

SITUATION UPDATE

Dengue Situation Update

**Epi Week 39 (27 September – 3 October),
2026.**

Dengue Situation, Epi Week 39, 2026

RDT-positive cases, Rohingya camps, and host community, Cox's Bazar

137

RDT+ cases, week 39

↓ 16% vs. week 38 (164) · 0 deaths

3,256

Cumulative cases, 2026

Refugees 88% · host 12% · all 33 camps

12

Deaths, 2026

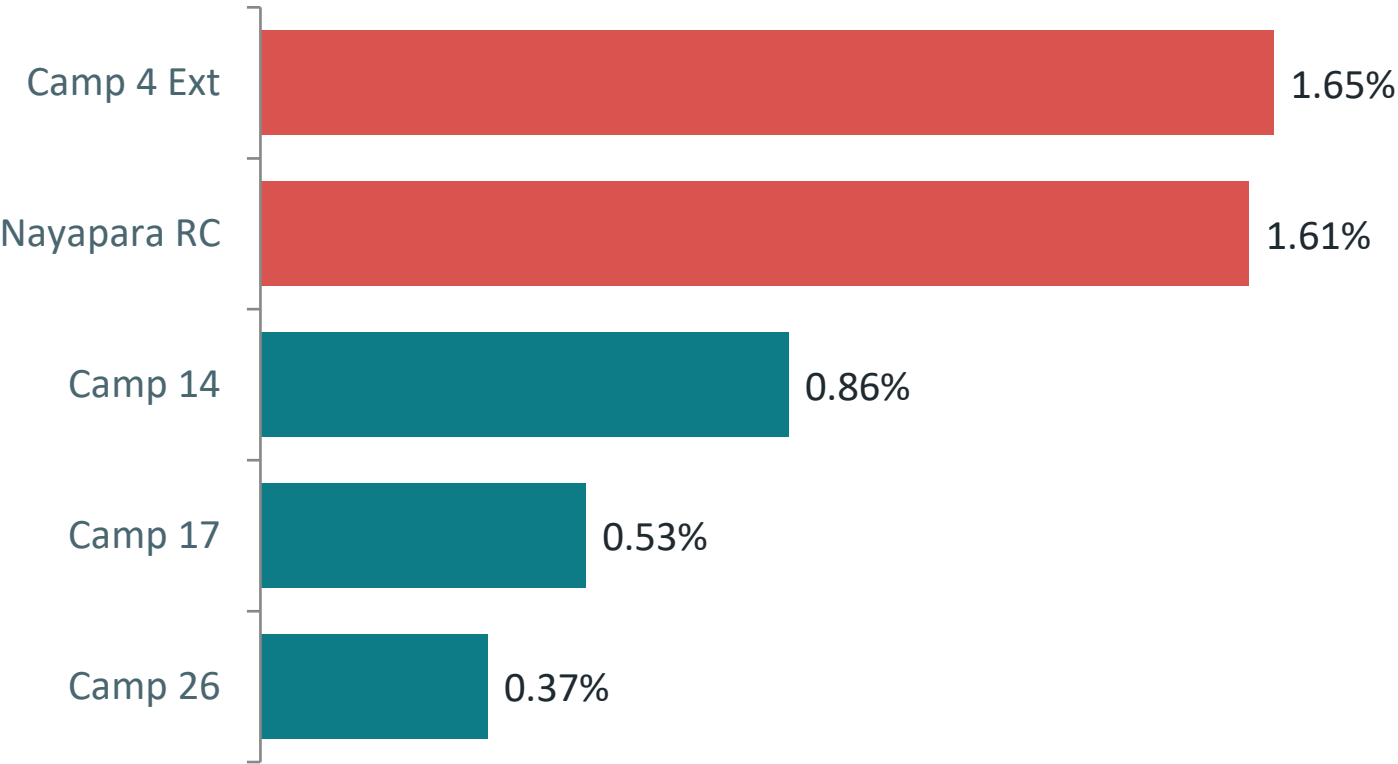
CFR 0.37% overall · 0.42% refugees

DENV-3

Serotype (preliminary findings)

5 of 5 initial camp samples

Top 5 camps: cumulative attack rate (% of camp population)



Cases and deaths by population

Population	Wk 39	2026	%	Deaths	CFR
Rohingya	116	2,867	88%	12	0.42%
Host	21	389	12%	0	0%
Total	137	3,256	100%	12	0.37%

- **Trend:** Uneven decline in weekly cases since week 31
- **Hotspot:** Nayapara RC (Teknaf) and camp 4 Ext in Ukhya are emerging hotspots this season

Dengue Deaths and Demographics, 2026

12 deaths (all refugees) and 3,256 cumulative cases

Deaths by camp (n = 12)

Camp	Deaths	Camp	Deaths
14	3	4 Ext	1
18	2	8E	1
26	2	20	1
3	1	Nayapara RC	1

Deaths by age (n = 12)

Age group	Deaths	%
Under 10 years	7	58%
10–19 years	1	8%
20–50 years	0	0%
Over 50 years	4	33%

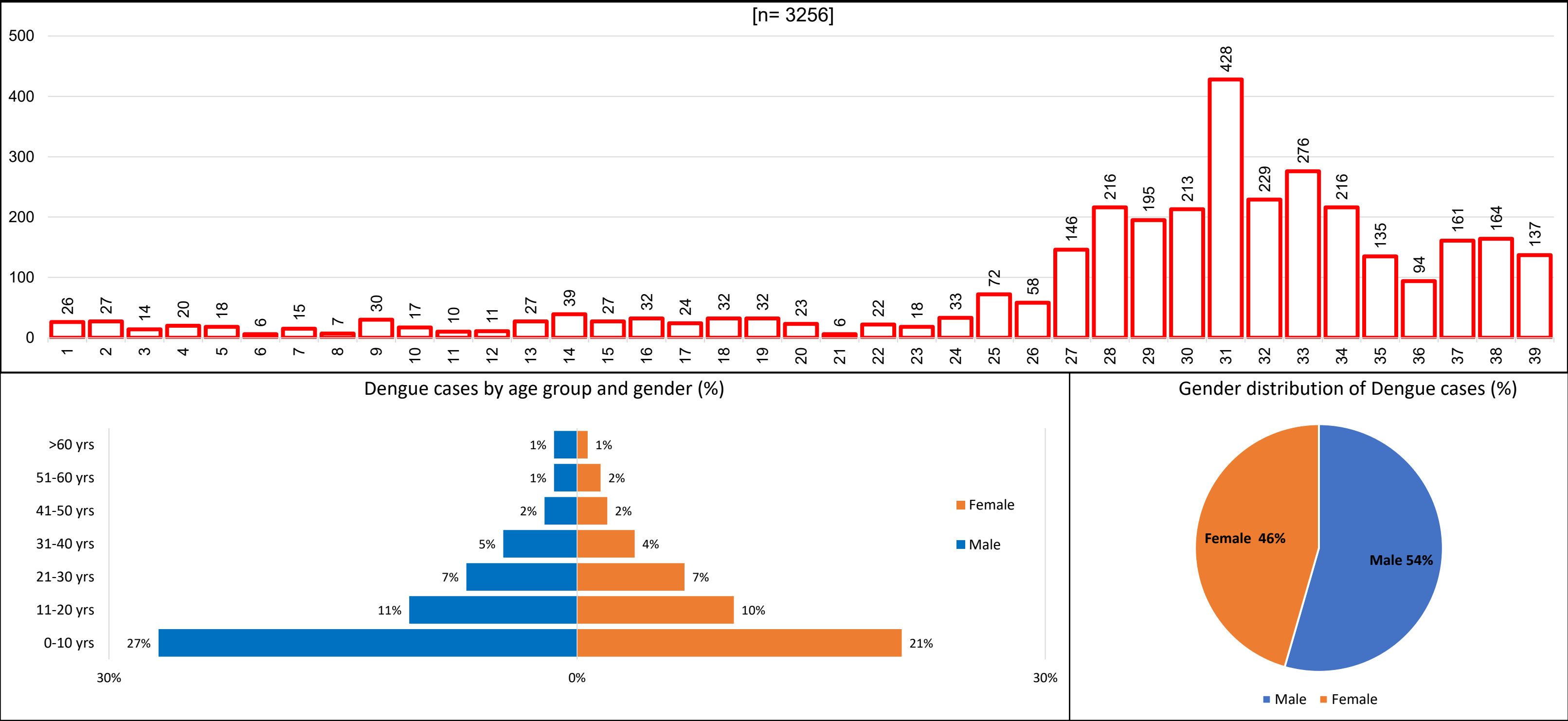
Deaths vs cases by group

Group	Deaths (n=12)	Cases (n=3226)
Female	7 (58%)	46%
Male	5 (42%)	54%
Under 10 yrs	7 (58%)	48%

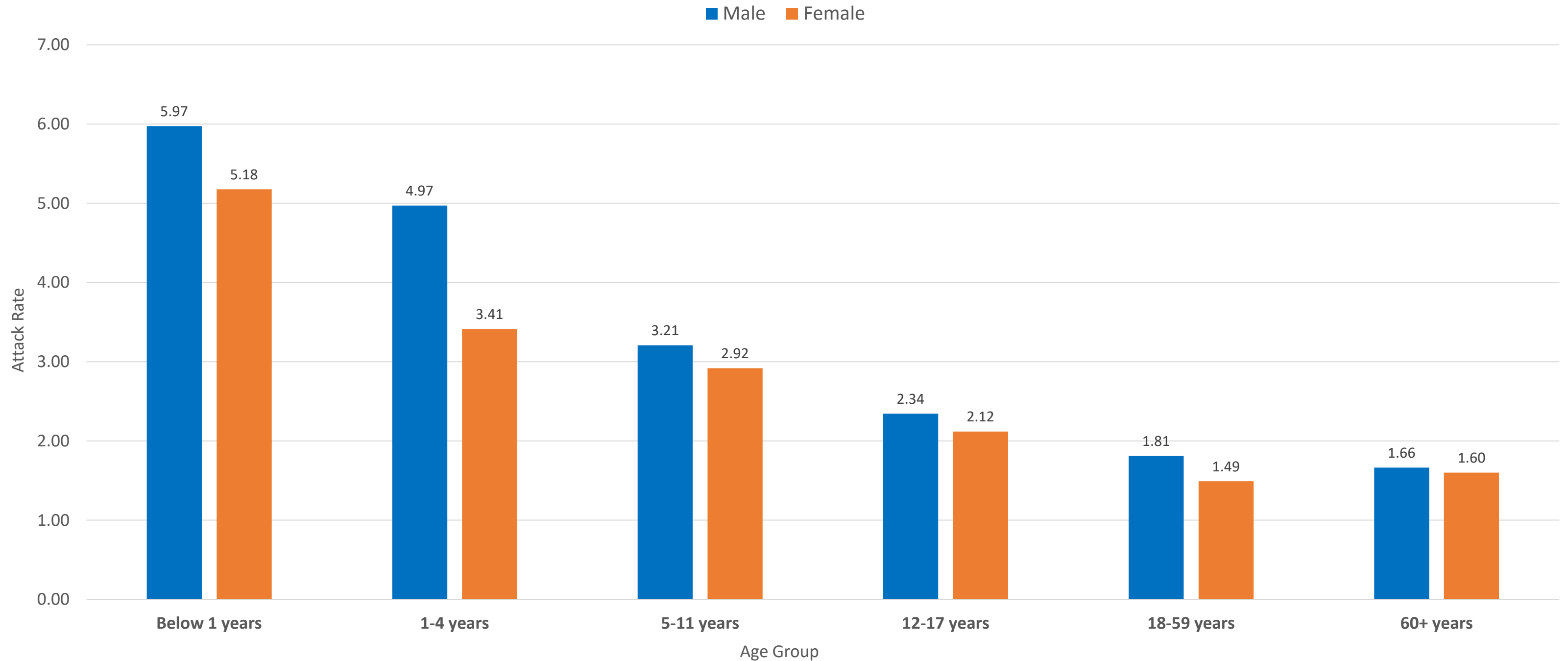
Interpretation and actions

- **Children under 10:** 48% of cases and 58% of deaths; prioritise paediatric case management and warning-sign awareness
- **Death clusters:** Camps 14, 18 and 26 account for 7 of 12 deaths; review referral pathways and time of seeking treatment (health-seeking behaviour)
- **DENV-3:** preliminary (5 samples); if newly circulating, raises risk of severe dengue from secondary infection
- **Vector control:** focus on Camp 4 Ext and Nayapara RC, which have the highest attack rates (~1.6%)

Dengue Weekly and Yearly Trends for 2026 (As of Epi Week 39)



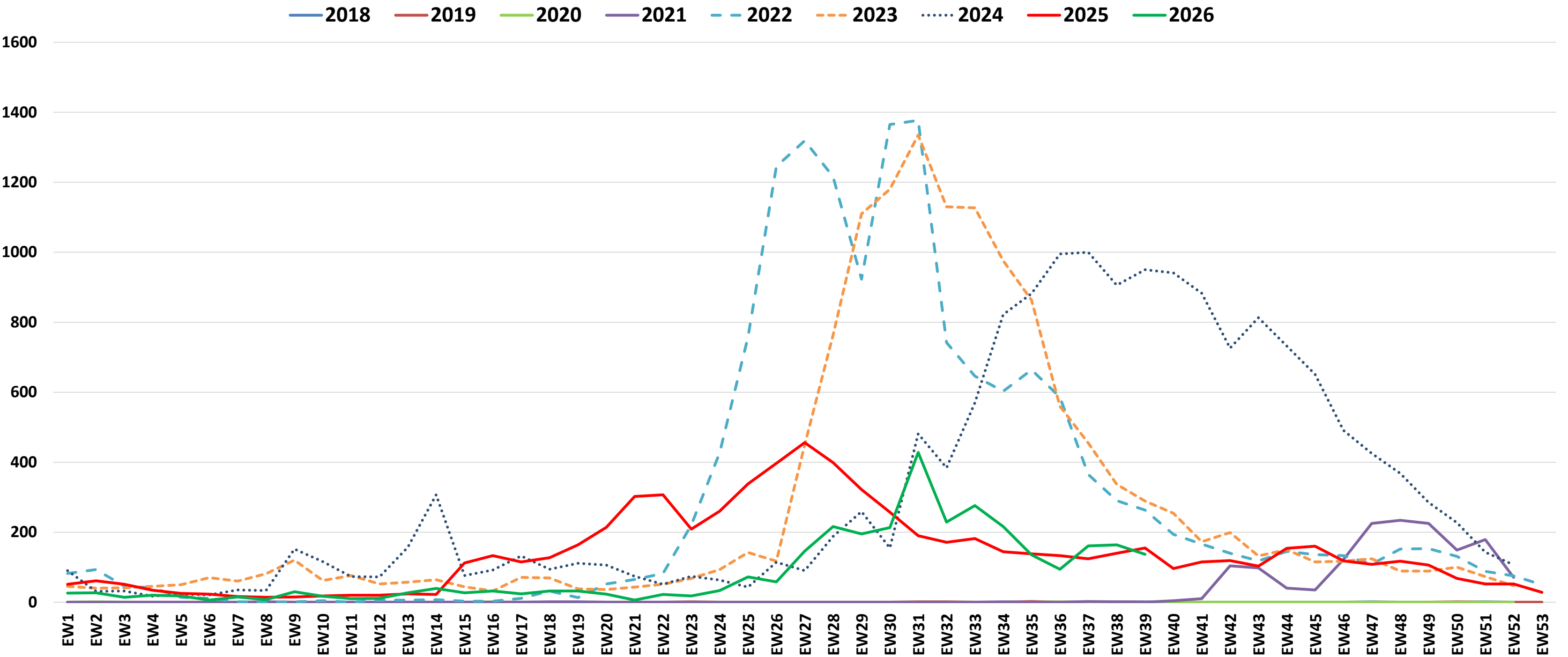
Dengue attack rate by age group and sex per 1,000 population for 2026 (As of Epi Week 39)



Children below 5 years had the highest age-based attack rates while males were the most affected across all age-groups



Yearly Trends of Confirmed Dengue cases reported for 2019 – 2026(as of EW39) [Source: EWARS]

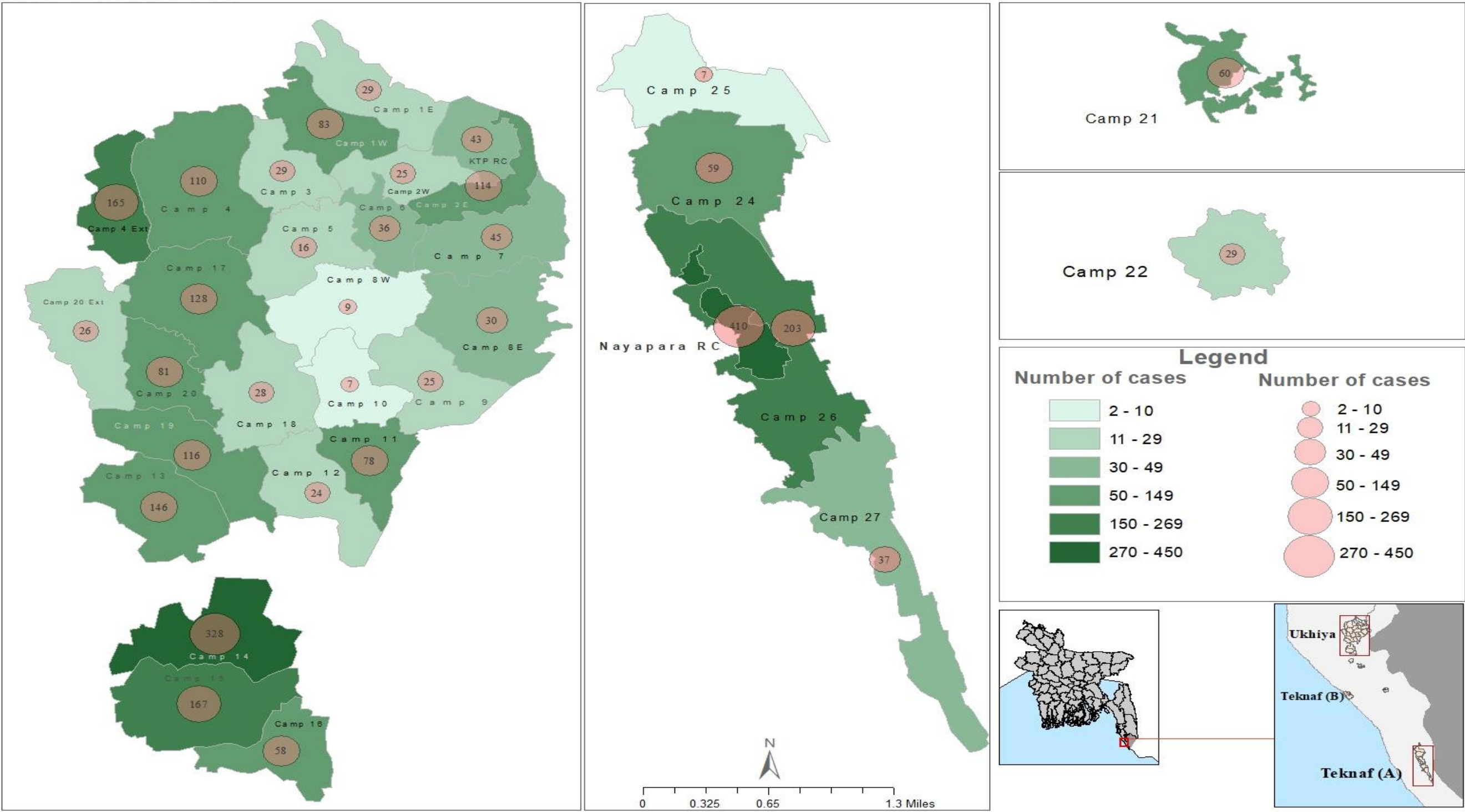


The 2026 upsurge seems to have lagged by weeks before commencing in Epi week 25 compared to past upsurges(2022-2025).
The transmission also appears to be lower than for the past four years.

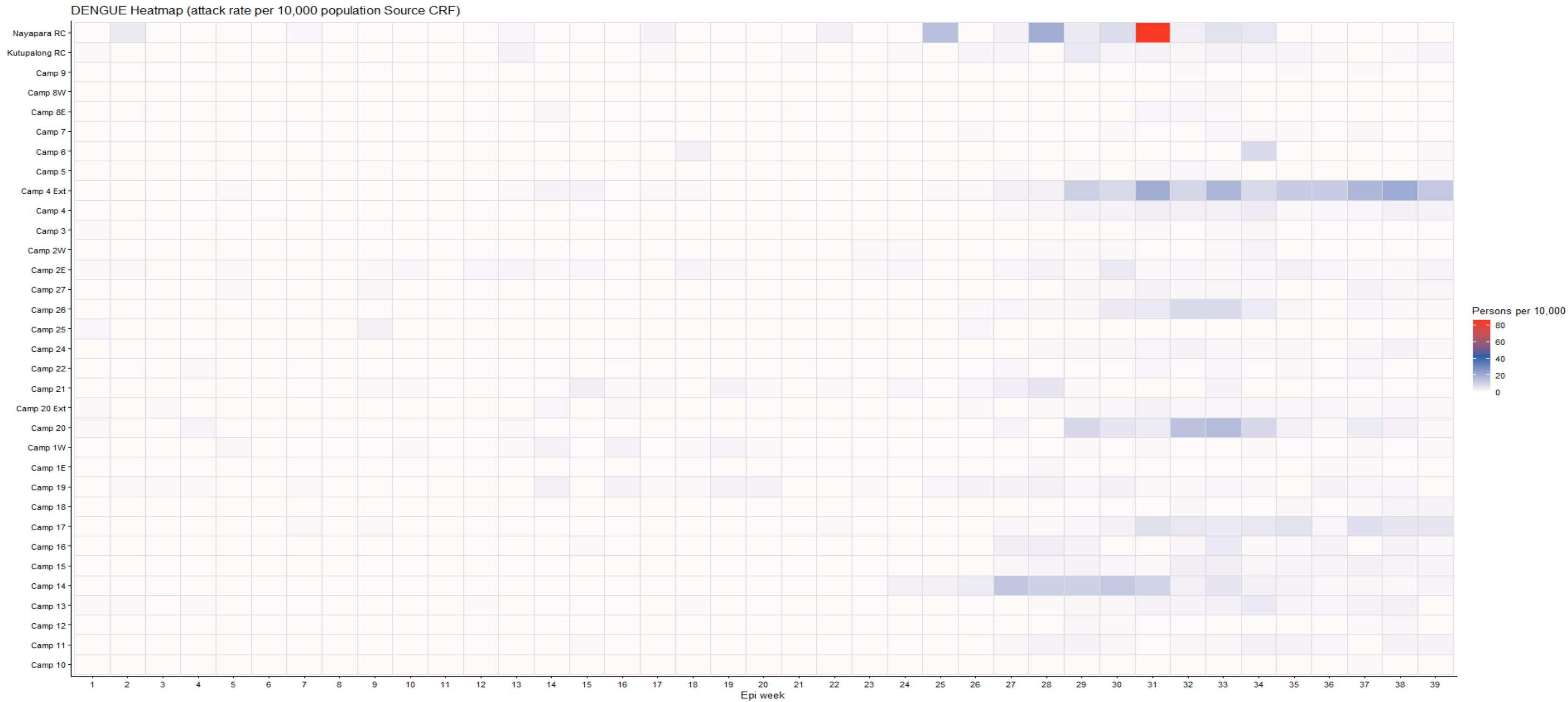


Camp-wise Distribution Confirmed Dengue cases for Epi Week 1 – 39, 2026 [Source: EWARS]

B a n g l a d e s h : R o h i n g y a R e f u g e e s R e s p o n s e
Geographical Distribution of Dengue Cases
As of 3 October 2026



Camp-wise attack rate of Confirmed Dengue cases for Epi Week 1 – 39, 2026 [Source: EWARS]



Dengue case classification by severity from Epi Week 1 - 39, 2026

Total number of confirmed Dengue by RDT **3,256**

Hospitalization **503 (15.45%)**

Clinical Type	Percentage
Type C (severe dengue)	0.9%
Type B (with warning signs)	15.9%
Type A	83.2%

Case Fatality Rate **12 (0.42%)**



Dengue Serotyping Results by year from 2022 - 2026

2022		2023		2024		2025		2026	
Sl#	Result	Sl#	Result	Sl#	Result	Sl#	Result	Sl#	Result
1	Negative	1	DENV-2	1	DEN2	1	DEN1	1	DEN 3
2	DEN 3	2	DENV-2	2	DEN2	2	DEN1	2	DEN 3
3	DEN 3	3	DENV-2	3	DEN2	3	DEN1	3	DEN 3
4	DEN 2	4	DENV-2	4	DEN2	4	DEN1	4	DEN 3
5	Negative	5	DENV-2	5	DEN2	5	DEN1	5	DEN 3
6	DEN 2	6	DENV-3	6	DEN1	6	DEN1		
7	DEN 3	7	DENV-2	7	DEN2	7	DEN1		
8	DEN 3	8	DENV-2	8	DEN2	8	DEN1		
9	DEN 3	9	DENV-2	9	DEN2	9	DEN1		
10	DEN 2	10	DENV-1	10	DEN2	10	Negative		
						11	DEN3		
						12	DEN1		
						13	DEN2		
						14	Negative		
						15	DEN1		
						16	DEN2		
						17	Negative		
						18	Negative		



Response interventions

❑ Epidemiology and Surveillance

- Continue surveillance and alert investigations(live and death alerts)-ongoing
- Sustain adequate supply of point-of-care diagnostics- RDT test kits at sentinel facilities and monitor disease patterns and utilization of RDTs-ongoing
- Encourage and monitor compliance with WHO pre-qualified kits for uniformity in interpretation of results-partially implemented

❑ Laboratory Surveillance and Serotyping.

- Timely serotyping (Dengue type 3 serotype detected in all five samples submitted to the lab)-done

❑ Community Engagement and Risk Communication

- Community awareness on dengue symptoms and warning signs ongoing- requires prioritization
- Intensify awareness regarding early care-seeking behavior and addressing patient discharge against clinical guidance-requires prioritization



- Key messages on prevention and appropriate use of health services-ongoing

Response interventions

❑ Clinical Case Management (Hospitalization and referrals)

- Health facilities continue to adhere to national/WHO dengue case-management guidelines-ongoing
- Case management to ensure early recognition of warning signs and severe dengue for timely management or referrals through training and on-site supervision – ongoing but requires prioritization
 - Appropriate/dedicated triage and monitoring of patients during increased transmission
 - Timely and effective referral pathways for severe cases and pediatric patients.
 - Use of serotype information to support case management
- Fluid management and avoidance of inappropriate medications, particularly NSAIDs- require prioritization

Health sector

- Health Sector and case management to assess and determine capacity for management of moderate and severe dengue cases- ongoing



- Availability of essential medicines, IV fluids, and blood transfusion capacity of hospitals in the camp-priori

SITUATION UPDATE

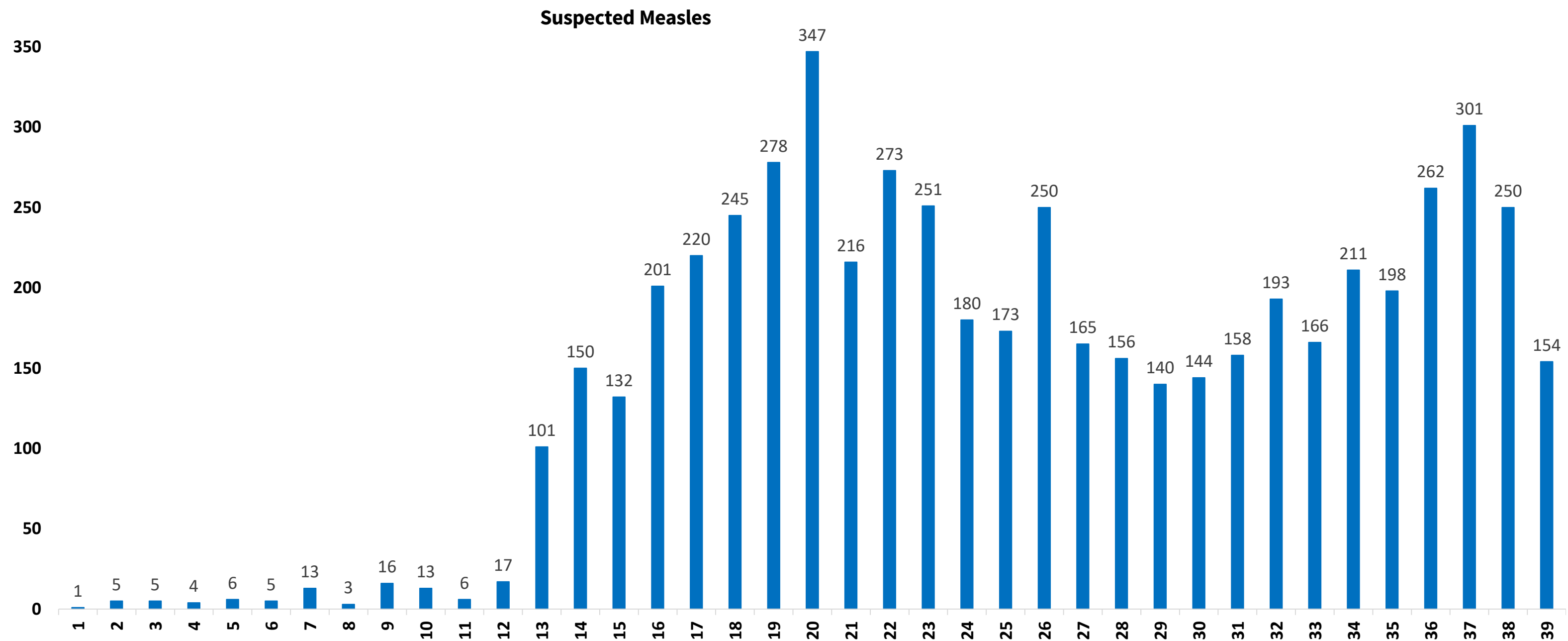
Measles Situation Update as of 3 October 2026

Measles Situation in Rohingya Camps as of Epi week 39, 2026

- Measles transmission continues, and lab-confirmed outbreaks remain active in camps
- Indicator-based syndromic surveillance data indicate a decline in weekly measles-case consultations in the past two weeks
- This week, there were 54 new suspected measles cases and **two deaths** have been reported; no new lab-confirmed cases of measles and rubella were reported
- Total cumulative suspected cases stand at **2939** so far in 2026, which are epidemiologically categorized as follows
 - **351 laboratory-confirmed measles cases, 53 clinically confirmed measles cases, and 1940 Epidemiologically confirmed measles cases.**
 - **35 laboratory-confirmed rubella cases**
 - **Two (2) new measles-related deaths** have been reported, raising the numbers to 12 (CFR: 0.4%) in camps.
- Laboratory-confirmed measles outbreaks have been reported in all camps, including Bhasan Char, except Camp 25.
- Weekly trends in suspected cases based on syndromic surveillance indicate unstable transmission of cases that rise and fall over time.



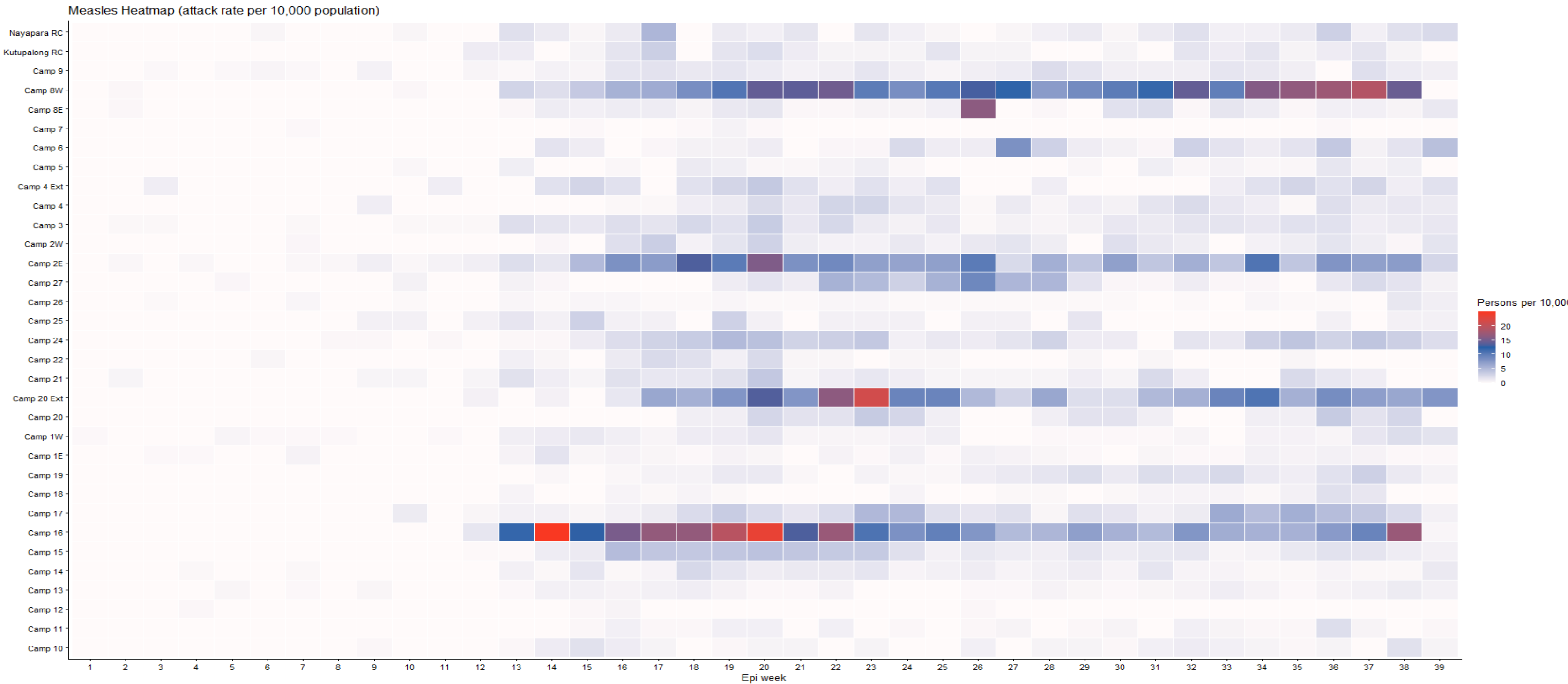
Weekly trends in measles consultations from Epi 1- 39, 2026 (Source-EWARS)



Syndromic surveillance data from EWARS indicate a decline in trends of measles consultations in the past two weeks, including week 39, 2026



Camp-wise distribution of suspected cases by weekly attack rate from Week 1 – 39, 2026



Transmission was intense across selected camps between Epi weeks 14-24 and seems to be rising again in week 32-39, mainly in camp 8W



SITUATION UPDATE

AWD and Cholera Update

Epi Week 39, 2026.

AWD and Cholera Situation, Epi Week 39, 2026

Rohingya camps and host community, Cox's Bazar

2,126

AWD cases, week 39

↓ 21.2% vs. week 38 (2,697)

12

New Suspected cholera (RDT+)

Week 39 · JART response completed for all cases

7

New culture-confirmed, wk 39

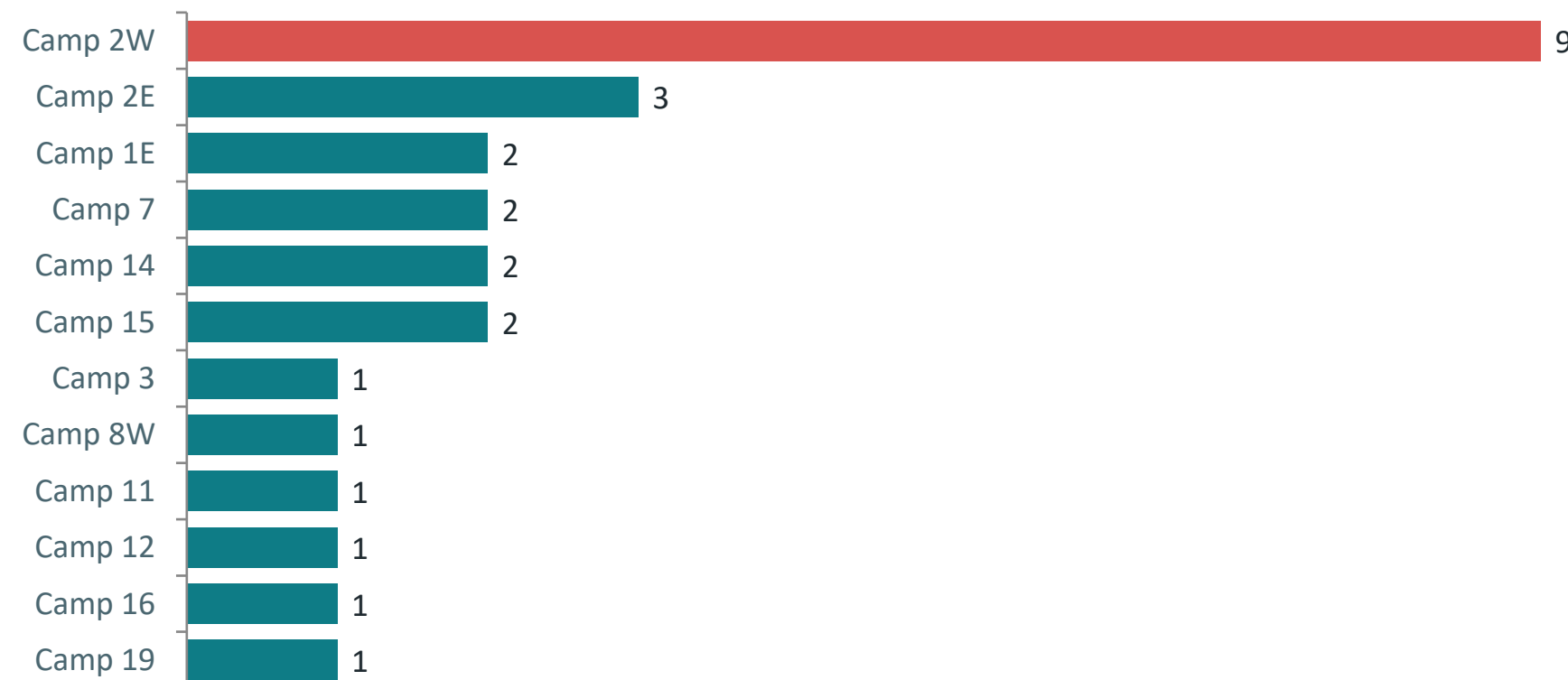
Camp 2W; Ukhia, Naikhyangchori, CXB Sadar

0

Cholera deaths, 2026

CFR 0% · 36 confirmed to date

Culture-confirmed cholera by camp, 2026 (n = 26)



Key messages

- **AWD continues to decline:** –21% week on week
- **Camp 2W is the hotspot:** 9 of 26 camp cases (35%) and new cases this week
- **Host community:** 10 of 36 confirmed cases (28%), half in Teknaf
- **Response:** all RDT+ alerts received JART response; no deaths in 2026
- Further Investigation ongoing in camp 2W

Cholera Profile in camps and surrounding host population 2026 Cumulative (n = 36)

Culture-confirmed cases by setting, vaccination status, and clinical severity

By setting

Setting	Cases	%
Rohingya camps	26	72%
Host community	10	28%
Total	36	100%

Refugee cases: vaccination (n = 26)

OCV status	n	%
Vaccinated	12	46%
Unvaccinated	10	38%
Unknown	4	15%

Refugee cases: dehydration (n = 26)

Status	n	%
Some	14	54%
Severe	8	31%
None	4	15%

Host community by upazila (n = 10)

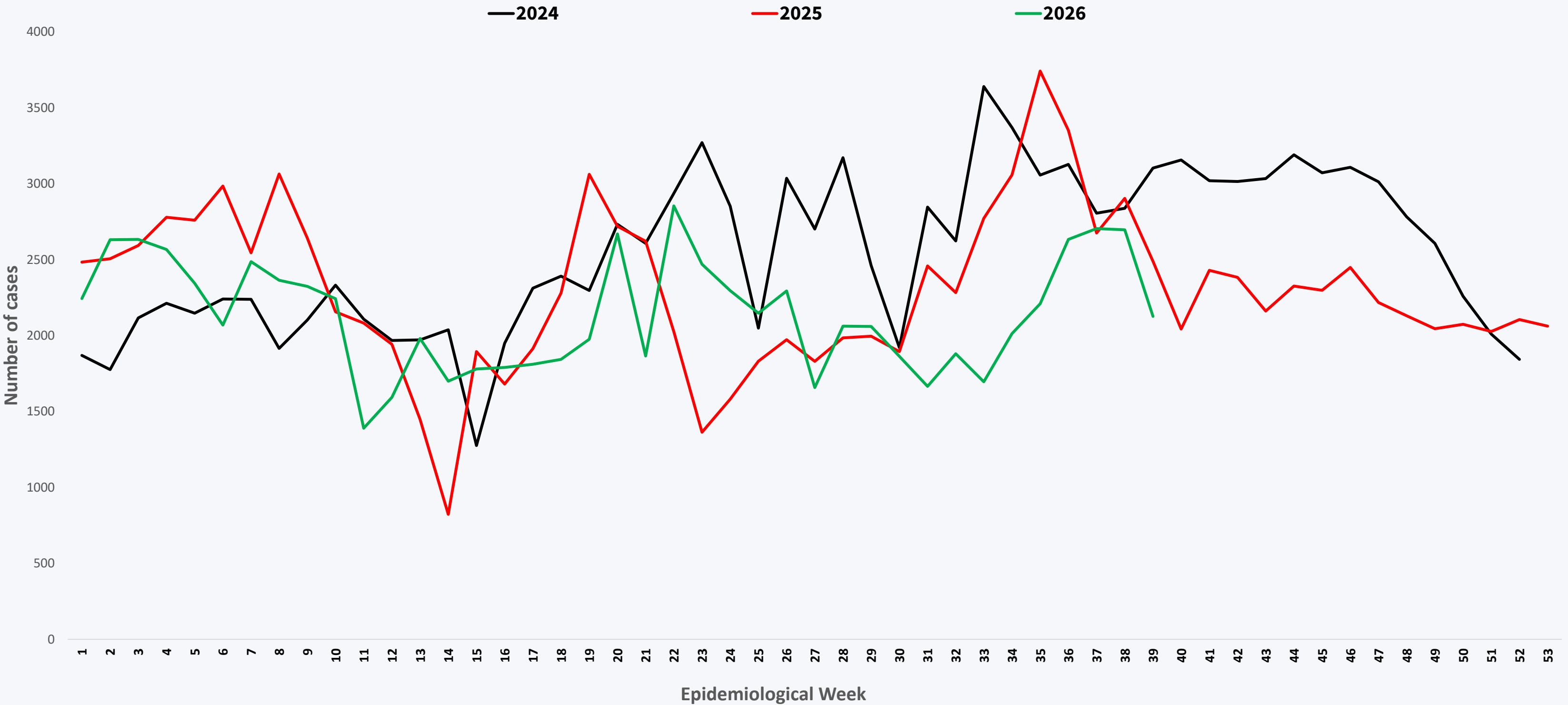
Upazila	Cases
Teknaf	5
Ukhia	3
Naikhyangchori	1
Cox's Bazar Sadar	1

Interpretation and gaps

- Vaccinated cases (46%):** Points to potential infection breakthroughs among vaccinated persons and waning immunity against the single-dose OCV rolled out in Jan 2025
- Unvaccinated and those with unknown OCV status:** Points to immunity gaps/vulnerable cohorts
- Severe dehydration (31%) with zero deaths(CFR 0%):** Signifies strong case management; review delays in care-seeking by patients and strengthen referral loop- RCCE/CHWG
- Host community cases:** initially concentrated in Teknaf, but cases are now being reported in other Upazilas of Cox's Bazar (Ukhya and Cox's Sadar) and a section of neighbouring Bandarban district (Naikhyangchori) bordering the camps.

Percentages rounded; 4/26 = 15.4% (shown as 16% for unknown vaccination status on the source slide).

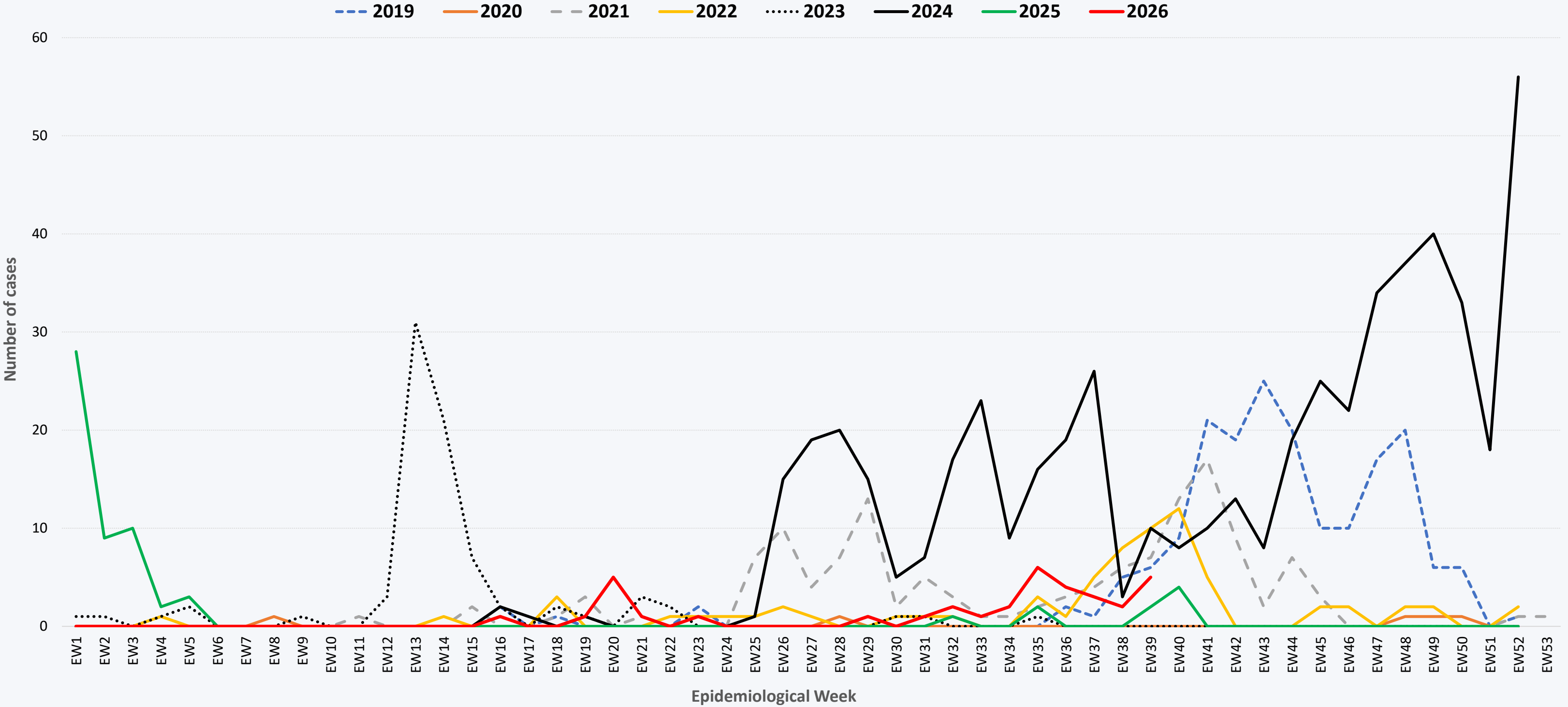
Yearly Trends of AWD Cases Reported in EWARS from 2024 - 2026 (As of Epi Week 39)



From the above comparative yearly trends of AWD, the weekly trends of AWD for 2026 though unstable in patterns, is slightly lower than the previous two years(2025 and 2026) from Epi week 31- 36



Trends of Culture-confirmed Cholera Cases Reported by the Laboratory from 2019 – 2026 (Epi Week 39)

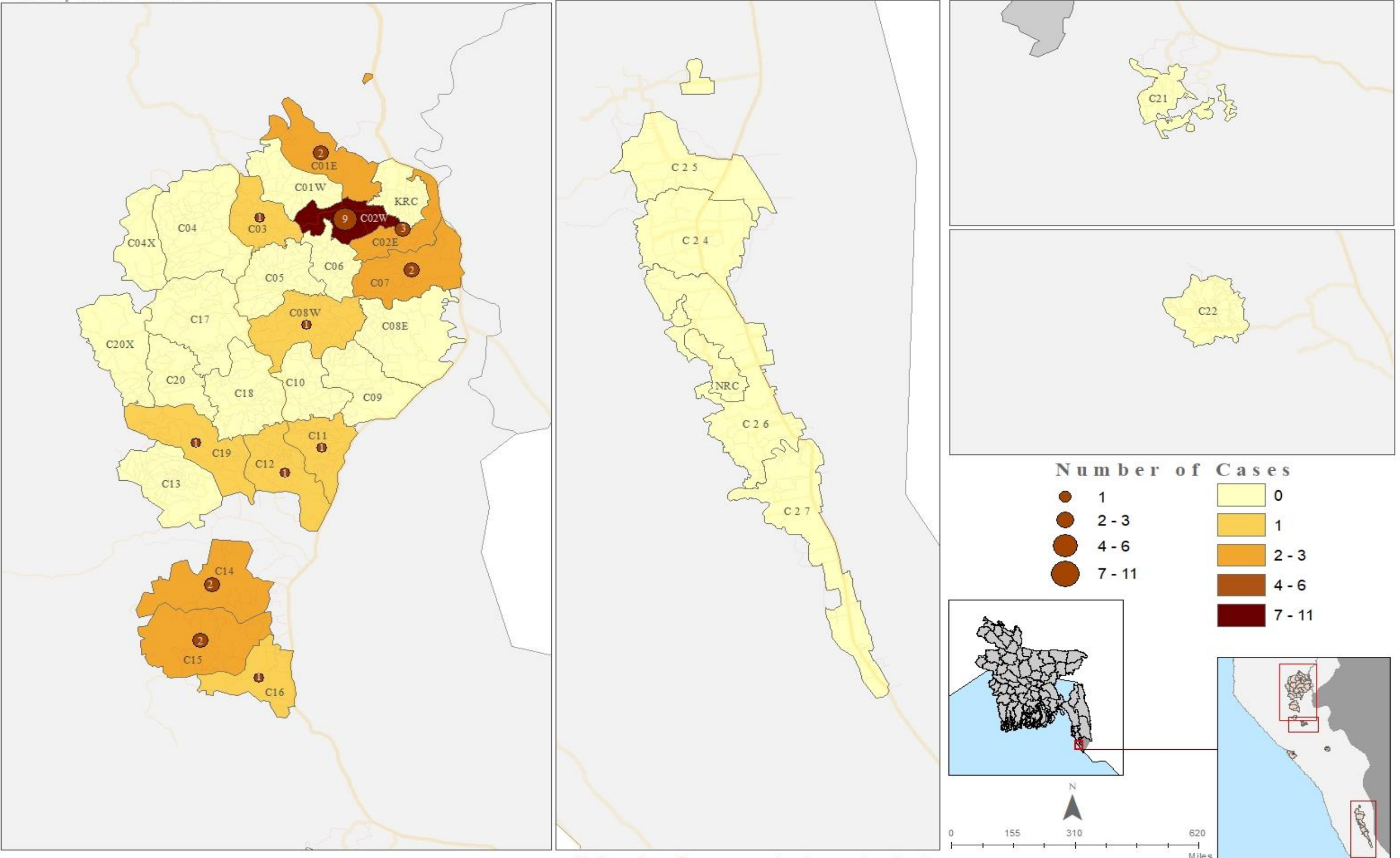


Cholera transmission appears to be rising in refugee camps from Epi week 33(monsoon season)



Camp-wise Distribution Culture Confirmed Cholera cases from Epi Week 1 – 39, 2026 [Source: EWARS]

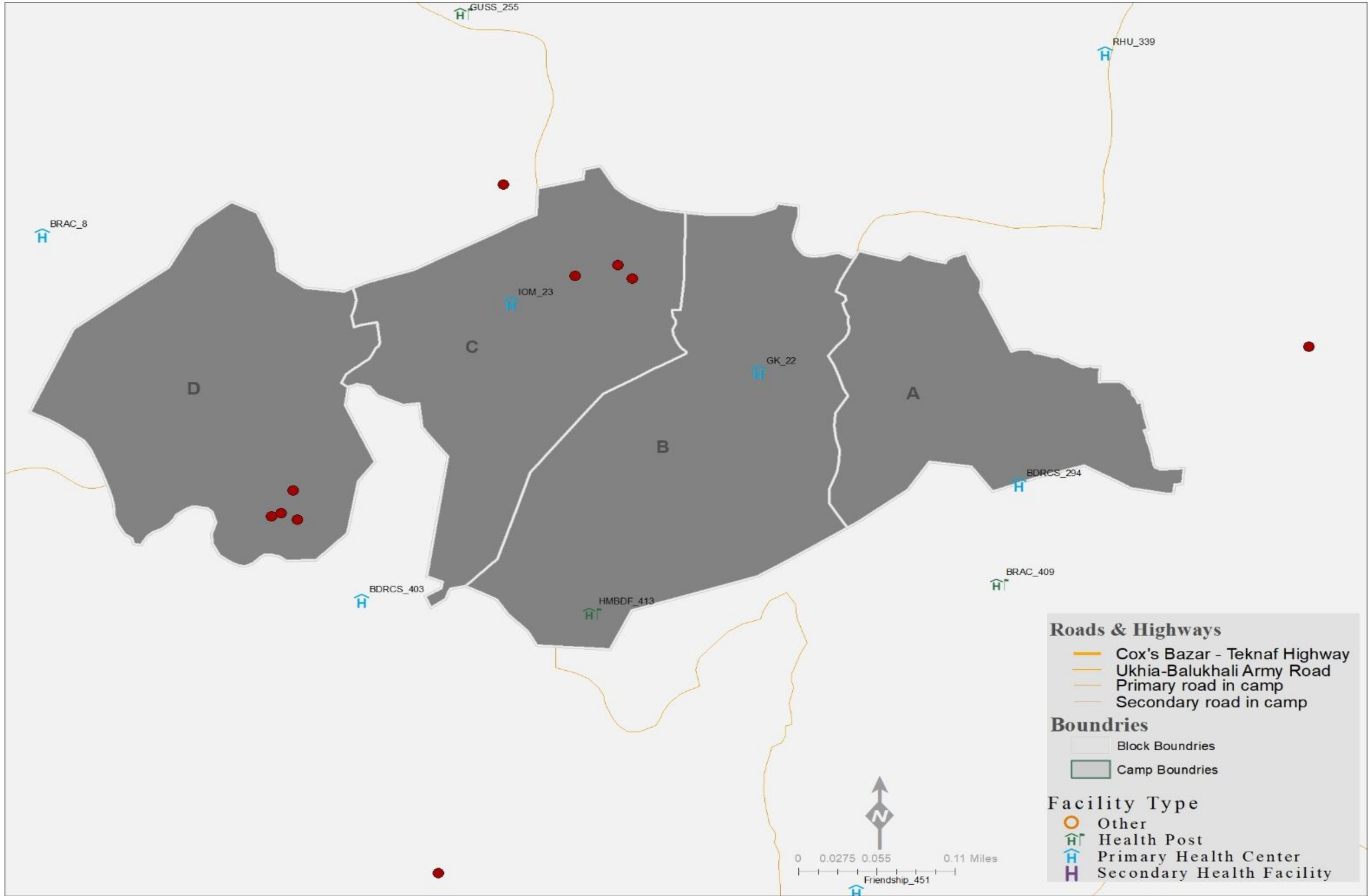
Bangladesh: Rohingya Refugees Response
Distribution of RDT positive and culture confirmed Cholera cases
01 January 2026 - 3 October 2026



10 Case from Host community Is not visualized.



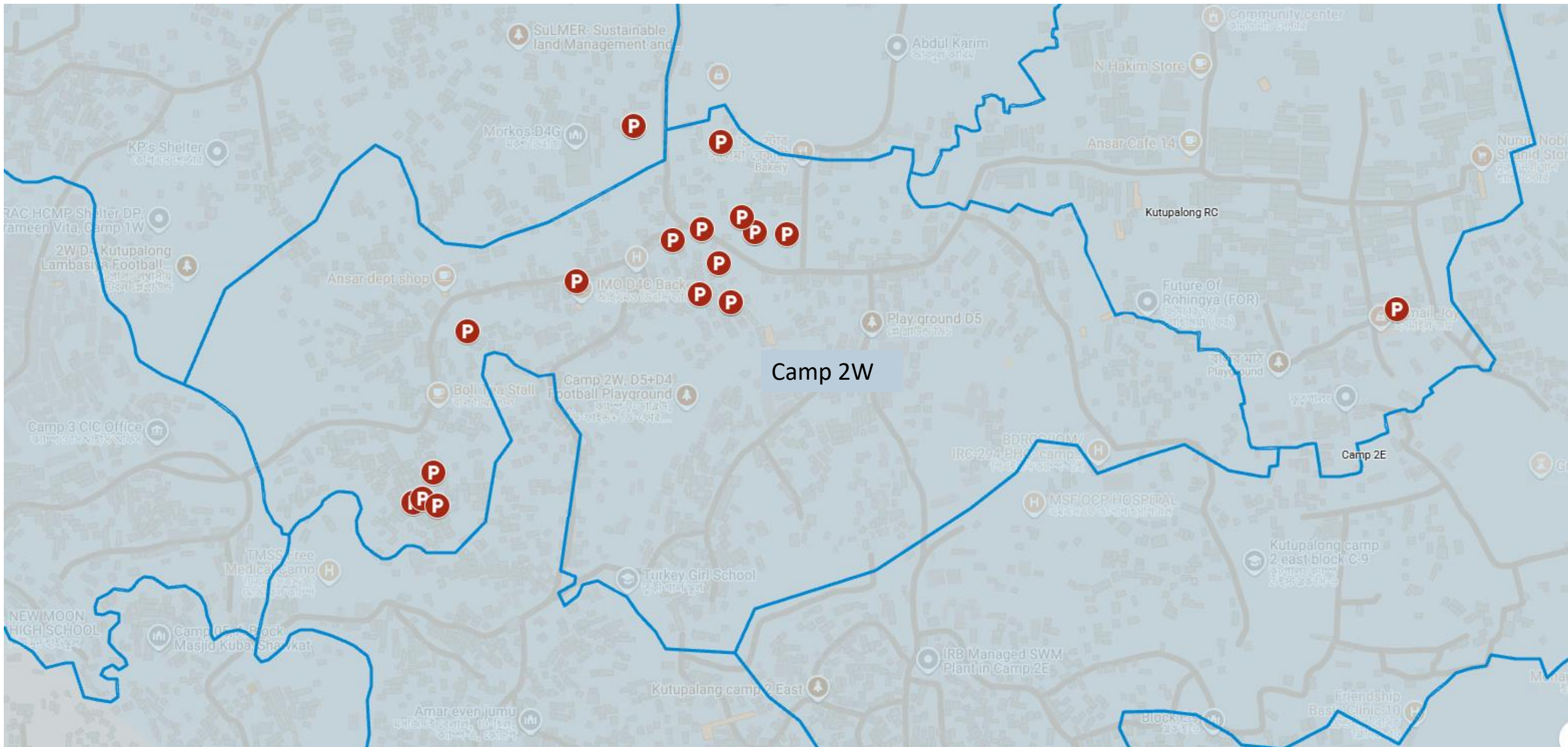
Culture Confirmed Cholera case distribution in Camp 2W from Epi Week 1 – 39, 2026 [Source: EWARS]



Disclaimer: The map is for illustration purpose only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance



Culture Confirmed Cholera case distribution in Camp 2W from Epi Week 1 – 39, 2026 [Source: EWARS]



Proposed Multi-Sectoral response actions

- **Health Sector:** Map commodity supply (ORS, Antibiotics, Ringer lactate availability by isolation facilities)-requires prioritization
- - Review cholera response action plan by pillars if needed –requires prioritization
- **Epidemiology and Surveillance team and lab:** intensify surveillance and conduct further investigations to determine drivers of transmission -ongoing
 - Monitor sentinel surveillance performance, utilization of RDT kits, and whether the outbreak threshold has been surpassed
 - Collaborate with IEDCR field lab and specifically icddr,b lab to ensure short turnaround time for culture confirmation and results sharing –ongoing
 - Inform and update the district civil surgeon about the surge in cholera cases and mitigation measures- require prioritization
- **WASH Sector:** Map and characterize the WASH infrastructure and services status in the new hotspots (2W and 3E) and other affected camps in line with Sphere standards-Require prioritization
- **Community Health Working Groups (CHWG)-RCCE TC:** Address the knowledge and practice gap and intensify case detection and referral through the CHWs network-requires prioritization
- **Case management and IPC:** Monitor treatment of cases at HF levels and referral -ongoing

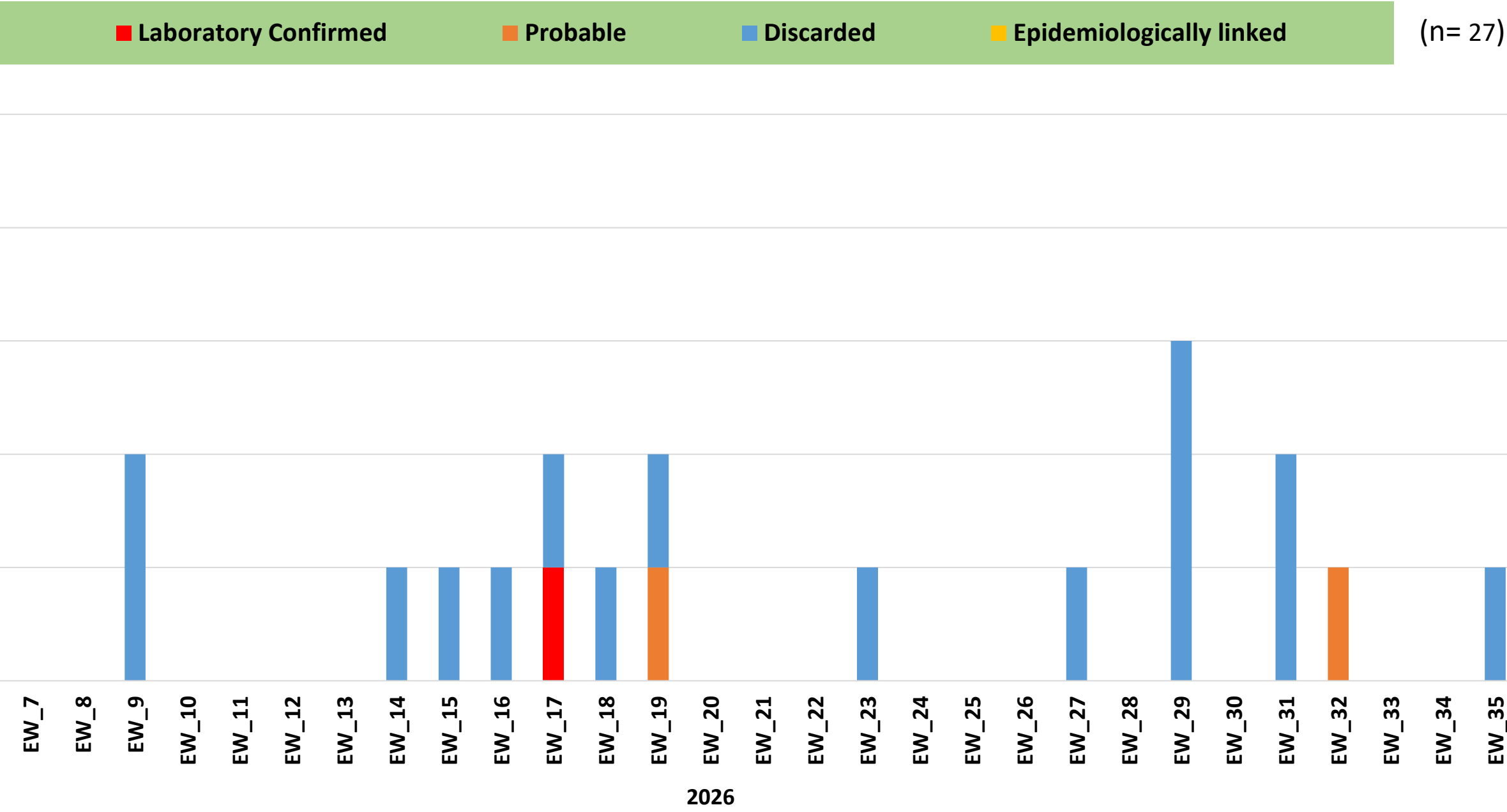


SITUATION UPDATE

Diphtheria Update

Epi Week 39, 2026.

Trends of Weekly Diphtheria cases reported in go.data from Epi week 1 – 39, 2026



- **No (0) new suspected and confirmed** cases was reported in **week 39, 2026**.
- So far in 2026, a total of 27 suspected cases have been reported, including **1 laboratory-confirmed case from Camp 20 Ext with no death**.



SITUATION UPDATE

Syndromic Surveillance Update

**Syndromic Surveillance Update
as of Epi Week 39, 2026.**

EWARS Disease Trends reported by week in year 2026 up to Epi Week 39 [Source: EWARS]

