



# Epidemiological Highlights

Week 46 (6-12 Nov) 2022



World Health  
Organization

# Highlights: COVID-19

## COVID-19 Pandemic

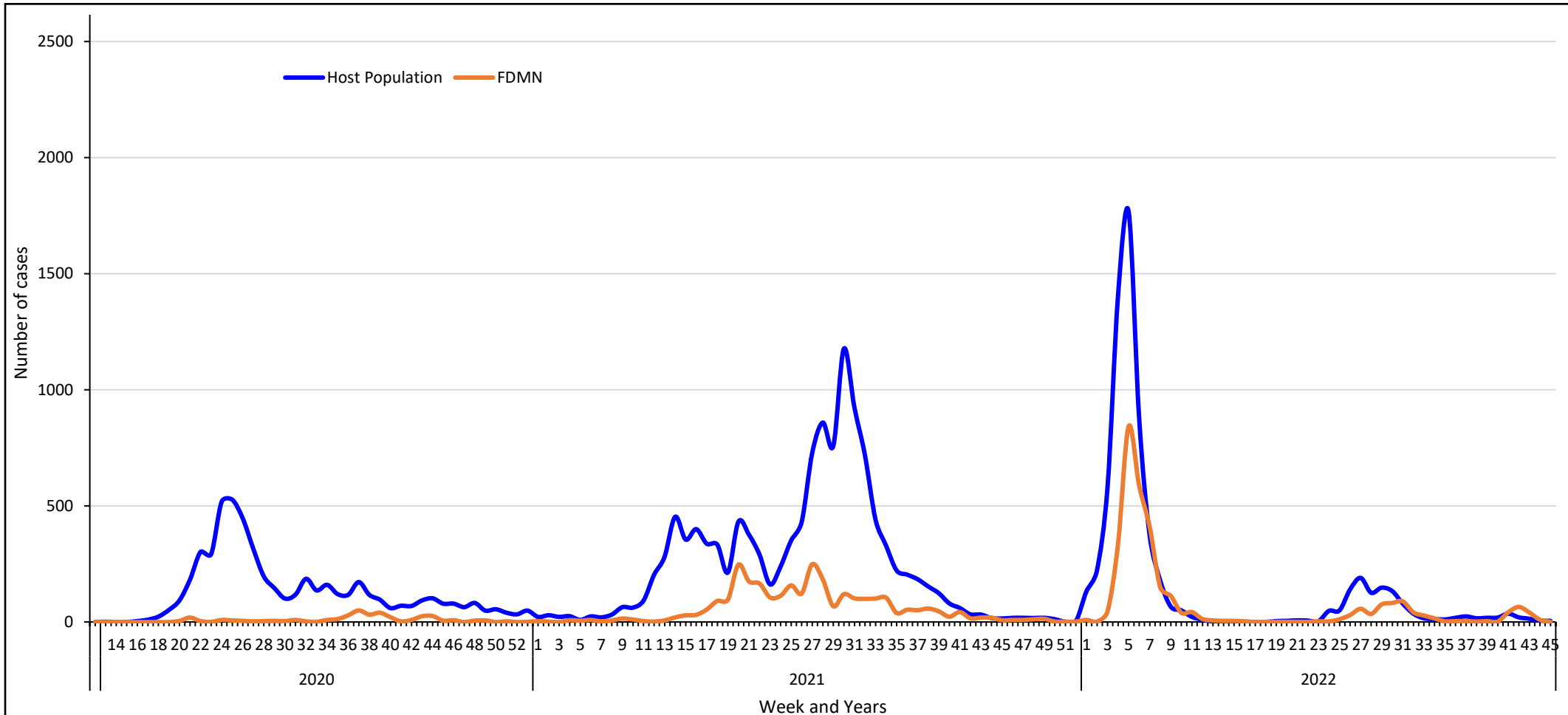
**FDMN: The level of infection drastically declined this week as caseload approaches zero**

- Zero confirmed cases reported this week
- As a result there is zero weekly Test Positivity Rate(TPR) and case incidence reported in the week
- One(01) new death was reported from a case reported the previous week, the total deaths now stand at 45 (CFR of 0.7%) while cumulative cases remained 6577
- The level of recovery continues to steady at 99%

**Host Population: Steady decline in trends of cases**

- Five (05) new confirmed cases were reported this week, almost similar to the previous week( 06 cases )
- Weekly TPR dropped to 2.1% this week (2.4 % last Epi week)
- Weekly case incidence dropped to 1.7 cases/1m population/week from 2.1 cases/1m population/week
- Recovery level continues to steady at 99%, with no new death reported, and total deaths remained at 269 (CFR-1.1%)

# Highlights: COVID-19



FDMNs: Zero confirmed cases reported this week, Weekly TPR and case incidence dropped to zero percentage  
Host Population: Five (05) new cases down from 06 cases last week & Weekly TPR dropped to 2.1% (2.4% In previous week)

# EWARS Reporting Updates

- Currently, a total of 169 health facilities are registered in EWARS
  - Only 130/169 weekly reports were received on time in week 46
  - Timeliness of reporting for this week was 80%
  - Seventy-eight (78) alerts were triggered
  - All alerts were reviewed and verified by the WHO EWARS team; this was less than that of the previous week (98 alerts in week 45, 2022)

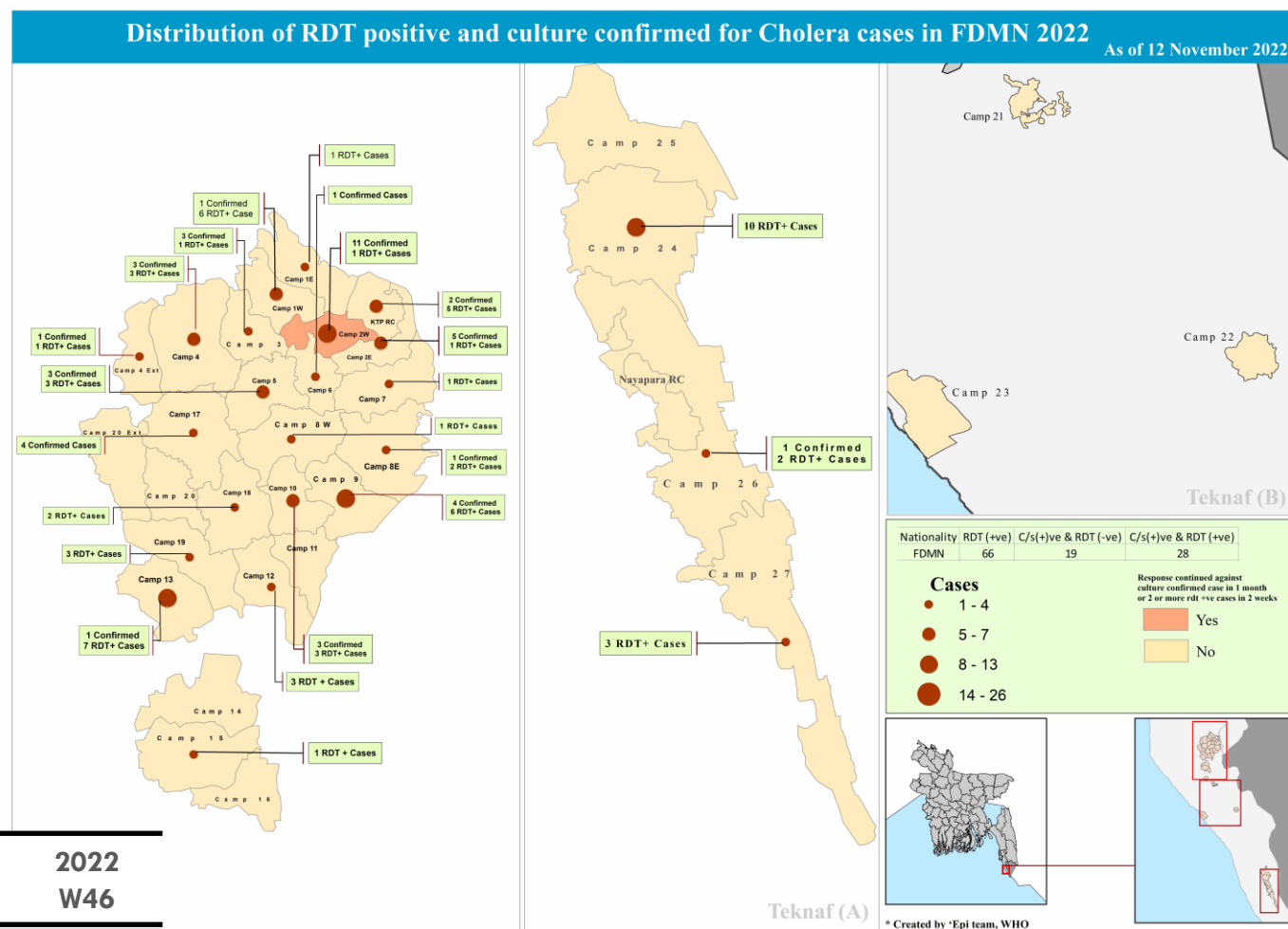
# Highlights: Morbidities and Mortalities

- Acute Respiratory Infections (17.2%), Diarrheal Diseases (4.1%) & Injuries, and Wounds (2.0%) were the diseases and health conditions with the highest proportional morbidity in week 46.
- Monitoring of suspected SARI death under enhanced Community-based mortality surveillance has been continued since week 28, 2020. A total of 130 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, no new SARI death was reported as highlighted below:

Year	Suspected SARI death reported (current week)	Reclassified as death due to probable COVID-19
2022	130 (0)	7
2021	96	15
2020	49	2

# Cholera/AWD Surveillance Updates

- In this week, there are two (2) new RDT-positive cases reported, among samples sent for testing.
- In 2022 total of one hundred sixty-two (162) RDT-positive AWD cases/ cholera suspected cases including 61 culture-confirmed Cholera cases reported as of W46 2022.
- Cumulatively there are 855 RDT and culture-confirmed cholera cases of which 393 cases were culture-confirmed since transmission in 2018



	2018	2019	2020	2021	2022 W46
RDT positive/culture confirmed for Cholera	49	258	28	357	163
Culture confirmed for Cholera	7	184	5	136	61

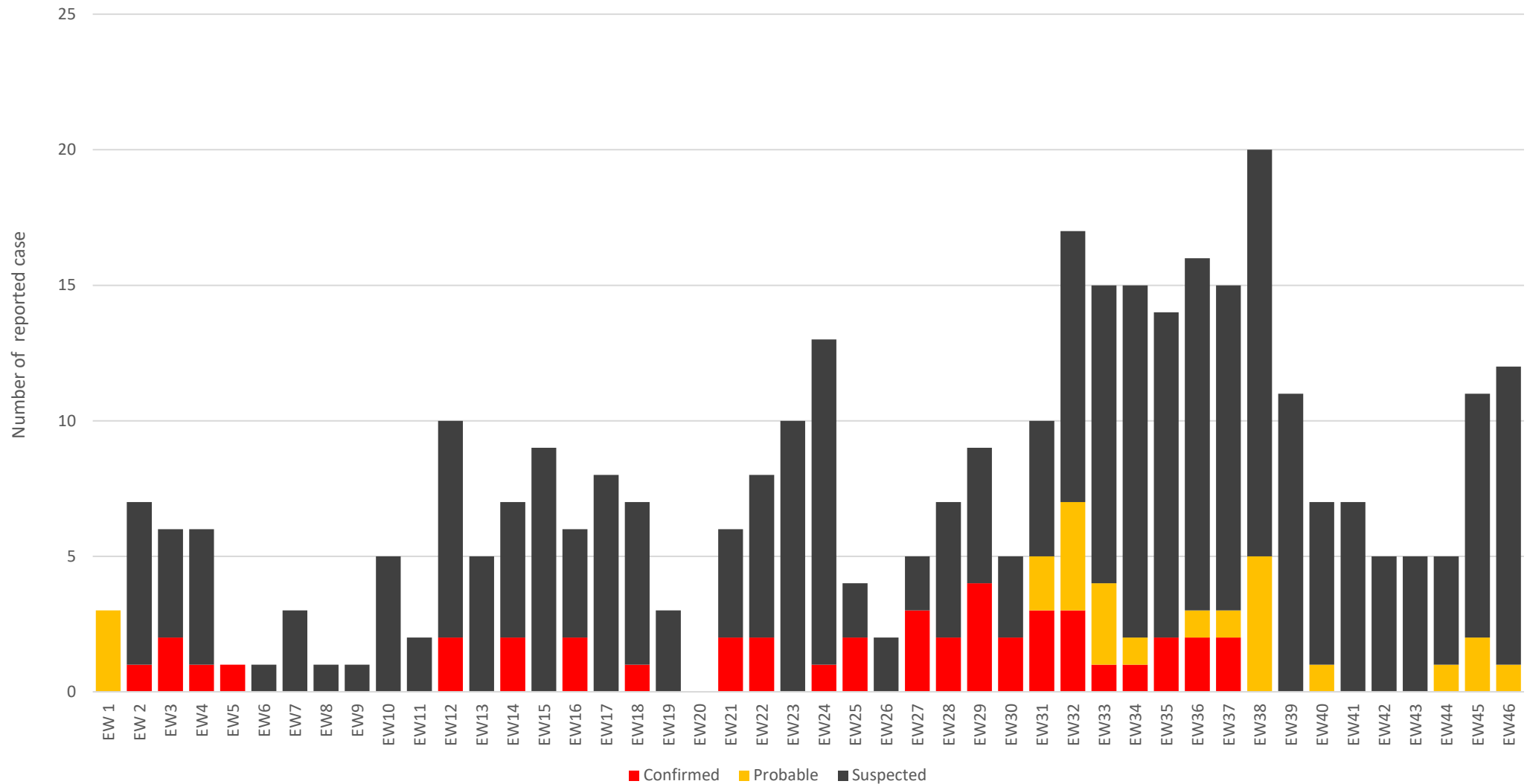
# Diphtheria Surveillance Updates

- One (1) probable and 11 suspected diphtheria cases were reported in go.data in this Epi week 46
- The last confirmed case was reported on 14 September 2022
- In total 54 deaths have so far been reported since 2017, with the last death reported on 18 October 2022

Classification	2017	2018	2019	2020	2021	2022
Confirmed	66	226	31	19	30	46
Probable	1154	1555	60	9	29	25
Suspected	1796	3549	523	198	118	276
Death	30	14	3	0	5	2

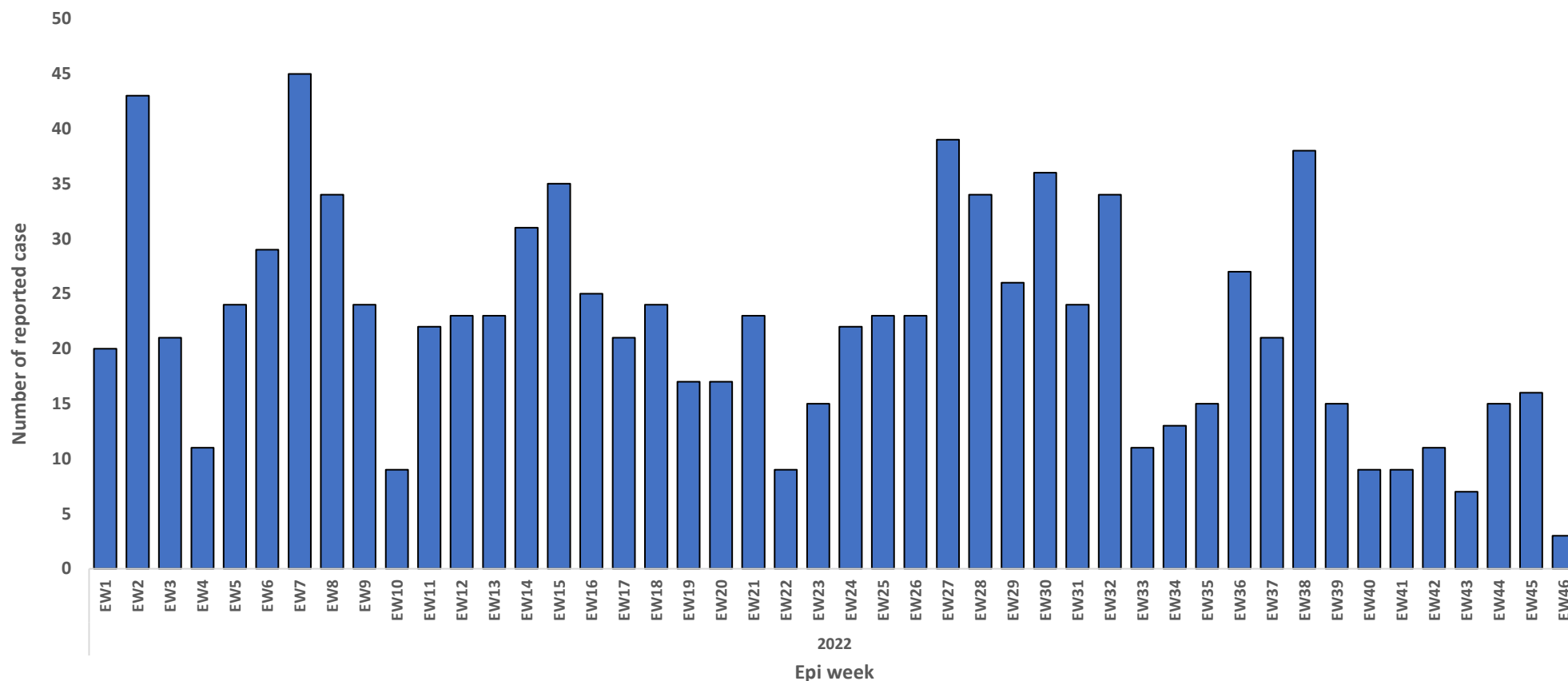
# Trends of Diphtheria cases

Total number of diphtheria case reported in EWARS from week 1-46, 2022



# Epi Curve of Suspected Measles Cases

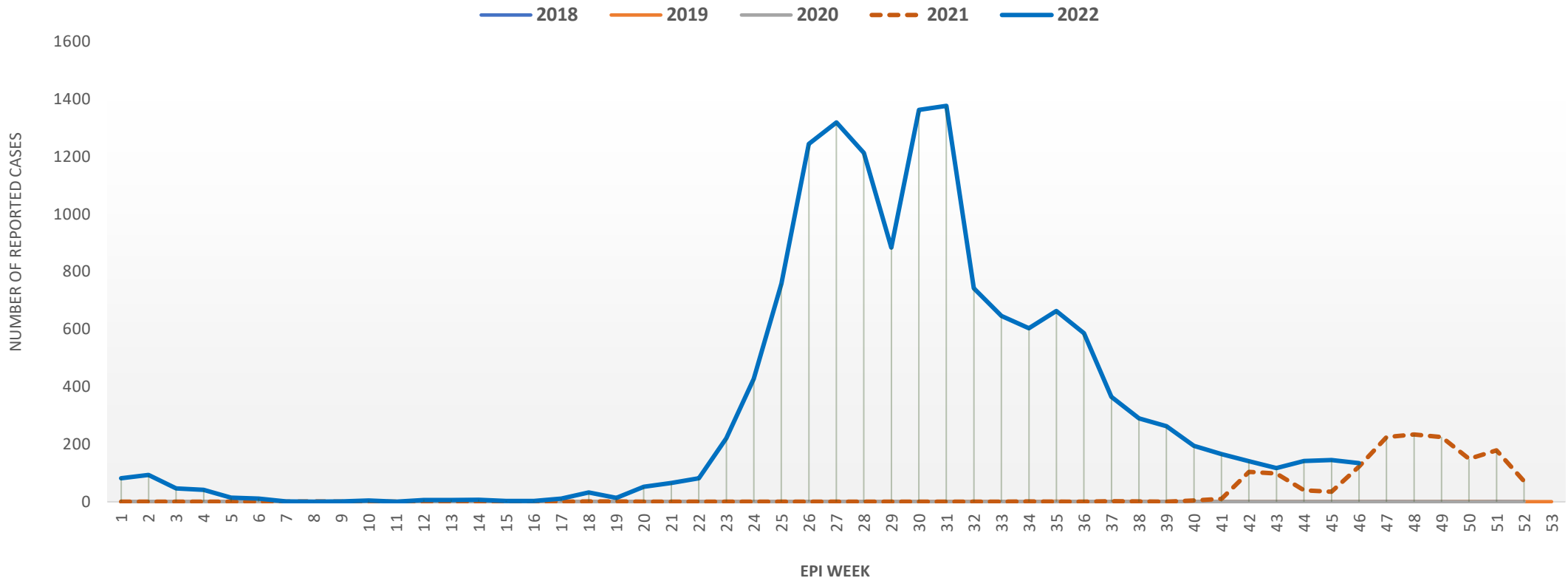
Total number of Measles case reported in EWARS from week 1-46, 2022



- > In week 46, 03 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 1,016 reported in 2022
- > About 55% (560/1,013) 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 46, 2022



- Overall level of infection continues to decline in the past 15 weeks and transmission significantly reduced as weekly cases continue to drop
- Camp 3 and the three camps around it bear the greatest burden of confirmed cases so far reported as the main transmission foci but the level of transmission is equally declining in these camps

# Dengue Surveillance Updates

2022	Week/month		Cumulative	
	Confirmed case	Death	Confirmed case	Death
Jan	276	0	276	0
Feb	13	0	289	0
March	23	0	312	0
April	49	0	361	0
May	433	0	794	0
June	3,748	2	4,542	2
July	4,837	8	9,379	10
August	3,258	5	12,637	15
September	1,112	4	13,749	19
October (as of 8 Oct, week 41)	566	1	14,315	20
November (as of 5 Nov, Week 45)	145	1	14,460	21
November (as of 12 Nov, week 46)	134	0	14,594	21

- ❑ 134 new cases reported, 7.5% drop from 145 cases reported the previous week, no new death reported this week
- ❑ The current cumulative cases (14,594) are almost 10-fold higher than 2021 (1503 cases)
- ❑ July reported the highest number of monthly cases and deaths (Transmission Peak) so far, there is gradual decline in past 3 months
- ❑ About 21 confirmed cumulative Dengue deaths (CFR-0.1%) reported so far in 2022 while Sept had the highest monthly CFR of 0.4%

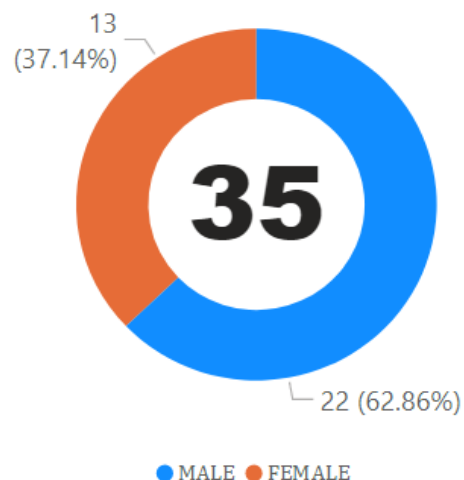
# Community-based Mortality surveillance updates Epi week 46

Probable causes of death	Epi week 46	In 2022
Still Birth	7 (20%)	199 (11%)
Neonatal Death (<28 days old)	7 (17%)	202 (11%)
Infectious Disease	1 (3%)	164 (9%)
Severe Acute Respiratory Infection (SARI)	--	52 (3%)
Injury	--	42 (2%)
Maternal Death	--	37 (2%)
Acute Malnutrition	--	1 (0%)
Other	21 (60%)	1177 (63%)
<b>Total</b>	<b>35 (100%)</b>	<b>1872 (100%)</b>

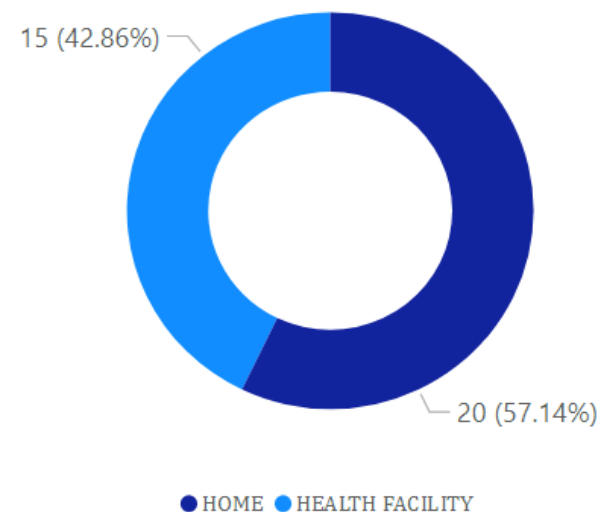
Partners to report all mortalities into the EWARS platform using both case and event-based reporting as applicable

# Community-based Mortality surveillance updates Epi week 46

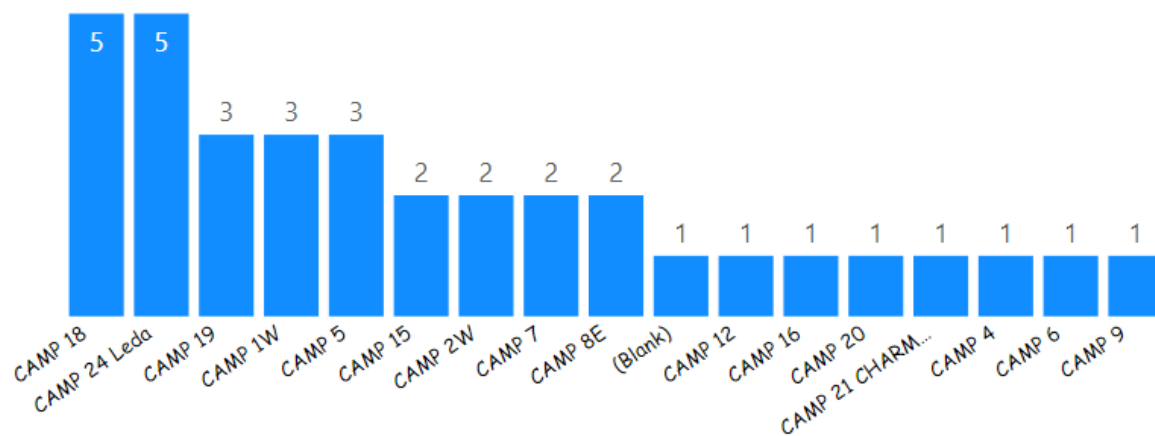
**Gender distribution**



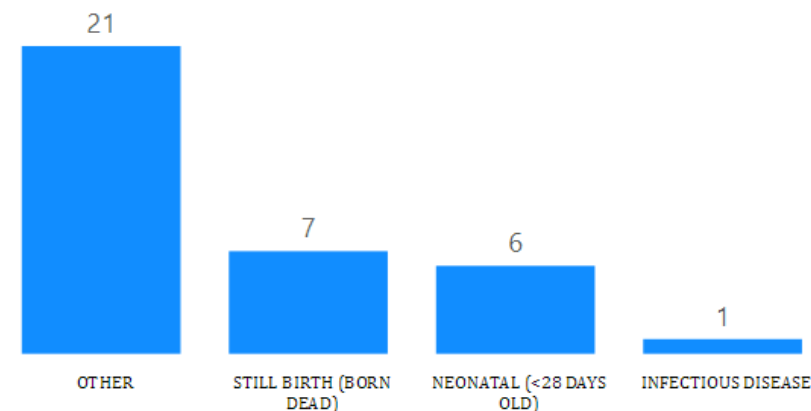
**Place of death**



**Distribution of deceased Camp**



**Distribution of Probable cause of death**



# Bangladesh

Rohingya Emergency Response

Early Warning, Alert and  
Response System (EWARS)

Epidemiological Bulletin W46 2022



Ministry of Health and Family  
Welfare Bangladesh



World Health  
Organization



HEALTH SECTOR  
COX'S BAZAR



Printed: 03:51 Wednesday, 16 November 2022 UTC

# Contents

## Highlights

Slide 1	<b>Table 1</b> Coverage
	<b>Table 2</b> Early warning performance
	<b>Table 3</b> Alert performance

## Early Warning

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

## Alert

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

## Sources of data

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

# Highlights W46 2022

**Table 1 | Coverage**

#	%	
<b>918,841</b>	-	Estimated total Rohingya population <sup>1</sup>
<b>902,066</b>	<b>98%</b>	Total population under surveillance
<b>175</b>	-	Total number of health facilities
<b>161</b>	<b>92%</b>	Number of EWARS reporting sites

**Table 2 | Early warning performance indicators**

W46	Cumulative (2022)	
<b>130</b>	<b>7306</b>	Number of weekly reports received
<b>85%</b>	<b>93%</b>	Completeness
<b>85%</b>	<b>91%</b>	Timeliness

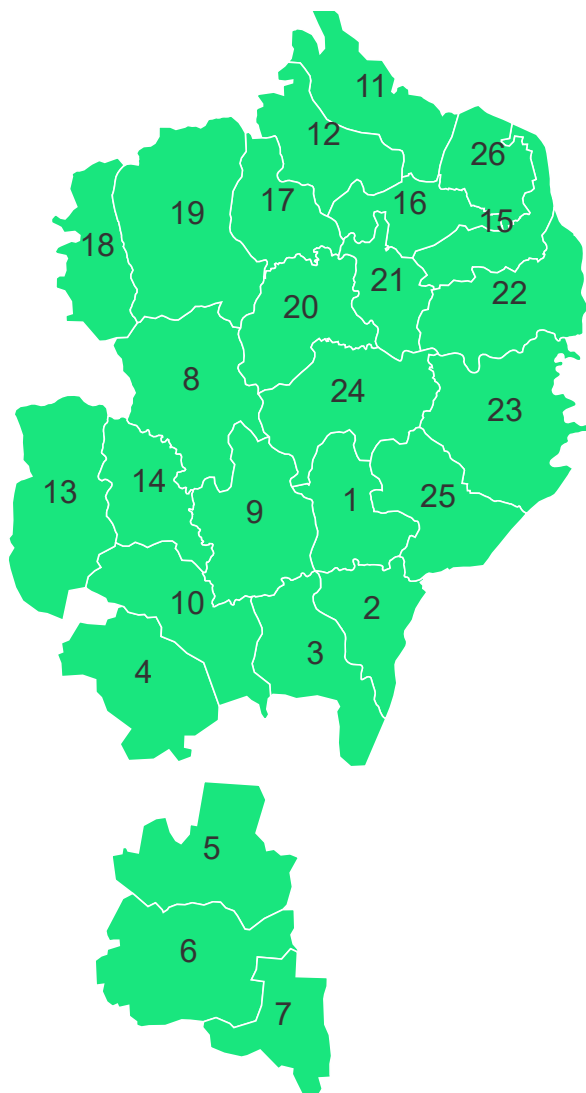
**Table 3 Alert performance indicators**

W46	Cumulative (2022)	
<b>76</b>	<b>4,226</b>	Total alerts raised
<b>100%</b>	<b>100%</b>	% verified
<b>0%</b>	<b>0%</b>	% auto-discarded
<b>0%</b>	<b>0%</b>	% undergoing risk assessment
<b>0%</b>	<b>0%</b>	% completed risk assessment

<sup>1</sup> Source: UNHCR. Bangladesh: Joint Government of Bangladesh- UNHCR Population Factsheet. 31 December 2021.

**Map 1a | Ukhia completeness by camp**

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

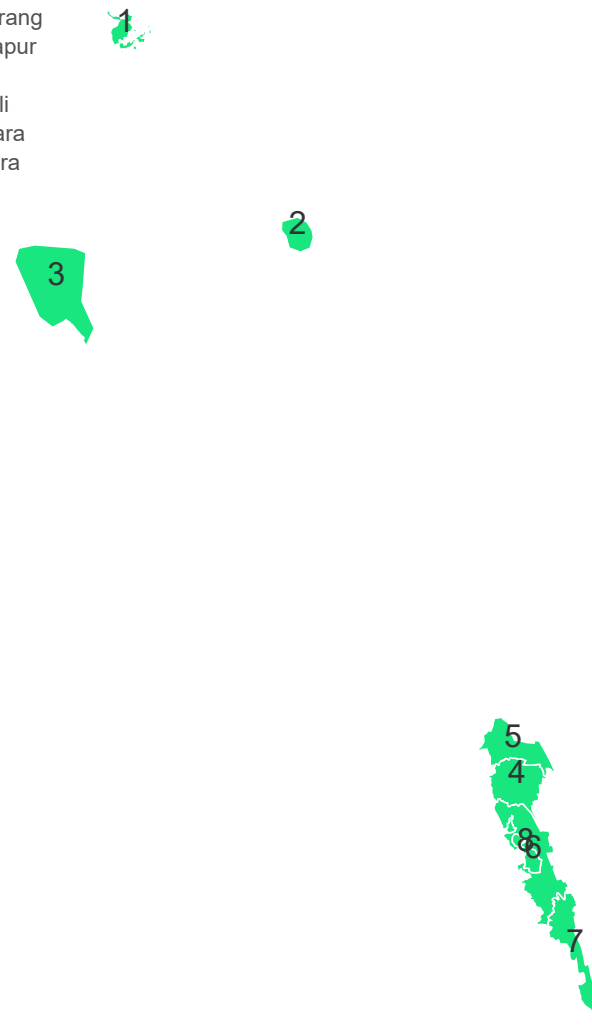


Completeness

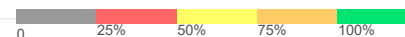


**Map 1b | Teknaf completeness by camp**

- 1 Camp 21 Chakmarkul
- 2 Camp 22 Unchiprang
- 3 Camp 23 Shamlapur
- 4 Camp 24 Leda
- 5 Camp 25 Ali Khali
- 6 Camp 26 Nayapara
- 7 Camp 27 Jadimura
- 8 Nayapara RC



Completeness



**Table 4 | Performance by camp (W46 2022)**

Northern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Northern Group				
Camp 1E	3	3	100%	0%
Camp 1W	5	5	100%	0%
Camp 2E	3	2	67%	0%
Camp 2W	3	3	100%	0%
Camp 3	5	4	80%	0%
Camp 4	5	3	100%	0%
Camp 4 Ext	1	1	100%	0%
Camp 5	5	4	100%	0%
Camp 6	3	3	100%	0%
Camp 7	6	2	33%	0%
Camp 8E	7	5	57%	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

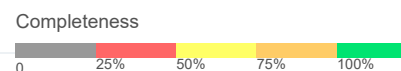
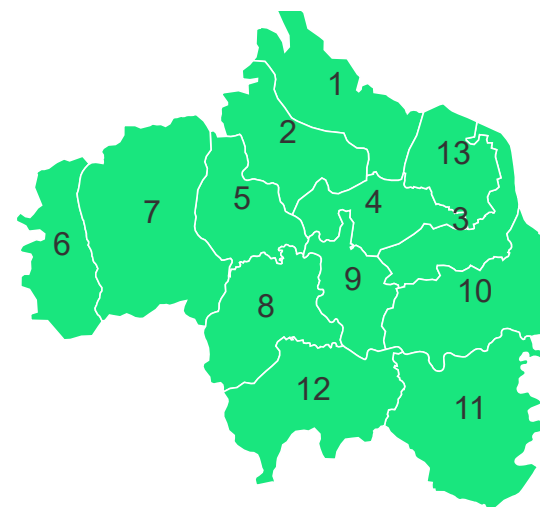


Table 5 | Performance by camp (W46 2022)

Southern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Southern Group				
Camp 10	4	2	50%	0%
Camp 11	6	6	100%	0%
Camp 12	6	6	100%	0%
Camp 13	9	8	89%	0%
Camp 14	6	6	83%	0%
Camp 15	8	7	88%	13%
Camp 16	7	6	100%	0%
Camp 17	5	3	100%	0%
Camp 18	4	3	100%	0%
Camp 19	4	4	100%	0%
Camp 20	4	3	50%	0%
Camp 20 Ext	3	3	100%	0%
Camp 9	6	4	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

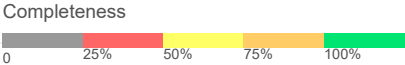
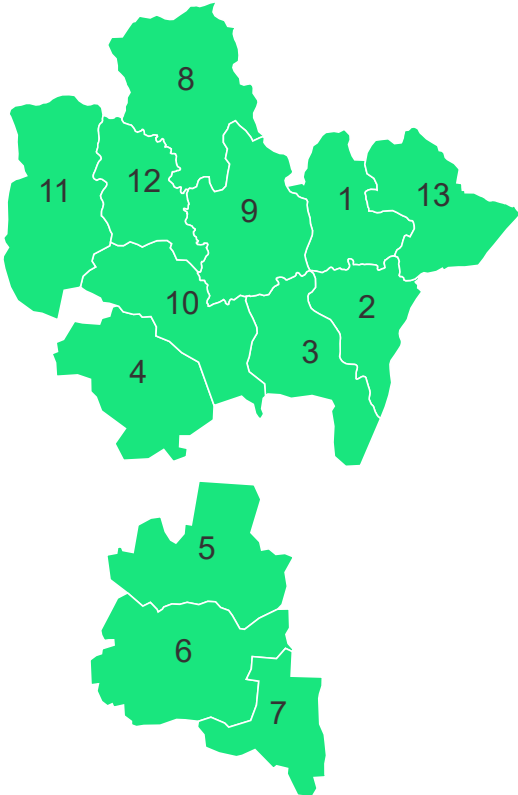
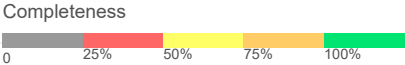
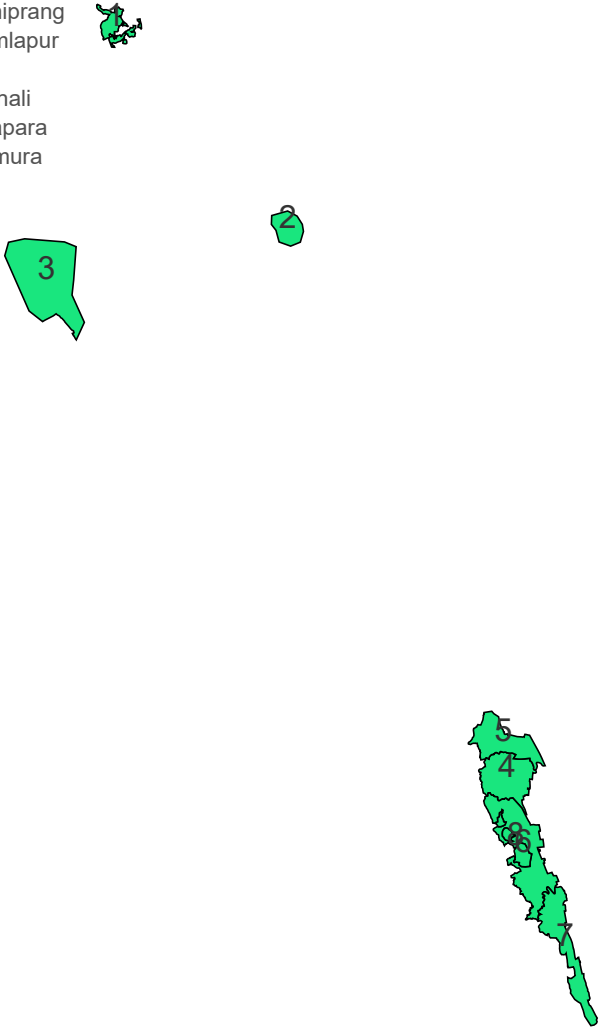


Table 6 | Performance by camp (W46 2022)

Teknaf	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Teknaf				
Camp 21 Chakmarkul	4	3	100%	0%
Camp 22 Unchiprang	5	3	60%	0%
Camp 23 Shamlapur	3	2	67%	0%
Camp 24 Leda	2	1	50%	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	50%	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 (W46 2022)

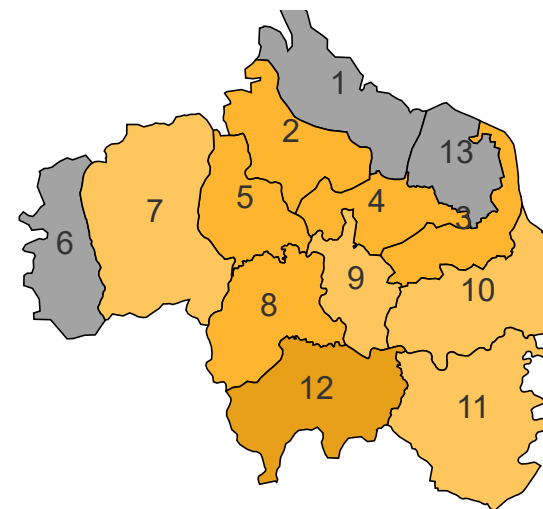
Partner	Performance		Reporting		Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness		# sites	# reports received	Completeness	Timeliness
AKF	1	1	100%	100%	IRC	4	3	75%	75%
AWARD	6	4	67%	67%	MSF	9	7	67%	67%
BASHMAH	1	1	100%	100%	MoH	12	10	75%	75%
BDRCS	11	11	100%	100%	MHI	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	0	0%	0%	QC	1	1	100%	100%
DCHT-PWJ	1	1	100%	100%	PHD	10	10	100%	100%
FRNDS	6	0	0%	0%	RPN	2	2	100%	100%
GK	10	10	100%	100%	RHU	3	2	67%	100%
Global One	1	1	100%	100%	RI	3	3	100%	100%
GUSS	1	1	100%	100%	RTMI	9	6	22%	22%
HAEFA	2	2	100%	100%	SALT	1	1	100%	100%
HAIB	0	0			SCI	7	6	86%	86%
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	21	91%	91%					

Table 8 | Performance by camp

Northern group	W46		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 1E	0	0%	79	100%
Camp 1W	5	100%	205	100%
Camp 2E	4	75%	418	100%
Camp 2W	4	100%	143	100%
Camp 3	5	100%	192	100%
Camp 4	2	100%	166	100%
Camp 4 Ext	0	0%	62	100%
Camp 5	3	100%	134	100%
Camp 6	1	100%	105	100%
Camp 7	2	100%	94	100%
Camp 8E	1	100%	79	100%
Camp 8W	6	100%	228	100%
Kutupalong RC	0	0%	76	100%

Map 5 | Number of alerts by camp

- Camp 1E
- Camp 1W
- Camp 2E
- Camp 2W
- Camp 3
- Camp 4 Ext
- Camp 4
- Camp 5
- Camp 6
- Camp 7
- Camp 8E
- Camp 8W
- Kutupalong RC



# of alerts

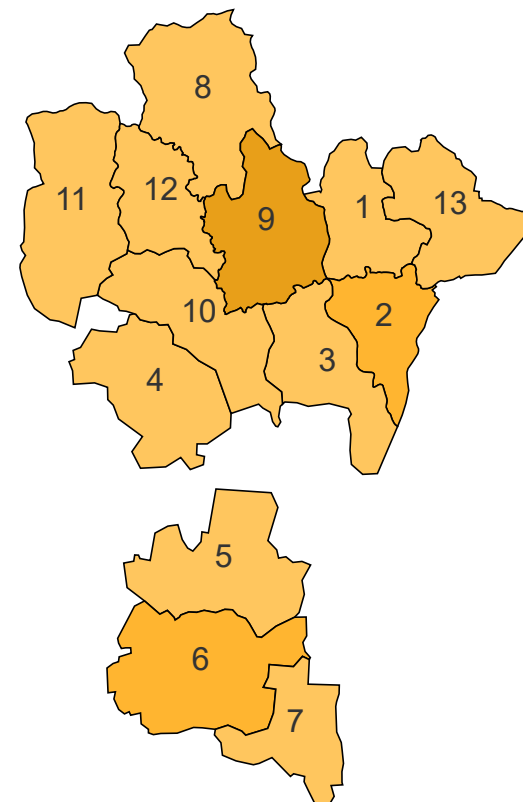


Table 9 | Performance by camp

Southern group	W46		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 10	1	100%	96	100%
Camp 11	4	100%	125	100%
Camp 12	2	100%	134	100%
Camp 13	1	100%	152	100%
Camp 14	1	100%	87	100%
Camp 15	5	100%	163	100%
Camp 16	1	100%	132	100%
Camp 17	1	100%	110	100%
Camp 18	6	100%	183	100%
Camp 19	2	100%	71	100%
Camp 20	2	100%	75	100%
Camp 20 Ext	2	100%	61	100%
Camp 9	2	100%	226	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	W46		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 21 Chakmarkul	1	100%	58	100%
Camp 22 Unchiprang	0	0%	75	100%
Camp 23 Shamlapur	0	0%	16	100%
Camp 24 Leda	5	100%	114	100%
Camp 25 Ali Khali	1	100%	37	100%
Camp 26 Nayapara	4	100%	140	100%
Camp 27 Jadimura	0	0%	67	100%
Nayapara RC	0	0%	40	100%

Map 7 | Number of alerts by camp

- 1

Camp 21 Chakmarkul
- 2

Camp 22 Unchiprang
- 3

Camp 23 Shamlapur
- 4

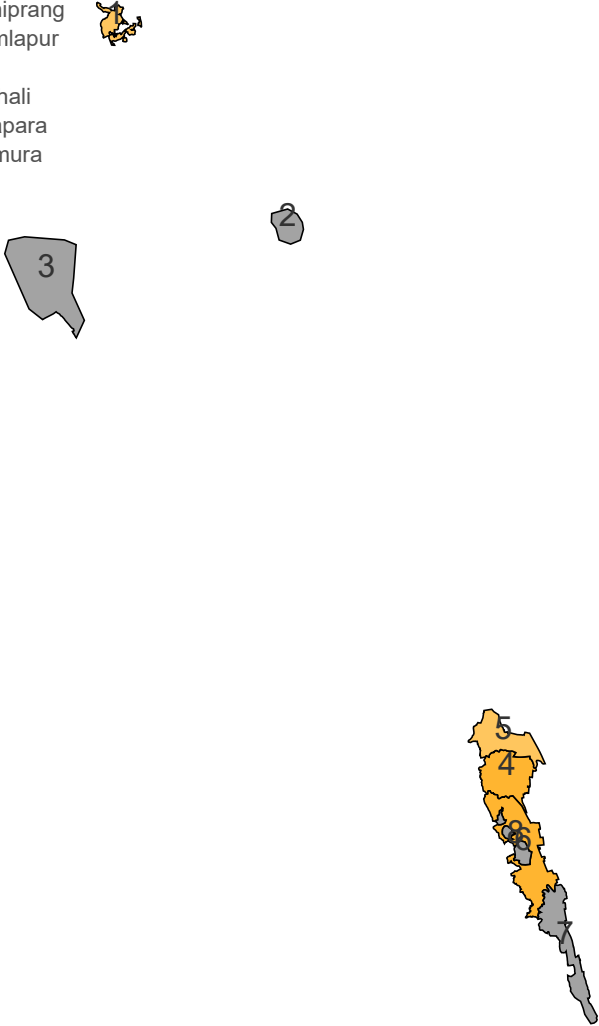
Camp 24 Leda
- 5

Camp 25 Ali Khali
- 6

Camp 26 Nayapara
- 7

Camp 27 Jadimura
- 8

Nayapara RC



**Table 11** | Performance by type of alert

Event	W46		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
<b>Indicator-based surveillance</b>				
Malaria	0	0%	3	100%
Measles	2	100%	454	100%
Bloody Diarr.	0	0%	0	0%
AFP	1	100%	35	100%
Meningitis	0	0%	28	100%
Haem. fever (susp.)	1	100%	42	100%
NNT	0	0%	3	100%
Unexp. fever	1	100%	131	100%
AWD	3	100%	212	100%
ARI	6	100%	189	100%
AJS	2	100%	106	100%
Varicella (Susp.)	0	0%	107	100%
Suspected COVID-19	0	0%	0	0%
<b>Event-based surveillance</b>				
EBS total	2	100%	216	100%

**Table 12** | Risk assessment

W46	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:

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 W46 2022



Ministry of Health and Family  
Welfare Bangladesh



World Health  
Organization



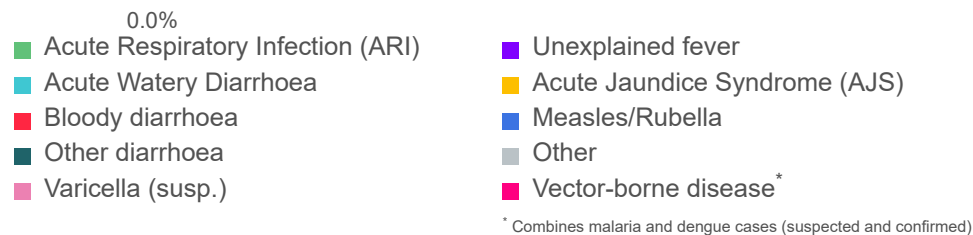
HEALTH SECTOR  
COX'S BAZAR



Printed: 03:48 Wednesday, 16 November 2022 UTC

# Proportional morbidity

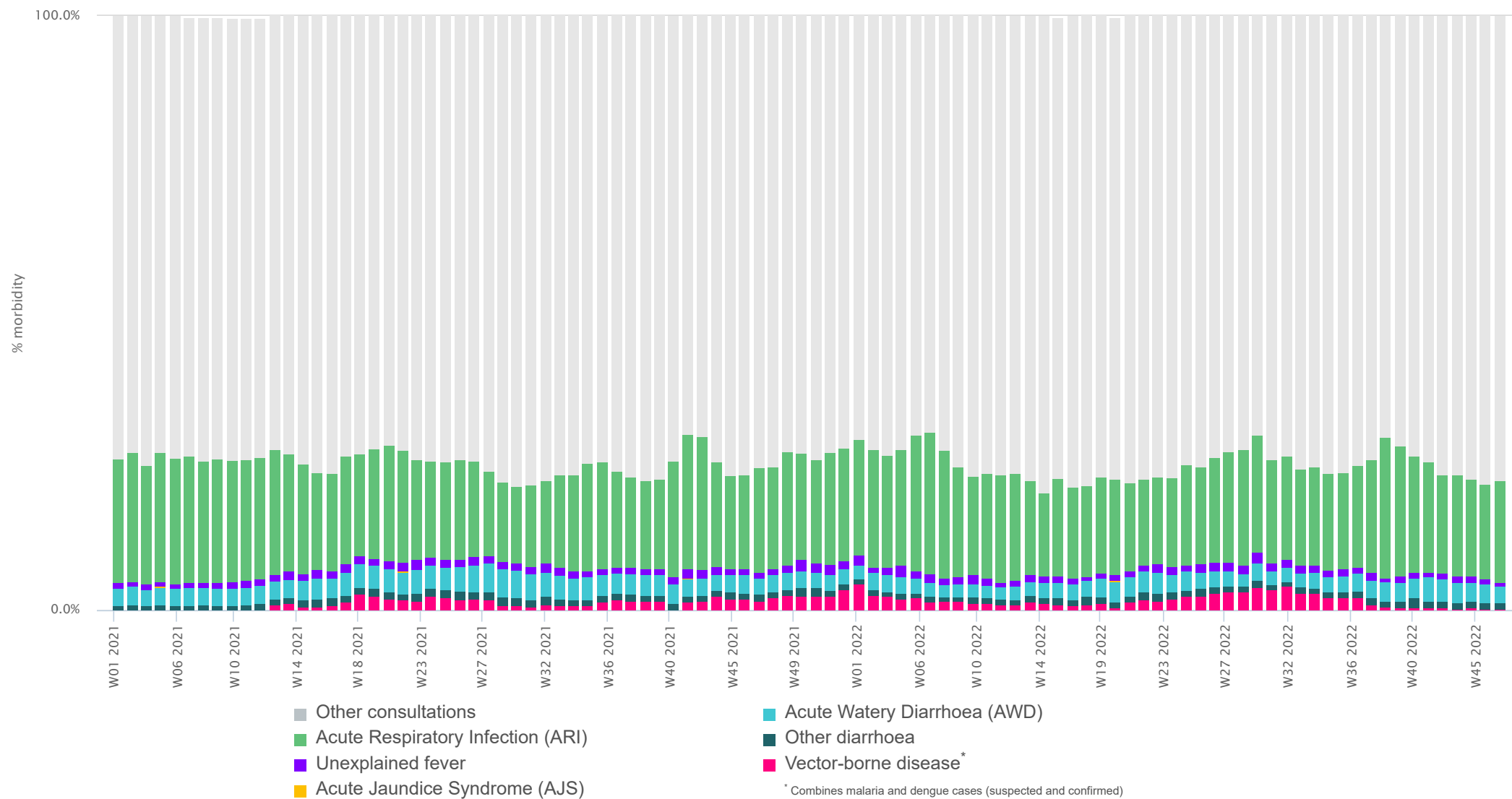
**Figure 1 | Proportional morbidity (W46 2022)**



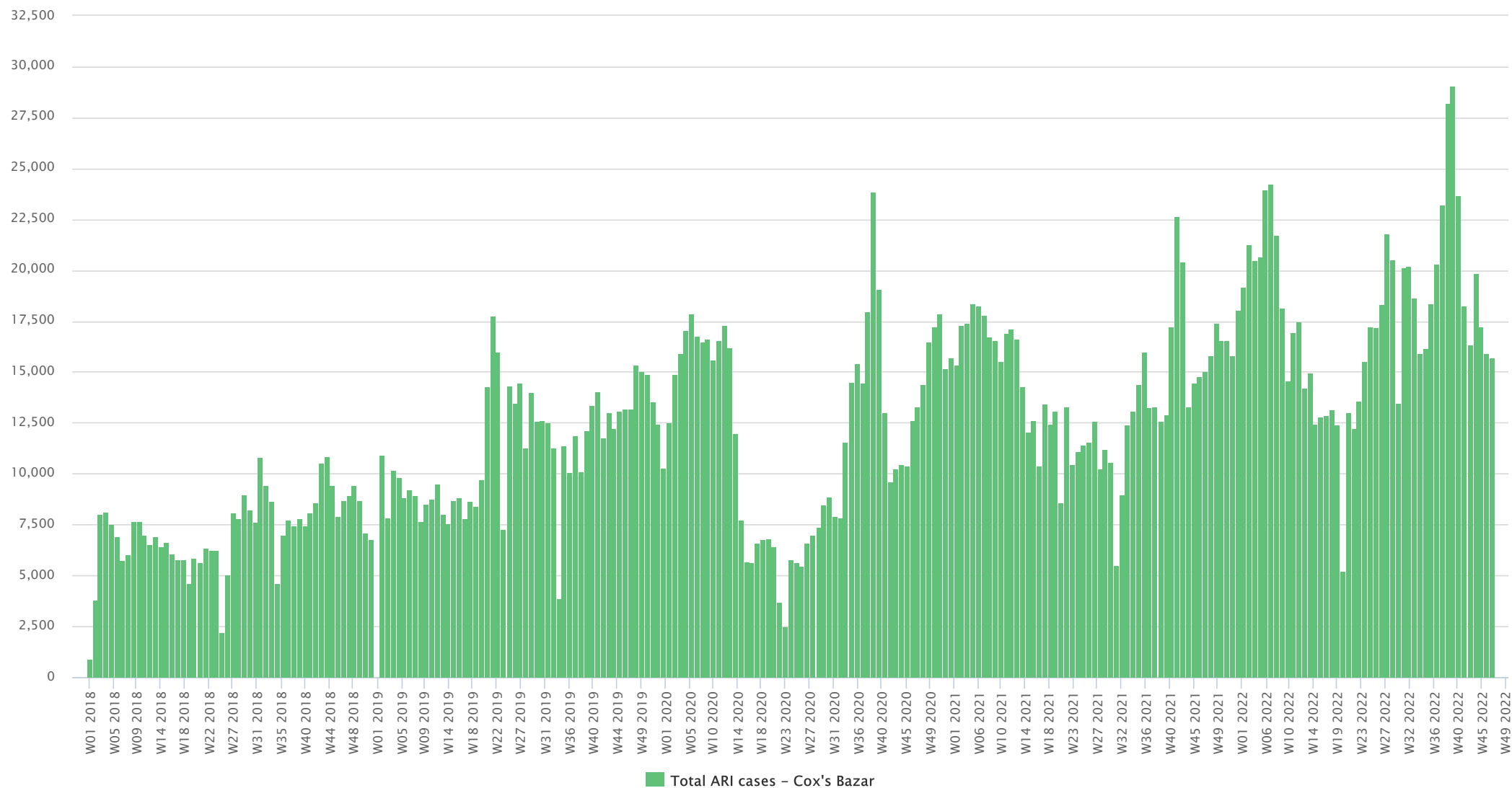
Disease	W46		2022	
	# cases	% morbidity	# cases	% morbidity
AWD	2,556	2.7%	131,307	2.8%
Bloody diarr.	228	0.2%	16,216	0.3%
Other diarr.	1,095	1.2%	50,865	1.1%
Susp. Varicella	25	0.0%	9,128	0.2%
ARI	16,374	17.2%	846,593	17.8%
Measles/Rub.	3	0.0%	966	0.0%
AFP	1	0.0%	72	0.0%
Susp. mening.	5	0.0%	176	0.0%
AJS	9	0.0%	1,153	0.0%
Susp. HF	13	0.0%	405	0.0%
Neo. tetanus	0	0.0%	9	0.0%
Adult tetanus	0	0.0%	18	0.0%
Malaria (conf.)	4	0.0%	381	0.0%
Malaria (susp.)	1	0.0%	53,052	1.1%
Dengue (conf.)	181	0.2%	19,172	0.4%
Dengue (susp.)	44	0.0%	8,389	0.2%
Unexpl. fever	738	0.8%	55,266	1.2%
Sev. Malnut.	68	0.1%	2,240	0.0%
Inj./Wounds	1,889	2.0%	99,649	2.1%
Other	71,687	75.5%	3,442,043	72.5%
<b>Total</b>	<b>94,235</b>	<b>100%</b>	<b>4,744,826</b>	<b>100%</b>

## Trend in consultations and key diseases

**Figure 2** | Trend in proportional morbidity for key diseases (W46)

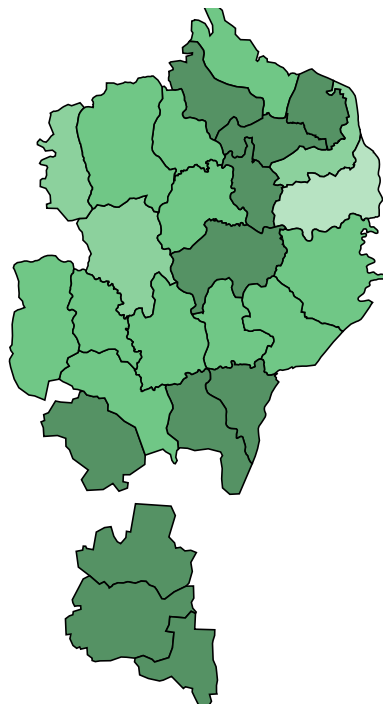


**Figure 3** | Trend in number of cases over time (W38 2017 - W46 2022)

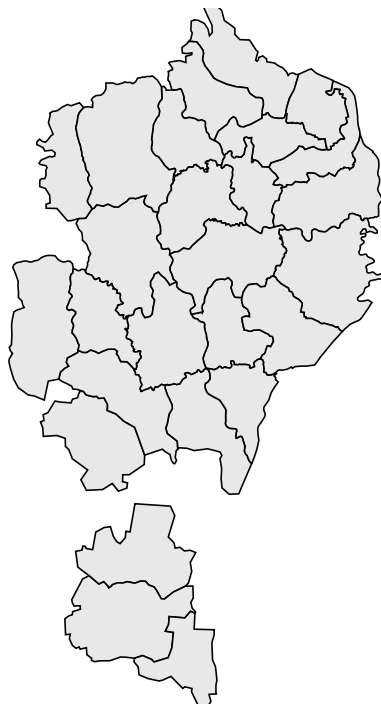


**Map 1** | Map of cases by camp (W46 2022)

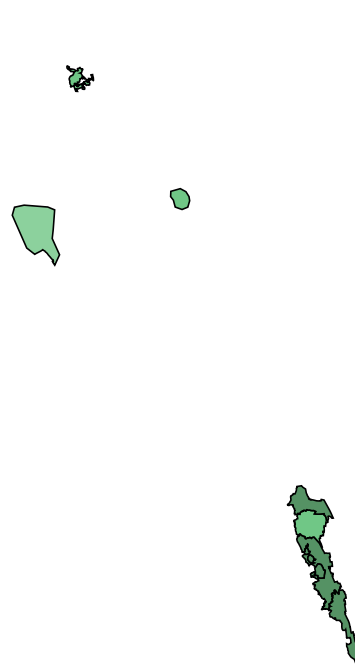
**a. Ukhia** | Number of cases



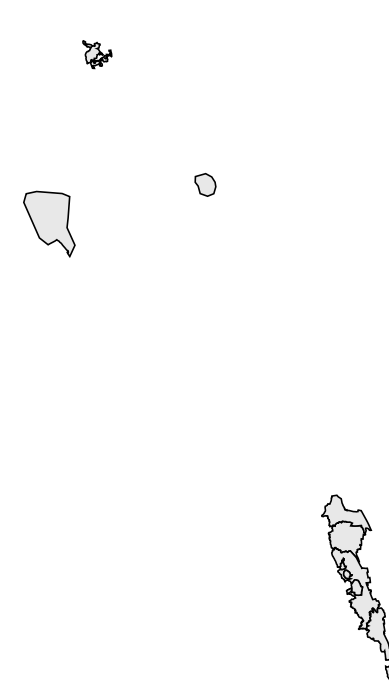
**b. Ukhia** | Number of alerts



**c. Teknaf** | Number of cases



**d. Teknaf** | Number of alerts



## Map legend

Number of cases



Number of alerts



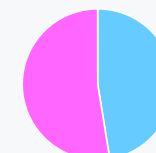
## Alert threshold

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

## Alert management (W46 2022)

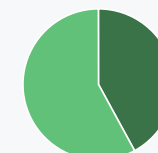


## Figure | % sex



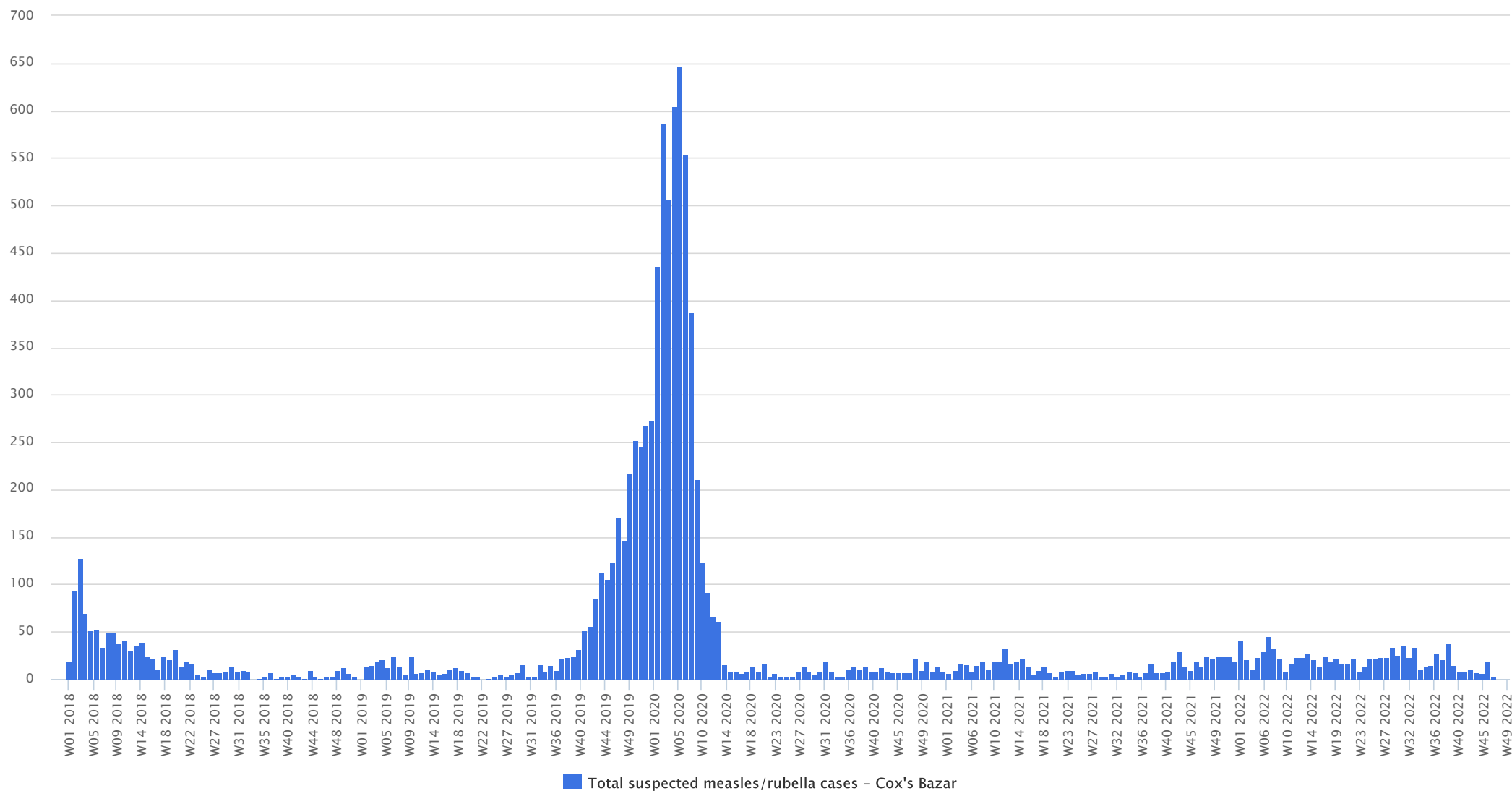
Male Female

## Figure | % age



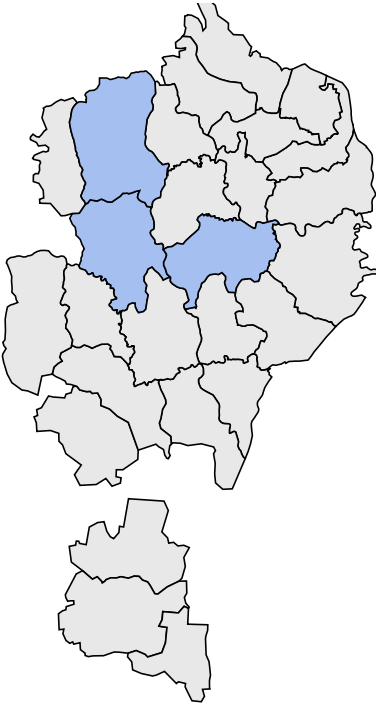
>=5 < 5

**Figure 4** | Trend in number of suspected cases over time (W38 2017 - W46 2022)

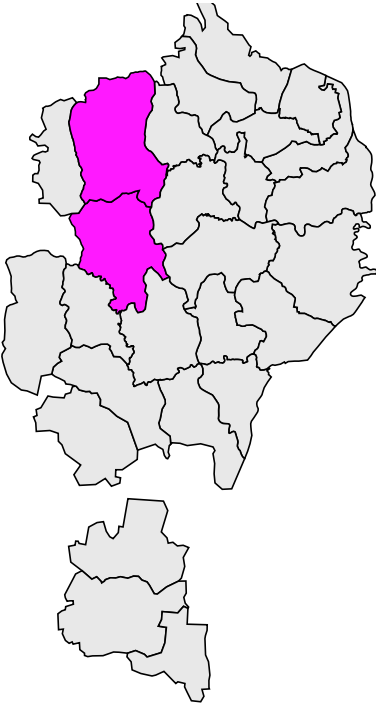


Map 2 | Map of cases by camp (W46 2022)

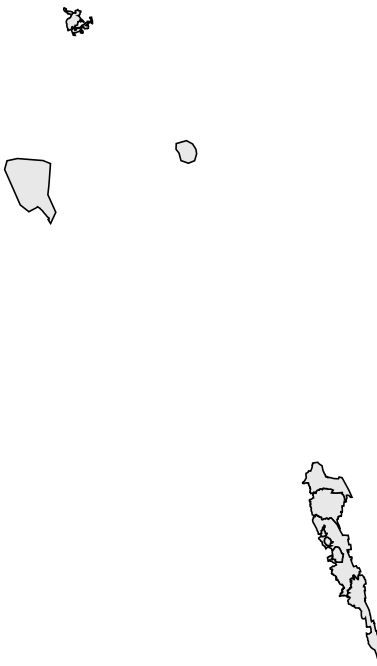
a. Ukhia | Number of cases



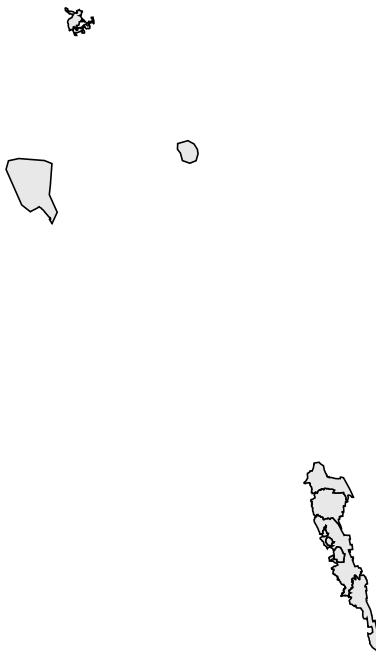
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold

1 case. Source: IEDCR

Alert management (W46 2022)

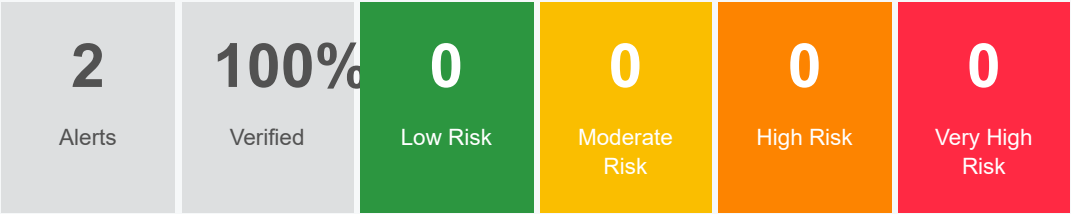


Figure | % sex

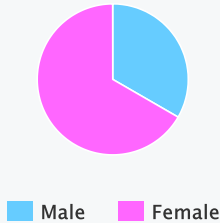
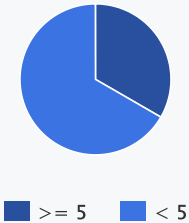
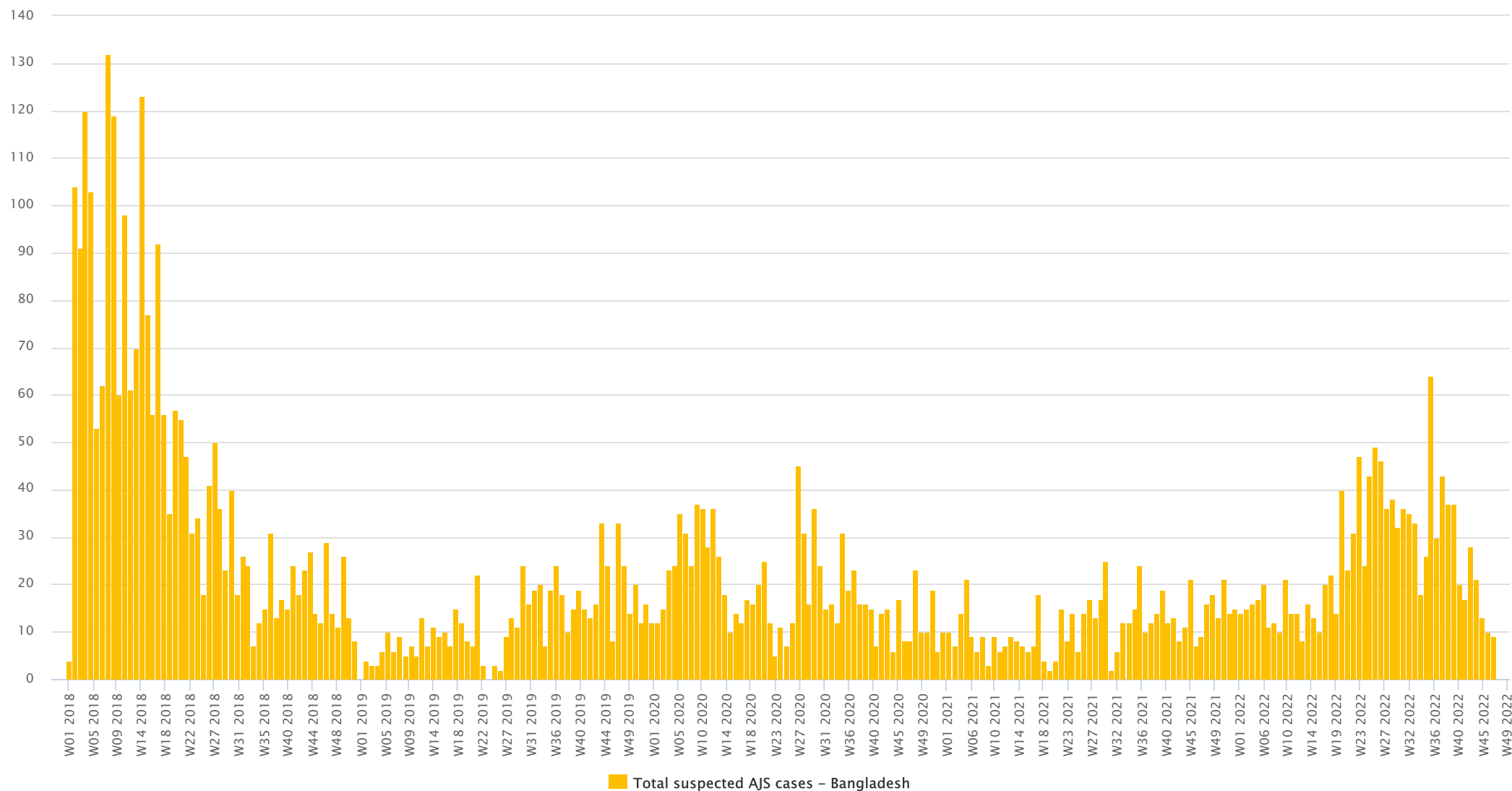


Figure | % age

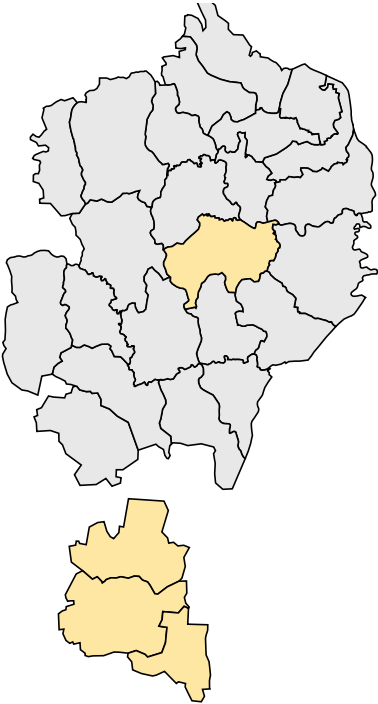


**Figure 5** | Trend in number of cases over time (W38 2017 - W46 2022)

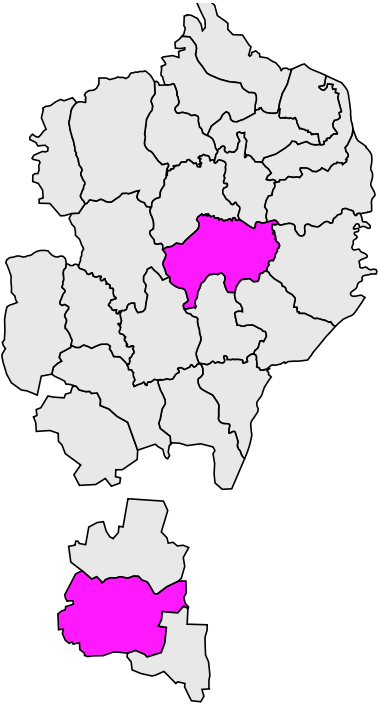


Map 3 | Map of cases by camp (W37 2017 - W46 2022)

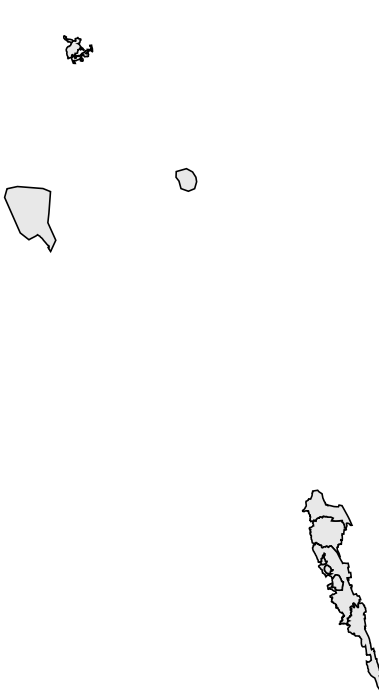
a. Ukhia | Number of cases



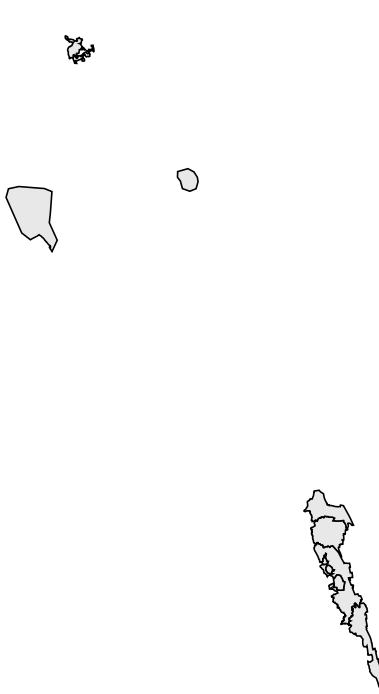
b. Ukhia | Number of alerts



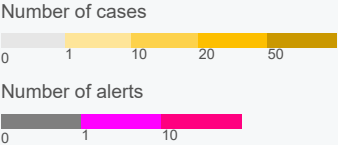
c. Teknaf | Number of cases



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 (W46 2022)

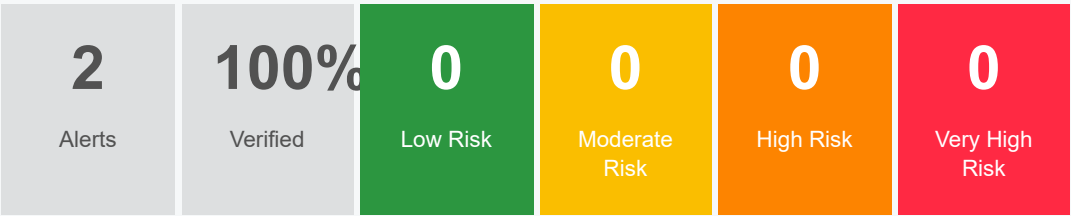


Figure | % sex

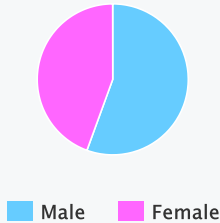
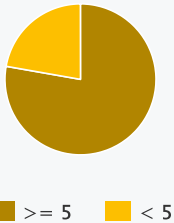
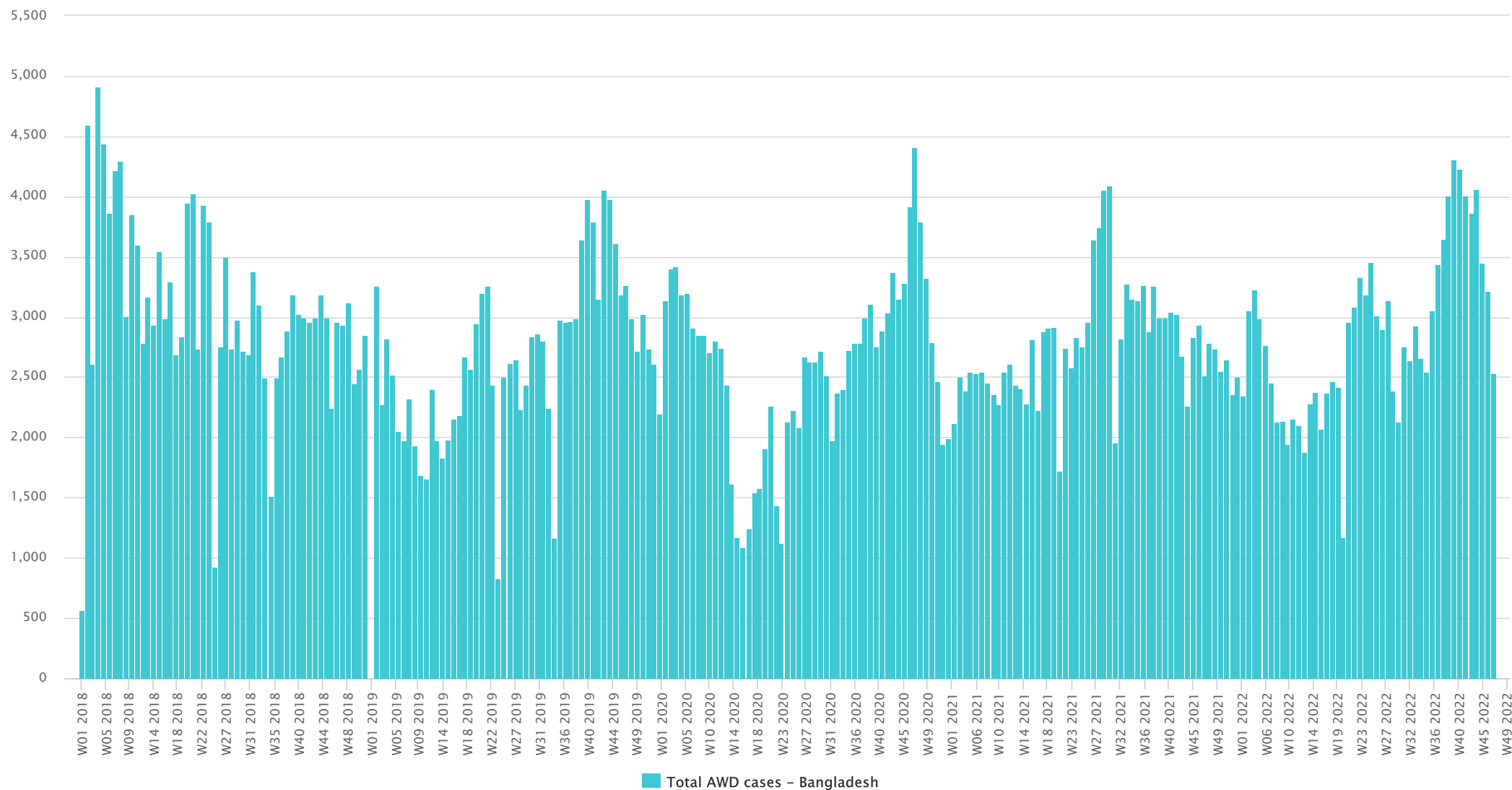


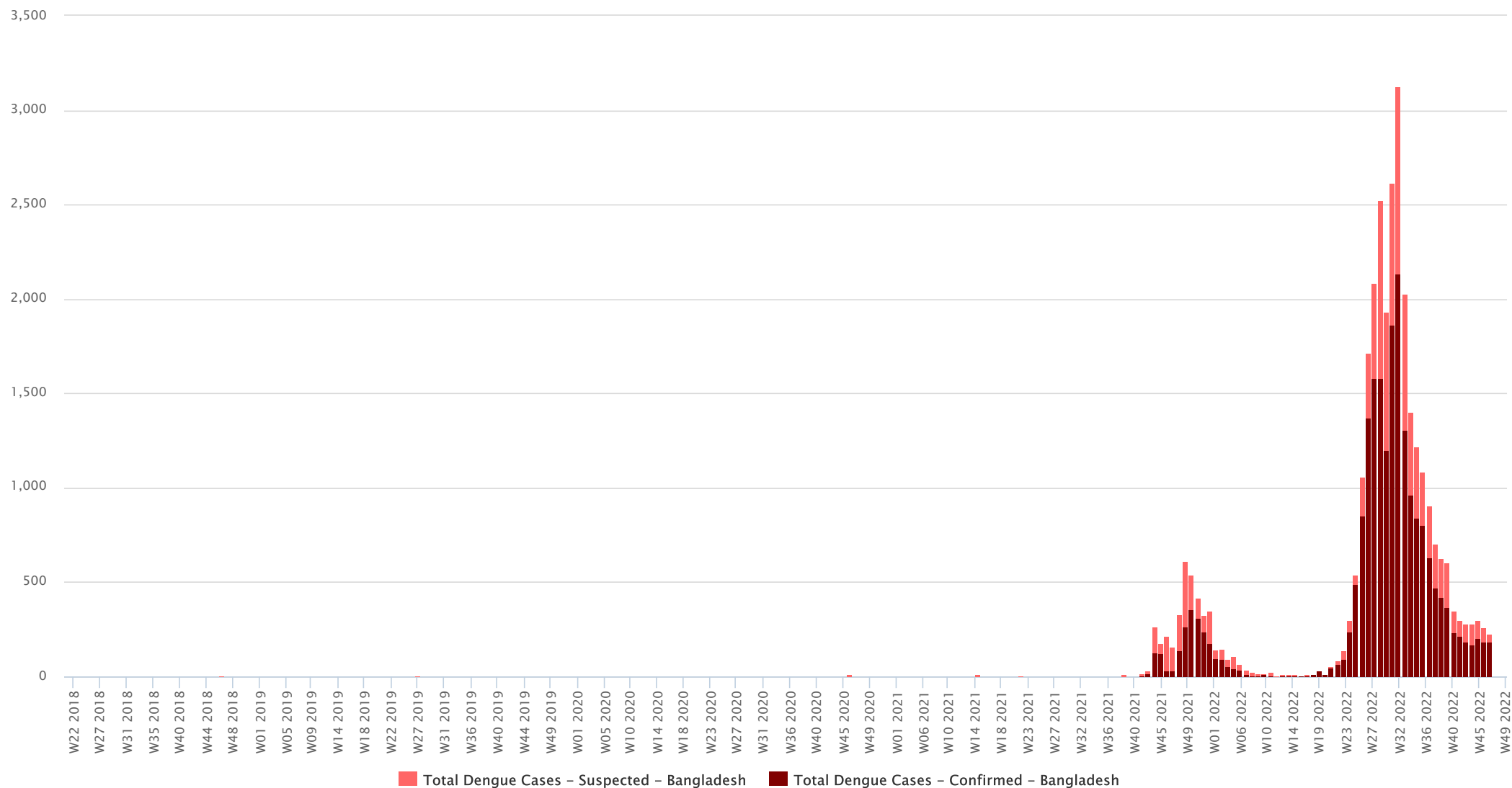
Figure | % age



**Figure 6** | Trend in number of cases over time (W38 2017 - W46 2022)

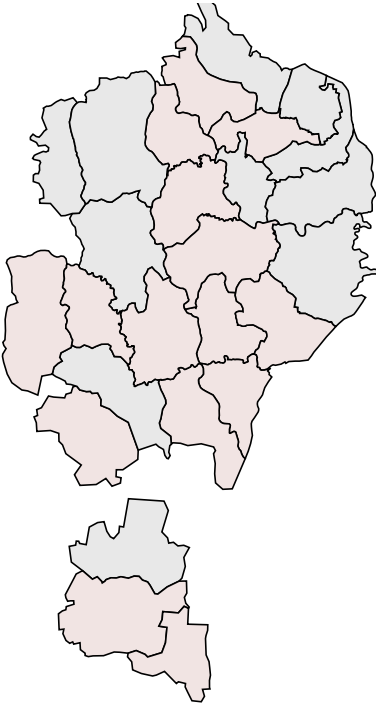


**Figure 7** | Trend in number of cases over time (W38 2017 - W46 2022)

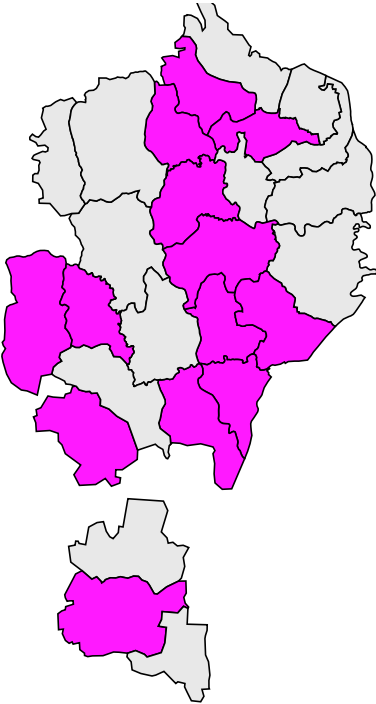


Map 4 | Map of cases by camp (W37 2017 - W46 2022)

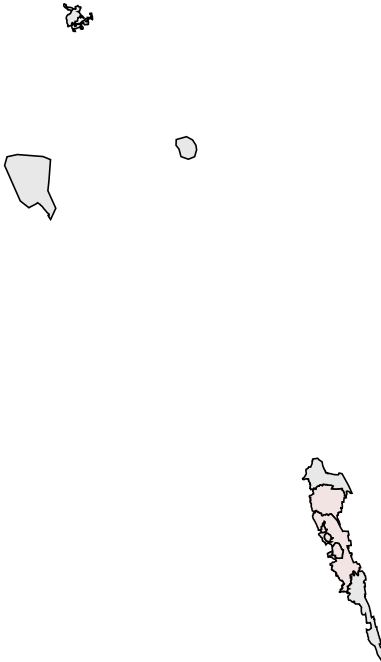
a. Ukhia | Number of cases



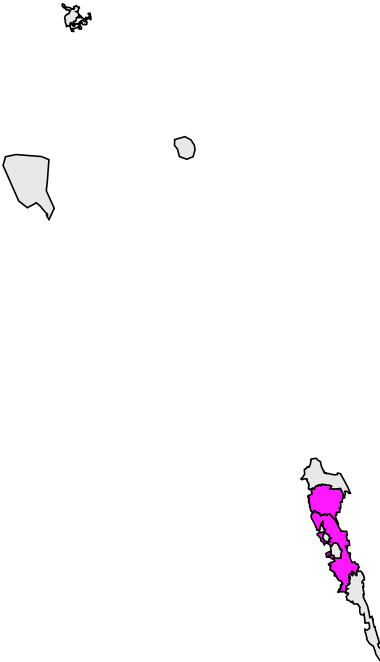
b. Ukhia | Number of alerts



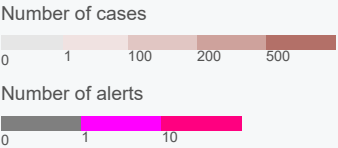
c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold

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

Alert management (W46 2022)

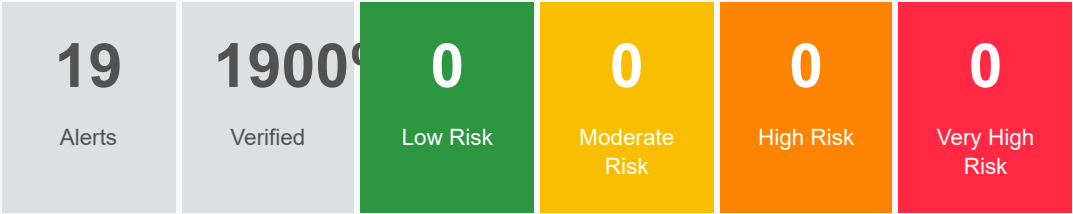


Figure | % sex

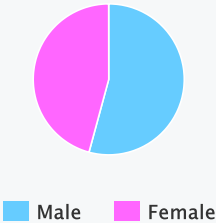


Figure | % age

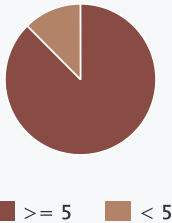
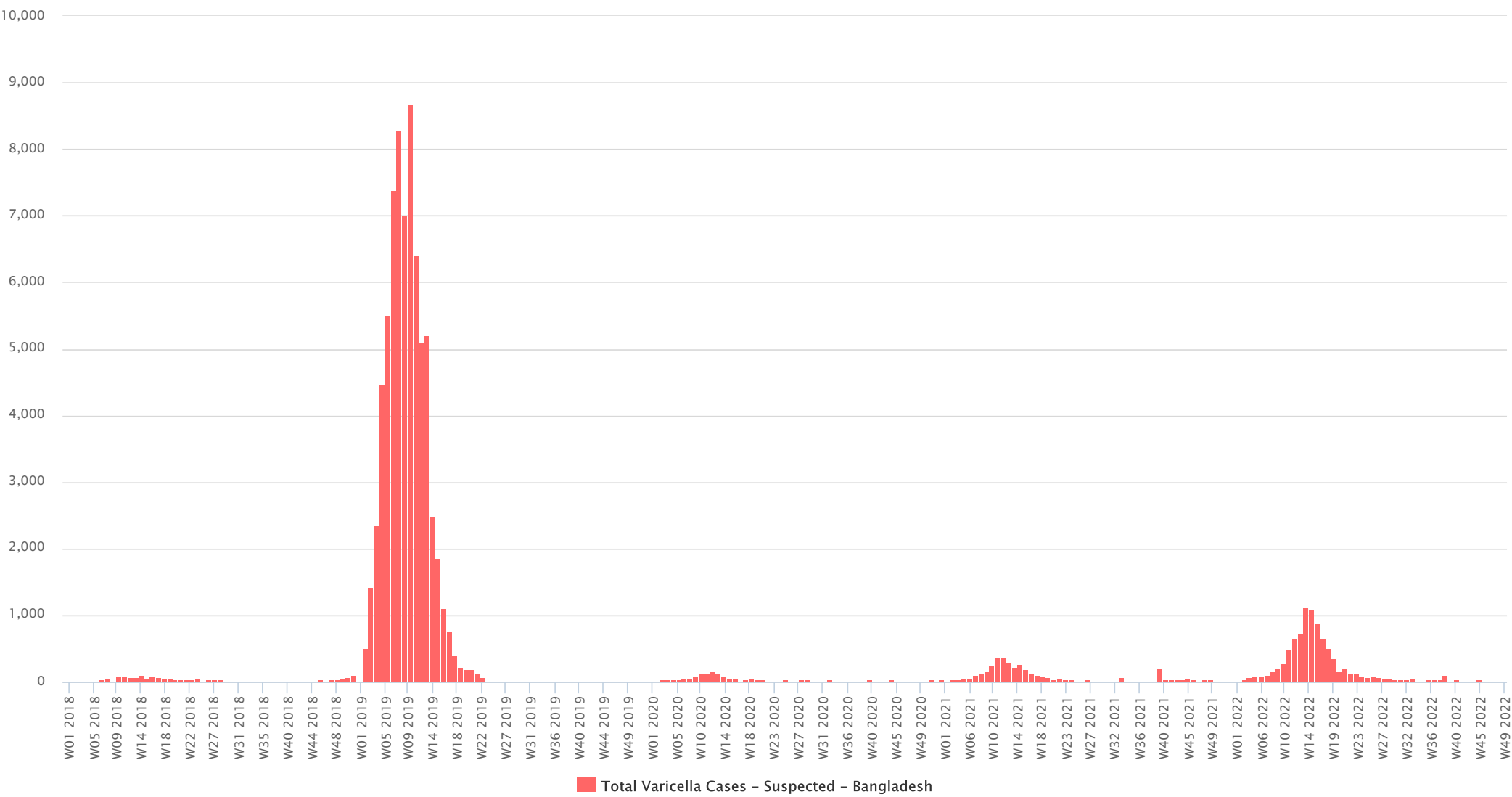
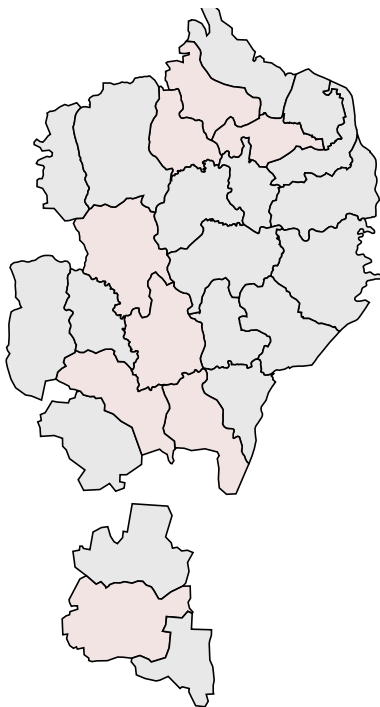


Figure 7 | Trend in number of cases over time (W38 2017 - W46 2022)

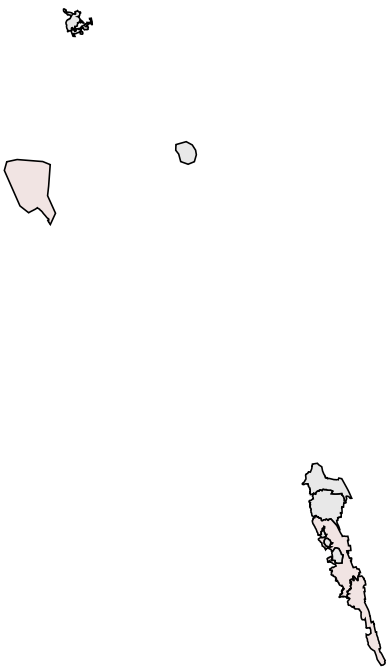


Map 4 | Map of cases by camp (W37 2017 - W46 2022)

a. Ukhia | Number of cases



c. Teknaf | Number of cases



Map legend

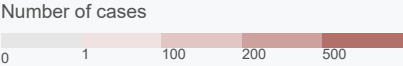


Figure | % sex

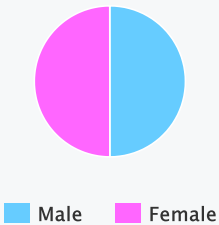
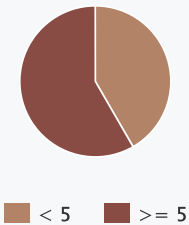


Figure | % age



## 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