World Health Organization
Bangladesh

COVID-19
Situation Report No. #17
22 June 2020

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

In this issue of COVID-19 Morbidity and Mortality Weekly Update (MMWU) # 17:

Detailed epidemiological update on COVID-19 pandemic in Bangladesh, week 15-22 June 2020, including:

- ✓ *dashboard with key figures; daily and weekly distribution of COVID-19 cases and related deaths;*
- ✓ *growth factor of daily COVID-19 cases*
- ✓ *daily distribution of COVID-19 cases and rolling three-days average per division;*
- ✓ *overall attack rate and per division;*
- ✓ *comparison data with selected countries in South East Asia;*
- ✓ *death and recovery rates of closed cases; and*
- ✓ *number of COVID-19 laboratories and total weekly number of samples tested.*

Tested	Confirmed	Recovered	Dead	Hotline
630,719	115,786	46,719	1,502	12.6 million

Test/1 million	New Cases	Recovery Rate	CFR%	AR/1 million
3,703	3,480	40.3%	1.30%	679.8

Laboratories	PPE Stock		PoE Screening	
62 COVID-19 Labs		1,254,742		347,536
Last 7 days 110,699 Samples		2,746,999		23,525
63.7% Inside Dhaka Tests		184,391		7,029
18.4% Positive Tests		474,847		347,233

1. Highlights

As of 22 June 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR), there are 115,786 confirmed COVID-19 cases[1] in Bangladesh, including 1,502 related deaths; Case Fatality Rate (CFR) is 1.30%.

On 18 June 2020, the Civil Aviation Authority issued a circular notifying that with effect from **16 June until further notice**, all passenger flights to/from **Bahrain, Bhutan, Hongkong, India, Kuwait, Malaysia, Maldives, Nepal, Oman, KSA, Sri Lanka, Singapore, Thailand, Turkey,** shall **not be allowed** to land at any Airport in Bangladesh. Full document: *www.caab.gov.bd*

On 17 June 2020, the Ministry of Foreign Affairs (MoFA) issued a Note Verbal to inform that Diplomatic, Official and Laissez Passer holders posted in diplomatic missions in Bangladesh and their family members (including holders of ordinary passports) with valid visas will be **exempted from the requirement to submit COVID-19 negative/COVID-19 symptom free medical certificate upon arrival.** The diplomatic missions are requested to ensure self-quarantine of their diplomats/employees upon travelling to Bangladesh. Full document: *https://mofa.gov.bd*

2. Coordination

On 21 June 2020, the Ministry of Public Administration issued a notification that in accordance with the 2018 Infectious Diseases (Prevention, Control and Eradication) Act certain areas in ten (10) districts in the country were declared as 'Red Zones'. The Ministry of Public Administration further declared conditional general holidays in the Red Zones for the period of 21 days, these general holidays will be applicable to all the officials/employees of government, semi-government, autonomous, private offices/organizations of the specified **Red Zone** areas, and who live outside the areas. The emergency services will be excluded from these general holidays. Full document: *www.mopa.gov.bd*

The technical working group on PPE quality control (TWG on PPE QC) developed a draft guideline for PPE visual inspection, for consideration by DGDA. The document aims to guide local producers and importers of PPE on the sampling methods and algorithms for ensuring compliance of PPE batches with the specifications and explains methods to conduct visual inspection for the most common PPE items. It is also a useful guide to procurement agencies and buyers to conduct a quality check of PPE upon delivery. The guide was drafted by Japanese inspection firm K2 with financial support from JICA, with technical inputs from the other technical working group members. The technical working group is coordinated by WHO and includes members from BUET, icddr,b, USAID, JICA and K2. The guide will be considered by DGDA. After review, it is expected that the guide will be posted for public comments on the DGDA website and then finalized after incorporation of stakeholders' feedback. The TWG also produced draft parameters for testing cloth masks, for consideration by DGDA.

MoHFW established a technical committee on Investigational New Drugs (IND). Membership of the committee comprises of 12 participants coordinated by DGDA and chaired by Bangabandhu Shaikh Mujibur Rahman Medical University (BSMMU). Members include senior academicians and clinicians. The committee aims to advise DGDA on the evaluation of locally produced or imported medicines, investigational drugs, vaccines and medical devices to treat, prevent or detect Covid-19, as a public health emergency. On Sunday 21 June, DGDA convened a technical committee meeting for consultation on the minimum sensitivity and specificity level of serological test for COVID-19. The committee will be meeting regularly to ensure expedited decisions on access to new products related to COVID-19 management.

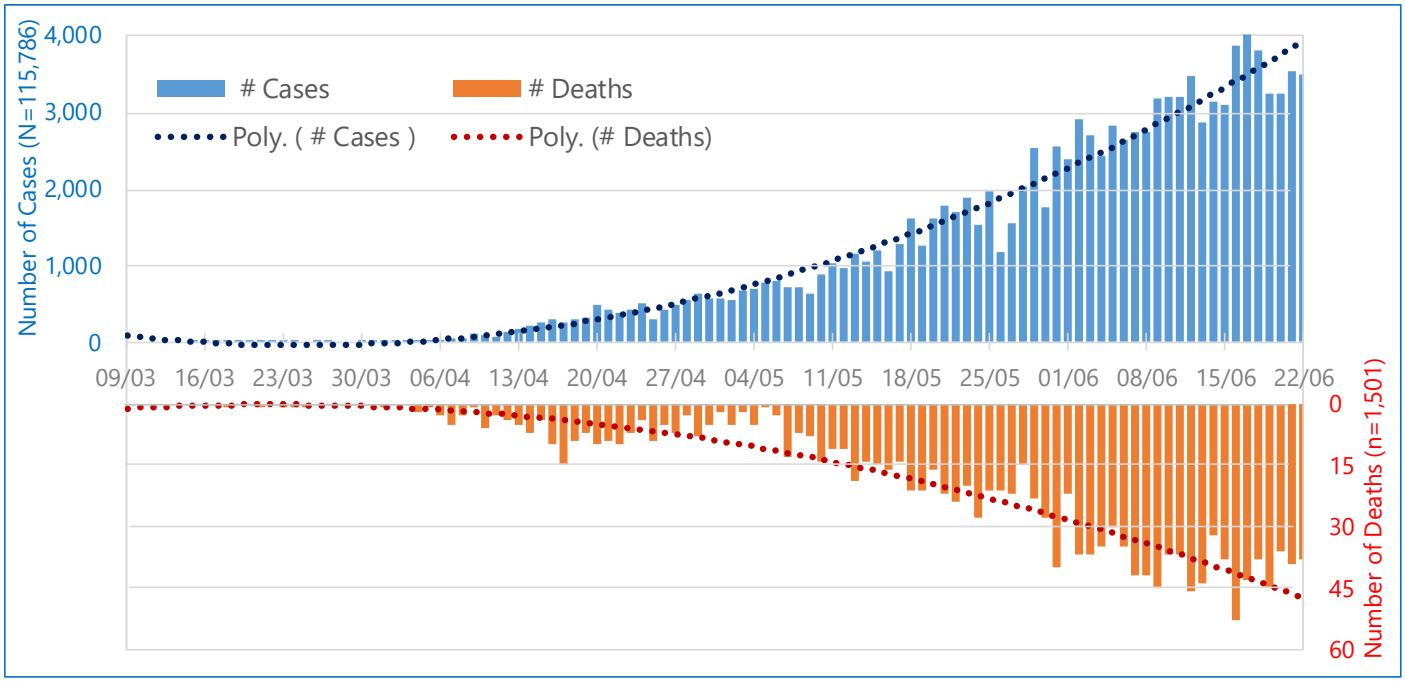
[1] WHO Bangladesh COVID-19 Situation Reports present official counts of confirmed COVID-19 as announced by the IEDCR and DGHS on the indicated date. Difference in data between the WHO reports and other sources can result from using different cutoff times for the aggregation and reporting of the total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

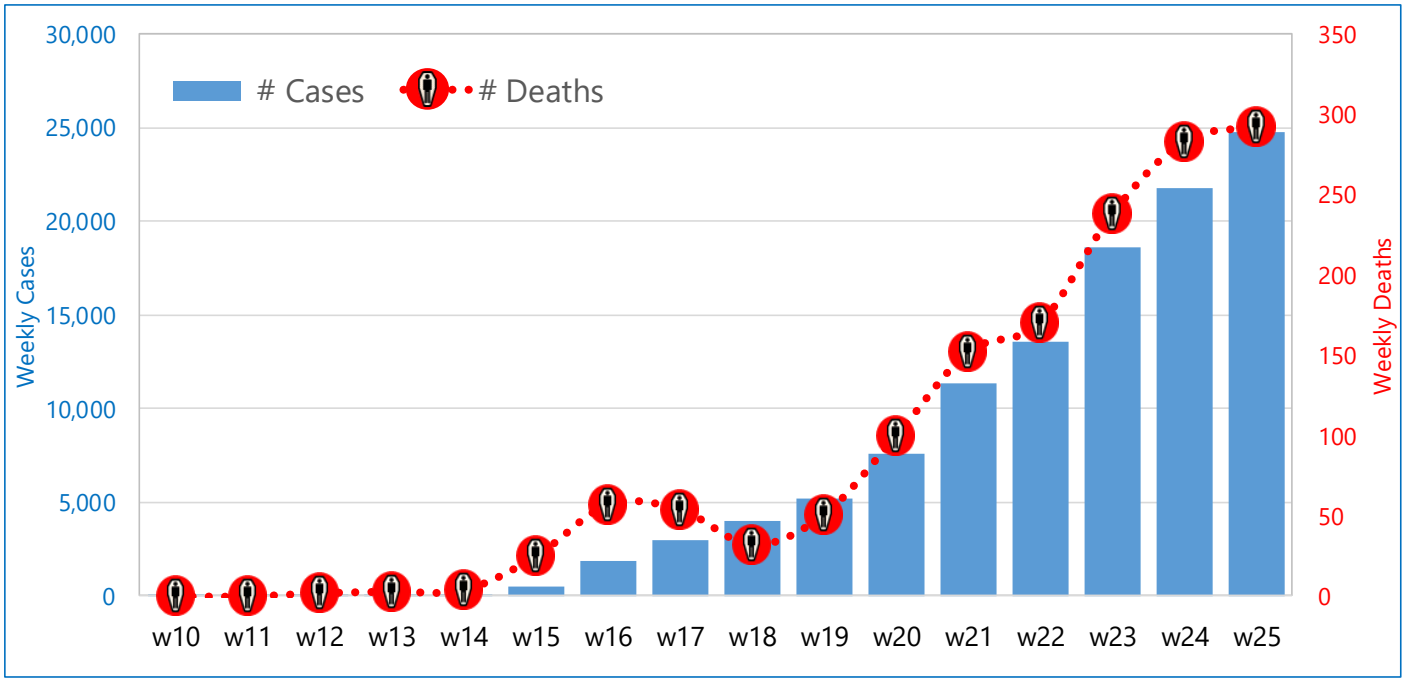
3. Surveillance and Laboratory

Between 9 March and 22 June 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were fifteen-thousand-seven-hundred-eighty-six (**115,876**) COVID-19 confirmed by rt-PCR, including one-thousand five-hundred-two (**1,502**) related death cases (**CFR 1.30**%).

In the current week (epidemiological week 25), COVID-19 confirmed cases increased by **14%**, in comparison to the previous week (24,786 and 21,751 respectively). In comparison to the previous epidemiological week, while the number of COVID-19 related deaths increased by **3.2%** (292 and 283 respectively), the overall Case Fatality Rate (CFR) decreased from **1.34%** in epidemiological week 24 to **1.30%** in the current week.

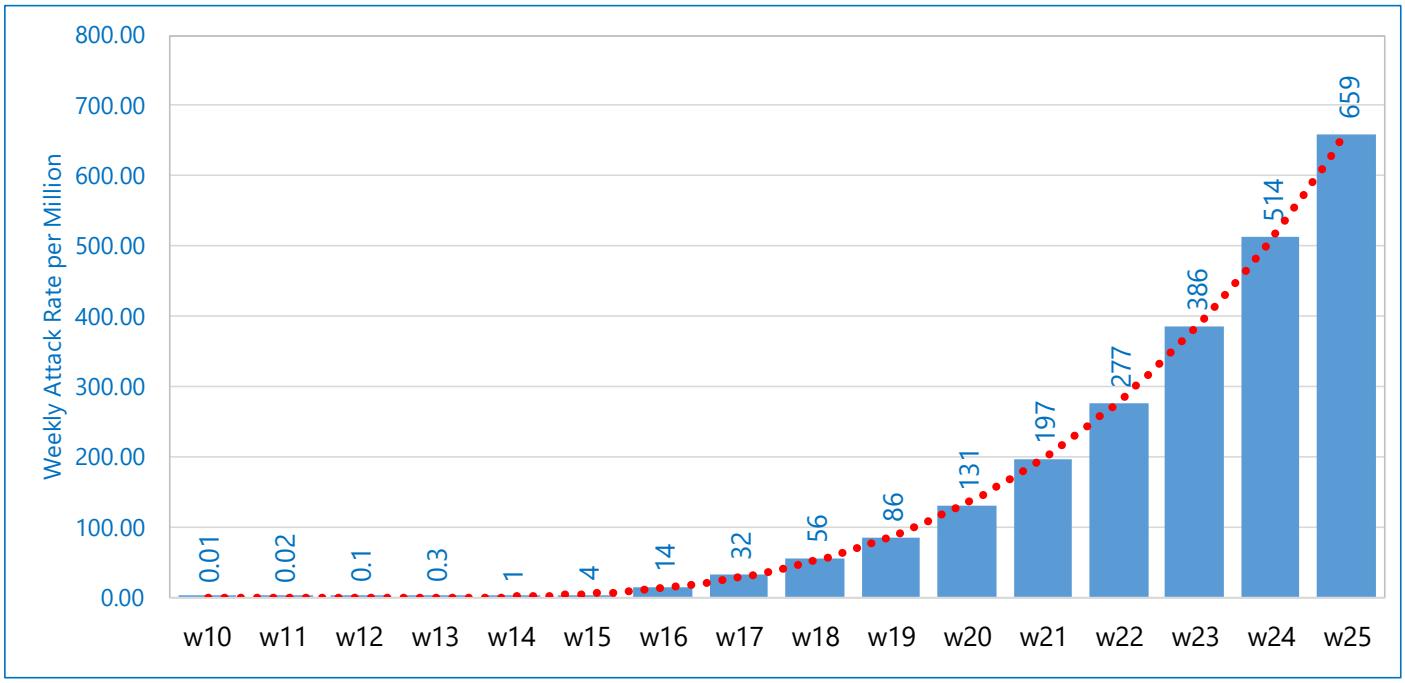
The figures below are showing the daily and weekly distribution of reported confirmed COVID-19 cases and deaths, 09 March – 22 June 2020, Bangladesh.





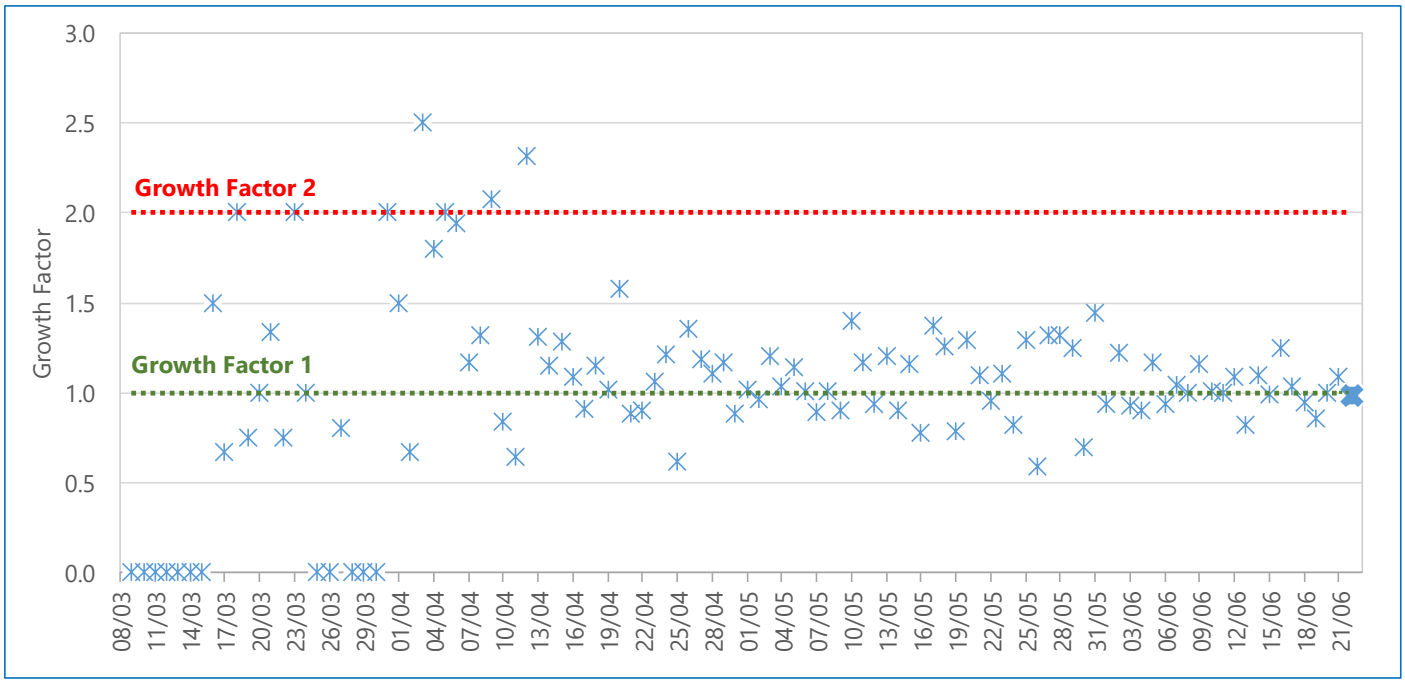
In the current week (epidemiological week 25), COVID-19 Attack Rate (AR) increased by **28.3%**, in comparison to the previous week (659 and 514 respectively).

The figure below is showing the weekly attack rate confirmed COVID-19 cases, 08 March – 22 June 2020, Bangladesh.



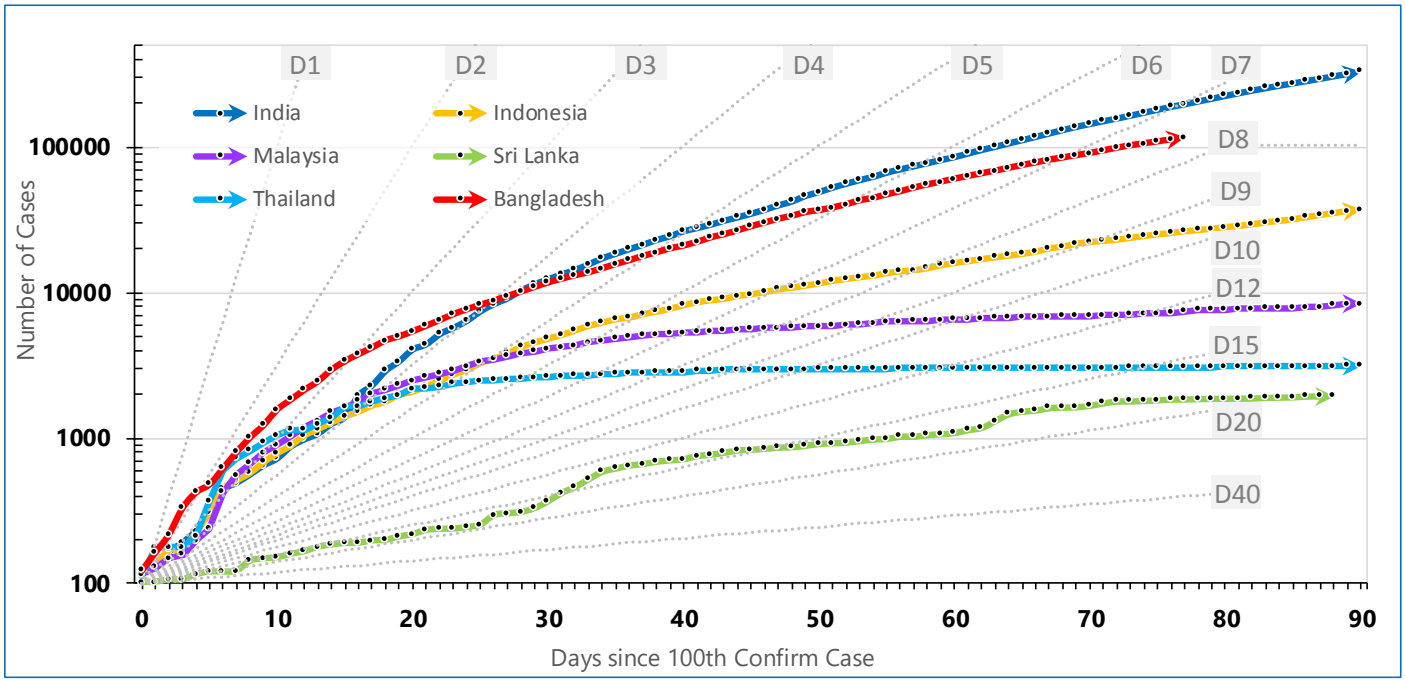
Growth factor (every day's new cases / new cases on the previous day) between 0 and 1 indicates a decline; when it is above 1 it signals an increase, and if is persistently above 1 this could signify exponential growth. On April 3, the Growth factor (GF) for COVID-19 cases in Bangladesh reached the highest of 2.5, the GF was above 2 on 9 and 12 April. Since the beginning of June 2020, the GF was within the range of 0.8 – 1.2, and on 22 June 2020, the GF is 1.0.

The figure below is showing the Growth Factor of daily confirmed COVID-19 cases, 08 March – 22 June 2020, Bangladesh.



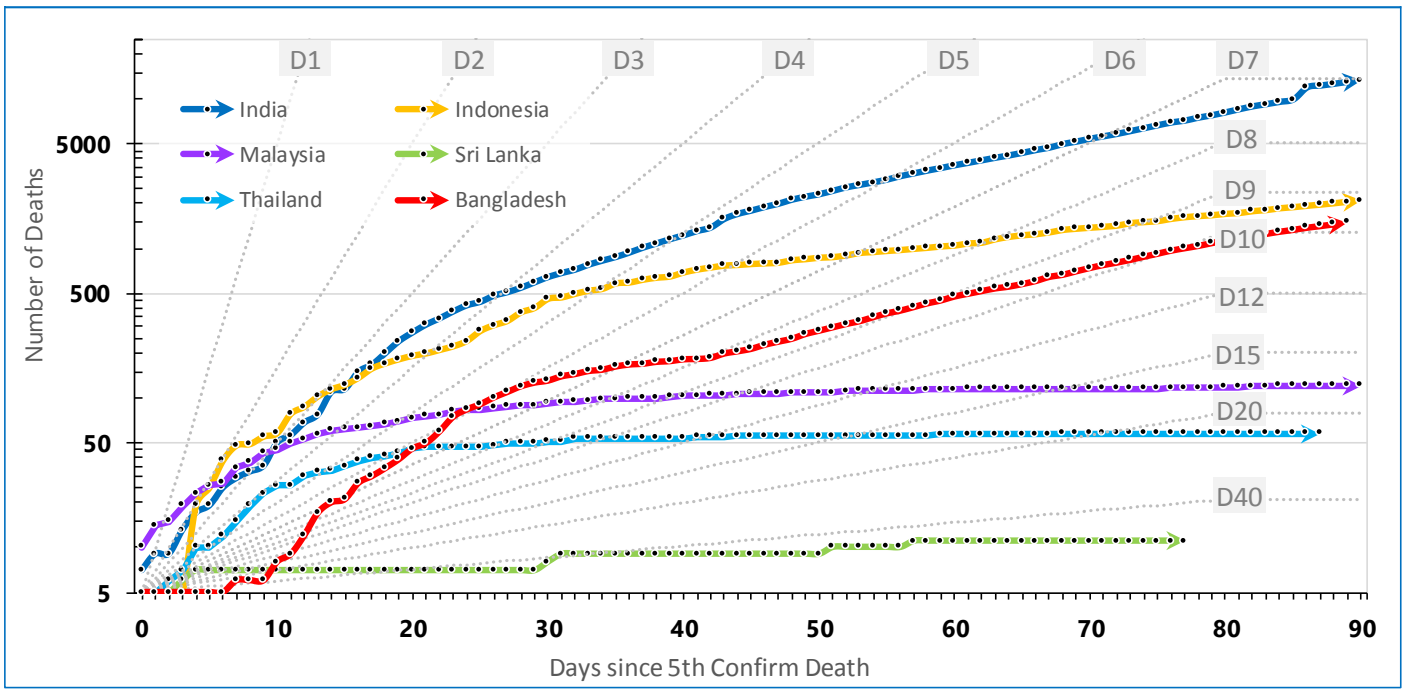
As of 22 June 2020, the case doubling time in Bangladesh remains eight (**8.0**) days (about 1/2 day) more than the previous update on 15 June 2020). Available data allows us to see how quickly the number of confirmed cases increased in Bangladesh and some other countries in the WHO South-East Asia region: 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, 22 June 2020.



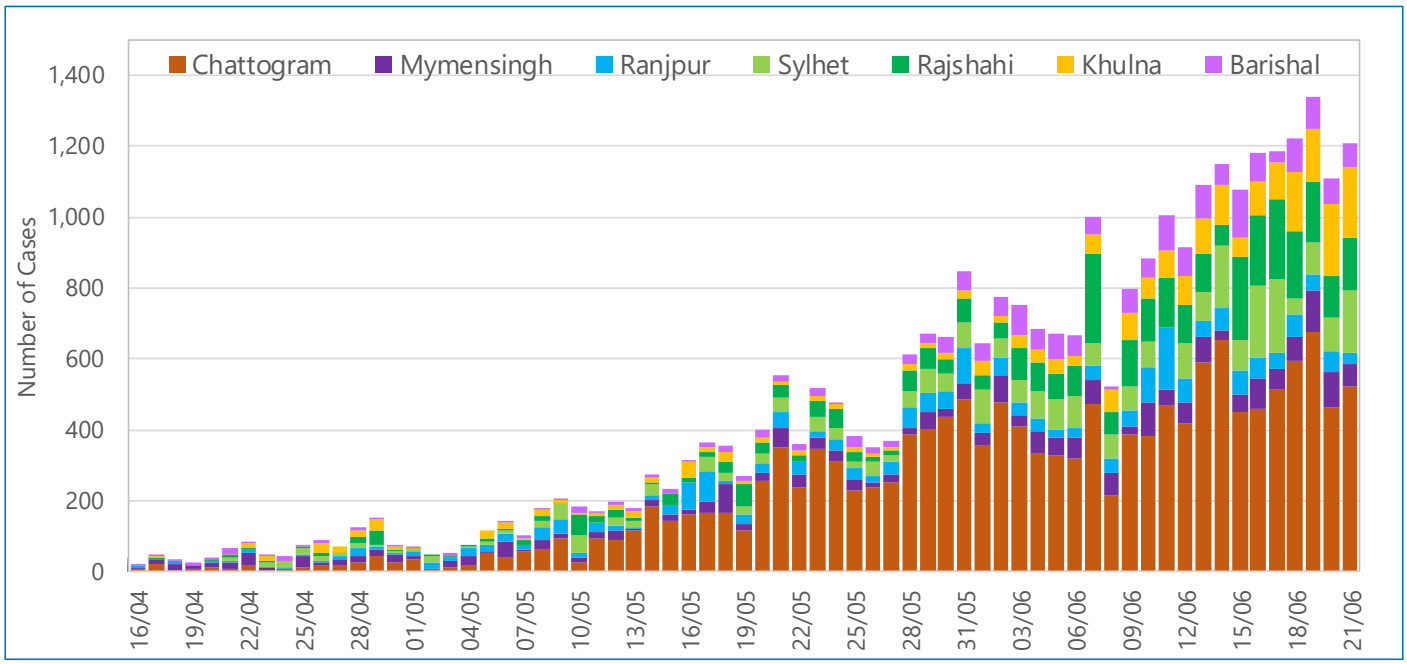
As of 22 June 2020, the death doubling time in Bangladesh remains teen (**10.0**) days (no change from the previous update on 15 June 2020). Available data allows us to see how quickly the number of confirmed deaths increased in Bangladesh and some other countries in the WHO South-East Asia region: India, Indonesia, Thailand and Sri Lanka

The figure below is showing the growth of COVID-19 confirmed deaths in selected South East Asian countries starting from the day they reported 100 confirmed cases, 22 June 2020.



As of 22 June 2020, geographical distribution of confirmed reported COVID-19 cases was available on **97%** of cases (112,306/115,786); of which **13.4%** from Chattogram division, **3.2%** from **Rajshahi** division, **2.6%** from **Sylhet** division, **2.1%** from **Mymensingh** division, **2.1%** from **Khulna** division, **2.0%** from **Rangpur** division, and **1.8%** from **Barisal** division.

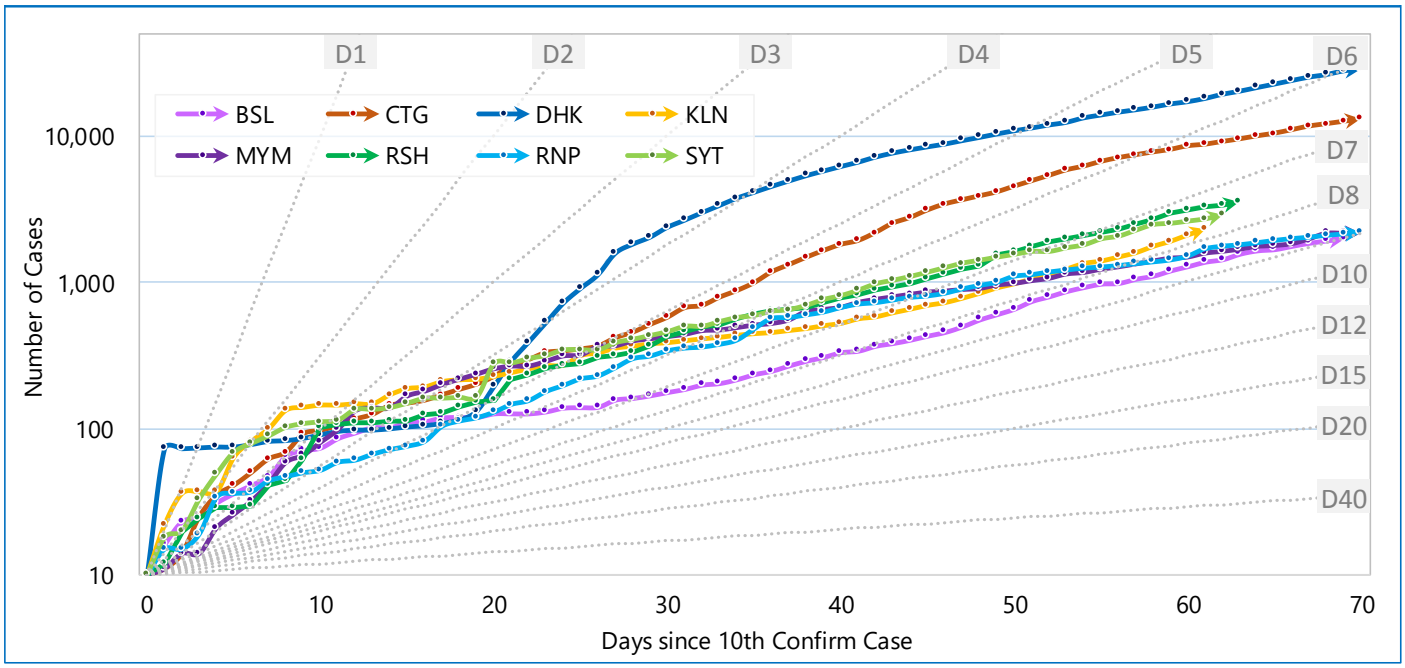
The figure below is showing the daily distribution of reported confirmed COVID-19 cases per division (except Dhaka city), 16 April – 21 June 2020, Bangladesh.



The case doubling time can be used to determine 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.

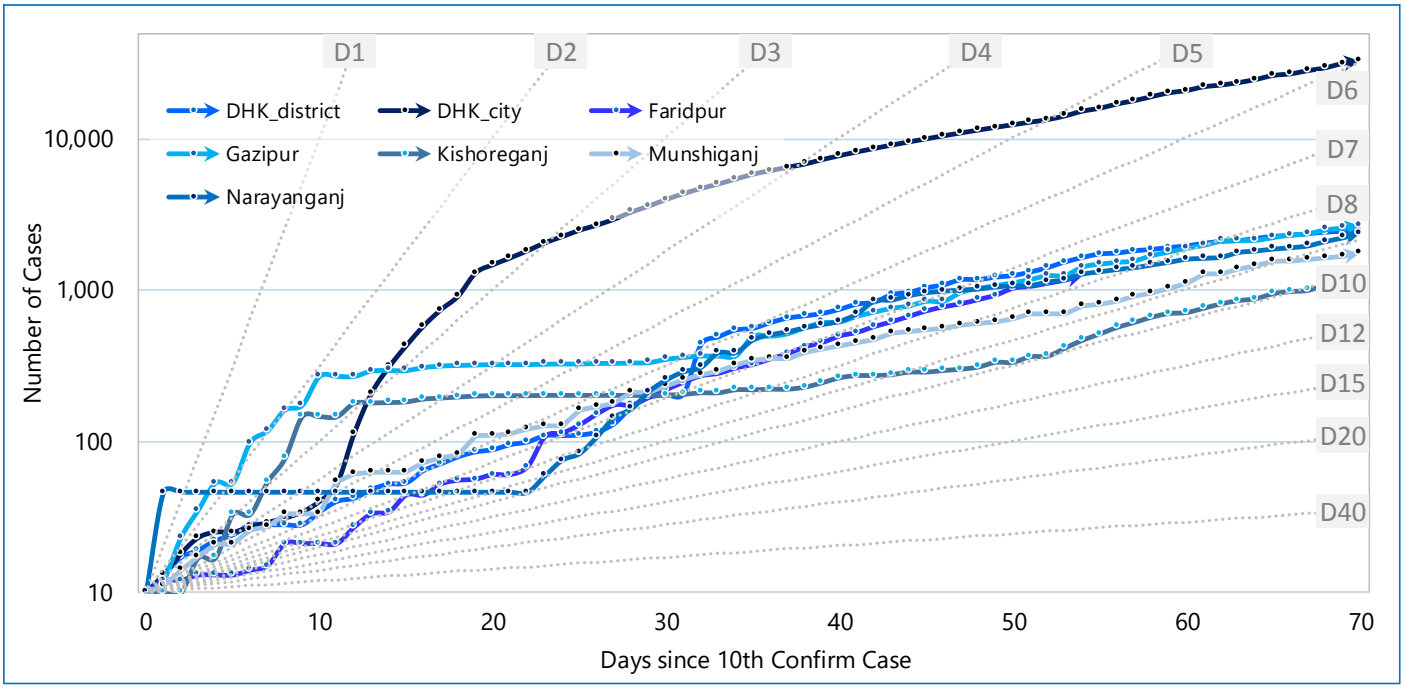
As of 22 June 2020, the case doubling time is **6** days in **Dhaka** division and **Chattogram**; in **Khulna**, **Sylhet** and **Rajshahi** divisions - **7** days, in **Rangpur, Mymensingh** and **Barisal** divisions - **9** days.

The figure below is showing the case-doubling time of COVID-19 confirmed cases in all divisions starting from the day each reported 10 confirmed cases, 22 June 2020, Bangladesh.



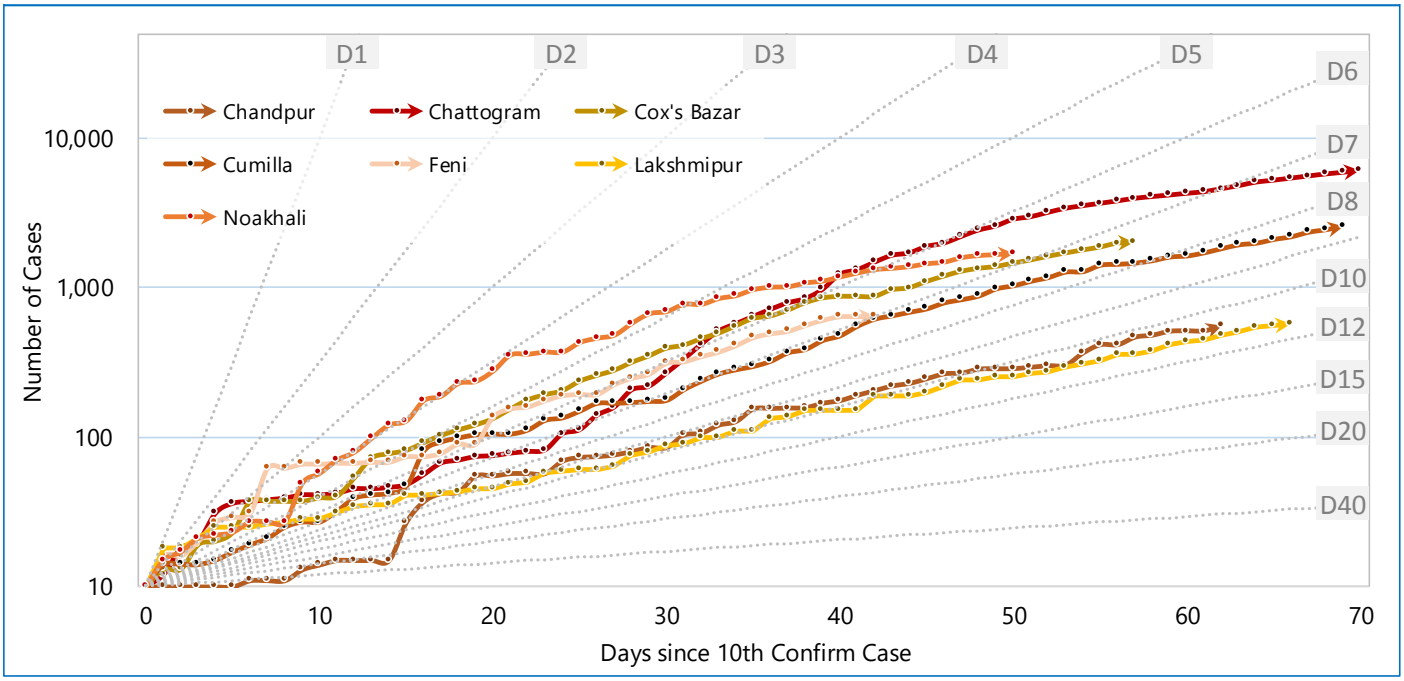
The case doubling time is **6** days in **Dhaka city, Faridpur** district **– 7** Days, **Narayanganj** and **Gazipur** districts **- 8** days**, Munshiganj** district **– 9** days**,** and slightly more than **10** days for **Kishoreganj** district.

The figure below is showing the growth of COVID-19 confirmed cases in all districts of Dhaka division starting from the day each reported 10 confirmed cases, 22 June 2020, Bangladesh.

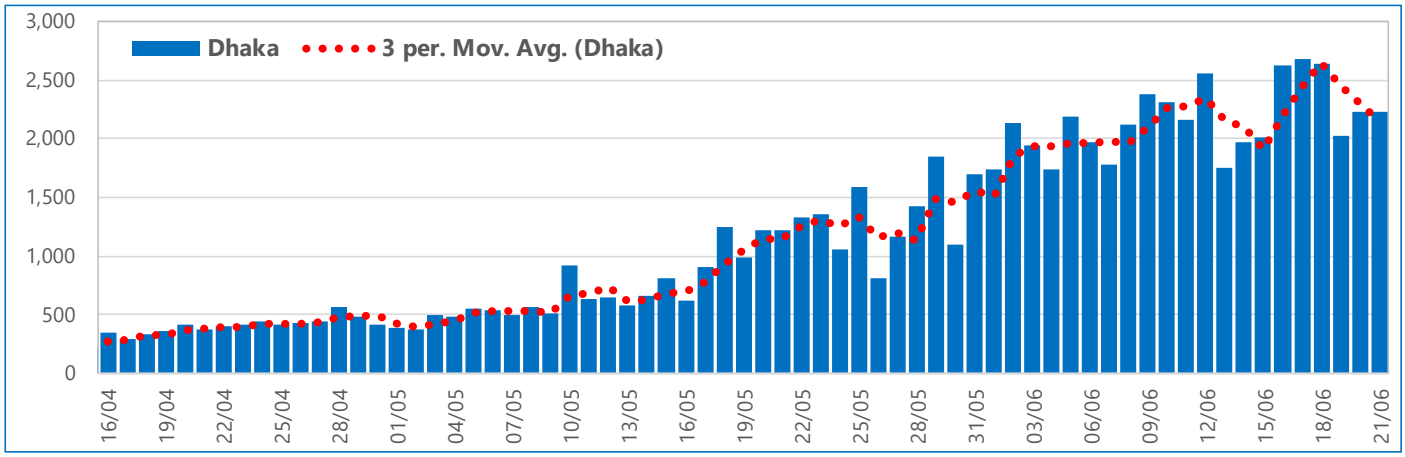


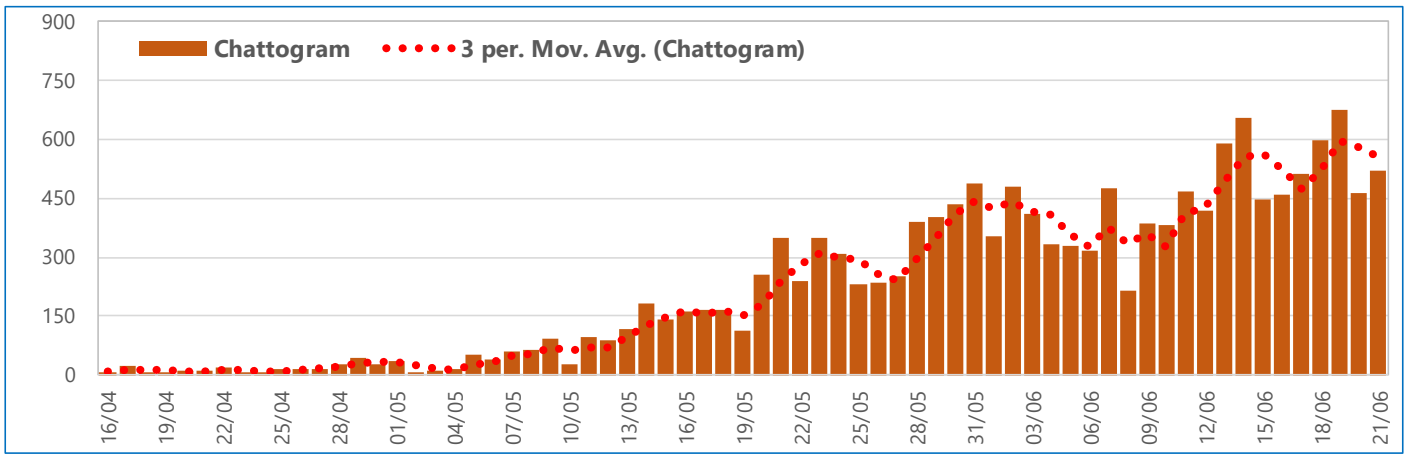
In **Chattogram** division till 22 June 2020, the case doubling time was the fastest in **Noakhali** district - **6** days, **Chattogram, Cox's Bazar** and **Feni** districts - **7** days, **Cumilla** district - **8** days, **Chandpur** district - **10** days and **15** days for **Laxmipur** and **Chandpur** districts.

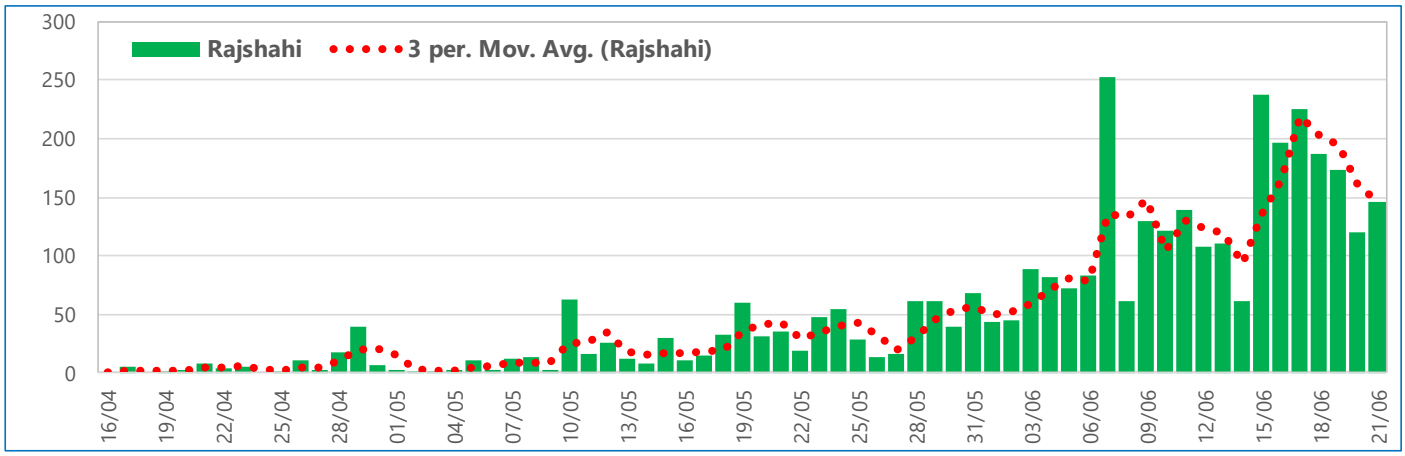
The figure below is showing the growth of COVID-19 confirmed cases in all districts of Chattogram division starting from the day each reported 10 confirmed cases, 22 June 2020, Bangladesh.

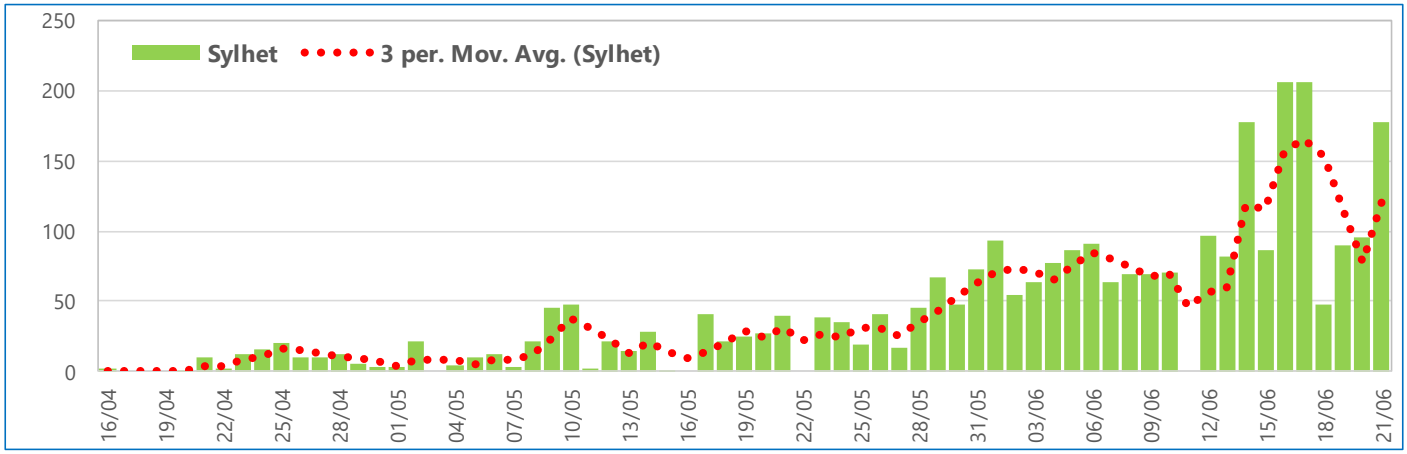


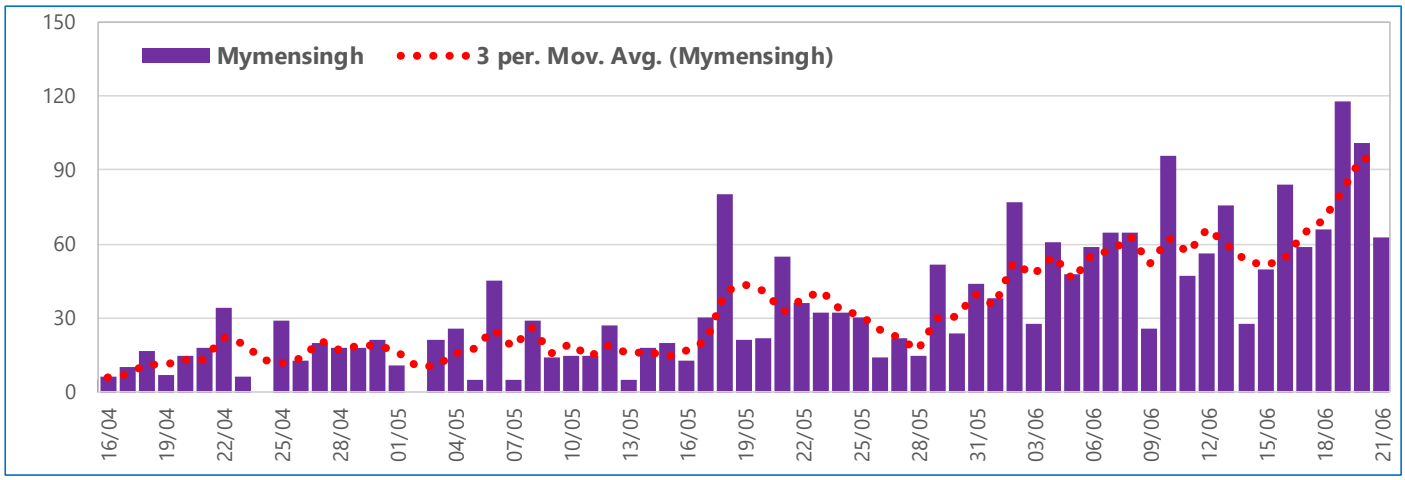
The figures below are showing the daily distribution of reported confirmed COVID-19 cases and rolling three-days average per division, 16 April – 21 June 2020, Bangladesh.










Mymensingh
3 per. Mov. Avg. (Mymensingh)
150
120
90
60
30
0
16/04
19/04
22/04
25/04
28/04
01/05
04/05
07/05
10/05
13/05
16/05
19/05
22/05
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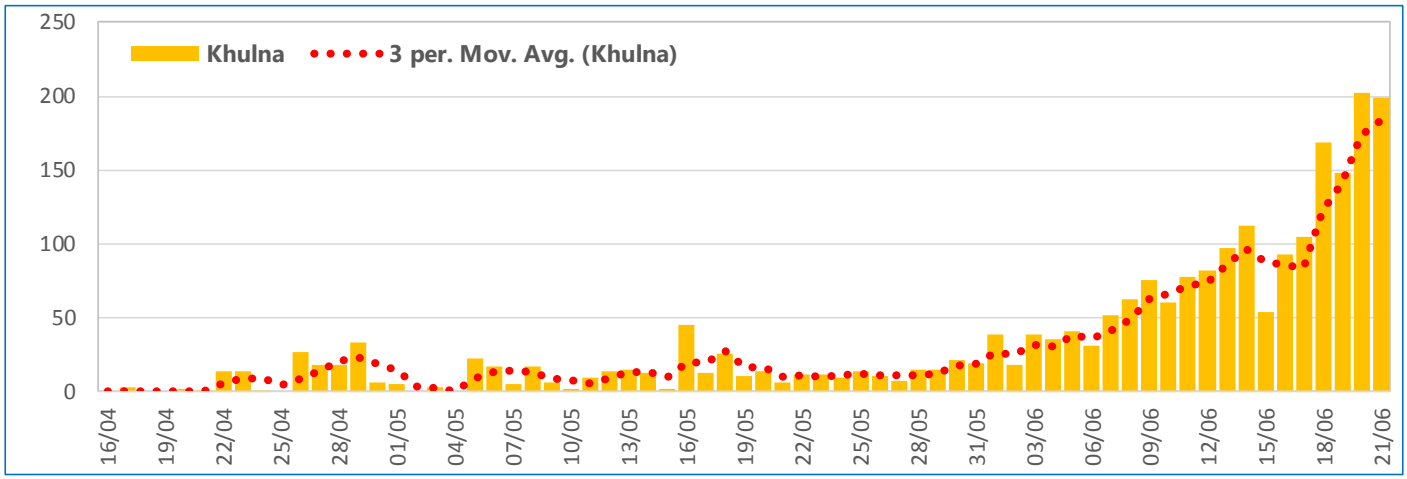
28/05
31/05
03/06
06/06
09/06
12/06
15/06
18/06
21/06


Khulna
3 per. Mov. Avg. (Khulna)
250
200
150
100
50
0
16/04
19/04
22/04
25/04
28/04
01/05
04/05
07/05
10/05
13/05
16/05
19/05
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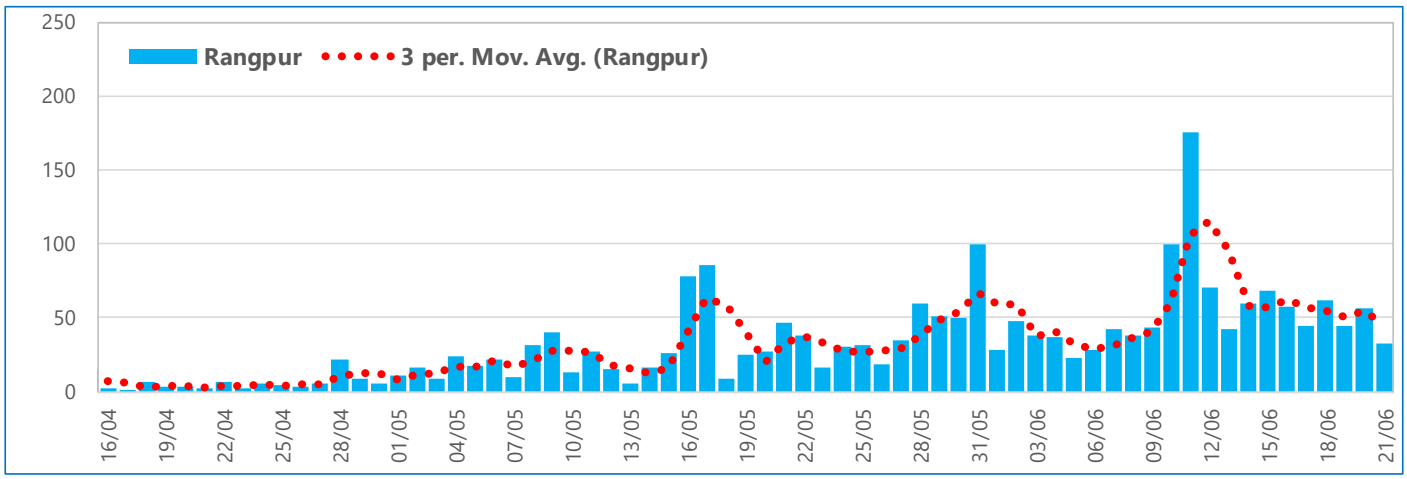
25/05
28/05
31/05
03/06
06/06
09/06
12/06
15/06
18/06
21/06


Rangpur
3 per. Mov. Avg. (Rangpur)
250
200
150
100
50
0
16/04
19/04
22/04
25/04
28/04
01/05
04/05
07/05
10/05
13/05
16/05
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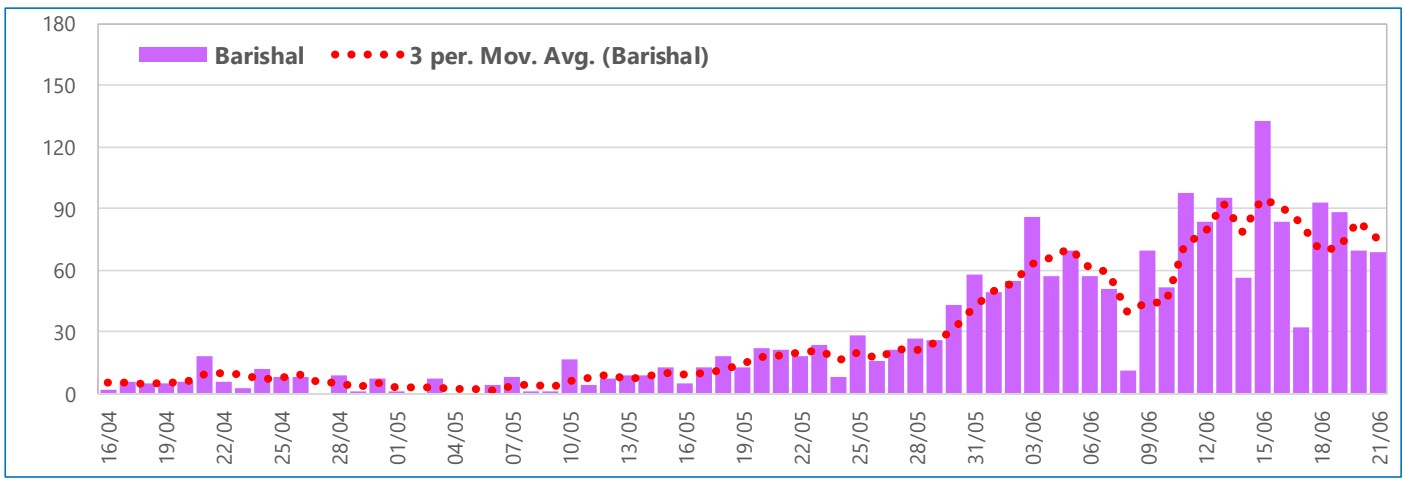
28/05
31/05
03/06
06/06
09/06
12/06
15/06
18/06
21/06


Barishal
3 per. Mov. Avg. (Barishal)
180
150
120
90
60
30
0
16/04
19/04
22/04
25/04
28/04
01/05
04/05
07/05
10/05
13/05
16/05
19/05
22/05
25/05
28/05
31/05
03/06
06/06
09/06
12/06
15/06
18/06
21/06

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 22 June, Bangladesh attack rate (**AR**) is **679.9** 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 **112,306 cases**, the highest AR continues to be observed in the **Dhaka division** (**1,893.3**/1,000,000). Within the Dhaka division, **Dhaka city** has the highest AR (**7,612.2**/1,000,000), followed by **Narayanganj** district (**1,332.0**/1,000,000), **Munshiganj** (**1,039.1**/1,000,000), **Gazipur** (**1,039.1**/1,000,000), **Faridpur** (**548.7**/1,000000), **Dhaka district** (**466.4**/1,000,000), **Narshingdi** (**461.9**/1,000,000), **Madaripur** (**397.5**/1,000,000), **Kishoreganj** (**354.4**/1000,000), **Gopalganj** (**331.8**/1,000,000), **Manikganj** (**286.6/**1,000,000), **Shariatpur** (**276.6**/1,000,000), **Rajbari** (**166.0**/1,000,000), and the lowest AR **99.7**/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) having all of the 11 districts AR over 100 per million. Within the division, **Cox's Bazar** district reported the highest AR (**735.4**/1,000,000) followed by **Chattogram** (**698.6**/1,000,000), **Noakhali** (**458.0**/1,000,000), **Cumilla** (**408.5**/1,000,000), **Bandarban** (**394.2**/1000,000), **Feni** (**384.2**/1,000,000), **Lakshmipur** (**281.2**/1,000,000), **Rangamati** (**220.0**/1,000,000), **Chandpur** (**193.9**/1,000,000), **Khagrachhari** (**172.2**/1,000,000), and the lowest reported from **Brahmanbaria** (**158.7**/1,000,000) district.

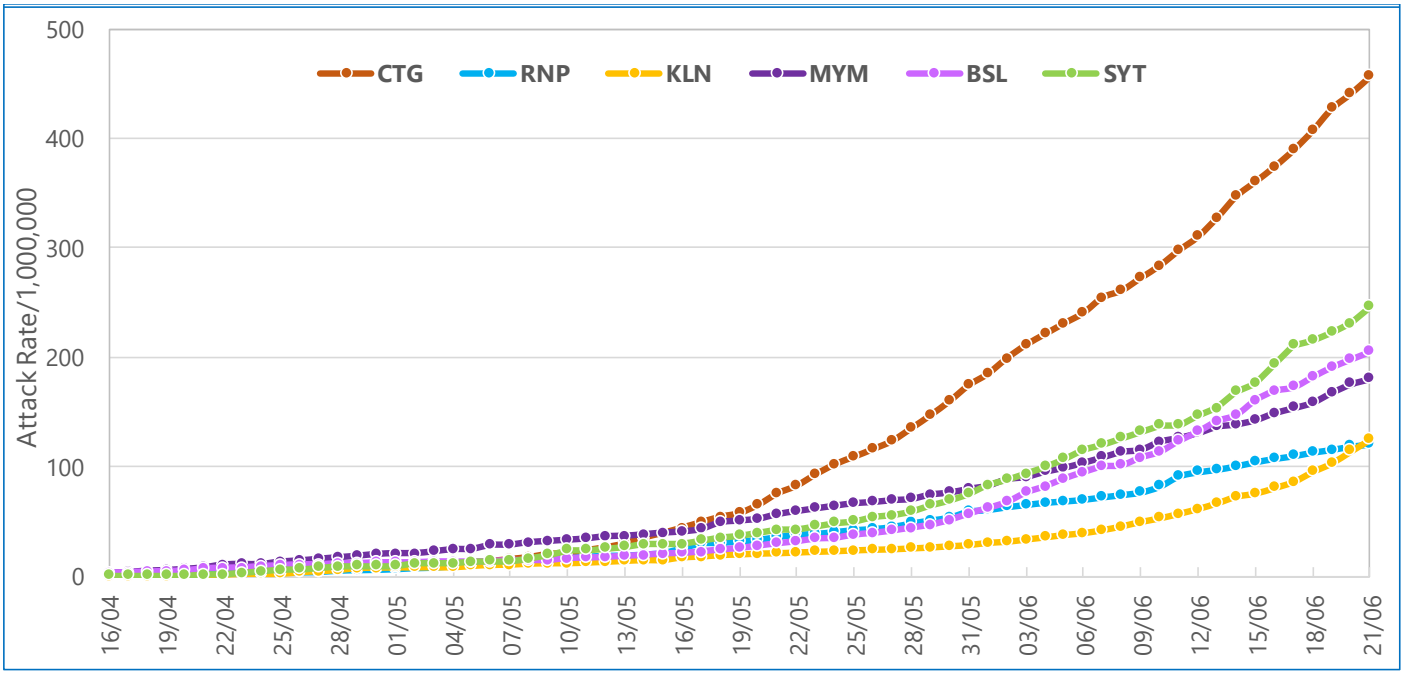
The third highest AR in the country was reported from **Sylhet** division (**246.2**/1000,000) with the highest AR in **Sylhet** district (**387.4**/1000,000) followed by **Sunamganj** (**262.2**/1,000,000), **Habiganj** (**129.6**/1,000,000) and **Maulvibazar** (**100.0**/1,000,000) district.

Barishal division is the fourth highest in overall AR with **205.3**/1,000,000 with the highest AR in **Barishal** district (**427.6**/1,000,000) followed by **Jhalakathi** (**153.6**/1,000,000), **Barguna** (**153.5**/1,000,000), **Patuakhali** (131.6/1,000,000), **Pirojpur** (**101.8**/1,000,000) and **Bhola** (**89.0**/1,000,000) district.

Mymensingh division reported overall AR (**180.6**/1,000,000). Within the Mymensingh division, **Mymensingh** district has the highest AR (**217.6**/1,000,000) followed by **Jamalpur** (**168.2**/1,000,000), **Netrokona** (**144.5**/1,000,000) and **Sherpur** (**121.4**/1,000,000) district.

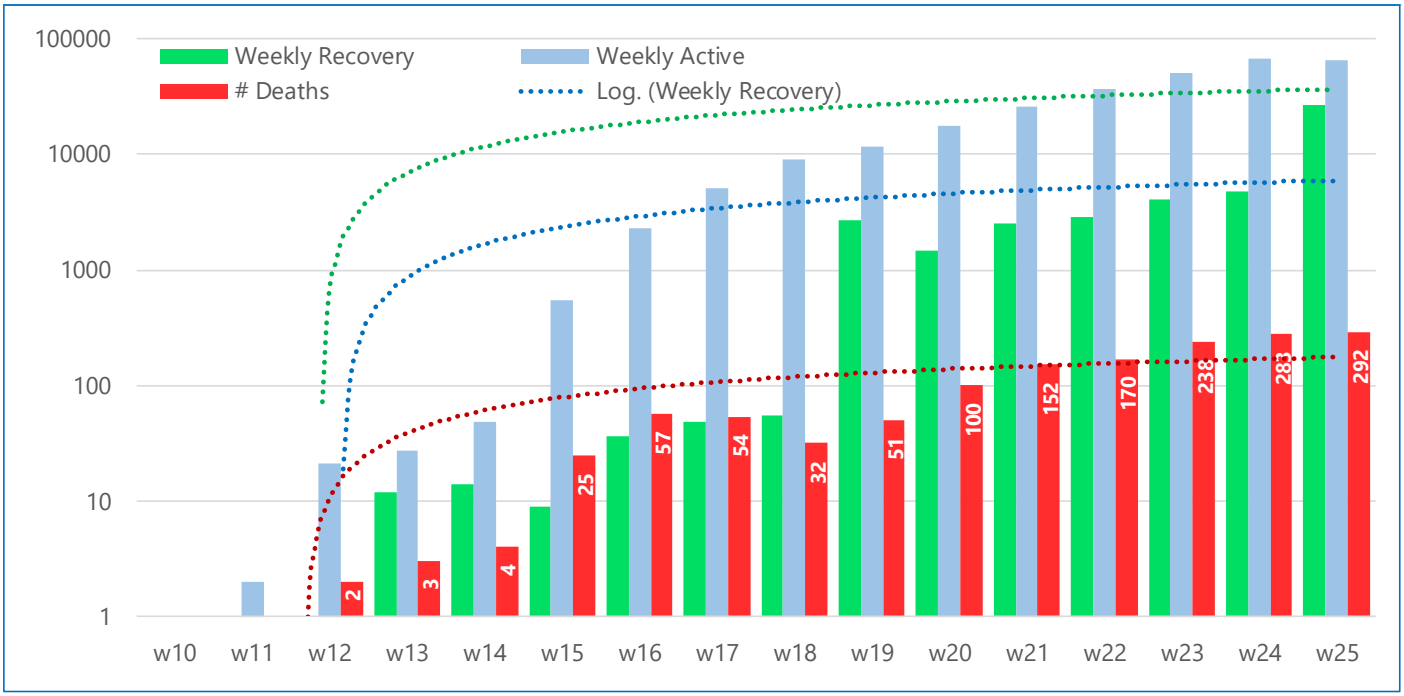
Rajshahi division has overall AR (**164.0**/1,000,000) with the highest AR in **Bogura** (**522.8**/1,000,000), followed by **Joypurhat** (**235.1**/1,000,000).

The following figure is showing the attack rate per 1,000,000 population of reported confirmed COVID-19 cases in selected divisions, 13 April - 21 June 2020, Bangladesh.



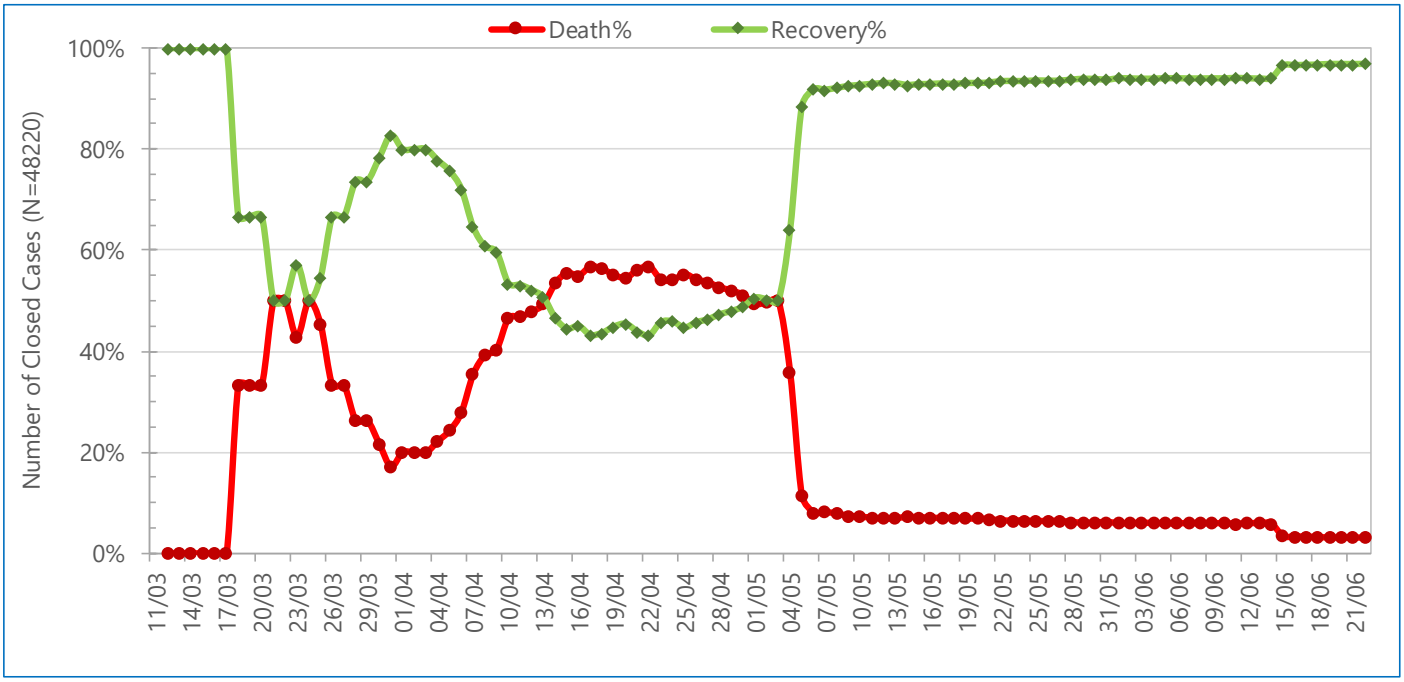
Out of the total **115,786** conformed COVID-19 registered as of 22 June 2020, **40.3%** (46,719/115,786) of the cases recovered, **58.4%** are **active cases** and **1.3%** - died**.**

The figure below is showing the outcomes of reported confirmed COVID-19 cases outcome per epidemiological week, 08 March – 22 June 2020, Bangladesh.



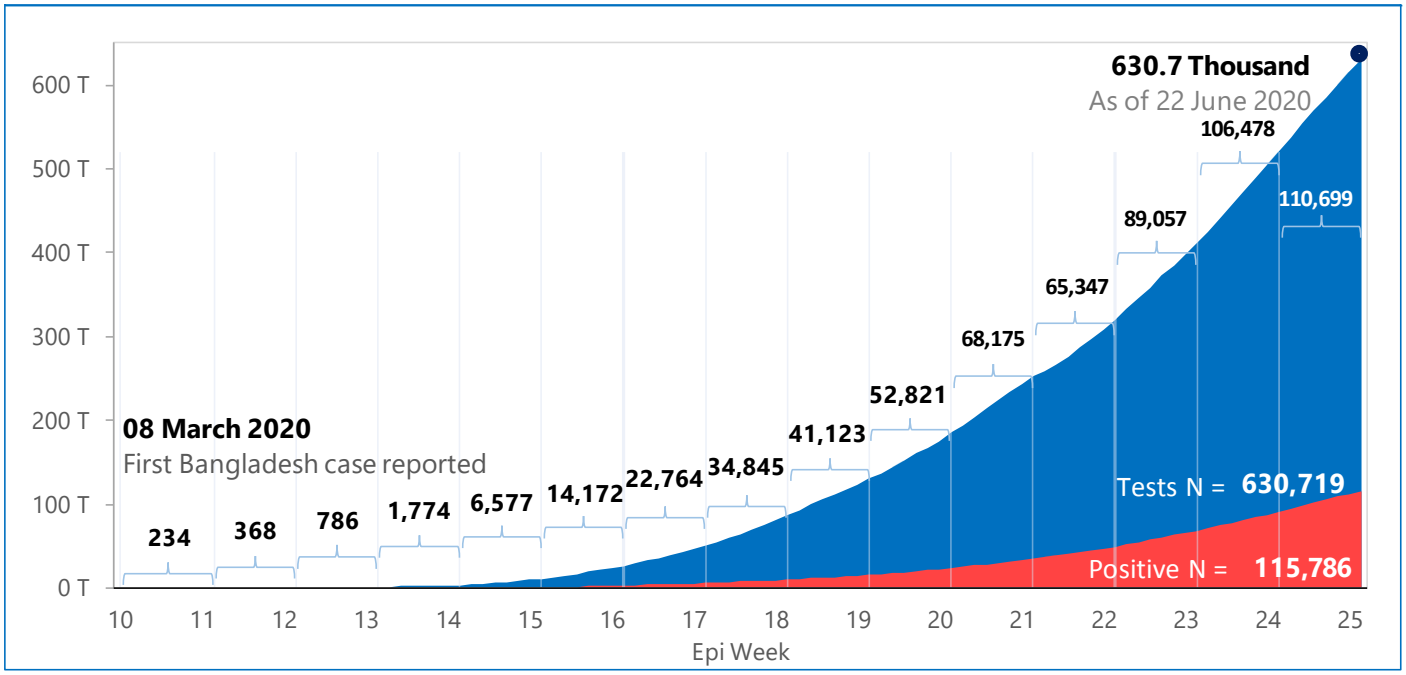
As of 22 June 2020, there were **48,220** (48.2%) COVID-19 cases with known outcome (closed cases), and out of all closed cases **96.9%** (**46,719**/48,220) were cured and **3.1%** (1,502) died. The death rate on closed cases in Bangladesh is lower than the **8.8%** (**471,199**/5,326,333) global average as of 22 June 2020.

The figure below is showing the death and recovery rates over cumulative closed confirmed COVID-19 cases, 11 March – 22 June 2020, Bangladesh.



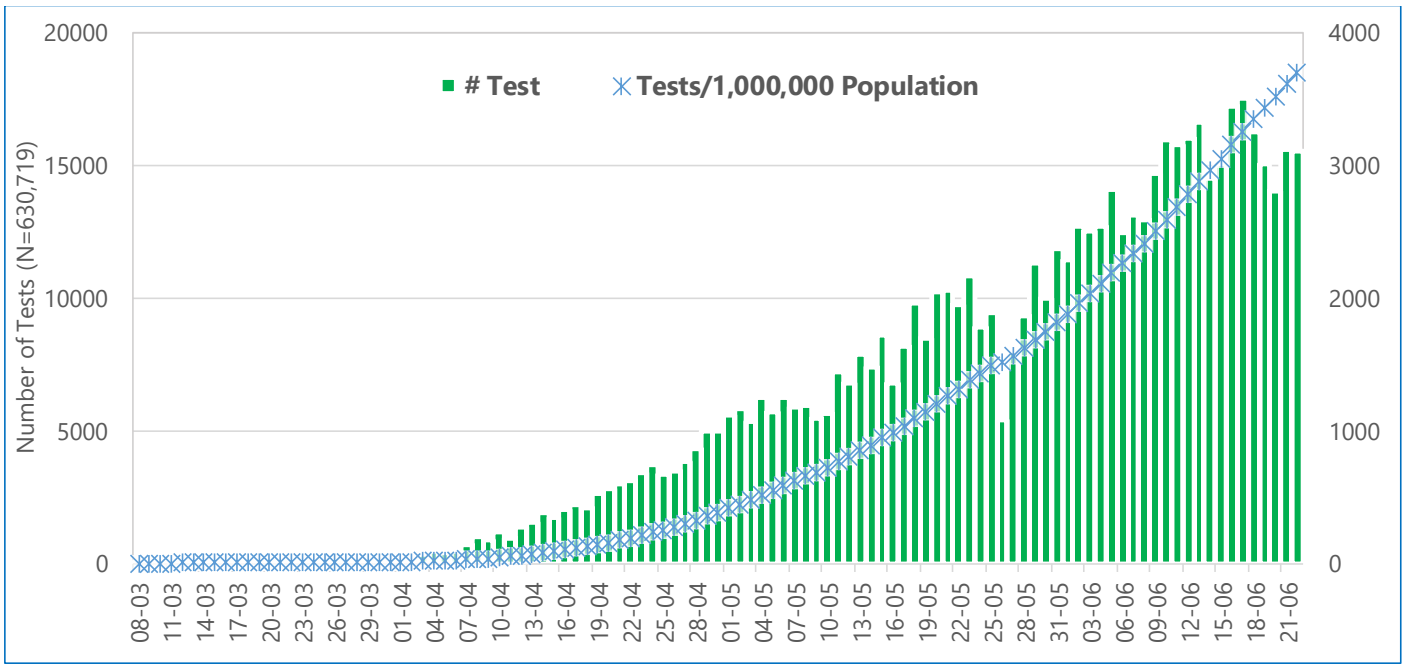
As of 22 June 2020, according to IEDCR, a total of 630,719 COVID-19 tests with the overall positivity rate of **18.4%** were conducted in Bangladesh by **62** laboratories (**32** laboratories in Dhaka city and 30 laboratories in outside Dhaka). The latest laboratories, which have started the testing: in Dhaka - Zainul Haque Sikder Women's Medical College and Hospital Ltd., and AMZ Hospital Ltd. **63.9%** of all samples were tested by laboratories in the Dhaka city, and **36.1%** - outside Dhaka. Notably, the number of samples does not represent the number of individuals tested, as some patients may be tested more than once/several times.

The graph below is showing the weekly and cumulative number of COVID-19 conducted tests, 08 March – 22 June 2020, Bangladesh.



COVID-19 testing coverage has been gradually increasing in Bangladesh, reaching now **3,703**/1,000,000 but is still lower than in **Maldives** (**65,771**/1,000,000), **Malaysia** (**21,140**/1,000,000), **Nepal** (**15,435**/1,000,000), **Thailand** (**6,708**/1,000,000), **Sri Lanka** (**4,441**/1,000,000) and **India** (**5,038**/1,000,000).

The graph below is showing ***the daily cumulative number of COVID-19 tests per 1,000,000 population, 08 March – 22 June 2020, Bangladesh.***

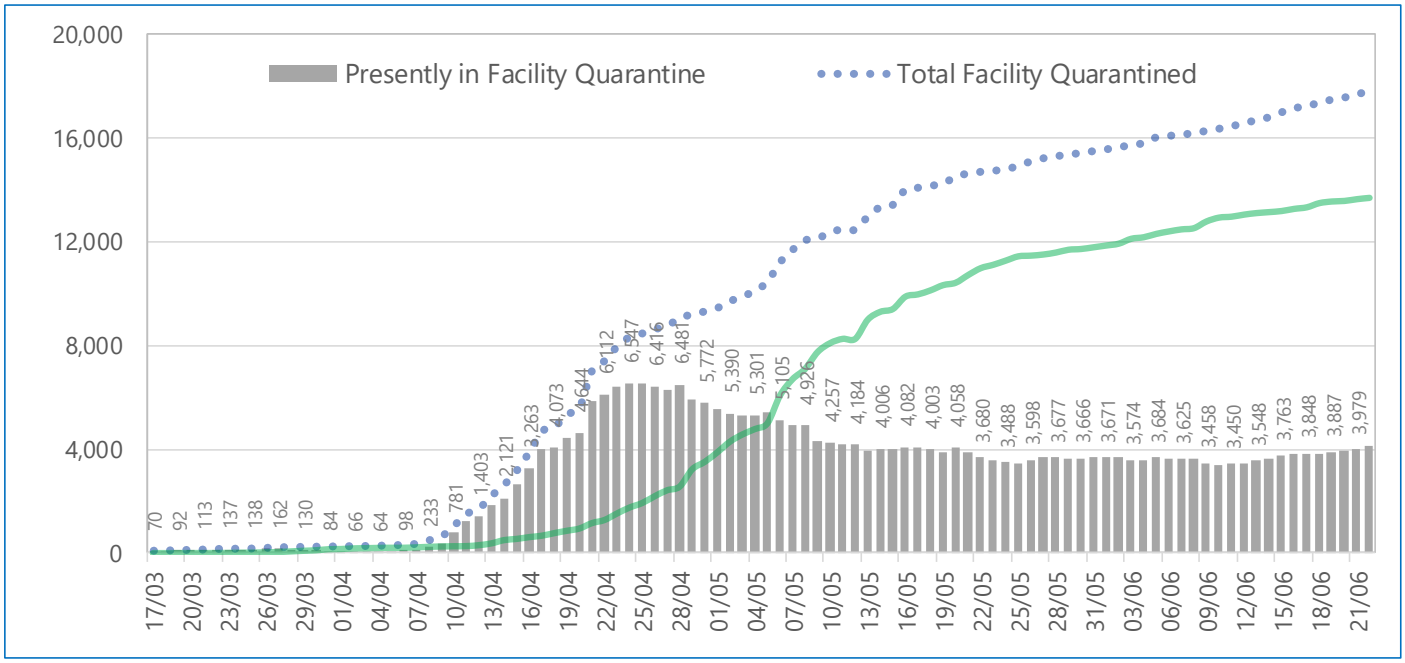


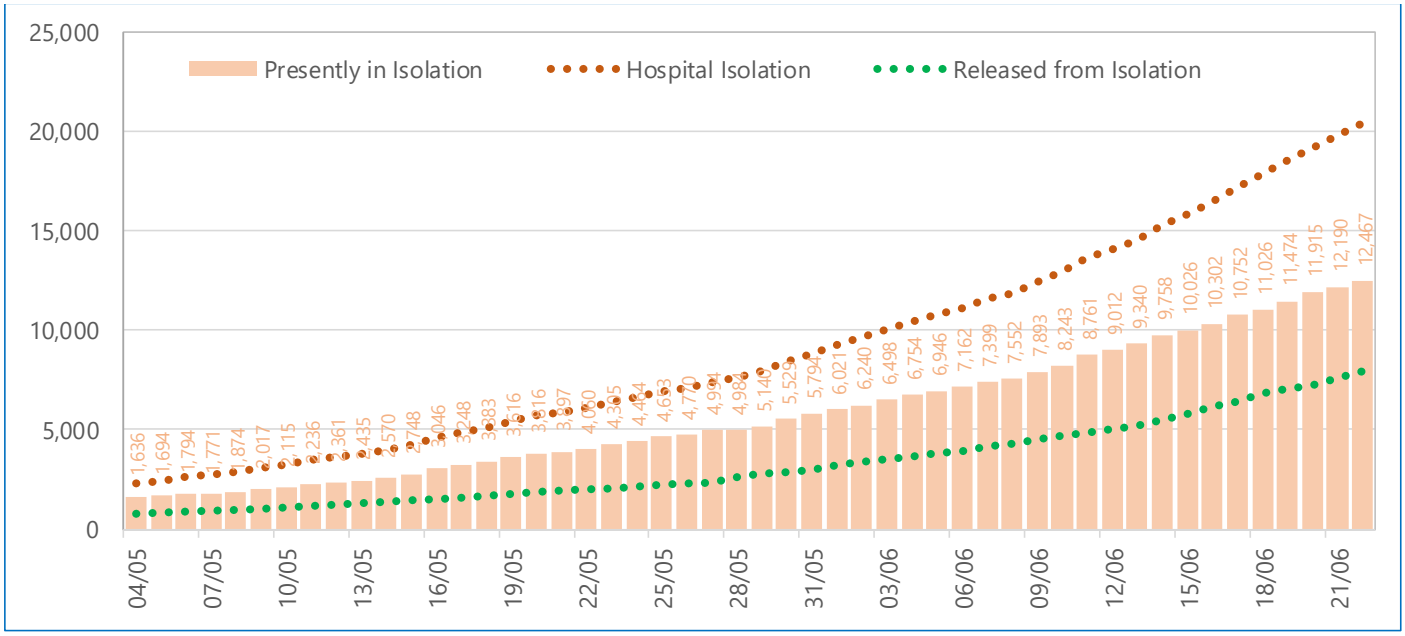
4. Contact Tracing, Points of Entry (PoEs) and Quarantine

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 **17,837** individuals were placed in quarantine facilities and of them **13,708** (76.9%) have been already released. By 22 June 2020, in total **20,432** individuals were isolated in designated health facilitates all over the country, of them **7,965** (37%) have been released, and **12,467** (61%) 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 to **4,129**. Between 17 March to 22 June 2020, total **324,409** individuals were placed under home quarantine all the over the county and to date **81.6%** (364,642/324,409) have been already released. Remaining **18.4%** (59,765 individuals) are in home quarantine now.

The figures below are showing the number of individuals in home and facility quarantine and individuals in isolation, 17 Mach – 22 June 2020, Bangladesh.





5. Case Management and infection Control

An updated version of the Emergency Global Supply Chain System (COVID -19) Catalogue was released. The catalogue lists all medical devices, including personal protective equipment, medical equipment, medical consumables, single use devices, laboratory and test-related devices that may be requested through the COVID-19 Supply Portal. In Bangladesh, a group of development partners (DPs) and government officials are coordinating procurements related to COVID-19, in support of the national response. The Pillar is chaired by WFP with participation of relevant partners under the DGHS leadership. A system has been established to validate procurement requests from partners to ensure alignment with the overall national needs, for COVID-19 response. Full document: *https://www.who.int/publications/i/item/emergency-global-supply-chain-system-(covid-19)-catalogue*.

Two (2) meetings of the WHO global technical advisory group (TAG) on PPE specifications and testing parameters were conducted during the past week. The group includes members from CDC/NIOSH, EU notifying body laboratories, International Medical Corps, CHAI, UNICEF, Saudi FDA (WHO collaborating centre for medical devices), WHO and others. The TAG discussed technical specifications and testing parameters for surgical gowns and surgical and examination gloves. The decisions of the group are subject to online voting by the experts and will inform WHO's updated technical requirements for PPE in the disease commodity package for COVID-19. WHO list of priority medical devices for COVID-19 prevention, diagnostic and management is available at the following link: *https://www.who.int/medical_devices/priority/COVID-19/en/.*

On 16 June 2020, WHO Regional Office for South-East Asia (SEARO) hosted a virtual meeting on Antimicrobial stewardship during the COVID-19 pandemic: best practice and guidance on prescribing antibiotics. The webinar provided a brief about key principles & good practices for antimicrobial stewardship during the COVID-19 pandemic and discussed recent updates from WHO on managing COVID-19 patients. The webinar targeted physicians and other health care professionals involved in care of COVID-19 patients, policy makers, experts in charge of national antibiotic policies and clinical guidelines, and WHO and development partner staff. The WHO toolkit on antimicrobial stewardship programmes in health-care facilities in low- and middle-income countries is available at the following link https://apps.who.int/iris/rest/bitstreams/1257395/retrieve. An online course on Antimicrobial Stewardship: A competency-based approach is available at the following link *https://openwho.org/courses/AMR-competency.*

On 20 June 2020, a consultative meeting was held on Bangladesh's participation in the WHO Solidarity trials for candidate medicines for COVID-19 treatment. The IEDCR has been assigned by MoH&FW as a focal point for the trial and is coordinating efforts of research institutions and health facilities to develop local protocols, based on the WHO global protocols, and other aspects of the study. It was decided that Chloroquine/Hydroxychloroquine will be excluded from the study. Sample size, ethical approval and randomization were discussed during the meeting.

6. Risk Communication and Public Awareness

RCCE partners are scaling up communication and information activities towards the use of masks as one of the main components of protection measures against COVID-19 for the general public, together with maintaining physical distancing and sustaining hygiene practices. Infographics and audio-video materials have been developed by the DGHS with support from RCCE partners and are currently being disseminated through RCCE network. Additional materials-public service announcements (PSA), instructional videos and mass media materials are being produced for wide dissemination.

Furthermore, intensified RCCE activities have been conducted focusing on domestic violence and child protection as well as on stigma and discrimination in order to address the increasing incidence of the issues in communities, especially attitudes towards frontline responders, including health workers.

Ongoing activities are implemented to address disinformation, misinformation and rumors especially in online environment, with constant efforts to eliminate or reduce the spread of such information in social media, promoting accurate and reliable information.

RCCE partners continue to conduct regular monitoring and rapid assessments to measure the effectiveness of the interventions and to guide messaging as the outbreak and the response evolves.

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*

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

Latest global WHO Situation Report # **154** as of 22 June 2020: *https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports*

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

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

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*

Addressing violence against children, women and older people during the covid-19 pandemic: Key actions: *https://www.who.int/publications/i/item/WHO-2019-nCoV-Violence_actions-2020.1*

Emergency Global Supply Chain System (COVID-19) catalogue: *https://www.who.int/publications/i/item/emergency-global-supply-chain-system-(covid-19)-catalogue*

Feasibility, potential value and limitations of establishing a closely monitored challenge model of experimental COVID-19 infection and illness in healthy young adult volunteers: *https://www.who.int/publications/m/item/feasibility-potential-value-and-limitations-of-establishing-a-closely-monitored-challenge-model-of-experimental-covid-19-infection-and-illness-in-healthy-young-adult-volunteers*

Institute of Epidemiology, Disease Control and Research (IEDCR): *https://www.iedcr.gov.bd/*

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