World Health Organization
Bangladesh

COVID-19

24 August 2020
Morbidity and Mortality Weekly Update (MMWU) N°26

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

Photo: A mother with her child at Korail slum in Dhaka – WFP photo from The Financial Express

Tested	Confirmed	Recovered	Dead	Hotline
1,456,038	297,083	182,876	3,983	19.4 million

Test/1 million	New Cases	Recovery Rate	IFR%	AR/1 million
8,550	2,485	61.6%	1.34%	1,744

Laboratories	PPE Stock		PoE Screening	
91 COVID-19 Labs		948,176		446,353
Last 7 days 91,849 Samples		3,043,039		33,788
59.8% Inside Dhaka Tests		120,283		7,029
20.4% Positive Tests		1,248,360		364,187

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1. Coordination

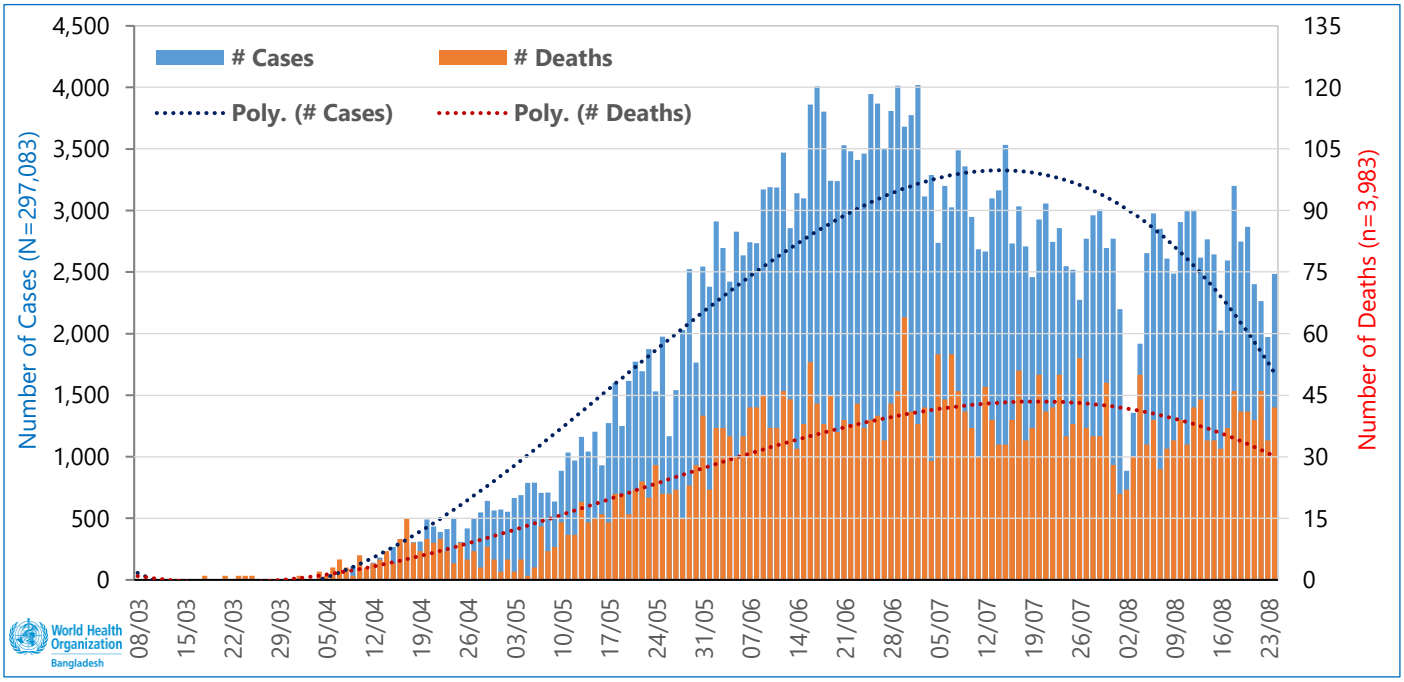
On 21 August 2020, WHO published annex to the *Advice on the use of masks in the context of COVID-19* titled **Advice on the use of masks for children in the community in the context of COVID-19**. According to the limited available evidence, young children may have lower susceptibility to infection compared to adults, however available data suggests that this may vary by age among children. Data from sero-epidemiology studies and transmission studies suggest that older children (e.g. teenagers) may play a more active role in transmission than younger children. The benefits of wearing masks in children for COVID-19 control should be weighed against potential harm associated with wearing masks, including feasibility and discomfort, as well as social and communication concerns. Factors to consider also include age groups, sociocultural and contextual considerations and availability of adult supervision and other resources to prevent transmission. WHO and UNICEF advise decision makers to apply some criteria for use of masks in children when developing national policies, in countries or areas where there is known or suspected community transmission of SARS-CoV-2 and in settings where physical distancing cannot be achieved. Full document: *https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC_Masks-Children-2020.1*

On 19 August 2020, WHO published an interim guidance, **Considerations for quarantine of contacts of COVID-19 cases** which is an update of interim guidance entitled Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), published on 19 March 2020. It includes, Policy considerations for the quarantine of contacts of COVID-19 cases; Who should be quarantined; Recommendations for implementing quarantine; Ensuring an appropriate setting and adequate provisions; How to estimate airflow and air change per hour (ACH); Infection prevention and control measures; and Requirements for monitoring the health of quarantined persons. Full document: *https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)*

2. Surveillance and Laboratories

Between 9 March and 24 August 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were two-hundred-ninety-seven-thousand-eighty-three (297,083) COVID-19 confirmed by rt-PCR, including three thousand-nine-hundred-eighty-three (3,983) related deaths (IFR 1.34%)[1].

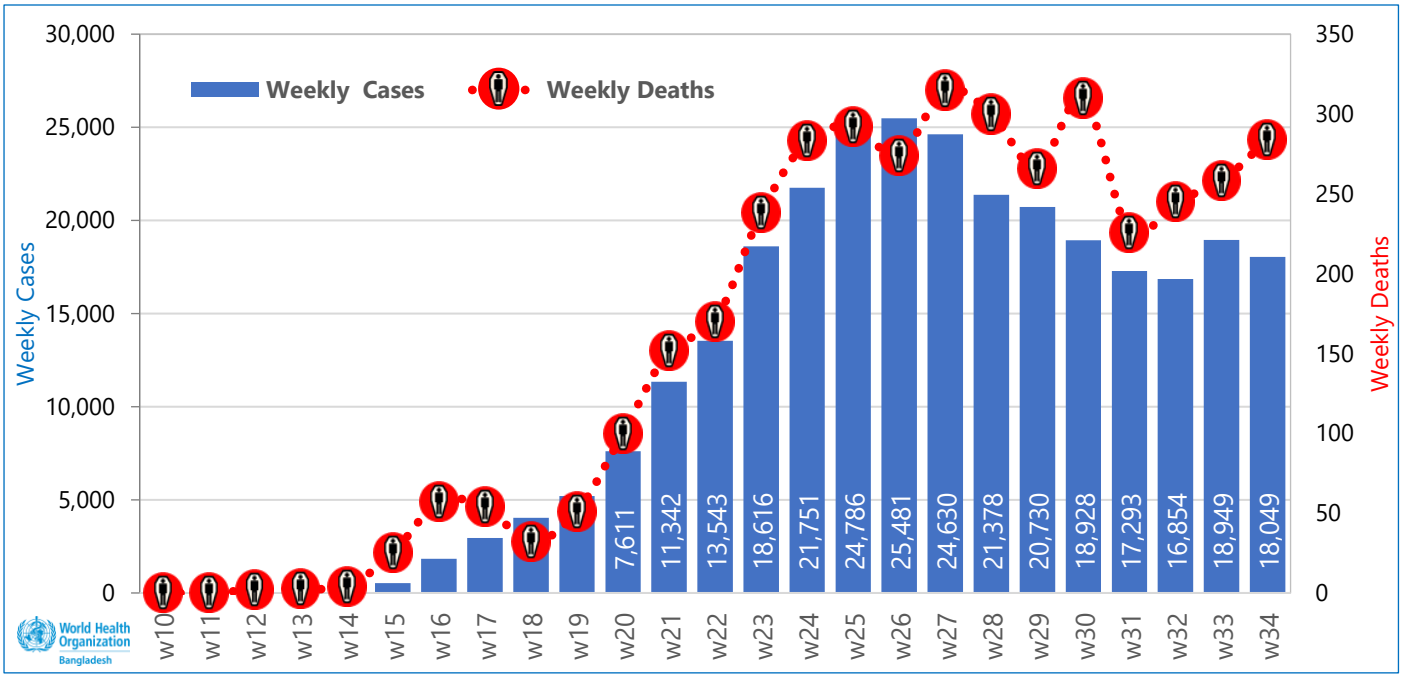
The figure below is showing the daily distribution of reported confirmed COVID-19 cases and deaths, 08 March – 24 August 2020, Bangladesh.



[1] IFR refers to 'Infection Fatality Ratio' which can describe the true severity of a disease https://www.who.int/news-room/commentaries/detail/estimating-mortality-from-covid-19

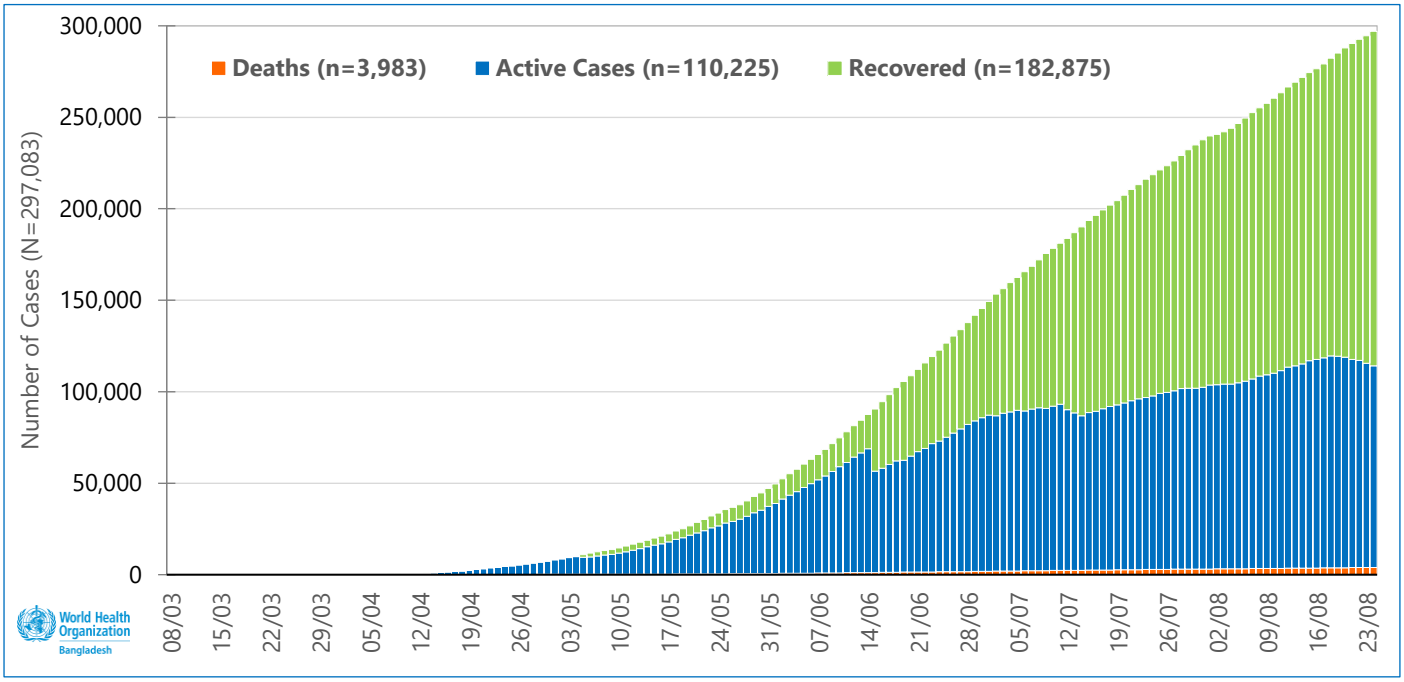
In the reported week (epidemiological week 34), in comparison to the previous epidemiological week, the number of new weekly COVID-19 cases decreased by **4.8%** (**18,049** in week 34 and **18,949** in the previous week) and the number of COVID-19 new weekly deaths increased by **10.1%** (**284** and **258** respectively), leading the IFR to go up from **1.32%** in epidemiological week 34 to **1.34%** in the current week.

The figure below is showing the weekly distribution of reported confirmed COVID-19 cases and deaths, 08 March – 24 August 2020, Bangladesh.



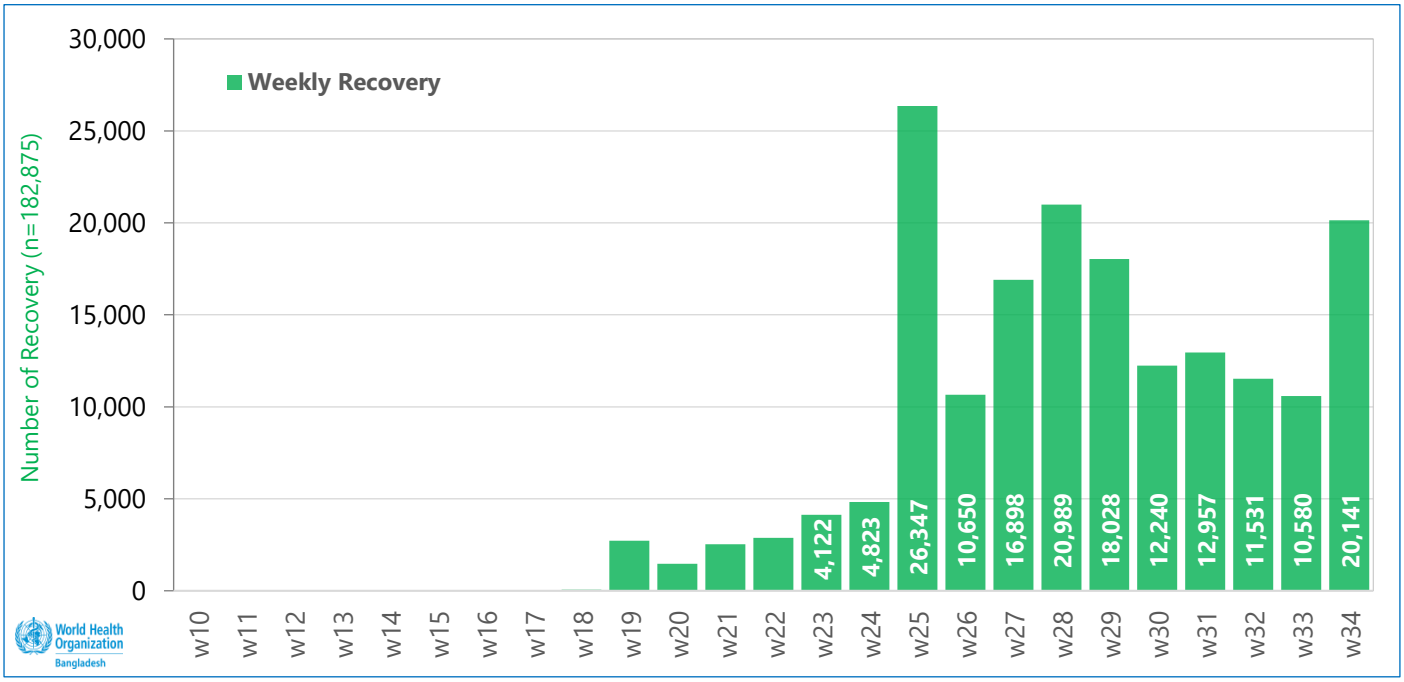
Out of the total **297,083** COVID-19 cases registered as of 24 August 2020, **61.6%** (182,875) - recovered, **1.34**% (3,694) - **died** and **37.1**% (110,225) are active cases.

The figure below is showing active vs recovered confirmed COVID-19 cases outcomes per epidemiological week, 08 March – 24 August 2020, Bangladesh.



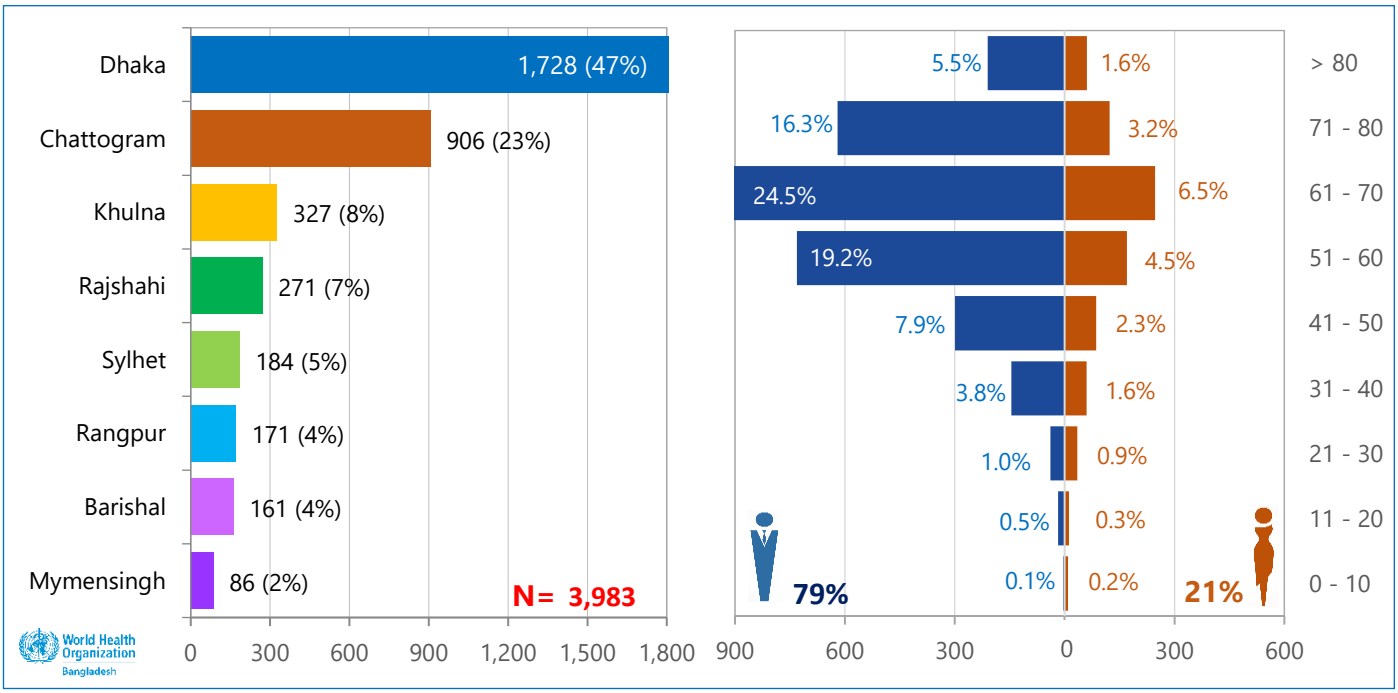
In the epidemiological week 34, the number of COVID-19 **active cases** increased by **3.3%**, in comparison to the previous week (**114,280** and **110,593**) and at the same time, the number of **recovered** COVID-19 cases increased by **90.4%** (**20,141** and **10,580** respectively).

The figure below is showing the weekly recovery of the reported confirmed COVID-19 cases, 09 March – 24 August 2020, Bangladesh.



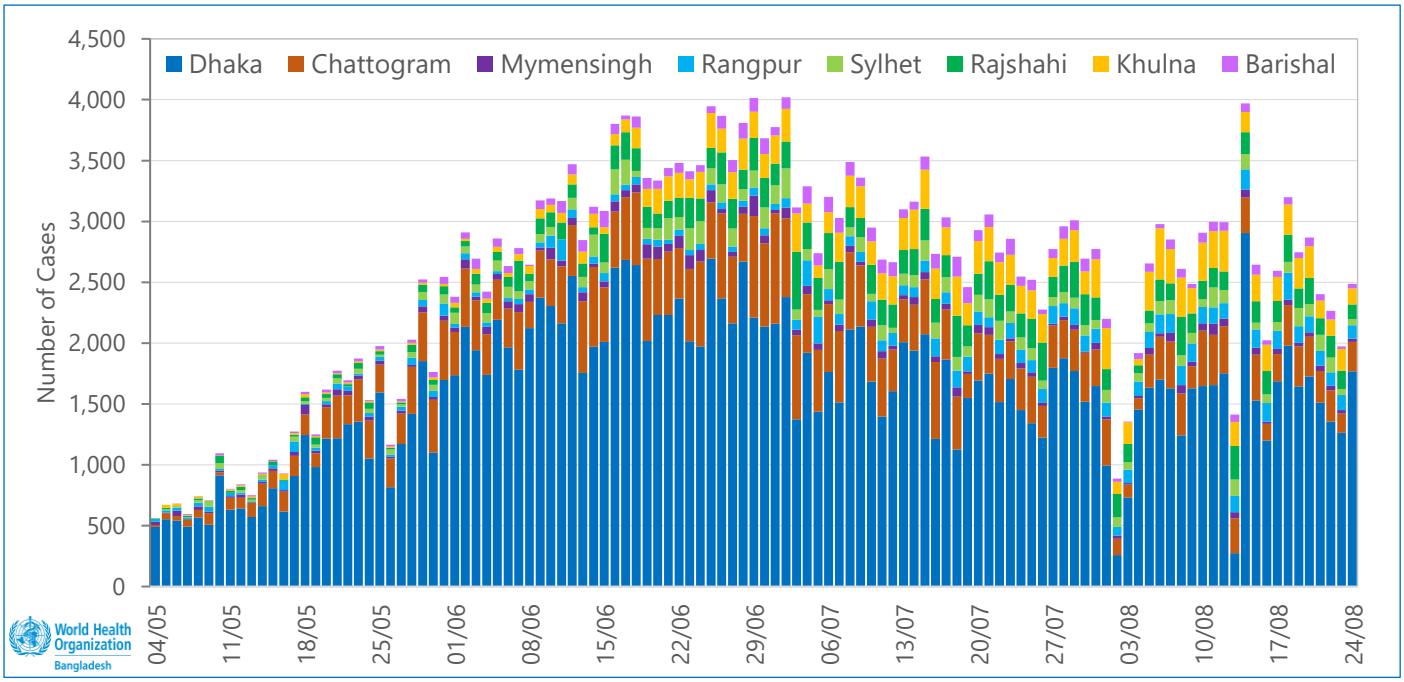
As of 24 August 2020, **26.9%** cases were confirmed in people between 31 and 40 years old, **20.5%** - in the age group of 21 to 30, **18.8%** - 41 to 50 years and **15.0%** in the age group between 51 and 60 years old. The highest death rate (**31%**) was reported in the age group of 61 to 70 years old, **26.7%** in the older age group of 71 and above and **23.7%** - in the age group between 51 and 60 years. Male represented **72%** and **79%** of the of total reported confirmed COVID-19 cases and deaths respectively.

The figure below is showing geographical and age-sex distribution of the reported confirmed COVID-19 deaths, 24 August 2020, Bangladesh.



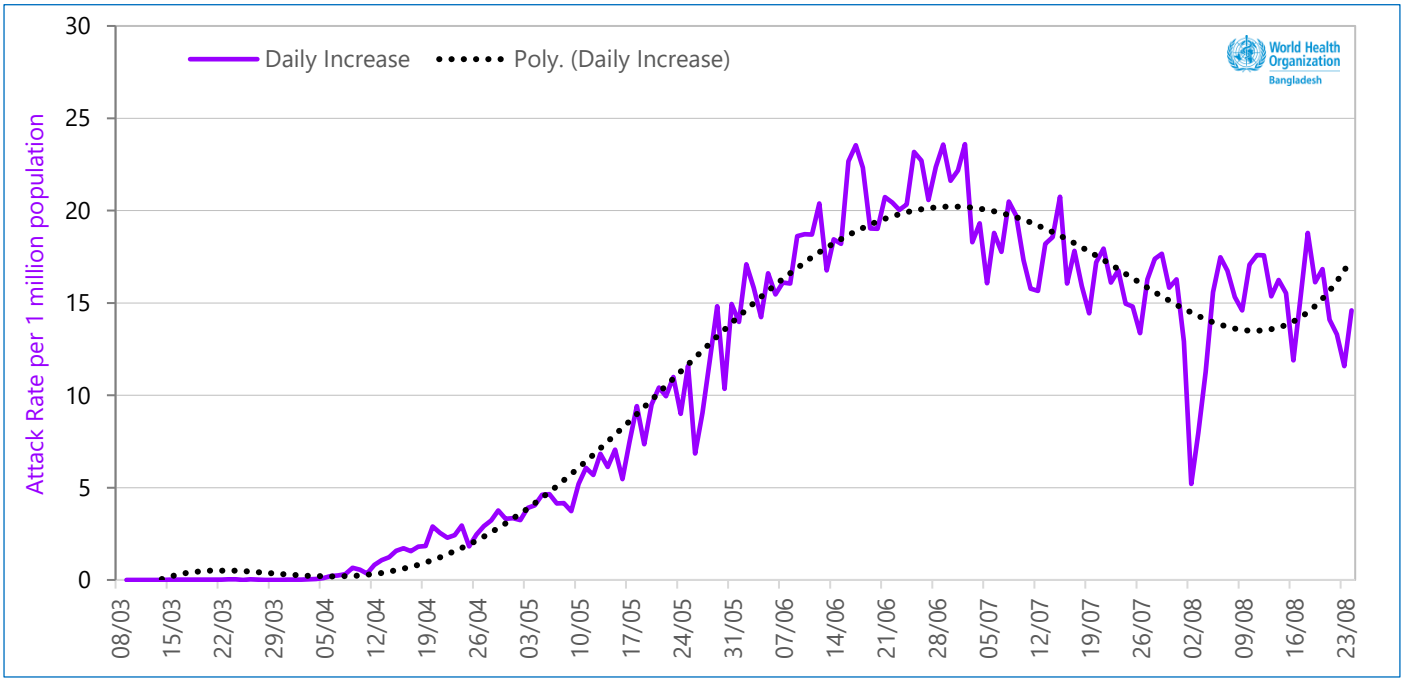
As of 24 August 2020, **63.9%** of reported cases were from **Dhaka** division, **13.8**% from **Chattogram**, **5.8**% - from **Khulna**, **5.7**% - from **Rajshahi**, **3.3**% - from **Sylhet**, **3.2**% - from **Rangpur**, **2.4**% from **Barishal** and the lowest **1.9**% from - **Mymensingh** division.

The figure below is showing the daily distribution of reported confirmed COVID-19 cases per division, 04 May – 24 August 2020.



On 24 Augusts 2020, Bangladesh overall attack rate (**AR**) is **1,744** per 1 million and **100% (64**/64) of districts with the total population of 170,306,468 people have reported confirmed COVID-19 cases. In the reported week (epidemiological week 34), COVID-19 weekly **AR** increased by **6.5%** in comparison to the previous week (**1,729** and **1,624** respectively).

The figure below is showing the daily increase in COVID-19 overall attack rate (AR) per 1,000,000, 08 March – 24 August 2020, Bangladesh.



According to the available data as on 24 August 2020, the highest AR continues to be observed in the **Dhaka** division (**4,408**/1,000,000). Within the Dhaka division, **Dhaka city** has the highest AR (**18,039**/1,000,000) followed by **Dhaka City** (18,039), **Faridpur** (2,736), **Rajbari** (1,901.4), **Narayanganj** (1,796), **Munshiganj** (1,792), **Gopalganj** (1,630), **Gazipur** (1,169), **Shariatpur** (1,086), **Madaripur** (955), **Narsingdi** (747), **Dhaka** (District) (743), **Kishoreganj** (706), **Manikganj** (656) and the lowest AR **552** was reported from **Tangail** district.

The 2nd highest COVID-19 AR is reported from **Chattogram** division (**1,222**/1,000,000). Within the division, **Chattogram** district reported the highest AR (**1,835**/1,000,000) followed **Cox's Bazar** (1,436), **Bandarban** (1,433), **Noakhali** (1,164), **Rangamati** (1,128), **Cumilla** (1,028), **Feni** (956), **Lakshmipur** (896), **Khagrachhari** (849), **Chandpur** (731), and the lowest AR **659** was reported from **Brahmanbaria** district.

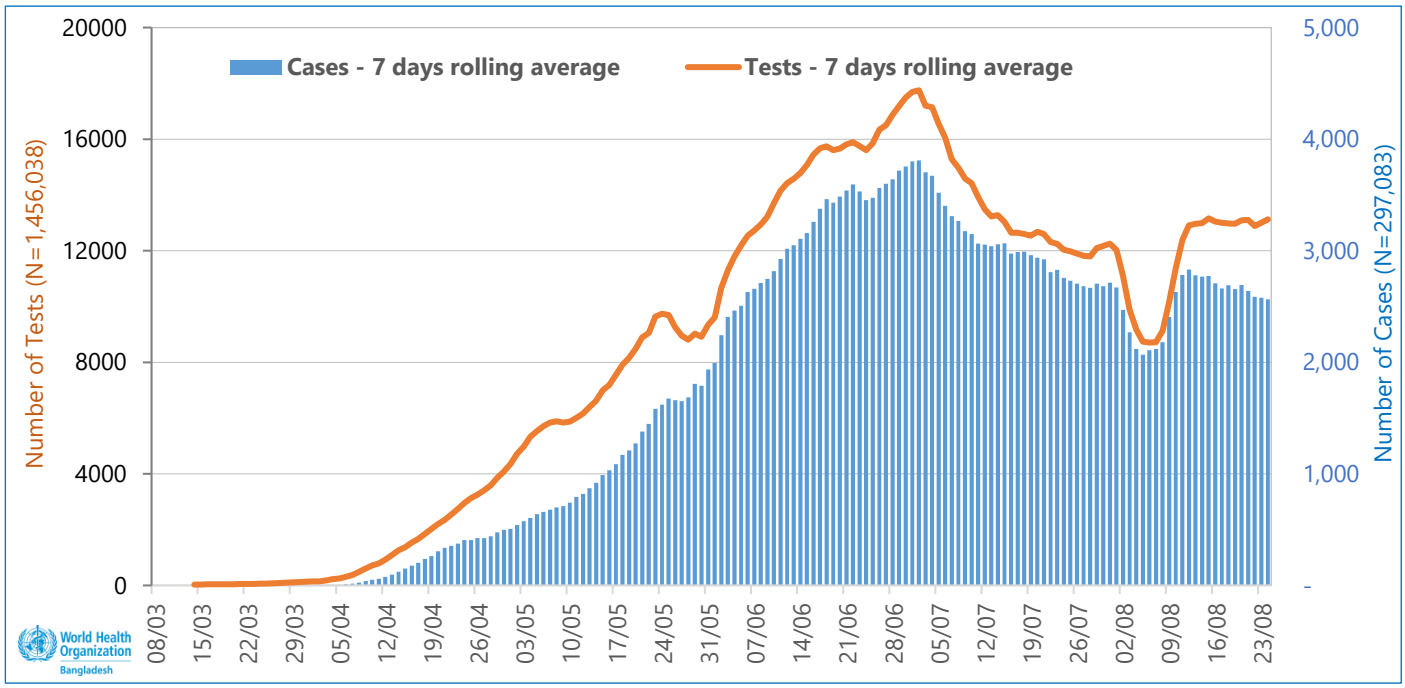
The 3rd highest AR in the country was reported from **Khulna** division (**927**/1,000,00) while the highest AR district is **Jhenaidah** (1644/1,000,000) followed by **Magura** (1,627), **Meherpur** (1,071), **Khulna** (1,044), **Narail** (967), **Satkhira** (949.3), **Chuadanga** (883), **Jashore** (585), **Bagerhat** (574) and the lowest **498** in **Kushtia** district.

Sylhet division has taken the fourth highest in the overall AR with (**836**/1,000,000) with the highest AR in **Sylhet** district (**1,368**/100,0000) followed by **Sunamganj** (647), **Maulvibazar** (593) and **549** in **Habiganj** district. **Rajshahi** division has overall AR **774**/1,000,000 with the highest AR in **Bogura** district (**1,569**/1000000), followed by **Rajshahi** (1417), **Joypurhat** (831), **Sirajganj** (505), **Natore** (404), **Naogaon** (361), **Chapainawabganj** (329) and **Pabna** district is the lowest at **322**/1,000,000. In **Barishal** division the overall AR is **732**/1,000,000 with the highest AR in **Barishal** district (**1,100**/1,000,000), while, **Barguna** (762), **Jhalokathi** (736), **Pirojpur** (692), **Patuakhali** (690), and the lowest **295** in **Bhola** district.

The lowest AR is reported from **Mymensingh** division (**430**/1,000,000). **Mymensingh** district having the highest AR of **538**/1,000,000 followed by **Jamalpur** (467), **Netrakona** (257) and the lowest **245** in **Sherpur** district.

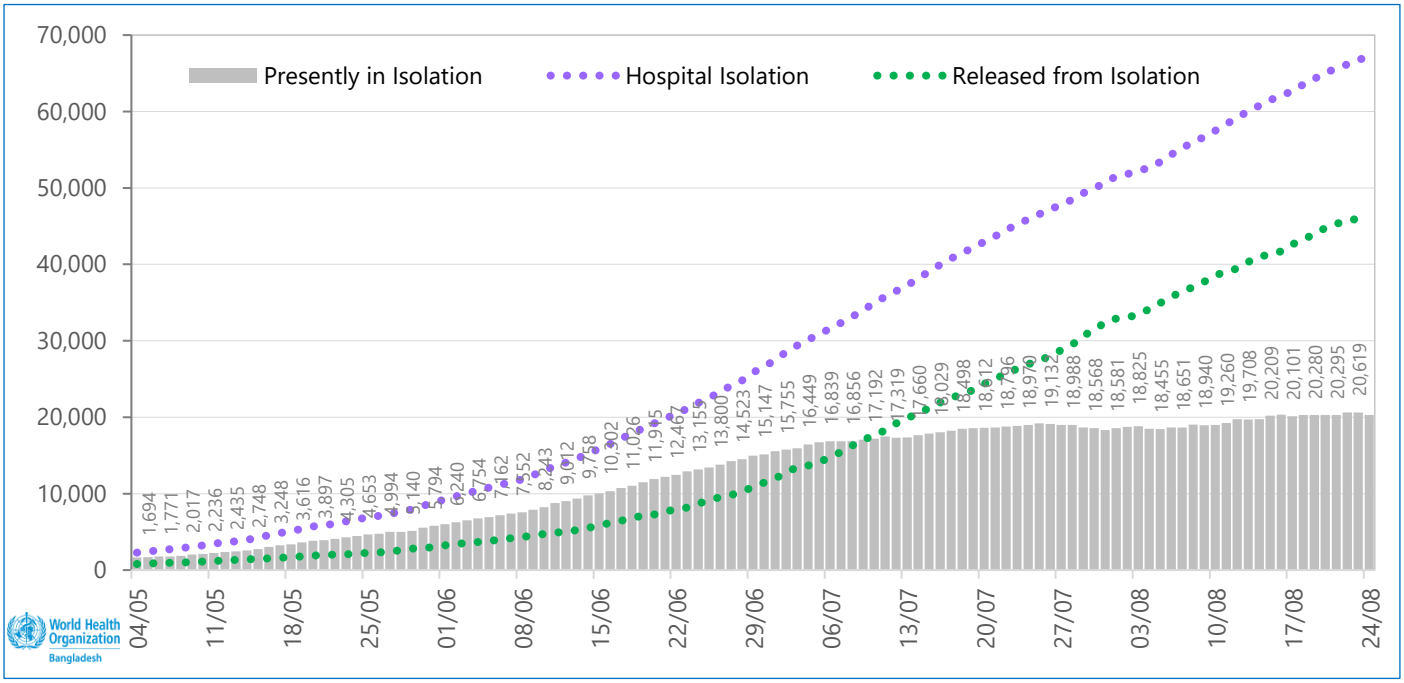
As of 24 August 2020, according to the IEDCR, **1,456,038** COVID-19 tests with the overall positivity rate of **20.4%** were conducted in Bangladesh by **91** laboratories: **54** laboratories **(59.3%)** in Dhaka city and **37** laboratories (**40.7%**) outside Dhaka. The latest 4 laboratories, which have started the testing this week are National Tuberculosis Reference Laboratory, Dhaka; 250 Bedded TB Hospital, Shyamoli, Dhaka; Border Guard Hospital, Pilkhana, Dhaka; and Al Jami Diagnostic Center, Dhaka. **59.8%** (**870,258**/ 1,456,038) of all samples were tested by laboratories in the Dhaka city.

The graph below is showing the comparison between the average number of samples tested and average number of confirmed COVID-19 cases, 08 March – 24 August 2020, Bangladesh.



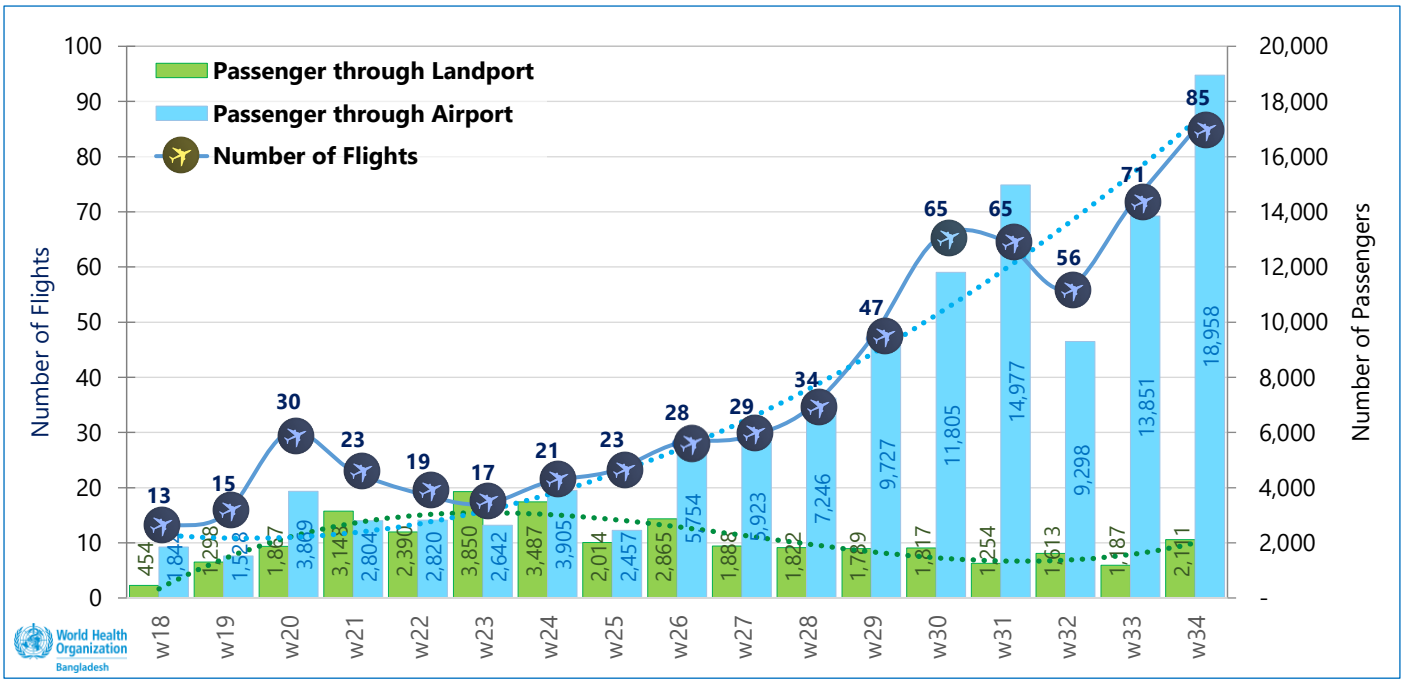
According to DGHS, as of 24 August 2020, the current institutional quarantine capacity in the country is represented by **629** centres across the 64 districts, which can receive **31,991** persons. A total of **29,493** individuals were placed in quarantine facilities and of them **24,115** (81.8%) have been already released. Over the same period, total of **67,227** individuals were isolated in designated health facilitates and of them **46,940** (**69.8%**) have been released.

The figure below is showing the number of individuals in hospital isolation and released, 04 May – 24 August 2020, Bangladesh.



In the reported week (epidemiological week 34), the number of international flights has increased by **19.7%**, in comparison to the previous week (**85** and **71** respectively) leading to increase in the number of passengers by **36.9%** (**18,958** and **13,851** respectively).

The figure below is showing the weekly incoming international flights and number arrived of passengers, 27 April – 24 August 2020, Bangladesh.



3. Case Management an Infection Control

On 22 August 2020, WHO published the updated **Emergency Global Supply Chain System (COVID-19) Catalogue**. The items in this catalogue represent an initial prioritized selection of items and are subject to constant review. Nothing in this catalogue should be construed as offer or guarantee for allocation of supplies. Item costs are estimates only. Full document: *https://www.who.int/publications/i/item/emergency-global-supply-chain-system-(covid-19)-catalogue*.

4. Risk Communication and Public Awareness

RCCE partners continue the dissemination of messages regarding COVID-19 protection measures and are constantly scaling up direct communication with communities through a variety of channels, including a network of 160 Non-Governmental Organizations (NGOs) activating across the country. The increased focus on offline communication aim to cover remote communities and individuals with limited or no internet access that are more susceptible to adhere to promoted protection measures through direct two-way communication, rather than one-way messages distributed though online channels and traditional media.

Furthermore, the need of direct interpersonal communication has been emphasized through Community Support Teams (CST), an initiative of humanitarian and development partners rolled out at field. CST aim to slow COVID-19 spread reduce burden on the healthcare system by supporting home-based treatment and management of mild to moderate cases through telemedicine and medication support of low-income households. To respond to adequate needs of inter-personal communication skills, CST volunteers are trained on this area to better engage with individuals and communities and to advocate for behavioral change that leads to appropriate following of public recommendations in terms of quarantine/isolation of confirmed and suspected persons as well as regarding the other protection measures.

For amplifying messages at field level, RCCE partners also work closely with Islamic Foundation and other religious associations that are actively distributing in information among communities through speakers from mosques as well as through direct communication with worshippers.

5. Useful links doe more information

- 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://experience.arcgis.com/experience/56d2642cb379485ebf78371e744b8c6a*
- WHO global Weekly Epidemiological Update and Weekly Operational Update: *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*
- COVID-19 WHO Online *Training modules: https://openwho.org/channels/covid-19*
- 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/component/content/article?id=5393*
- Institute of Epidemiology, Disease Control and Research (IEDCR): *https://iedcr.gov.bd/covid-19/covid-19-situation-updates*

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