



Epidemiological Highlights

Week 41 (2-8 October) 2022



**World Health
Organization**

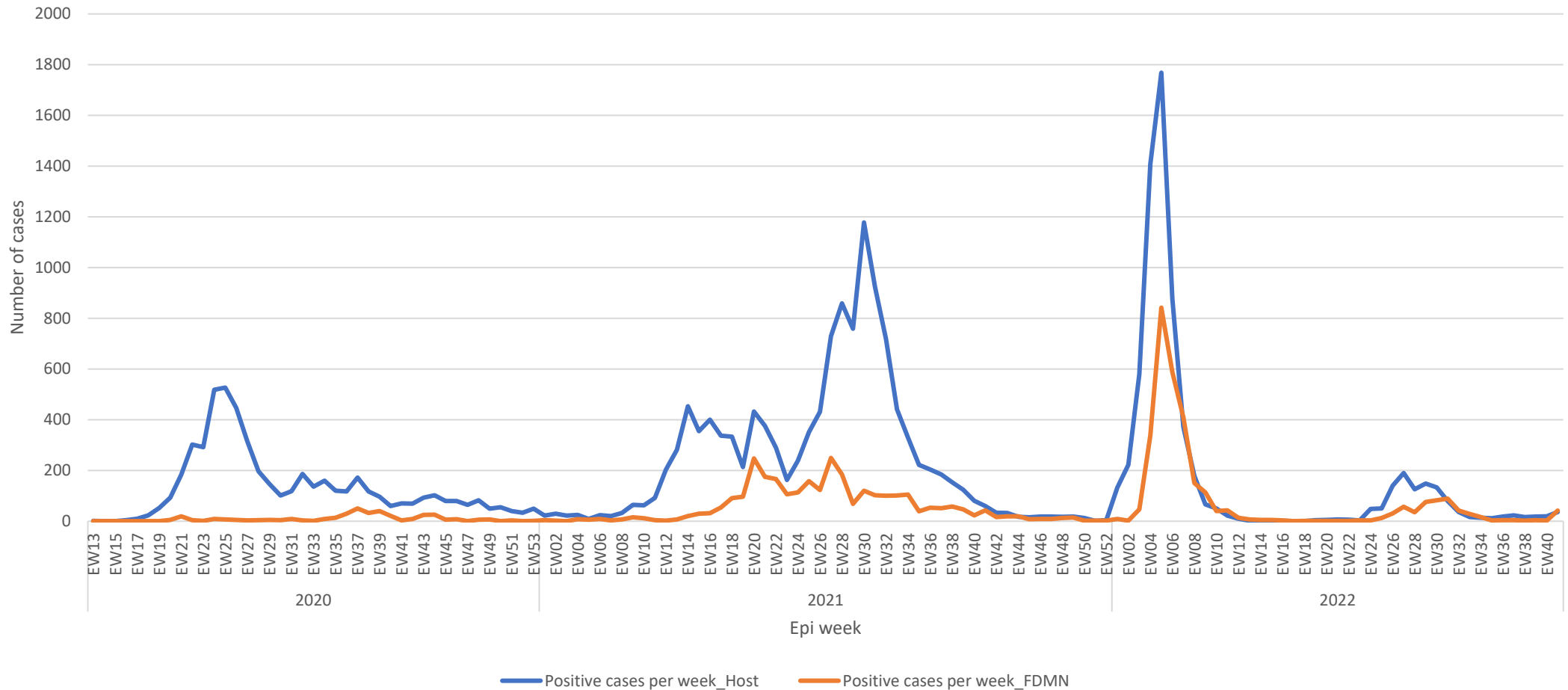
Highlights: COVID-19

COVID-19 (High Priority)

- There is a sharp increase of COVID-19 cases in this week 41, shooting out from 2 to 42 in this week among FDMN
- **Level of infection hence raised among FDMN:** increased in weekly TPR (9.1 from 0.4) & incidence of infection (48.8 cases/1m persons/Week from 2.3) but weekly testing (0.5 tests/1000/week) sustained
- **Level of infection by among the host population also raised:** weekly TPR (11.4 from 5.9) and case incidence (12.8 from 6.6 cases/1m persons/Week) rose this week than the previous week and the number of cases got almost doubled this week (36 from 19) as testing levels continue to sustained at very low level (0.1)
- **Weekly testing remains below global threshold of 1 test/1000 pop/Week in both populations:** FDMNs-0.5 tests/1000 pop/week & host Population- 0.1 test/1000pop/Week)
- No new death reported in the two populations, improved level of recoveries at 99%

Highlights: COVID-19

Epi curve for COVID-19 cases from Epi week 14, 2020- Epi week 41, 2022



FDMNs: Forty-Two (42) new confirmed cases were reported this week, and weekly TPR **raised** to **9.1%** from 0.4% the previous week
Host population: 36 new confirmed cases, almost doubled to the last week and weekly TPR rose to **11.4%** from 5.9% the previous week

EWARS Reporting Updates

- Currently, a total of 169 health facilities are registered in EWARS
 - Only 154/169 weekly reports were received on time in week 41
 - Timeliness of reporting for this week was 89%
 - Ninety-five (95) alerts were triggered
 - All alerts were reviewed and verified by the WHO EWARS team; this was less than the previous week (105 alerts in week 40, 2022).

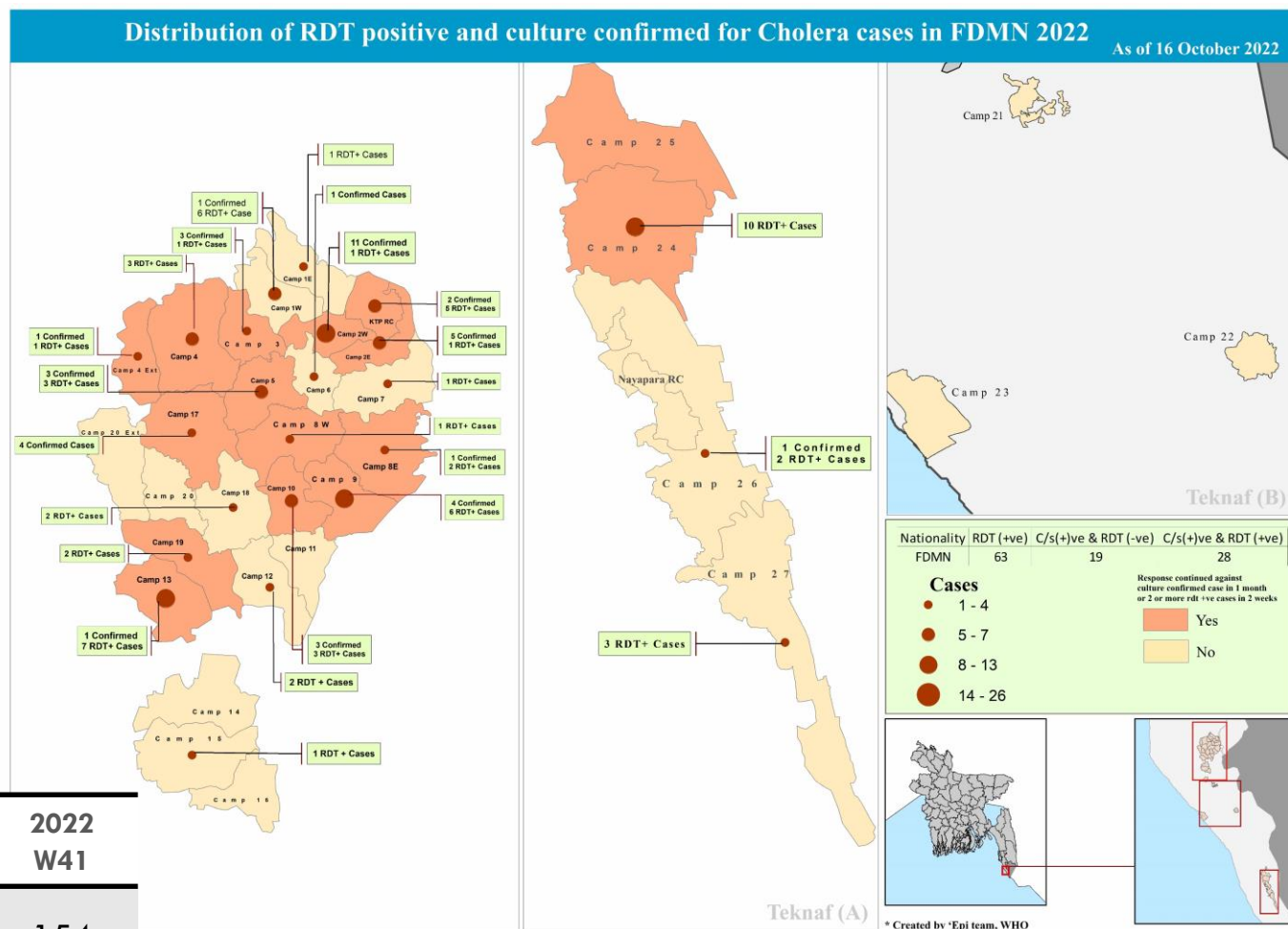
Highlights: Morbidities and Mortalities

- Acute Respiratory Infections (18.1%), Diarrheal Diseases (5.4%) & Injuries, and Wounds (1.9%) were the diseases and health conditions with the highest proportional morbidity in week 41.
- Monitoring of suspected SARI death under enhanced Community-based mortality surveillance has been continued since week 28, 2020. A total of 116 SARI deaths have so far been reported in 2022 of which seven (07) deaths upon an investigation of all SARI deaths were reclassified as probable COVID-19 Deaths
- This Epi week, six (6) new SARI death was reported as highlighted below:

Year	Suspected SARI death reported (Current Week)	Reclassified as death due to probable COVID-19
2022	116 (6)	7
2021	96	15
2020	49	2

Cholera/AWD Surveillance Updates

- In this week, there is six (6) new RDT-positive case was reported, among samples sent for testing.
- In 2022 total of one hundred forty-eight (154) RDT-confirmed cholera cases were reported as of W40 2022. Of these 56 were positive for culture, and 98 were negative for culture.
- Cumulatively there are 846 RDT and culture-confirmed cholera cases of which 388 cases were culture-confirmed since transmission in 2018



	2018	2019	2020	2021	2022 W41
RDT positive/culture confirmed for Cholera	49	258	28	357	154
Culture confirmed for Cholera	7	184	5	136	56

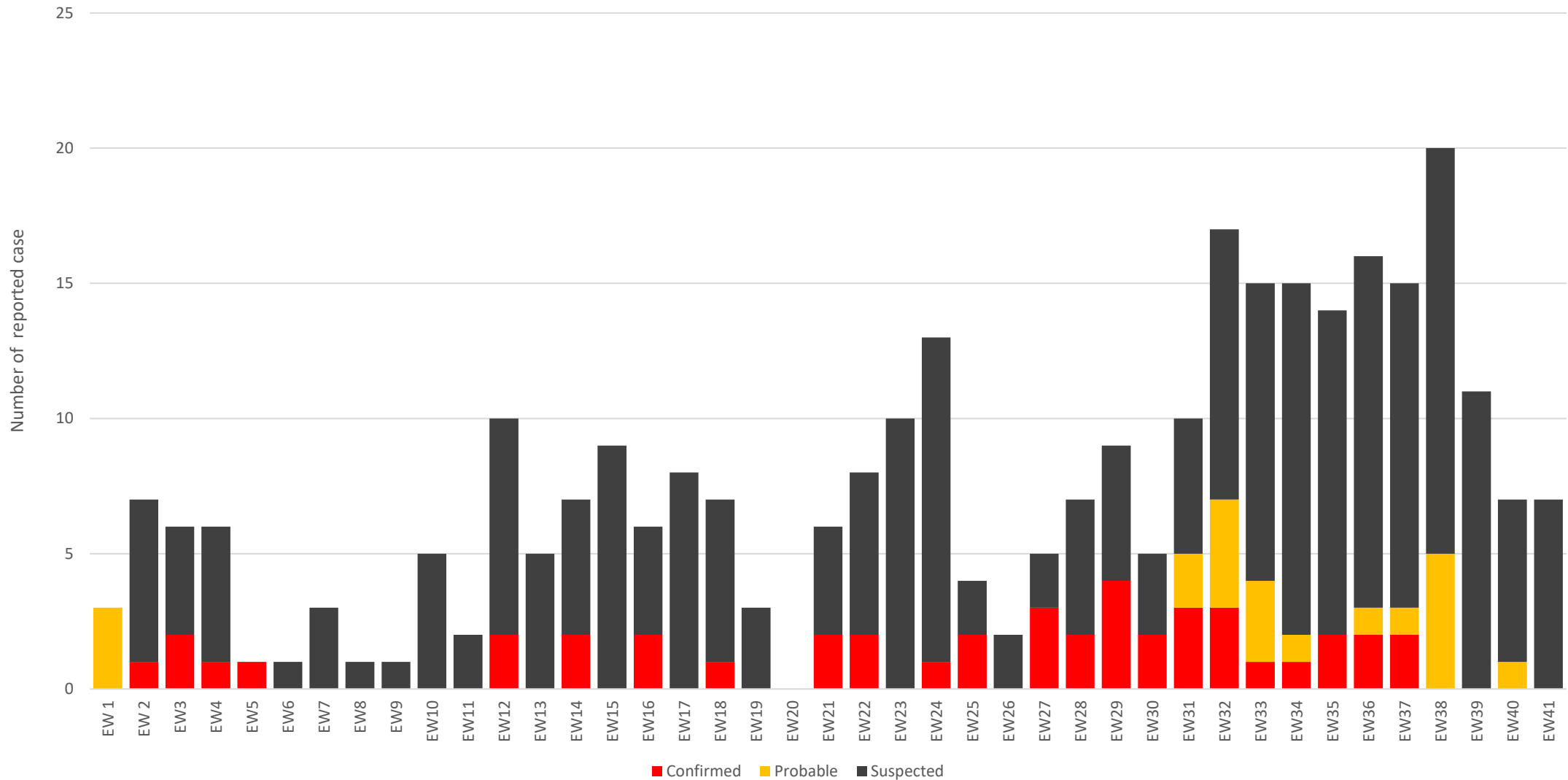
Diphtheria Surveillance Updates

- Seven (7) suspected diphtheria cases were reported in go.data in this Epi week 41
- The last confirmed case was reported on 14 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	46
Probable	1154	1555	60	9	29	21
Suspected	1796	3549	523	198	118	242
Death	30	14	3	0	5	1

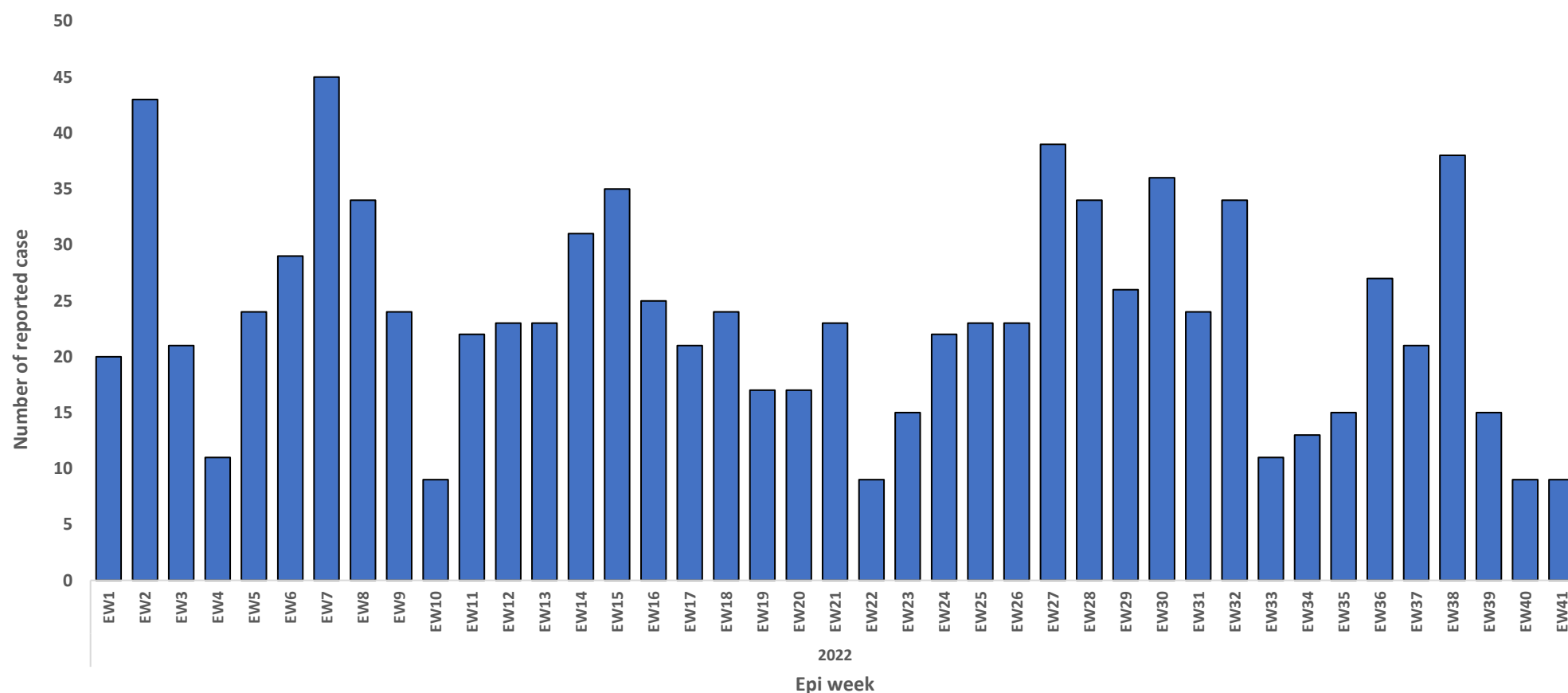
Trends of Diphtheria cases

Total number of diphtheria case reported in EWARS from week 1-41, 2022



Epi Curve of Suspected Measles Cases

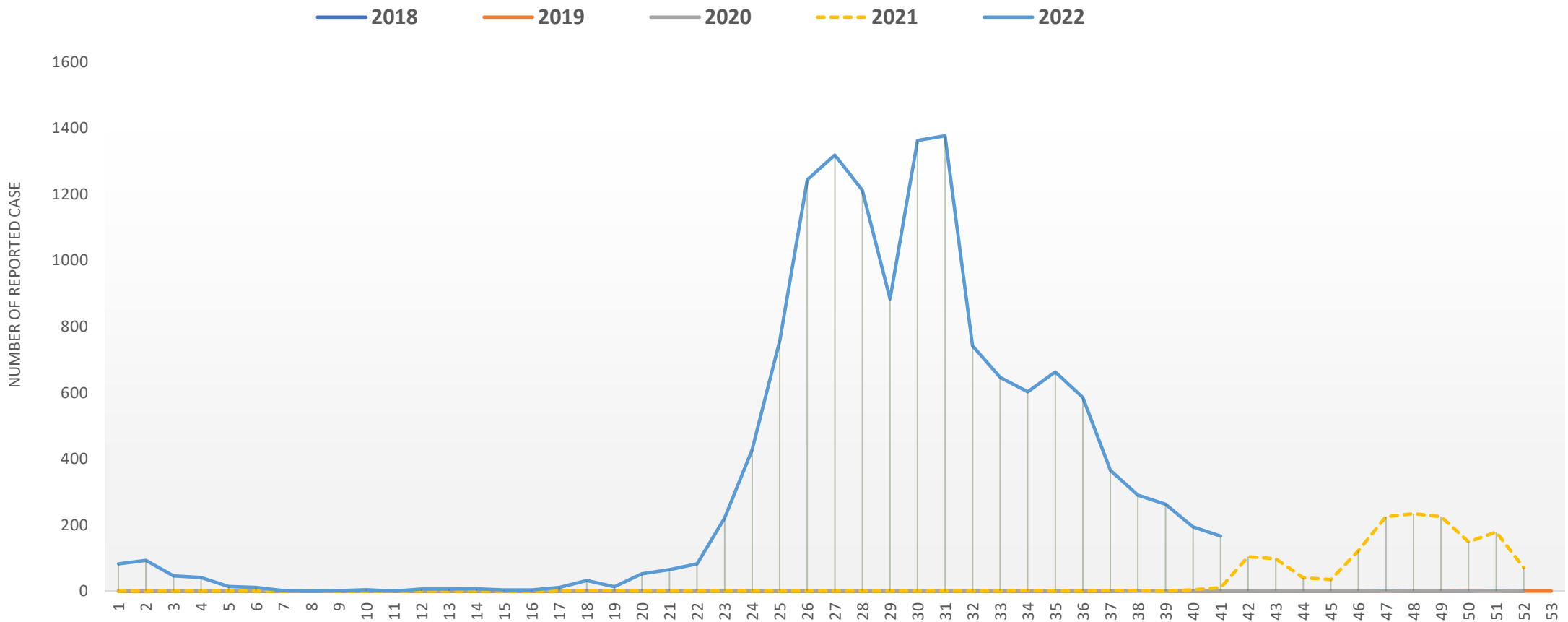
Total number of Measles case reported in EWARS from week 1-41, 2022



- > In week 41, 9 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 964 reported in 2022
- > About 55% (530/964) of the total suspected measles cases were reported through case-based reporting and samples collected for laboratory confirmation

Dengue Surveillance Updates

Yearly Trends of Dengue case trend from 2018 - Epi Week 41, 2022



> In week 41, 166 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 13,897 reported in 2022

> No mortality was reported this week and it stands 19 in 2022

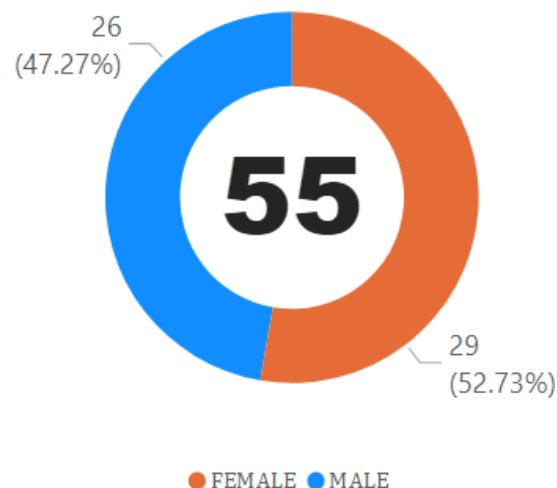
Community-based Mortality surveillance updates Epi week 41

Probable causes of death	Epi week 41	In 2022
Still Birth	7 (13%)	168 (10%)
Neonatal Death (<28 days old)	10 (18%)	171 (10%)
Infectious Disease	3 (5%)	155 (10%)
Severe Acute Respiratory Infection (SARI)	2 (4%)	43 (3%)
Injury	1 (2%)	40 (2%)
Maternal Death	1 (2%)	35 (2%)
Acute Malnutrition	--	1 (0%)
Other	31 (56%)	1043 (63%)
Total	55 (100%)	1,656 (100%)

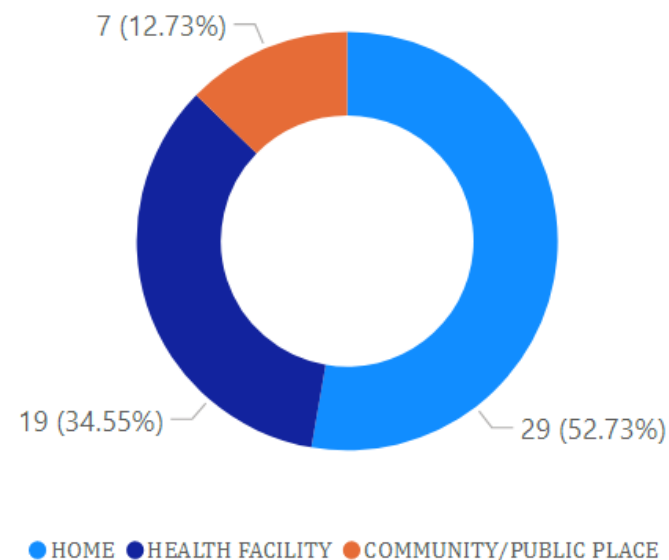
Partners to report all mortalities into the EWARS platform using both case and event-based reporting as applicable

Community-based Mortality surveillance updates Epi week 41

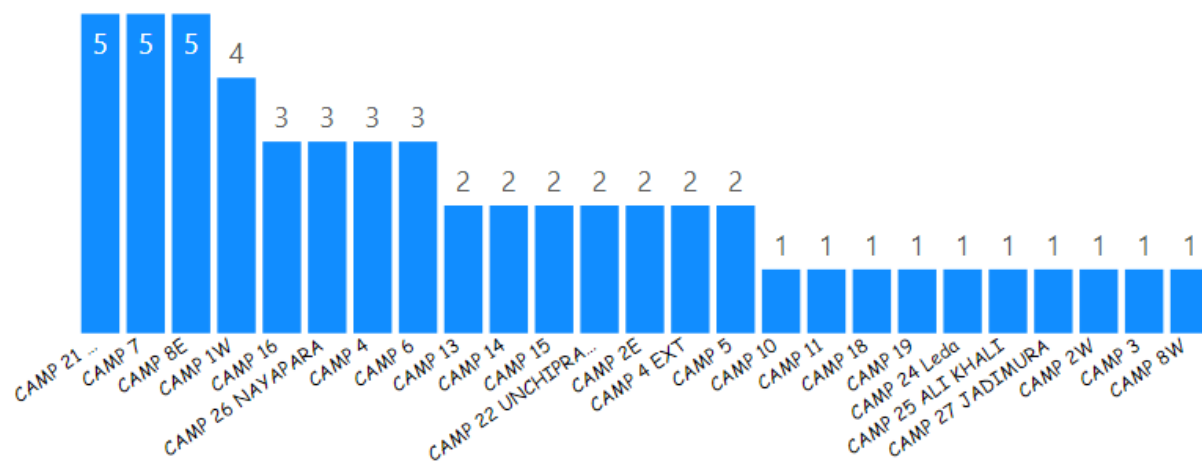
Gender distribution



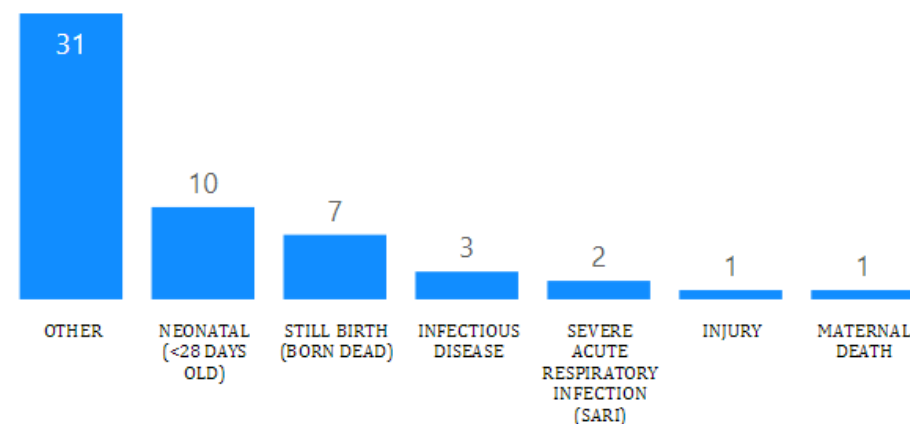
Place of death



Distribution of deceased Camp



Distribution of Probable cause of death



Bangladesh

Rohingya Emergency Response

Early Warning, Alert and
Response System (EWARS)

Epidemiological Bulletin W41 2022



Ministry of Health and Family
Welfare Bangladesh



World Health
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Sources of data

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

Highlights W41 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

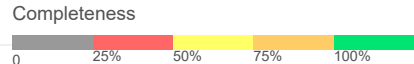
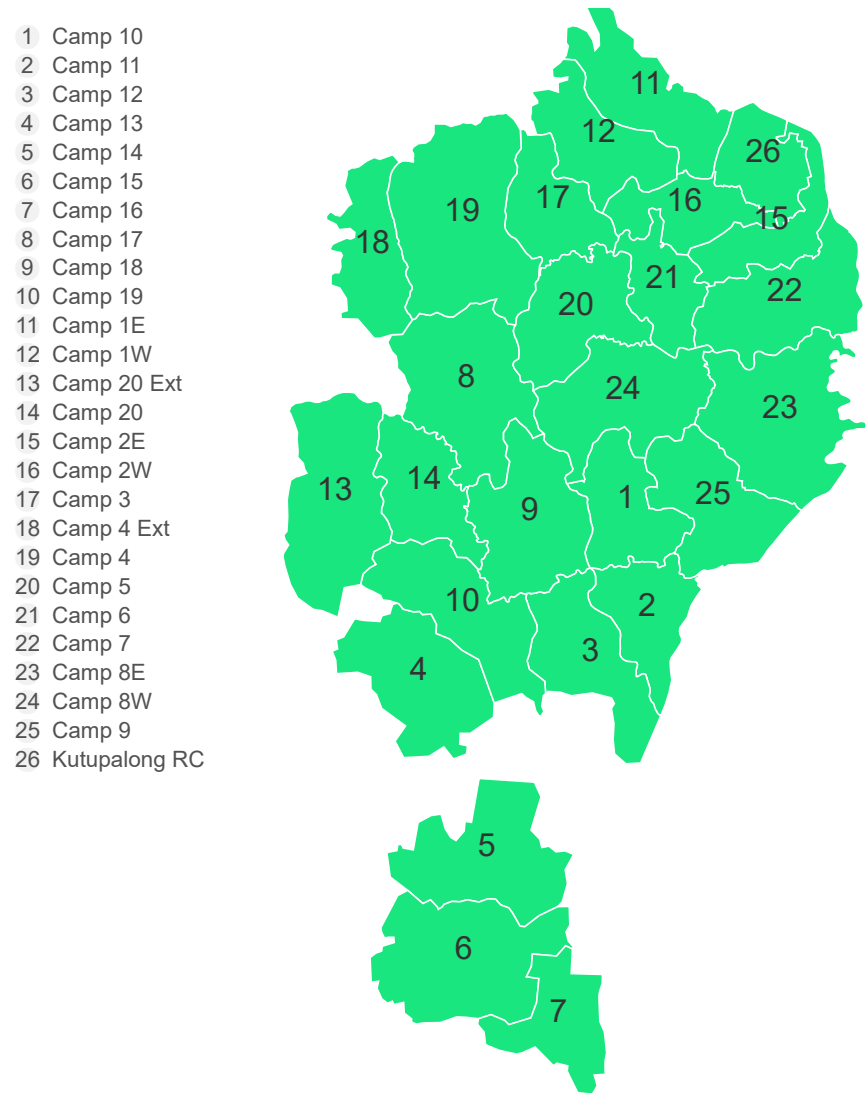
W41	Cumulative (2022)	
154	7003	Number of weekly reports received
89%	92%	Completeness
89%	91%	Timeliness

Table 3 Alert performance indicators

W41	Cumulative (2022)	
95	4,039	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

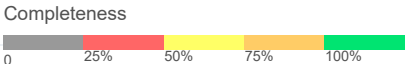
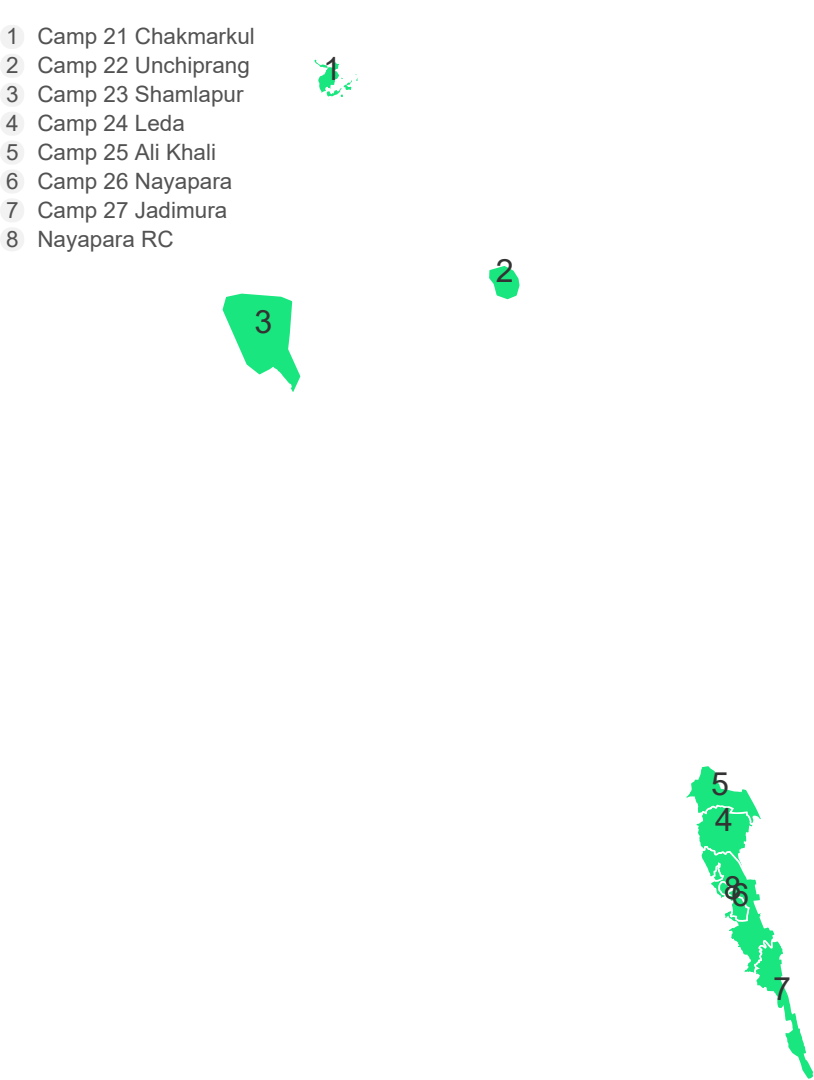


Table 4 | Performance by camp (W41 2022)

Northern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Northern Group				
Camp 1E	3	3	100%	0%
Camp 1W	5	4	80%	0%
Camp 2E	3	3	100%	0%
Camp 2W	3	4	100%	0%
Camp 3	5	4	100%	0%
Camp 4	5	5	80%	0%
Camp 4 Ext	1	1	100%	0%
Camp 5	5	5	100%	0%
Camp 6	3	3	100%	0%
Camp 7	6	6	100%	0%
Camp 8E	8	8	88%	0%
Camp 8W	4	4	100%	0%
Kutupalong RC	2	2	100%	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

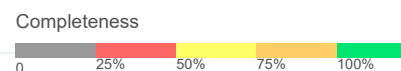
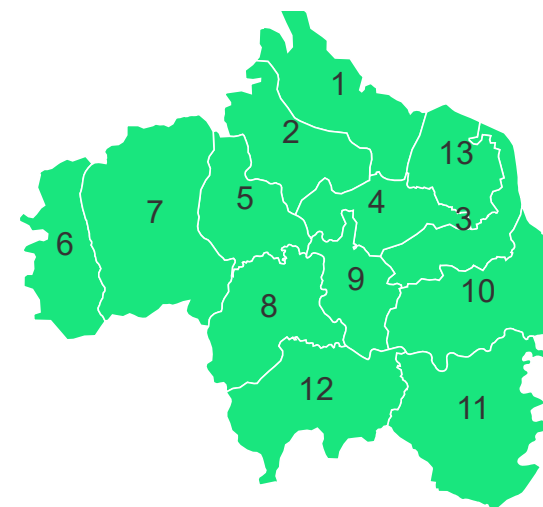
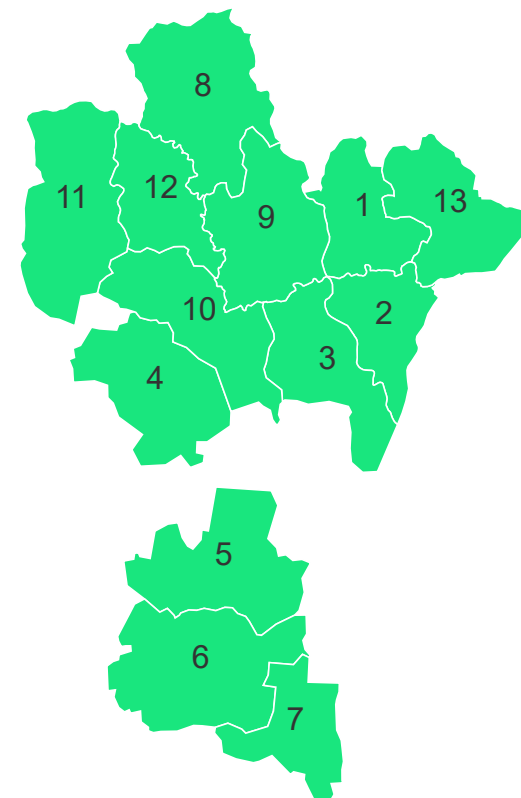


Table 5 | Performance by camp (W41 2022)

Southern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Southern Group				
Camp 10	4	4	100%	0%
Camp 11	8	6	75%	0%
Camp 12	6	6	100%	0%
Camp 13	10	9	90%	0%
Camp 14	7	6	86%	0%
Camp 15	9	8	89%	11%
Camp 16	7	7	100%	0%
Camp 17	5	5	100%	0%
Camp 18	5	4	80%	0%
Camp 19	5	4	80%	0%
Camp 20	4	4	75%	0%
Camp 20 Ext	3	3	100%	0%
Camp 9	6	6	100%	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 (W41 2022)

Teknaf	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Teknaf				
Camp 21 Chakmarkul	4	4	100%	0%
Camp 22 Unchiprang	5	3	60%	0%
Camp 23 Shamlapur	3	2	67%	0%
Camp 24 Leda	2	2	100%	0%
Camp 25 Ali Khali	3	3	67%	0%
Camp 26 Nayapara	5	5	100%	0%
Camp 27 Jadimura	2	2	100%	0%
Nayapara RC	2	2	100%	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 (W41 2022)

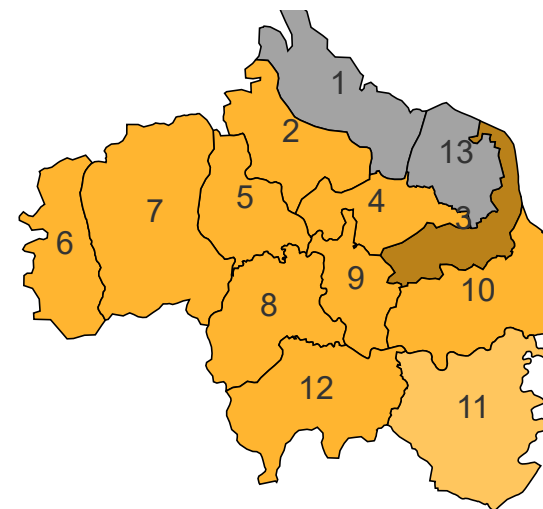
Partner	Performance		Reporting		Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness		# sites	# reports received	Completeness	Timeliness
AKF	1	0	0%	0%	IRC	4	3	75%	75%
AWARD	6	6	100%	100%	MSF	9	8	89%	56%
BASHMAH	1	1	100%	100%	MoH	12	10	75%	75%
BDRCS	11	10	91%	91%	MHI	0	0		
BRAC	11	11	100%	100%	Medair	0	0		
CARE	4	4	100%	100%	FH/MTI	4	4	100%	100%
GH/CPI	1	1	100%	100%	PRANTIC	1	1	100%	100%
DBC	1	1	100%	100%	PULSE	1	1	100%	100%
DSK	1	1	100%	0%	QC	1	1	100%	100%
DCHT-PWJ	1	1	100%	100%	PHD	10	10	100%	100%
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	67%	67%
GUSS	1	1	100%	100%	RTMI	9	8	89%	89%
HAEFA	2	2	100%	100%	SALT	1	1	100%	100%
HAIB	8	0	0%	0%	SCI	7	4	100%	0%
HMBDF	2	2	100%	100%	DCHT-MM	1	1	100%	100%
HOPE	1	1	100%	100%	Turkish Government	1	1	100%	100%
ICRC	1	2	200%	100%	TdH	2	2	100%	100%
IOM	23	23	100%	91%					

Table 8 | Performance by camp

Northern group	W41		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 1E	0	0%	78	100%
Camp 1W	4	100%	197	100%
Camp 2E	12	100%	410	100%
Camp 2W	4	100%	134	100%
Camp 3	3	100%	185	100%
Camp 4	3	100%	160	100%
Camp 4 Ext	3	100%	61	100%
Camp 5	3	100%	131	100%
Camp 6	3	100%	102	100%
Camp 7	3	100%	88	100%
Camp 8E	2	100%	78	100%
Camp 8W	5	100%	217	100%
Kutupalong RC	0	0%	76	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

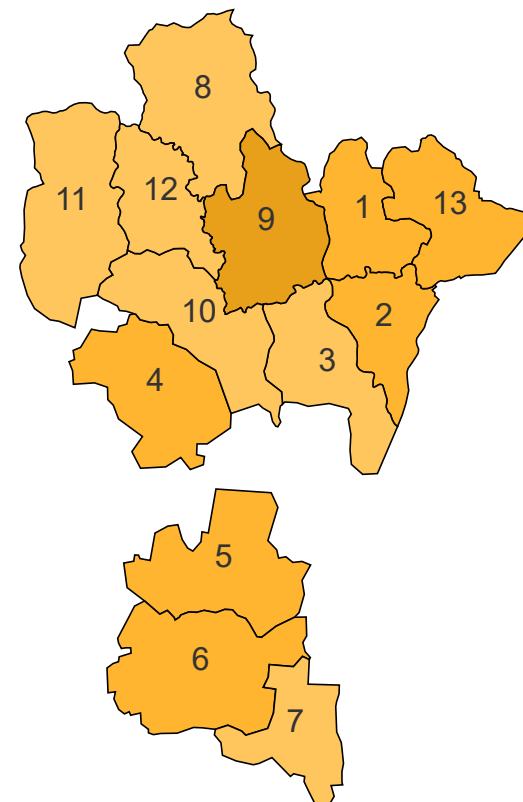


Table 9 | Performance by camp

Southern group	W41		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 10	3	100%	93	100%
Camp 11	3	100%	116	100%
Camp 12	1	100%	126	100%
Camp 13	3	100%	147	100%
Camp 14	3	100%	81	100%
Camp 15	3	100%	154	100%
Camp 16	1	100%	122	100%
Camp 17	1	100%	106	100%
Camp 18	8	100%	172	100%
Camp 19	1	100%	68	100%
Camp 20	2	100%	72	100%
Camp 20 Ext	1	100%	58	100%
Camp 9	5	100%	219	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	W41		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 21 Chakmarkul	4	100%	53	100%
Camp 22 Unchiprang	1	100%	73	100%
Camp 23 Shamlapur	0	0%	16	100%
Camp 24 Leda	3	100%	107	100%
Camp 25 Ali Khali	1	100%	35	100%
Camp 26 Nayapara	4	100%	132	100%
Camp 27 Jadimura	2	100%	65	100%
Nayapara RC	0	0%	38	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

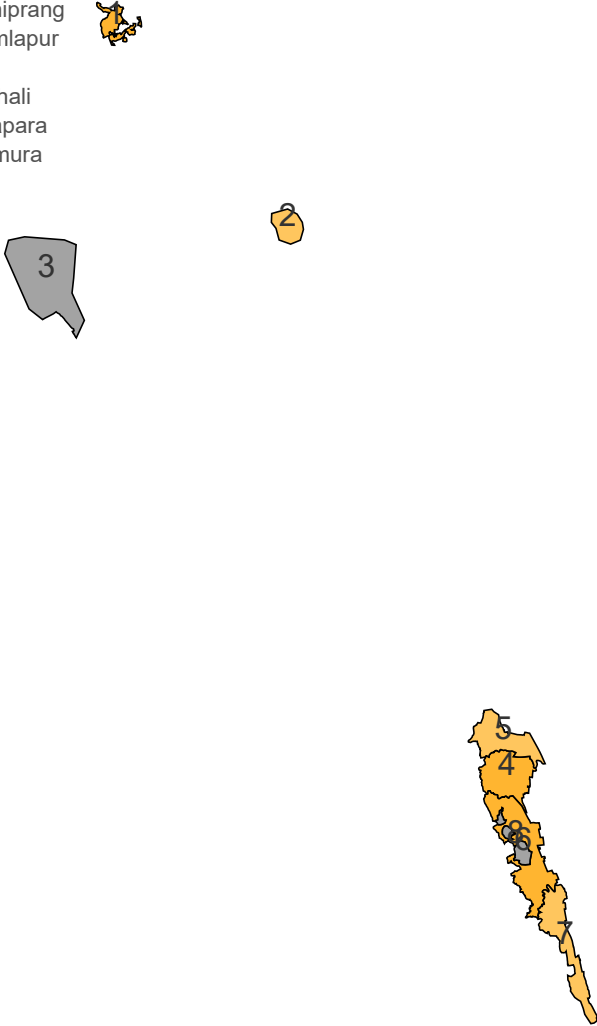


Table 11 | Performance by type of alert

Event	W41		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Indicator-based surveillance				
Malaria	0	0%	3	100%
Measles	8	100%	437	100%
Bloody Diarr.	0	0%	0	0%
AFP	1	100%	33	100%
Meningitis	0	0%	26	100%
Haem. fever (susp.)	1	100%	39	100%
NNT	0	0%	3	100%
Unexp. fever	0	0%	125	100%
AWD	1	100%	203	100%
ARI	0	0%	178	100%
AJS	2	100%	104	100%
Varicella (Susp.)	0	0%	107	100%
Suspected COVID-19	0	0%	0	0%
Event-based surveillance				
EBS total	4	100%	211	100%

Table 12 | Risk assessment

W41	Cumulative (2022)	
0	9	Low risk
0	1	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>



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Rohingya Emergency Response

Early Warning, Alert and
Response System (EWARS)

Annex W41 2022



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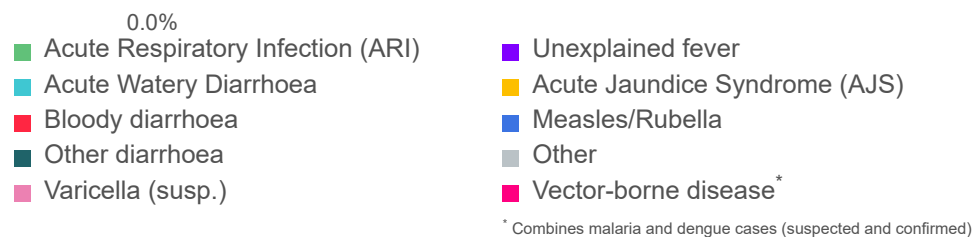
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Proportional morbidity

Figure 1 | Proportional morbidity (W41 2022)



Disease	W41		2022	
	# cases	% morbidity	# cases	% morbidity
AWD	3,408	3.7%	114,834	2.7%
Bloody diarr.	282	0.3%	14,864	0.4%
Other diarr.	1,281	1.4%	44,739	1.1%
Susp. Varicella	8	0.0%	9,011	0.2%
ARI	16,574	18.1%	760,063	17.9%
Measles/Rub.	7	0.0%	910	0.0%
AFP	1	0.0%	63	0.0%
Susp. menin.	1	0.0%	157	0.0%
AJS	13	0.0%	1,071	0.0%
Susp. HF	6	0.0%	307	0.0%
Neo. tetanus	0	0.0%	9	0.0%
Adult tetanus	0	0.0%	14	0.0%
Malaria (conf.)	3	0.0%	367	0.0%
Malaria (susp.)	0	0.0%	52,911	1.2%
Dengue (conf.)	192	0.2%	18,253	0.4%
Dengue (susp.)	61	0.1%	7,886	0.2%
Unexpl. fever	881	1.0%	49,944	1.2%
Sev. Malnut.	65	0.1%	1,921	0.0%
Inj./Wounds	1,766	1.9%	88,381	2.1%
Other	66,926	73.1%	3,072,283	72.4%
Total	90,658	100%	4,245,399	100%

Trend in consultations and key diseases

Figure 2 | Trend in proportional morbidity for key diseases (W41)

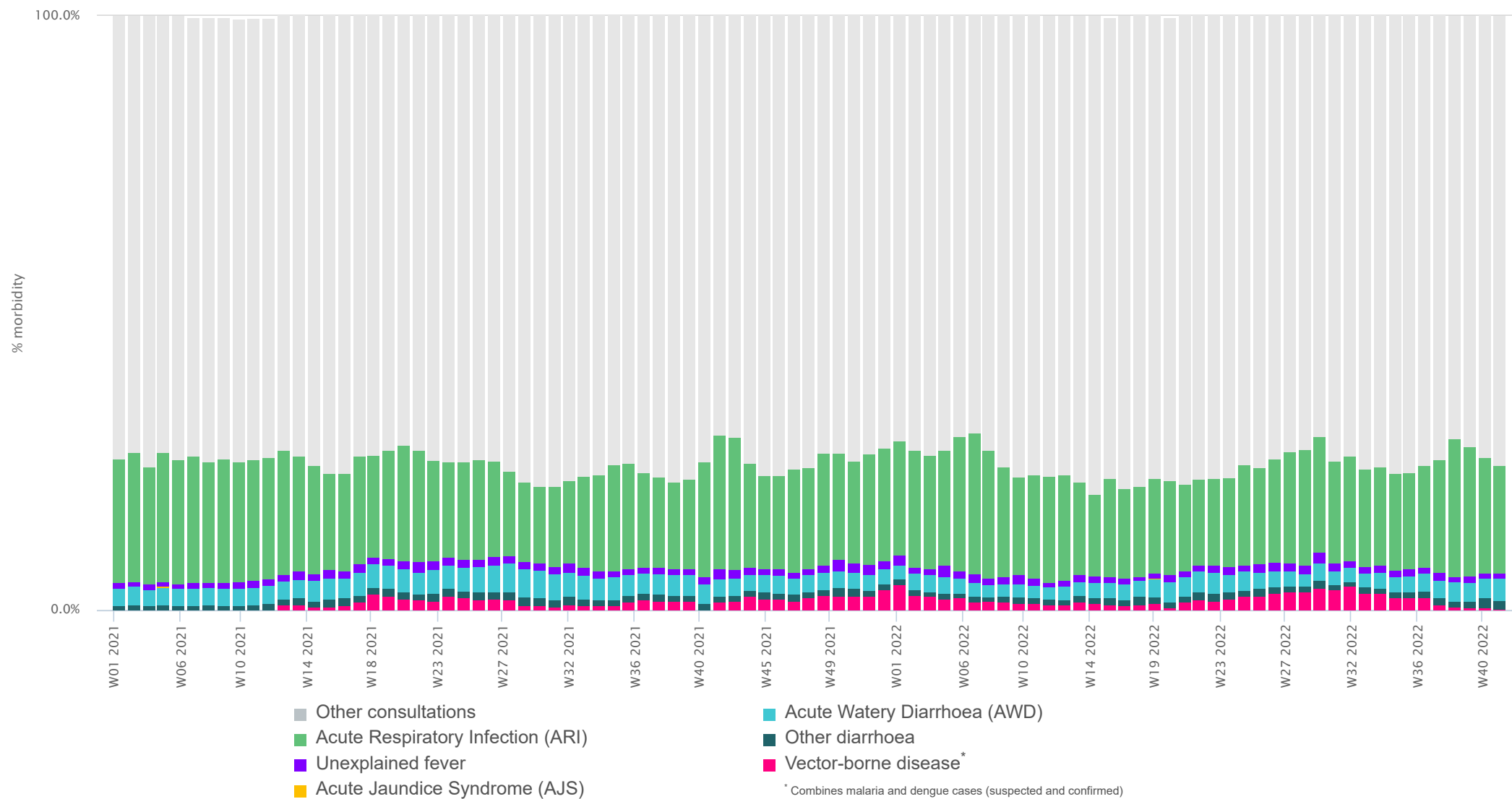
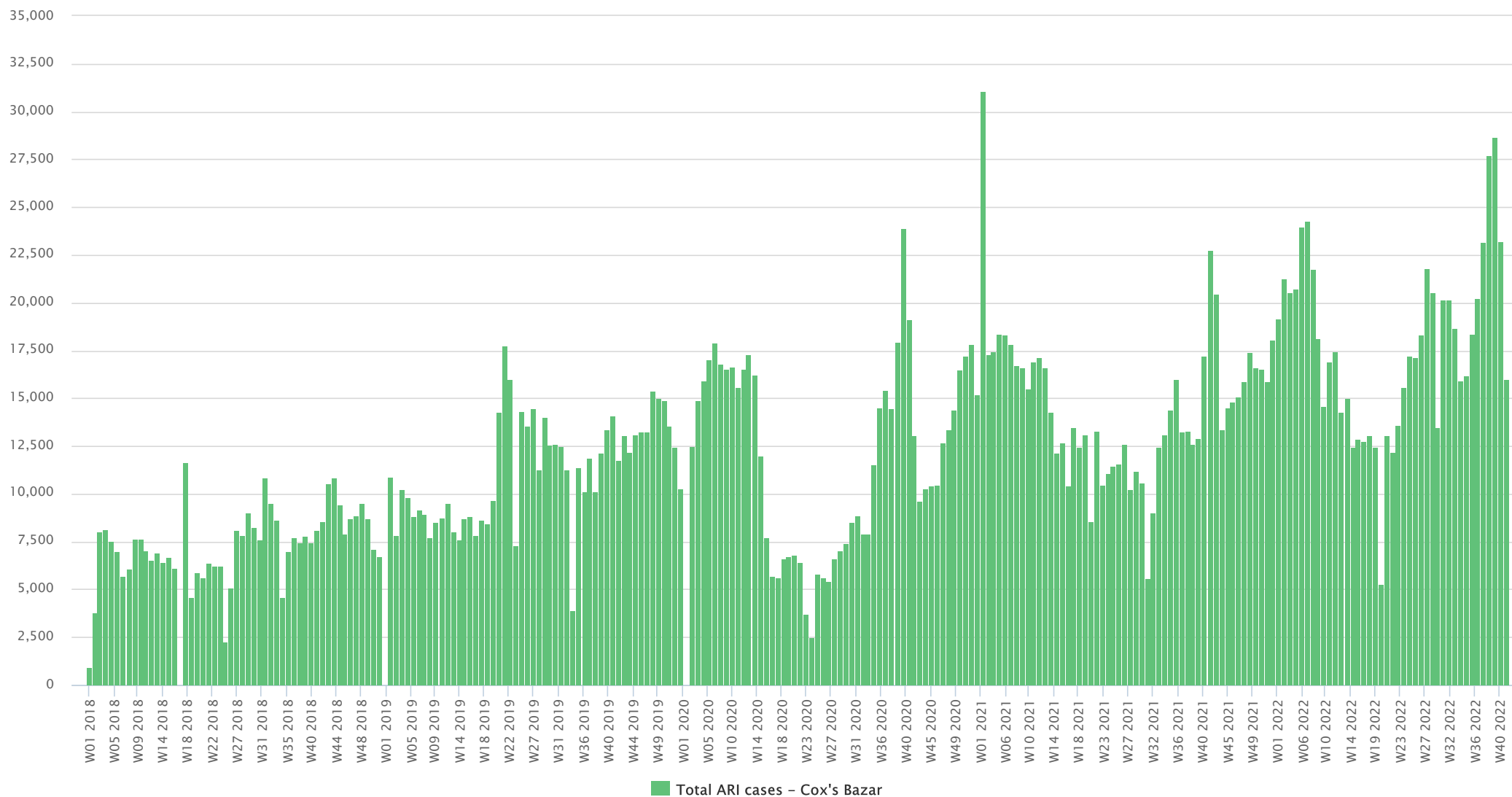
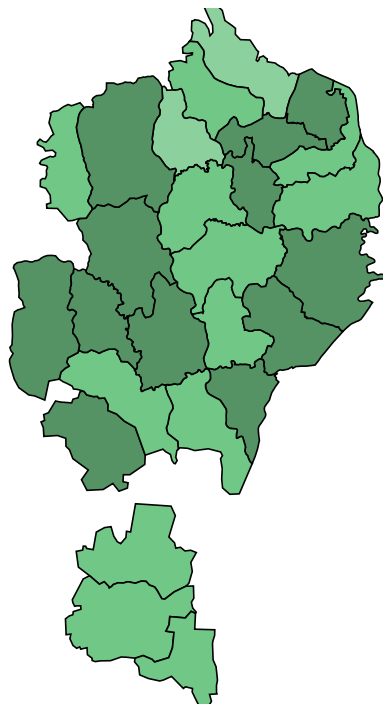


Figure 3 | Trend in number of cases over time (W38 2017 - W41 2022)

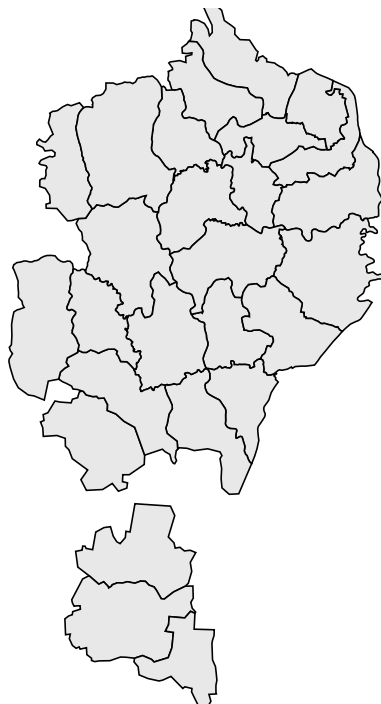


Map 1 | Map of cases by camp (W41 2022)

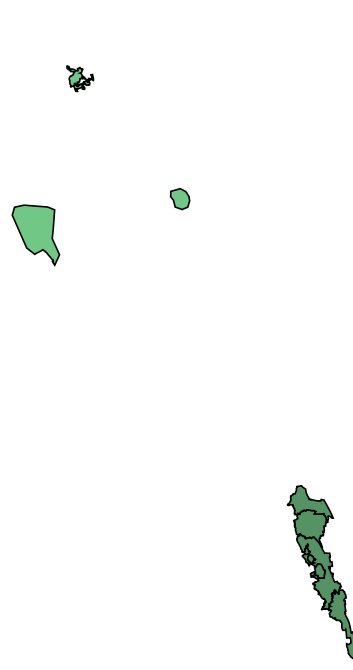
a. Ukhia | Number of cases



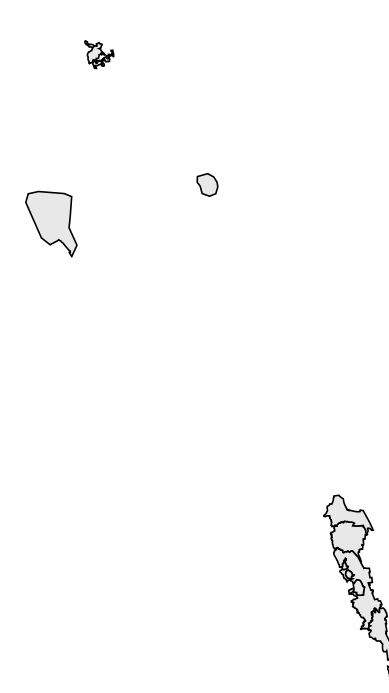
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend

Number of cases



Number of alerts



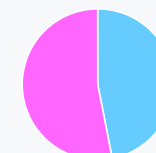
Alert threshold

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

Alert management (W41 2022)

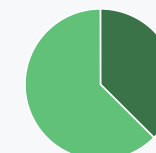


Figure | % sex



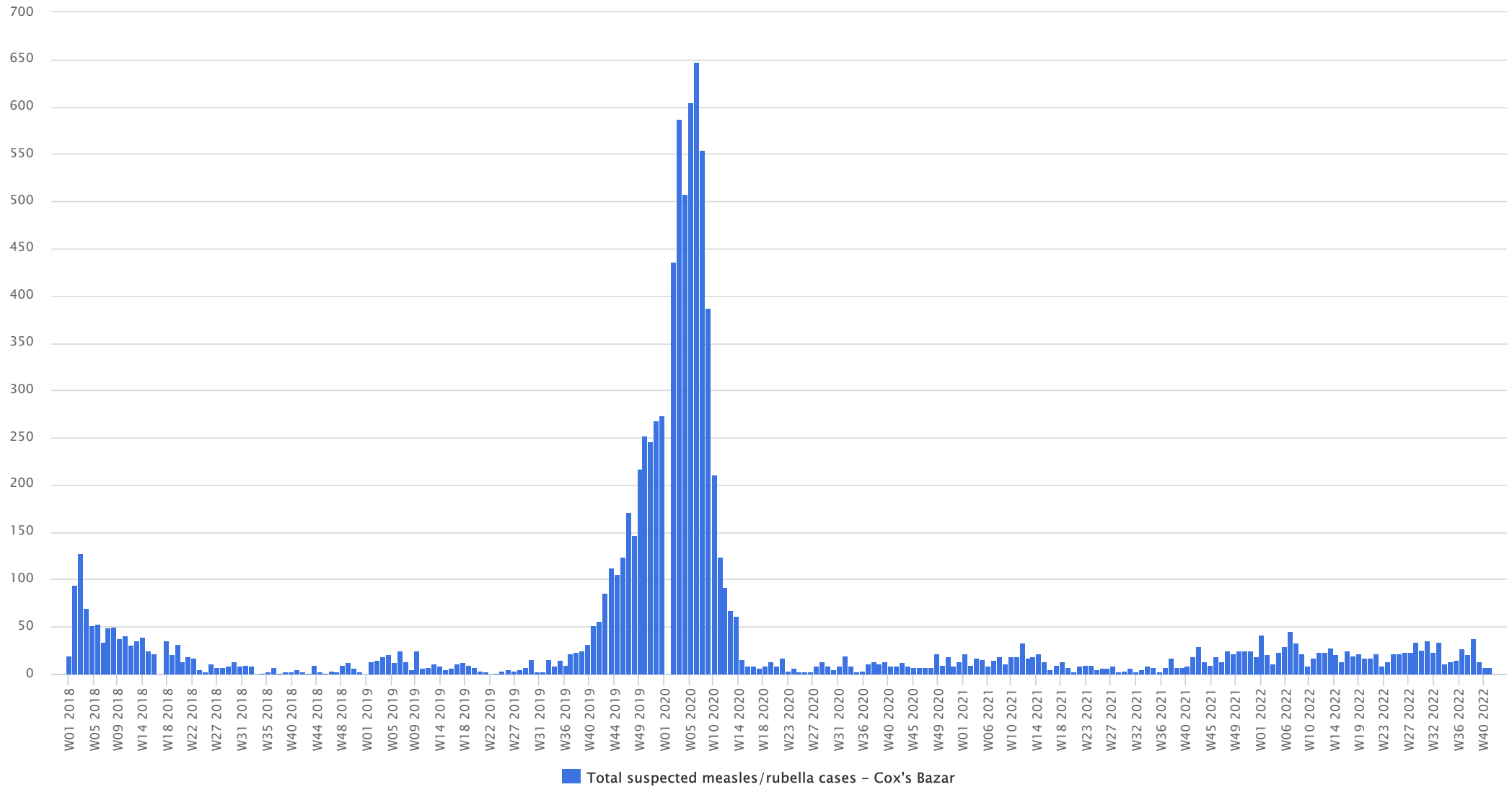
Male Female

Figure | % age



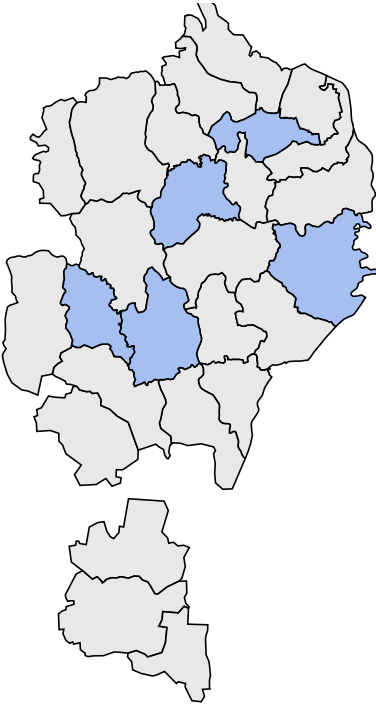
>=5 < 5

Figure 4 | Trend in number of suspected cases over time (W38 2017 - W41 2022)

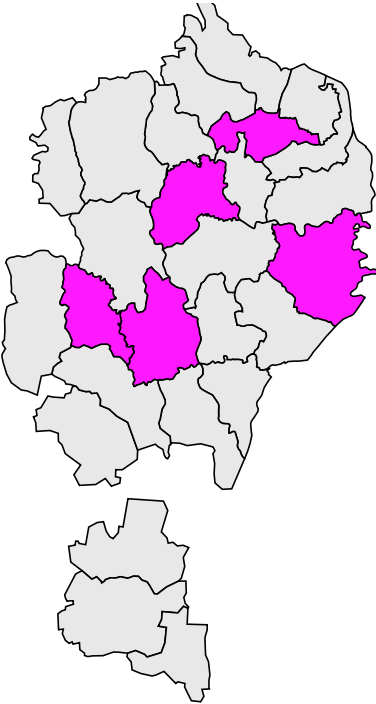


Map 2 | Map of cases by camp (W41 2022)

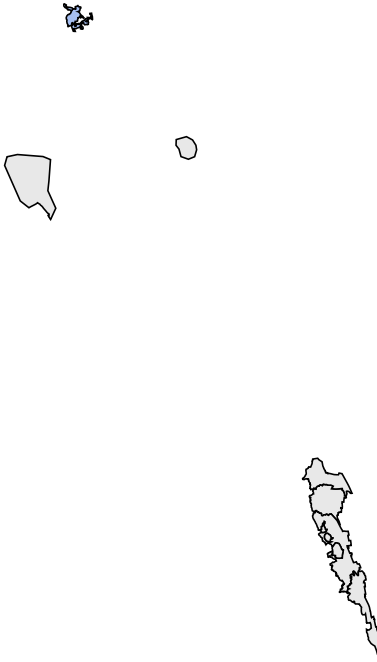
a. Ukhia | Number of cases



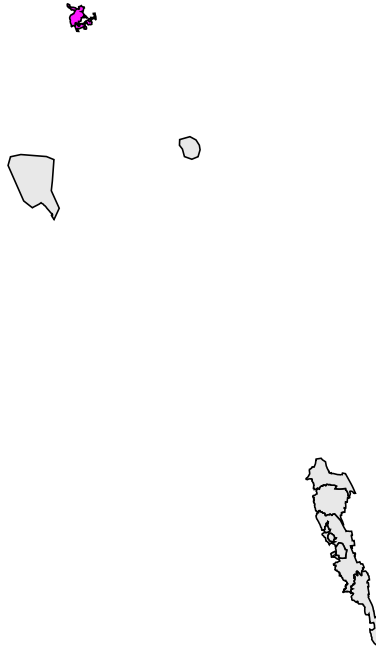
b. Ukhia | Number of alerts



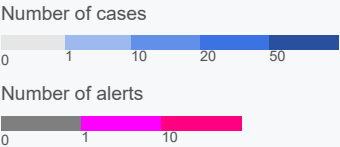
c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold
1 case. Source: IEDCR

Alert management (W41 2022)

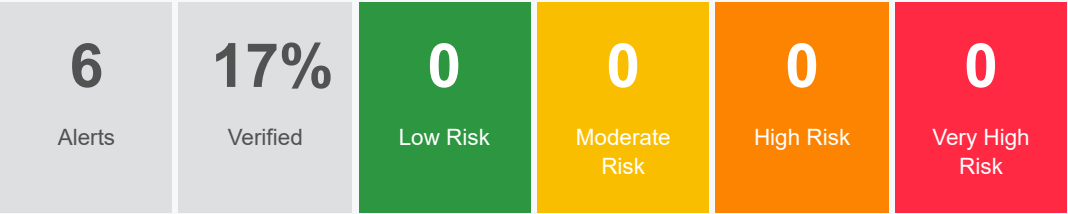


Figure | % sex

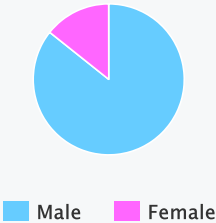


Figure | % age

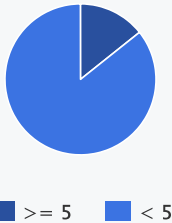
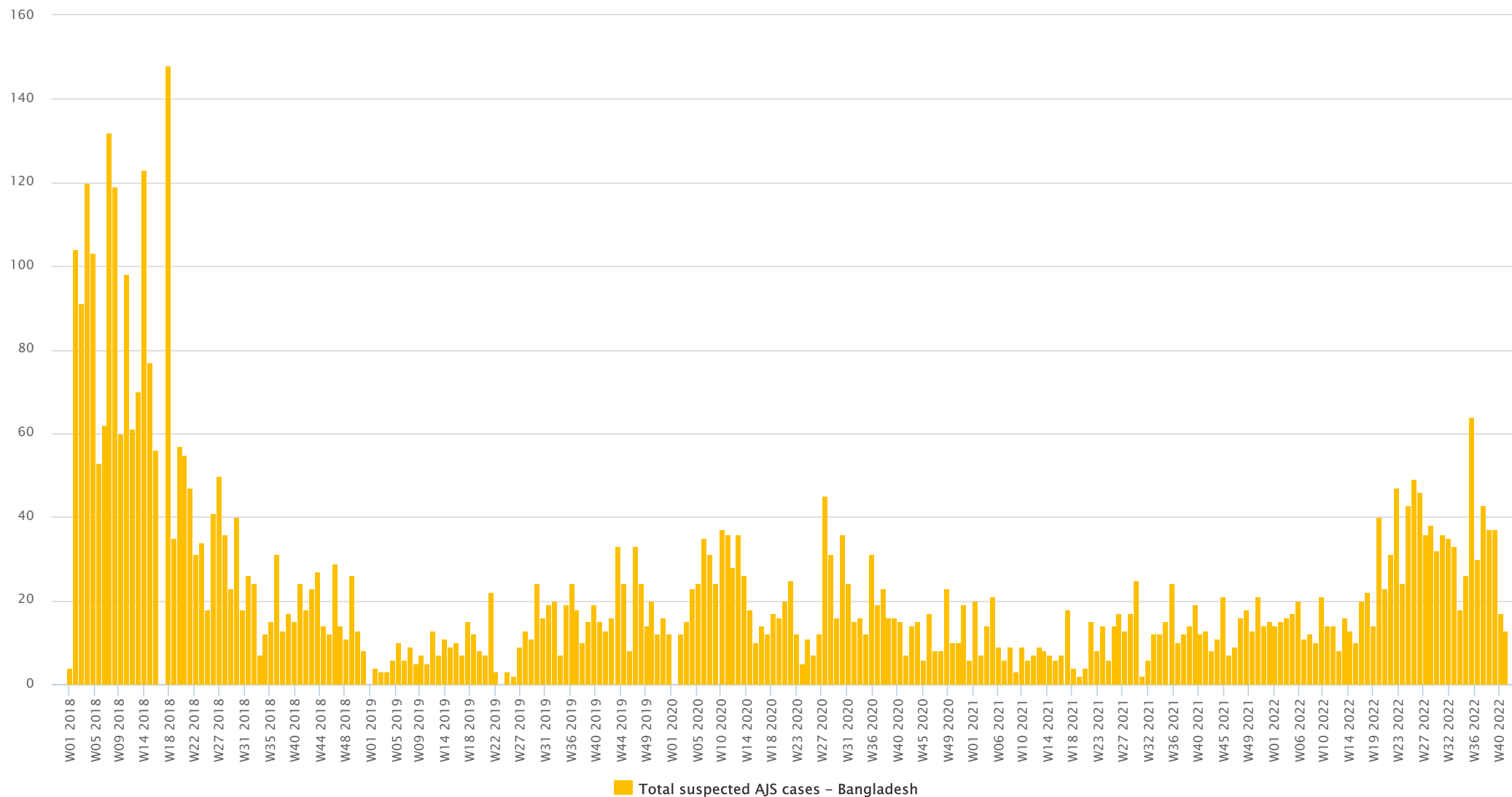
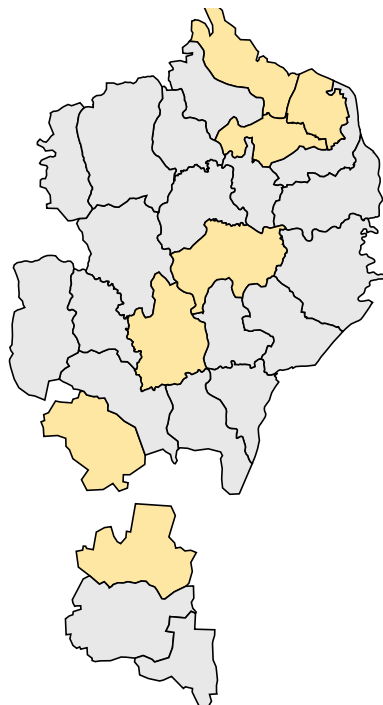


Figure 5 | Trend in number of cases over time (W38 2017 - W41 2022)

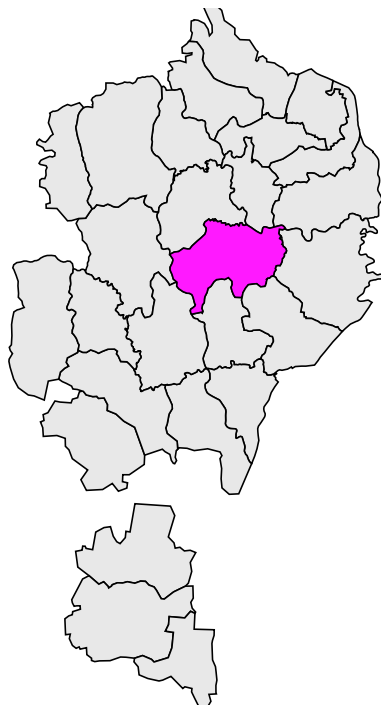


Map 3 | Map of cases by camp (W37 2017 - W41 2022)

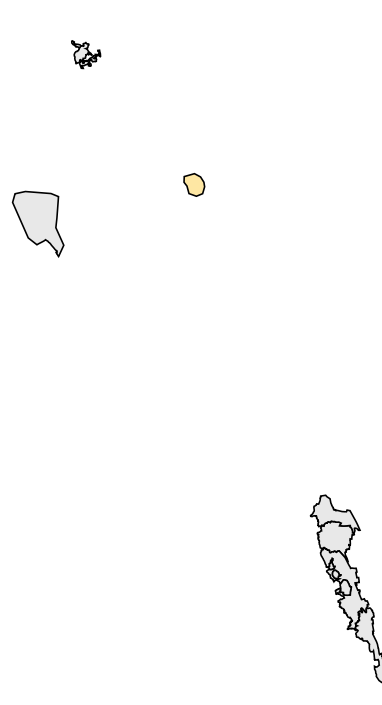
a. Ukhia | Number of cases



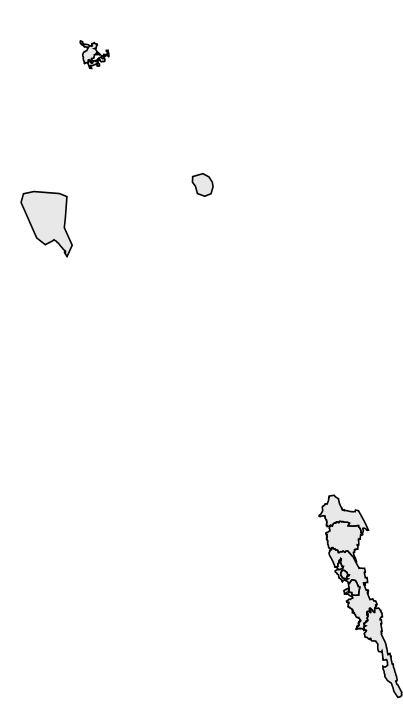
b. Ukhia | Number of alerts



c. Teknaf | Number of cases

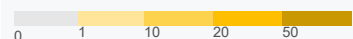


d. Teknaf | Number of alerts



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 (W41 2022)

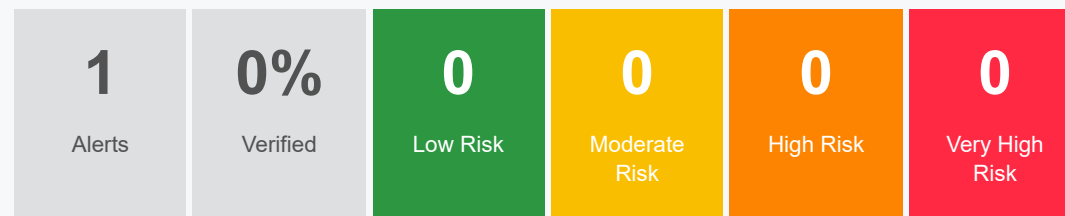
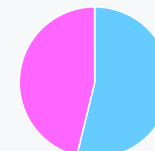
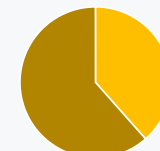


Figure | % sex



Male Female

Figure | % age



< 5 >= 5

Figure 6 | Trend in number of cases over time (W38 2017 - W41 2022)

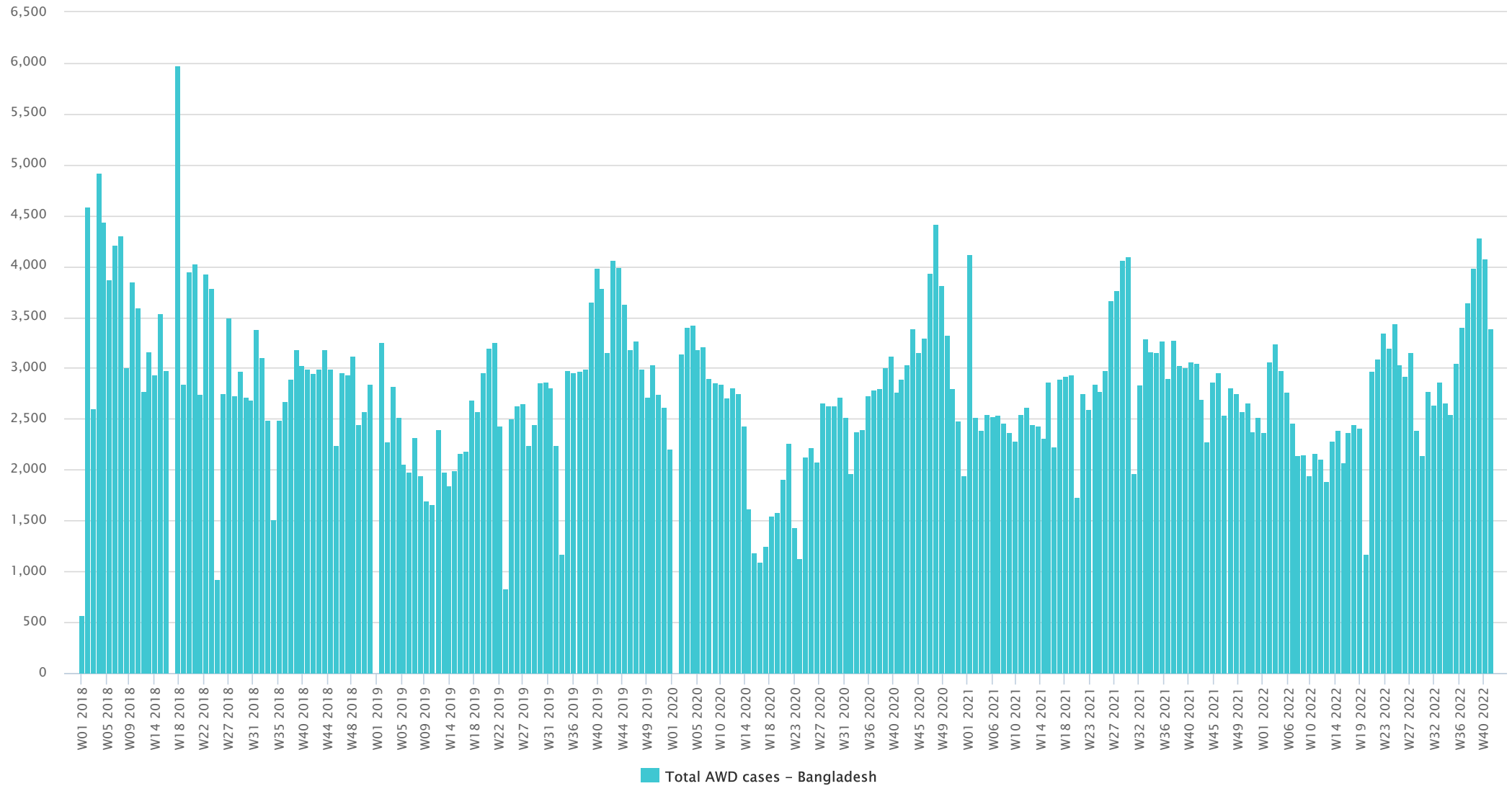
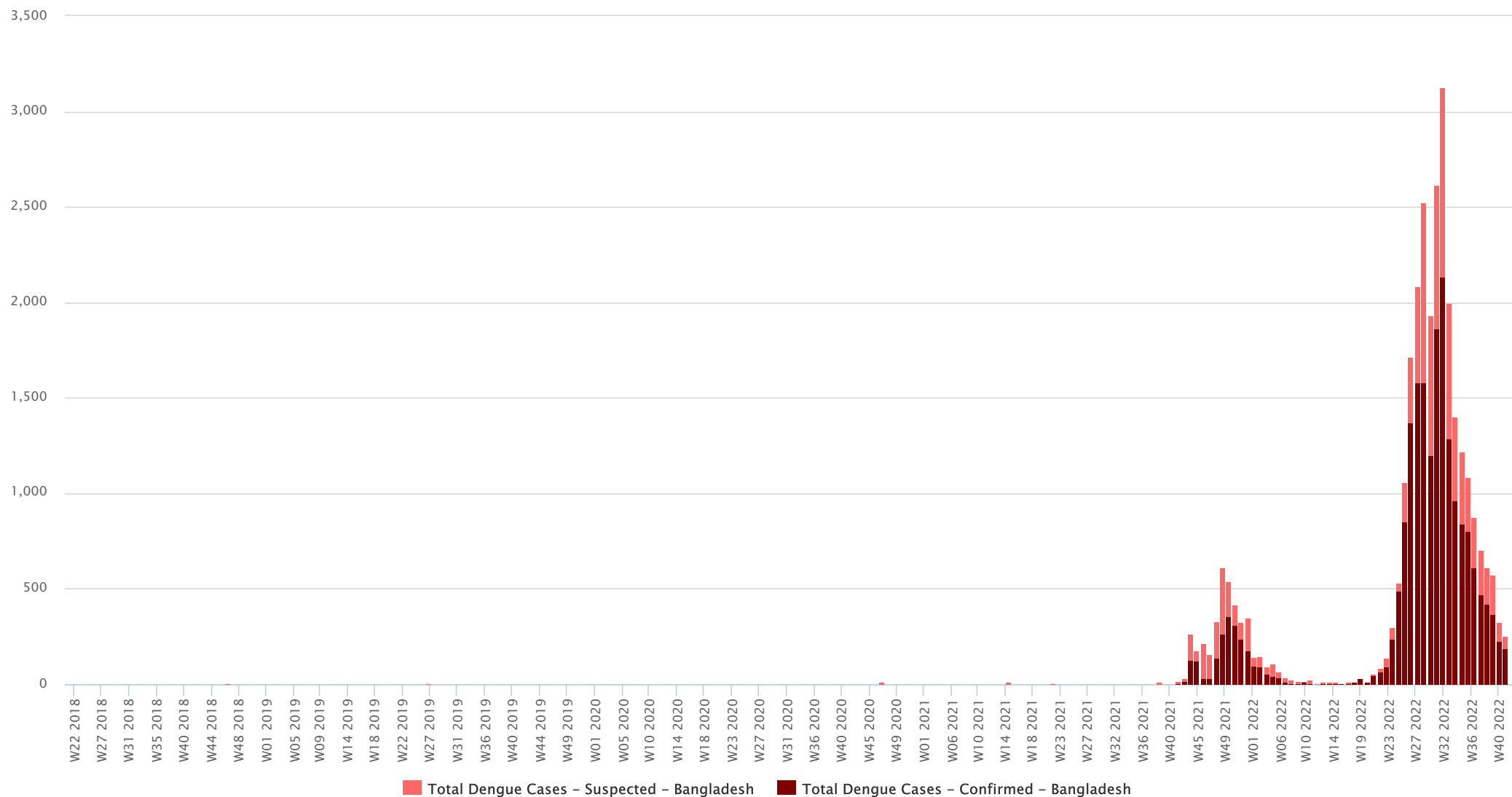
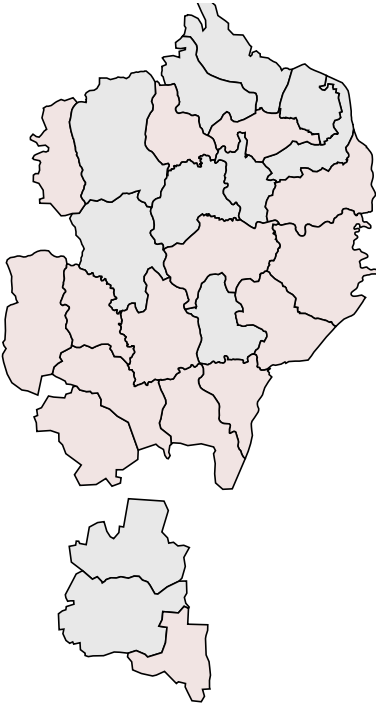


Figure 7 | Trend in number of cases over time (W38 2017 - W41 2022)

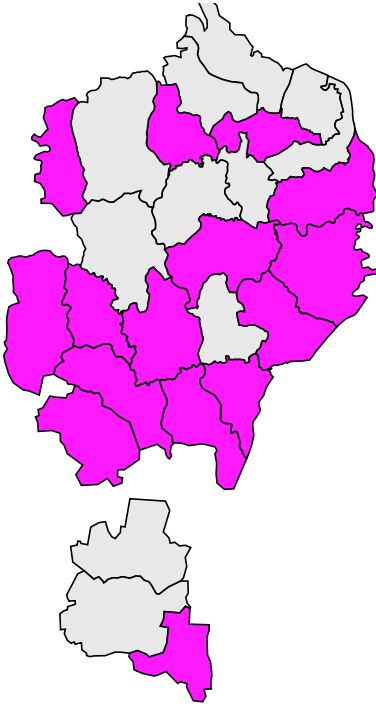


Map 4 | Map of cases by camp (W37 2017 - W41 2022)

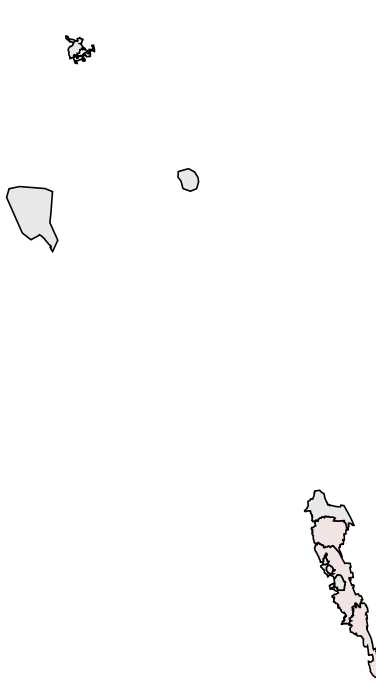
a. Ukhia | Number of cases



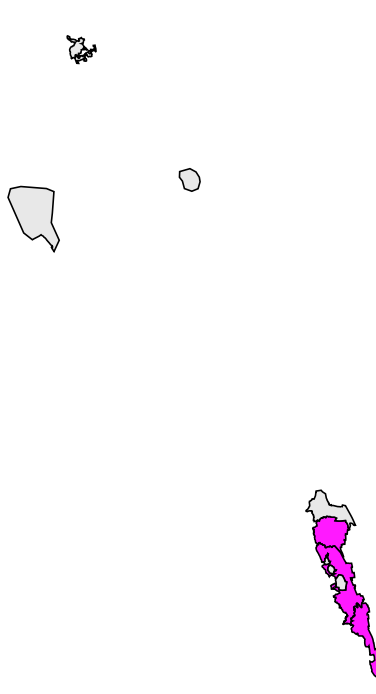
b. Ukhia | Number of alerts



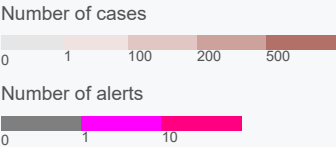
c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold

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

Alert management (W41 2022)

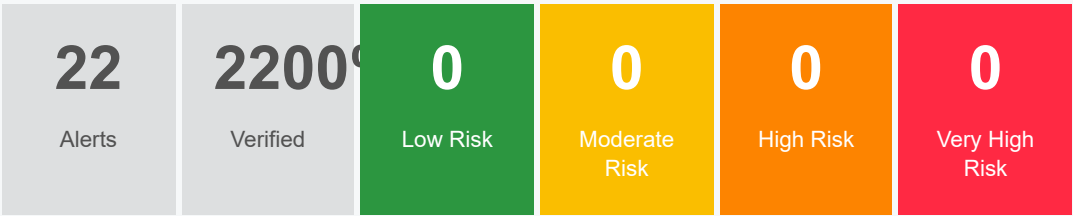


Figure | % sex

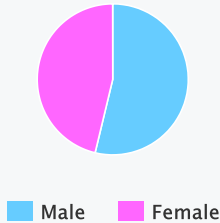


Figure | % age

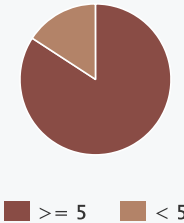
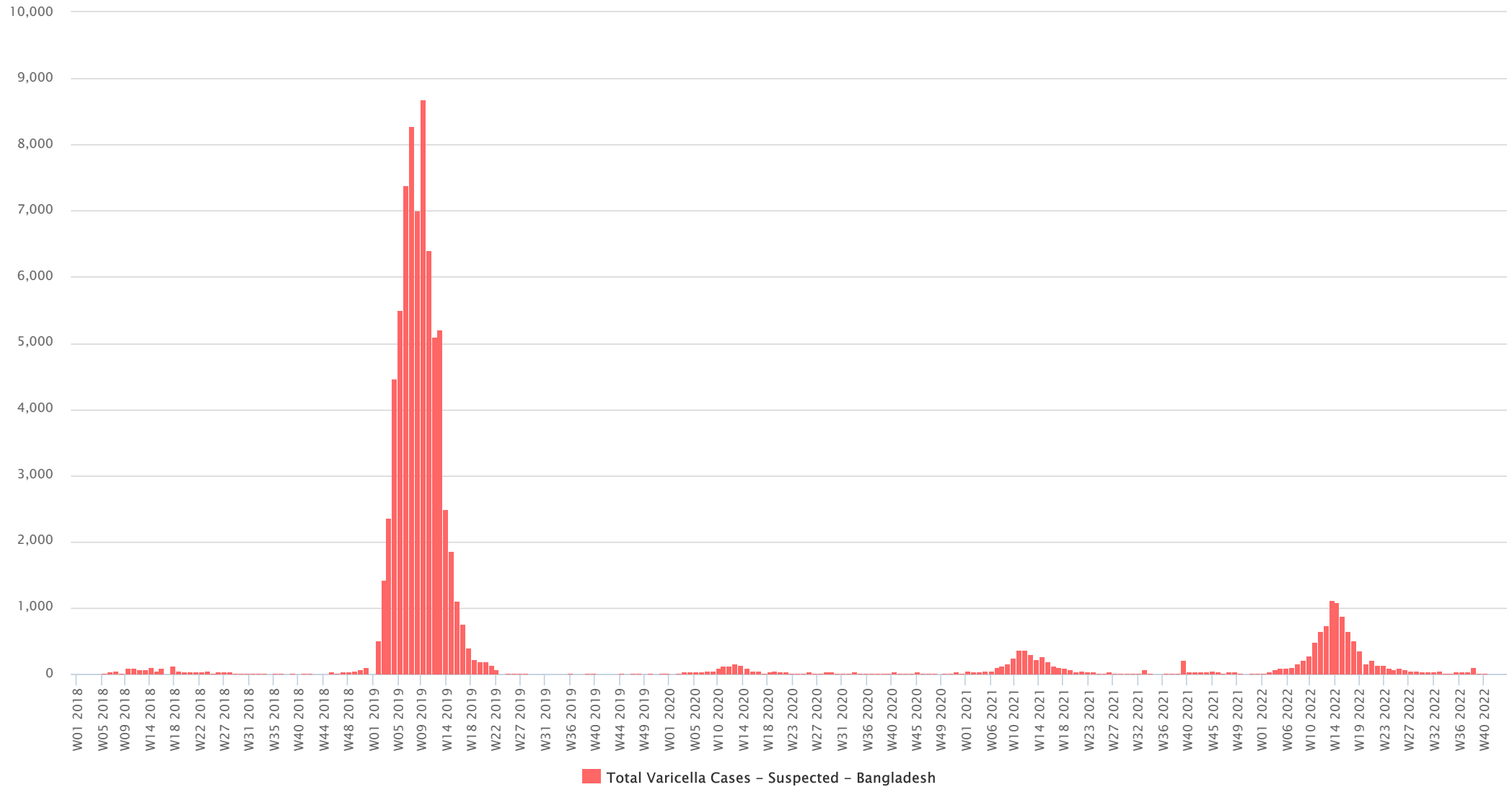
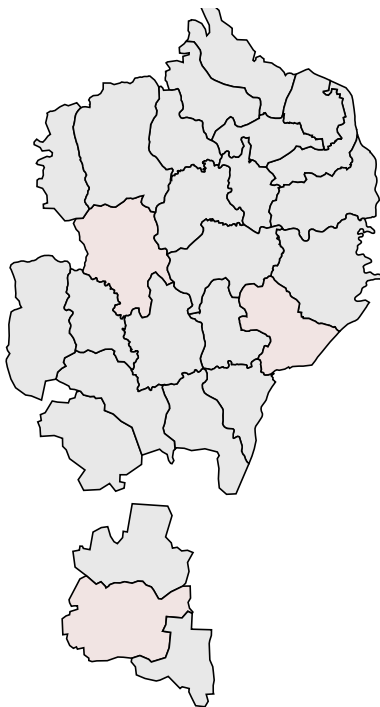


Figure 7 | Trend in number of cases over time (W38 2017 - W41 2022)

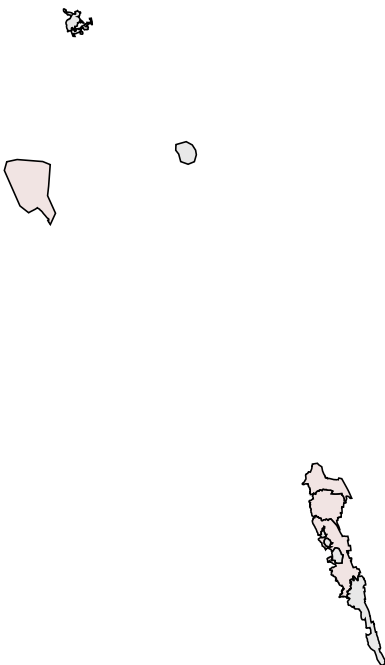


Map 4 | Map of cases by camp (W37 2017 - W41 2022)

a. Ukhia | Number of cases



c. Teknaf | Number of cases



Map legend

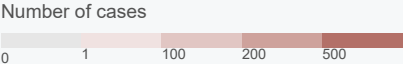


Figure | % sex

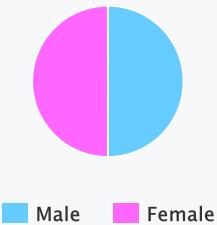
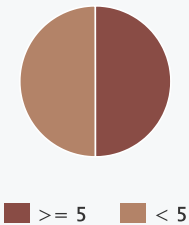


Figure | % age



For more help and support, please contact:

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Notes

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>

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