



Epidemiological Highlights

Week 24 (5-11 June) 2022



**World Health
Organization**

Highlights: COVID-19

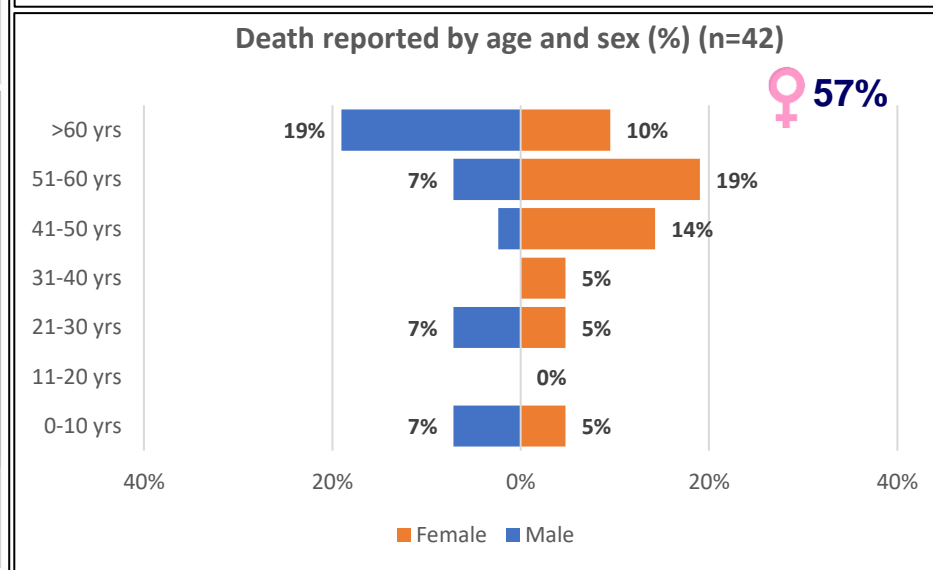
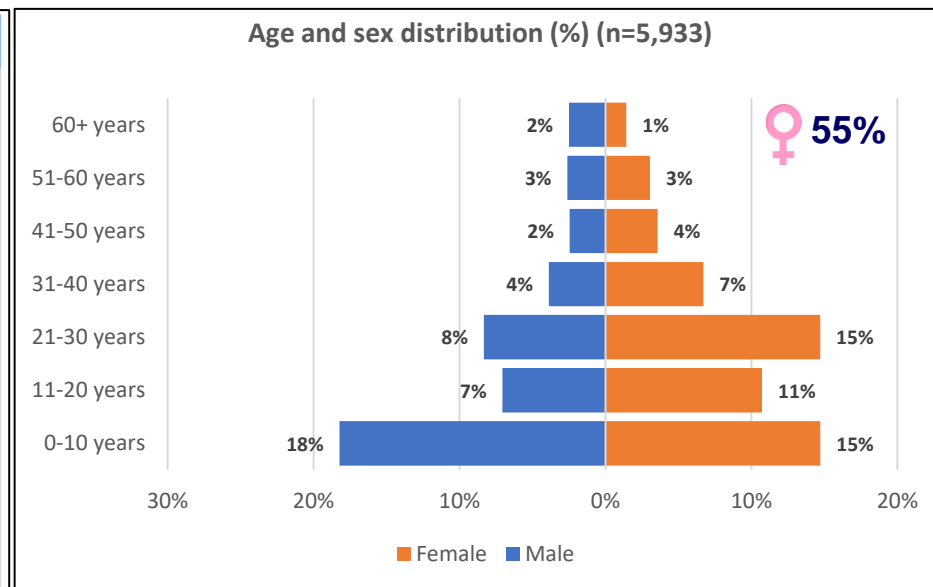
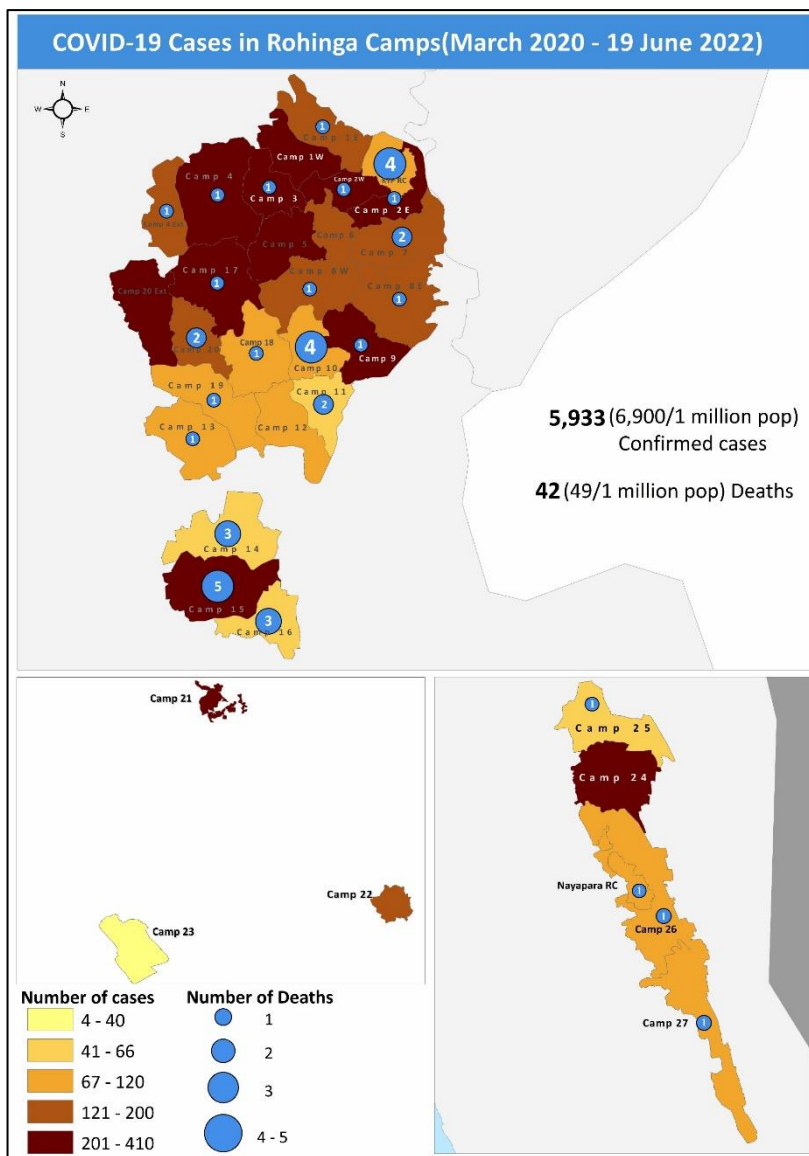
As of week 24, (13-19 June) 2022 there were **5,933 confirmed cases** of COVID-19 (SARS-CoV-2), out of 103,951 **samples** that had been submitted for testing. The **total positivity rate now stands at 5.7%**

In the reporting week, again three (3) new confirmed case was detected out of 635 total samples tested. This translated to a 0.5% Test positivity Rate (TPR) which is the same as the previous week.

As of this week (week 24)

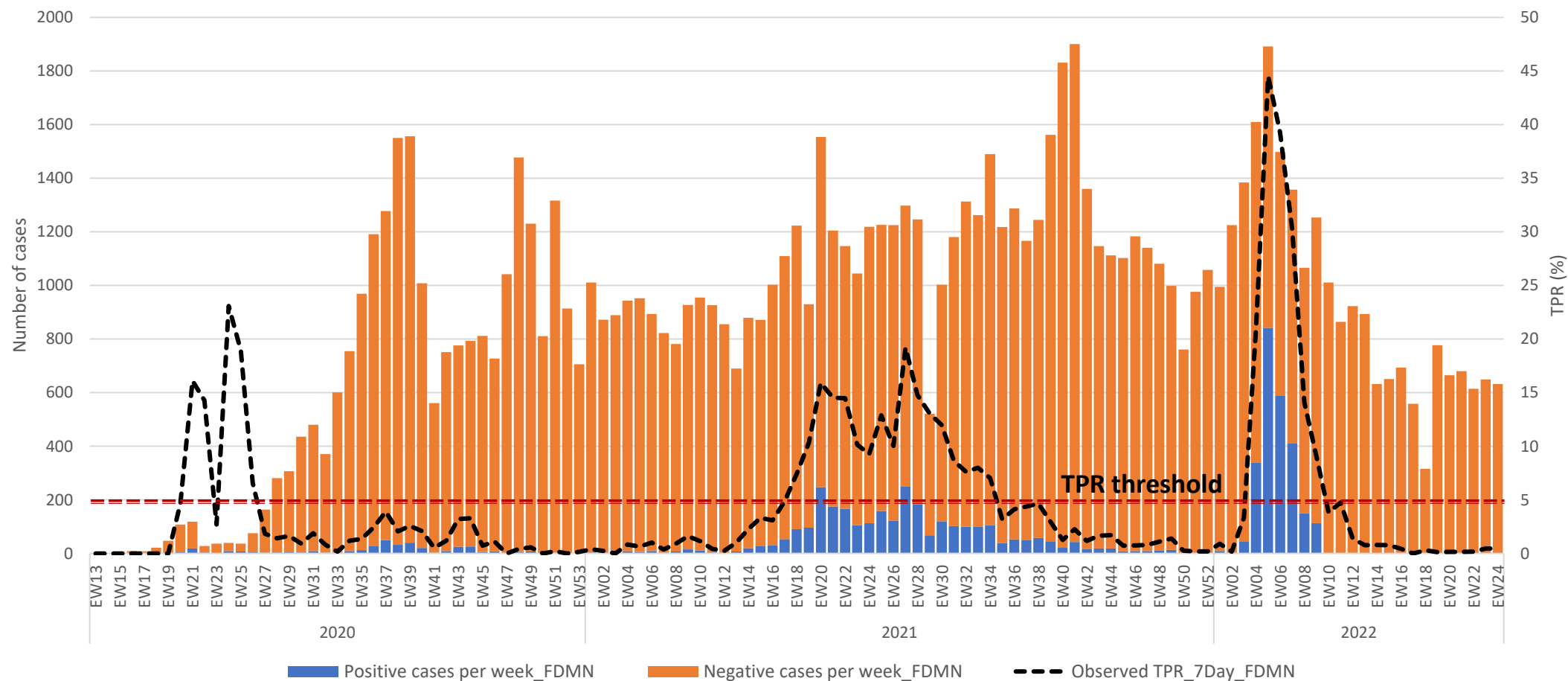
- **Median age** of tested and confirmed cases were 11 (0-120) and 20 (0-100) years respectively
- **Proportion of females** among tested and confirmed cases were 54% and 55% respectively
- **All the 34 camps**, have so far reported confirmed cases since the outbreak began, while the five camps with the highest number of reported cases were; C17-408, C24-390, C2W-370, C4-366, 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 3.5 cases/1 million population in this Epi week which is the same as the previous week.

Highlights: COVID-19



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



EWARS Reporting Updates

- Currently, a total of 166 health facilities are registered in EWARS
 - Only 153/166 weekly reports were received on time in week 24
 - Timeliness of reporting for this week was 91%
 - Fifty-eight (58) alerts were triggered
 - All alerts were reviewed and verified by the WHO EWARS team; this was more than the previous week (23 alerts in week 23, 2022).

Highlights: Morbidities and Mortalities

- Acute Respiratory Infections (15.9%), Diarrheal Diseases (4.5%) & Injury, and wounds (2.2%) were the diseases and health conditions with the highest proportional morbidity in week 24.
- Monitoring of suspected SARI death under enhanced Community-based mortality surveillance has been continued since week 28, 2020.
- This Epi week, one new SARI death was reported as highlighted below:

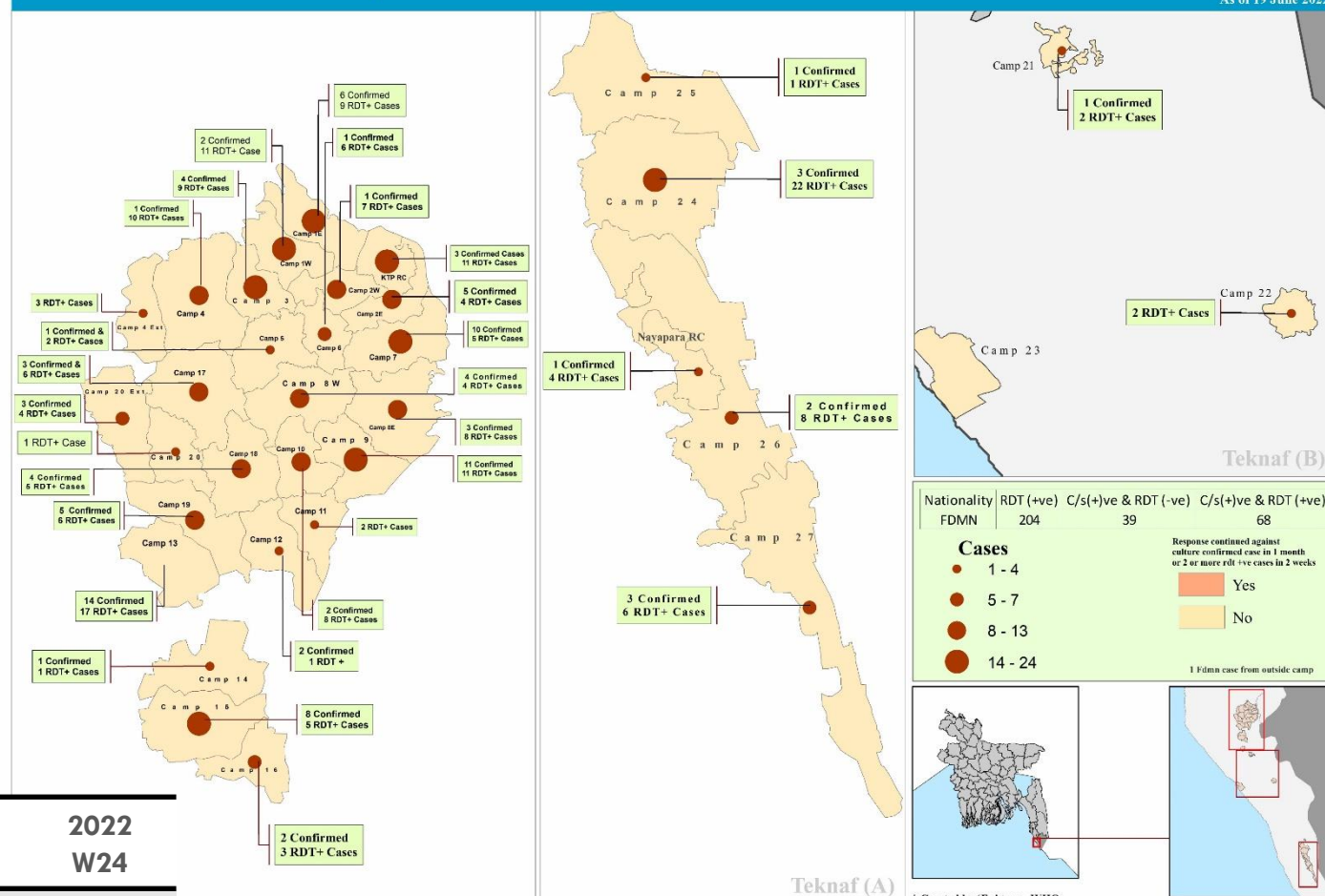
| Year | Suspected SARI death reported | Reclassified as death due to probable COVID-19 |
|------|-------------------------------|--|
| 2022 | 59 | 6 |
| 2021 | 96 | 15 |
| 2020 | 49 | 2 |

Cholera/AWD Surveillance Updates

- In this week, there is three (3) new RDT-positive case was reported, among samples sent for testing.
- In 2022 total of seventy-nine (79) RDT confirmed cholera cases were reported as of W24 2022. Of these ten (10) were positive for culture, and 69 were negative for culture.
- 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 19 June 2022



| | 2018 | 2019 | 2020 | 2021 | 2022 W24 |
|--|------|------|------|------|----------|
| RDT positive/culture confirmed for Cholera | 49 | 258 | 28 | 357 | 79 |
| Culture confirmed for Cholera | 7 | 184 | 5 | 136 | 10 |

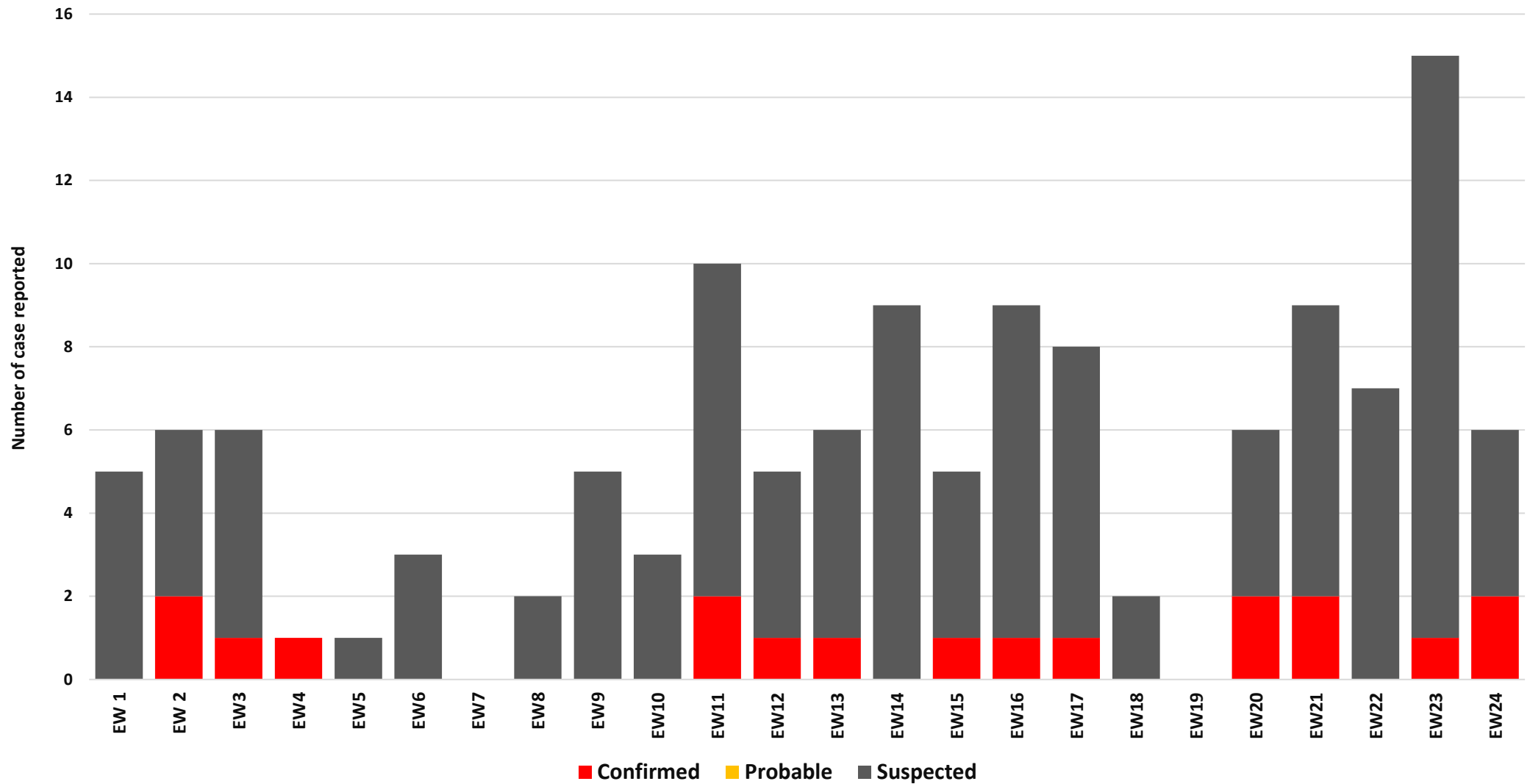
Diphtheria Surveillance Updates

- Two (2) confirmed and 4 suspected diphtheria cases were reported in go.data in this Epi week 24
- The last confirmed case was reported on 16 June 2022
- In total 53 deaths have so far been reported since 2017, the last death reported on 25 April 2022

| Classification | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------|------|------|------|------|------|------|
| Confirmed | 66 | 226 | 31 | 19 | 30 | 18 |
| Probable | 1154 | 1555 | 60 | 9 | 29 | 0 |
| Suspected | 1796 | 3549 | 523 | 198 | 118 | 101 |
| Death | 30 | 14 | 3 | 0 | 5 | 1 |

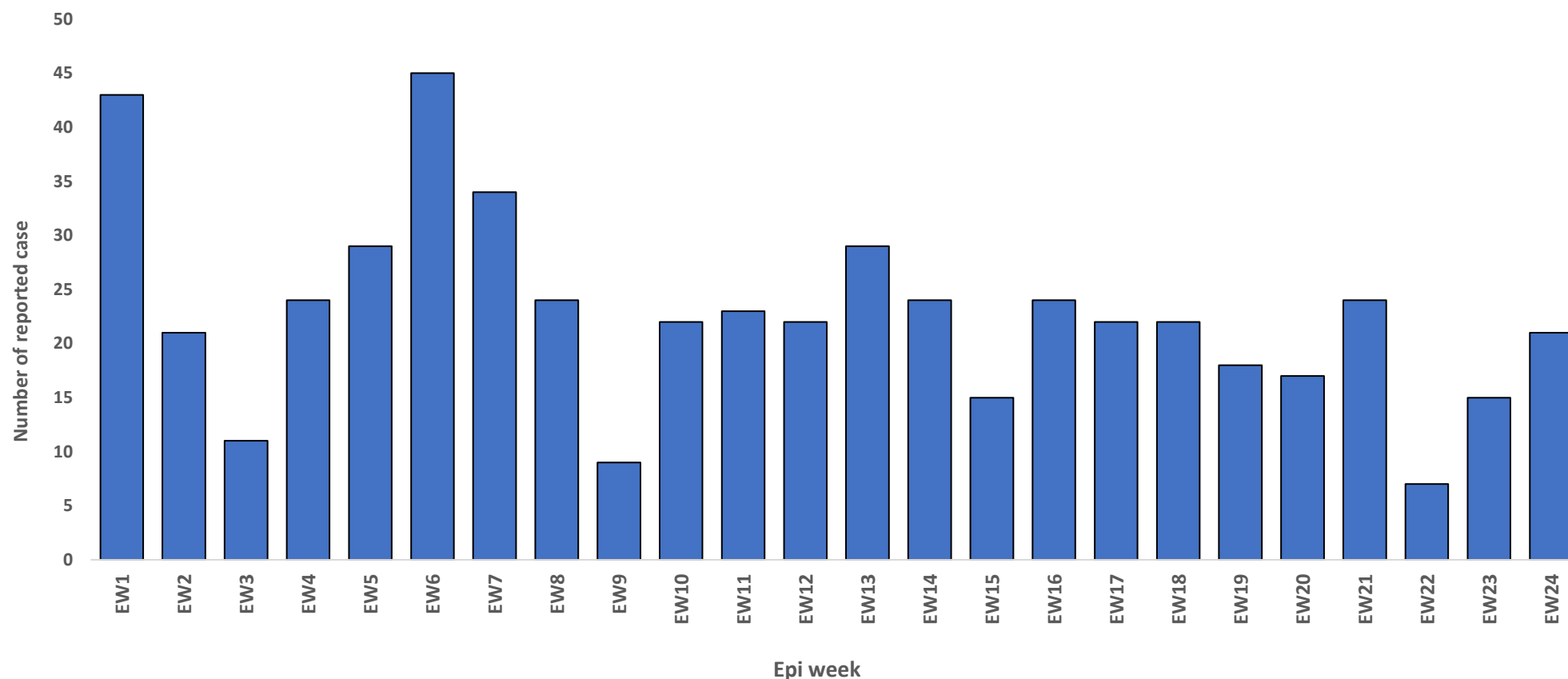
Trends of Diphtheria cases

Total number of diphtheria case reported in EWARS from week 1-24, 2022



Epi Curve of Suspected Measles Cases

Total number of Measles case reported in EWARS from 2021- 2022 (Epi week 24)



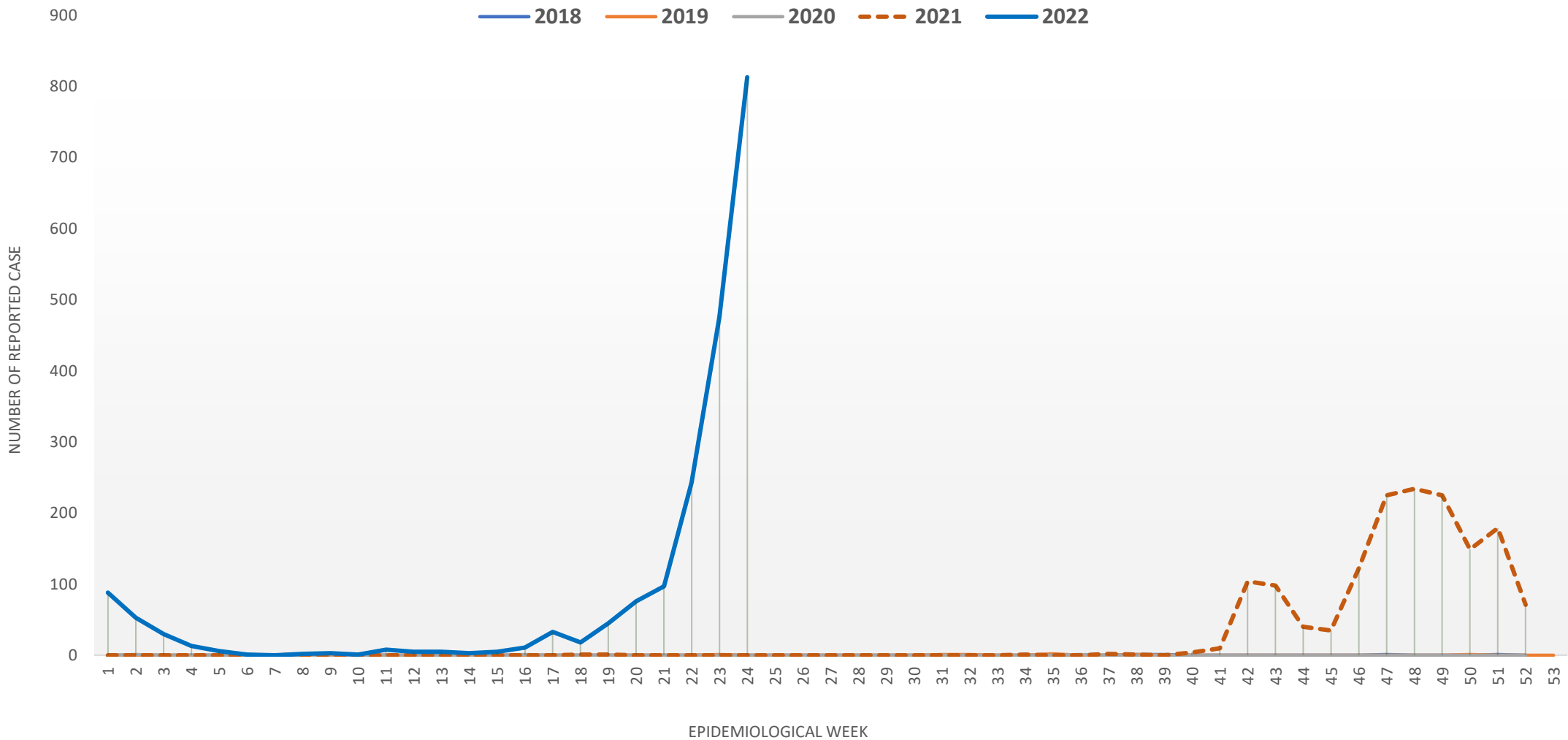
- > In week 24, 21 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 545 reported in 2022
- > About 52% (274/545) of the total suspected measles cases were reported through case-based reporting and samples collected for laboratory confirmation

Dengue Surveillance Updates

| Year | Month/Epi Week | Confirmed case | Death | Confirmed case (cumulative) | Death (cumulative) |
|------|--------------------------|----------------|-------|--------------------------------|-----------------------|
| 2022 | Jan | 189 | 0 | 189 | 0 |
| | Feb | 9 | 0 | 198 | 0 |
| | March | 17 | 0 | 215 | 0 |
| | April | 57 | 0 | 272 | 0 |
| | May | 236 | 0 | 508 | 0 |
| | Week 22 (30 May- 5 June) | 243 | 0 | 751 | 0 |
| | Week 23 (6-12 June) | 476 | 0 | 1227 | 0 |
| | Week 24 (13-19 June) | 813 | 1 | 2040 | 1 |

Dengue Surveillance Updates

Yearly Trends of Dengue case trend from 2018 - Epi Week 24, 2022



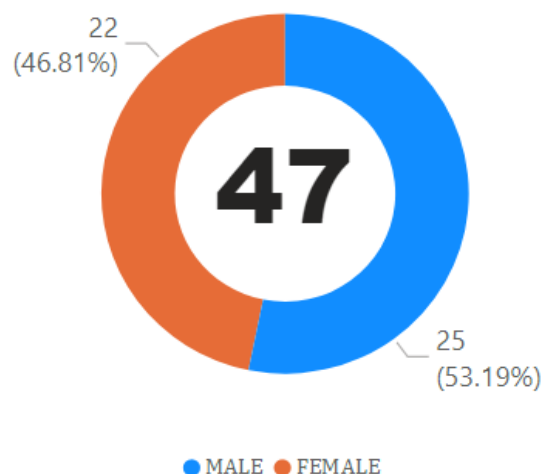
Community-based Mortality surveillance updates Epi week 24

| Probable causes of death | Epi week 24 | Cumulative in 2022 |
|---|------------------|--------------------|
| Still Birth | 5 (11%) | 95 (11%) |
| Neonatal Death (<28 days old) | 6 (13%) | 87 (10%) |
| Infectious Disease | -- | 25 (3%) |
| Severe Acute Respiratory Infection (SARI) | 1 (2%) | 21 (2%) |
| Injury | 7 (15%) | 24 (3%) |
| Maternal Death | 1 (2%) | 22 (3%) |
| Acute Malnutrition | -- | 1 (0%) |
| Other | 27 (57%) | 576 (68%) |
| Total | 47 (100%) | 851 (100%) |

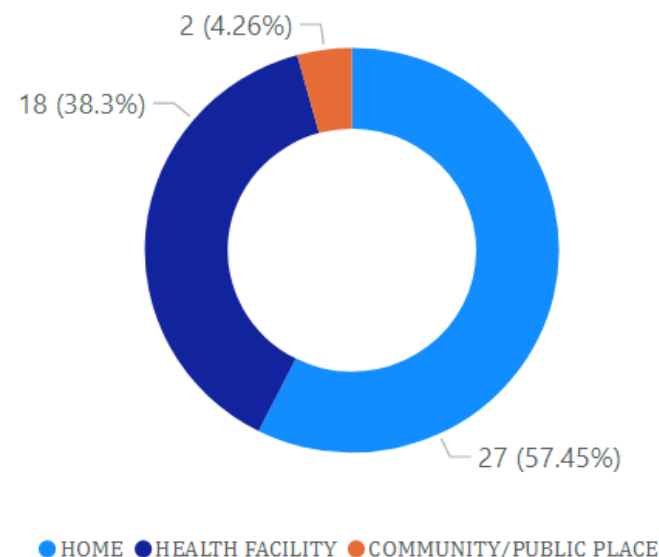
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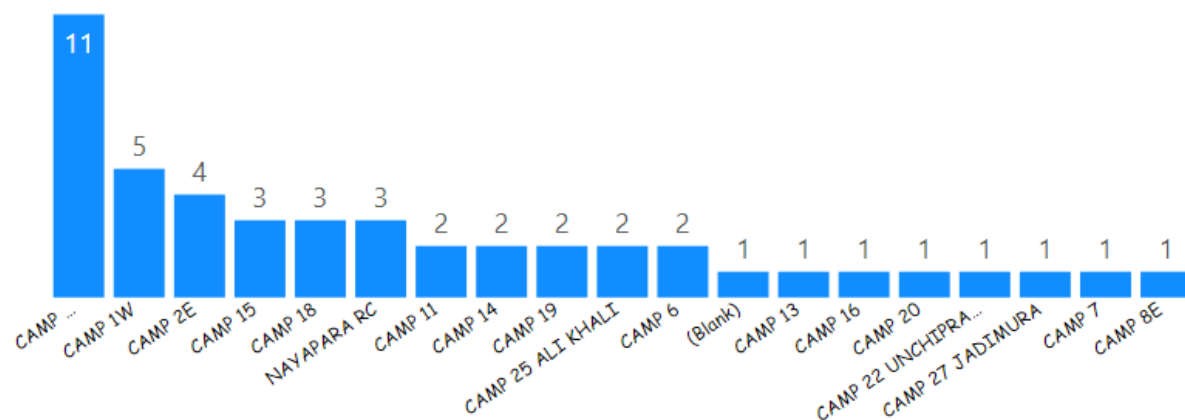
Gender distribution



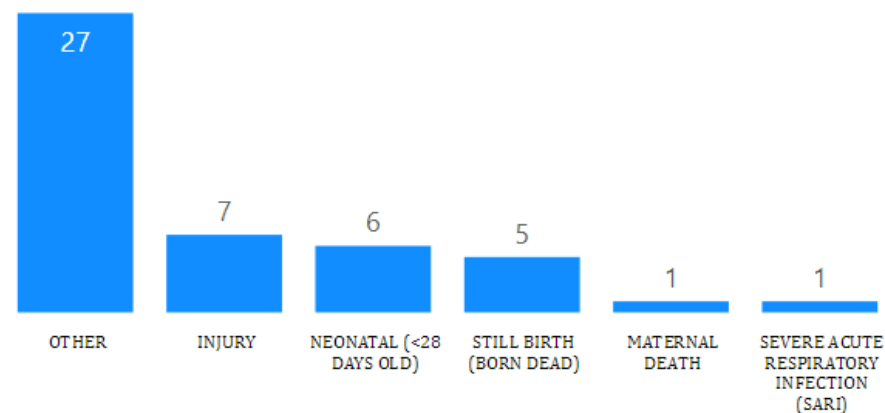
Place of death



Distribution of deceased Camp



Distribution of Probable cause of death





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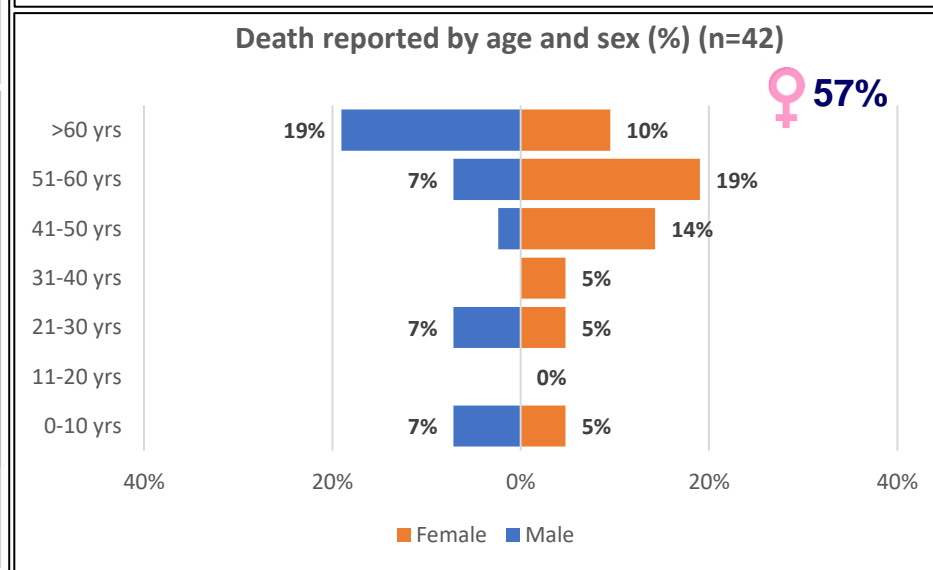
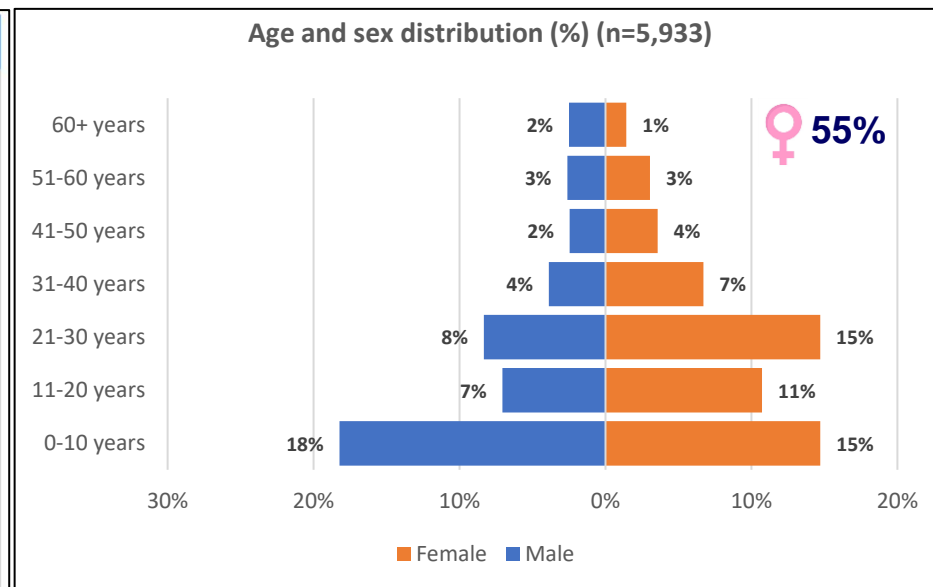
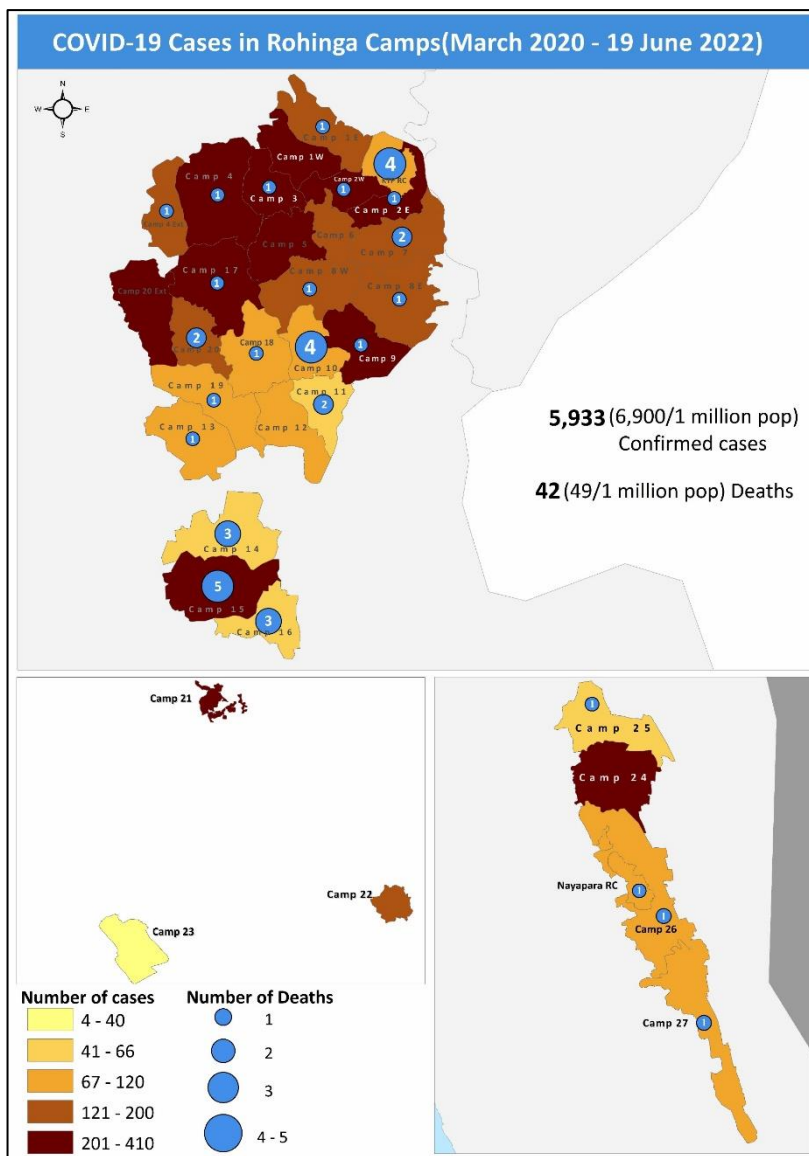
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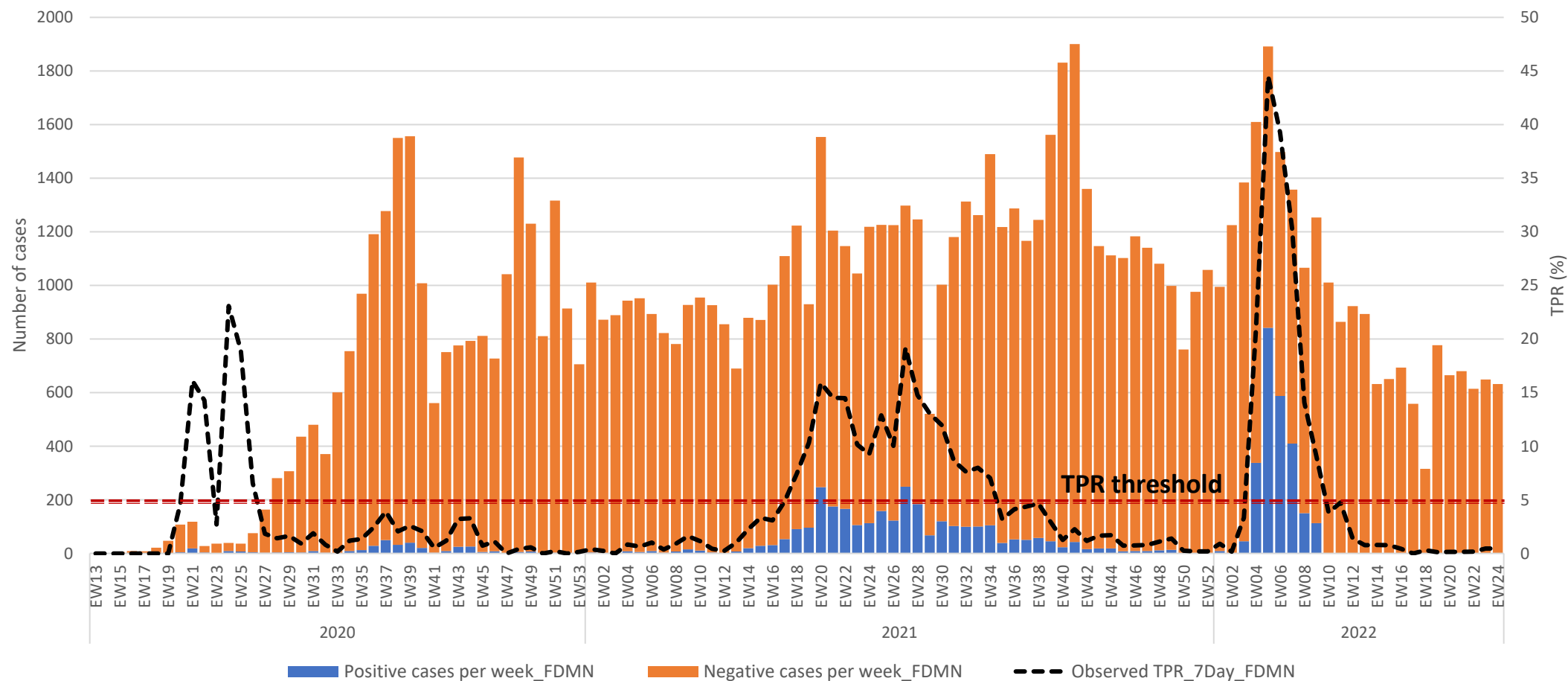
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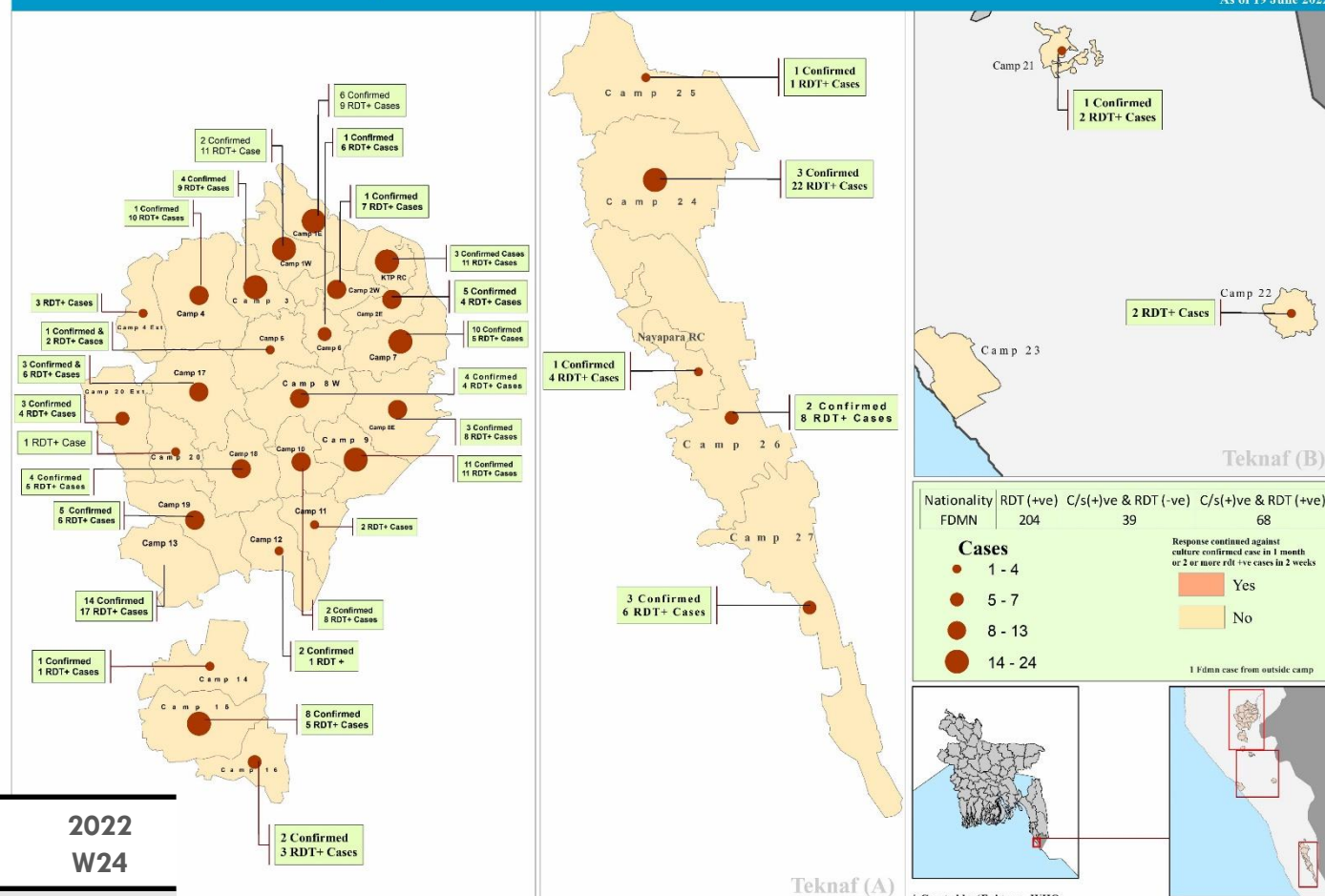
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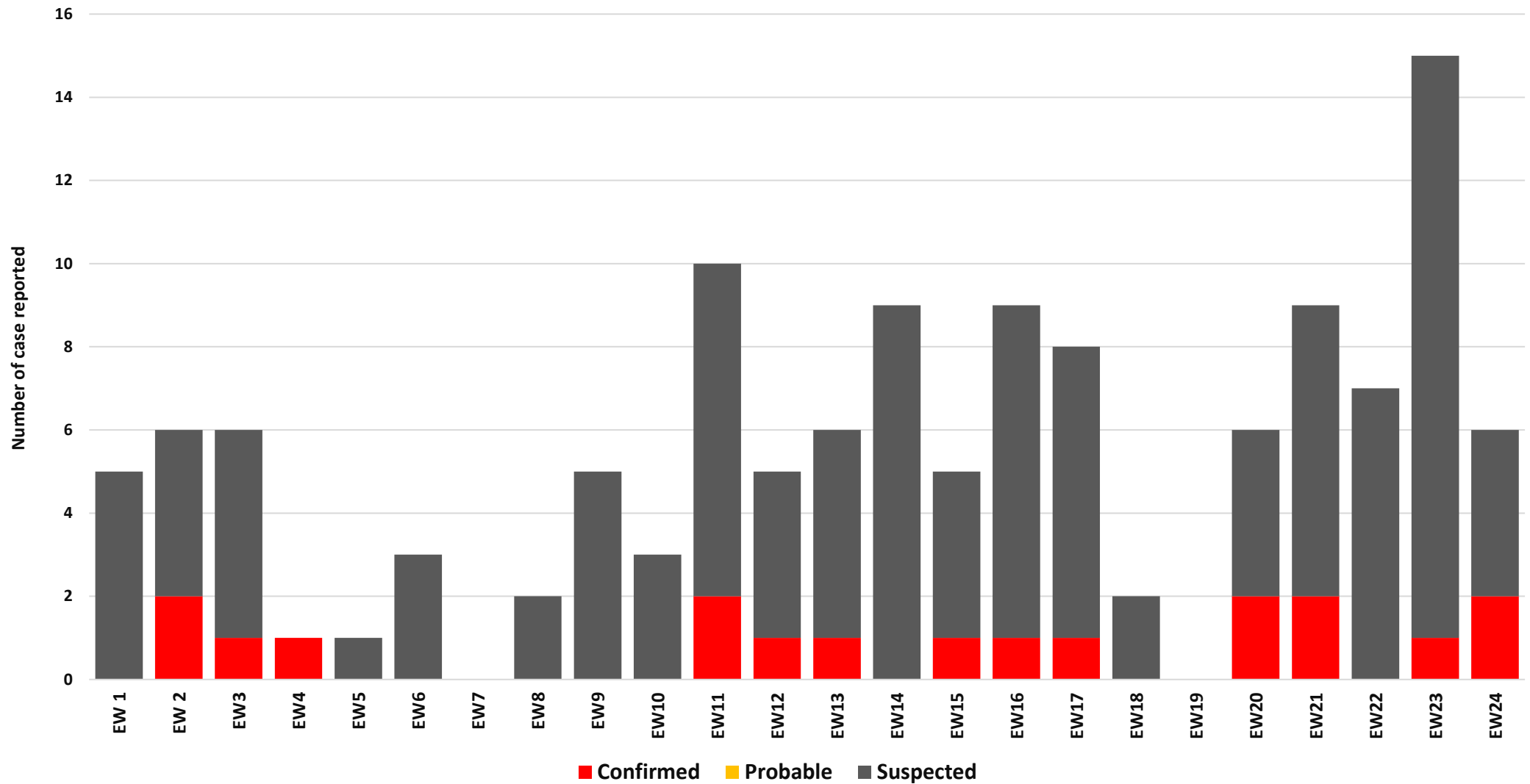
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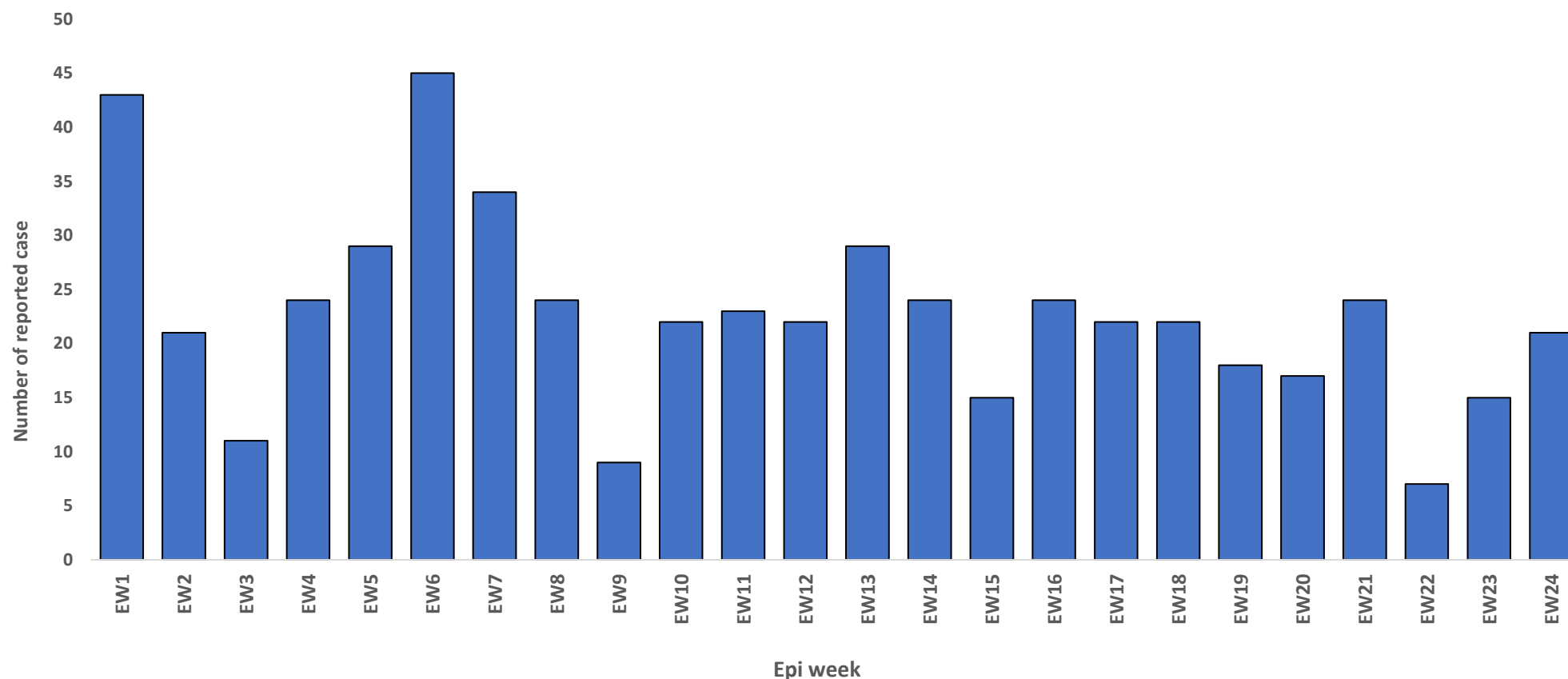
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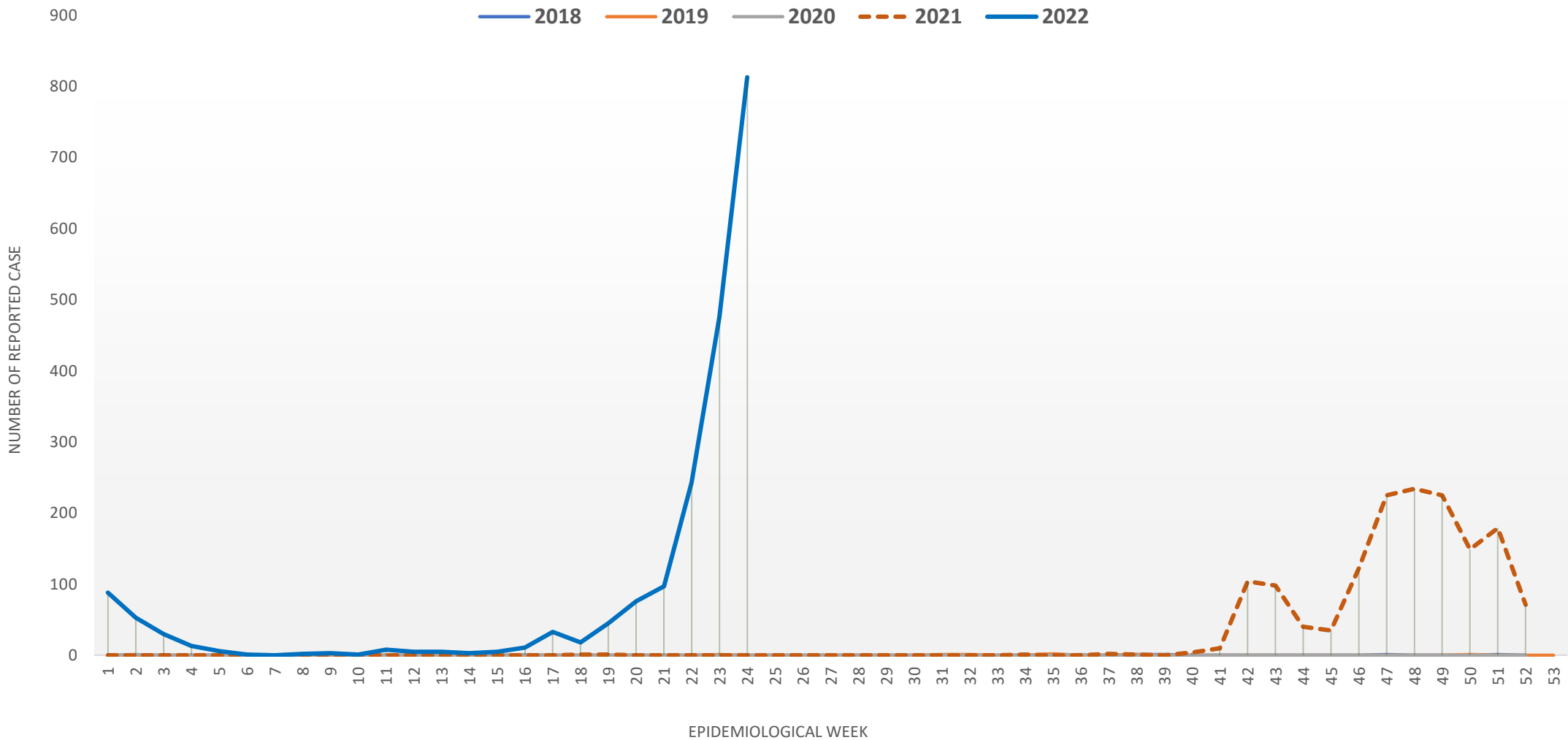
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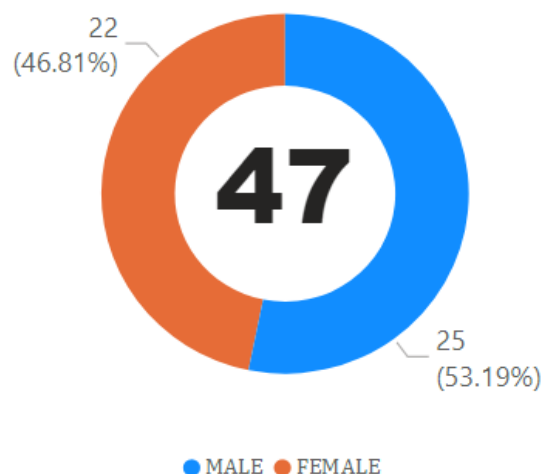
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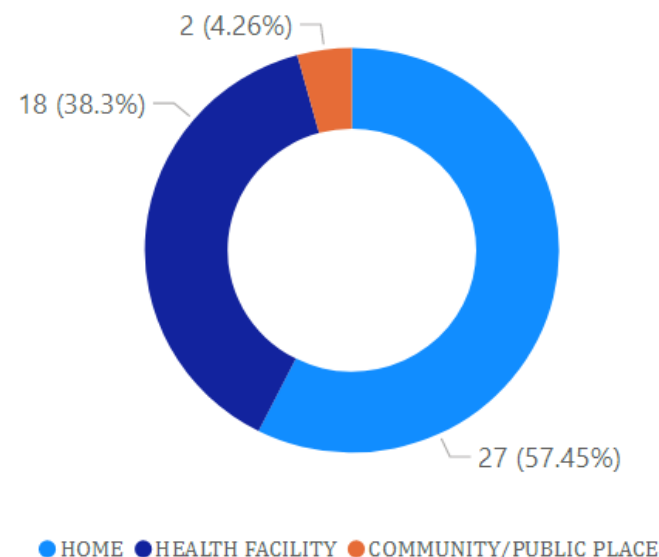
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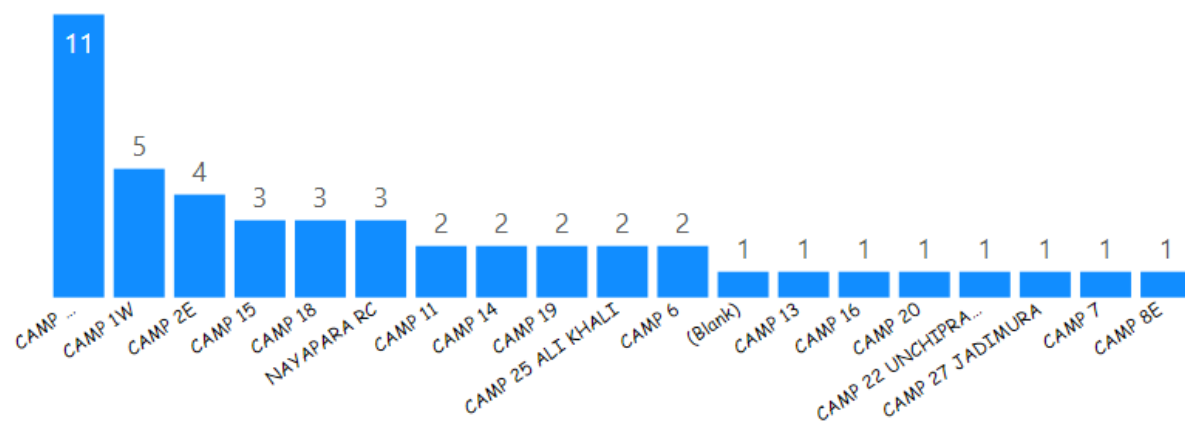
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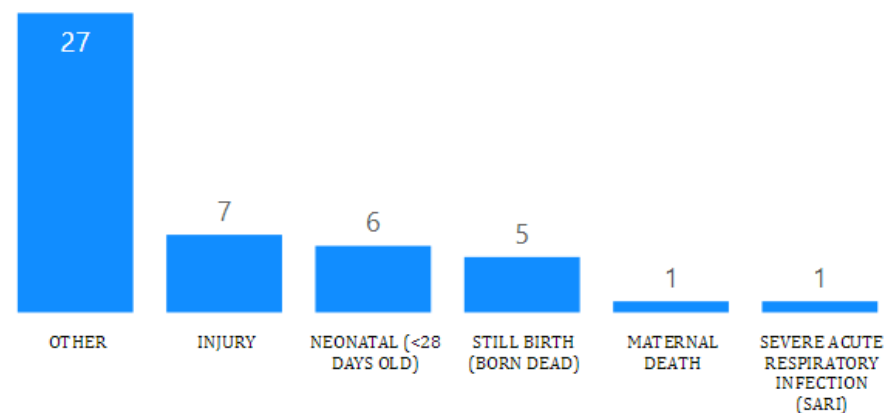
Place of death



Distribution of deceased Camp



Distribution of Probable cause of death



Bangladesh

Rohingya Emergency Response

Early Warning, Alert and
Response System (EWARS)

Annex W24 2022



Ministry of Health and Family
Welfare Bangladesh



World Health
Organization



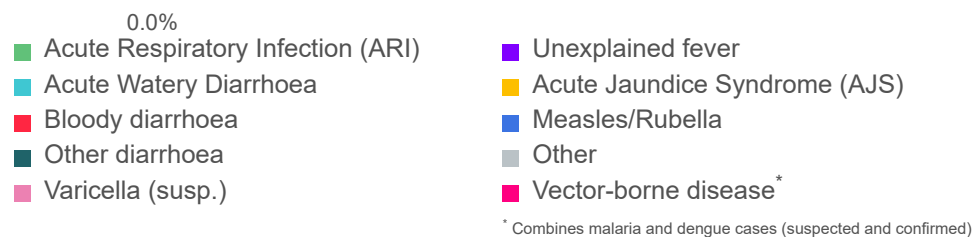
HEALTH SECTOR
COX'S BAZAR



Printed: 05:40 Thursday, 11 August 2022 UTC

Proportional morbidity

Figure 1 | Proportional morbidity (W24 2022)



| Disease | W24 | | 2022 | |
|-----------------|----------------|-------------|------------------|-------------|
| | # cases | % morbidity | # cases | % morbidity |
| AWD | 3,433 | 3.1% | 81,019 | 2.6% |
| Bloody diarr. | 386 | 0.4% | 11,339 | 0.4% |
| Other diarr. | 1,067 | 1.0% | 32,430 | 1.0% |
| Susp. Varicella | 74 | 0.1% | 8,703 | 0.3% |
| ARI | 17,543 | 15.9% | 549,038 | 17.5% |
| Measles/Rub. | 21 | 0.0% | 708 | 0.0% |
| AFP | 0 | 0.0% | 51 | 0.0% |
| Susp. mening. | 4 | 0.0% | 108 | 0.0% |
| AJS | 38 | 0.0% | 716 | 0.0% |
| Susp. HF | 0 | 0.0% | 54 | 0.0% |
| Neo. tetanus | 0 | 0.0% | 8 | 0.0% |
| Adult tetanus | 0 | 0.0% | 12 | 0.0% |
| Malaria (conf.) | 46 | 0.0% | 330 | 0.0% |
| Malaria (susp.) | 1,913 | 1.7% | 46,610 | 1.5% |
| Dengue (conf.) | 470 | 0.4% | 12,538 | 0.4% |
| Dengue (susp.) | 43 | 0.0% | 5,637 | 0.2% |
| Unexpl. fever | 1,172 | 1.1% | 37,974 | 1.2% |
| Sev. Malnut. | 42 | 0.0% | 1,259 | 0.0% |
| Inj./Wounds | 2,426 | 2.2% | 67,840 | 2.2% |
| Other | 81,245 | 73.8% | 2,267,082 | 72.4% |
| Total | 108,900 | 100% | 3,130,100 | 100% |

Trend in consultations and key diseases

Figure 2 | Trend in proportional morbidity for key diseases (W24)

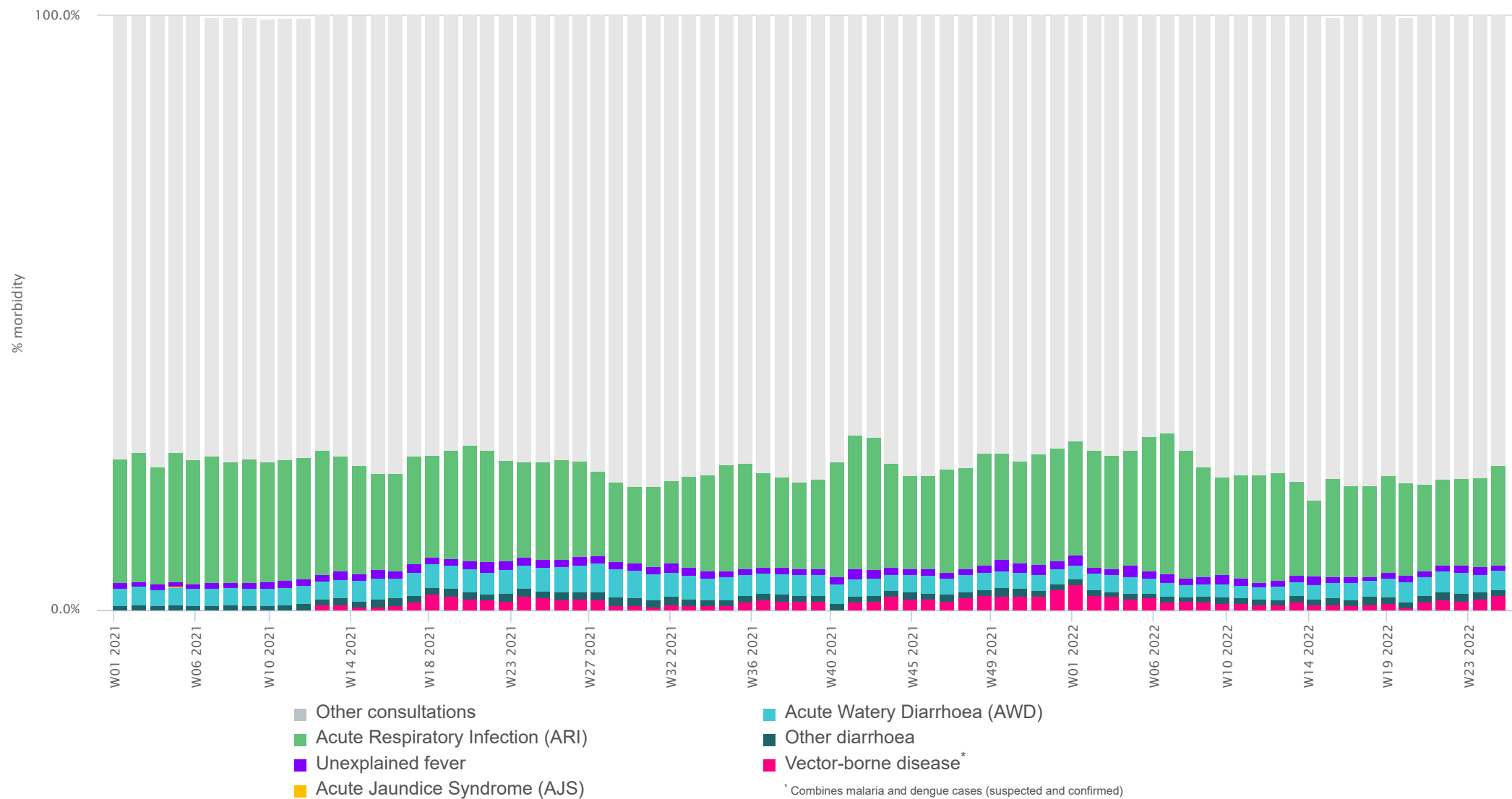
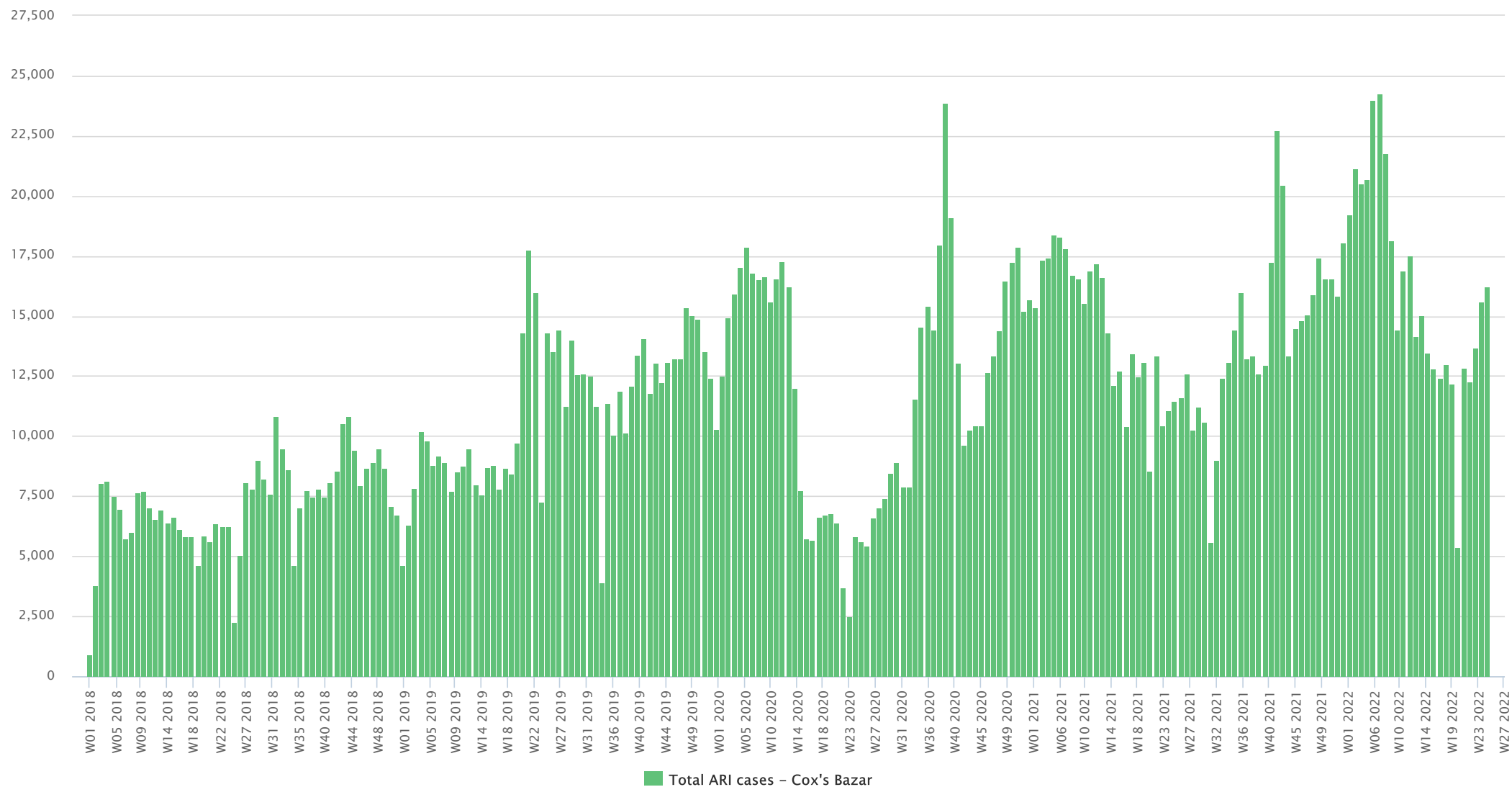
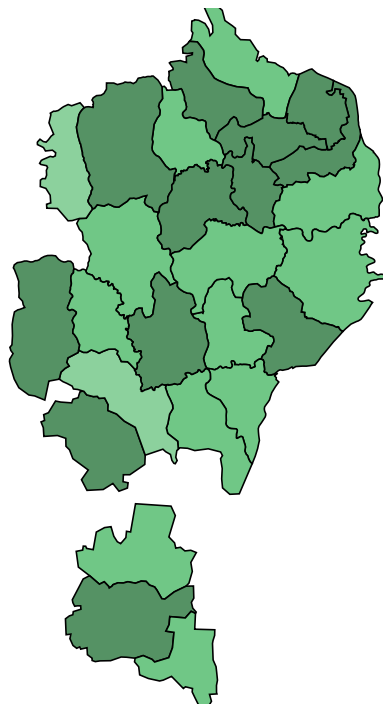


Figure 3 | Trend in number of cases over time (W38 2017 - W24 2022)

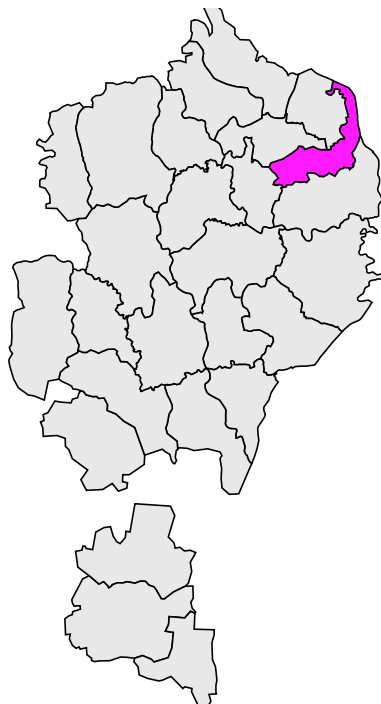


Map 1 | Map of cases by camp (W24 2022)

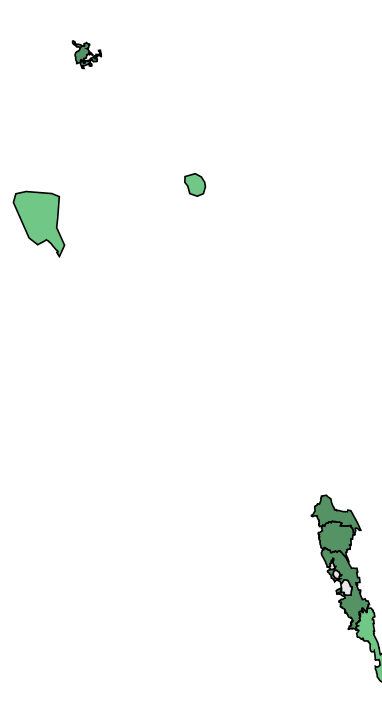
a. Ukhia | Number of cases



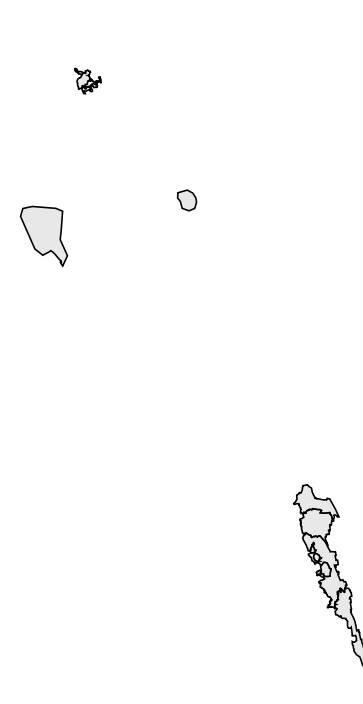
b. Ukhia | Number of alerts



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 (W24 2022)

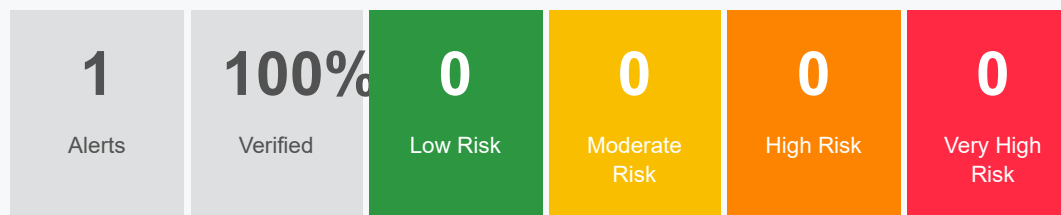
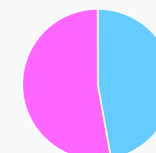
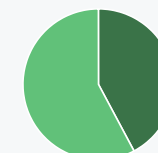


Figure | % sex



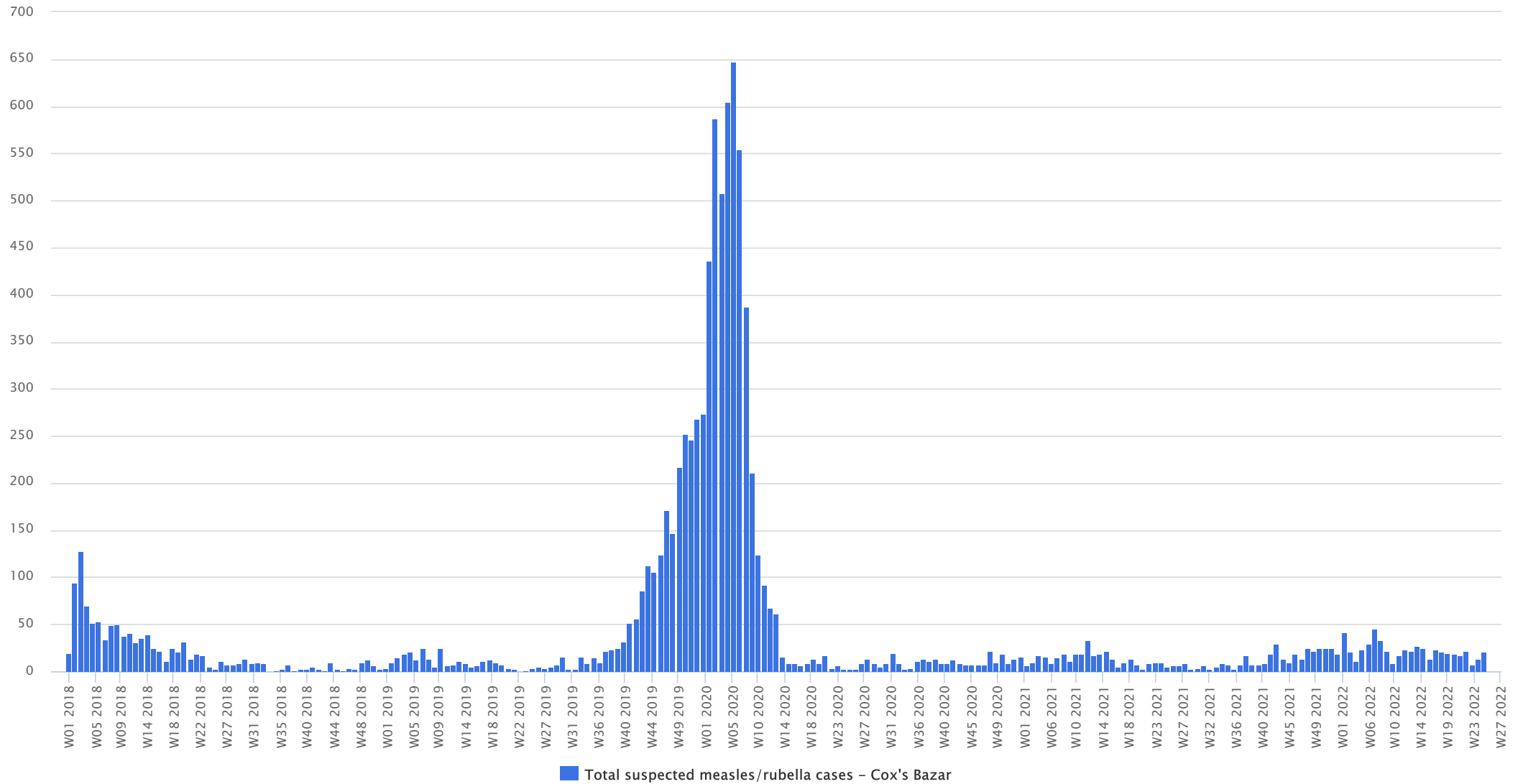
Male Female

Figure | % age



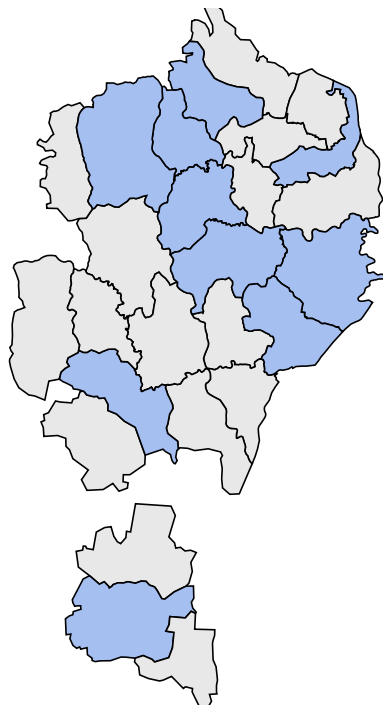
>=5 < 5

Figure 4 | Trend in number of suspected cases over time (W38 2017 - W24 2022)

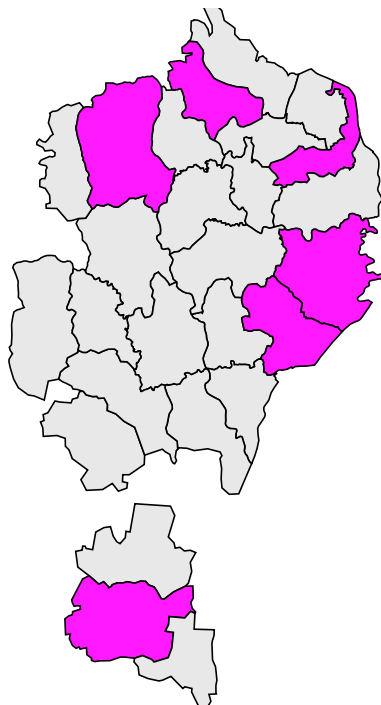


Map 2 | Map of cases by camp (W24 2022)

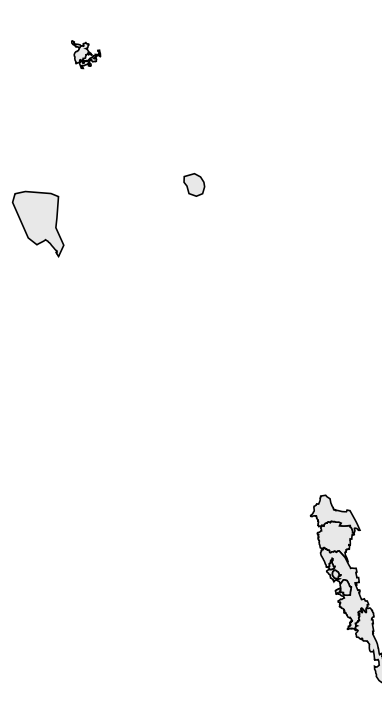
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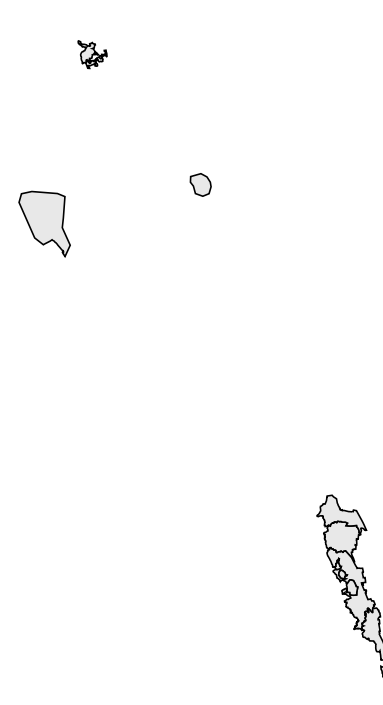
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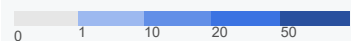


d. Teknaf | Number of alerts



Map legend

Number of cases



Number of alerts



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1 case. Source: IEDCR

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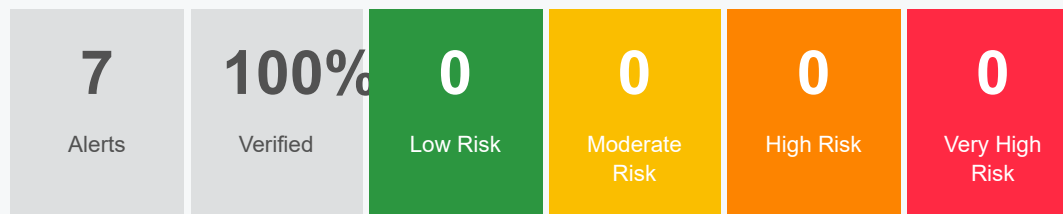
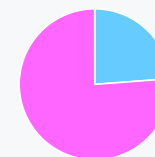
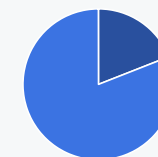


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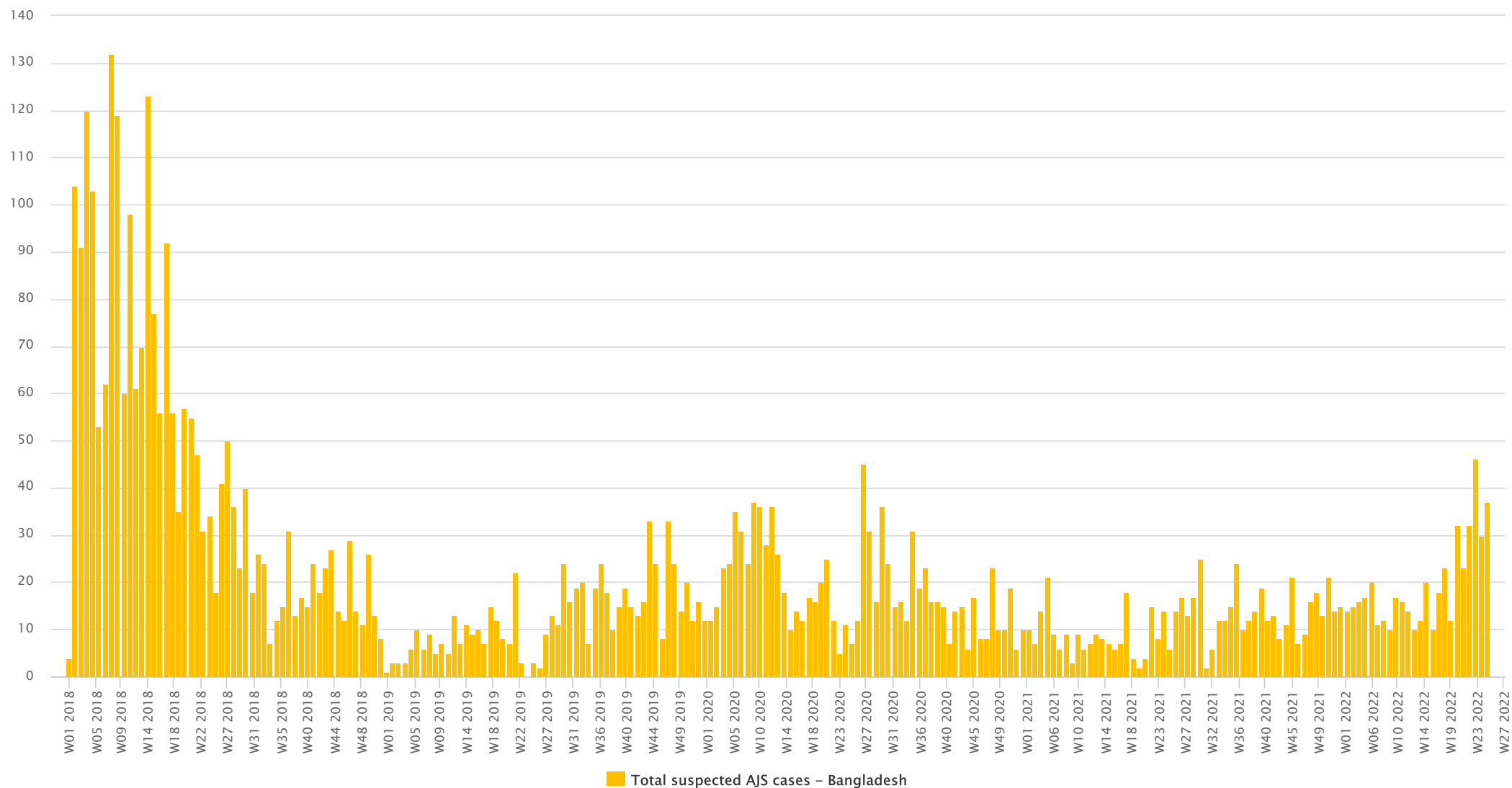
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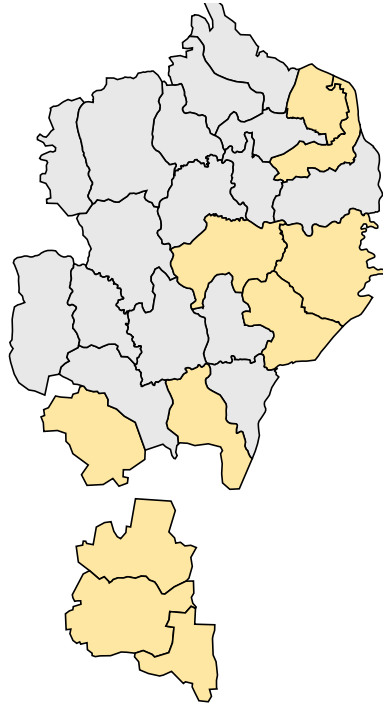
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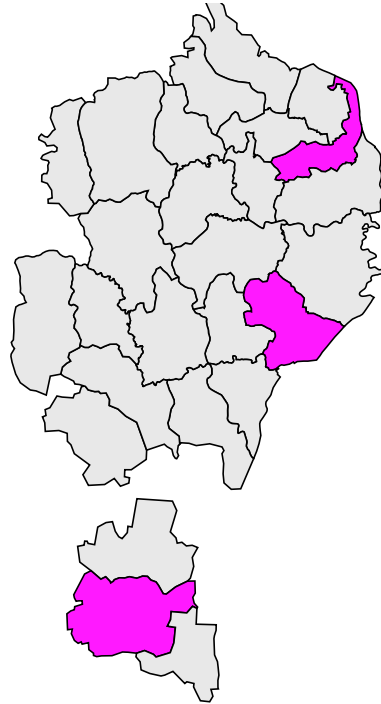


Map 3 | Map of cases by camp (W37 2017 - W24 2022)

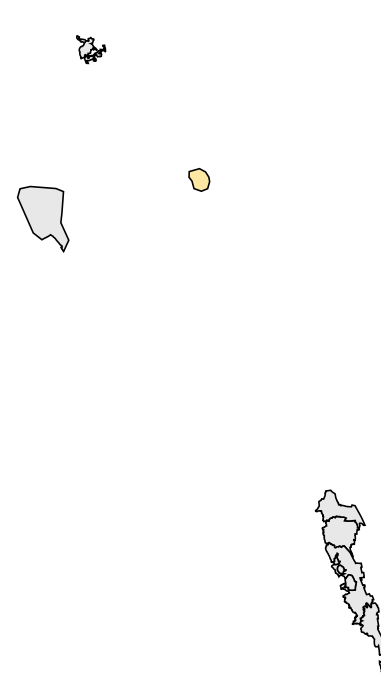
a. Ukhia | Number of cases



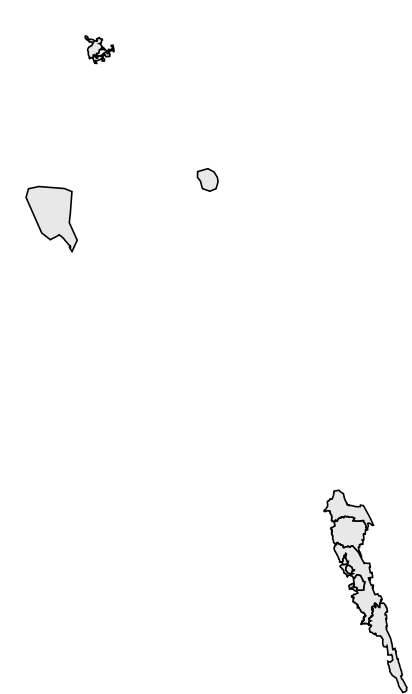
b. Ukhia | Number of alerts



c. Teknaf | Number of cases

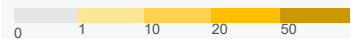


d. Teknaf | Number of alerts

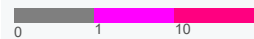


Map legend

Number of cases



Number of alerts



Alert threshold

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

Alert management (W24 2022)

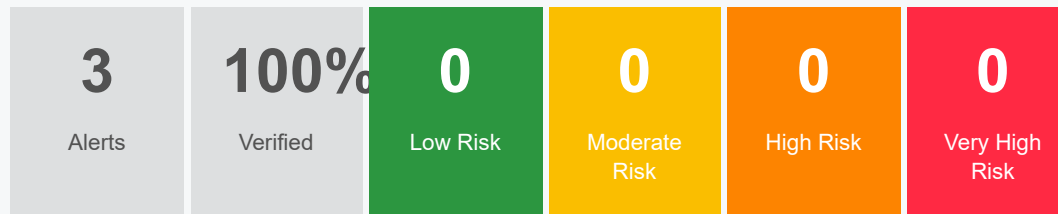
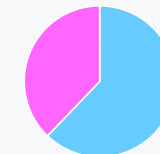
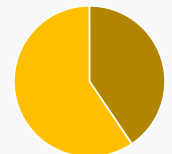


Figure | % sex



Male Female

Figure | % age



>= 5 < 5

Figure 6 | Trend in number of cases over time (W38 2017 - W24 2022)

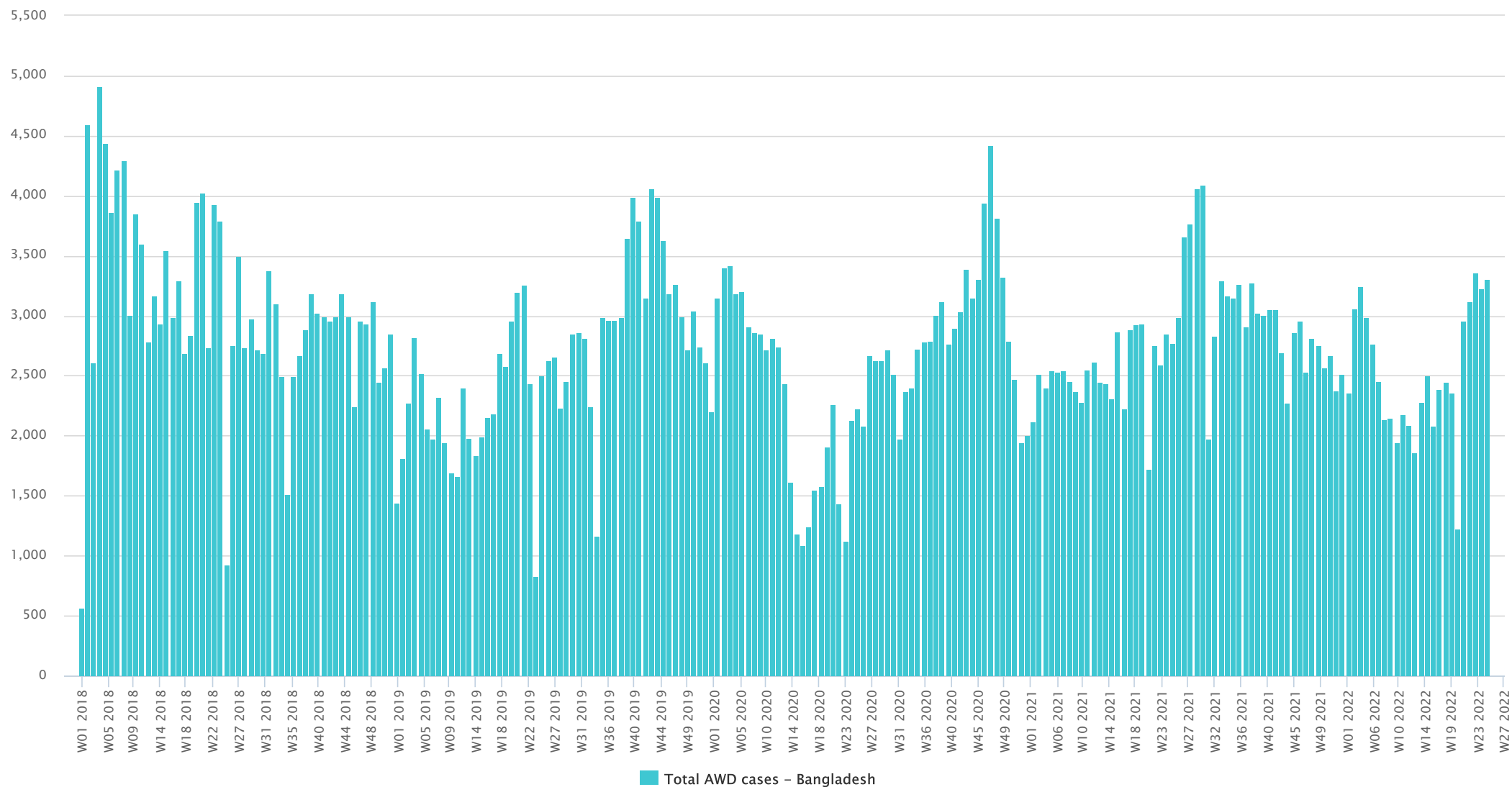
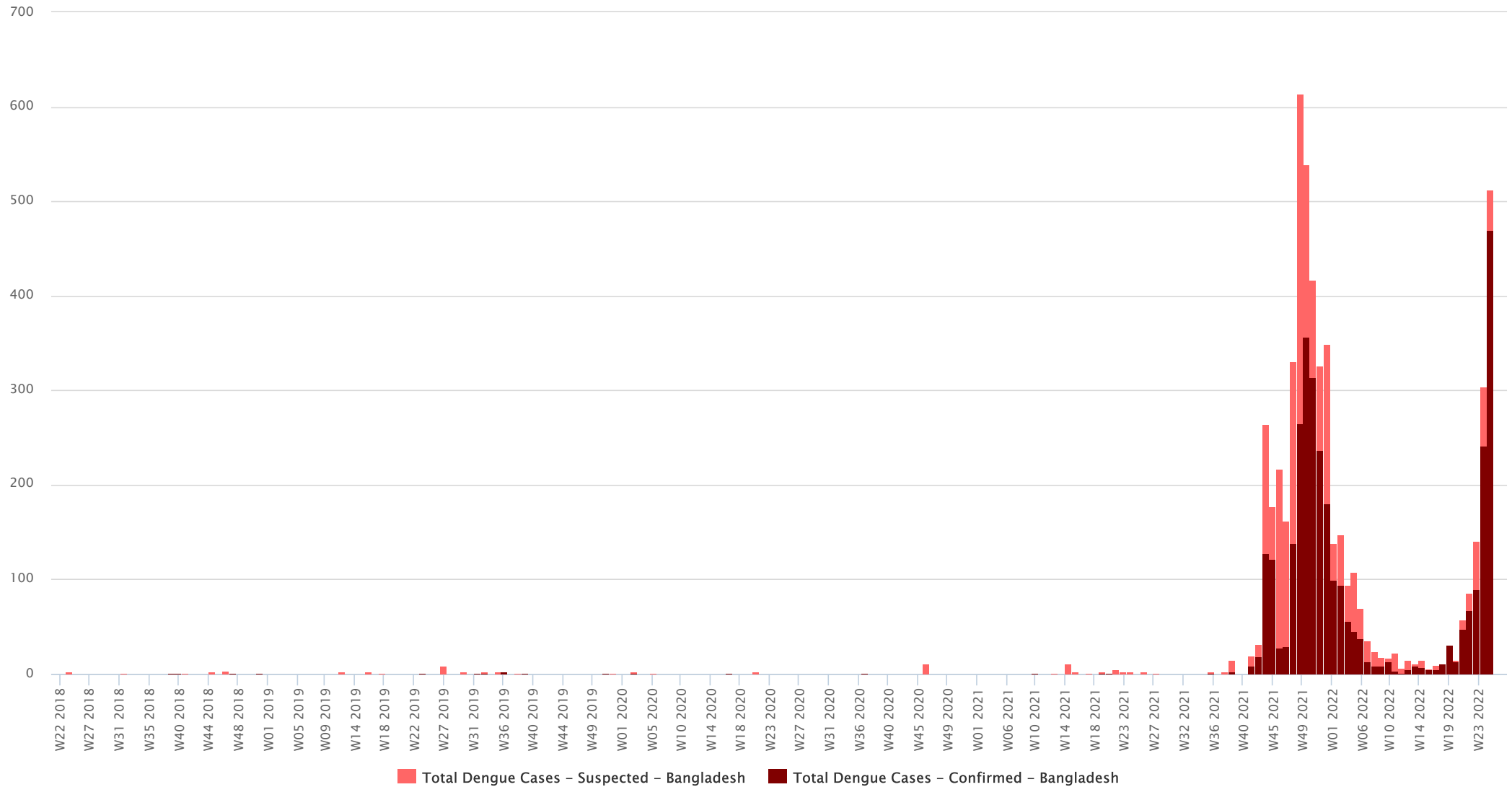
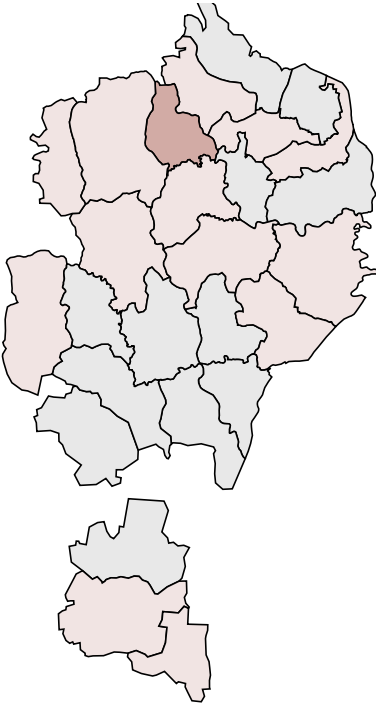


Figure 7 | Trend in number of cases over time (W38 2017 - W24 2022)

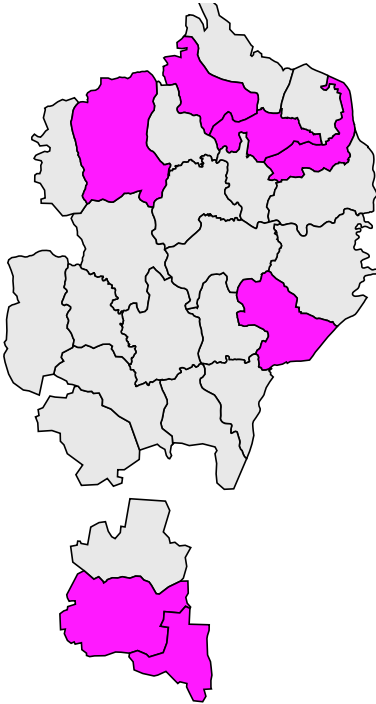


Map 4 | Map of cases by camp (W37 2017 - W24 2022)

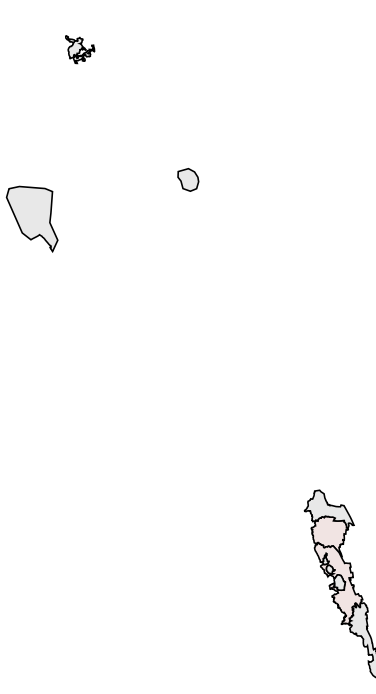
a. Ukhia | Number of cases



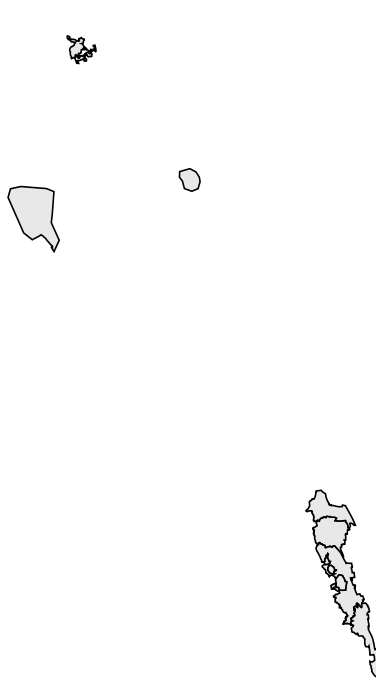
b. Ukhia | Number of alerts



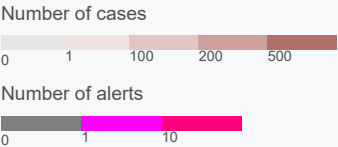
c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold

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

Alert management (W24 2022)

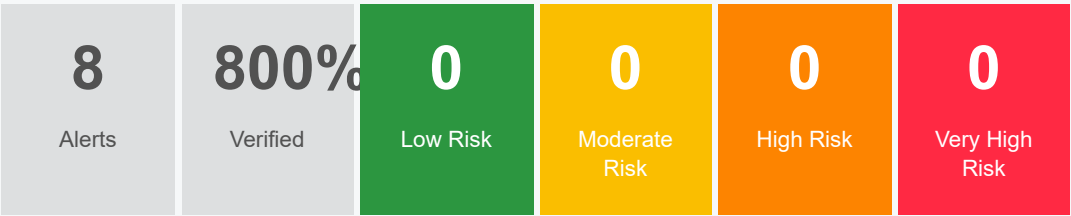


Figure | % sex

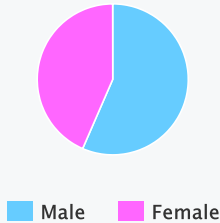


Figure | % age

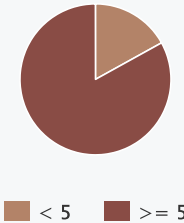
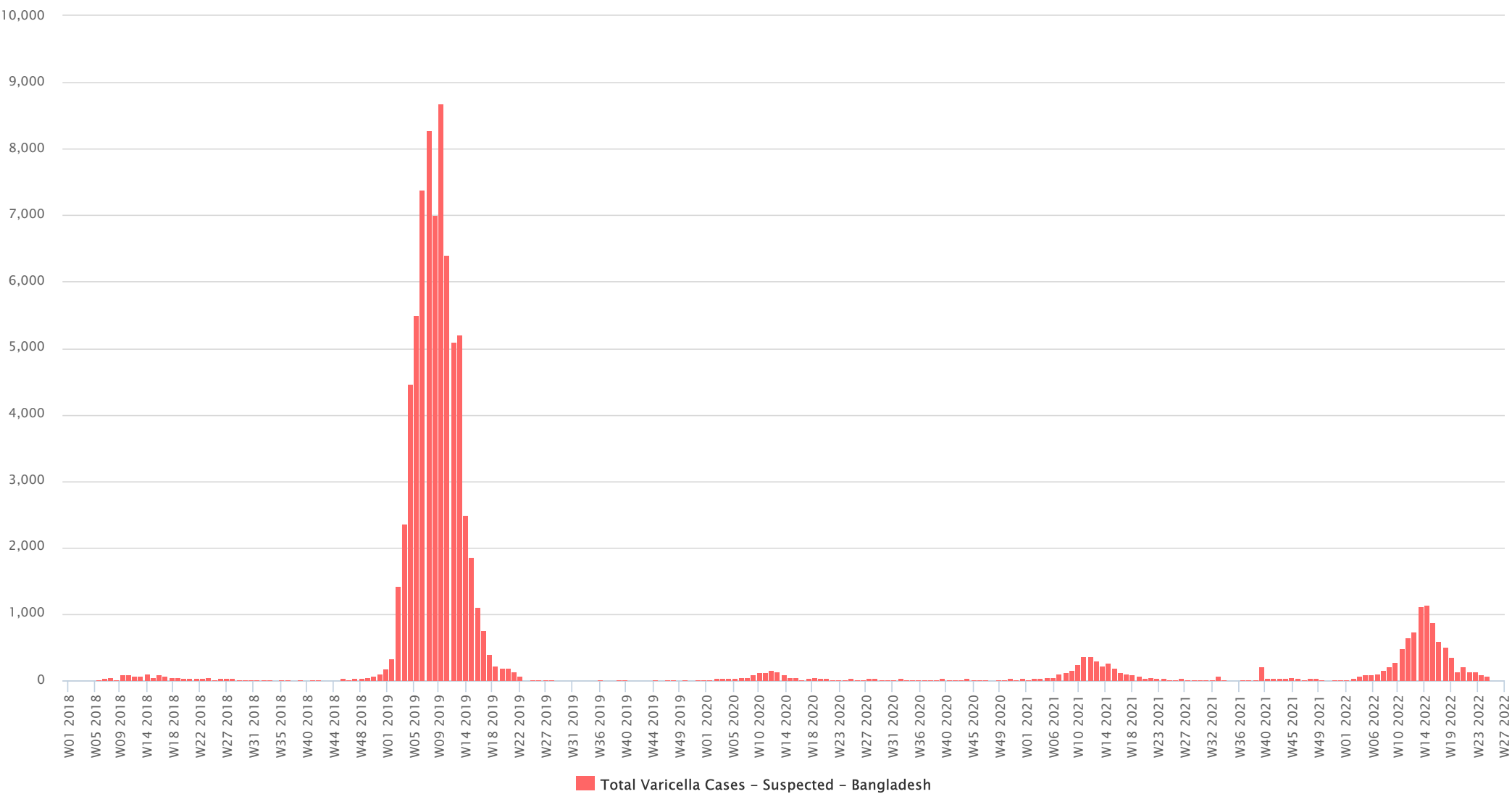
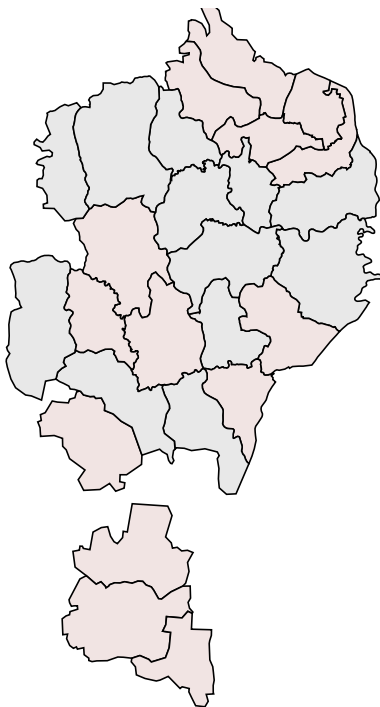


Figure 7 | Trend in number of cases over time (W38 2017 - W24 2022)

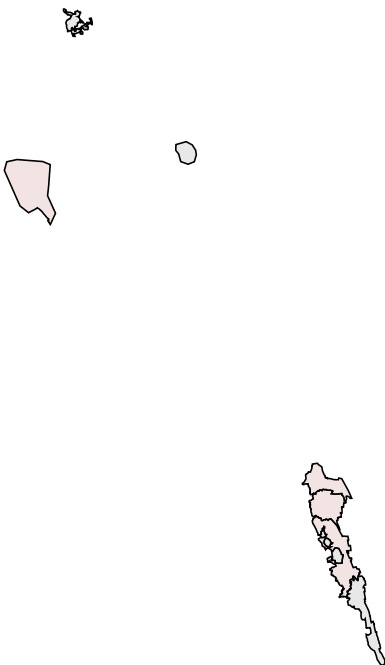


Map 4 | Map of cases by camp (W37 2017 - W24 2022)

a. Ukhia | Number of cases



c. Teknaf | Number of cases



Map legend

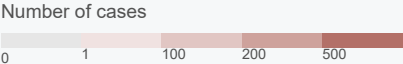


Figure | % sex

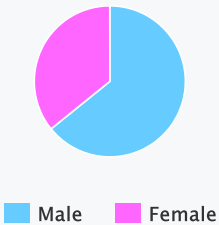
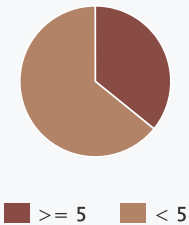


Figure | % age



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>



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