Global EWARS

Epidemiological Highlights

Week 12 (16 – 22 March 2020)

World Health Organization

Highlights:

- Rapid Investigation team training for COVID-19 outbreak investigation and response following guidance and tools received from WHO regional office is ongoing with an adaptation in the camp context.
- Adaptation of go.data for COVID-19 outbreak data collection is under review and planed for rolling-out.
- Acute Respiratory Infection (24.3%), Diarrheal Diseases (6%) & Unexplained Fever (1.8%) are the diseases with highest proportional morbidity in week 12. Injury/wounds shows increasing trend (2.3%) over last couple of months.

EWARS Reporting Updates

- Total 139/166 (84%) health facilities registered in EWARS
- Only 116/139 weekly reports received in week 12.
- Completeness and Timeliness for this week is 75%.
- In 2020 cumulative completeness and timeliness of reporting is 92% and 83% respectively
- Total 41 alerts were triggered in week 12. All alerts were reviewed and verified (35 under monitoring and 6 discarded) by WHO EWARS team which is more than as of previous week (70).

Diphtheria

11 suspected diphtheria case reported in go.data in week 12

A total of 9 075 case-patients were reported since 2017 to till date

- Confirmed = 327
- Probable = 2785
- Suspected = 5963

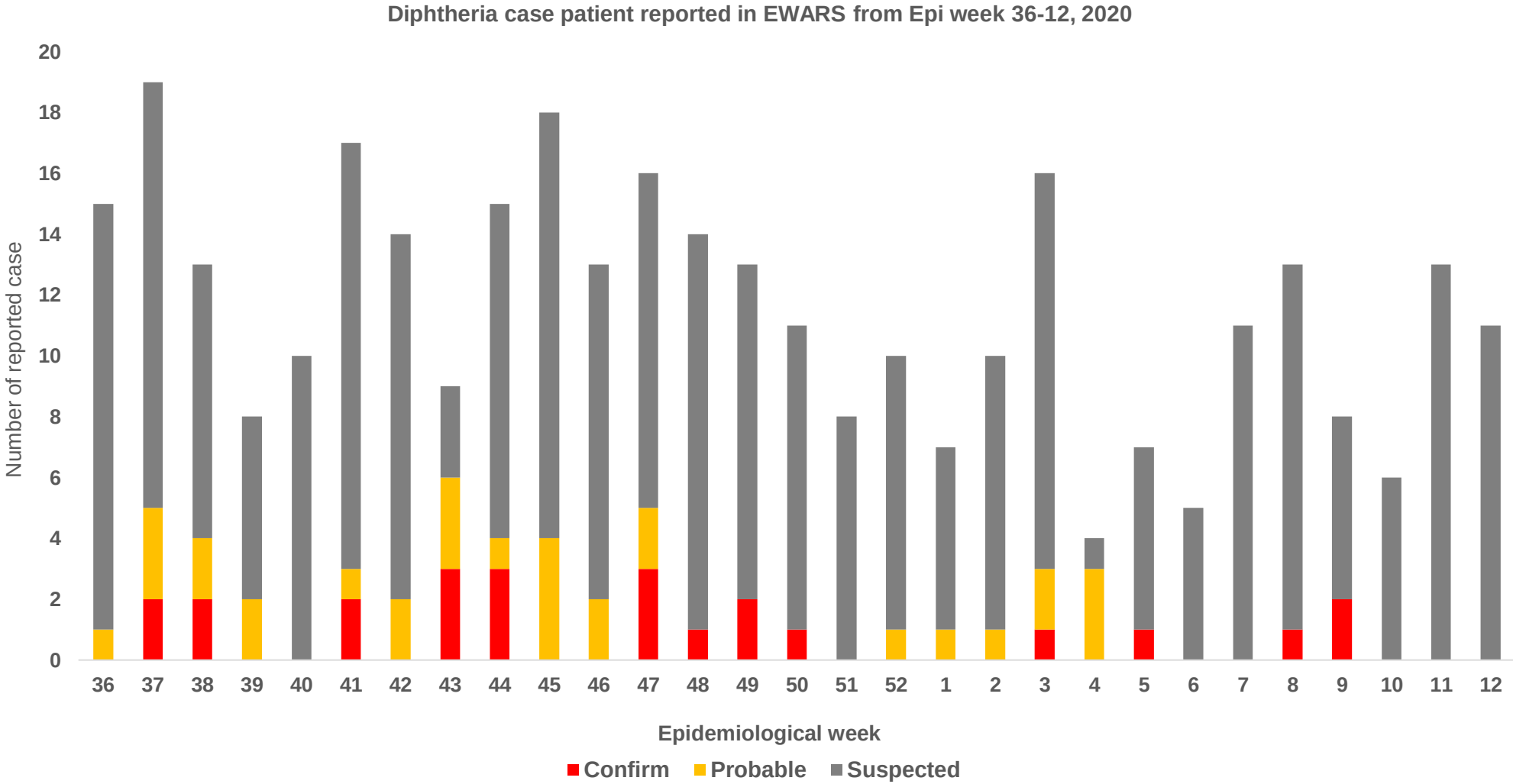
Total Case reported in 2020 = 111

- Confirmed = 5
- Probable = 7
- Suspected = 99

Last confirmed case was reported in Week 9 (01 March 2020)

Total deaths reported is 46. Last death was reported on 25 October 2019

Diphtheria



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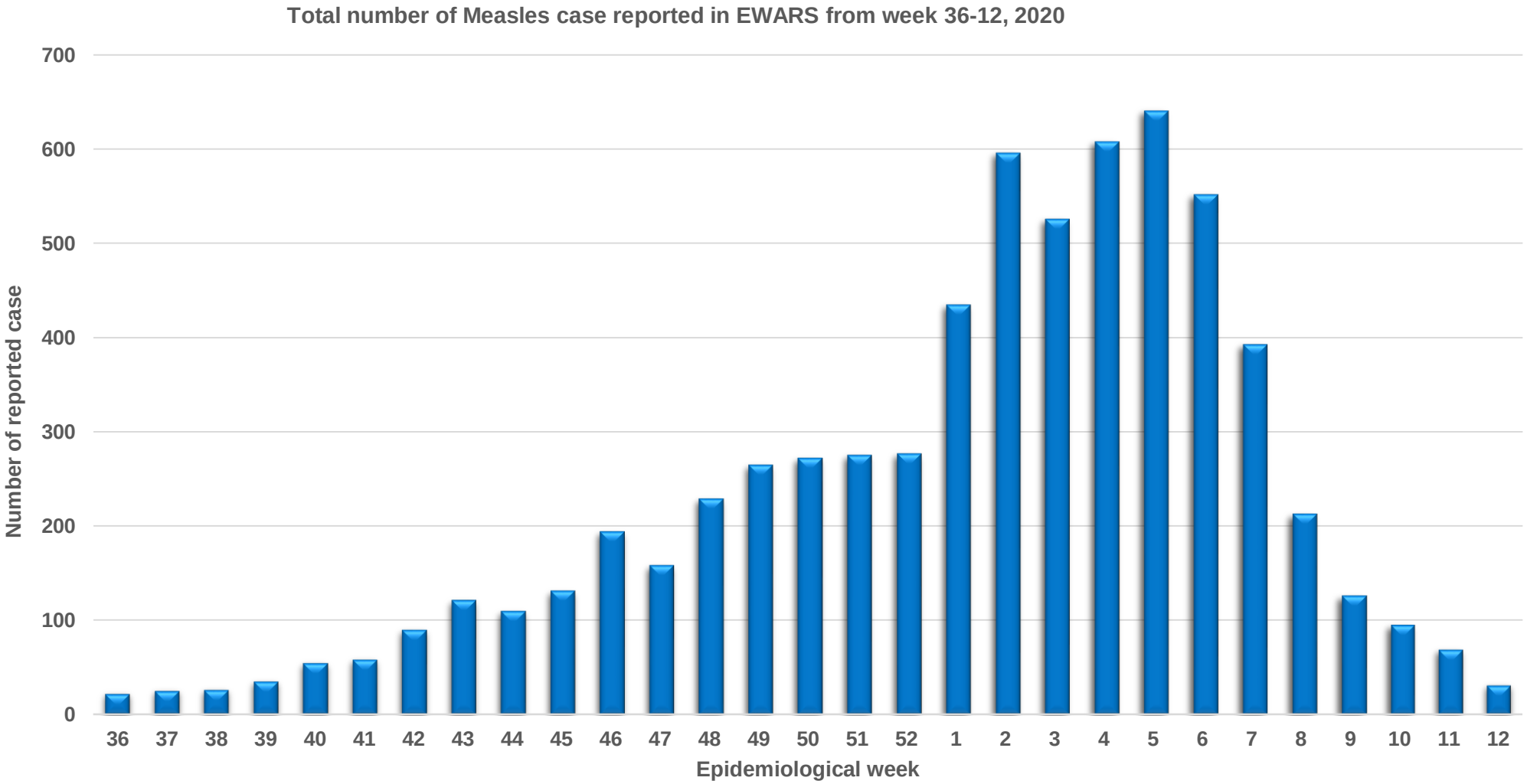
Measles

- Total 31 suspected measles cases were reported through aggregated weekly reporting in EWARS in week 12
- In last six weeks number of cases showed a decreasing trend
- 2,392 (56%) individual case report forms (CRF) were received out of total 4,274 cases reported through aggregated weekly report in EWARS in 2020

Measles



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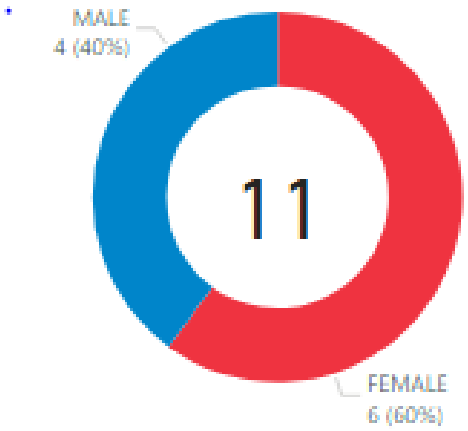
Diarrhoeal Disease

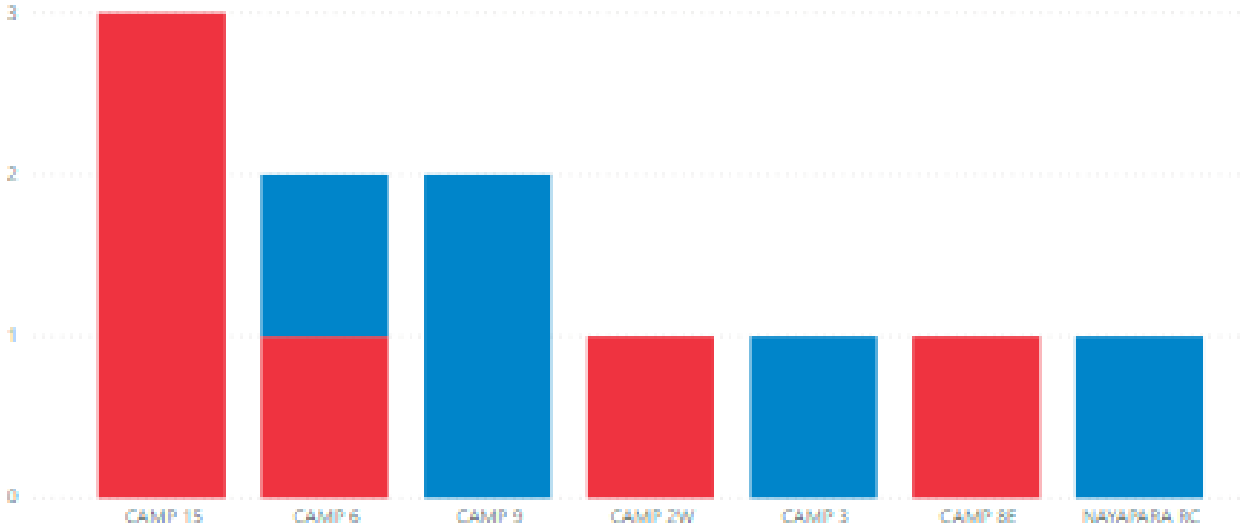
- A total 3 120 cases of diarrhoeal diseases reported in EWARS in week 12
- Among which 1,786 cases (3.4%) reported as acute watery diarrhoea (AWD), 983 (1.9%) and 351 (0.7%) cases as other diarrhea and bloody diarrhea respectively.
- Diarrhoeal diseases are the second highest contributor of proportional morbidity after acute respiratory infection (ARI).

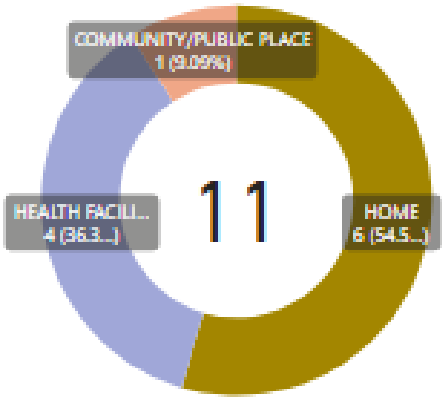
Community-based surveillance

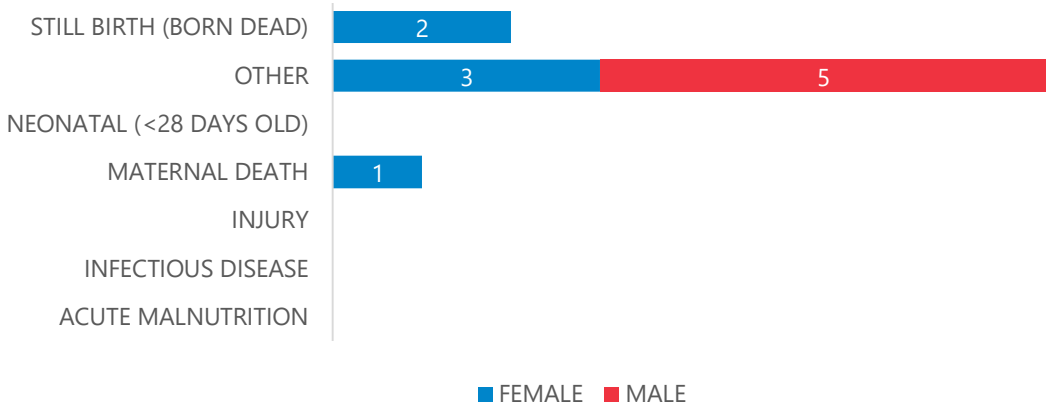
- In week 12 total of 11 deaths were recorded. 8 were due to causes classified as “Others” , 1 still birth and 1maternal death
- There were a total of 1 mortality alert raised for women of reproductive age (12-49 years).
- 4 death was reported from health facility, 1 from community and 6 from home
- We would like to urge donor agencies to inform their partners to report **all mortalities** into EWARS using the “Community-based mortality surveillance” form.

Community-based surveillance









Bangladesh

Rohingya Emergency Response

Early Warning, Alert and Response System (EWARS)

Epidemiological Bulletin W12 2020

Ministry of Health and Family Welfare Bangladesh

World Health Organization

HEALTH SECTOR COX'S BAZAR

Printed: 14:59 Thursday, 26 March 2020 UTC

Contents

Highlights

Early Warning

Alert

Sources of data

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

Highlights W12 2020

Table 1 | Coverage

#	%	
854,704	-	Estimated total Rohingya population[1]
854,704	100%	Total population under surveillance
166	-	Total number of health facilities
139	84%	Number of EWARS reporting sites

Table 2 | Early warning performance indicators

W12	Cumulative (2020)	
116	1657	Number of weekly reports received
75%	92%	Completeness
75%	83%	Timeliness

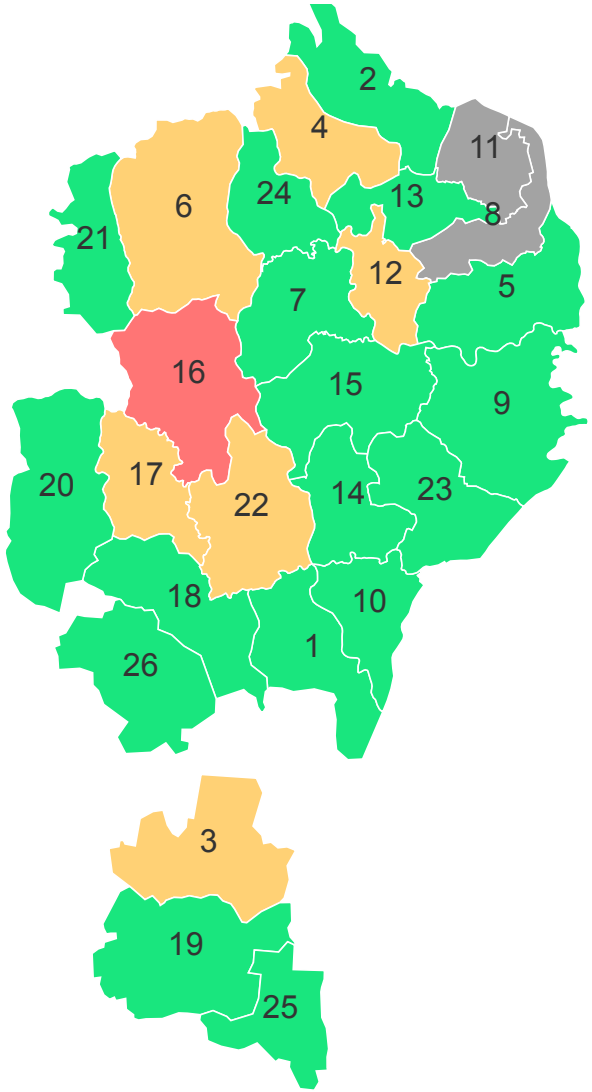
Table 3 Alert performance indicators

W12	Cumulative (2020)	
41	949	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 Goverment of Bangladesh- UNHCR Population Factsheet. 31 December 2019.

Map 1a | Ukhia completeness by camp

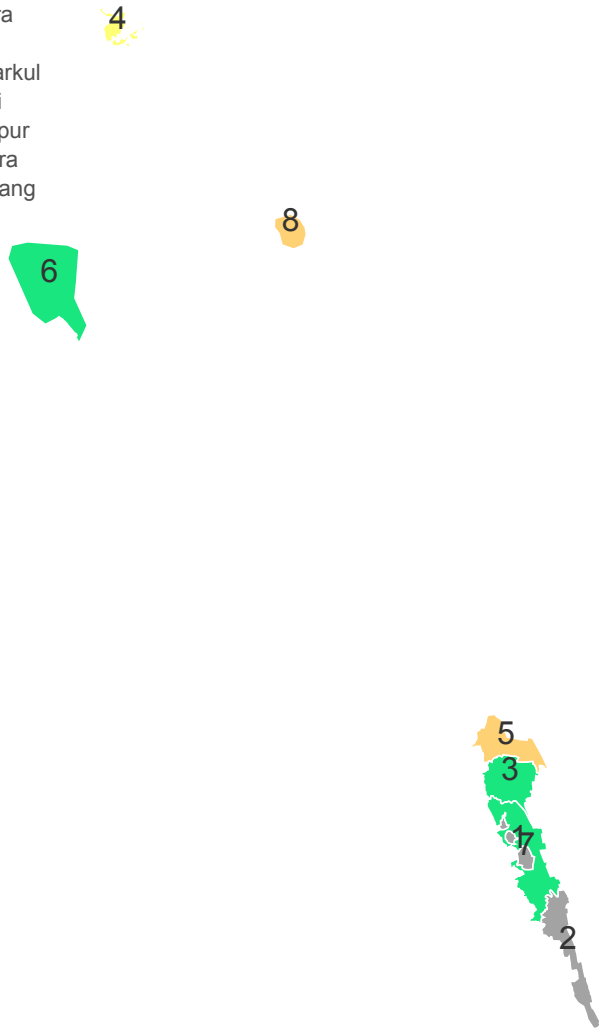
1 Camp 12
2 Camp 1E
3 Camp 14
4 Camp 1W
5 Camp 7
6 Camp 4
7 Camp 5
8 Camp 2E
9 Camp 8E
10 Camp 11
11 Kutupalong RC
12 Camp 6
13 Camp 2W
14 Camp 10
15 Camp 8W
16 Camp 17
17 Camp 20
18 Camp 19
19 Camp 15
20 Camp 20 Ext
21 Camp 4 Ext
22 Camp 18
23 Camp 9
24 Camp 3
25 Camp 16
26 Camp 13



Completeness
0 25% 50% 75% 100%

Map 1b | Teknaf completeness by camp

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



Completeness
0 25% 50% 75% 100%

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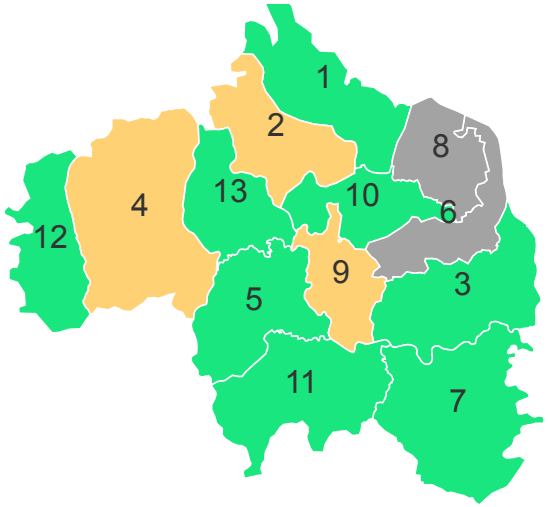
Table 4 | Performance by camp (W12 2020)

Northern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Camp 1E	5	4	80%	80%
Camp 1W	3	2	67%	67%
Camp 2E	1	0	0%	0%
Camp 2W	2	2	100%	100%
Camp 3	6	5	83%	83%
Camp 4	6	4	60%	60%
Camp 4 Ext	1	1	100%	100%
Camp 5	5	4	80%	80%
Camp 6	3	2	67%	67%
Camp 7	5	4	100%	100%
Camp 8E	7	6	100%	100%
Camp 8W	8	6	86%	86%
Kutupalong RC	0	2	0%	100%

Map 2 | Completeness by camp

1 Camp 1E
2 Camp 1W
3 Camp 7
4 Camp 4
5 Camp 5
6 Camp 2E
7 Camp 8E
8 Kutupalong RC
9 Camp 6
10 Camp 2W
11 Camp 8W
12 Camp 4 Ext
13 Camp 3



Completeness
0 25% 50% 75% 100%

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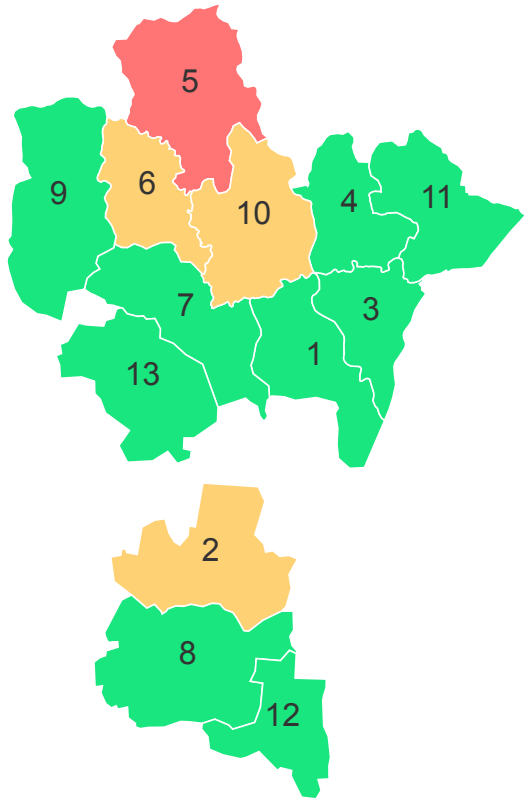
Table 5 | Performance by camp (W12 2020)

Southern group	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Camp 10	4	3	75%	75%
Camp 11	10	9	90%	90%
Camp 12	7	7	100%	100%
Camp 13	12	8	78%	78%
Camp 14	8	4	50%	50%
Camp 15	10	7	75%	75%
Camp 16	5	4	80%	80%
Camp 17	5	1	20%	20%
Camp 18	5	3	60%	60%
Camp 19	5	5	100%	100%
Camp 20	3	2	67%	67%
Camp 20 Ext	1	1	100%	100%
Camp 9	6	4	75%	75%

Map 3 | Completeness by camp

1 Camp 12
2 Camp 14
3 Camp 11
4 Camp 10
5 Camp 17
6 Camp 20
7 Camp 19
8 Camp 15
9 Camp 20 Ext
10 Camp 18
11 Camp 9
12 Camp 16
13 Camp 13



Completeness
0 25% 50% 75% 100%

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Table 6 | Performance by camp (W12 2020)

Teknaf	Reporting		Performance	
	# health facilities	# reports received	Completeness	Timeliness
Camp 21 Chakmarkul	4	2	33%	33%
Camp 22 Unchiprang	5	2	67%	67%
Camp 23 Shamlapur	4	3	100%	100%
Camp 24 Leda	1	1	100%	100%
Camp 25 Ali Khali	3	2	67%	67%
Camp 26 Nayapara	1	1	100%	100%
Camp 27 Jadimura	1	0	0%	0%
Nayapara RC	0	2	0%	100%

Map 4 | Completeness by camp

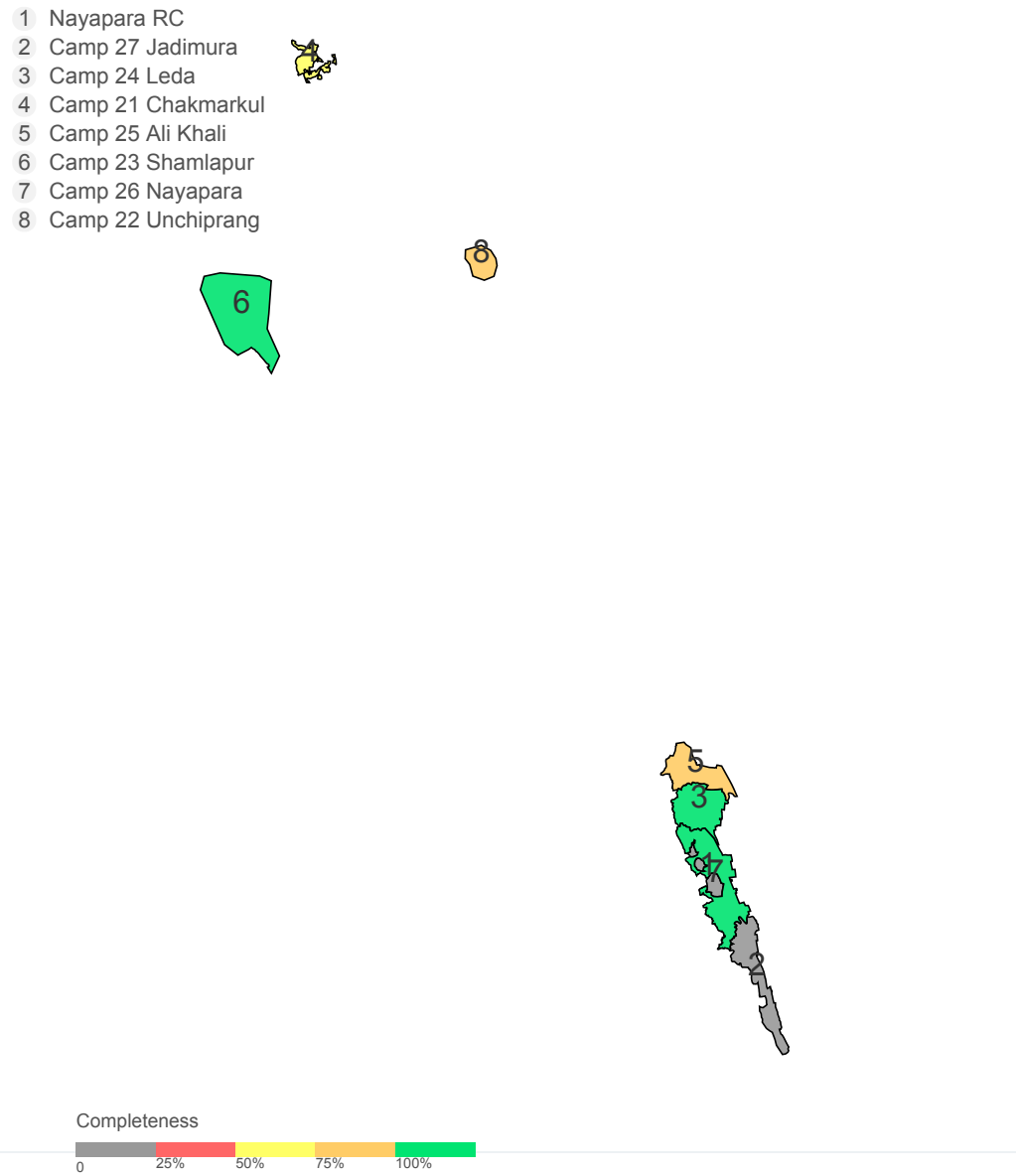


Table 7 | Performance by partner (W12 2020)

Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness
BDRCS	4	6	150%	150%
BRAC	11	11	100%	100%
CARE	4	4	100%	100%
FHM	1	0	0%	0%
FRNDS	12	12	100%	100%
GK	9	9	100%	100%
HMBDF	1	1	100%	100%
IOM	15	15	100%	100%
IRC	2	2	100%	100%
MSF	9	3	33%	33%
MoH	0	1	0%	0%
Hope	2	2	100%	100%
Medair	1	1	100%	100%

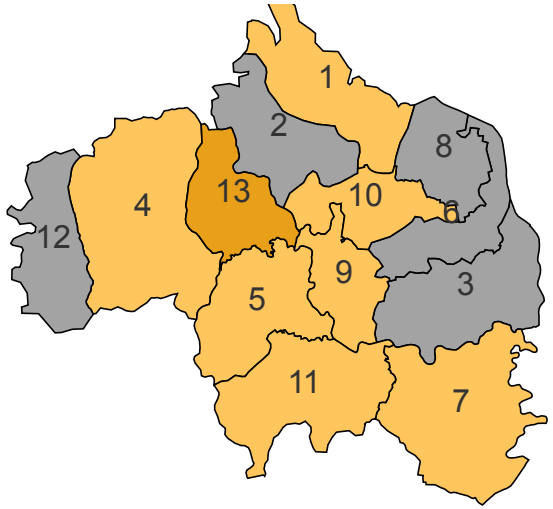
Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness
FH/MTI	4	4	100%	100%
PHD	9	9	100%	100%
PWJ	1	1	100%	100%
RHU	0	0		
RI	3	3	100%	100%
RTMI	7	1	14%	14%
SCI	9	0	0%	0%
TdH	1	1	100%	100%

Table 8 | Performance by camp

Northern group	W12		Cumulative (2020)	
	# alerts	% verif.	# alerts	% verif.
Camp 1E	1	100%	29	100%
Camp 1W	0	0%	8	100%
Camp 2E	0	0%	22	100%
Camp 2W	2	100%	19	95%
Camp 3	7	100%	71	100%
Camp 4	2	100%	66	100%
Camp 4 Ext	0	0%	9	89%
Camp 5	2	100%	48	100%
Camp 6	2	100%	9	100%
Camp 7	0	0%	7	100%
Camp 8E	1	100%	16	100%
Camp 8W	1	100%	47	100%
Kutupalong RC	0	0%	6	100%

Map 5 | Number of alerts by camp

1 Camp 1E
2 Camp 1W
3 Camp 7
4 Camp 4
5 Camp 5
6 Camp 2E
7 Camp 8E
8 Kutupalong RC
9 Camp 6
10 Camp 2W
11 Camp 8W
12 Camp 4 Ext
13 Camp 3



# of alerts
0 2 5 10

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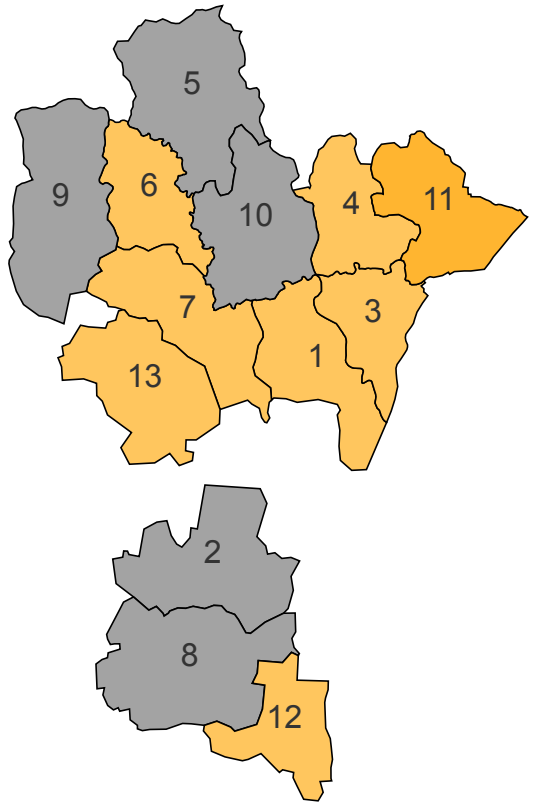
Table 9 | Performance by camp

Southern group	W12		Cumulative (2020)	
	# alerts	% verif.	# alerts	% verif.
Camp 10	2	100%	26	100%
Camp 11	1	100%	37	100%
Camp 12	1	100%	58	100%
Camp 13	1	100%	34	100%
Camp 14	0	0%	37	100%
Camp 15	0	0%	51	100%
Camp 16	1	100%	50	100%
Camp 17	0	0%	29	100%
Camp 18	0	0%	32	100%
Camp 19	2	100%	38	100%
Camp 20	1	100%	30	100%
Camp 20 Ext	0	0%	4	100%
Camp 9	4	100%	39	100%

Map 6 | Number of alerts by camp

1 Camp 12
2 Camp 14
3 Camp 11
4 Camp 10
5 Camp 17
6 Camp 20
7 Camp 19
8 Camp 15
9 Camp 20 Ext
10 Camp 18
11 Camp 9
12 Camp 16
13 Camp 13



# of alerts
0 2 5 10

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Table 10 | Performance by camp

Teknaf	W12		Cumulative (2020)	
	# alerts	% verif.	# alerts	% verif.
Camp 21 Chakmarkul	0	0%	24	100%
Camp 22 Unchiprang	0	0%	3	100%
Camp 23 Shamlapur	2	100%	10	100%
Camp 24 Leda	0	0%	14	100%
Camp 25 Ali Khali	0	0%	4	100%
Camp 26 Nayapara	4	100%	40	100%
Camp 27 Jadimura	0	0%	10	100%
Nayapara RC	1	100%	7	100%

Map 7 | Number of alerts by camp

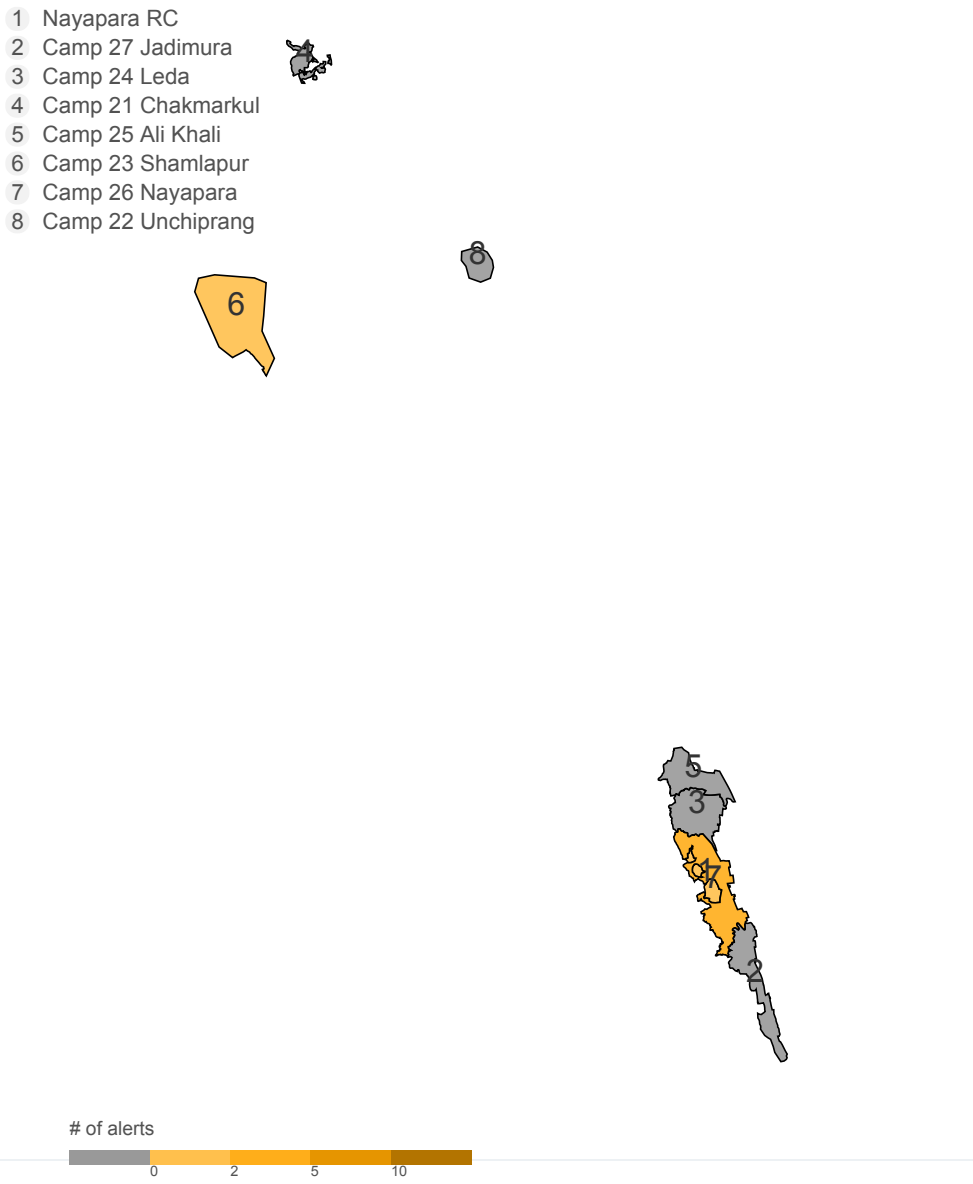

Table 11 | Performance by type of alert

Event	W12		Cumulative (2020)	
	# alerts	% verif.	# alerts	% verif.
Indicator-based surveillance				
Malaria	0	0%	0	0%
Measles	18	100%	575	100%
Bloody Diarr.	0	0%	0	0%
AFP	0	0%	5	100%
Meningitis	0	0%	9	100%
Haem. fever (susp.)	0	0%	7	100%
NNT	0	0%	1	100%
Unexp. fever	0	0%	52	100%
AWD	0	0%	47	100%
ARI	2	100%	47	100%
AJS	1	100%	35	100%
Varicella (Susp.)	0	0%	6	100%
Event-based surveillance				
EBS total	3	100%	61	100%

Table 12 | Risk assessment

W12	Cumulative (2020)	
0	0	Low risk
0	0	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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Bangladesh

Rohingya Emergency Response

Early Warning, Alert and Response System (EWARS)

Annex W12 2020

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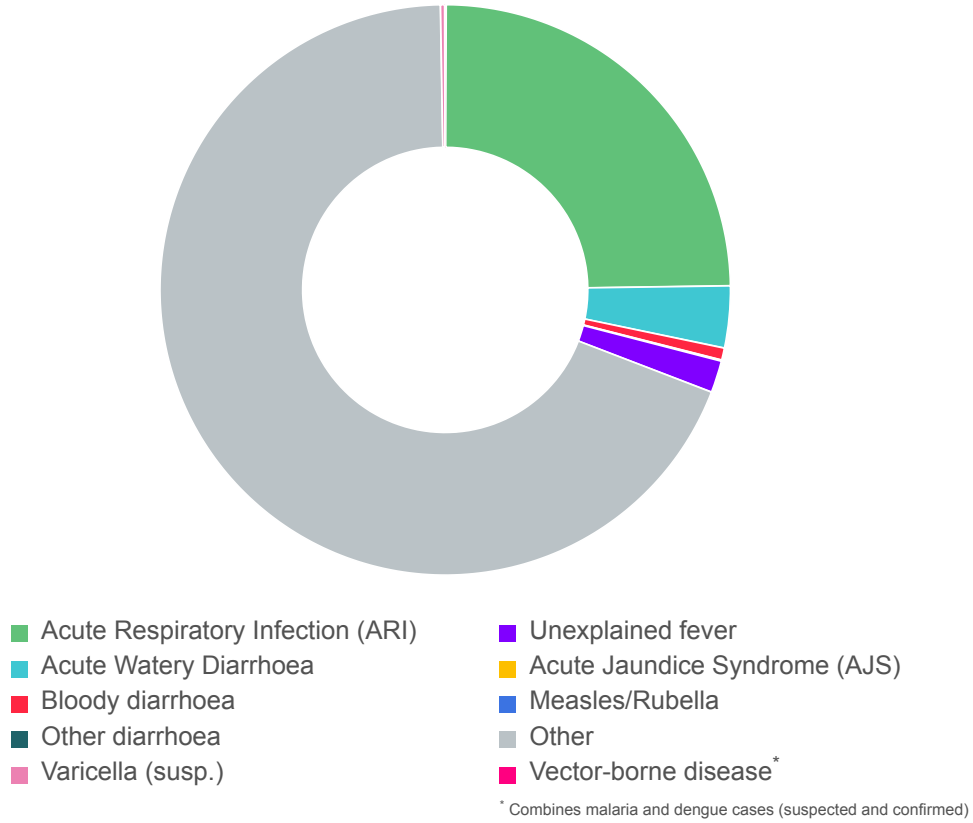
Printed: 10:15 Wednesday, 25 March 2020 UTC

Proportional morbidity

Figure 1 | Proportional morbidity (W12 2020)



Disease	W12		2020	
	# cases	% morbidity	# cases	% morbidity
AWD	1,786	3.4%	35,398	4.3%
Bloody diarr.	351	0.7%	5,299	0.6%
Other diarr.	983	1.9%	16,665	2.0%
Susp. Varicella	117	0.2%	886	0.1%
ARI	12,649	24.3%	195,922	24.0%
Measles/Rub.	31	0.1%	4,274	0.5%
AFP	0	0.0%	5	0.0%
Susp. menin.	0	0.0%	27	0.0%
AJS	13	0.0%	307	0.0%
Susp. HF	0	0.0%	12	0.0%
Neo. tetanus	0	0.0%	1	0.0%
Adult tetanus	0	0.0%	0	0.0%
Malaria (conf.)	1	0.0%	6	0.0%
Malaria (susp.)	13	0.0%	144	0.0%
Dengue (conf.)	0	0.0%	2	0.0%
Dengue (susp.)	0	0.0%	2	0.0%
Unexpl. fever	929	1.8%	16,152	2.0%
Sev. Malnut.	18	0.0%	462	0.1%
Inj./Wounds	1,213	2.3%	19,592	2.4%
Other	34,011	65.2%	522,155	63.9%
Total	**51,217**	**100%**	**817,647**	**100%**

Trend in consultations and key diseases

Figure 2 | Trend in proportional morbidity for key diseases (W12)

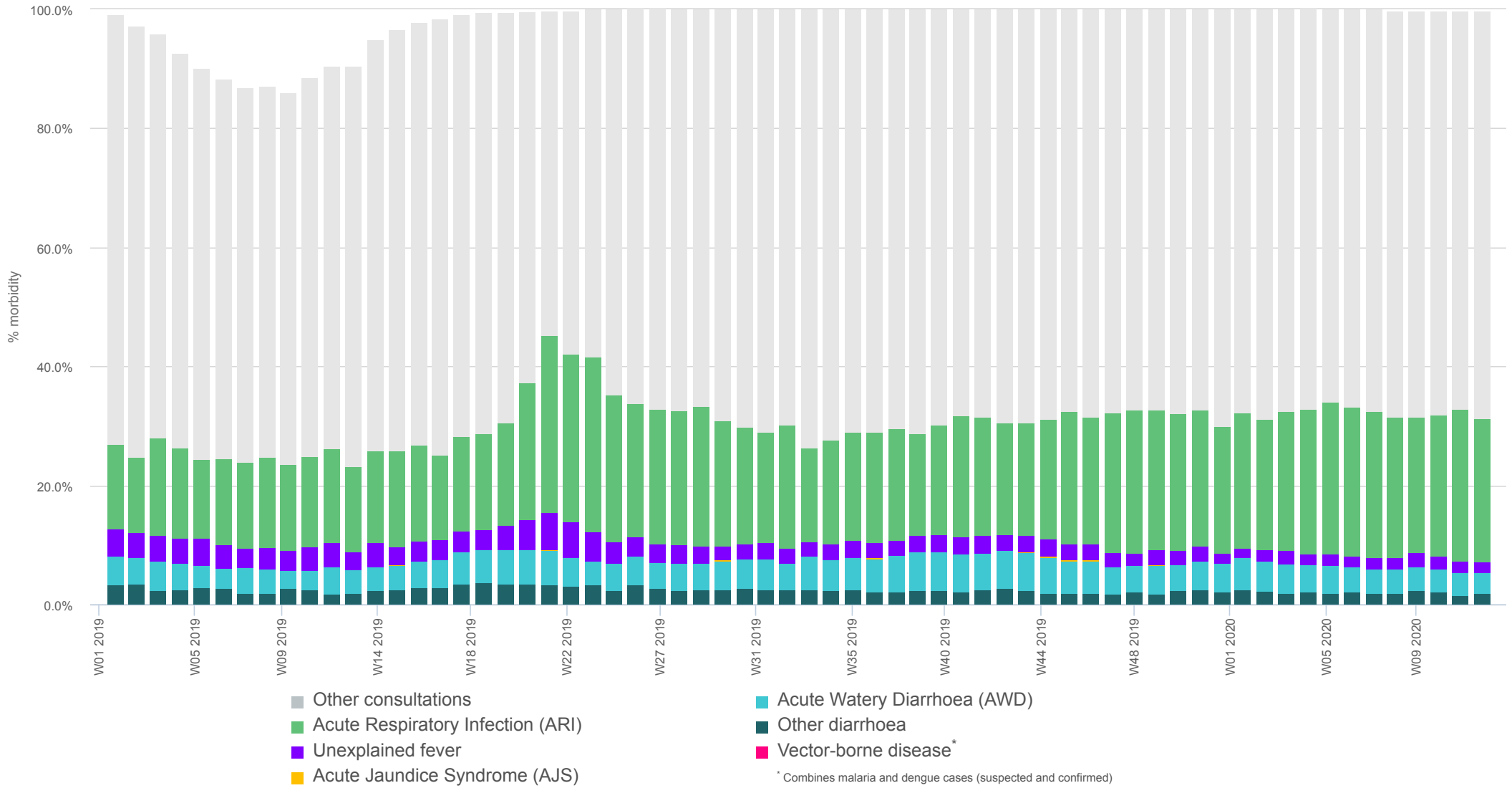
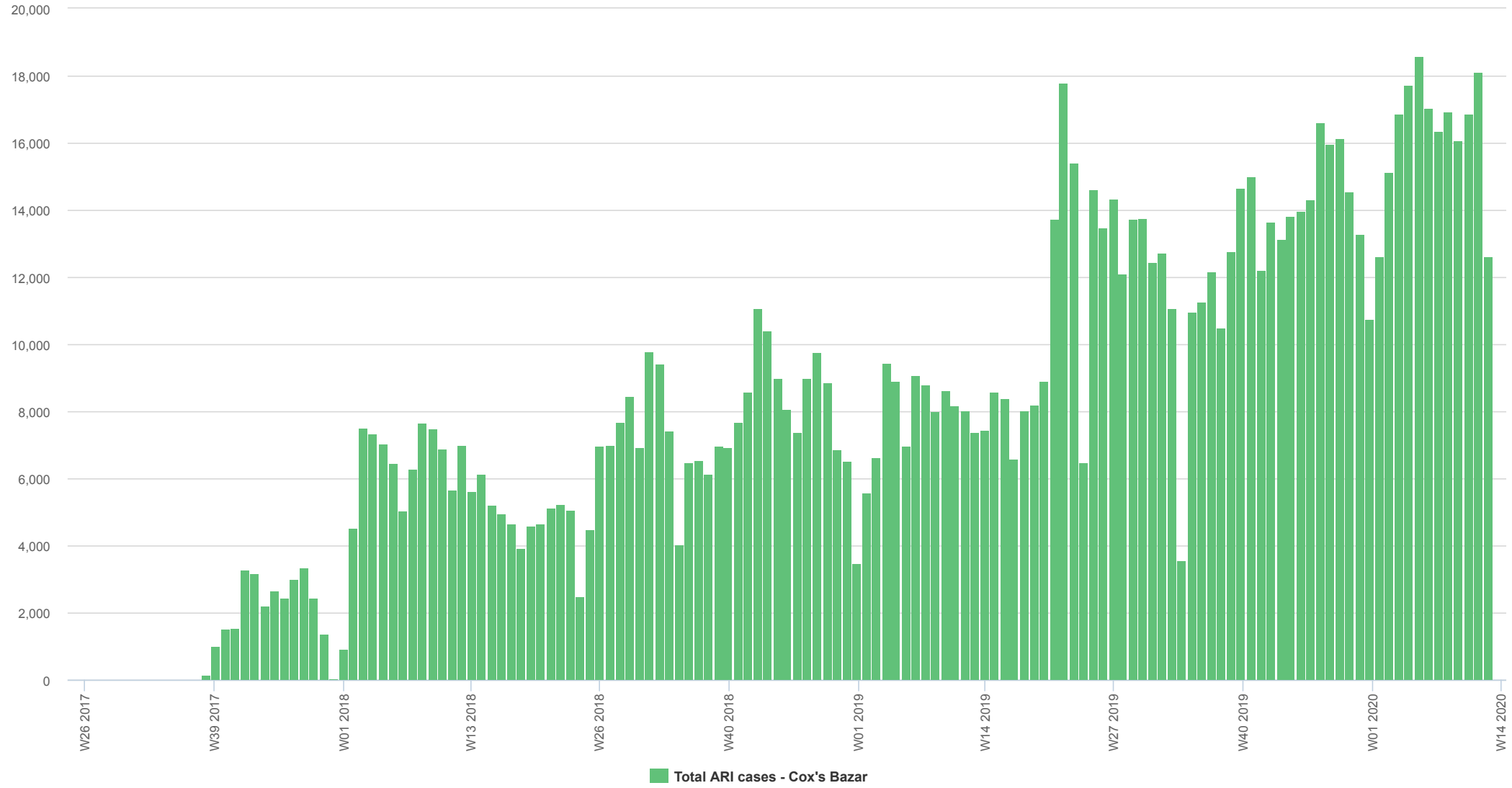
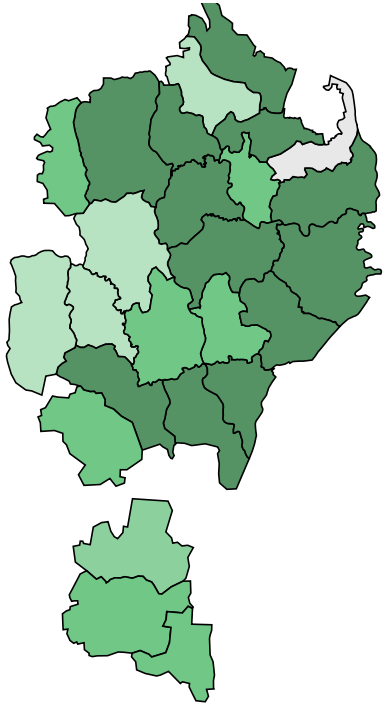


Figure 3 | Trend in number of cases over time (W38 2017 - W12 2020)



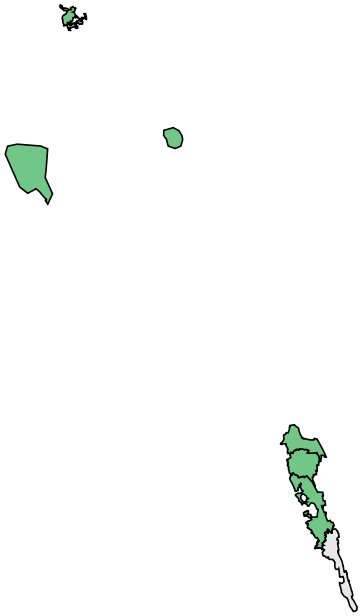
Map 1 | Map of cases by camp (W12 2020)

a. Ukhia | Number of cases

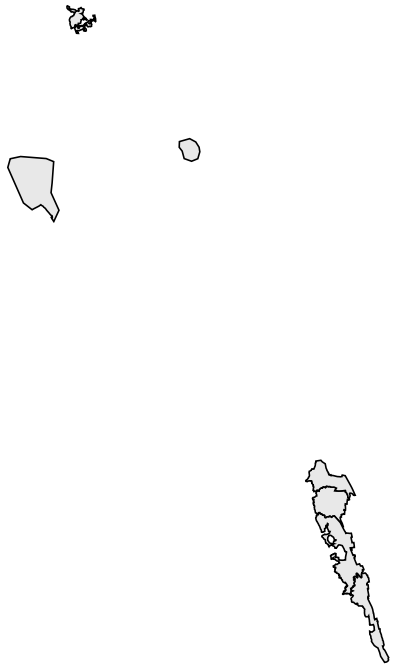


b. Ukhia | Number of alerts

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 (W12 2020)

0	0%	0	0	0	0
Alerts	Verified	Low Risk	Moderate Risk	High Risk	Very High Risk

Figure | % sex

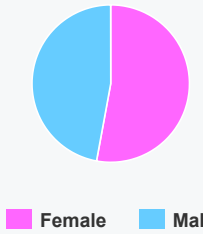


Figure | % age

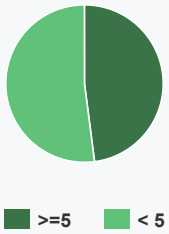


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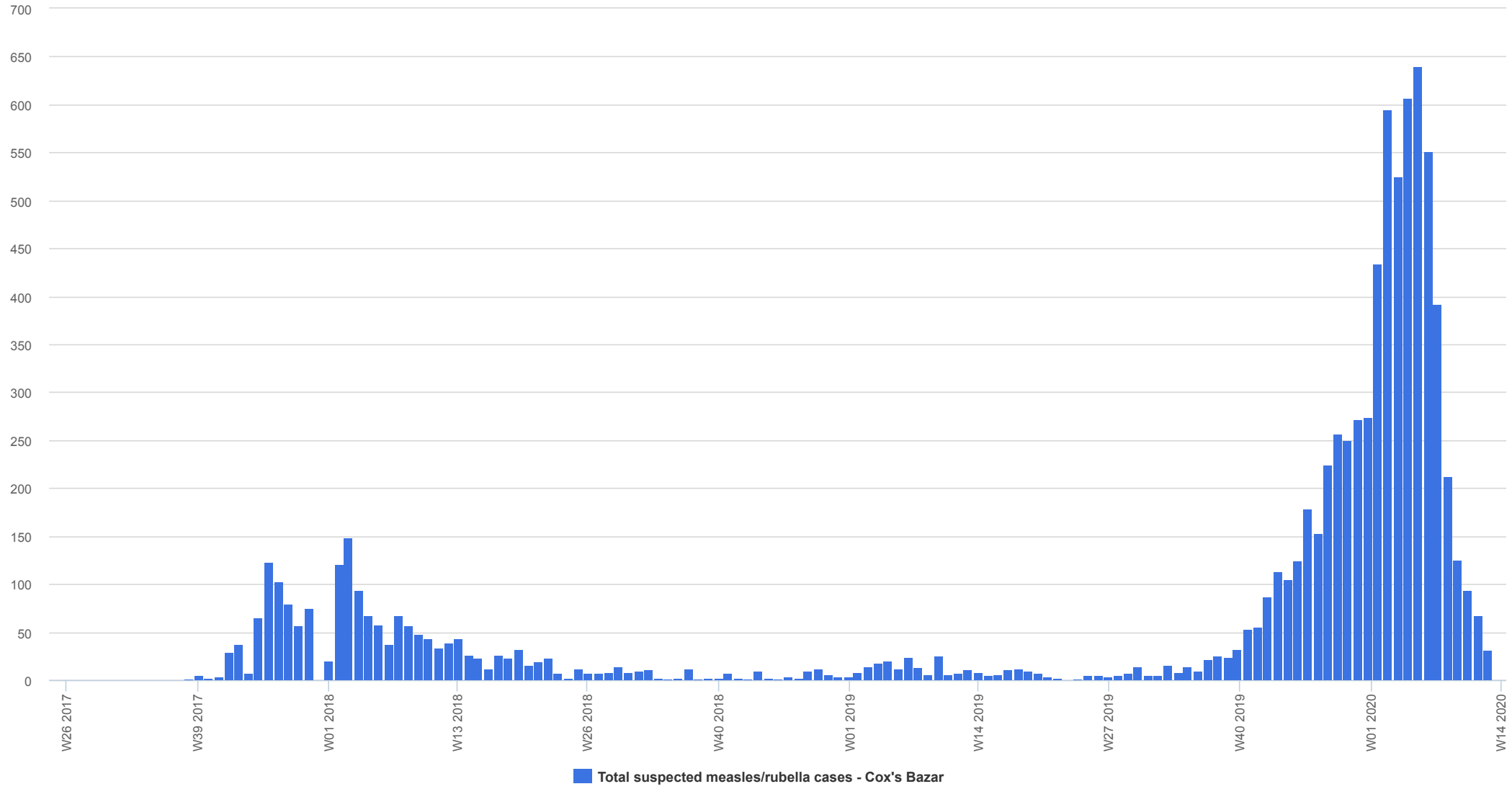
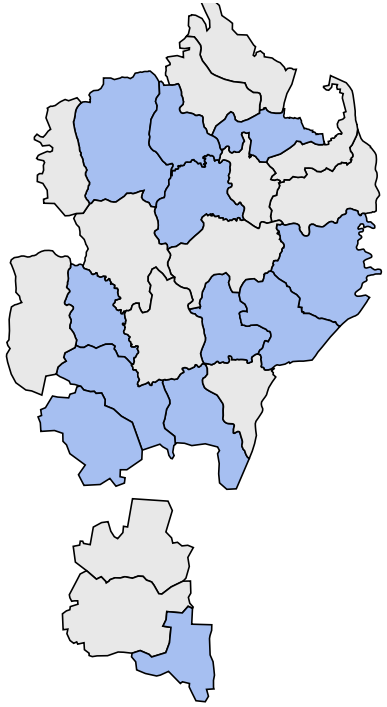
Figure 4 | Trend in number of suspected cases over time (W38 2017 - W12 2020)

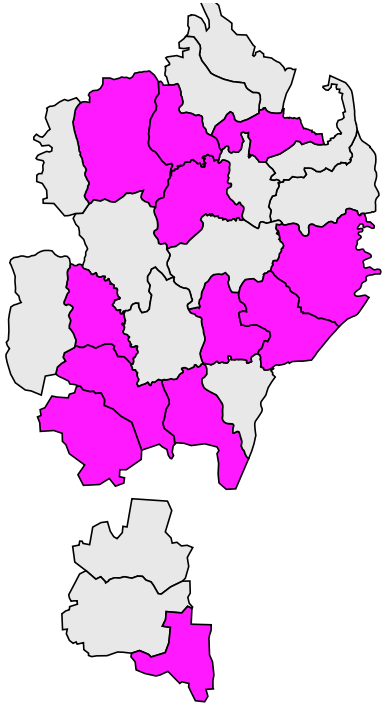


Map 2 | Map of cases by camp (W12 2020)

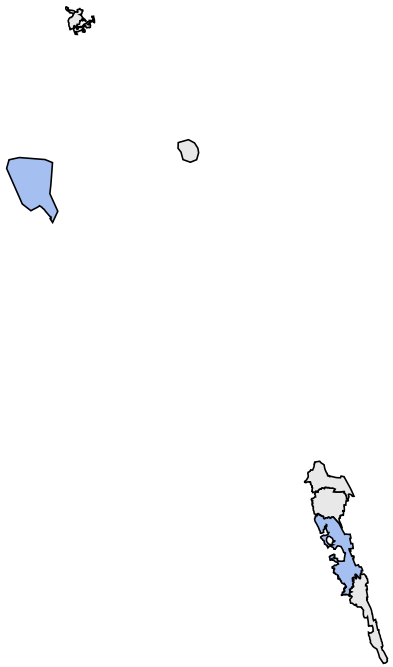
a. Ukhia | Number of cases



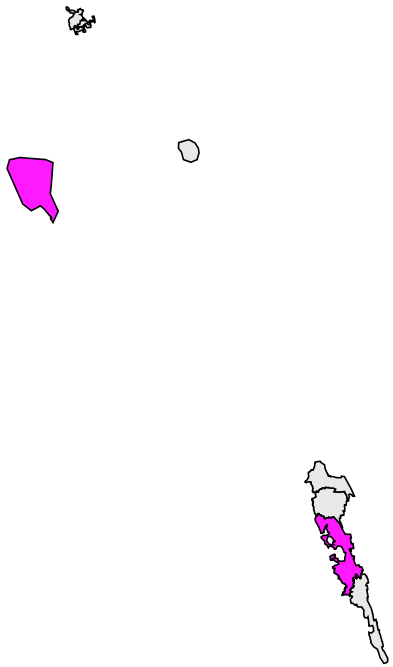
b. Ukhia | Number of alerts



c. Teknaf | Number of cases

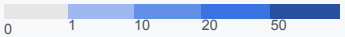


d. Teknaf | Number of alerts



Map legend

Number of cases



Number of alerts

Alert threshold

1 case. *Source: IEDCR*

Alert management (W12 2020)

18	100%	0	0	0	0
Alerts	Verified	Low Risk	Moderate Risk	High Risk	Very High Risk

Figure | % sex

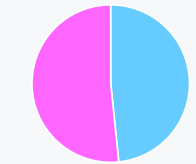
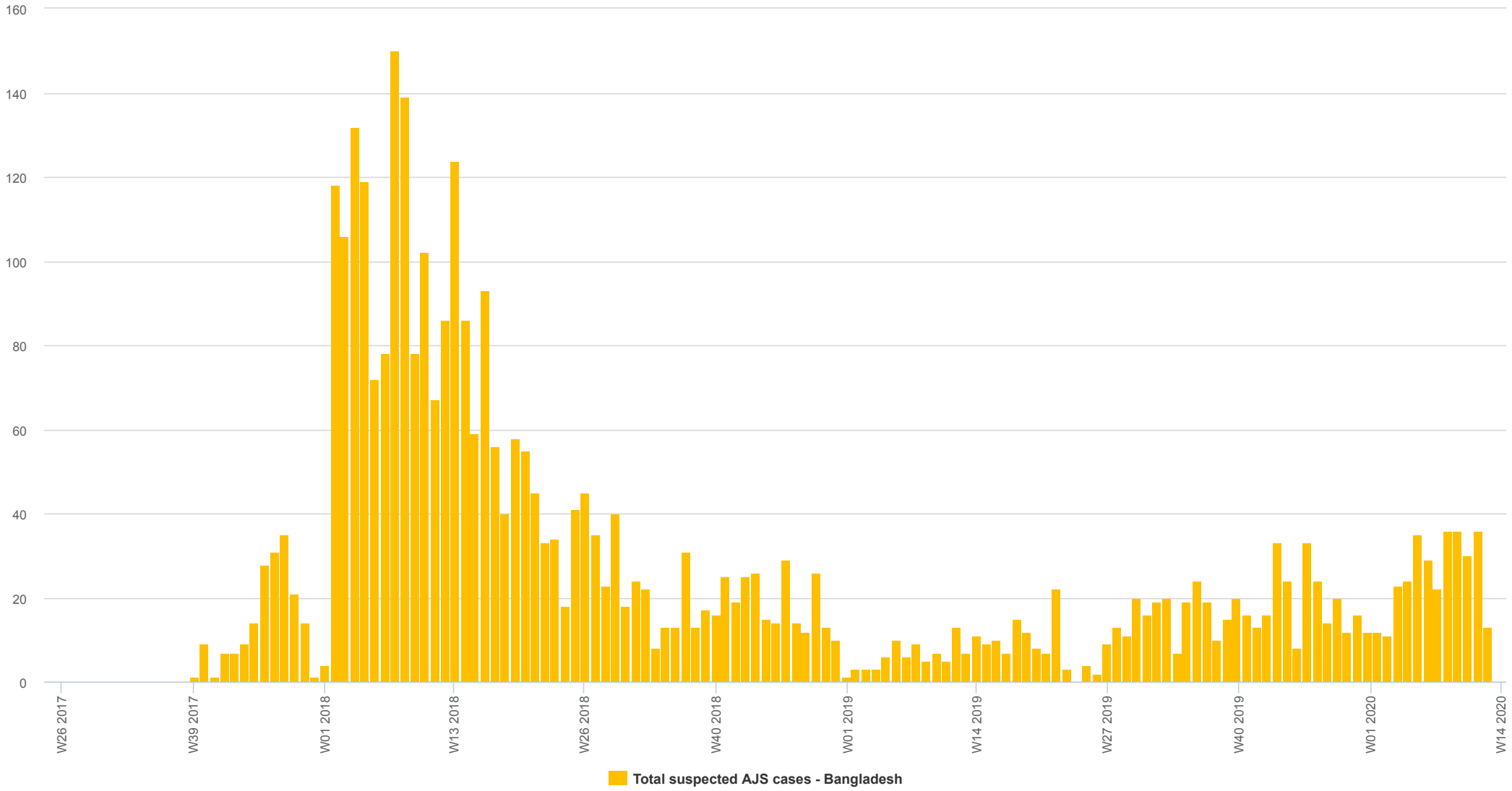


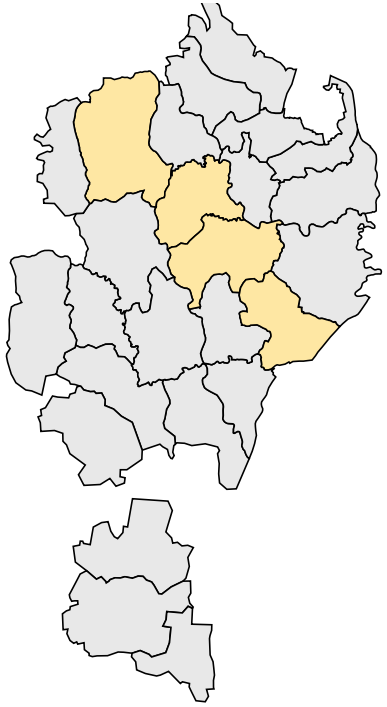
Figure | % age

Figure 5 | Trend in number of cases over time (W38 2017 - W12 2020)

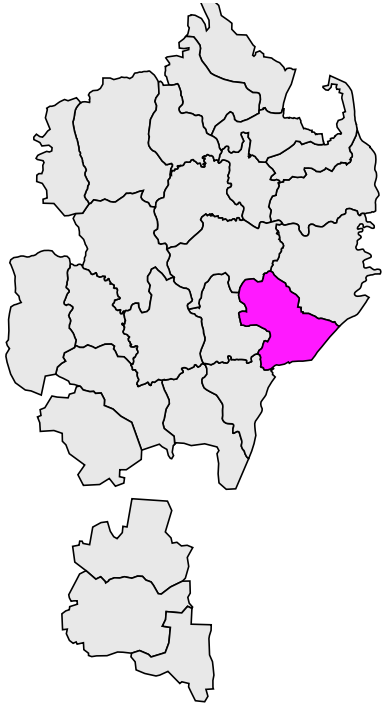


Map 3 | Map of cases by camp (W37 2017 - W12 2020)

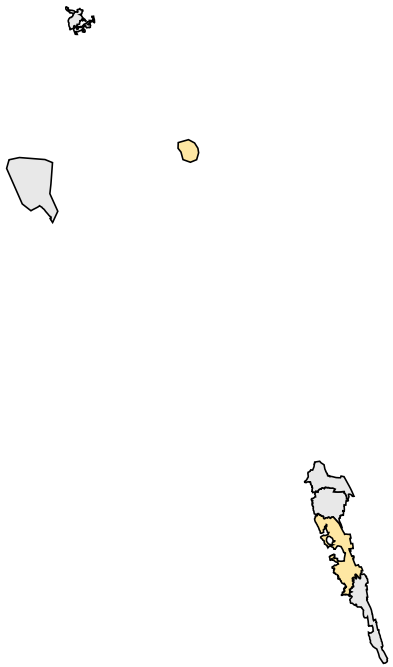
a. Ukhia | Number of cases



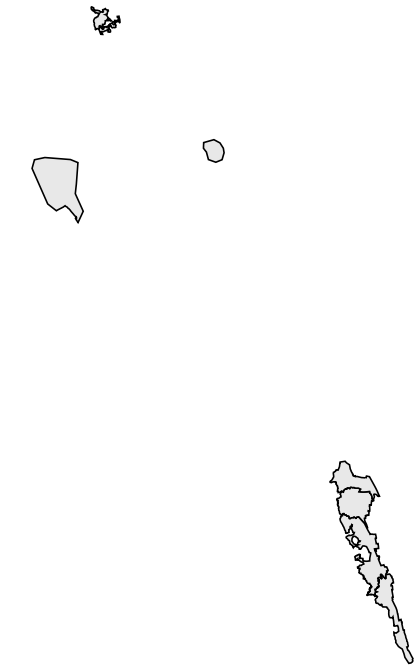
b. Ukhia | Number of alerts



c. Teknaf | Number of cases



d. Teknaf | Number of alerts



Map legend

Number of cases

0 1 10 20 50

Number of alerts

0 1 10

Alert threshold

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

Alert management (W12 2020)

1	100%	0	0	0	0
Alerts	Verified	Low Risk	Moderate Risk	High Risk	Very High Risk

Figure | % sex

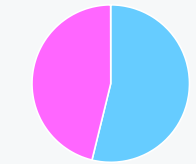


Figure | % age

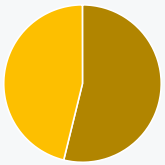


Figure 6 | Trend in number of cases over time (W38 2017 - W12 2020)

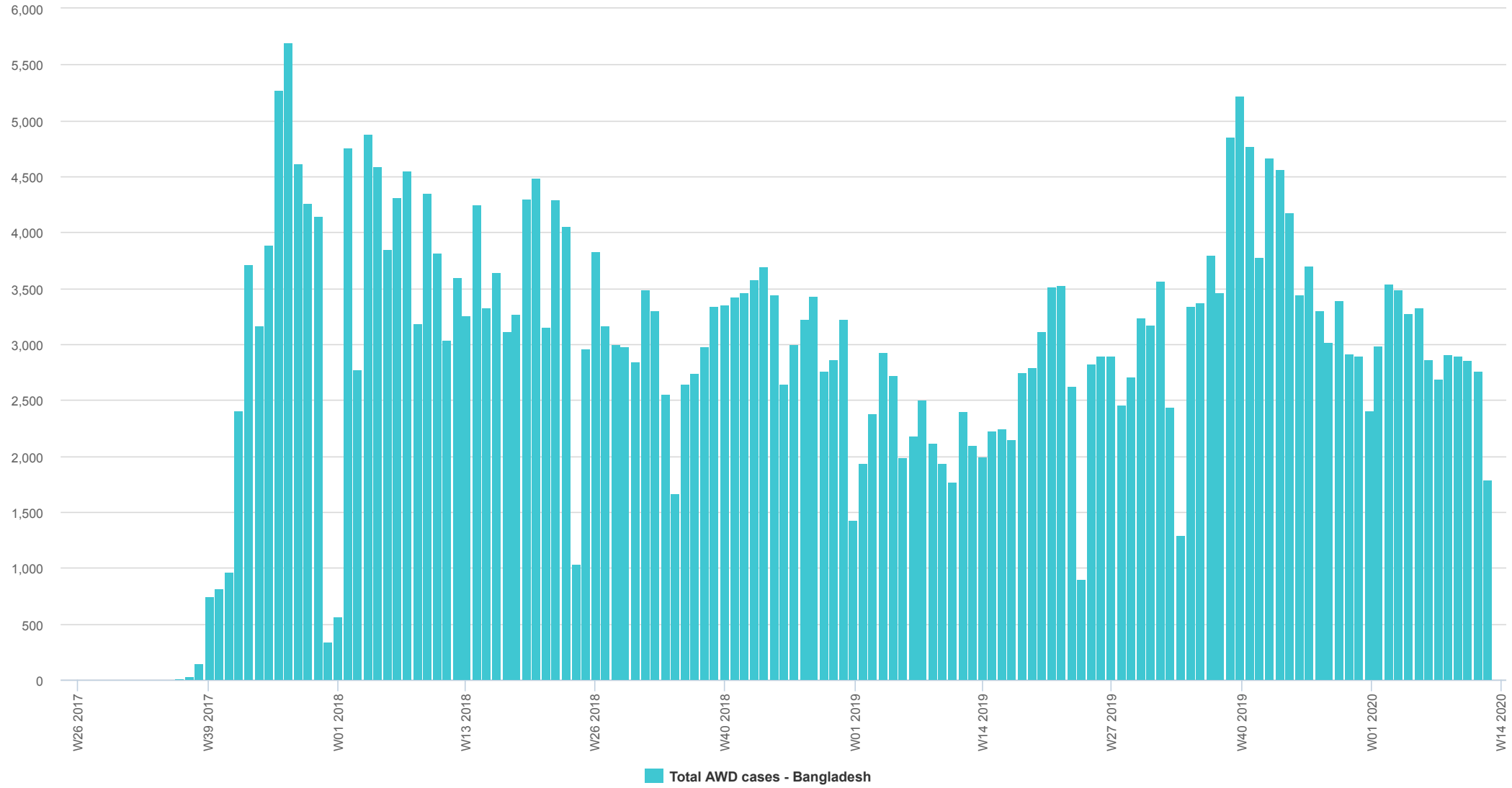
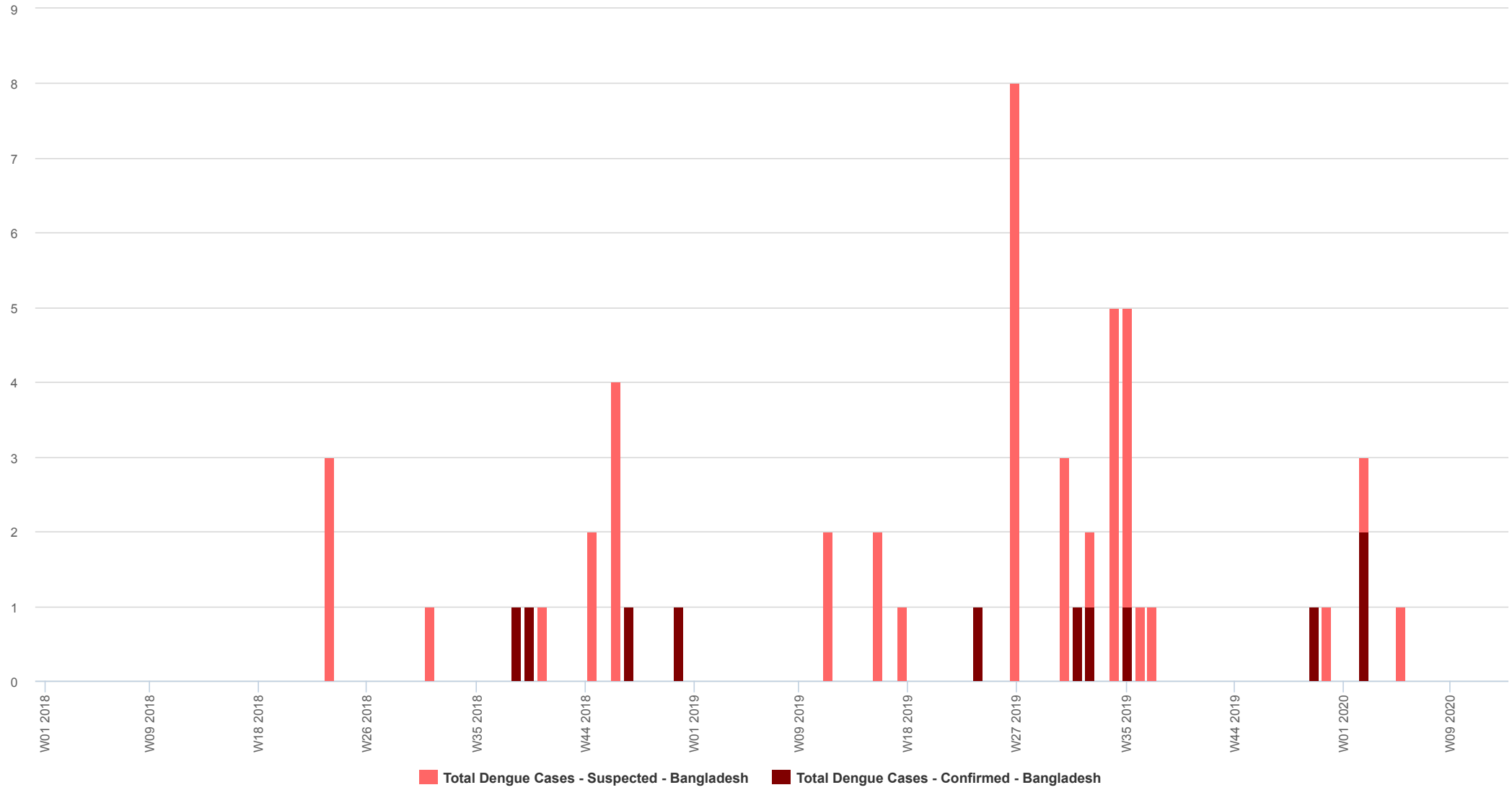


Figure 7 | Trend in number of cases over time (W38 2017 - W12 2020)

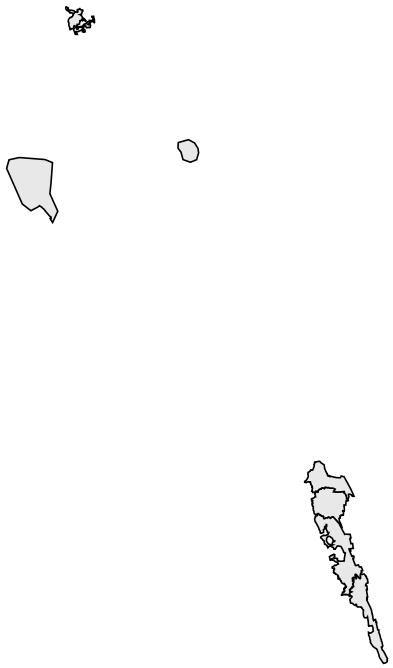


Map 4 | Map of cases by camp (W37 2017 - W12 2020)

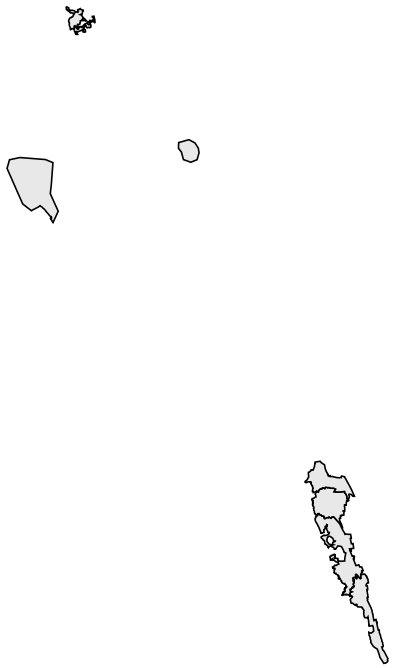
a. Ukhia | Number of cases

b. Ukhia | Number of alerts

c. Teknaf | Number of cases

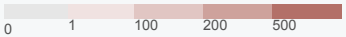


d. Teknaf | Number of alerts



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 (W12 2020)

0	0%	0	0	0	0
Alerts	Verified	Low Risk	Moderate Risk	High Risk	Very High Risk

Figure | % sex

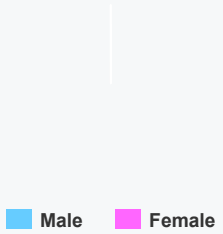
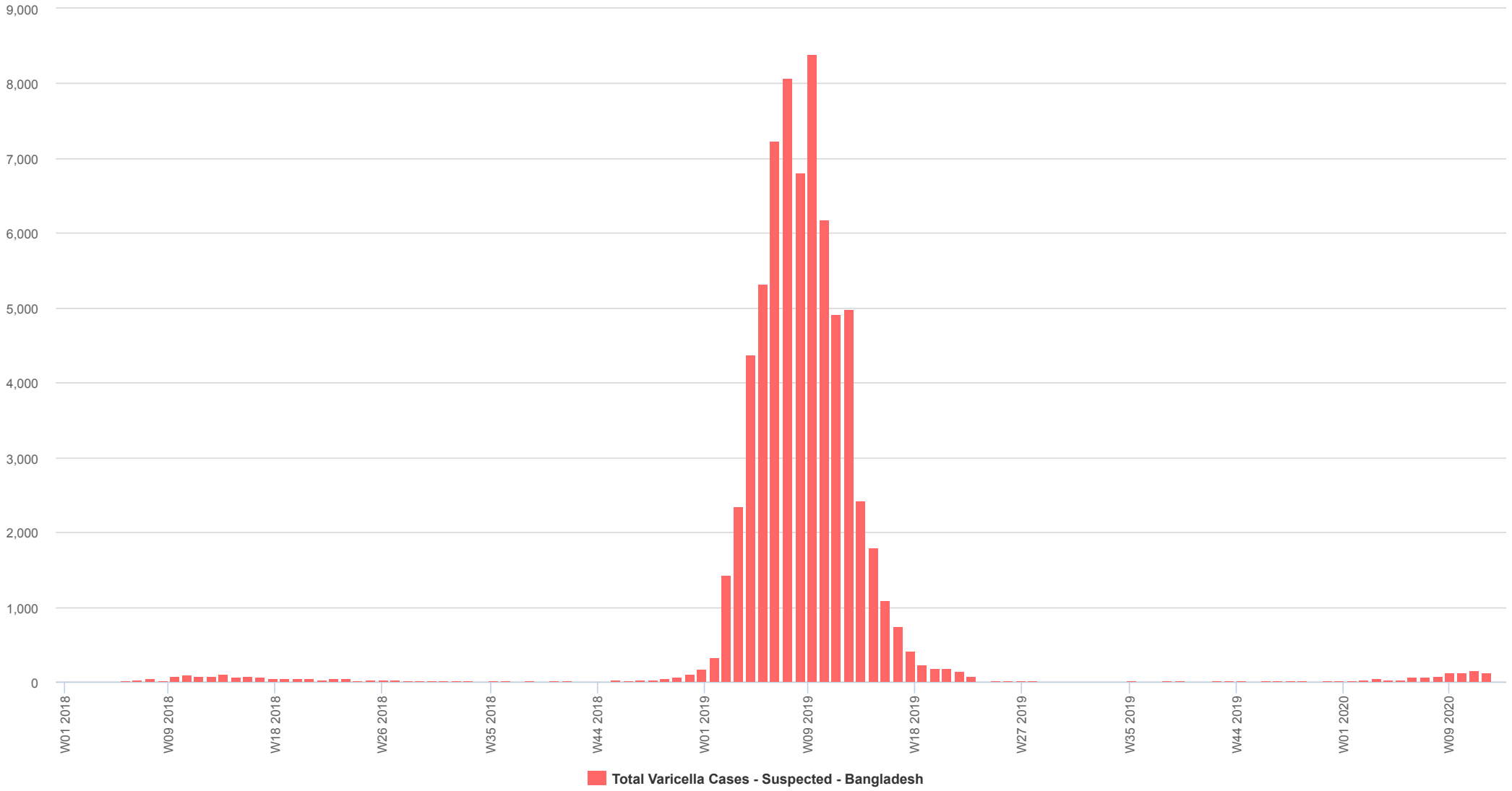


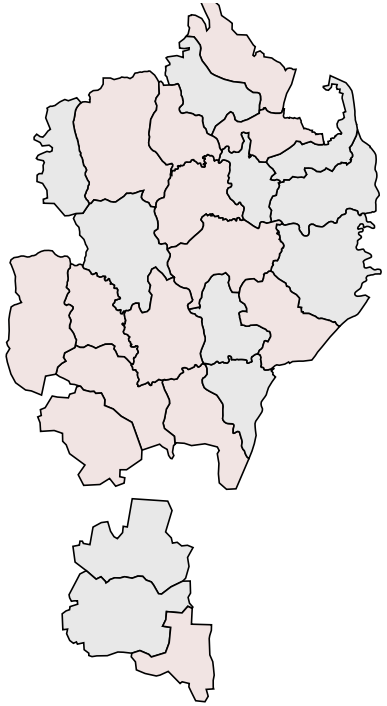
Figure | % age

Figure 7 | Trend in number of cases over time (W38 2017 - W12 2020)

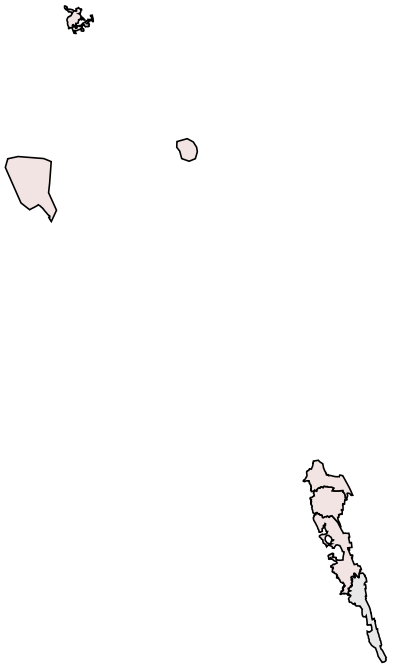


Map 4 | Map of cases by camp (W37 2017 - W12 2020)

a. Ukhia | Number of cases



c. Teknaf | Number of cases



Map legend

Number of cases

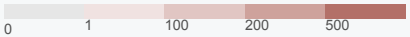
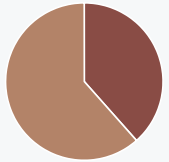


Figure | % sex

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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