



Epidemiological Highlights

Week 42 (9-15 October) 2022



World Health
Organization

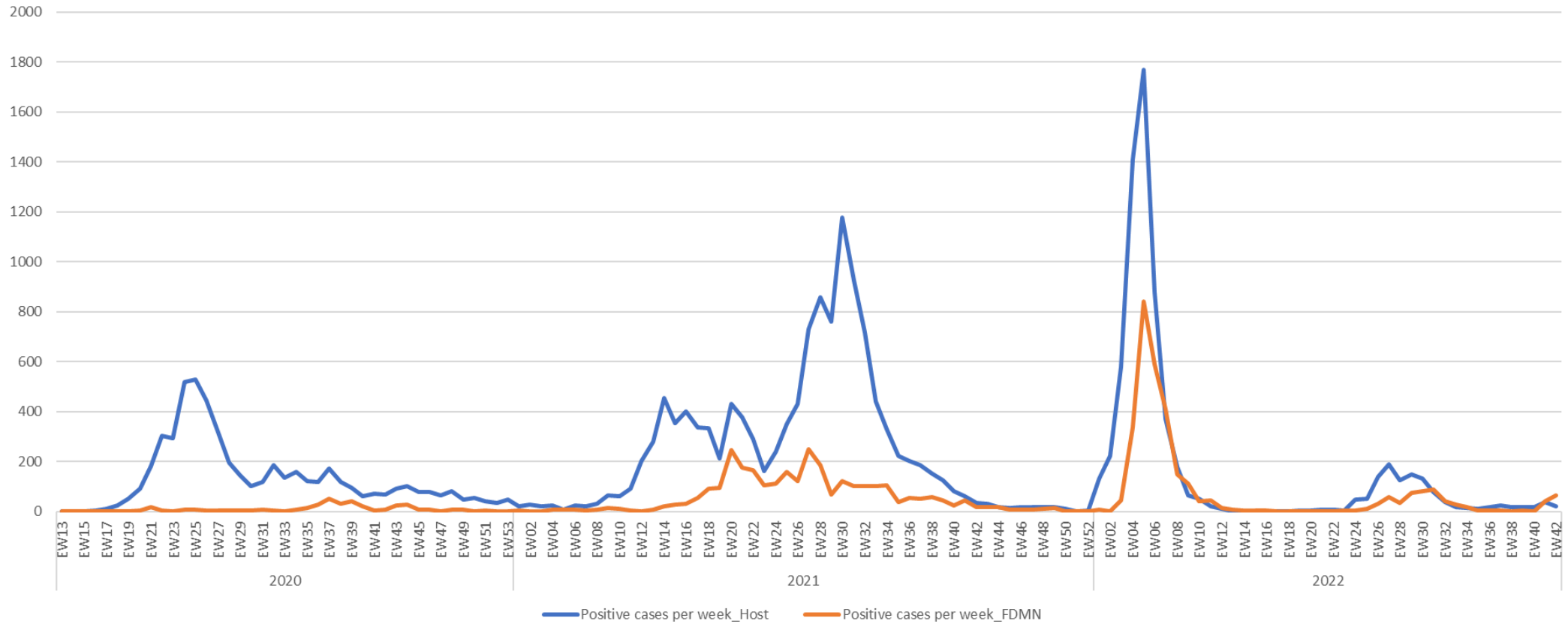
Highlights: COVID-19

COVID-19 (High Priority)

- It continues to rise the number of COVID-19 cases for the 2nd week; in epi week 42, 65 cases were reported from 42 in the previous week among FDMN
- **Level of infection hence raised among FDMN:** increased in weekly TPR (12.7 from 9.1) & incidence of infection (75.6 cases/1m persons/Week from 48.8) but weekly testing (0.6 tests/1000/week) raised slightly
- **Level of infection among the host population declined this week:** weekly TPR (6.5 from 11.4) and case incidence (7.1 from 12.8 cases/1m persons/Week) declined either this week than the previous week and testing levels continue to sustained at very low level (0.1)
- **Weekly testing remains below the global threshold of 1 test/1000 pop/Week in both populations:** FDMNs-0.6 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 of COVID-19 confirmed cases by Rt-PCR by week, 2022 W13- 2022 W42



FDMN: Sixty-Five (65) new confirmed cases were reported this week, and weekly TPR was raised to 12.7 from 9.1 the previous week
Host population: Twenty (20) new confirmed cases were reported this week (36 last week) and weekly TPR declined 6.5% from 11.4% the previous week

EWARS Reporting Updates

- Currently, a total of 169 health facilities are registered in EWARS
 - Only 149/169 weekly reports were received on time in week 42
 - Timeliness of reporting for this week was 89%
 - One hundred (100) alerts were triggered
 - All alerts were reviewed and verified by the WHO EWARS team; this was more than the previous week (95 alerts in week 41, 2022).

Highlights: Morbidities and Mortalities

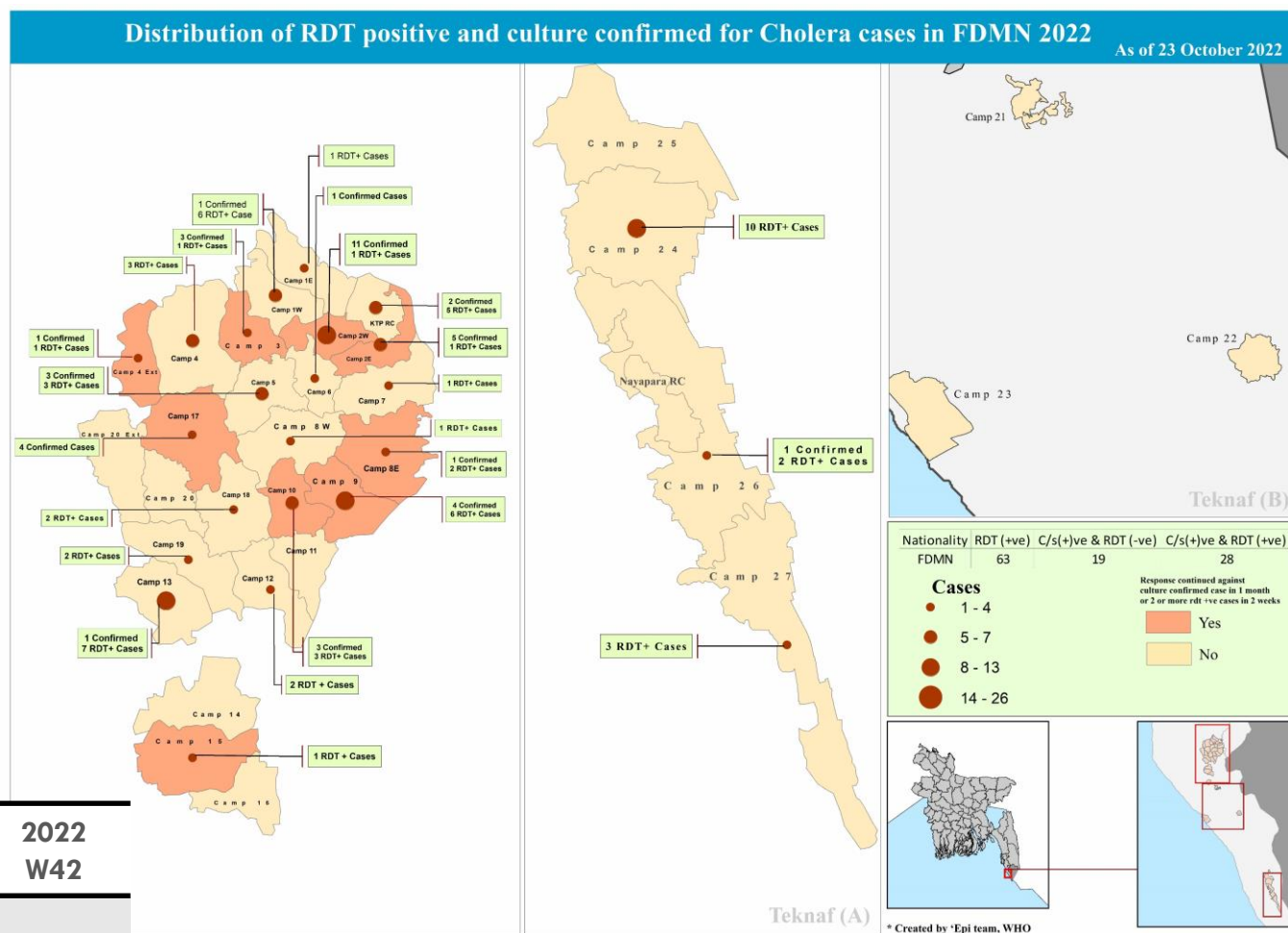
- Acute Respiratory Infections (18.2%), Diarrheal Diseases (5.5%) & Injuries, and Wounds (2.1%) were the diseases and health conditions with the highest proportional morbidity in week 42.
- Monitoring of suspected SARI death under enhanced Community-based mortality surveillance has been continued since week 28, 2020. A total of 120 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, four (4) new SARI death was reported as highlighted below:

Year	Suspected SARI death reported	Reclassified as death due to probable COVID-19
2022	120 (4)	7
2021	96	15
2020	49	2

Cholera/AWD Surveillance Updates

- In this week, there is one (1) new RDT-positive case was reported, among samples sent for testing.
- In 2022 total of one hundred forty-eight (155) RDT-confirmed cholera cases were reported as of W42 2022. Of these 57 were positive for culture, and 98 were negative for culture.
- Cumulatively there are 847 RDT and culture-confirmed cholera cases of which 389 cases were culture-confirmed since transmission in 2018

	2018	2019	2020	2021	2022 W42
RDT positive/culture confirmed for Cholera	49	258	28	357	155
Culture confirmed for Cholera	7	184	5	136	57



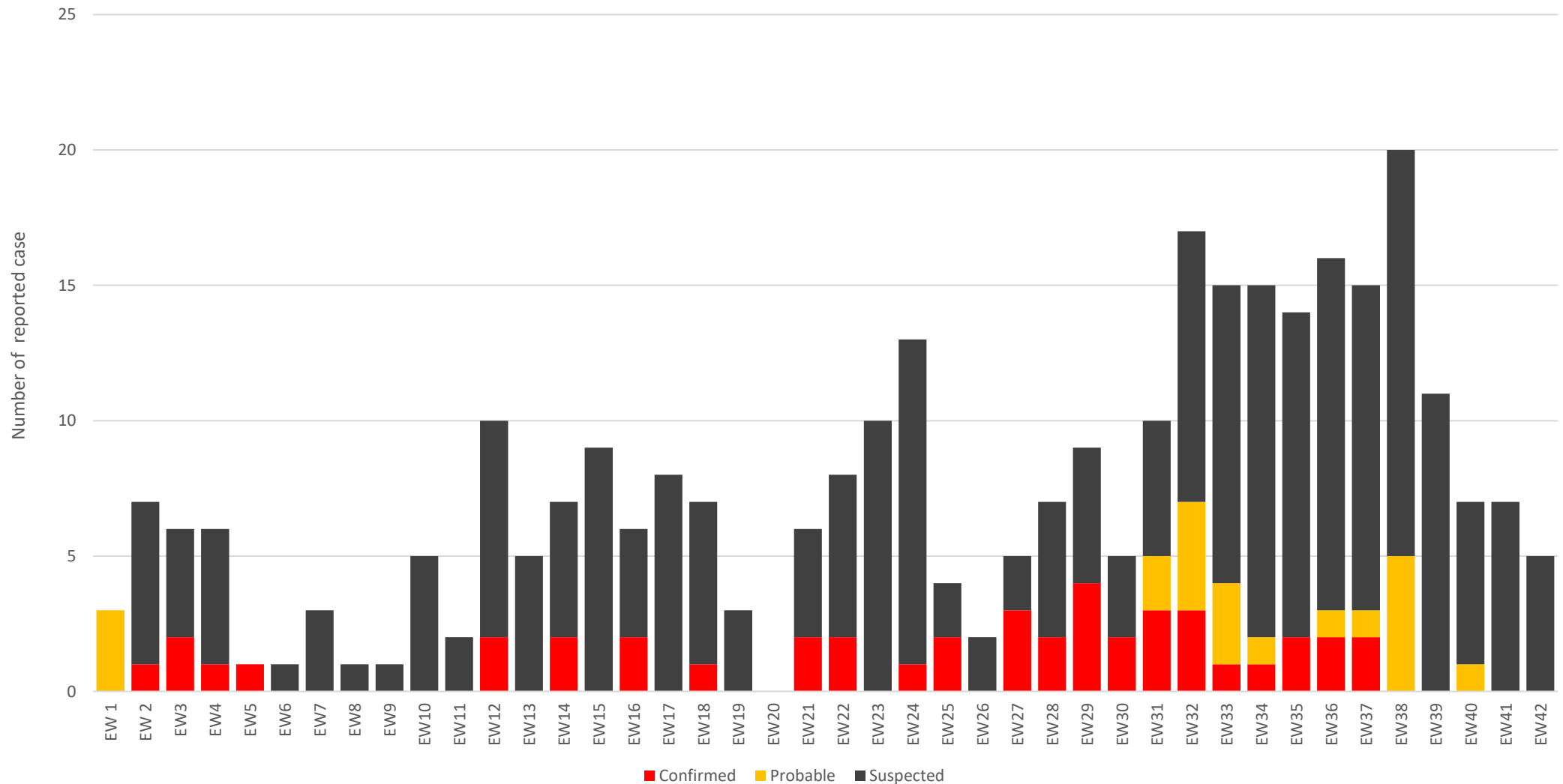
Diphtheria Surveillance Updates

- Five (5) suspected diphtheria cases were reported in go.data in this Epi week 42
- 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	247
Death	30	14	3	0	5	1

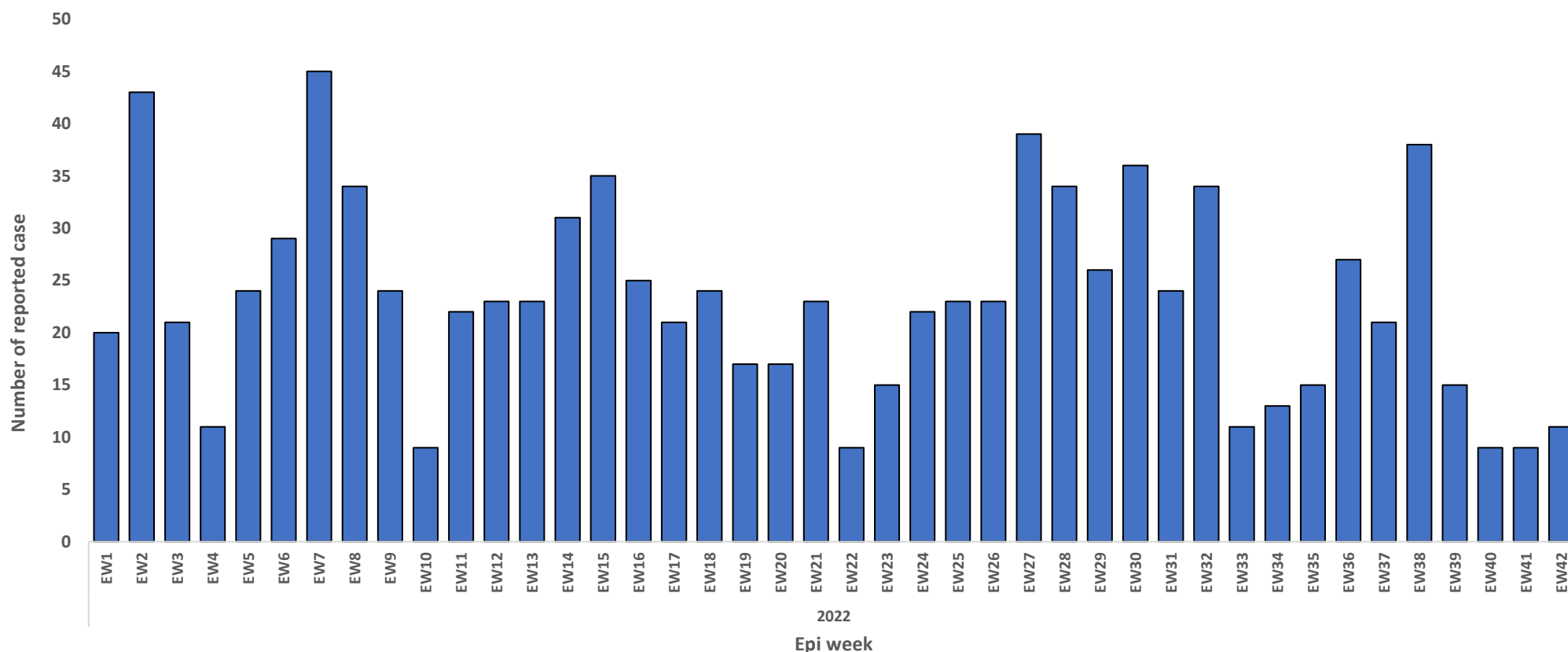
Trends of Diphtheria cases

Total number of diphtheria case reported in EWARS from week 1-42, 2022



Epi Curve of Suspected Measles Cases

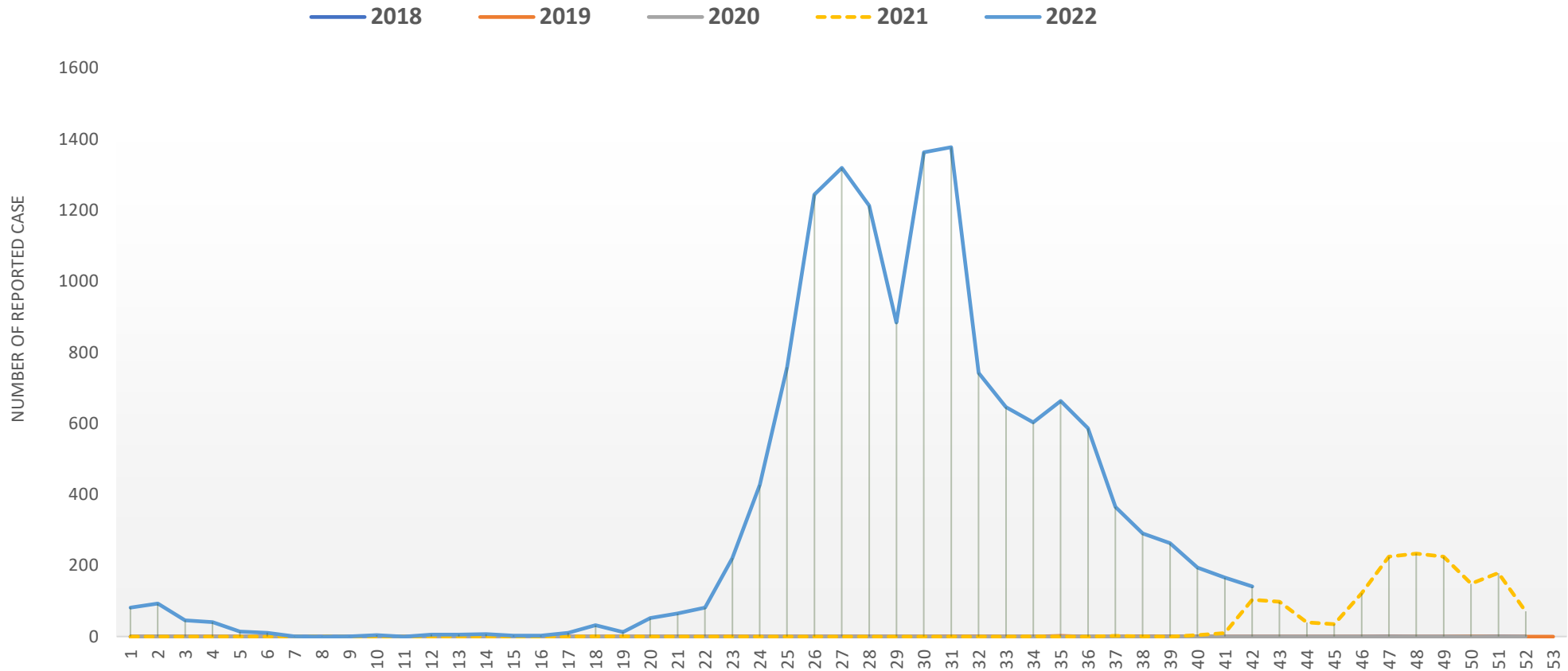
Total number of Measles case reported in EWARS from week 1-42, 2022



- > In week 42, 11 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 975 reported in 2022
- > About 55% (538/975) 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 42, 2022



> In week 42, 141 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 14,038 reported in 2022

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

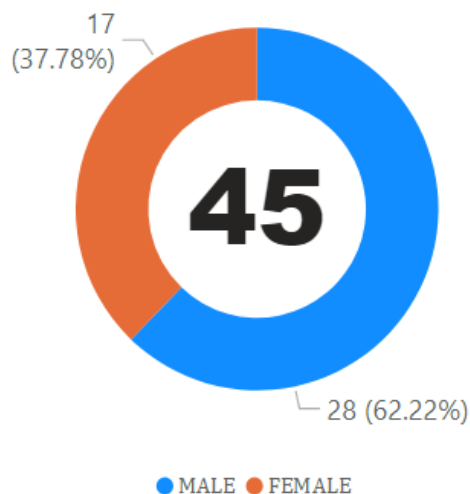
Community-based Mortality surveillance updates Epi week 42

Probable causes of death	Epi week 42	In 2022
Still Birth	9 (20%)	177 (10%)
Neonatal Death (<28 days old)	2 (4%)	173 (10%)
Infectious Disease	3 (7%)	158 (10%)
Severe Acute Respiratory Infection (SARI)	1 (2%)	44 (3%)
Injury	1 (2%)	41 (2%)
Maternal Death	--	35 (2%)
Acute Malnutrition	--	1 (0%)
Other	29 (64%)	1,072 (63%)
Total	45 (100%)	1,701 (100%)

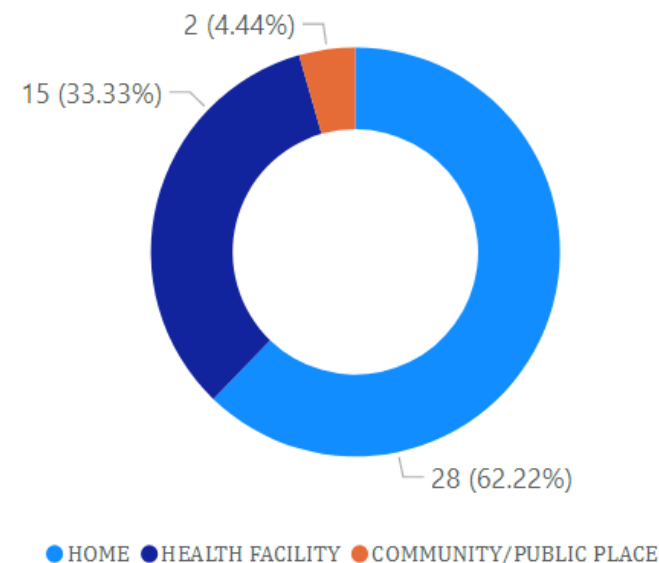
Partners to report all mortalities into the EWARS platform using both case and event-based reporting as applicable

Community-based Mortality surveillance updates Epi week 42

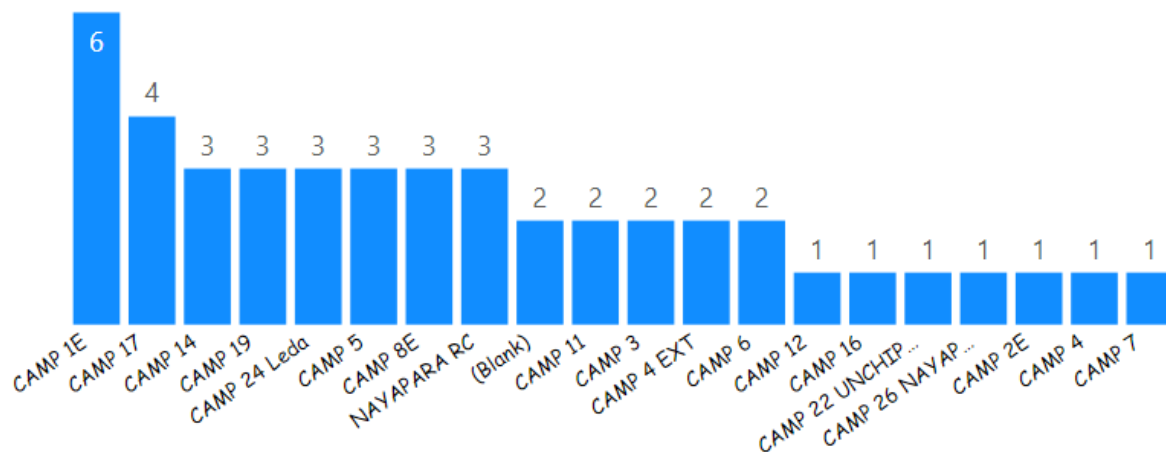
Gender distribution



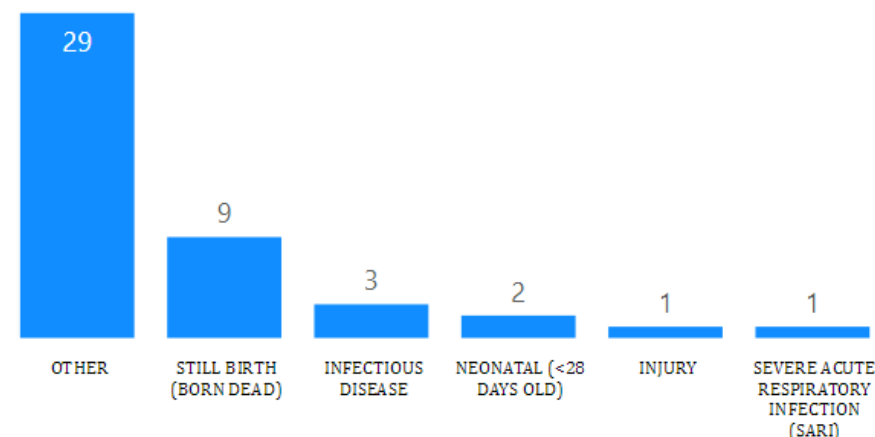
Place of death



Distribution of deceased Camp



Distribution of Probable cause of death



Bangladesh

Rohingya Emergency Response

Early Warning, Alert and
Response System (EWARS)

Epidemiological Bulletin W42 2022



Ministry of Health and Family
Welfare Bangladesh



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Printed: 05:08 Wednesday, 02 November 2022 UTC

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Sources of data

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

Highlights W42 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

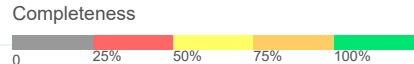
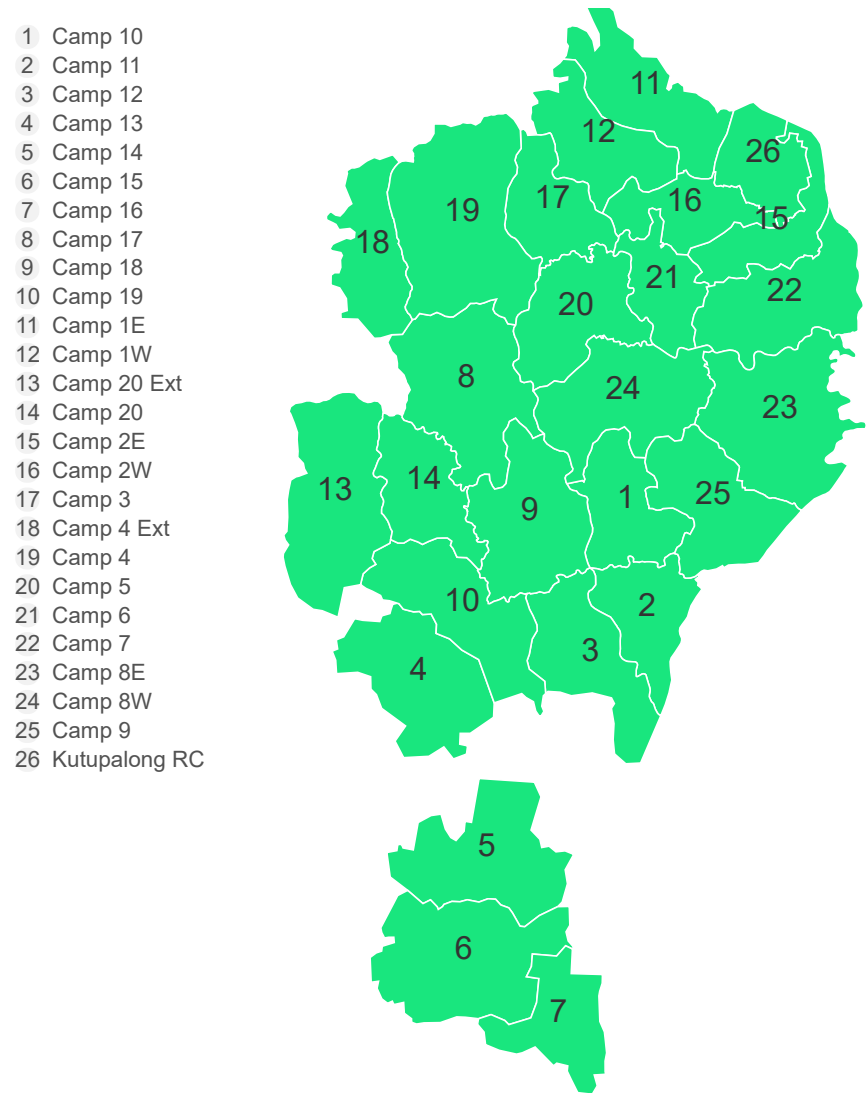
W42	Cumulative (2022)	
149	7003	Number of weekly reports received
89%	92%	Completeness
89%	91%	Timeliness

Table 3 Alert performance indicators

W42	Cumulative (2022)	
100	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

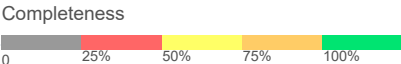
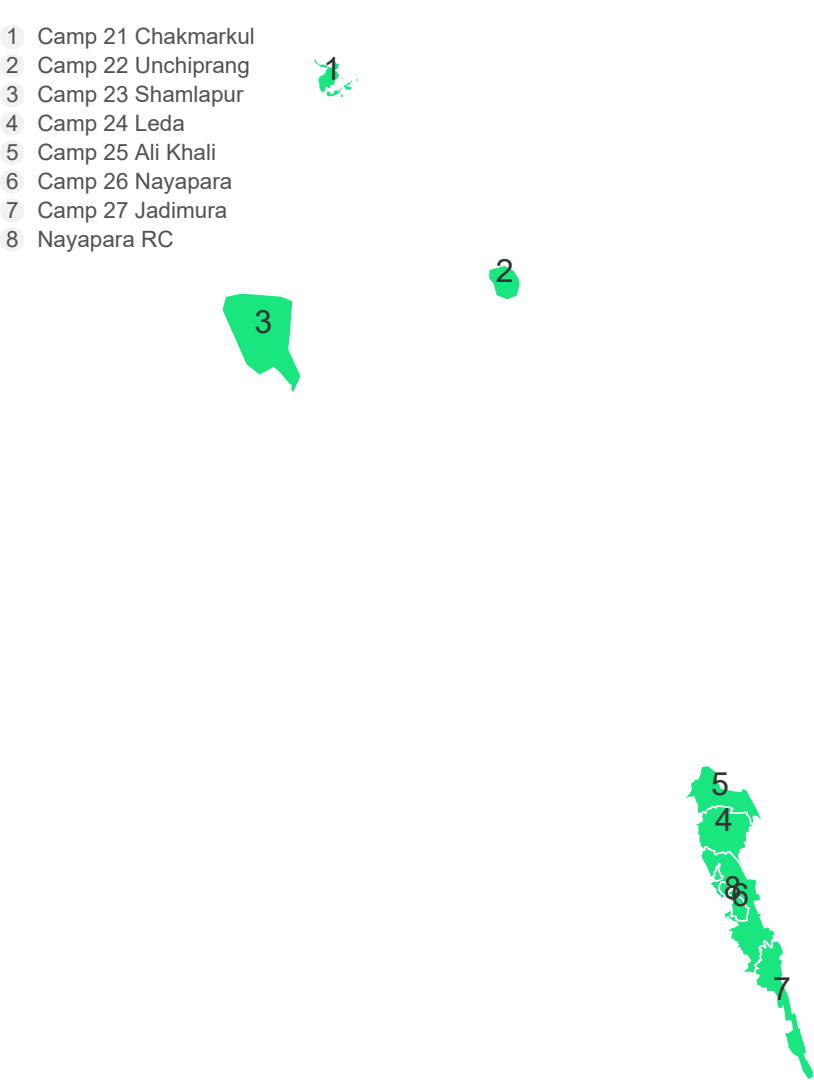
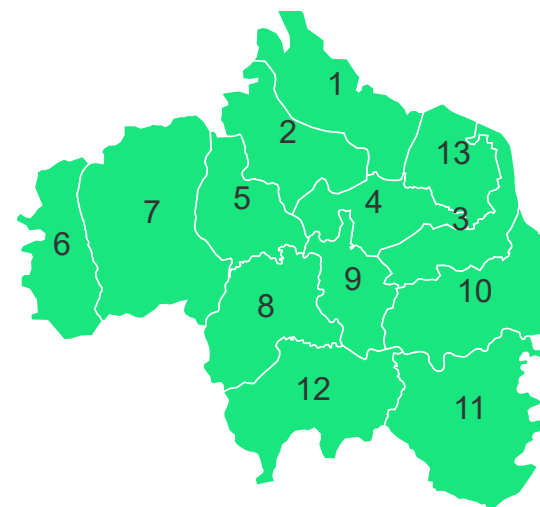


Table 4 | Performance by camp (W42 2022)

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



Completeness



Table 5 | Performance by camp (W42 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	3	100%	0%
Camp 20 Ext	3	3	100%	0%
Camp 9	6	6	100%	0%

Map 3 | Completeness by camp

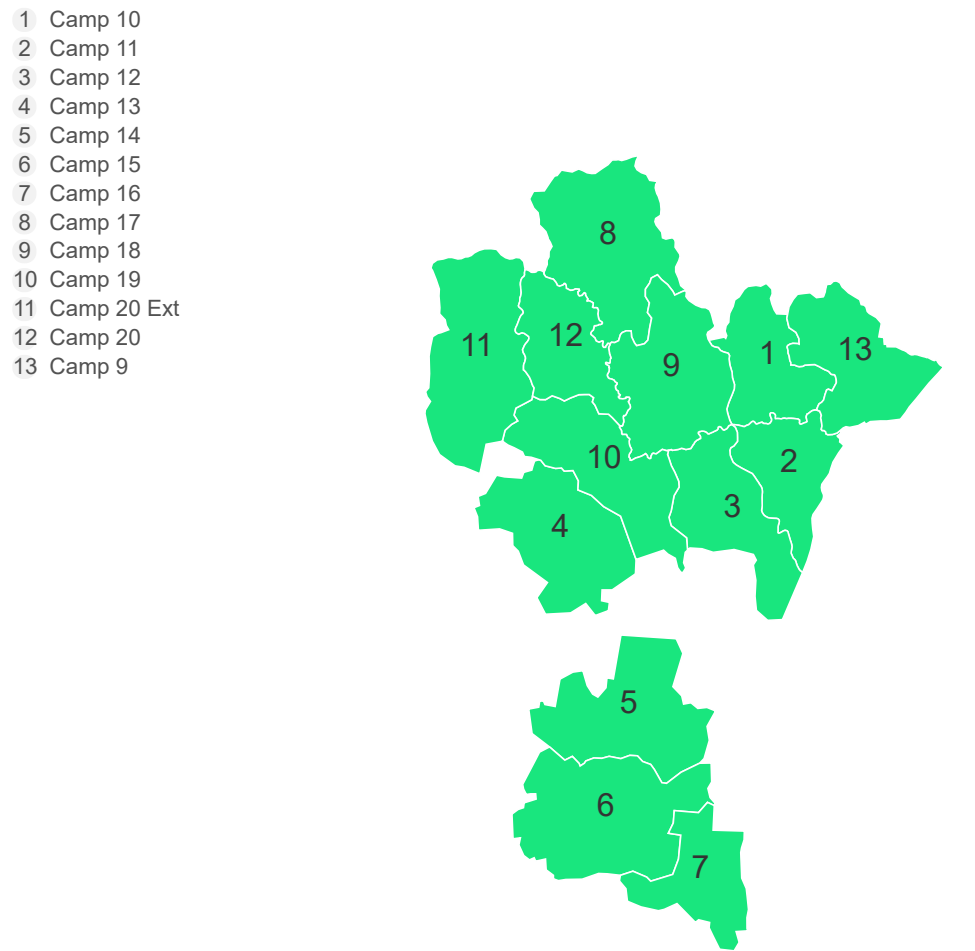


Table 6 | Performance by camp (W42 2022)

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	100%	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

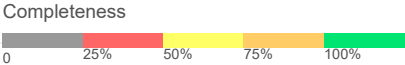
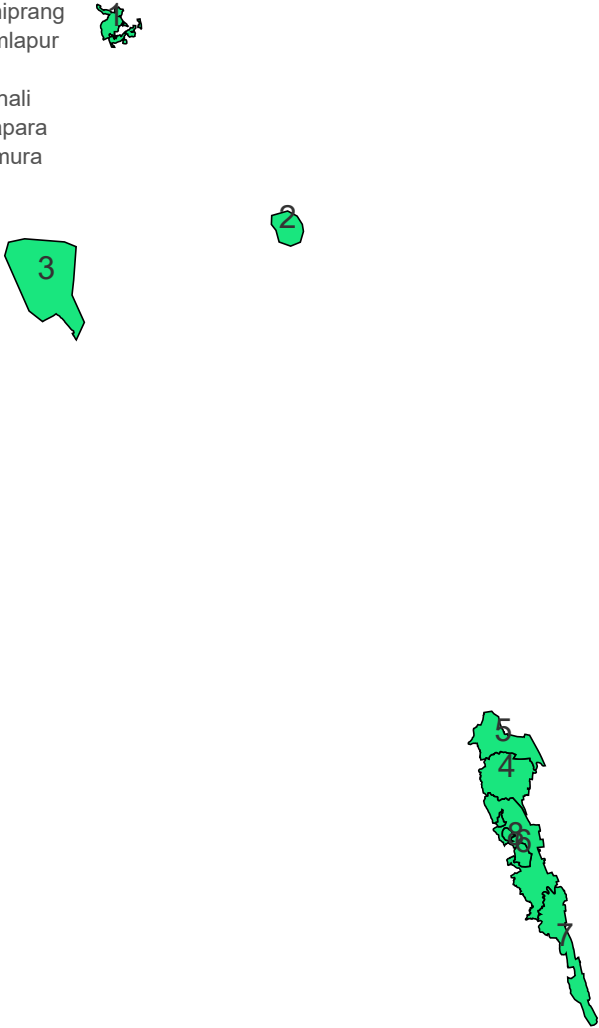


Table 7 | Performance by partner (W42 2022)

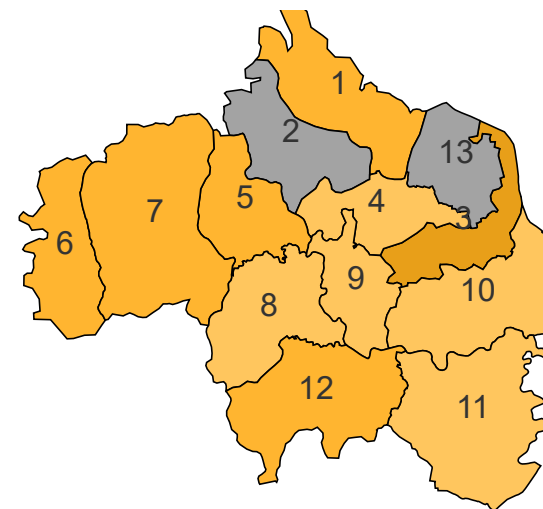
Partner	Performance		Reporting		Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness		# sites	# reports received	Completeness	Timeliness
AKF	1	0	0%	0%	IRC	4	3	75%	75%
AWARD	6	6	100%	100%	MSF	9	8	89%	89%
BASHMAH	1	1	100%	100%	MoH	12	9	83%	83%
BDRCS	11	10	91%	82%	MHI	0	0		
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	0%	0%	RPN	2	2	100%	100%
GK	10	10	100%	100%	RHU	3	3	100%	100%
Global One	1	1	100%	100%	RI	3	2	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	7	100%	100%
HMBDF	2	2	100%	100%	DCHT-MM	1	1	100%	100%
HOPE	1	1	100%	100%	Turkish Government	1	1	100%	100%
ICRC	1	2	200%	200%	TdH	2	2	100%	100%
IOM	23	23	100%	100%					

Table 8 | Performance by camp

Northern group	W42		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 1E	4	100%	78	100%
Camp 1W	0	0%	197	100%
Camp 2E	10	100%	411	100%
Camp 2W	1	100%	134	100%
Camp 3	5	100%	185	100%
Camp 4	4	100%	160	100%
Camp 4 Ext	3	100%	61	100%
Camp 5	2	100%	131	100%
Camp 6	1	100%	102	100%
Camp 7	2	100%	88	100%
Camp 8E	1	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

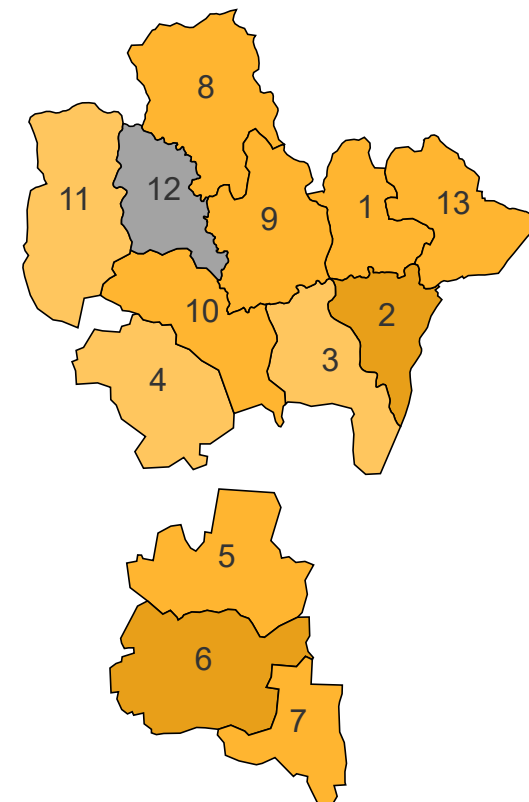


Table 9 | Performance by camp

Southern group	W42		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 10	4	100%	93	100%
Camp 11	7	100%	116	100%
Camp 12	1	100%	126	100%
Camp 13	2	100%	147	100%
Camp 14	4	100%	81	100%
Camp 15	6	100%	154	100%
Camp 16	3	100%	122	100%
Camp 17	3	100%	106	100%
Camp 18	3	100%	172	100%
Camp 19	3	100%	68	100%
Camp 20	0	0%	72	100%
Camp 20 Ext	1	100%	58	100%
Camp 9	6	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	W42		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 21 Chakmarkul	1	100%	53	100%
Camp 22 Unchiprang	1	100%	73	100%
Camp 23 Shamlapur	0	0%	16	100%
Camp 24 Leda	5	100%	107	100%
Camp 25 Ali Khali	1	100%	35	100%
Camp 26 Nayapara	6	100%	132	100%
Camp 27 Jadimura	1	100%	65	100%
Nayapara RC	2	100%	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

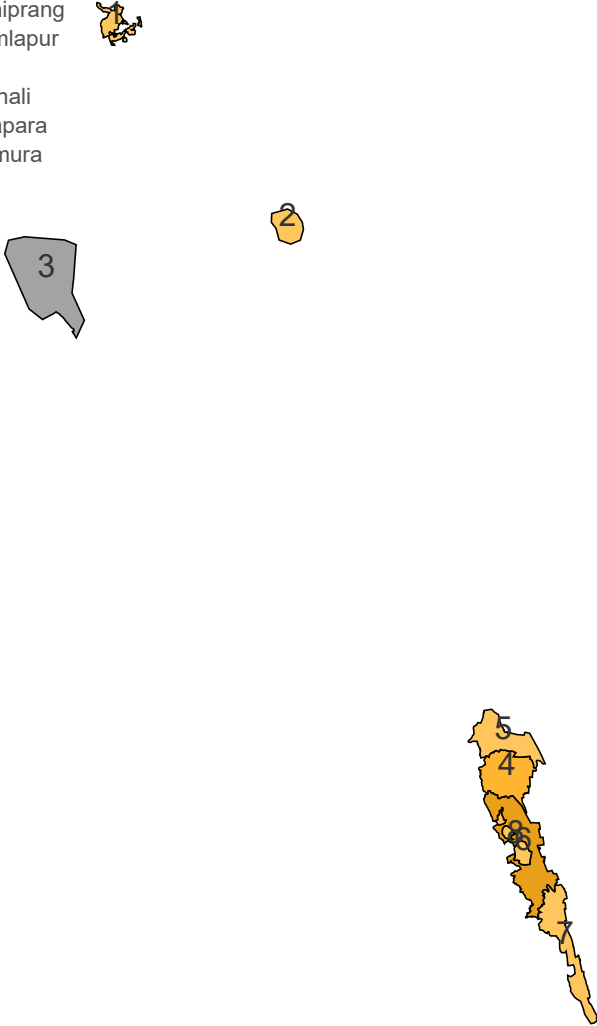


Table 11 | Performance by type of alert

Event	W42		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Indicator-based surveillance				
Malaria	0	0%	3	100%
Measles	9	100%	437	100%
Bloody Diarr.	0	0%	0	0%
AFP	2	100%	33	100%
Meningitis	1	100%	26	100%
Haem. fever (susp.)	3	100%	39	100%
NNT	0	0%	3	100%
Unexp. fever	1	100%	125	100%
AWD	1	100%	203	100%
ARI	1	100%	178	100%
AJS	3	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

W42	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 W42 2022



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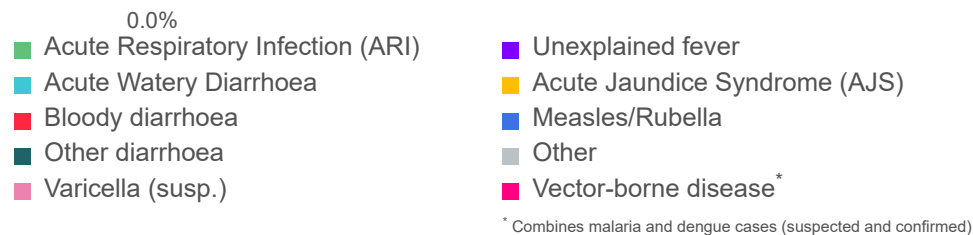
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Proportional morbidity

Figure 1 | Proportional morbidity (W42 2022)



Disease	W42		2022	
	# cases	% morbidity	# cases	% morbidity
AWD	3,744	4.1%	117,962	2.7%
Bloody diarr.	258	0.3%	15,057	0.3%
Other diarr.	990	1.1%	45,510	1.1%
Susp. Varicella	8	0.0%	9,017	0.2%
ARI	16,441	18.2%	773,535	17.9%
Measles/Rub.	11	0.0%	923	0.0%
AFP	3	0.0%	66	0.0%
Susp. menin.	3	0.0%	160	0.0%
AJS	28	0.0%	1,100	0.0%
Susp. HF	22	0.0%	322	0.0%
Neo. tetanus	0	0.0%	9	0.0%
Adult tetanus	0	0.0%	14	0.0%
Malaria (conf.)	3	0.0%	371	0.0%
Malaria (susp.)	33	0.0%	52,985	1.2%
Dengue (conf.)	186	0.2%	18,388	0.4%
Dengue (susp.)	90	0.1%	8,005	0.2%
Unexpl. fever	836	0.9%	50,432	1.2%
Sev. Malnut.	67	0.1%	1,978	0.0%
Inj./Wounds	1,937	2.1%	90,039	2.1%
Other	65,524	72.6%	3,117,352	72.3%
Total	89,404	100%	4,310,691	100%

Trend in consultations and key diseases

Figure 2 | Trend in proportional morbidity for key diseases (W42)

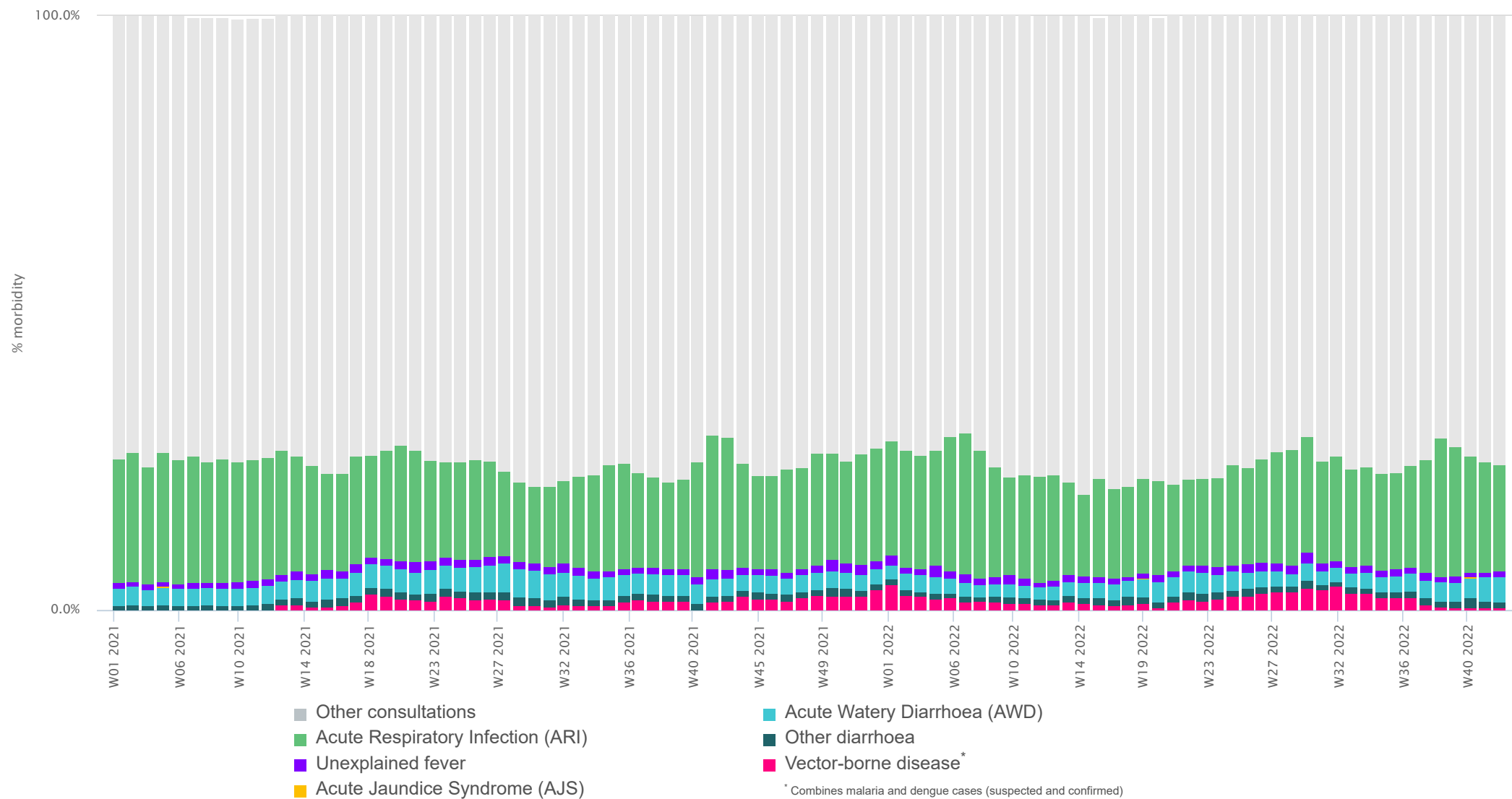
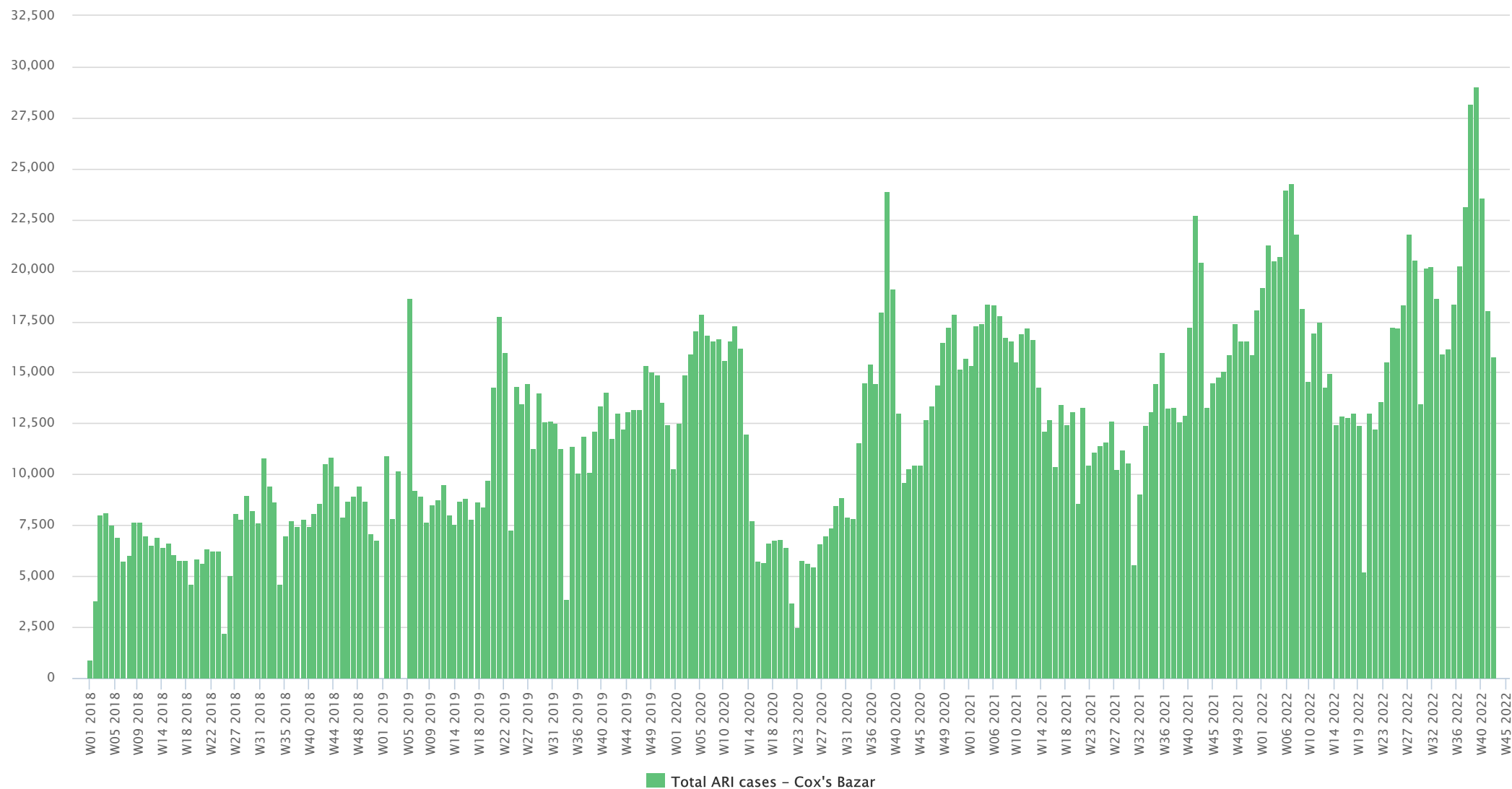
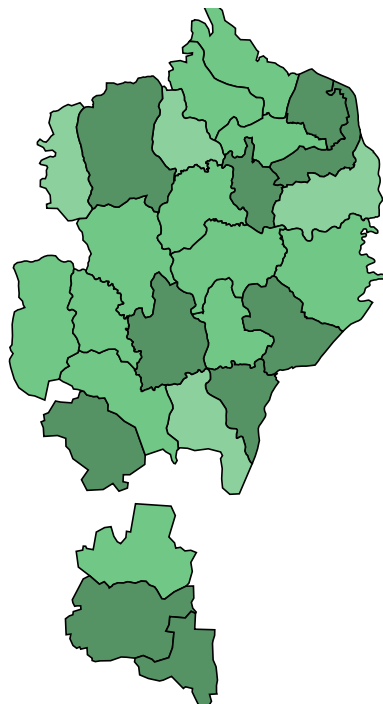


Figure 3 | Trend in number of cases over time (W38 2017 - W42 2022)

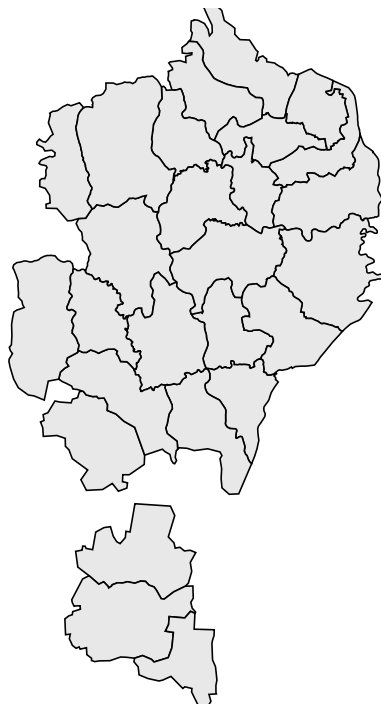


Map 1 | Map of cases by camp (W42 2022)

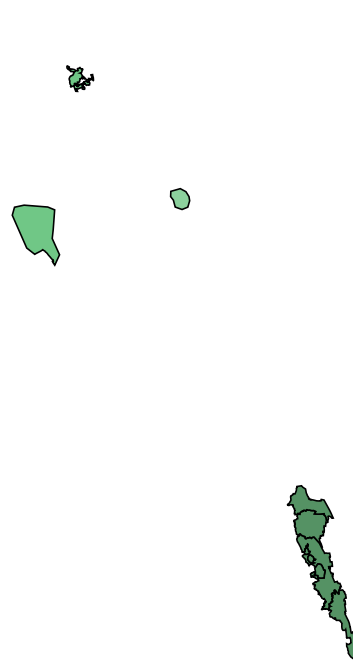
a. Ukhia | Number of cases



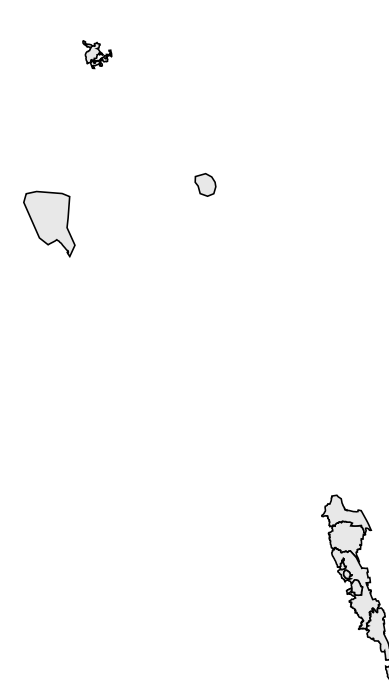
b. Ukhia | Number of alerts



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 (W42 2022)

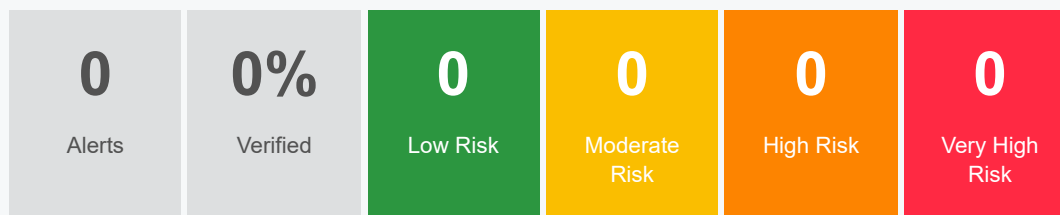
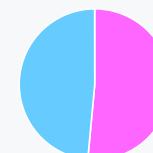
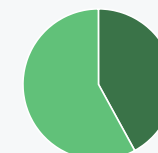


Figure | % sex



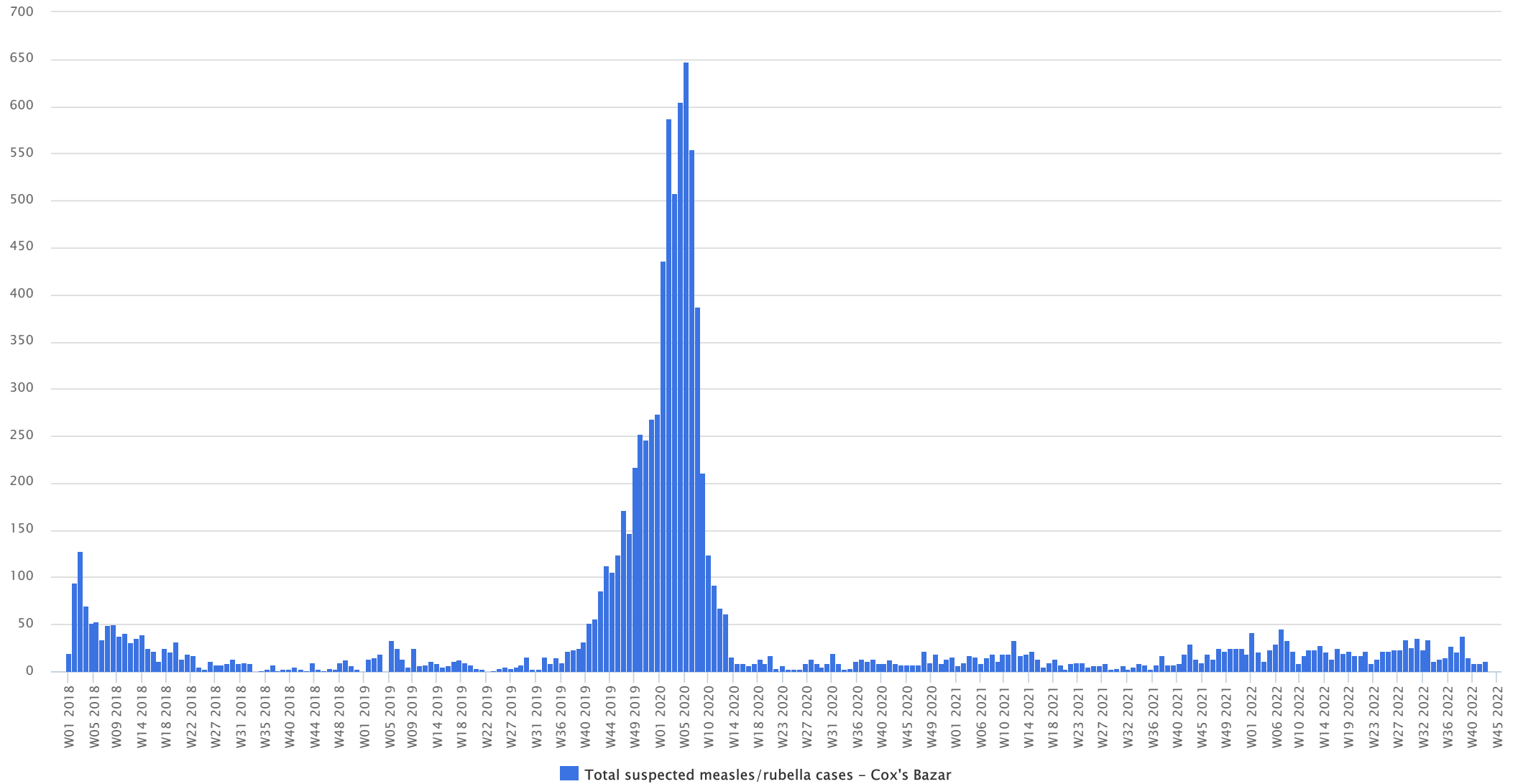
Female Male

Figure | % age



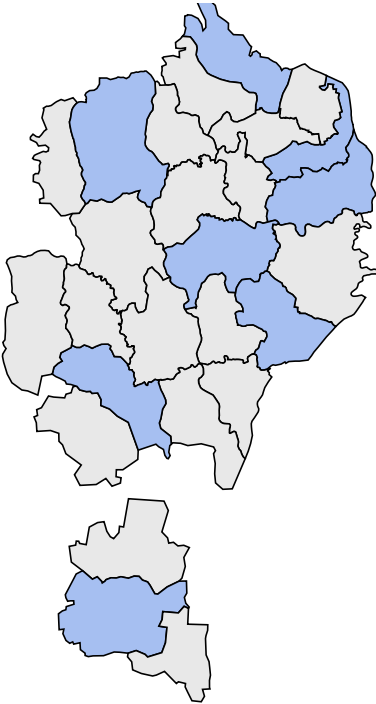
>=5 <5

Figure 4 | Trend in number of suspected cases over time (W38 2017 - W42 2022)

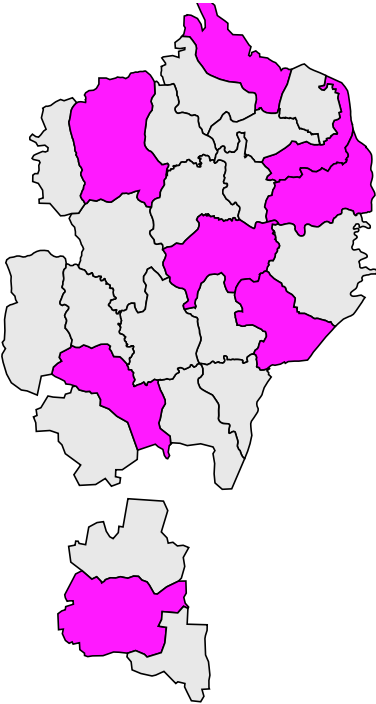


Map 2 | Map of cases by camp (W42 2022)

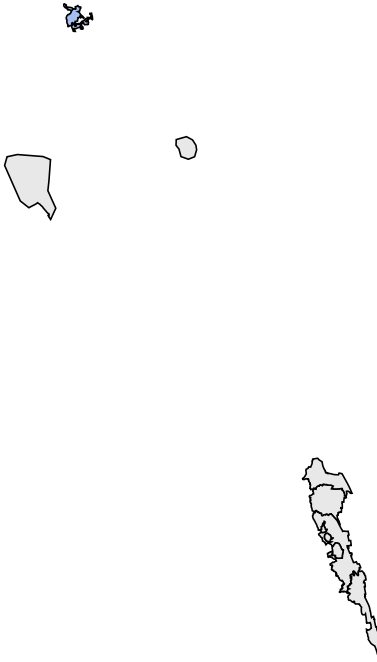
a. Ukhia | Number of cases



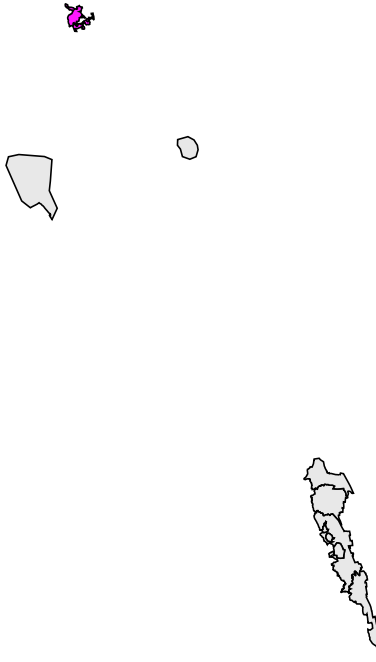
b. Ukhia | Number of alerts



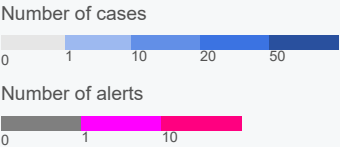
c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold
1 case. Source: IEDCR

Alert management (W42 2022)

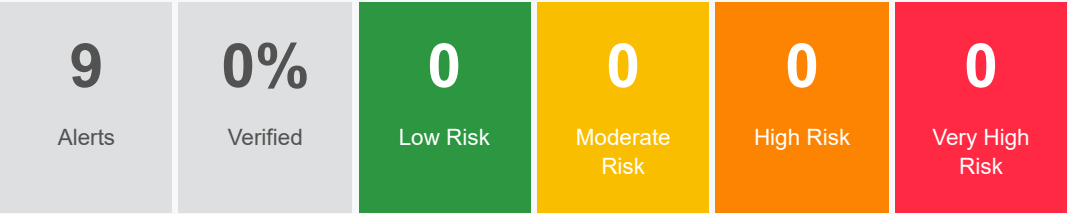


Figure | % sex

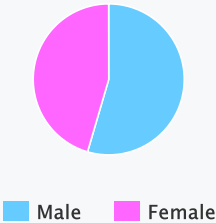


Figure | % age

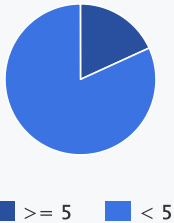
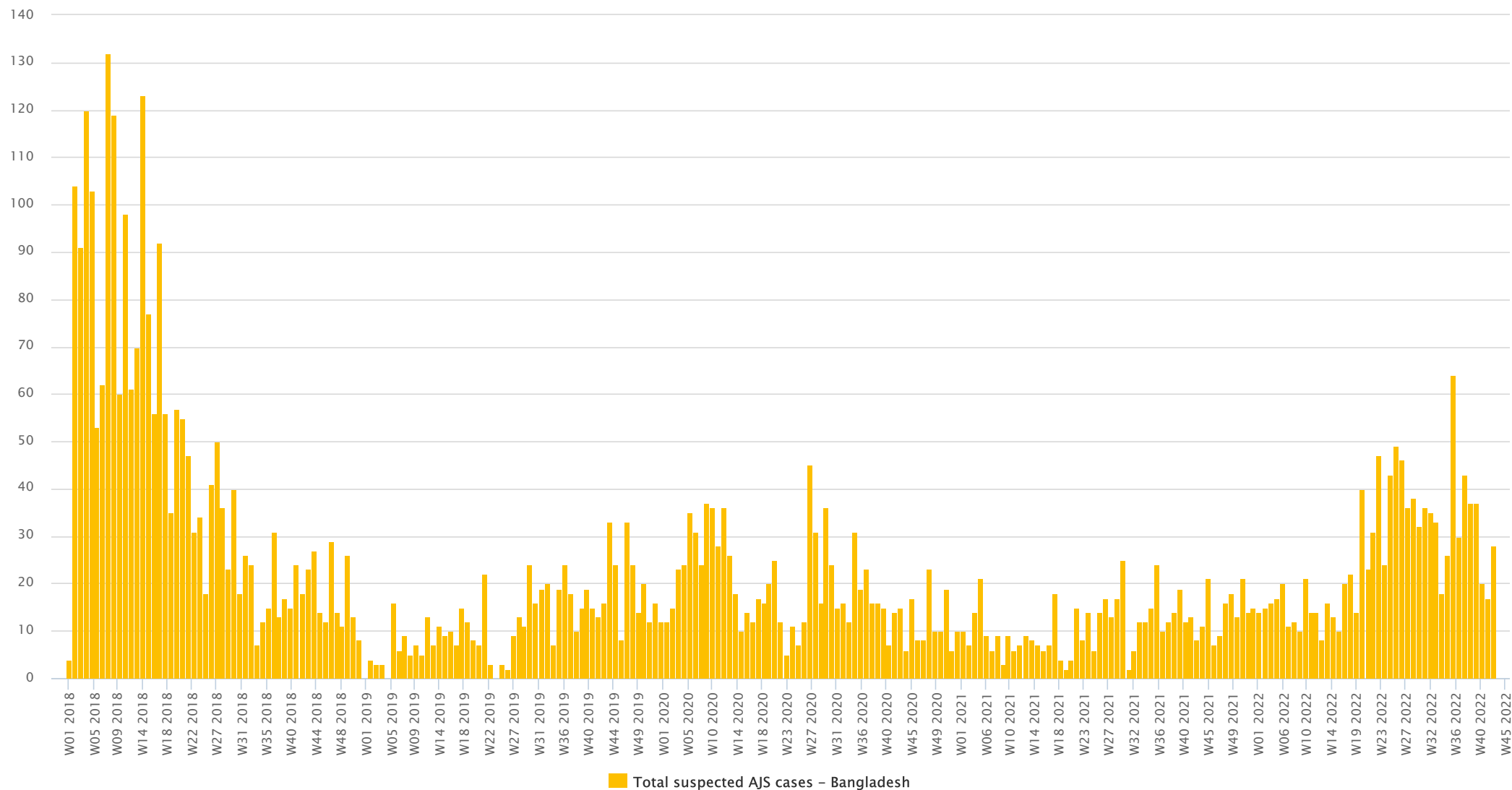
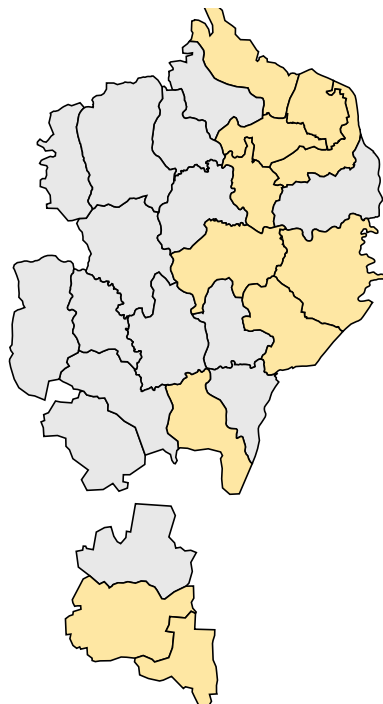


Figure 5 | Trend in number of cases over time (W38 2017 - W42 2022)

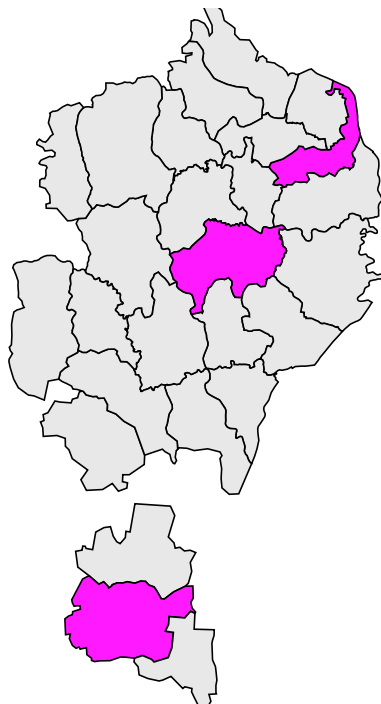


Map 3 | Map of cases by camp (W37 2017 - W42 2022)

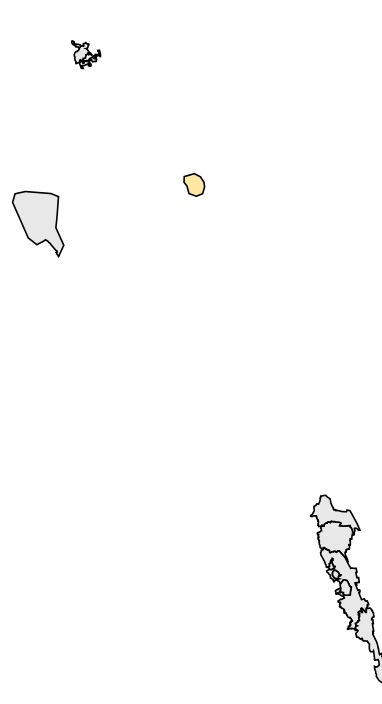
a. Ukhia | Number of cases



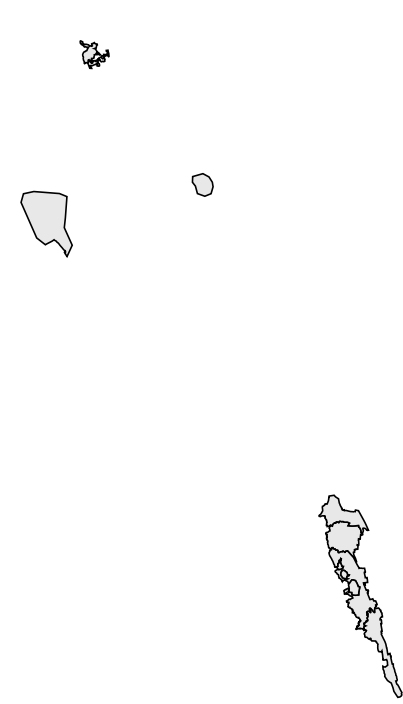
b. Ukhia | Number of alerts



c. Teknaf | Number of cases

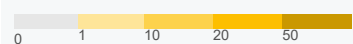


d. Teknaf | Number of alerts



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 (W42 2022)

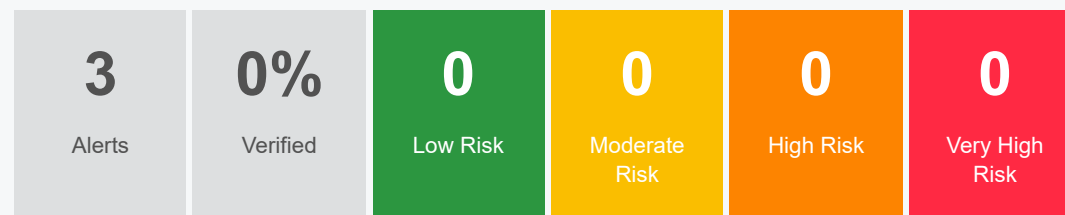
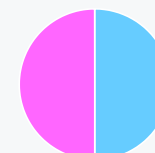
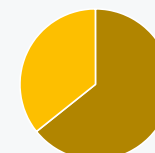


Figure | % sex



Male Female

Figure | % age



>= 5 < 5

Figure 6 | Trend in number of cases over time (W38 2017 - W42 2022)

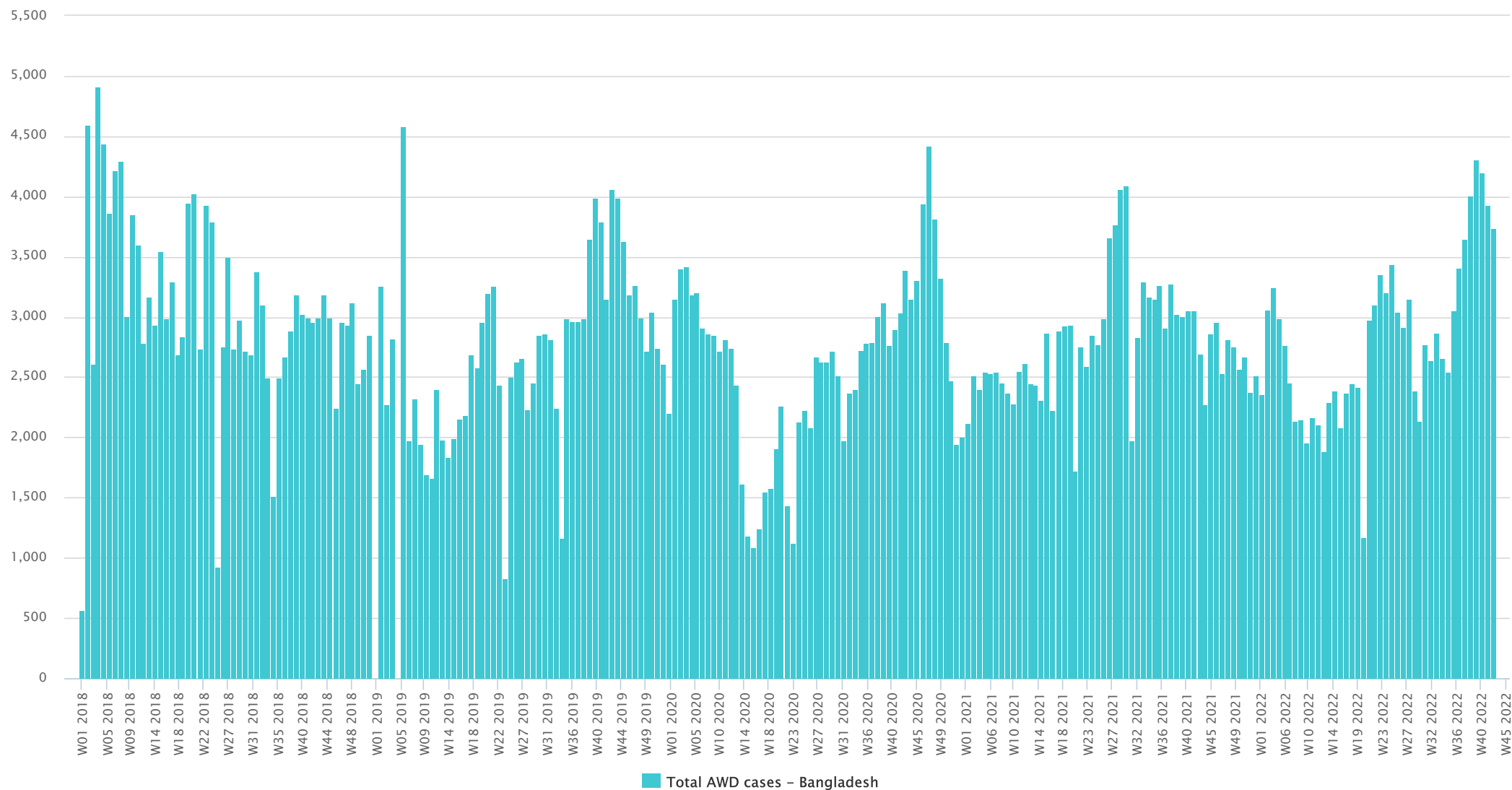
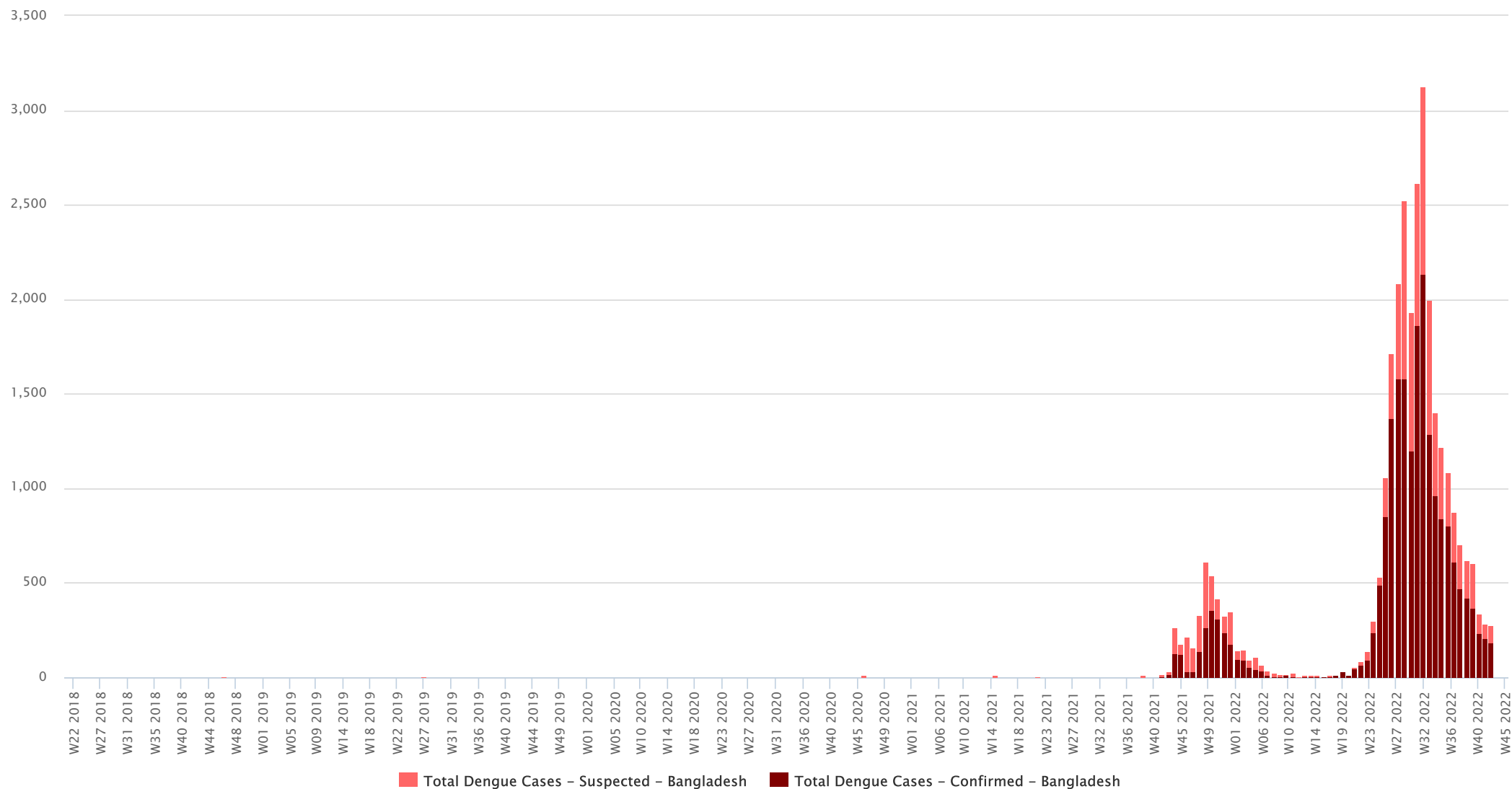
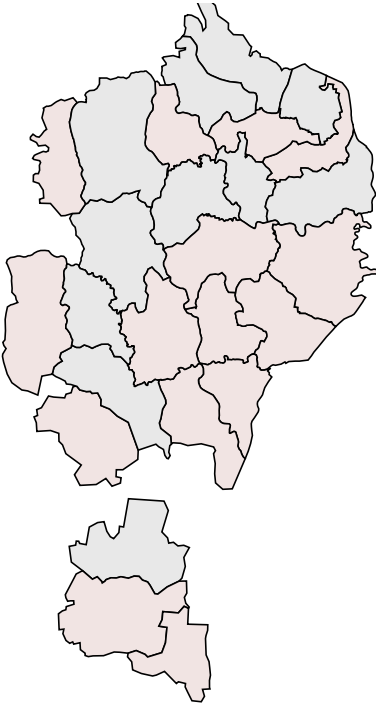


Figure 7 | Trend in number of cases over time (W38 2017 - W42 2022)

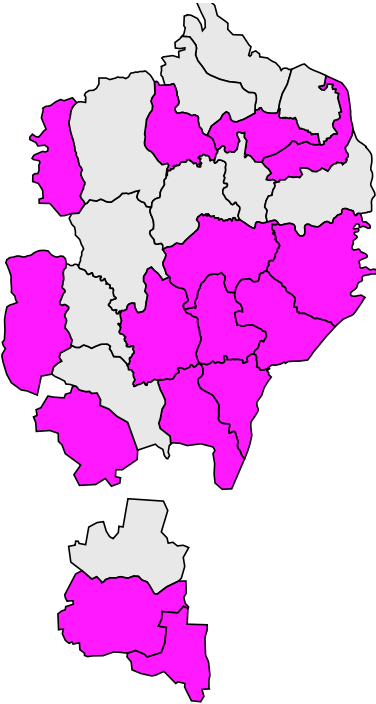


Map 4 | Map of cases by camp (W37 2017 - W42 2022)

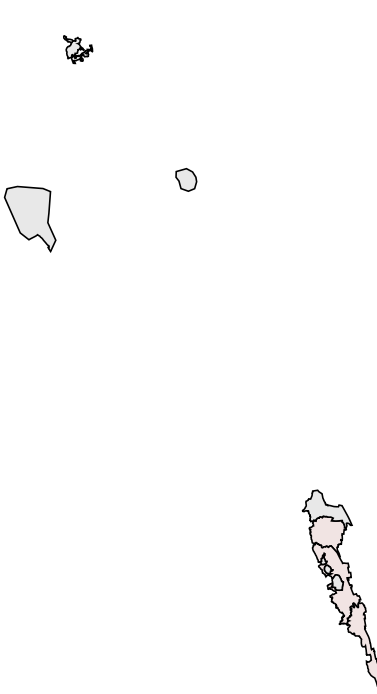
a. Ukhia | Number of cases



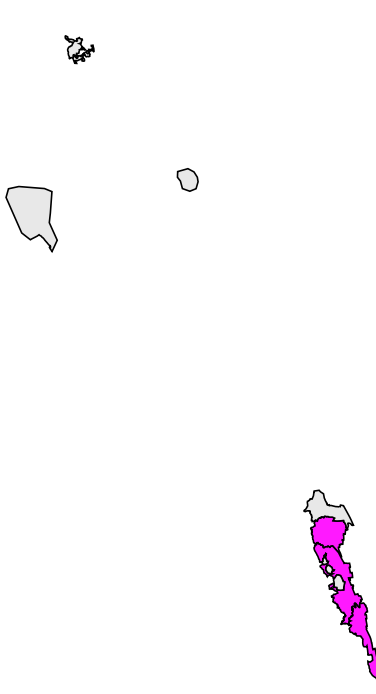
b. Ukhia | Number of alerts



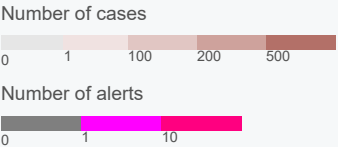
c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold

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

Alert management (W42 2022)

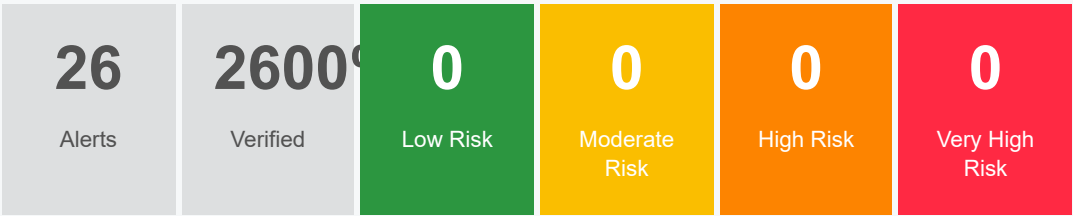


Figure | % sex

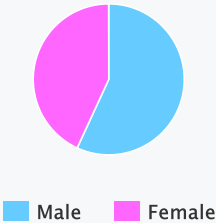


Figure | % age

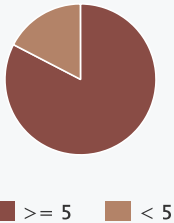
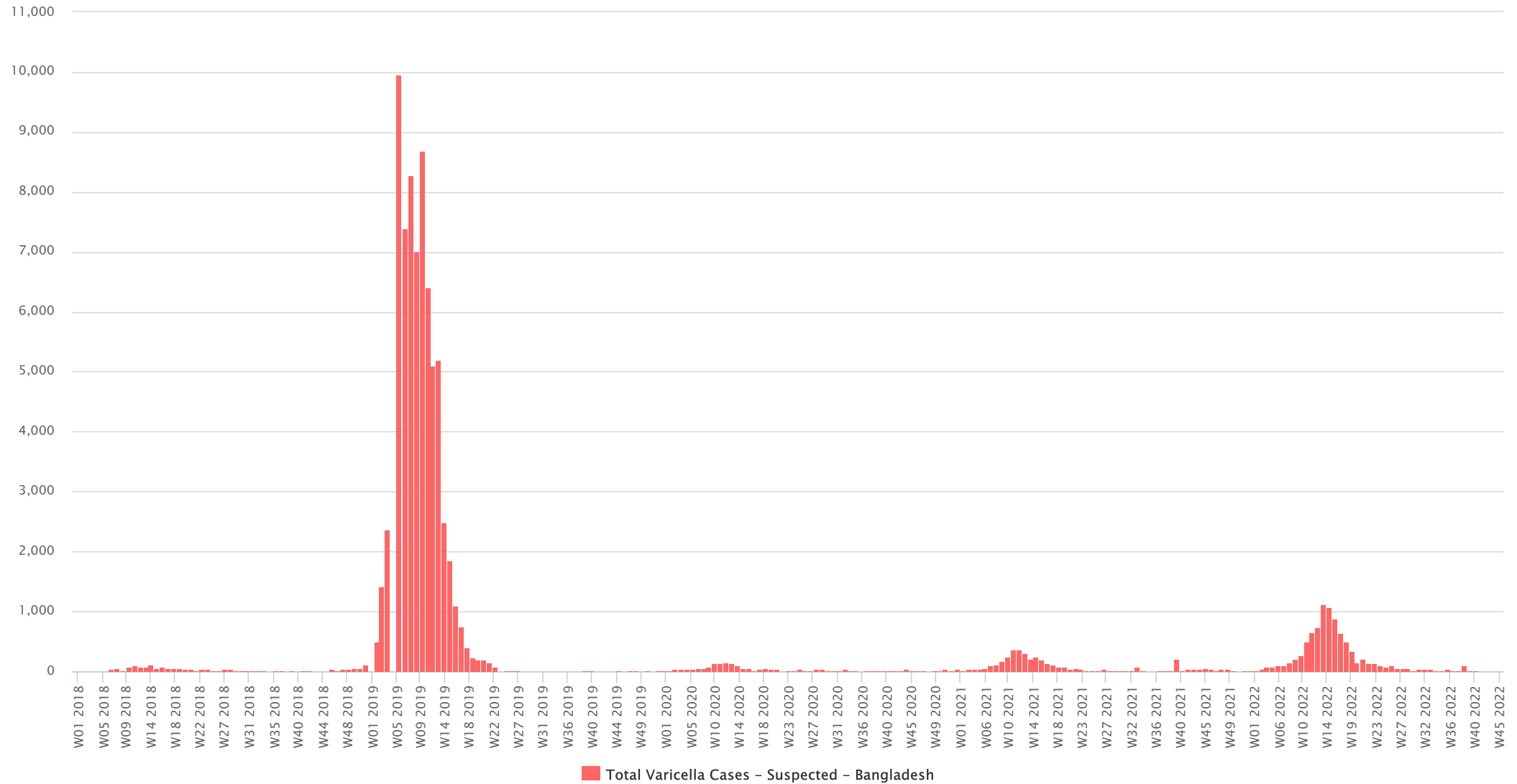
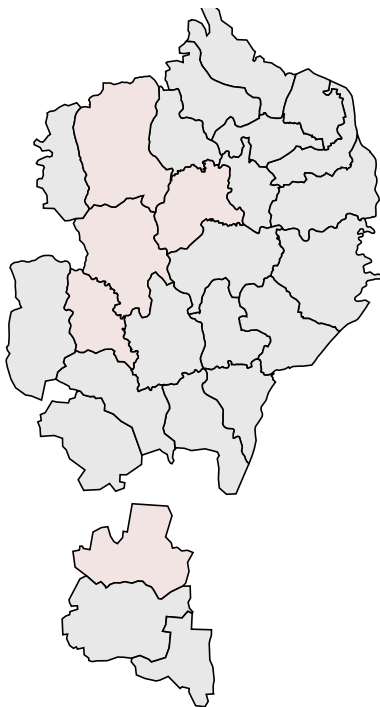


Figure 7 | Trend in number of cases over time (W38 2017 - W42 2022)

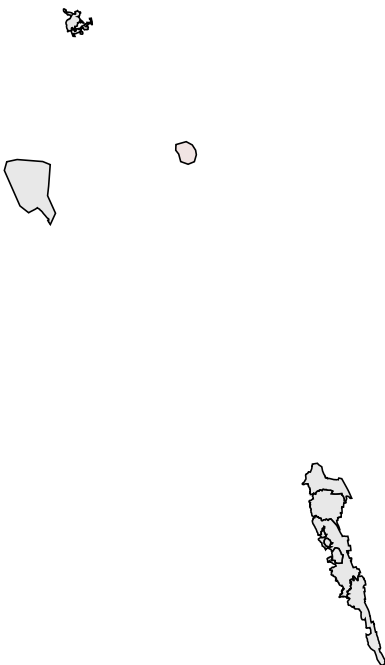


Map 4 | Map of cases by camp (W37 2017 - W42 2022)

a. Ukhia | Number of cases



c. Teknaf | Number of cases



Map legend

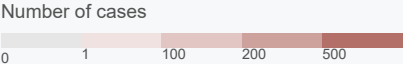


Figure | % sex

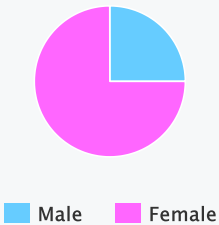
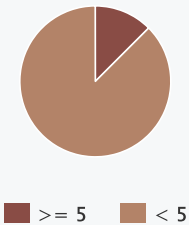


Figure | % age



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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