World Health Organization
Bangladesh

COVID-19
Situation Report No. #13
25 May 2020

https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update/coronavirus-disease-(covid-2019)-bangladesh-situation-reports

Tested	Confirmed	Recovered	Dead	Hotline
235,014	35,585	7,334	501	7,661,371

Test/1 million	AR/1 million	Recovery Rate	CFR%	Isolation Beds
1,485.6	208.9	20.6%	1.41%	9,134

Laboratories

48 COVID-19 Labs
68,175 Samples
7 Days

35.2% Outside Dhaka Tests

14.1% Overall Positive Tests

15.2% IEDCR Positive Tests

Gender

68% 32%

PPE Stock

	1,426,431
	2,401,557
	647,495
	183,304

PoE Screening

	334,678
	19,414
	7,029
	335,532

USAID FROM THE AMERICAN PEOPLE
UKaid from the British people
BILL & MELINDA GATES foundation
EUROPEAN COMMISSION Humanitarian Aid and Civil Protection

1. Highlights

As of 25 May 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR), there are 35,585 confirmed COVID-19 cases in Bangladesh, including 501 related deaths; Case Fatality Rate (CFR) is 1.41%.

On 19 May 2020, the Ministry of Health and Family Welfare (MOHWF), Health Services Section issued an Office Order with the instructions that in view of the COVID-19 situation, samples collection, transportation to laboratories and PCR laboratory testing for SARS-CoV-2 should remain operational during the Eid holidays, any government and weekly holidays.

The general holidays and restriction of movement until 30 May 2020 was extended on 14 May. The holidays are not effective for those engaged in processing of agricultural products, fertilizer, pesticide, foods, industrial goods, products/equipment of government projects, kitchen markets, food shop, pharmacies, hospitals and emergency services. The inter-district and inter-Upazila movements are supposed to be strictly controlled during the holiday period, and social distancing and other health-related advisories are to be maintained during Ramadan and Eid shopping.

2. Coordination

WHO updated the Operational planning guidance to support country preparedness and response (22 May 2020). The document includes new recommendations for action aligned with recent technical guidance, including: maintaining essential health services and systems during the outbreak, and special considerations for community transmission in low-capacity and humanitarian settings. This document was developed by WHO to provide a practical guide that may be used by national authorities to develop and update their COVID-19 national plans across the major pillars of COVID-19 preparedness and response. It is also intended for use by the UN Country Teams and key partners to develop or update their COVID-19 multiagency plans with and in support of national authorities. This document does not supersede existing national guidance or plans. Rather, these guidelines should be used to rapidly adapt existing relevant national plans and focus the international community's support. Full document: https://www.who.int/publications-detail/draft-operational-planning-guidance-for-un-country-teams

WHO issued an interim guidance (20 May 2020) on Controlling the spread of COVID-19 at ground crossings. This document advises countries how to reduce the spread of COVID-19 resulting from travel, transportation, and trade on and around ground crossings by identifying priority ground crossings and communities and scaling up preparedness and control measures at these locations. The Guidance has been shared with the IHR National Focal Point at the MOHFW and other partners for necessary coordination and further actions. Full document: https://www.who.int/publications-detail/controlling-the-spread-of-covid-19-at-ground-crossings

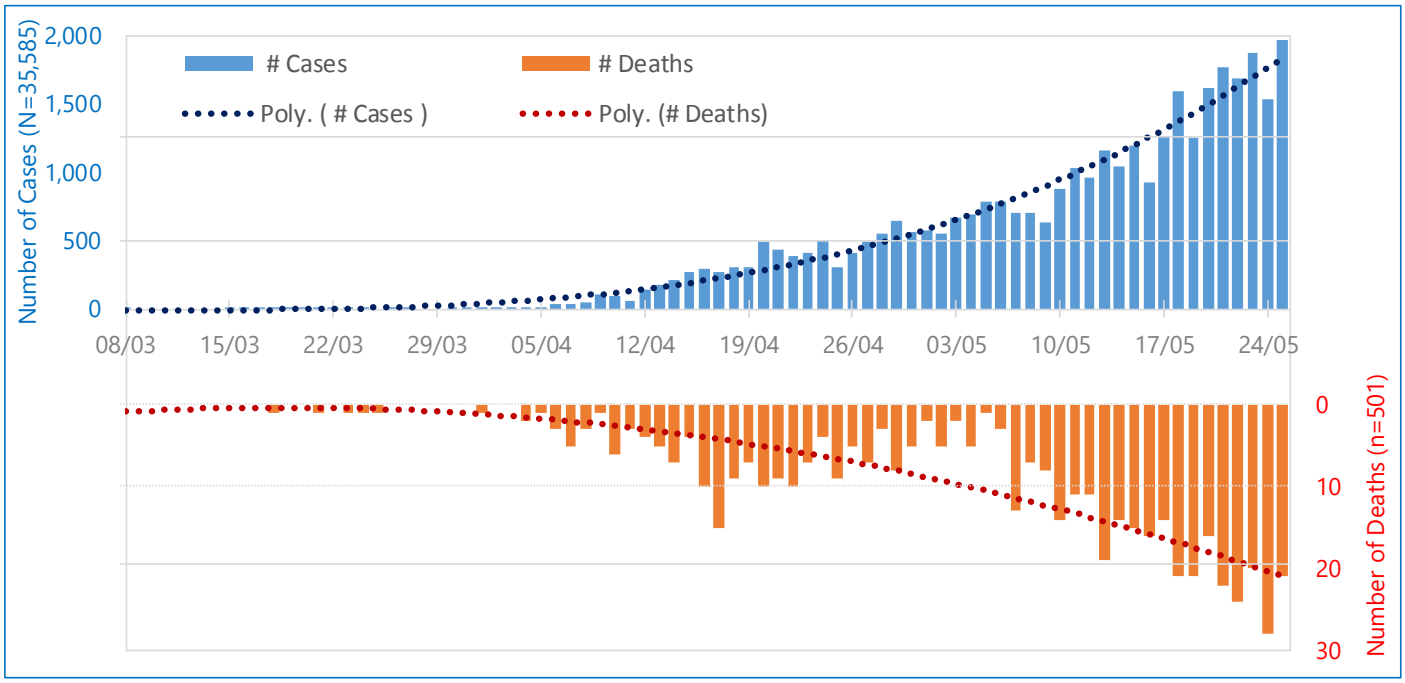
The Medical and Dental Society of Physician and Medical Students provides support to the national COVID-19 response through hundreds of its volunteers working at the DGHS 'Integrated COVID-19 Control Center' for data entry, contact tracing, identifying suspected patients and translating different international guidelines, etc. The volunteers distributed 9,000 PPE, and more than three thousand doctors are providing telemedicine services through the national hotlines

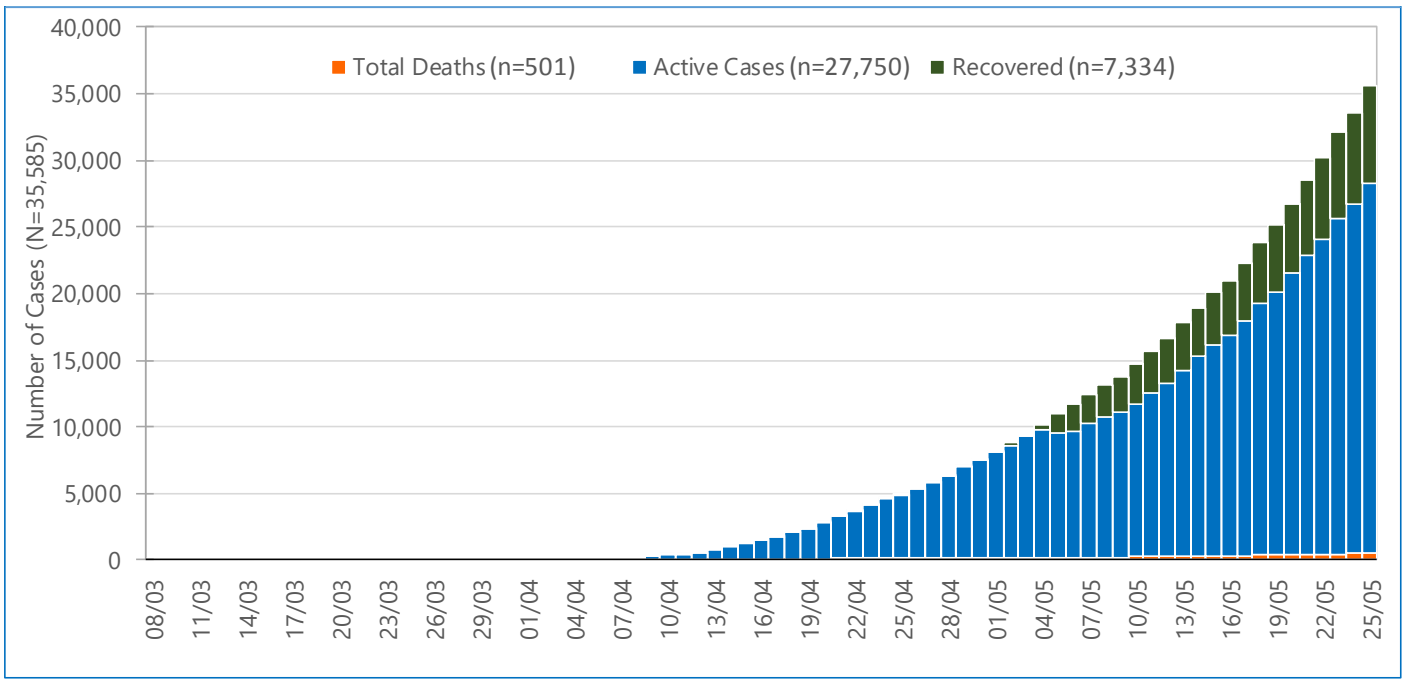
On 20 May 2020, **Cyclone Amphan** made landfall near Jammu Island, West Bengal at 5.00 pm with 130-140 km/h wind speed. The cyclone also struck the southern districts of Khulna and Barisal divisions of Bangladesh on the same day afternoon. According to Needs Assessment Working Group (NAWG) report, the following 7 districts were badly affected - **Khulna, Satkhira, Bagerhat, Patuakhali, Barguna, Bhola and Jashore**. Because of strong wind, high tidal surge along with heavy rainfall, some areas of coastal embankment were broken down that inundated several hundred of houses, crops field and water resources in the low-lying area. Main needs were identified in the WASH, Shelter, Food Security/Livelihood and Protection sectors. More than 4 million people were asked to use shelters during the cyclone and according to the Health Emergency Operations Centre (HEOC) & Control Room of Directorate General of Health Services, total **26** people lost their lives and **07** more people were injured due to falling of trees, boat capsize, wall collapse and drowning.

3. Surveillance and Laboratory

Between 8 March and 25 May 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were Thirty-five-thousand-five-hundred-eighty-five (**35,585**) COVID-19[1] confirmed by rt-PCR, including five-hundred-fifty-one (**501**) related death cases (**CFR 1.41**%).

The figures below are showing the daily distribution of reported confirmed COVID-19 cases, outcome and CFR, 08 March – 25 May 2020, Bangladesh.





[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.*

The overall COVID-19 attack rate (the total number of cases divided by the total population) in Bangladesh[2] has been on a steady increase since 4 April 2020. On 25 May 2020, Bangladesh attack rate (**AR**) is **208.9** per 1 million, and **100% (64**/64) of districts with the total population of 170,306,468 people have confirmed COVID-19 cases.

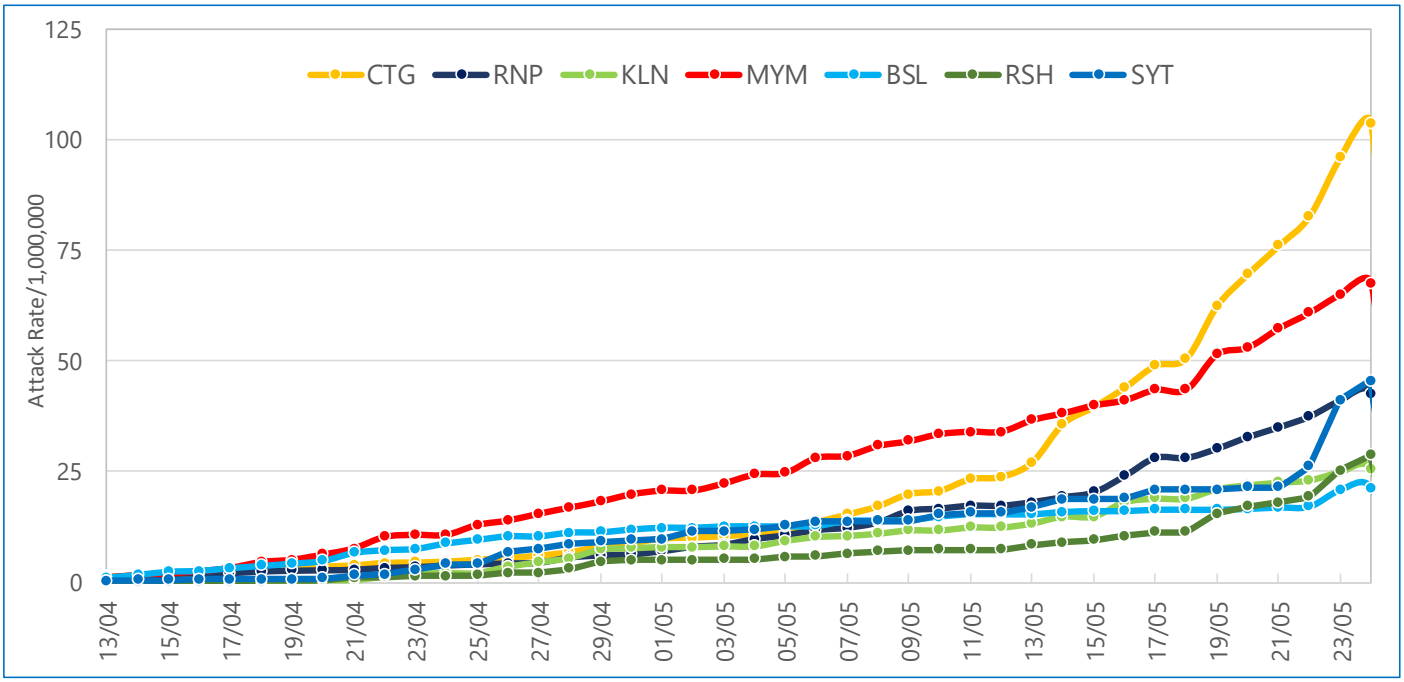
According to the available data for **25,425 cases**, the highest AR continues to be observed in the **Dhaka division** (**427.6**/1,000,000). Within the Dhaka division, **Dhaka city** has the highest AR (**1,659.8**/1,000,000), followed by **Narayanganj** district (**518.1**/1,000,000), **Munshiganj** (**339.9**/1,000,000), **Gazipur** (**141.8**/1,000,000), **Gopalganj** (**103.2**/1,000,000), **Dhaka district** (**96.2**/1,000,000), **Madaripur** (**69.6**/1,000,000), **Manikganj** (**68.6**/1,000,000), **Kishoreganj** (**67.1**/1000,000) and **Narshingdi** (**66.5**/1,000,000).

The second highest COVID-19 Attack Rate is reported from **Chattogram division** of (**103.7**/1,000,000). Within the division, **Chattogram** reported the highest AR (**189.6**/1,000,000) followed by **Cox's Bazar** district (**133.7**/1,000,000), **Noakhali** (**102.9**/1,000,000), **Rangamati** (**85.2**/1,000,000), **Cumilla** (**83.7**/1,000,000), **Feni** (**54.8**/1,000,000), **Lakshmipur** (**50.9**/1,000,000) and **Bandarban** (**43.6**/1000,000).

The 3rd highest AR in the country was reported from **Mymensingh** division (**67.6/**1,000,000). Within the Mymensingh division, **Netrokona** district has the highest AR (**78.1.2**/1,000,000), followed by **Jamalpur** district (**71.2**/1,000,000), **Mymensingh** district (**66.1**/1,000,000) and **Sherpur** District (**50.4**/1,000,000).

Sylhet division reported overall AR (**45.6**/1000,000) with the highest AR in **Habiganj** (**65.2**/1000,000), **Rangpur** division reported overall AR of **42.6**/1,000,000 with the highest AR in **Rangpur** district at (**109.8**/1,000,000); and in **Rasjsahi** division although the overall AR is relatively low at **28.7**/1,000,00 but with high AR for **Joypurhat** district is as high as **124.9**/1,000,000.

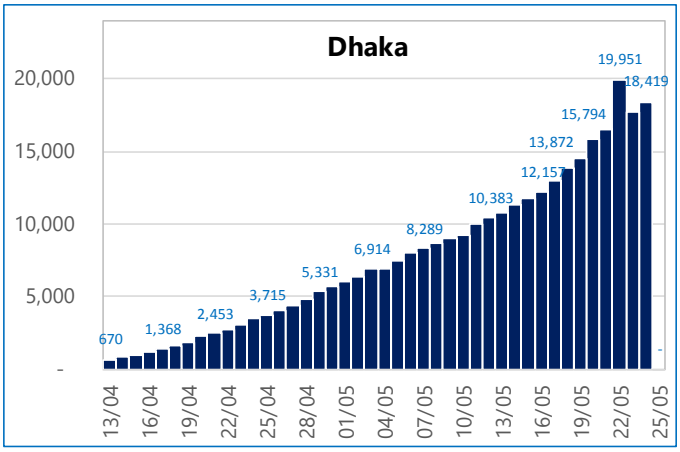
The following figure is showing the attack rate per 1,000,000 population of reported confirmed COVID-19 cases in seven divisions (except the Dhaka division), 08 March - 25 May 2020, Bangladesh

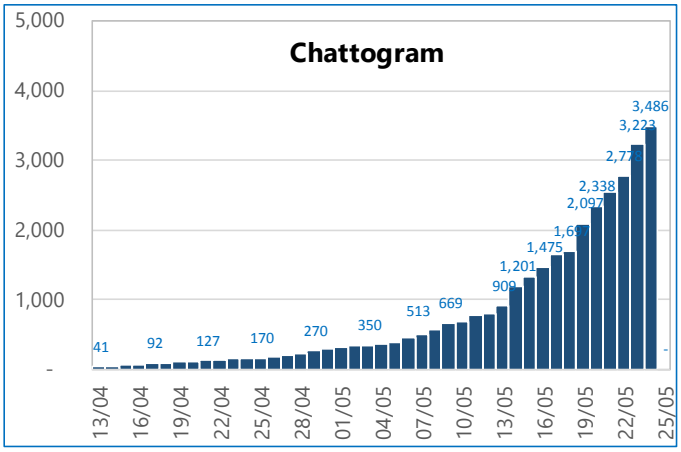


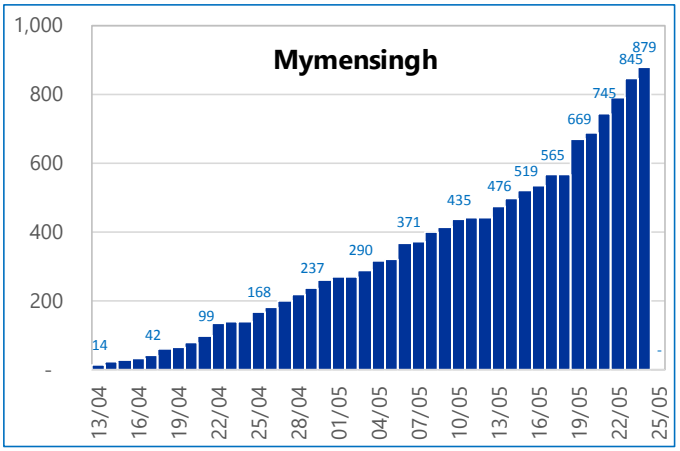
As of 25 May 2020, geographical distribution of conformed reported COVID-19 cases was available on **76%** (25,425/33,610) of them **72.4%** (18,419/25,425) were from **Dhaka** division, **Chattogram** division **13.7%** (3,486), **Mymensingh** division **3.5%** (879), **Rangpur** division **3%** (796), **Rajshahi** division **2.5%** (627), **Sylhet** division **2.1%** (534), **Khulna** division **2%** (474), and **Barisal** division **0.8%** (210).

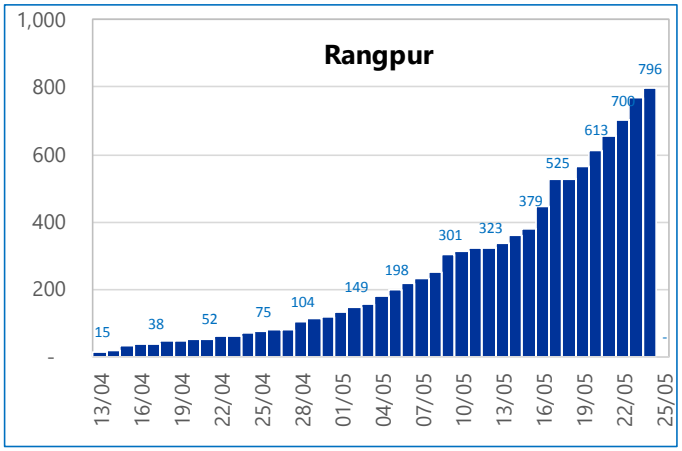
[2] Source: Population projection from 2011 Census, Bangladesh Bureau of Statistics

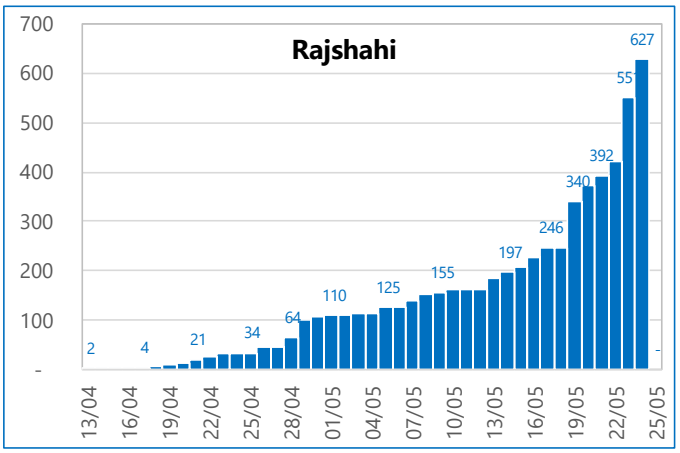
The figures below are showing the daily distribution of reported confirmed COVID-19 cases (N=25,425) per division, 13 April– 25 May 2020, Bangladesh.

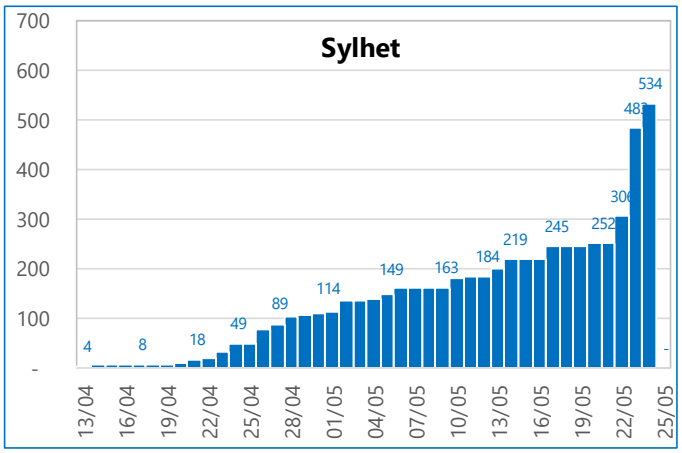


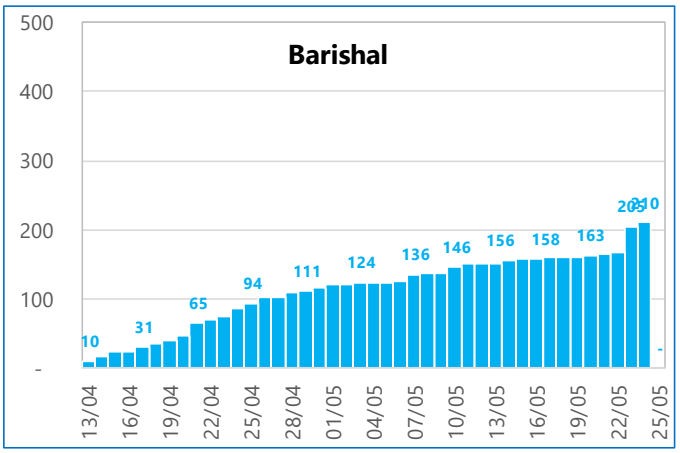


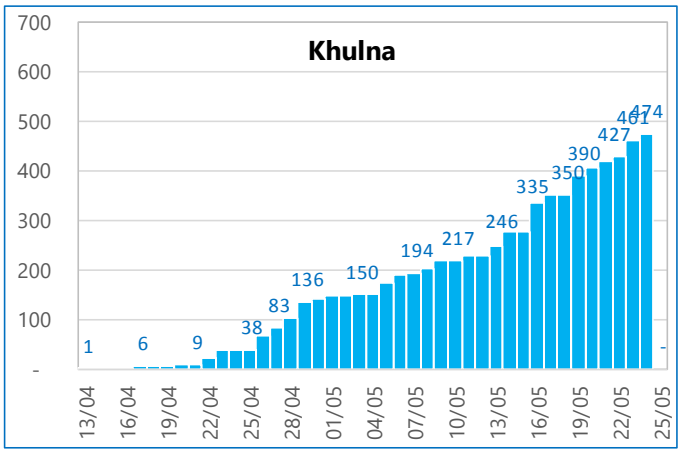






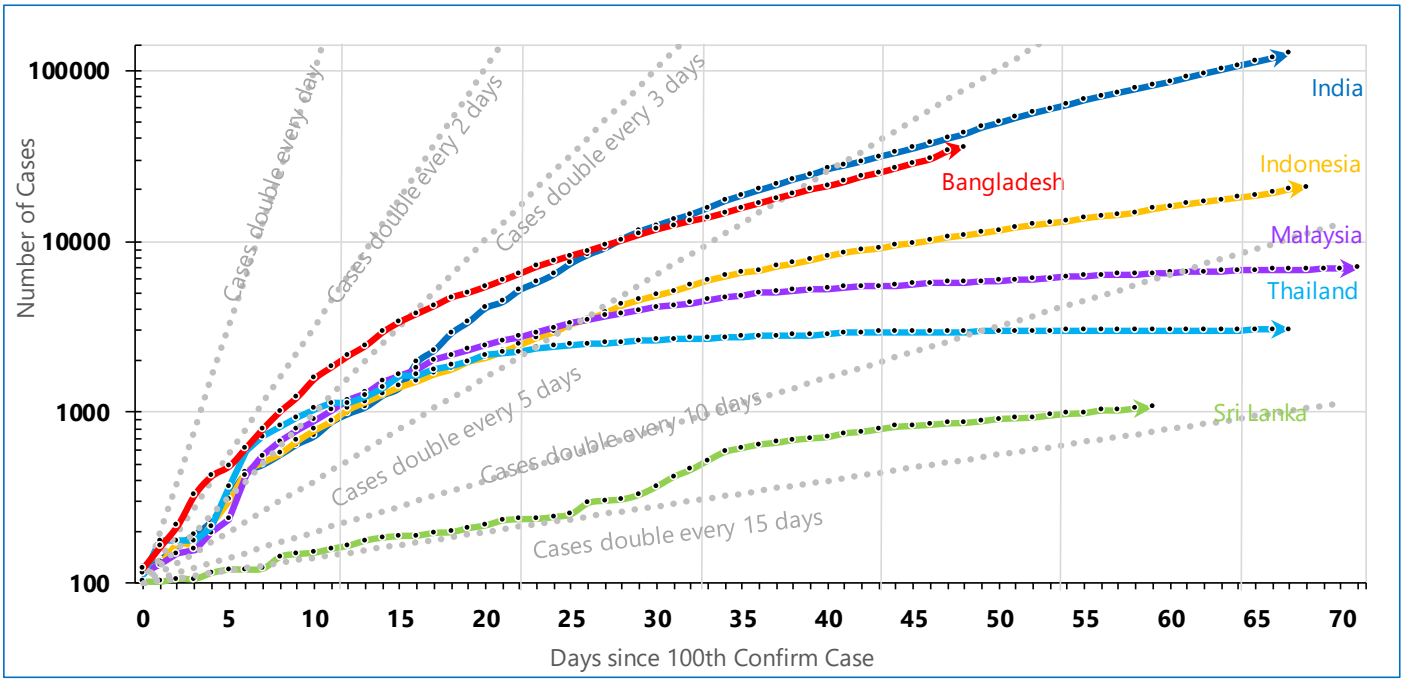






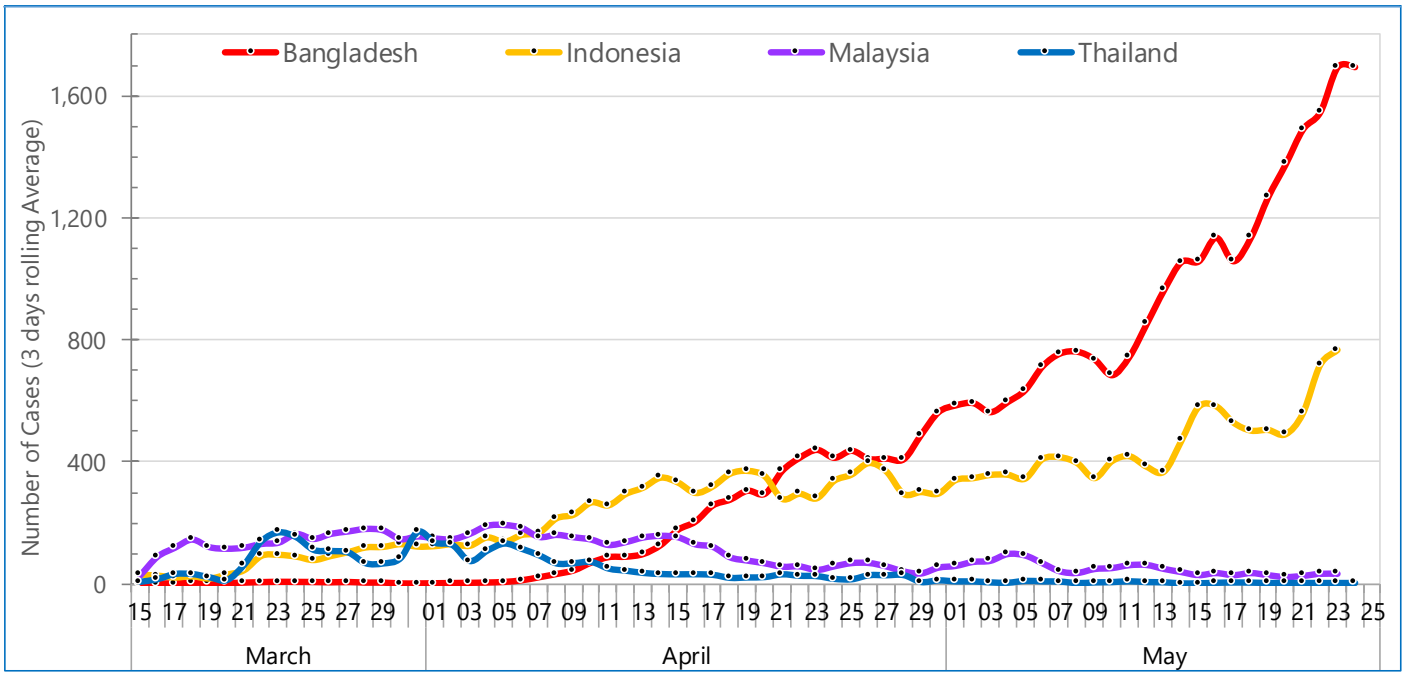
Bangladesh reported its first confirmed COVID-19 case on 08 March 2020, reached 100 cases on 9 April, exceeded 200 cases within the next two (2) days, so Case Doubling Time was 2 days. The case doubling time of new cases was then slowing down from two to three, then five days. As of 25 May 2020, the case doubling time in Bangladesh remains around five (5) days. Available data allows us to see how quickly the number of confirmed cases increased in Bangladesh and some other countries in the WHO South-East Asia region: India, Indonesia, Thailand and Sri Lanka.

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, 25 May 2020.



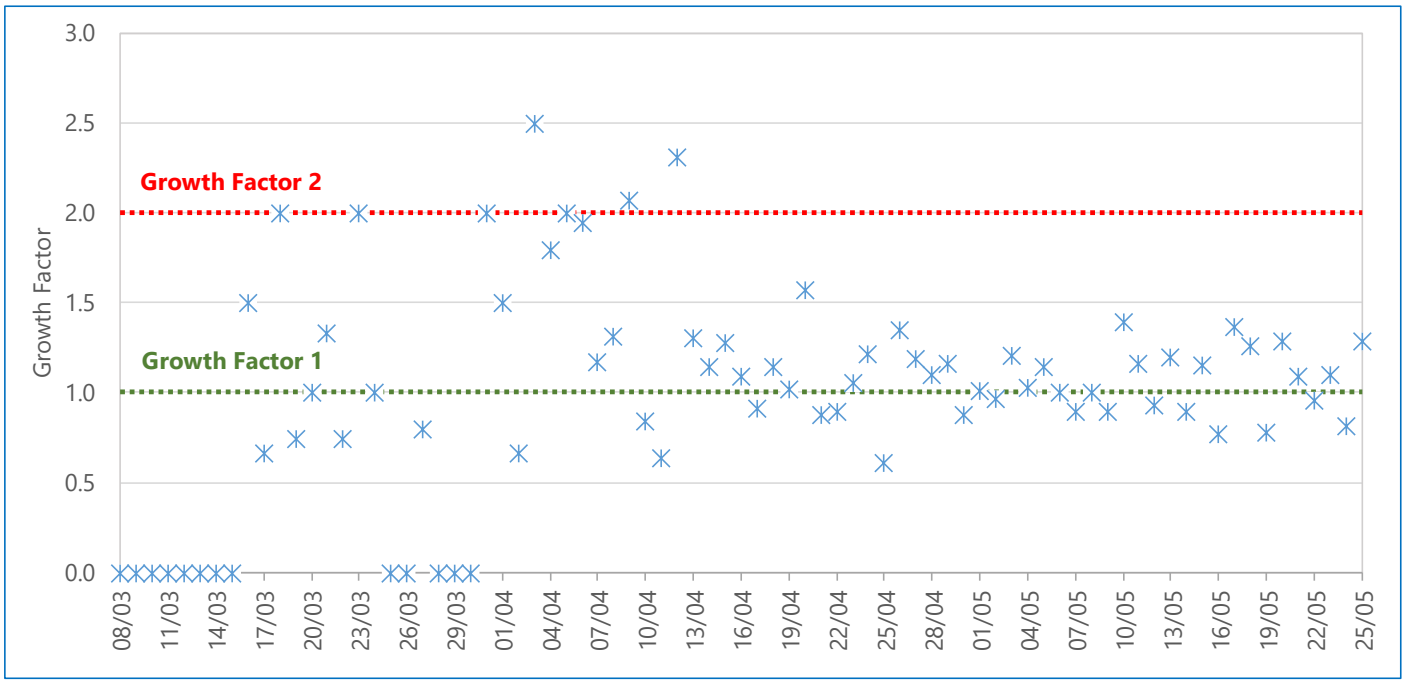
In the chart above we used the total number of COVID-19 confirmed cases; in the chart below, we used the three-day rolling average of daily reported cases. The use of rolling average helps to account for possible fluctuations in the daily reported data, due to possible delays in reporting, fewer samples collected/tested/reported on weekends or holidays, etc.

The figure below is showing the* daily reported confirmed COVID-19 rolling three-day average *in selected South East Asian countries starting from the day they reported 30 confirmed cases, 25 May 2020.



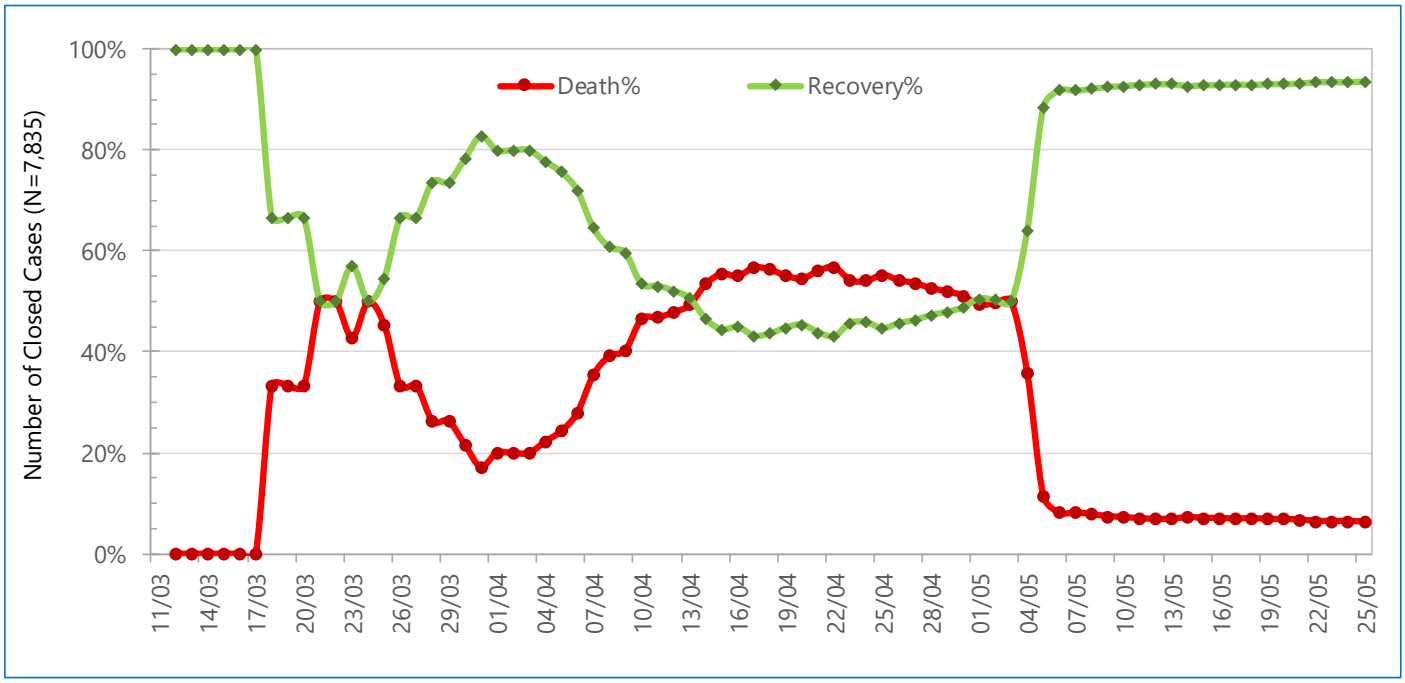
Growth factor (every day's new cases / new cases on the previous day) between **0** and **1** indicates a decline; when it is above 1 it signals an increase, and if is persistently above 1 this could signify exponential growth. On April 3, the **Growth factor (GF)** for COVID-19 cases in Bangladesh reached the highest of **2.5**, on 12 April it was **2.3**. Since the beginning of May 2020, the GF has been within the range of **0.8** – **1.4**, and on 25 May 2020, the GF is **1.3**.

The figure below is showing the Growth Factor of daily confirmed COVID-19 cases, 08 March – 18 May 2020, Bangladesh.



As of 25 May 2020, there were **7,835** (22.0%) COVID-19 cases with known outcome (closed cases) out of them **93.6%** (7,334/7,835) were cured and **6.4%** (501) died. The death rate on closed cases in Bangladesh is lower than the **13.0%** (347,013/2,660,108) global average as of 25 May 2020.

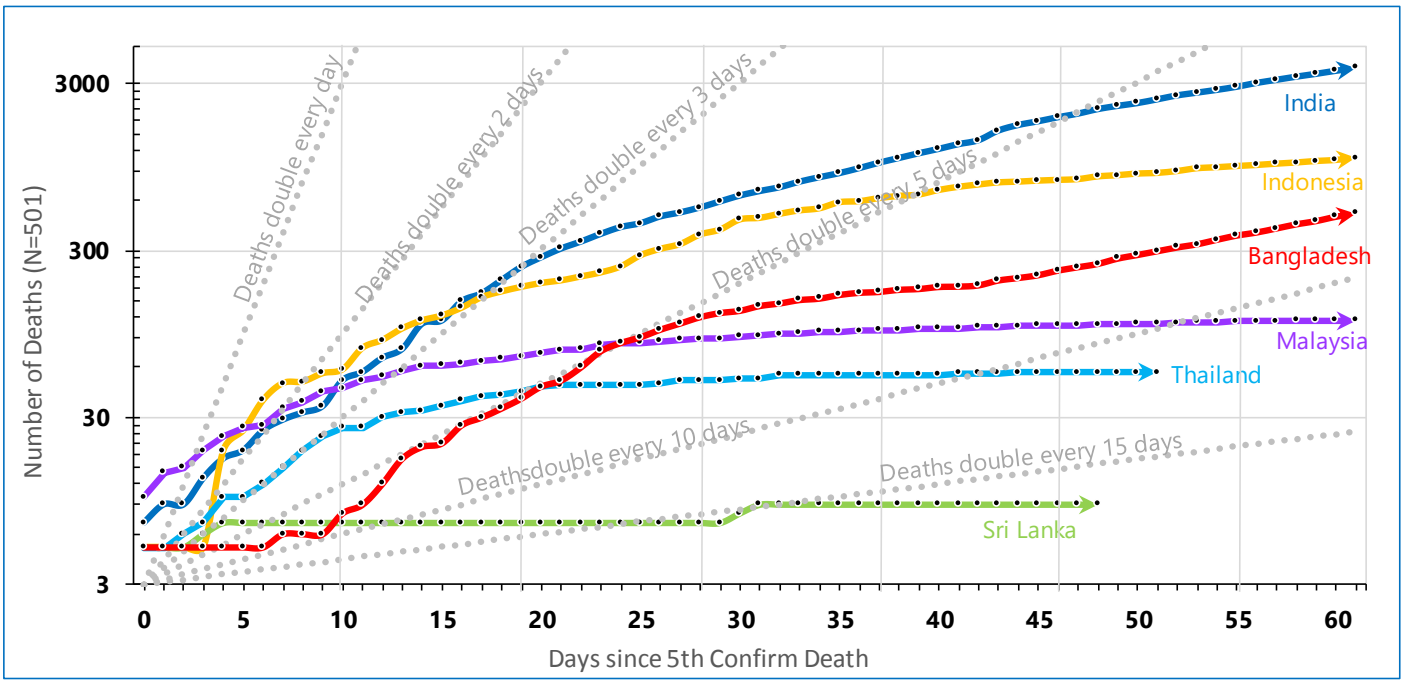
The figure below is showing the death and recovery rates over cumulative closed confirmed COVID-19 cases, 08 March – 25 May 2020, Bangladesh.



Bangladesh reported its first confirmed COVID-19 death on 18 March 2020 (10 days after reporting the first confirmed COVID-19 case). Case Fatality Rate (the number of deaths divided by the number of confirmed cases) in Bangladesh showed a decline from **10%** on 06 April down to **1.41%** on 25 May 2020.

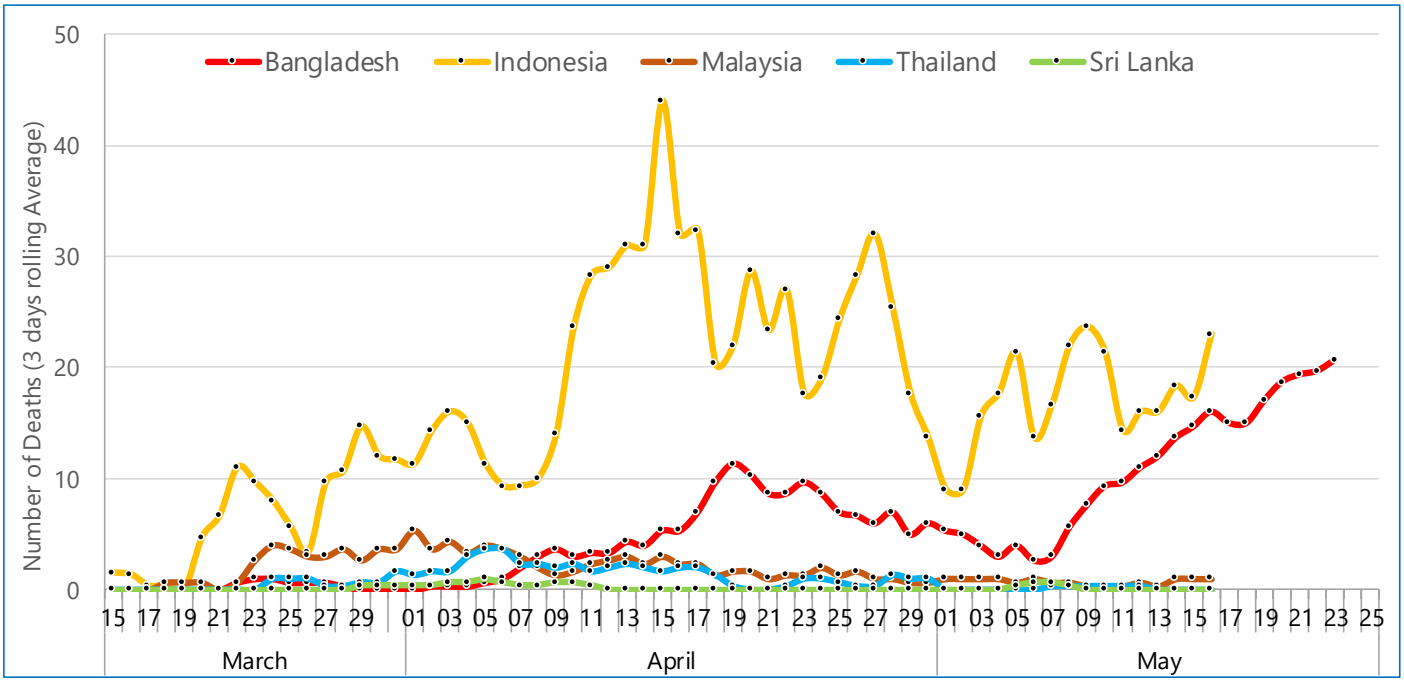
According to data available as of 25 May, the time of death count doubling in Bangladesh is **slower** than in India and Indonesia, but **faster** than in Malaysia, Thailand and especially Sri Lanka.

The figure below is showing the growth of COVID-19 confirmed deaths in selected South East Asian countries starting from the day they reported the 5th confirmed death, 25 May 2020.



Due to death reporting protocols and possible delays, the reported death figure on a given date does not necessarily represent the number of new deaths on that day. And since daily reporting can very, it is also helpful to see the rolling three-day average of the daily figures.

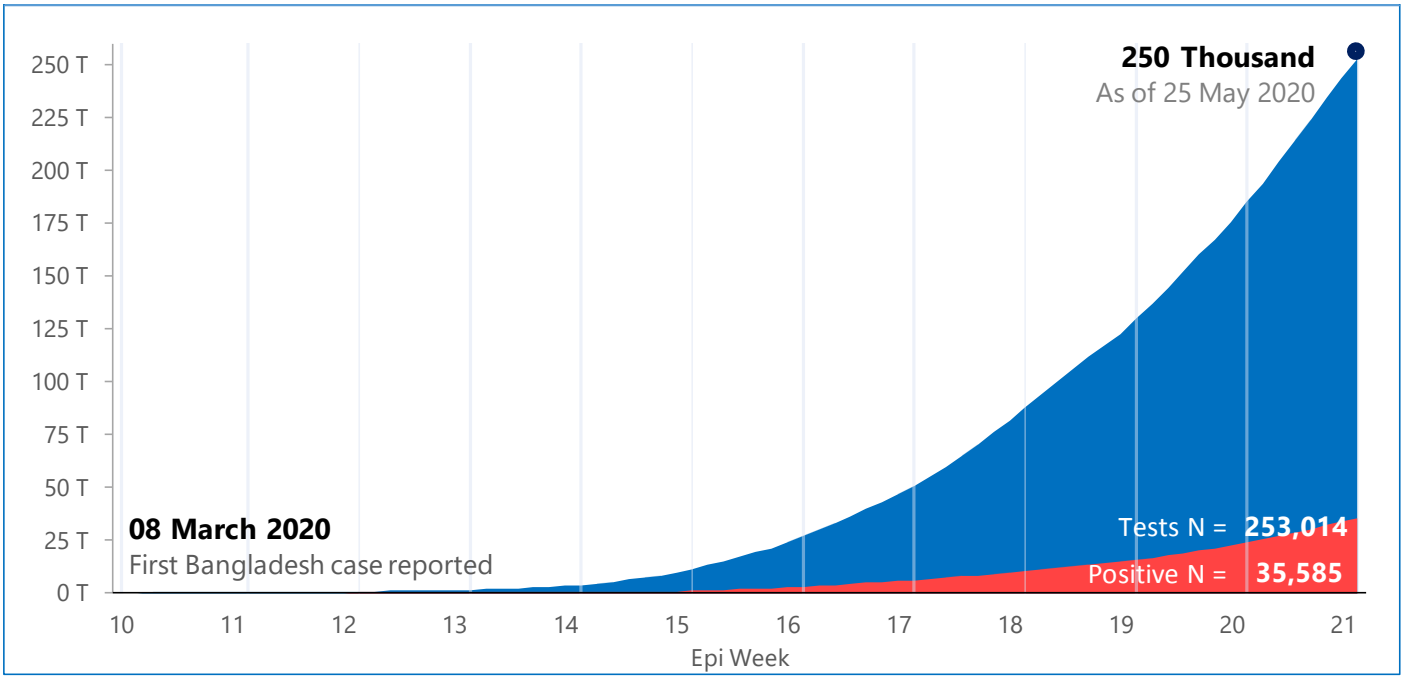
The figure below is showing daily confirmed COVID-19 deaths, rolling 3-days average in selected South East Asian countries, 25 May 2020.

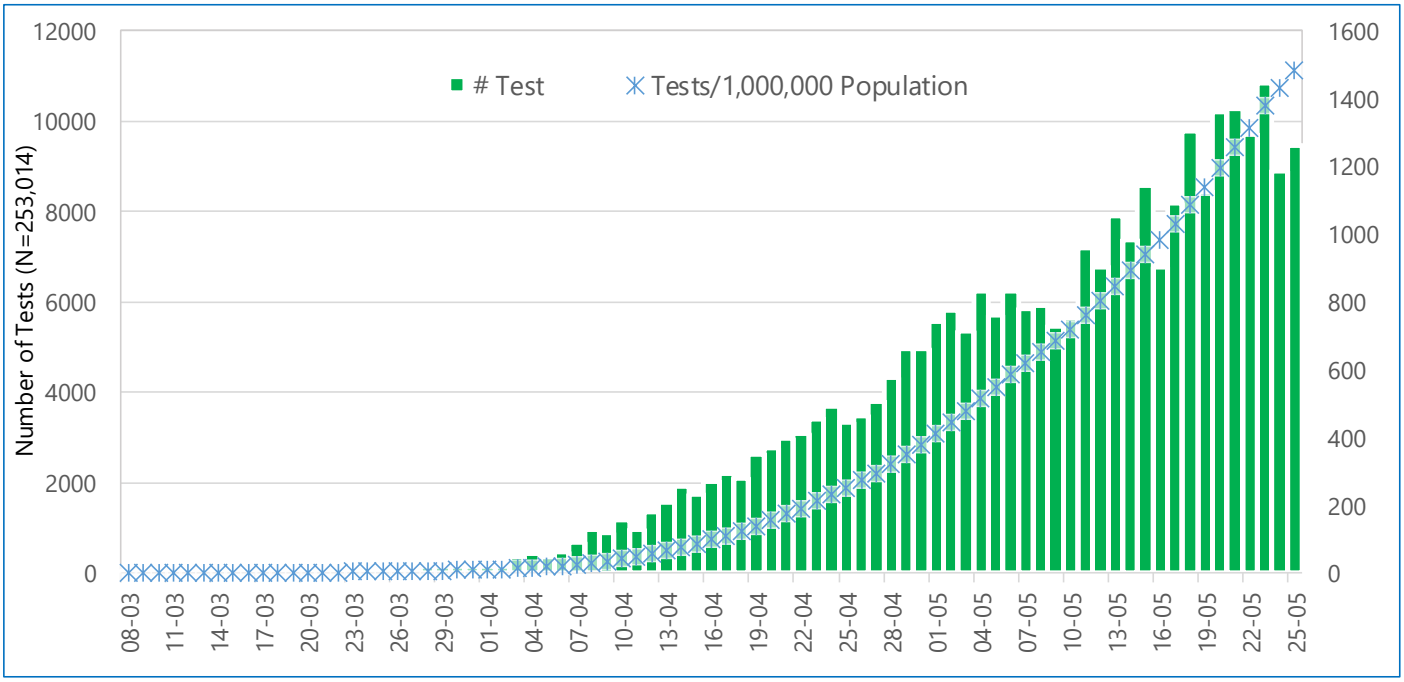


As of 25 May 2020, according to IEDCR, a total of **253,014** COVID-19 tests with the overall positivity rate of **14.1%** were conducted in Bangladesh by **48** laboratories (29 laboratories in Dhaka and 29 laboratories in other districts of the country). The latest laboratories, which have stated the testing: in Dhaka - Bangladesh Institute of Health Sciences and General Hospital, Lab Aid Hospital and Care Medical College and outside Dhaka - Shaheed M. Monsur Ali Medical College, Sirajganj, Shaheed Syed Nazrul Islam Medical College, Kishoreganj, Pabna Medical College, Pabna, Shaheed Tajuddin Ahmad Medical College, Gazipur, TMSS Medical College and Rafatullah Community Hospital, Chevron Clinical Laboratory (Pte) Ltd. Chattogram, Imperial Hospital Limited, Chattogram and Gazi COVID-19 PCR Lab, Rupganj, Narayanganj. Of the total tested samples, **64.9%** (**164,140**/253,034) were tested by laboratories in the Dhaka division, and 35.1% (**88,894**/253,034) - outside.

The COVID-19 testing coverage has been gradually increasing in Bangladesh, reaching now **1485.6**/1,000,000 but is still lower than in **Malaysia** (**14,282**/100,000), Thailand (**4,700**/1000,000), **India** (**2,540**/1000,000) and **Nepal** (**1,577**/1,000,000).

The graphs below are showing the weekly cumulative number of COVID-19 testing and positivity rate, and tests per 1,000,000, 08 March – 25 May 2020, Bangladesh.



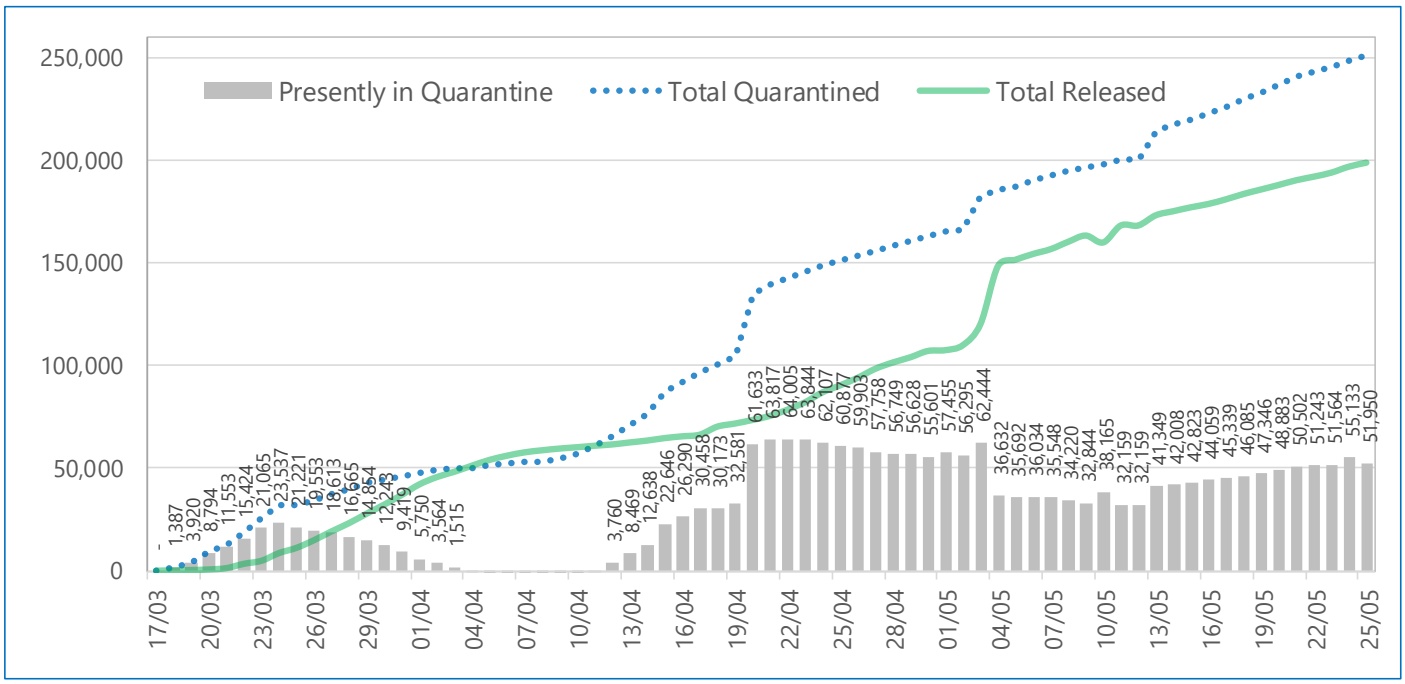


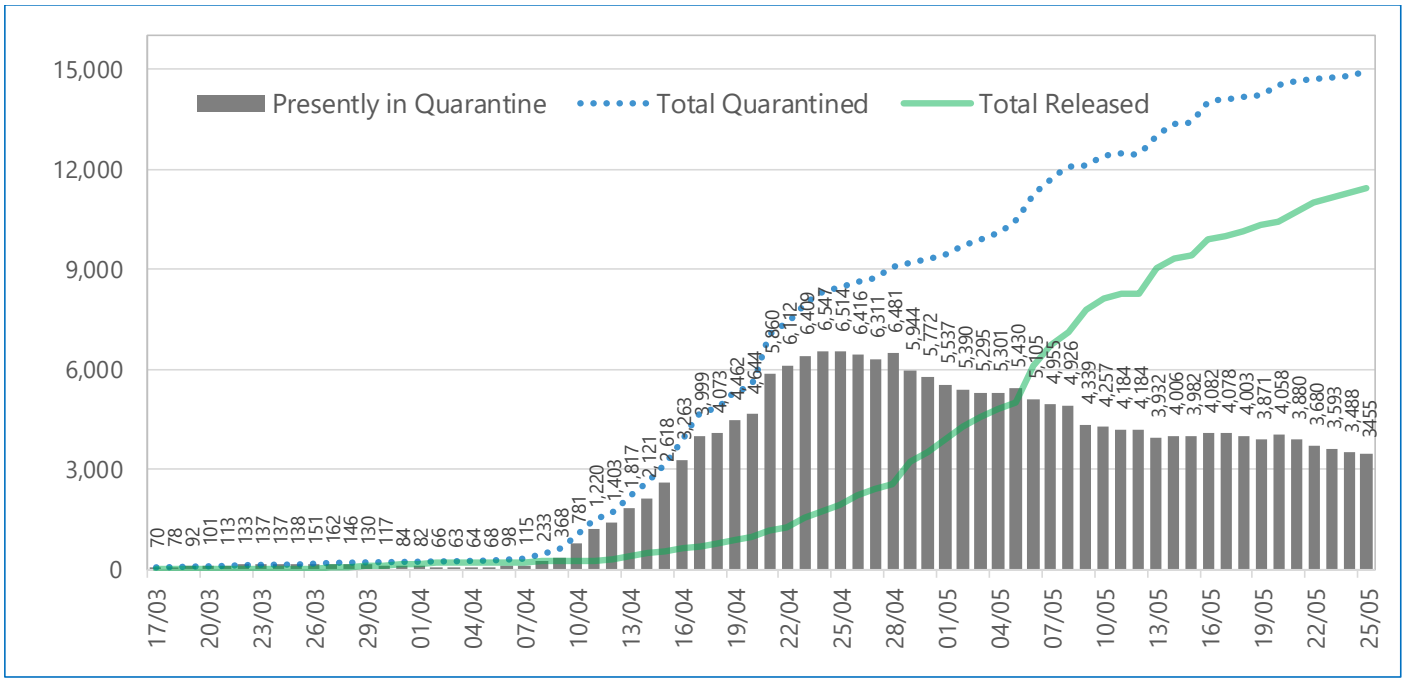
4. Contact Tracing, Points of Entry (PoEs) and Quarantine

The institutional quarantine capacity in the country is represented by **626** centres across **64** districts, which can receive **31,840** people. Between 17 March to 25 May 2020, total **250,956** individuals were placed under home quarantine all the over the county, and to date **79.3%** (199,006/250,956) have been already released. The highest number of individuals (**6,547**) in quarantine facilities was recorded on 24 April 2020 while on 25 May 2020 the figure reduced by half to **3,455**.

By 25 May 2020, in total **6,911** individuals had been isolated in designated health facilitates all over the country, of them **33%** (2,258/6,911) were released, and the remaining 4,653 (**67%)** are presently in Isolation facilities.

The figures below are showing the number of individuals in home and facility quarantine and individuals released, 17 Mach – 25 May 2020, Bangladesh.





5. Case Management and infection Control

On 18 May 2020, the DGHS of the MOHFW issued the updated National Guidelines on Clinical Management of Coronavirus Disease 2019 (COVID-19). The development of the 6th version of the guidelines was led by the CDC/DGHS based on the latest WHO guidelines, adapting to the country's context with contributions from a number of prominent Bangladeshi clinicians and public health specialists. The document addresses in details the following aspects: Case Definition, Clinical syndromes associated with COVID-19, Testing for COVID-19,Clinical Classification, Treatment Protocol for Hospitalized COVID-19 (Mild/Moderate/Severe) cases,COVID-19 ICU Management Strategies, Caring for older persons with COVID-19, Avoiding medical damage in special populations, Discharge Criteria, Home isolation, Follow-up, Management of patients tested positive again after discharge, and Infection, Prevention and Control. The guidelines specify that **every hospital (public and private) will provide treatment to COVID and non-COVID patients**. These hospitals shall create separate zone for COVID and non- COVID patients in the hospital premise and a triage system will be applied to classify and differentiate the patients. COVID zone will have two separate areas: one for confirmed COVID and another for suspected or probable COVID patients. The guideline remains a living document and will updated based on the latest evidence and WHO recommendations, as appropriate.

On 18 May, WHO hosted a virtual meeting to discuss Bangladesh's potential involvement in the WHO-led Solidarity trial and Unity studies. The Solidarity trial is a randomized multi-center adaptive clinical trial to evaluate the efficacy and safety of investigational therapeutic agents in combination with standard-of-care for the treatment of hospitalized patients with novel coronavirus disease (COVID-19). The trial is being carried out under a Master Protocol to continue across outbreak sites until the scientific questions of interest are addressed. The trial is planned in two stages: the first is a Pilot Stage and the second is a Pivotal Stage. To date, around 18 countries have participated with over 3,000 patients enrolled. The Unity studies are adapted from the influenza and MERS-CoV protocols to help enhance understanding of clinical, epidemiological and virological characteristics of COVID-19.

On 21 May, a webinar was hosted by IFC, focusing on procurement of Personal Protective Equipment (PPE) and the specifications required by WHO, UN agencies and international organizations. The main target group of the webinar was local manufacturers of PPE. WFP made a presentation on the joint global supply portal managed by WFP and WHO. The supply portal is part of the work of the UN COVID-19 Supply Chain Task Force, which aims at ensuring essential supplies for countries in need. Instructions were provided to local PPE manufacturers on how to participate in the global tender, managed by UNICEF and WHO. WFP, UNICEF IOM and WHO also provided information on the local procurement opportunities and which commodities are eligible for local procurement. The UN catalogue containing PPE, diagnostics, and biomedical equipment & consumables was shared with participants following the meeting.

In the same webinar, WHO presented the Disease Commodity Package for COVID-19, which includes the WHO specifications for PPE. WHO also presented the minimum testing parameters required for the Bangladeshi market, which is approved by the Directorate General of Drug Administration (DGDA). An interactive question and answer session covered a range of topics from market forecast to genera information about COVID-19. Several local manufacturers claimed that they are now able to manufacture significant quantities of PPE, in conformity with WHO specifications. This has a potential to address PPE shortages at local level, as well as helping to address the global shortages as Bangladesh has been a major exporter of ready-made-garments (RMG) and currently numerous large RMG manufacturers are converting their production lines to PPE production.

6. Risk Communication and Public Awareness

WHO continues working with Risk Communication and Public Awareness (RCCE) partners for production and dissemination of information materials aimed at guiding individuals and communities on protecting against COVID-19.

A special attention has been placed by RCCE on creating and rapid dissemination of COVID-19 information materials in relation to the Cyclone Amphan, including information for evacuation to the shelter, safety during the staying in the shelter and for returning home. Information have been covering essential awareness topics such as maintaining physical distance, observing hand hygiene and wearing masks in the shelter, constantly disinfecting commonly used areas or disinfection of personal items following the return home.

RCCE partners also focused on creating information materials addressed to worshippers following the reopening of mosques and in the light of Eid celebration, with key messages to stay at home and to avoid mass gatherings and crowded places. Messages for religious leaders have been further circulated to enforce the COVID-19 safety guidelines for worshippers attending mosques, with a key view on maintaining physical distance, masks wearing, observing hand hygiene and encouraging praying from home for people showing symptoms similar to COVID-19.

Within the taskforce to produce risk communication messages for frontline service providers co-led by DGHS and WHO, messages for health sector are being produced in line with national and WHO guidelines for further ensuring protection of health staff and patients against COVID-19 while delivery of essential health services continues.

7. Useful COVID-19 links:

WHO Bangladesh COVID-19 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 # 125 as of 24 May 2020: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200524-covid-19-sitrep-125.pdf?sfvrsn=80e7d7f0_2

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

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

Contact: Dr Bardan Jung Rana, WHO Representative to Bangladesh, ranab@who.int
Dr Hammam El Sakka, Team Leader, WHE, WHO-BAN, elsakkam@who.int