Global EWARS

Epidemiological Highlights

Week 15 (3-9 April) 2022

World Health Organization

Highlights: COVID-19

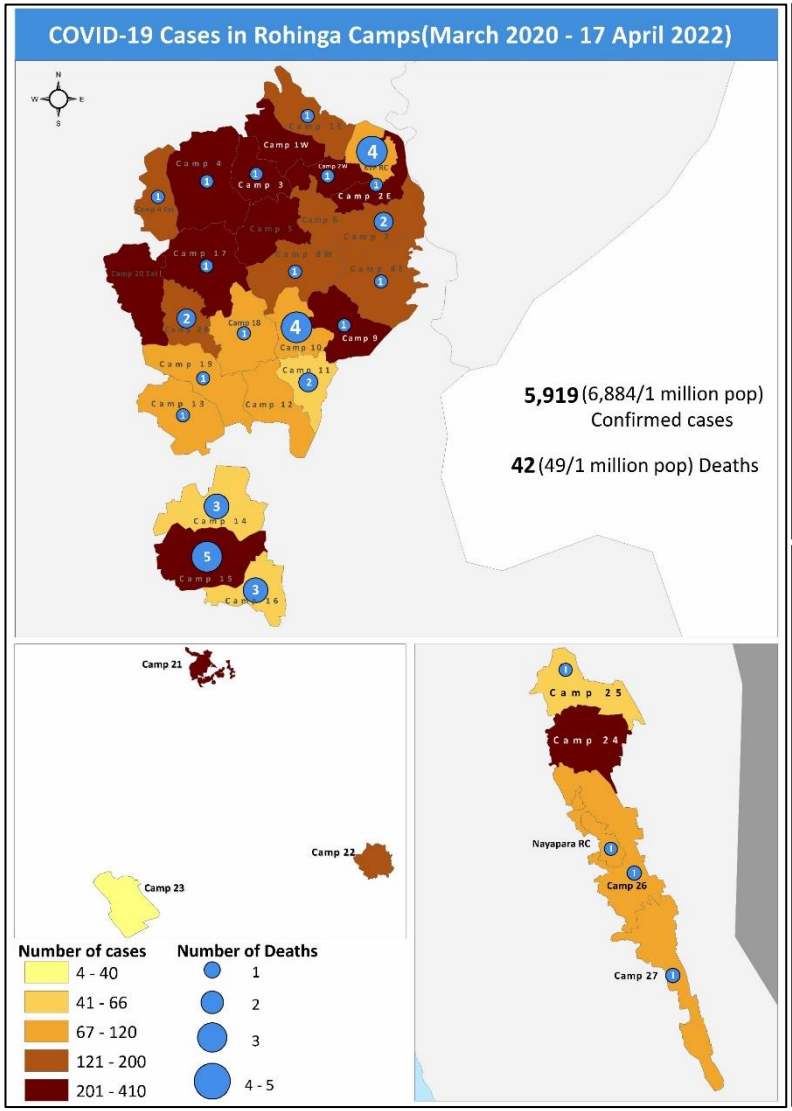
As of week 15, 2022 there were **5,919 confirmed cases** of COVID-19 (SARS-CoV-2), out of **98,353 samples** that had been submitted for testing. The **total positivity rate now stands at 6.0%**

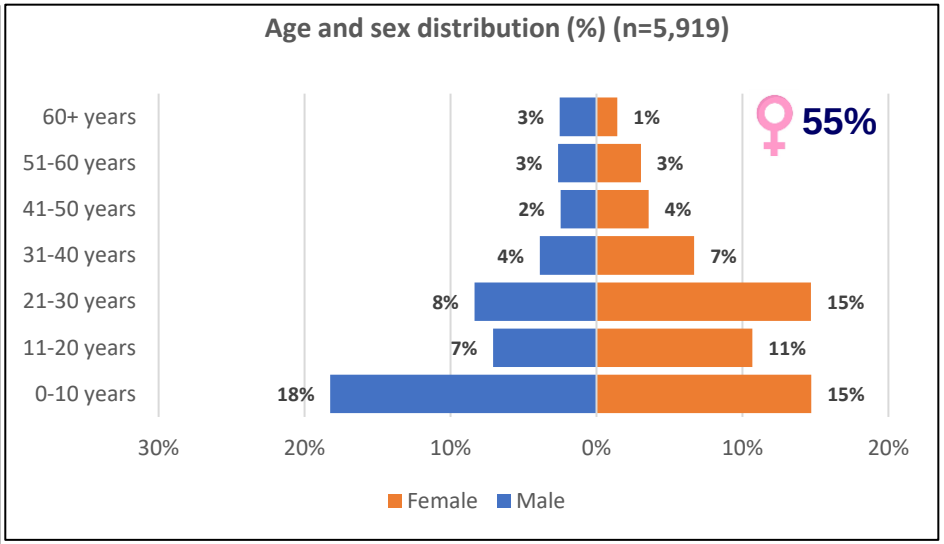
In the reporting week, five (5) new confirmed cases were detected out of 656 total samples tested. This translated to a 0.8% Test positivity Rate (TPR) which is the same as the previous week.

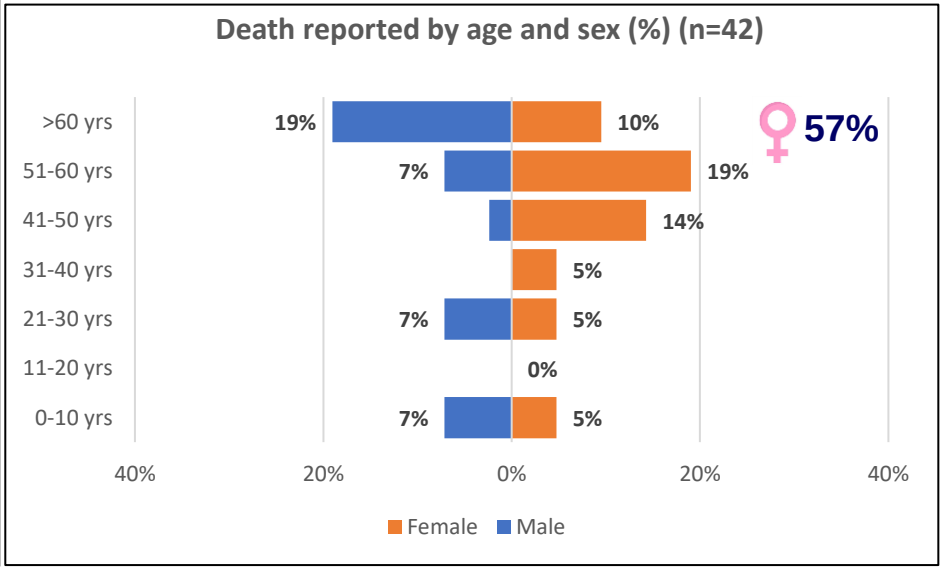
As of this week (week 15)

- **Median age** of tested and confirmed cases were 11 (0-120) and 20 (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; C17-408, C24-388, C2W-368, C4-364, 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 5.8 cases/1 million population in this Epi week which is the same as the previous week.

Highlights: COVID-19







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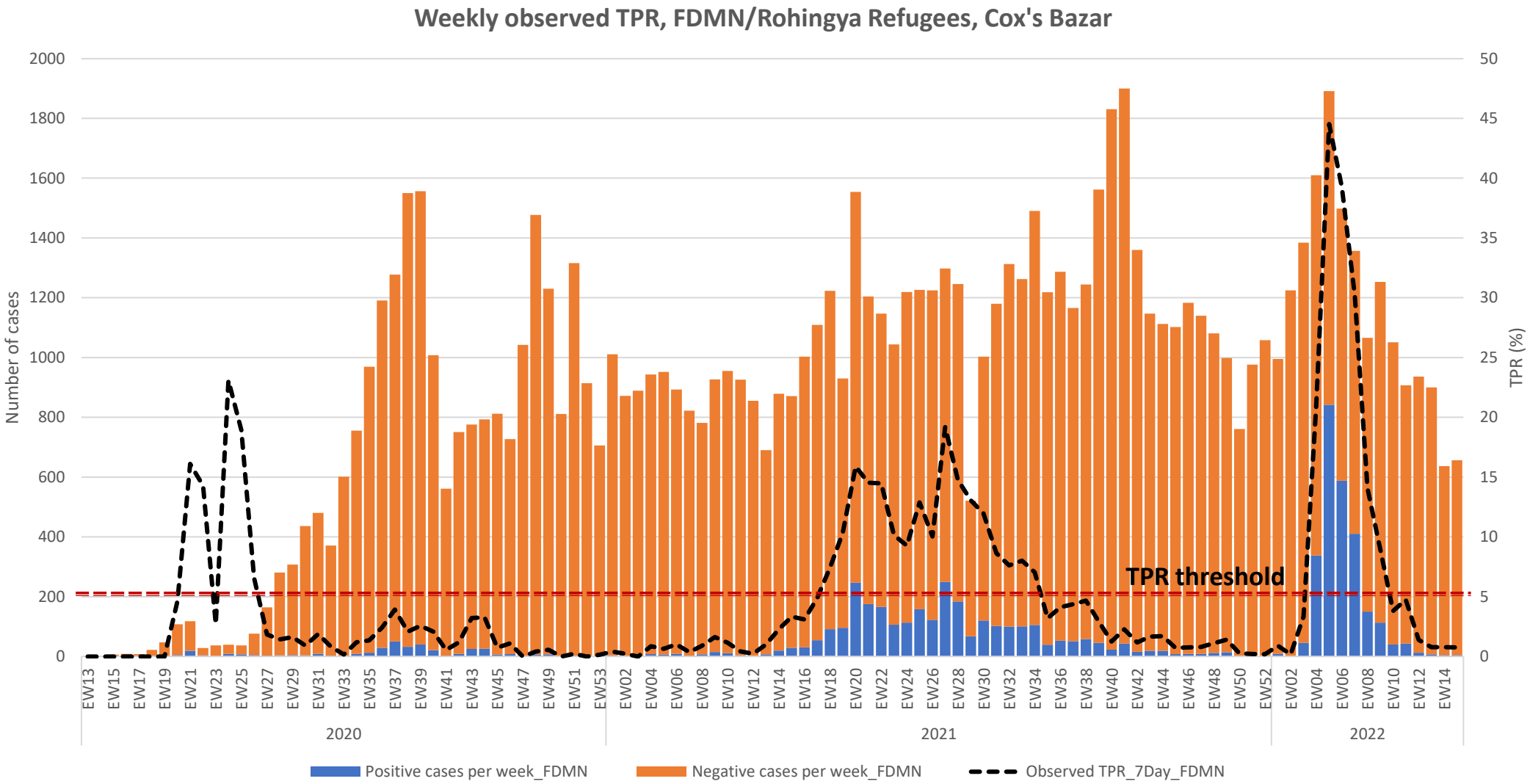
Highlights: COVID-19



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EWARS Reporting Updates

- Currently, a total of 166 health facilities are registered in EWARS
  - Only 145/166 weekly reports were received on time in week 15
  - Timeliness of reporting for this week was 87%
  - One hundred and twenty-two (122) alerts were triggered
  - All alerts were reviewed and verified by the WHO EWARS team; this was a drop from the previous week (100 alerts in week 14, 2022).

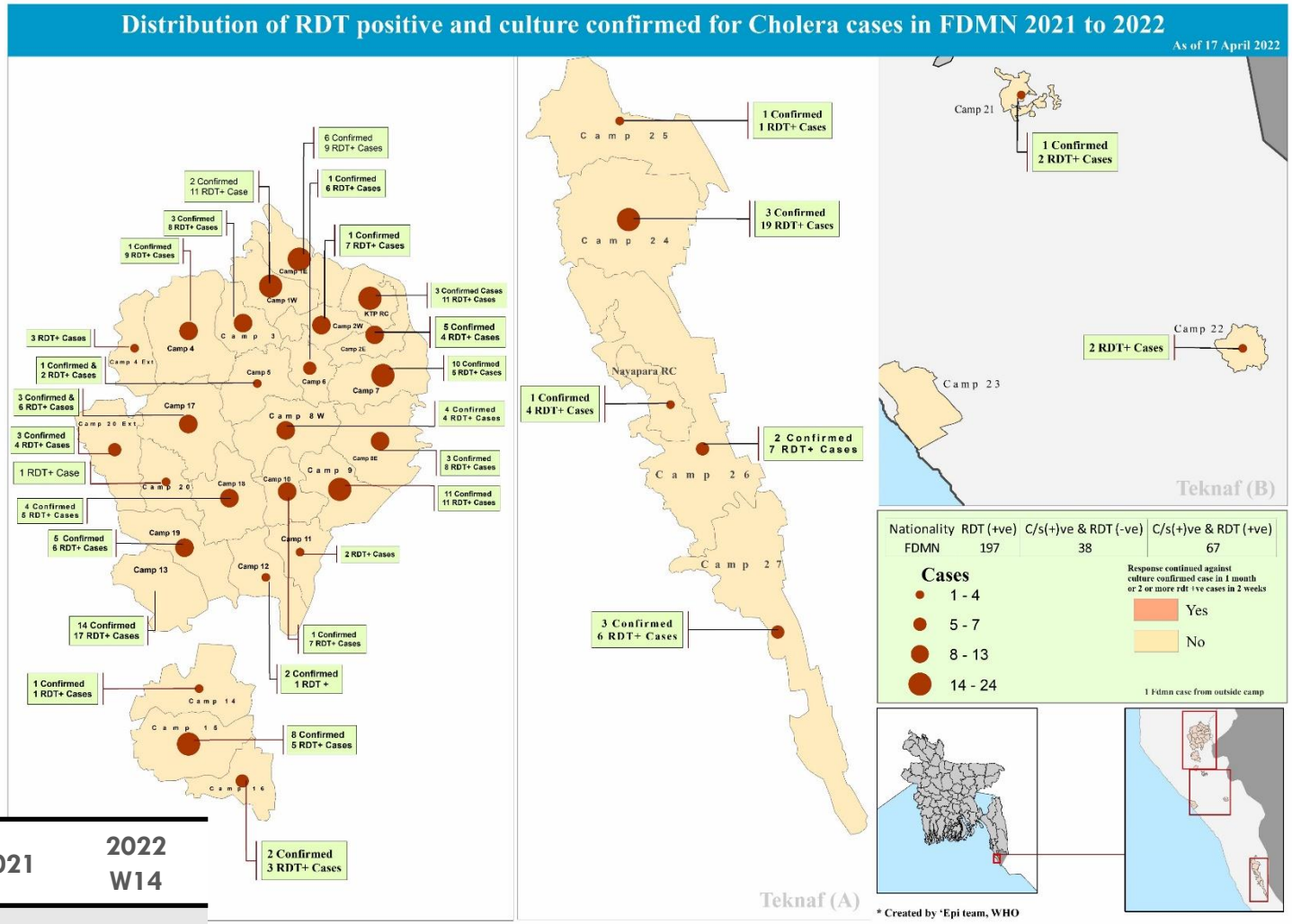
Highlights: Morbidities and Mortalities

- Acute Respiratory Infections (13.1%), Diarrheal Diseases (3.4%) & Injury, and wounds (1.9%) were the diseases and health conditions with the highest proportional morbidity in week 15.
- Monitoring of suspected SARI death under enhanced Community-based mortality surveillance has been continued since week 28, 2020.
- This Epi week, Two SARI death was reported as highlighted below:

Year	Suspected SARI death reported	Reclassified as death due to probable COVID-19
2022	43	6
2021	96	15
2020	49	2

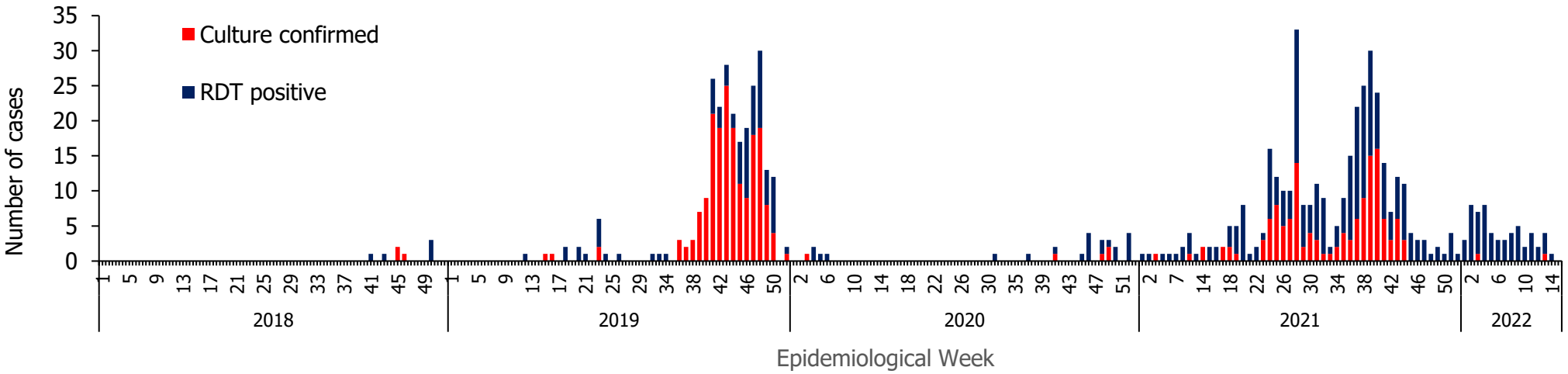
Cholera/AWD Surveillance Updates

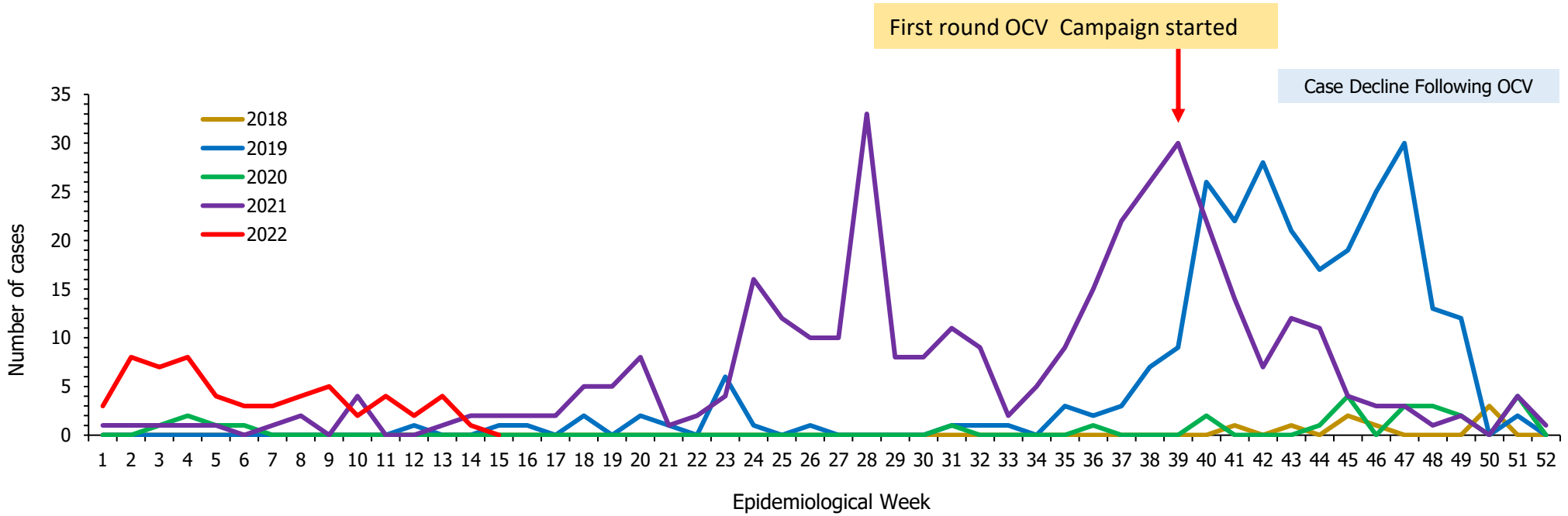
- In this week, there is one RDT-positive case was reported, among samples sent for testing.
- In 2022 total of fifty-eight (58) RDT confirmed cholera cases were reported as of W14 2022. Of these two (2) were positive for culture, 52 were negative for culture and 4 are pending for culture result.
- Cumulatively there are 739 RDT and culture-confirmed cholera cases of which 333 cases were culture-confirmed since transmission in 2018



	2018	2019	2020	2021	2022 W14
RDT positive/culture confirmed for Cholera	49	258	28	357	58
Culture confirmed for Cholera	**7**	**184**	**5**	**136**	**2**

Epidemic curve of cholera, Cox's Bazar District, 2017-2022 (W15)



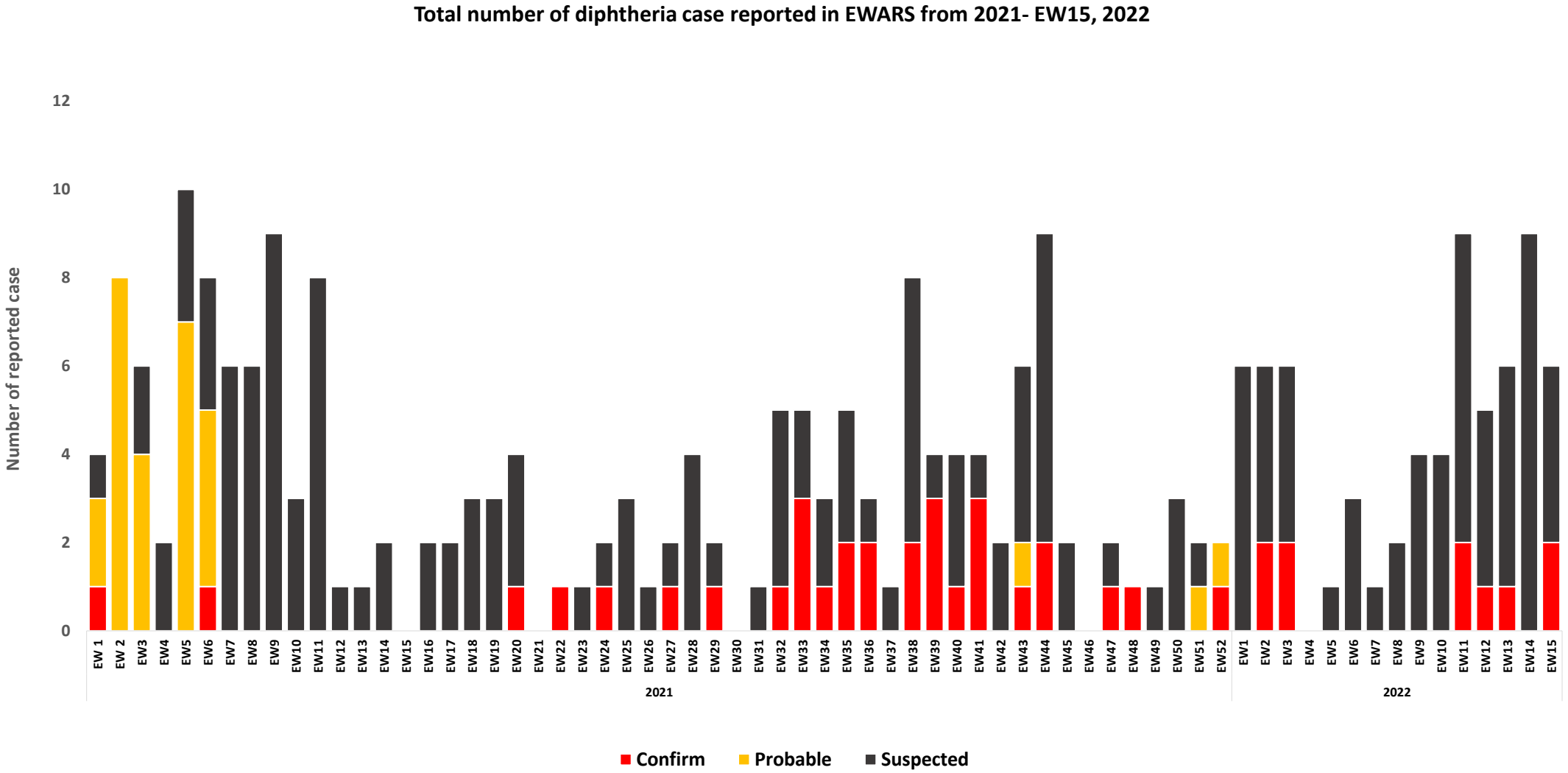


Diphtheria Surveillance Updates

- Six (6) suspected and four (4) diphtheria cases were reported in go.data in this Epi week
- The last confirmed case was reported on 14 April 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	**10**
Probable	1154	1555	60	9	29	**0**
Suspected	1796	3549	523	198	118	**58**
Death	30	14	3	0	5	**0**

Trends of Diphtheria cases as of Epi Week 15, 2022



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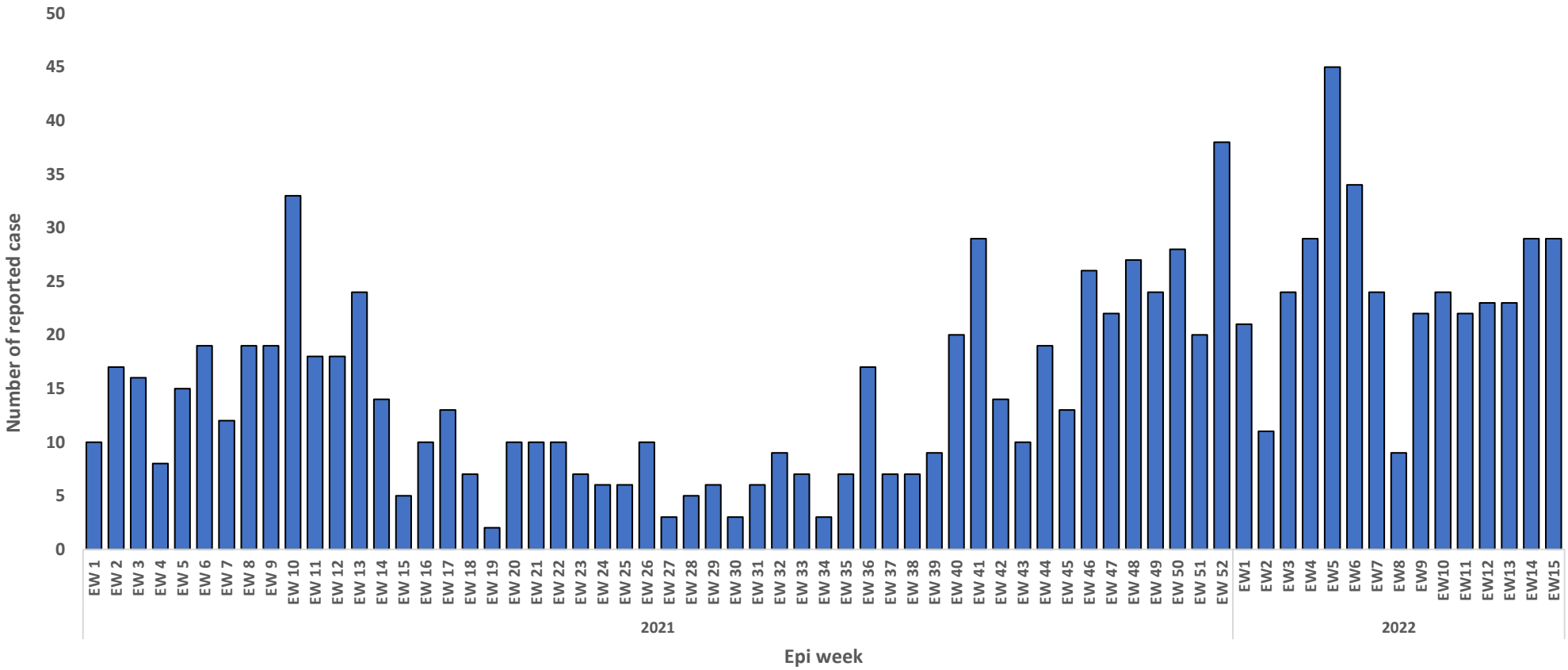
Epi Curve of Suspected Measles Cases as of Epi Week 15



> In week 15, 29 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 369 reported in 2022

> About 51% (189/369) of the total suspected measles cases were reported through case-based reporting and samples collected for laboratory confirmation

Dengue Surveillance Updates Epi week 15

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	9	0	1,696	3
	March	16	0	1,772	3
	Week 13 (28 Mar-3 April)	5	0	1,777	3
	Week 14 (4-10 April)	3	0	1,780	3
	Week 15 (11-17 April)	5	0	1,785	3

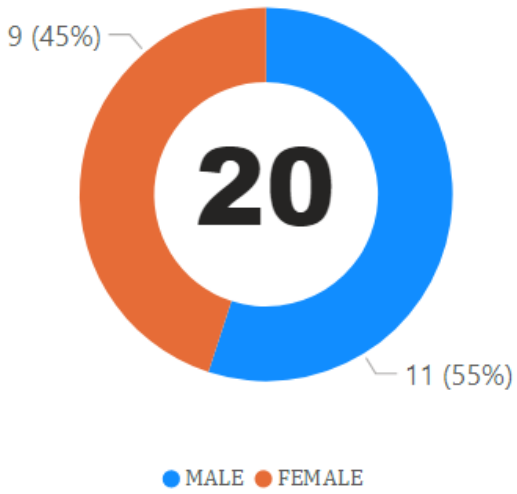
Community-based Mortality surveillance updates Epi week 15

Probable causes of death	Epi week 15	In 2022
Still Birth	3 (15%)	70 (12%)
Neonatal Death (<28 days old)	2 (10%)	52 (9%)
Infectious Disease	--	15 (3%)
Severe Acute Respiratory Infection (SARI)	--	15 (3%)
Injury	1 (5%)	10 (2%)
Maternal Death	1 (5%)	17 (3%)
Acute Malnutrition	--	1 (0%)
Other	13 (65%)	391 (68%)
Total	**20 (100%)**	**571 (100%)**

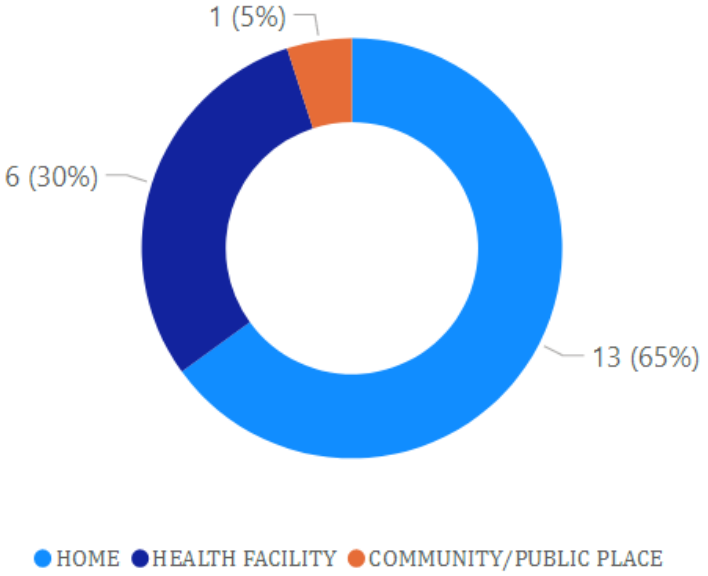
Partners to report all mortalities into the EWARS platform using both case and event-based reporting as applicable.

Community-based Mortality surveillance updates Epi week 15

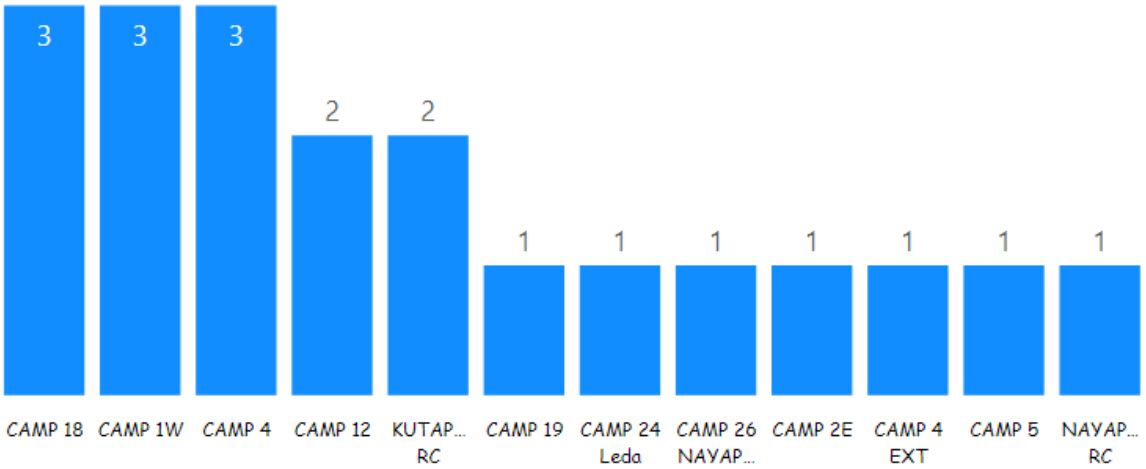
Gender distribution



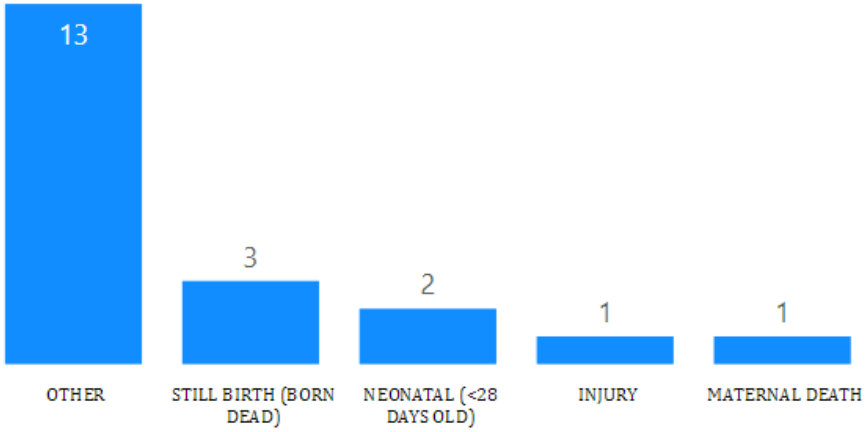
Place of death



Distribution of deceased Camp



Distribution of Probable cause of death



Bangladesh

Rohingya Emergency Response

Early Warning, Alert and Response System (EWARS)

Epidemiological Bulletin W15 2022

Ministry of Health and Family Welfare Bangladesh

World Health Organization

HEALTH SECTOR COX'S BAZAR

Printed: 06:21 Monday, 25 April 2022 UTC

Contents

Sources of data

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

Highlights W15 2022

Table 1 | Coverage

#	%	
918,841	-	Estimated total Rohingya population[1]
0	98%	Total population under surveillance
175	-	Total number of health facilities
166	95%	Number of EWARS reporting sites

Table 2 | Early warning performance indicators

W15	Cumulative (2022)	
145	2639	Number of weekly reports received
96%	94%	Completeness
66%	80%	Timeliness

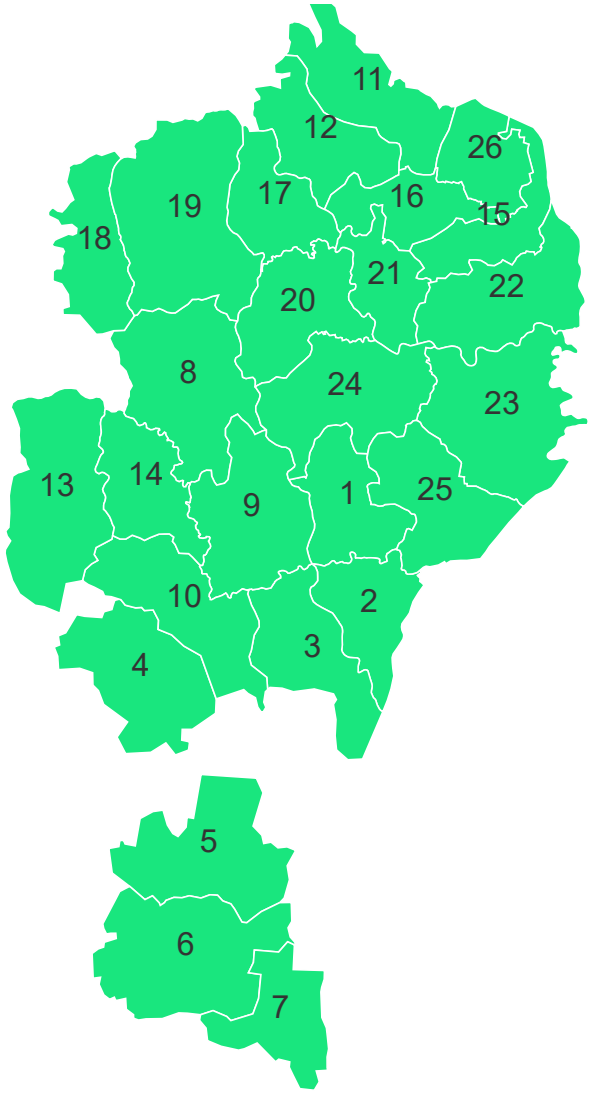
Table 3 Alert performance indicators

W15	Cumulative (2022)	
122	1,339	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 2021.

Map 1a | Ukhia completeness by camp

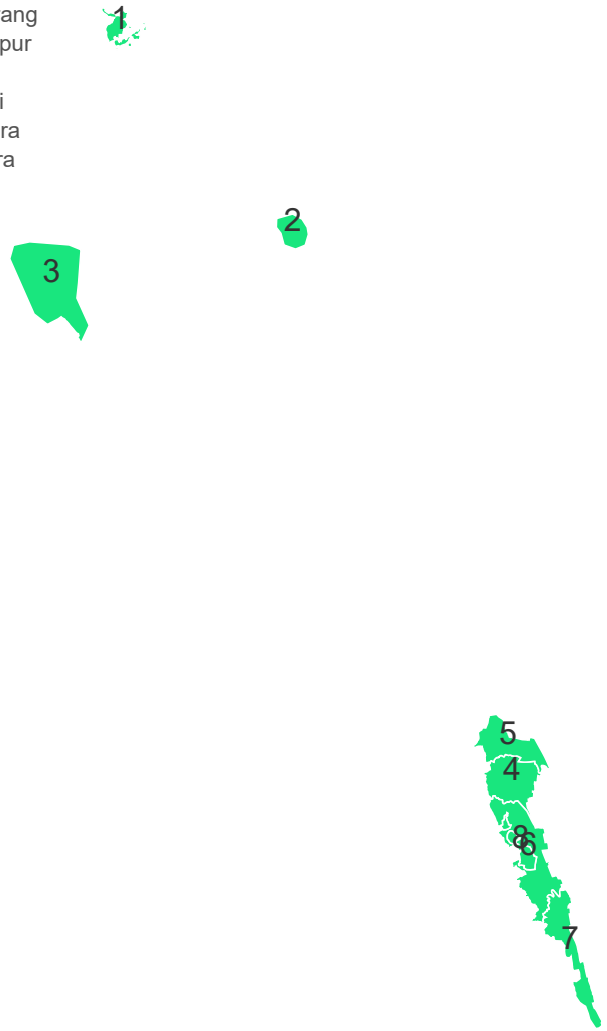
1 Camp 10
2 Camp 11
3 Camp 12
4 Camp 13
5 Camp 14
6 Camp 15
7 Camp 16
8 Camp 17
9 Camp 18
10 Camp 19
11 Camp 1E
12 Camp 1W
13 Camp 20 Ext
14 Camp 20
15 Camp 2E
16 Camp 2W
17 Camp 3
18 Camp 4 Ext
19 Camp 4
20 Camp 5
21 Camp 6
22 Camp 7
23 Camp 8E
24 Camp 8W
25 Camp 9
26 Kutupalong RC



Completeness
0 25% 50% 75% 100%

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
0 25% 50% 75% 100%

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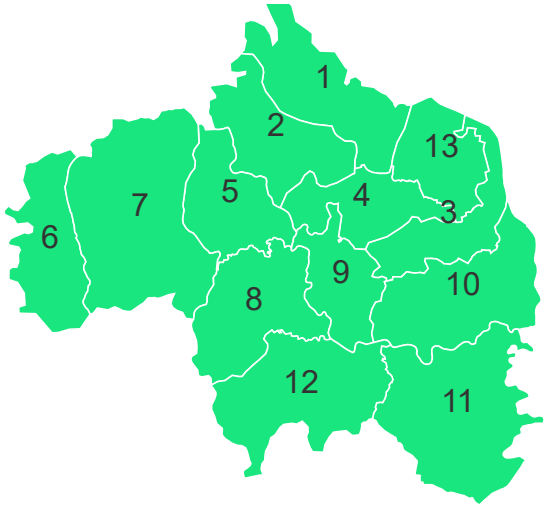
Table 4 | Performance by camp (W15 2022)

Northern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Northern Group				
Camp 1E	4	6	100%	75%
Camp 1W	5	8	100%	50%
Camp 2E	3	3	100%	83%
Camp 2W	3	4	100%	83%
Camp 3	6	8	100%	67%
Camp 4	5	8	100%	70%
Camp 4 Ext	1	1	200%	50%
Camp 5	5	5	60%	50%
Camp 6	3	5	100%	33%
Camp 7	5	7	100%	80%
Camp 8E	7	12	100%	64%
Camp 8W	4	7	100%	63%
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



Completeness

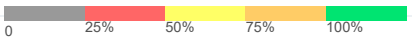


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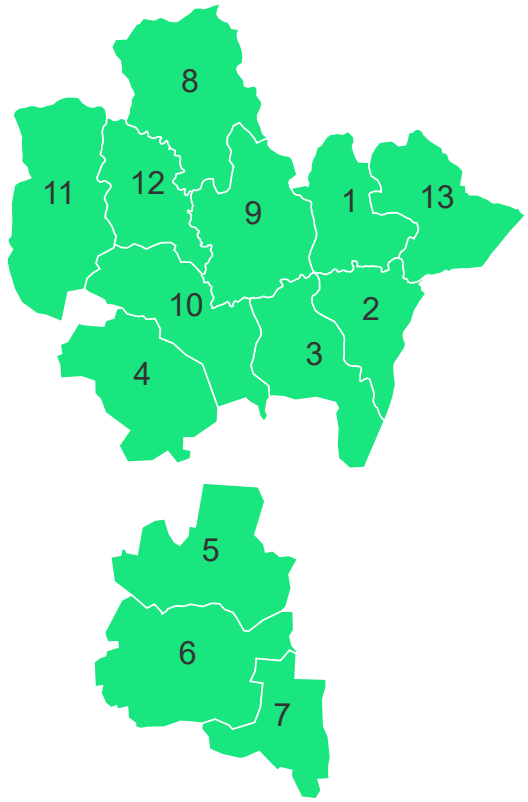
Table 5 | Performance by camp (W15 2022)

Southern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Southern Group				
Camp 10	4	4	100%	50%
Camp 11	7	9	100%	86%
Camp 12	6	9	100%	75%
Camp 13	10	14	110%	70%
Camp 14	7	10	86%	64%
Camp 15	9	13	89%	67%
Camp 16	7	9	100%	57%
Camp 17	5	6	100%	60%
Camp 18	5	6	100%	60%
Camp 19	5	6	100%	90%
Camp 20	3	5	100%	50%
Camp 20 Ext	3	4	100%	67%
Camp 9	6	9	100%	50%

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
0 25% 50% 75% 100%

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Table 6 | Performance by camp (W15 2022)

Teknaf	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
		Ukhia Teknaf		
Camp 21 Chakmarkul	4	7	100%	50%
Camp 22 Unchiprang	5	6	60%	30%
Camp 23 Shamlapur	3	2	67%	67%
Camp 24 Leda	2	2	100%	100%
Camp 25 Ali Khali	3	4	100%	83%
Camp 26 Nayapara	4	4	75%	63%
Camp 27 Jadimura	2	3	100%	75%
Nayapara RC	2	2	100%	100%

Map 4 | Completeness by camp

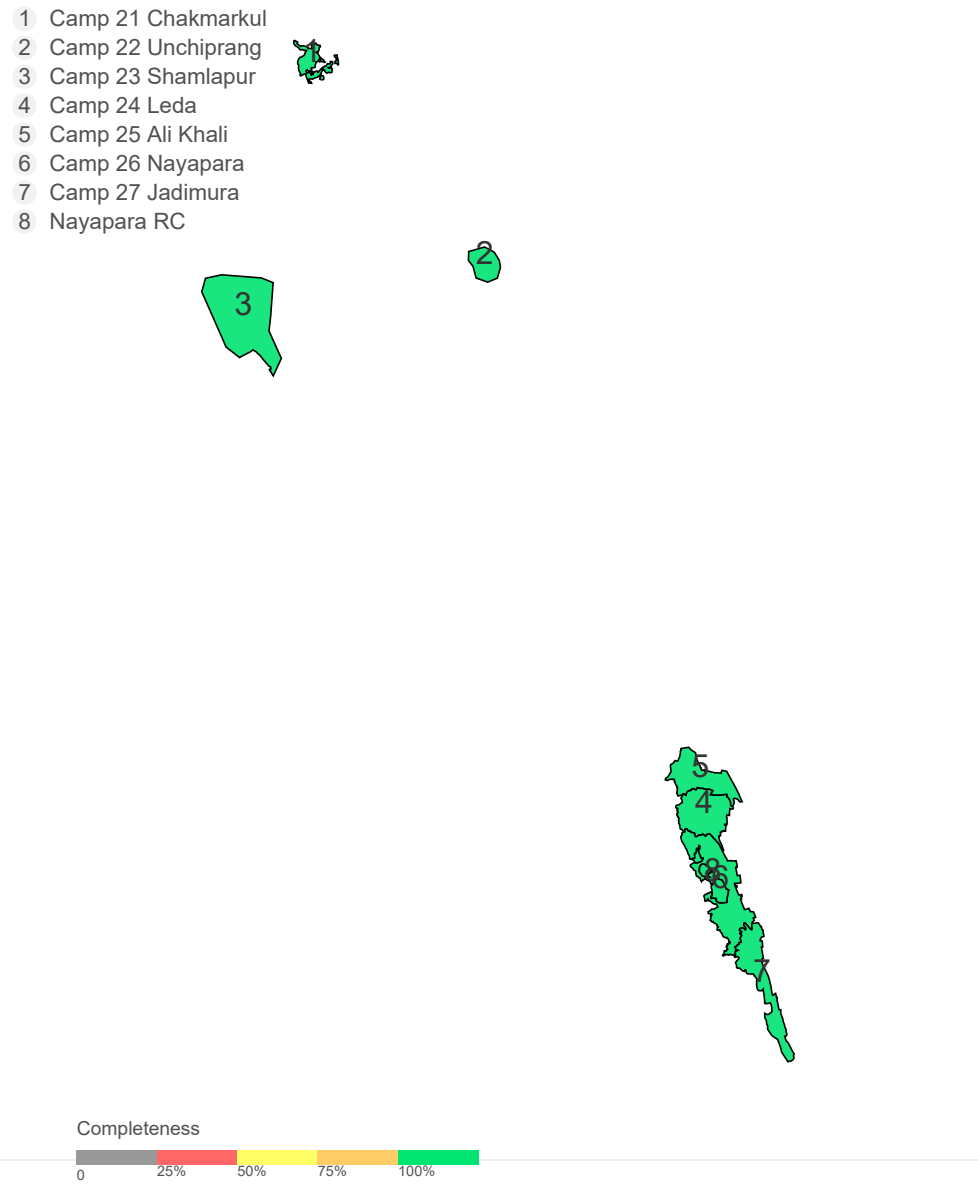


Table 7 | Performance by partner (W15 2022)

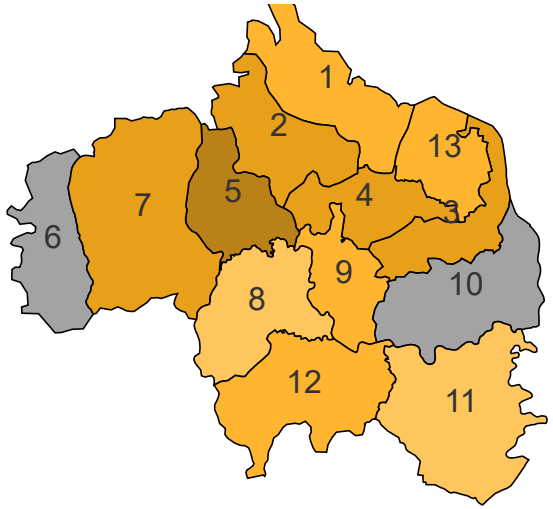
Partner	Performance		Reporting		Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness		# sites	# reports received	Completeness	Timeliness
AKF	1	1	100%	100%	IRC	2	2	100%	100%
AWARD	7	7	100%	100%	MSF	9	7	56%	56%
BASHMAH	1	0	0%	0%	MoH	15	14	80%	80%
BDRCS	12	11	92%	75%	MHI	0	0		
BRAC	11	11	100%	100%	Medair	2	2	100%	100%
CARE	4	4	100%	100%	FH/MTI	3	2	100%	100%
DAM	0	0			PRANTIC	1	1	100%	100%
DBC	1	1	100%	100%	PULSE	1	1	100%	100%
DSK	1	0	100%	0%	QC	1	1	100%	0%
DCHT-PWJ	1	1	100%	100%	PHD	10	10	100%	100%
FRNDS	6	6	100%	100%	RPN	2	2	100%	100%
GK	10	12	90%	80%	RHU	3	3	100%	100%
Global One	1	1	100%	100%	RI	3	3	67%	67%
GUSS	1	1	100%	100%	RTMI	9	8	11%	11%
HAEFA	2	2	100%	100%	SALT	1	1	100%	100%
HAIB	8	7	88%	88%	SCI	7	7	100%	100%
HMBDF	2	2	100%	100%	DCHT-MM	1	1	100%	100%
HOPE	1	1	100%	100%	Turkish Government	1	2	200%	200%
ICRC	1	1	100%	100%	TdH	2	2	100%	100%
IOM	18	16	94%	94%					

Table 8 | Performance by camp

Northern group	W15		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 1E	3	100%	26	100%
Camp 1W	7	100%	61	100%
Camp 2E	10	100%	147	100%
Camp 2W	6	100%	43	100%
Camp 3	12	100%	71	100%
Camp 4	6	100%	58	100%
Camp 4 Ext	0	0%	16	100%
Camp 5	1	100%	44	100%
Camp 6	3	100%	37	100%
Camp 7	0	0%	26	100%
Camp 8E	1	100%	18	100%
Camp 8W	4	100%	63	100%
Kutupalong RC	3	100%	23	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



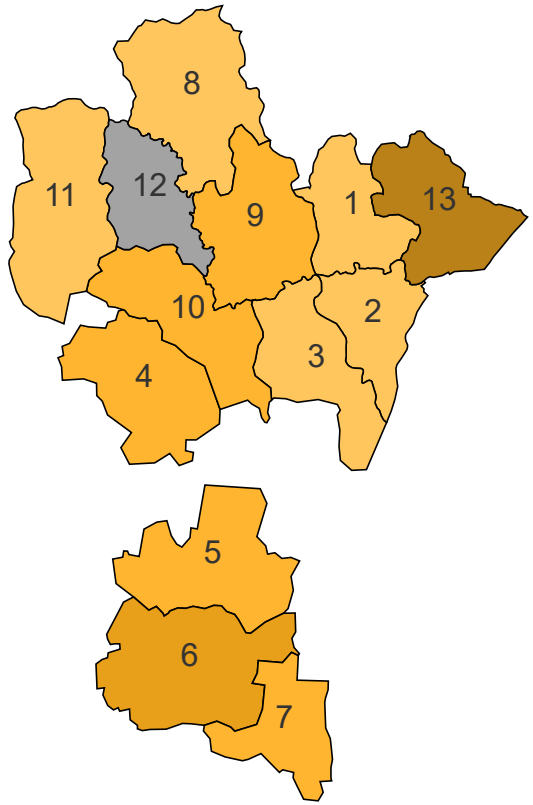
# of alerts
0 2 5 10

Table 9 | Performance by camp

Southern group	W15		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 10	1	100%	19	100%
Camp 11	2	100%	37	100%
Camp 12	2	100%	47	100%
Camp 13	5	100%	57	100%
Camp 14	4	100%	27	100%
Camp 15	6	100%	44	100%
Camp 16	4	100%	43	100%
Camp 17	1	100%	24	100%
Camp 18	5	100%	57	100%
Camp 19	3	100%	21	100%
Camp 20	0	0%	20	100%
Camp 20 Ext	2	100%	15	100%
Camp 9	12	100%	67	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



# of alerts
0 2 5 10

Table 10 | Performance by camp

Teknaf	W15		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 21 Chakmarkul	4	100%	21	100%
Camp 22 Unchiprang	3	100%	29	100%
Camp 23 Shamlapur	0	0%	10	100%
Camp 24 Leda	2	100%	32	100%
Camp 25 Ali Khali	1	100%	13	100%
Camp 26 Nayapara	3	100%	45	100%
Camp 27 Jadimura	1	100%	27	100%
Nayapara RC	0	0%	13	100%

Map 7 | Number of alerts by camp

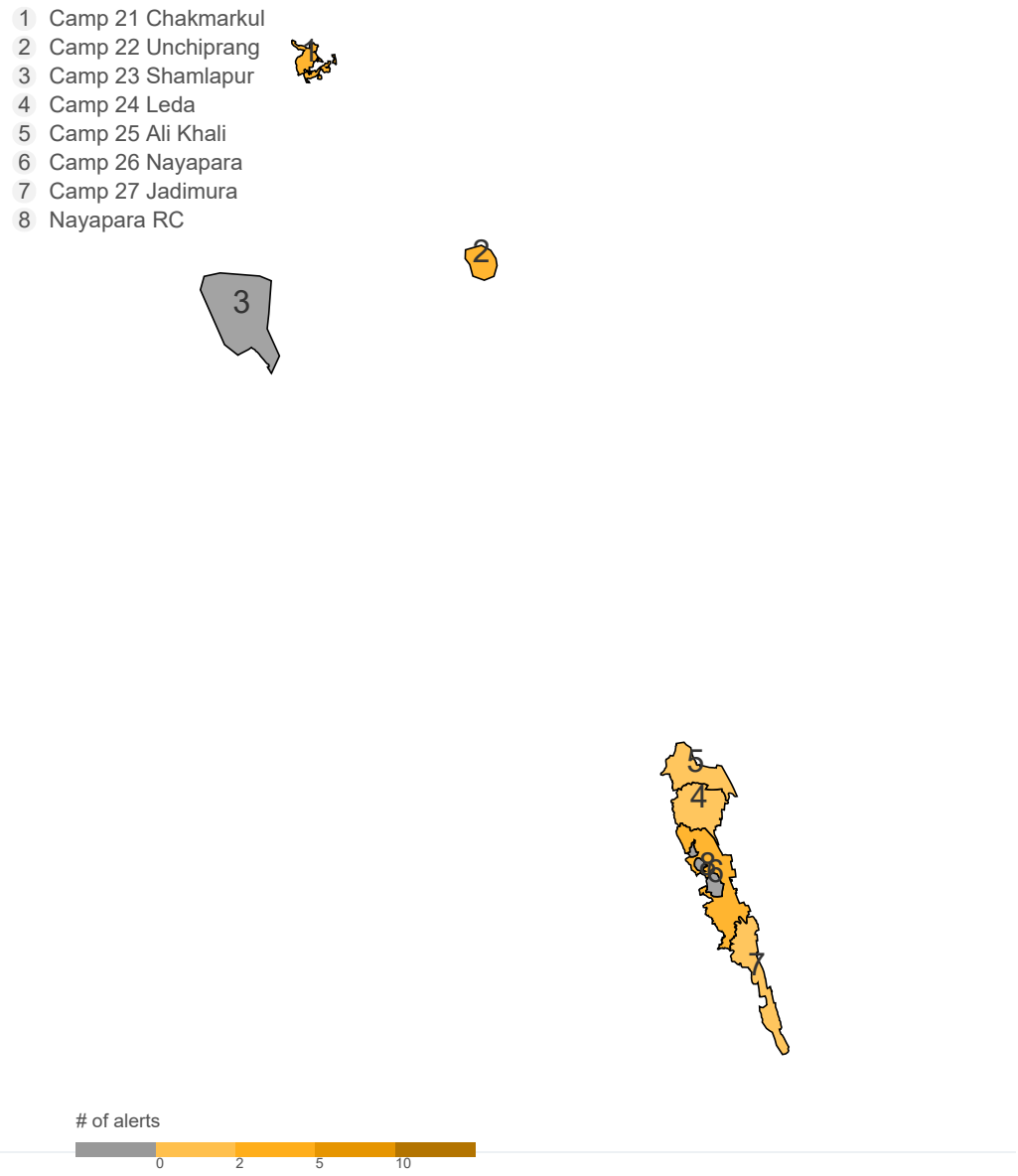


Table 11 | Performance by type of alert

Event	W15		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Indicator-based surveillance				
Malaria	0	0%	2	100%
Measles	17	100%	211	100%
Bloody Diarr.	0	0%	0	0%
AFP	0	0%	14	100%
Meningitis	0	0%	6	100%
Haem. fever (susp.)	2	100%	6	100%
NNT	0	0%	3	100%
Unexp. fever	3	100%	59	100%
AWD	13	100%	101	100%
ARI	7	100%	86	100%
AJS	1	100%	25	100%
Varicella (Susp.)	12	100%	102	100%
Suspected COVID-19	0	0%	0	0%
Event-based surveillance				
EBS total	1	100%	90	100%

Table 12 | Risk assessment

W15	Cumulative (2022)	
0	5	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

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 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

HEALTH SECTOR COX'S BAZAR

Global EWARS

Bangladesh

Rohingya Emergency Response

Early Warning, Alert and Response System (EWARS)

Annex W15 2022

Ministry of Health and Family Welfare Bangladesh

World Health Organization

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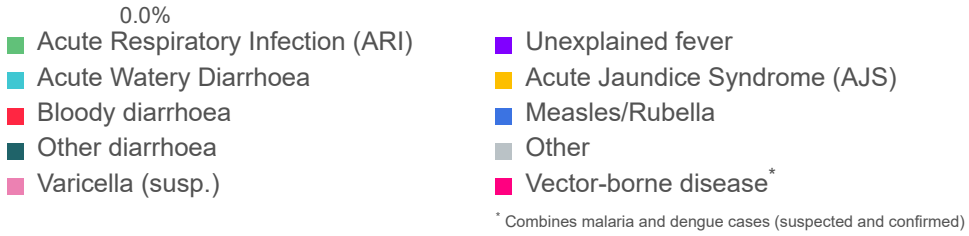
Proportional morbidity

Figure 1 | Proportional morbidity (W15 2022)



Disease	W15		2022	
	# cases	% morbidity	# cases	% morbidity
AWD	3,315	2.3%	40,314	2.4%
Bloody diarr.	476	0.3%	6,367	0.4%
Other diarr.	1,520	1.1%	16,762	1.0%
Susp. Varicella	1,582	1.1%	7,022	0.4%
ARI	18,630	13.1%	303,683	18.0%
Measles/Rub.	29	0.0%	398	0.0%
AFP	0	0.0%	35	0.0%
Susp. menin.	1	0.0%	30	0.0%
AJS	18	0.0%	234	0.0%
Susp. HF	1	0.0%	16	0.0%
Neo. tetanus	0	0.0%	5	0.0%
Adult tetanus	0	0.0%	1	0.0%
Malaria (conf.)	0	0.0%	206	0.0%
Malaria (susp.)	1,894	1.3%	25,969	1.5%
Dengue (conf.)	11	0.0%	422	0.0%
Dengue (susp.)	10	0.0%	325	0.0%
Unexpl. fever	1,582	1.1%	20,265	1.2%
Sev. Malnut.	30	0.0%	771	0.0%
Inj./Wounds	2,728	1.9%	34,048	2.0%
Other	109,966	77.4%	1,220,731	72.5%
Total	**140,481**	**100%**	**1,682,614**	**100%**

Trend in consultations and key diseases

Figure 2 | Trend in proportional morbidity for key diseases (W15)

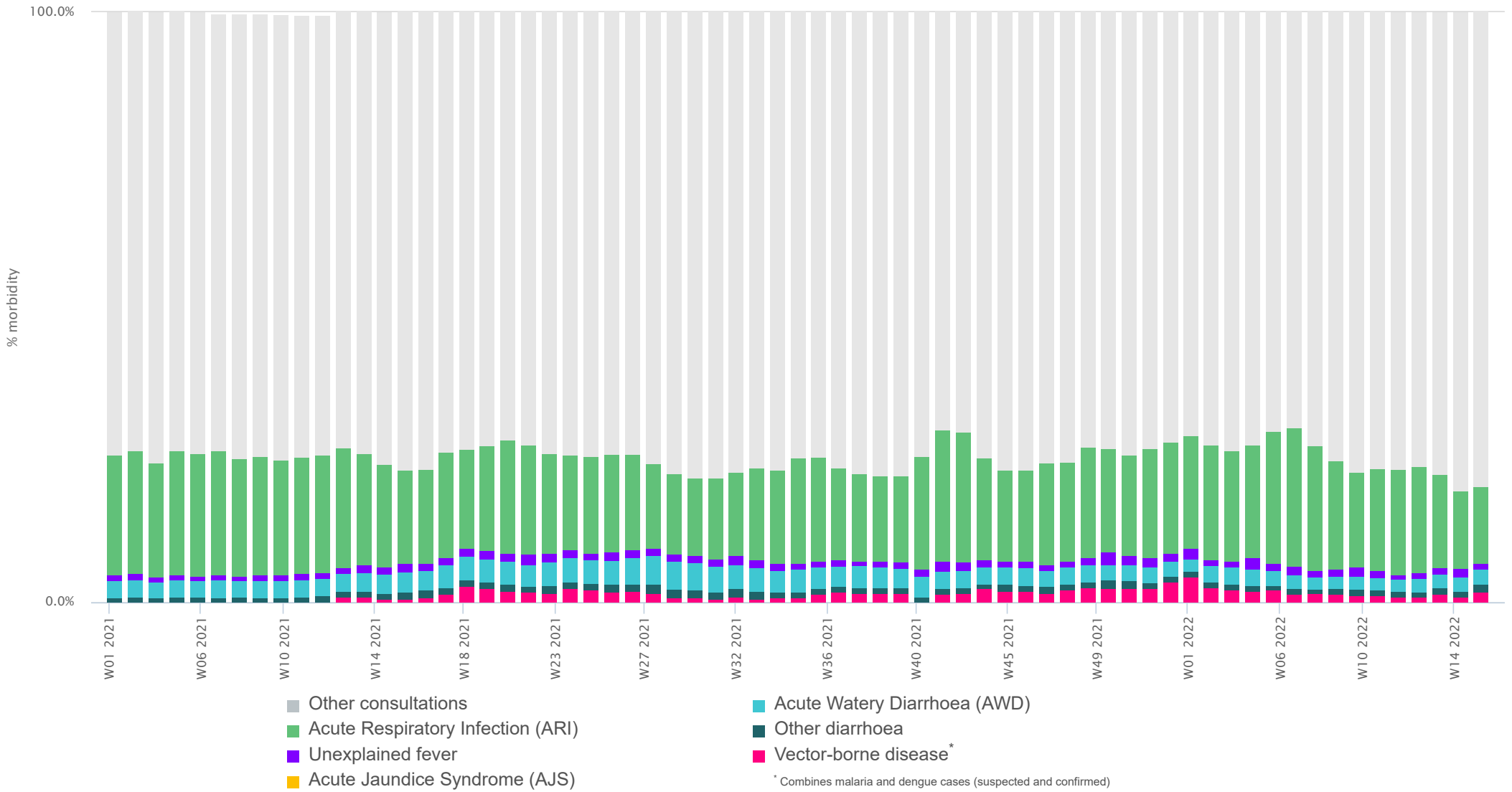
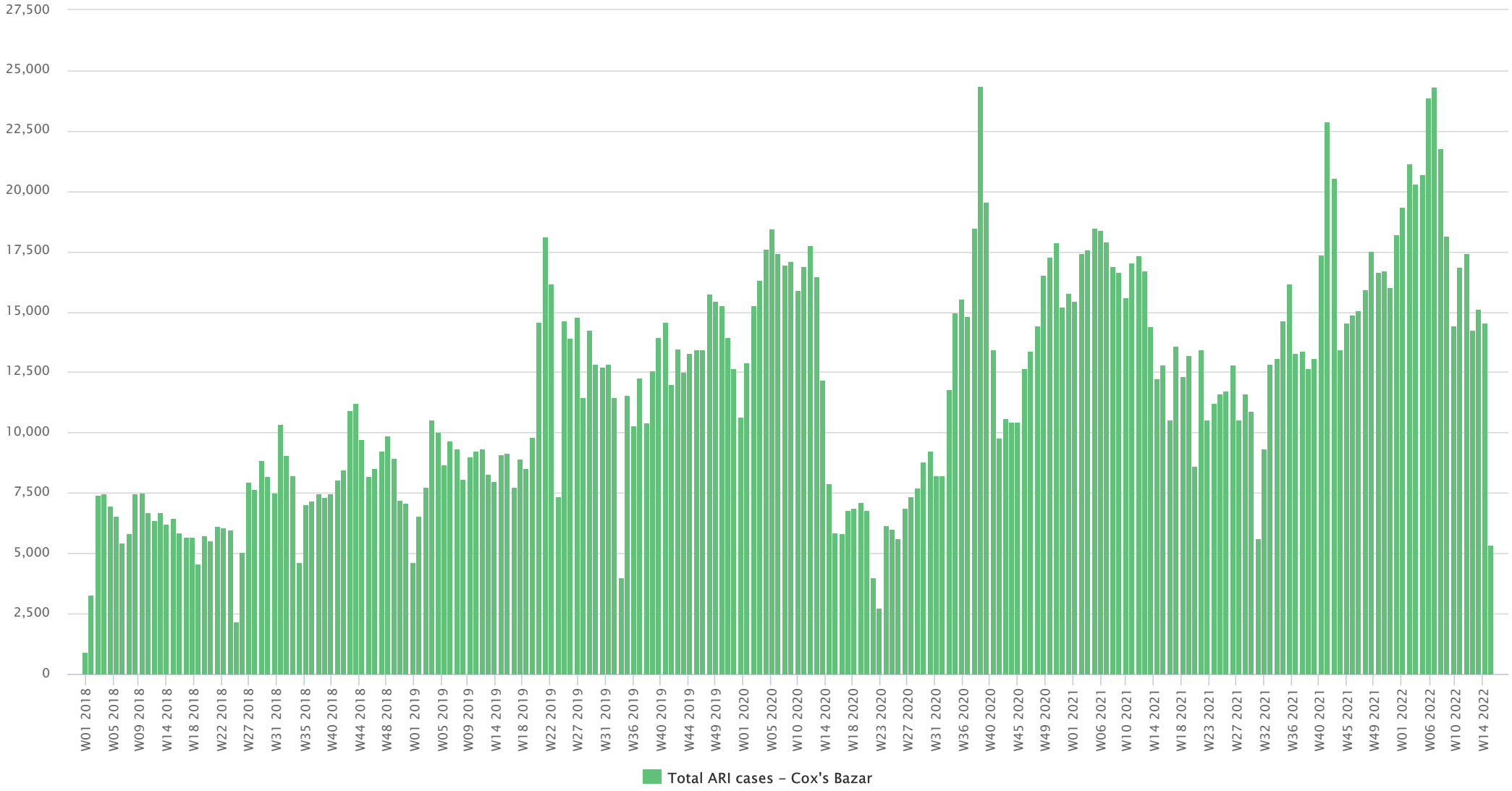
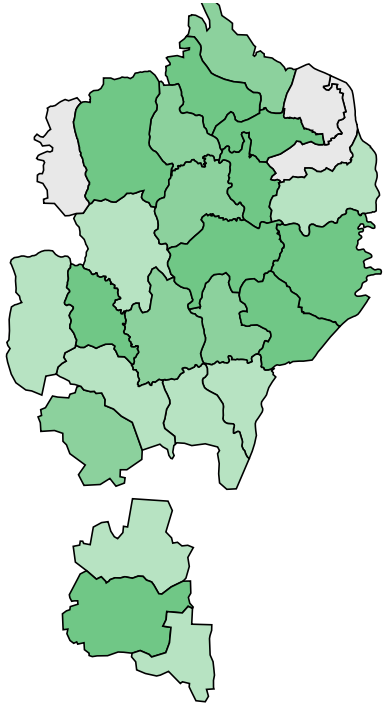


Figure 3 | Trend in number of cases over time (W38 2017 - W15 2022)



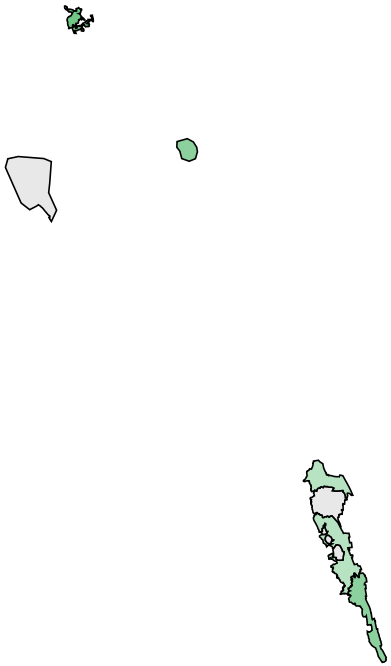
Map 1 | Map of cases by camp (W15 2022)

a. Ukhia | Number of cases

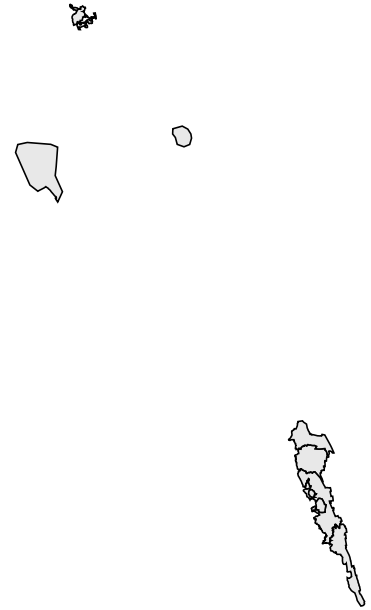


b. Ukhia | Number of alerts

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 (W15 2022)

0	0%	0	0	0	0
Alerts	Verified	Low Risk	Moderate Risk	High Risk	Very High Risk

Figure | % sex

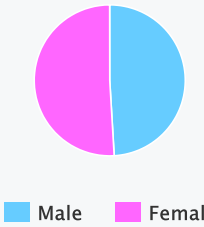


Figure | % age

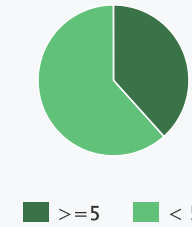
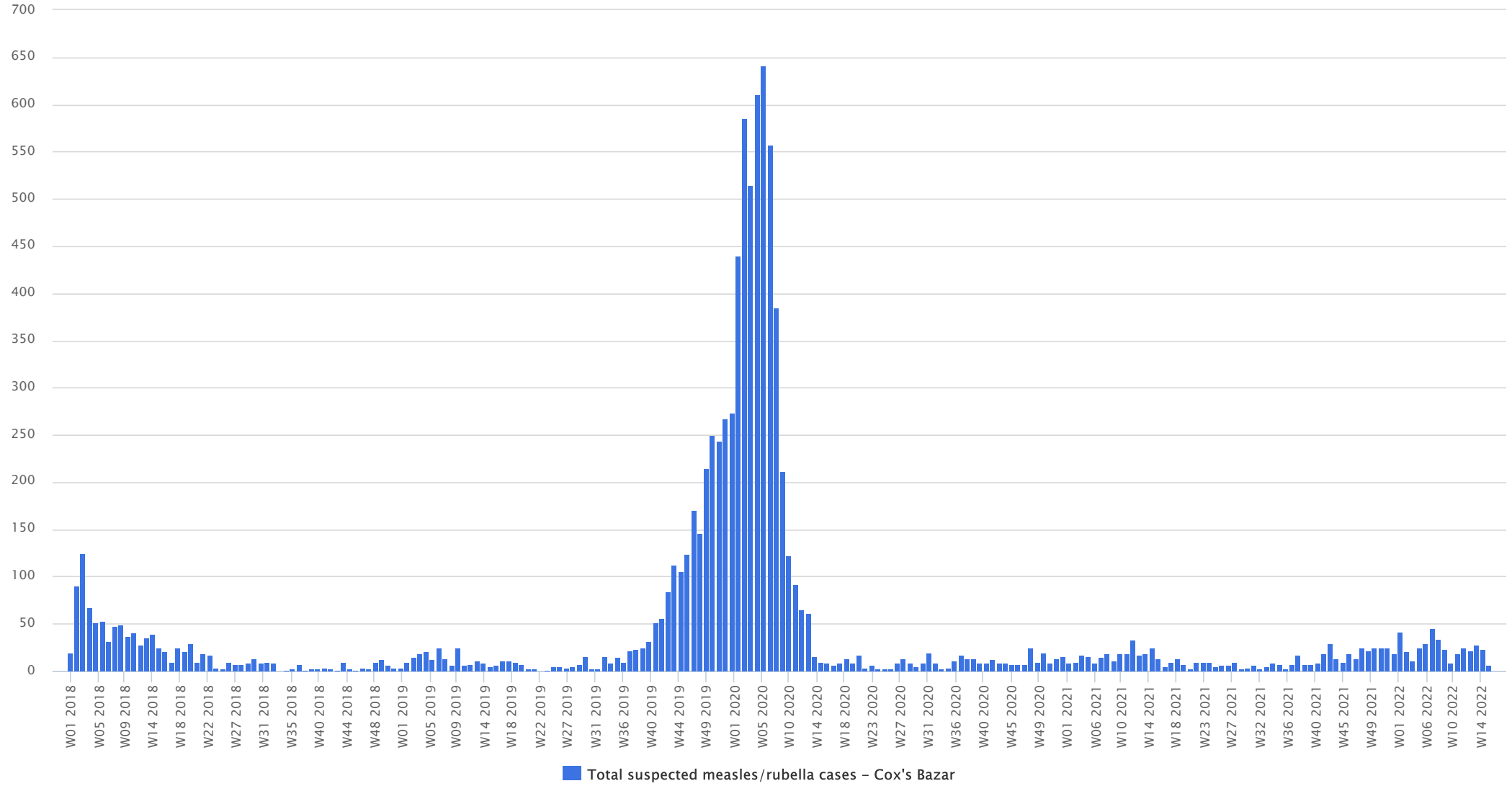


Figure 4 | Trend in number of suspected cases over time (W38 2017 - W15 2022)



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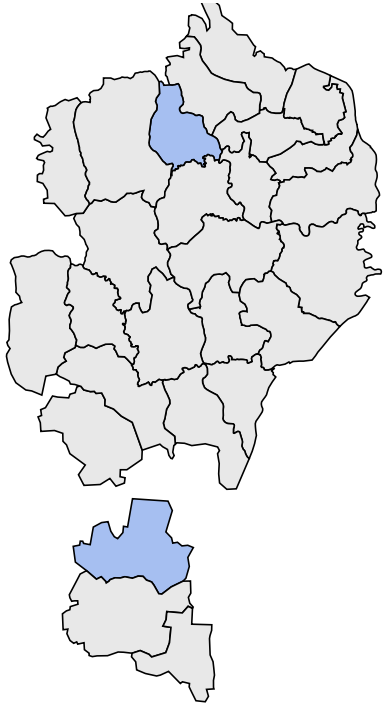
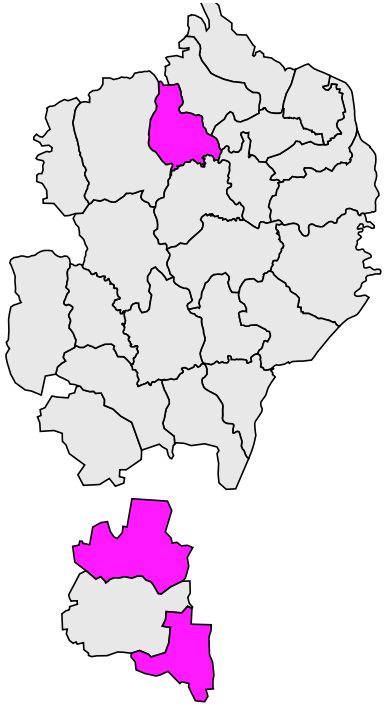
Map 2 | Map of cases by camp (W15 2022)

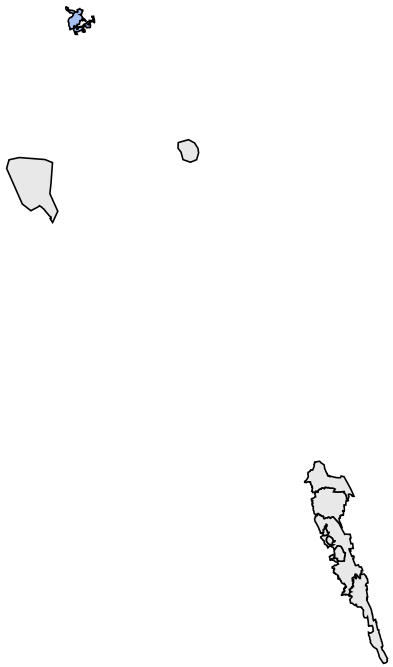
a. Ukhia | Number of cases



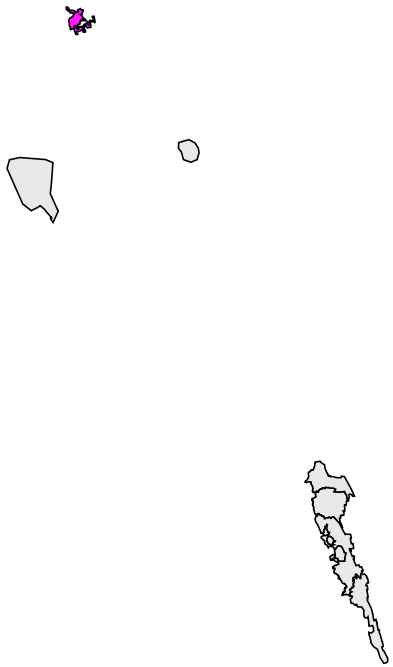
b. Ukhia | Number of alerts



c. Teknaf | Number of cases

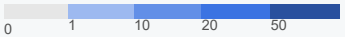


d. Teknaf | Number of alerts



Map legend

Number of cases



Number of alerts

Alert threshold

1 case. *Source: IEDCR*

Alert management (W15 2022)

5	100%	0	0	0	0
Alerts	Verified	Low Risk	Moderate Risk	High Risk	Very High Risk

Figure | % sex

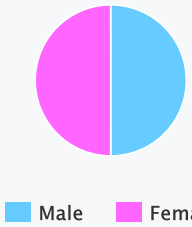


Figure | % age

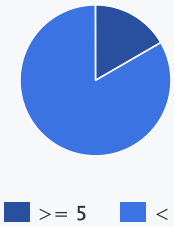
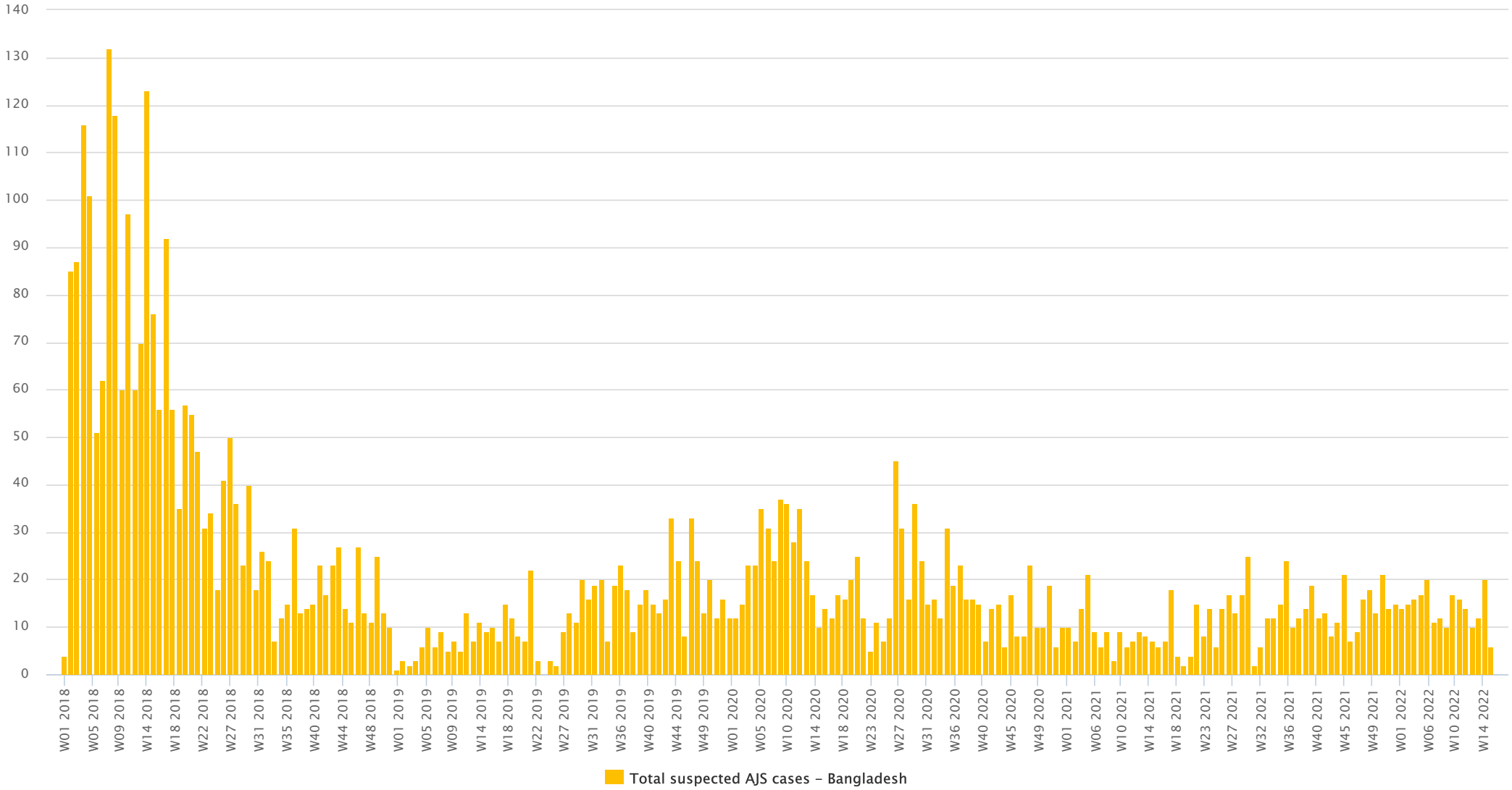
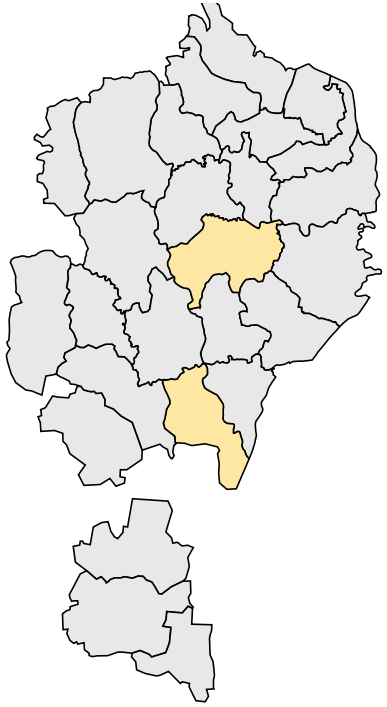


Figure 5 | Trend in number of cases over time (W38 2017 - W15 2022)

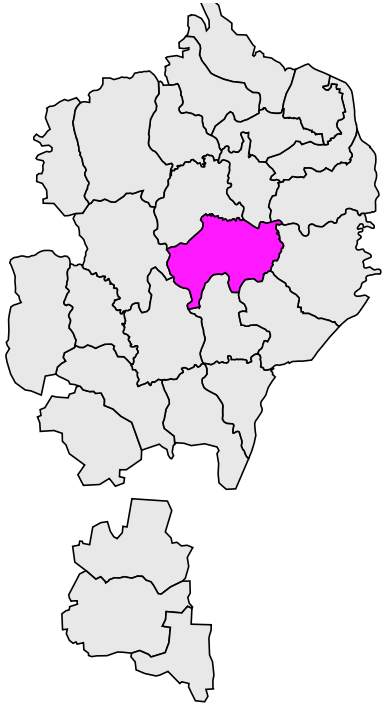


Map 3 | Map of cases by camp (W37 2017 - W15 2022)

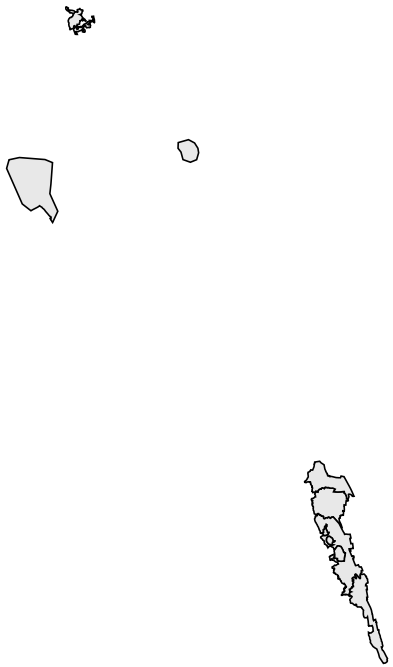
a. Ukhia | Number of cases



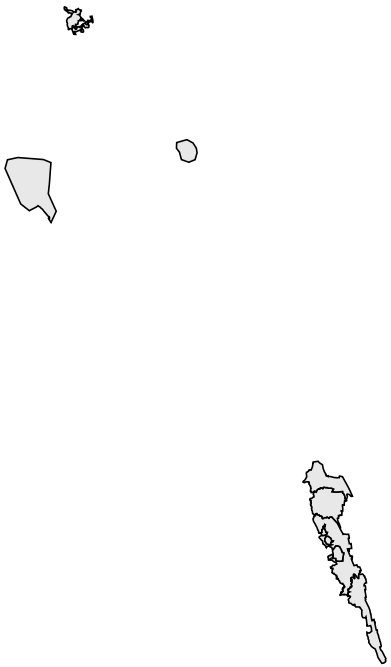
b. Ukhia | Number of alerts



c. Teknaf | Number of cases

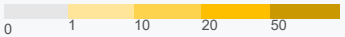


d. Teknaf | Number of alerts



Map legend

Number of cases



Number of alerts

Alert threshold

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

Alert management (W15 2022)

1	100%	0	0	0	0
Alerts	Verified	Low Risk	Moderate Risk	High Risk	Very High Risk

Figure | % sex

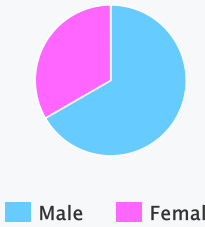


Figure | % age

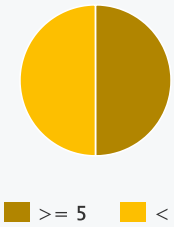


Figure 6 | Trend in number of cases over time (W38 2017 - W15 2022)

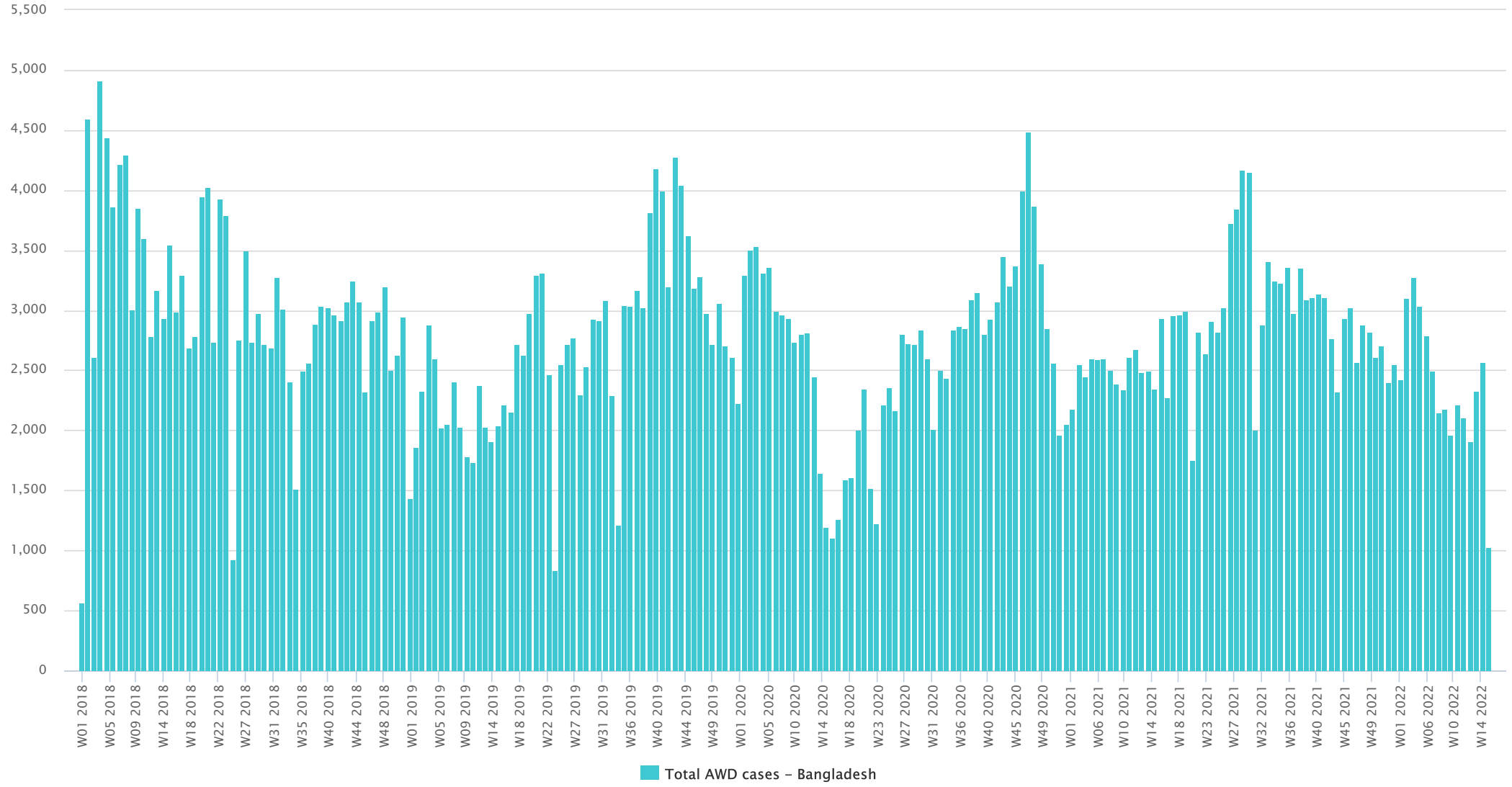
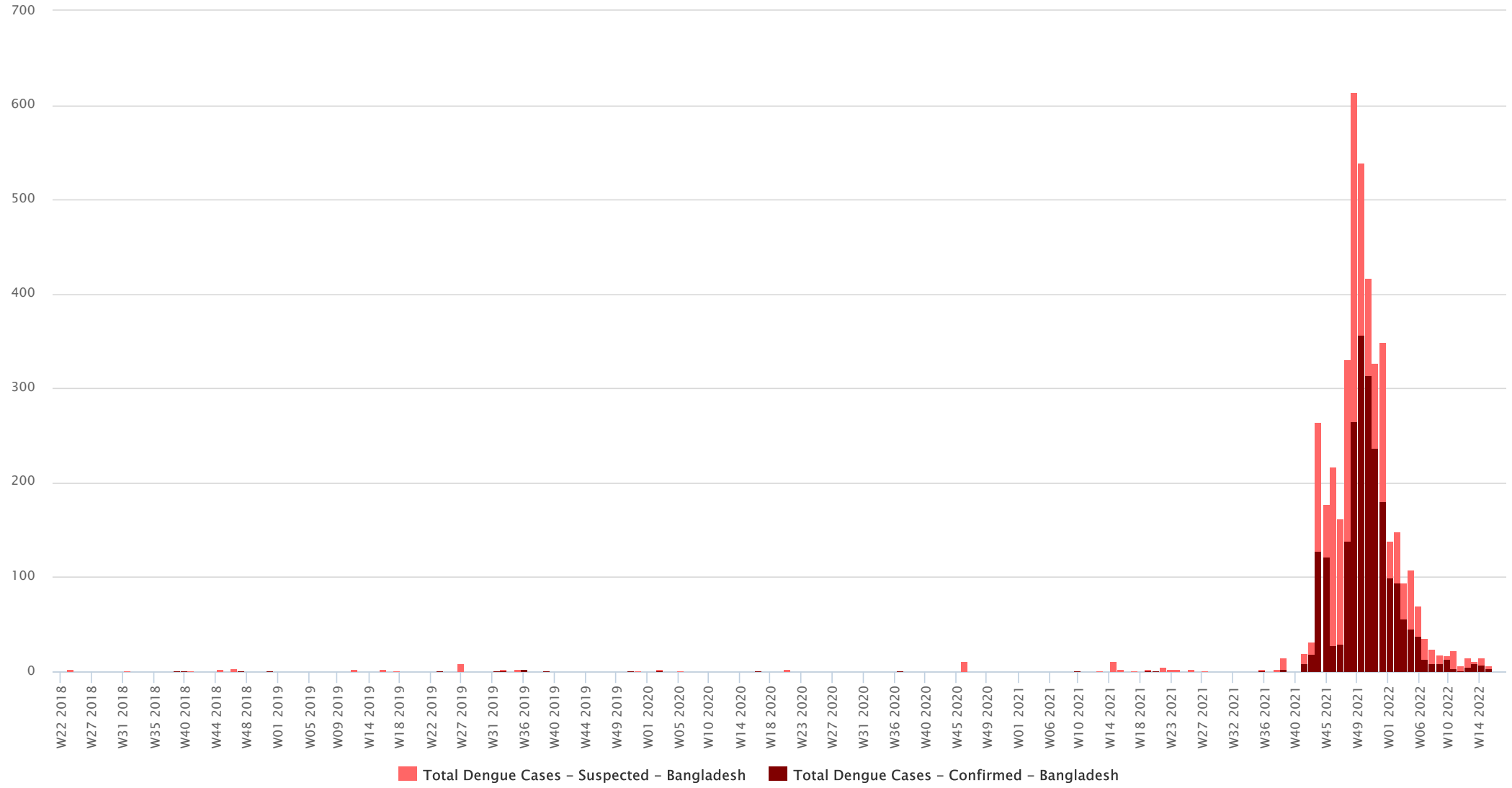
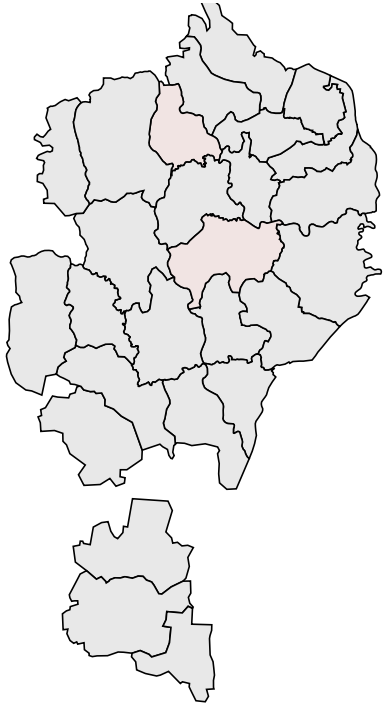


Figure 7 | Trend in number of cases over time (W38 2017 - W15 2022)

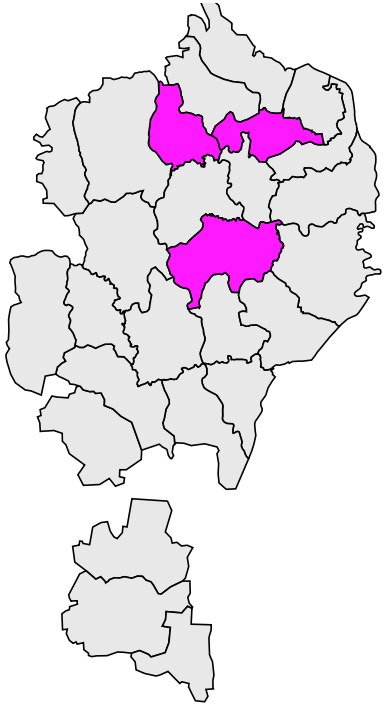


Map 4 | Map of cases by camp (W37 2017 - W15 2022)

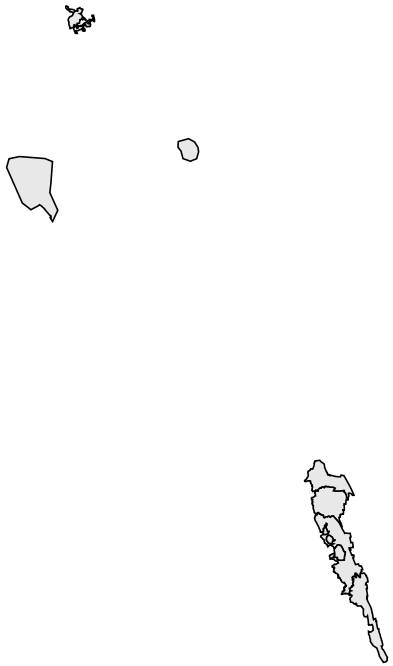
a. Ukhia | Number of cases



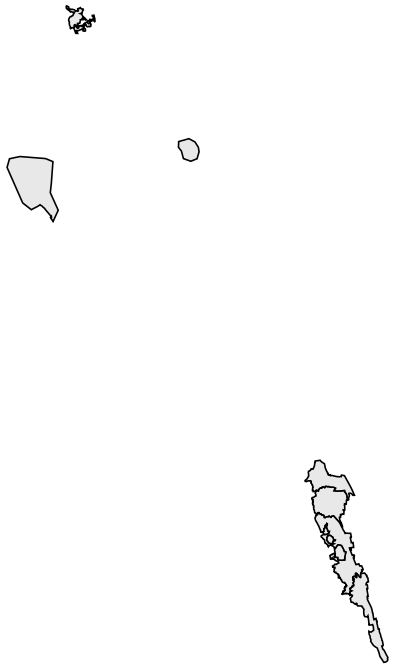
b. Ukhia | Number of alerts



c. Teknaf | Number of cases

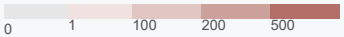


d. Teknaf | Number of alerts



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 (W15 2022)

3	300%	0	0	0	0
Alerts	Verified	Low Risk	Moderate Risk	High Risk	Very High Risk

Figure | % sex

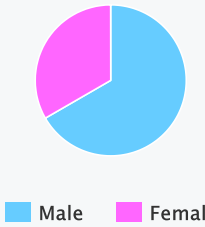


Figure | % age

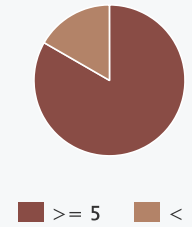
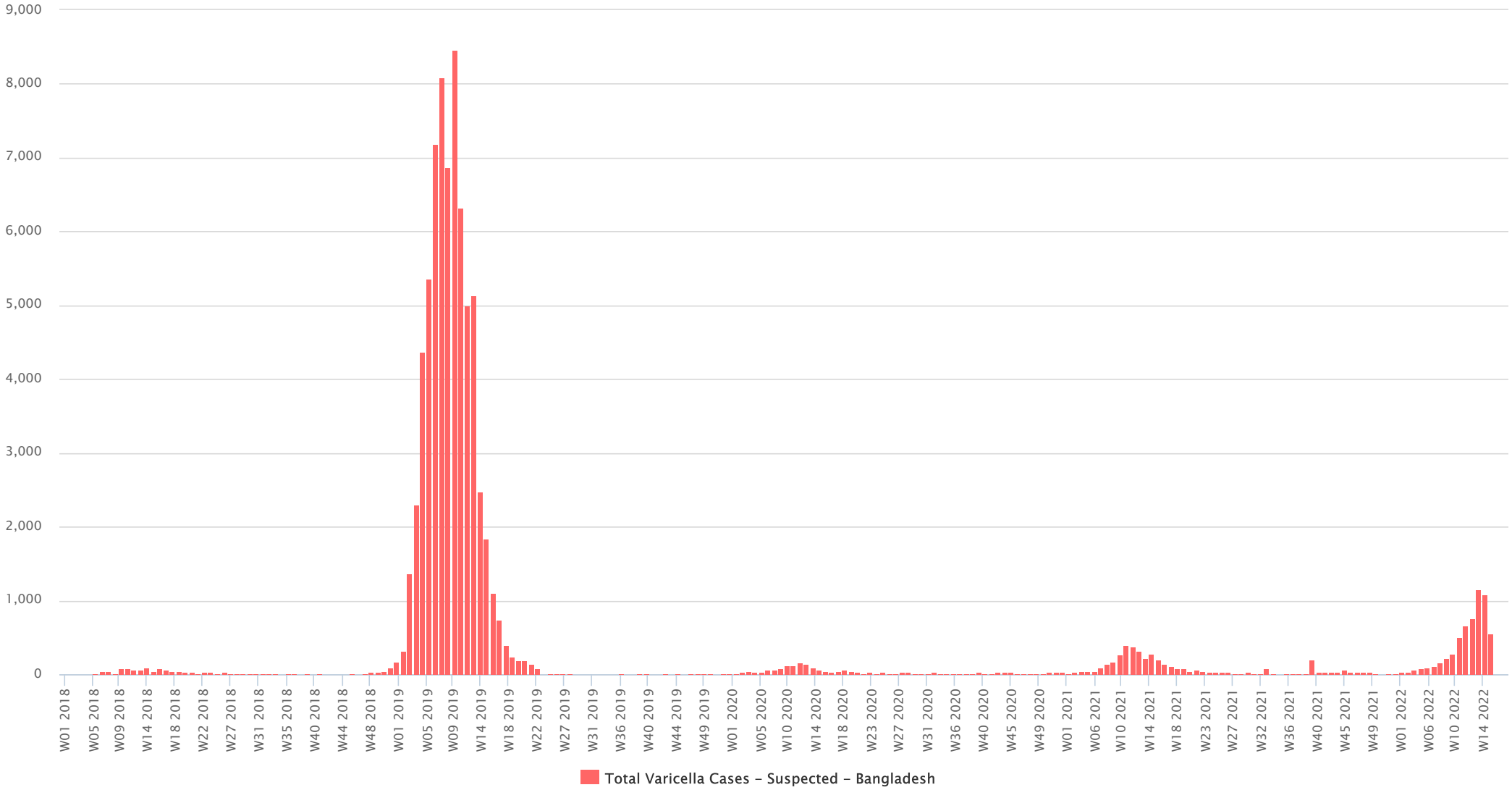
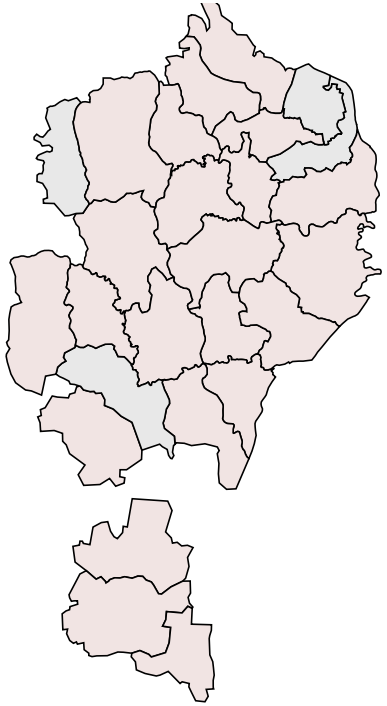


Figure 7 | Trend in number of cases over time (W38 2017 - W15 2022)

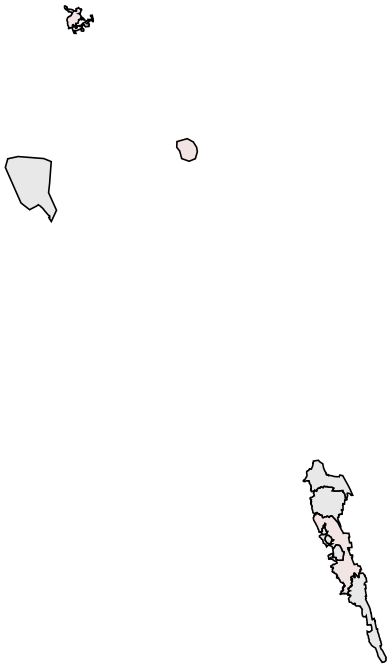


Map 4 | Map of cases by camp (W37 2017 - W15 2022)

a. Ukhia | Number of cases



c. Teknaf | Number of cases



Map legend

Number of cases

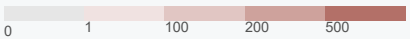


Figure | % sex

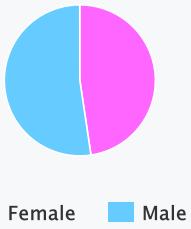
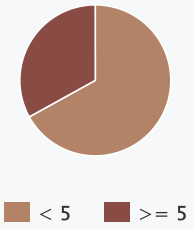


Figure | % age



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.

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