World Health Organization
Bangladesh

COVID-19
Situation Report No. #16
15 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
519,503	90,619	14,560	1,209	11,310,820

Test/1 million	New Cases	Recovery Rate	CFR%	AR/1 million
3,050	3,099	20.6%	1.33%	532.1

Laboratories	Gender	PPE Stock	PoE Screening
60 COVID-19 Labs	70% 30%	1,392,601	344,067
Last 7 Days 106,478 Samples		3,135,420	22,607
63.7% Inside Dhaka Tests		562,439	7,029
17.4% Share of Positive Tests		179,759	345,218

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1. Highlights

As of 15 June 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR), there are 90,619 confirmed COVID-19 cases in Bangladesh, including 1,209 related deaths; Case Fatality Rate (CFR) is 1.33%.

On 12 June 2020, the Ministry of Health and Family Welfare/DGHS introduced "**Bangladesh Risk Zone-Based COVID-19 Containment Implementation Strategy/Guide,**" dividing areas in Red, Yellow and Green Zone based on the prevailing risk of the COVID-19 spread.

On 13 June 2020, the Ministry of Religious Affairs, Coordination Branch issued an **Emergency Notification circular** with the instructions for the worshipers in the Red Zone areas to offer prayers at their respective homes instead of public place of worship.

On 14 June 2020, the Ministry of Foreign Affairs (MoFA) circulated a Note Verbale, which stated that foreign investors and businessmen will be granted **on-arrival visas at the port of entry in Bangladesh** if he/she has a PCR-based COVID-19 **negative medical certificate** (with English translation) and relevant supporting documents for obtaining investment/business visa. The COVID-19 negative medical certificate has to be received within 72 hours of his/her travel to Bangladesh.

On 15 June 2020, the Government issued a Governmental Order extending the period of conditional overall activities and **movement restrictions from 16 June 2020 to 30 June 2020**. In addition to the earlier enforced regulations, the Order specified that: relevant executive authorities of City Corporation, Municipality, District Commission will divide their "areas of responsibility" into Red, Yellow and Green Zones based on the MOHFW/DGHS guideline on "**Bangladesh Risk Zone-Based COVID-I9 Containment Implementation Strategy/Guide**" and impose restrictions on movement and business. The authorities will prepare SOPs for adequate COVID-19 testing, medical treatment at the hospitals, quarantine/ isolation and other business operation; public holidays to be declared in the Red and Yellow Zone areas for all public and private offices; and in Green Zone areas, public and private offices will remain open on a limited scale. Pregnant women and people who are sick should refrain from attending offices. Urgent and essential meetings should be arranged through online. Full document: https://iedcr.gov.bd/website/index.php/component/content/article/150-vacancyannouncemnet

2. Coordination

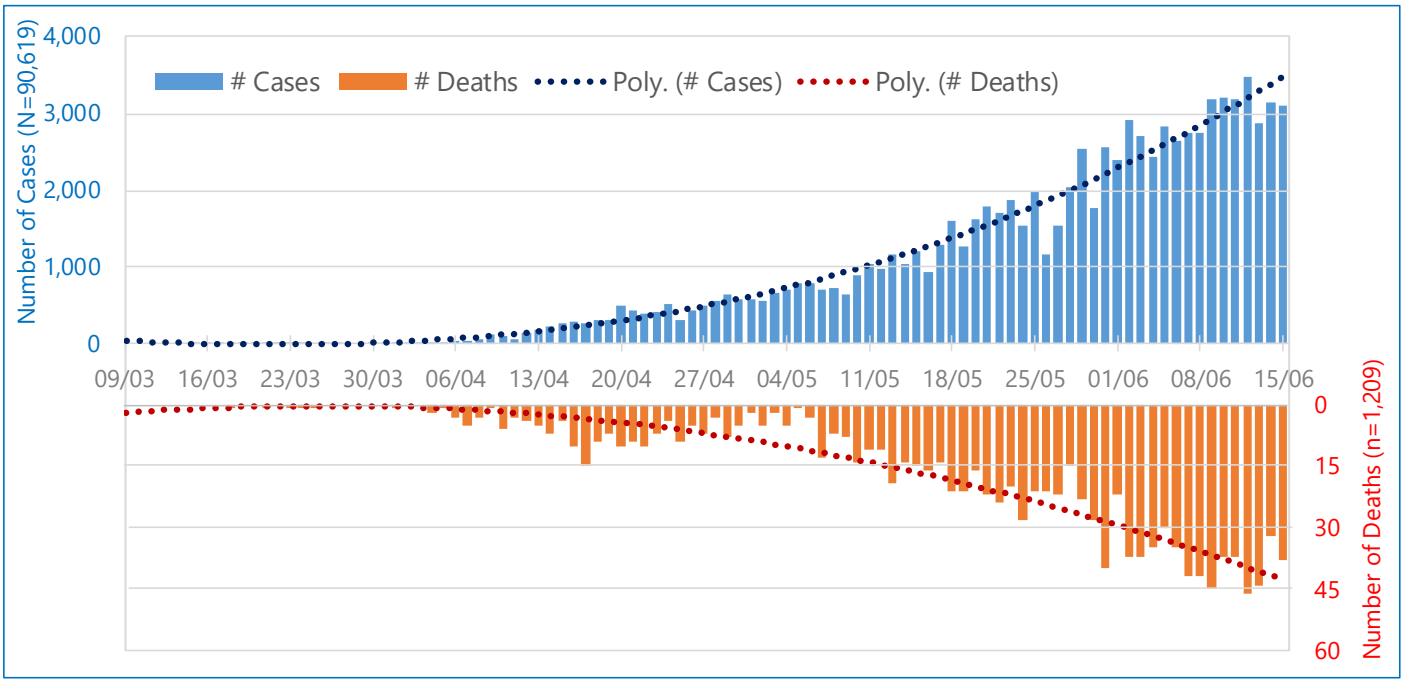
On 11 June 2020, WHO released a rapid advice guide regarding the "**Use of chest imaging in COVID-19**". This rapid advice guide examines the evidence and makes recommendations for the use of chest imaging in acute care of adult patients with suspected, probable or confirmed COVID-19. Imaging modalities considered are radiography, computed tomography and ultrasound. This guide addresses the care pathway from presentation of the patient to a health facility to patient discharge. It considers different levels of disease severity, from asymptomatic individuals to critically ill patients. Accounting for variations in the benefits and harms of chest imaging in different situations, remarks are provided to describe the circumstances under which each recommendation would benefit patients. The guide also includes implementation considerations for different settings, provides suggestions for impact monitoring and evaluation and identifies knowledge gaps meriting further research. Full document: https://www.who.int/publications/i/item/use-of-chest-imaging-in-covid-19.

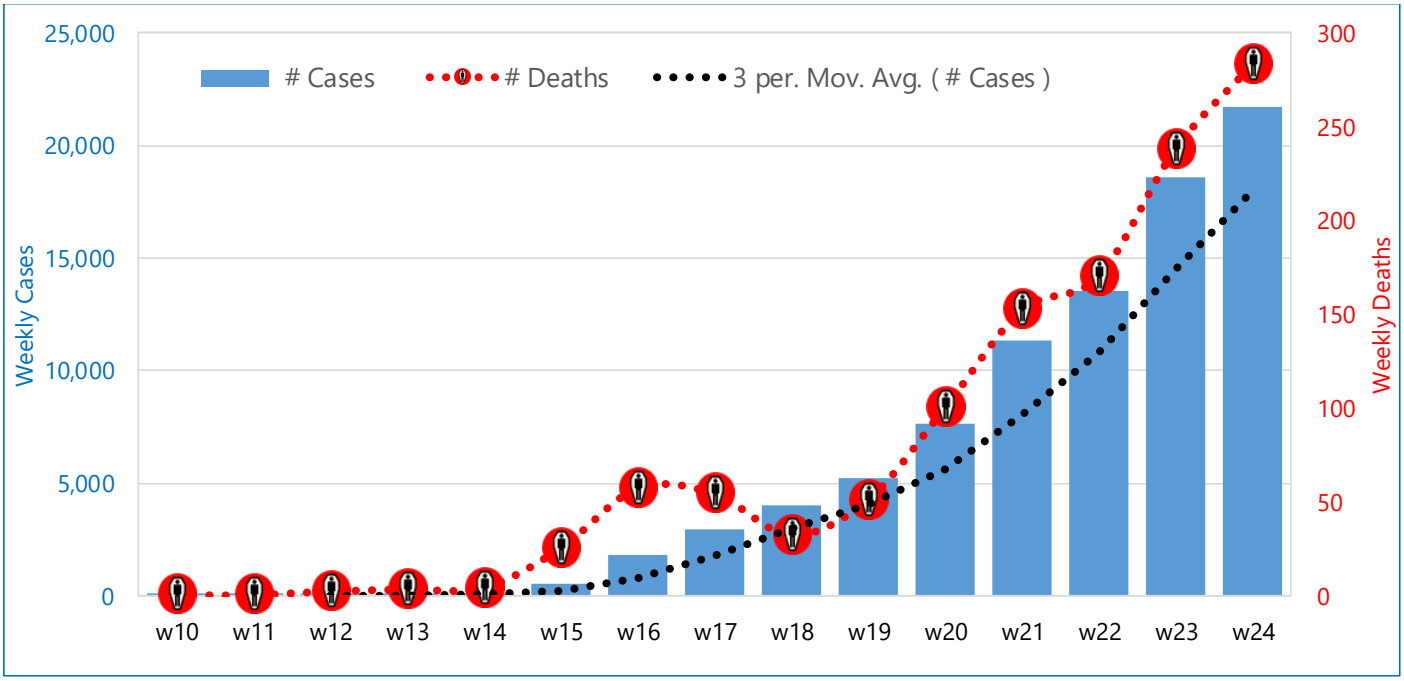
WHO issued a note **"Asks'** to the private sector in the response to COVID-19", outlining areas where the private sector has a critical role to play locally, nationally and globally. The private sector is requested to help protect their stakeholders and business by providing information, protecting jobs and livelihoods, and acting responsibly. Private sector is also encouraged to engage/participate in COVID-19 response through making essential supplies and services available and repurposing production facilities for essential supplies, where feasible. The financial support is invited through the WHO COVID-19 Solidarity Response Fund and support to NGOs and community needs in coordination with local authorities. Full document: https://www.who.int/publications/m/item/asks-to-the-private-sectorin-the-response-to-covid-19.

3. Surveillance and Laboratory

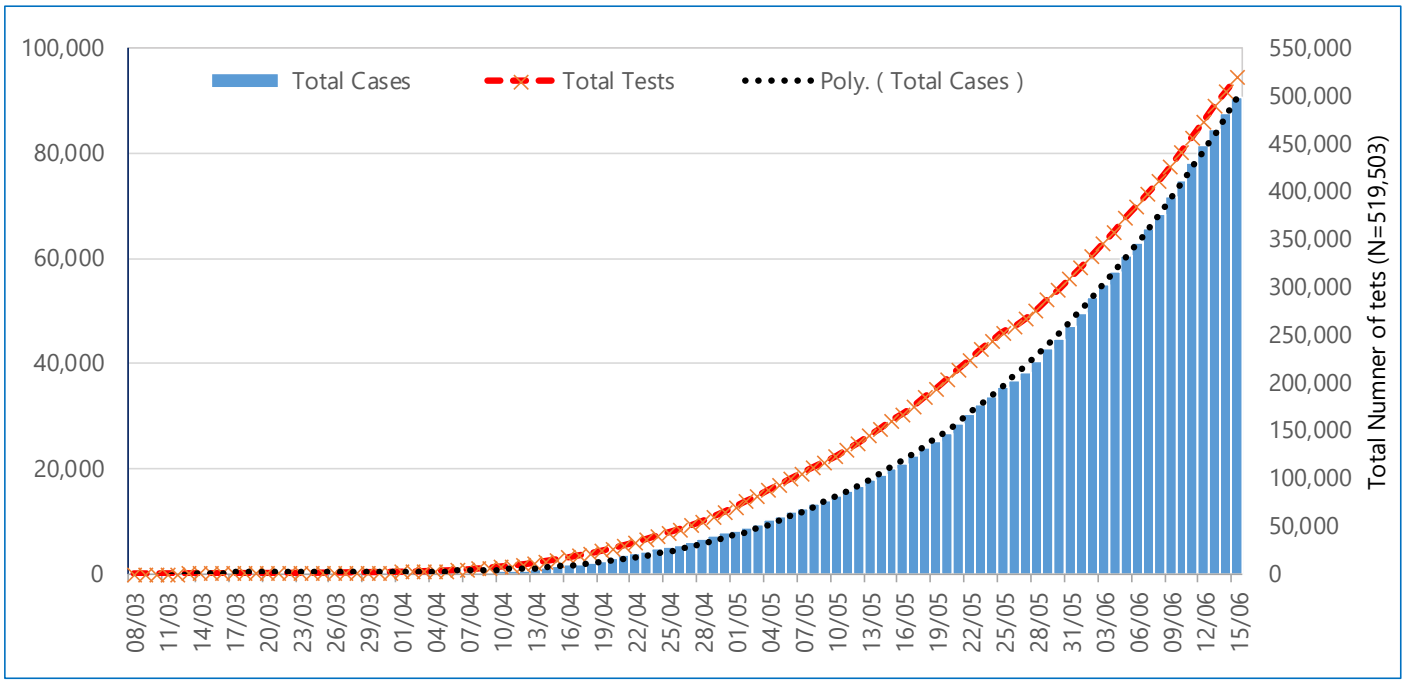
Between 9 March and 15 June 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were nighty-thousand-six-hundred-nineteen (**90,619**) COVID-19[1] confirmed by rt-PCR, including one-thousand two-hundred-nine (**1,209**) related death cases (**CFR 1.33**%).

The figures below are showing the daily and weekly distribution of reported confirmed COVID-19 cases, deaths and daily cumulative number of COVID-19 testing, 09 March – 15 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.*

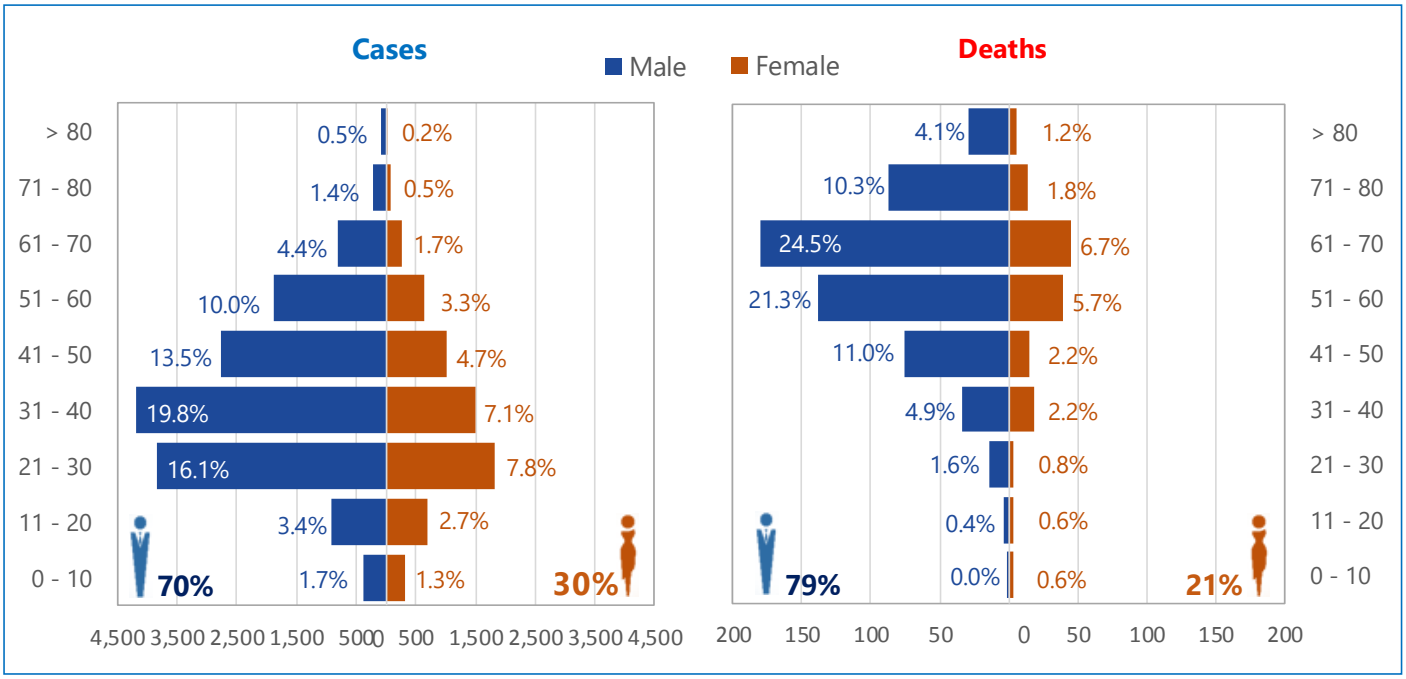


Age and gender data are currently available for only **24%** (**21,423**/90,619) reported confirmed COVID-19 cases: **26.5%** (5.669/21,423) cases were confirmed in people between 31 and 40 years old, **26.3%** (5,641) in the age group of 21 to 30 years, **17.7%** (3,787) in the age group of 41 to 50 years and **11.9%** (2,544) in the age group between 51 and 60 years old. As on 08 June 2020, data was available for **58.9%** (**712**/1,209) of COVID-19 related-death.

The highest CFR **31.6%** (225/712) was reported in the age group of 61 to 70 years old, **25%** (178) in the age group between 51 and 60 years and **19.1%** (136) in the older age group 71 and above.

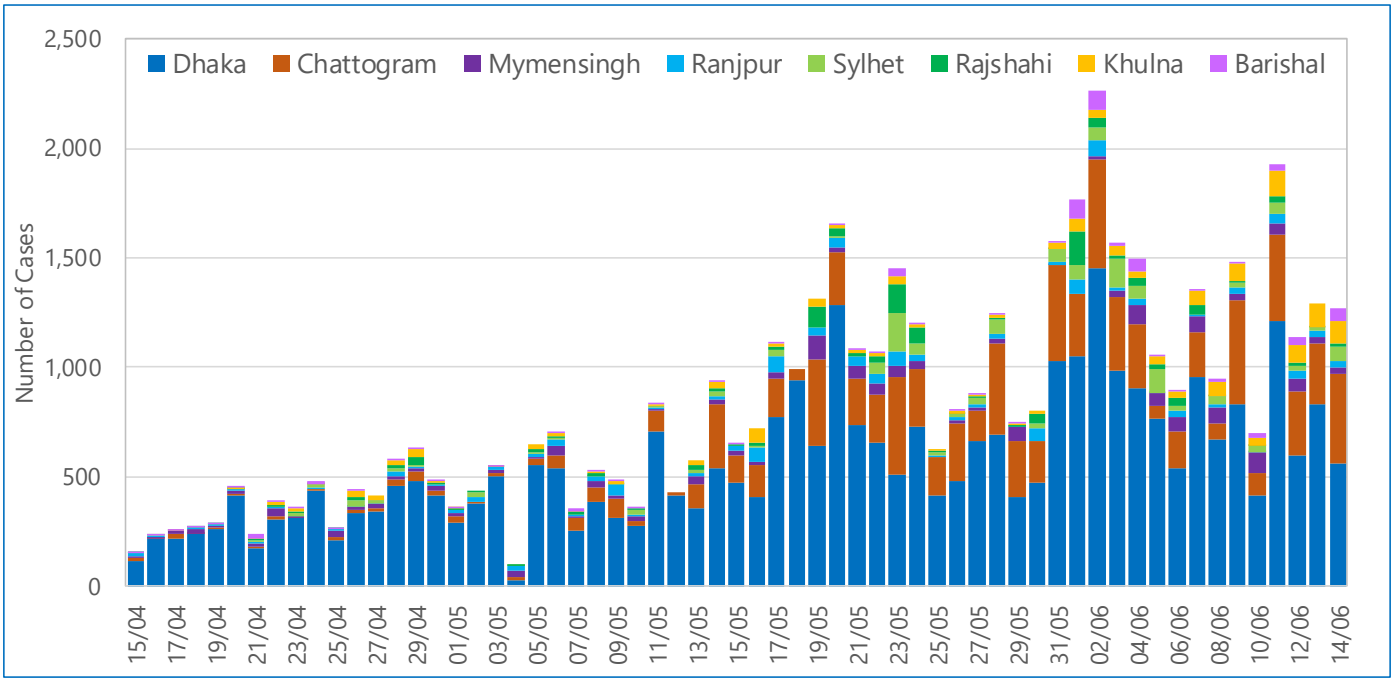
Male represented **70%** and **79%** of the of total reported confirmed COVID-19 cases and deaths respectively.

The table below is showing gender and age distribution the reported confirmed COVID-19 cases (N=21,423) and Deaths (N=712), 15 June 2020, Bangladesh.



As of 08 June 2020, geographical distribution of confirmed reported COVID-19 cases was available on **57%** of cases (**51,271/**90,619); of which **67%** (34,341) were from **Dhaka** division, **18.0%** (9,234) from **Chattogram** division, **3.3%** (1,686) from **Mymensingh** division, **2.9%** (1,471) from **Khulna** division, **2.8%** (1,413) from **Sylhet** division, **2.6%** (1,335) from **Rangpur** division, **2.2%** (1,122) from **Rajshahi** division, and **1.3%** (669) from **Barisal** division.

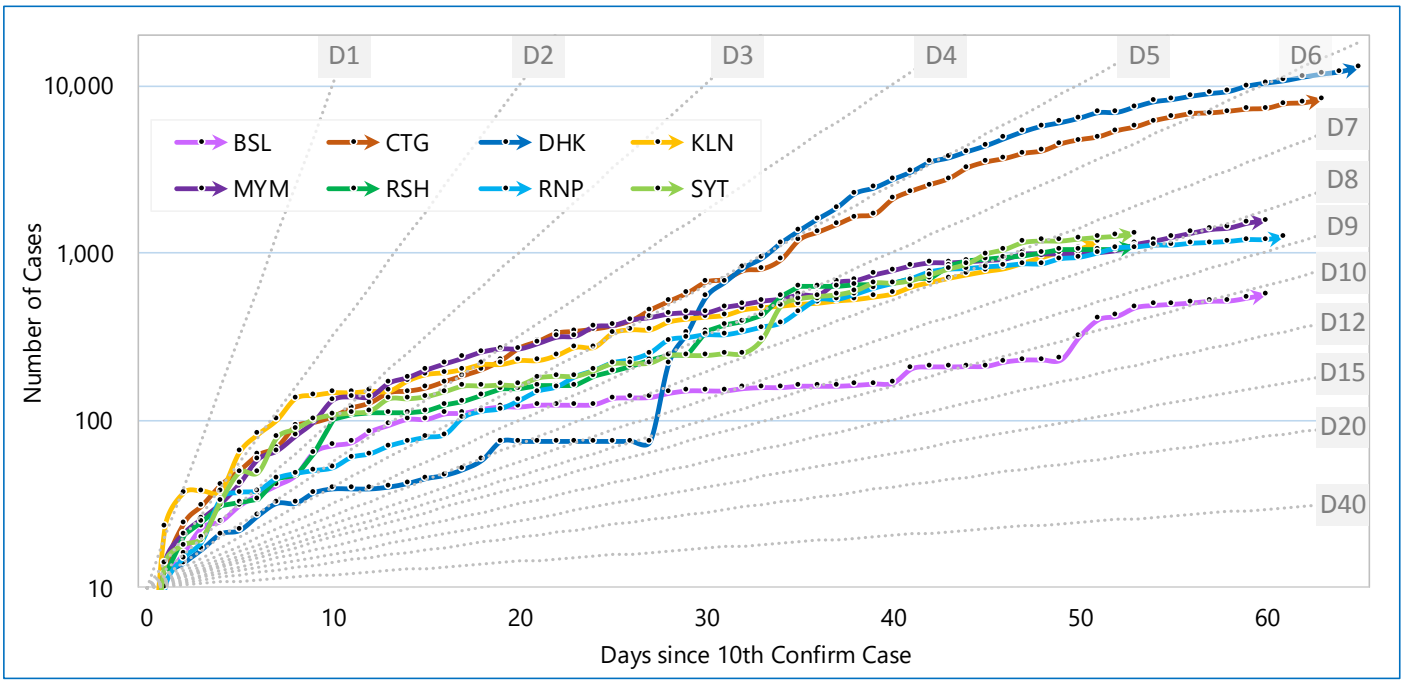
The figure below is showing the daily distribution of reported confirmed COVID-19 cases (N=51,217) per division, 15 April – 14 June 2020, Bangladesh.



The case doubling time can be used to conclude how fast COVID-19 infection has been spreading in the country. Available data allows us to see how quickly the number of confirmed cases increased in different divisions in Bangladesh.

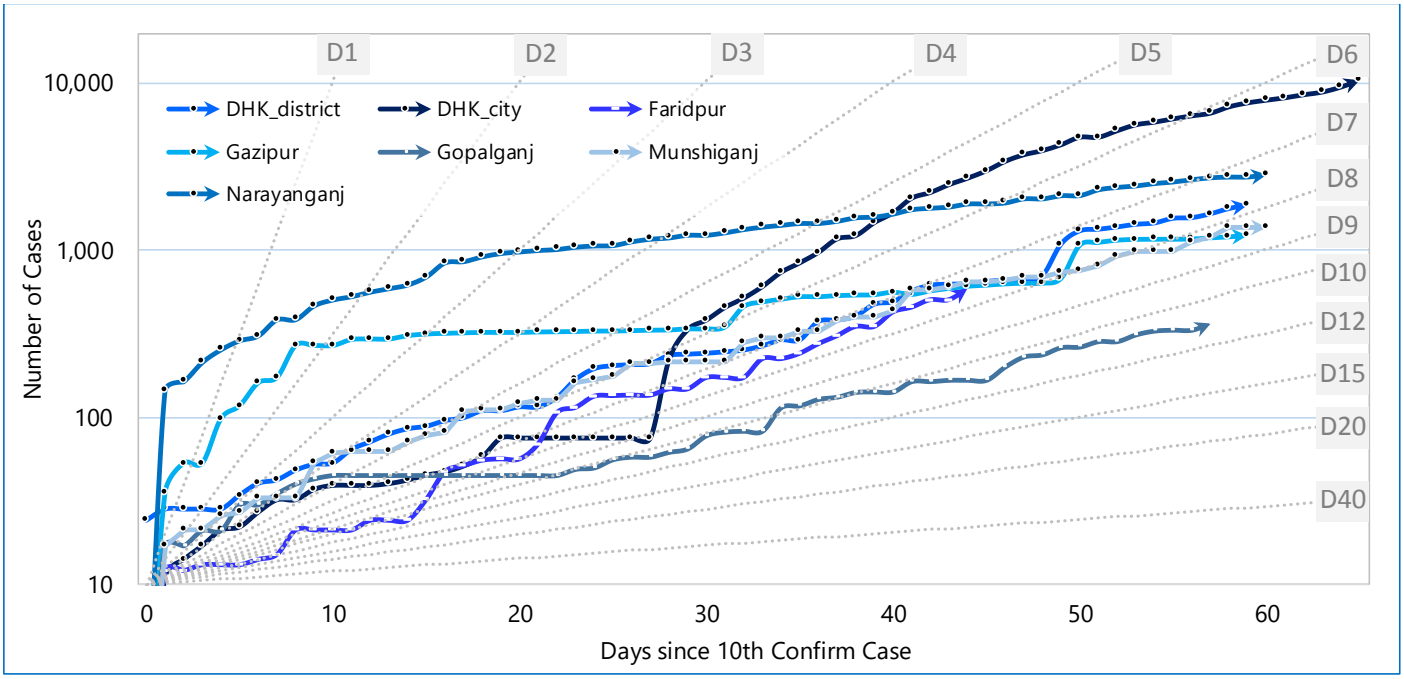
As of 15 June 2020, the case doubling time is **6** days in **Dhaka** and **Chattogram**, **Khulna**, **Sylhet** divisions and **Rajshahi** division **7** days, **Rangpur** and **Mymensingh** divisions **8** days and **10** days for **Barisal** division.

The figure below is showing the case-doubling time of COVID-19 confirmed cases in all divisions starting from the day they reported 10 confirmed cases, 15 June 2020, Bangladesh.



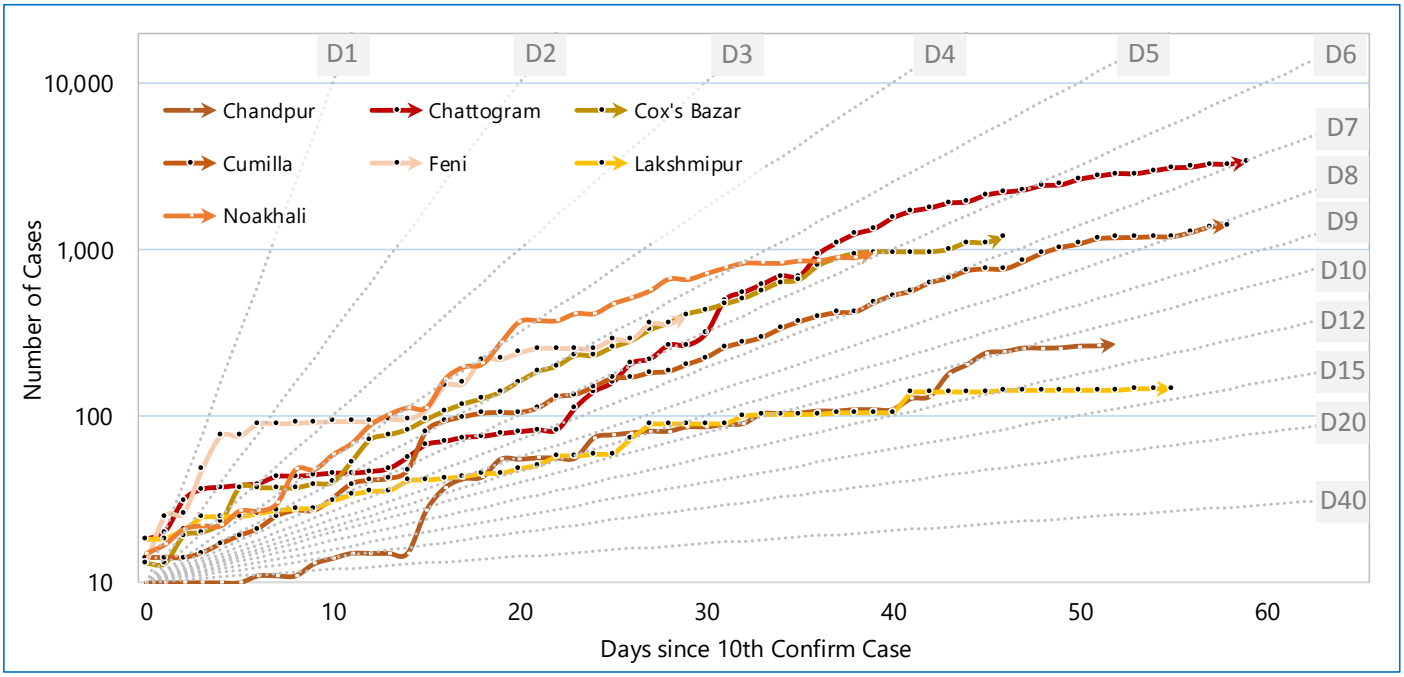
The case doubling time is **6** days in **Dhaka, Narayanganj** and **Dhaka** districts **7** days**, Munshiganj, Gazipur** and **Faridpur** districts **8,** and **10** days for **Gopalganj** district.

The figure below is showing the growth of COVID-19 confirmed cases in all districts of Dhaka division starting from the day they reported 10 confirmed cases, 15 June 2020, Bangladesh.

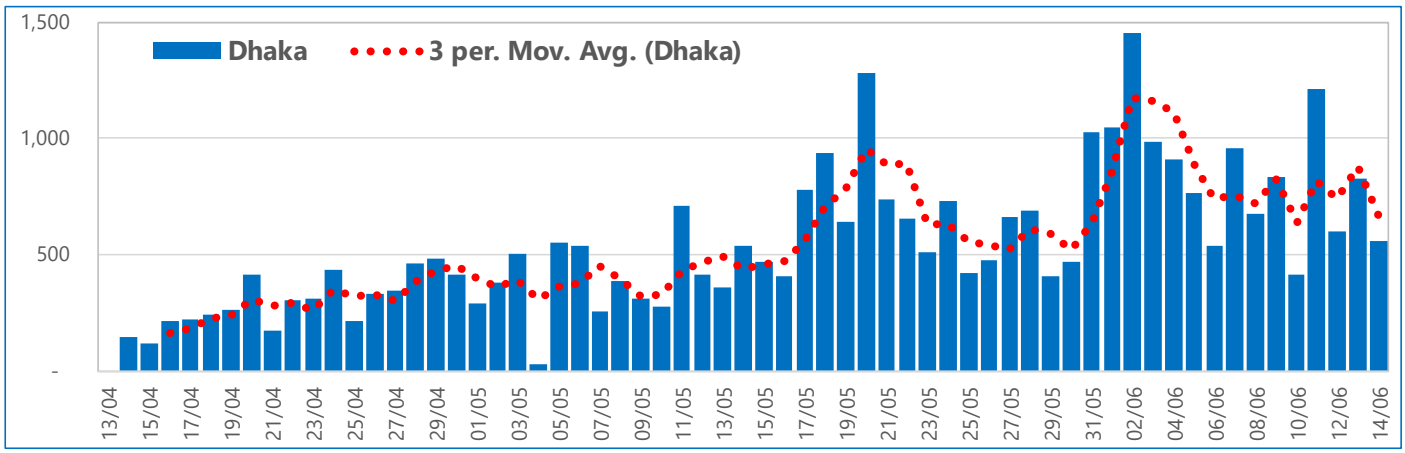


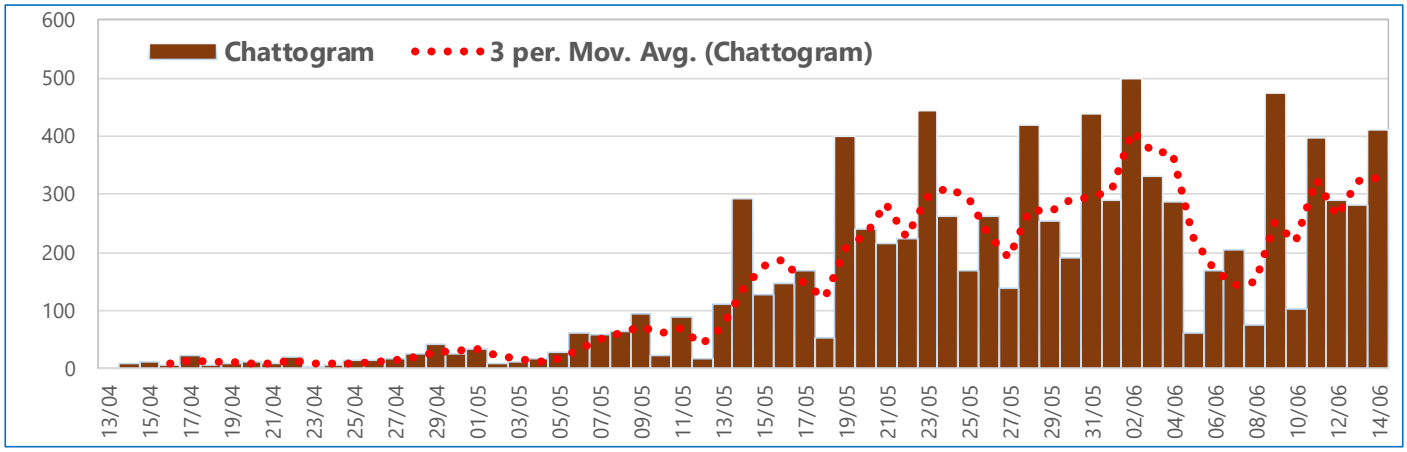
In **Chattogram** division till 15 June 2020, the case doubling time is high in **Feni** and **Noakhali** districts at **5** days, **Cox's Bazar** district **6** days, **Chattogram** district **7** days, **Cumilla** district **8** days, **Chandpur** district **10** days and **15** days for **Laxmipur** district.

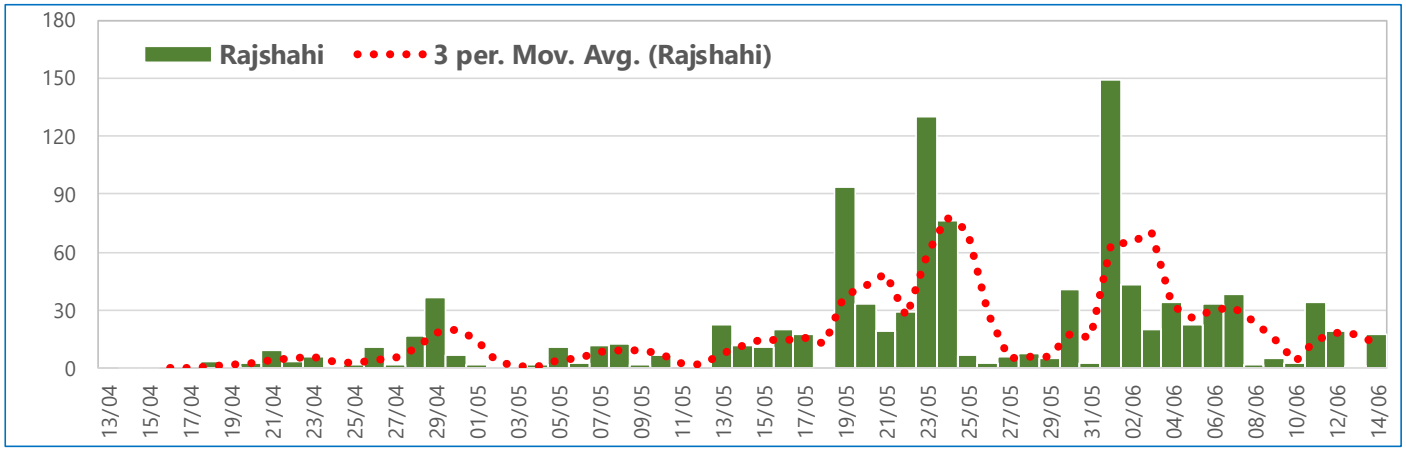
The figure below is showing the growth of COVID-19 confirmed cases in all districts of Chattogram division starting from the day they reported 10 confirmed cases, 15 June 2020, Bangladesh.

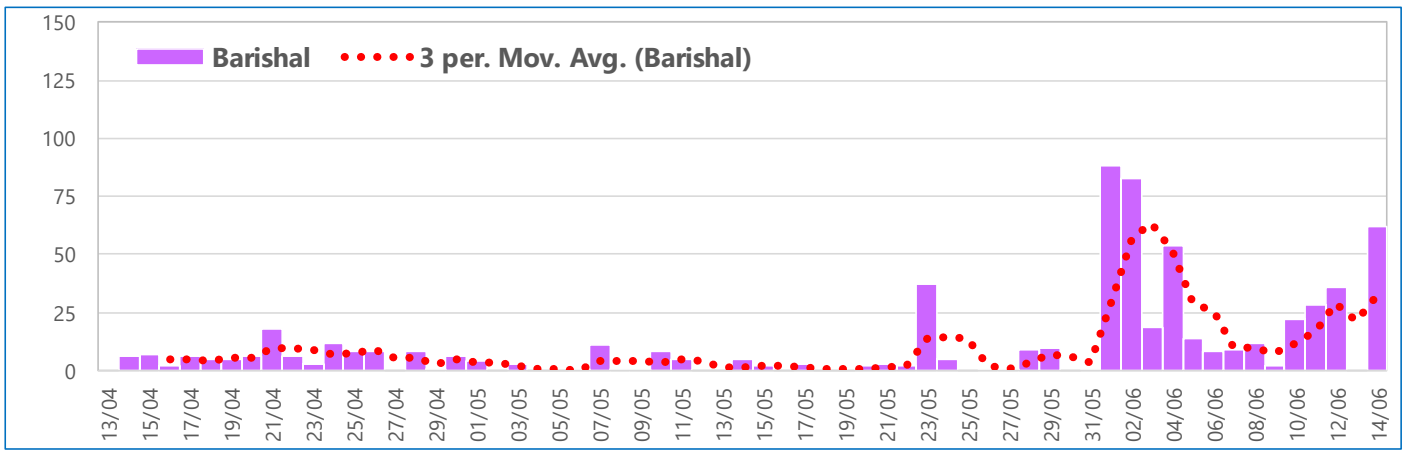


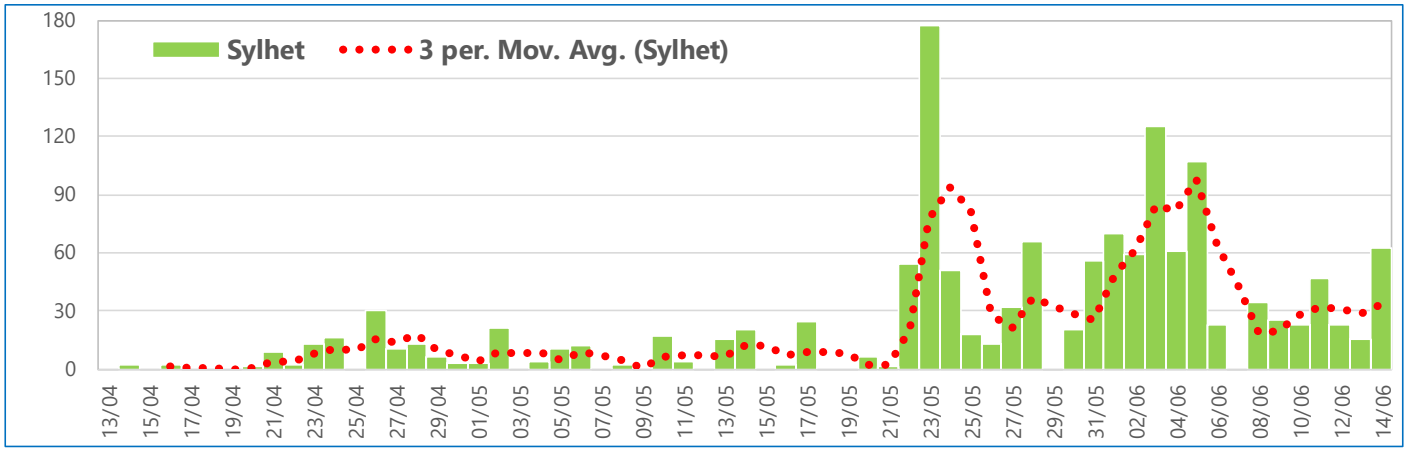
The figures below are showing the daily distribution of reported confirmed COVID-19 cases (N=51,217) and rolling three-days average per division, 13 April – 14 June 2020, Bangladesh.










Sylhet
3 per. Mov. Avg. (Sylhet)
180
150
120
90
60
30
0
13/04
15/04
17/04
19/04
21/04
23/04
25/04
27/04
29/04
01/05
03/05
05/05
07/05
09/05
11/05
13/05
15/05
17/05
19/05
21/05
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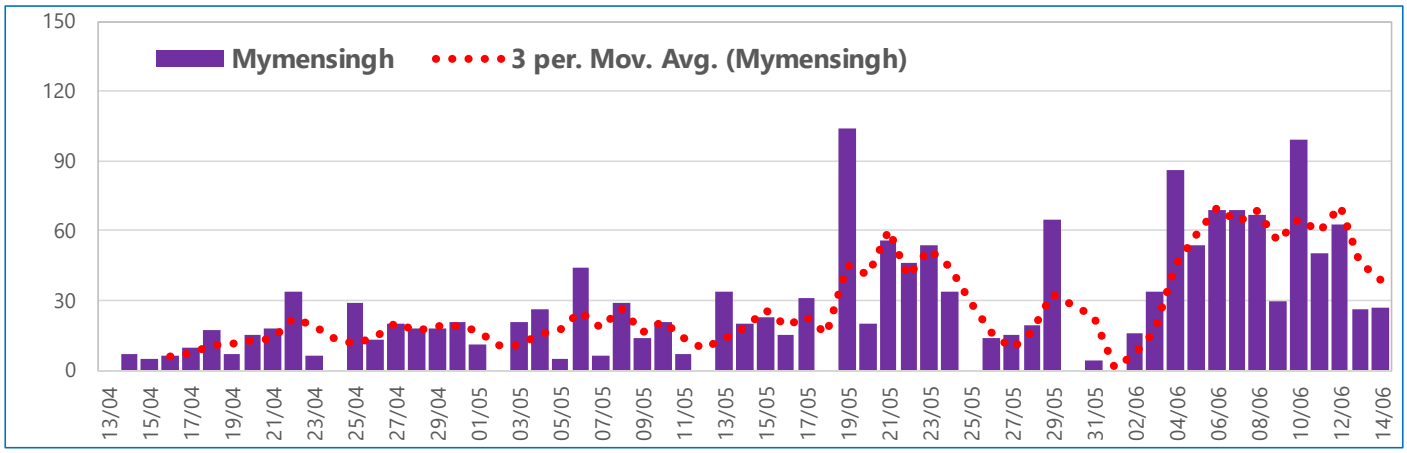
31/05
02/06
04/06
06/06
08/06
10/06
12/06
14/06


Mymensingh
3 per. Mov. Avg. (Mymensingh)
150
120
90
60
30
0
13/04
15/04
17/04
19/04
21/04
23/04
25/04
27/04
29/04
01/05
03/05
05/05
07/05
09/05
11/05
13/05
15/05
17/05
19/05
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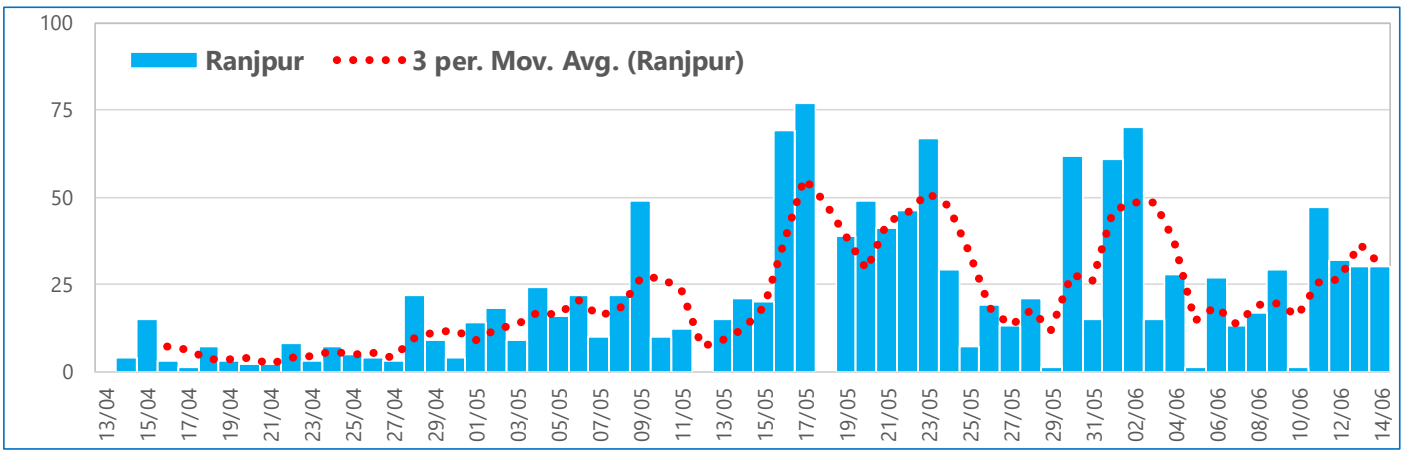
12/06
14/06


Ranjpur
3 per. Mov. Avg. (Ranjpur)
100
75
50
25
0
13/04
15/04
17/04
19/04
21/04
23/04
25/04
27/04
29/04
01/05
03/05
05/05
07/05
09/05
11/05
13/05
15/05
17/05
19/05
21/05
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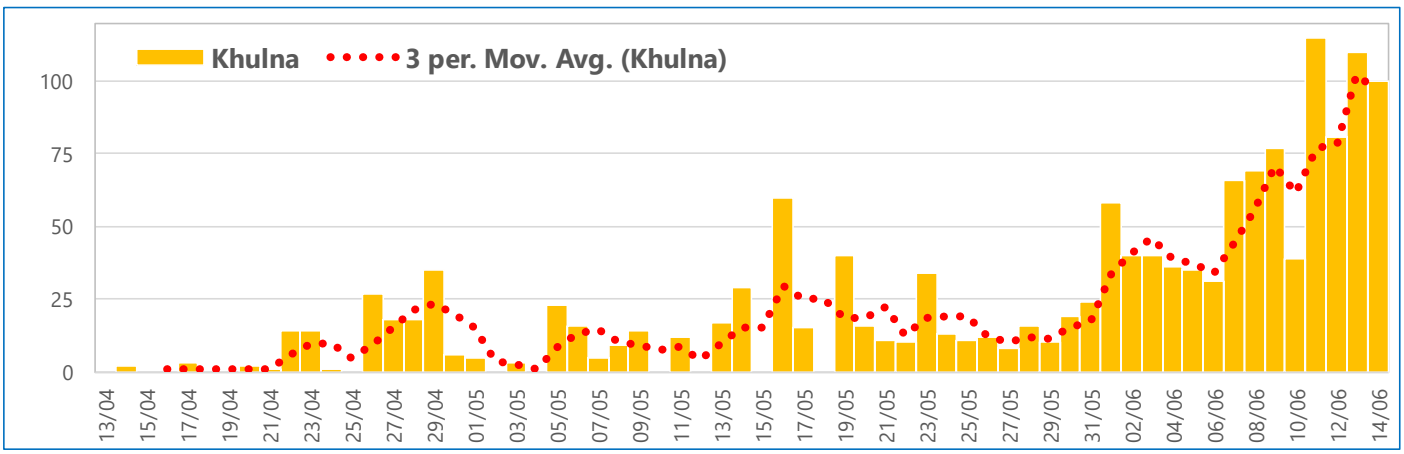
31/05
02/06
04/06
06/06
08/06
10/06
12/06
14/06


Khulna
3 per. Mov. Avg. (Khulna)
100
75
50
25
0
13/04
15/04
17/04
19/04
21/04
23/04
25/04
27/04
29/04
01/05
03/05
05/05
07/05
09/05
11/05
13/05
15/05
17/05
19/05
21/05
23/05
25/05
27/05
29/05
31/05
02/06
04/06
06/06
08/06
10/06
12/06
14/06

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 15 June, Bangladesh attack rate (**AR**) is **532.1** 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 **51,271 cases**, the highest AR continues to be observed in the **Dhaka division** (**797.2**/1,000,000). Within the Dhaka division, **Dhaka city** has the highest AR (**2,859.6**/1,000,000), followed by **Munshiganj** (**876.4**/1,000,000), **Narayanganj** district (**852.0.4**/1,000,000), **Dhaka district** (**341.3**/1,000,000), **Gazipur** (**315.3**/1,000,000), **Faridpur** (**307.3/**1,000000), **Gopalganj** (**280.8**/1,000,000), **Madaripur** (**155.1**/1,000,000), **Shariatpur** (**163.2**/1,000,000), **Kishoreganj** (**155.1**/1000,000), **Rajbari** (**113.6**/1,000,000), **Manikganj** (**102.6**/1,000,000), **Narshingdi** (**83.3**/1,000,000) and 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 (**274.8**/1,000,000). Within the division, **Cox's Bazar** reported the highest AR (**494.9**/1,000,000) followed by **Chattogram** district (**408.7**/1,000,000), **Feni** (**293.0**/1,000,000), **Noakhali** district (**279.5**/1,000,000), **Cumilla** district (**264.5**/1,000,000), **Bandarban** district (**159.0**/1000,000), **Chandpur** district (**129.2**/1,000,000), **Rangamati** district (**122.0**/1,000,000), **Khagrachhari** district (**115.7**/1,000,000), **Brahmanbaria** district (**73.2**/1,000,000) and **Lakshmipur** district (**71.4**/1,000,000).

The 3rd highest AR in the country was reported from **Mymensingh** division (**129.7/**1,000,000). Within the Mymensingh division, **Mymensingh** district has the highest AR (**141.5**/1,000,000) followed by **Jamalpur** district (**133.5**/1,000,000), **Netrokona** district (**114.6**/1,000,000) and **Sherpur** district (**104.0**/1,000,000).

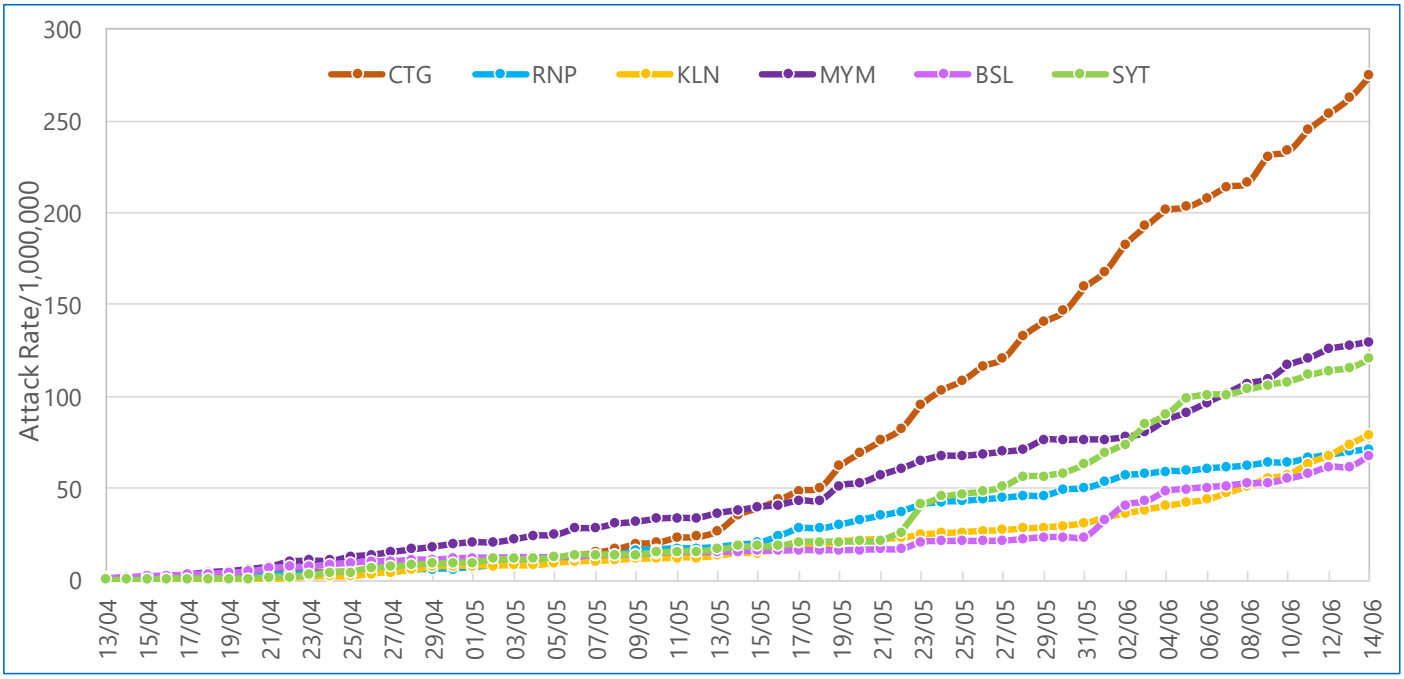
Sylhet division reported overall AR (**120.6**/1000,000) with the highest AR in **Sylhet** district (**166.5**/1000,000) followed by **Sunamganj** district (**151.8**/1,000,000), **Habiganj** district (**72.1**/1,000,000) and **Maulvibazar** district (**51.1**/1,000,000).

Rangpur division reported overall AR of (**71.5**/1,000,000) with the highest AR in **Rangpur** district at (**187.6**/1,000,000) followed by **Nilphamari** district (**63.6**/1,000,000), **Dinajpur** (**52.0**/1,000,000), and **Thakurgaon** district (**45.0**/1,000,000).

In **Khulna** division reported overall AR (**79.3**/1,000,00) but with high AR for **Khulna** district (**148.1**1,000,000) followed by **Kushtia** district (**107.7**/1,000,000)**, Chuadanga** district (**101.9**/1,000,000) and **Jashore** (**77.4**/1,000,000).

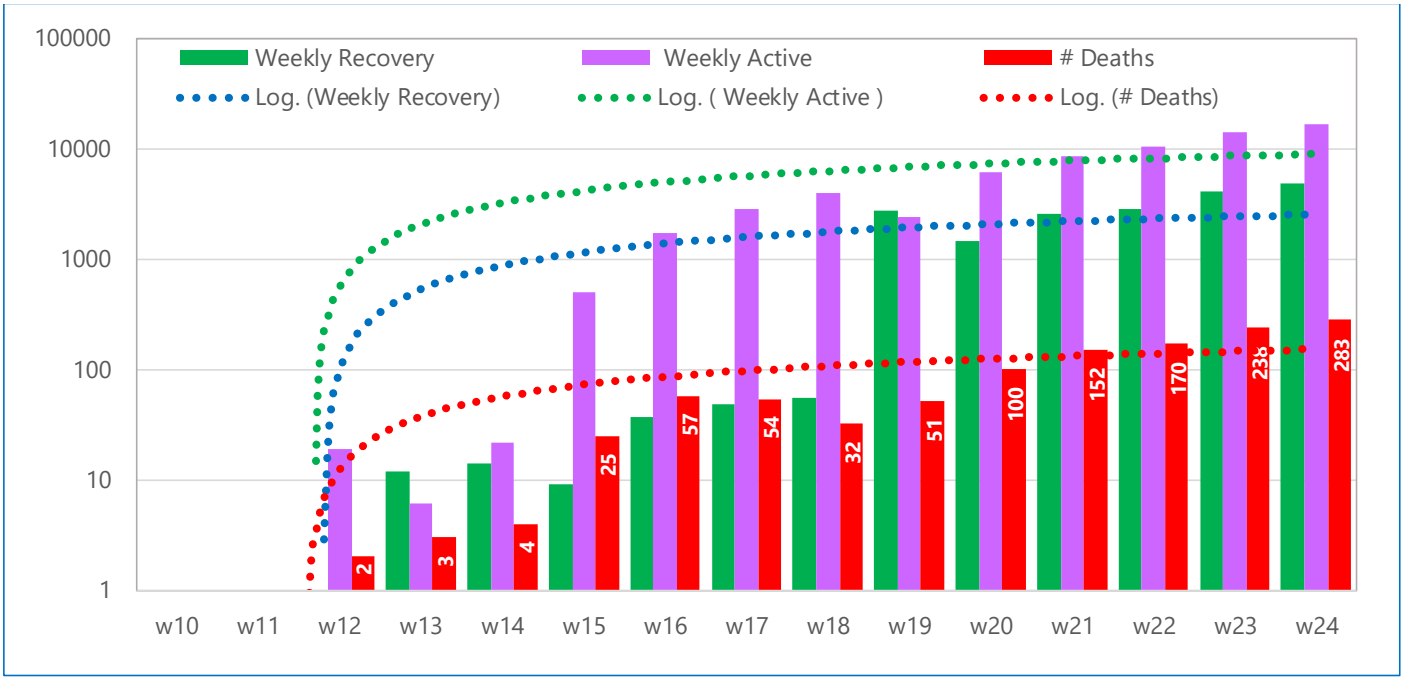
In **Barishal** division although the overall AR is low at AR **68.0**/1,000,000 with the highest AR in by **Barguna** district (**82.4**/1,000,000) followed **Barisha** (**81.5**/1,000,000). **Rajshahi** division has overall AR (**51.3**/1,000,000) with the highest AR in **Joypurhat** district (**169.4**/1,000,000), **Naogaon** district (**69.3**/1,000,000), and **Bogura** district (**66.9**/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, 13 April - 14 June 2020, Bangladesh.



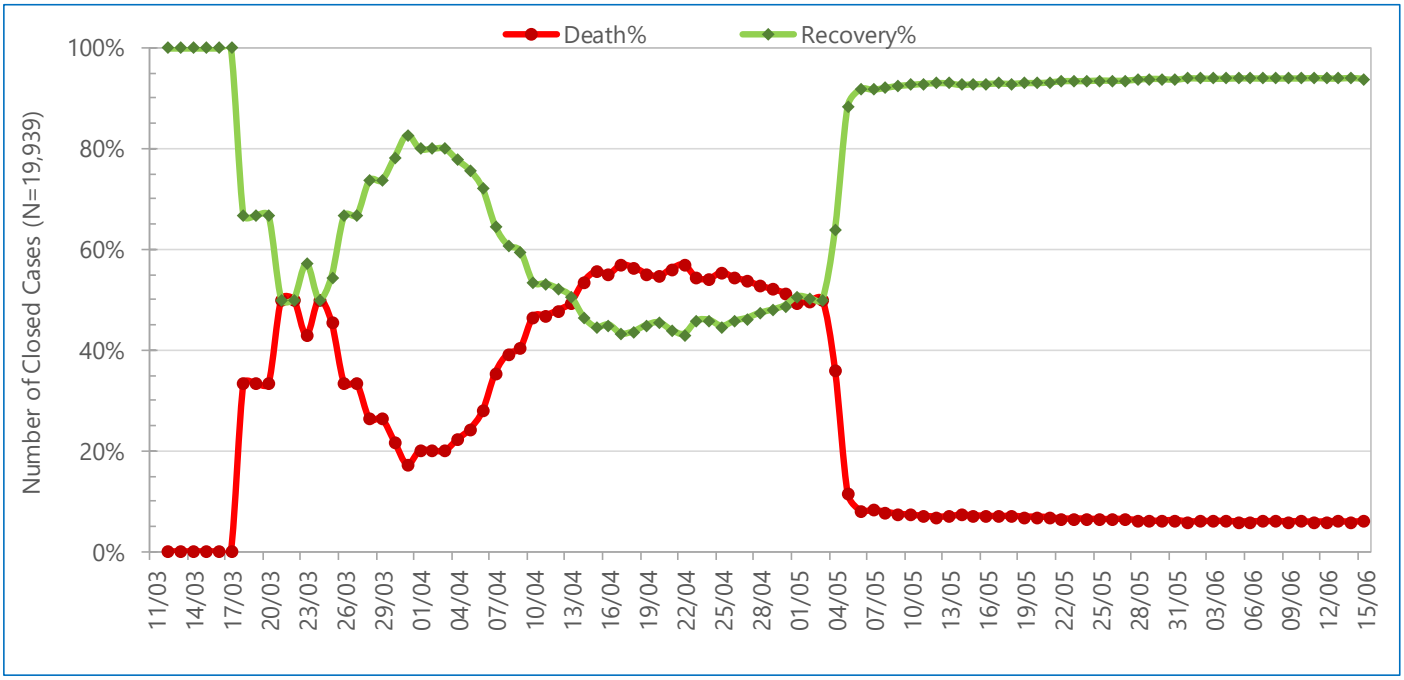
Out of the total **90,619** conformed COVID-19 registered as of 15 June 2020, **20.6%** (18,730/90,619) of the cases recovered, **78.0%** are **active cases** and **1.3%** - died**.**

The figure below is showing the outcomes of reported confirmed COVID-19 cases outcome per epidemiological week, 08 March – 15 June 2020, Bangladesh.



As of 08 June 2020, there were **19,939** (22.0%) COVID-19 cases with known outcome (closed cases), and out of all closed cases **93.9** (**18,730**/19,939) were cured and **6.1%** (1,209) died. The death rate on closed cases in Bangladesh is lower than the **10.0%** (**436,218**/4,581,165) global average as of 15 June 2020.

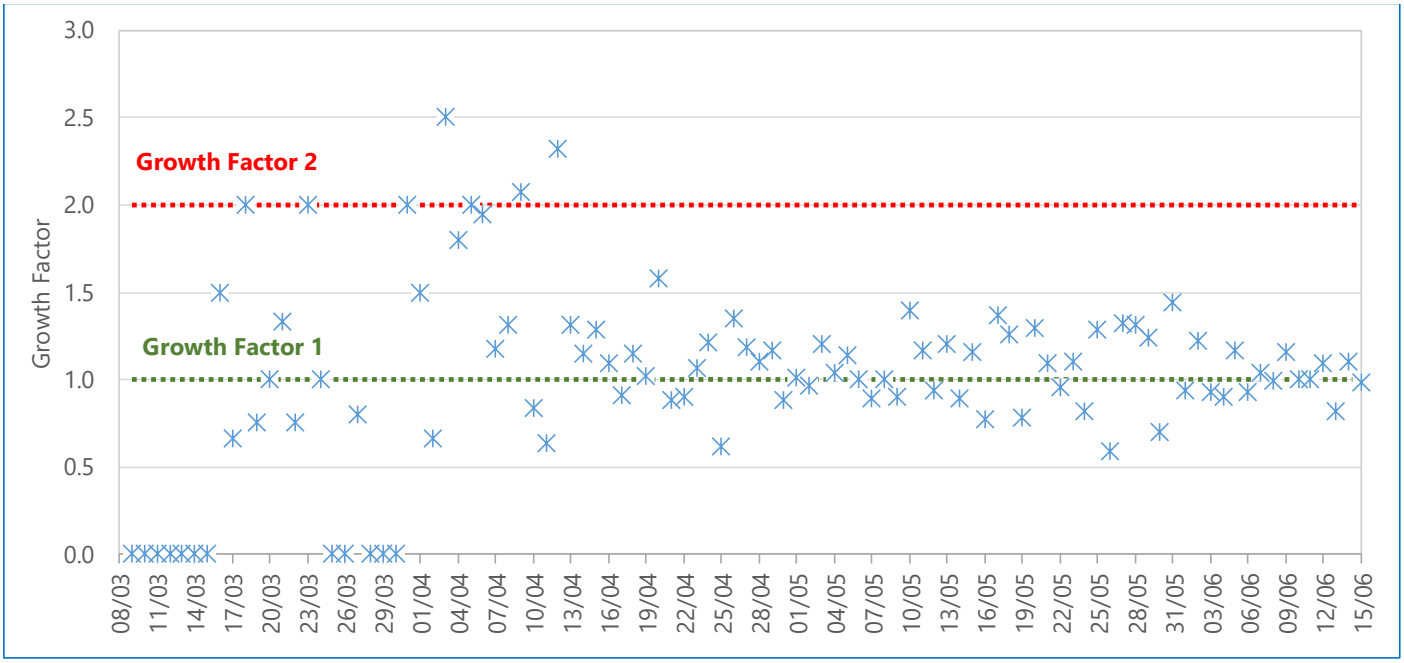
The figure below is showing the death and recovery rates over cumulative closed confirmed COVID-19 cases, 11 March – 15 June 2020, Bangladesh.



The highest recovery rate is observed in **Barishal** division with **61%** (369/607) of all recoveries, followed by **Rangpur** division with **59%** (747/1275), **Rajshahi** division - **43%** (475/1103)**, Mymensingh** division - **42%** (680/1633), **Dhaka** division - **39%** (12,935/32952), **Sylhet** division - **34%** (451/1336) and **Khulna** division- **31%** (385/1261). The lowest recovery rate of **19 %** is found in **Chattogram** division (1,363/7,202).

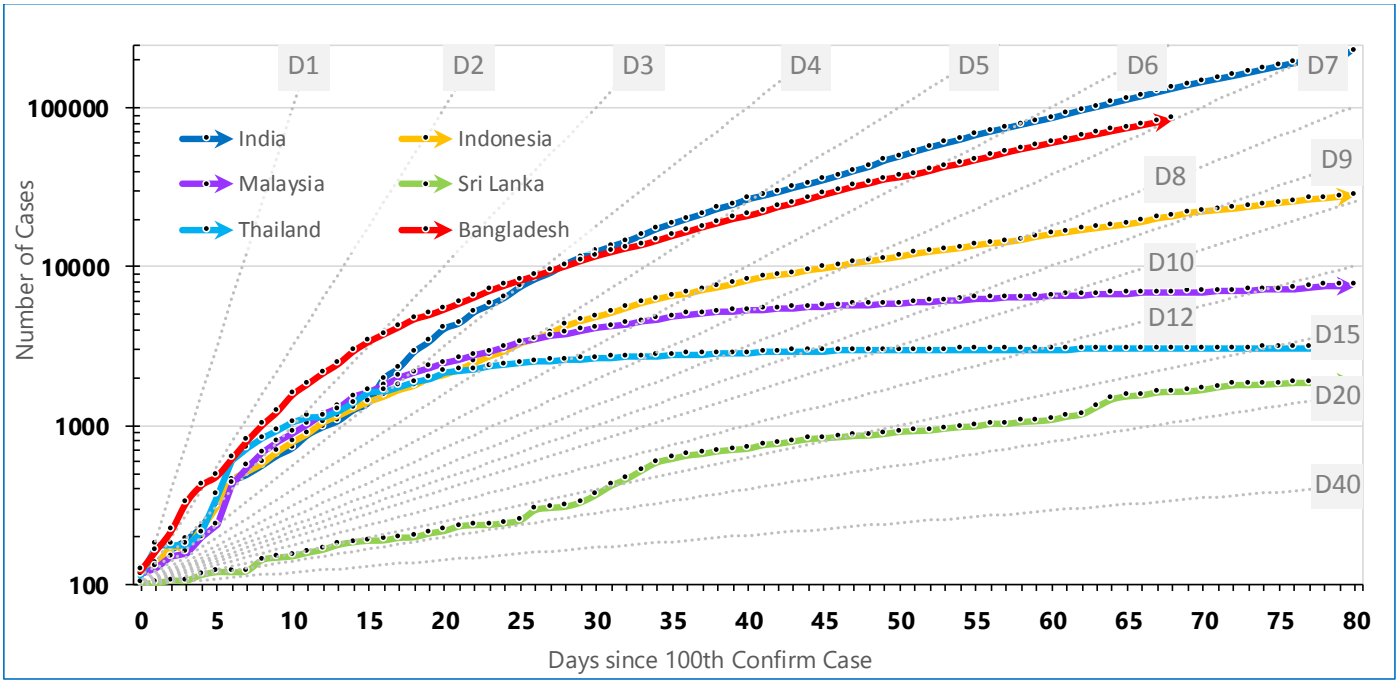
Growth factor (every day's new cases / new cases on the previous day) between **0** and **1** indicates a decline; when it is above 1 it signals an increase, and if is persistently above 1 this could signify exponential growth. On April 3, the **Growth factor (GF)** for COVID-19 cases in Bangladesh reached the highest of **2.5**, on 12 April it was **2.3**. Since the beginning of June 2020, the GF has been within the range of **0.8** – **1.2**, and on 15 June 2020, the GF is **0.8**.

The figure below is showing the Growth Factor of daily confirmed COVID-19 cases, 08 March – 15 June 2020, Bangladesh.



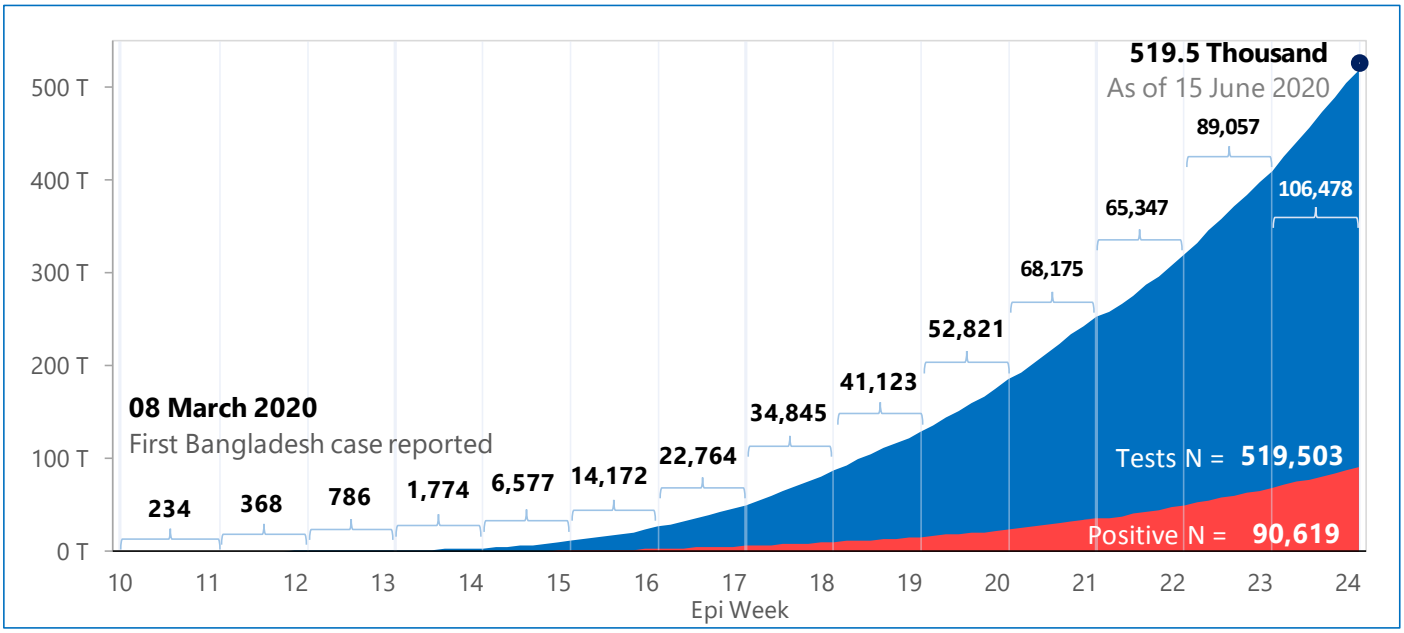
As of 15 June 2020, the case doubling time in Bangladesh remains five (**7.2**) days (3/4 day more than the previous update on 08 June 2020). Available data allows us to see how quickly the number of confirmed cases increased in Bangladesh and some other countries in the WHO South-East Asia region: India, 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, 15 June 2020.



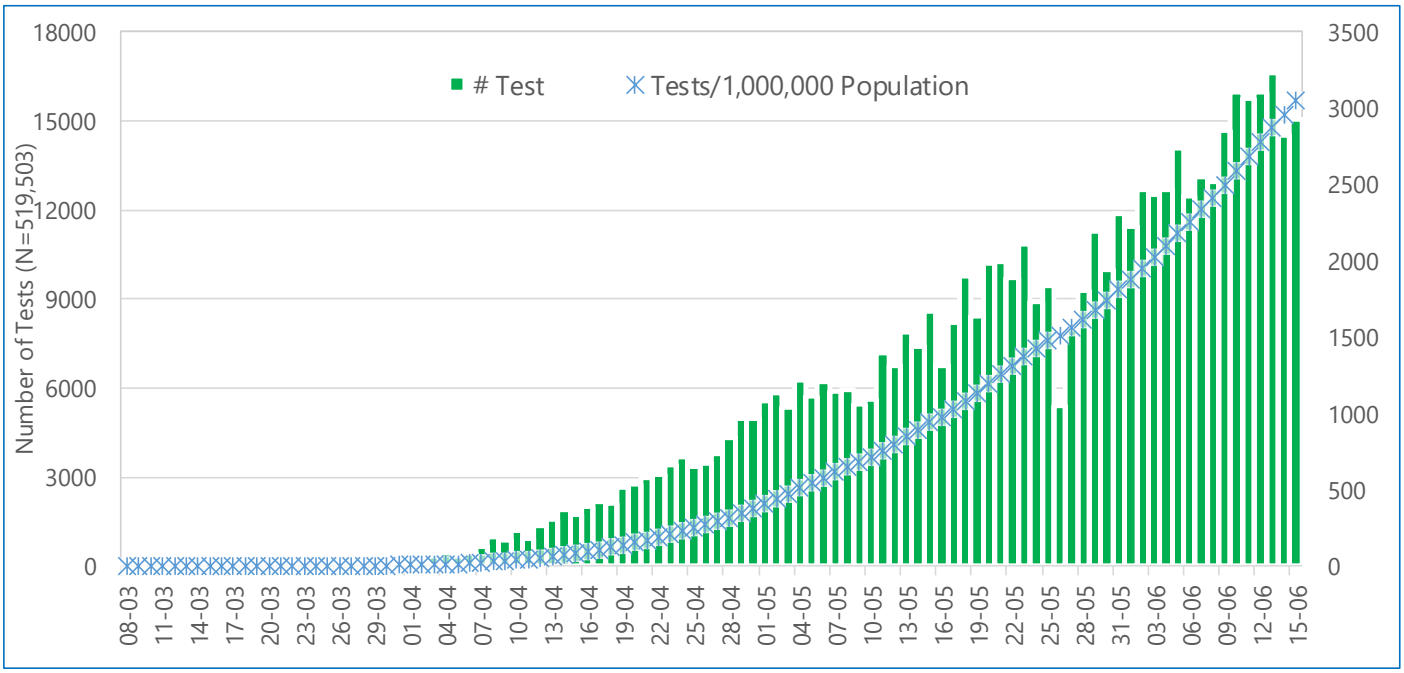
As of 15 June 2020, according to IEDCR, a total of **519,503** COVID-19 tests with the overall positivity rate of **17.4%** were conducted in Bangladesh by **60** laboratories (**30** laboratories in Dhaka and **30** laboratories in other divisions of the country). The latest laboratories, which have started the testing: in Dhaka - Dr. Lal Path Labs Bangladesh Limited, Aichi Hospital Ltd., Uttara and Shaheed Tajuddin Ahmad Medical College, Gazipur, Chattogram University, and Imperial Hospital Limited, Chattogram - outside Dhaka. **63.7%** of all tested sample were tested by laboratories in the Dhaka division, and **36.3%** - outside Dhaka.

The graph below is showing the weekly cumulative number of COVID-19 testing and positivity rate, 08 March – 15 June 2020, Bangladesh.



COVID-19 testing coverage has been gradually increasing in Bangladesh, reaching now **3,050**/1,000,000 but is still lower than in **Maldives** (**53,586**/1,000,000), **Malaysia** (**20,287**/1,000,000), **Nepal** (**12,299**/1,000,000), **Thailand** (**6,708**/1,000,000), **Sri Lanka** (**4,015**/1,000,000) and **India** (**4,186**/1,000,000).

The graph below is showing the daily cumulative number of COVID-19 testing per 1,000,000 population, 08 March – 15 June 2020, Bangladesh.

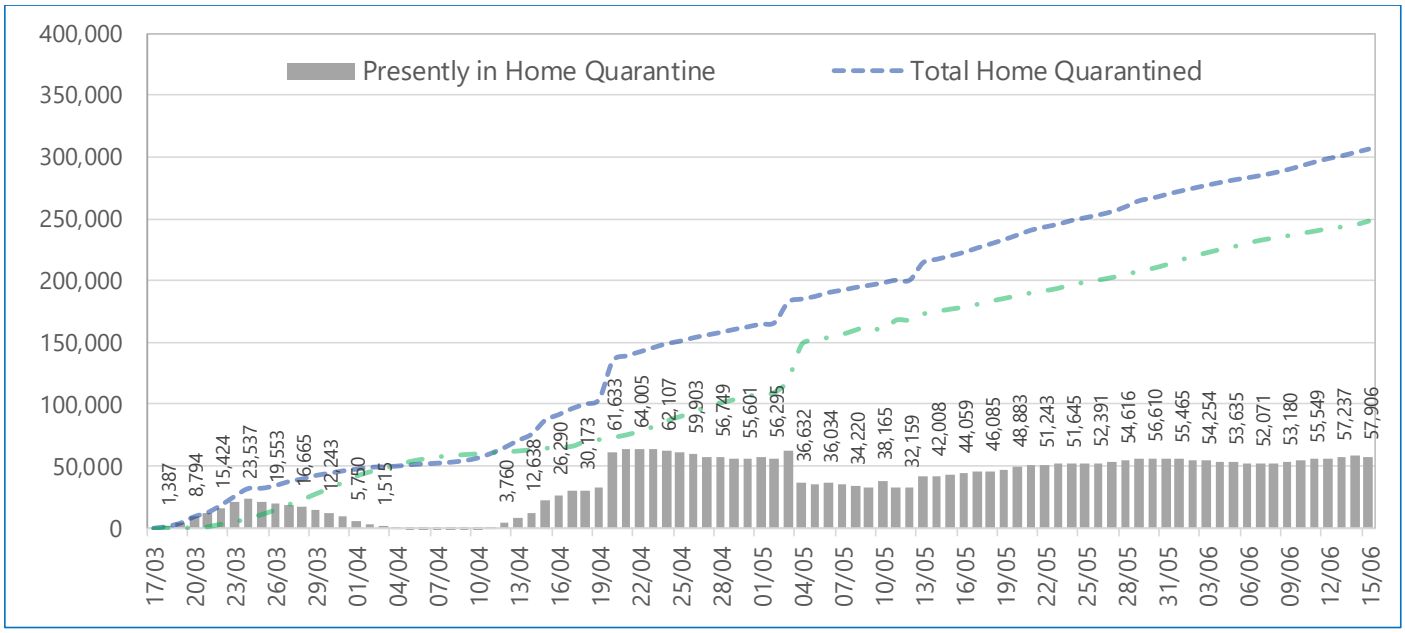


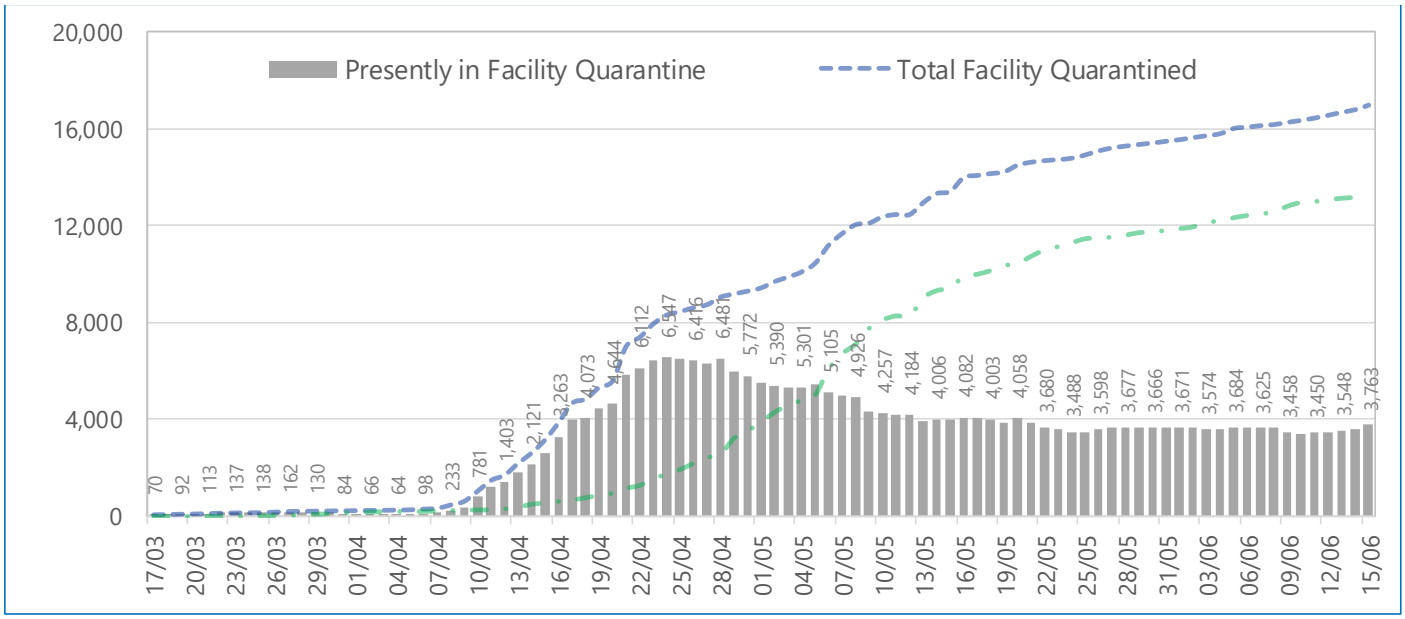
4. Contact Tracing, Points of Entry (PoEs) and Quarantine

According to the DGHS, as of 15 June 2020, the current institutional quarantine capacity in the country is represented by **629** centres across 64 districts, which can receive **31,991** persons. A total of **16,964** individuals were placed in quarantine facilities and of them **13,210** (78%) have been already released. By 15 June 2020, in total **15,844** individuals were isolated in designated health facilitates all over the country, of them **37%** (5,818/15,844) have been released, and **10,026** (63%) 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 **3,763**. Between 17 March to 15 June 2020, total **323,358** individuals were placed under home quarantine all the over the county and to date **81%** (261,689/323,358) have been already released. Remaining **19%** (60,669 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 – 15 June 2020, Bangladesh.





5. Case Management and infection Control

On 12 June, WHO-HQ convened a global technical advisory group (TAG) meeting on specifications on personal protective equipment (PPE). The TAG PPE group includes three subgroups providing independent technical advice to WHO on specifications of PPE, local production and country allocations. For the first subgroup meeting on technical specifications, the relevant testing parameters were agreed for medical masks and respirators. The TAG is considering the inclusion of Chinese standards to facilitate market access of compliant products given the global shortages and delay time in conducting tests at laboratories approved for testing according to European and/or US standards.

On 15 June 2020, a meeting was held in DGHS to review the Bangladesh Preparedness and Response Plan (BPRP) document submitted to MOHFW. The main recommendations were: revise the POE and Surveillance chapter; and the new zoning system.

The number of items approved under the WHO Emergency Use Listing (EUL) for SARS-CoV-2 in vitro diagnostic products remains at 10 items. Four products are listed as "not approved" and 33 are under review. Regarding rapid diagnostic tests for SARS-CoV-2 virus antibody, WHO received six expressions of interest and thus far none have been approved.

6. Risk Communication and Public Awareness

WHO together with RCCE group are supporting DGHS for designing and implementing communication activities to further emphasize the importance of masks wearing for increasing community protection against COVID, correct use of masks and simple steps for producing the items at home or at community level. A taskforce created under Inter-Agency Coordination Group and consisted of UN partners, NGO's and Private sectors developed a Standard Operating Procedure on how to make masks at home in order empower individuals and communities to affordably produce the protection items.

Working for better communicate on protection measure, RCCE partners are also further developing communication materials addressed to stigma and discrimination, important factors with potential of changing health seeking habits among communities by hiding symptoms and not following proper health advices. WHO has been producing risk communication materials on stigma and discrimination also for addressing increasing incidence of the issues in communities especially towards frontline responders, including health workers.

Furthermore, RCCE partners have intensified activities for addressing rumors, misinformation and disinformation, working with fact-checking and social media platforms for containing and eliminating the information that has the potential of being dangerous to population. In line with this, WHO Bangladesh and WHO South East Asia Regional Office are also working with BOOM Bangladesh for providing technical accurate health information to address rumors and misinformation.

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

EPI-WIN: WHO information network for epidemics: https://www.who.int/teams/risk-communication

Latest global WHO Situation Report # 146 as of 14 June 2020: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200614-covid-19-sitrep-146.pdf?sfvrsn=5b89bdad_6

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 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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