World Health Organization
Bangladesh

COVID-19
Situation Report No. #15
08 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
410,931	68,504	14,560	930	10,128,117

Test/1 million	AR/1 million	Recovery Rate	CFR%	Isolation Beds
2,412	402.2	21.3%	1.36%	13,284

Laboratories	Gender	PPE Stock	PoE Screening
55 COVID-19 Labs	71% 29%	1,432,323	340,267
Last 7 Days 89,507 Samples		2,535,493	21,397
64.2% Inside Dhaka Tests		572,512	7,029
16.7% Share of Positive Tests		176,119	314,845

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1. Highlights

As of 08 June 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR), there are 68,504 confirmed COVID-19 cases in Bangladesh, including 930 related deaths; Case Fatality Rate (CFR) is 1.36%.

On 04 June 2020, the Ministry of Foreign Affairs (MoFA) circulated a Note Verbale, which stated that from now onwards diplomatic and official passport holders may avail COVID-19 treatment in any public or private hospitals in Bangladesh providing COVID-19 treatment.

2. Coordination

On 1 June 2020, WHO published a new operational guidance for maintaining essential health services in the COVID-19 context. The guidance outlines basic principles and practical recommendations that support decision-making to ensure the continuity of select essential health services, highlighting key actions that countries should consider and contains brief sections addressing specific adaptations and considerations for life course and disease programmes in the context of COVID-19. It is intended for decision-makers and managers at the national and subnational levels. The document supersedes the earlier Operational guidance for maintaining essential health services during an outbreak and complements the recently-released Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic. Full document: https://www.who.int/publications/i/item/10665-332240

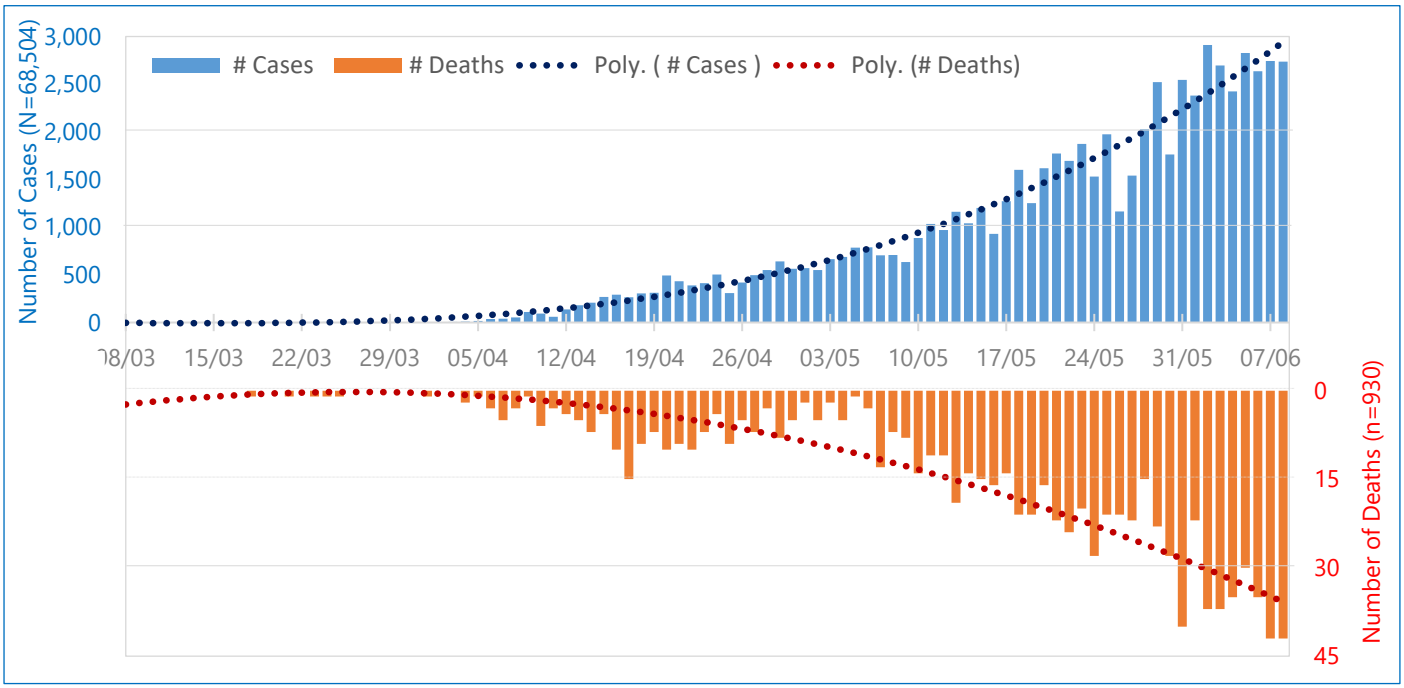
On 1 June 2020, WHO released findings of May 2020 survey, which was completed by 155 countries during a 3-week period, focusing on the impact of COVID-19 on prevention and treatment services for noncommunicable diseases (NCDs), since the pandemic began. The main finding is that health services have been partially or completely disrupted in many countries. More than half (53%) of the countries surveyed have partially or completely disrupted services for hypertension treatment; 49% for treatment for diabetes and diabetes-related complications; 42% for cancer treatment, and 31% for cardiovascular emergencies. Rehabilitation services have been disrupted in almost two-thirds (63%) of countries, even though rehabilitation is key to a healthy recovery following severe illness from COVID-19. In the majority (94%) of countries responding, ministry of health staff working in the area of NCDs were partially or fully reassigned to support COVID-19. Among the countries reporting service disruptions, globally 58% of countries are now using telemedicine (advice by telephone or online means) to replace in-person consultations; in low-income countries this figure is 42%.

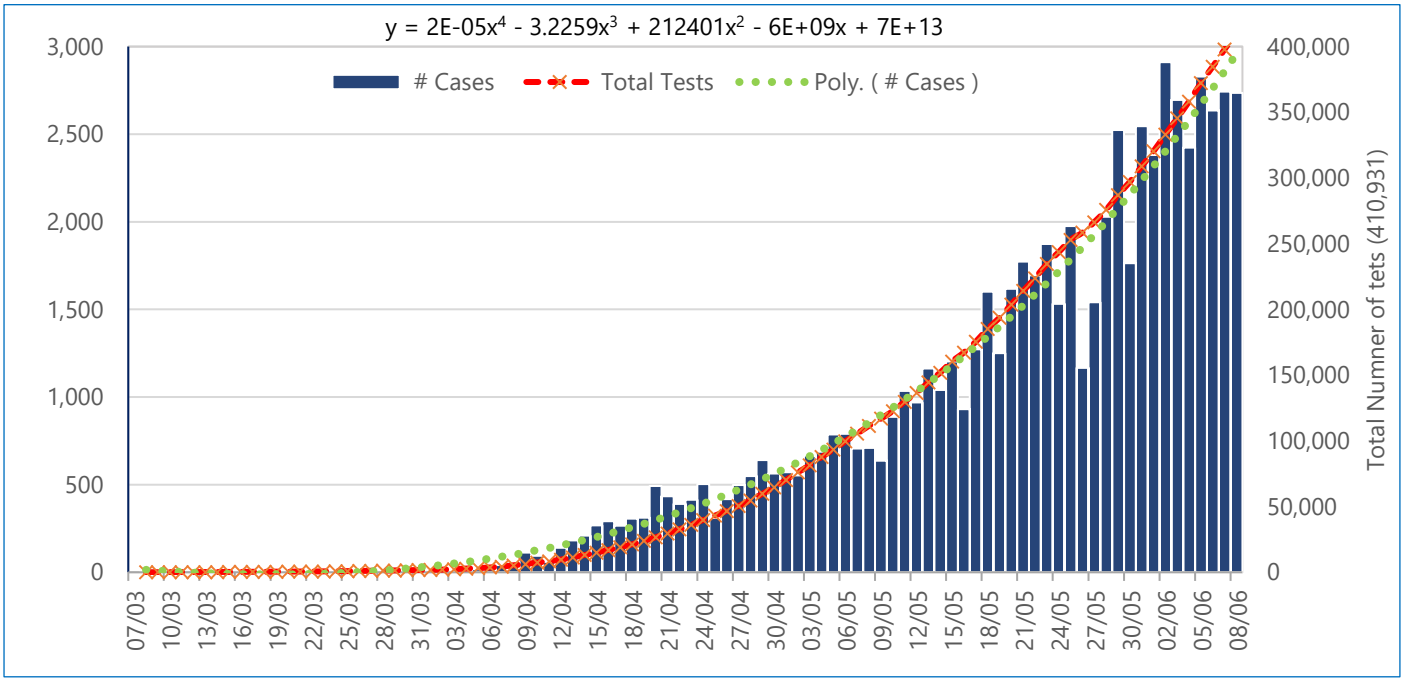
On 05 June 2020, WHO published the new interim guidance on the use of masks in the context of COVID-19. The document is an update of the guidance published on 6 April 2020 and includes updated scientific evidence relevant to the use of masks for preventing transmission of Coronavirus disease 2019 (COVID-19) as well as practical considerations. It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCWs), community health workers and decision-makers. The document contains an updated information on transmission from symptomatic, pre-symptomatic and asymptomatic people infected with COVID-19, and new guidance on the targeted continuous use of medical masks by health workers working in clinical areas in health facilities in geographical areas with community transmission of COVID-19. The updated guidance includes practical advice for decision-makers on the use of medical and non-medical masks by the general public using a risk-based approach. It also carries information on non-medical mask features and characteristics, including choice of fabric, number and combination of layers, shape, coating and maintenance. Full document: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks

3. Surveillance and Laboratory

Between 8 March and 08 June 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were sixty-eight-thousand-five-hundred-four (**68,504**) COVID-19[1] confirmed by rt-PCR, including nine-hundred-thirty (**930**) related death cases (**CFR 1.36**%).

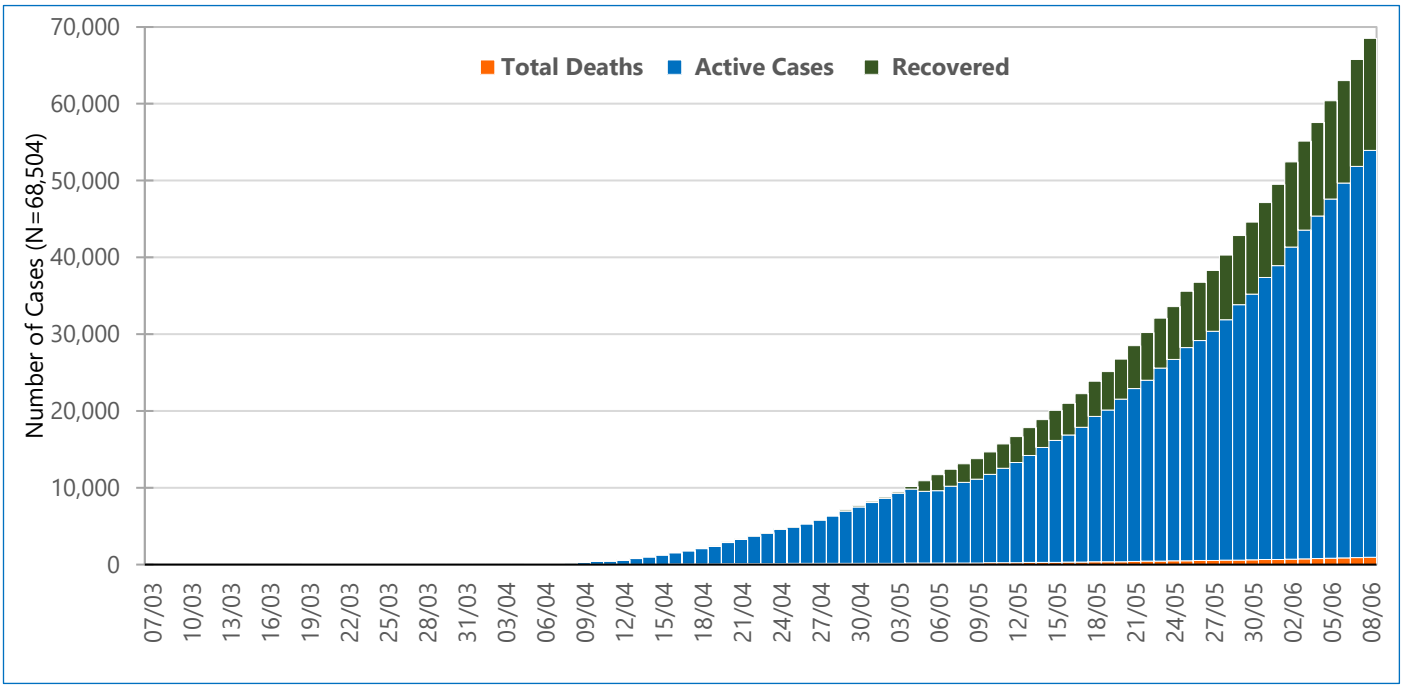
The figures below are showing the daily distribution of reported confirmed COVID-19 cases, deaths and total COVID-19 test, 08 March – 08 June 2020, Bangladesh.





[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 figure below is showing the daily distribution of reported confirmed COVID-19 cases and outcomes, 07March – 08 June 2020, Bangladesh.

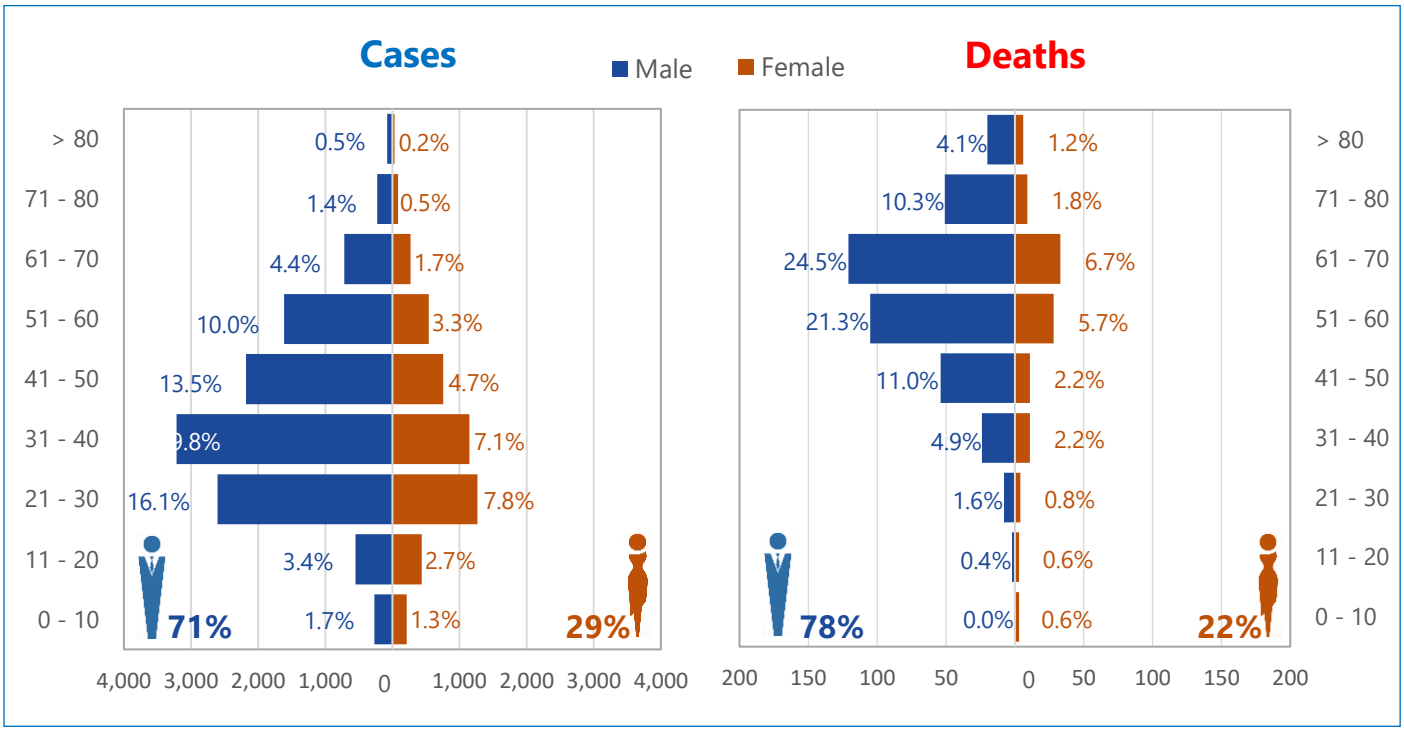


Age and gender data are currently available for only **24%** (**16,197**/68,50**4)** reported confirmed COVID-19 cases: **26.9%** (4,360/16,197) cases were confirmed in people between 31 and 40 years old, **23.9%** (3,877) in the age group of 21 to 30 years, **18%** (2,936) in the age group of 41 to 50 years and **13.3%** (2,155) in the age group between 51 and 60 years old.

As on 08 June 2020, data was available for **53%** (493/910) of COVID-19 related-death. The highest CFR **31.3%** was reported in the age group of 61 to 70 years old, **26.9%** (2,936) in the age group between 51 and 60 years and **17.4.%** (86) in the older age group 71 and above.

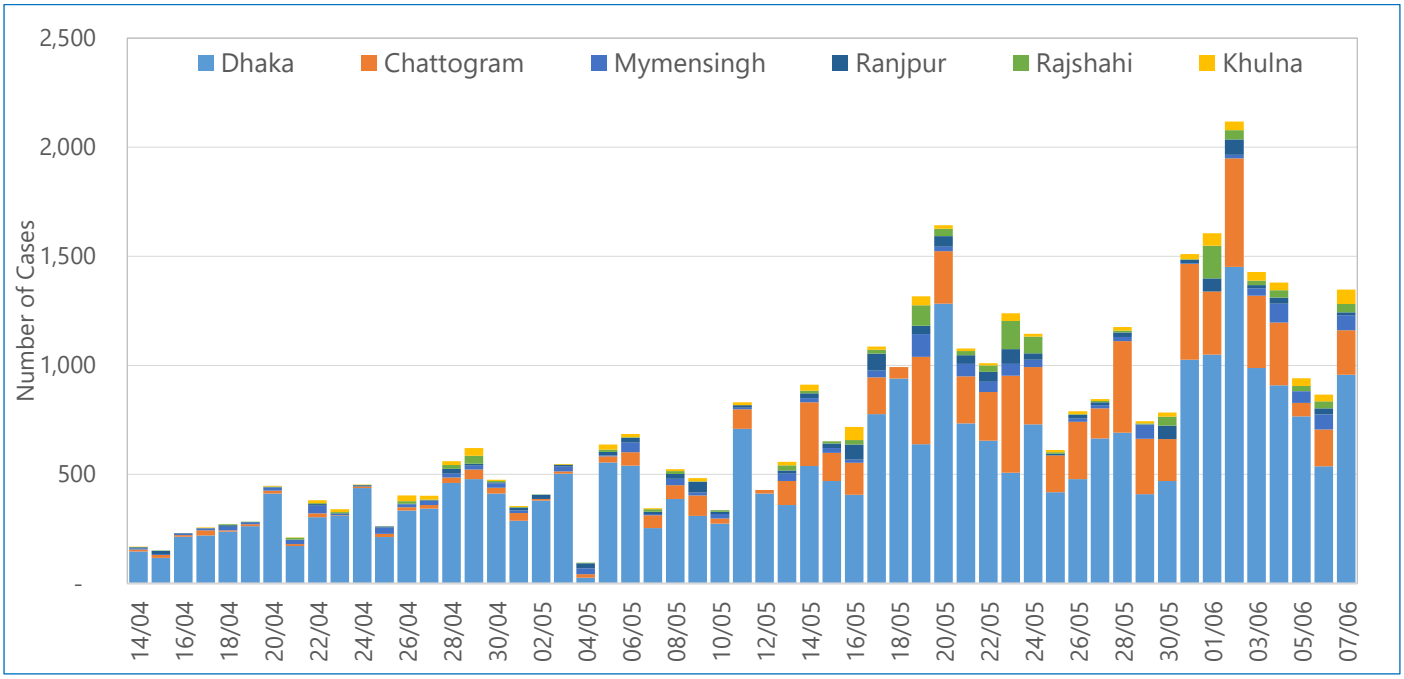
Male represented **71%** and **78%** of the of total reported confirmed COVID-19 cases and deaths respectively.

The table below is showing gender and age distribution the reported confirmed COVID-19 cases (N=16,197) and Deaths (N=493), 08 June 2020, Bangladesh.



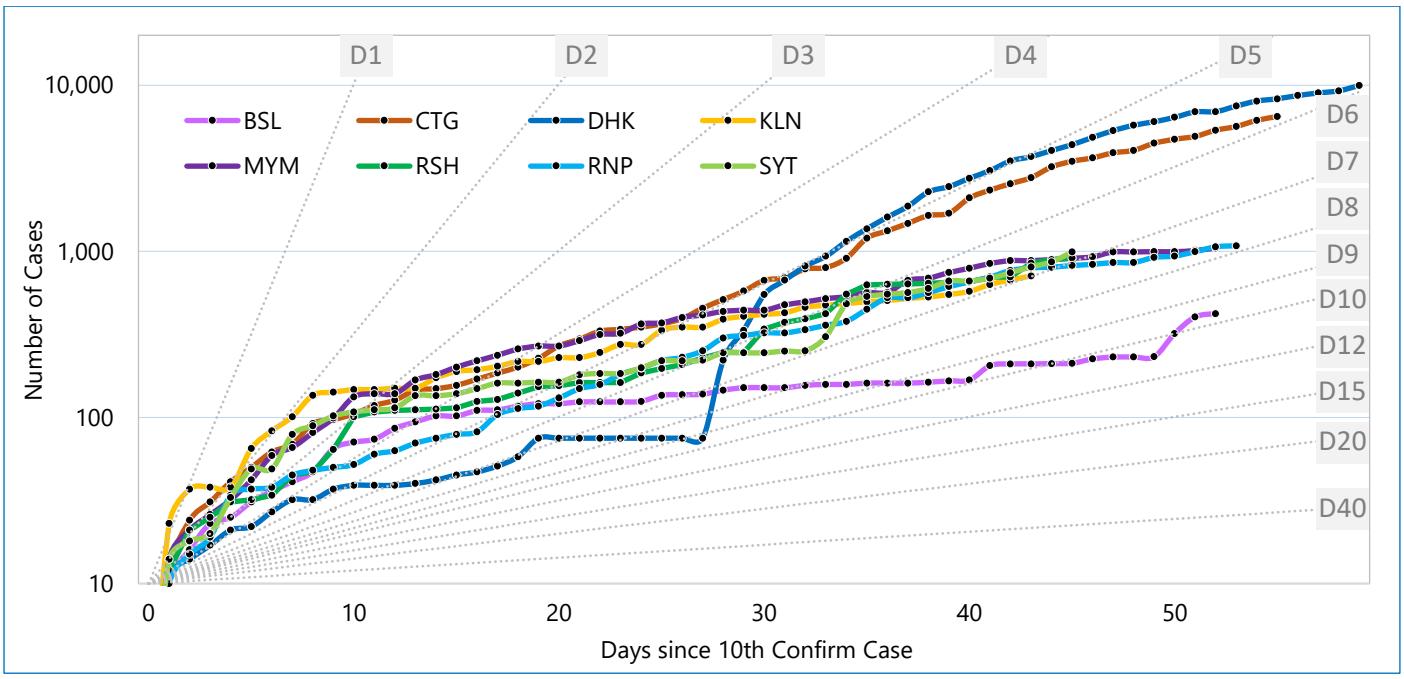
As of 08 June 2020, geographical distribution of confirmed reported COVID-19 cases was available on **62%** of cases (**42,516/**68,504); of which **68.8%** (29,230) were from **Dhaka** division, **16.7%** (7,202) from **Chattogram** division, **3.1%** (1,324) from **Mymensingh** division, **2.9%** (1,184) from **Sylhet** division, **2.7%** (1,149) from **Rangpur** division, **2.4%** (1,040) from **Rajshahi** division, **2.1%** (880) from **Khulna** division, and **1.2%** (507) from **Barisal** division.

The figure below is showing the daily distribution of reported confirmed COVID-19 cases (N=41,315) per selected division, 14 April – 07 June 2020, Bangladesh.

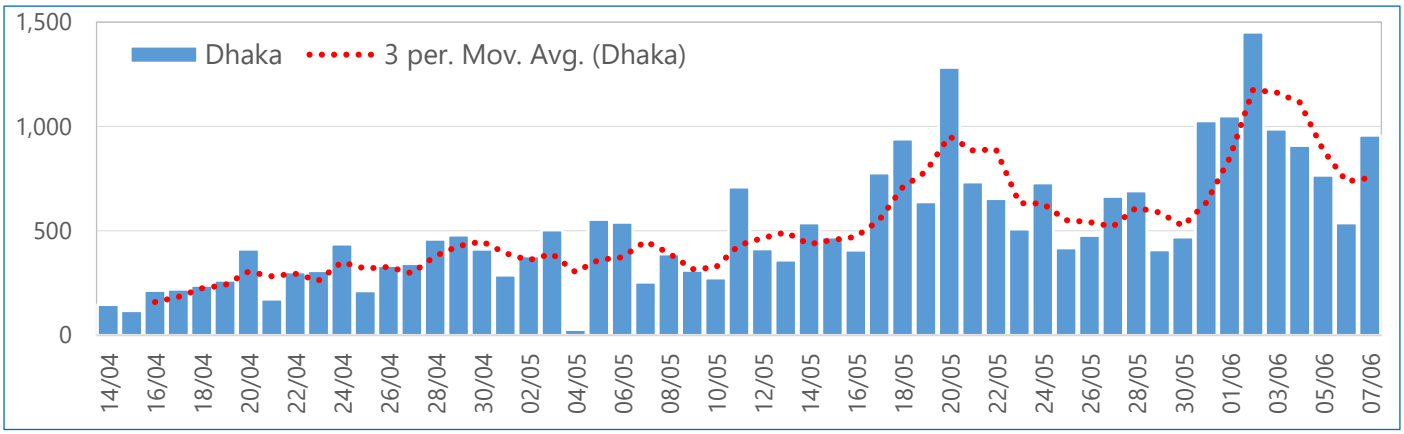


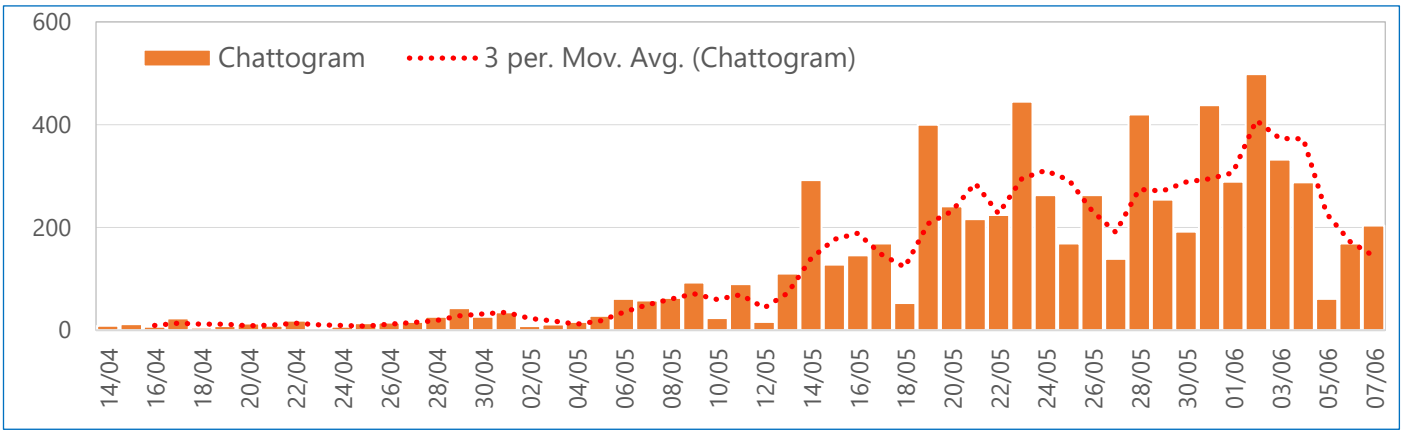
The case doubling time can be used to conclude how fast COVID-19 infection has been spreading in Bangladesh. Available data allows us to see how quickly the number of confirmed cases increased in different divisions in Bangladesh. As of 08 June 2020, the case doubling time is **5** days in **Dhaka** and **Chattogram**, **7** days in **Khulna**, **Sylhet**, **Rajshahi** and **8** days in **Rangpur** and **Mymensingh** and **10** days in **Barisal**.

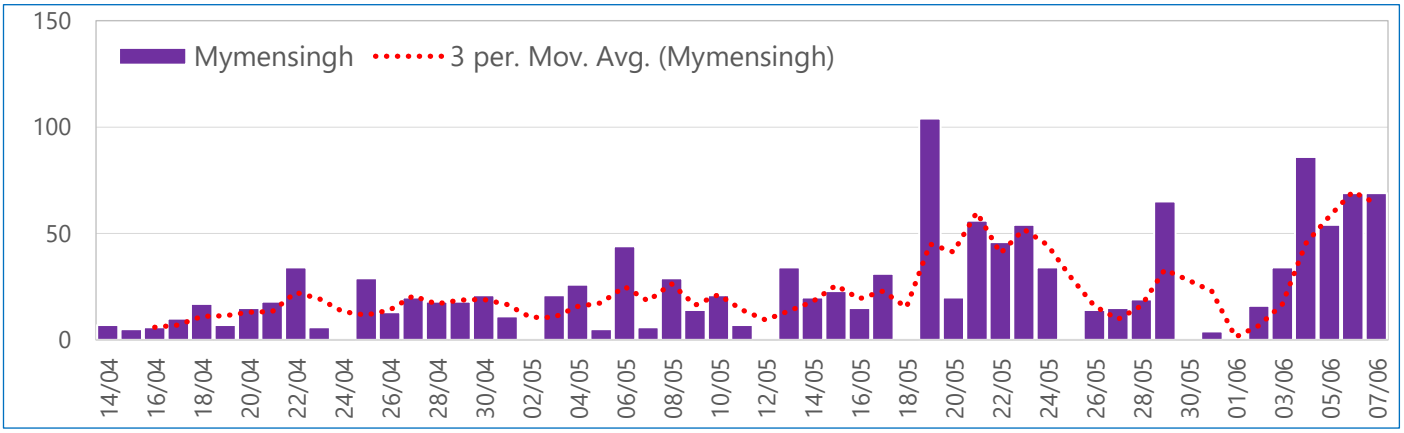
The figure below is showing the growth of COVID-19 confirmed cases in all divisions starting from the day they reported 10 confirmed cases, 08 June 2020.

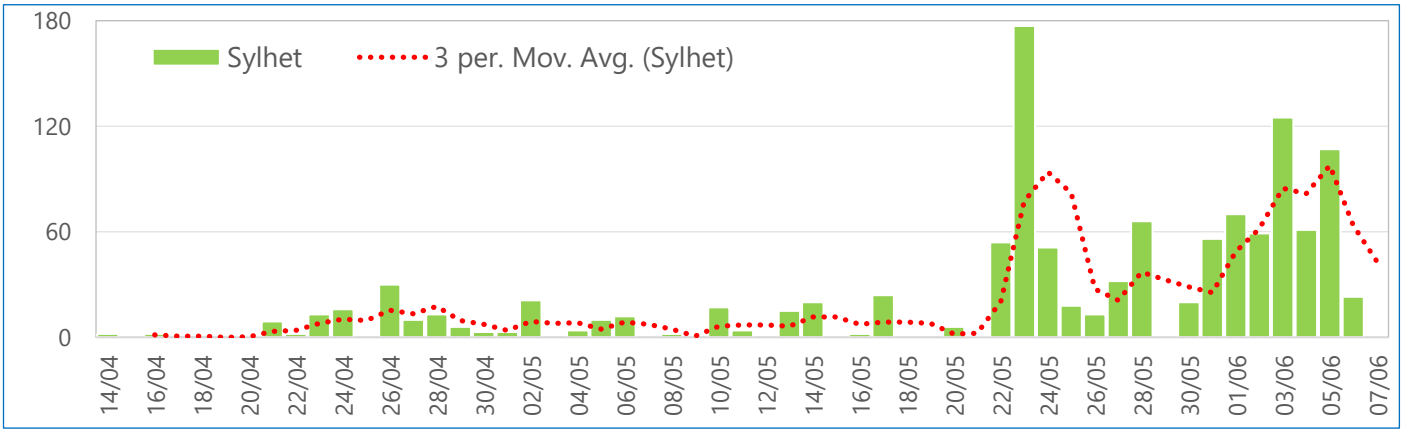


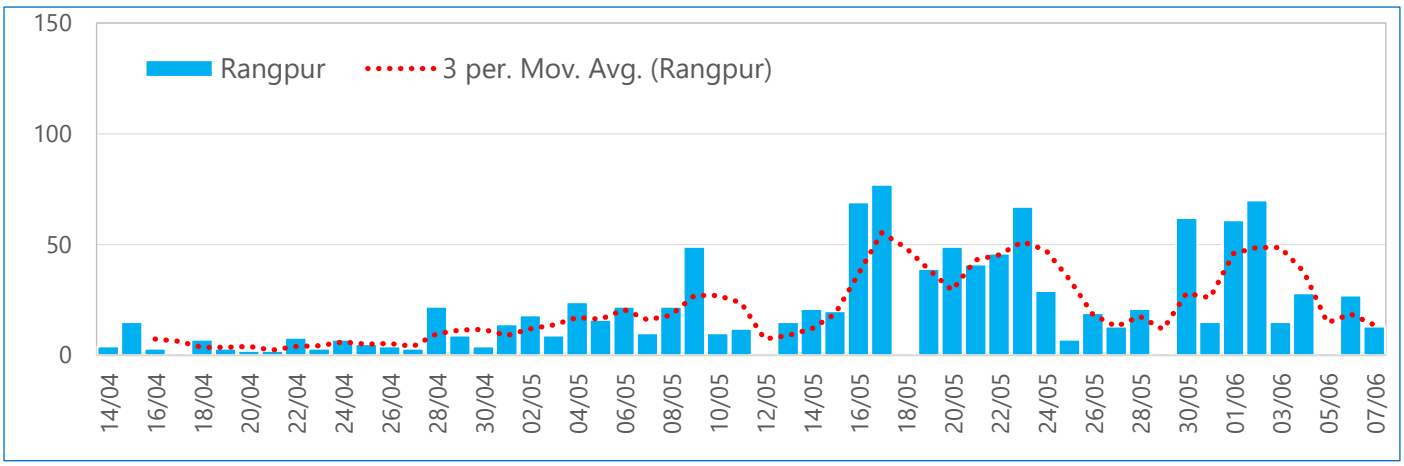
The figures below are showing the daily distribution of reported confirmed COVID-19 cases (N=41,315) and rolling three-days average per division, 13 April– 07 June 2020, Bangladesh.

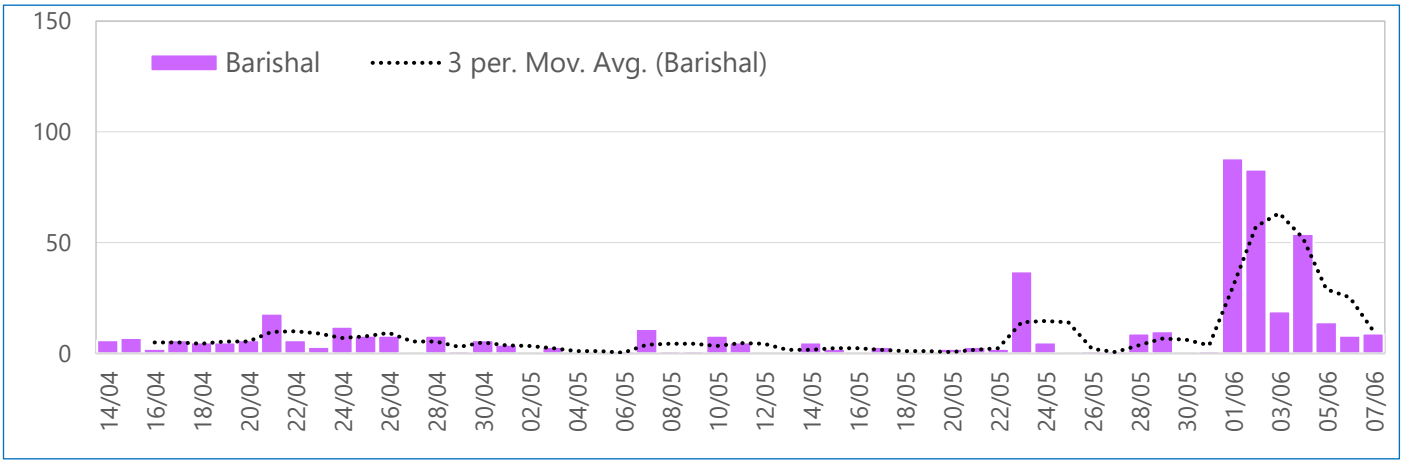


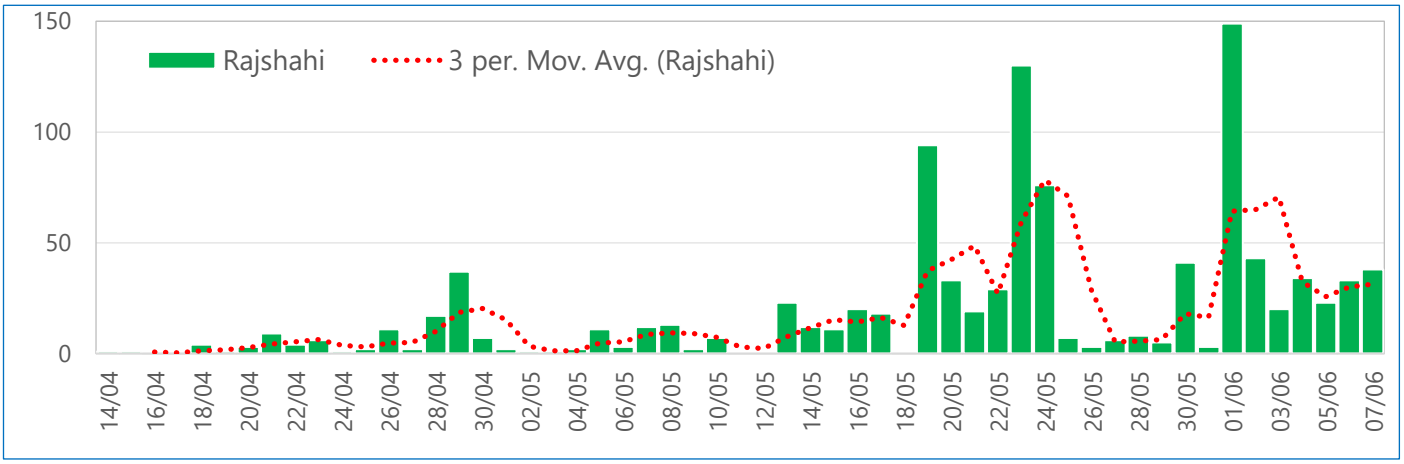


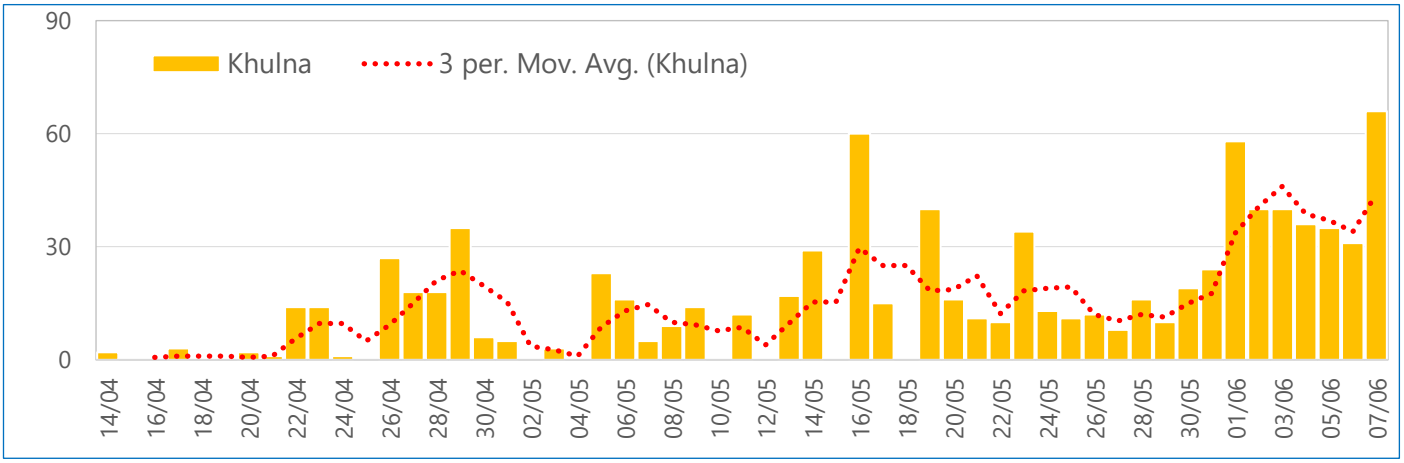





Rangpur
3 per. Mov. Avg. (Rangpur)
150
100
50
0
14/04 16/04 18/04 20/04 22/04 24/04 26/04 28/04 30/04 02/05 04/05 06/05 08/05 10/05 12/05 14/05 16/05 18/05 20/05 22/05 24/05 26/05 28/05 30/05 01/06 03/06 05/06 07/06


Barishal
3 per. Mov. Avg. (Barishal)
150
100
50
0
14/04 16/04 18/04 20/04 22/04 24/04 26/04 28/04 30/04 02/05 04/05 06/05 08/05 10/05 12/05 14/05 16/05 18/05 20/05 22/05 24/05 26/05 28/05 30/05 01/06 03/06 05/06 07/06


Rajshahi
3 per. Mov. Avg. (Rajshahi)
150
100
50
0
14/04 16/04 18/04 20/04 22/04 24/04 26/04 28/04 30/04 02/05 04/05 06/05 08/05 10/05 12/05 14/05 16/05 18/05 20/05 22/05 24/05 26/05 28/05 30/05 01/06 03/06 05/06 07/06


Khulna
3 per. Mov. Avg. (Khulna)
90
60
30
0
14/04 16/04 18/04 20/04 22/04 24/04 26/04 28/04 30/04 02/05 04/05 06/05 08/05 10/05 12/05 14/05 16/05 18/05 20/05 22/05 24/05 26/05 28/05 30/05 01/06 03/06 05/06 07/06

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 08 June, Bangladesh attack rate (**AR**) is **402.2** 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 **42,516 cases**, the highest AR continues to be observed in the **Dhaka division** (**678.6**/1,000,000). Within the Dhaka division, **Dhaka city** has the highest AR (**2,489.4**/1,000,000), followed by **Narayanganj** district (**769.4**/1,000,000), **Munshiganj** (**661.1**/1,000,000), **Gazipur** (**298.5**/1,000,000), **Dhaka district** (**262.5**/1,000,000), **Gopalganj** (**227.2**/1,000,000), **Faridpur** (**187.9**/1,000000), **Madaripur** (**162.5**/1,000,000), **Shariatpur** (**114.9**/1,000,000), **Kishoreganj** (**104.6**/1000,000), **Manikganj** (**101.4**/1,000,000), **Rajbari** (**81.4**/1,000,000) **Narshingdi** (**73.7**/1,000,000), and while the lowest AR **12.9**/1,000,000 was reported from **Tangail** district.

The second highest COVID-19 Attack Rate is reported from **Chattogram division** of (**214.3**/1,000,000). Within the division, **Cox's Bazar** reported the highest AR (**357.9**/1,000,000) followed by **Chattogram** district (**345.8**/1,000,000), **Noakhali** (**235.4**/1,000,000), **Cumilla** (**189.3**/1,000,000), **Feni** (**170.6**/1,000,000), **Bandarban** (**106.7**/1000,000), **Rangamati** (**96.5**/1,000,000), **Chandpur** (**89.3**/1,000,000), **Lakshmipur** (**70.4**/1,000,000) and **Khagrachhari** district (**64.8**/1,000,000).

The 3rd highest AR in the country was reported from **Mymensingh** division (**101.9/**1,000,000). Within the Mymensingh division, **Jamalpur** district has the highest AR (**112.9**/1,000,000) followed by **Netrokona** (**104.3**/1,000,000), **Mymensingh** (**102.0**/1,000,000), followed by, and **Sherpur** district (**79.1**/1,000,000).

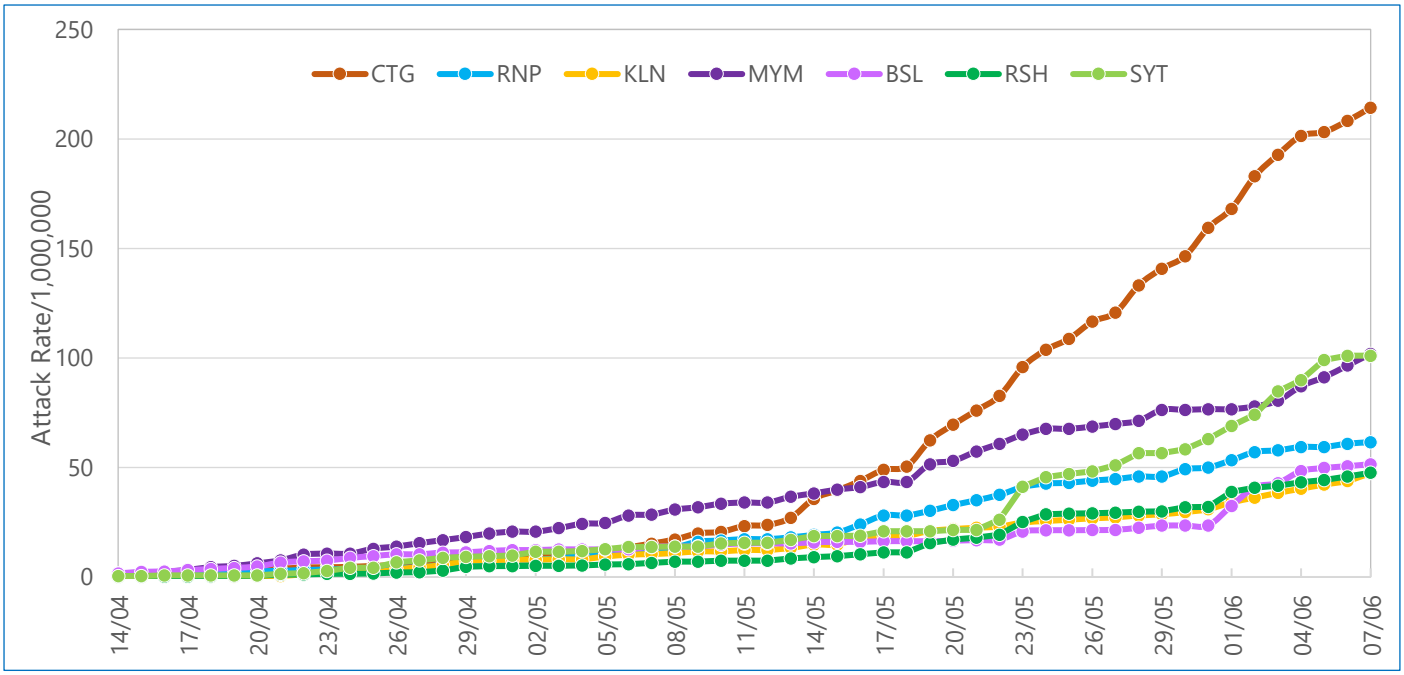
Sylhet division reported overall AR (**101.0**/1000,000) with the highest AR in **Sylhet** district (**166.5**/1000,000) followed by **Sunamganj** (**74.4**/1,000,000), **Habiganj** (**70.9**/1,000,000) and Maulvibazar district (**51.1**/1,000,000).

Rangpur division reported overall AR of (**61.1**/1,000,000) with the highest AR in **Rangpur** district at (**151.5**/1,000,000) followed by **Nilphamari** (**63.6**/1,000,000), **Dinajpur** (**51.5**/1,000,000), and **Thakurgaon** district (**45.0**/1,000,000).

Barishal division has overall AR **51.5**/1,000,000 with the highest AR in Barguna (**76.7**/1,000,000) followed by Barishal (**66.6**/1,000,000) and Jhalokathi (**50.8**/1,000,000.) **Rajshahi** division has overall AR **47.6**/1,000,000 with the highest AR in **Joypurhat** district (**169.4**/1,000,000 followed by **Naogaon** (**69.0**/1,000,000), and Bogura district (**66.9**/1,000,000).

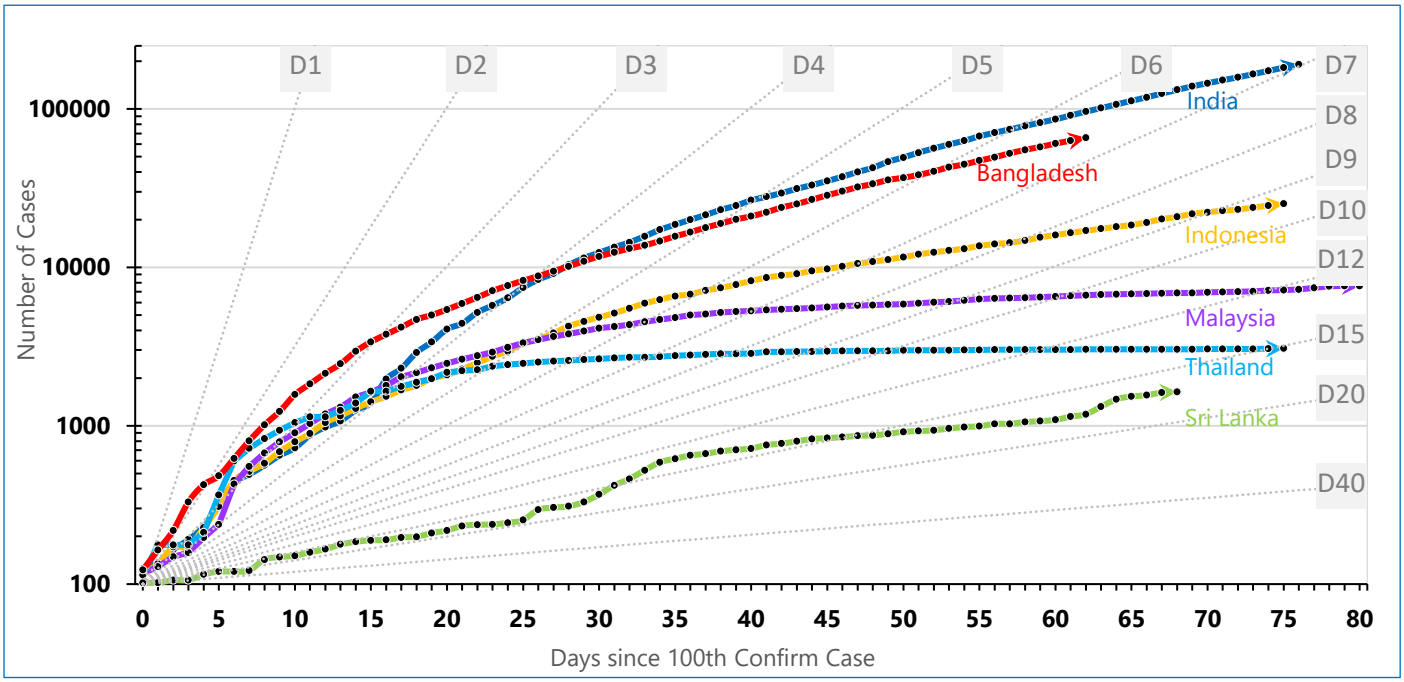
In **Khulna** division although the overall AR is low at **47.4**/1,000,00 but with high AR for **Chuadanga** district (**83.2**/1,000,000) followed by **Khulna** (**68.2**/1,000,000)**, Kushita** (**57.8**/1,000,000) **and Jashore** (**50.8**/1,000,000).

The following figure is showing the attack rate per 1,000,000 population of reported confirmed COVID-19 cases in selected divisions, 14 April - 07 June 2020, Bangladesh.



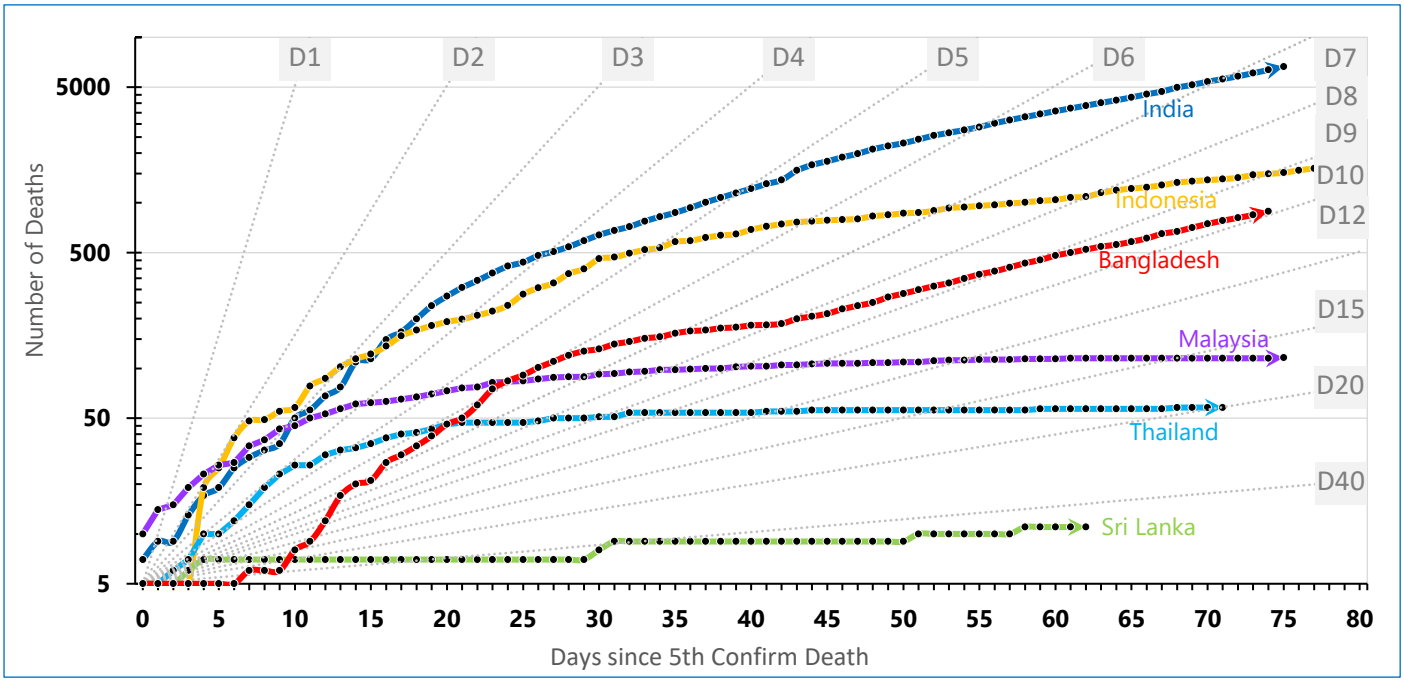
As of 08 June 2020, the case doubling time in Bangladesh remains five (**6.5**) days. Available data allows us to see how quickly the number of confirmed cases increased in Bangladesh and some other countries in the WHO South-East Asia region: India, Indonesia, Thailand and Sri Lanka.

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, 08 June 2020.



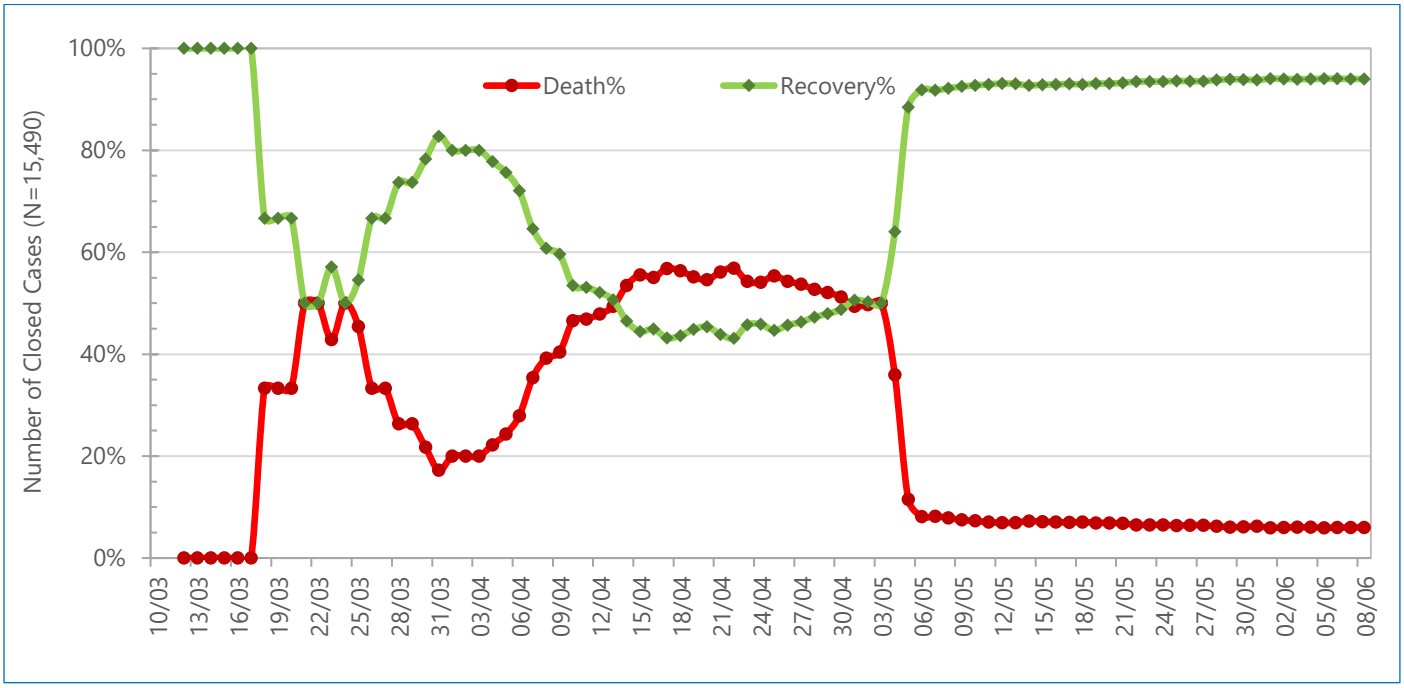
Bangladesh reported its first confirmed COVID-19 death on 18 March 2020 (10 days after reporting the first confirmed COVID-19 case). CFR in Bangladesh showed a decline from **10%** on 06 April down to **1.36%** on 08 June 2020.

The figure below is showing the* daily reported confirmed COVID-19 deaths *in selected South East Asian countries starting from the day they reported 5th confirmed death, 08 June 2020.



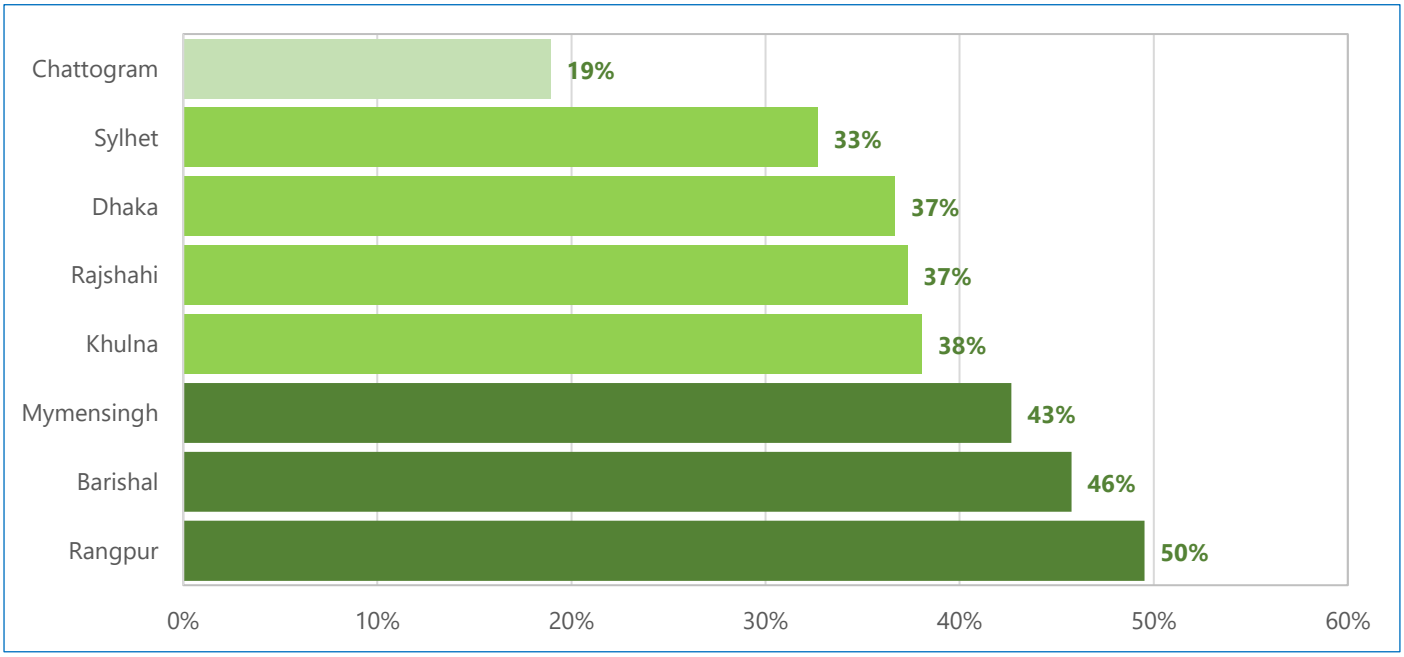
As of 08 June 2020, there were **15,490** (22.8%) COVID-19 cases with known outcome (closed cases), and out of them **94.0%** (**14,560**/15,490) were cured and **6.0%** (910) died. The death rate on closed cases in Bangladesh is lower than the **10.0%** (**406,461**/3,874,873) global average as of 08 June 2020.

The figure below is showing the death and recovery rates over cumulative closed confirmed COVID-19 cases, 10 March – 08 June 2020, Bangladesh.



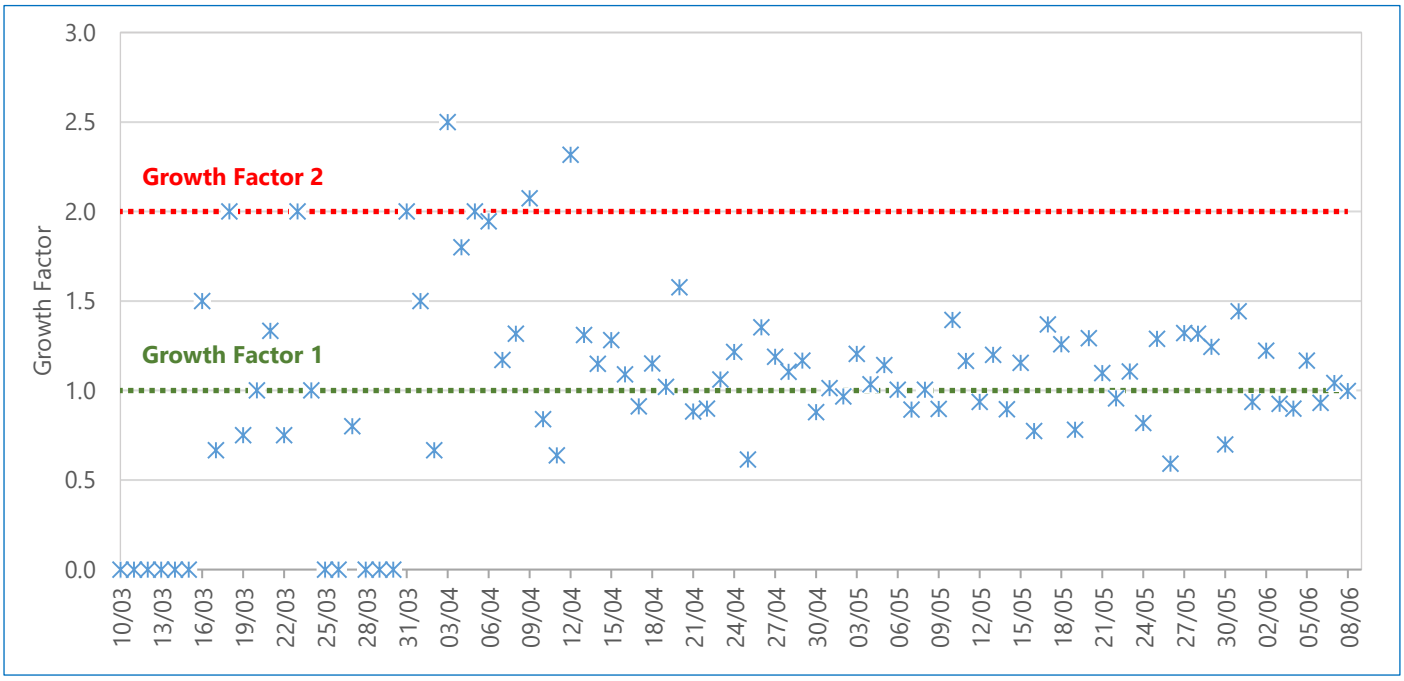
The highest recovery rate is observed in **Rangpur** division with **50%** (569/1,149) of all recoveries, followed by **Barishal** With **46%** (232/507), **Mymensingh** - **43%** (565/1,324), **Khulna** accounts for **8%** (335/880), **Rajshahi** - **37%** (388/1,040), **Dhaka** - **37%** (10,721/29,230) and **Sylhet - 33%** (387/1,184). The lowest recovery rate of **19 %** is found in **Chattogram** division (1,363/7,202).

The figure below is showing COVID-19 recovery rates per division (N=14,560), 08 March – 08 June 2020, Bangladesh



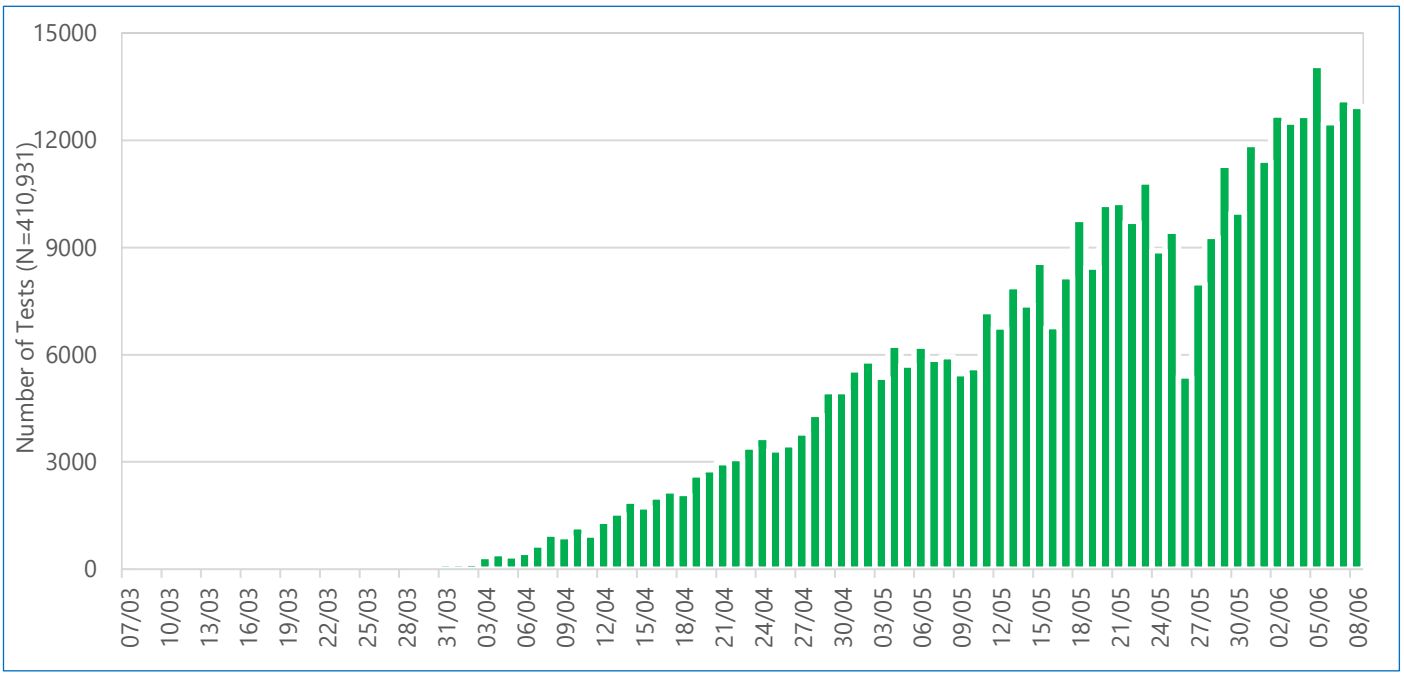
Growth factor (every day's new cases / new cases on the previous day) between **0** and **1** indicates a decline; when it is above 1 it signals an increase, and if is persistently above 1 this could signify exponential growth. On April 3, the **Growth factor (GF)** for COVID-19 cases in Bangladesh reached 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 08 June 2020, the GF is **1.0**.

The figure below is showing the Growth Factor of daily confirmed COVID-19 cases, 10 March – 08 June 2020, Bangladesh.

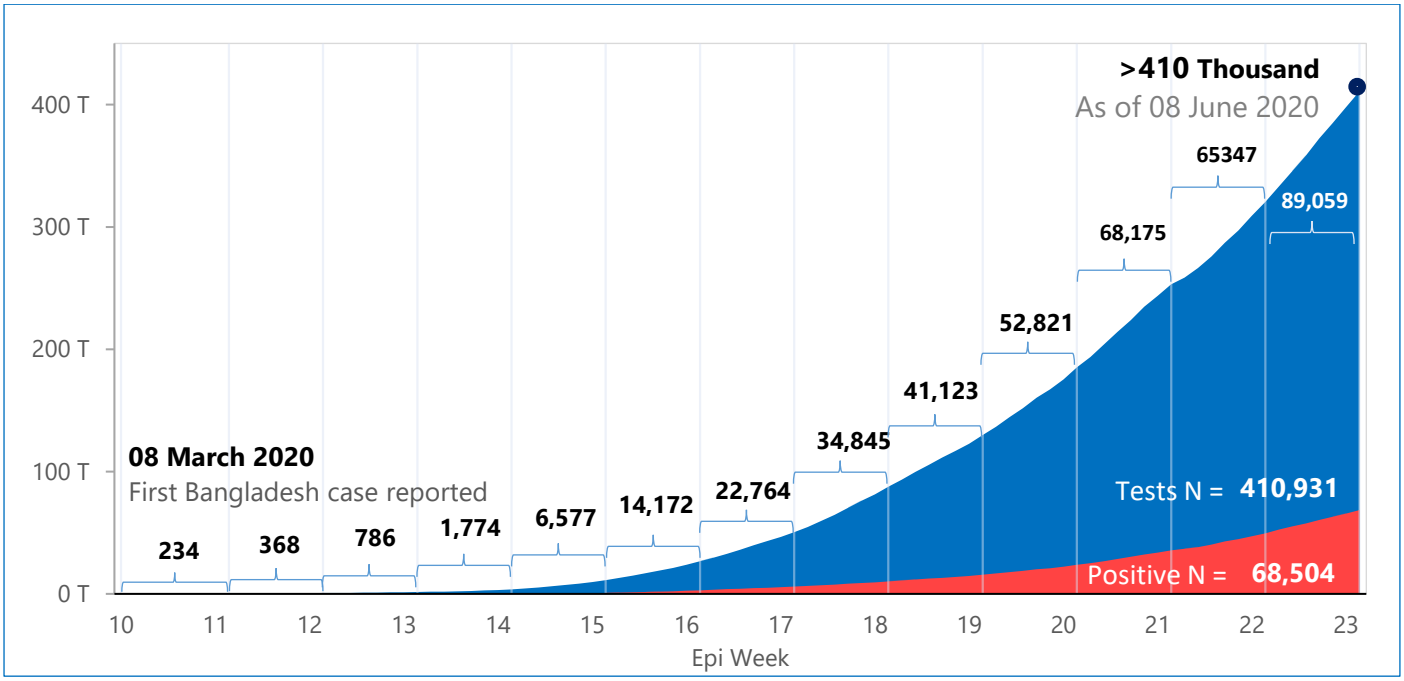


As of 08 June 2020, according to IEDCR, a total of **410,931** COVID-19 tests with the overall positivity rate of **16.7%** were conducted in Bangladesh by **55** laboratories (**29** laboratories in Dhaka and **27** laboratories in other divisions of the country). The latest laboratories, which have started the testing: in Dhaka - CSBF Health Center and TMSS Medical College and Rafatullah Community Hospital and Sheikh Fazilatunnessa Mujib Memorial KPJ Specialized Hospital, Gazipur - outside Dhaka. **64.6%** of all tested sample were tested by laboratories in the Dhaka division, and **35.4%** - outside Dhaka.

The graph below is showing the daily number of COVID-19 tests, 07 March – 08 June 2020, Bangladesh.

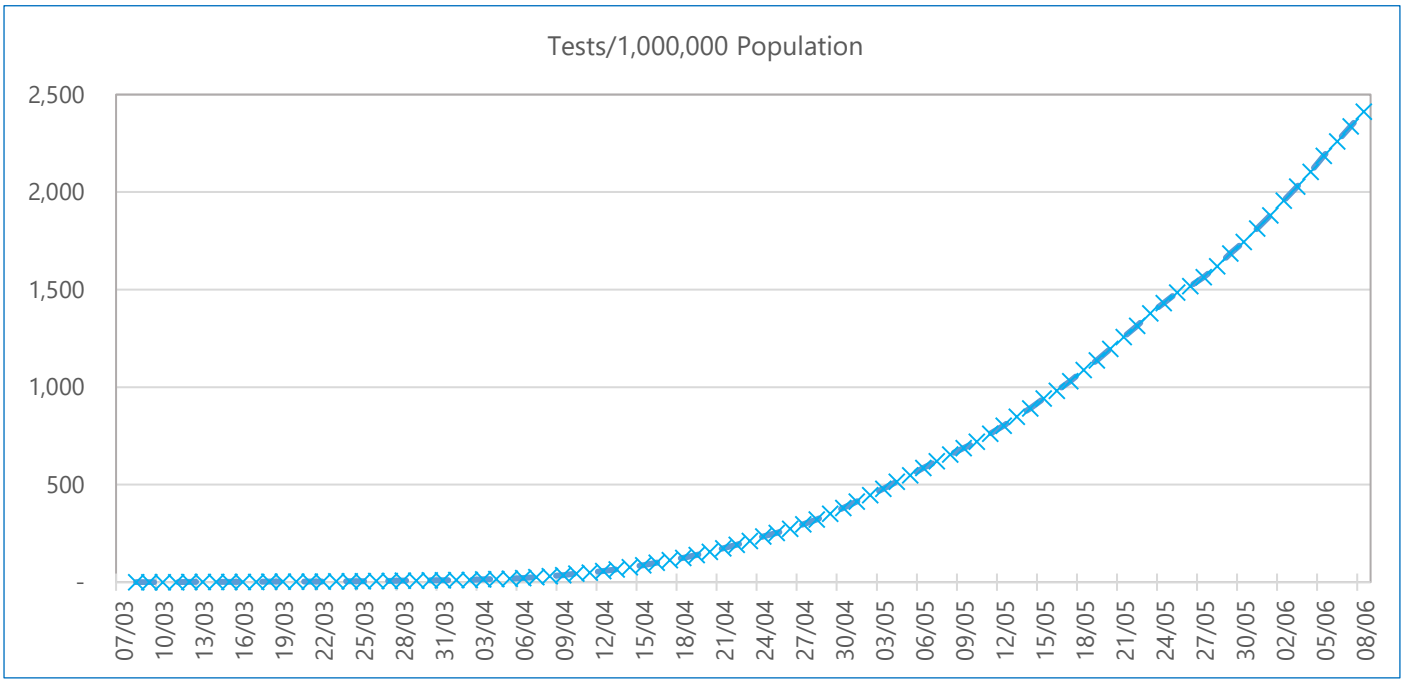


The graph below is showing the weekly cumulative number of COVID-19 testing and positivity rate, 08 March – 08 June 2020, Bangladesh



COVID-19 testing coverage has been gradually increasing in Bangladesh, reaching now **2,412**/1,000,000 but is still lower than in **Maldives** (**53,604**/1,000,000), **Malaysia** (**18,864**/1,000,000), **Thailand** (**6,708**/1,000,000), **Nepal** (**8,290**/1,000,000), **Sri Lanka** (**3,595**/1,000,000) and **India** (**3,462**/1,000,000) but higher than Indonesia (**1,511**/1,000,000) and **Egypt** (**1,321**/1,000,000).

The graph below is showing the daily cumulative number of COVID-19 testing per 1,000,000 population, 07 March – 08 June 2020, Bangladesh.

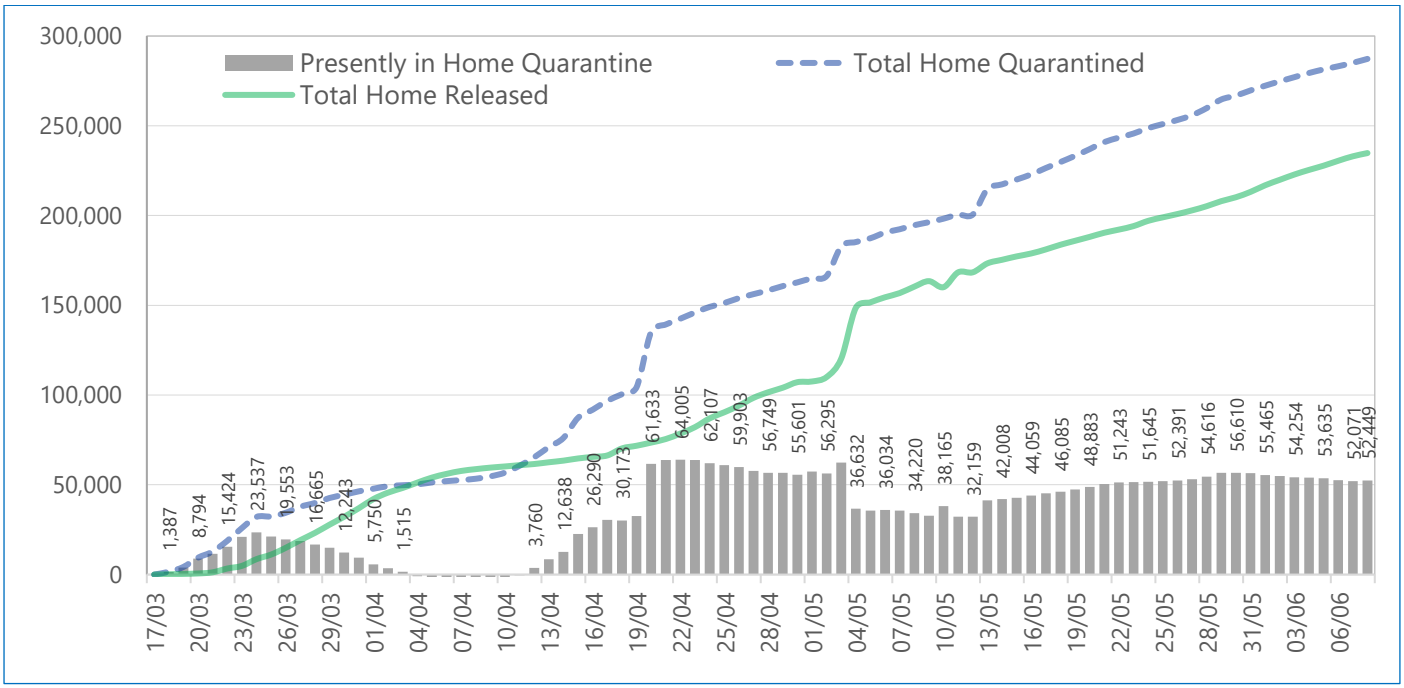


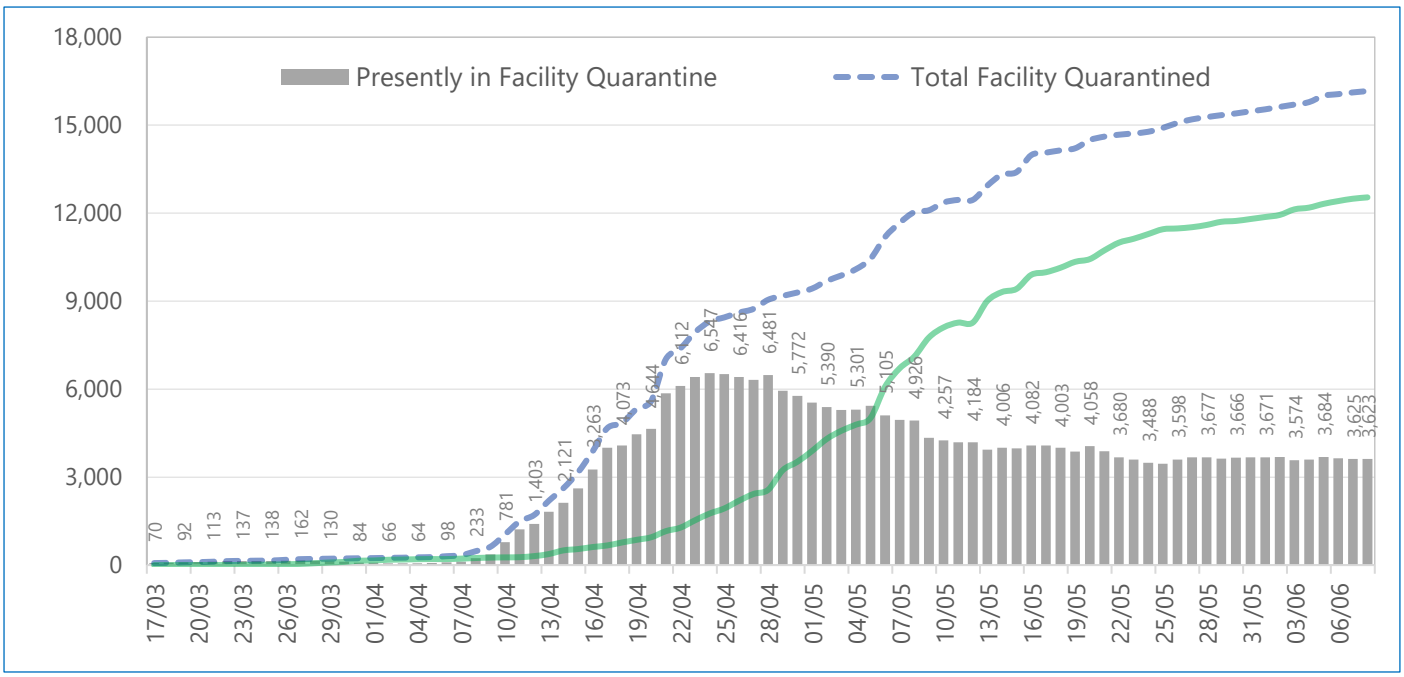
4. Contact Tracing, Points of Entry (PoEs) and Quarantine

According to the DGHS, as of 08 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 **16,162** individuals were placed in quarantine facilities and of them **12,539** (78%) have been already released. By 08 June 2020, in total **11,871** individuals were isolated in designated health facilitates all over the country, of them **36%** (4,319/11,871) have been released, and **7,552** (64%) 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 **4,319**. Between 17 March to 08 June 2020, total **287,263** individuals were placed under home quarantine all the over the county and to date **82%** (234,814/287263) have been already released. Remaining **18%** (52,449 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 – 08 June 2020, Bangladesh.





5. Case Management and infection Control

On 3 June, the Logistics and Procurement Pillar under the Country Preparedness and Response Plan Bangladesh organized a meeting at DGHS to provide an orientation on the UN Supply Portal System for Requestors and Managers. Benefits and advantages of using the global supply portal were presented, which include the improved reliability and access to quality products, streamlined procurement process which is in accordance with the public procurement principles, and others. The session also addressed concerns and clarifications regarding the system. The meeting was attended by senior DGHS officials including ADG Admin, ADG Planning, focal person for procurement and supplies and other senior officials. From UN side, WFP, UNICEF and WHO participated to present the Supply Portal and provide clarifications on the operation and options available in the portal. The supply portal is a mechanism supporting the Strategic Preparedness and Response Plan to enable the supply of essential items including PPE, diagnostics, and clinical management equipment to cover shortages in the national market.

On 4 June, the Logistics and Procurement Pillar held their weekly meeting to discuss the current submissions to the UN supply portal and the emerging country needs, where UN support has been requested. The supply portal is open for use to development partners supporting the COVID-19 response and government. Hence, a validation process has been put in place where the supply coordinator reviews a set of information to ensure the any submitted procurement project aligns with the government or refugee response plans, ensures the quantities are within the limits of the original government approved country quantity requirements, updates an internal/external comprehensive overall item tracking report, then validates the request in the system. After submitted requests have been validated and approved at country and global levels, the supply portal control tower assigns a procurement agency to issue the purchase order and process the funding. WFP will manage logistics of the procured goods to ensure smooth shipping, receipt and distribution of the commodities, according to the request. A list of items eligible for procurement using the supply portal is available at the following link https://www.who.int/publications/i/item/emergency-global-supply-chain-system-(covid-19)-catalogue.

On 4 June, a virtual meeting was organized by SEARO on Laboratory Diagnostics Procurement and Supply Chain Systems for COVID-19. WHO-HQ presented key information on WHO's support to countries in diagnostics related to COVID-19. An overview was provided on the existing automated and manual platforms which are commonly used in countries and the WHO approved kits for detection of COVID-19. To-date, ten products have been approved under the WHO Emergency Use Listing for In vitro diagnostics (IVDs) Detecting SARS-CoV-2 Nucleic Acid. As the global supply of quality-assured diagnostics is limited, an allocation plans necessary to support country access. The operations group of the Diagnostics Consortium for COVID-19 agreed a set of principles for country allocations. Low- and middle-income countries are eligible for procurement through the supply portal. Several vulnerability criteria are considered as a proxy of health system capacity, including the existing SRPP vulnerability index, DALYs, and maternal, adult, or under-5 mortality rates. For the current period (4 weeks) allocation, it was agreed that the maternal mortality rate would be the best proxy and is a robust metric. UNICEF data was used to provide the maternal mortality rate for each country. The task force assesses requests based on the country demand/need through the Essential Supplies Forecasting Tool (ESFT) forecast, status of the outbreak and latest epidemiology by country, vulnerability factor and adjustment proportions, actions already taken such as previous allocations or donations, and other relevant factors.

Communications are ongoing with local producers of personal protective equipment (PPE) to ensure conformity with the WHO requirements. An increase in the production of cloth masks of various fabrics is noted. This is in line with the country's move towards returning to the "new normal" regarding movement and resuming business in various occupations. Wearing a mask has been made a legal requirement, with severe punishments applicable to individuals not wearing masks in public. The Directorate General of Drug Administration (DGDA) issues no-objection-certificates for PPE products, based on a pre-defined set of testing parameters, developed with support of a technical working group convened by WHO and supported by USAID and JICA.

6. Risk Communication and Public Awareness

Following the Government's instructions that all people must wear face masks when are outside their homes, WHO country office worked within a taskforce under Inter Agency Coordination Group together with DGHS, RCCE partners and private sector representatives for creating a set of guidelines for individuals and communities to be able to easily produce their own masks.

Further on the public communication regarding wearing of masks, DGHS and RCCE partners are planning a country wide communication campaign for reinforcing the use of masks as well the appropriate modality to use the protective items.

WHO HQ issued advice for the public on when and how to use masks. The guidance materials include videos and infographics which can be accessed at the following link https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks.

As stigma against confirmed COVID-19 patients and people showing COVID-19 related symptoms are of growing concern, RCCE partners have further increased the production and dissemination of communication materials for addressing stigma and discrimination.

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

Latest global WHO Situation Report # 139 as of 07 June 2020: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200607-covid-19-sitrep-139.pdf?sfvrsn=79dc6d08_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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