



# Epidemiological Highlights

Week 51 (11-17 Dec) 2022



World Health  
Organization

# Highlights: COVID-19

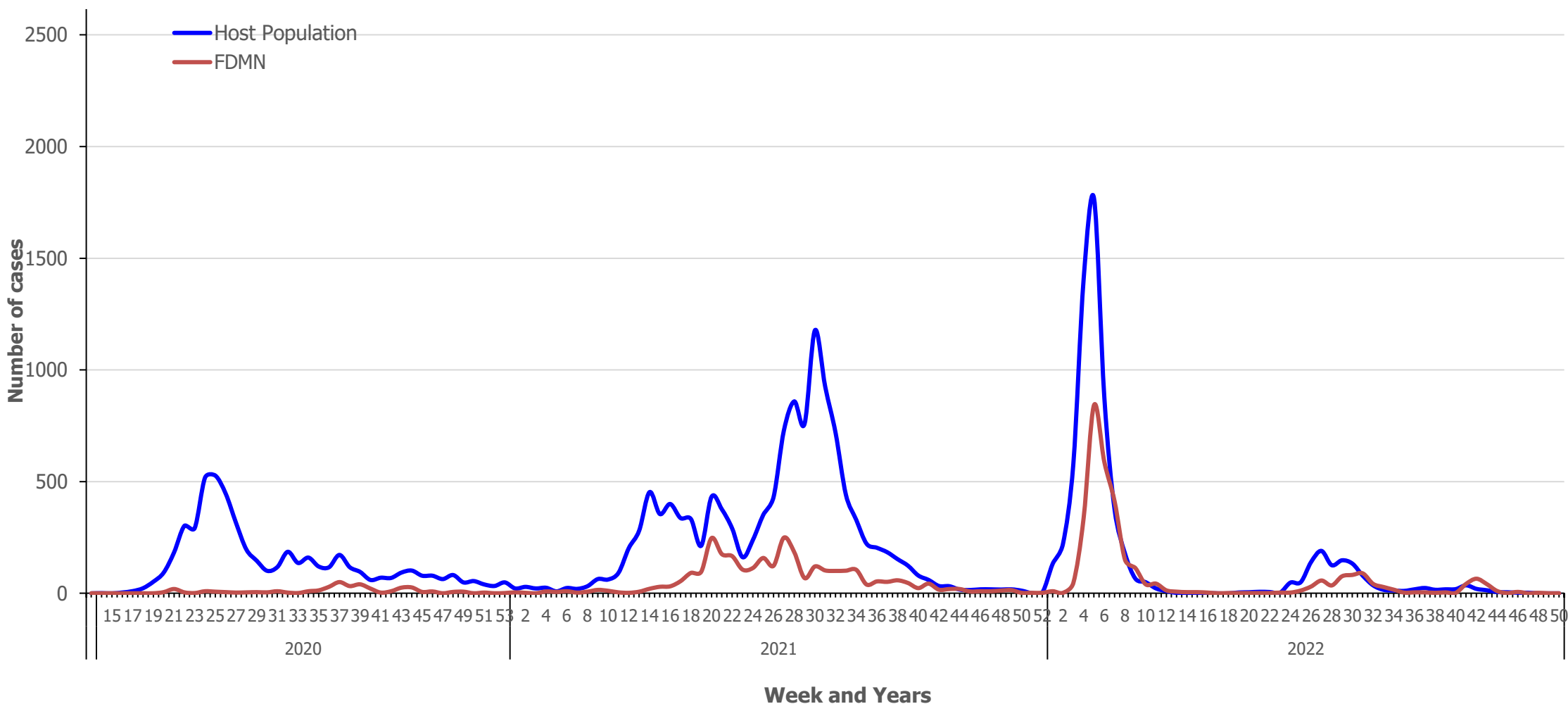
**FDMN: Transmission is under control as the weekly caseload sustained at zero for the 2<sup>nd</sup> Week**

- **No** new confirmed cases were reported hence the total number of confirmed cases remained at **6,585**
- Weekly Testing Positivity Rate(TPR) and case incidence/new infections sustained at **zero**
- No new death reported, total deaths stabilized at **46** (CFR of 0.7%)
- One new recovery and level of recovery continues to steady at 99%

**Host Population: Transmission is under control as zero weekly caseloads were sustained for the 3<sup>rd</sup> week**

- **No new** cases were reported, similar to the last two weeks, cumulative cases remained at **24,643**
- Weekly TPR and case incidence/new infection sustained at **zero (0)**
- Zero cases in Isolation and recovery level continues to remain at peak at 99%
- No new death and total deaths stand at 50 (12<sup>th</sup>-18<sup>th</sup> Dec) 2022 (CFR-1.1%)

# Highlights: COVID-19



**FDMNs:** No new confirmed case was reported this week, and weekly TPR and case incidence remain zero, two weeks in a row

**Host Population:** No new cases were reported in the week which is similar to the last two weeks, weekly TPR and case incidence steady at **zero**

# EWARS Reporting Updates

Currently, a total of 163 health facilities are registered in EWARS

- Only 141/163 weekly reports were received on time in week 51
- Timeliness of reporting for this week was 87%
- Ninety-six (96) alerts were triggered
- All alerts were reviewed and verified by the WHO EWARS team; this was more than that of the previous week (64 alerts in week 50, 2022)

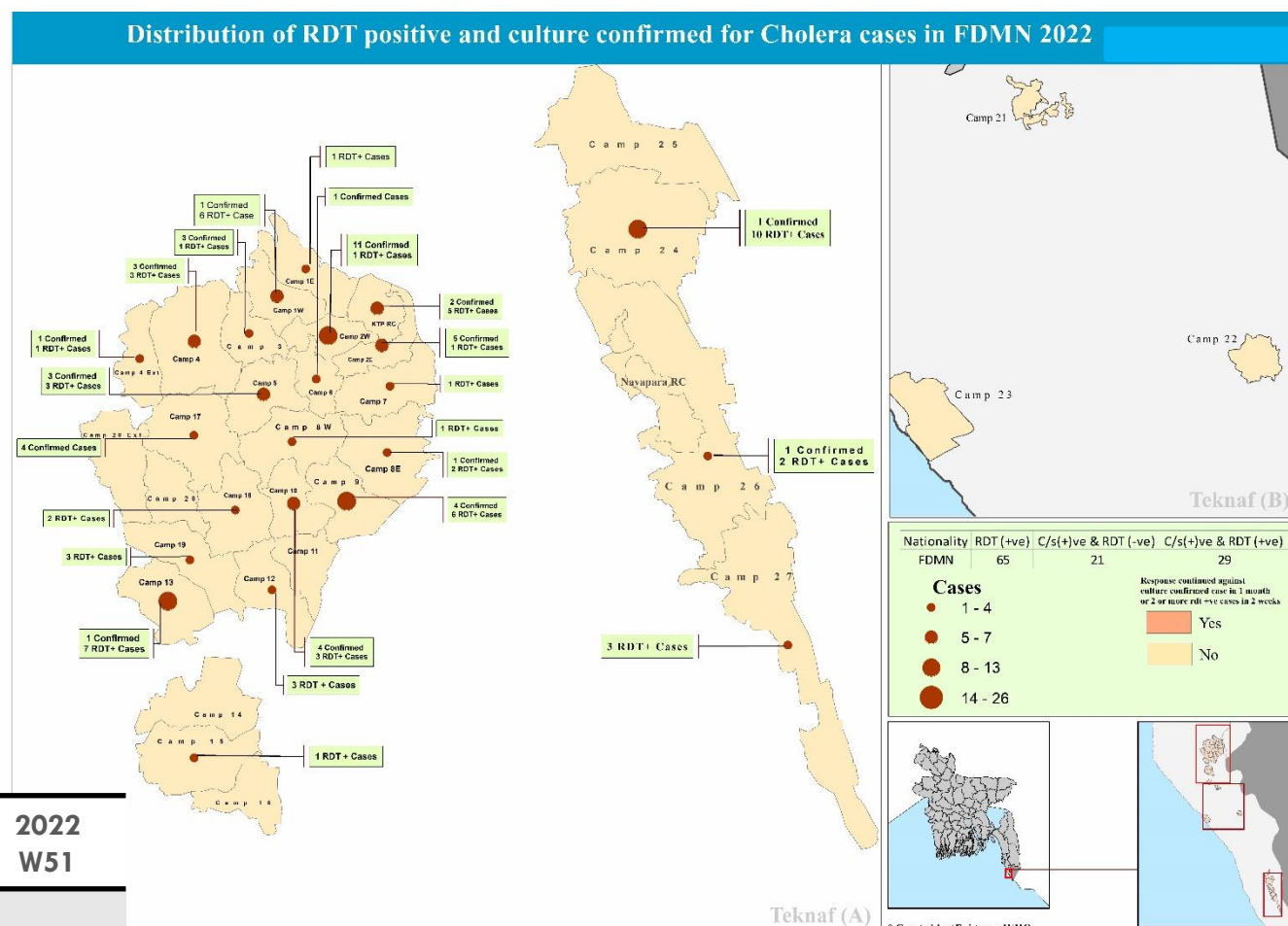
# Highlights: Morbidities and Mortalities

- Acute Respiratory Infections (19.4%), Diarrheal Diseases (3.8%) & Injuries, and Wounds (2.1%) were the diseases and health conditions with the highest proportional morbidity in week 51.
- Monitoring of suspected SARI death under enhanced Community-based mortality surveillance has been continued since week 28, 2020. A total of 135 SARI deaths have so far been reported in 2022 of which eight (08) deaths upon an investigation of all SARI deaths were reclassified as probable COVID-19 Deaths
- This Epi week, no new SARI deaths were reported as highlighted below:

Year	Suspected SARI death reported (current week)	Reclassified as death due to probable COVID-19
2022	135 (0)	8
2021	96	15
2020	49	2

# Cholera/AWD Surveillance Updates

- In this week, there is no new cultured confirmed Cholera cases were reported, among samples sent for testing.
- In 2022 total of one hundred sixty-seven (167) RDT-positive AWD cases/ cholera suspected cases including 68 culture-confirmed Cholera cases reported as of Epi Week 51 2022.
- Cumulatively there are 859 RDT and culture-confirmed cholera cases of which 400 cases were culture-confirmed since transmission in 2018



	2018	2019	2020	2021	2022 W51
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**RDT positive AWD cases & culture confirmed for Cholera cases**

	49	258	28	357	167
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**Culture confirmed for Cholera**

	7	184	5	136	68
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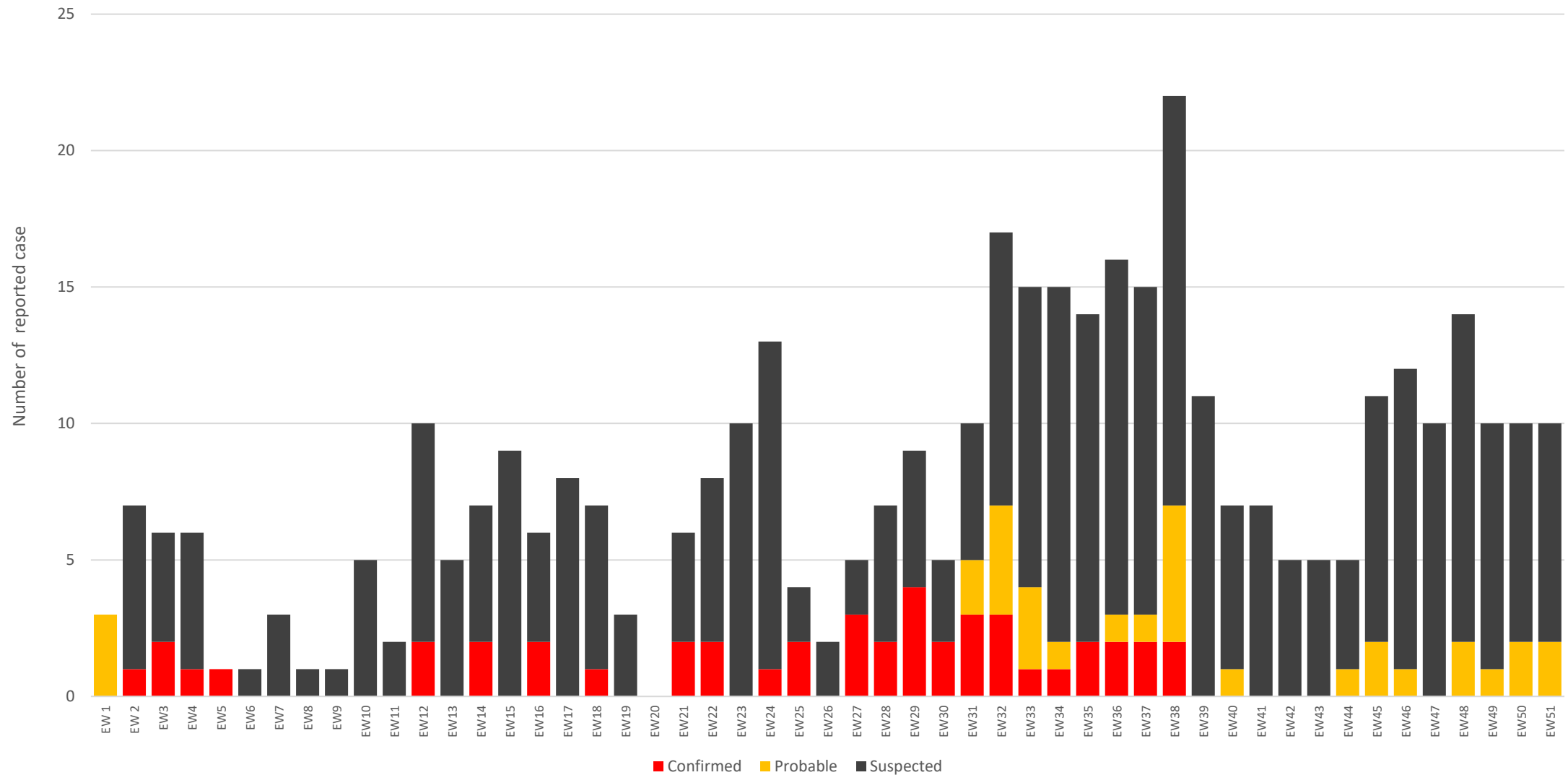
# Diphtheria Surveillance Updates

- Two (2) probable and eight (8) suspected diphtheria cases were reported in go.data in this Epi week 51
- 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	32
Suspected	1796	3549	523	198	118	323
Death	30	14	3	0	5	2

# Trends of Diphtheria cases

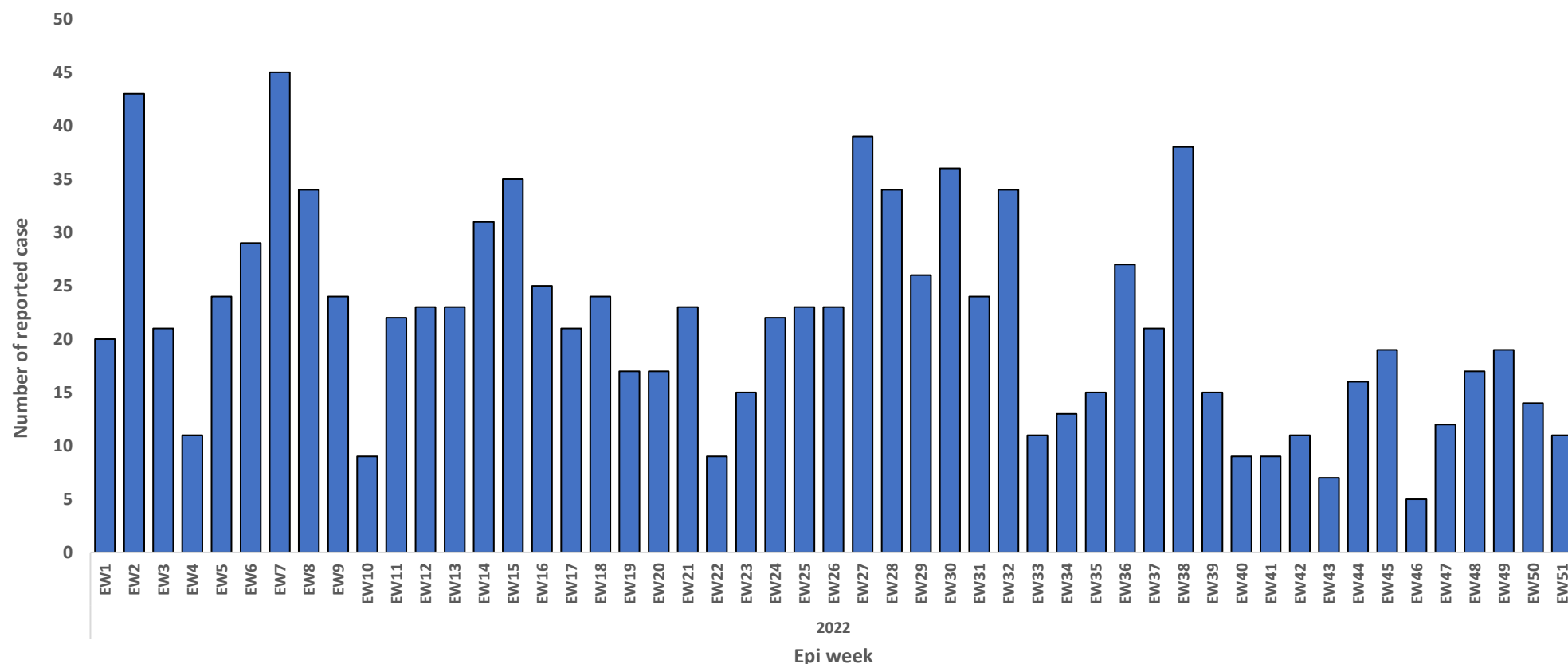
Total number of diphtheria case reported in EWARS from week 1-51, 2022





# Epi Curve of Suspected Measles Cases

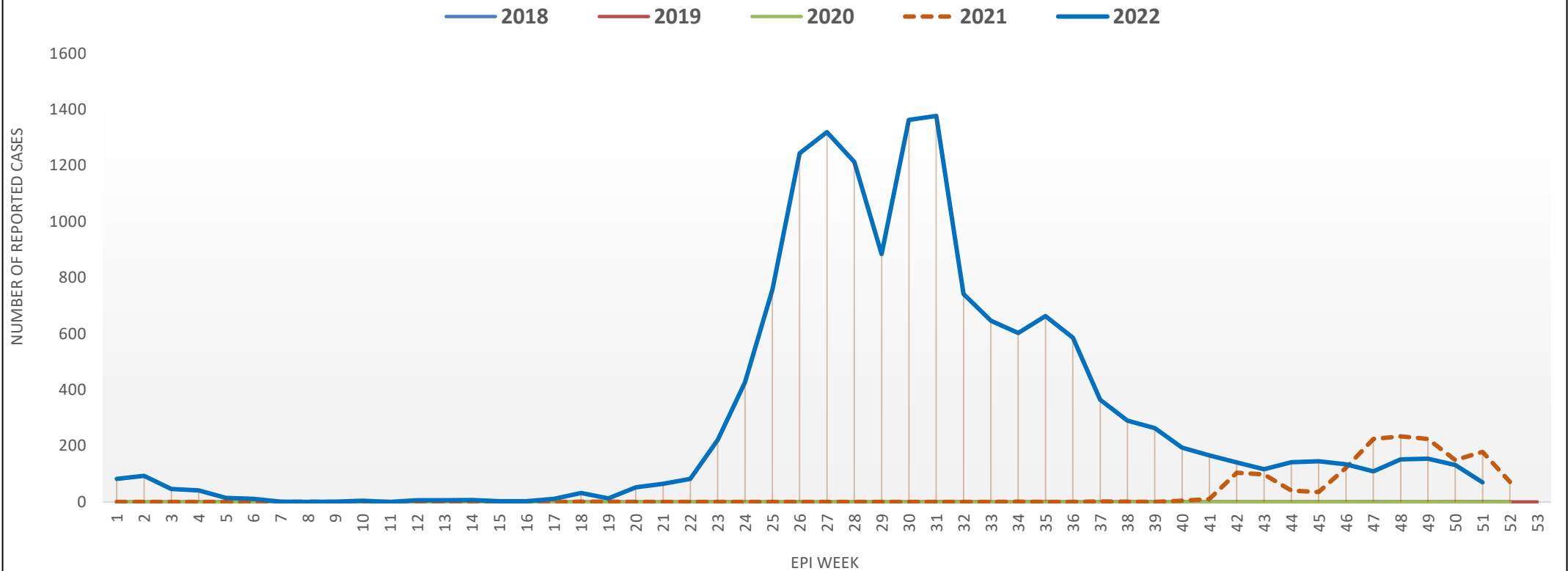
Total number of Measles case reported in EWARS from week 1-51, 2022



- > In week 51, 11 suspected measles cases were reported through weekly reporting. This brings the total number of suspected measles cases to 1,095 reported in 2022
- > About 54% (590/1,095) 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 51, 2022



- ❑ Overall level of infection continues to decline in the past 21 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

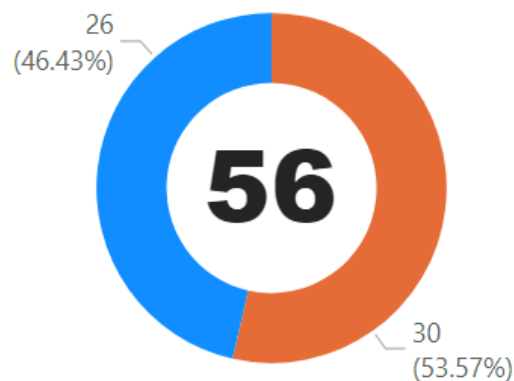
# Community-based Mortality surveillance updates Epi week 51

Probable causes of death	Epi week 51	In 2022
Still Birth	4 (7%)	219 (10%)
Neonatal Death (<28 days old)	9 (16%)	234 (11%)
Infectious Disease	1 (2%)	172 (8%)
Severe Acute Respiratory Infection (SARI)	--	54 (3%)
Injury	1 (2%)	43 (2%)
Maternal Death	--	45 (2%)
Acute Malnutrition	--	1 (0%)
Other	41 (73%)	1399(65%)
<b>Total</b>	<b>56 (100%)</b>	<b>2167 (100%)</b>

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

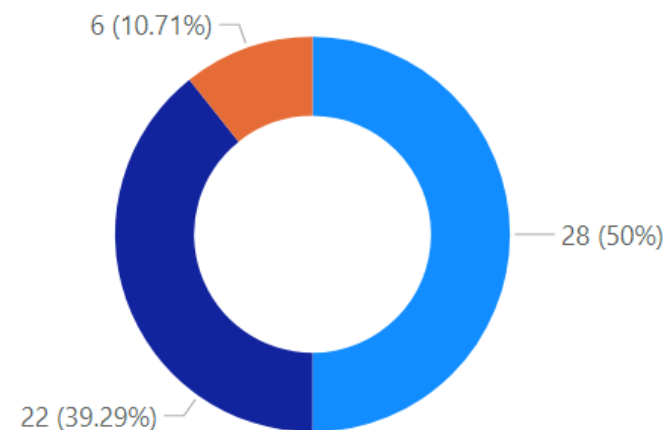
# Community-based Mortality surveillance updates Epi week 51

**Gender distribution**



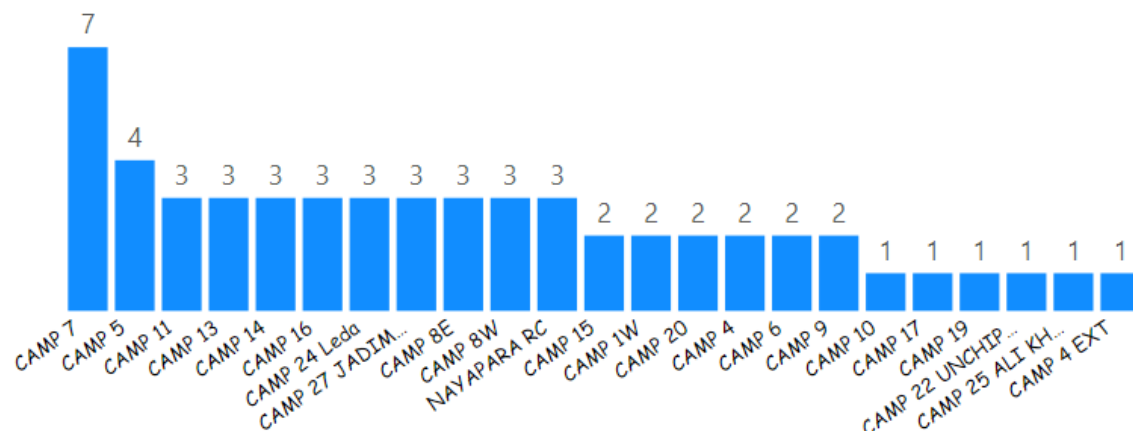
● FEMALE ● MALE

**Place of death**

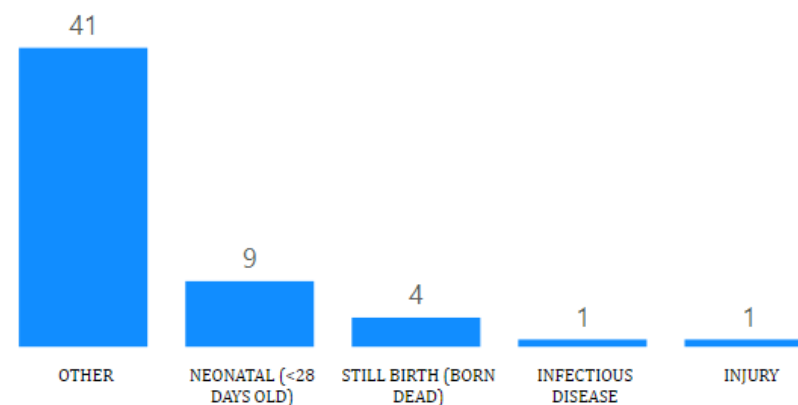


● HOME ● HEALTH FACILITY ● COMMUNITY/PUBLIC PLACE

**Distribution of deceased Camp**



**Distribution of Probable cause of death**



# Bangladesh

Rohingya Emergency Response

Early Warning, Alert and  
Response System (EWARS)

Epidemiological Bulletin W51 2022



Ministry of Health and Family  
Welfare Bangladesh



World Health  
Organization



HEALTH SECTOR  
COX'S BAZAR



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## Sources of data

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

## Highlights W51 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>163</b>	<b>93%</b>	Number of EWARS reporting sites

**Table 2 | Early warning performance indicators**

W51	Cumulative (2022)	
<b>141</b>	<b>8153</b>	Number of weekly reports received
<b>86%</b>	<b>94%</b>	Completeness
<b>86%</b>	<b>92%</b>	Timeliness

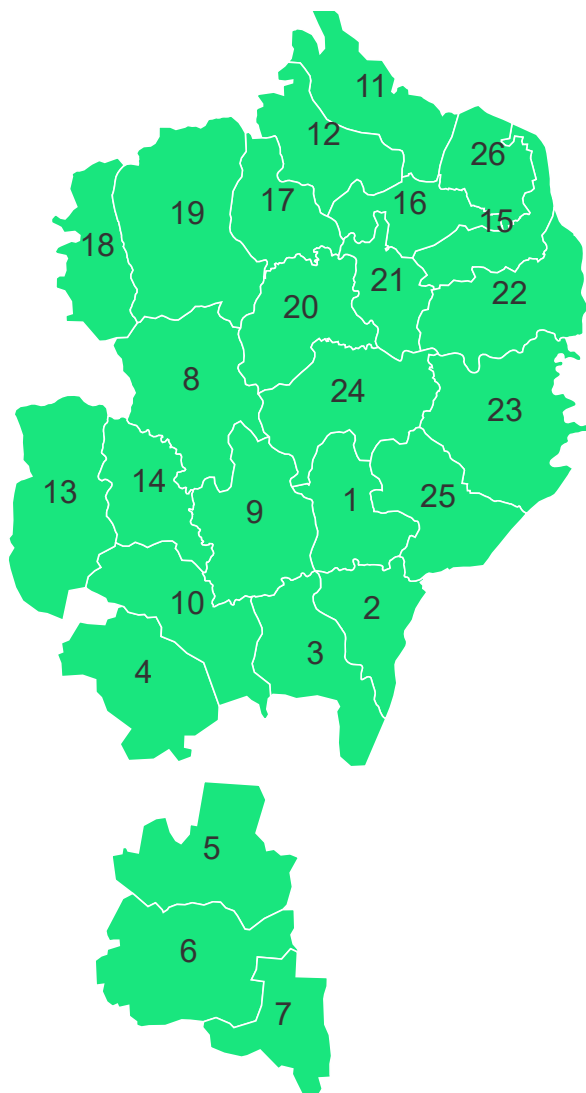
**Table 3 Alert performance indicators**

W51	Cumulative (2022)	
<b>96</b>	<b>4,729</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

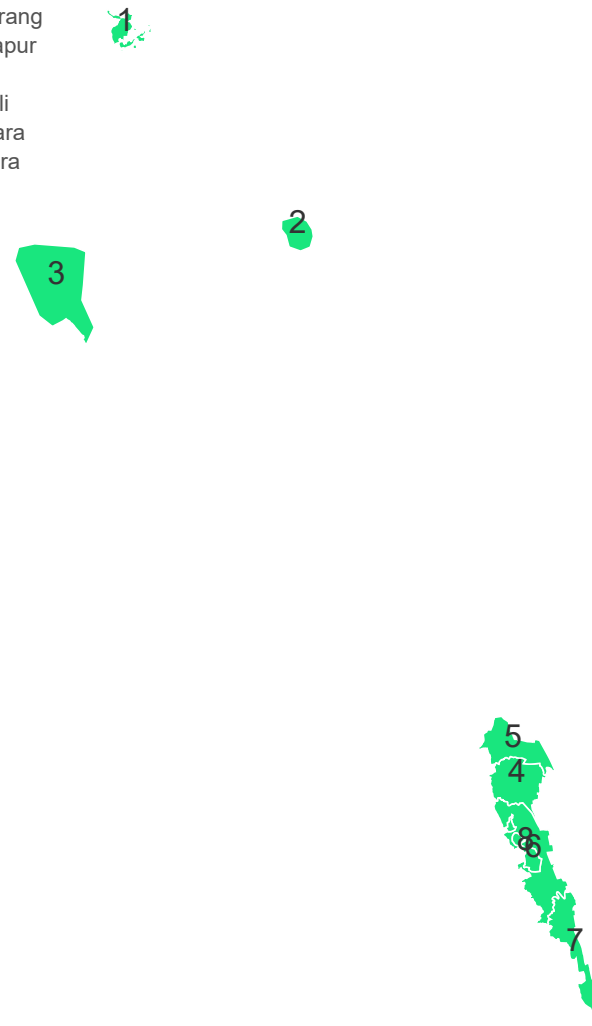


Completeness



**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



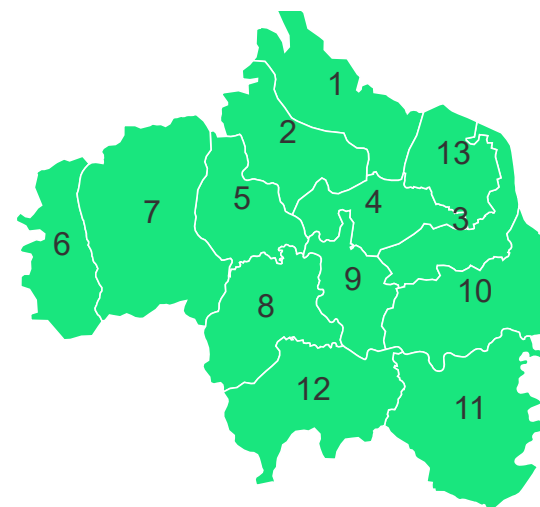


**Table 4 | Performance by camp (W51 2022)**

Northern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Northern Group				
Camp 1E	4	3	75%	0%
Camp 1W	5	5	100%	0%
Camp 2E	3	2	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	4	100%	0%
Camp 6	3	3	100%	0%
Camp 7	6	6	100%	0%
Camp 8E	7	7	100%	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

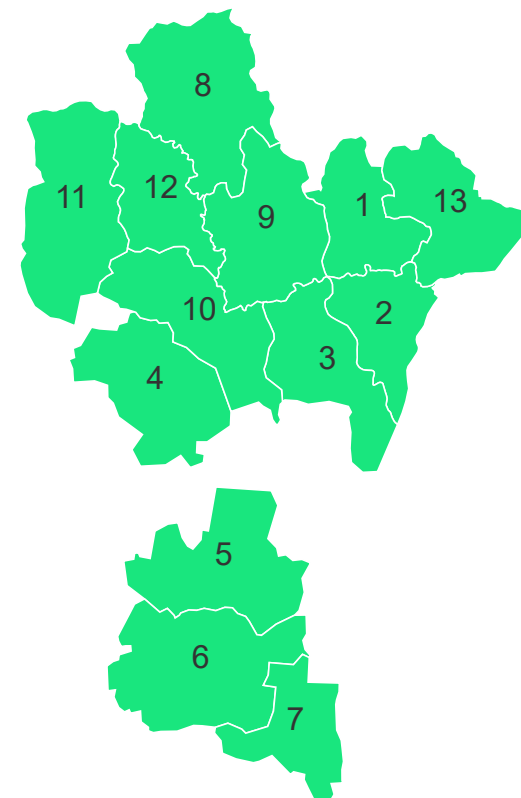


**Table 5** | Performance by camp (W51 2022)

Southern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Ukhia Southern Group				
Camp 10	4	4	100%	0%
Camp 11	6	6	100%	0%
Camp 12	6	3	67%	0%
Camp 13	9	7	89%	0%
Camp 14	6	5	83%	0%
Camp 15	8	8	100%	13%
Camp 16	7	6	86%	0%
Camp 17	5	5	100%	0%
Camp 18	4	4	100%	0%
Camp 19	4	4	100%	0%
Camp 20	4	3	100%	0%
Camp 20 Ext	3	3	100%	0%
Camp 9	6	5	83%	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 (W51 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	1	50%	0%
Camp 25 Ali Khali	3	3	100%	0%
Camp 26 Nayapara	5	5	100%	0%
Camp 27 Jadimura	2	1	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

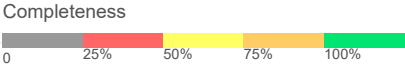
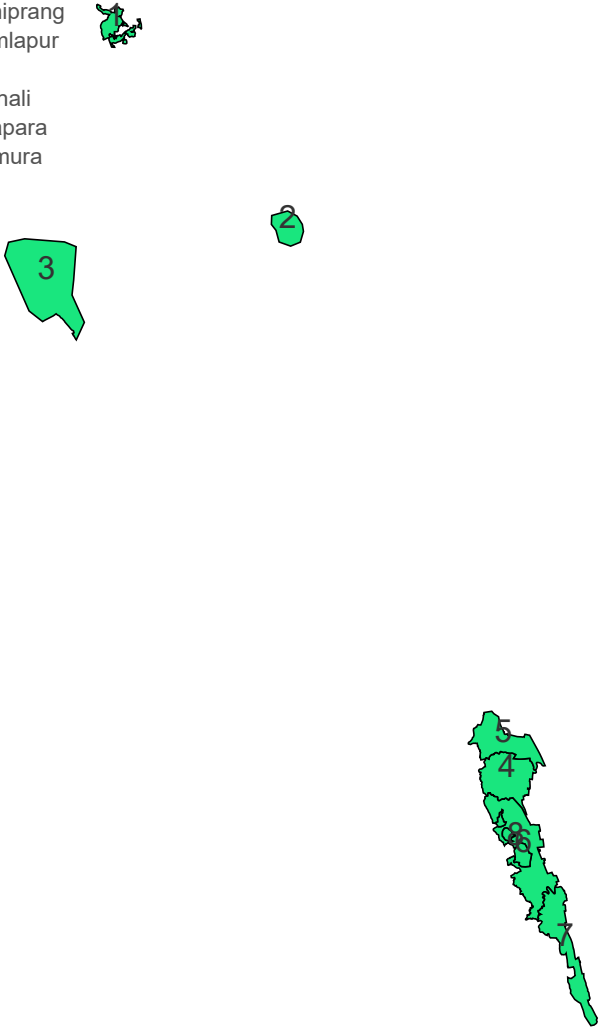
Camp 24 Leda
- 5

Camp 25 Ali Khali
- 6

Camp 26 Nayapara
- 7

Camp 27 Jadimura
- 8

Nayapara RC



**Table 7** | Performance by partner (W51 2022)

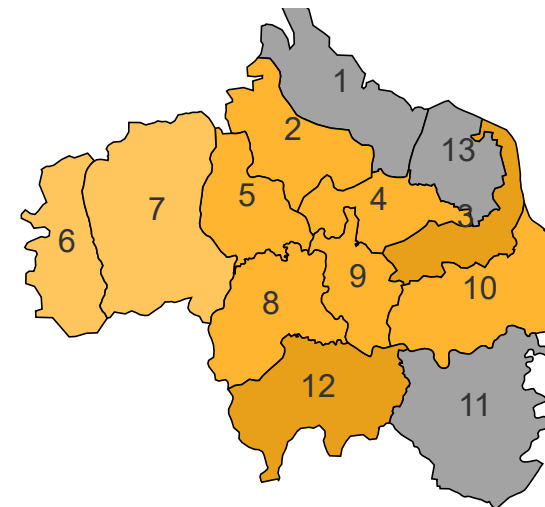
Partner	Performance		Reporting		Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness		# sites	# reports received	Completeness	Timeliness
AKF	1	1	100%	100%	IRC	4	3	75%	75%
AWARD	6	6	100%	100%	MSF	9	8	89%	89%
BASHMAH	1	1	100%	100%	MoH	12	9	83%	83%
BDRCS	11	11	100%	100%	MHI	0	0		
BRAC	11	11	100%	100%	Medair	0	0		
CARE	4	0	0%	0%	FH/MTI	4	4	75%	75%
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%	100%	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	11	10	91%	91%	RHU	3	3	100%	100%
Global One	1	1	100%	100%	RI	3	3	100%	100%
GUSS	1	1	100%	100%	RTMI	10	7	70%	70%
HAEFA	2	2	100%	100%	SALT	1	1	100%	100%
HAIB	0	0			SCI	7	7	100%	100%
HMBDF	2	2	100%	100%	DCHT-MM	1	1	100%	100%
HOPE	1	1	100%	0%	Turkish Government	1	0	0%	0%
ICRC	1	1	100%	100%	TdH	2	2	50%	50%
IOM	23	23	91%	91%					

Table 8 | Performance by camp

Northern group	W51		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 1E	0	0%	86	100%
Camp 1W	3	100%	227	100%
Camp 2E	8	100%	456	100%
Camp 2W	3	100%	158	100%
Camp 3	4	100%	215	100%
Camp 4	2	100%	187	100%
Camp 4 Ext	2	100%	69	100%
Camp 5	5	100%	153	100%
Camp 6	4	100%	118	100%
Camp 7	3	100%	106	100%
Camp 8E	0	0%	96	100%
Camp 8W	6	100%	252	100%
Kutupalong RC	0	0%	80	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

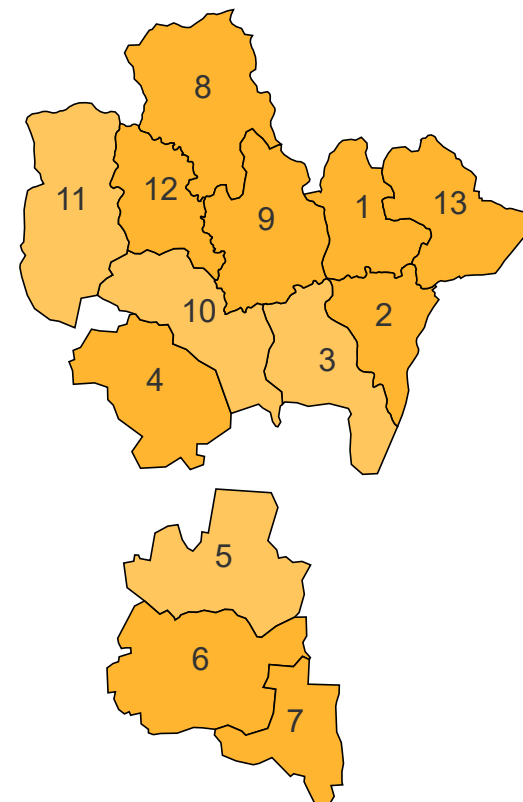


Table 9 | Performance by camp

Southern group	W51		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 10	4	100%	111	100%
Camp 11	4	100%	143	100%
Camp 12	1	100%	149	100%
Camp 13	5	100%	168	100%
Camp 14	2	100%	103	100%
Camp 15	4	100%	189	100%
Camp 16	3	100%	148	100%
Camp 17	3	100%	124	100%
Camp 18	4	100%	208	100%
Camp 19	2	100%	74	100%
Camp 20	3	100%	86	100%
Camp 20 Ext	1	100%	69	100%
Camp 9	4	100%	251	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	W51		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
Alerts Northern group				
Camp 21 Chakmarkul	0	0%	63	100%
Camp 22 Unchiprang	2	100%	85	100%
Camp 23 Shamlapur	1	100%	18	100%
Camp 24 Leda	6	100%	135	100%
Camp 25 Ali Khali	1	100%	42	100%
Camp 26 Nayapara	3	100%	153	100%
Camp 27 Jadimura	0	0%	72	100%
Nayapara RC	2	100%	44	100%

Map 7 | Number of alerts by camp

- 1

Camp 21 Chakmarkul
- 2

Camp 22 Unchiprang
- 3

Camp 23 Shamlapur
- 4

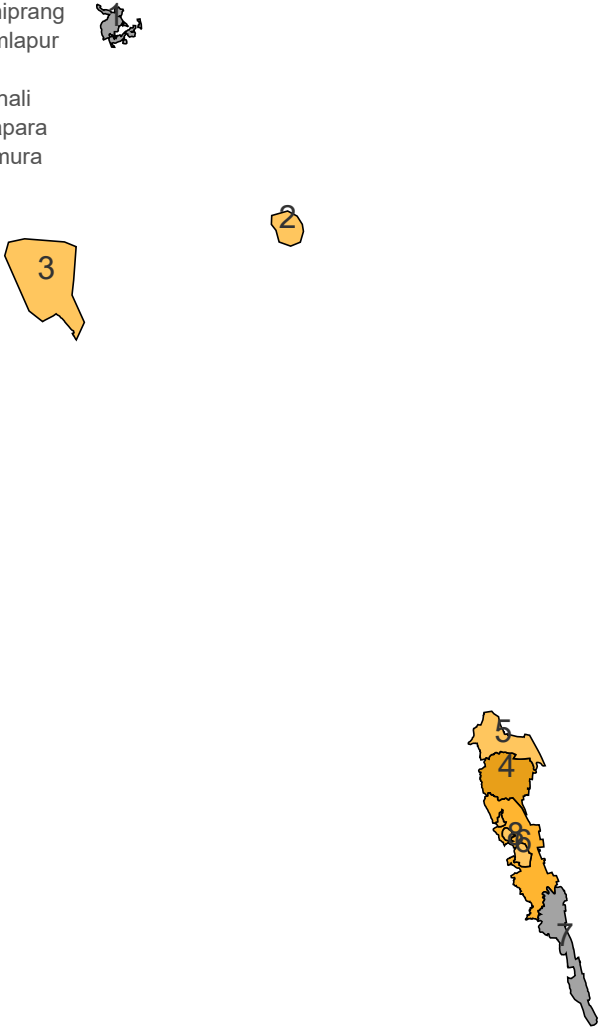
Camp 24 Leda
- 5

Camp 25 Ali Khali
- 6

Camp 26 Nayapara
- 7

Camp 27 Jadimura
- 8

Nayapara RC



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

Event	W51		Cumulative (2022)	
	# alerts	% verif.	# alerts	% verif.
<b>Indicator-based surveillance</b>				
Malaria	0	0%	3	100%
Measles	7	100%	503	100%
Bloody Diarr.	0	0%	0	0%
AFP	3	100%	42	100%
Meningitis	1	100%	33	100%
Haem. fever (susp.)	1	100%	50	100%
NNT	0	0%	3	100%
Unexp. fever	5	100%	143	100%
AWD	4	100%	231	100%
ARI	2	100%	205	100%
AJS	1	100%	117	100%
Varicella (Susp.)	0	0%	107	100%
Suspected COVID-19	0	0%	0	0%
<b>Event-based surveillance</b>				
EBS total	3	100%	229	100%

**Table 12** | Risk assessment

W51	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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Telephone: +88 017 01202994

Email: otienod@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 W51 2022



Ministry of Health and Family  
Welfare Bangladesh



World Health  
Organization



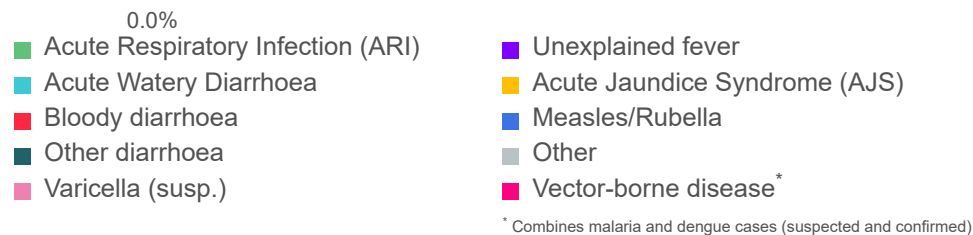
HEALTH SECTOR  
COX'S BAZAR



Printed: 05:04 Wednesday, 21 December 2022 UTC

# Proportional morbidity

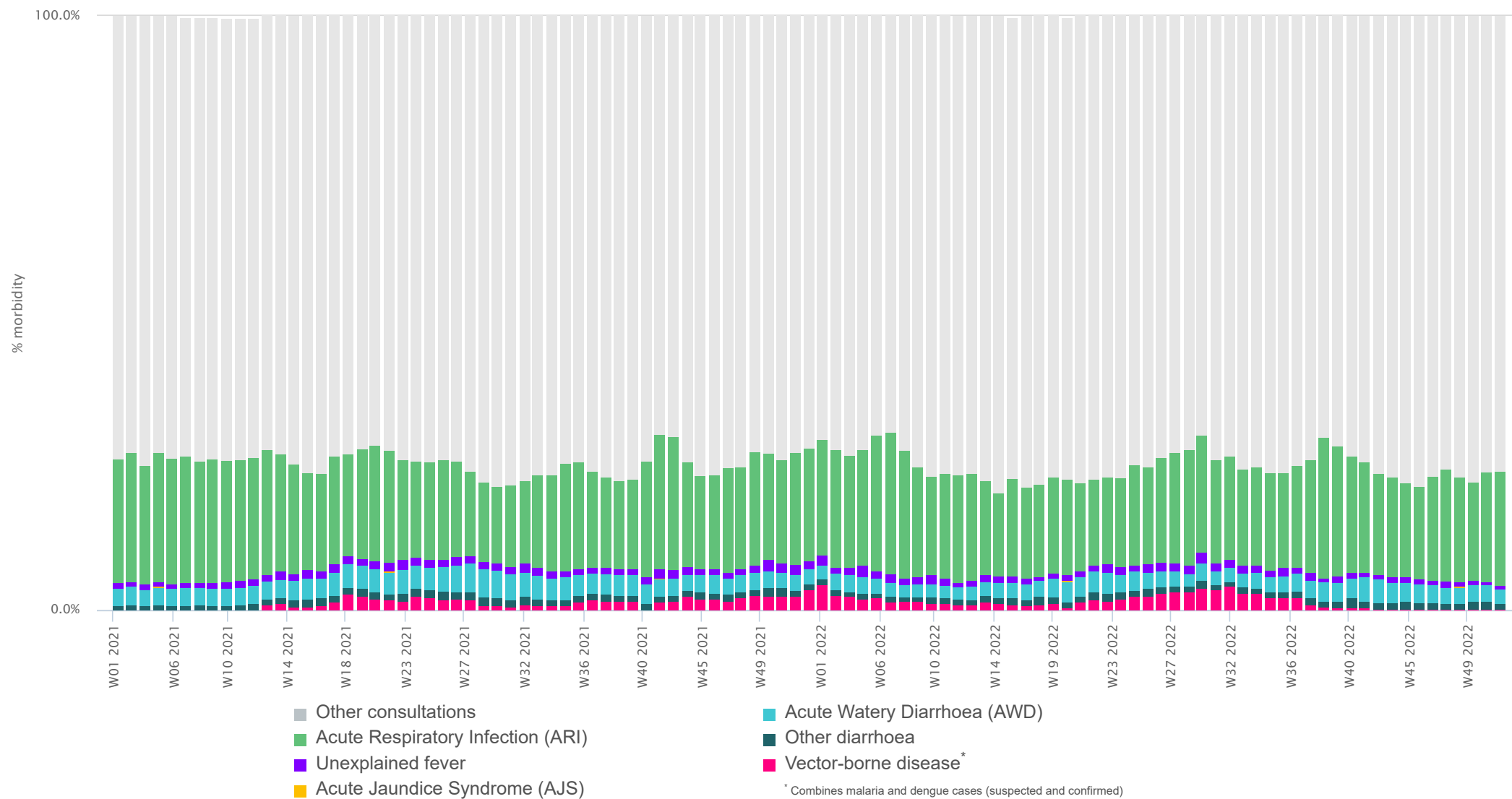
**Figure 1 |** Proportional morbidity (W51 2022)



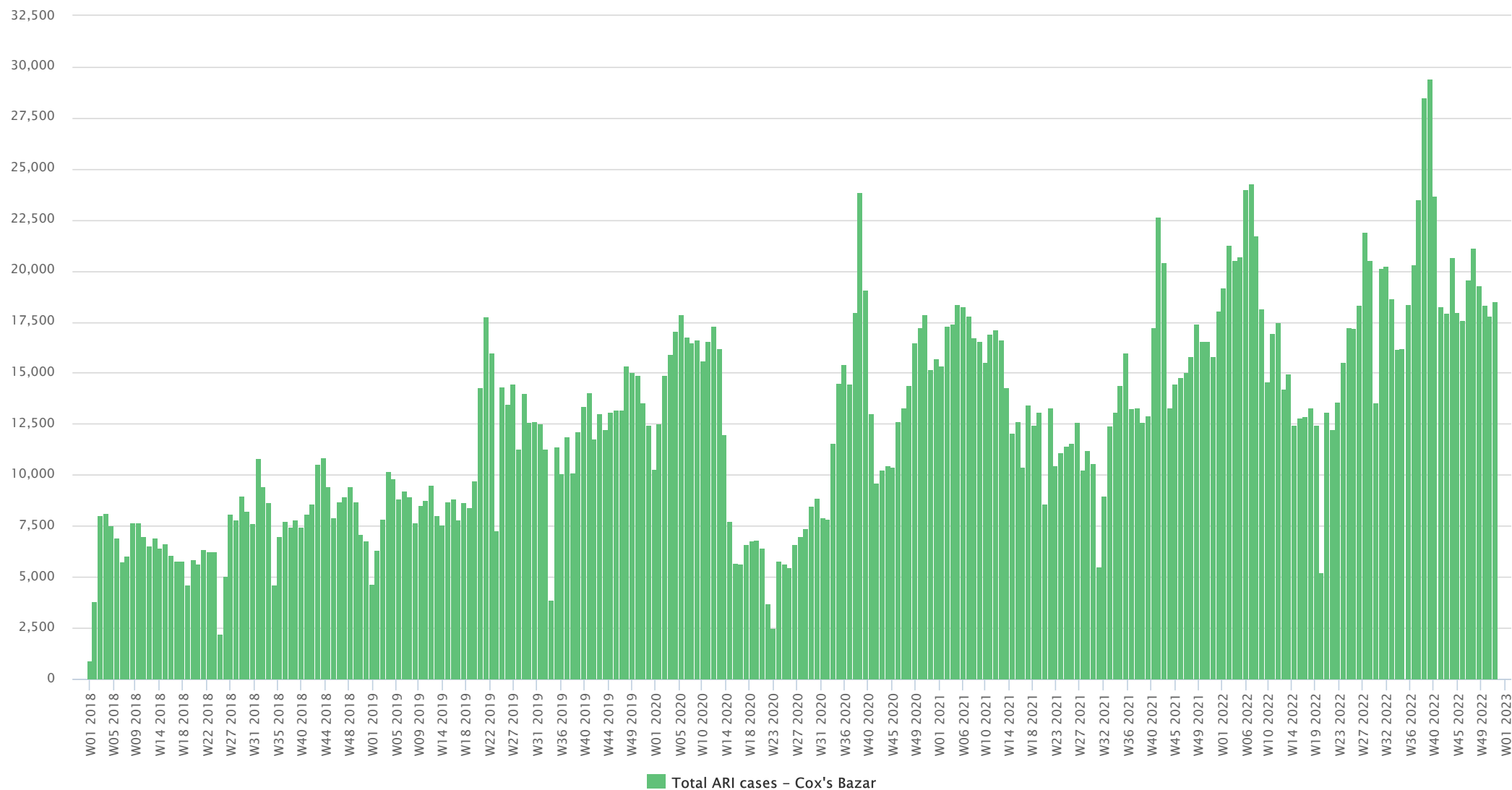
Disease	W51		2022	
	# cases	% morbidity	# cases	% morbidity
AWD	2,601	2.6%	147,730	2.8%
Bloody diarr.	269	0.3%	18,011	0.3%
Other diarr.	889	0.9%	57,328	1.1%
Susp. Varicella	46	0.0%	9,392	0.2%
ARI	19,309	19.4%	955,342	17.9%
Measles/Rub.	11	0.0%	1,360	0.0%
AFP	5	0.0%	81	0.0%
Susp. menin.	7	0.0%	195	0.0%
AJS	16	0.0%	1,315	0.0%
Susp. HF	2	0.0%	435	0.0%
Neo. tetanus	0	0.0%	9	0.0%
Adult tetanus	0	0.0%	19	0.0%
Malaria (conf.)	3	0.0%	393	0.0%
Malaria (susp.)	30	0.0%	53,330	1.0%
Dengue (conf.)	119	0.1%	20,151	0.4%
Dengue (susp.)	44	0.0%	8,633	0.2%
Unexpl. fever	569	0.6%	60,219	1.1%
Sev. Malnut.	51	0.1%	2,591	0.0%
Inj./Wounds	2,125	2.1%	111,392	2.1%
Other	73,713	73.6%	3,895,034	72.8%
<b>Total</b>	<b>99,529</b>	<b>100%</b>	<b>5,351,203</b>	<b>100%</b>

## Trend in consultations and key diseases

**Figure 2** | Trend in proportional morbidity for key diseases (W51)

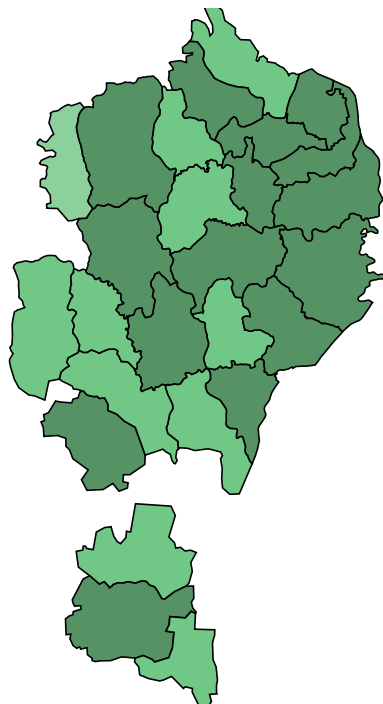


**Figure 3** | Trend in number of cases over time (W38 2017 - W51 2022)

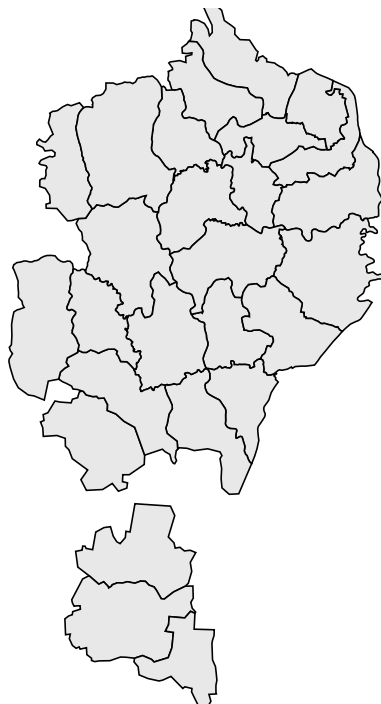


**Map 1** | Map of cases by camp (W51 2022)

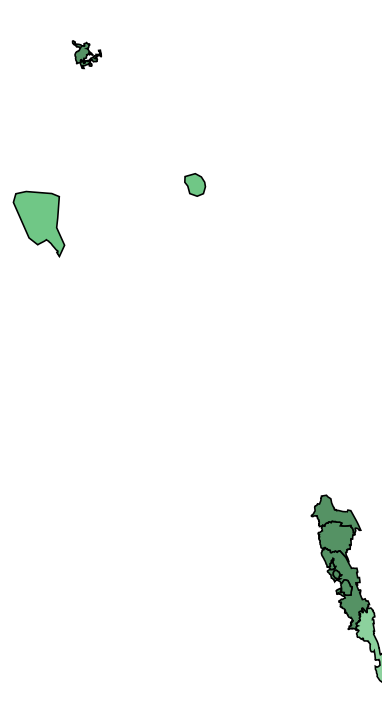
**a. Ukhia** | Number of cases



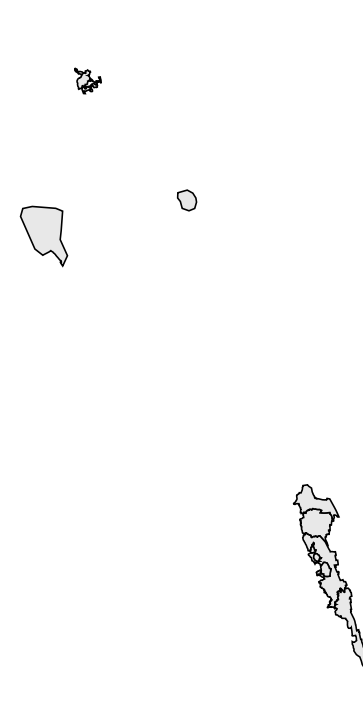
**b. Ukhia** | Number of alerts



**c. Teknaf** | Number of cases



**d. Teknaf** | Number of alerts



## Map legend

Number of cases



Number of alerts



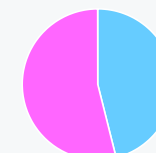
## Alert threshold

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

## Alert management (W51 2022)

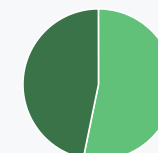


## Figure | % sex



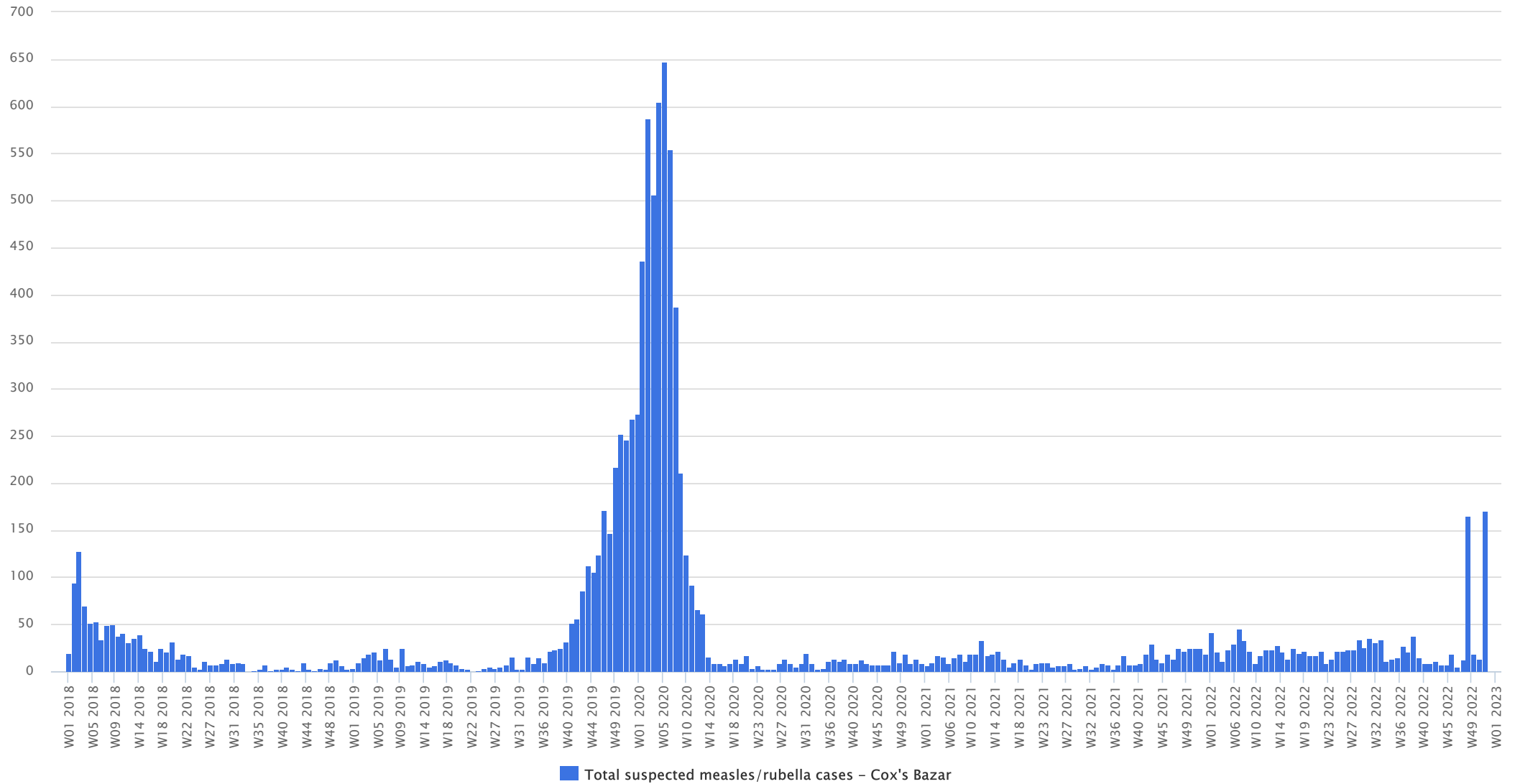
Male Female

## Figure | % age



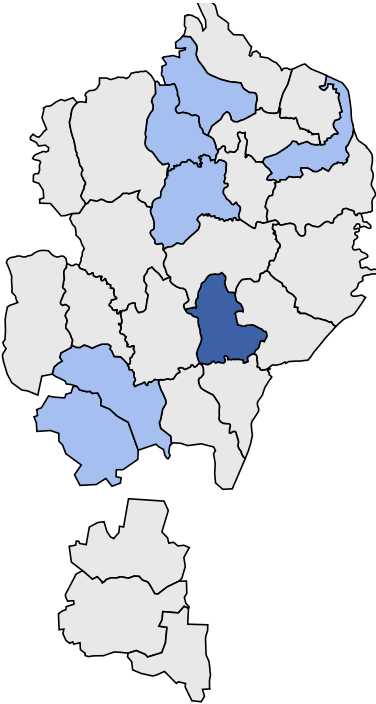
< 5 >= 5

**Figure 4** | Trend in number of suspected cases over time (W38 2017 - W51 2022)

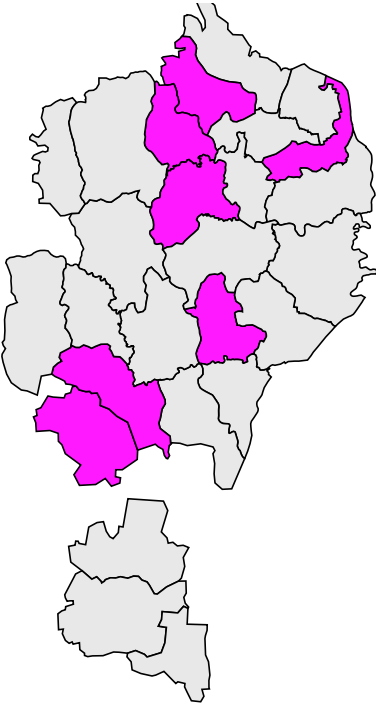


Map 2 | Map of cases by camp (W51 2022)

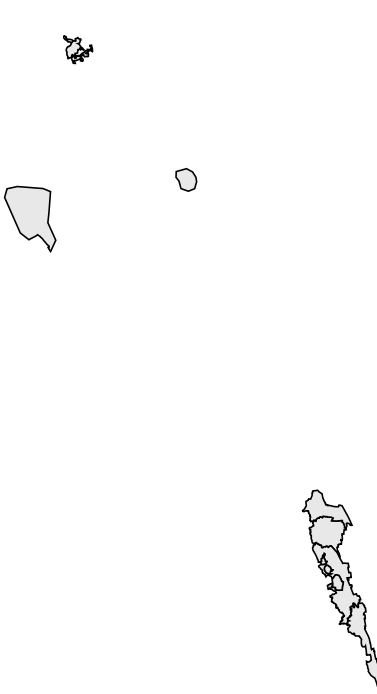
a. Ukhia | Number of cases



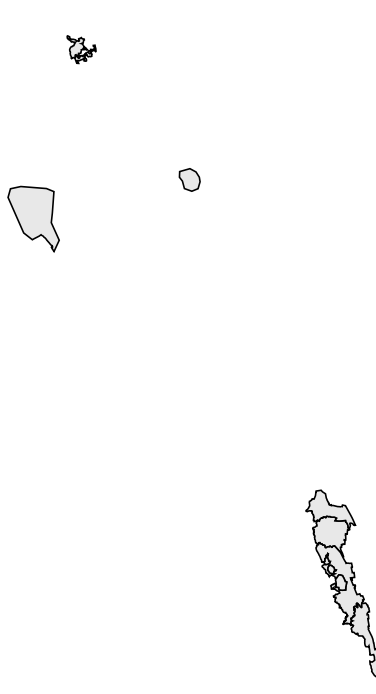
b. Ukhia | Number of alerts



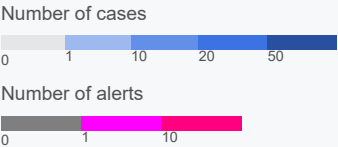
c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold  
1 case. Source: IEDCR

Alert management (W51 2022)

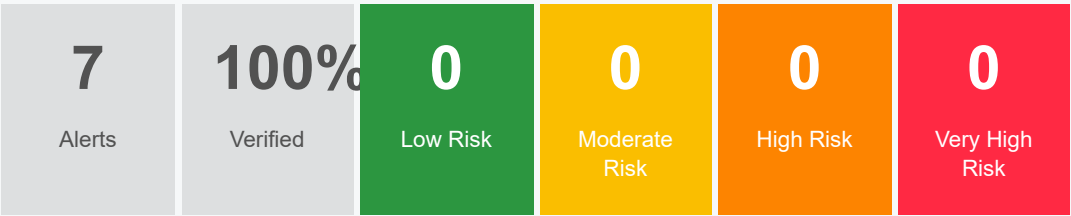


Figure | % sex

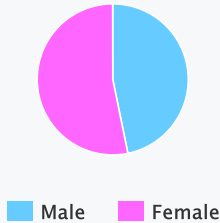
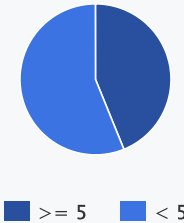
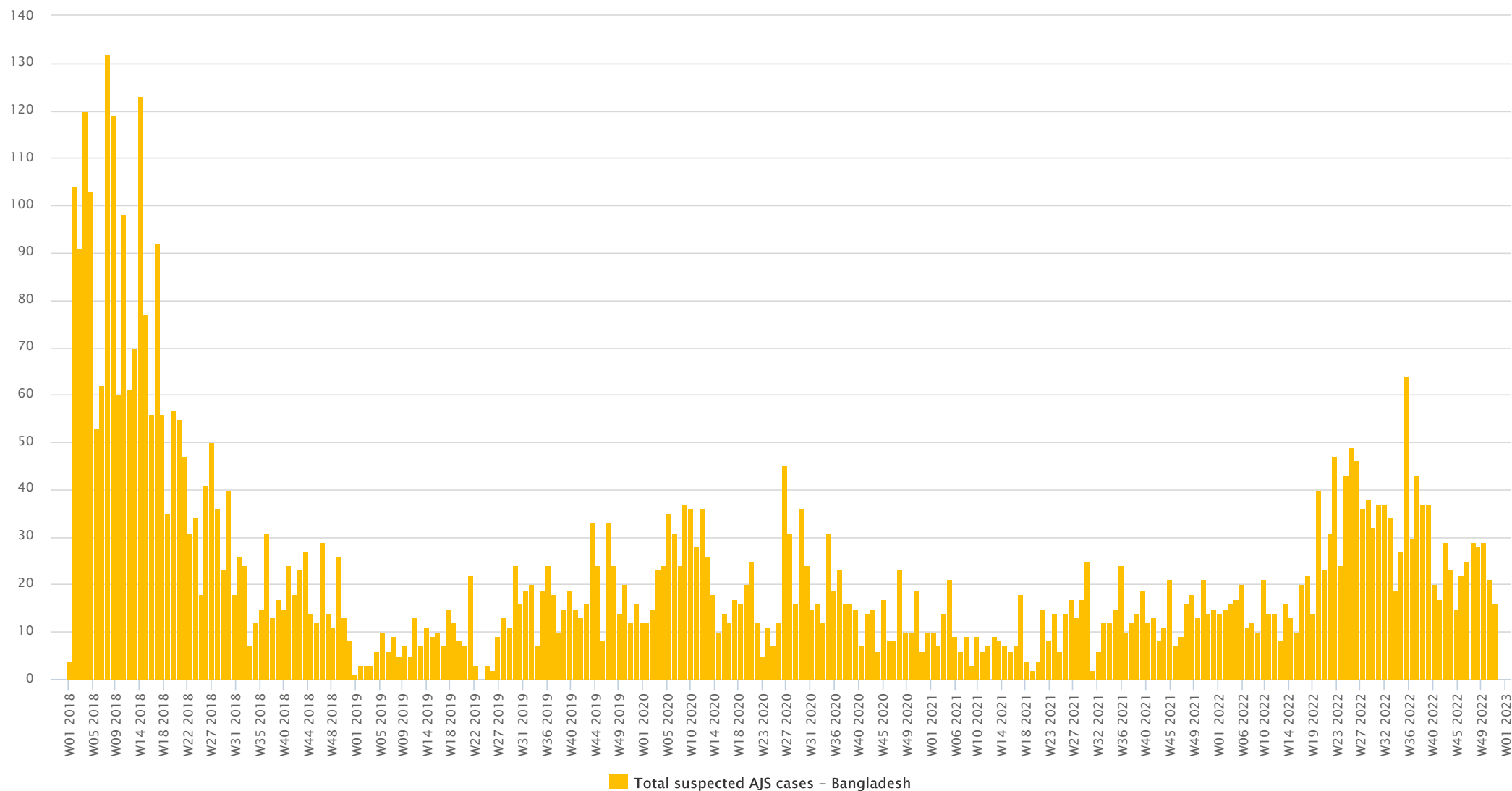


Figure | % age



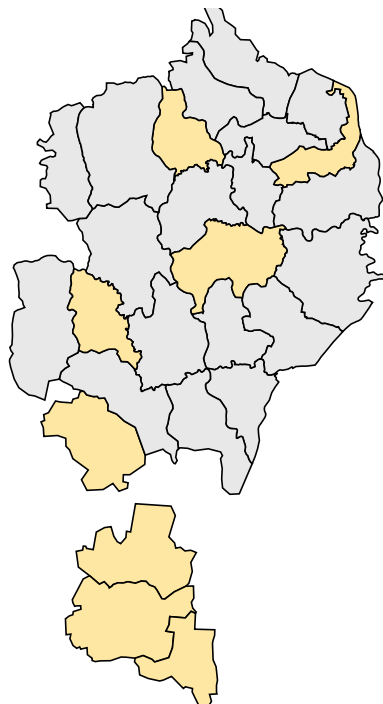


**Figure 5** | Trend in number of cases over time (W38 2017 - W51 2022)

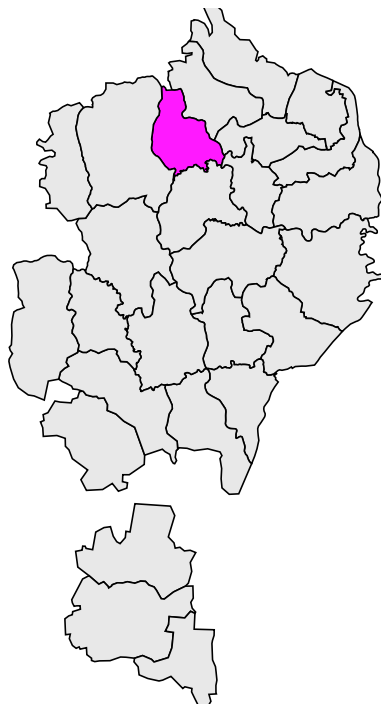


**Map 3 | Map of cases by camp (W37 2017 - W51 2022)**

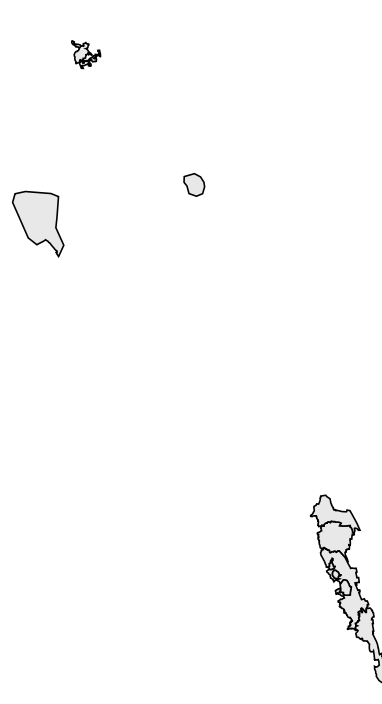
**a. Ukhia | Number of cases**



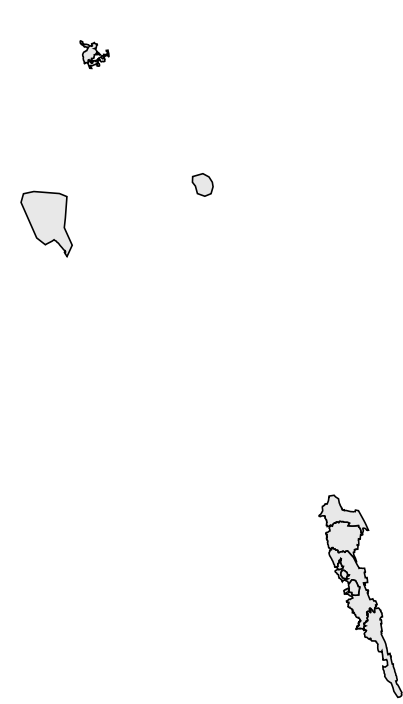
**b. Ukhia | Number of alerts**



**c. Teknaf | Number of cases**



**d. Teknaf | Number of alerts**



## Map legend

Number of cases



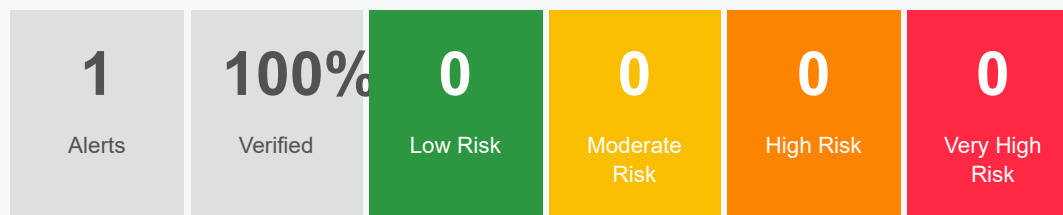
Number of alerts



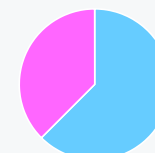
## Alert threshold

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

## Alert management (W51 2022)

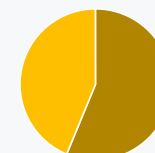


## Figure | % sex



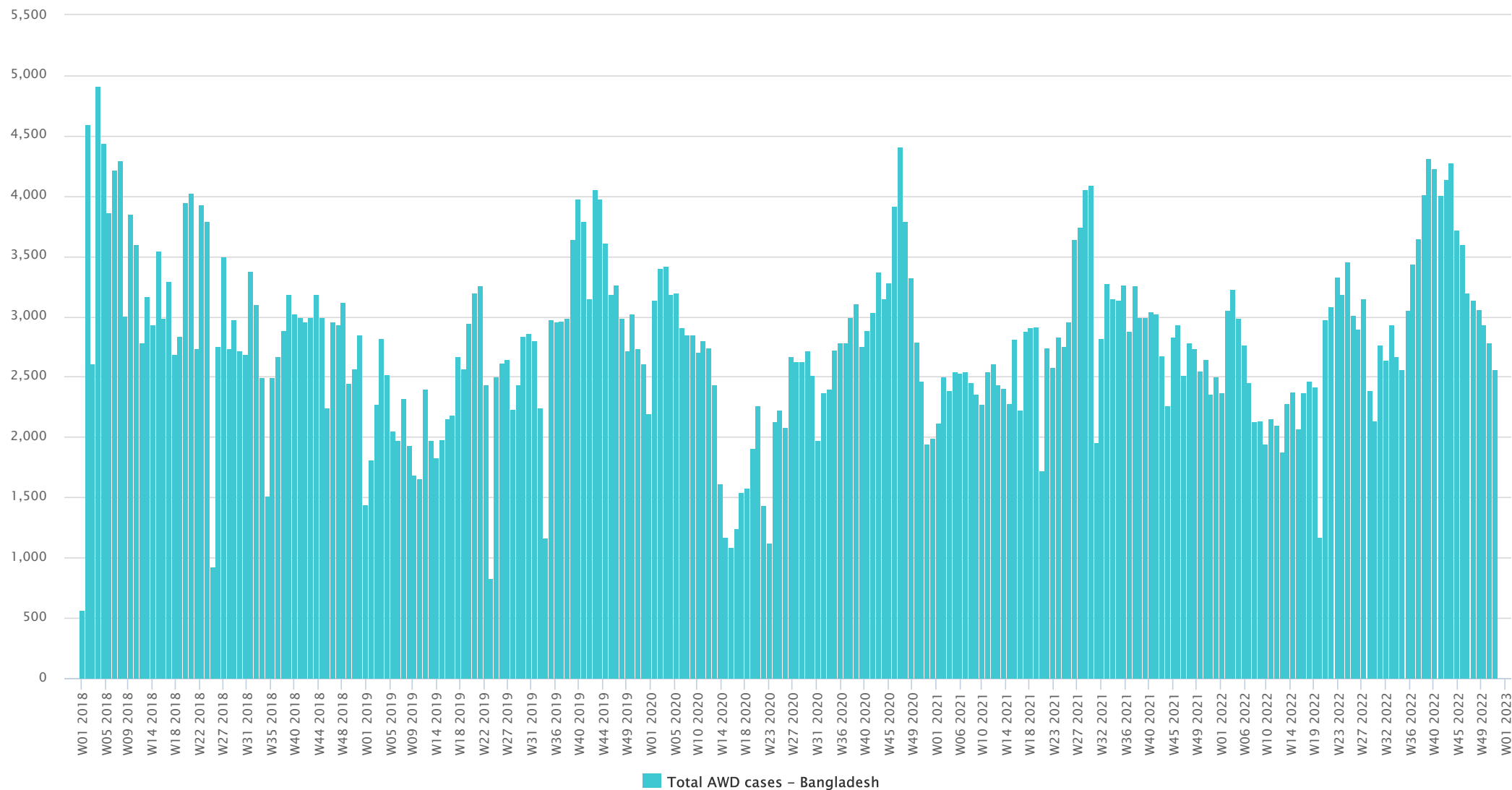
Male Female

## Figure | % age

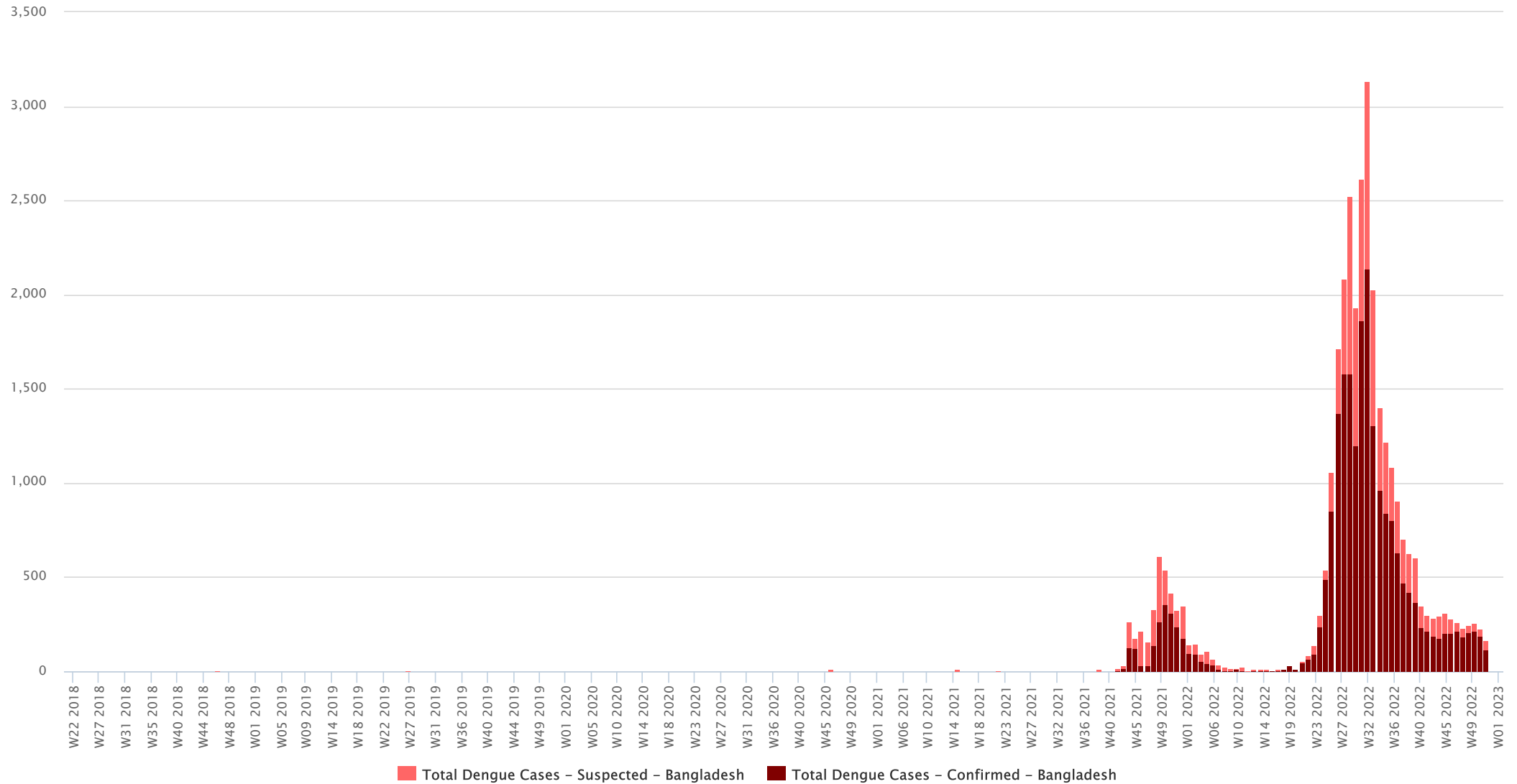


>= 5 < 5

**Figure 6** | Trend in number of cases over time (W38 2017 - W51 2022)

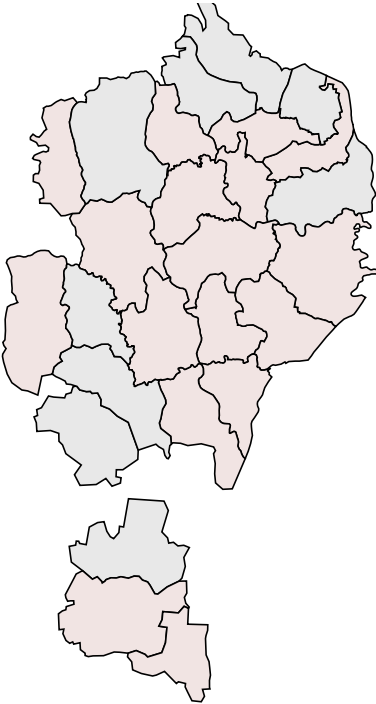


**Figure 7** | Trend in number of cases over time (W38 2017 - W51 2022)

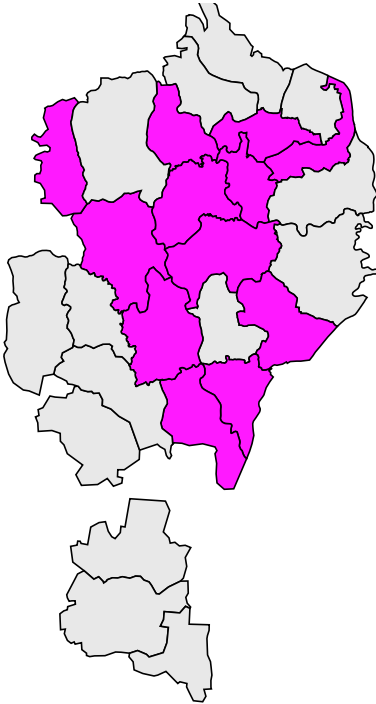


Map 4 | Map of cases by camp (W37 2017 - W51 2022)

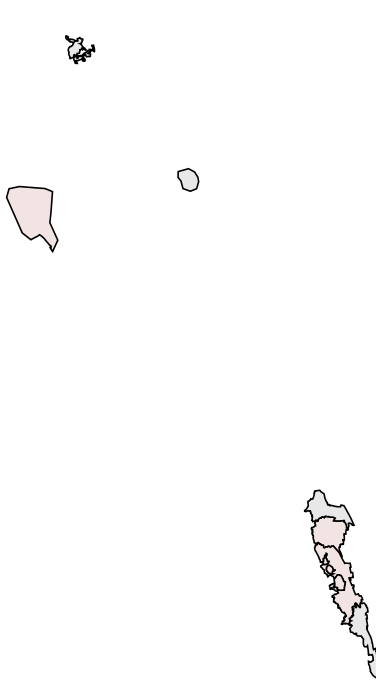
a. Ukhia | Number of cases



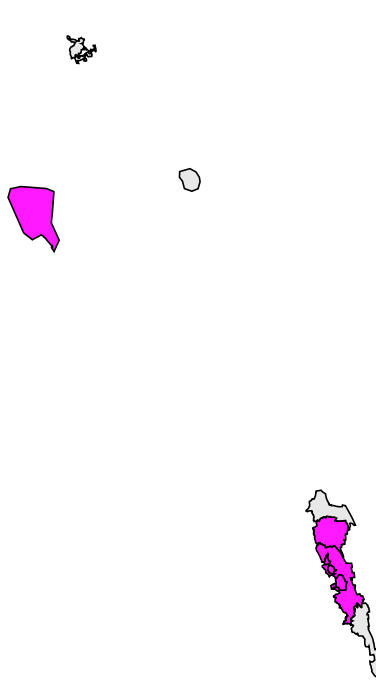
b. Ukhia | Number of alerts



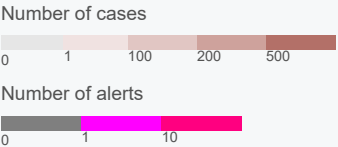
c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend



Alert threshold

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

Alert management (W51 2022)

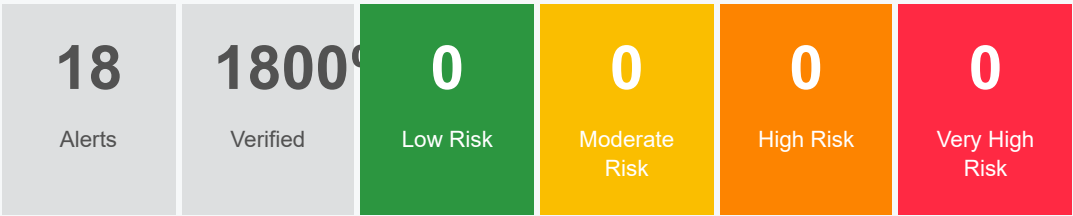


Figure | % sex

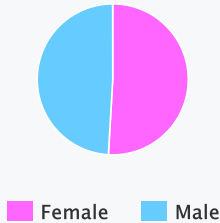
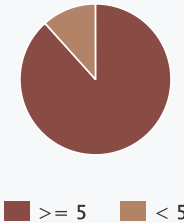
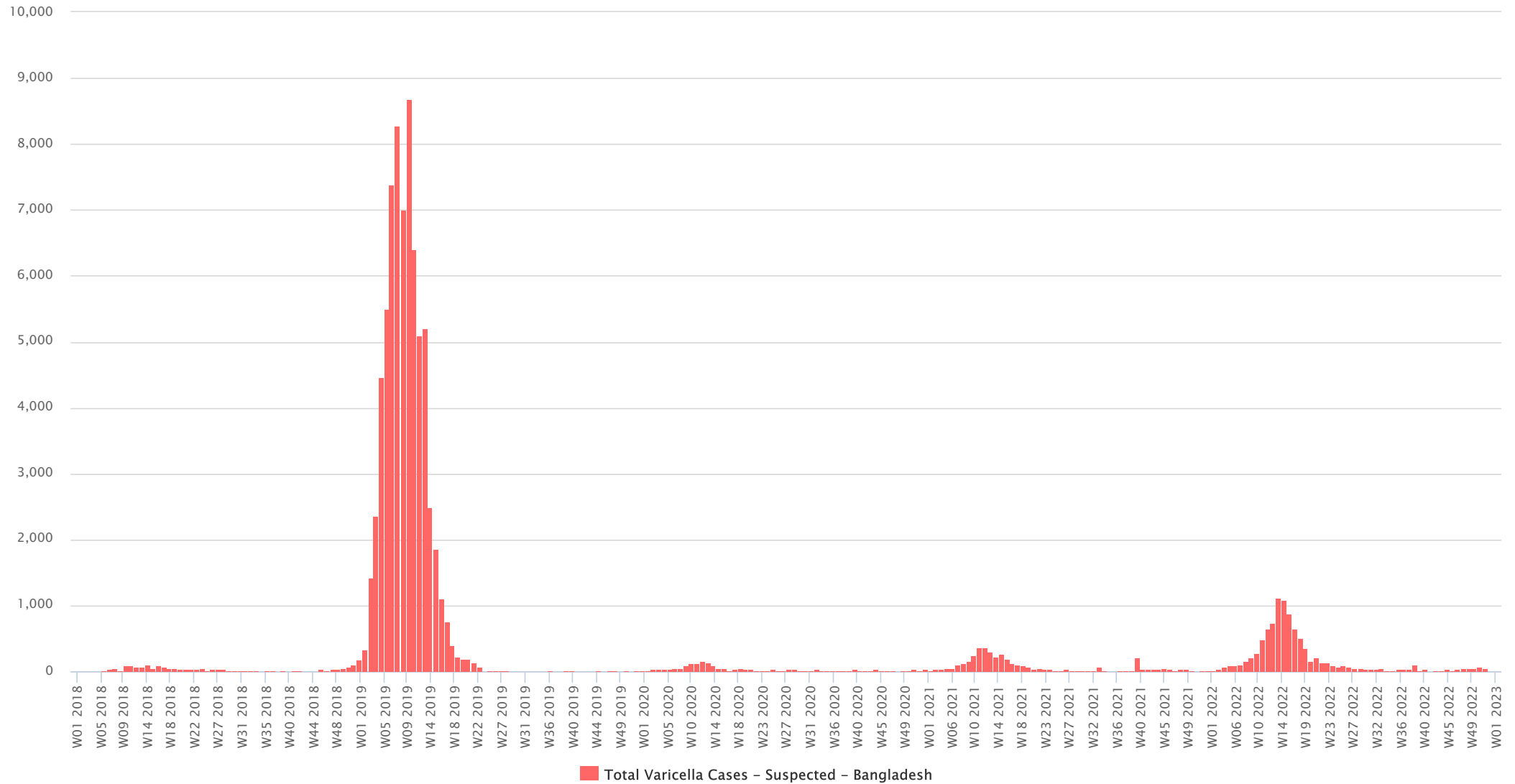


Figure | % age

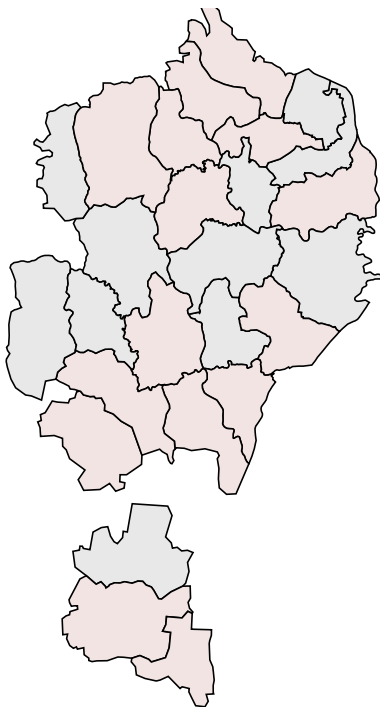


**Figure 7** | Trend in number of cases over time (W38 2017 - W51 2022)

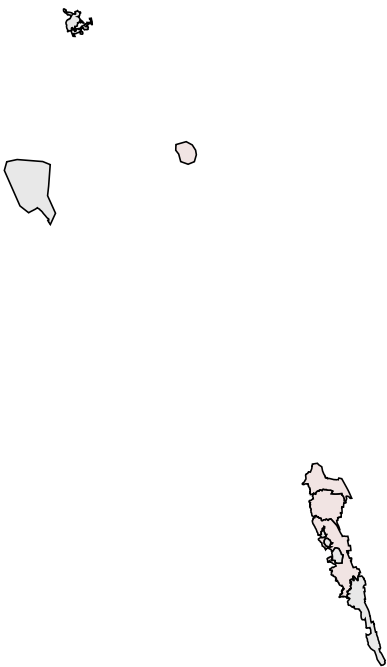


Map 4 | Map of cases by camp (W37 2017 - W51 2022)

a. Ukhia | Number of cases



c. Teknaf | Number of cases



Map legend

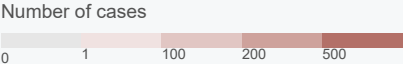


Figure | % sex

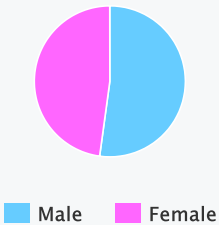
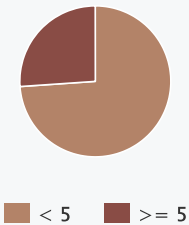


Figure | % age



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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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