



Epidemiological Highlights

Week 36 (28 August- 3 September) 2022



**World Health
Organization**

Highlights: COVID-19

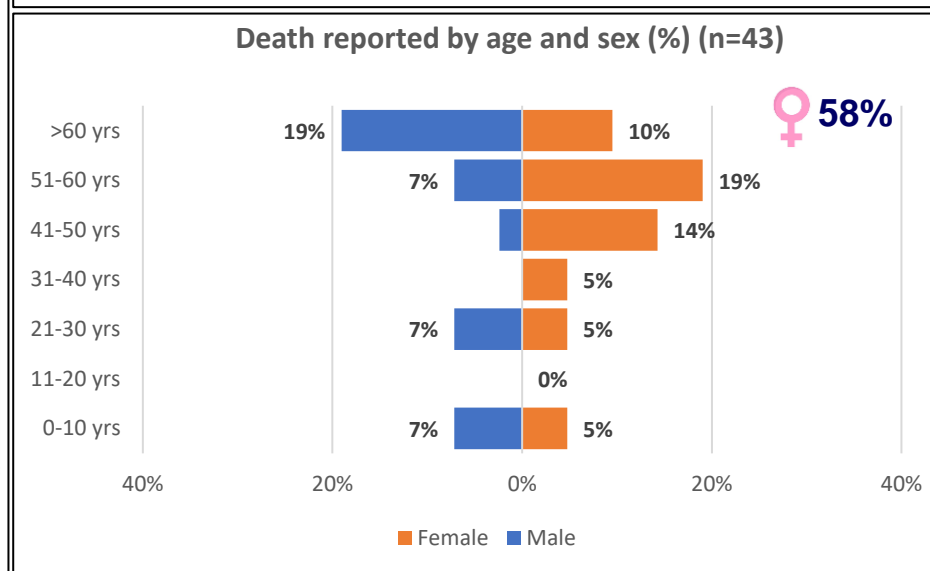
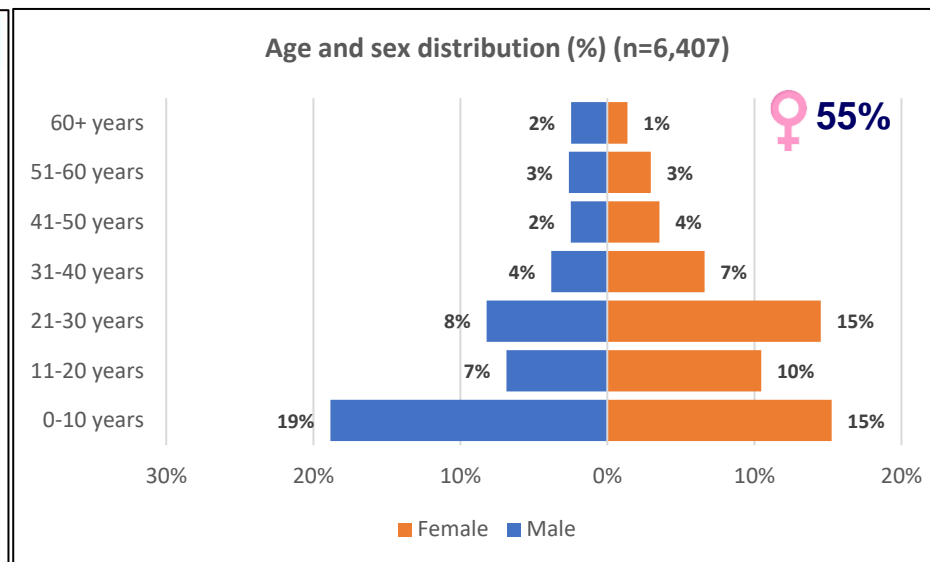
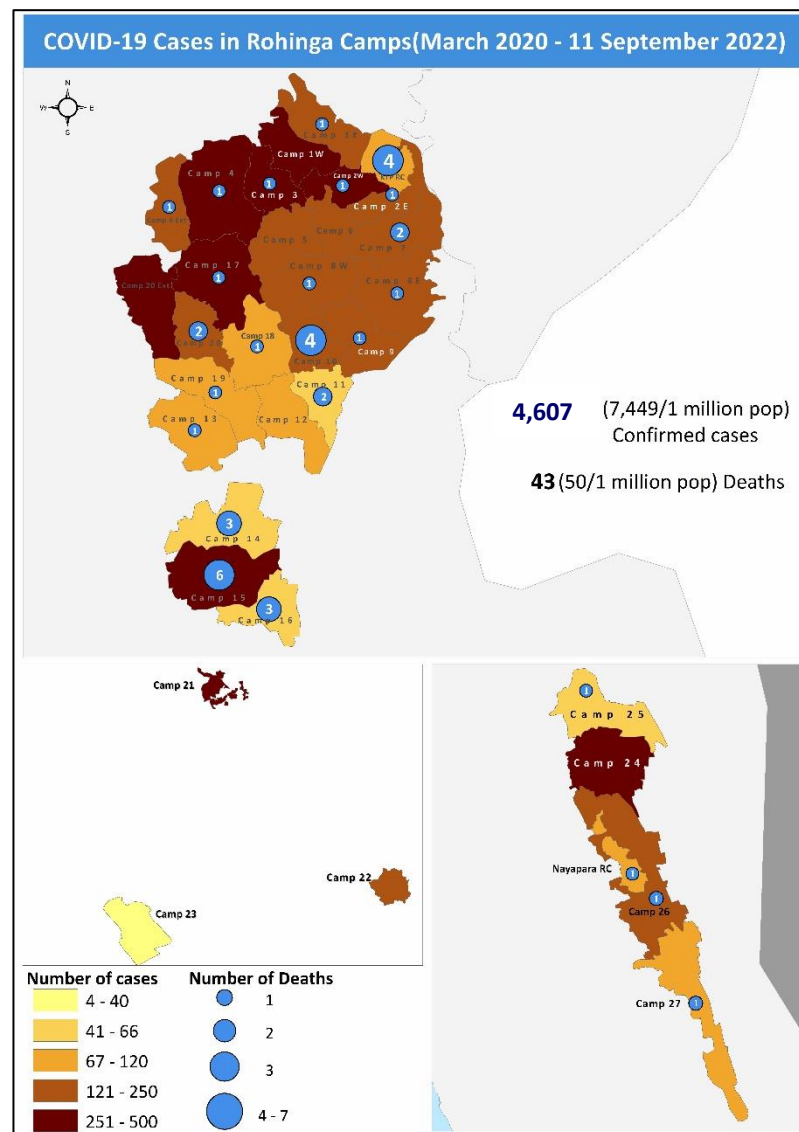
As of week 36, 2022 there were **6,407 confirmed cases** of COVID-19 (SARS-CoV-2), out of 110,685 **samples** that had been submitted for testing. The **Total Positivity Rate (TPR)** now stands at **5.8%**

In the reporting week, again 4 new confirmed cases were detected out of 556 total samples tested. This translated to a 0.7% TPR which is slightly higher than that of the previous week's 0.5%.

As of this week (week 36)

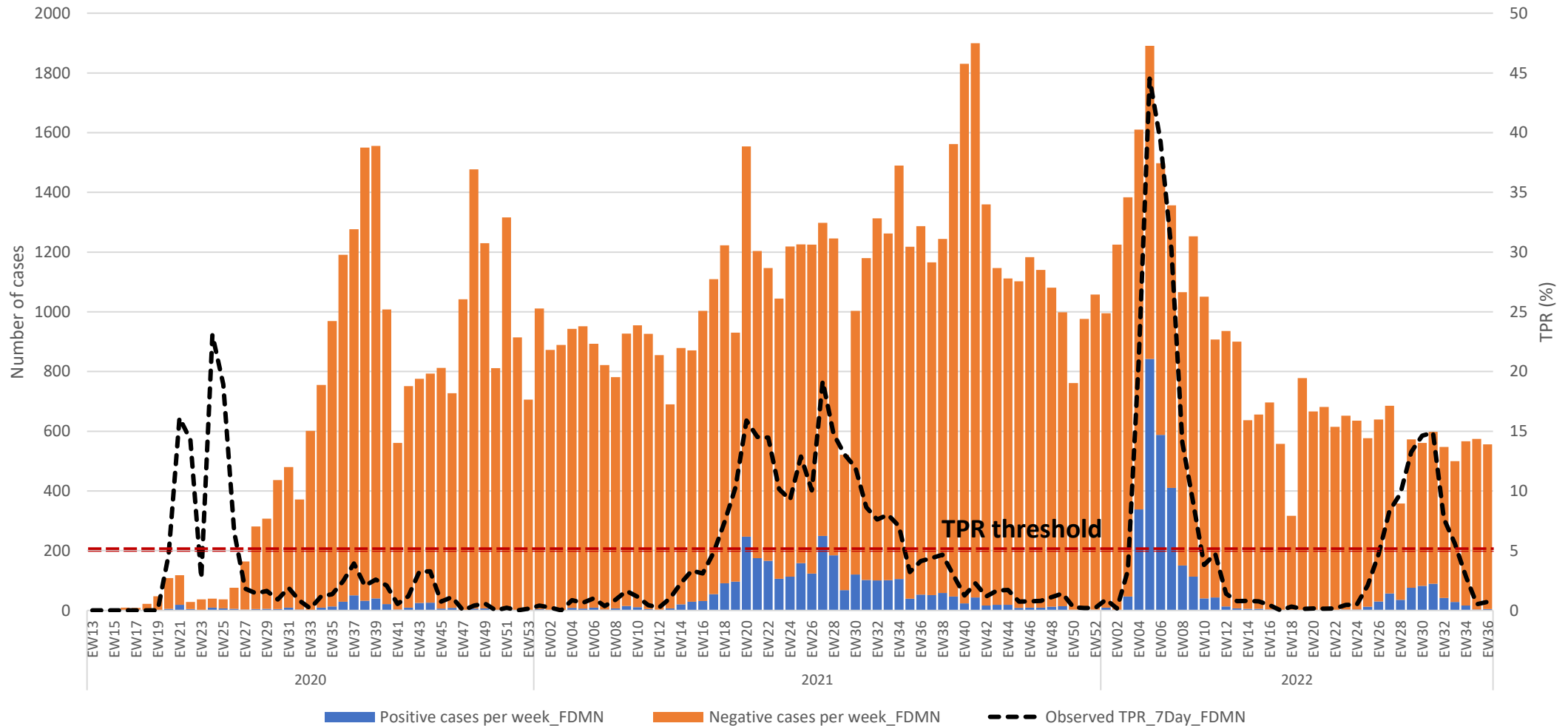
- **Median age** of tested and confirmed cases were 11 (0-120) and 20 (0-100) years respectively
- **Proportion of females** among tested and confirmed cases were 54% and 55% respectively
- **All 34 camps**, have so far reported confirmed cases since the outbreak began, while the five camps with the highest number of reported cases were; C24-478, C17-449, C2W-414, C4-393, and C3-344
- No new death was reported in this Epi week. The total confirmed COVID-19 deaths so far reported to date stands at 43 with an average **case-fatality ratio** of 0.7%
- The **weekly incidence** was 4.7 cases/1 million population in this Epi week which is slightly higher than that of the previous week's 3.5 cases/1 million population.

Highlights: COVID-19



Highlights: COVID-19

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



EWARS Reporting Updates

- Currently, a total of 169 health facilities are registered in EWARS
 - Only 137/169 weekly reports were received on time in week 36
 - Timeliness of reporting for this week was 81%
 - One hundred seventeen (117) alerts were triggered
 - All alerts were reviewed and verified by the WHO EWARS team; this was more than the previous week (81 alerts in week 35, 2022).

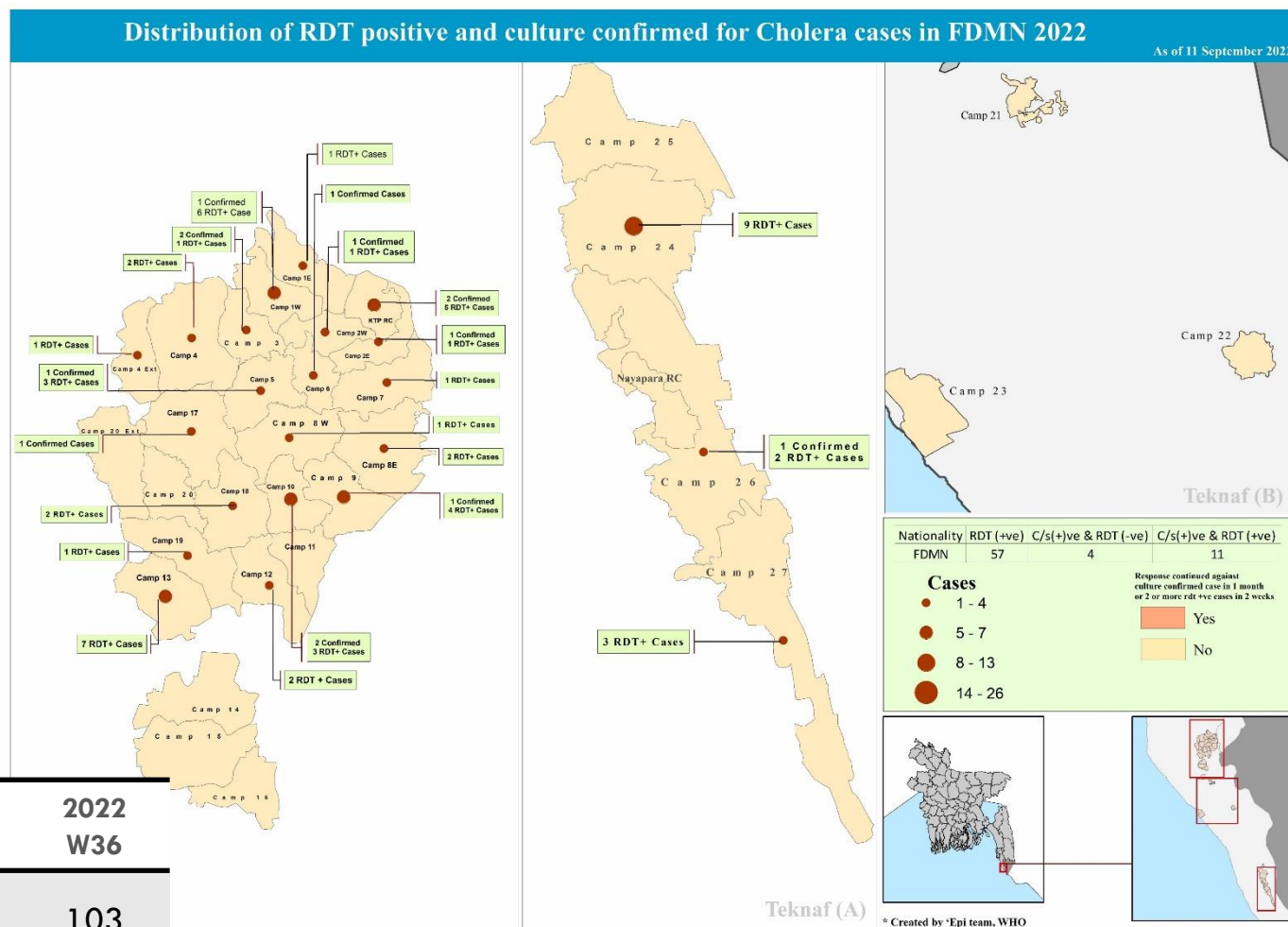
Highlights: Morbidities and Mortalities

- Acute Respiratory Infections (17.0%), Diarrheal Diseases (4.3%) & Injuries, and Wounds (1.8%) were the diseases and health conditions with the highest proportional morbidity in week 36.
- Monitoring of suspected SARI death under enhanced Community-based mortality surveillance has been continued since week 28, 2020.
- This Epi week, two (2) new SARI death was reported as highlighted below:

Year	Suspected SARI death reported	Reclassified as death due to probable COVID-19
2022	101	7
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 one hundred-three (103) RDT-confirmed cholera cases were reported as of W36 2022. Of these 20 were positive for culture, and 81 were negative for culture.
- Cumulatively there are 795 RDT and culture-confirmed cholera cases of which 352 cases were culture-confirmed since transmission in 2018



	2018	2019	2020	2021	2022 W36
RDT positive/culture confirmed for Cholera	49	258	28	357	103
Culture confirmed for Cholera	7	184	5	136	20

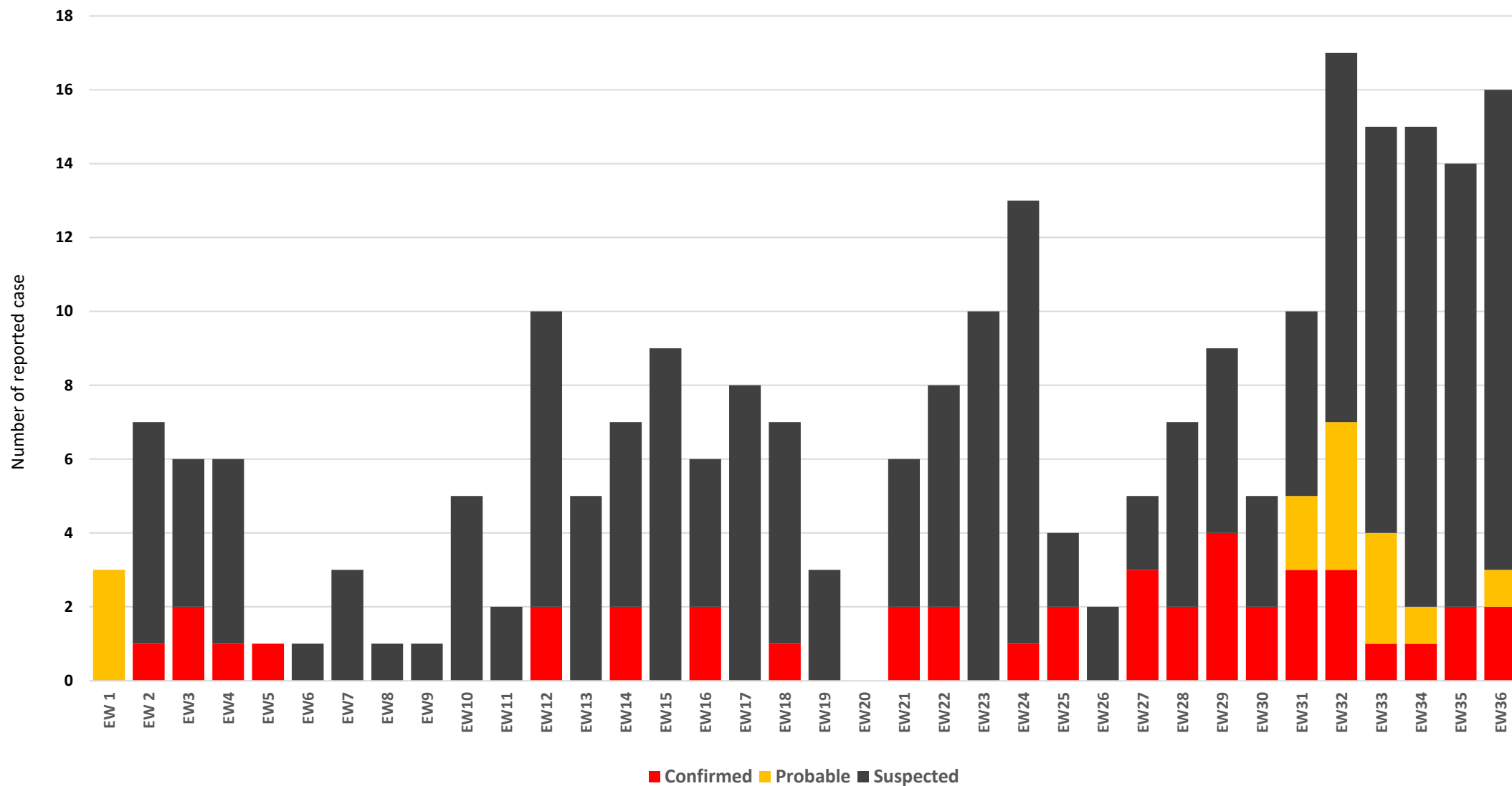
Diphtheria Surveillance Updates

- Two (2) confirmed, 1 probable and 13 suspected diphtheria cases were reported in go.data in this Epi week 36
- The last confirmed case was reported on 2 September 2022
- In total 53 deaths have so far been reported since 2017, with the last death reported on 25 April 2022

Classification	2017	2018	2019	2020	2021	2022
Confirmed	66	226	31	19	30	42
Probable	1154	1555	60	9	29	14
Suspected	1796	3549	523	198	118	191
Death	30	14	3	0	5	1

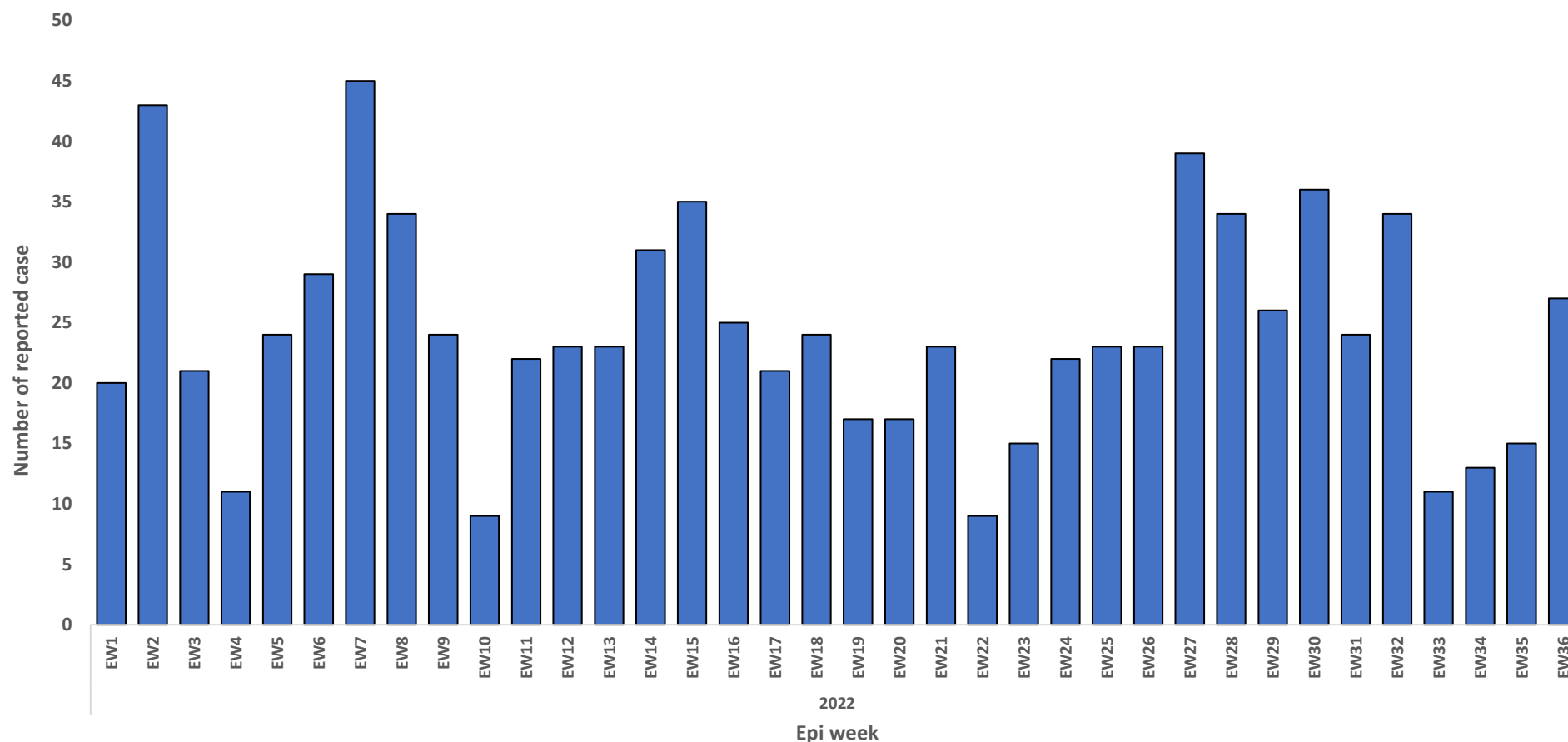
Trends of Diphtheria cases

Total number of diphtheria case reported in EWARS from week 1-36, 2022



Epi Curve of Suspected Measles Cases

Total number of Measles case reported in EWARS from week 1-36, 2022



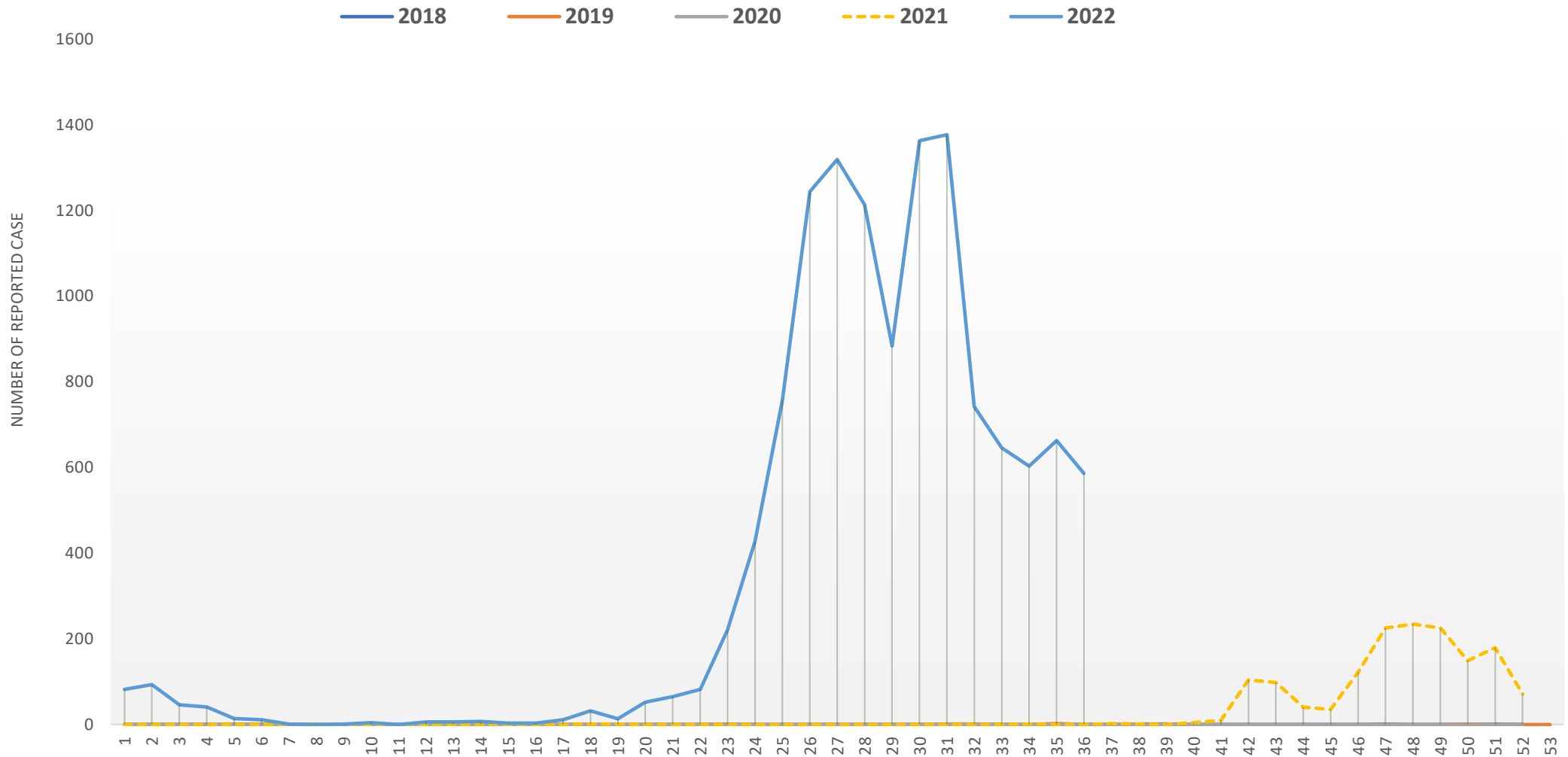
- > In week 36, 27 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 872 reported in 2022
- > About 54% (475/872) of the total suspected measles cases were reported through case-based reporting and samples collected for laboratory confirmation

Dengue Surveillance Updates

Year	Month/Epi Week	Confirmed case	Death	Confirmed case (cumulative)	Death (cumulative)
2022	Jan (Ew1-5)	276	0	276	0
	Feb (Ew6-9)	13	0	289	0
	March (Ew10-14)	23	0	312	0
	April (Ew15-18)	49	0	361	0
	May (Ew19-22)	212	0	573	0
	June (Ew23-27)	3,969	2	4,542	2
	July (Ew28-31)	4,837	8	9,379	10
	August (Ew 32-35)	2,654	5	12,033	15
	September (as of 3 Sep)	586	1	12,519	16

Dengue Surveillance Updates

Yearly Trends of Dengue case trend from 2018 - Epi Week 36, 2022



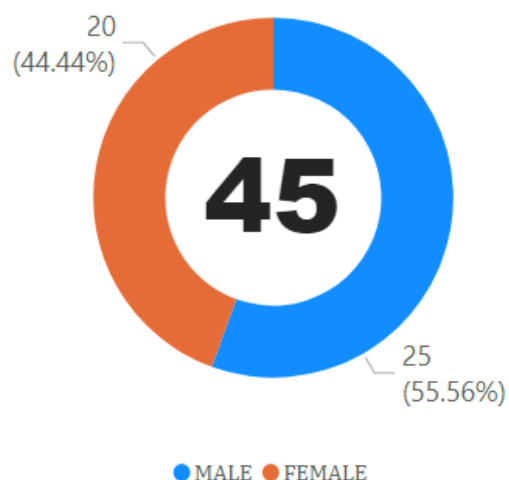
Community-based Mortality surveillance updates Epi week 36

Probable causes of death	Epi week 36	In 2022
Still Birth	1 (2%)	134 (10%)
Neonatal Death (<28 days old)	4 (9%)	133 (10%)
Infectious Disease	1 (2%)	42(3%)
Severe Acute Respiratory Infection (SARI)	--	38 (2%)
Injury	1 (2%)	33 (3%)
Maternal Death	--	31 (3%)
Acute Malnutrition	--	1 (0%)
Other	38 (84%)	907 (69%)
Total	45(100%)	1319 (100%)

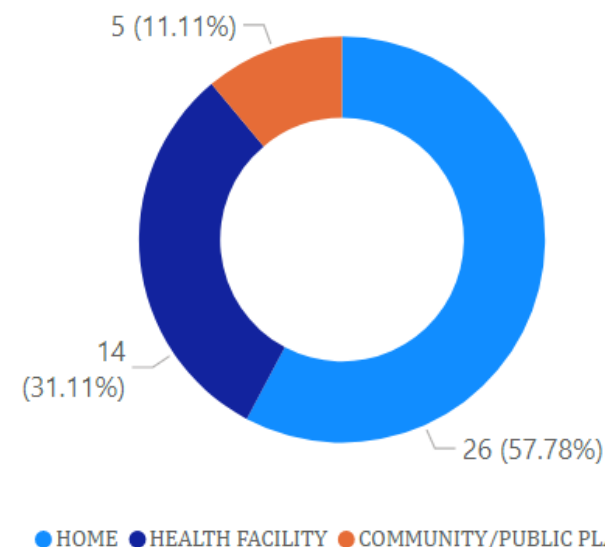
Partners to report all mortalities into the EWARS platform using both case and event-based reporting as applicable

Community-based Mortality surveillance updates Epi week 36

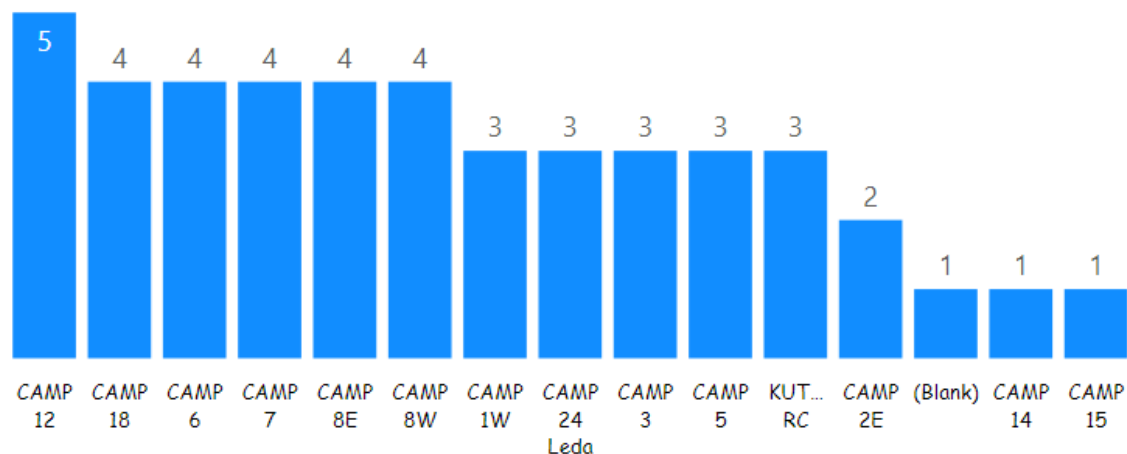
Gender distribution



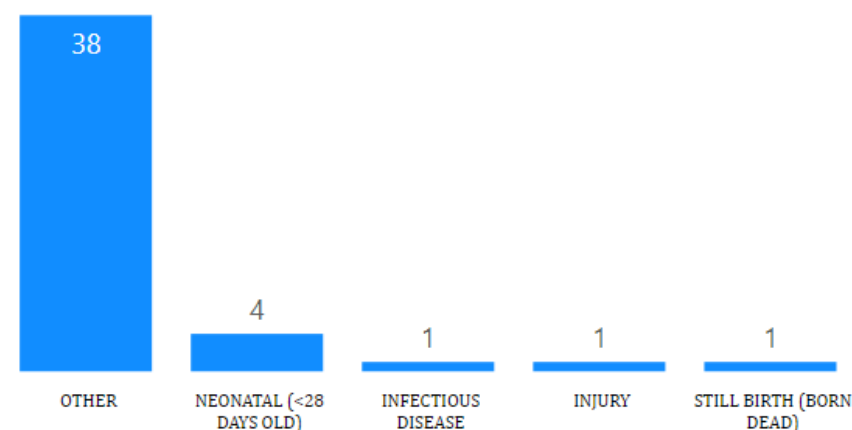
Place of death



Distribution of deceased Camp



Distribution of Probable cause of death



Bangladesh

Rohingya Emergency Response

Early Warning, Alert and
Response System (EWARS)

Epidemiological Bulletin W36 2022



Ministry of Health and Family
Welfare Bangladesh



World Health
Organization



HEALTH SECTOR
COX'S BAZAR



Printed: 03:26 Thursday, 08 September 2022 UTC

Contents

Highlights

Slide 1	Table 1 Coverage
	Table 2 Early warning performance
	Table 3 Alert performance

Early Warning

Slide 2	Map 1a Ukhia completeness by site/zone
	Map 1b Teknaf completeness by site/zone
Slide 3	Table 4 Ukhia (Northern group) performance by site/zone
	Map 2 Ukhia (Northern group) completeness by site/zone
Slide 4	Table 5 Ukhia (Southern group) performance by site/zone
	Map 3 Ukhia (Southern group) completeness by site/zone
Slide 5	Table 6 Teknaf performance by site/zone
	Map 4 Teknaf completeness by site/zone
Slide 6	Table 7 Performance by partner

Alert

Slide 7	Table 8 Ukhia (Northern group) alerts by site/zone
	Map 5 Ukhia (Northern group) alerts site/zone
Slide 8	Table 9 Ukhia (Southern group) alerts by site/zone
	Map 6 Ukhia (Southern group) alerts site/zone
Slide 9	Table 10 Teknaf alerts by site/zone
	Map 7 Teknaf alerts site/zone
Slide 10	Table 11 Performance by type of alert
	Table 12 Risk Assessment

Sources of data

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

Highlights W36 2022

Table 1 | Coverage

#	%	
918,841	-	Estimated total Rohingya population ¹
902,066	98%	Total population under surveillance
175	-	Total number of health facilities
169	97%	Number of EWARS reporting sites

Table 2 | Early warning performance indicators

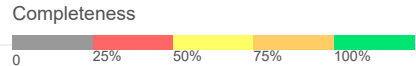
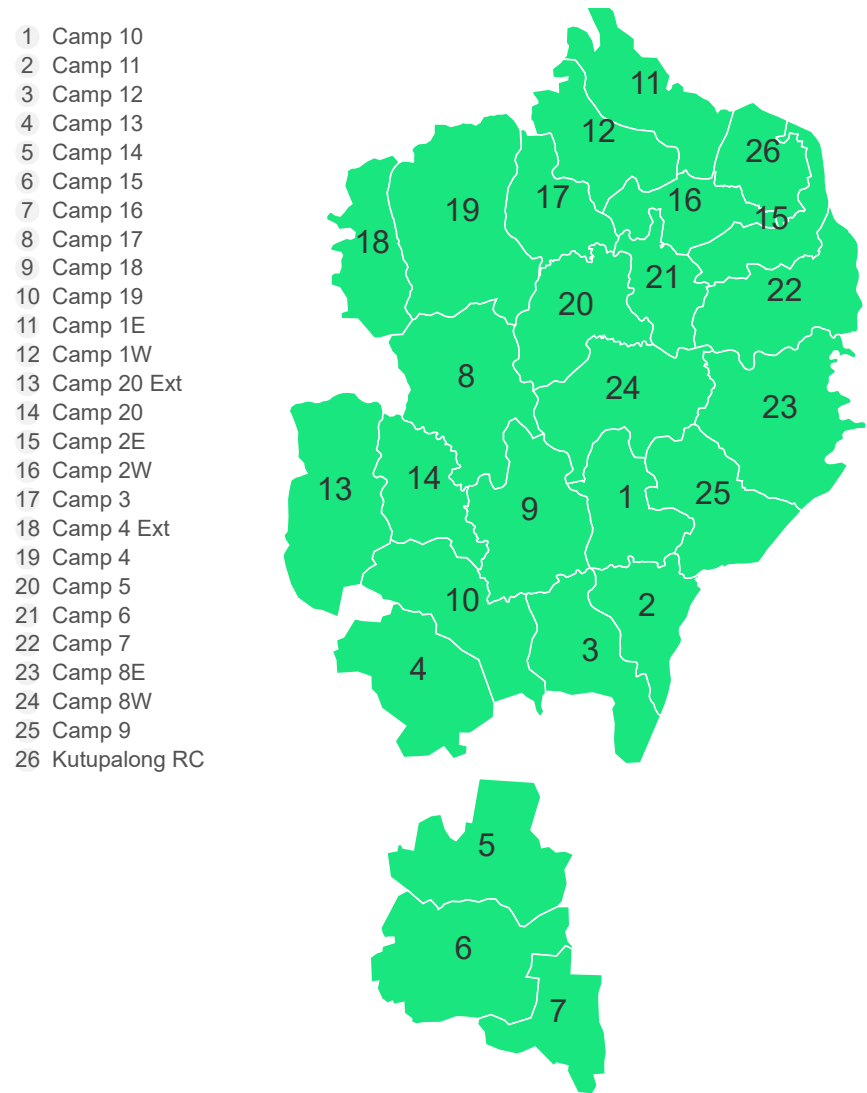
W36	Cumulative (2022)	
137	5748	Number of weekly reports received
81%	92%	Completeness
81%	90%	Timeliness

Table 3 Alert performance indicators

W36	Cumulative (2022)	
117	3,181	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



Map 1b | Teknaf completeness by camp

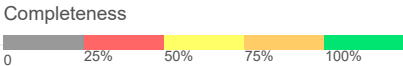
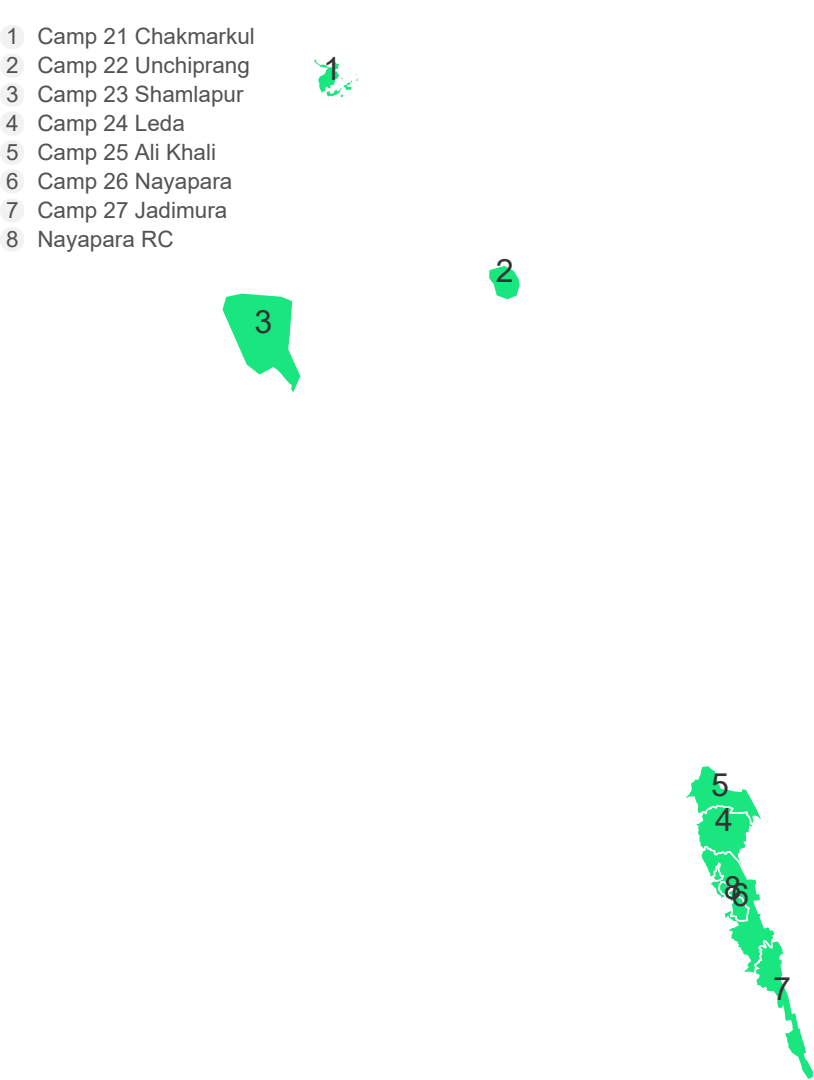
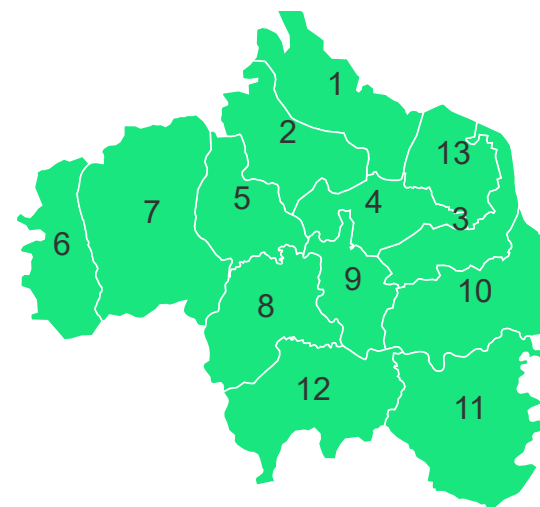


Table 4 | Performance by camp (W36 2022)

Northern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Northern Group				
Camp 1E	3	3	0%	0%
Camp 1W	5	4	0%	0%
Camp 2E	3	3	0%	0%
Camp 2W	3	4	0%	0%
Camp 3	5	5	0%	0%
Camp 4	5	5	0%	0%
Camp 4 Ext	1	1	0%	0%
Camp 5	5	5	0%	0%
Camp 6	3	3	0%	0%
Camp 7	6	3	0%	0%
Camp 8E	8	6	0%	0%
Camp 8W	4	4	0%	0%
Kutupalong RC	2	2	0%	0%

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

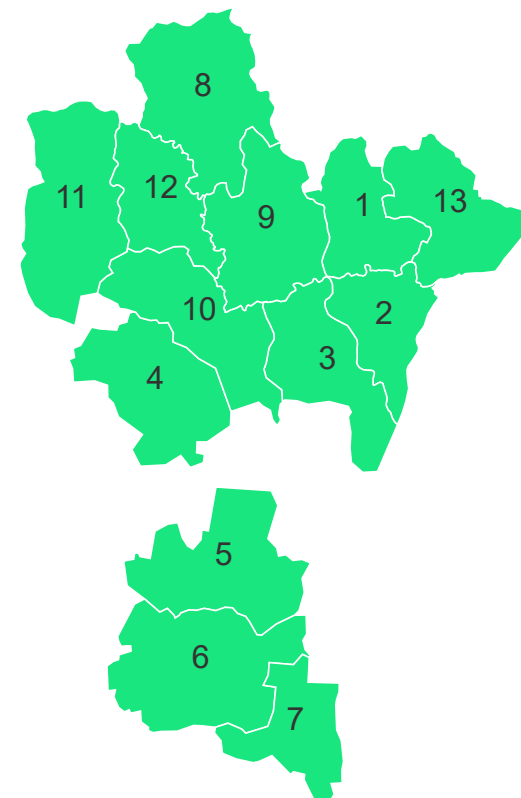


Table 5 | Performance by camp (W36 2022)

Southern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Southern Group				
Camp 10	4	4	0%	0%
Camp 11	8	6	0%	0%
Camp 12	6	5	0%	0%
Camp 13	10	9	0%	0%
Camp 14	7	6	0%	0%
Camp 15	9	6	0%	11%
Camp 16	7	6	0%	0%
Camp 17	5	4	0%	0%
Camp 18	5	3	0%	0%
Camp 19	5	4	0%	0%
Camp 20	4	2	0%	0%
Camp 20 Ext	3	3	0%	0%
Camp 9	6	4	0%	0%

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



Table 6 | Performance by camp (W36 2022)

Teknaf	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Teknaf				
Camp 21 Chakmarkul	4	4	0%	0%
Camp 22 Unchiprang	5	3	0%	0%
Camp 23 Shamlapur	3	2	0%	0%
Camp 24 Leda	2	1	0%	0%
Camp 25 Ali Khali	3	2	0%	0%
Camp 26 Nayapara	5	5	0%	0%
Camp 27 Jadimura	2	2	0%	0%
Nayapara RC	2	2	0%	0%

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

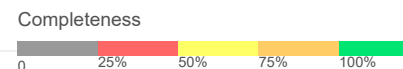
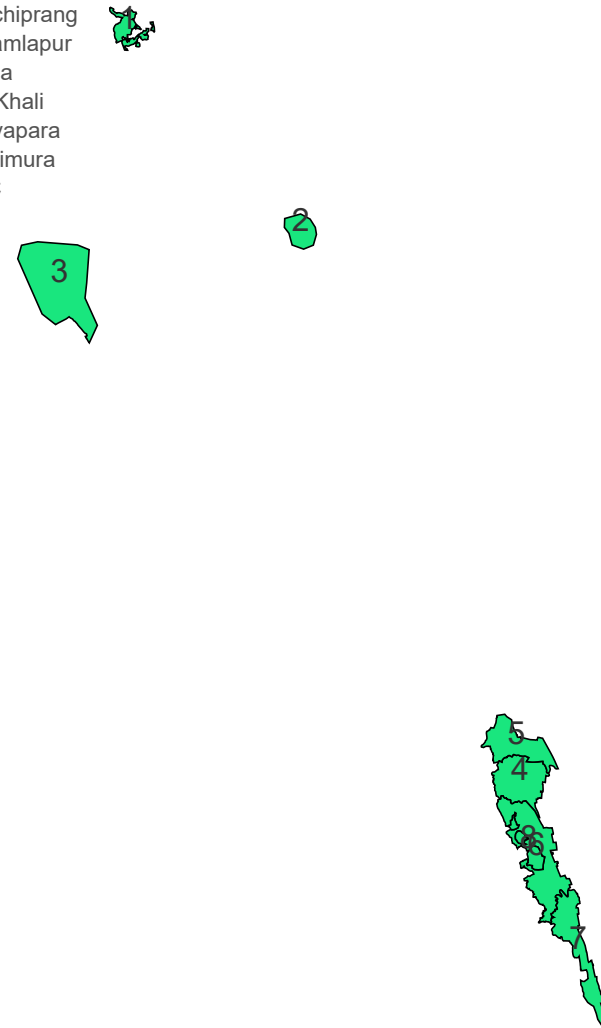


Table 7 | Performance by partner (W36 2022)

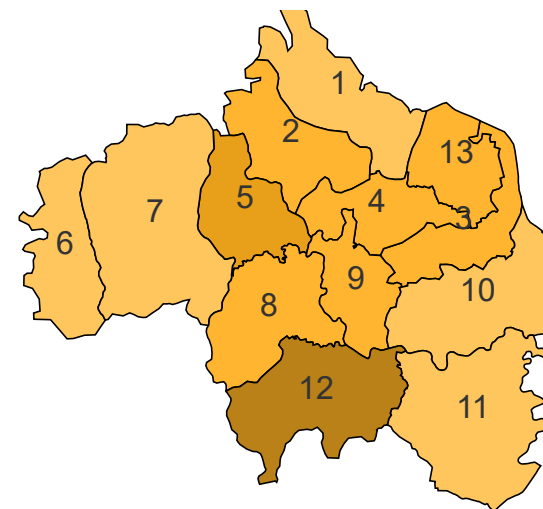
Partner	Performance		Reporting		Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness		# sites	# reports received	Completeness	Timeliness
AKF	0	0	0%	0%	IRC	0	3	0%	0%
AWARD	0	6	0%	0%	MSF	0	7	0%	0%
BASHMAH	0	1	0%	0%	MoH	0	9	0%	0%
BDRCS	0	11	0%	0%	MHI	0	0		
BRAC	0	11	0%	0%	Medair	0	0		
CARE	0	0	0%	0%	FH/MTI	0	4	0%	0%
GH/CPI	0	1	0%	0%	PRANTIC	0	1	0%	0%
DBC	0	1	0%	0%	PULSE	0	0	0%	0%
DSK	0	0	0%	0%	QC	0	1	0%	0%
DCHT-PWJ	0	1	0%	0%	PHD	0	10	0%	0%
FRNDS	0	5	0%	0%	RPN	0	2	0%	0%
GK	0	10	0%	0%	RHU	0	3	0%	0%
Global One	0	0	0%	0%	RI	0	3	0%	0%
GUSS	0	1	0%	0%	RTMI	0	8	0%	0%
HAEFA	0	2	0%	0%	SALT	0	1	0%	0%
HAIB	0	0	0%	0%	SCI	0	7	0%	0%
HMBDF	0	2	0%	0%	DCHT-MM	0	1	0%	0%
HOPE	0	1	0%	0%	Turkish Government	0	1	0%	0%
ICRC	0	1	0%	0%	TdH	0	2	0%	0%
IOM	0	23	0%	0%					

Table 8 | Performance by camp

Northern group	W36		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 1E	2	100%	68	100%
Camp 1W	5	100%	168	100%
Camp 2E	5	100%	338	100%
Camp 2W	3	100%	104	100%
Camp 3	9	100%	153	100%
Camp 4	2	100%	126	100%
Camp 4 Ext	1	100%	47	100%
Camp 5	5	100%	111	100%
Camp 6	4	100%	84	100%
Camp 7	2	100%	62	100%
Camp 8E	1	100%	59	100%
Camp 8W	11	100%	167	100%
Kutupalong RC	5	100%	70	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

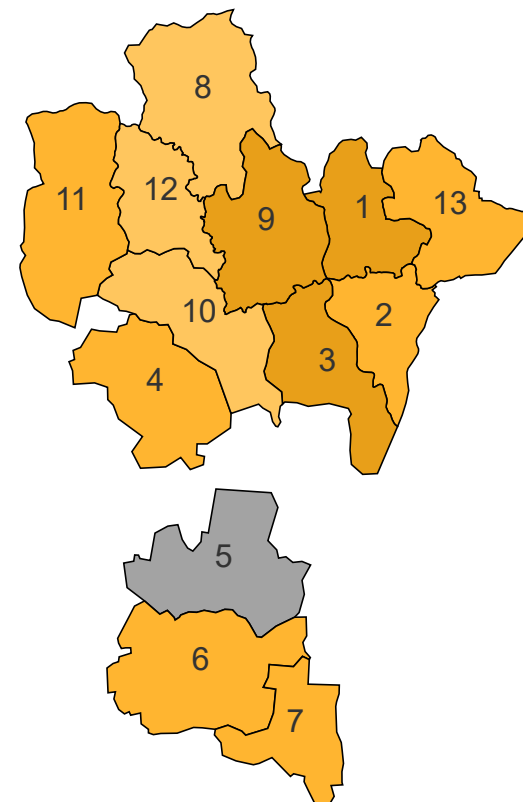


Table 9 | Performance by camp

Southern group	W36		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 10	7	100%	67	100%
Camp 11	3	100%	75	100%
Camp 12	6	100%	108	100%
Camp 13	4	100%	119	100%
Camp 14	0	0%	65	100%
Camp 15	4	100%	116	100%
Camp 16	5	100%	95	100%
Camp 17	1	100%	85	100%
Camp 18	7	100%	130	100%
Camp 19	2	100%	52	100%
Camp 20	1	100%	47	100%
Camp 20 Ext	3	100%	42	100%
Camp 9	4	100%	164	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



Table 10 | Performance by camp

Teknaf	W36		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 21 Chakmarkul	2	100%	39	100%
Camp 22 Unchiprang	0	0%	57	100%
Camp 23 Shamlapur	0	0%	16	100%
Camp 24 Leda	4	100%	76	100%
Camp 25 Ali Khali	2	100%	26	100%
Camp 26 Nayapara	4	100%	97	100%
Camp 27 Jadimura	3	100%	56	100%
Nayapara RC	0	0%	33	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

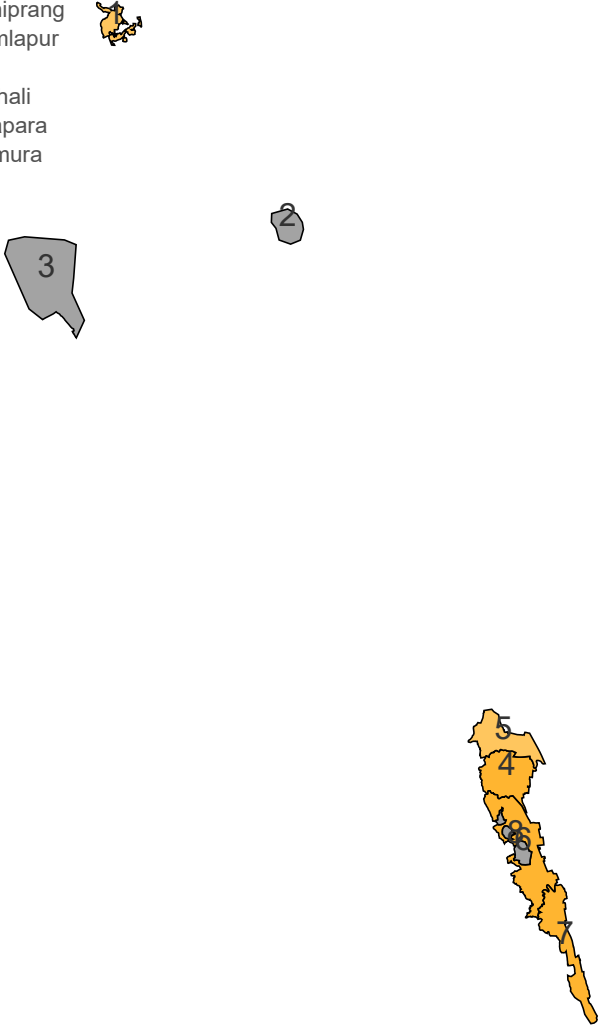


Table 11 | Performance by type of alert

Event	W36		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Indicator-based surveillance				
Malaria	0	0%	3	100%
Measles	10	100%	373	100%
Bloody Diarr.	0	0%	0	0%
AFP	0	0%	22	100%
Meningitis	0	0%	20	100%
Haem. fever (susp.)	2	100%	21	100%
NNT	0	0%	3	100%
Unexp. fever	1	100%	108	100%
AWD	10	100%	176	100%
ARI	7	100%	152	100%
AJS	2	100%	78	100%
Varicella (Susp.)	0	0%	107	100%
Suspected COVID-19	0	0%	0	0%
Event-based surveillance				
EBS total	0	0%	175	100%

Table 12 | Risk assessment

W36	Cumulative (2022)	
0	8	Low risk
0	1	Moderate risk
0	0	High risk
0	0	Very high risk

For more help and support, please contact:

Dr. Imrul Kayes
Medical Officer - Civil Surgeon Office (MO-CS)
Ministry of Health and Family Welfare
Cox's Bazar, Bangladesh
Telephone: +88 01726296025
Email: mailkayesk65@gmail.com

Dr. Feroz Hayat Khan
National Professional Officer (Disease Surveillance &
Epidemiology)
World Health Organization
Cox's Bazar, Bangladesh
Telephone: +88 017 0120 2994
Email: khan@who.int

Notes

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

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

More information can be found at <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 W36 2022



Ministry of Health and Family
Welfare Bangladesh



World Health
Organization



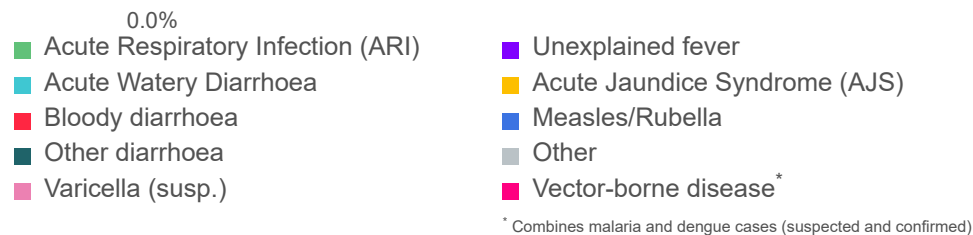
HEALTH SECTOR
COX'S BAZAR



Printed: 03:23 Thursday, 08 September 2022 UTC

Proportional morbidity

Figure 1 | Proportional morbidity (W36 2022)



Disease	W36		2022	
	# cases	% morbidity	# cases	% morbidity
AWD	2,885	2.8%	92,887	2.6%
Bloody diarr.	310	0.3%	13,011	0.4%
Other diarr.	1,253	1.2%	36,517	1.0%
Susp. Varicella	23	0.0%	8,811	0.2%
ARI	17,789	17.0%	625,768	17.5%
Measles/Rub.	19	0.0%	808	0.0%
AFP	0	0.0%	56	0.0%
Susp. menin.	0	0.0%	138	0.0%
AJS	22	0.0%	906	0.0%
Susp. HF	24	0.0%	139	0.0%
Neo. tetanus	0	0.0%	9	0.0%
Adult tetanus	1	0.0%	13	0.0%
Malaria (conf.)	8	0.0%	347	0.0%
Malaria (susp.)	1,778	1.7%	52,289	1.5%
Dengue (conf.)	588	0.6%	16,348	0.5%
Dengue (susp.)	230	0.2%	7,015	0.2%
Unexpl. fever	1,075	1.0%	43,359	1.2%
Sev. Malnut.	56	0.1%	1,492	0.0%
Inj./Wounds	1,842	1.8%	77,272	2.2%
Other	76,679	73.2%	2,593,941	72.5%
Total	103,628	100%	3,578,118	100%

Trend in consultations and key diseases

Figure 2 | Trend in proportional morbidity for key diseases (W36)

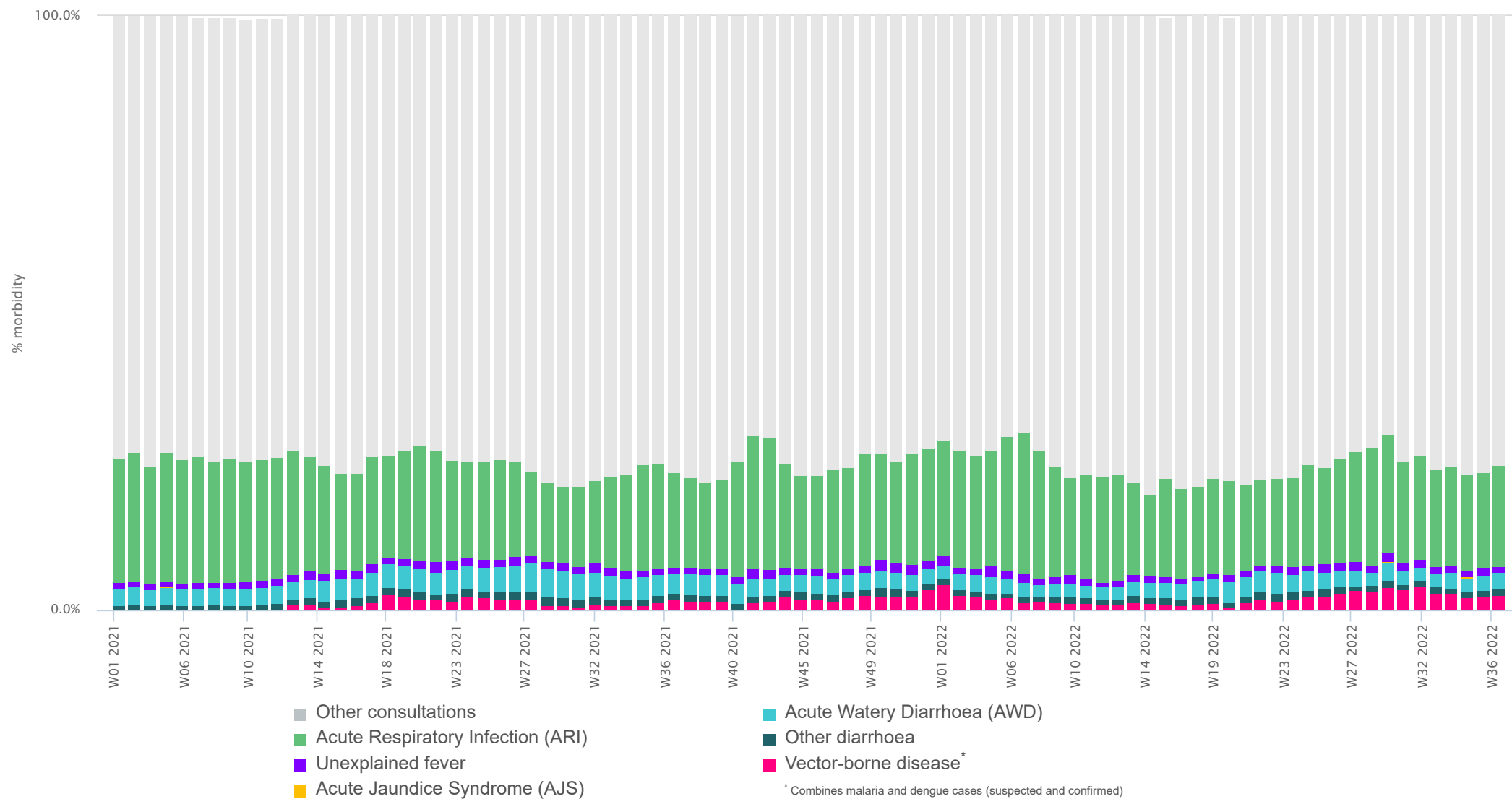
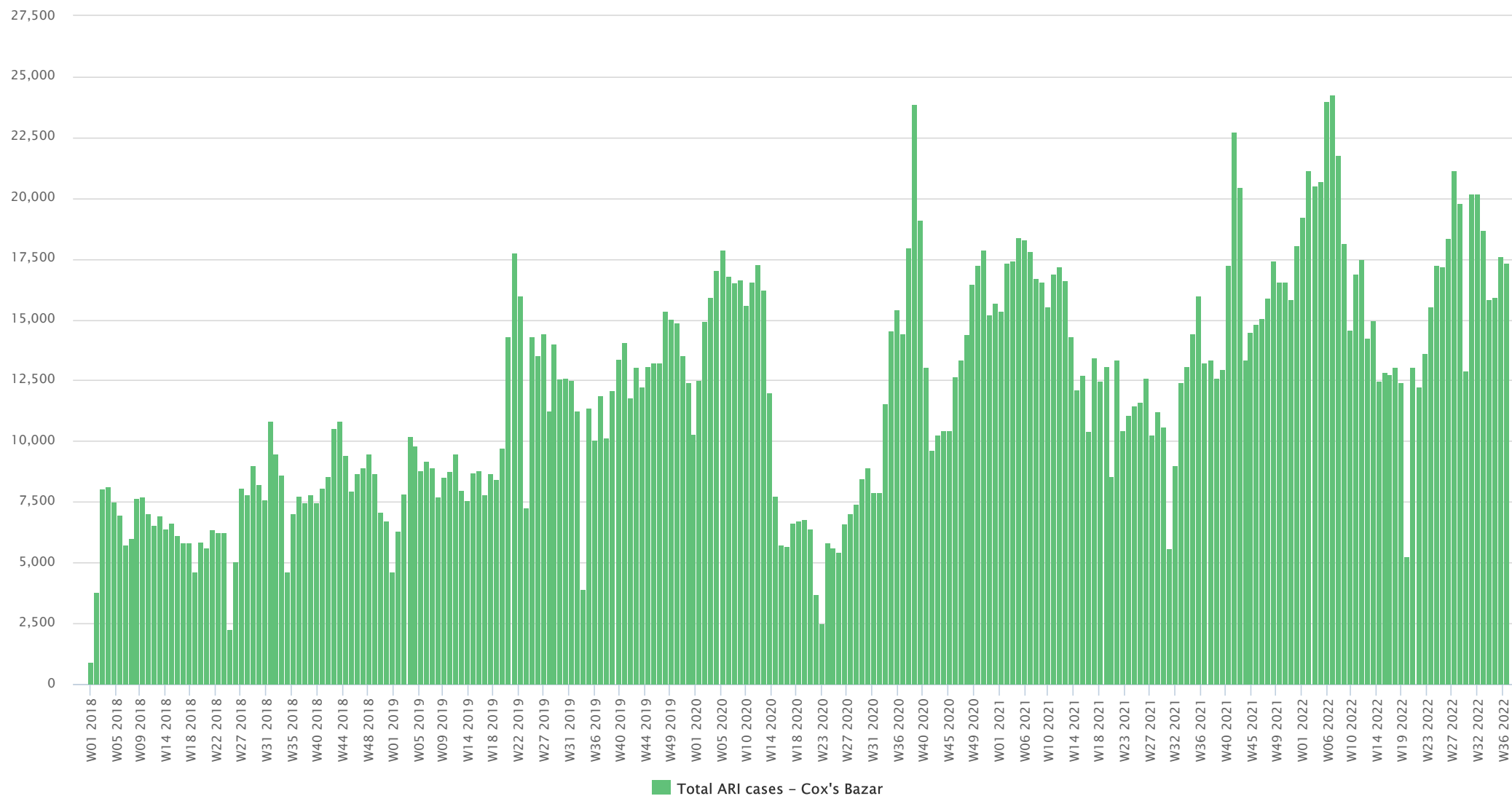
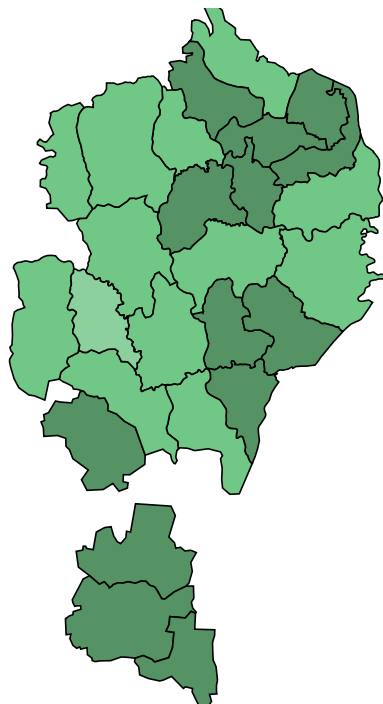


Figure 3 | Trend in number of cases over time (W38 2017 - W36 2022)

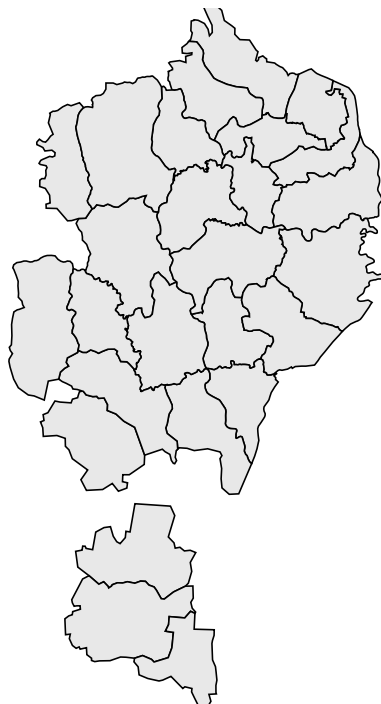


Map 1 | Map of cases by camp (W36 2022)

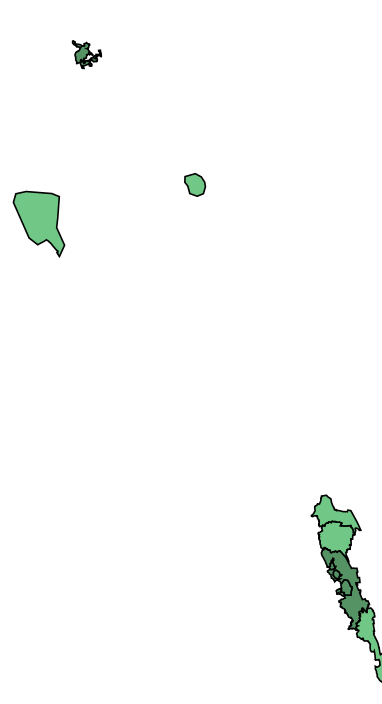
a. Ukhia | Number of cases



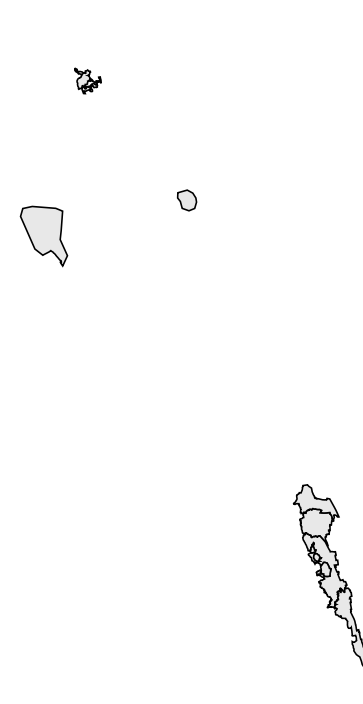
b. Ukhia | Number of alerts



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 (W36 2022)

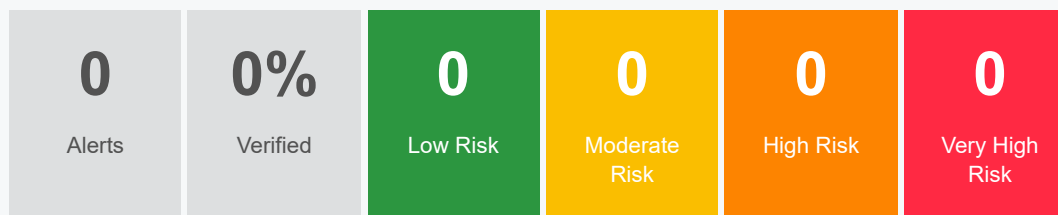
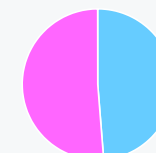
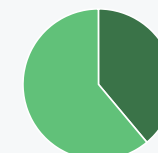


Figure | % sex



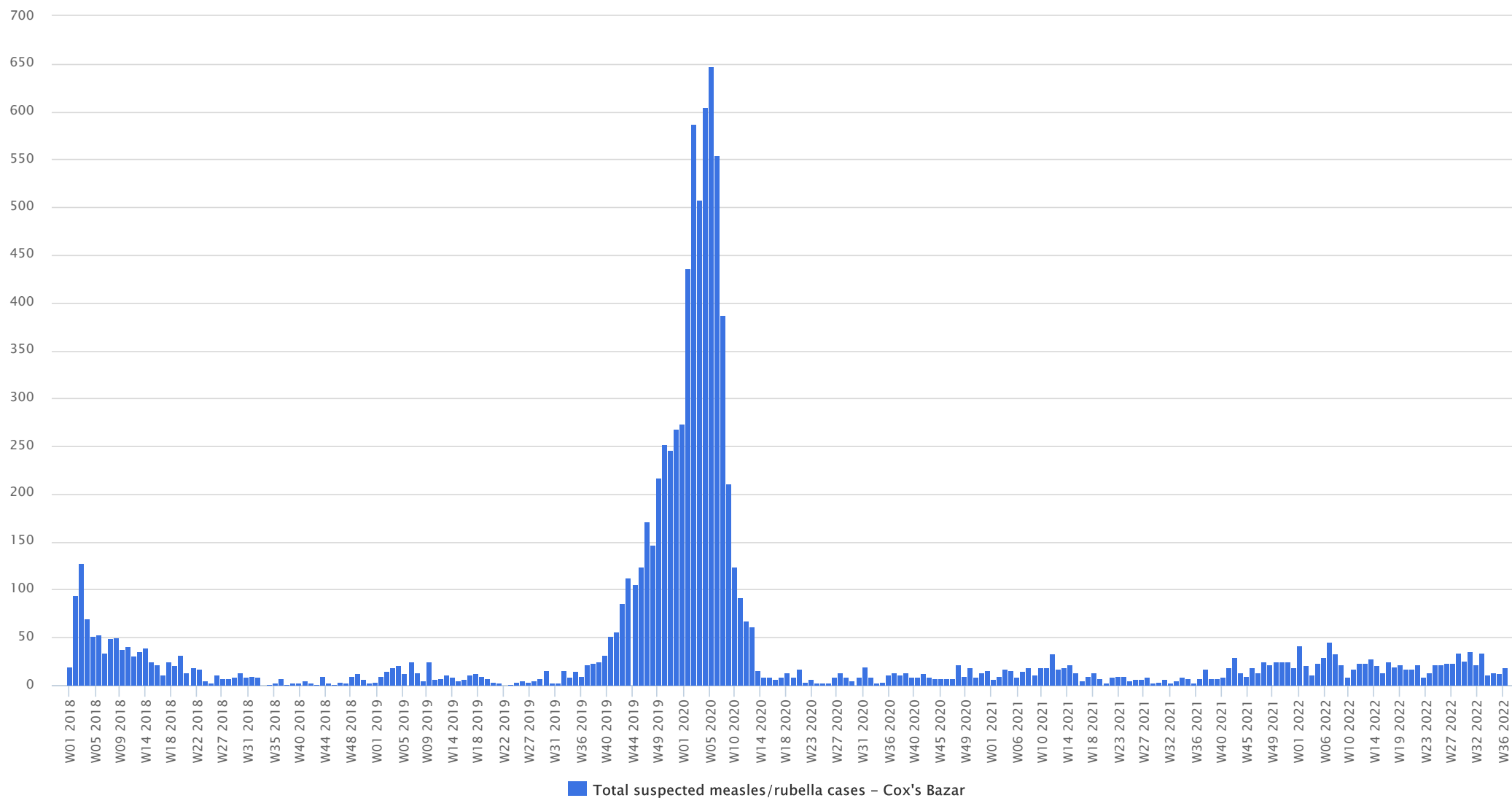
Male Female

Figure | % age



≥ 5 < 5

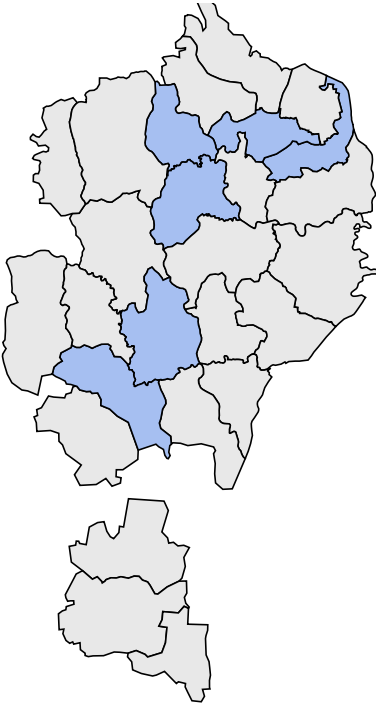
Figure 4 | Trend in number of suspected cases over time (W38 2017 - W36 2022)



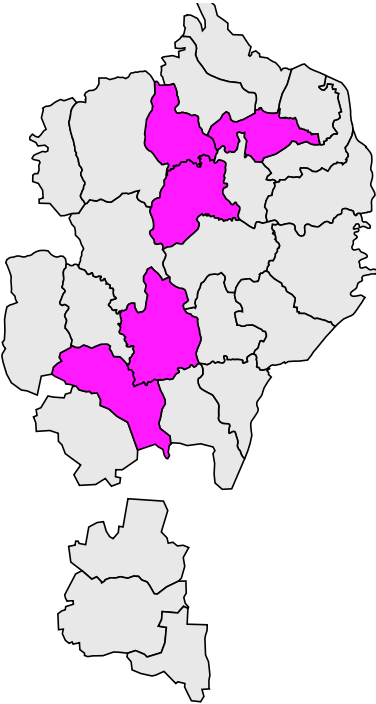
■ Total suspected measles/rubella cases – Cox's Bazar

Map 2 | Map of cases by camp (W36 2022)

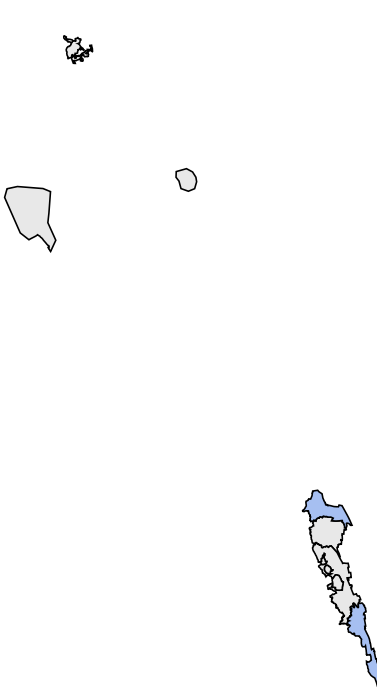
a. Ukhia | Number of cases



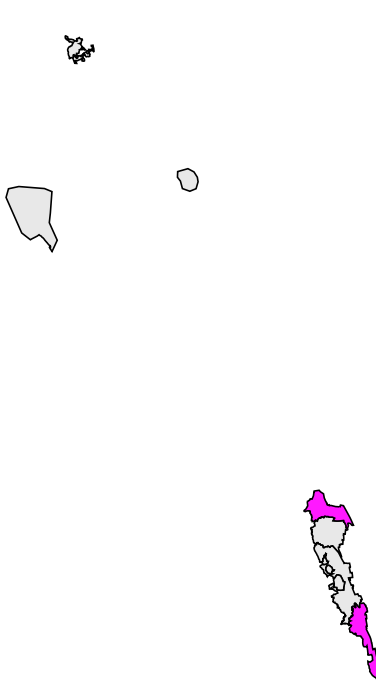
b. Ukhia | Number of alerts



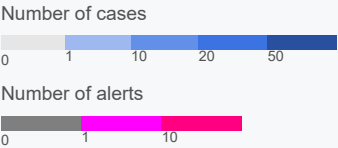
c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold
1 case. Source: IEDCR

Alert management (W36 2022)

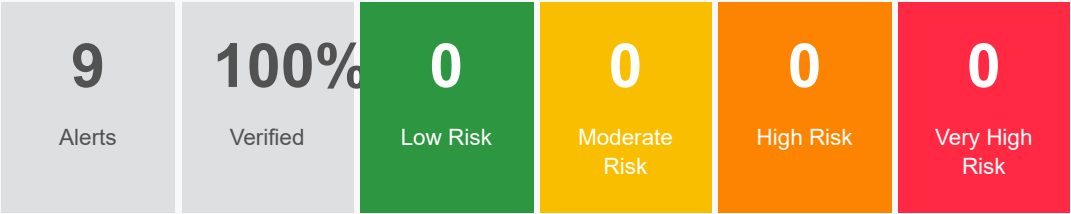


Figure | % sex

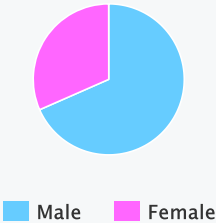


Figure | % age

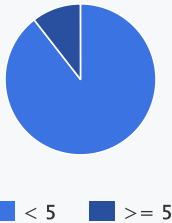
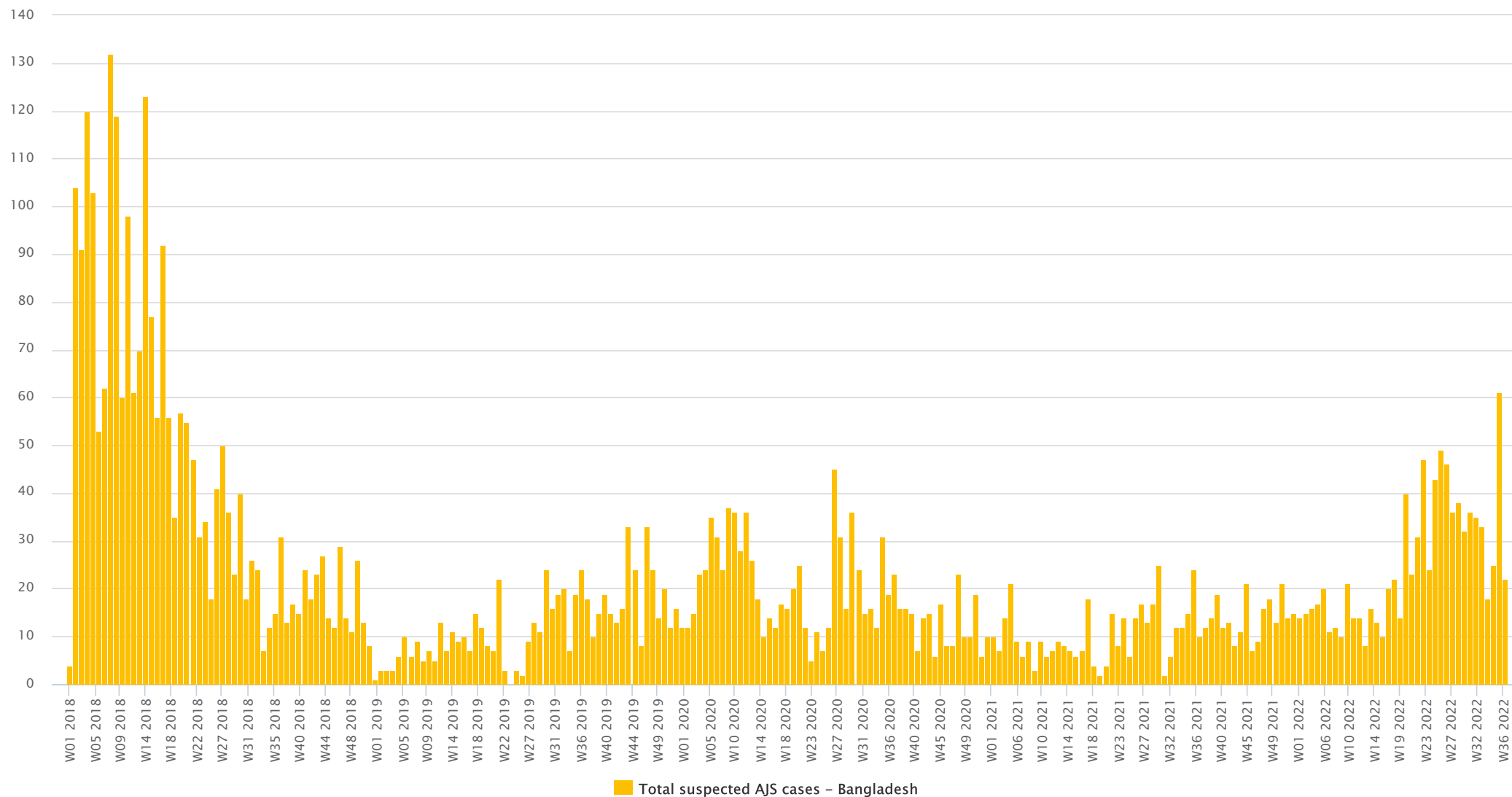
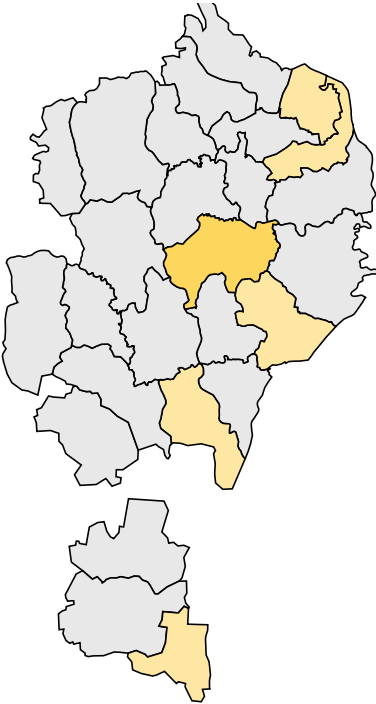


Figure 5 | Trend in number of cases over time (W38 2017 - W36 2022)

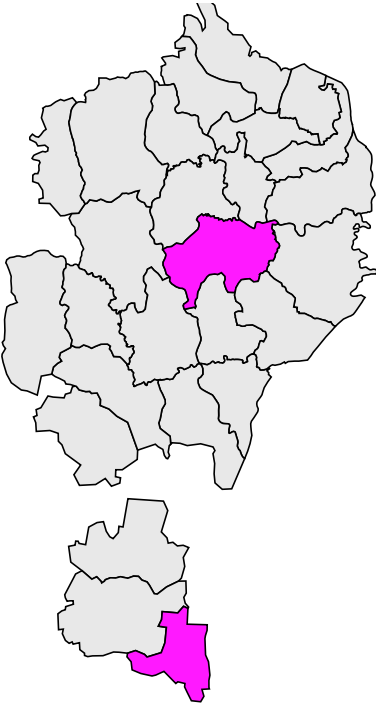


Map 3 | Map of cases by camp (W37 2017 - W36 2022)

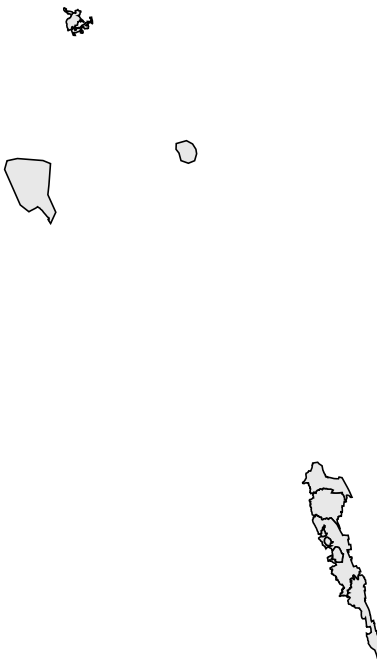
a. Ukhia | Number of cases



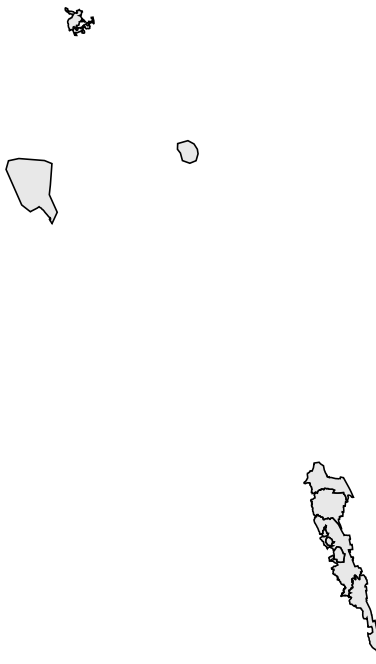
b. Ukhia | Number of alerts



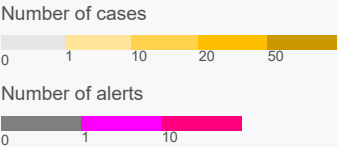
c. Teknaf | Number of cases



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 (W36 2022)

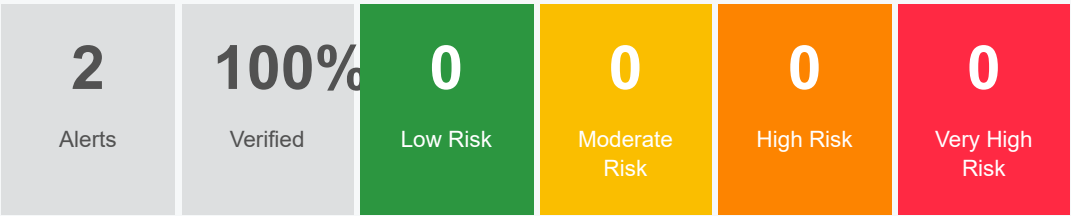


Figure | % sex

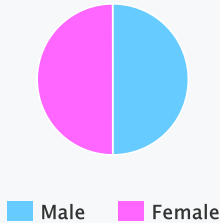


Figure | % age

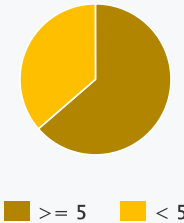


Figure 6 | Trend in number of cases over time (W38 2017 - W36 2022)

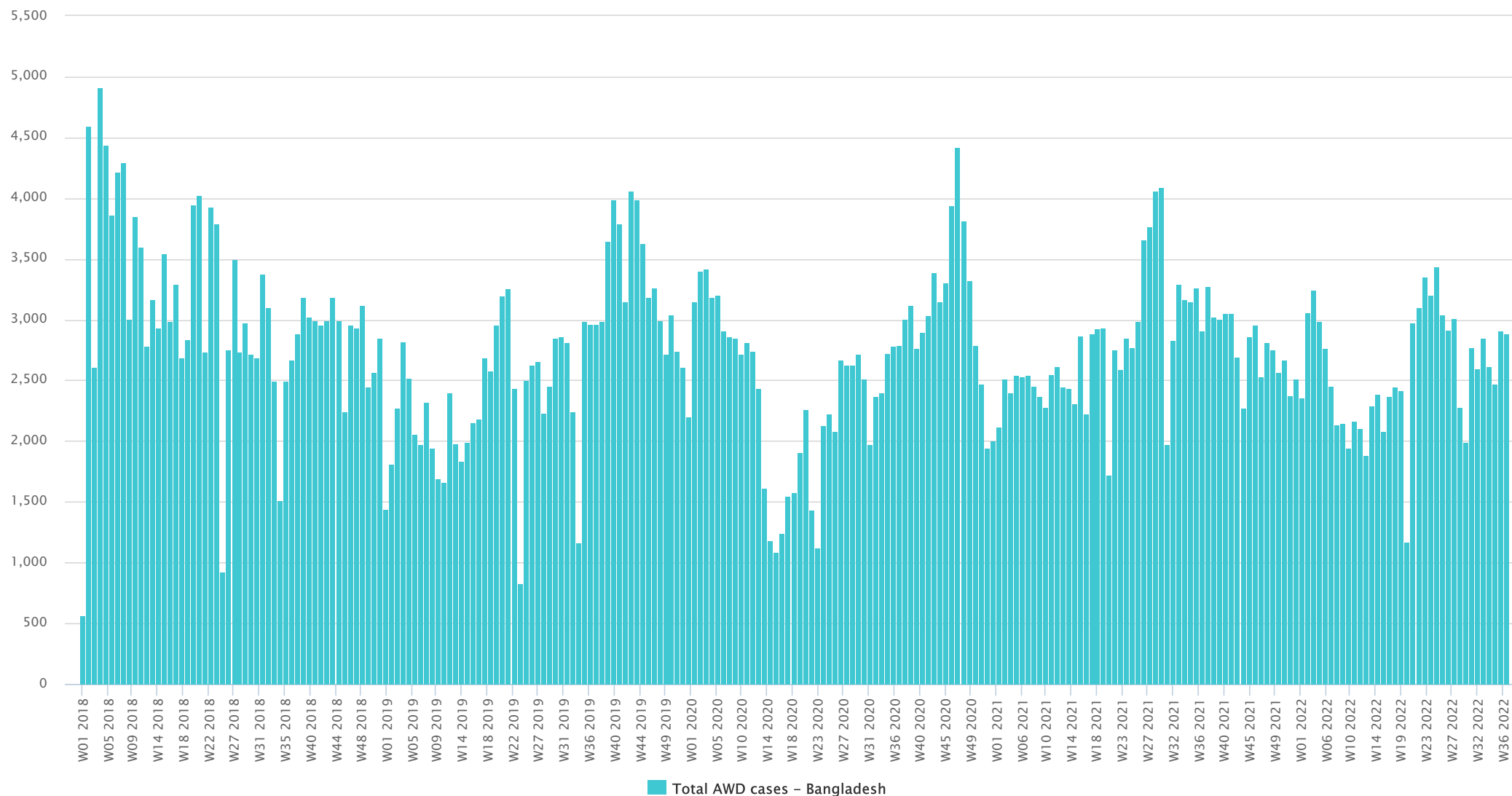
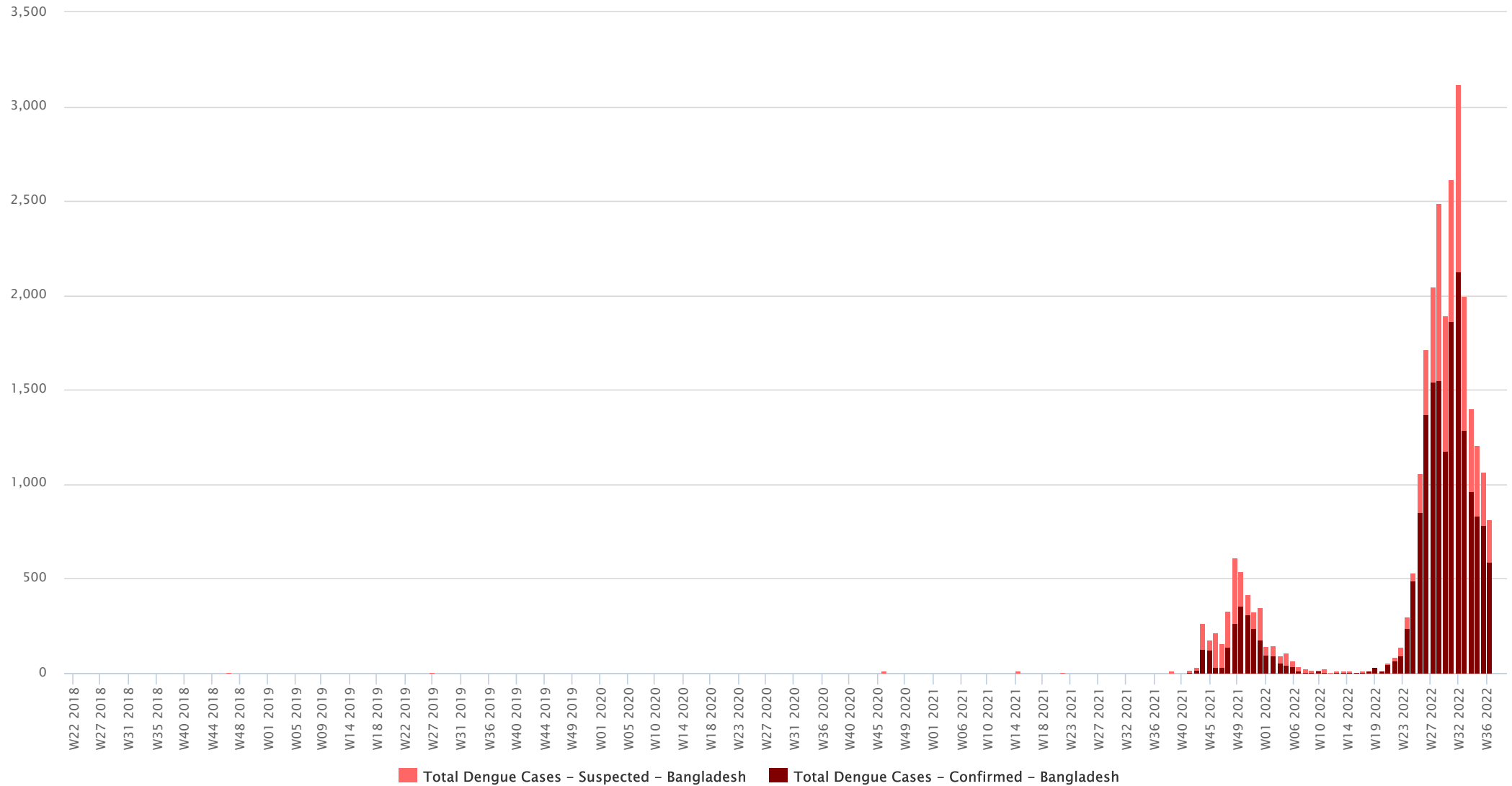
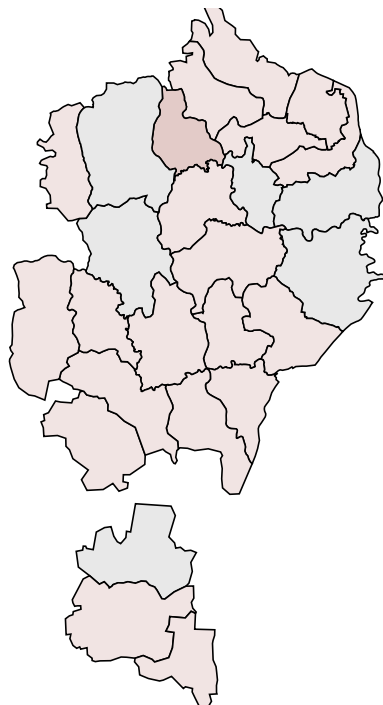


Figure 7 | Trend in number of cases over time (W38 2017 - W36 2022)

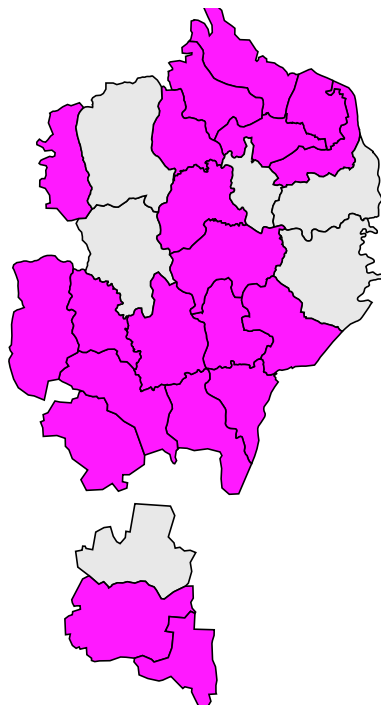


Map 4 | Map of cases by camp (W37 2017 - W36 2022)

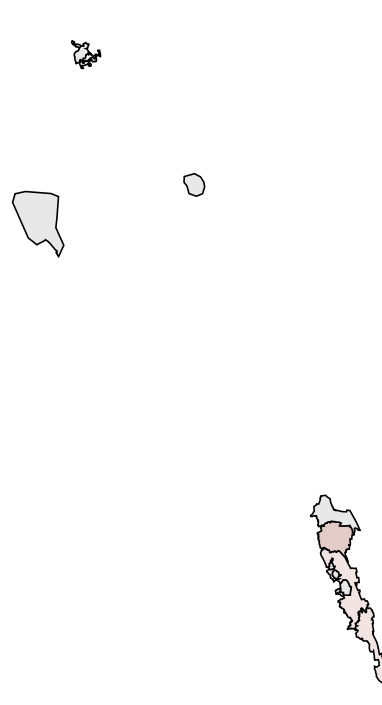
a. Ukhia | Number of cases



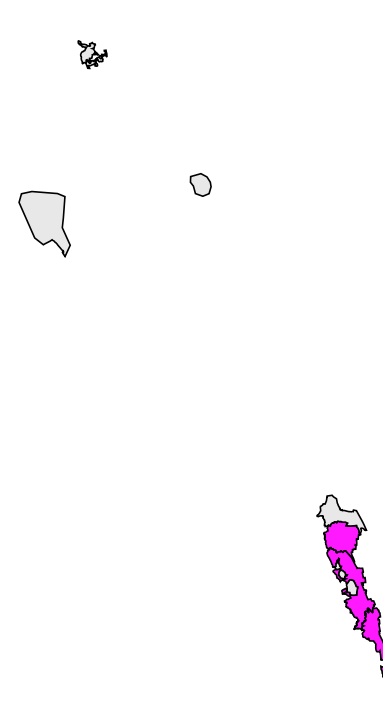
b. Ukhia | Number of alerts



c. Teknaf | Number of cases

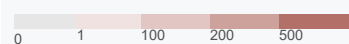


d. Teknaf | Number of alerts



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 (W36 2022)

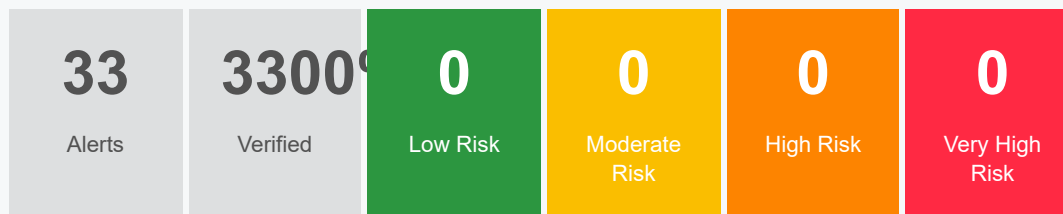
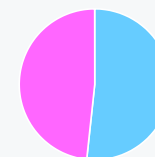
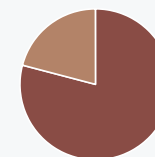


Figure | % sex



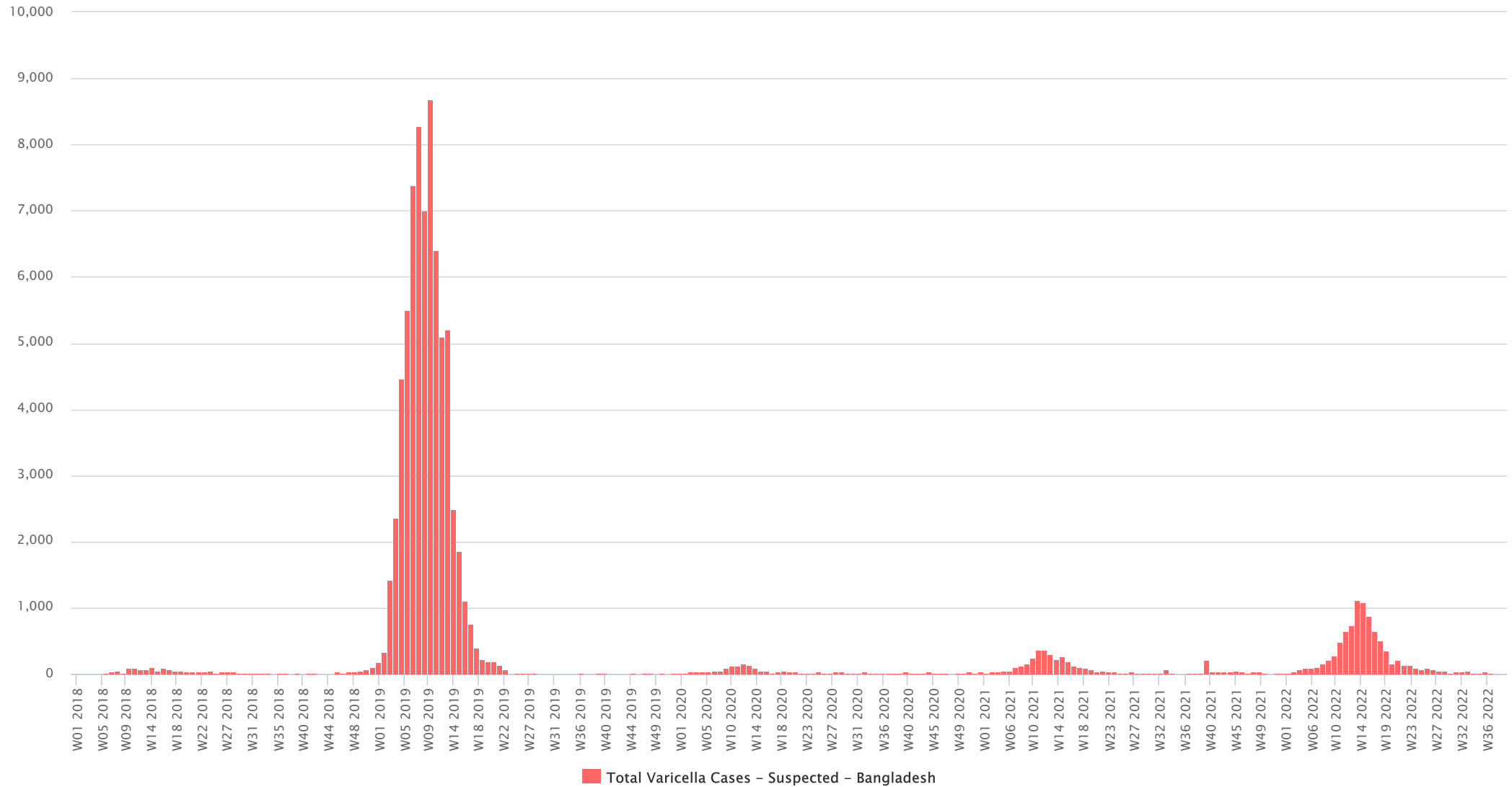
Male Female

Figure | % age



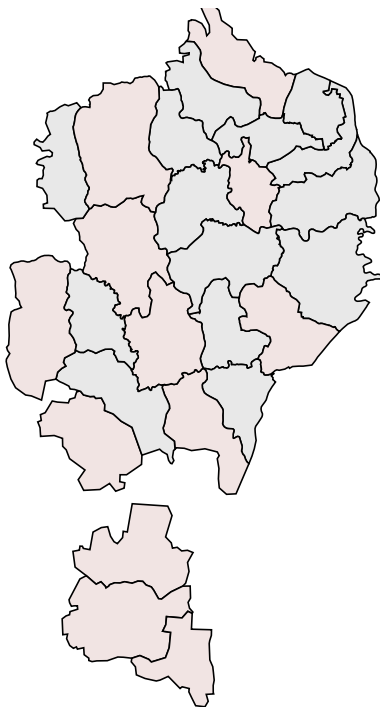
>= 5 < 5

Figure 7 | Trend in number of cases over time (W38 2017 - W36 2022)

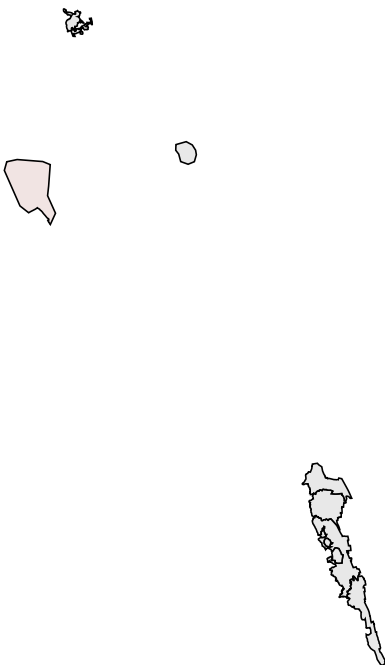


Map 4 | Map of cases by camp (W37 2017 - W36 2022)

a. Ukhia | Number of cases



c. Teknaf | Number of cases



Map legend

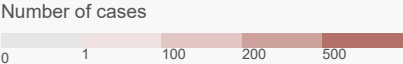


Figure | % sex

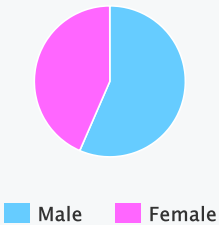
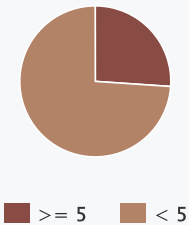


Figure | % age



For more help and support, please contact:

Dr. Imrul Kayes
Medical Officer - Civil Surgeon Office (MO-CS)
Ministry of Health and Family Welfare
Cox's Bazar, Bangladesh
Telephone: +88 017826296025
Email: mailkayesk65@gmail.com

Dr. Feroz Hayat Khan
National Professional Officer (Disease Surveillance &
Epidemiology)
World Health Organization
Cox's Bazar, Bangladesh
Telephone: +88 017 0120 2994
Email: khan@who.int

Notes

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

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

More information can be found at <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