World Health Organization
Bangladesh

COVID-19

28 September 2020
Morbidity and Mortality Weekly Update (MMWU) N°31

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

Photo Credit: Social Media, Bangladesh

Tested	Confirmed Cases	Recovered	Dead	Hotline
1,921,382	360,555	272,073	5,193	21.1 million

Test/1 million	Daily New Cases	Recovery Rate	IFR%	AR/1 million
11,282	1,407	74.6%	1.44	2,117

Laboratories	PPE Stock		PoE Screening	
106 COVID-19 Labs		976,669		551,532
Last 7 days 87,059 Samples		3,027,075		40,472
59.8% Inside Dhaka Tests		130,604		7,029
11.8% Latest Test Positivity		1,583,244		376918

1. Coordination

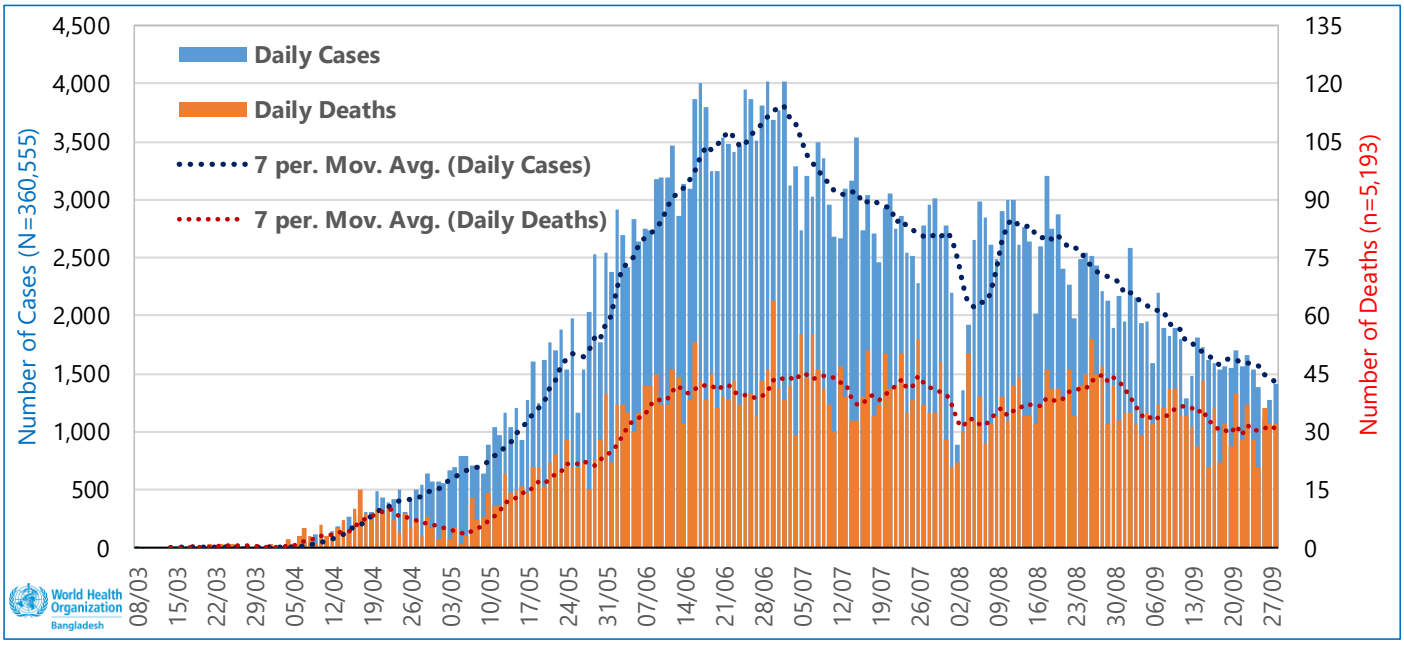
On 23 September 2020, WHO updated **'Emergency Global Supplies Catalogue (COVID-19)'**. The items in the catalogue represent an initial prioritized selection of items and are subject to constant review (while the item costs are estimates only). The catalogue includes the equipment and supplies (Biomed, PPE and Diagnostics) for medical purpose with sample pictures.
Full document: https://www.who.int/docs/default-source/coronaviruse/20200822-catalogue-v12.pdf

WHO is gathering the latest international multilingual scientific findings and knowledge on COVID-19. The global literature cited in the WHO COVID-19 database is updated daily (Monday through Friday) from searches of bibliographic databases, hand searching, and the addition of other expert-referred scientific articles. This database represents a comprehensive multilingual source of current literature on the topic. While it may not be comprehensive, new research is added regularly. The WHO evidence retrieval sub-group has begun collaboration with key partners to enrich the citations and build a more comprehensive database with inclusion of other content. The database is built by **BIREME**, the Specialized Center of PAHO/AMRO and part of the Regional Office's Department of Evidence and Intelligence for Action in Health. For more information: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov

2. Surveillance and Laboratories

Between 8 March and 28 September 2020, according to the DGHS Press Release <*https://corona.gov.bd/press-release*> there were three hundred sixty thousand five hundred fifty-five (**360,555**) COVID-19 confirmed by rRT-PCR, including five thousand one hundred ninety-three (**5,193**) related deaths (**IFR 1.44**%)[1].

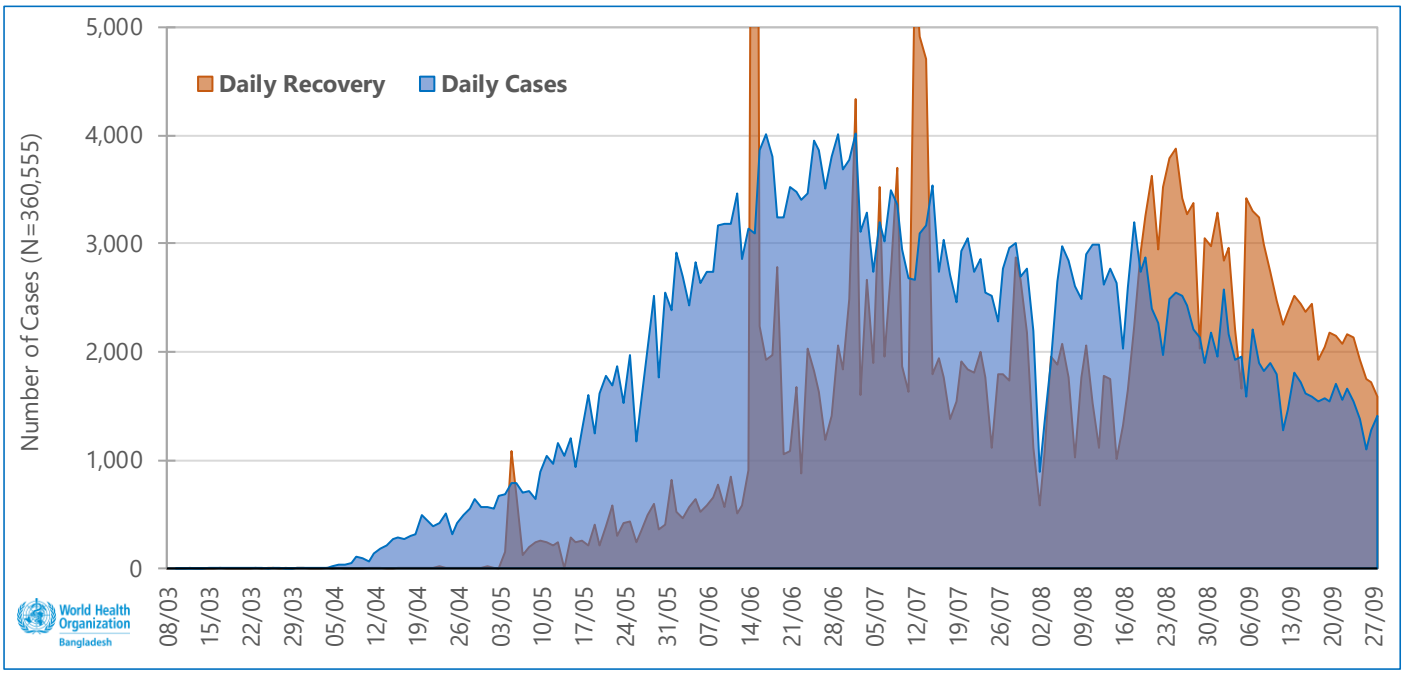
The figure below is showing the daily distribution of reported confirmed COVID-19 cases and deaths, 08 March – 28 September 2020, Bangladesh.



In the reported week (epidemiological week 39), in comparison to the previous epidemiological week, the number of new weekly COVID-19 cases **decreased** by **10.2**% (**10,232** in week 39 and **11,396** in the previous week) while, the number of COVID-19 new weekly deaths **increased** by **7.8**% (**222** and **206** respectively), leading the IFR a little **increase** from **1.42**% in epidemiological week 38 to **1.44**% in the current week; the Case Fatality Ratio (CFR) **decreased** from **1.89** last week to **1.87** in the current week. Out of the total **360,555** COVID-19 cases registered as of 28 September 2020, **75.46**% (272,073) **recovered**, **1.44**% (5,193) **died** and **23.10**% (83,289) are **active cases**.

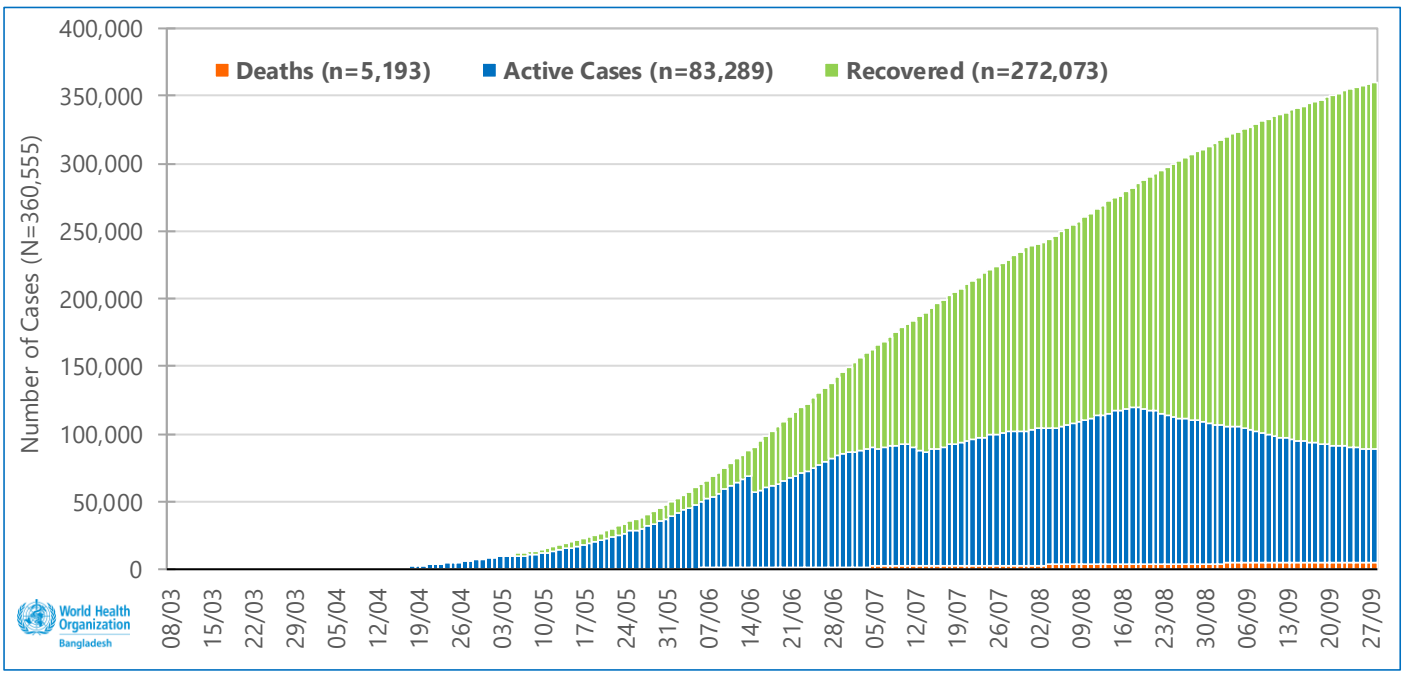
[1] IFR refers to 'Infection Fatality Ratio' which can describe the true severity of a disease
https://www.who.int/news-room/commentaries/detail/estimating-mortality-from-covid-19

The figure below is showing trend of daily confirmed COVID-19 cases and recovered cases, 08 March – 28 September 2020, Bangladesh.



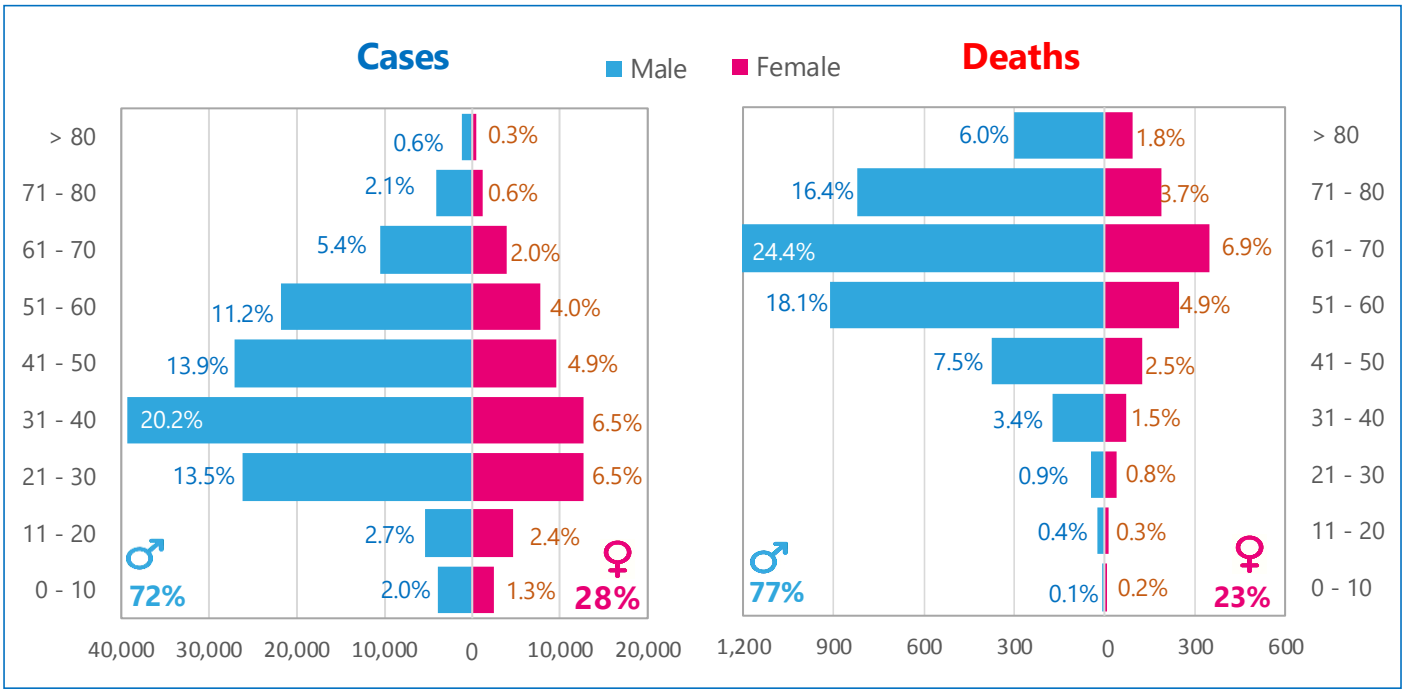
In the epidemiological week 39, weekly average number of COVID-19 **active cases** decreased by **4.6**%, in comparison to the previous week (**89,289** and **85,212** respectively); during the same time, weekly **recovery** has decrease by **12.5**% (**15,922** and **13,926** respectively).

The figure below is showing status of confirmed COVID-19 cases, 08 March – 28 September 2020, Bangladesh.

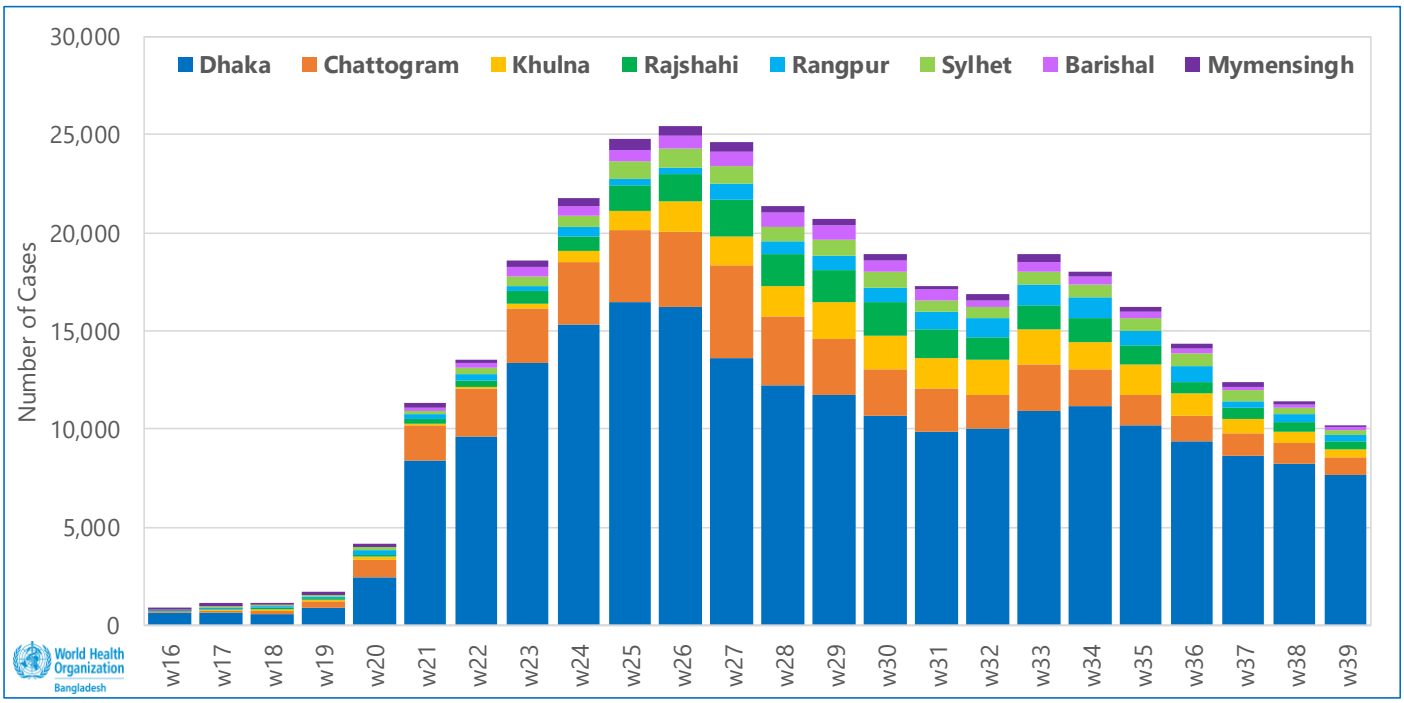


As of 28 September 2020, **26.7**% cases were confirmed in people between 31 and 40 years old, **20.2**% - in the age group of 21 to 30, **18.9**% - 41 to 50 years and **15.2**% in the age group between 51 and 60 years old. The highest death rate (**31.3**%) was reported in the age group of 61 to 70 years old, **27.9**% in the older age group of 71 and above and **23.0**% - in the age group between 51 and 60 years. Male represented **72%** and **77%** of the of total reported confirmed COVID-19 cases and deaths respectively.

The figure below is showing age-sex distribution of the COVID-19 confirmed cases and deaths, 28 September 2020, Bangladesh.

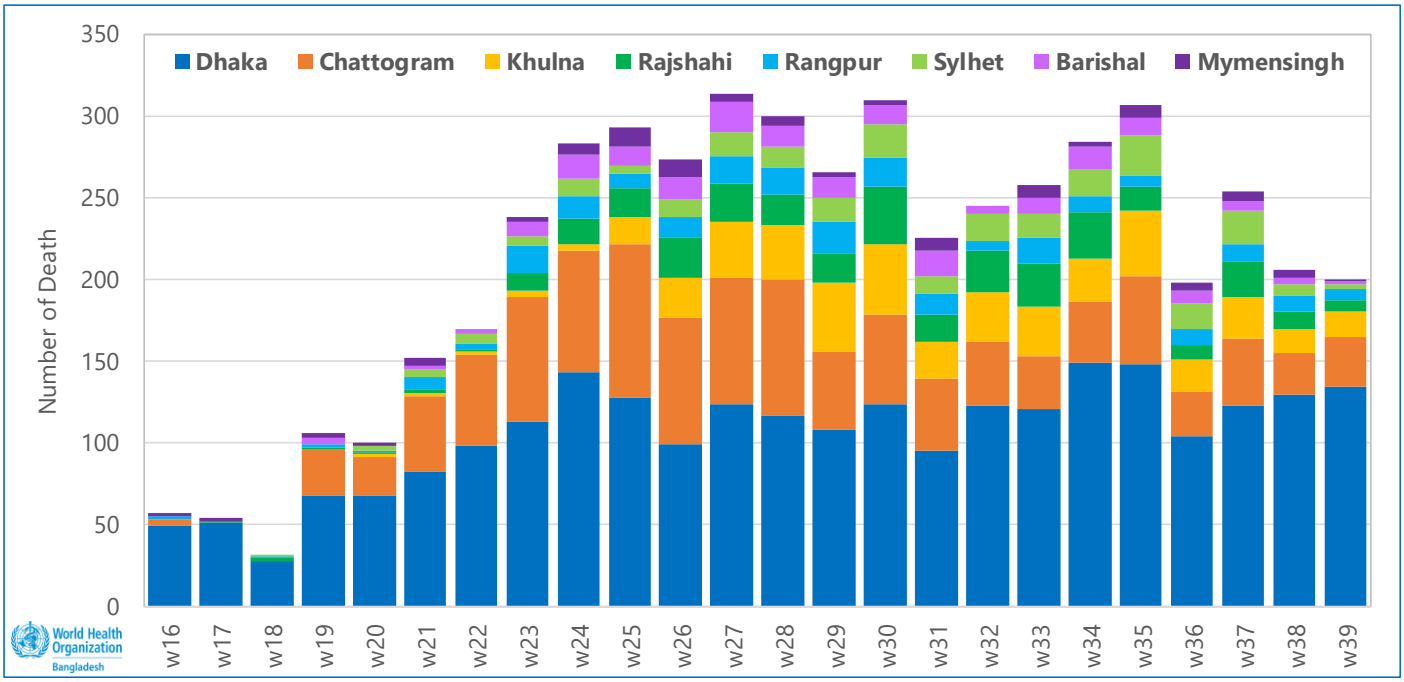


The figure below is showing the weekly reported confirmed COVID-19 cases by division, 13 April – 27 September 2020, Bangladesh.



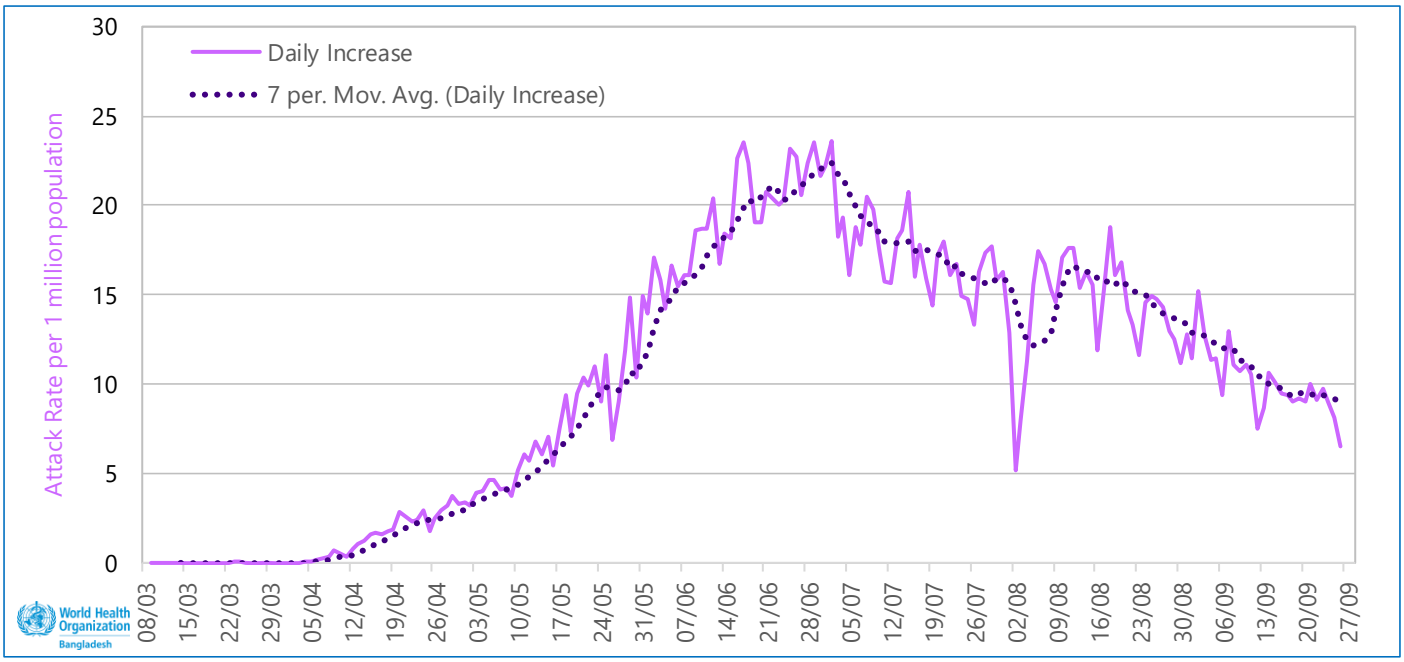
As of 21 September 2020, **63.4**% of reported cases were from **Dhaka** division, **13.5**% from **Chattogram**, **Khulna** - **6.0**%, **Rajshahi** - **5.6**%, **Sylhet** and **Rangpur** - **3.4**%, **Barishal** - **2.3**% and the lowest **1.8**% from **Mymensingh** division. While, **49.7**% of the reported death were from **Dhaka** division, **20.8**% from **Chattogram**, **Khulna** - **8.3**%, **Rajshahi** - **6.5**%, **Rangpur** - **4.5**%, **Sylhet** - **4.4**%, **Barishal** - **3.7**% and the lowest **2.1**% from **Mymensingh** division.

The figure below is showing the weekly reported confirmed COVID-19 deaths by division, 13 April – 27 September 2020, Bangladesh.



As on 28 September 2020, Bangladesh overall attack rate (**AR)** is **2,117** 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 39), COVID-19 weekly **AR** increased by **2.9**% in comparison to the previous week (**2,109** and **2,049** respectively).

The figure below is showing the daily increase in COVID-19 overall attack rate (AR) per 1,000,000, 08 March – 28 September 2020, Bangladesh.



According to the available data as on 28 September 2020, the highest AR continues to be observed in **Dhaka** division (**5,366**/1,000,000). Within the Dhaka division, **Dhaka city** has the highest AR (**22,496**/1,000,000) followed by **Faridpur** (3,144), **Rajbari** (2,454), **Munshiganj** (2,032), **Narayanganj** (1,931), **Gopalganj** (1,845), **Gazipur** (1,346), **Shariatpur** (1,237), **Madaripur** (1,060), **Manikganj** (908), **Narsingdi** (874), **Dhaka (District)** (852), **Kishoreganj** (807) and the lowest AR **727** was reported from **Tangail** district.

The 2nd highest COVID-19 AR is reported from **Chattogram** division (**1,389**/1,000,000). Within the division, **Chattogram** district reported the highest AR (**2,075**/1,000,000) followed by **Cox's Bazar** (1,733), **Bandarban** (1,677), **Noakhali** (1,348), **Rangamati** (1,264), **Cumilla** (1,169), **Feni** (1,093), **Lakshmipur** (1,039), **Khagrachhari** (933), **Chandpur** (802) and the lowest AR **730** was reported from **Brahmanbaria** district.

The 3rd highest AR in the country was reported from **Khulna** division (**1,156**/1,000,00) while the highest AR district is **Khulna** (**2,268**/1,000,000) followed by **Narail** (1,561), **Kushtia** (1,397), **Jashore** (1,186), **Chuadanga** (1,065), **Jhenaidah** (914), **Magura** (841), **Meherpur** (776), **Bagerhat** (547) and the lowest **462** in **Satkhira** district.

Sylhet division has taken the 4th highest in the overall AR with (**1,040**/1,000,000) with the highest AR in **Sylhet** district (**1,629**/1,000,000) followed by **Sunamganj** (783), **Maulvibazar** (730) and the lowest 690 in **Habiganj** district.

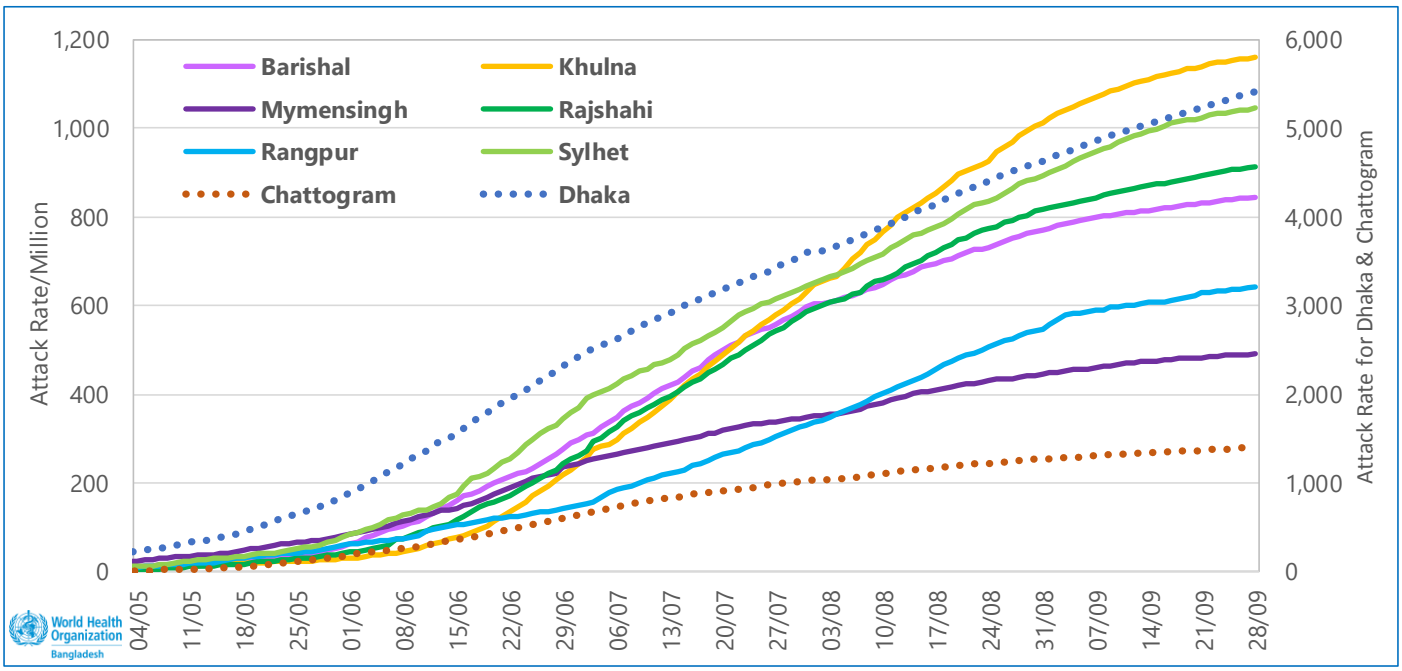
Rajshahi division has overall AR **908**/1,000,000 with the highest AR in **Bogura** district (**1,892**/1,000,000), followed by **Rajshahi** (1,606), **Joypurhat** (1,002), **Sirajganj** (589), **Natore** (507), **Naogaon** (420), **Chapainawabganj** (385) and **Pabna** district having the lowest at **379**/1,000,000.

In **Barishal** division the overall AR is **842**/1,000,000 with the highest AR in **Barishal** district (**1,282**/1,000,000), while **Barguna** - 860, **Jhalokathi** -850, **Pirojpur** -814, **Patuakhali** -779 and the lowest AR **337** was reported from **Bhola** district.

In **Rangpur** division the overall AR is **638**/1,000,000 with the highest AR in **Dinajpur** district (**963**/1,000,000), followed by **Rangpur** (832), **Thakurgaon** (707), **Lalmonirhat** (577), **Panchagarh** (504), **Nilphamari** (494), **Gaibandha** (416) and the lowest AR **369** was reported from **Kurigram** district.

The lowest AR reported from **Mymensingh** division (**490**/1,000,000). **Mymensingh** district having the highest AR of **608**/1,000,000 followed by **Jamalpur** (570), **Sherpur** (282) and the lowest **272** in **Netrakona** district.

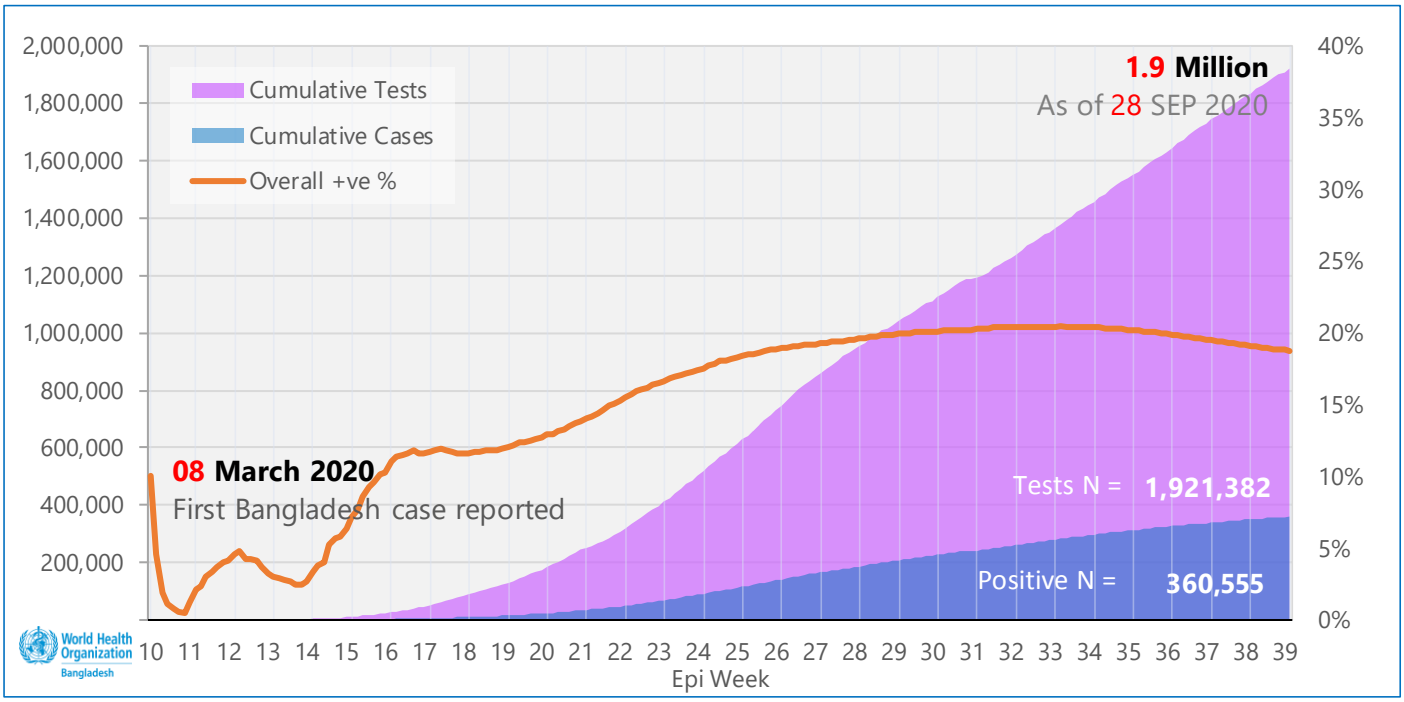
The figure below is showing the progression of Arrack Rate (per million) by division, 04 May – 28 September 2020, Bangladesh.



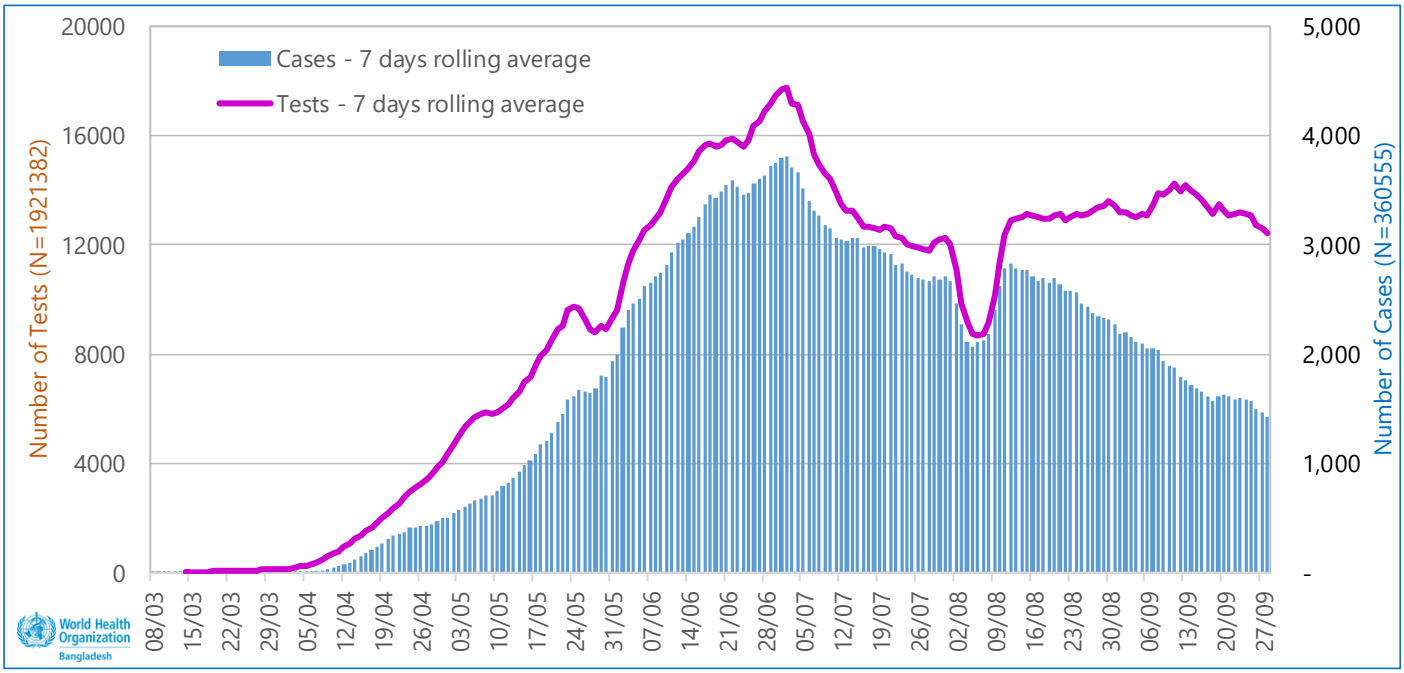
As of 28 September 2020, according to the DGHS Press Release **1,921,382** COVID-19 tests with the overall positivity rate of **18.77**% (**11.80**% in last 24 hours) were conducted in Bangladesh by **106** laboratories; **61** laboratories **(57.5**%**)** in Dhaka city and **45** laboratories (**42.5**%) from outside Dhaka. Seven (**07**) new Labs joined in the network of COVID-19 testing laboratories since the last update; of them four (**04**) are within Dhaka (BRB Hospital Limited, Asgar Ali Hospital, Center for Medical Biotechnology, and Prescription Point) and three (**03**) are from outside Dhaka (Meherpur Chest

Disease Hospital, Jahurul Islam Medical College and Hospital, and Regional Tuberculosis Reference Laboratory). Total **59.8**% **(1,149,800**/1,921,382) of all samples were tested by laboratories in Dhaka.

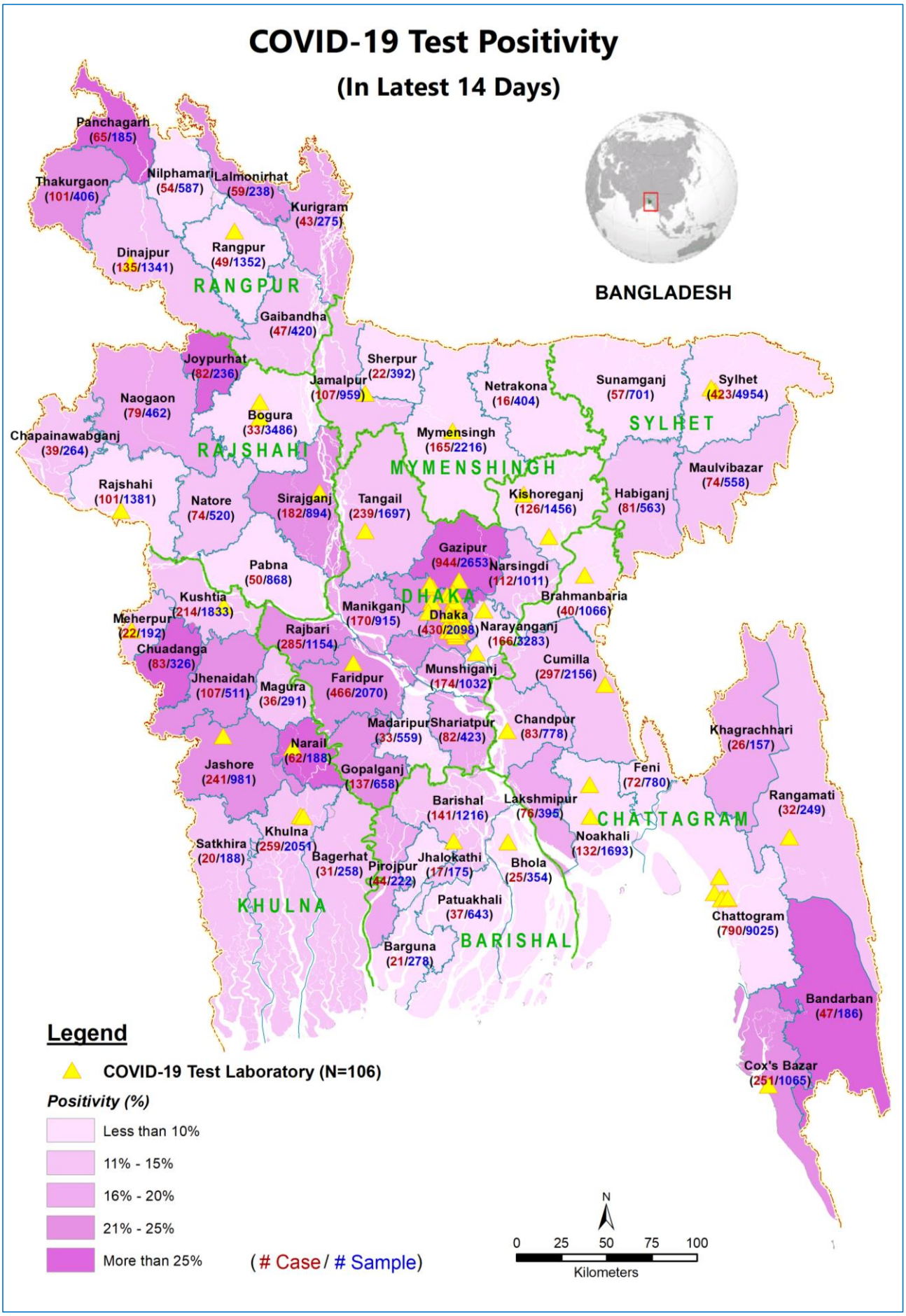
The graph below is showing weekly cumulative number of COVID-19 tests, test positive and overall positivity rate, 08 March – 28 September 2020, Bangladesh.



The graph below is showing the comparison between the average number of samples tested and average number of confirmed COVID-19 cases, 08 March – 28 September 2020, Bangladesh.



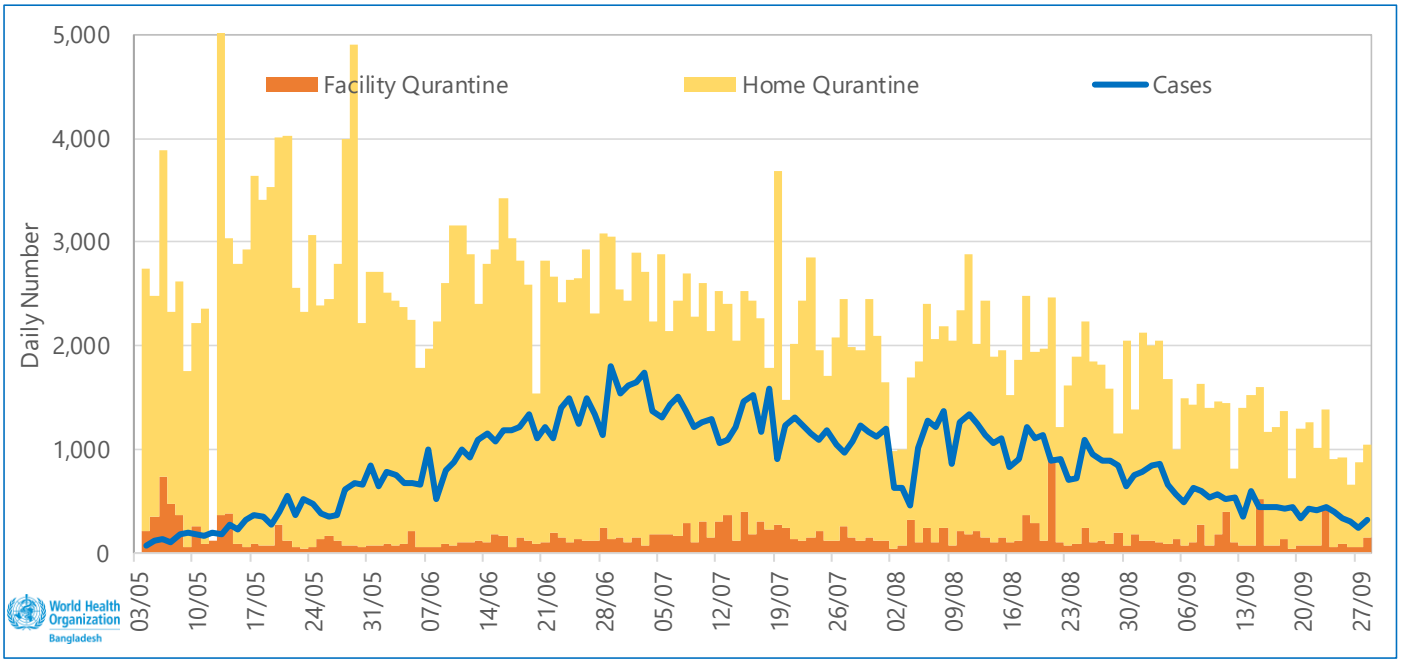
The map below is showing geographical distribution of test positivity, 28 September 2020, Bangladesh



3. Point of Entry (PoE) and Quarantine

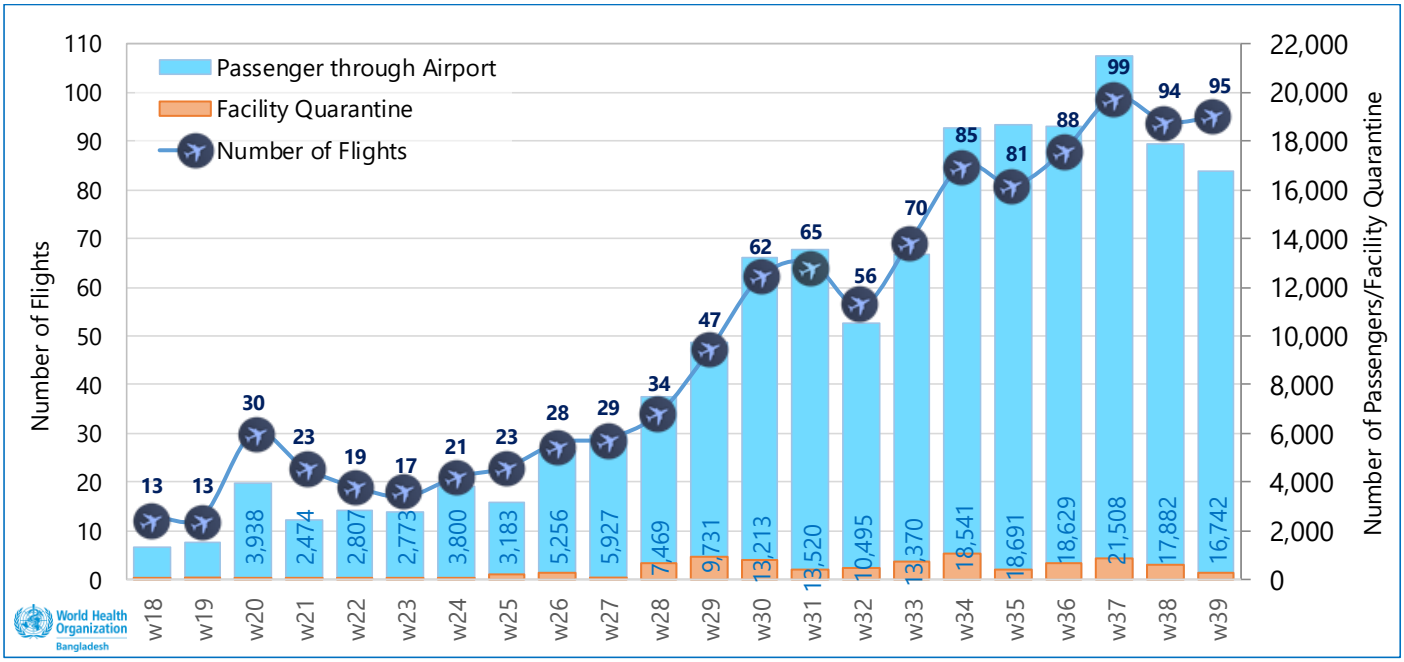
According to DGHS, as of 28 September 2020, the current institutional quarantine capacity in the country is represented by **629** centres across the 64 districts, which can receive **31,991** persons. A total of **34,320** individuals were placed in quarantine facilities and of them **29,711** (86.6%) have already been released. Over the same period, total of **80,924** individuals were isolated in designated health facilitates and of them **65,406** (80.8%) have been released.

The figure below is showing the number of cases, individuals were in quarantine and in hospital isolation, 03 May – 28 September 2020, Bangladesh.



In the reported week (epidemiological week 39), the number of international flights has increased by **1**%, in comparison to the previous week (**95** and **94** respectively) but the number of passengers decreased by **6.4**% (**16,742** and **17,882** respectively). In the reported week **245** individuals were sent to Institutional Quarantine after passenger screening at the Hazrat Shahjalal International Airport (HSIA).

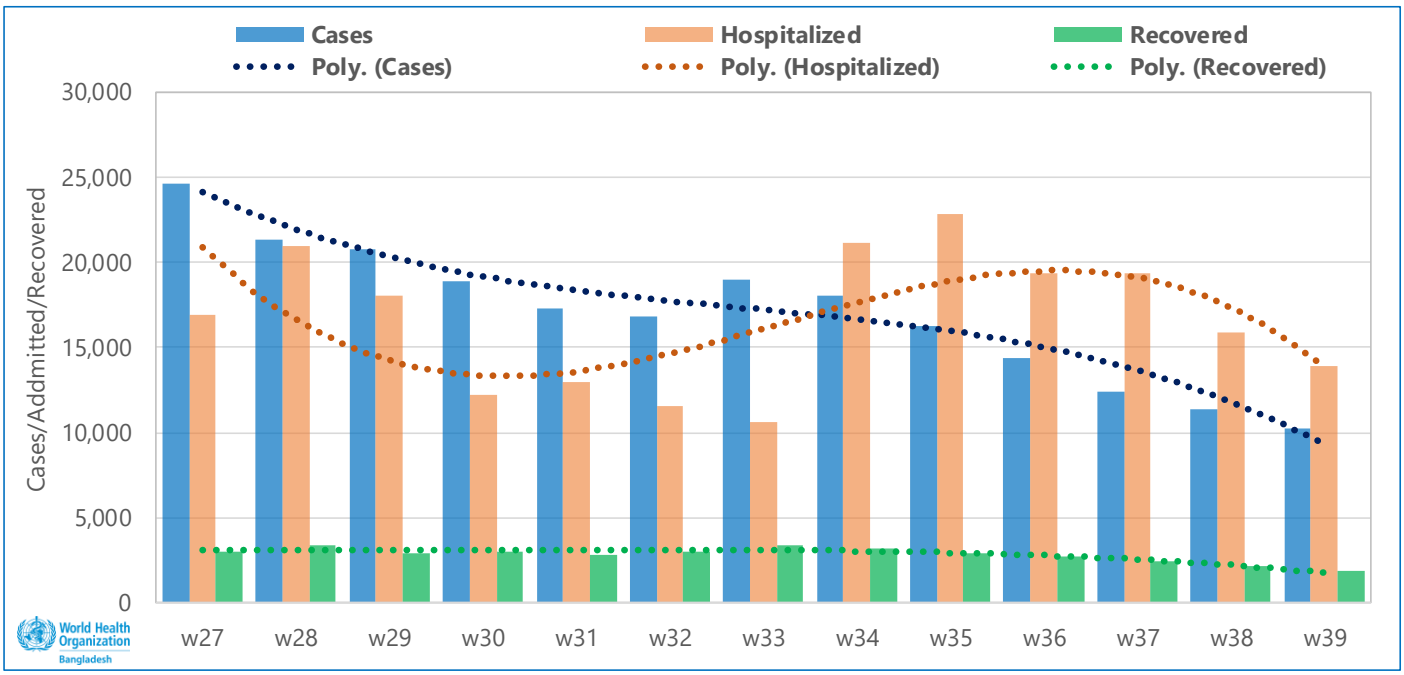
The figure below is showing the weekly incoming international flights and number arrived of passengers, 27 April – 28 September 2020, Bangladesh.



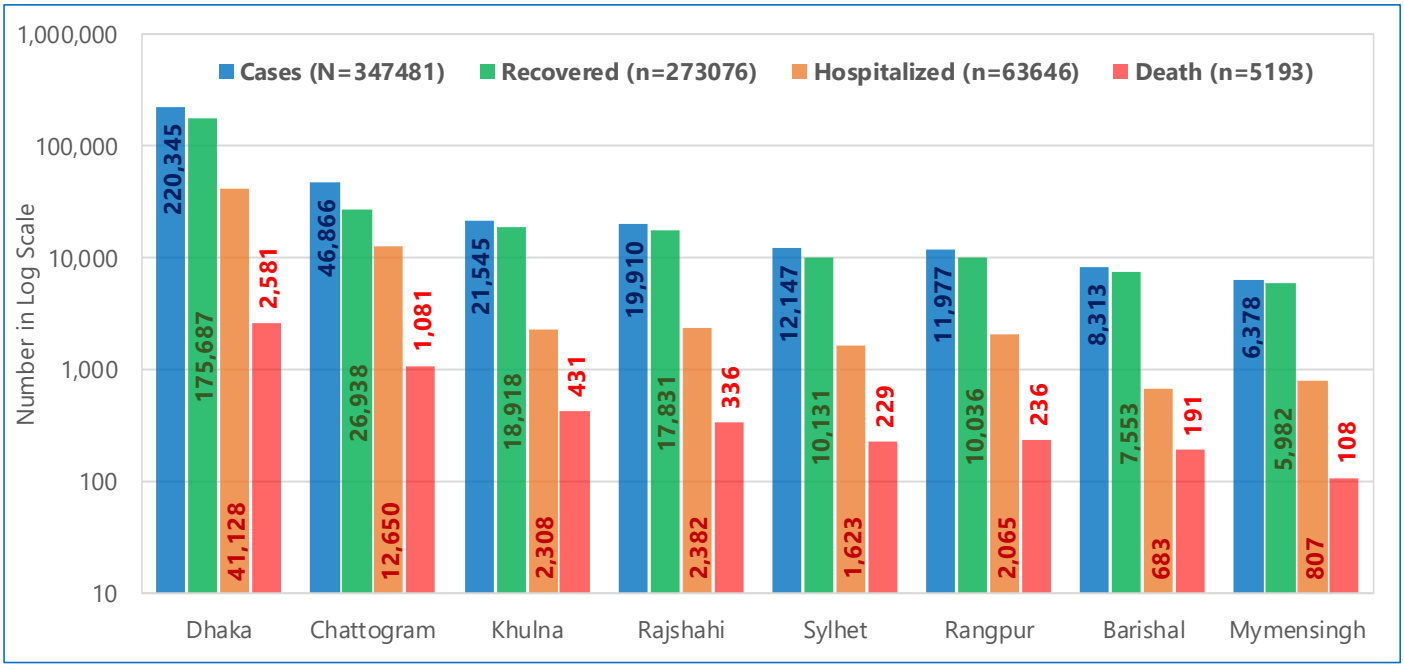
4. Case Management and Infection Prevention & Control

According to DGHS, as of 28 September 2020, there are **11,605** general beds in the country of which **30**% (3,437) in Dhaka city and **542** ICU of which **54**% (292) in Dhaka city dedicated for COVID-19 treatment. Presently **22.6**% of the general beds and **52.6**% ICU are occupied all over the country.

The figure below is showing temporal comparison of Cases, Hospitalized cases and Recovered cases, 29 June – 27 September 2020, Bangladesh.



The figure below is showing geographical comparison of Cases, Hospitalized cases, Recovered cases and Deaths, 08 March – 28 September 2020, Bangladesh.



WHO deployed International Consultant for Case Management is inspecting COVID-19 dedicated hospitals for perceiving comprehensive management of COVID-19 patients and IPC practices prevailing in the country. The consultant will identify various challenges for implementation of standard treatment guideline of COVID-19 and debrief the critical

observations with facility management. A meeting held among IPC and Case Management pillar with the Director Hospital (the Pillar Lead) on the gaps revealed through assessment on facility readiness. Intensive coordination between partners to avoid overlapping of support activities and involvement of divisional health administration in enhancing training activities on IPC were identified as immediate requirements.

5. Risk Communication and Public Awareness

RCCE partners, under coordination of DGHS and UNICEF, continue the implementation of communication and community engagement activities aimed at increasing awareness and compliance with prevention measures against Coronavirus, especially mask wearing, observing hand hygiene and maintaining physical distancing. To further increase the compliance to protection measures, RCCE partners are intensifying safe practices campaigns through online and offline channels.

Following the Government issue of guidelines to prepare for schools reopening, RCCE partners have been engaged in developing specific communication materials aiming to increase awareness on measures that will ensure safety of students and school staff, once the schools are reopened. The materials are providing necessary information on essential prevention actions that need to be observed by students, families, teachers and schools administrators to reduce the risk of transmission.

Furthermore, RCCE partners continue to monitor information from online environment and the volume of misinformation on social media has decreased significantly in the last month. However downplaying risks and denial of COVID-19 persists in the comments sections of news articles and posts by the general public.

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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