World Health Organization
Bangladesh

COVID-19
Situation Report No. #14
01 June 2020

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

Tested	Confirmed	Recovered	Dead	Hotline
320,349	49,534	10,597	672	8,897,081

Test/1 million	AR/1 million	Recovery Rate	CFR%	Isolation Beds
1,881	290.8	21.4%	1.36%	13,284

Laboratories	Gender	PPE Stock		PoE Screening	
52 COVID-19 Labs	71% 29%		1,411,333		337,494
Last 7 Days 65,375 Samples			2,413,711		20,253
64.7% Dhaka Tests			605,108		7,029
15.5% Share of Positive Tests			184,631		337,718

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1. Highlights

As of 01 June 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR), there are 49,534 confirmed COVID-19 cases in Bangladesh, including 672 related deaths; Case Fatality Rate (CFR) is 1.36%.

On 28 May 2020, the Ministry of Public Administration circulated a notification that the government has decided to conditionally carry out the overall activities in the country and the movement of the public from 31 May to 15 June 2020. This also includes 5, 6, 12 and 13 June 2020 as weekend. All government/semi-government/ autonomous offices will remain open to a limited extent under their own management during the period; and officials should not leave their duty stations. All officials should strictly follow the 13-point directive issued by the Department of Health Services/Ministry of Health and Family Welfare, including wearing a mask at all times. ***(re: the MOHFW directive please see below)***.

On 11 May 2020, the Ministry of Health and Family Welfare/ Health Services Department issued a memo for all government Ministries requesting to enforce the following health rules:

1. Disinfect each office room, surroundings, walk ways before starting the office hours;
2. Upon entering office, all staff to be checked the body temperature by thermal scanner /thermometer placed at each office entrance;
3. Office vehicles/transport must be 100% disinfected. 3 feet distance to be maintained between occupied seats; staff to wear musk (surgical mask or 3-layers cotton mask that covers nose and mouth completely);
4. Surgical mask must be used for one time while the cotton made mask may be re-used by washing after each use;
5. Sanitize hand before travel and repeatedly during the travel;
6. Maintain 3 feet distance during/in the dining;
7. Wash hands with soap after using toilet each time to disinfect hands;
8. Maintain physical distance while working in the office;
9. Everyone in offices to wear face mask and wash hands with soap or use hand sanitizer;
10. Remind office staff about the health rules to prevent COVID-19 and other health tips. Ensure those are being followed through monitoring by a vigilance team;
11. Display health posters at all visible locations; and
12. Send staff to self-quarantine/isolation if found to be sick.

On 28 May 2020, Civil Aviation Authority issued a circular regarding the suspension of scheduled international flights to/from Bangladesh:

1. With effect from 0001 BST on 31 May until 2359 BAT on 15 June 2020, all scheduled international commercial passenger flights to/from Bahrain, Bhutan, Hong Kong, India, Kuwait, Malaysia, Maldives, Nepal, Oman, Qatar, Saudi Arabia, Sri Lanka, Singapore, Thailand, Turkey, UAE and UK remain suspended;
2. Foreign nationals having valid visas will be required to produce a medical certificate (with English translation) to be obtained within 72 hours of travel, indicating that he/she is "COVID-19 Negative". The individual needs to submit these certificates on arrival at the entry point (airport, sea port and land port) in Bangladesh;
3. If any Bangladesh-origin passengers possess an NVR and comes to Bangladesh without the required "COVID-19 Negative" certificate, he/she would be institutionally quarantined for 14 (fourteen) days;
4. If any Bangladesh origin passengers possess an NVR and come to Bangladesh with the "COVID-19 Negative" certificate, he/she would be home/self-quarantined for 14 (fourteen) days. However, if upon arrival he/she is diagnosed with any symptoms of corona virus upon on his/her arrival, the passenger would be institutionally quarantined for 14 (fourteen) days; and
5. The following types of international flights shall be conducted as usual: cargo; emergency landing; technical stop (without crew rest); Medical Evacuation; special flight operation; relief assistance; and citizen evacuation.

On 28 May 2020, at least one of national airlines announced the resumption of domestic flight operations effective 01 June 2020 between Dhaka AC and Shah Amanat International Airport (CGP), Chattogram, Osmani International Airport (ZYL0), Sylhet and Saidpur Airport (SPD), Rangpur.

2. Coordination

WHO updated the "Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected" (13 March 2020). The updated Clinical Management of COVID-19 Interim Guidance was published on 27 May 2020. It is intended for clinicians caring for COVID-19 patients during all phases of their disease (i.e. screening to discharge). It is not meant to replace clinical judgment or specialist consultation but rather to strengthen frontline clinical management and describes a coordinated and multidisciplinary care for patients with COVID-19, including those with mild, moderate, severe, and critical disease. The objective is to ensure delivery of safe and quality care while stopping onwards viral trans-mission. All others enter the health system in the non-COVID-19 pathway.

Key recommendations regarding Antivirals, immunomodulators and other adjunctive therapies: **WHO recommends that the following drugs not be administered as treatment or prophylaxis for COVID-19, outside the context of clinical trials:**

- Chloroquine and hydroxychloroquine (+/- azithromycin), including but not limited to:
- Antivirals, including but not limited to: Lopinavir/ritonavir; Remdesivir; Umifenovir; Favipiravir;
- Immunomodulators, including but not limited to: Tocilizumab; Interferon-β-1a;
- Plasma therapy.

WHO recommends against the routine use of systemic corticosteroids for treatment of viral pneumonia. Full document: https://www.who.int/publications-detail/clinical-management-of-covid-19

On May 28, the DGHS/MOHFW issued Version 7.0 of the National Guidelines on Clinical Management of Coronavirus Disease 2019 (COVID-19

On 28 May 2020, WHO published "Surveillance protocol for SARS-CoV-2 infection among health workers". The purpose of this protocol is to describe the epidemiology of COVID-19 among health workers, including their exposure characteristics and risk factors, as part of case investigation and support identification of the most appropriate IPC measures to be strengthened at facility and country level to better protect health workers. However, the protocol and its associated questionnaire should be adapted to the local context (for example, to ensure that the definition of "health worker" reflects local definitions) and to testing strategies (for example, administered to all health workers at the moment of testing where the routine testing of health workers is enforced). The web questionnaire on the Go.Data platform consists mainly of closed-ended questions related to demographic information, exposure risk situations and IPC measures. document: https://www.who.int/publications-detail/WHO-2019-nCoV-HCW_Surveillance_Protocol-2020.1

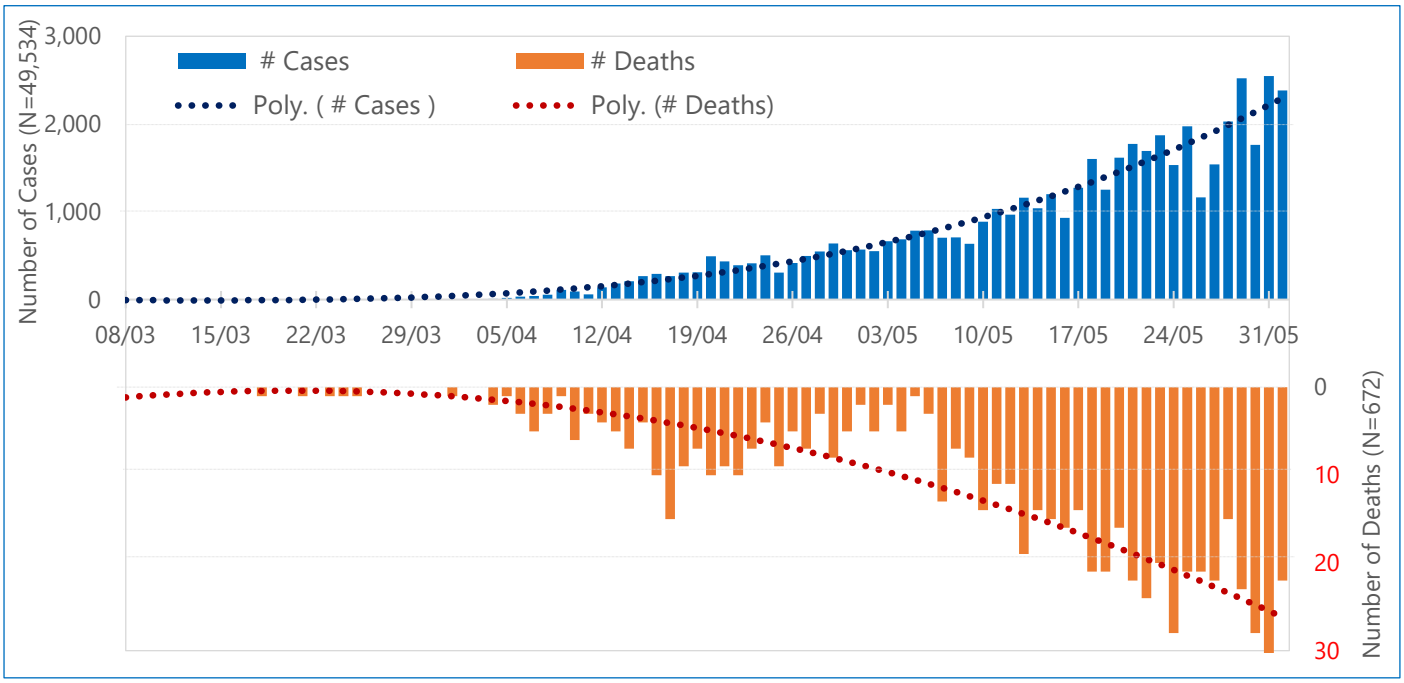
Bangladesh has expressed its interest to join the "international clinical trial "Solidarity", launched by the World Health Organization and partners to help find an effective treatment for COVID-19. The Solidarity Trial will compare different treatment options against standard of care, to assess their relative effectiveness against COVID-19. By enrolling patients in multiple countries, the Solidarity Trial aims to rapidly discover whether any of the drugs slow disease progression or improve survival. Other drugs can be added based on emerging evidence. The DGHS expressed its readiness to provide necessary administrative support to the trial and requested the WHO Country office to facilitate the registration and other related processes.

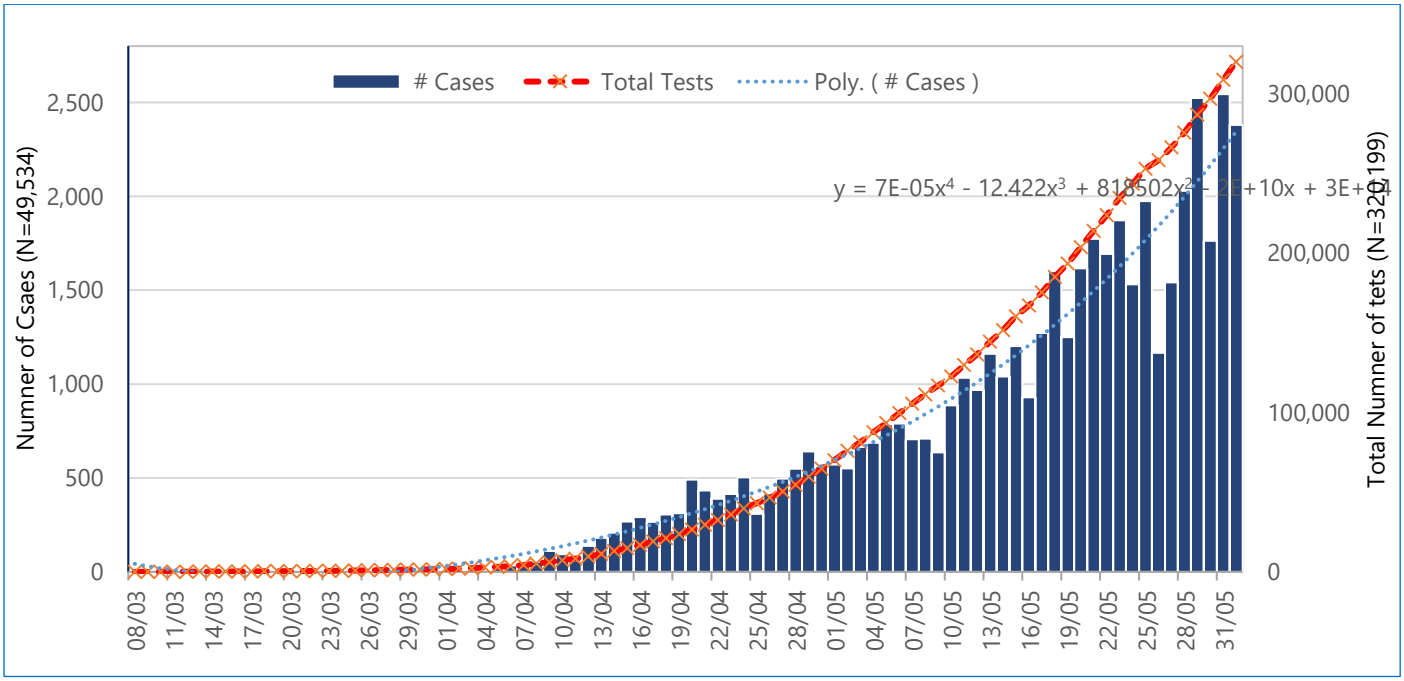
Currently, over 400 hospitals in 35 countries are actively recruiting patients and nearly 3,500 patients have been enrolled from 17 countries. Overall, over 100 countries have joined or expressed an interest in joining the trial, and WHO is actively supporting 60 of them with: ethical and regulatory approvals of the WHO core protocol; identification of hospitals participating in the trial; training of hospital clinicians on the web-based randomization and data system; and shipping the trial drugs as requested by each participating country.

3. Surveillance and Laboratory

Between 8 March and 01 June 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were forty-nine-thousand-five-hundred-thirty-four (**49,534**) COVID-19[1] confirmed by rt-PCR, including six-hundred-seventy-two (**672**) related death cases (**CFR 1.36**%).

The figures below are showing the daily distribution of reported confirmed COVID-19 cases, deaths and total COVID-19 test, 08 March – 01 June 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 [1] has been on a steady increase since 4 April 2020. On 01 June, Bangladesh attack rate (**AR**) is **290.8** per 1 million, and **100% (64**/64) of districts with the total population of 170,306,468 people have confirmed COVID-19 cases.

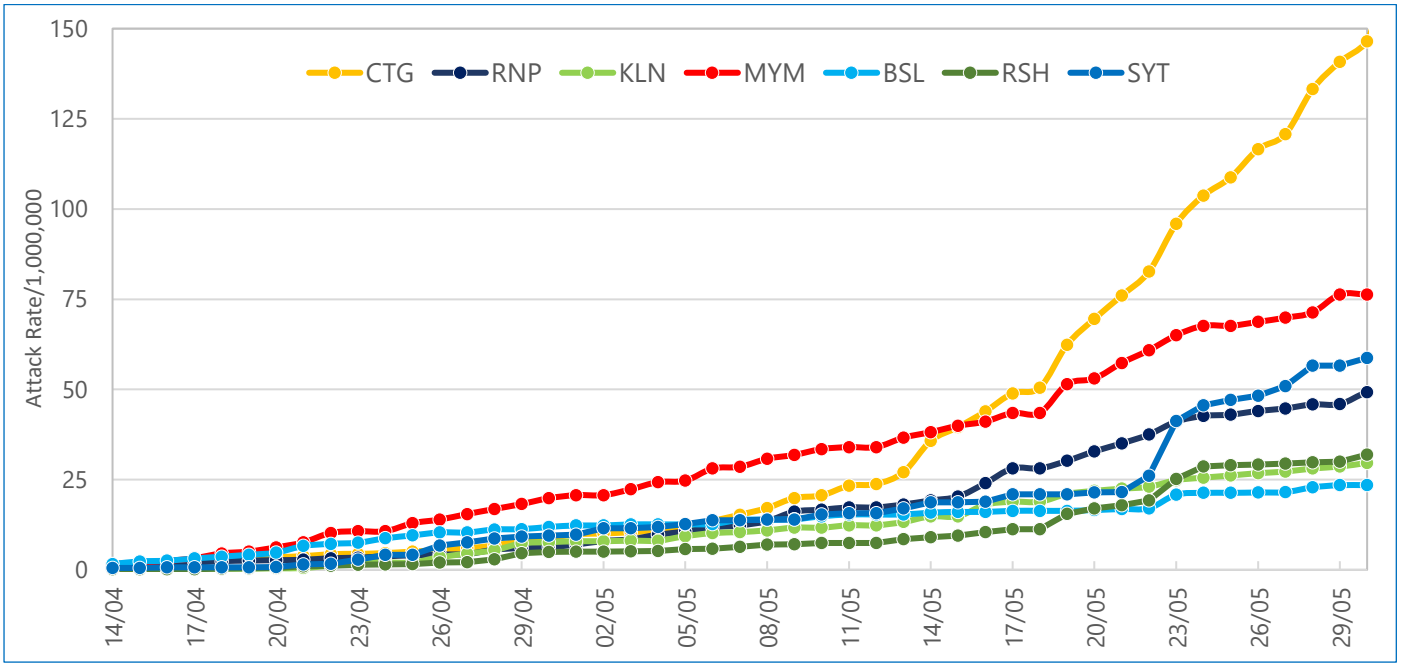
According to the available data for **32,120 cases**, the highest AR continues to be observed in the **Dhaka division** (**524.1**/1,000,000). Within the Dhaka division, **Dhaka city** has the highest AR (**2,040**/1,000,000), followed by **Narayanganj** district (**616.2**/1,000,000), **Munshiganj** (**432.4**/1,000,000), **Gazipur** (**168.7**/1,000,000), **Gopalganj** (**145.7**/1,000,000), **Dhaka district** (**118.8**/1,000,000), **Faridpur** (**98.6**/1,000000), **Shariatpur** (**87.1**/1,000,000), **Madaripur** (**87.0**/1,000,000), **Manikganj** (**82.0**/1,000,000), **Narshingdi** (**69.2**/1,000,000), **Kishoreganj** (**67.7**/1000,000), **Rajbari** (62.0/1,000,000) and while the lowest AR 12.0/1,000,000 was reported from **Tangail** district.

The second highest COVID-19 Attack Rate is reported from **Chattogram division** of (**159.5**/1,000,000). Within the division, **Chattogram** reported the highest AR (**270.2**/1,000,000) followed by **Cox's Bazar** district (**243.0**/1,000,000), showing marked increase of the AR was reported last week (**234.9**/1,000,000), Noakhali (**183.4**/1,000,000), **Cumilla** (**133.8**/1,000,000), **Feni** (**129.5**/1,000,000), **Rangamati** (**92.2**/1,000,000), **Bandarban** (**74.1**/1000,000) and **Lakshmipur** (**69.0**/1,000,000).

The 3rd highest AR in the country was reported from **Mymensingh** division (**76.6/**1,000,000). Within the Mymensingh division, **Mymensingh** district has the highest AR (**81.3**/1,000,000), followed by **Netrokona** district, (**80.4**/1,000,000), **Jamalpur** district (**76.0**/1,000,000) and **Sherpur** District (**54.2**/1,000,000).

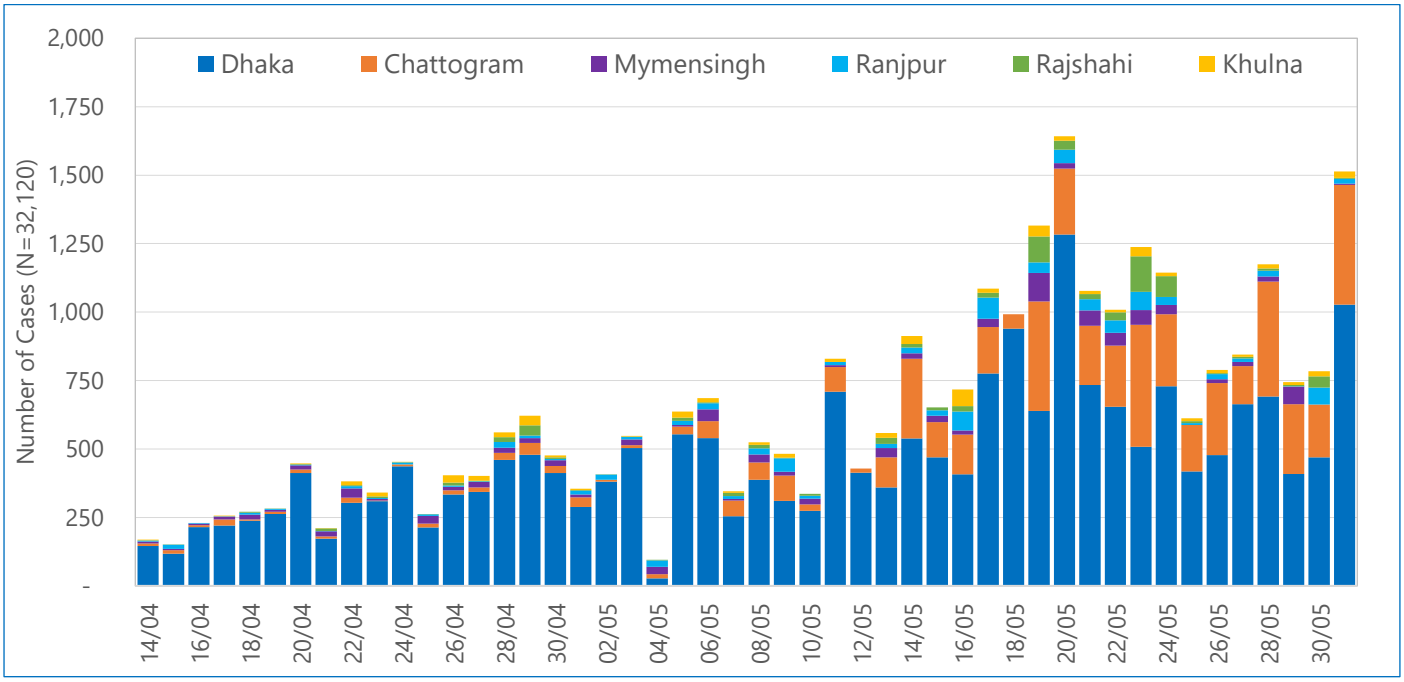
Sylhet division reported overall AR (**63.5**/1000,000) with the highest AR in **Sylhet** district (**85.7**/1000,000), **Rangpur** division reported overall AR of **50.2**/1,000,000 with the highest AR in **Rangpur** district at (**125.4**/1,000,000); **Rajshahi** division has overall AR **32.0**/1,000,000 and in **Khulna** division although the overall AR is low at **30.9**/1,000,00 but with high AR for **Chuadanga** district **69.7**/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), 14 April - 01 June 2020, Bangladesh

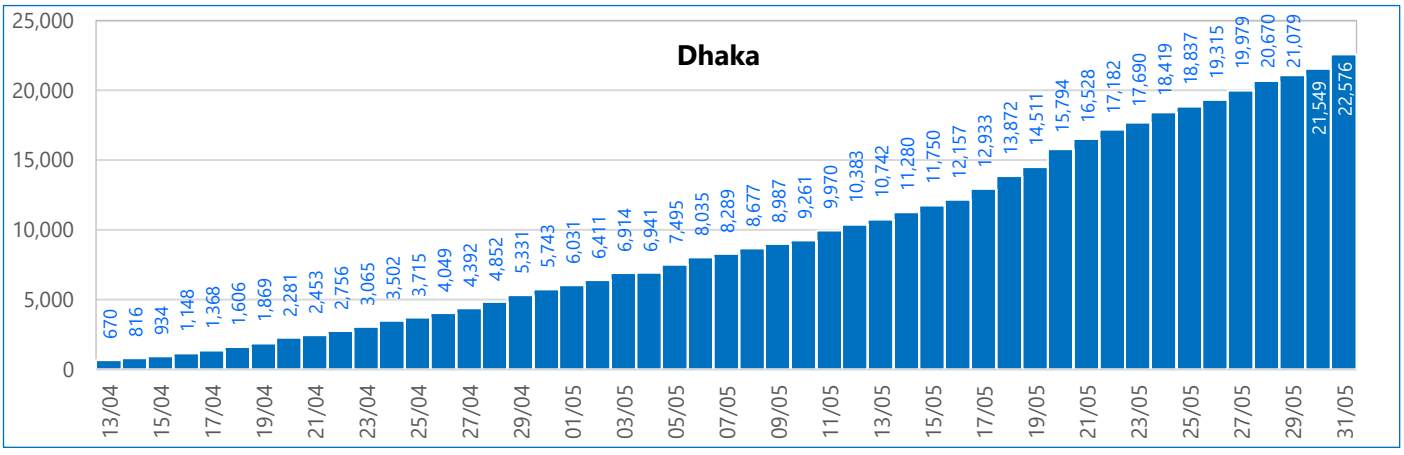


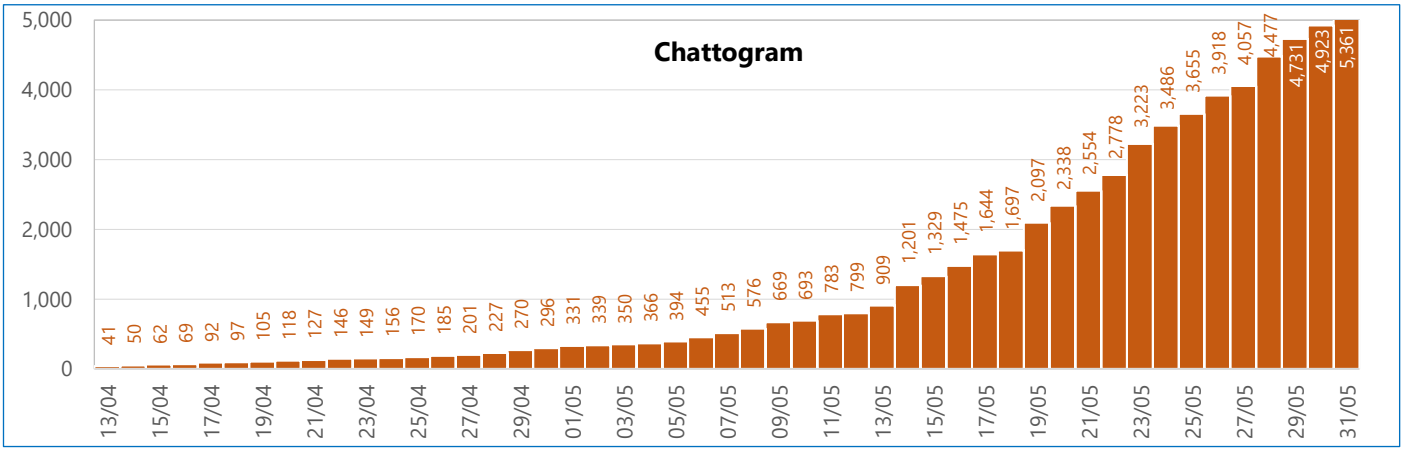
As of 01 June 2020, geographical distribution of confirmed reported COVID-19 cases was available on **65%** (**32,120**/49,534), of them **70.3%** (22,576) were from **Dhaka** division, **Chattogram** division **16.7%** (5,361), **Mymensingh** division **3.1%** (996), **Rangpur** division **2.9%** (937), **Sylhet** division **2.3%** (744), **Rajshahi** division **2.2%** (700), **Khulna** division **1.8%** (574), and **Barisal** division **0.7%** (232).

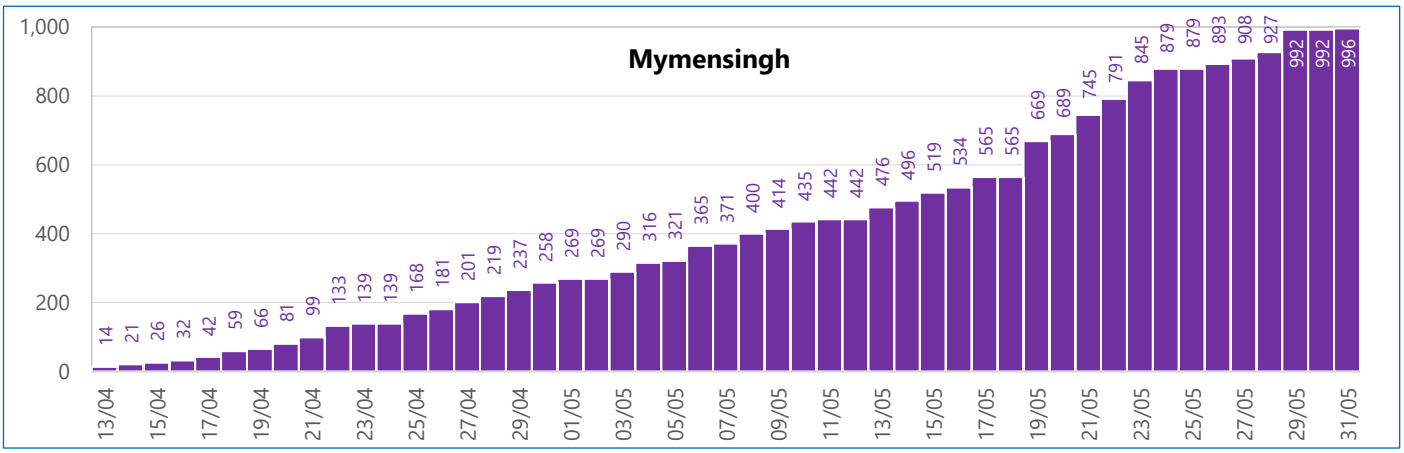
The figure below is showing the daily distribution of reported confirmed COVID-19 cases (N=32,120) per division, 14 April – 01June 2020, Bangladesh.



The figures below are showing the daily distribution of reported confirmed COVID-19 cases (N=32,120) in selected divisions, 13 April – 01June 2020, Bangladesh.



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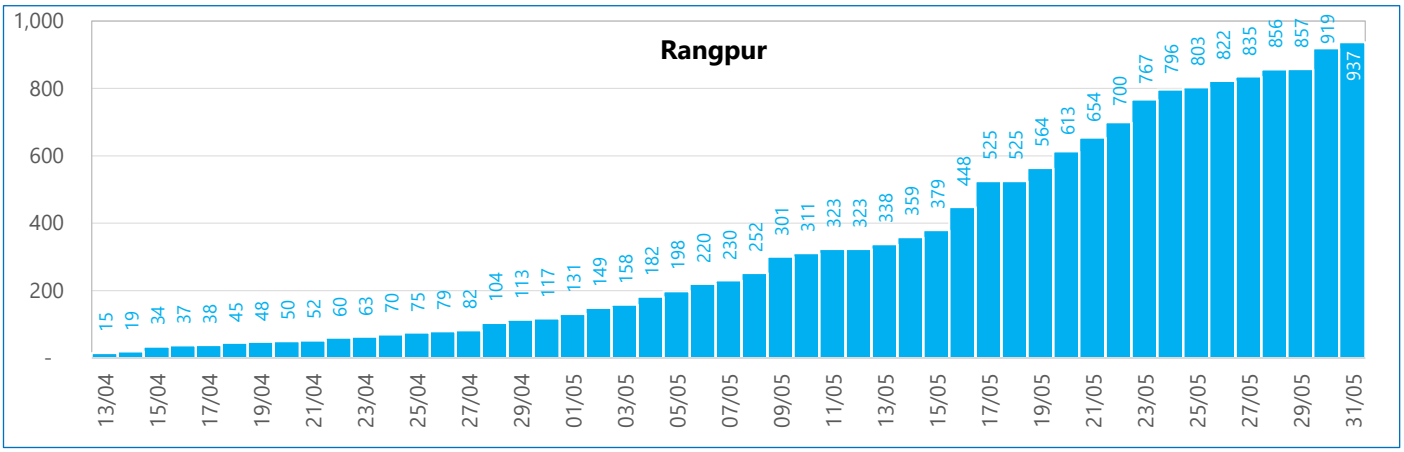
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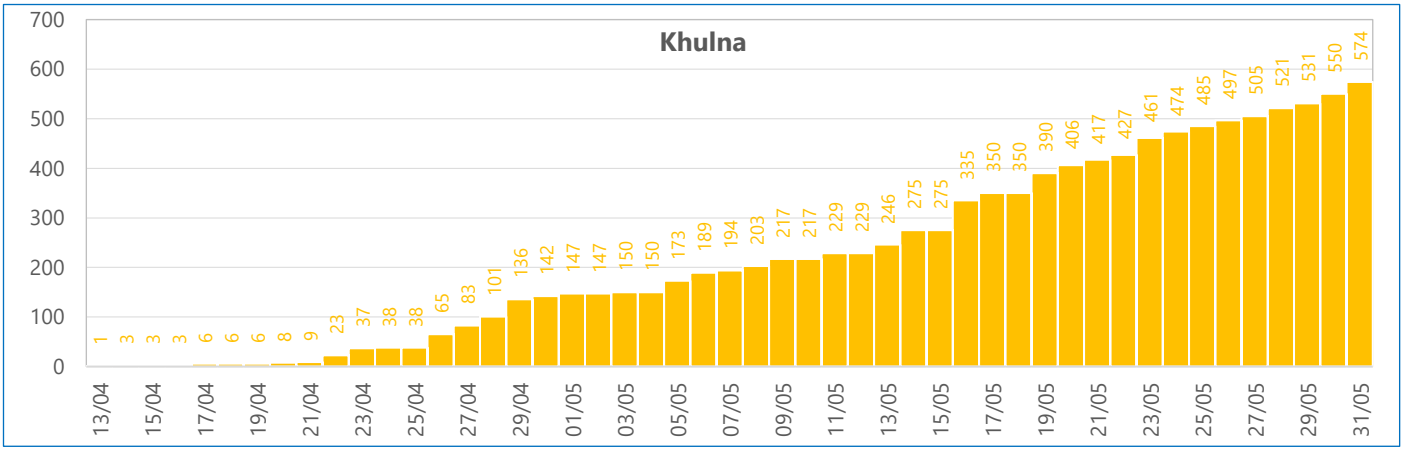
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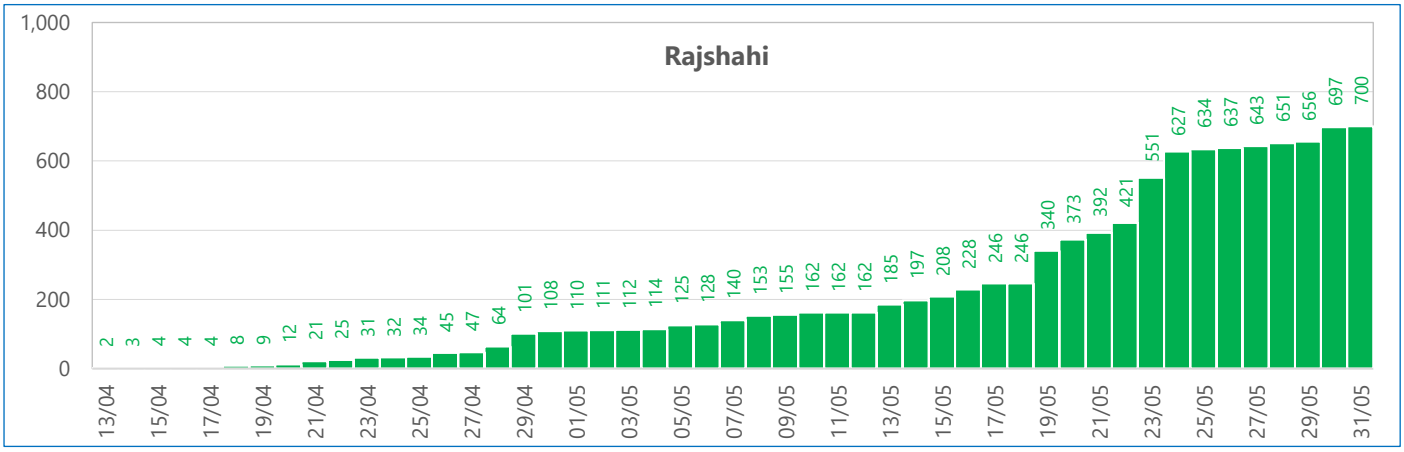
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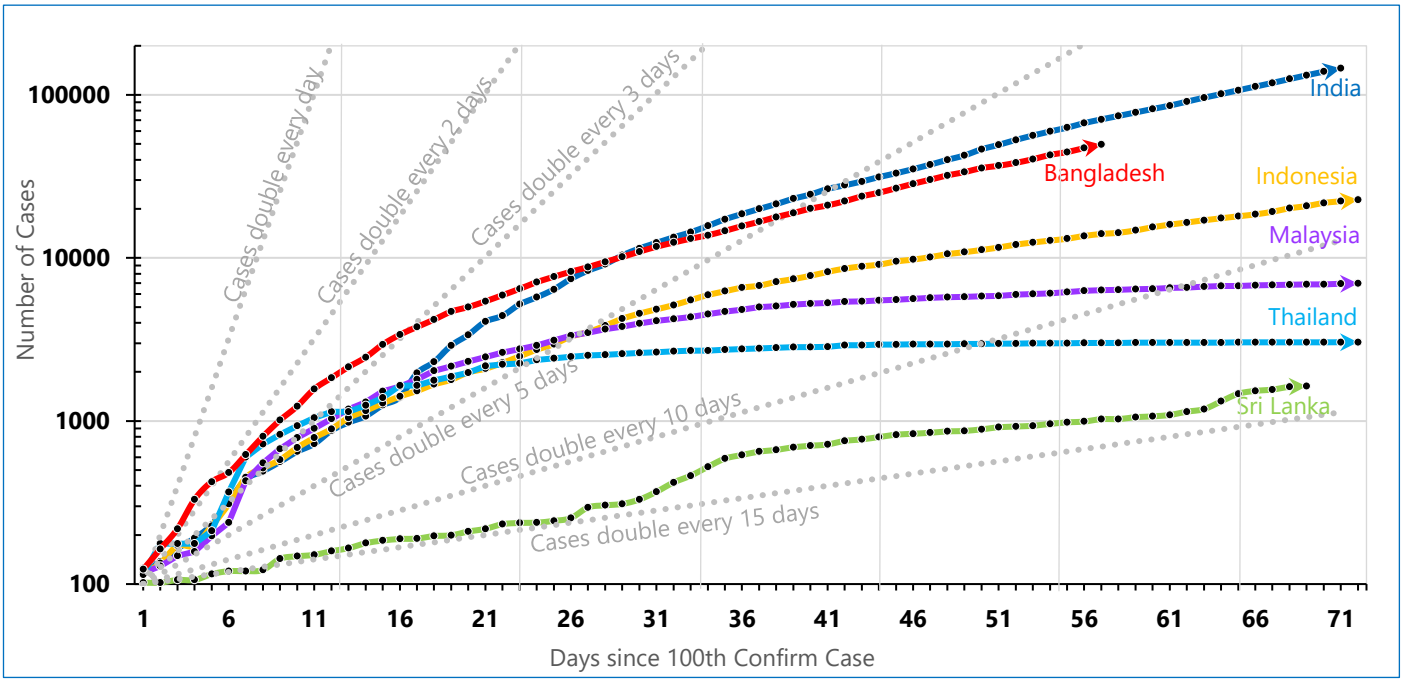
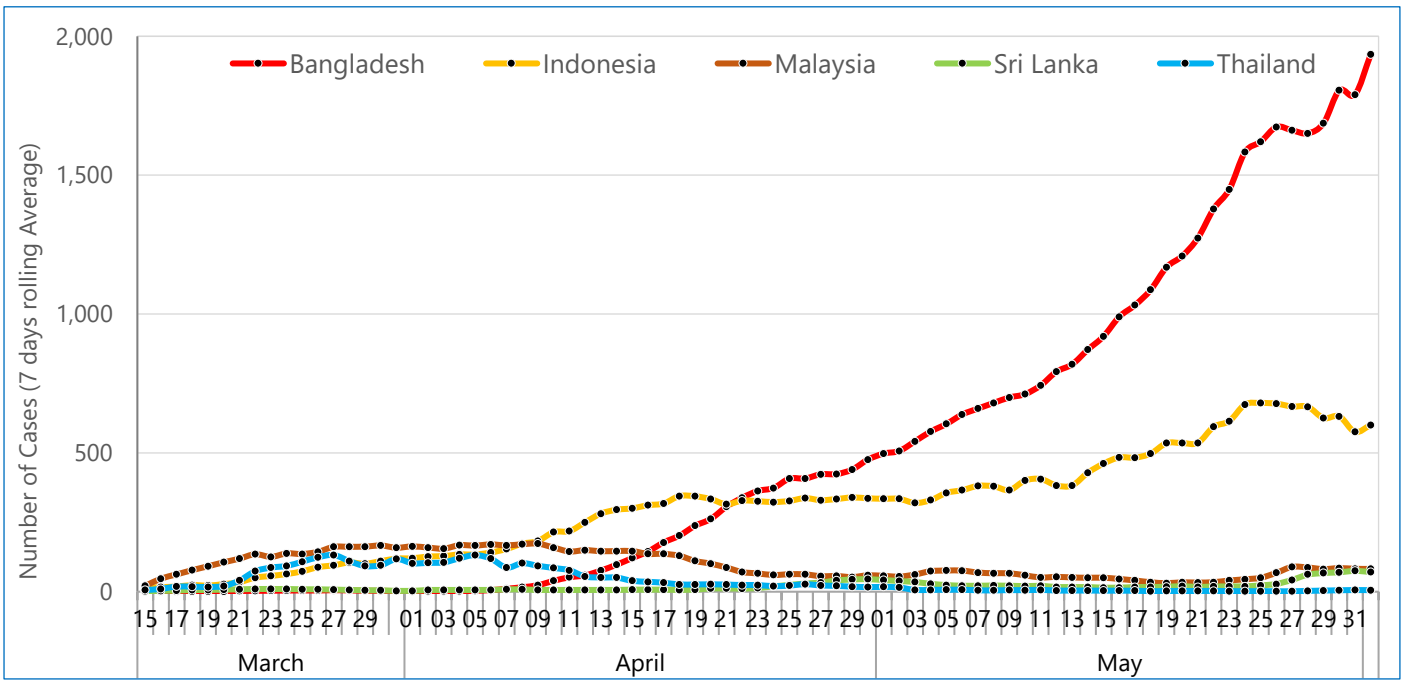
Bangladesh reported its first confirmed COVID-19 case on 08 March 2020, reached 100 cases on 9 April, exceeded 200 cases within the next two (2) days, so the case doubling time was 2 days. The case doubling time of new cases was later slowing down from two to three, then five days. As of 01 June 2020, the case doubling time in Bangladesh remains 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, 01June 2020.

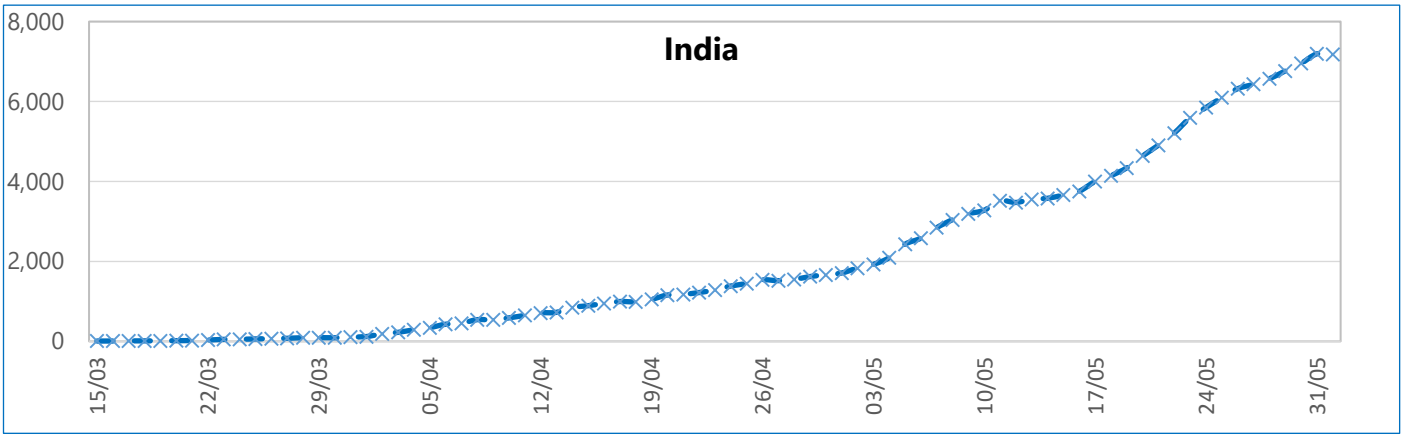


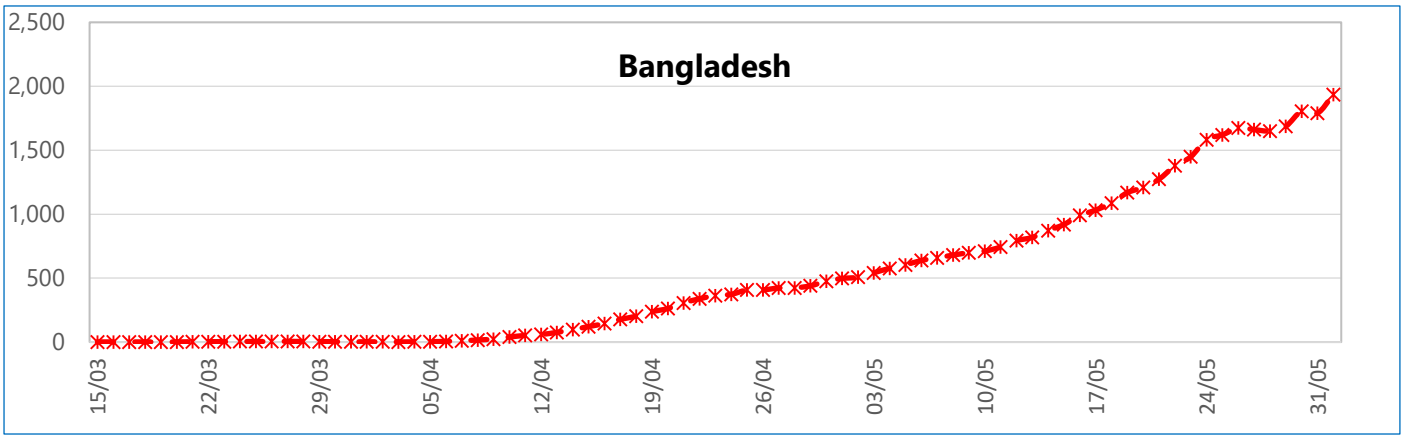
In the chart above we used the total number of COVID-19 confirmed cases; in the chart below, we used the three-day rolling average of daily reported cases. The use of rolling average helps to account for possible fluctuations in the daily reported data, due to possible delays in reporting, fewer samples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

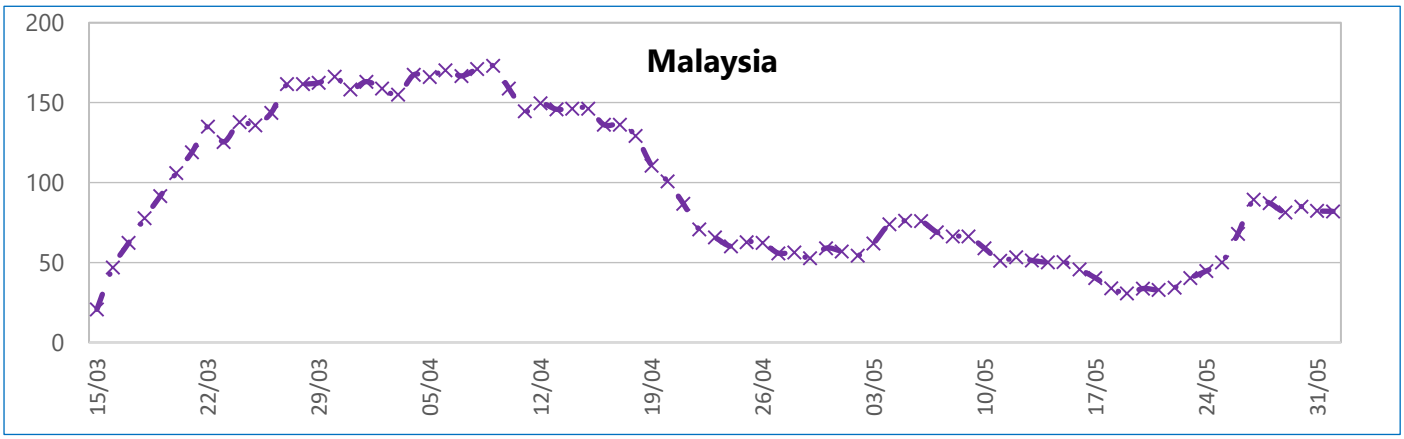
The figure below is showing the* daily reported confirmed COVID-19 rolling seven-day average *in selected South East Asian countries starting from the day they reported 30 confirmed cases, 01 June 2020.

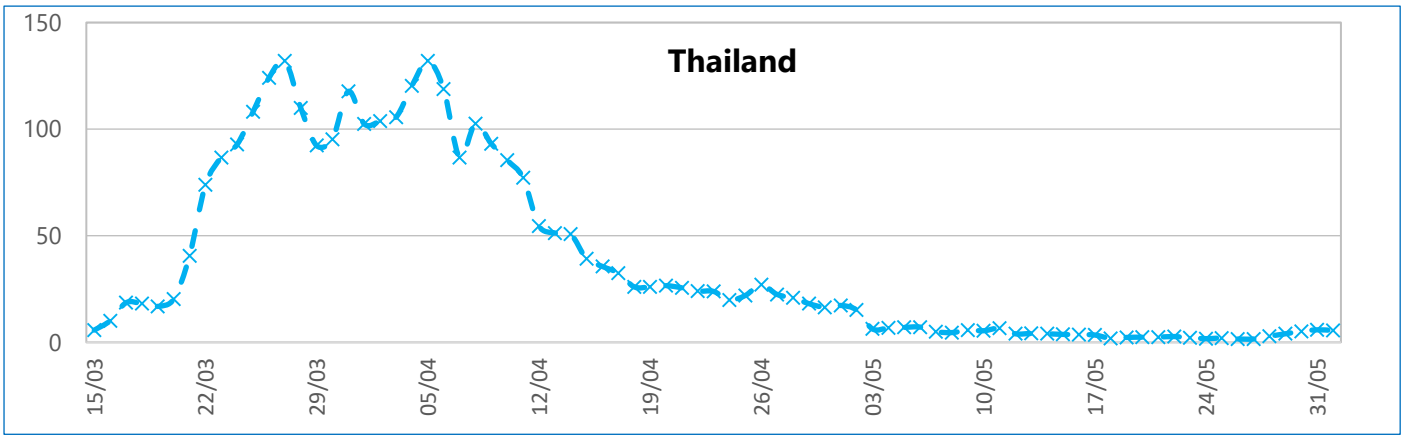


The graphs below are showing the confirmed reported COVID-19 cases, rolling seven-days average in India, Bangladesh, Malaysia and Thailand 15 March – 01 June 2020.



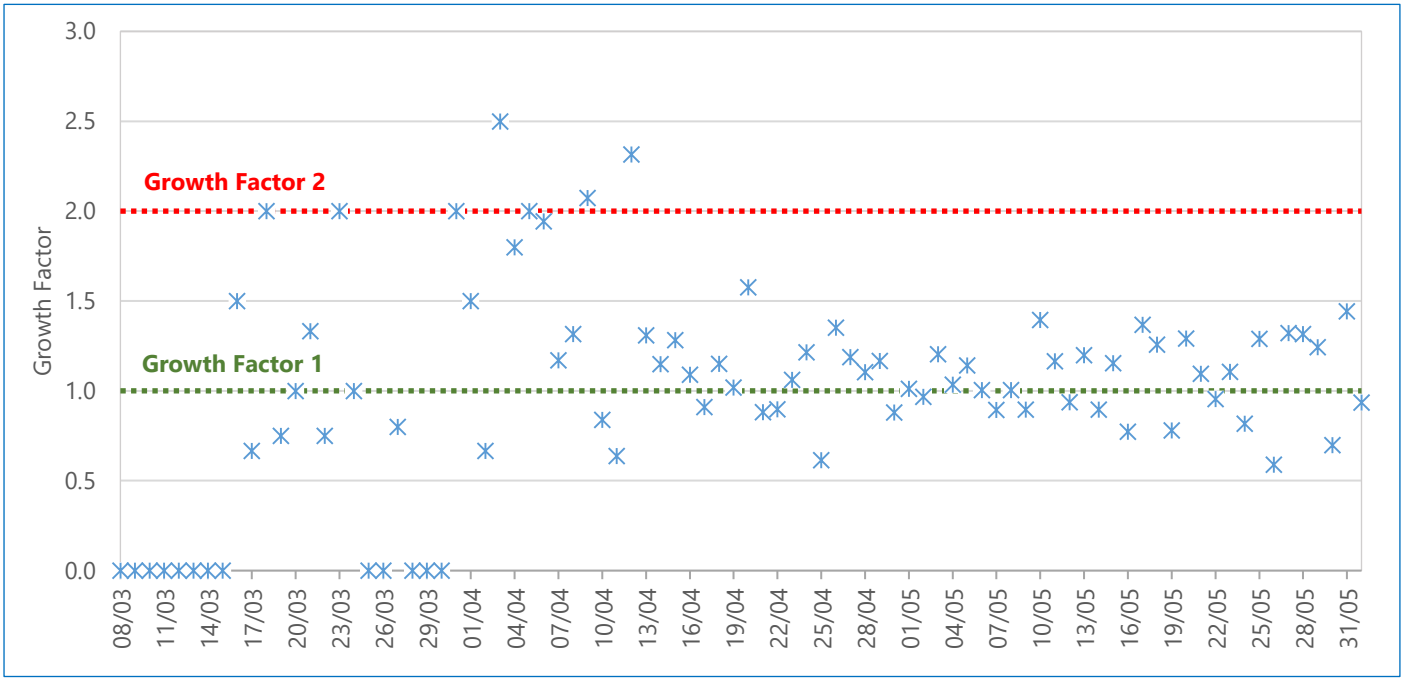






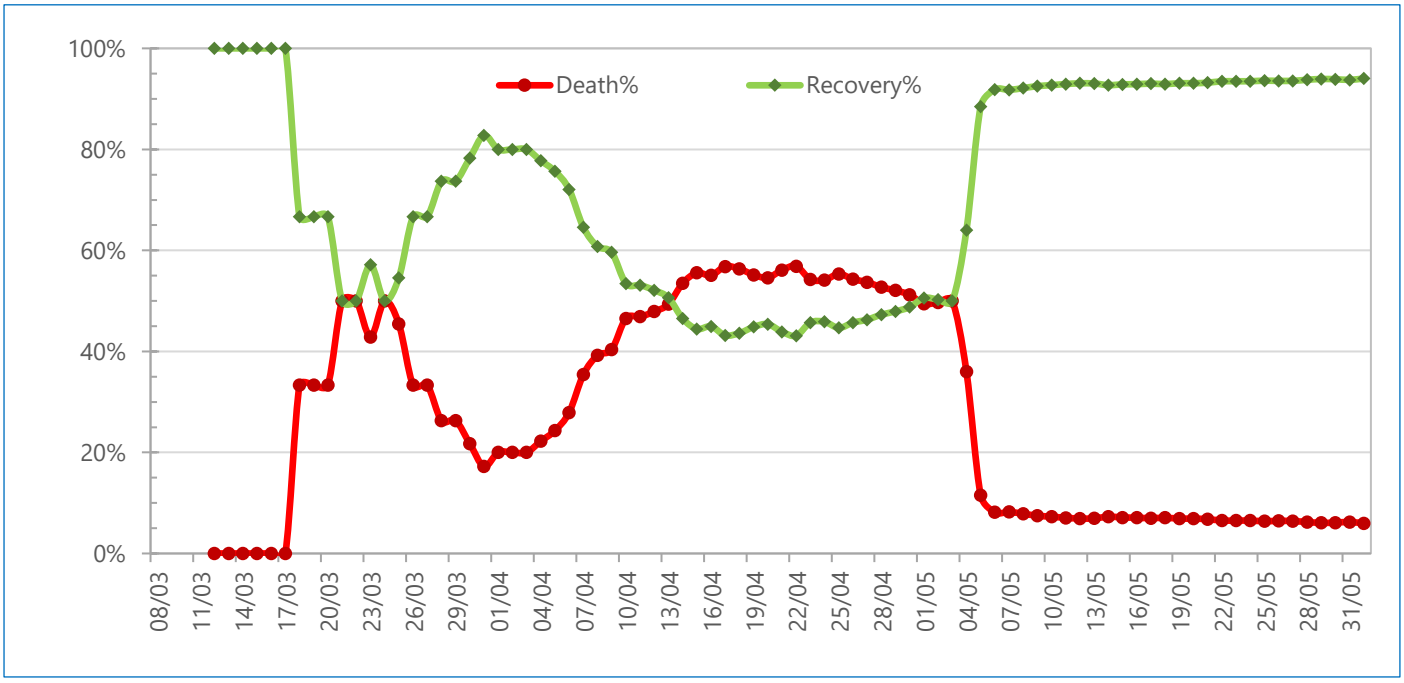
Growth factor (every day's new cases / new cases on the previous day) between **0** and **1** indicates a decline; when it is above 1 it signals an increase, and if is persistently above 1 this could signify exponential growth. On April 3, the **Growth factor (GF)** for COVID-19 cases in Bangladesh reached 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 01 June 2020, the GF is **0.9**.

The figure below is showing the Growth Factor of daily confirmed COVID-19 cases, 08 March – 1 June 2020, Bangladesh.



As of 01 June 2020, there were **11,269** (22.8%) COVID-19 cases with known outcome (closed cases), and out of them **94.0%** (**10,597**/11,269) were cured and **6.0%** (672) died. The death rate on closed cases in Bangladesh is lower than the **12.0%** (**2,862,634**/3,237,003) global average as of 01 June 2020.

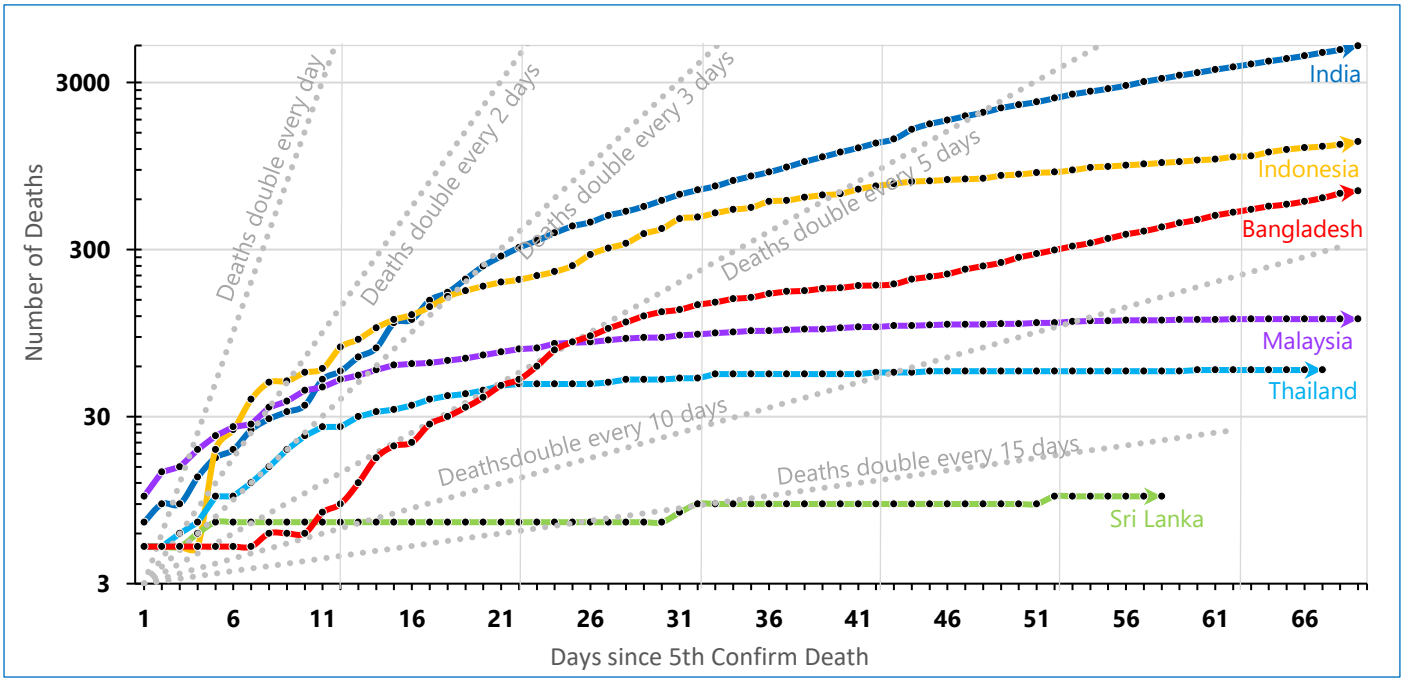
The figure below is showing the death and recovery rates over cumulative closed confirmed COVID-19 cases, 08 March – 01 June 2020, Bangladesh.



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 **1.36%** on 01 June 2020.

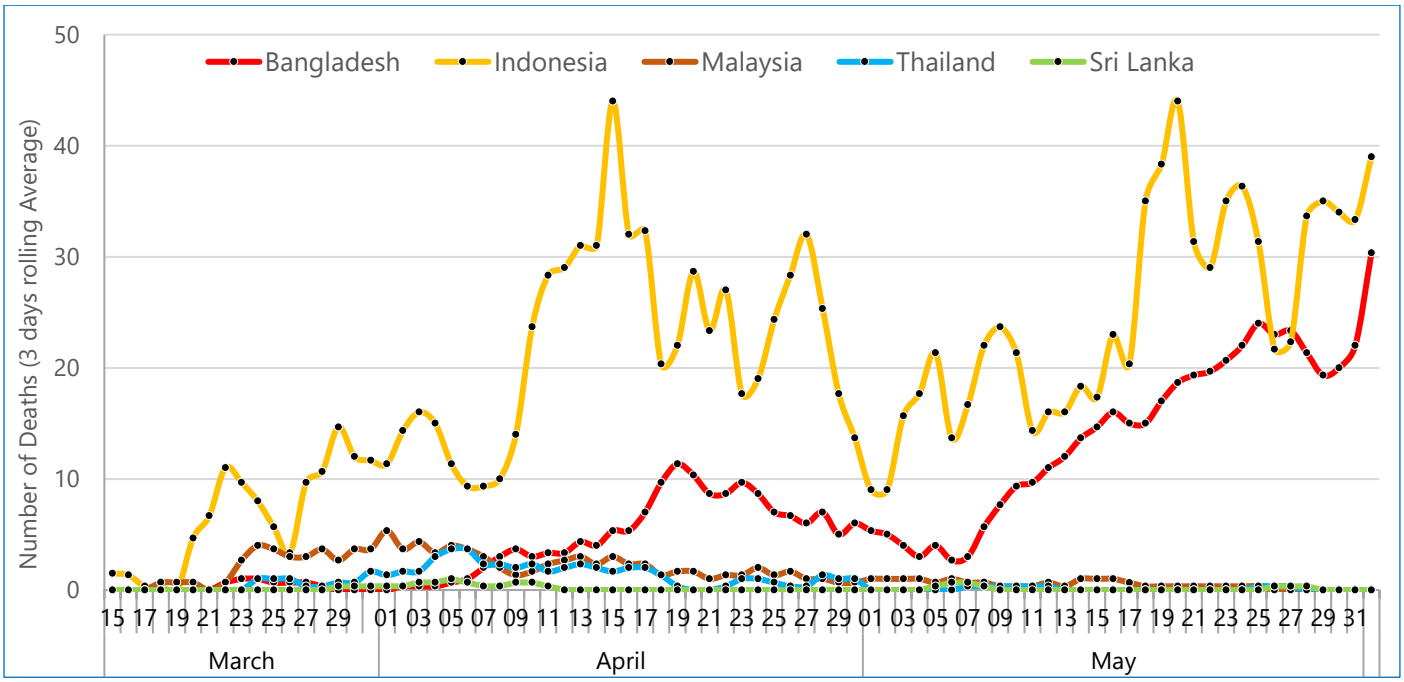
According to data available as of 01 June, death count doubling in Bangladesh is happens **slower** than in India and Indonesia, but **faster** than in Malaysia, Thailand and especially Sri Lanka.

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, 1 June 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 vary, 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, 01 June 2020.

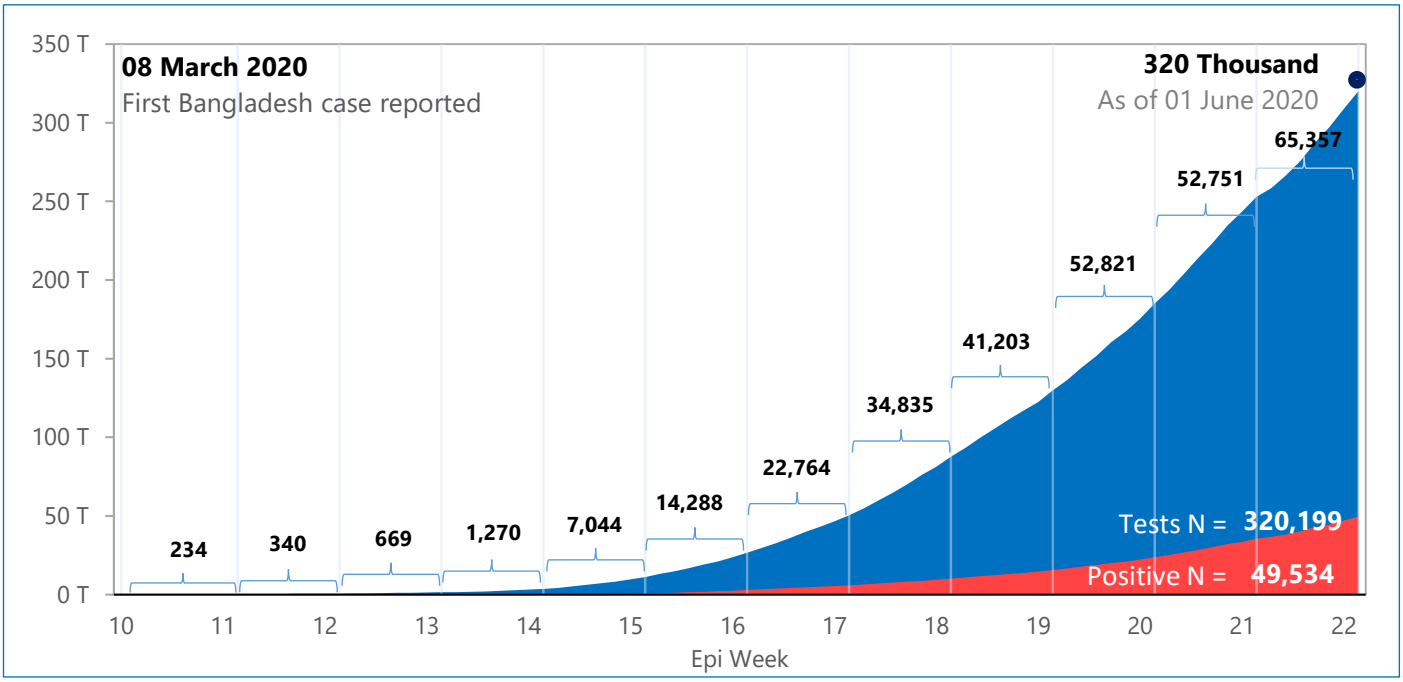


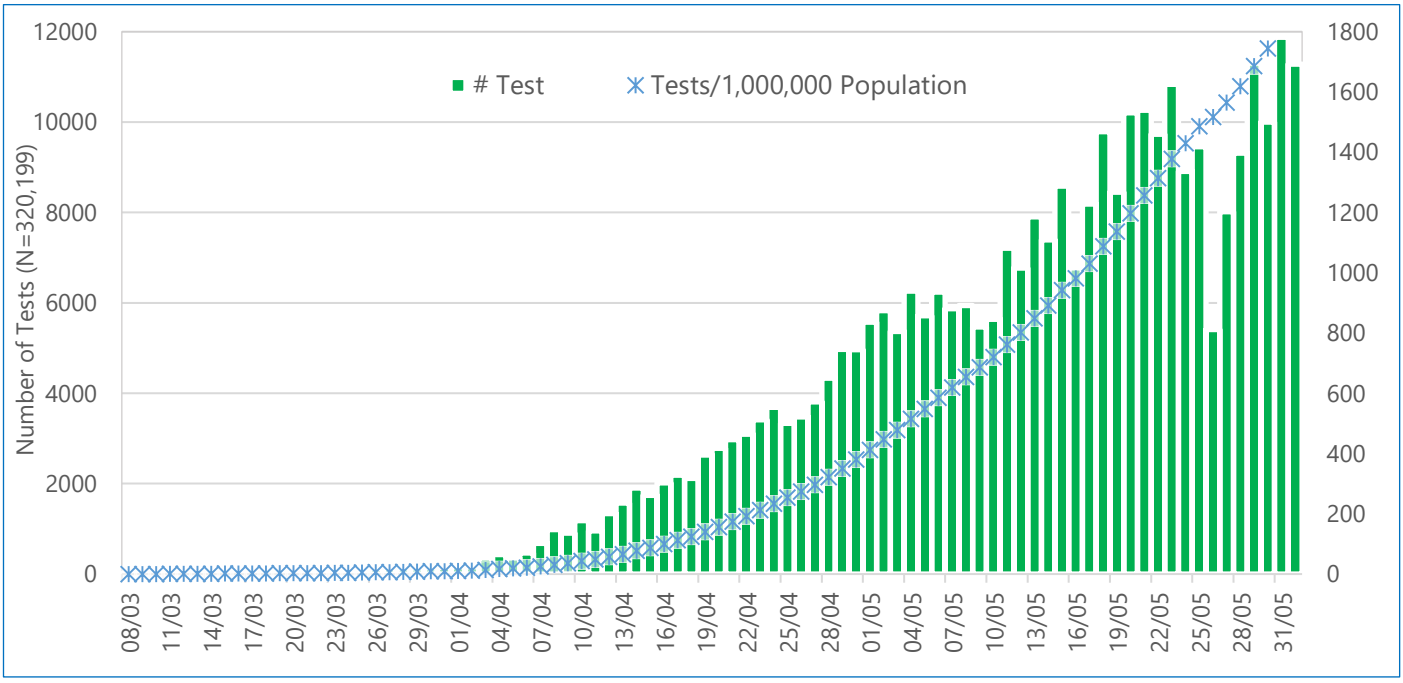
As of 01 June 2020, according to IEDCR, a total of **320,199** COVID-19 tests with the overall positivity rate of **15.5%** were conducted in Bangladesh by **52** laboratories (28 laboratories in Dhaka and 24 laboratories in other divisions of the country). The latest laboratories, which have started the testing: in Dhaka - BDMFR Molecular Lab and Diagnostic, Shaheed Suhrawardy Medical College and DNA Solution Ltd.

Of the total tested samples, **64.7%** (**207,290**/320,199) were tested by laboratories in the Dhaka division, and **35.3**% (**113,079**/320,199) – outside Dhaka.

The COVID-19 testing coverage has been gradually increasing in Bangladesh, reaching now **1880.1**/1,000,000 but is still lower than in **Malaysia** (**17,334**/100,000), **Thailand** (**6,026**/1000,000), **Nepal** (**6,382**/1,000,000) and **India** (**2,873**/1000,000)

The graphs below are showing the weekly cumulative number of COVID-19 testing and positivity rate, and tests per 1,000,000, 08 March – 01 June 2020, Bangladesh.



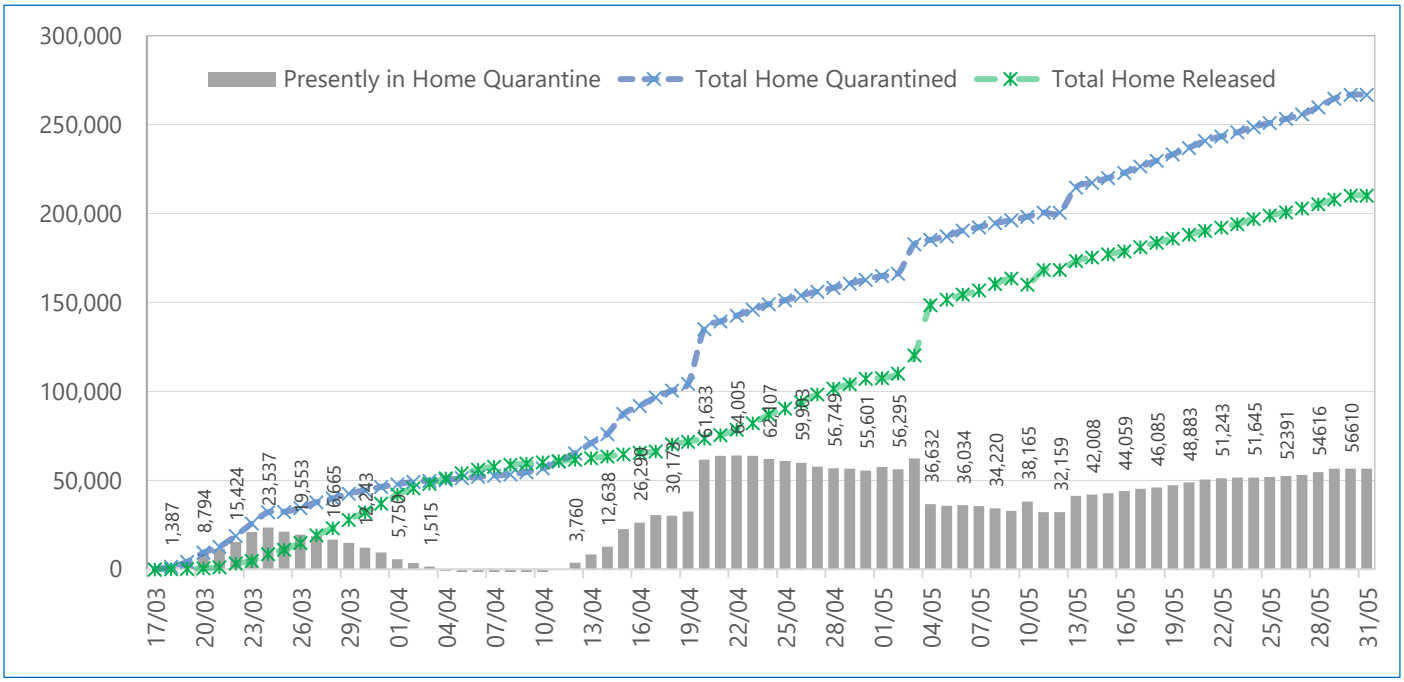


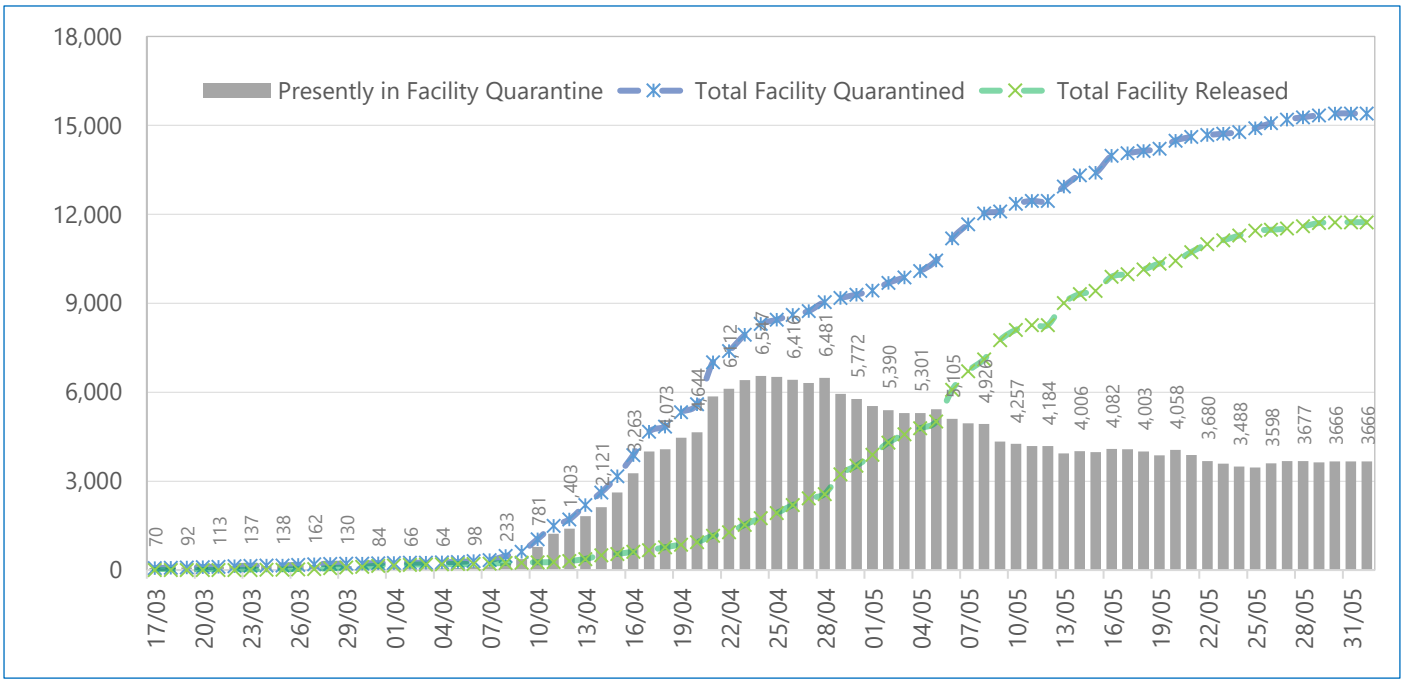
4. Contact Tracing, Points of Entry (PoEs) and Quarantine

According to the DGHS, as of 01 June 2020, the current institutional quarantine capacity in the country is represented by **629** centres across **64** districts, which can receive **31,991** individuals. people. A total of **15,540** individuals were placed in quarantine facilities and of them **11,869** (76%) have been already released. By 01 June 2020, in total **9,259** individuals were isolated in designated health facilitates all over the country, of them **35%** (3,238/9,259) have been released, and **6,021** (65%) are presently in Isolation facilities

The highest number of people (6,547) in quarantine facilities was reported on 24 April 2020 while presently, the figure reduced by half to **3,671**. Between 17 March to 01 June 2020, total **272,339** individuals were placed under home quarantine all the over the county and to date **80%** (216,874/272339) have been already released. Remaining **20%** (55,465 individuals) are in home quarantine now.

The figures below are showing the number of individuals in home and facility quarantine and individuals released, 17 Mach – 01 June 2020, Bangladesh.





5. Case Management and infection Control

During the past week, the logistics and suppliers pillar of the UN CPRP has been meeting regularly to consolidate the procurement needs for COVID-19, for ordering through the global supply portal managed jointly by WHO and WFP. The Supply portal is a mechanism supporting the Strategic Preparedness and Response Plan to enable the supply of essential items including Personal Protective Equipment (PPE), diagnostics, and clinical management equipment to cover shortages in the national market. The Partners Platform guides the efforts of national and international partners to support governments to urgently prepare, detect and respond to outbreaks and inform national planning. Several agencies will be able to place orders through the global supply portal, but country allocations will be made based on availability of items in the global stockpile and the country priority.

At the same time, efforts are continuing to support local producers of PPE to conform with the WHO requirements of personal protective equipment. A number of local producers are seeking or have achieved certification for export to USA and European countries, which is a promising development for conformity with the WHO requirements. A lengthy delay time in external testing of PPE in accredited laboratories overseas continues to represent a barrier for market access in countries and agencies which require certification by an accredited laboratory. For the local PPE market in Bangladesh, the DGDA system for issuing no-objection-certificates based on minimum testing parameters in any of five approved laboratories is continuing and has facilitated rapid market access for both imported and locally produced PPE, while providing a sound basis for quality control. The system allows for classification of PPE according to the AAMI four levels of protection, which is an important consideration in deciding the healthcare activities where the items can be used. Feedback on this system has been positive from procurement agencies and the WHO-led technical working group continues to provide technical advice to DGDA on the testing requirements, with support from USAID and JICA.

On Friday 29 May, WHO held a pre-launch event of a global initiative sponsored by Costa Rica as a 'Call to Action to ensure equitable access to health technologies'. The launch was an inspiring event with participation of many world leaders, joining in solidarity to make medical products accessible for all. Bangladesh co-sponsored the call, in solidarity with these global efforts, which will be highly beneficial for the country and international community once it materializes into a resolution and is implemented. The call for action advocates for the establishment of a pooling mechanism for intellectual property rights for any new medical products related to COVID-19. The proposed pool consists of five elements: the public disclosure of gene sequences and data, transparency of clinical trial results, conditions attached to public funding of pharmaceutical companies, promotion of open innovation and technology transfer. The pool also asks supporters to license products to the Medicines Patent Pool, a United Nations-backed body for sharing licenses and patents. There is some resistance to this initiative from the pharmaceutical industry with concerns on protecting their profits and intellectual property rights.

Countries co-sponsoring the Call included Argentina, Bangladesh, Barbados, Belgium, Belize, Brazil, Bhutan, Chile, Dominican Republic, Ecuador, Egypt, El Salvador, Indonesia, Lebanon, Luxembourg, Malaysia, Maldives, Mexico, Mozambique, Norway, Oman, Pakistan, Palau, Panama, Peru, Portugal, Saint Vincent and Grenadines, South Africa, Sudan, The Netherlands, Timor Leste, Uruguay, Zimbabwe. The event was hosted by Dr Tedros, WHO Director-General, and President Alvarado of Costa Rica, with participants including heads of state and representatives from academia, international partners, civil society and industry.

6. Risk Communication and Public Awareness

On 30 May 2020, the Government issued an instruction announcing that wearing masks in public and following personal hand hygiene measures are compulsory, reinforcing the 2018 law for infectious diseases prevention control and elimination. The announcement complements the DGHS technical guidelines for prevention and control of COVID-19 social and institutional infections that are imposing the use of masks in various sectors of society.

Risk Communication and Public Awareness (RCCE) pillar, co-led by UNICEF and DGHS, has intensified the production and reinforcing messages on personal protection such as wearing masks, observing personal hygiene and maintaining physical distance, in line with the Government instructions.

WHO co-led with DGHS and ILO the task force for producing messages for frontline service providers in line with national guidelines and WHO technical advices. The taskforce has finalized messages for healthcare providers that will be further distributed within RCCE pillar to be used by organizations that are conducting information activities towards the selected

target group. Within the RCCE group, WHO advocated for further producing and enforcing horizontal phase 1 messages on wearing masks, hand hygiene and physical distance. WHO also finalized new sets of risk communication materials on Gender Based Violence, Use of tobacco products and social media materials emphasizing the special needs of disabled people during COVID-19 pandemic.

RCCE group continues to collect feedback from public and produce and disseminate information materials for various segments of society, ensuring the consistency and accuracy of information for better protection of individuals and communities against COVID-19.

1. 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

Latest global WHO Situation Report # 312 as of 31 May 2020: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200531-covid-19-sitrep-132.pdf?sfvrsn=d9c2eaef_2

COVID-19 Situation in the WHO South-East Asia Region: https://www.who.int/southeastasia/outbreaks-and-emergencies/novel-coronavirus-2019

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

COVID-19 related information from the IEDCR: https://www.iedcr.gov.bd/index.php/component/content/article/73-ncov-2019

COVID-19 updates from the 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

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