World Health Organization
Bangladesh

COVID-19

17 August 2020
Morbidity and Mortality Weekly Update (MMWU) N°25

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

Photo Credit: Social Media, Bangladesh

Tested	Confirmed	Recovered	Dead	Hotline
1,364,189	279,144	160,591	3,694	18.9 million

Test/1 million	New Cases	Recovery Rate	IFR%	AR/1 million
8,010	2,595	57.5%	1.32%	1,639

Laboratories	PPE Stock		PoE Screening	
87 COVID-19 Labs		991,232		427,606
Last 7 days 91,021 Samples		3,186,651		32,778
59.8% Inside Dhaka Tests		128,341		7,029
20.5% Positive Tests		1,231,720		361,316

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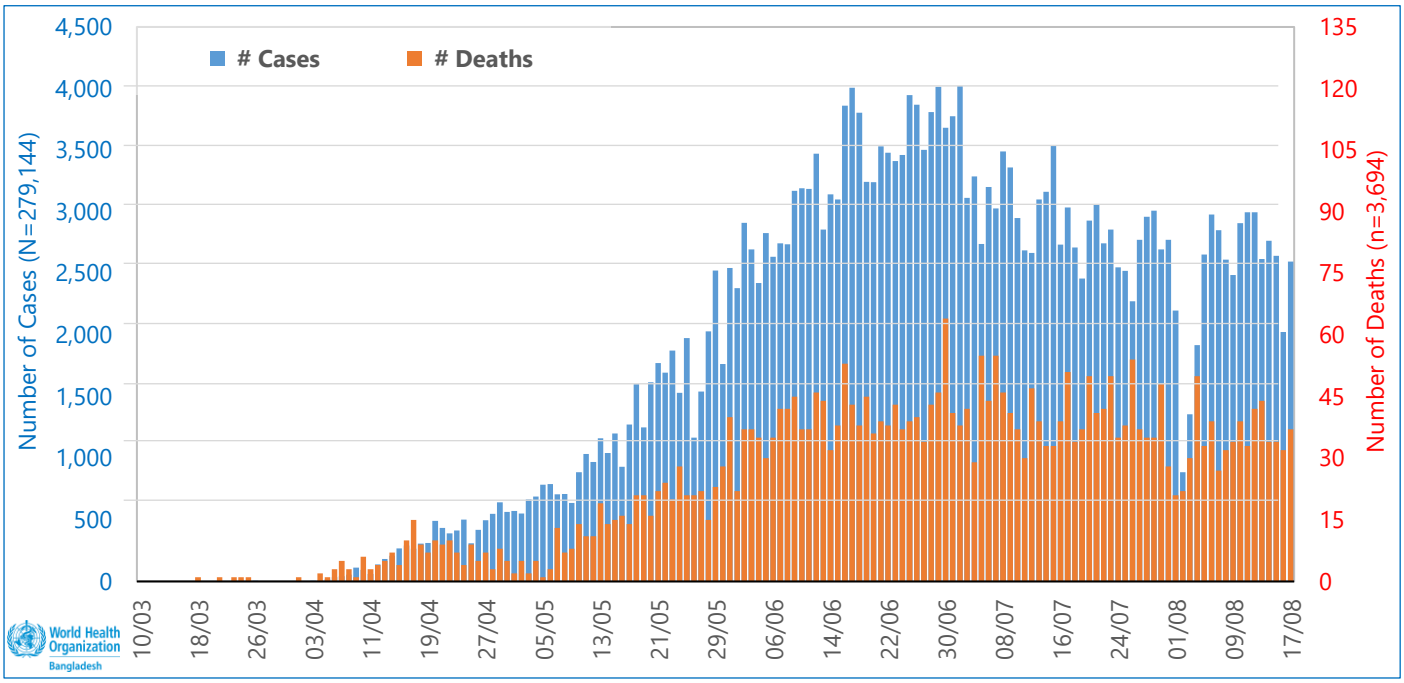
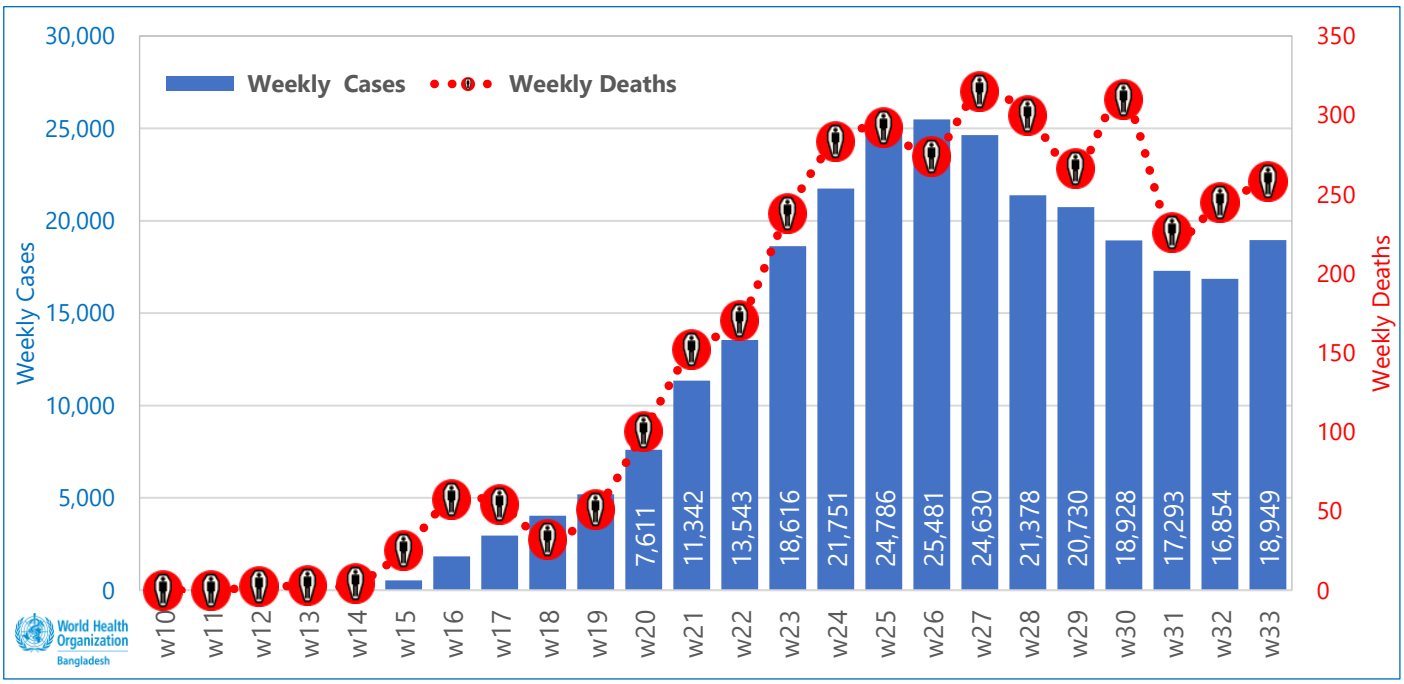
Between 8 March and 17 August 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were two hundred seventy-nine thousand one hundred forty-four (**279,144**) COVID-19 confirmed by rt-PCR, including three thousand six hundred ninety-four (**3,694**) deaths: Infection Fatality Ratio (**IFR[1] 1.32**%).

The figure below is showing the daily distribution of reported confirmed COVID-19 cases and deaths, 10 March – 17 August 2020, Bangladesh.



In the reported week (epidemiological week 33), in comparison to the previous epidemiological week, the number of new weekly COVID-19 cases increased by **12.5%** (**18,949** and **16,845** respectively) and the number of COVID-19 new weekly deaths increased by **5.3%** (**258** in week 33 vs and **245** in the previous week).

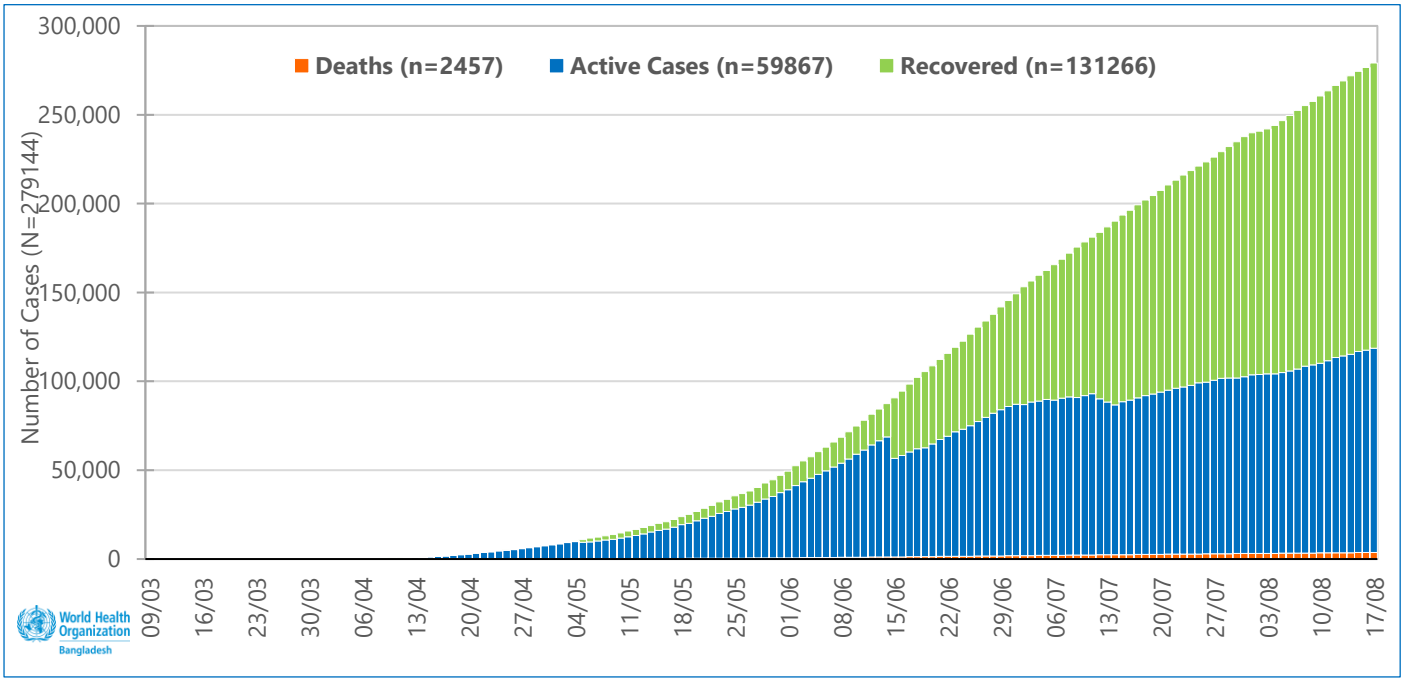
The figure below is showing the weekly distribution of reported confirmed COVID-19 cases and deaths, 08 March - 17 August 2020, Bangladesh.



[1] Infection fatality ratio (IFR) is the proportion of individuals diagnosed with a disease who die from that disease and is therefore a measure of severity among detected cases, Estimating mortality from COVID-19, WHO scientific brief, 4 August 2020. *https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci-Brief-Mortality-2020*.

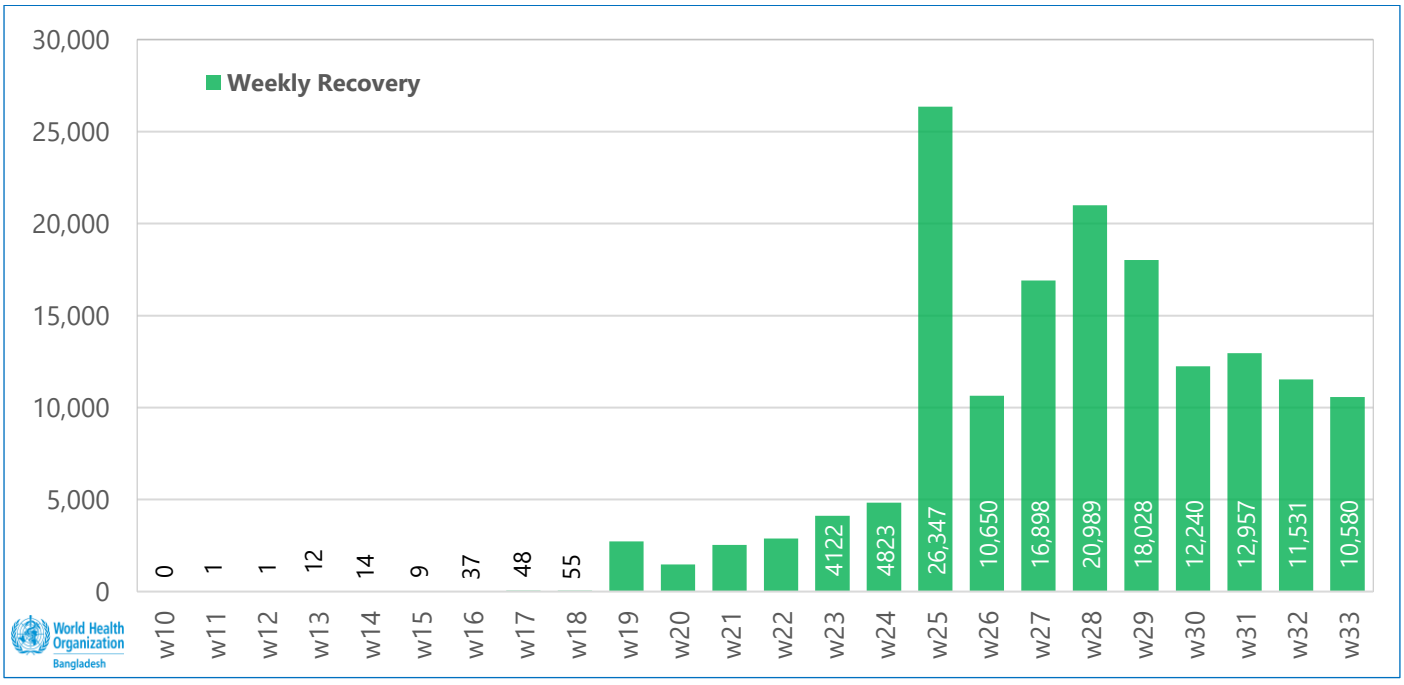
Out of the total **279,144** COVID-19 cases registered as of 17 August 2020, **57.5%** (160,591) - recovered, **1.32**% (3,694) - **died** and **41.5**% (114,859) are active cases.

The figure below is showing active vs recovered confirmed COVID-19 cases outcomes per epidemiological week, 09 March – 17 August 2020, Bangladesh.



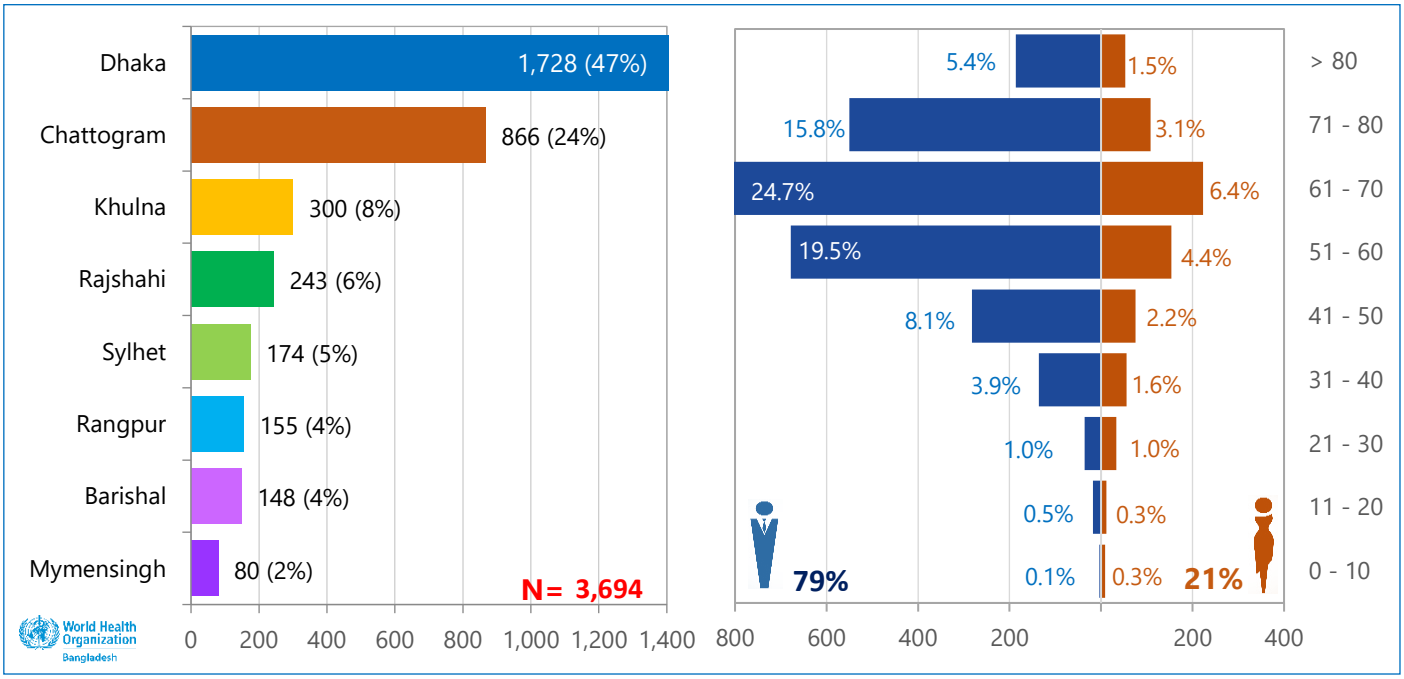
In the epidemiological week 33, the number of COVID-19 **active cases** increased by **7.4%**, in comparison to the previous week (**110,593** and **102,954**) and at the same time, the number of **recovered** COVID-19 cases decreased by **8.25%** (**10,580** and **11,531** respectively).

The figure below is showing the weekly recovery of the reported confirmed COVID-19 cases, 09 March – 17 August 2020, Bangladesh.



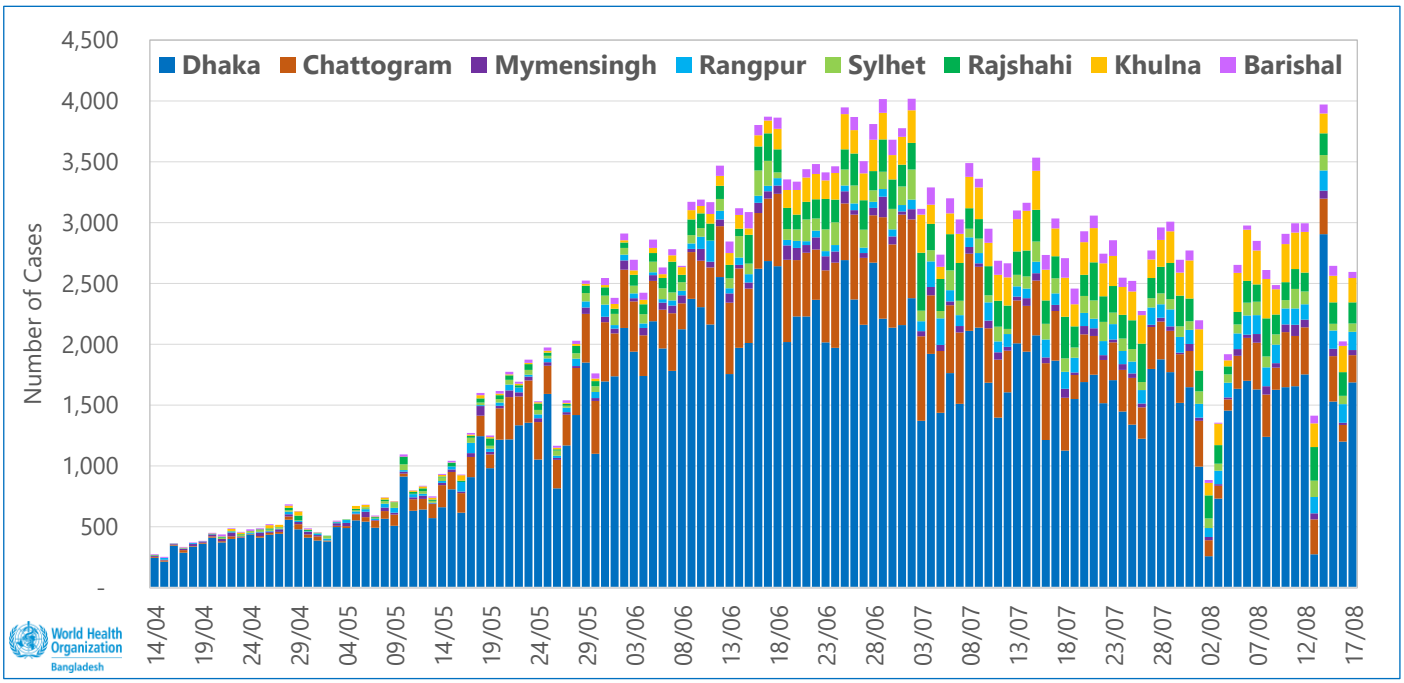
As of 17 August 2020, **26.9%** cases were confirmed in people between 31 and 40 years old, **20.5%** - in the age group of 21 to 30, **18.8%** - 41 to 50 years and **15.0%** in the age group between 51 and 60 years old. The highest death rate (**31.1%**) was reported in the age group of 61 to 70 years old, **25.8%** in the older age group of 71 and above and **24.0%** - 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, 17 August 2020, Bangladesh.



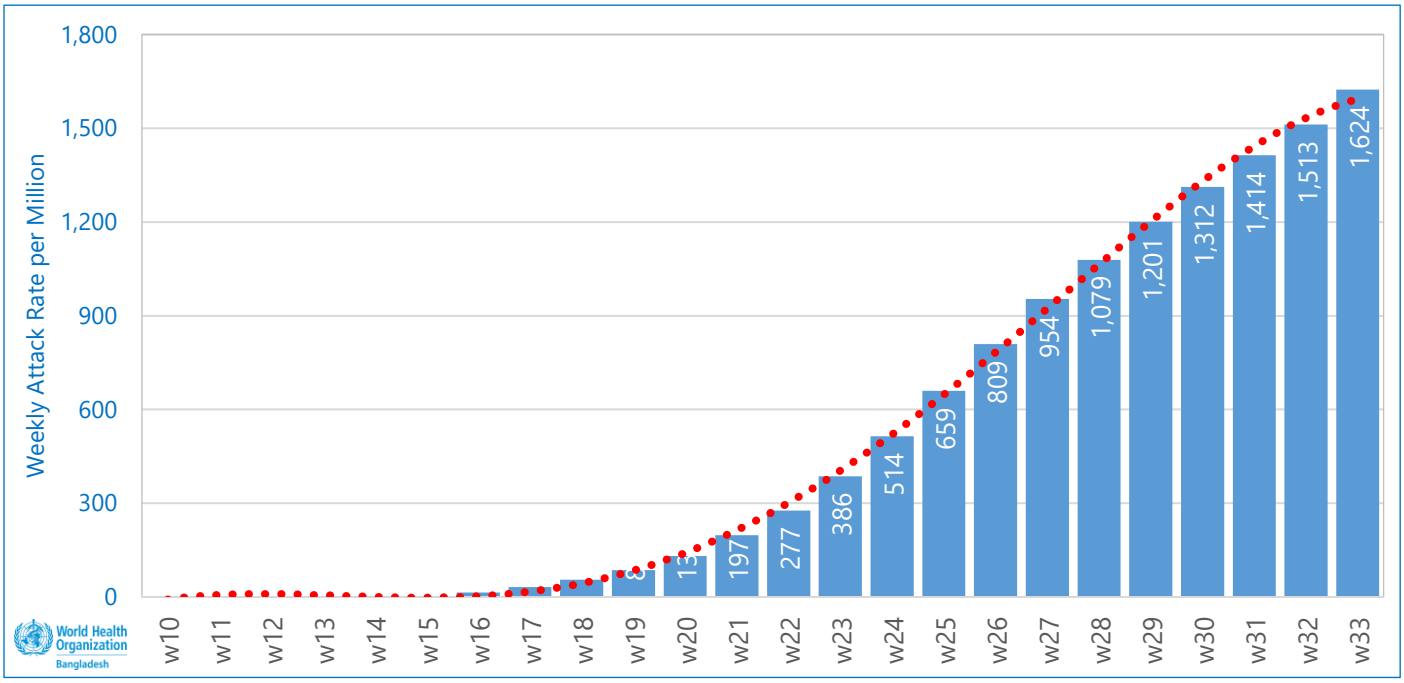
As of 17 August 2020, **64.0%** of reported were from **Dhaka** division, **14.0**% from **Chattogram**, **5.7**% - from **Khulna**, **5.6**% - from **Rajshahi**, **3.3**% - from **Sylhet**, **3.0**% - from **Rangpur**, **2.5**% from **Barishal** and the lowest **1.9**% from - **Mymensingh** division.

The figure below is showing the daily distribution of reported confirmed COVID-19 cases per division, 12 April – 17 August 2020.



On 17 Augusts 2020, Bangladesh overall attack rate (**AR**) is **1,639** 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 33), COVID-19 weekly **AR** increased by **0.9%** in comparison to the previous week (**1,639** and **1,624** respectively).

The figure below is showing the weekly COVID-19 attack rate (AR) per 1,000,000, 09 March – 17 August 2020, Bangladesh.



According to the available data as on 17 August 2020, the highest AR continues to be observed in the **Dhaka** division (**4,147**/1,000,000). Within the Dhaka division, **Dhaka city** has the highest AR (**16,937**/1,000,000) followed by **Faridpur** (2,594), **Narayanganj** (1,764), **Munshiganj** (1,738), **Rajbari** (1,629), **Gopalganj** (1,505), **Gazipur** (1,123), **Shariatpur** (1,011), **Madaripur** (916), **Narsingdi** (717), **Dhaka** District (715), **Kishoreganj** (671), **Manikganj** (600) and the lowest AR **492** was reported from **Tangail** district.

The 2nd highest COVID-19 AR is reported from **Chattogram** division (**1,165**/1,000,000), the AR in all the 11 districts is over 800 per million. Within the division, **Chattogram** district reported the highest AR (**1,760**/1,000,000) followed by **Bandarban** (1,374), **Cox's Bazar** (1,373), **Noakhali** (1,080), **Rangamati** (1,063), **Cumilla** (979), **Feni** (900), **Lakshmipur** (857), **Khagrachhari** (818), **Chandpur** (703) and the lowest AR **634** was reported from **Brahmanbaria** district.

The 3rd highest AR in the country was reported from **Khulna** division **855**/1,000,00 while the highest AR district is **Magura** (**1,519**/1,000,000) followed by **Jhenaidah** (1,518), **Khulna** (1009), **Meherpur** (990), **Narail** (874), **Chuadanga** (828.5), **Satkhira** (782.8), **Jashore** (551), **Bagerhat** (523.1) and the lowest **472** in **Kushtia** district.

Sylhet division has taken the fourth highest in the overall AR with (**777**/1,000,000) with the highest AR in **Sylhet** district (**1,187**/100,0000) followed by **Sunamganj** (589), **Habiganj** (549) and **532** in **Maulvibazar** district.

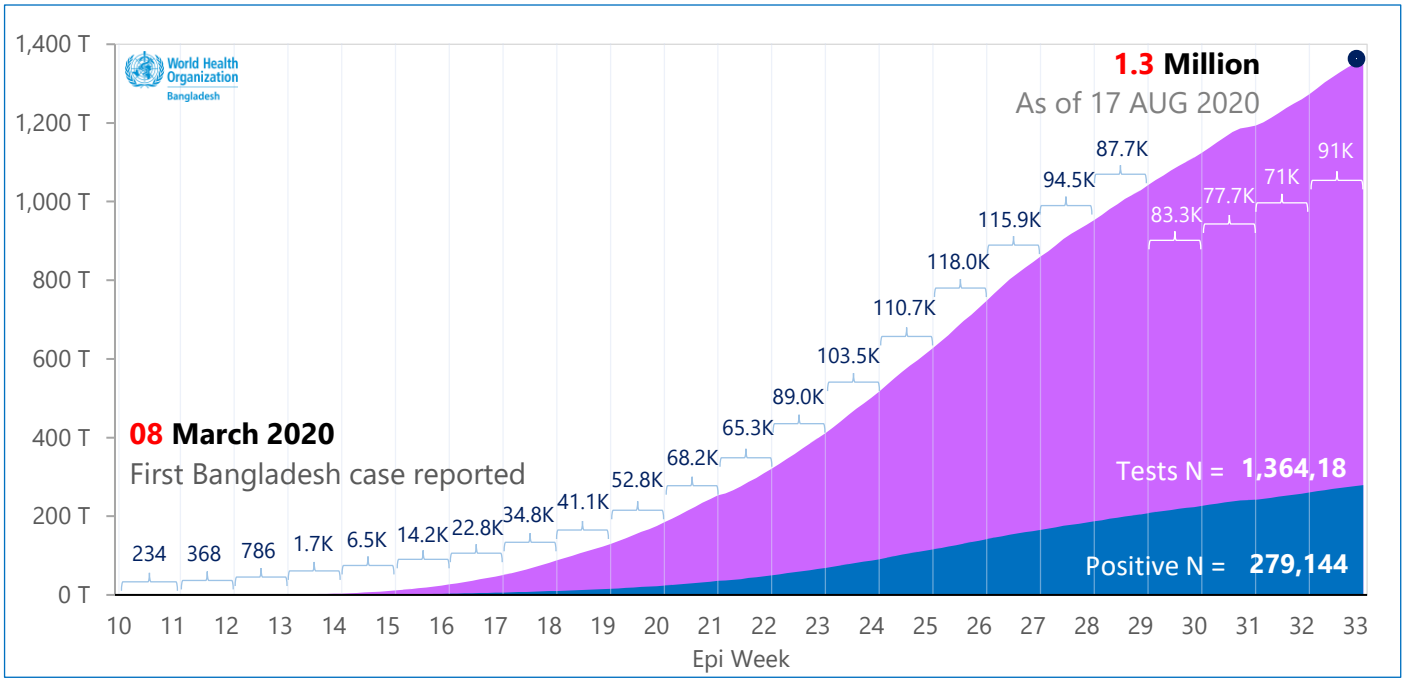
Rajshahi division has overall AR **720**/1,000,000 with the highest AR in **Bogura** district (**1,455**/1000000), followed by **Rajshahi** (1324.5), **Joypurhat** (796), **Sirajganj** (476.8), **Chapainawabganj** (343.4), **Naogaon** (343.2), **Pabna** (301) and **Natore** district is the lowest at 296/1,000,000.

In **Barishal** division the overall AR is **695**/1,000,000 with the highest AR in **Barishal** district (**1,049**/1,000,000), while, **Barguna** (726), **Jhalokathi** (679), **Patuakhali** (656), **Pirojpur** (650) and the lowest **283** in **Bhola** district.

The lowest AR is reported from **Mymensingh** division (**410**/1,000,000). **Mymensingh** district having the highest AR of **515**/1,000,000 followed by **Jamalpur** (438), **Netrakona** (253) and the lowest **228** in **Sherpur** district.

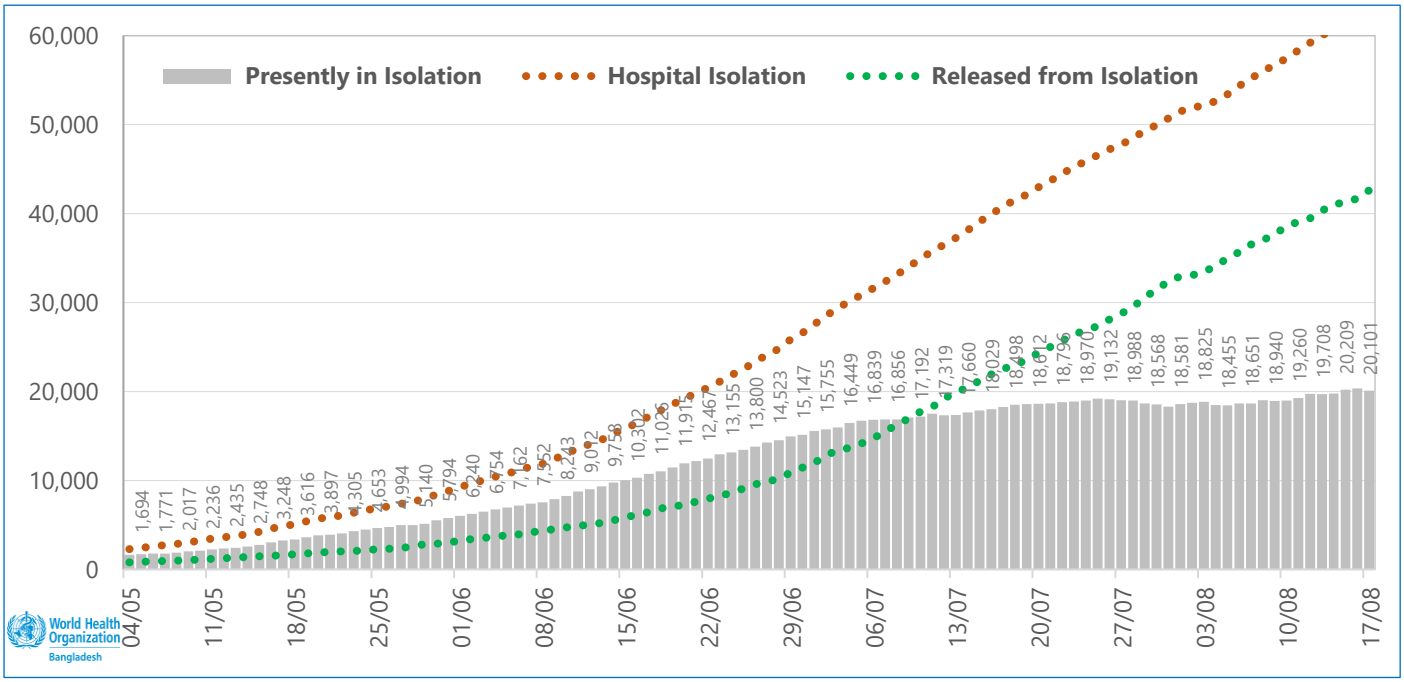
As of 17 August 2020, according to the IEDCR, **1,364,189** COVID-19 tests with the overall positivity rate of **20.46%** were conducted in Bangladesh by **87** laboratories: **50** laboratories **(57.5%)** in Dhaka city and **37** laboratories (**42.5%**) outside Dhaka. The latest laboratories, which have started the testing are: Medinova Medical Services Limited (Mirpur Branch) and Rangamati General Hospital PCR Lab. **59.8%** (**816,372**/1,364,189) of all samples were tested by laboratories in the Dhaka city.

The graph below is showing the weekly and cumulative numbers of COVID-19 conducted tests and daily number of samples tested and number of daily confirmed COVID-19 cases, 08 March – 17 August 2020, Bangladesh.



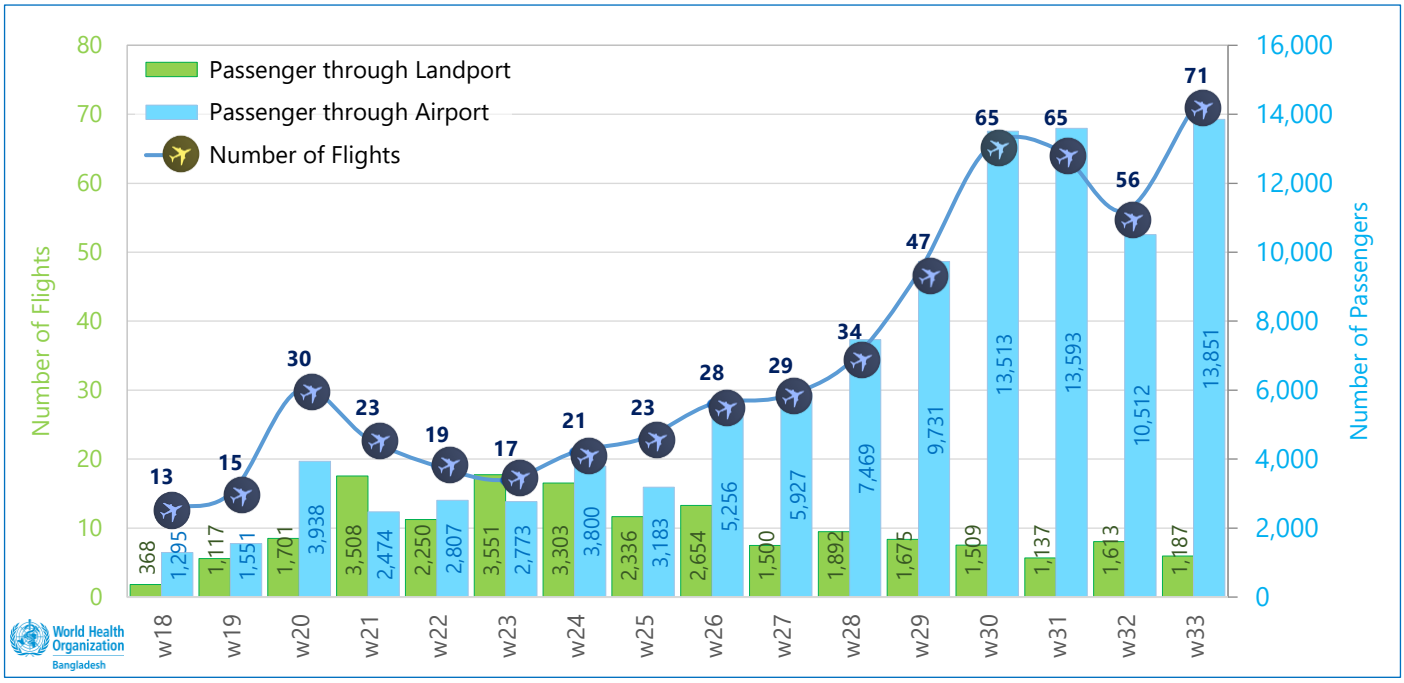
According to DGHS, as of 17 August 2020, the current institutional quarantine capacity in the country is represented by **629** centres across the 64 districts, which can receive **31,991** persons. A total of **27,561** individuals were placed in quarantine facilities and of them **22,361** (81%) have been already released. Over the same period, total of **62,712** individuals were isolated in designated health facilitates and of them **42,611** (**68%**) have been released.

The figure below is showing the number of individuals in hospital isolation and released, 04 May – 17 August 2020, Bangladesh.



In the reported week (epidemiological week 33), the number of international flights has increased by **26.8%**, in comparison to the previous week (**71** and **56** respectively) leading to increase in the number of passengers by **31.8%** (**13,851** and **10,512**).

The figure below is showing the weekly incoming international flights and number arrived of passengers, 27 April – 17 August 2020, Bangladesh.



On 12 August 2020, WHO published an interim guidance on **Home care for patients with suspected or confirmed COVID-19 and management of their contacts**. That document is an update of the guidance published on 17 March 2020 to advice on safe and appropriate home care for patients with coronavirus disease 2019 (COVID-19) and on the public health measures related to the management of their contacts. The main differences from the previous version include: considerations for clinicians when identifying and supporting patients who could receive care at home; considerations regarding the IPC requirements for the household to be suitable for caring for COVID-19 patients in the home; clinical monitoring and treatment of COVID-19 patients at home; waste management in the home setting in the context of COVID-19 and; an appendix on the effective implementation of home-care policies and guidelines for patients with COVID-19. Regarding releasing COVID-19 patients from isolation at home (patients who are cared for at home should be isolated until they are no longer infectious) criteria includes; for asymptomatic persons: 10 days after testing positive; and COVID-19 patients who receive home-based care or have been discharged from hospital should remain in isolation for a minimum of 10 days after symptom onset, plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms). Full document: *https://www.who.int/publications/i/item/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts*.

On 14 August 2020, WHO published the new **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*.

Risk Communication and Community Engagement (RCCE) partners under DGHS and UNICEF's coordination continue the scaled-up dissemination of information and communication materials on protection measures, especially on wearing the masks. Since July, the topic of masks and the overarching campaign on preventing measures and reducing stigma account for almost 40% of the RCCE messages and activities. Overall, the trend shows the focus of the RCCE activities in certain periods of time and how the RCCE partners respond to the need and contextual challenges.

The 7th edition of Corona Kotha a bulletin produced by BBC Media Action and Bangladesh Red Crescent Society on behalf of Shongjog which summarizes community feedback and perceptions about Covid-19 has been released. The document highlights concern of the communities due to disrupted livelihoods and reduced income but also show worries about fake test reports. The bulletin captures as well concerns of the marginalized communities emphasizing the worries of transgender community about their livelihood or getting treatment from health centers. Another marginalized affected community is the sex workers who report to be in financial crisis and facing increased violence. Furthermore, people living with HIV are concerned about general treatment in hospitals. The bulletin can be accessed here: *http://www.shongjog.org.bd/news/i/?id=492eb598-e429-428c-843a-f67315afff8e.*

The RCCE partners also continue working on misinformation and rumor tracking. While the number of false rumors and information have decreased since the start of the pandemic, among the most common online messages that impact the population's response are the ones downplaying the risks posed by COVID-19 and posts that spread panic, fear and anger.

Additional 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/docs/default-source/coronaviruse/situation-reports/20200727-covid-19-sitrep-189.pdf?sfvrsn=b93a6913_2.*

Latest global WHO Situation Report # **209** as of 16 August 2020: *https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200816-covid-19-sitrep-209.pdf?sfvrsn=5dde1ca2_2.*

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

WHO COVID-19 Online *Training: 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/home/5343-covid-19-update.*

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

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