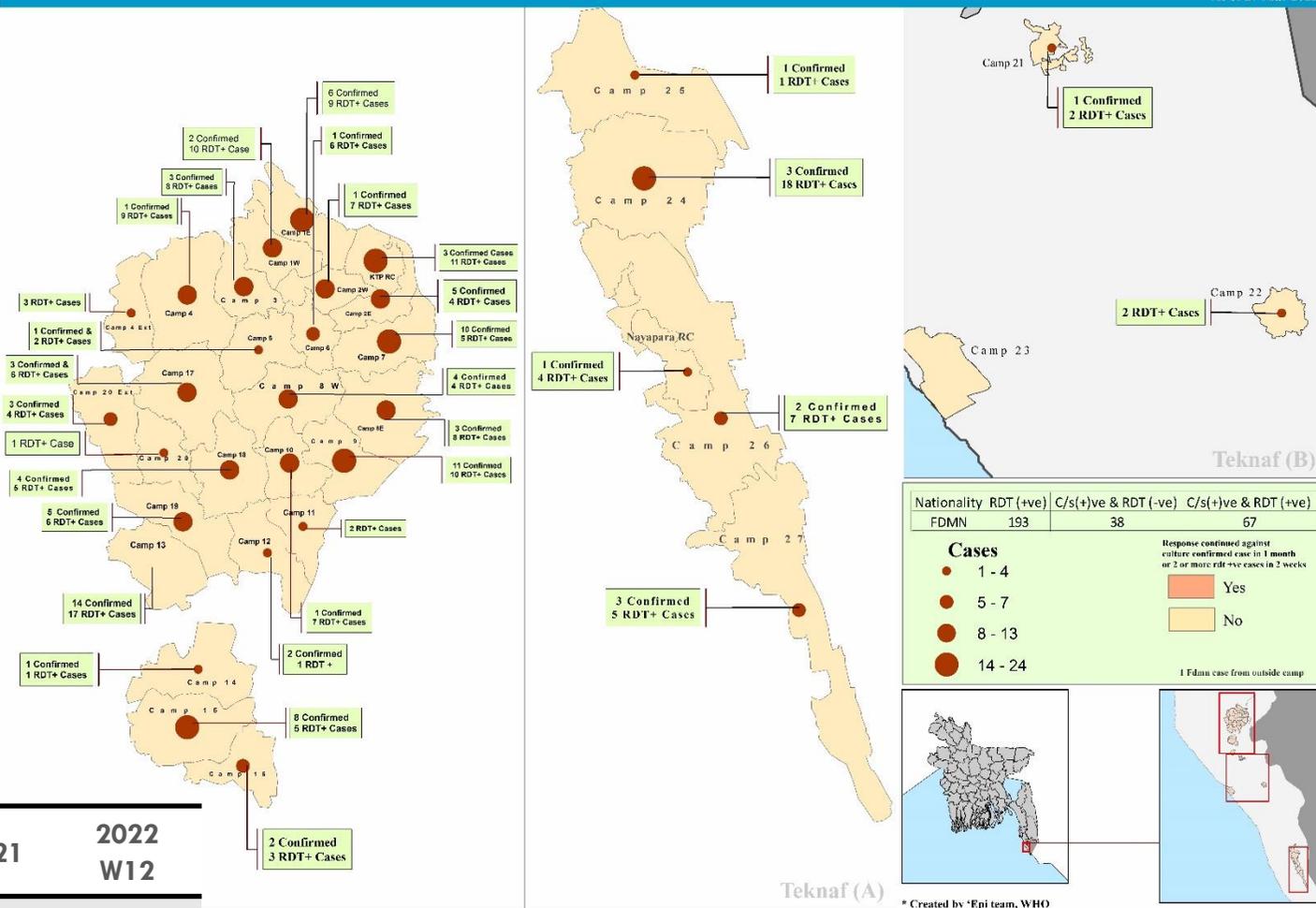
Year	Suspected SARI death reported	Reclassified as death due to probable COVID-19
2022	40	6
2021	96	15
2020	49	2

Cholera/AWD Surveillance Updates

- In this week, two (2) RDT positive cases were reported, among samples sent for testing.
- In 2022 total of fifty-three (53) RDT Confirmed cholera cases were reported as of W12 2022. Of these one (1) was positive for culture, 50 were negative for culture and 1 is pending for culture result.
- Cumulatively there are 739 RDT and culture-confirmed cholera cases of which 333 cases were culture-confirmed since transmission in 2018

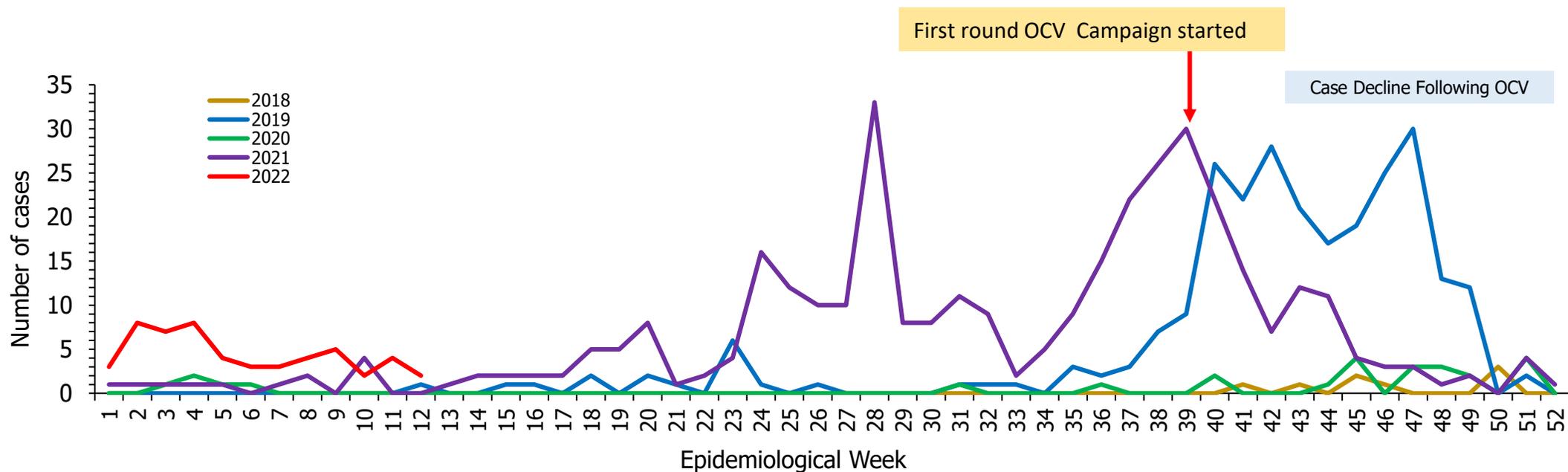
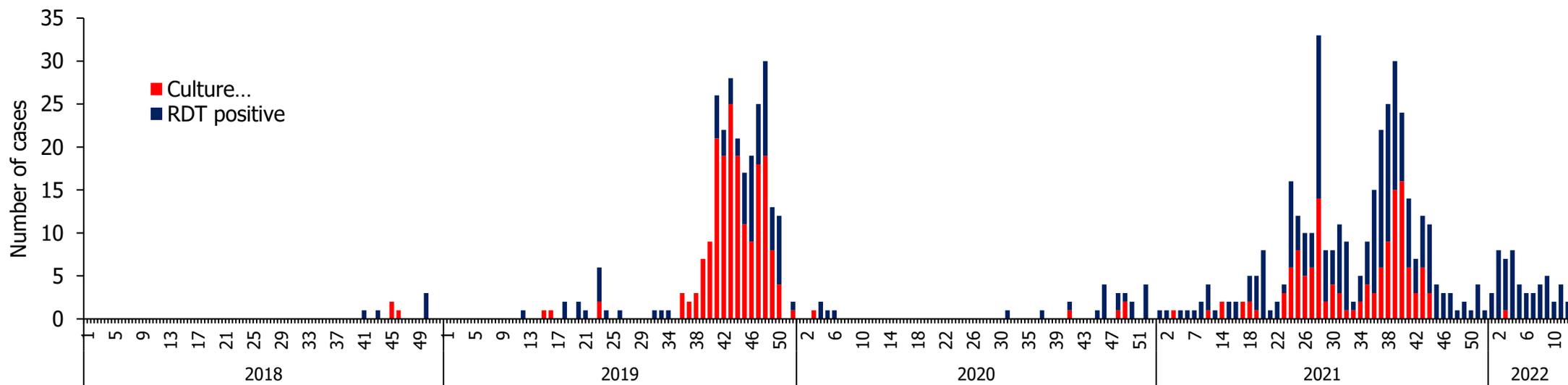
Distribution of RDT positive and culture confirmed for Cholera cases in FDMN 2021 to 2022

As of 27 Mar 2022



	2018	2019	2020	2021	2022 W12
RDT positive/culture confirmed for Cholera	49	258	28	357	53
Culture confirmed for Cholera	7	184	5	136	1

Epidemic curve of cholera, Cox's Bazar District, 2017-2022 (W12)



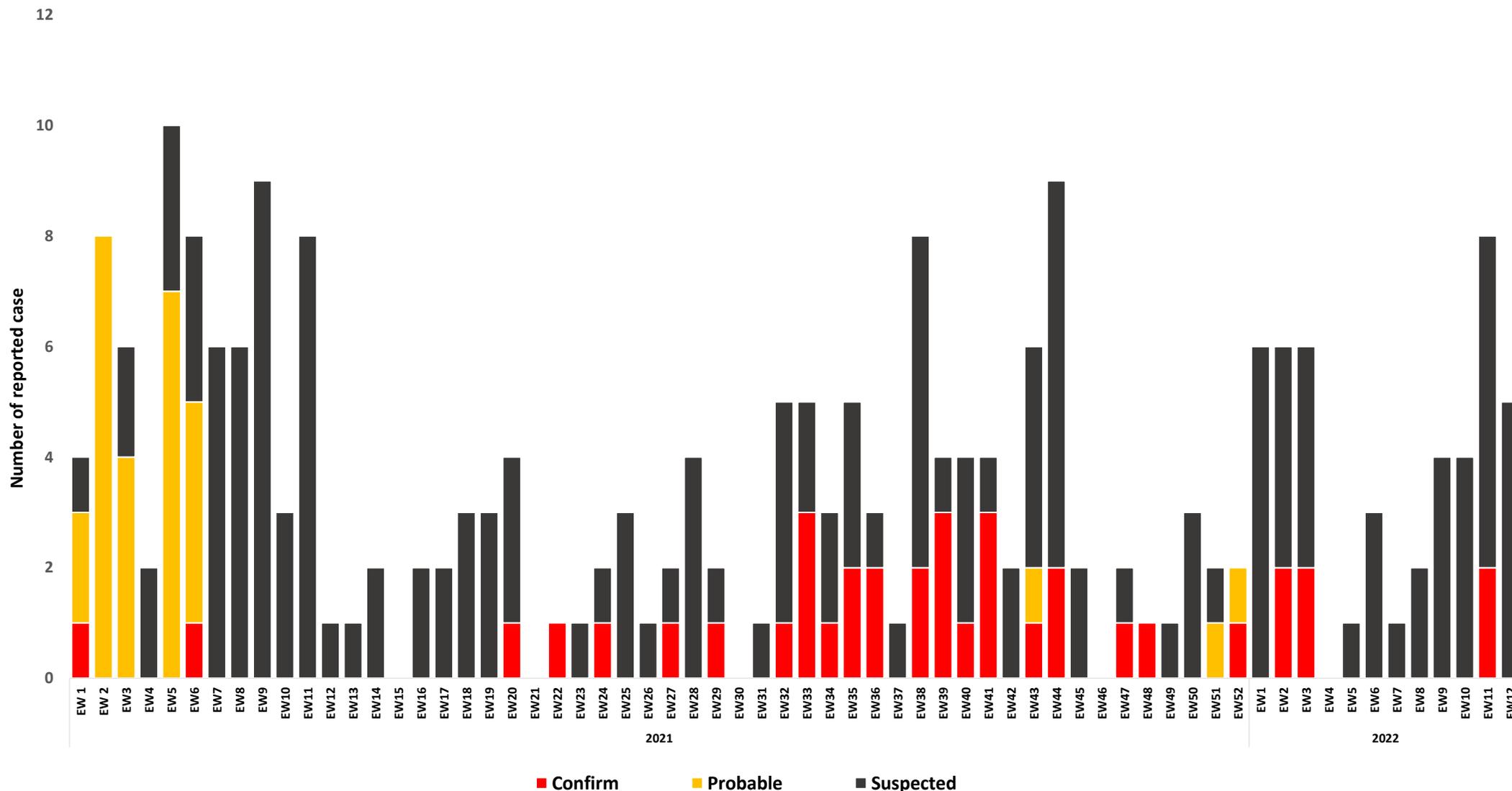
Diphtheria Surveillance Updates

- Five (5) suspected diphtheria cases were reported in go.data in this Epi week
- The last confirmed case was reported on 16 March 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	6
Probable	1154	1555	60	9	29	0
Suspected	1796	3549	523	198	118	40
Death	30	14	3	0	5	0

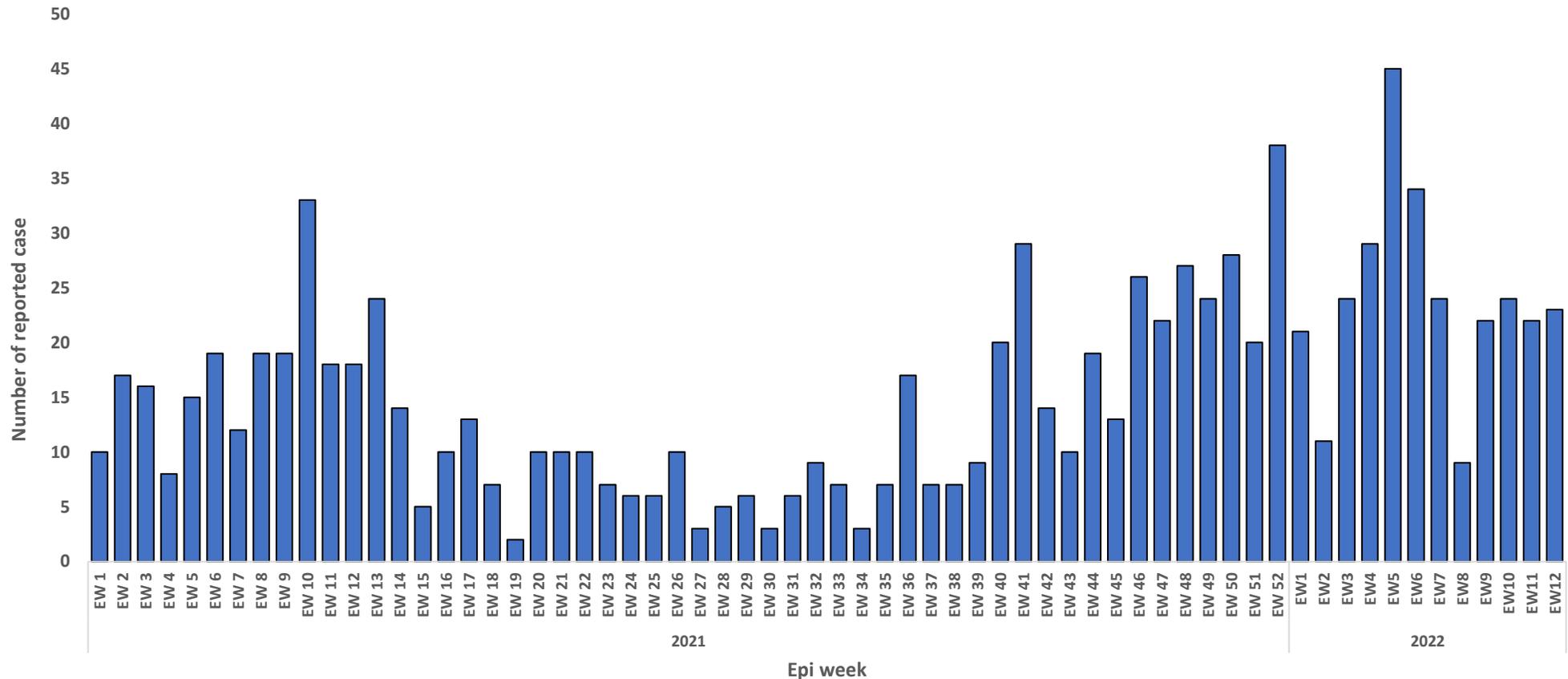
Trends of Diphtheria cases as of Epi Week 12, 2022

Total number of diphtheria case reported in EWARS from 2021- 2022 EW12



Epi Curve of Suspected Measles Cases as of Epi Week 12

Total number of Measles case reported in EWARS from 2021- 2022 EW12



> In week 12, 23 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 288 reported in 2022.

> About 52% (150/288) of the total suspected measles cases were reported through case-based reporting and samples collected for laboratory confirmation

Dengue Surveillance Updates

Year	Month/Epi Week	Confirmed case	Death	Confirmed case (cumulative)	Death (cumulative)
2021	Jan-Mar	1	0	1	0
	Apr-Jun	3	0	4	0
	Jul-Sep	6	0	10	0
	Oct-Dec	1,493	3	1,503	3
2022	Jan	184	0	1,687	3
	Feb	8	0	1,695	3
	W9 (28 Feb- 6 March)	2	0	1,697	3
	W10 (7-13 March)	0	0	1,697	3
	W11 (14-20 March)	0	0	1,697	3
	W12 (21-27 March)	1	0	1,698	3

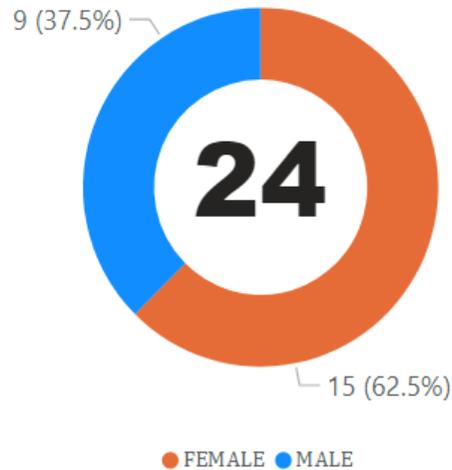
Community-based Mortality surveillance Updates

Probable Causes of Death	Week 12	In 2022
Still Birth	4 (17%)	56 (12%)
Neonatal Death (<28 days old)	1 (4%)	38 (8%)
Infectious Disease	2 (8%)	14 (3%)
Severe Acute Respiratory Infection (SARI)	--	14 (3%)
Injury	2 (8%)	8 (2%)
Maternal Death	1 (4%)	15 (3%)
Acute Malnutrition	--	1 (0%)
Other	14 (58%)	329 (69%)
Total	24 (100%)	475 (100%)

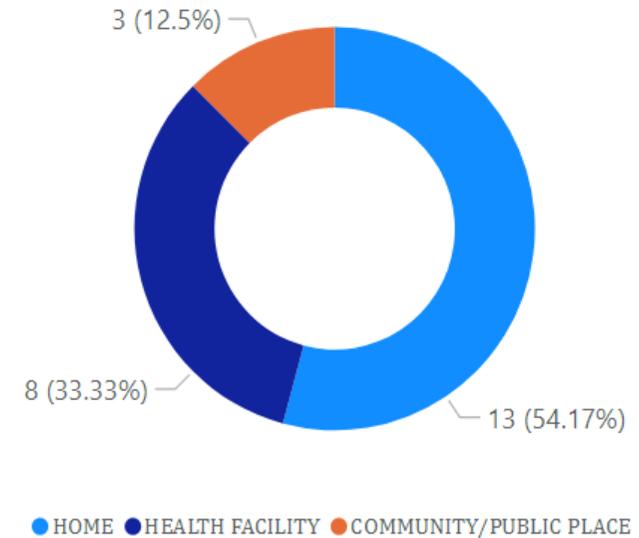
Partners to report all mortalities into the EWARS platform using both case and event-based reporting as applicable.

Community-based Mortality surveillance Updates

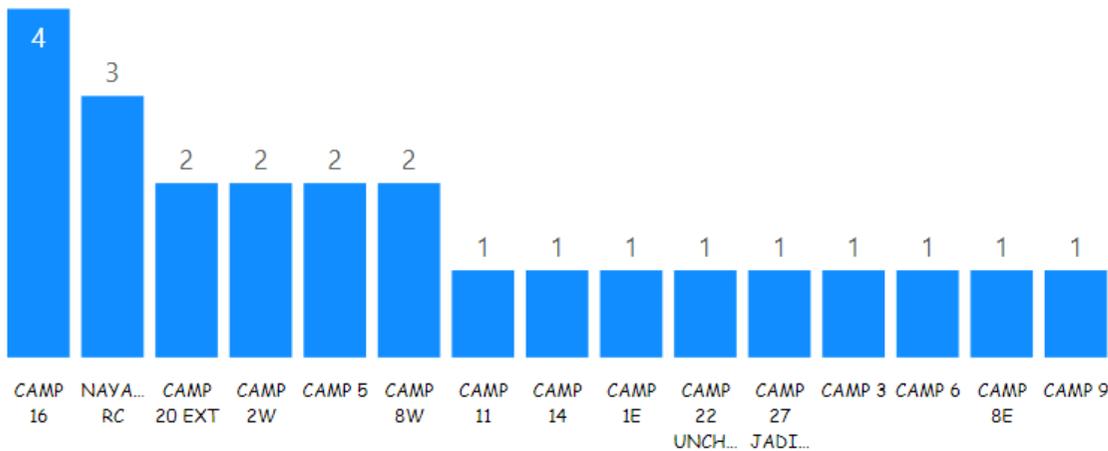
Gender distribution



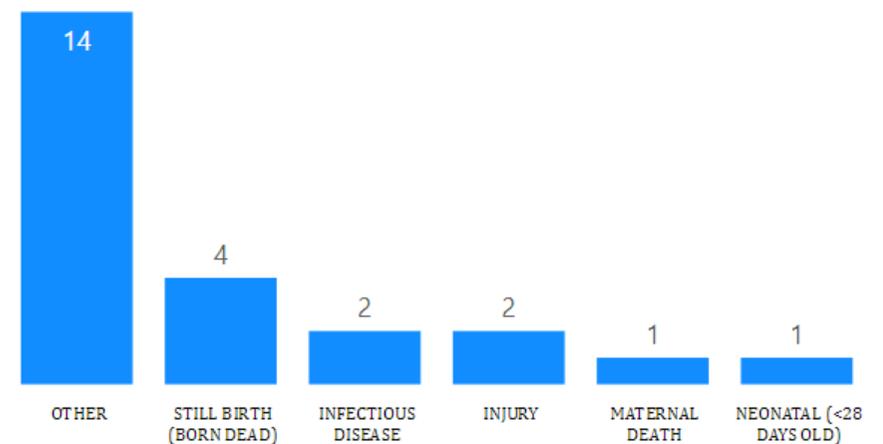
Place of death



Distribution of deceased Camp



Distribution of Probable cause of death



Bangladesh

Rohingya Emergency Response

Early Warning, Alert and
Response System (EWARS)

Epidemiological Bulletin W12 2022



Ministry of Health and Family
Welfare Bangladesh



World Health
Organization



HEALTH SECTOR
COX'S BAZAR



Printed: 03:14 Thursday, 07 April 2022 UTC

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Sources of data

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

Table 1 | Coverage

#	%	
918,841	-	Estimated total Rohingya population ¹
902,066	98%	Total population under surveillance
175	-	Total number of health facilities
166	95%	Number of EWARS reporting sites

Table 2 | Early warning performance indicators

W12	Cumulative (2022)	
156	2222	Number of weekly reports received
94%	96%	Completeness
91%	91%	Timeliness

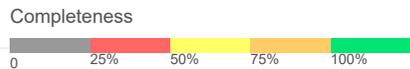
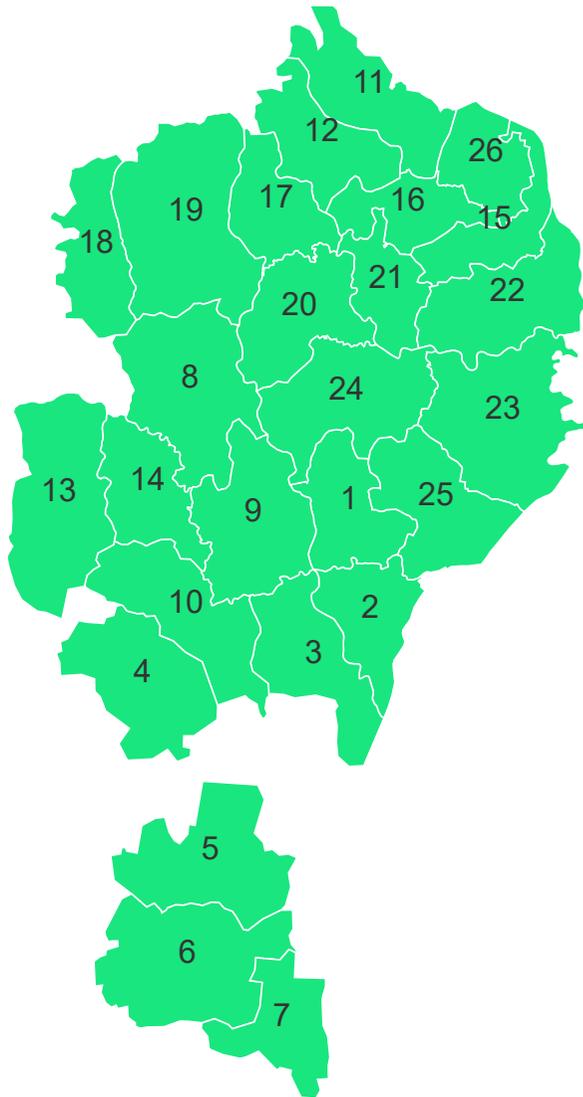
Table 3 Alert performance indicators

W12	Cumulative (2022)	
85	1,192	Total alerts raised
100%	100%	% verified
0%	0%	% auto-discarded
0%	0%	% undergoing risk assessment
0%	0%	% completed risk assessment

¹ Source: UNHCR. Bangladesh: Joint Government of Bangladesh- UNHCR Population Factsheet. 31 December 2020.

Map 1a | Ukhia 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 1E
- 12 Camp 1W
- 13 Camp 20 Ext
- 14 Camp 20
- 15 Camp 2E
- 16 Camp 2W
- 17 Camp 3
- 18 Camp 4 Ext
- 19 Camp 4
- 20 Camp 5
- 21 Camp 6
- 22 Camp 7
- 23 Camp 8E
- 24 Camp 8W
- 25 Camp 9
- 26 Kutupalong RC



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

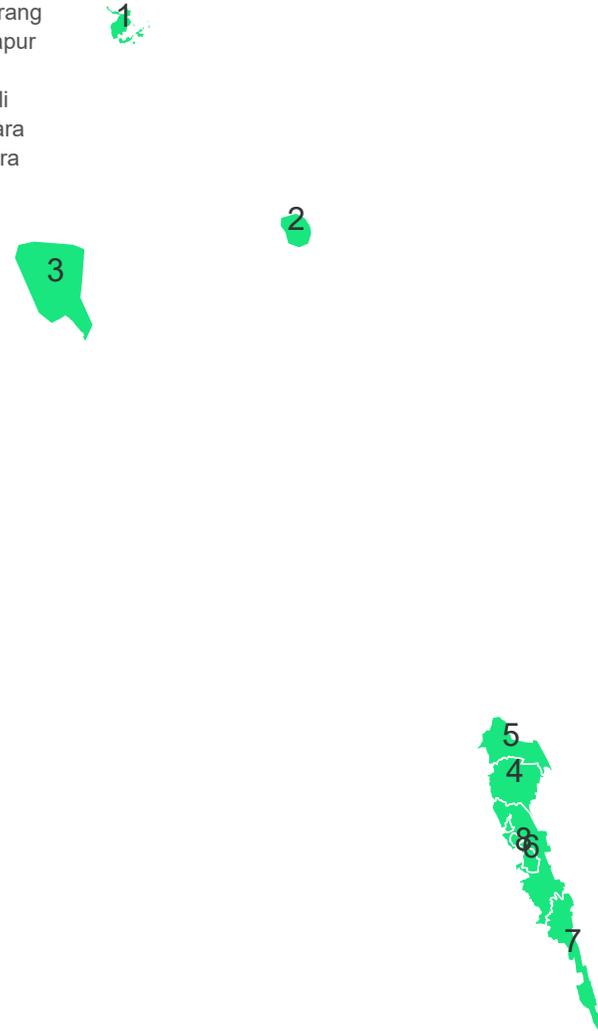


Table 4 | Performance by camp (W12 2022)

Northern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Northern Group				
Camp 1E	4	5	125%	125%
Camp 1W	5	5	100%	100%
Camp 2E	3	3	100%	100%
Camp 2W	3	3	100%	100%
Camp 3	6	6	100%	83%
Camp 4	5	5	100%	100%
Camp 4 Ext	1	1	100%	100%
Camp 5	5	5	100%	100%
Camp 6	3	2	67%	67%
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

- 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

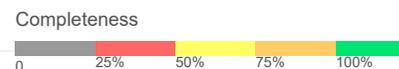
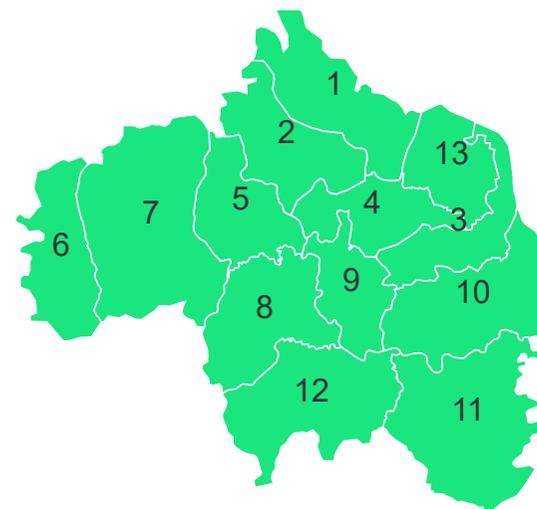


Table 5 | Performance by camp (W12 2022)

Southern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Southern Group				
Camp 10	4	3	75%	75%
Camp 11	7	7	100%	100%
Camp 12	6	6	100%	100%
Camp 13	10	8	80%	80%
Camp 14	7	7	100%	100%
Camp 15	9	9	100%	100%
Camp 16	7	7	100%	100%
Camp 17	5	4	80%	80%
Camp 18	5	4	80%	80%
Camp 19	5	5	100%	100%
Camp 20	3	3	100%	100%
Camp 20 Ext	3	3	100%	100%
Camp 9	6	6	100%	83%

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

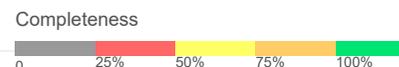
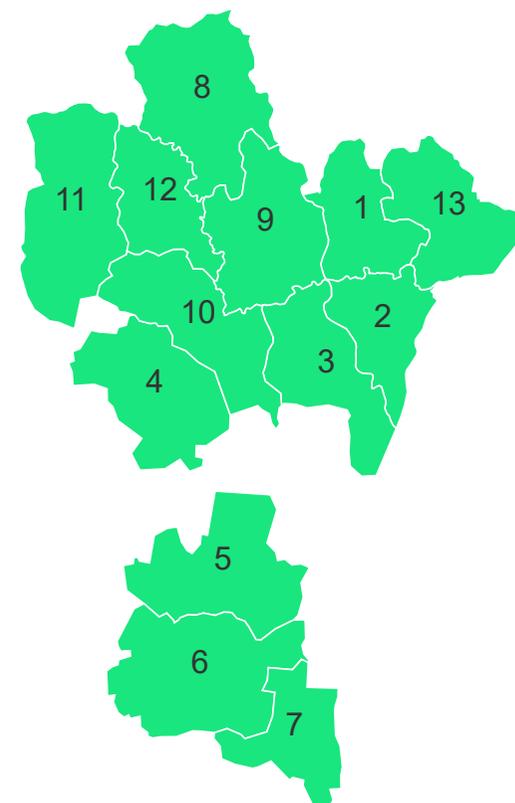


Table 6 | Performance by camp (W12 2022)

Teknaf	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Teknaf				
Camp 21 Chakmarkul	4	4	100%	75%
Camp 22 Unchiprang	5	3	60%	60%
Camp 23 Shamlapur	3	3	100%	67%
Camp 24 Leda	2	2	100%	100%
Camp 25 Ali Khali	3	3	100%	67%
Camp 26 Nayapara	4	3	75%	75%
Camp 27 Jadimura	2	2	100%	100%
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

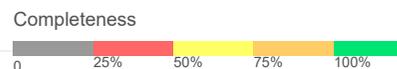
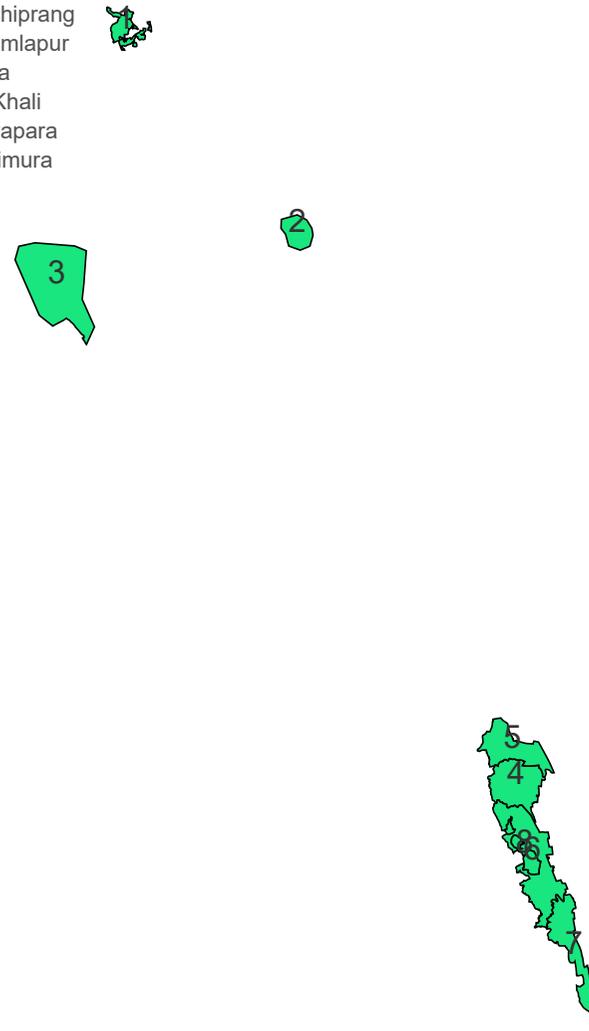


Table 7 | Performance by partner (W12 2022)

Partner	Performance		Reporting		Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness		# sites	# reports received	Completeness	Timeliness
AKF	1	1	100%	100%	IRC	2	2	100%	0%
AWARD	7	7	100%	100%	MSF	9	8	89%	78%
BASHMAH	1	0	0%	0%	MoH	15	13	87%	87%
BDRCS	12	12	100%	100%	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	1	100%	100%
DBC	1	1	100%	100%	PULSE	1	1	100%	100%
DSK	1	1	100%	100%	QC	1	1	100%	0%
DCHT-PWJ	1	1	100%	100%	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%	67%
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	7	100%	100%
HMBDF	2	2	100%	100%	DCHT-MM	1	1	100%	100%
HOPE	1	1	100%	100%	Turkish Government	1	1	100%	100%
ICRC	1	1	100%	100%	TdH	2	2	100%	100%
IOM	18	16	89%	89%					

Table 8 | Performance by camp

Northern group	W12		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 1E	5	100%	22	100%
Camp 1W	6	100%	53	100%
Camp 2E	7	100%	137	100%
Camp 2W	4	100%	37	100%
Camp 3	3	100%	58	100%
Camp 4	5	100%	52	100%
Camp 4 Ext	0	0%	15	100%
Camp 5	2	100%	41	100%
Camp 6	2	100%	31	100%
Camp 7	1	100%	24	100%
Camp 8E	1	100%	17	100%
Camp 8W	4	100%	58	100%
Kutupalong RC	0	0%	20	100%

Map 5 | Number of alerts by camp

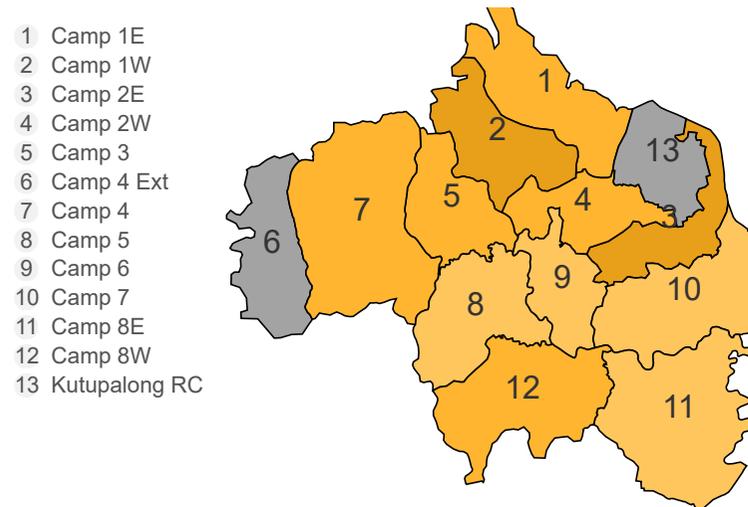


Table 9 | Performance by camp

Southern group	W12		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 10	1	100%	18	100%
Camp 11	3	100%	35	100%
Camp 12	4	100%	41	100%
Camp 13	1	100%	49	100%
Camp 14	2	100%	25	100%
Camp 15	5	100%	39	100%
Camp 16	2	100%	40	100%
Camp 17	1	100%	21	100%
Camp 18	2	100%	49	100%
Camp 19	2	100%	16	100%
Camp 20	3	100%	18	100%
Camp 20 Ext	1	100%	13	100%
Camp 9	5	100%	61	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

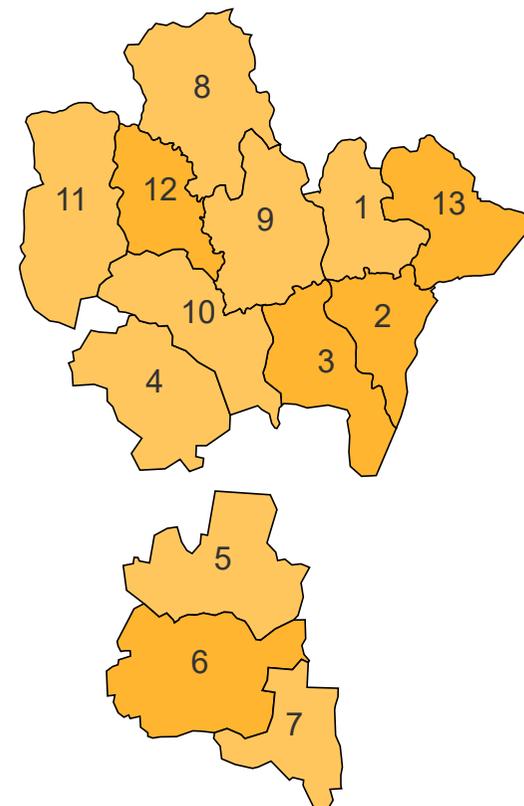


Table 10 | Performance by camp

Teknaf	W12		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 21 Chakmarkul	1	100%	16	100%
Camp 22 Unchiprang	2	100%	27	100%
Camp 23 Shamlapur	1	100%	8	100%
Camp 24 Leda	2	100%	27	100%
Camp 25 Ali Khali	1	100%	12	100%
Camp 26 Nayapara	0	0%	43	100%
Camp 27 Jadimura	2	100%	25	100%
Nayapara RC	1	100%	11	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

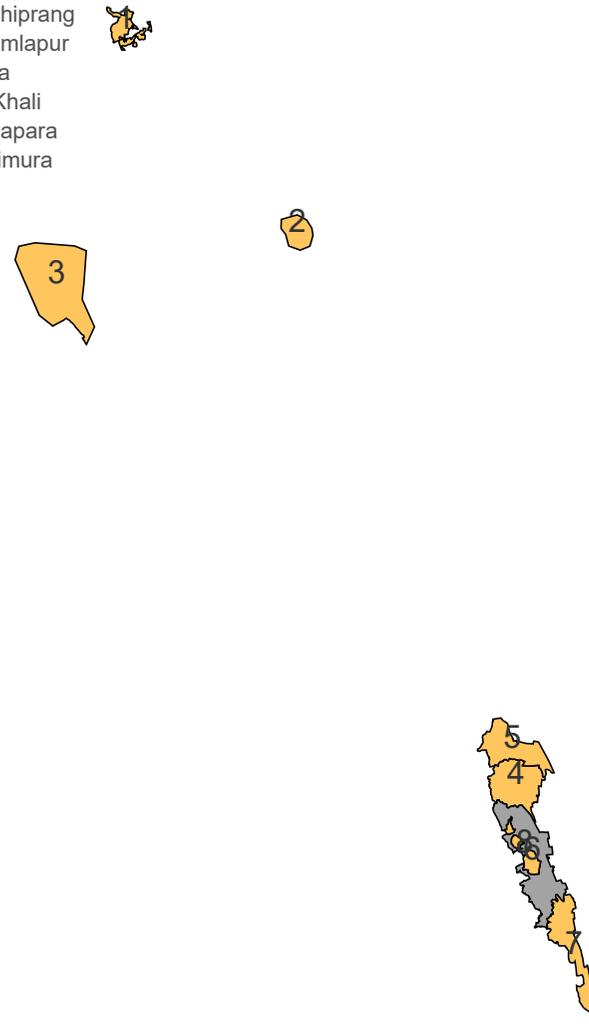


Table 11 | Performance by type of alert

Event	W12		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Indicator-based surveillance				
Malaria	0	0%	2	100%
Measles	14	100%	187	100%
Bloody Diarr.	0	0%	0	0%
AFP	1	100%	11	100%
Meningitis	0	0%	6	100%
Haem. fever (susp.)	0	0%	5	100%
NNT	0	0%	3	100%
Unexp. fever	2	100%	53	100%
AWD	7	100%	83	100%
ARI	2	100%	76	100%
AJS	2	100%	22	100%
Varicella (Susp.)	23	100%	87	100%
Suspected COVID-19	0	0%	0	0%
Event-based surveillance				
EBS total	5	100%	89	100%

Table 12 | Risk assessment

W12	Cumulative (2022)	
0	4	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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Notes

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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 <http://ewars-project.org>

Sign up for an account with EWARS Bangladesh at <http://bd.ewars.ws>



Ministry of
Health and
Family
Welfare
Bangladesh



World Health
Organization



Bangladesh

Rohingya Emergency Response

Early Warning, Alert and
Response System (EWARS)

Annex W12 2022



Ministry of Health and Family
Welfare Bangladesh



World Health
Organization



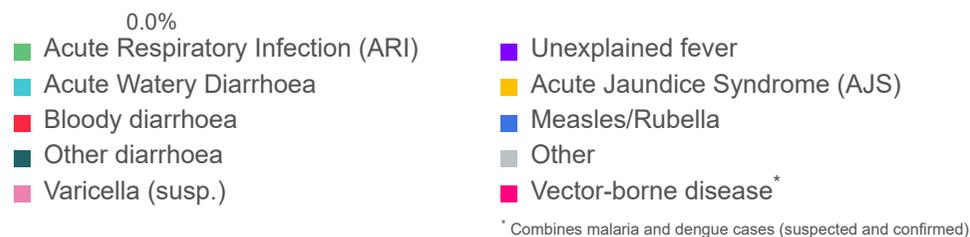
HEALTH SECTOR
COX'S BAZAR



Printed: 09:39 Sunday, 03 April 2022 UTC

Proportional morbidity

Figure 1 | Proportional morbidity (W12 2022)



Disease	W12		2022	
	# cases	% morbidity	# cases	% morbidity
AWD	2,176	2.2%	31,996	2.4%
Bloody diarr.	329	0.3%	5,131	0.4%
Other diarr.	1,180	1.2%	13,116	1.0%
Susp. Varicella	1,056	1.1%	4,166	0.3%
ARI	14,475	14.9%	257,176	19.0%
Measles/Rub.	23	0.0%	331	0.0%
AFP	1	0.0%	26	0.0%
Susp. mening.	2	0.0%	28	0.0%
AJS	10	0.0%	181	0.0%
Susp. HF	0	0.0%	15	0.0%
Neo. tetanus	0	0.0%	4	0.0%
Adult tetanus	0	0.0%	1	0.0%
Malaria (conf.)	0	0.0%	206	0.0%
Malaria (susp.)	1,298	1.3%	23,463	1.7%
Dengue (conf.)	8	0.0%	394	0.0%
Dengue (susp.)	3	0.0%	313	0.0%
Unexpl. fever	1,075	1.1%	16,609	1.2%
Sev. Malnut.	21	0.0%	683	0.1%
Inj./Wounds	1,893	2.0%	27,149	2.0%
Other	73,190	75.5%	973,015	71.8%
Total	95,853	100%	1,355,775	100%

Trend in consultations and key diseases

Figure 2 | Trend in proportional morbidity for key diseases (W12)

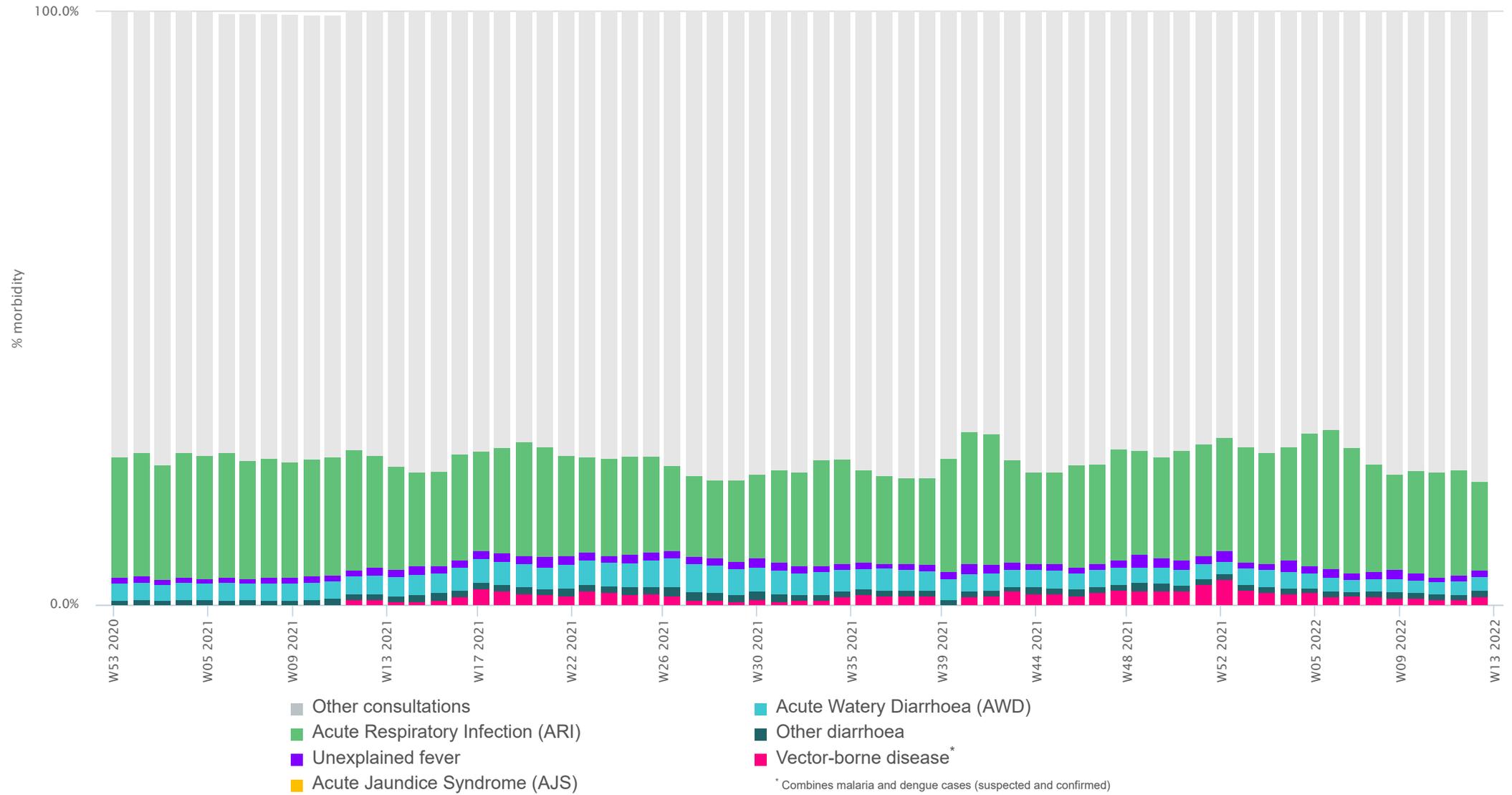
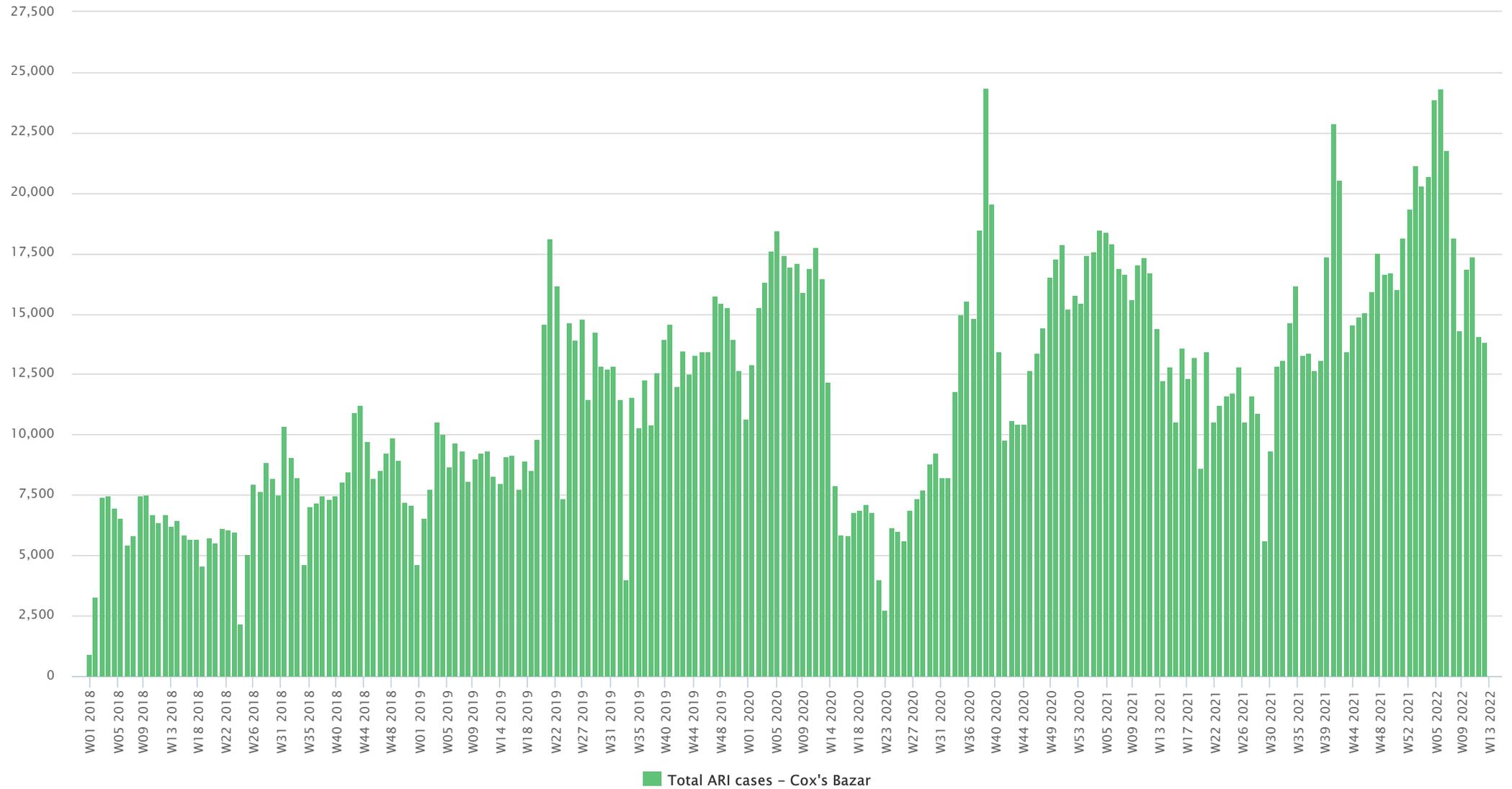
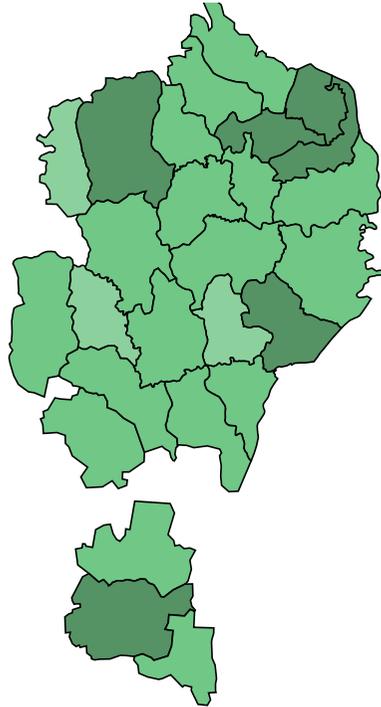


Figure 3 | Trend in number of cases over time (W38 2017 - W12 2022)

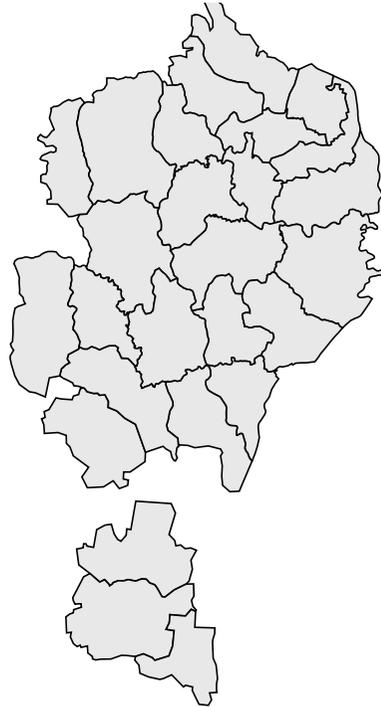


Map 1 | Map of cases by camp (W12 2022)

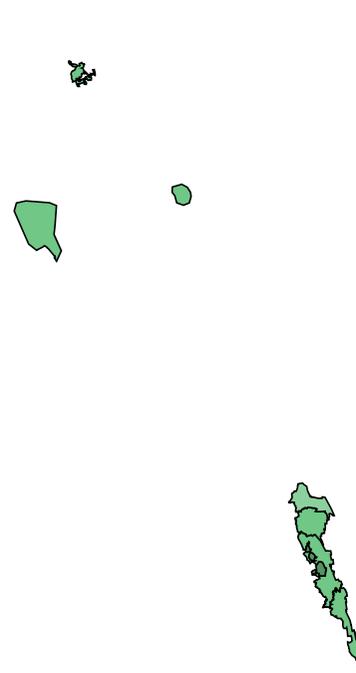
a. Ukhia | Number of cases



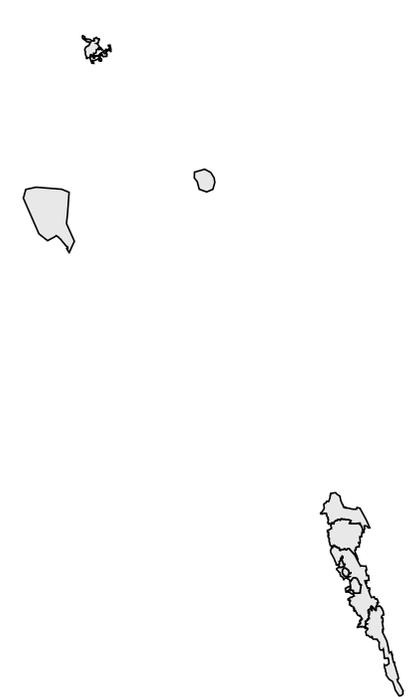
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend

Number of cases



Number of alerts



Alert threshold

Twice the average number of cases over the past 3 weeks. *Source: IEDCR*

Alert management (W12 2022)

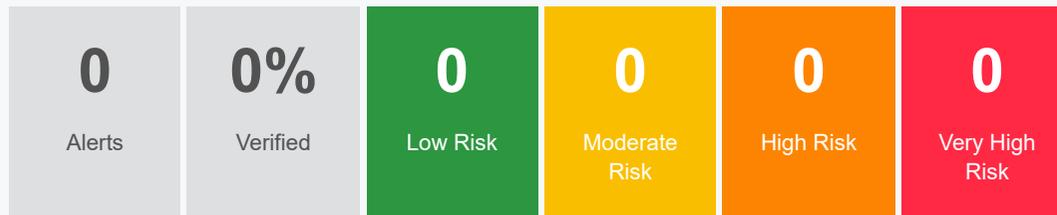
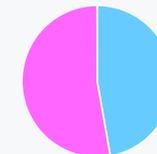


Figure | % sex



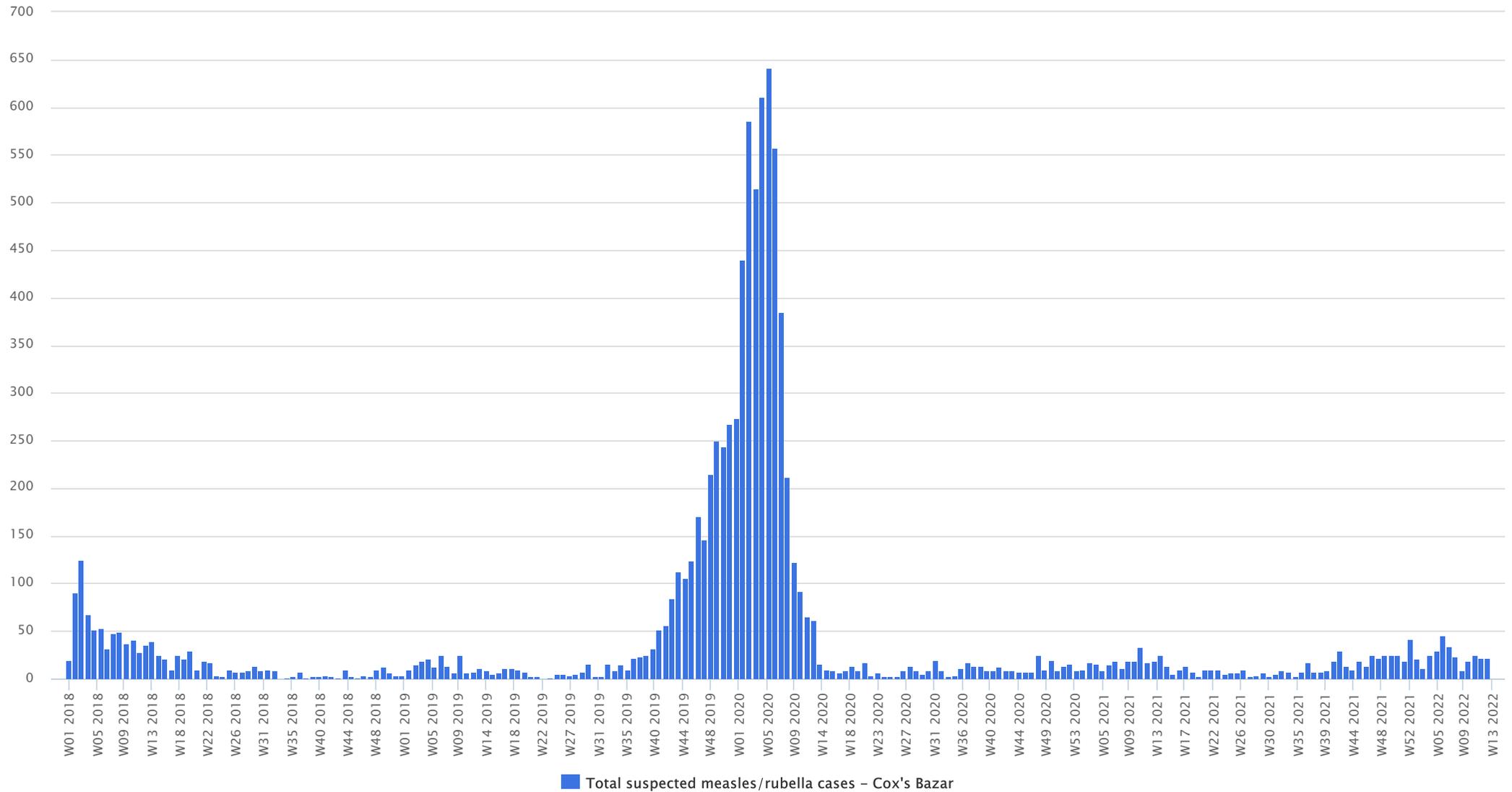
Male Female

Figure | % age



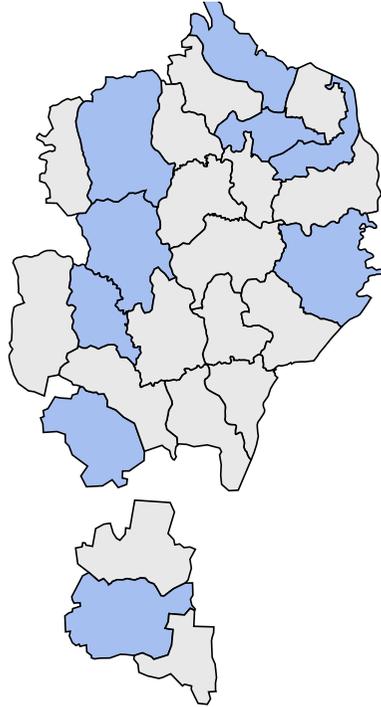
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Figure 4 | Trend in number of suspected cases over time (W38 2017 - W12 2022)

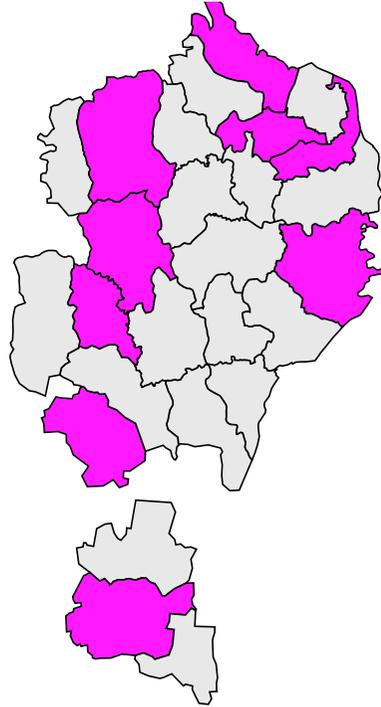


Map 2 | Map of cases by camp (W12 2022)

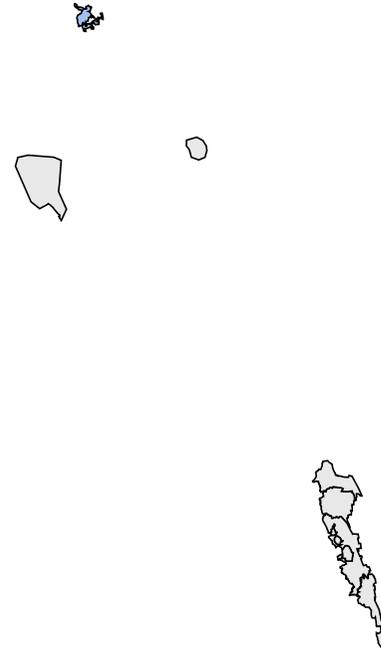
a. Ukhia | Number of cases



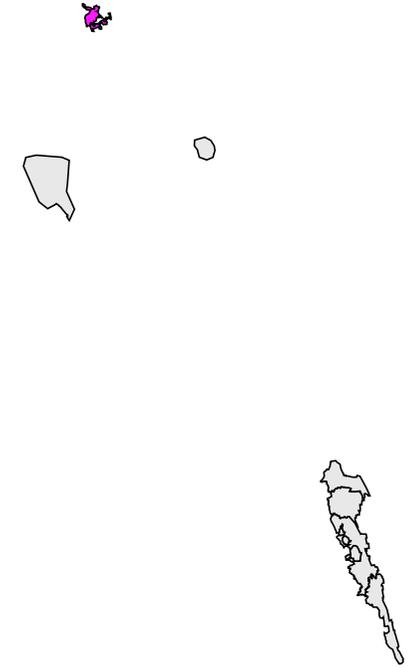
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold
1 case. Source: IEDCR

Alert management (W12 2022)

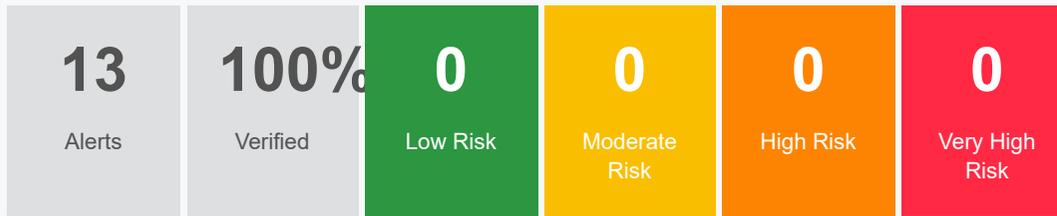


Figure | % sex

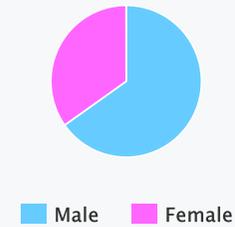


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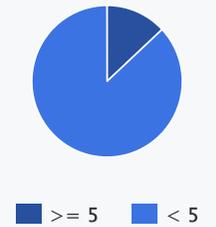
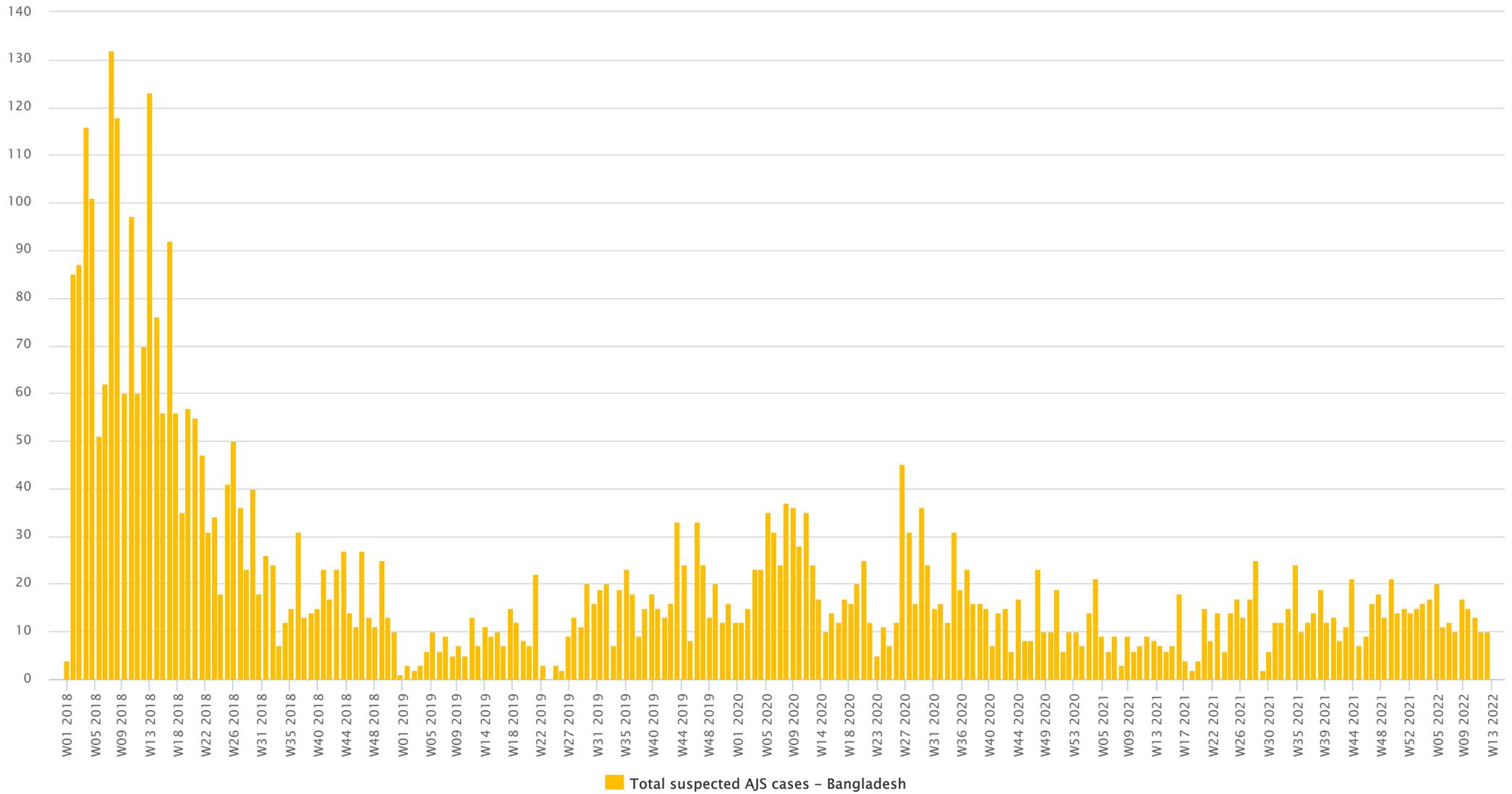
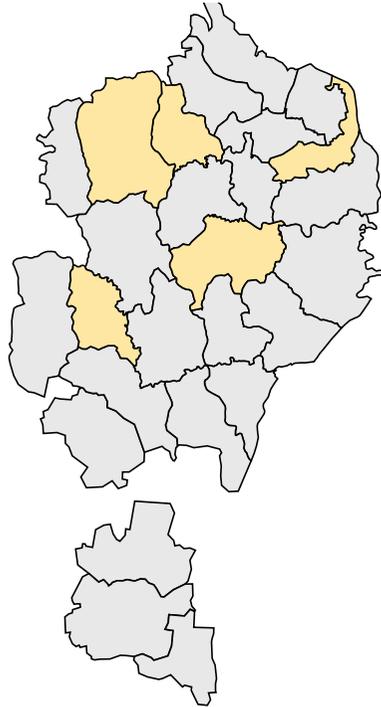


Figure 5 | Trend in number of cases over time (W38 2017 - W12 2022)

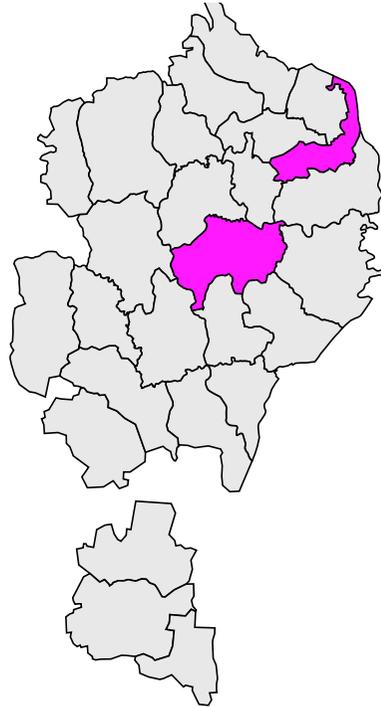


Map 3 | Map of cases by camp (W37 2017 - W12 2022)

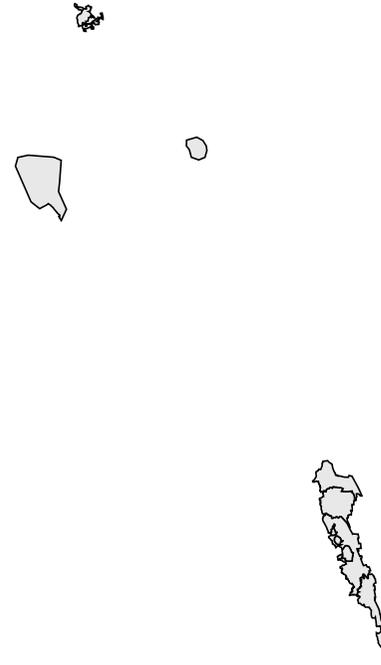
a. Ukhia | Number of cases



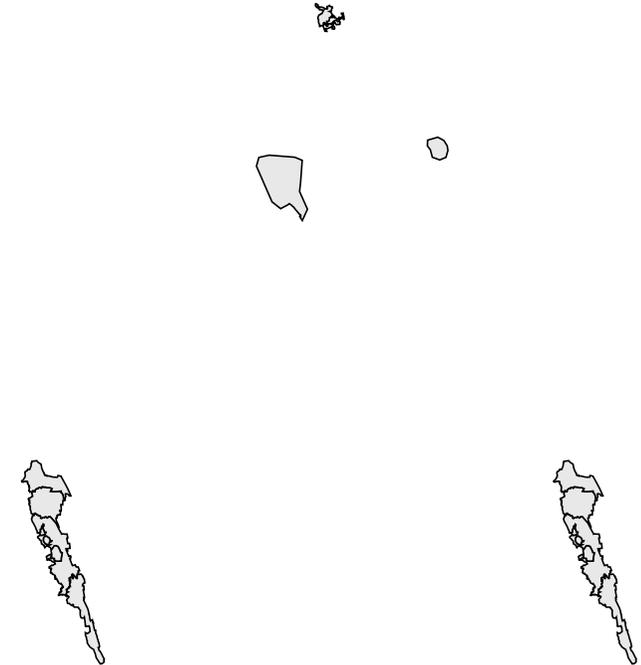
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold

A cluster of 3 or more cases seen in a health facility. *Source: IEDCR*

Alert management (W12 2022)

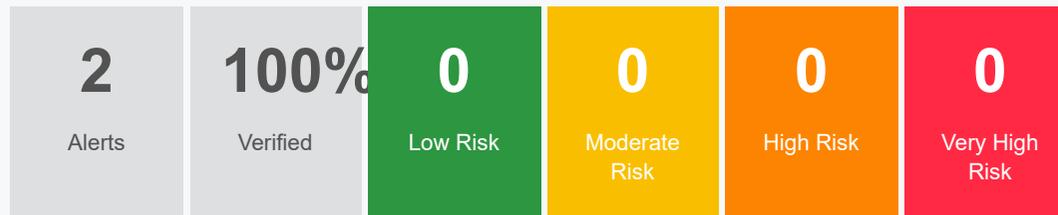


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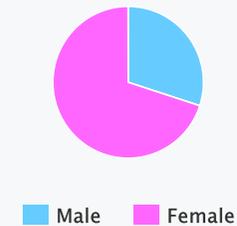


Figure | % age

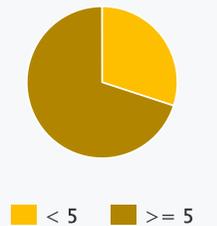


Figure 6 | Trend in number of cases over time (W38 2017 - W12 2022)

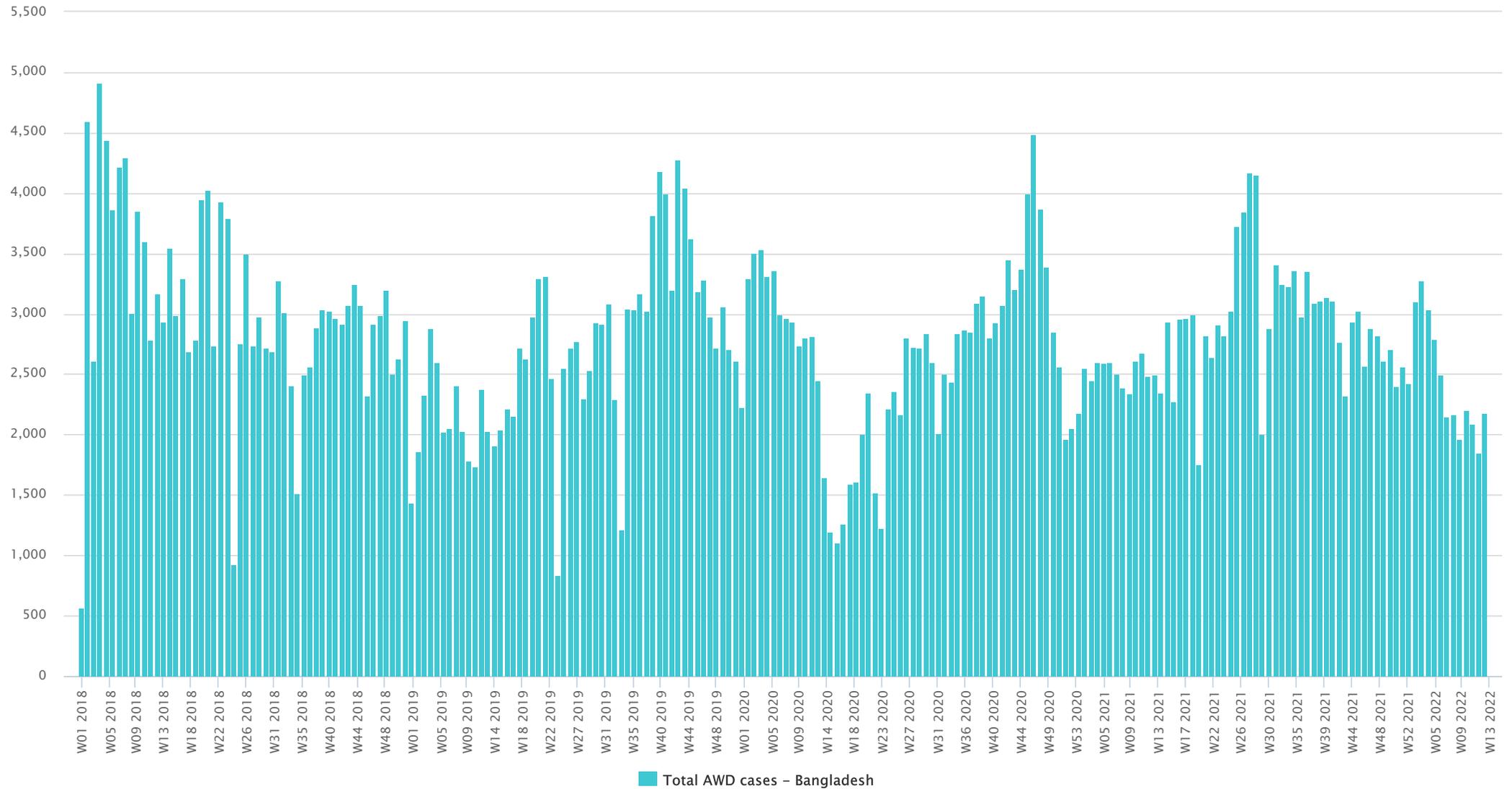
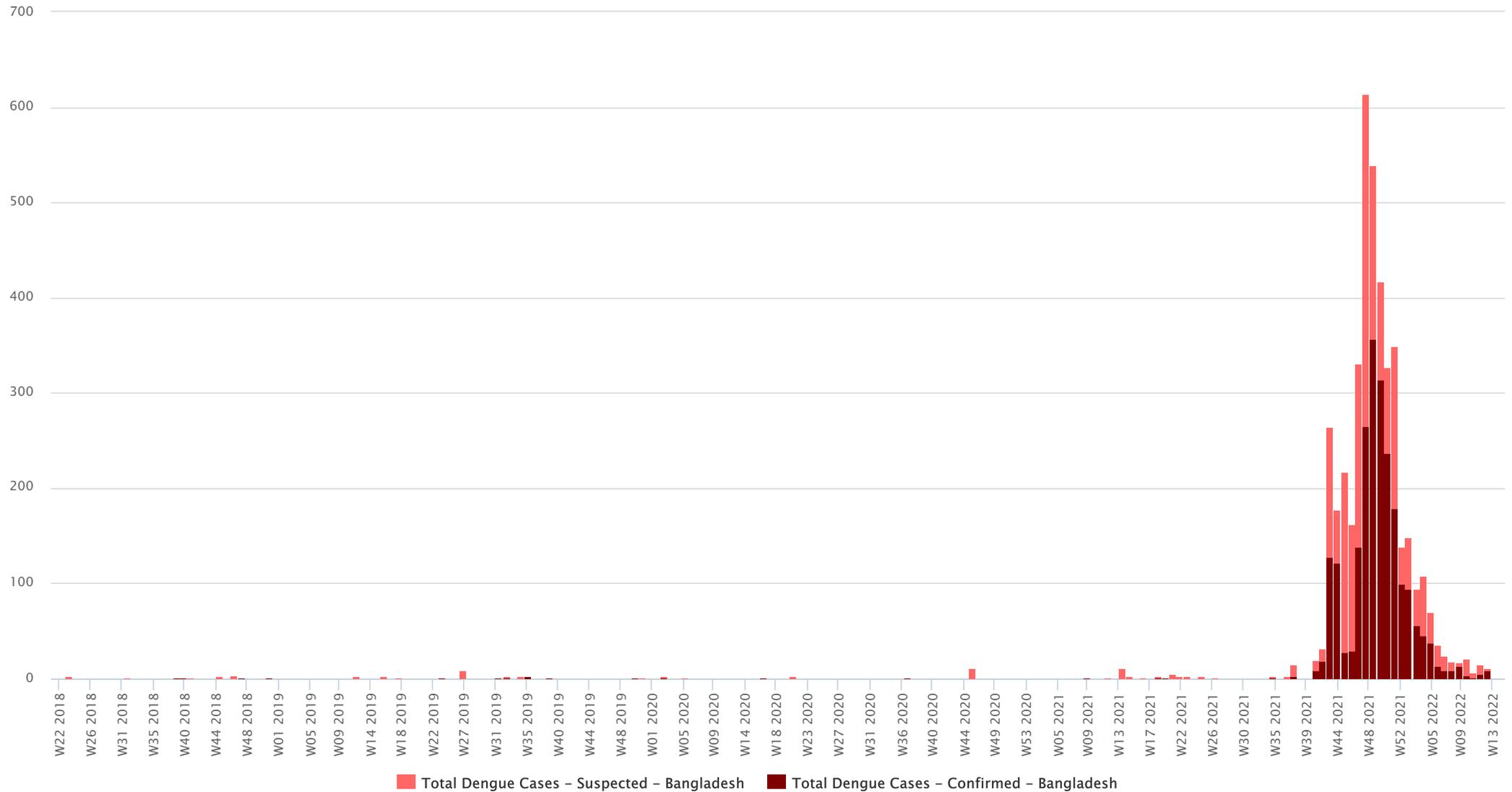
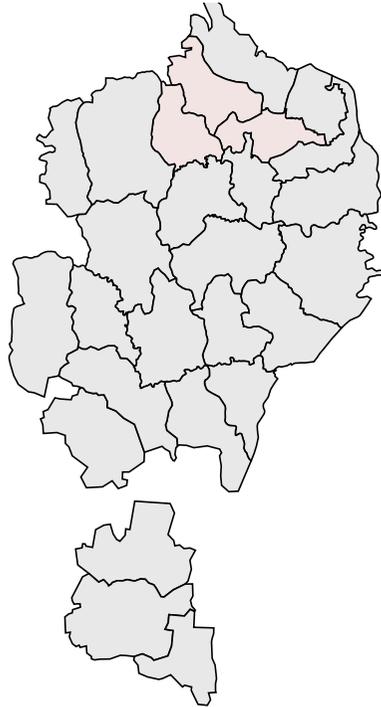


Figure 7 | Trend in number of cases over time (W38 2017 - W12 2022)

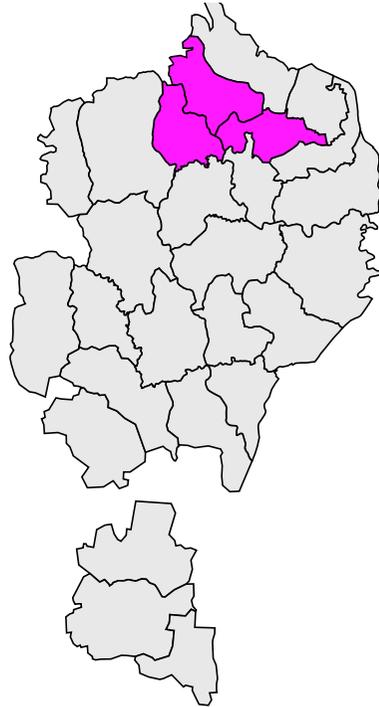


Map 4 | Map of cases by camp (W37 2017 - W12 2022)

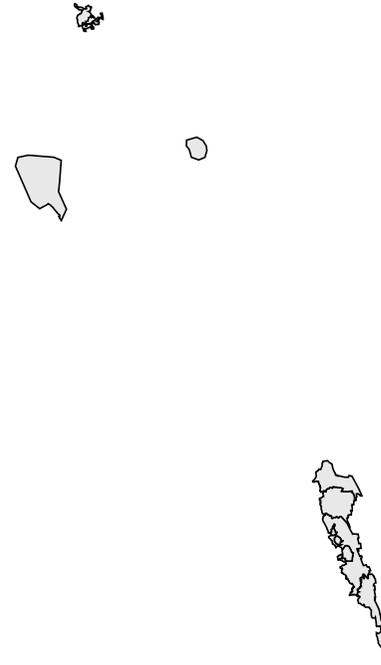
a. Ukhia | Number of cases



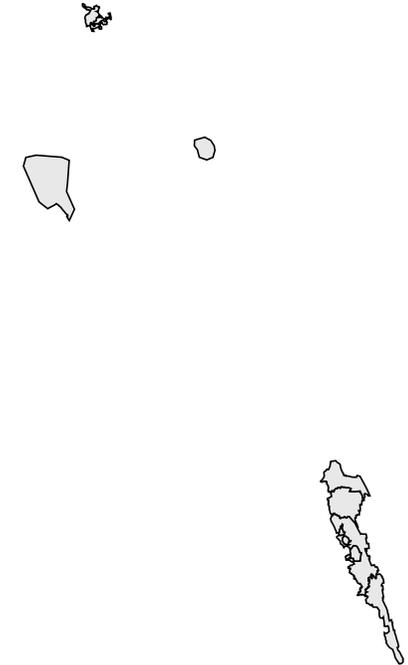
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold

Twice the average number of cases over the past 3 weeks. Source: IEDCR

Alert management (W12 2022)



Figure | % sex

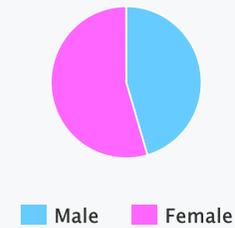


Figure | % age

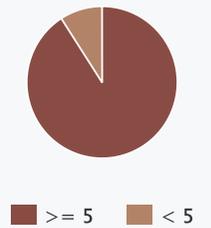
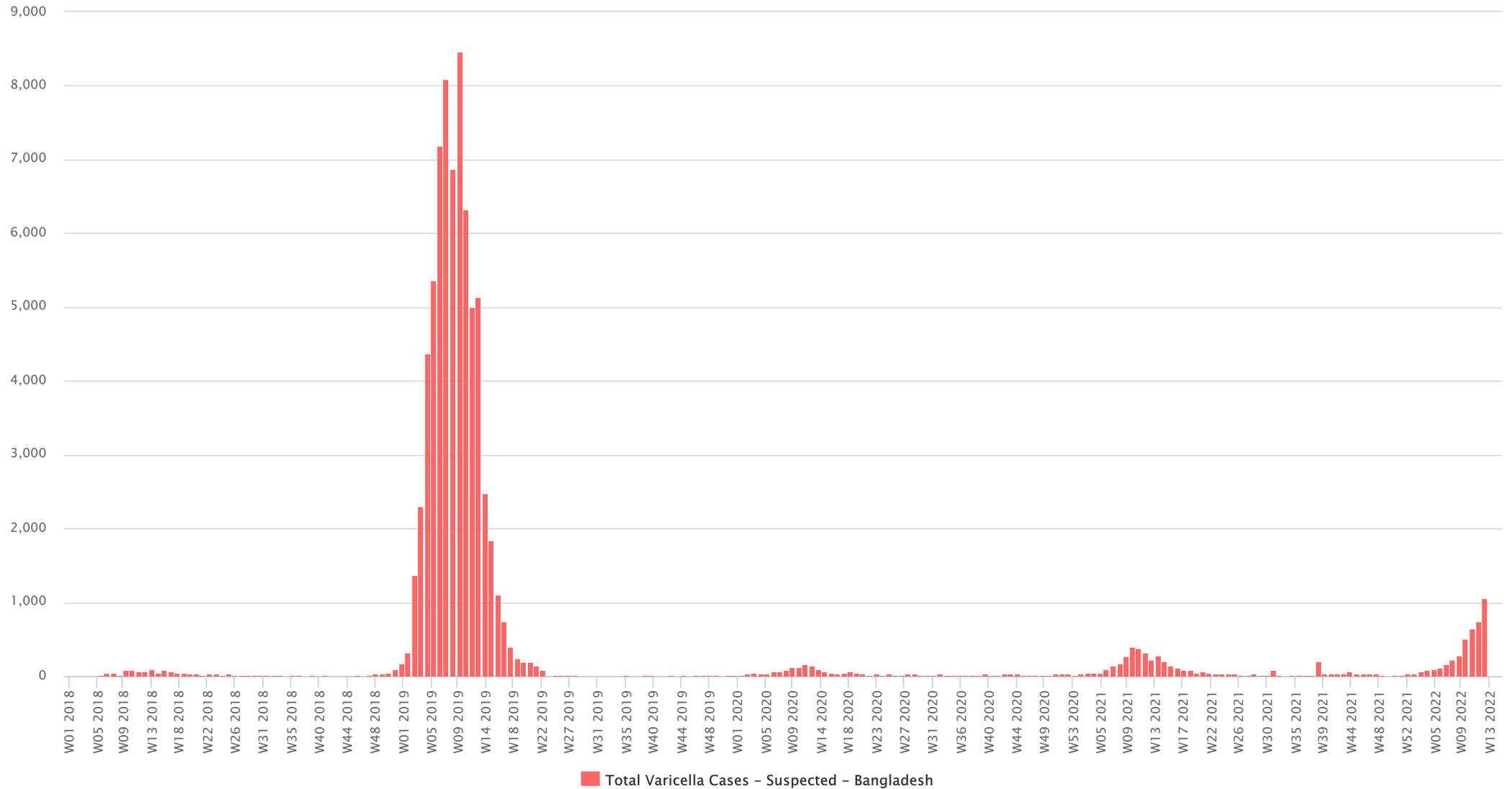


Figure 7 | Trend in number of cases over time (W38 2017 - W12 2022)

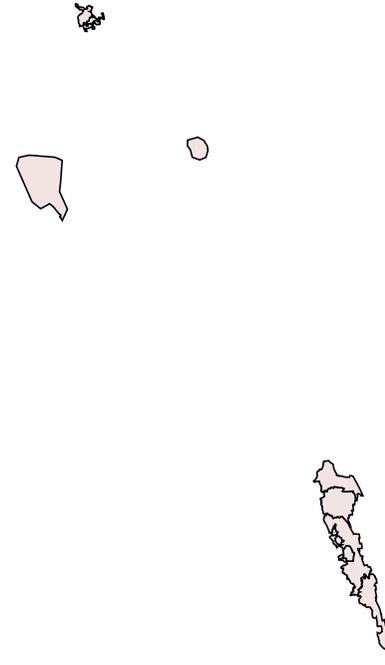


Map 4 | Map of cases by camp (W37 2017 - W12 2022)

a. Ukhia | Number of cases



c. Teknaf | Number of cases



Map legend

Number of cases

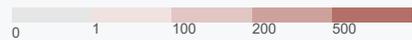
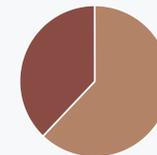


Figure | % sex



Male Female

Figure | % age



< 5 >= 5

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