


















Tested	Confirmed Cases	Recovered	Dead	Hotline
 1,644,724	 327,359	 224,573	 4,516	 20 million
Test/1 million	New Cases	Recovery Rate	IFR%	AR/1 million
9,657	2,202	68.6%	1.38	1,922
Laboratories		PPE Stock	PoE Screening	
93 COVID-19 Labs		 1,055,936	 487,970	
Last 7 days 94,521 Samples		 3,356,859	 36,478	
 59.8% Inside Dhaka Tests		 138,356	 7,029	
 19.9% Positive Tests		 1,385,728	 369,282	

1. Coordination

On 02 September, WHO published a living document on drug treatment titled '**Corticosteroids for COVID-19**'. The document reveals the role of systemic corticosteroids in the treatment of patients with COVID-19. The target audience consists primarily of clinicians, and, secondarily, health care decision-makers. This guideline reflects an innovation from the WHO, driven by an urgent need for global collaboration to provide trustworthy and living COVID-19 guidance informing policy and practice worldwide during an outbreak of an emerging infectious disease, such as COVID-19 pandemic. Full document: <https://apps.who.int/iris/rest/bitstreams/1299344/retrieve>

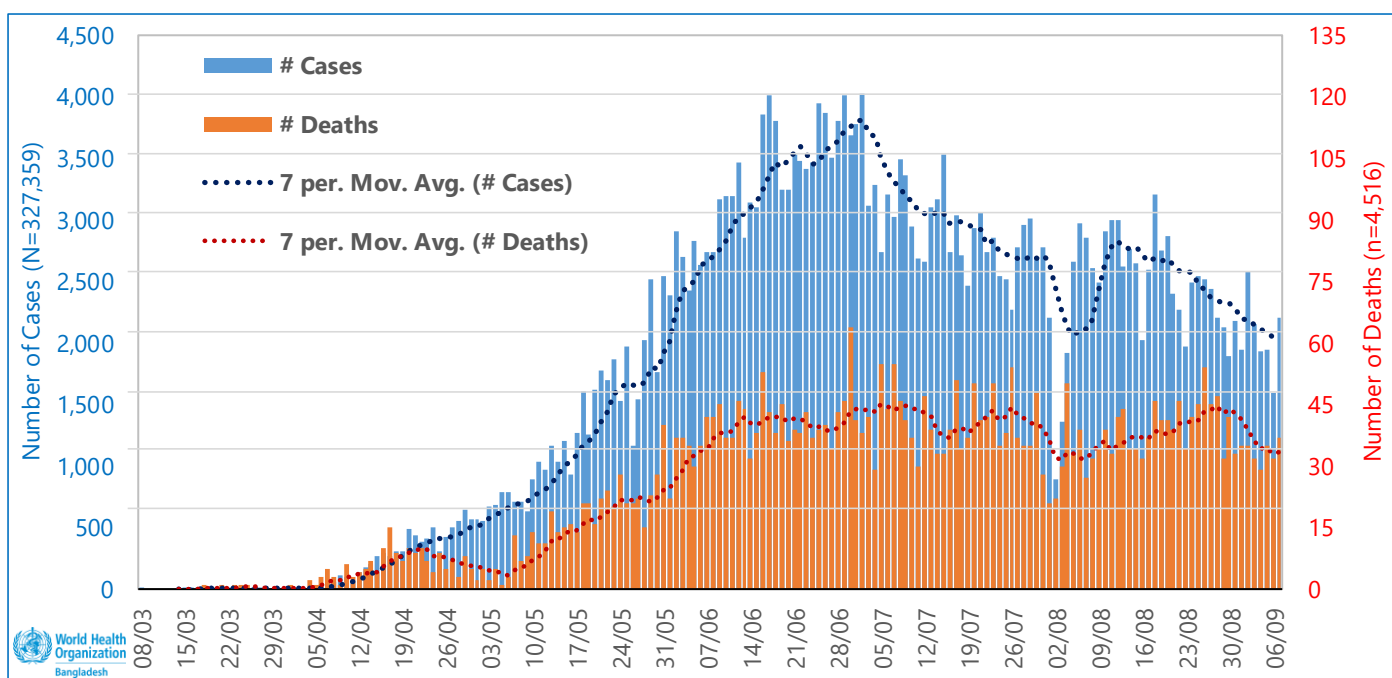
On 04 September, WHO published an interim guidance on dead body management titled '**Infection prevention and control for the safe management of a dead body in the context of COVID-19**'. This interim guidance is designed for individuals who tend to the bodies of persons who have died of suspected or confirmed coronavirus disease 2019 (COVID-19). Potential users include managers of health-care facilities and mortuaries, as well as religious leaders and public health authorities. Moreover, this document provides guidance for the management of the dead in the context of COVID-19 in low, middle- and high-income settings. Topics included in this document are: Key considerations, Preparing and packing the body, Autopsy requirements, Advice for mortuary care/funeral home, Environmental cleaning, Burial or cremation, and Burial by family members.

Full document: <https://apps.who.int/iris/rest/bitstreams/1300088/retrieve>

2. Surveillance and Laboratories

Between 9 March and 07 September 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were three hundred twenty-seven thousand three hundred fifty-nine (**327,359**) COVID-19 confirmed by rRT-PCR, including four thousand five hundred sixteen (**4,516**) related deaths (**IFR 1.38%**)¹.

The figure below is showing daily distribution of reported COVID-19 confirmed cases and deaths, 08 March – 07 September 2020, Bangladesh.

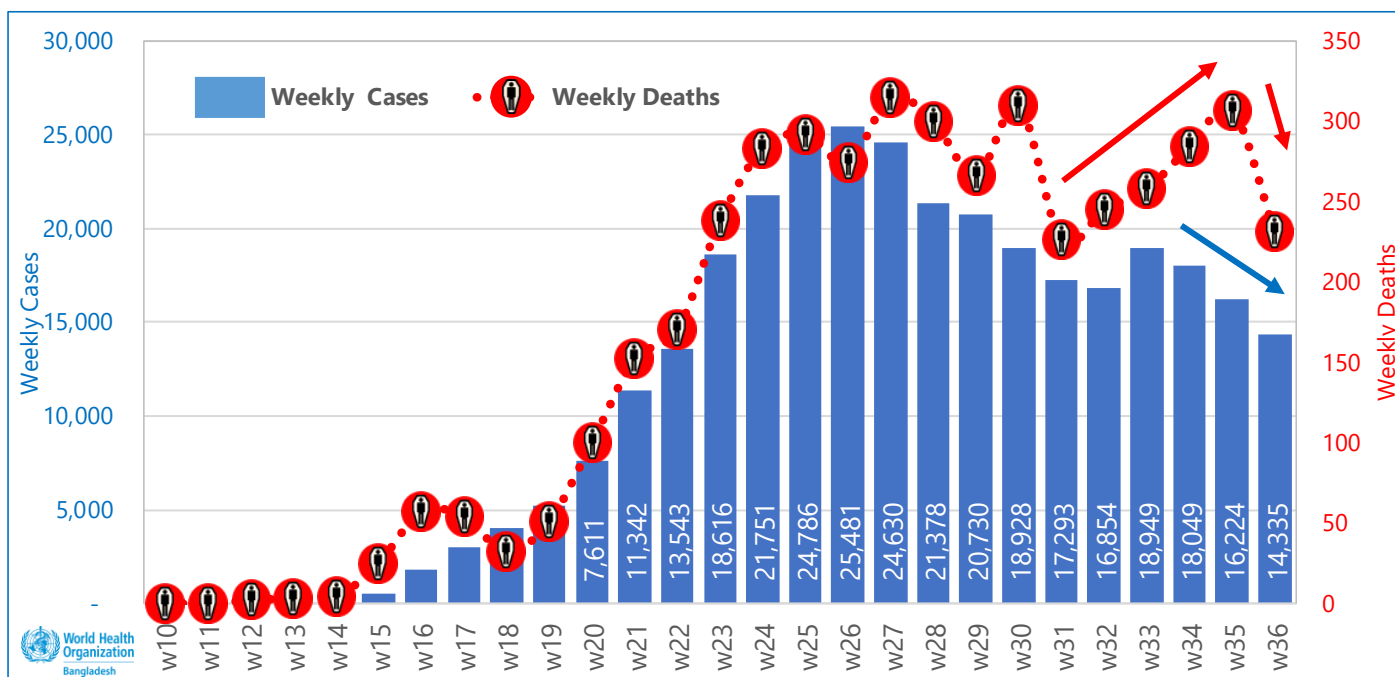


In the reported week (epidemiological week 36), in comparison to the previous epidemiological week, the number of new weekly COVID-19 cases decreased by **11.6%** (**14,335** in week 36 and **16,224** in the previous week) while, the number of COVID-19 new weekly deaths decreased by **24.8%** (**231** and **307** respectively), leading the IFR a little increase from **1.37%** in epidemiological week 35 to **1.38%** in the current week but the Case Fatality Ratio (CFR) decreased from **2.06** last week to **1.97** in the current week.

¹ IFR refers to 'Infection Fatality Ratio' which can describe the true severity of a disease

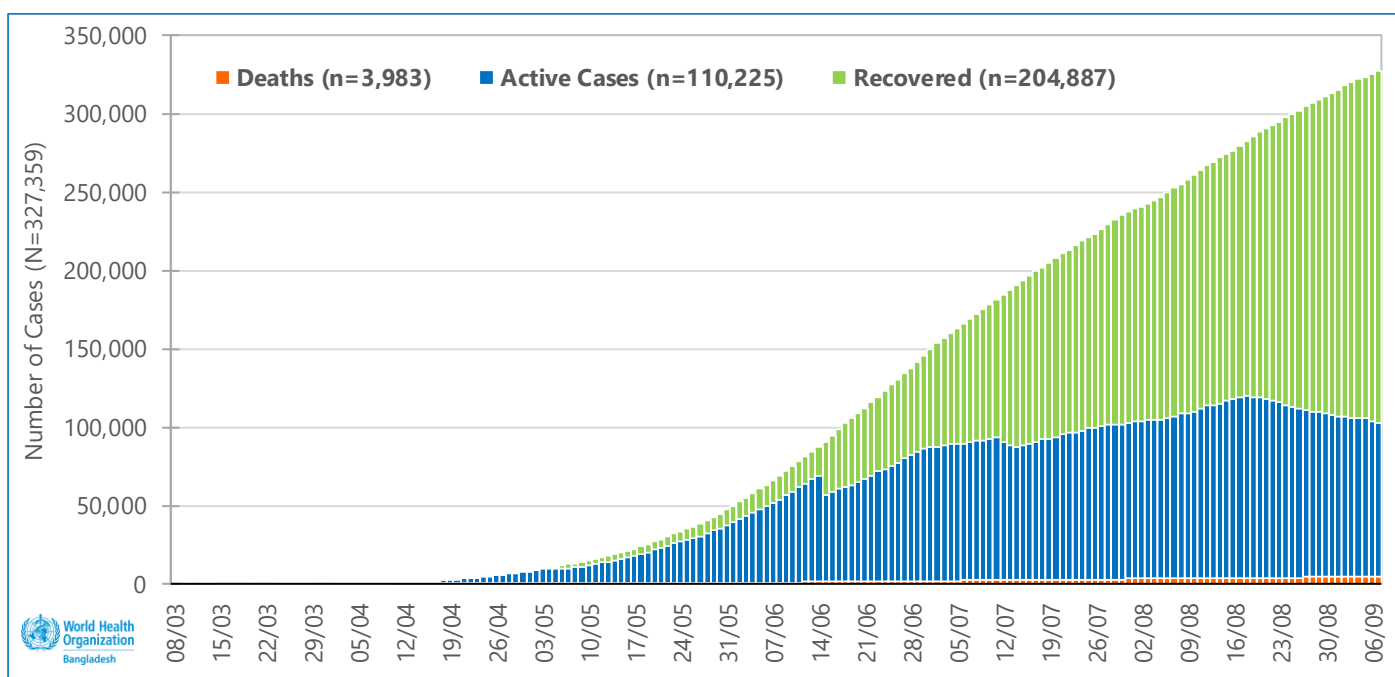
<https://www.who.int/news-room/commentaries/detail/estimating-mortality-from-covid-19>

The figure below is showing the weekly distribution of reported confirmed COVID-19 cases and deaths, 08 March – 07 September 2020, Bangladesh.



Out of the total **327,359** COVID-19 cases registered as of 07 September 2020, **68.6%** (224,573) - recovered, **1.38%** (4,516) - **died** and **30.02%** (98,270) are active cases.

The figure below is showing active vs recovered confirmed COVID-19 cases outcomes per epidemiological week, 08 March – 07 September 2020, Bangladesh.

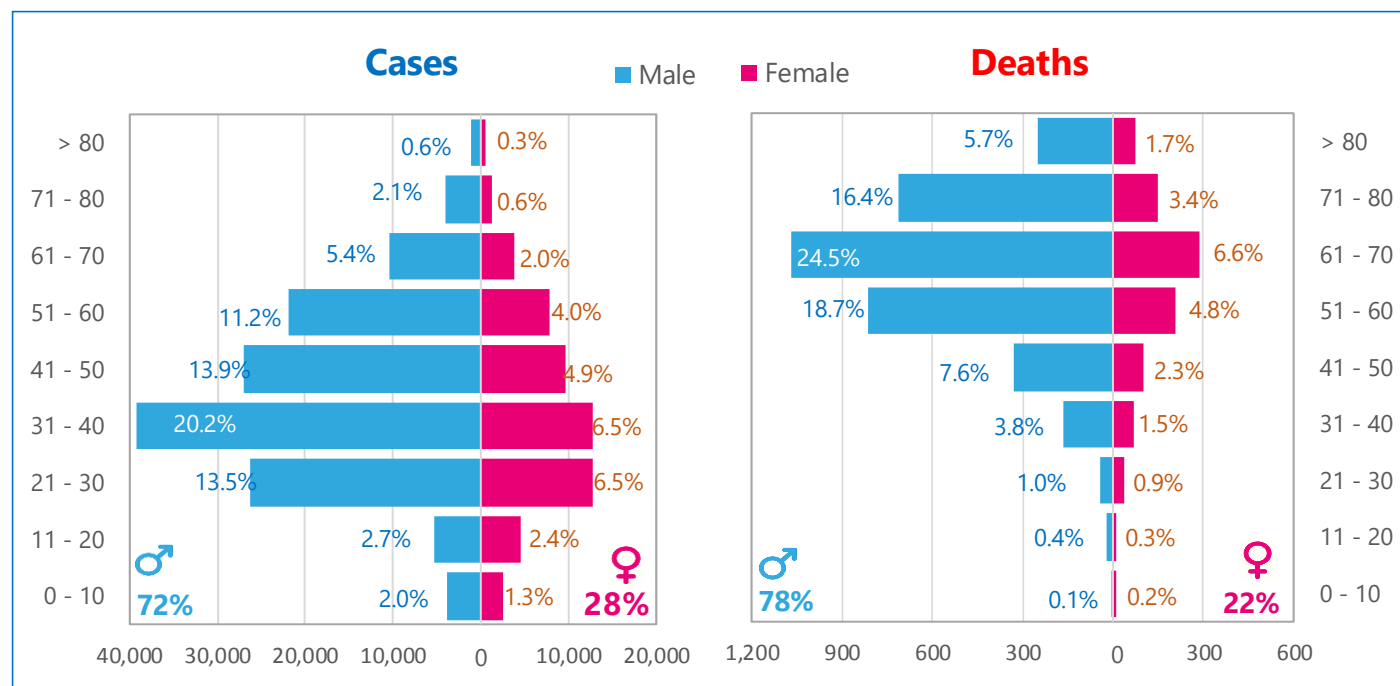


In the epidemiological week 36, the number of COVID-19 **active cases** decreased by **5.0%**, in comparison to the previous week (**99,407** and **104,667**) and at the same time, the number of **recovered** COVID-19 cases increased by **15.1%** (**19,368** and **22,816** respectively).

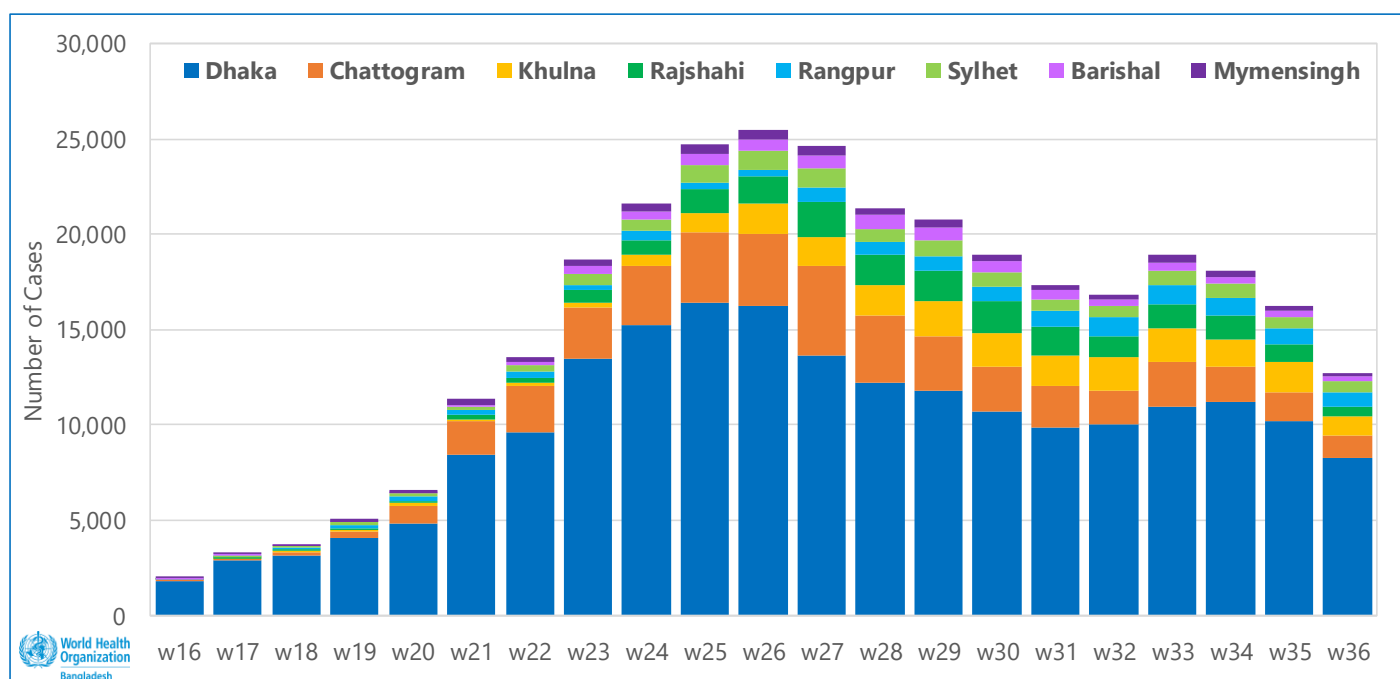
As of 07 September 2020, **26.7%** cases were confirmed in people between 31 and 40 years old, **20.0%** - in the age group of 21 to 30, **18.9%** - 41 to 50 years and **15.2%** in the age group between 51 and 60 years old. The highest death rate

(31.2%) was reported in the age group of 61 to 70 years old, 27.2% 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, 07 September 2020, Bangladesh.

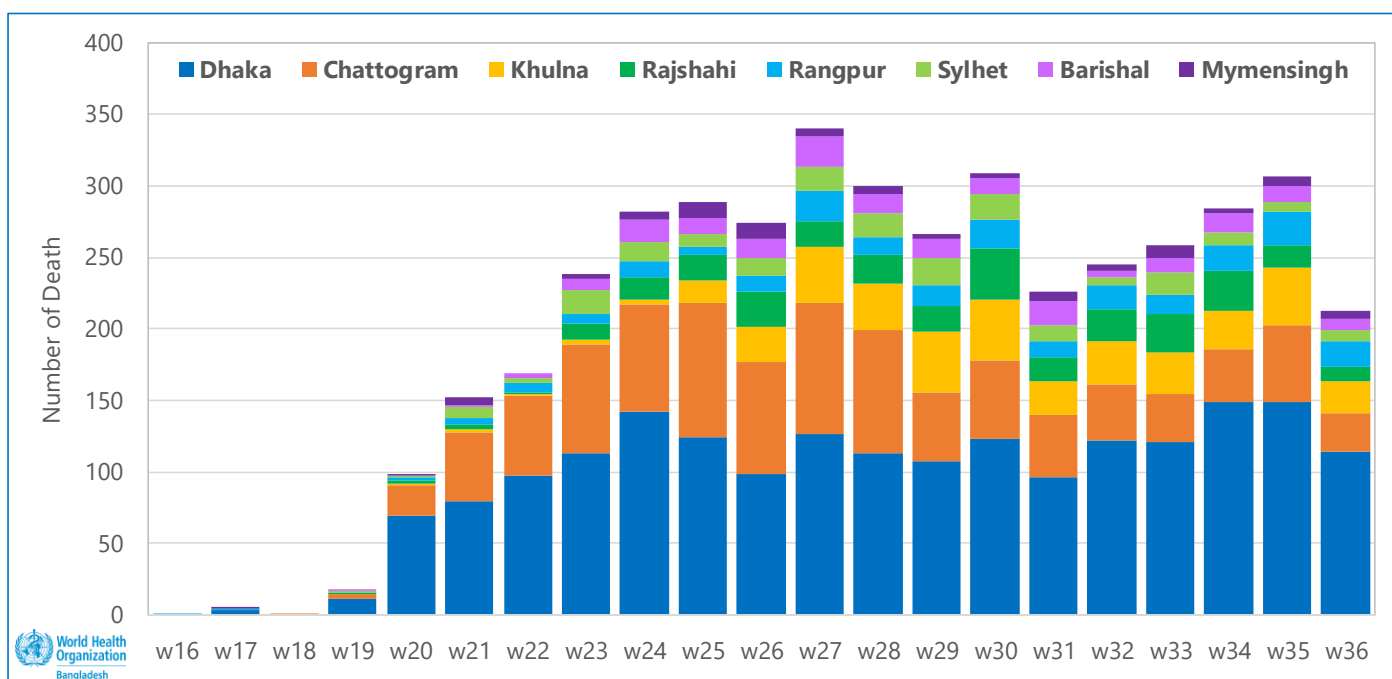


The figure below is showing the weekly reported confirmed COVID-19 cases, 13 April – 07 September 2020, Bangladesh.



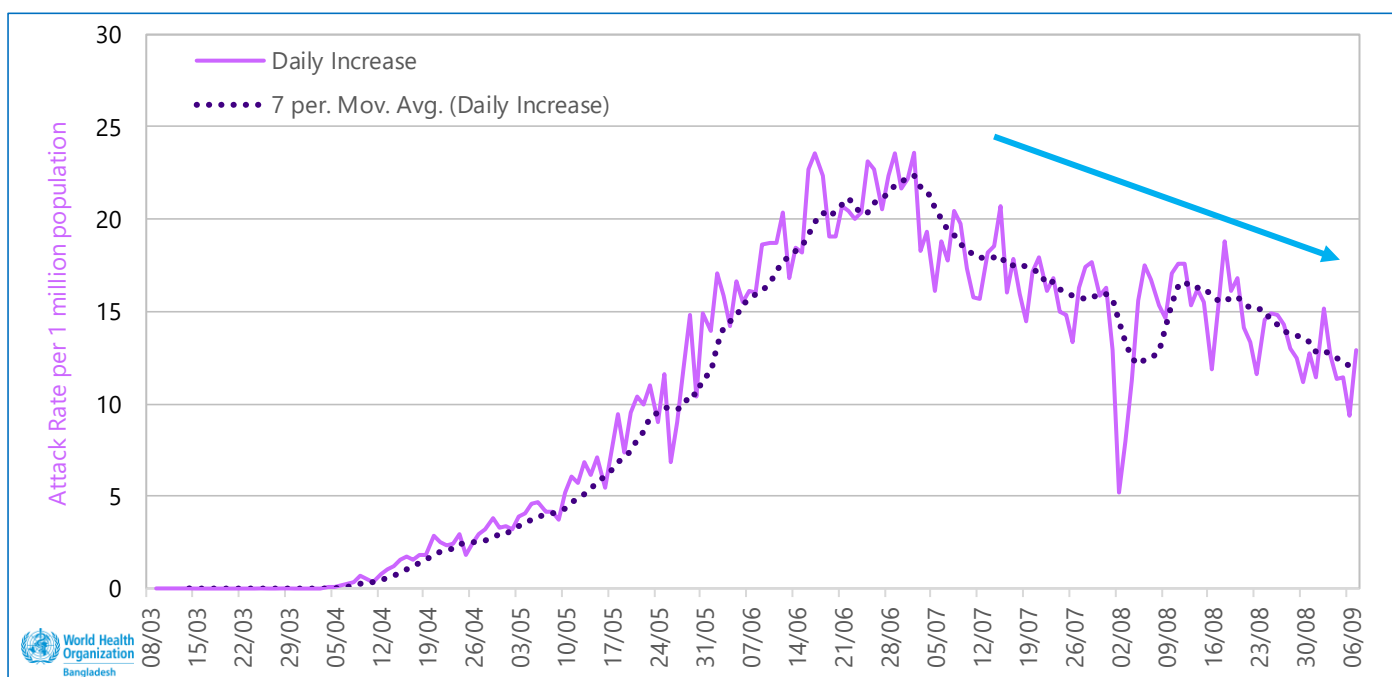
As of 07 September 2020, 63.9% of reported cases were from Dhaka division, 13.4% from Chattogram, Khulna 6.1%, Rajshahi 5.6%, Sylhet and Rangpur 3.4%, Barishal 2.4% and the lowest 1.8% from - Mymensingh division. While, 45.8% of reported death were from Dhaka division, 22.5% from Chattogram, Khulna 9.0%, Rajshahi 6.7%, Rangpur 5.2%, Sylhet 4.6%, Barishal 4.1% and the lowest 2.1% from - Mymensingh division.

The figure below is showing the weekly reported confirmed COVID-19 deaths, 13 April – 07 September 2020, Bangladesh.



On 07 September 2020, Bangladesh overall attack rate (AR) is **1,922** 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 36), COVID-19 weekly AR increased by **4.6%** in comparison to the previous week (**1,909** and **1,825** respectively).

The figure below is showing the daily increase in COVID-19 overall attack rate (AR) per 1,000,000, 08 March – 07 September 2020, Bangladesh.



According to the available data as on 07 September 2020, the highest AR continues to be observed in the **Dhaka** division **Dhaka (4,857/1,000,000)**. Within the Dhaka division, **Dhaka city** has the highest AR (**19,976/1,000,000**) followed by **Faridpur** (2,847), **Rajbari** (2,269), **Munshiganj** (1,920), **Narayanganj** (1,862), **Gopalganj** (1,736), **Gazipur** (1,275), **Shariatpur** (1,159), **Madaripur** (1,017), **Narsingdi** (821), **Dhaka-District** (797), **Manikganj** (785), **Kishoreganj** (752) and the lowest AR **657** was reported from **Tangail** district.

The 2nd highest COVID-19 AR is reported from **Chattogram** division (**1,305/1,000,000**). Within the division, **Chattogram** district reported **Noakhali** the highest AR (1,945/1,000,000) followed by **Cox's Bazar** (1,543), **Bandarban** (1538), **Rangamati** (1,205), **Cumilla** (1,095), **Feni** (1,023), **Lakshmipur** (986), **Khagrachhari** (890), **Chandpur** (757) and the lowest AR **702** was reported from **Brahmanbaria** district.

The 3rd highest AR in the country was reported from **Khulna** division (**1,071/1,000,000**) while the highest AR district is **Khulna** (**2,124/1,000,000**) followed by **Narail** (1,447), **Kushtia** (1249), **Jashore** (1074), **Chuadanga** (975), **Jhenaidah** (832), **Magura** (785), **Meherpur** (718), **Bagerhat** (519) and the lowest **453** in **Satkhira** district.

Sylhet division has taken the fourth highest in the overall AR with (**947/1,000,000**) with the highest AR in **Sylhet** district (1446/1,000,000) followed by **Sunamganj** (722), **Maulvibazar** (680) and the lowest 640 in **Habiganj** district.

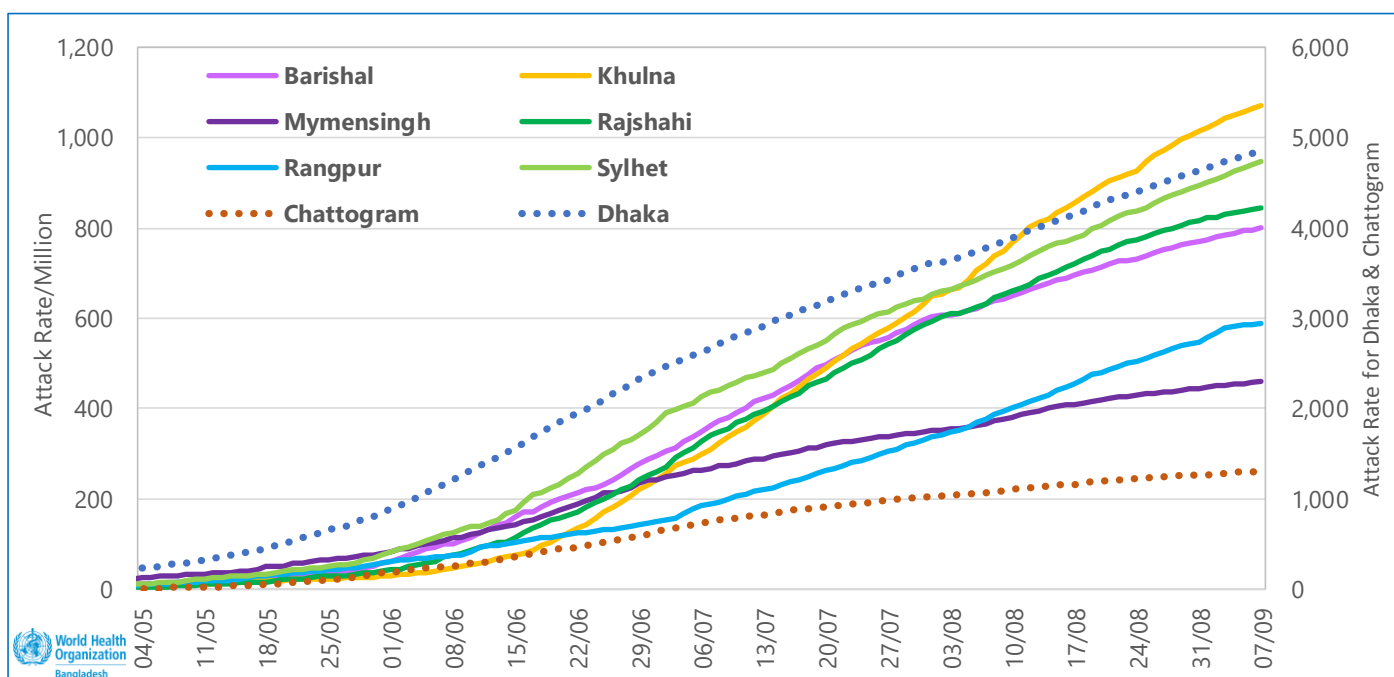
Rajshahi division has overall AR **844/1,000,000** with the highest AR in **Bogura** district (1732/1,000,000), followed by **Rajshahi** (1518), **Joypurhat** (907), **Sirajganj** (547), **Natore** (458), **Naogaon** (384), **Chapainawabganj** (361) and **Pabna** district is the lowest at **350/1,000,000**.

In **Barishal** division the overall AR is **801/1,000,000** with the highest AR in **Barishal** district (1208/1,000,000), while **Barguna** (828), **Jhalokathi** (813), **Pirojpur** (772), **Patuakhali** (740) and the lowest AR **319** was reported from in **Bhola** district.

In **Rangpur** division the overall AR is **589/1,000,000** with the highest AR in **Dinajpur** district (907/1,000,000), while **Rangpur** (760), **Thakurgaon** (629), **Lalmonirhat** (520), **Nilphamari** (450), **Panchagarh** (441), **Gaibandha** (379) and the lowest AR **339** was reported from **Kurigram** district.

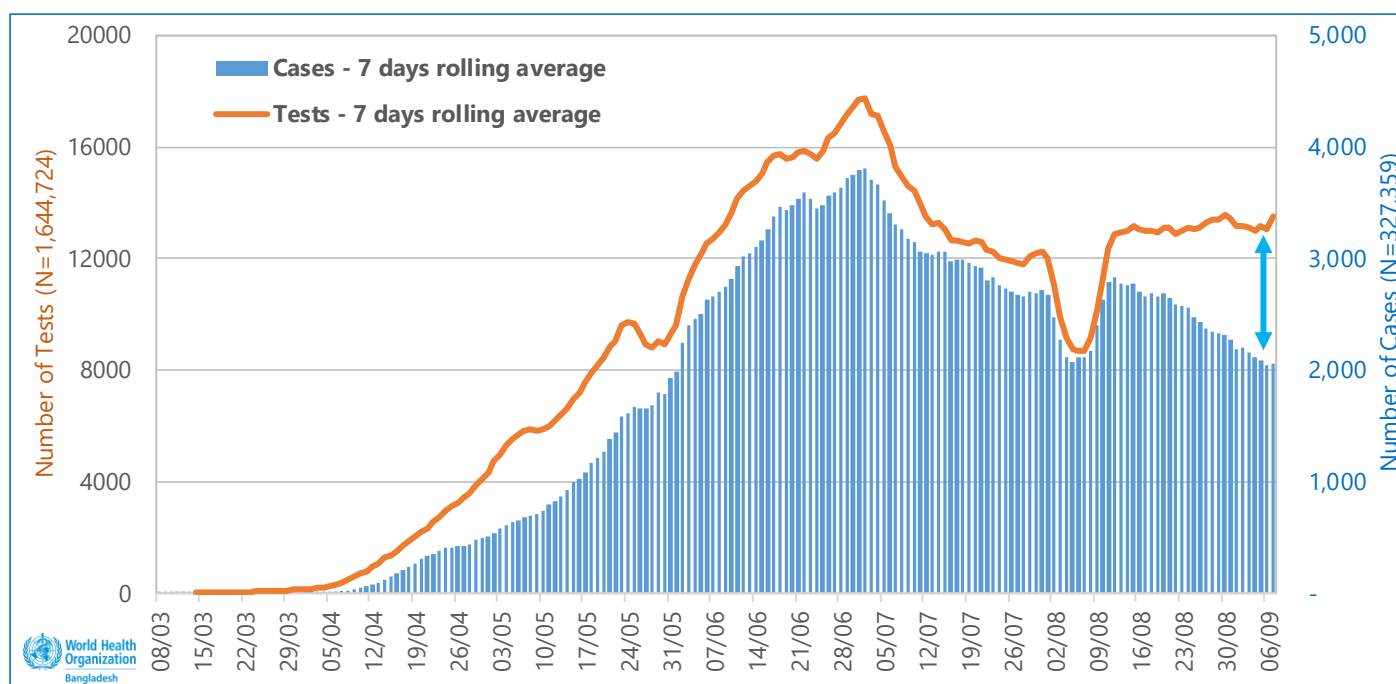
The lowest AR is reported from **Mymensingh** division (**460/1,000,000**). **Mymensingh** district having the highest AR of 573/1,000,000 followed by **Jamalpur** (511), **Sherpur** (269) and the lowest **265** in **Netrakona** district.

The figure below is showing the progression of Arrack Rate (per million) by divisions, 08 March – 07 September 2020, Bangladesh.



As of 07 September 2020, according to the IEDCR, **1,644,724** COVID-19 tests with the overall positivity rate of **19.9%** (**14.3%** in last 24 hours) were conducted in Bangladesh by **93** laboratories: **54** laboratories (**58.1%**) in Dhaka city and **39** laboratories (**41.9%**) outside Dhaka. Tangail Chest Disease Hospital, a government institution has started testing this week. **59.8%** (**983,498/1,644,724**) of all samples were tested by laboratories in the Dhaka city.

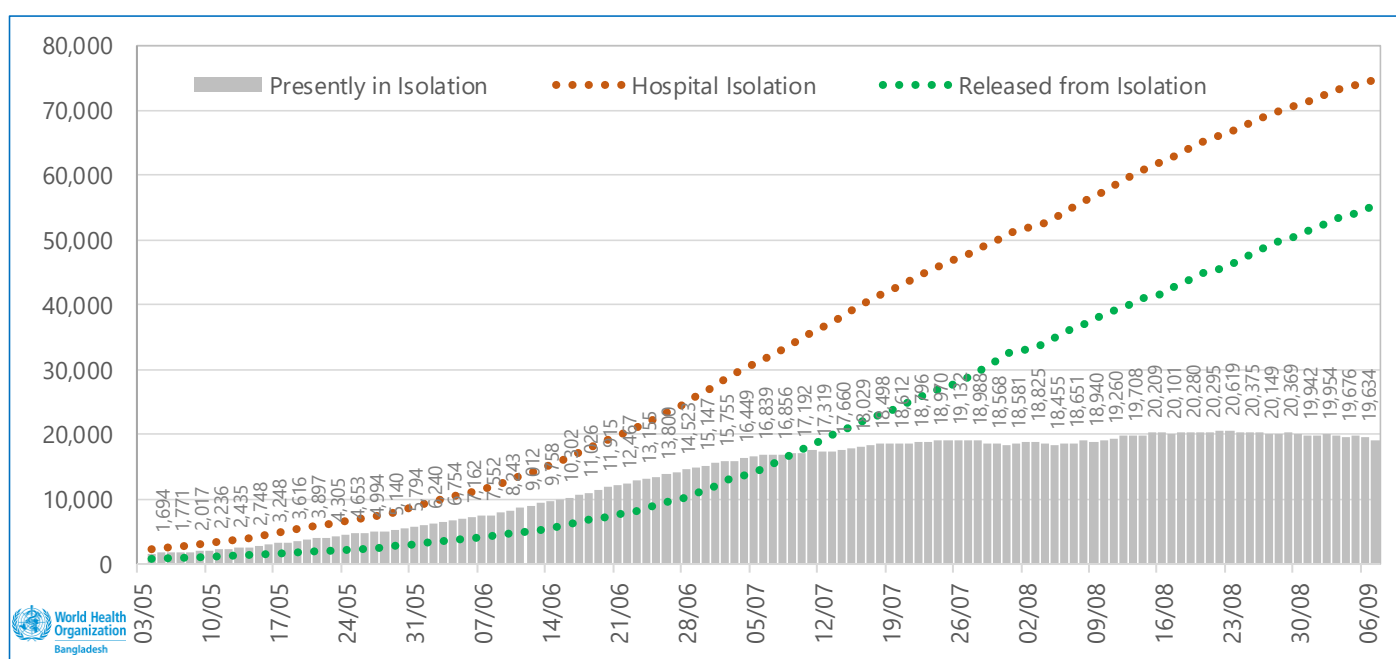
The graph below is showing the comparison between the average number of samples tested and average number of confirmed COVID-19 cases, 08 March – 07 September 2020, Bangladesh.



3. Point of Entry (PoE) and Quarantine

According to DGHS, as of 09 September 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 **31,255** individuals were placed in quarantine facilities and of them **26,247** (84.0%) have been already released. Over the same period, total of **74,770** individuals were isolated in designated health facilities and of them **55,599** (74.4%) have been released.

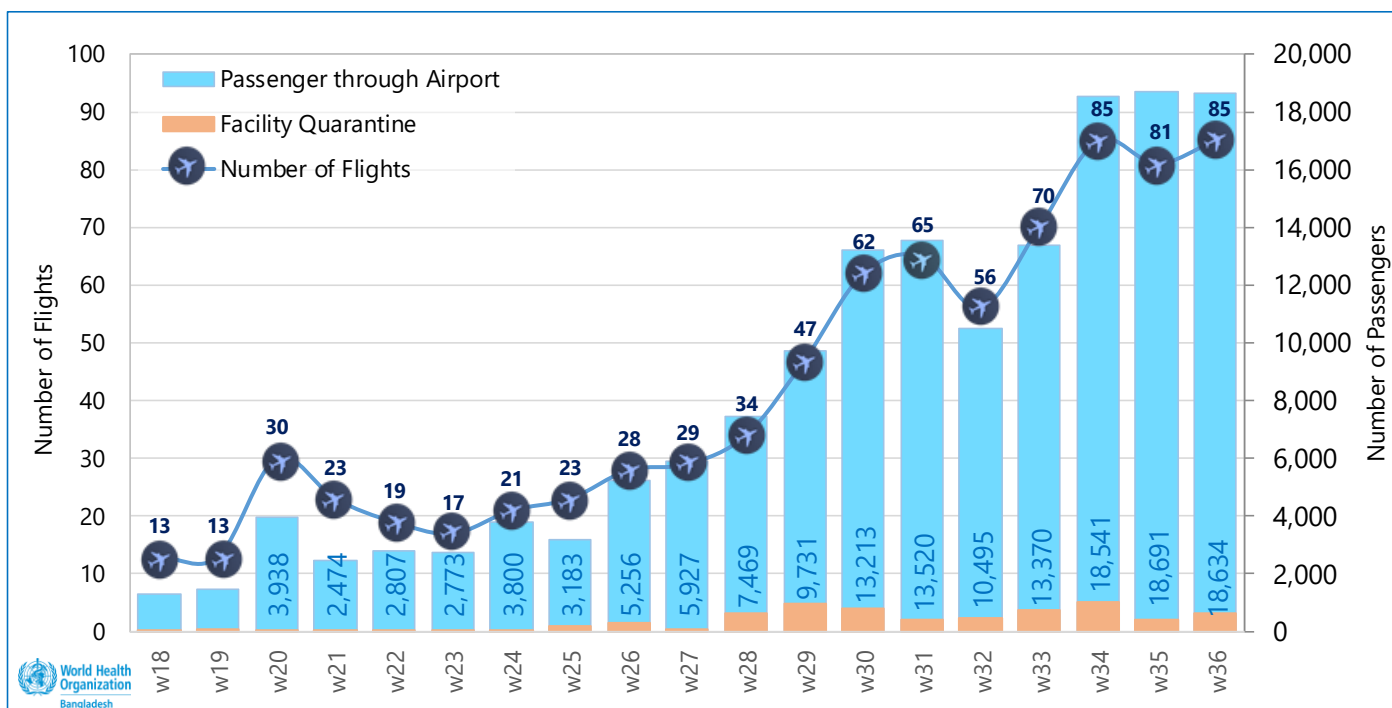
The figure below is showing the number of individuals in hospital isolation and released, 04 May – 07 September 2020, Bangladesh.



In the reported week (epidemiological week 36), the number of international flights has increased by **4.9%**, in comparison to the previous week (**85** and **81** respectively) while the number of passengers decreased a little by **0.3%**

(18,634 and 18,691 respectively). In the reported week **647** individuals were sent to Institutional Quarantine after passenger screening at the Hazrat Shahjalal International Airport (HSIA).

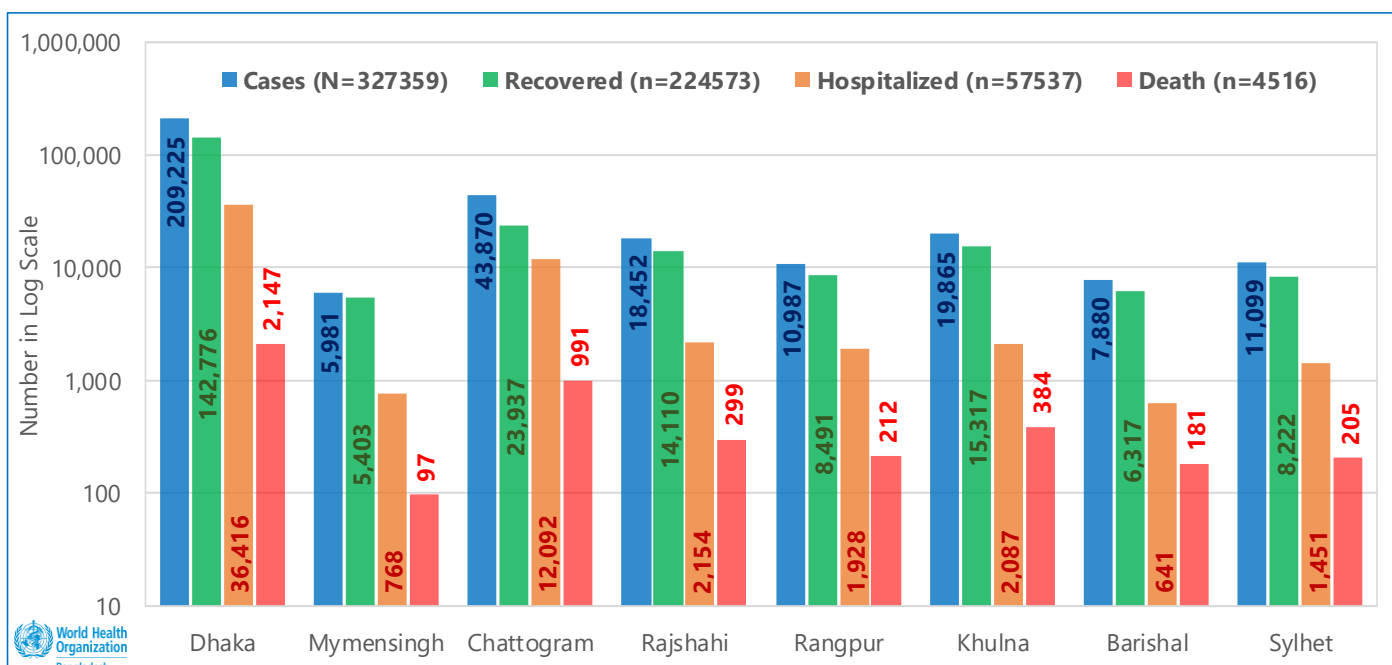
The figure below is showing the weekly incoming international flights and number arrived of passengers, 27 April – 07 September 2020, Bangladesh.



4. Case Management and Infection Prevention & Control

According to DGHS, as of 07 September 2020, there are **14,474** general beds of which **43%** (6,266) in Dhaka city and **550** ICU of which **56%** (307) in Dhaka city dedicated for COVID-19 treatment. Presently **24.6%** general beds and **56.4%** ICU all over the country are occupied.

The figure below is showing geographical comparison of Cases, Hospitalized cases, Recovered cases and Deaths, 08 March – 07 September 2020, Bangladesh.



During the reported week, a significant activity coordinated by WHO was distribution **200** Oxygen concentrators to **17 district hospitals** based on the needs identified through recent health facility assessment. To strengthen the case management a proposal for ICU ventilator, HFNC and BIPAP machines has been prioritized by DGHS and the most suitable types of equipment will be confirmed after consultation with end users. USAID mentioned to provide **100 ventilators**. To streamline the pillar coordination with government counterpart a regular meeting will be held with government counterpart and one representative from WHO, UNICEF, UNFPA, USAID, DFID, WB, FAO will participate in person in the meeting lead by Director Hospital and CDC. An assessment at national level conducted by USAID supported project on infection prevention assessment tool 2 (WHO tool) disseminated for validation of the findings.

5. Risk Communication and Public Awareness

RCCE partners under DGHS and UNICEF coordination continue to amplify the Public Service Announcements on mask wearing and mask manufacturing as well as the video on the overall protection measures. Till present the three public service announcements have garnered a total of nearly 15 million views on Facebook.

In an effort to further bolster pro-mask usage behavior, UNICEF and other RCCE partners joined WHO campaign **#WearAMask** and coopted child influencers, adolescent club members, actors, sports stars, and children and adolescents which contributed with photos and videos of themselves wearing masks. In only 11 days, the campaign has garnered over **30 million** impressions.

RCCE partners continue to monitor and address online rumors and misinformation, among which the most common are inaccurate news that downplays the risk of COVID-19 as well as content that spreads fear and panic. Besides rumors and misinformation, a significant and difficult to address trend in social media is negative engagement in the comments sections of accurate information channels. Additionally, another very relevant trend in social media is that people publicizing non-essential activities- social gatherings, public or private events etc. all without any health precautions being taken, and this is an even bigger challenge than misinformation as it has the potential to further set social trends and norms. In countering misinformation and negative trends, RCCE partners continue to produce and disseminate accurate, timely information, based on the most recent evidence, for effectively informing individuals and communities on prevention measures as well as other relevant aspects of COVID-19.

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](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](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>