World Health Organization
Bangladesh

COVID-19

31 August 2020
Morbidity and Mortality Weekly Update (MMWU) N°27

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

Photo Credit: Reuters India

Tested	Confirmed Cases	Recovered	Dead	Hotline
1,550,203	312,996	204,887	4,281	19.7 million

Test/1 million	New Cases	Recovery Rate	IFR%	AR/1 million
9,102	2,174	65.5%	1.37%	1,838

Laboratories	PPE Stock	PoE Screening
92 COVID-19 Labs	1,074,409	467,703
Last 7 days 94,165 Samples	3,423,151	35,277
58.7% Inside Dhaka Tests	143,794	7,029
20.2% Positive Tests	1,415,079	366,831

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1. Coordination

On 26 August 2020, WHO published revised version of '**COVID-19 Essential Supplies Forecasting Tool (ESFT)**' which is designed to help governments, partners, and other stakeholders to estimate potential requirements for essential supplies to respond to the current pandemic of COVID-19. The focus of this tool is to forecast essential supplies: it includes estimation of personal protective equipment, diagnostic equipment, biomedical equipment for case management, essential drugs for supportive care, and consumable medical supplies. The Excel tool is available at: *https://www.who.int/docs/default-source/coronaviruse/who-2019-ncov-tools-essential-forecasting-2020-3-eng.xlsx?sfvrsn=e14d78b7_1&download=true. This document provides technical details and methodological explanations* This document provides technical details and methodological explanations on the structure of the COVID-19 Essential Supplies Forecasting Tool (ESFT). It is intended to provide information that will allow users to a) trace and understand the calculations, assumptions, and limitations of ESFT; and b) modify these assumptions for different contexts or use cases. Full document: *https://www.who.int/publications/i/item/WHO-2019-nCoV-Tools-Essential_forecasting-Overview-2020.1*

On 25 August 2020, WHO published an interim guidance '**Promoting public health measures in response to COVID-19 on cargo ships and fishing vessels**'. The document provides guidance for ship-owners, seafarers, unions and associations and competent authorities for health and transport on protecting seafarers working on cargo ships and fishing vessels from transmission of SARS-CoV-2 (the virus that causes COVID-19) and management of COVID-19 cases. Detailed guideline for pre-boarding, on-board, leaving the ship, communications, Digital tools and mobile applications, training, Mental health and psychosocial support and links to useful publications are described in the document. Full document: *https://www.who.int/publications/i/item/WHO-2019-nCoV-Non-passenger_ships-2020.1*

On 25 August 2020, WHO published another interim guidance '**Operational considerations for COVID-19 management in the accommodation sector**'. This document is an update of the interim guidance published on 31 March 2020, which was developed by a review of WHO and UNWTO guidance documents and internal consultation at WHO, UNWTO and UNICEF, based on new knowledge available about COVID-19, including prevention of transmission and the management of suspected or confirmed cases. It is designed to cover hotels and other accommodation facilities of all sizes, including campsites, operating in the time of the current pandemic. Private tourism accommodation providers are invited to follow the operating guidelines. The document will be helpful for the authorities involved in public health – including the International Health Regulations National Focal Point, local health authorities, local, provincial, and national health surveillance and response systems—to respond to a public health event in hotels and other establishments providing accommodation. Full document: *https://www.who.int/publications/i/item/operational-considerations-for-covid-19-management-in-the-accommodation-sector-interim-guidance*

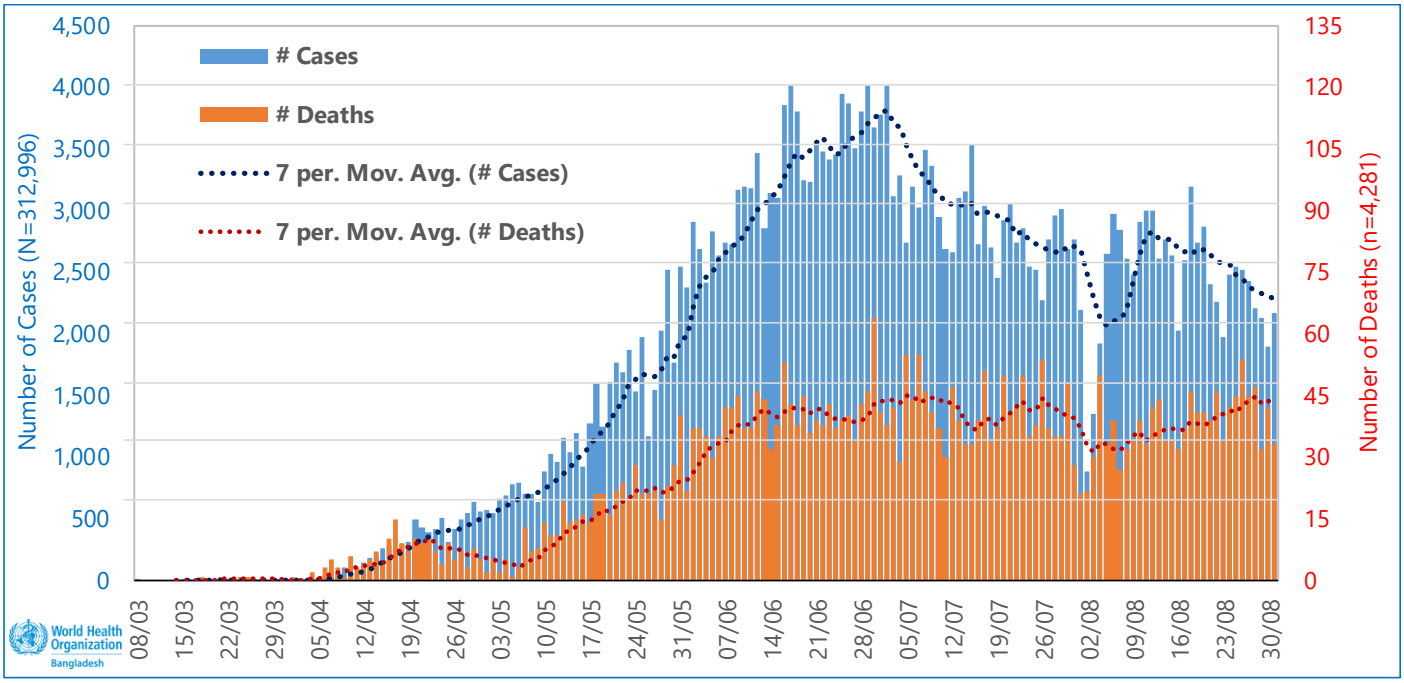
National Guideline on **Infection Prevention and Control in Healthcare Settings** (version 3) incudes additional measures for COVID-19 was published on 29 August 2020 by CDC, DGHS and circulated to all Divisional Directors, Civil Surgeons, Director of hospitals, Medical Colleges and Upazila Health & Family Planning Officers. The new case definition of COVID-19 (Public health surveillance for COVID-19 Interim guidance, 7 August 2020) has been incorporated in the guideline. The guideline includes control and prevent infection among HCW, limiting transmission of communicable diseases in healthcare settings with a major focus on COVID-19, guide to health care providers for personal protection and case management in hospital setting, guide to safe practice in handling cases in isolation unit and in laboratory procedures. The guideline will be useful for the Healthcare facility managers, Physicians, Nurses, Medical Technologists, Ward boy and cleaners, and Other staffs related to healthcare service delivery. Full document: *https://dghs.gov.bd/index.php/en/publications/guideline*

2. Surveillance and Laboratories

Between 9 March and 31 August 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were three hundred twelve thousand nine hundred ninety-six (**312,996**) COVID-19 confirmed by rRT-PCR, including four thousand two hundred eighty-one (**4,281**) related deaths (IFR **1.37**%)[1].

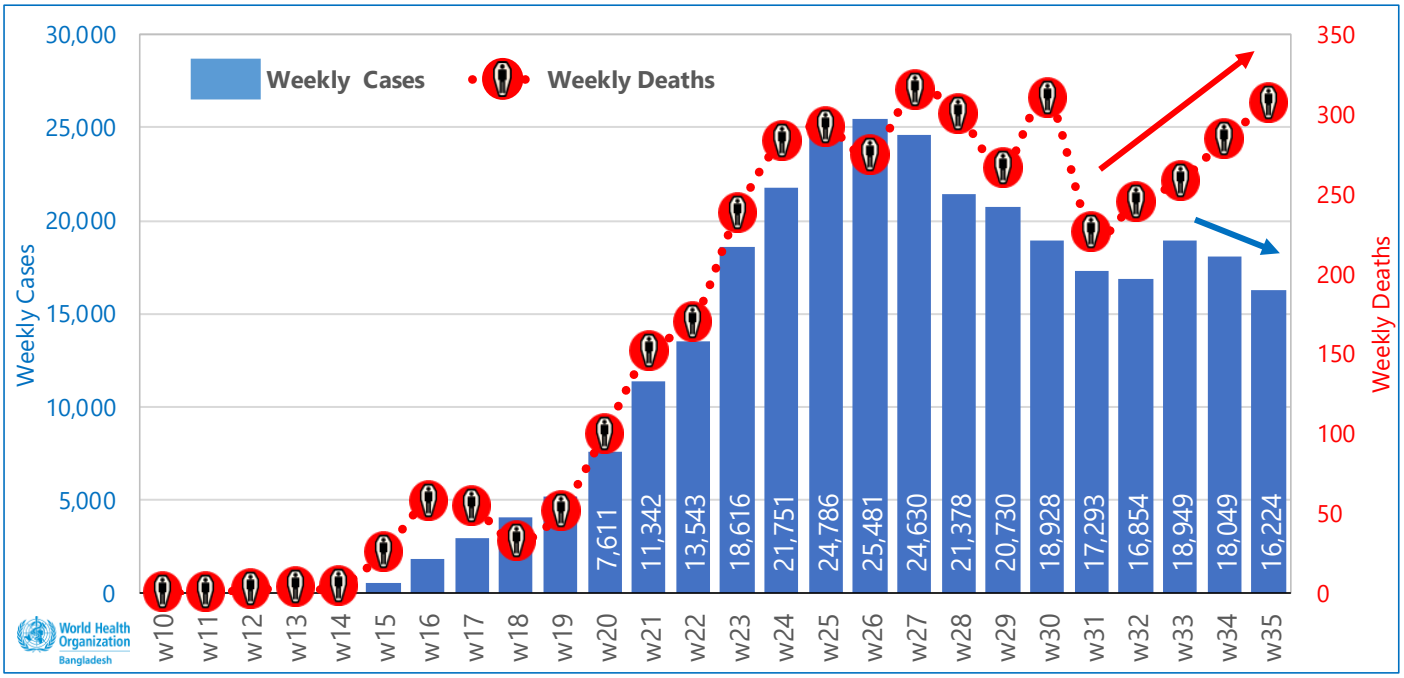
[1] IFR refers to 'Infection Fatality Ratio' which can describe the true severity of a disease https://www.who.int/news-room/commentaries/detail/estimating-mortality-from-covid-19

The figure below is showing daily distribution of reported COVID-19 confirmed cases and deaths, 08 March – 31 August 2020, Bangladesh.



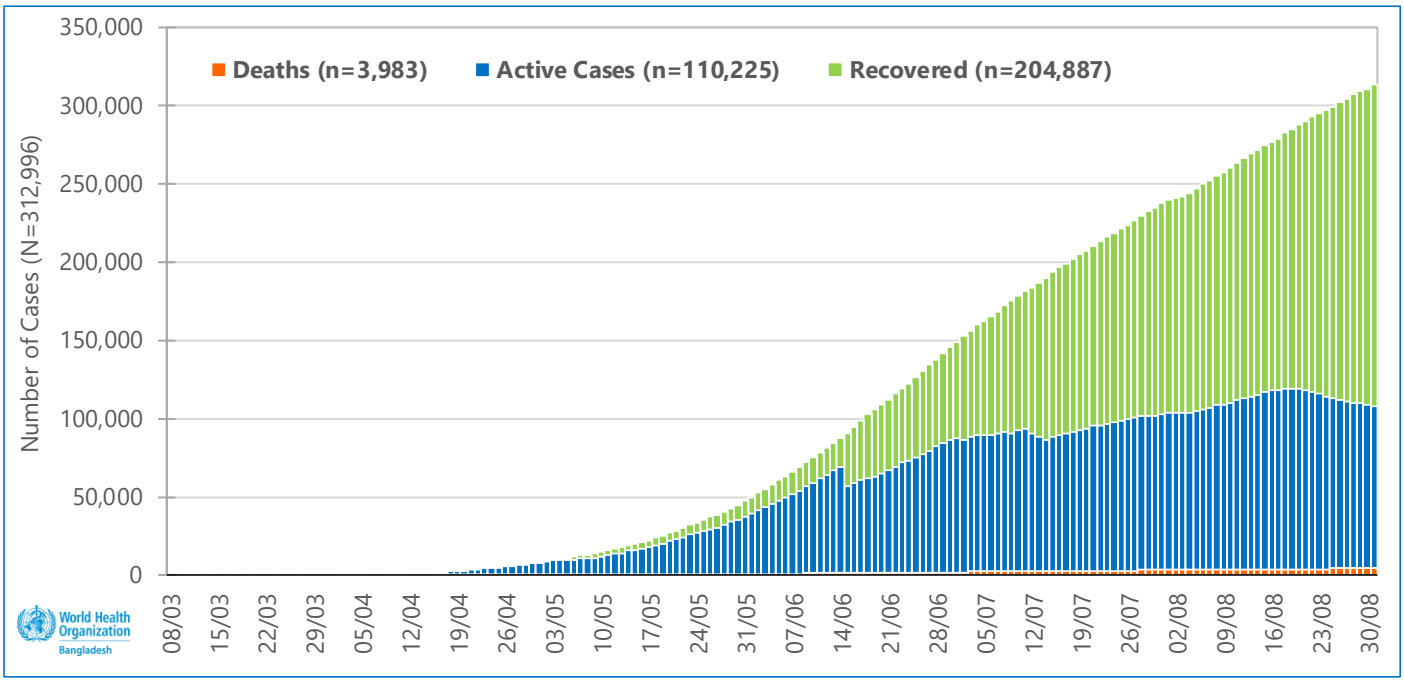
In the reported week (epidemiological week 35), in comparison to the previous epidemiological week, the number of new weekly COVID-19 cases decreased by **10.1%** (**16,224** in week 35 and **18,049** in the previous week) while, the number of COVID-19 new weekly deaths increased by **8.1%** (**307** and **284** respectively), leading the IFR to go up from **1.34%** in epidemiological week 34 to **1.37%** in the current week but the Case Fatality Ratio (CFR) decreased from **2.15** to **2.06** due to increased number of recovery.

The figure below is showing the weekly distribution of reported confirmed COVID-19 cases and deaths, 08 March – 31 August 2020, Bangladesh.



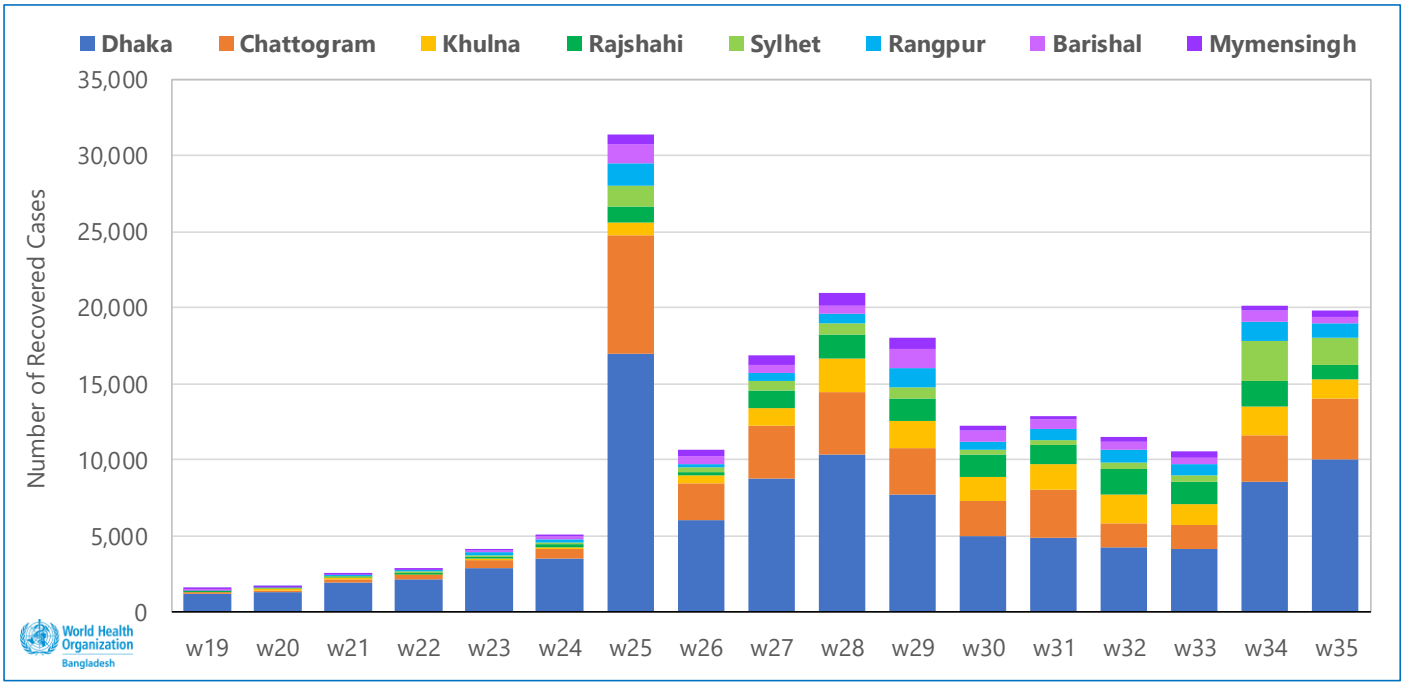
Out of the total **312,996** COVID-19 cases registered as of 31 August 2020, **65.46%** (204,887) - recovered, **1.37**% (4,281) - **died** and **33.17**% (103,828) are active cases.

The figure below is showing active vs recovered confirmed COVID-19 cases outcomes per epidemiological week, 08 March – 31 August 2020, Bangladesh.



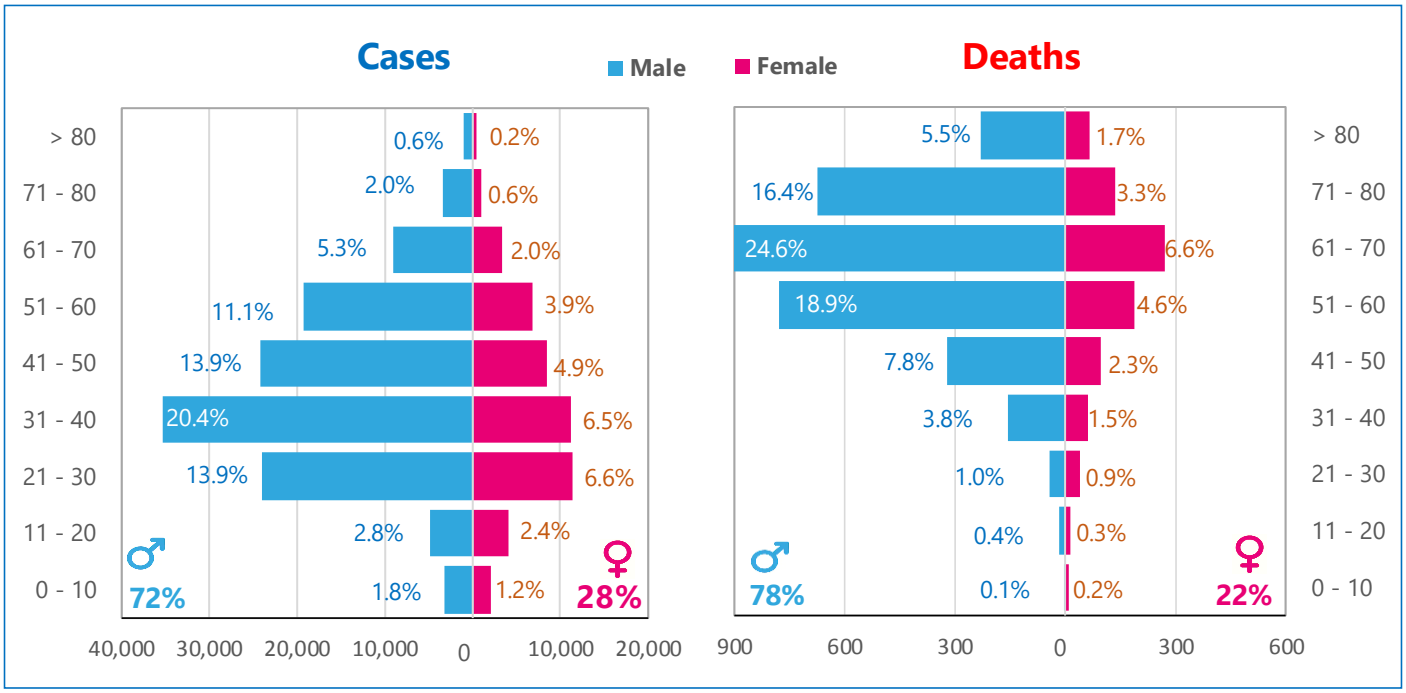
In the epidemiological week 35, the number of COVID-19 **active cases** decreased by **6.2%**, in comparison to the previous week (**104,667** and **111,566**) and at the same time, the number of **recovered** COVID-19 cases increased by **13.3%** (**22,816** and **20,141** respectively).

The figure below is showing the weekly recovery of the reported confirmed COVID-19 cases, 09 March – 31 August 2020, Bangladesh.



As of 31 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 (**31.2%**) was reported in the age group of 61 to 70 years old, **26.9%** in the older age group of 71 and above and **23.5%** - in the age group between 51 and 60 years. Male represented **72%** and **78%** of the of total reported confirmed COVID-19 cases and deaths respectively.

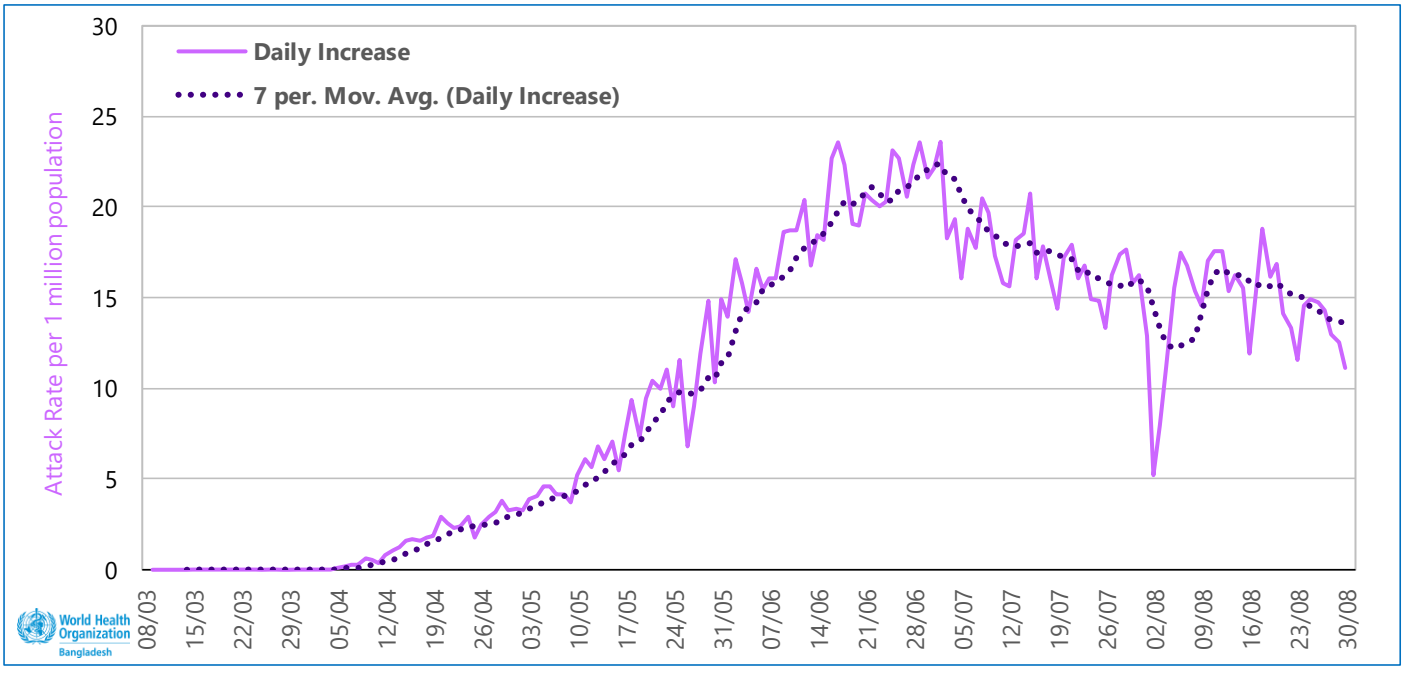
The figure below is showing age-sex distribution of the reported confirmed COVID-19 cases and deaths, 31 August 2020, Bangladesh.



As of 31 August 2020, **63.8%** of reported cases were from **Dhaka** division, **13.6**% from **Chattogram**, **Khulna 6.0**%, **Rajshahi 5.7**%, **Sylhet** and **Rangpur 3.3**%, **Barishal 2.4**% and the lowest **1.9**% from - **Mymensingh** division. While, **47.2**% of reported death were from **Dhaka** division, **22.4**% from **Chattogram**, **Khulna 8.5**%, **Rajshahi 6.7**%, **Sylhet** and **Rangpur 4.5**%, **Barishal 4.0**% and the lowest **2.1**% from - **Mymensingh** division.

On 31 Augusts 2020, Bangladesh overall attack rate (**AR**) is **1,838** 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 35), COVID-19 weekly **AR** increased by **6.3%** in comparison to the previous week (**1,838** and **1,729** respectively).

The figure below is showing the daily increase in COVID-19 overall attack rate (AR) per 1,000,000, 08 March – 31 August 2020, Bangladesh.



According to the available data as on 31 August 2020, the highest AR continues to be observed in the **Dhaka** division **Dhaka (4,636**/1,000,000**)**. Within the Dhaka division, **Dhaka city** has the highest AR (**19,012**/1,000,000) followed by **Faridpur** (2,801), **Rajbari** (2,103), **Munshiganj** (1,867), **Narayanganj** (1,825), **Gopalganj** (1,662), **Gazipur** (1,229), **Shariatpur** (1,128), **Madaripur** (984), **Narsingdi** (781), **Dhaka district** (773), **Manikganj** (740), **Kishoreganj** (734) and the lowest AR **609** was reported from **Tangail** district.

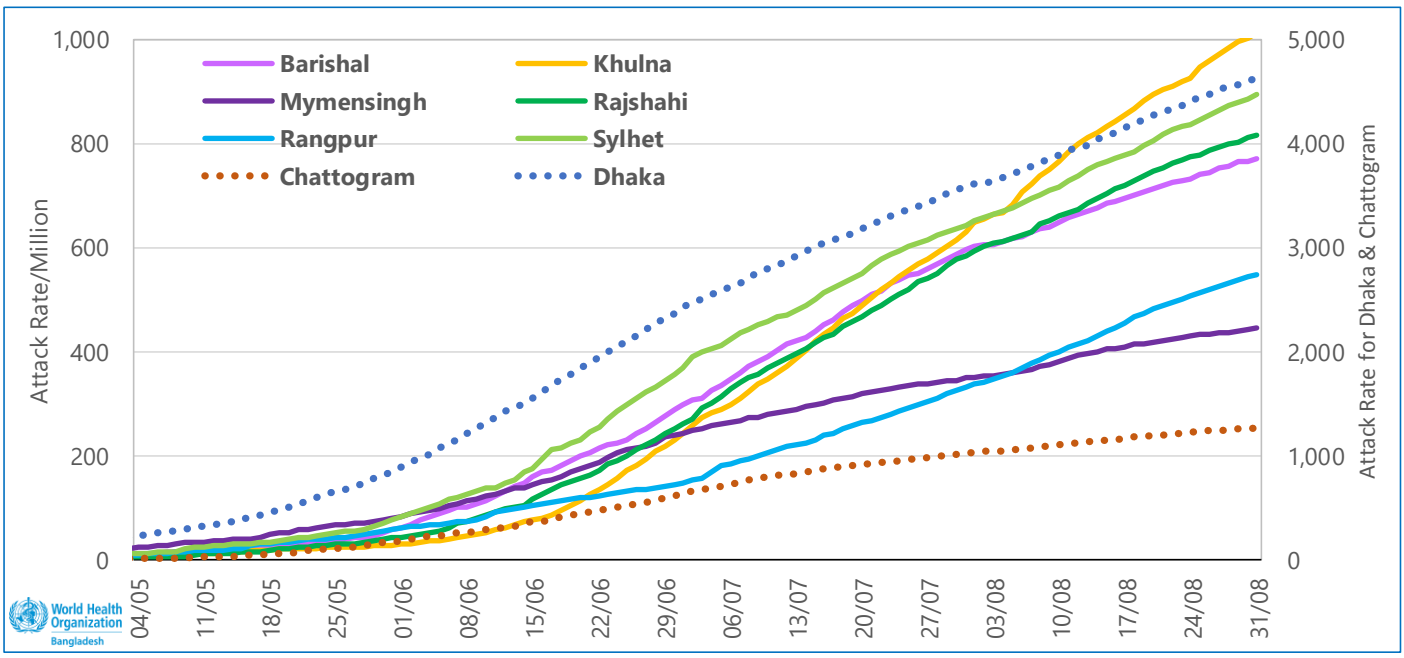
The 2nd highest COVID-19 AR is reported from **Chattogram** division **(1,266**/1,000,000**)**. Within the division, **Chattogram** district reported the highest AR (**1,894**/1,000,000) followed by **Bandarban** (1,492), **Cox'sBazar** (1,485), **Noakhali** (1,233), **Rangamati** (1,171), **Cumilla** (1,067), **Feni** (989) **Lakshmipur** (942), **Khagrachhari** (862), **Chandpur** (745) and the lowest AR **681** was reported from **Brahmanbaria** district.

The 3rd highest AR in the country was reported from **Khulna** division (**1,014**/1,000,00) while the highest AR district is **Magura** (1,761) followed by **Jhenaidah** (1,724), **Meherpur** (1,183), **Khulna** (1,132), **Narail** (1,050), **Satkhira** (1,007), **Chuadanga** (978), **Jashore** (695), **Bagerhat** (605) and the lowest **592** in **Kushtia** district.

Sylhet division has taken the fourth highest in the overall AR with (**895**/1,000,000) with the highest AR in **Sylhet** district (**1,354**/1,000,000) followed by **Sunamganj** (686), **Maulvibazar** (652) and the lowest 609 in **Habiganj** district. **Rajshahi** division has overall AR **816**/1,000,000 with the highest AR in **Bogura** district (**1,663**/1,000,000), followed by **Rajshahi** (1,488), **Joypurhat** (866), **Sirajganj** (531), **Natore** (439), **Naogaon** (372), **Chapainawabganj** (348) and **Pabna** district is the lowest at **338**/1,000,000. In **Barishal** division the overall AR is **771**/1,000,000 with the highest AR in **Barishal** district (**1,158**/1,000,000), while **Barguna** (808), **Jhalokathi** (781), **Pirojpur** (741), **Patuakhali** (722) and the lowest AR **305** was reported from in **Bhola** district. In **Rangpur** division the overall AR is **548**/1,000,000 with the highest AR in **Dinajpur** district (**865**/1,000,000), while **Rangpur** (708), **Thakurgaon** (554), **Lalmonirhat** (472), **Panchagarh** (436), **Nilphamari** (415), **Gaibandha** (337) and the lowest AR **323** was reported from **Kurigram** district.

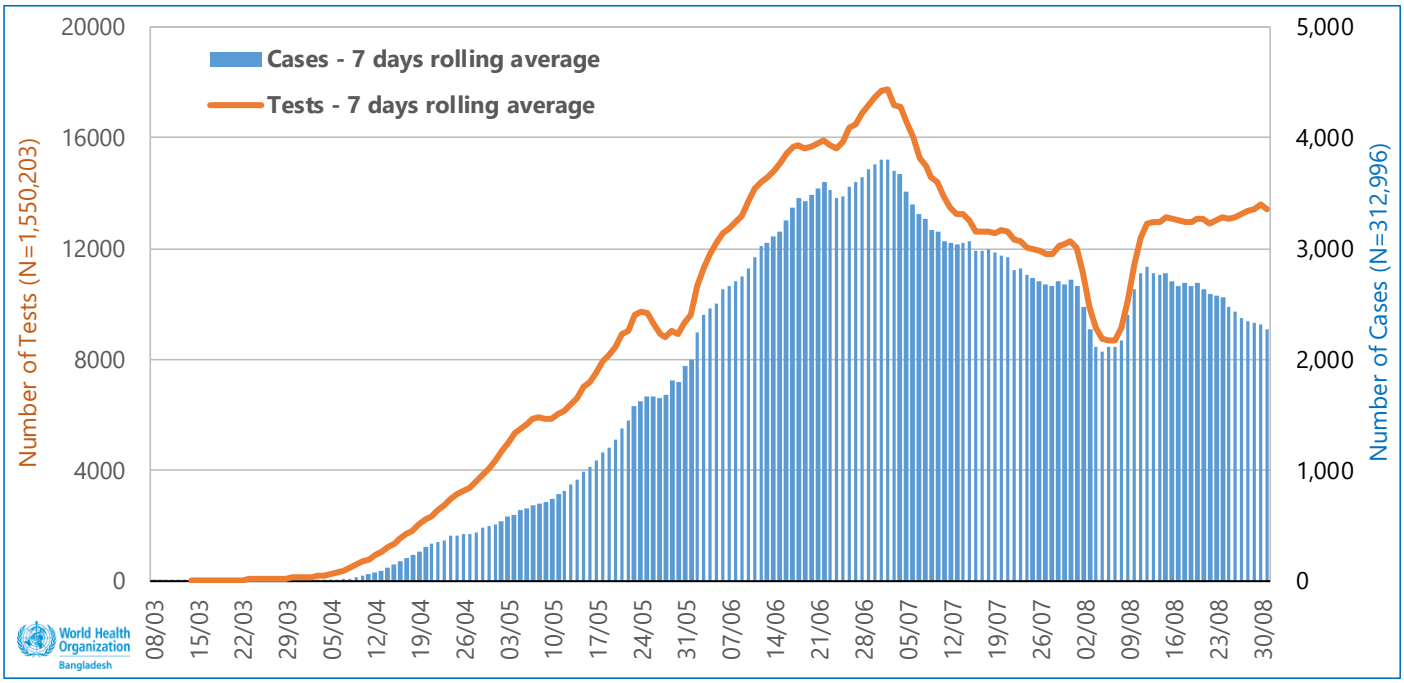
The lowest AR is reported from **Mymensingh** division (**446**/1,000,000). **Mymensingh** district having the highest AR of **554**/1,000,000 followed by **Jamalpur** (495), **Netrakona** (260) and the lowest **260** in **Sherpur** district.

The figure below is showing the progression of Arrack Rate (per million) by divisions, 08 March – 31 August 2020, Bangladesh.



As of 31 August 2020, according to the IEDCR, **1,550,203** COVID-19 tests with the overall positivity rate of **20.2%** were conducted in Bangladesh by **92** laboratories: **54** laboratories **(58.7%)** in Dhaka city and **38** laboratories (**41.3%**) outside Dhaka. Tangail Chest Disease Clinic, a government institution has started testing this week using "GeneXpert". **59.8%** (**926,914/**1,550,203) of all samples were tested by laboratories in the Dhaka city. In last 24 hours' identification rate 17.46% and identification rate till date 20.19%.

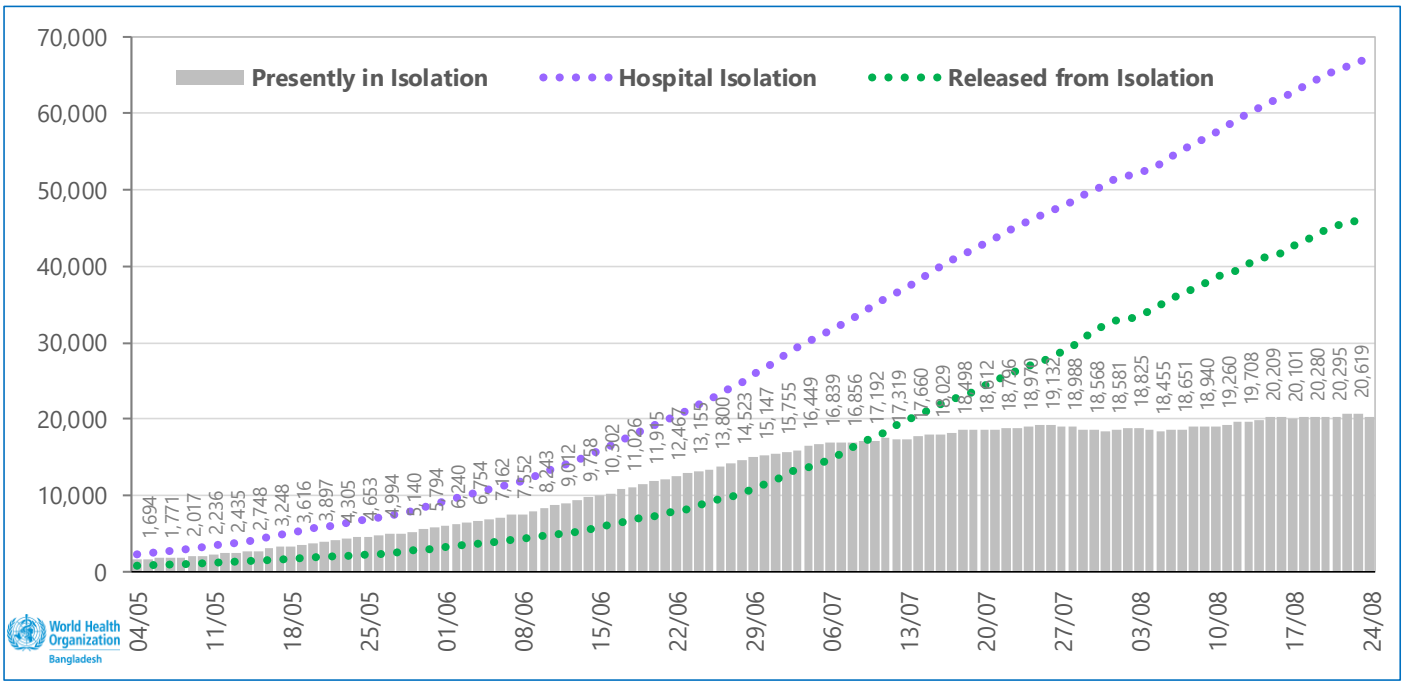
The graph below is showing the comparison between the average number of samples tested and average number of confirmed COVID-19 cases, 08 March – 31 August 2020, Bangladesh.



3. Point of Entry (PoE) and Quarantine

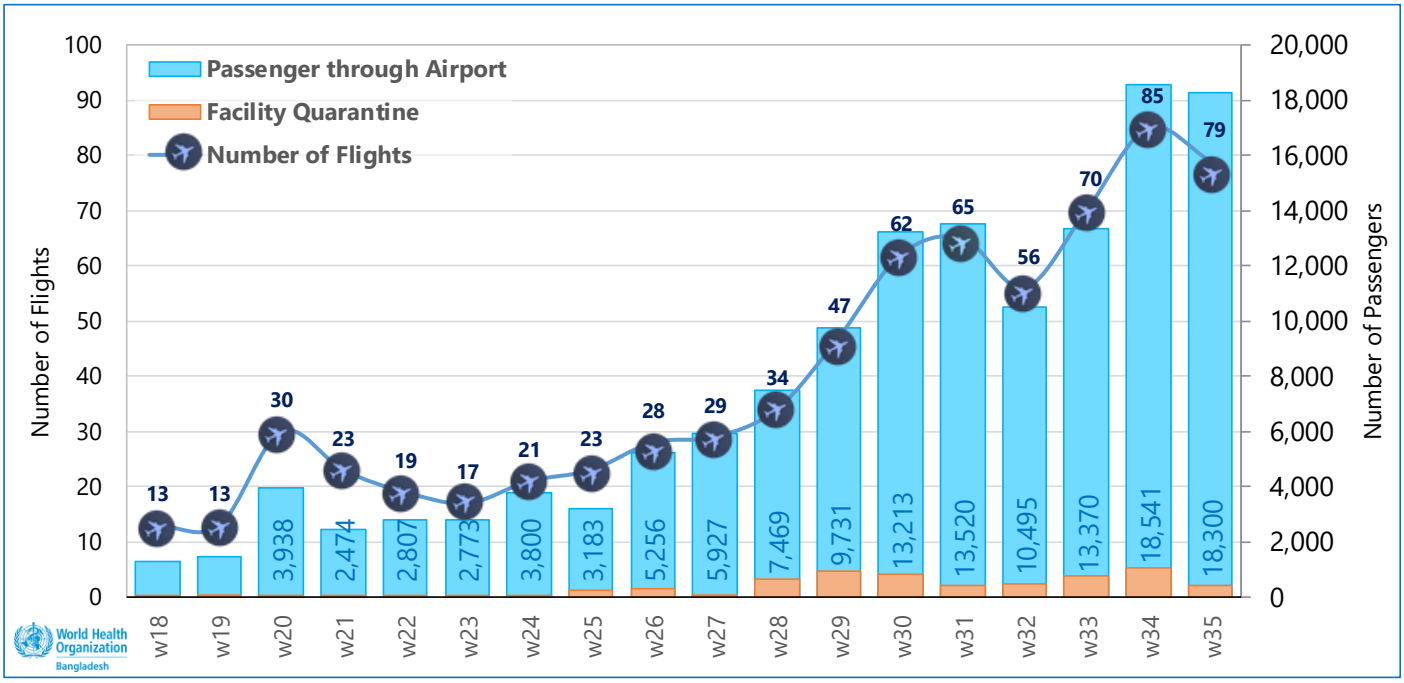
According to DGHS, as of 31 August 2020, the current institutional quarantine capacity in the country is represented by **629** centres across the 64 districts, which can receive **31,991** persons. A total of **30,515** individuals were placed in quarantine facilities and of them **25,217** (82.6%) have been already released. Over the same period, total of **71,334** individuals were isolated in designated health facilitates and of them **51,392** (**72.0%**) have been released.

The figure below is showing the number of individuals in hospital isolation and released, 04 May – 31 August 2020, Bangladesh.



In the reported week (epidemiological week 35), the number of international flights has decreased by **7.1%**, in comparison to the previous week (**79** and **85** respectively) leading to decrease in the number of passengers by **1.3%** (**18,300** and **18,541** respectively).

The figure below is showing the weekly incoming international flights and number arrived of passengers, 27 April – 31 August 2020, Bangladesh.



4. Case Management and Infection Prevention & Control

According to DGHS, as of 31 August 2020, there are 14,843 general beds (6,625 in Dhaka city) and 550 ICU (310 in Dhaka city) dedicated for COVID-19 treatment. Of these 25.8% general beds and 54.7% ICU are presently occupied.

The figure below is showing number cases admitted, released and taken to ICU in the designated hospitals, 24 June – 31 August 2020, Bangladesh.

Directorate General of Health Services (DGHS) conducted health facility assessment for infection prevention and control (IPC), COVID-19 case management and essential services in collaboration with inter-agency team (WHO, USAID/MHS/Mtaps, UNICEF, icddr,b Concern, UNFPA). Assessment conducted in 120 health facilities and final report is available. According to the report in response to the pandemic, **50**% of the facilities did not establish management team for COVID-19 responses and triage protocol was available around **53**% of the health facilities. Tele-triage system was available in **58**% of the facilities. About **38**% of the assessed health facilities has ICU beds. ICU bed was available in all MCH. No ICU bed was found in upazila health complex. Forty percent of the facilities did not have dedicated ambulance for all suspected/confirmed COVID-19 cases.

Among the doctors, nurses, and midwives about **18**% were trained on IPC and **12**% of doctors and nurses were trained on case management. In **54**% of the facilities IPC committee was formed. Around **52**% of the facilities did not have monitoring and supervision mechanism for IPC. Hand hygiene supplies (soap, alcohol-based hand rub) were available in **70**% of health facilities. Communicable disease unit of DGHS in collaboration with development partner has facilitated training on IPC to **2,000** newly recruited doctors and **5,000** newly recruited nurses. A scalable capacity building plan on IPC using the Quality Improvement Framework and existing programme has been developed with elaboration of sustained capacity building tactics for supervision and mentoring. Development partner supported in revision of 3rd version of IPC national guideline.

5. Risk Communication and Public Awareness

An online study was conducted by BRAC, Prothom Alo and Lifebuoy for assessing public awareness regarding COVID-19 pandemic, mainly around the three basic public health protection measures - wearing masks, hand hygiene and maintaining physical distance. While the awareness level regarding protection given through mask use reaches 93%, over two thirds of respondents indicated that masks are difficult to use due to several reasons, including the discomfort associated with hot temperatures and humidity or the difficulty of breathing. Regarding the hand hygiene, nearly half of respondents indicated that washing hands is often not possible due to lack of soap and water in their nearby vicinity. Concerning the physical distance, respondents indicated that it is very difficult to follow when other people do not pay regards to the matter and also it is a challenging measure due to congested conditions in public areas.

RCCE partners continue efforts on promoting preventive measures for COVID-19 outbreaks and relevant behavior change. While general awareness activities and messages emphasizing protection measures are still ongoing, activities are also being conducted focusing on the secondary impact of the coronavirus such as stress management, domestic violence, promoting skills for adapting to and coping with the new circumstance or information on ways to combat the virus at the workplace.

6. Useful links for 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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