



Total Tests

26,604



Confirmed

2,948



Cured

85



Dead

101



Isolation

749

Commit to physical distancing and social solidarity

Obey government instructions and restrictions

Value health - yours and of your close ones

Increase your knowledge on healthy behaviors

Deny invitations for social gatherings

1

9

Picture: Brahmanbaria district, Bangladesh, 18 April 2020



1. Highlights

As of 20 April 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR), there are 2,948¹ confirmed COVID-19 cases in Bangladesh, including 85 patients who have recovered and 101 related deaths; Case Fatality Rate (CFR) is 3.43%.

On 20 April 2020, the Prime-Minister's Office issued an order assigning district-wise responsibilities to Senior Secretaries and Secretaries in order to coordinate COVID-19 prevention and relief distribution activities. The appointed officials will supervise and monitor the health management and relief activities, in consultation with the members of the parliament in district, chairman of the Zilla Parishad, public representatives, local dignitaries, and concerned officials. They will monitor the law and order situation in the district and make necessary adjustments. The designated officials will inform the concerned Government Ministries, Departments and Offices of any problems/challenges, and will regularly inform the Prime Minister's Office.

On 19 April 2020, the Health Services Department of the Ministry of Health and Family Welfare issued a notification on the formation of a national technical advisory committee to advise the government on curbing the spread of COVID-19 and on improving the quality of medical services at the hospitals. President of Bangladesh Medical and Dental Council will lead the 17 member-committee and the Director of the IEDCR has been appointed as a member-secretary.

On 16 April 2020, the DGHS/MOHFW issued a Declaration in which "whole of Bangladesh, as per the section 11(1) of Infectious Disease (Prevention, Control and Elimination) Act, 2018, (no 61 law of 2018)", was declared as the 'infection risk area'. The declaration listed the same restrictions as in the notification issued earlier by the Ministry of Public (all people

¹ WHO Bangladesh COVID-19 Situation Reports present official counts of confirmed COVID-19 as announced by the IEDCR on the indicated date. Difference in data between the WHO reports and other sources can result from using different cutoff times for the aggregation and reporting of the total number of new cases in the country.

to stay at home and not go out unless for extremely emergent needs; nobody allowed to come out of home from 6:00 pm to 6:00 am; restricted movement from one area to another.)

On 14 April 2020, World Health Organization issued COVID-19 Strategy Update. This document is intended to help guide the public health response to COVID-19 at national and subnational levels, and to update the global strategy to respond to the COVID-19 pandemic. This document complements, and provides links to, the technical guidance published by WHO on preparing for and responding to COVID-19 since the beginning of the response. It translates knowledge accumulated since the publication of the Strategic Preparedness and Response Plan (SPRP) on 3 February 2020, into additional practical guidance for whole-of-government and whole-of-society strategic action that can be adapted according to specific national and subnational situations and capacities. This update also provides guidance for countries preparing for a phased transition from widespread transmission to a steady state of low-level or no transmission. The document highlights the coordinated support that is required from the international community to meet the challenge of COVID-19.

2. Coordination

Along with the Health Development Partners Consortium, the Surveillance Contact Tracing and Laboratory pillar of the CPRP has drafted a micro-plan for Barishal division that covers laboratory, surveillance and collection and sample transportation to the nearest testing laboratory. Backup human resources support for sample collection and laboratory testing has been included as part of the plan. The final draft has been shared with DGHS for review and approval. Subject to the Barishal micro-plan receiving approval, similar exercises will be undertaken for other divisions. Similar exercises will also be conducted for the Point of Entry Screening and Quarantine and the Case Management and Infection Prevention Control Pillars of the CPRP.

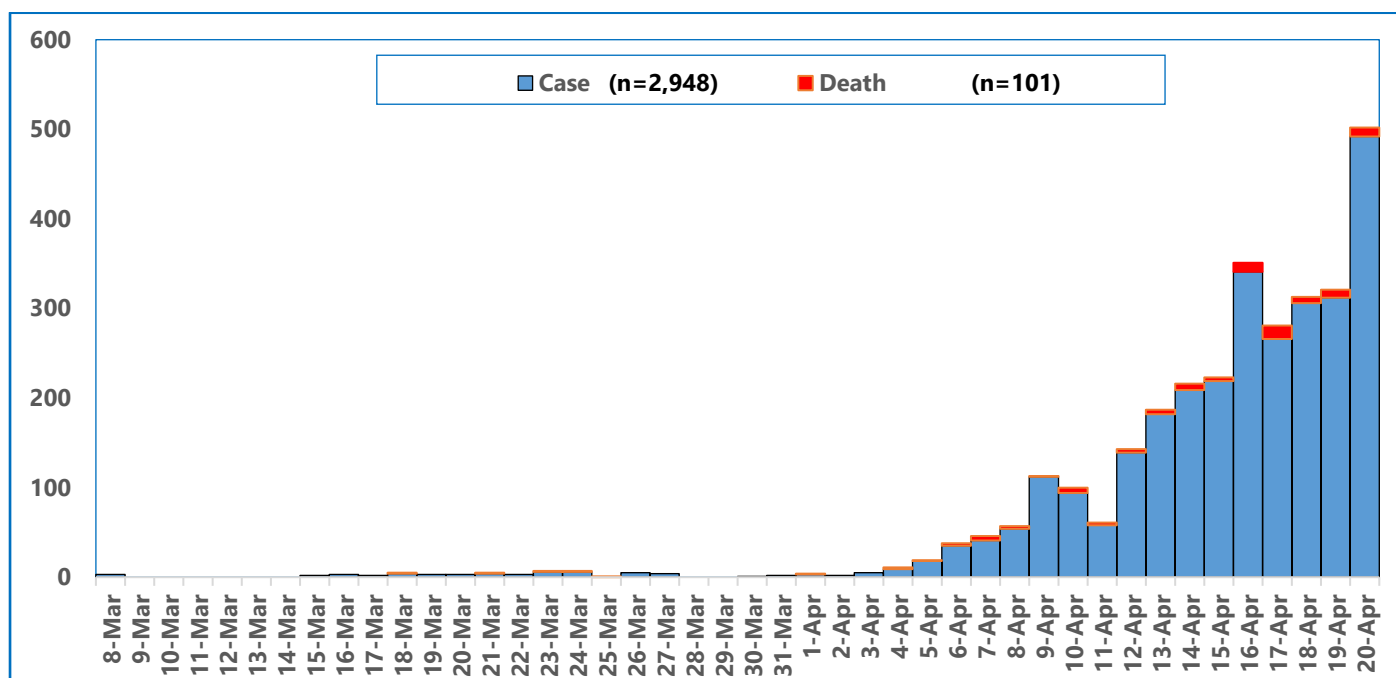
The UN PMT, in coordination with the Interagency Support Team for the COVID19 Response, which comprises of FAO, UNFPA, WHO and WFP, has collected information on direct and indirect funding received by agencies for COVID-19 and CPRP activities. A dashboard is being developed to visualize CPRP funding and funding gaps.

WHO's Interim Guidance of 15 April 2020 on Safe Ramadan practices in the context of the COVID-19 was shared with the DGHS. The document highlights public health advice for social and religious practices and gatherings during Ramadan that can be applied across different national contexts: <https://apps.who.int/iris/bitstream/handle/10665/331767/WHO-2019-nCoV-Ramadan-2020.1-eng.pdf>

3. Surveillance and Laboratory

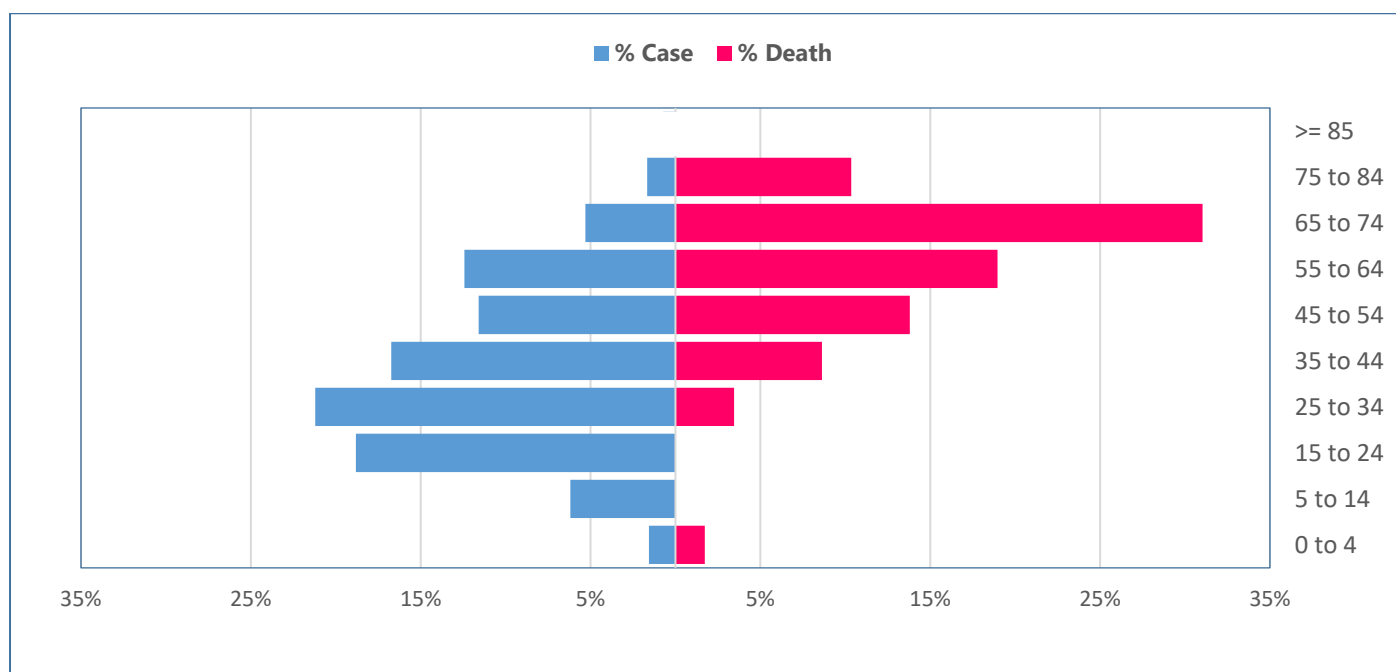
Between 8 March and 21 April 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were two-thousand-nine-hundred-forty-eight (**2,948**) COVID-19 confirmed by rt-PCR, including one-hundred-one (**101**) related death cases (**CFR 3.43%**).

The figure below is showing the daily distribution of reported confirmed COVID-19 cases and deaths, 08 March – 20 April 2020, Bangladesh.



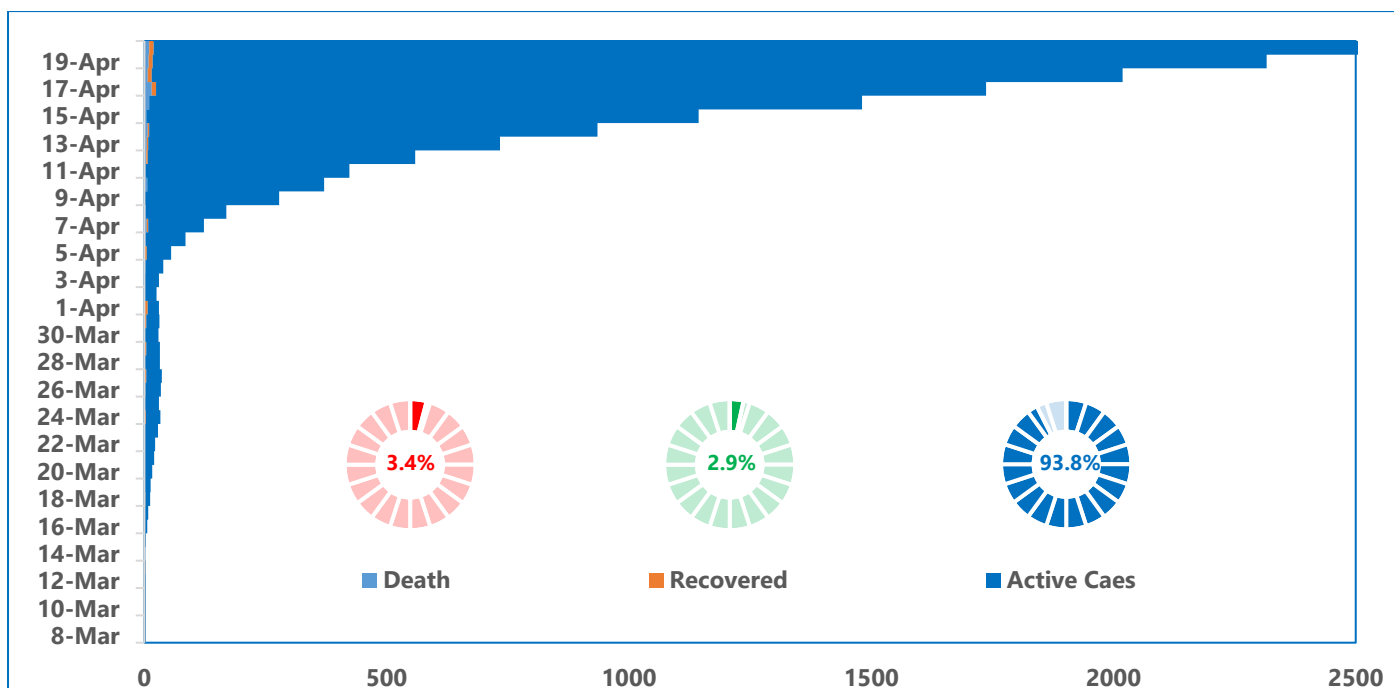
According to the age data available for 1,902 confirmed COVID-19 cases, including 58 related deaths, **70%** of those cases (1330/1,902) were confirmed in people between 15 and 54 years old, **8%** (150) - in the age group of < 15 years old and younger. While people aged 55 and above accounted for **22%** (422/1,902) of those confirmed COVID-19 cases, this age group had the highest proportion of all deaths.

The figure below is showing age distribution of reported confirmed COVID-19 cases (n=1,902), including deaths (n=58), Bangladesh.



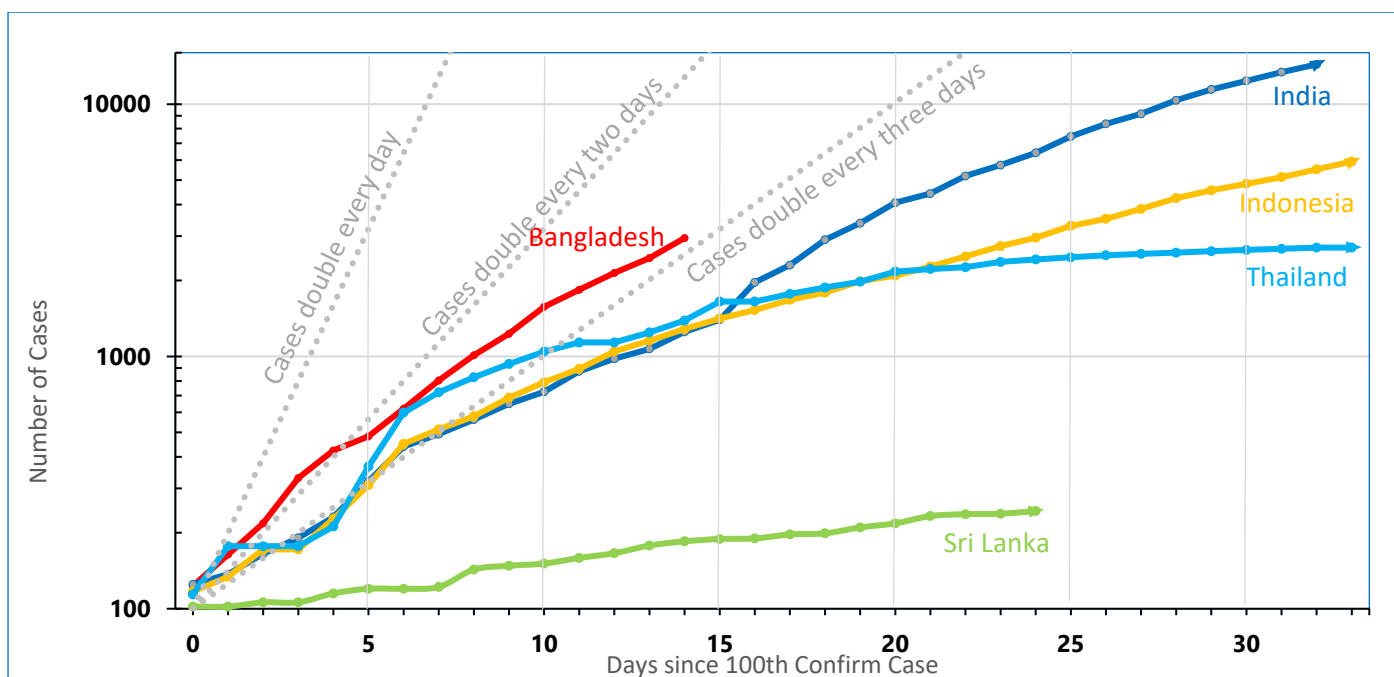
As of 20 April 2020, out the total reported confirmed COVID-19 cases, **93.8%** (2,762/2,948) are currently under treatment, **3.4%** (101) died and **2.9%** (85) recovered.

The figure below is showing the daily cumulative reported confirmed COVID-19 cases and outcome, 08 March – 20 April 2020, Bangladesh.



On 08 March 2020, Bangladesh reported its first confirmed COVID-19 case, reached 100 cases on 9 April, and exceeded 200 cases within the next two (2) days (case doubling time). Available data allows us to see how quickly the number of confirmed cases increased in Bangladesh compared with some other countries in the WHO South-East Asia region (SEAR).

The figure below is showing the growth of COVID-19 confirmed cases in selected South East Asian countries starting from the day they reported 100 confirmed cases.



As of 20 April, there are **20** laboratories conducting COVID-19 testing in Bangladesh.

Ten (**10**) laboratories are in Dhaka: Institute of Epidemiology, Disease Control and Research (IEDCR); Institute of Public Health (IPH); International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b); Institute for Developing Science and Health Initiatives (ideSHi); Armed Forces Institute of Pathology (AFIP); Child Health and Research Foundation (CHRF); Bangabandhu Sheikh Mujib Medical University (BSMMU), Shahbagh; Dhaka Medical College (DMCH); National Institute of Laboratory Medicine and Referral Center (NILRC); and Mugda Medical College.

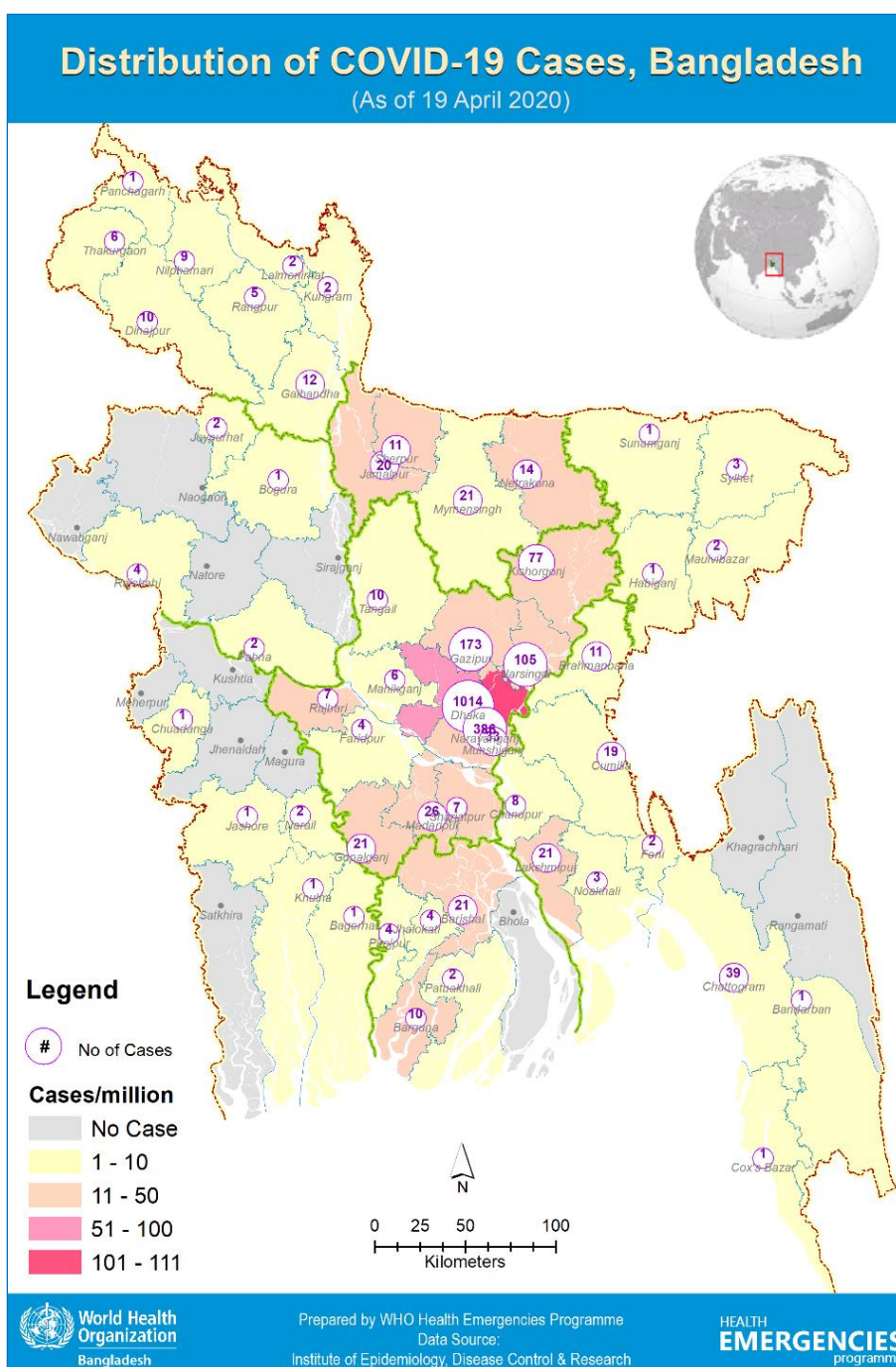
The other ten (**10**) laboratories are outside Dhaka: Bangladesh Institute of Tropical and Infectious Disease (BITID), Chattogram; Rangpur Medical College, Rangpur; Mymensingh Medical College; Rajshahi Medical College; Cox's Bazar Medical College (IEDCR Field lab); Sylhet M A G Osmani Medical College, Khulna Medical College; Sher-e-Bangla Medical College (SBMCH); Jashore University of Science and Technology and Faridpur Medical College, Faridpur.

The true number of infected people could be known if everybody in the country got tested, which is unrealistic.

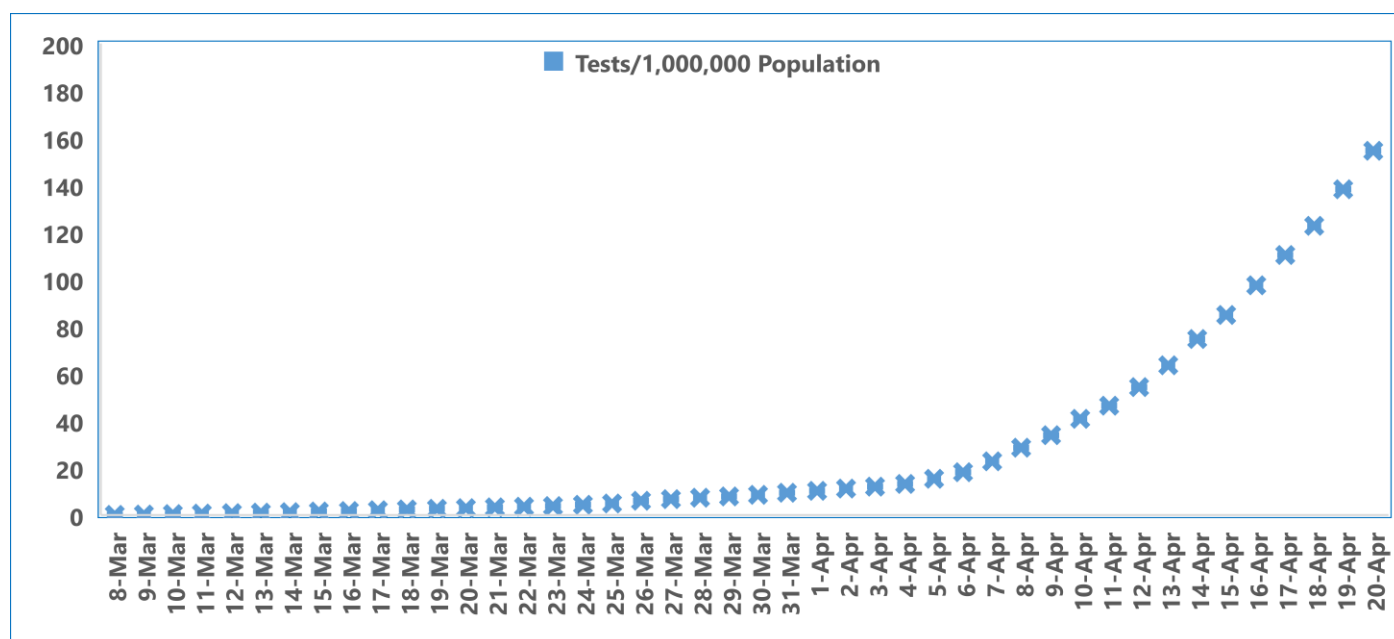
The country's capacity for testing, while significantly increased, is still low, and the number tested people cannot be seen as representative of the wider population.

In Bangladesh, the current testing coverage is modest (**156/1,000,000**). The DGHS is trying to increase the testing coverage to get a more accurate idea of the true incidence of the COVID-19. It is important to note, however, that the number of reported testing does not equal the number of people tested, as patients may be tested several times, but more testing means more reliable data on confirmed cases.

To date, WHO has listed three in-vitro diagnostics for use in the detection of SARS-CoV-2 virus, using RT-PCR technologies, through the Emergency Use Listing (EUL) procedure: https://www.who.int/diagnostics_laboratory/200324_final_pqt_ivd_347_instruction_ncov_nat_eul.pdf?ua=1



The figure below is showing the attack rate of reported confirmed COVID-19 cases, 08 March - 20 April 2020, Bangladesh.

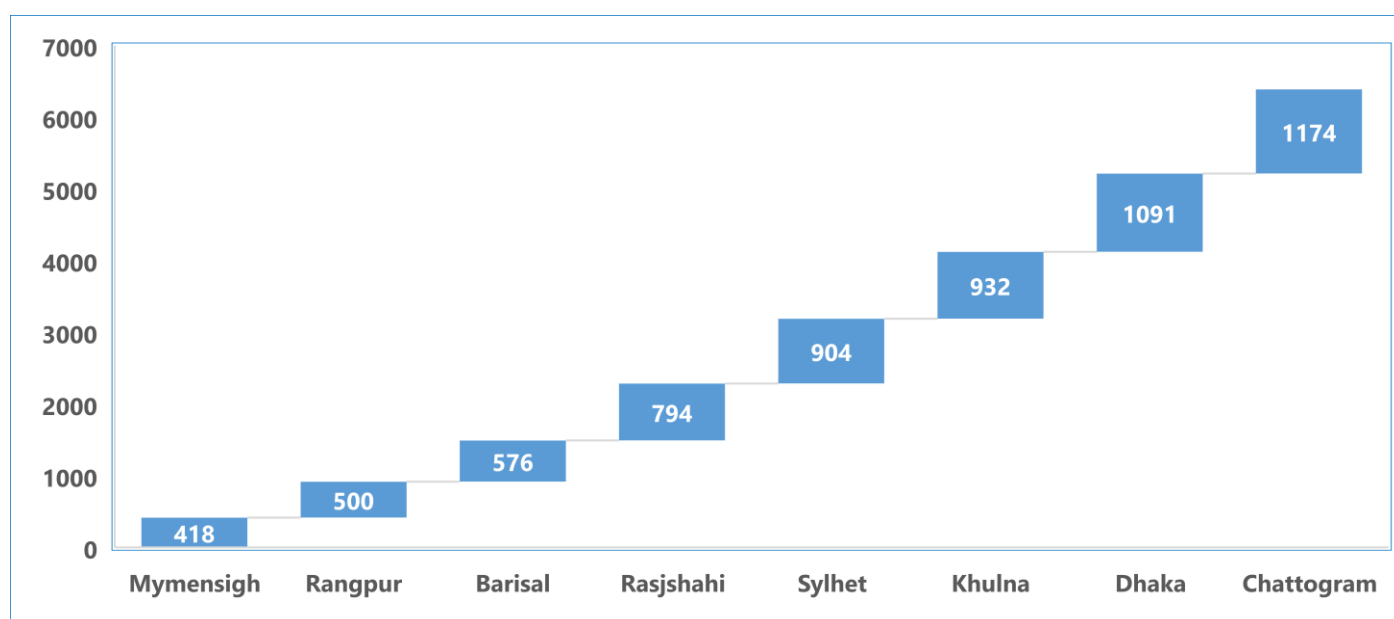


The overall COVID-19 attack rate (the total number of new cases divided by the total population²) in Bangladesh is showing a steady increase since 5 April 2020 to date. On 20 April, COVID-19 attack rate (AR) is **17.3/1,000,000**. The highest AR was observed in **Dhaka** division (85/1,000,000). Within Dhaka division, **Dhaka city** has the highest AR (427/1,000,000), **Narayanganj** (395/1,000,000), **Gazipur** (134/1,000,000) and **Narshingdi** (105/1,000,000). To date, **80%** (52/64) of districts and cities with the total population of 141,433,966 reported confirmed COVID-19 cases.

4. Contact Tracing, Points of Entry (PoEs) and Quarantine

According to DGHS, as of 20 April, there are **6,389** COVID-19 isolation beds in Bangladesh, of them **18%** are in Chattogram division, **18%** in Dhaka, **15%** in Khulna, **14%** in Sylhet, **12%** in Rajshahi and **7%** in Mymensingh.

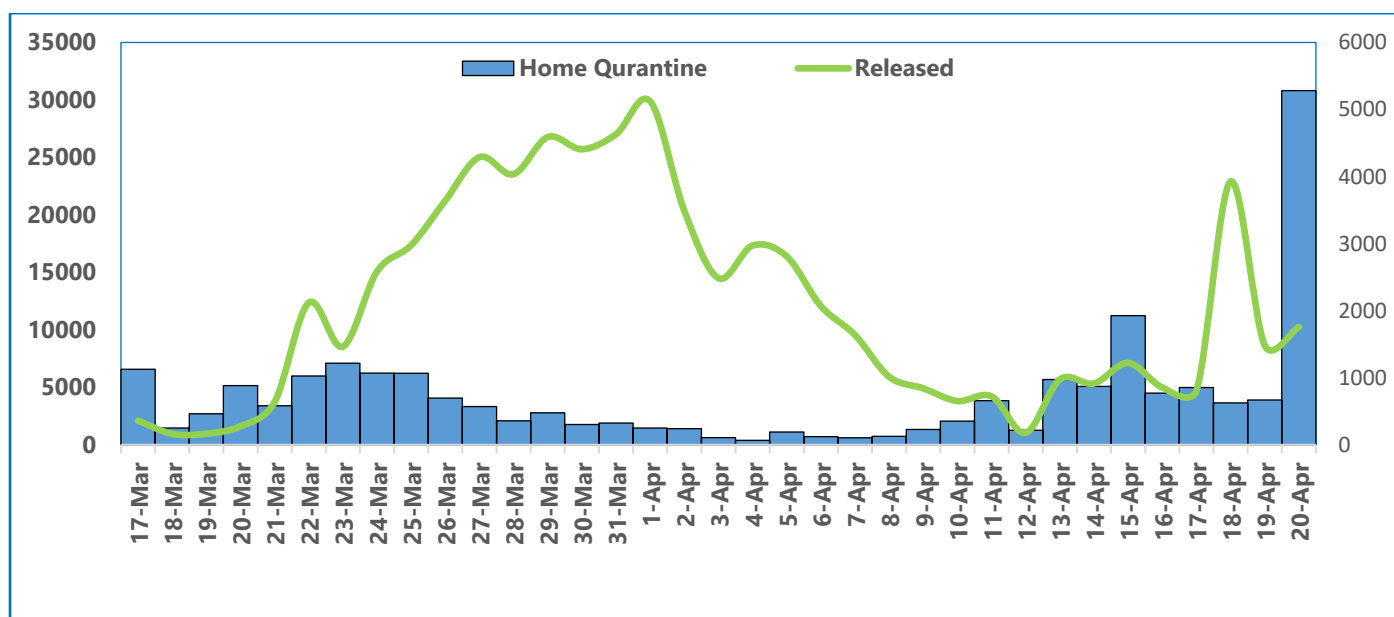
The figure below is showing the distribution of COVID-19 isolation bed by division, 20 April 2020, Bangladesh.



² Source: Population projection from 2011 Census, Bangladesh Bureau of Statistics

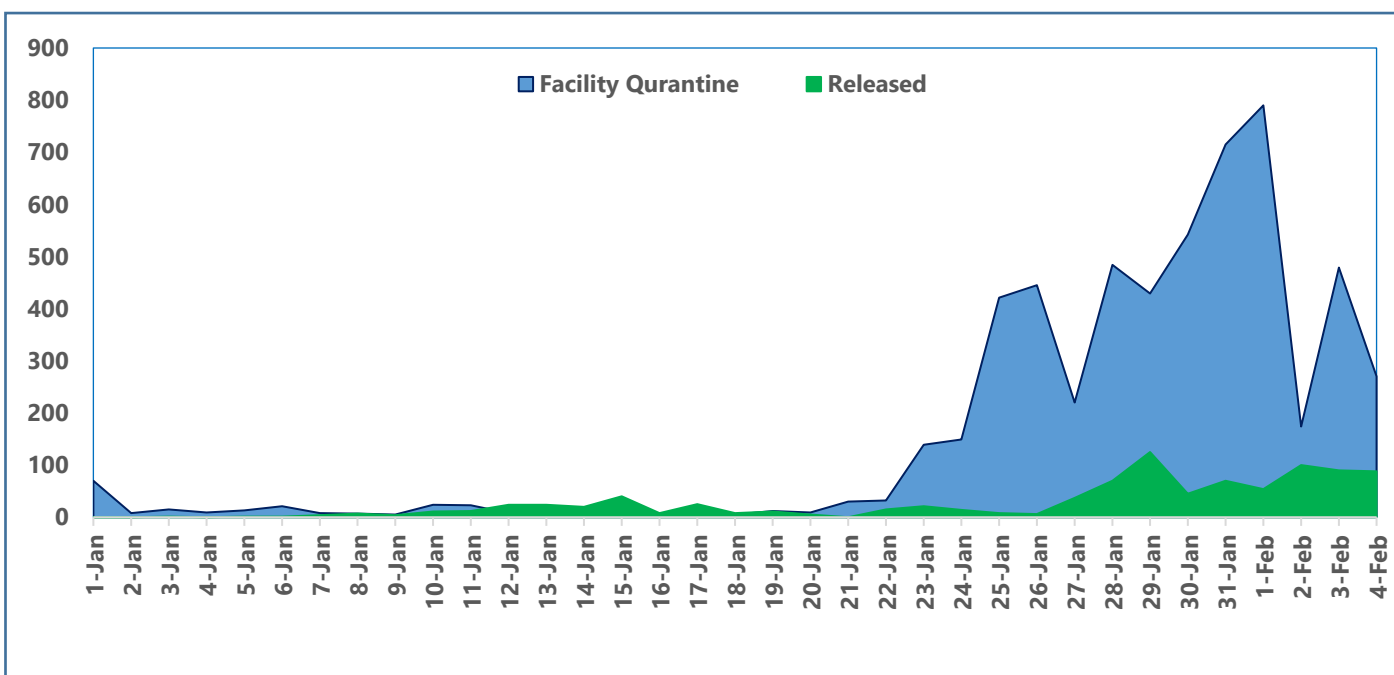
Between 17 March to 20 April 2020, **155,214** individuals were placed under home quarantine all the over the county, out of them **48%** (47,812) have been already released. There is 60% decrease in the number of people in home quarantine since 16 April comparing with 15 April (4,499 and 11,228 respectively).

The figure below is showing the number of individuals in home quarantined and individuals released, 17 Mach - 20 April 2020, Bangladesh



The current institutional quarantine capacity in the country is represented by **489** centres across **64** districts, which can receive **27,062** people. Major institutional quarantine facilities are Ashkona Hagi Camp Dhaka (currently accommodating 366 passengers who have arrived on 15 April 2020 from Saudi Arabia to Hazart Shah Jalal International Airport (HSIA). Bangladesh Army has been assigned to take care of the logistic, food and overall camp management). The other large centers are Gazi Darga Madrasa in Jashore (with 149 passengers, who entered through the Benapole land port) and Benapole Community Centre in Jashore (86 other individuals who have arrived through the Benapole land port).

As of 20 April 2020, there were 5,593 individuals isolated in designated health facilities all over the country, of then **17%** (949/5,593) were released. There was an increase in the number of individuals placed under facility quarantine since 12 April 2020. **The figure below is showing the number of individuals in home quarantined and individuals released, 17 Mach - 20 April 2020, Bangladesh**



5. Case Management and infection Control

A survey on oxygen supply status in public hospital revealed the shortage, considering that 20% beds are dedicated for COVID-19 management at district and upazila level. The challenges to increase the oxygen supply include refilling time, cylinders for transportation, logistics from hospitals to the refilling centers and funds.

The DGHS continues video trainings in COVID-19 hospital management and hospital infection prevention and control. As of 20 April, 3,625 physicians and 1,314 nurses received the training. Online orientation sessions on COVID-19 case management are now conducted on daily basis to upazila-level hospitals

No pharmaceutical products have yet been shown to be safe and effective for the treatment of COVID-19. Currently, there are four candidate medicines are under study through the WHO Solidarity trial. However, doctors in Bangladesh and other countries might be prescribing medicines for COVID-19 patients medicines that have not been approved for this disease. The use of licensed medicines for indications that have not been approved by a national medicines regulatory authority is considered “off-label” use. The WHO scientific brief on Off-label use of medicines for COVID-19 has been shared with the MOHFW. The brief outlines some of the main legal, ethical and scientific considerations to be taken into account by prescribers when resorting to off-label use.

Shortages of personal protective equipment (PPE) and challenges in assuring their quality continue to persist at global and national levels. To address this, a technical working group has been proposed to find feasible solutions to quality assurance of PPE at national level. Terms of reference proposed for the group include: providing a scientific opinion on PPE, based on the accepted standards or equivalent criteria; conducting a gap analysis on local capacity for testing priority PPE items; developing local capacity to test PPE through methods comparable to those in the international standards; drafting guidance documents for consideration by national authorities on minimum criteria for testing priority PPE items using equivalent standards, standard operating procedure (SOP) for testing samples of PPE, and a checklist for visual inspection of PPE; and developing technical specifications and SOPs for reprocessing PPE, including validated decontamination methods, using appropriate technologies.

Facilitated by WFP and ILO, discussions were held with international PPE producers on availability of PPE for procurement in Bangladesh. Some of the challenges identified in the discussions include difficulty in scaling up local production because of factory closures and workers’ safety considerations, a global hike in prices of raw materials and end products, legal considerations in resuming operations at manufacturing facilities in light of government restrictions on movement and operations, and logistical challenges in shipping raw materials, in light of the export bans imposed by source countries. UN agencies continue to work with global buyers to try to identify appropriate solutions for scaling up production in Bangladesh and availing part of their production for the country.

In Bangladesh being a major manufacturer of ready-made garments, several local entrepreneurs have stepped-up efforts to produce PPE locally. Discussions were held with the Bangladesh Garment Manufacturers and Exporters Association (BMGEA) on scoping the local capacity to manufacture of PPE. The main concerns highlighted are lack of prior experience in the PPE manufacturing and limited technical capacity to adhere to the WHO specifications for PPE intended for the use in the COVID-19 response. Collaboration is ongoing to ensure BMGEA has access to the PPE standards to support their members in exploring their interest and capacity to manufacture PPE according to internationally accepted standards.

The risks of substandard and falsified medical products infiltrating the global and national supply chains include those associated with medicines and vaccines that claim to prevent or treat COVID-19. WHO has issued a second relevant Medical Product alert, this time on falsified chloroquine found in several countries. The medical product alert has been disseminated to relevant authorities and efforts made to raise awareness on the eminent risks of falsified medicines in Bangladesh.

The CDC/DGHS conducted two training online sessions on burial of suspected or confirmed COVID-19 cases following the Muslim traditions. Approximately 5,500 people got trained in total so far. The training was conducted according to the new guideline shared by WHO. In the interactive session participants expressed their concerns on handling dead-bodies without body bags. Training was coordinated with IEDCR, Islamic Foundation and Al Markajul Islam. Burial training guideline was developed for other religion followers as well.

6. Risk Communication and Public Awareness

WHO has been working on producing risk communication materials based on scientific evidence for the use of general public, as well of health workers. WHO has produced and disseminated information materials in Bengali for health care facilities on donning and doffing PPE as well as social media materials and information on non-communicable diseases (NCDs). 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)

WHO engages with Risk Communication and Community Engagement (RCCE) working group offering technical guidance and collaborating with various organizations to produce materials to help protect health of individuals and the public. Along with RCCE partners, WHO is looking at intensifying the production of communication materials aimed at addressing stigma and discrimination caused by COVID-19.

WHO's Interim Guidance of 15 April 2020 on Safe Ramadan practices in the context of the COVID-19 was shared with MOHFW and the Working Group on Risk Communications and Community Engagement. The guidance highlights that national health authorities should be considered the primary source of information and advice regarding physical distancing and other measures related to COVID-19 in the context of Ramadan. Compliance with these established measures should be assured. Religious leaders should be involved early in decision making, so that they can be actively engaged in communicating any decision affecting events connected with Ramadan. A strong communication strategy is essential to explain to the population the reasons for decisions taken: <https://apps.who.int/iris/bitstream/handle/10665/331767/WHO-2019-nCoV-Ramadan-2020.1-eng.pdf>

The guidance stresses the need for clear instructions, and the importance of following national policies. The communication strategy should also include proactive messaging on healthy behaviors during the pandemic and use different media platforms. Vigorous risk communication for conducting religious and social gatherings becomes even more critical and urgent in light of the 18 April mass gathering with reportedly more than 30,000 people participating in funeral in Sarail upazila in defiance of the imposed nation-wide restrictions.

Useful COVID-19 links:

WHO Bangladesh COVID-19 Situation Reports: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200419-sitrep-90-covid-19.pdf?sfvrsn=551d47fd_2

WHO Bangladesh awareness and risk communication materials in Bengali: [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update)

WHO Interim guidance (17 April 2020) on Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings: [https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-\(covid-19\)-for-refugees-and-migrants-in-non-camp-settings](https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings)

The latest global WHO Situation Report # 90 as of 19 April 2020: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200419-sitrep-90-covid-19.pdf?sfvrsn=551d47fd_4

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, etc): <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>