Cholera Situation Report #8; Updated as of Aug 24/Epidemiology Week (EW) 34, 2024

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1.0 Highlights

- Five (5) new culture-confirmed cholera cases, and 17 new RDT-positive AWD (Acute Watery Diarrhea) cases/Cholera suspects with pending culture results were reported in Epi week 34/Aug 18-24, 2024. Additional 12 culture-confirmed cases had been detected this week from the previous week's pending culture results.
- Since June 23, 2024, when the upsurge commenced, 125 cholera culture-confirmed cases have been reported. Additionally, 22 RDT-positive AWD cases/Cholera suspects have been reported with pending cultural results.
- The 5 new culture-confirmed cases reported this week are from Camp 8W (3 cases), 2W (1 case), and the Ukhiya host community (1 case).
- Cases appear sporadically distributed across all 22 camps except for two clusters of cases detected in camps 7, and 8W.
- No confirmed cholera deaths were recorded yet.
- Rohingya refugee camps account for 94% (118 of the 125) of culture-confirmed cholera cases so far reported, with the host population accounting for seven (7) cases in Ukhiya (4 cases), Teknaf (2 cases) and Ramu (1 case).
- The 118 cholera-confirmed cases in camps were distributed in 22 camps in Ukhiya and Teknaf. The affected camps are Camp 1E (18 cases); Camp 14 (12 cases); Camp 7, 8W (9 cases); Camp 1W, 8E, 16 (7 cases); Camp 2E, 2W, 15 (6 cases); Camp 3, 10, 12 (5 cases); Camp 5, 9 (3 cases), Camp 6, 18, 24 (2 cases) and Camp 4Ext, 11, 19, 26 (1 case each).
- The 5 camps with highest cumulative Attack Rate (AR) are Camp 1E (4.2%), Camp 14 (3.4%), Camp 16 (3.1%) Camp 8W (2.7%) and Camp 7, 8E (2.2% each).
- However, the 5 camps with highest cumulative Test Positivity Ratio (TPR) are Camp 7 (22.5%), Camp 12 (18.5%), Camp 8W (15.0%) Camp 1E (14.4%) and Camp 6 (14.3%).
- Males are the most affected (58%), while the most burdened age group is 0–9 years (66%).
- The Hospital-based surveillance in the Health Facilities with AWD Isolation capacity indicates that 26% (99) of cases had severe dehydration, out of 378 admitted AWD cases.
- Partners continue the scale-up of health and WASH interventions in all the affected camps while the Joint Assessment and Response Team (JART) investigates the outbreak.
- RCCE messages and WASH Hygiene promotion messages are also being scaled up in all 33 camps including the affected ones.
- The upsurge has surpassed the outbreak threshold by the MoH's endorsed Multi-sectoral AWD and Cholera Preparedness and Response Plan 2022/23 and WHO guidance.

2.0 Epidemiology and Surveillance of AWD and Cholera

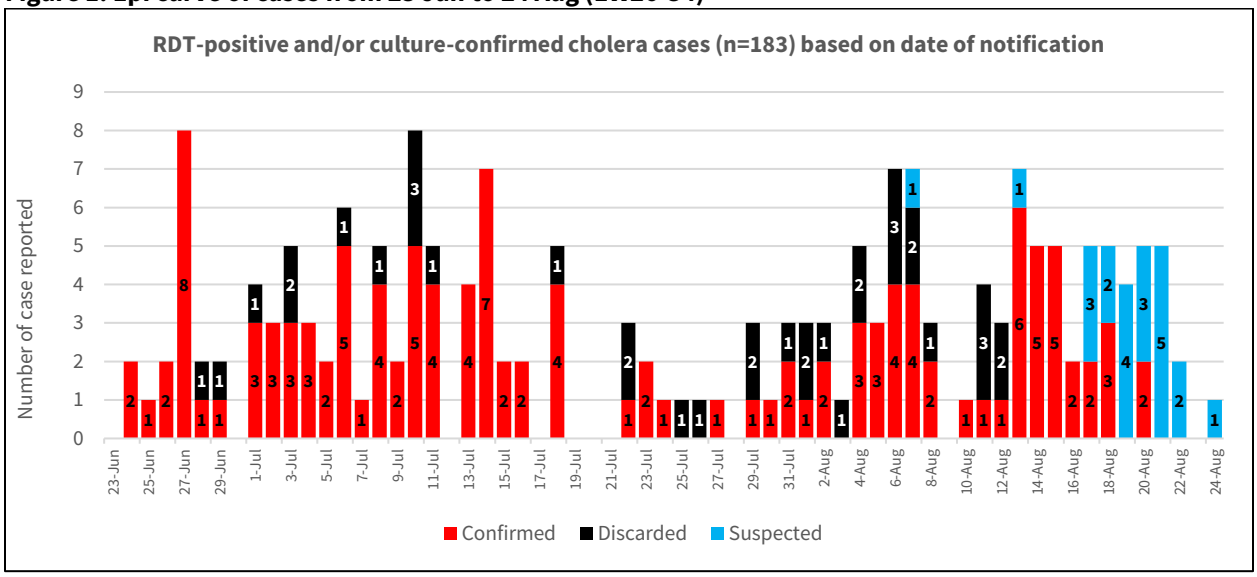
2.1 Sentinel Surveillance

Table 1: RDT-positive and/or culture-confirmed cholera Cases from 23 June – 24 August 2024 (EW26-34)[1]

Week	#RDT +ve cases	RDT +ve turns into culture +ve	RDT +ve that tested Culture Negative and discarded	Under culture testing (result pending)	Total Culture +ve cases (RDT -ve turns into Culture +ve)
a	b=c+d+e	c	d	e	f
Week 26 (23-29 June)	10	**8**	2	0	**15 (7)**
Week 27 (30 Jun – 6 Jul)	23	**19**	4	0	**19 (0)**
Week 28 (7-13 July)	22	**17**	5	0	**20 (3)**
Week 29 (14-20 July)	12	**11**	1	0	**15 (4)**
Week 30 (21-27 July)	9	**5**	4	0	**5 (0)**
Week 31 (28 Jul-3 Aug)	13	**6**	7	0	**7 (1)**
Week 32 (4-10 Aug)	26	**17**	8	1	**17 (0)**
Week 33 (11-17 Aug)	27	**18**	5	4	**22 (4)**
Week 34 (18-24 Aug)	19	**2**	0	17	**5 (3)**
Grand Total	161	**103**	36	22	**125 (22)**

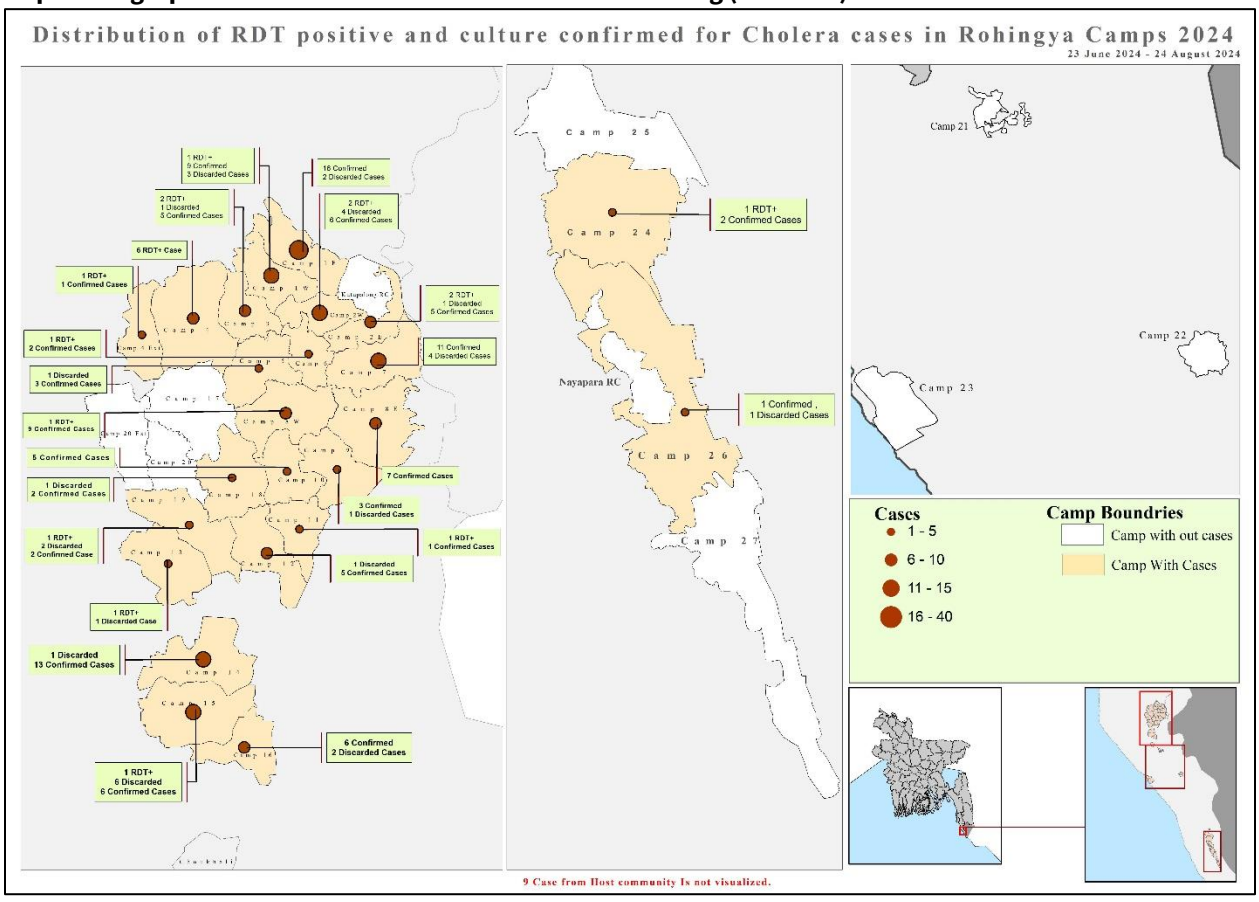
[1] The Surveillance data is obtained from several sources including i) Case Report Forms from EWARS (RDT-positive cases), ii) Laboratory culture confirmation data from icddr,b; iii) EWARS weekly AWD counts; iv) Clinical HF data. Note: The surveillance data will be retrospectively updated as culture results are received.

Figure 1: Epi curve of cases from 23 Jun to 24 Aug (EW26-34)



According to Figure 1 above, 125 confirmed cholera cases, 22 suspected cases (pending culture results), and 36 discarded cases that tested negative for cholera and, therefore non-cholera cases. The highest number of culture-confirmed Cholera cases in this outbreak was reported on 27 June (8 cases) and 14 July (7 cases).

Map 1: Geographic distribution of cases from 23 Jun to 17 Aug (EW26-34)

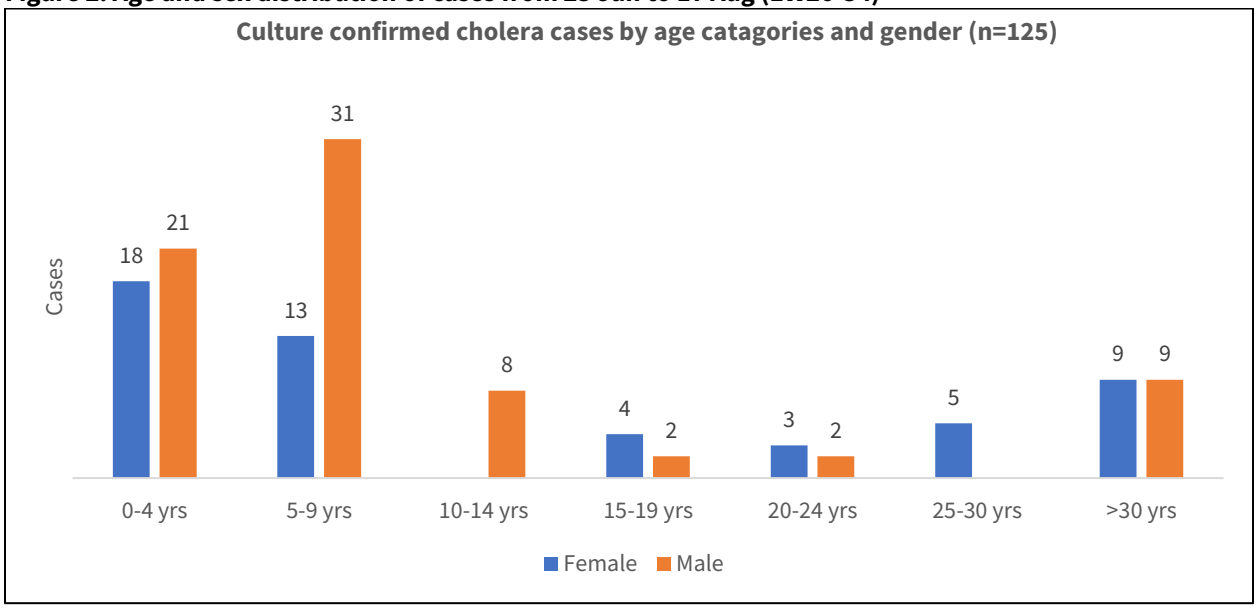


From Map 1 and Table 2 above, there appears to be a cluster in Camps 7 and 8W. However, majority of the cases are sporadically distributed across the remaining 22 affected camps, highlighting widespread exposure by the refugee population. Seven camps account for 53% (69/125) of the total culture-confirmed cases – Camp 1E (18), Camp 14 (12), Camp 7 (9), Camp 8W (9), Camp 8E (7), and Camp 1W (7), Camp 16 (7). Compared to Teknaf, Ukhiya-based Rohingya camps reported the majority of the 115 culture-confirmed cases, pointing to widespread community transmission.

Table 2: Distribution of cases by camps by sub-blocks from 23 Jun to 17 Aug (EW26-34)

Number of culture-confirmed cases	camps	Sub-blocks
18	Camp 1E	F17 (3), B1 (1), A3 (1), A15 (1), C9 (1), C13 (1), C14 (2), D8 (1), E5 (1), E14 (1), F16 (1), G9 (1), G12 (1)
12	Camp 14	A4 (4), C2 (2), E1 (2), E2 (3), G3 (1)
9	Camp 7	B1 (5), A1 (1), A5 (1), D5 (1), D5 (1)
9	Camp 8W	A27 (4), A17 (1), A18 (1), A33 (1), A36 (1), H9 (1)
7	Camp 8E	B57 (2), B38 (1), B81 (1), B83 (1), B86 (1), B90 (1)
7	Camp 16	A2 (1), A3 (1), A7 (2), C2 (2), C6 (1)
7	Camp 1W	A1 (1), A11 (1), C2 (1), E10 (1), G1 (1), G2 (1), G6 (1)
6	Camp 15	C3 (1), E1 (1), E6 (1), E16 (1)
6	Camp 2E	A3 (1), B1 (1), B6 (1), C4 (1), E3 (1), E10 (1)
6	Camp 2W	C7 (2), D3 (1), D4 (1), D14 (1)
5	Camp 10	E4 (2), G38 (1), I32 (1), H11 (1)
5	Camp 12	H2 (1), H5 (1), H12 (1), G3 (1), G6 (1)
5	Camp 3	B25 (2), D7 (1), C36 (1), D49 (1)
3	Camp 9	C9 (1), C19 (1), H15 (1)
3	Camp 5	C1 (2), D6 (1)
2	Camp 18	K2 (1), k3 (1)
2	Camp 24	F5 (1), F6 (1)
2	Camp 6	A10 (1), C2 (1)
1	Camp 11	D14 (1)
1	Camp 4Ext	B2 (1)
1	Camp 26	A2 (1)
1	Camp 19	C14 (1)
3	Ukhiya	Holdiapalong (2), Court Bazar (1)
2	Teknaf	Whykyang (2)
1	Ramu	Khuniyapalong (1)

Figure 2: Age and sex distribution of cases from 23 Jun to 17 Aug (EW26-34)



Most cases were males (58%) while the most affected age bracket was that of 0-9 years old, 66% (77/108). Age group 5-9 years that reported the highest number of age category-based cases, 35% (44/125), comprises mainly the children who were under one year and ineligible for two-dose reactive OCV Campaign in Oct-Nov 2021 and also include the newborns during the past OCV campaign period to date, hence vulnerable to cholera transmission while the rest (excluding the 6 cases in host population), were in the eligible vaccination group highlighting potential infection breakthrough and waning population-wide immunity, almost three years since the OCV campaign was undertaken.

2.2 Syndromic Surveillance Data on AWD Cases

Figure 3 below indicates that the trend of weekly AWD cases so far reported in 2024 through EWARS syndromic surveillance (weekly aggregates) has not significantly differed in comparison to previous years, though there has been an annual decline in AWD trends between 2020-2024 compared to the previous years. As per Figure 3, the weekly trends for AWD cases for Epi week 34 and the other last three weeks point to the declining number of AWD cases during the Cholera outbreak period (EW 26-34 compared to previous periods before the outbreak (EW 1-25). In Bangladesh including Rohingya refugee camps, historically AWD incidence has tended to increase in the pre- and post-monsoon seasons with bimodal peaks.

Figure 3: Total number of AWD cases reported in EWARS in 2018-2024 EW34

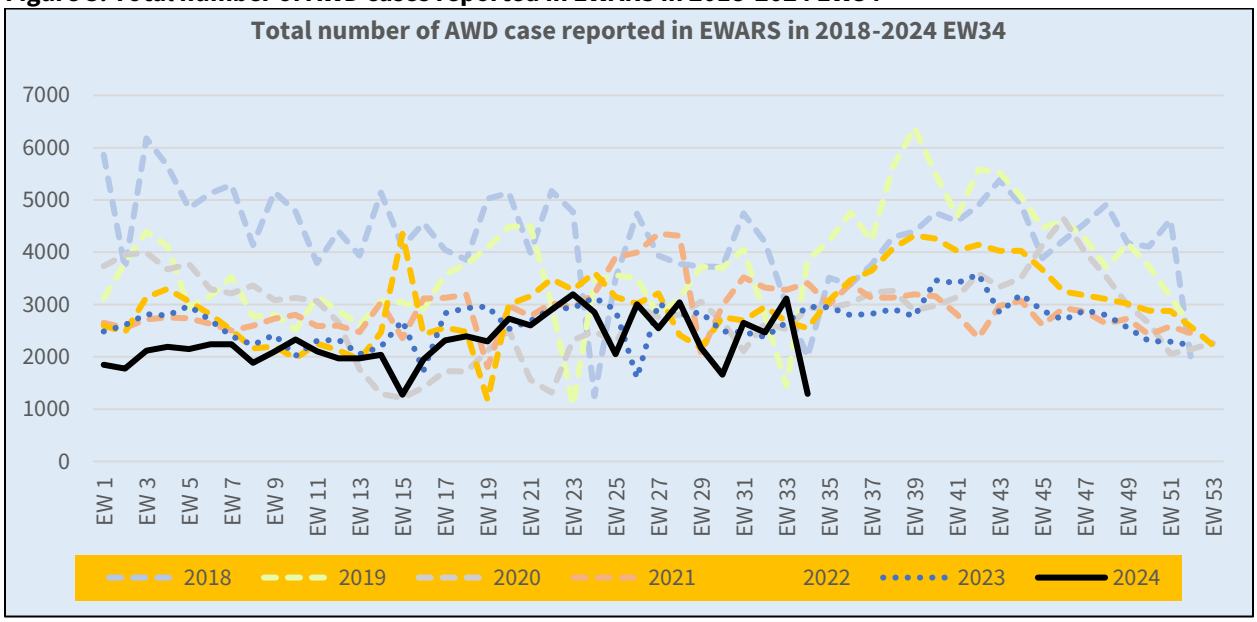


Table 3: Summary of AWD and Cholera Surveillance in Camps

Syndromic Surveillance	Sentinel Surveillance	Laboratory Surveillance	Hospital-based surveillance
• Number of health facilities reported **118.** • Number of cases reported (EW31-34) 9,516 **(avg 2,379 cases/week).** • Number of cases reported (as of EW1-33 in 2024) 77,448 **(avg 2,278 cases/week).**	• Number of Sentinel Sites **30.** • Number of RDT done 2,158 (as of Aug 17, 2024).	• Number of laboratories **2** • Culture-confirmed cases 125. • RDT-positive cases awaited results **22.** • Discarded cases by culture 36.	• Number of Heath facilities with AWD isolation capacity **17.** • Number of cases admitted in health facilities 378. • Number of severe dehydration cases 99 **(26%).**
	135 JART investigations conducted against RDT-positive and/or Culture-confirmed cases		

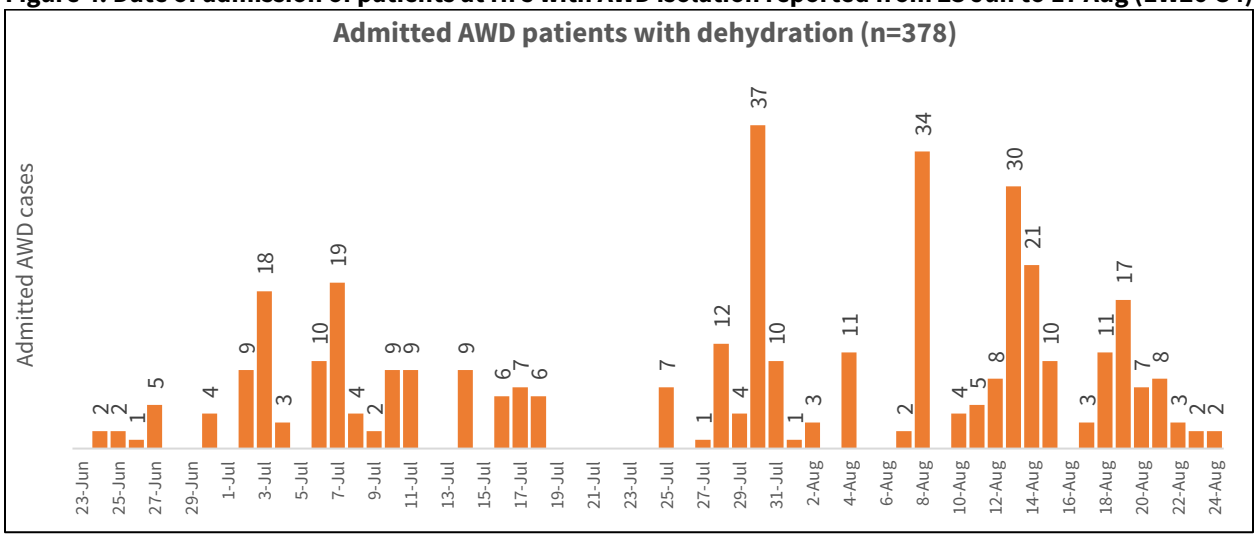
There seems to be a decline in general trends of AWD during the outbreak period (EW 26-34) compared to the previous part of the year hence average weekly cases are slightly lower than the average for the entire period (EW 1-34), 2024 from the summary table 3 and figure 3 above. The number of Cholera sentinel surveillance sites is 30 and total RDT tests conducted are 2,158 as of Aug 17, 2024. In total 135 Joint Assessment and Response Team (JART) investigations by Health and WASH Sectors have been undertaken since the upsurge began on 23 June/EW 26.

3.0 Case Management Update

Hospital admission

During this period, 17 health facilities with AWD Isolation capacity admitted 378 AWD patients with 26% of the total admitted cases presenting with severe dehydration, while 29% had some sign of dehydration.

Figure 4: Date of admission of patients at HFs with AWD isolation reported from 23 Jun to 17 Aug (EW26-34)



4.0 Response Interventions

4.1 Coordination

- The health sector continues to oversee the implementation of a scenario-based approach and coordination of sector partners in the response.
- Coordinates and monitors the continuous implementation of a multi-sectoral Cholera Action Plan.

4.2 Epidemiological surveillance

- Provide daily situation updates and weekly SitRep on the evolving epidemiological situation of cholera in camps and surrounding host populations.
- Leads and provides technical guidance on appropriate response interventions to partners during the weekly cholera multisectoral meetings.
- The WHO Epidemiology and Surveillance Team in collaboration with the WASH Sector, conducted a Rapid Risk Assessment (RRA) to understand the contexts and drivers of the outbreak in the affected camps and continues to refine the RRA findings to guide Health and WASH Sectors response interventions.
- WHO has informed and continues to provide regular daily updates to the Ministry of Health through Cox's Bazar District Civil Surgeon and Epi TWG following the IMS structure.
- In collaboration with the WASH Sector, maintains the technical leadership and coordination of the Joint Assessment and Response Team (JART) activities including field investigations, active case search, contact tracing, and bacteriological and physiochemical testing of water samples.
- Continue undertaking Cholera rumor monitoring through Event-Based Surveillance (EBS) in EWARS.

- Provide technical support to UNHCR-led CHWG to undertake Community-Based Surveillance of AWD cases.
- Ensured procurement of adequate RDT tests. Over 20,000 RDT kits are available to support Cholera surveillance and response through the 30 active sentinel surveillance sites.
- Drafted the OCV Vaccine request for ICG and shared it with the WHO country office before government approval.

4.3 Laboratory and Diagnosis

- The IEDCR Field Laboratory at Cox's Bazar Medical College conducts cholera culture detection with WHO support.
- Icddr,b, in collaboration with WHO and MoH, conducts cholera surveillance and culture detection at their lab in Dhaka.

4.4 Case Management and IPC

- The number of health facilities with AWD isolation capabilities has been increased from 11 to 17 for effective management of AWD including Cholera cases.
- The WHO has prepositioned a central Cholera kit, able to treat 100 AWD cases with severe dehydration, and pipelined 3 more kits in case of a further surge in cases and health sector facilities are overwhelmed.
- All health facilities in camps are being encouraged to implement IPC measures including ensuring the availability of hand-washing facilities for patients and staff.
- Health facilities (with AWD isolation) are managing moderate to severe cases, referrals are being handled by secondary facilities, mainly MSF KTP Hospital with 11 beds dedicated for AWD, including 4 beds purely for cholera case management.

4.5 Risk Communication and Community Engagements (RCCE)

- Over 1,600 Community Health Workers (CHWs) deployed by UNHCR-led Community Health Working Group (CHWG) partners have been instrumental in combating the spread of acute watery diarrhea (AWD).
- Since the rise in AWD cases from June 23 to August 24, CHWs have reached more than 90% of households weekly, impacting over 400,000 people each week. During this time, they identified over 16,800 suspected AWD cases.
- These CHWs have focused on promoting handwashing, safe drinking water, and hygiene education, particularly in response to the recent surge in AWD across various camps and surrounding host communities.
- The spread of AWD has been exacerbated by contaminated water sources, the ongoing monsoon season, and shared sanitation facilities.
- Additionally, CHWs have held nearly 350 courtyard sessions on AWD prevention, involving over 2,000 key community members, including influential leaders, Imams, and Majhees. CHWG partners are also conducting community-based AWD surveillance to detect and refer cases to nearby health facilities for early treatment.

4.6 Operations Supply and Logistics (OSL)

- Logistics and procurement unit is working with the Epi team to ensure the procurement of additional Cholera kits requested so far and tracking the weekly stock status of Cholera RDT kits.

4.7 WASH Sector

- The WASH sector is scaling up WASH response interventions, including hygiene promotion, distribution of Aqua tabs, cleaning water holding containers and WASH facilities, and treatment of drinking water sources.
- Coordinating Water Quality Assessment (bacteriological and physiochemical) and using the reports to guide WASH response interventions in collaboration with the Department of Public Health Engineering.
- Participate in JART investigations.

5.0 Challenges

- Given that the last OCV campaign took place three years ago (2021), a new vulnerable cohort of newborns and migrants from Myanmar during this period exacerbates the waning population-wide immunity.
- Behavior change towards hygiene and sanitation is a continuous process that requires time for impact in interventions.
- Refugee populations continue to move across camps.
- Heavy rainfall and the sub-optimal status of WASH infrastructure increase the risk of sustained cross-contamination.

6.0 Way Forward

- Continue active case search and contact tracing to limit the outbreak spreading to other unaffected camps and break potential transmission chains.
- Plans to secure OCV vaccines from ICG are in progress, and consultation is ongoing with MOH and HQ
- The health and WASH sectors' response interventions should be continued across all affected camps.
- With technical support from the WHO, the Community Health Working Group (CHWG) has initiated community-based surveillance of AWD in camps.
- Monitor camps with zero cases for emerging transmission and limit outbreak spreading to unaffected camps.

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