

Cases

123



Cured

33



Death

12



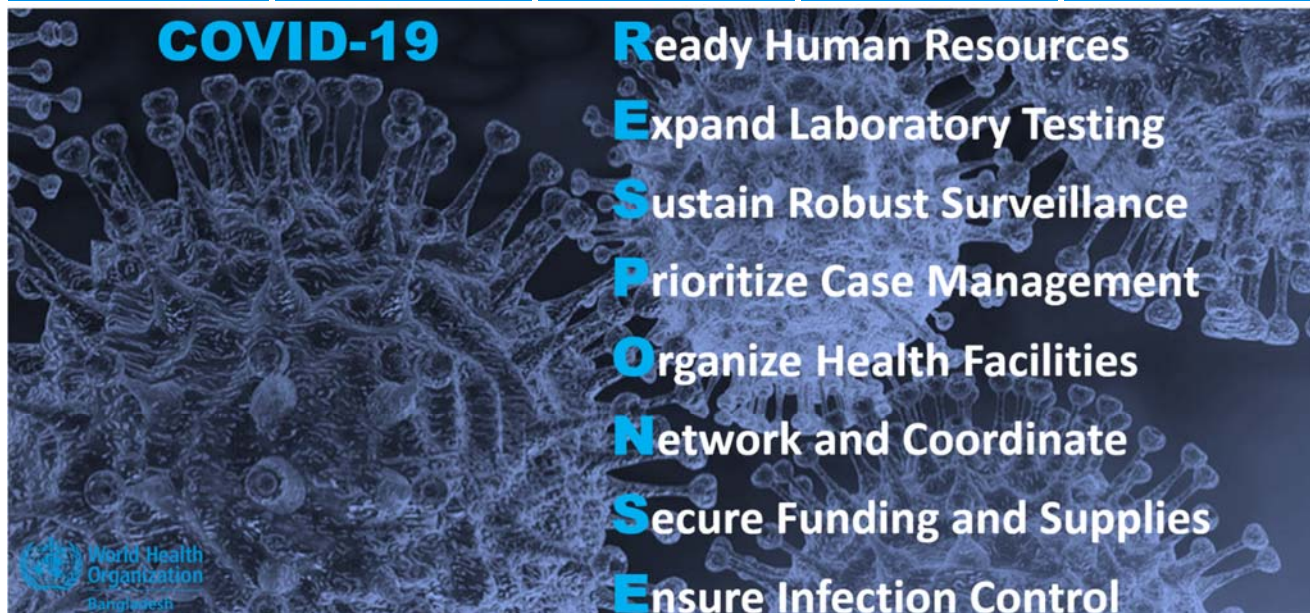
Isolation

420



Quarantine

67,580



Highlights

On 5 April 2020, in a nation-wide televised address, the Prime Minister of Bangladesh outlined measures and plans undertaken by the Government to address the COVID-19 impact. Concerning the health sector response, she referred to the National Preparedness and Response Plan for COVID-19 in Bangladesh, which was developed based on the country's previous experience and WHO guidelines. The Prime Minister informed that public expenditure would increase and social protection space would expand. The Prime Minister unveiled stimulus packages in the total amount of BDT 72,750 crore (around US\$8.5 billion and about 2.5% of GDP) to counter the effects of the COVID-19 on the country's economy.

On 5 April 2020, the Ministry of Public Administration of Bangladesh announced the extension of the general holidays to include 12-13 April 2020, as well as the Bengali New Year on 14 April. Emergency services, transportation of agricultural products, fertilizer, insecticides, fuel, newspaper, food, industrial products, medical equipment, emergency, and necessary products, as well as kitchen market, food, pharmacies, and hospitals will remain operational. There will be a limited operation of the banking system during these holidays. Public transportation (rickshaws, vans, transportation, rail, bus services) will be resumed in a phased manner.

On 5 April 2020, the Civil Aviation Authority of Bangladesh issued a circular announcing the suspension of all scheduled international commercial passenger flights from Bahrain, Bhutan, Hongkong, India, Kuwait, Malaysia, Maldives, Oman, Qatar, Saudi Arabia, Sri Lanka, Singapore, Thailand, Turkey, UAE and UK. The suspension will take place from 8 April 2020 until 14 April 2020. Any traveler, who lived in or visited EU region and Iran after 1 March 2020, will not be allowed to enter Bangladesh until 15 April 2020. Foreign nationals with valid visas entering Bangladesh will be required to submit at the point of entry a medical certificate (with English translation) obtained within 72 hours of travel, indicating that he/she does not have any symptoms of COVID-19. Any Bangladesh-origin passenger without medical certification of having no COVID-19 symptoms will be institutionally quarantined in Dhaka for 14 days; with presence of such medical certification, passengers will be home/self-quarantined for 14 days.

As of 6 April 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR), there are 123 confirmed COVID-19 cases in Bangladesh, including 33 patients who have recovered and 12 related deaths; Case Fatality Rate (CFR) is 09.76%.

1. Coordination

On 05 April 2020, in collaboration with the Chairs of the Consortium, a Health Development Partners (DPs) meeting took place in WHO Office. The meeting was attended by more than 30 participants, in person and/or virtually. The following issues were discussed: coordination mechanisms of COVID-19 response and enhanced involvement of DPs consortium; update on World Bank and Asian Development Bank supports to the response; and short updates from partners.

In a follow-up to the meeting, a link was shared to an on-line platform for the DPs consortium members to express their interest to support the identified activities under the CPRP. The information gathered will also serve as the basis to develop subcommittees under each health-related pillar of the CPRP, to support the pillar leads.

The DGHS received in-kind contributions of PPEs, masks as well as test kits and other supplies from the Government of China and a number of local and international partners.

2. Risk Communications and Public Awareness

WHO is working with Risk Communication and Community Engagement working group offering technical guidance and ensuring the fact check of materials produced. WHO continues to advocate that partners implementing community engagement activities repurpose and redesign resources and activities from direct community engagement (door to door information, distribution of printed materials) to employing online tools and various other mass communication tools, in line with recommendations of keeping physical distance and protecting field volunteers and communities.

WHO risk communication materials, including on maternal care and breastfeeding, social distancing and noncommunicable diseases (tobacco impact) and COVID 19 parenting were translated in Bangla, published on the WHO Bangladesh website and distributed through social media and other online communication channels. Infographics have been produced on Mental health and severity of COVID19. Video on 7 steps for protecting against COVID19 has been dubbed and subtitled in Bengali.



Materials are available at [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update)

3. Case Management and infection Control

The DGHS continues video trainings in COVID-19 hospital management and hospital infection prevention and control; the trainings are conducted individually for each division and its districts. As of 5 April, 915 physicians and 98 nurses received the training.

In the follow-up to discussions on sourcing the locally-produced PPE items while ensuring the quality, the DGHS and partners agreed that a qualified inspection company is essential to certify that locally produced PPE products are compliant with WHO standards. ILO will assist in identifying and engaging a technical expert to address this matter with active oversight from the DGHS and WHO regarding certification; DGHS will liaise with DGDA, as needed.

As of 6 April, the following guidelines and information notes related to COVID-19 case management and infection prevention have been developed by the DGHS: Guideline for Hospital Management of COVID-19 cases and Standard Operating Procedures (SOP); Home care guideline for mild COVID-19 patients; Guideline or Standard Operating Procedures for Disinfection and Infection Prevention and Control (IPC); Guideline for the preparation of disinfectants; Guideline and Standard Operating Procedure for Hospital Waste management; Standard Operating Procedures (SOP) on dead body management and burial/ final disposal; Rational use of Personal Protective Equipment (PPE) to protect from COVID-19; and Guideline for the COVID-19-related waste management of hospitals and airports.

4. Surveillance and Laboratory

Between 1 March and 06 April 2020, the Institute of Epidemiology, Disease Control and Research (IEDCR) reported one-hundred-twenty-three (123) COVID-19 cases confirmed by rt-PCR, including twelve (12) related death cases (CFR 09.76%). Males represented 61% of all reported cases.

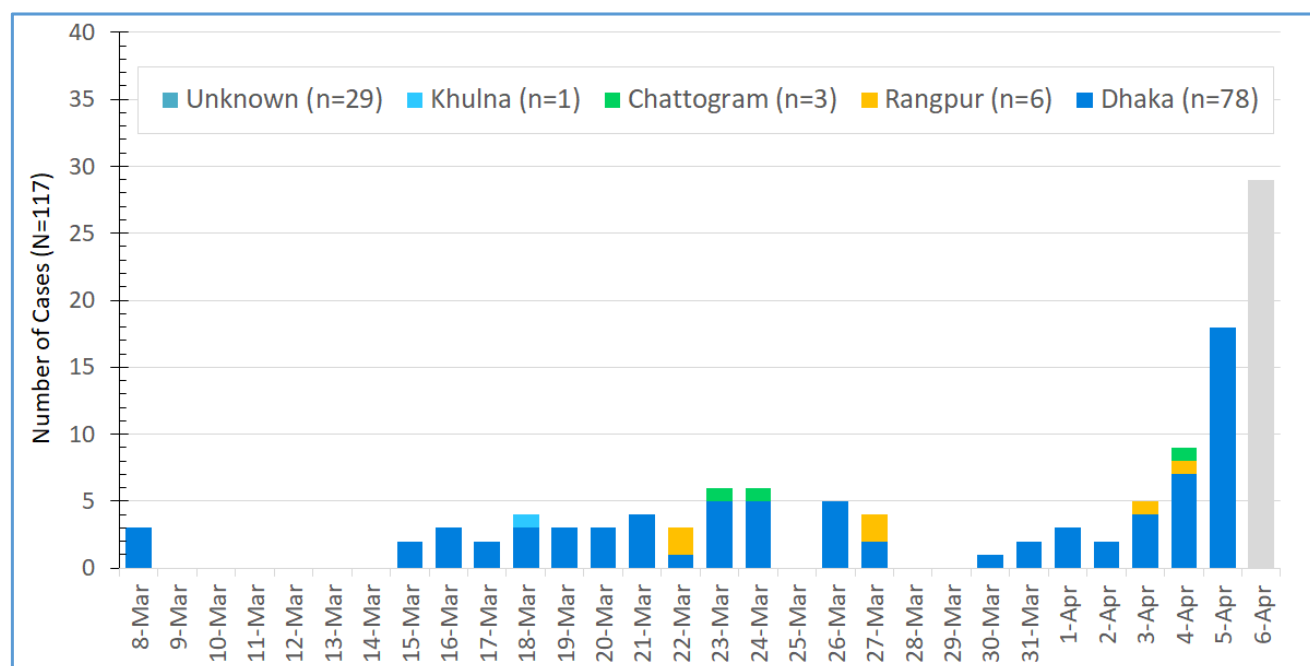
As of 5 April 2020, among the 88 COVID-19 reported cases, 61% (54) were males. **Table below is showing the age distribution of COVID-19 confirmed cases**

Age group	# Cases	Percentage %
< 5 years	2	3%
15-24 years	2	3%
25-34 years	6	8%
35-44 years	18	23%
45-54 years	14	18%
55-64 years	22	28%
65-74 years	11	14%
> 75 years	5	6%
TOTAL	88	100%

There has been an increasing trend in the number of reported confirmed cases since 3 April 2020, most probably due to expansion of COVID-19 testing in the country and establishing testing capacity in 14 laboratories.

By 06 April, a total of 3,610 samples were tested of them 11% (401) were tested by laboratories outside Dhaka city. In the 24 hours a total of 550 samples collected all over the country of them 23% (126) were from outside Dhaka. The overall COVID-19 test rate in Bangladesh is 2.23/100,000 population.

Form detailed data available on 5 April 2020, Dhaka reported **89%** (78/88) of all COVID-19 cases, followed by Rangpur with **7%** (6), Chattogram **3%** (3) and Khulna with **1%**. **The figure below is showing the daily distribution of confirmed COVID-19 cases by Division, 08 March – 5 April 2020 in Bangladesh**



As of 6 April, in line with the plan adopted by the DGHS on 31 March 2020, COVID-19 testing expansion is being progressively rolled out across the country. **The map is showing the geographical distribution of the COVID-19 laboratories.**

Currently, there are 14 laboratories, which perform COVID-19 testing and number of testes conducted:

A. Inside Dhaka:

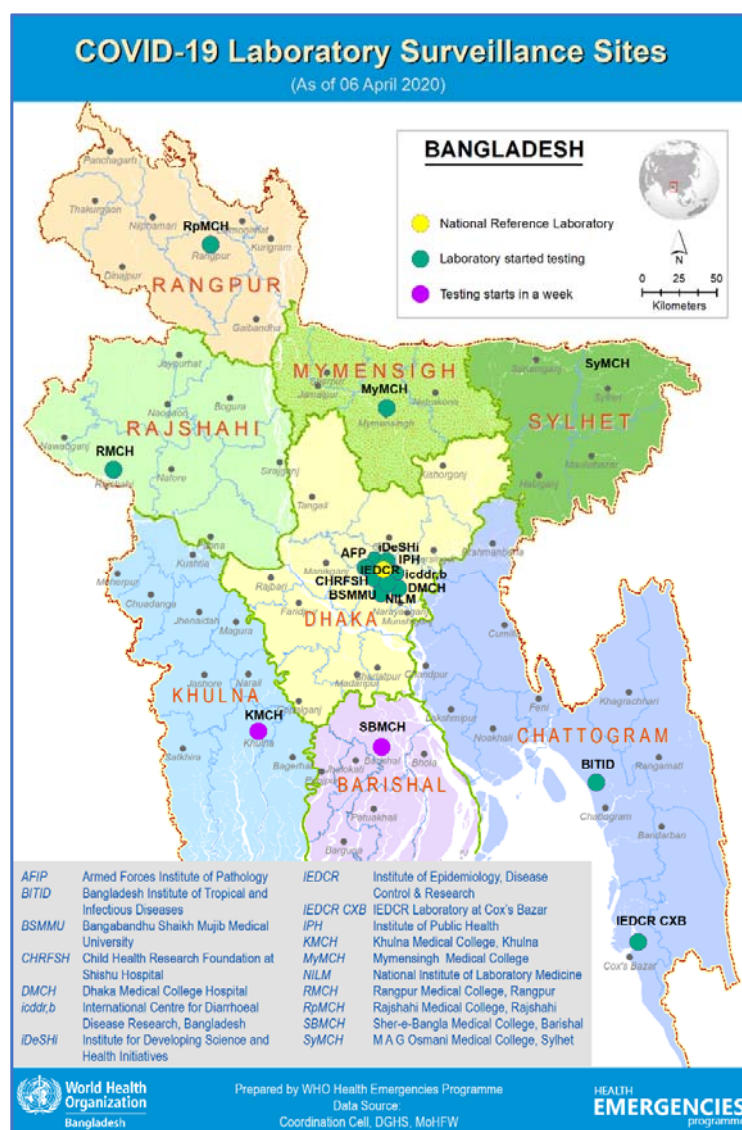
1. Institute of Epidemiology Disease Control & Research (IEDCR), Mohakhali, Dhaka; **2114** tests.
2. Institute of Public Health (IPH), Mohakhali, Dhaka; **387** tests
3. International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) Mohakhali, Dhaka; **466** tests
4. Armed Forces Institute of Pathology (AFIP), Cantonment, Dhaka (for personnel of Armed Force).
5. Child Health and Research Foundation (CHRF), Dhaka Shishu Hospital (DSH), Sher-e-Bangla Nagar, Dhaka; **47** tests
6. Dhaka Medical College, Dhaka
7. Bangabandhu Sheikh Mujib Medical University (BSMMU), Shahabag, Dhaka; **63** tests.
8. Institute for Development of Science and Health Initiative (iDeSHi), Mohakhali, Dhaka; **79** tests
9. National Institute of Laboratory Medicine, Agargaon, Dhaka; **05** tests

B. Outside of Dhaka:

1. Cox's Bazar (IEDCR field Lab): **21** tests.
2. Rangpur Medical College; **42** tests.
3. Rajshahi Medical College-Rajshahi; **66** tests.
4. Mymensingh Medical College; **128** tests.
5. Bangladesh Institute of Tropical and Infectious Disease (BITID), Fouzderhat, Chattogram; **144** tests.

Additional three (3) laboratories - in Sylhet, Khulna, and Barishal - are expected to start the testing within the following week.

All facilities started COVID-19 testing are requested to send specimens to specific laboratories: Specimens from Khulna division to IPH lab; from Sylhet to NILM National Institute of Laboratory Medicine; from Barisal division to iDeSHi from 5 districts (Faridpur, Rajbari, Gopalganj, Madaripur & Shariatpur) across Padma river under Dhaka division to icddr,b. Designation of labs for districts around Dhaka City Corporation - North & South under Dhaka Division, including mapping of private/Govt. facilities, might further be specified as well to avoid confusion and/or creation of backlog of testing at any particular one.

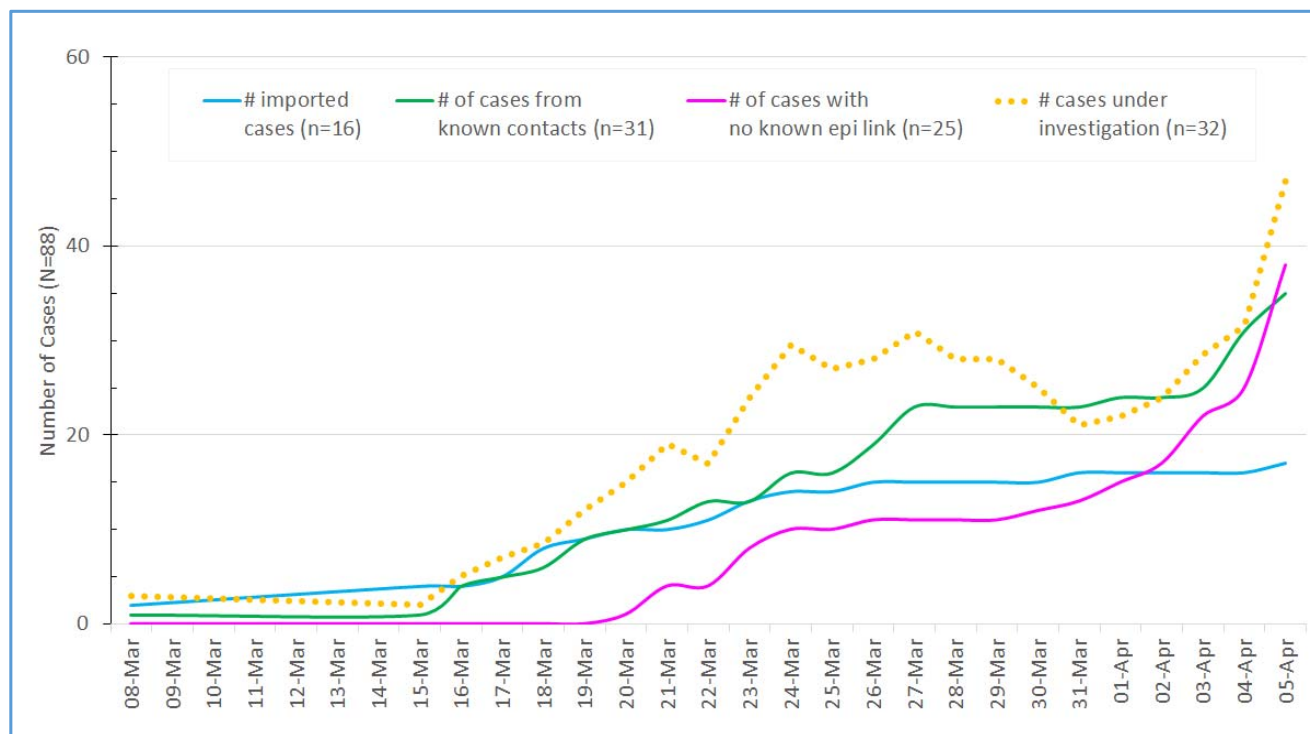


As per the DGHS plan, at least 10 samples will be collected from each Upazala on a daily basis; all samples will be collected according to the WHO updated interim guideline for laboratory testing for coronavirus disease (COVID-19) in suspected human cases to standardize and ensure the appropriate temperature for storage and transportation. The DGHS instructed specimens to be delivered to the labs in less than 24 hours after collection. This plan will put considerable demands on the WHO SIMO network, providing support in sample collection, and will require significant increase in the financial support and needs for supplies, including swab collection kits and PPEs.

5. Contact Tracing, Points of Entry (PoEs) and quarantine

According to the WHO terminology, **community transmission** is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories); **local transmission** indicates locations where the source of infection is within the reporting location; and **imported cases only** indicates locations where all cases have been acquired outside the location of reporting.

Analysing the data valuable up to 5 April 2020, revealed that there was an increase of number of reported cases with unknown contact since 2 April 2020. **The figure below is showing the daily distribution of confirmed COVID-19 cases and contact status, 08 March – 5 April 2020 in Bangladesh**



IOM and WHO are designated co-leads of the Points of Entry (POE) pillar within the national response mechanism. On Monday, 6 April 2020, IOM, in partnership with airport authorities and ministry of health staff, conducted a rapid needs and capacity assessment of Hazrat Shahjalal International Airport in Dhaka.

On 6 April 2020, IOM and CDC/DGHS convened the first meeting of the Dhaka-level POE Task Force for 30 participants that included representatives from the Airport Authority, Customs and Immigration, Ministry of Health and CDC, DGHS, and Ministry of Civil Aviation and Tourism and private sector. The Task Force will meet on a monthly and ad hoc basis.

IOM has deployed assessment teams to Benapole, Darshana, Chittagong, Sylhet, Akhaura, and Dhaka Cantonment Railway Station to conduct rapid needs and capacity assessments from 7 April. IOM will support the Government of Bangladesh at eight sea, land and air borders through the provision of equipment, training of health and immigration staff, and by strengthening inter-agency coordination at points of entry.

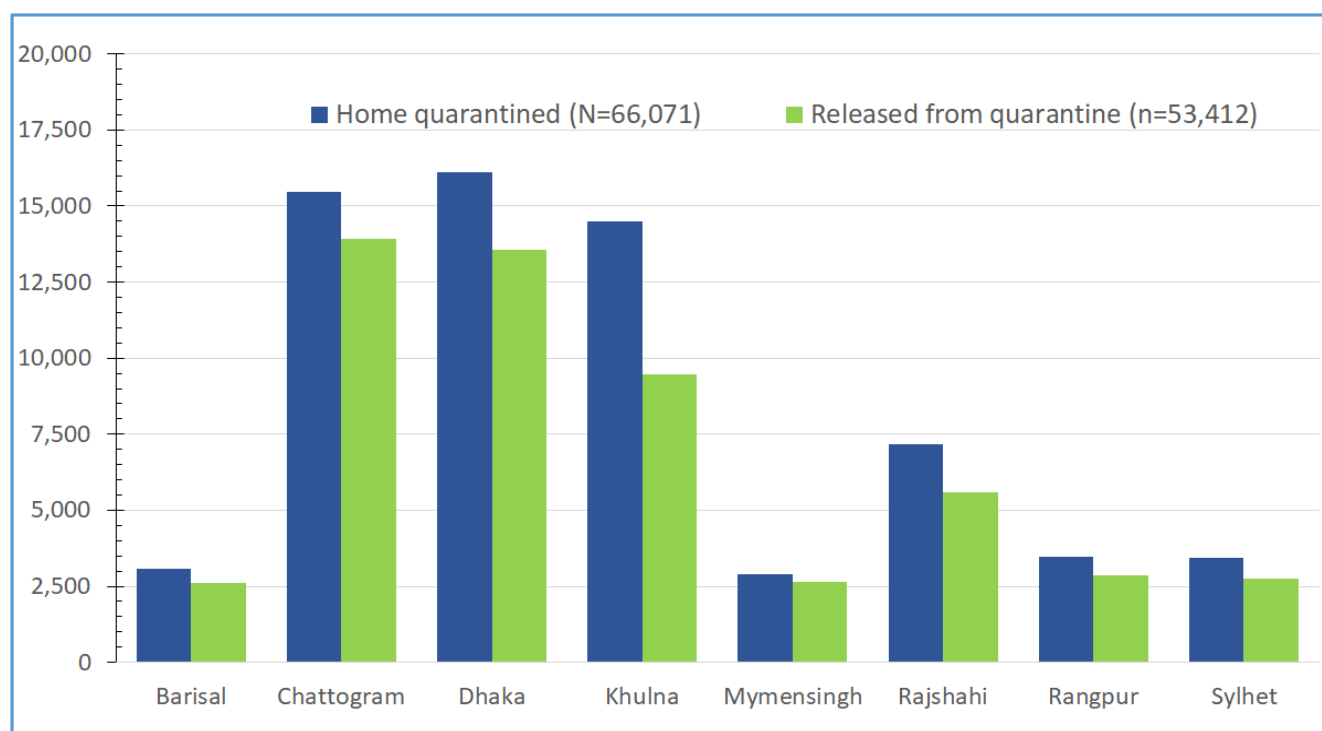
To facilitate contact tracing in the country, the DGHS approved to install WHO GoData software, WHO HQ and Country Office in Bangladesh are preparing to install the software in the DGHS server and its mobile application for staff for COVID-19 contact tracing at a district level.

Screening of passengers in all Points of Entry is going on; **the table below is showing the number of screened passengers in different PoEs in the country on 6 April 2020.**

Airport/Seaport/Land port and rail station	Last 24 hours	Total till date
International Airport	08	322,438
Seaport	143	11,985
Land ports	118	326,495
Cantonment Rail Station	00	7,029
Total number of screened passengers	269	668,046

As of 6 April, there are 269 individuals at home quarantine; since home quarantine was established in the country to 6 April 2020, a total of 66,071 were quarantined of them **81%** (53,412) were released.

Of these, **24%** (15,455/66,071) were quarantined in Dhaka followed Chattogram (**23%**, 15,455), Khulna (**22%**, 14,481), Rajshahi (**11%**, 7,167), Rangpur (**5%**, 3,458), Sylhet (**5%**, 3,437), Barisal (**5%**, 3,069) and Mymensingh (**4%**, 2,884). **The below figure is showing the number of quarantine individuals per Division, 5 April 2020, Bangladesh.**



Useful COVID-19 links:

WHO Bangladesh previous COVID-19 Situation Reports: [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update/coronavirus-disease-\(covid-2019\)-bangladesh-situation-reports](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/coronavirus-disease-(covid-2019)-bangladesh-situation-reports)

The latest global WHO Situation Report # 77 as of 06 April 2020:

https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200406-sitrep-77-covid-19.pdf?sfvrsn=21d1e632_2

For all information and technical guidance from WHO regarding the current outbreak of coronavirus disease (COVID-19): <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

For timely, accurate, and easy-to-understand advice and information on COVID-19 for different types of audiences (e.g. individuals and communities, health sector, employers and workers, faith-based organizations and faith leaders): <https://www.who.int/teams/risk-communication>

For the information from the IEDCR: <https://www.iedcr.gov.bd/index.php/component/content/article/73-ncov-2019;>

Directorate General of Health services, Ministry of Health and Family Welfare, Government of The People's Republic of Bangladesh: <https://dghs.gov.bd/index.php/en/home/5343-covid-19-update>

DGHS COVID-19 guidelines: <https://dghs.gov.bd/index.php/bd/publication/guideline>

Institute of Epidemiology, Disease Control and Research (IEDCR), Dhaka, Bangladesh: <https://www.iedcr.gov.bd/index.php/component/content/article/73-ncov-2019;>

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