


















Photo Credit: Social Media, Bangladesh

Tested	Confirmed Cases	Recovered	Dead	Hotline
 <b>1,834,323</b>	 <b>350,621</b>	 <b>258,717</b>	 <b>4,979</b>	 <b>20.8 million</b>
Test/1 million	Daily New Cases	Recovery Rate	IFR%	AR/1 million
<b>10,771</b>	<b>1,705</b>	<b>73.8%</b>	<b>1.4</b>	<b>2,059</b>
Laboratories		PPE Stock	PoE Screening	
<b>99 COVID-19 Labs</b>		 <b>1,029,048</b>	 <b>532,528</b>	
Last <b>7</b> days <b>91,627 Samples</b>		 <b>3,107,958</b>	 <b>39,059</b>	
 <b>57.6%</b> Inside Dhaka Tests		 <b>128,760</b>	 <b>7,029</b>	
 <b>19.1%</b> Positive Tests		 <b>1,593,382</b>	 <b>374,267</b>	

**1. Coordination**

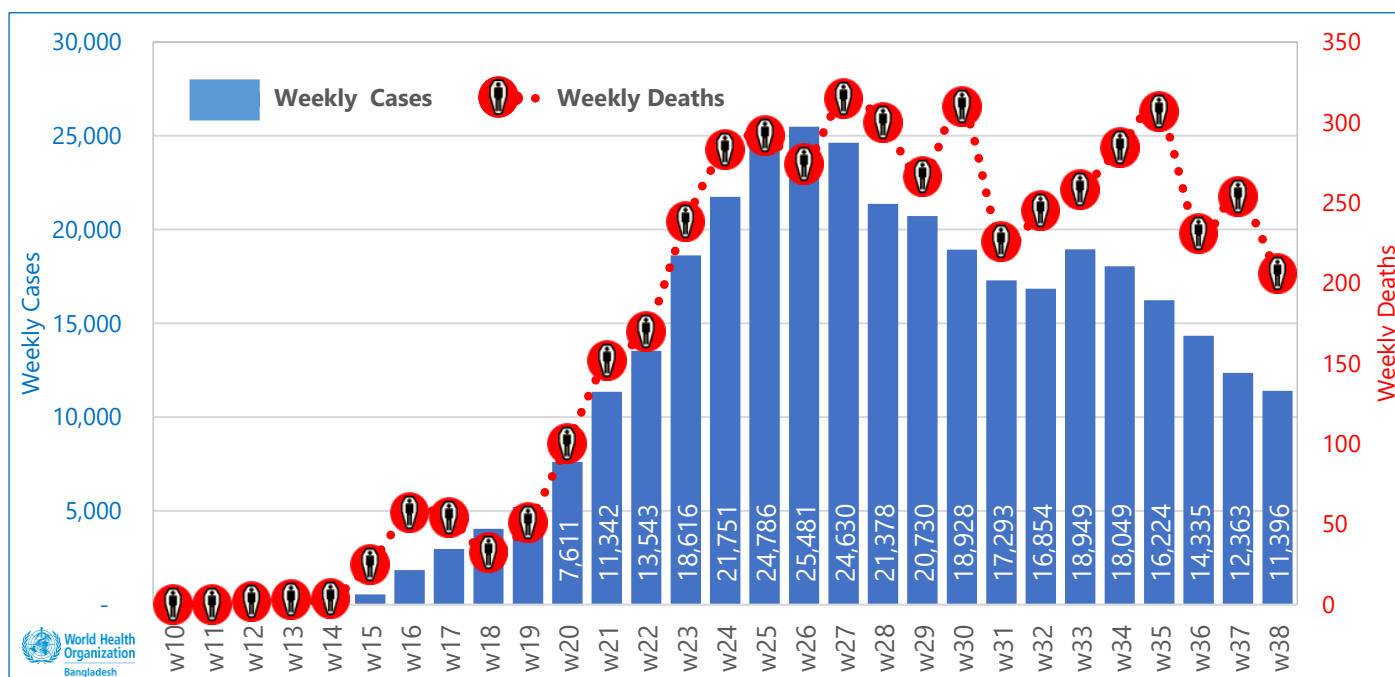
On 14 September 2020, WHO published a guideline titled ‘**Considerations for school-related public health measures in the context of COVID-19**’ as an annex to previously published ‘Considerations in adjusting public health and social measures in the context of COVID-19’. Risk based approach for school operations in the context of COVID-19 has been introduced in the document based on the level and intensity of the transmission at administrative levels lower than the national level, age-appropriate considerations for both physical distancing and the use of masks in the school setting and comprehensive, multi-layered measures to prevent introduction and spread of SARS-COV-2 in educational setting. This Annex is intended to help policy makers and educators to make decisions on running schools as safely as possible during the COVID-19 pandemic. At the forefront of all considerations and decisions should be the continuity of education for children for their overall well-being, health and safety. Nonetheless, all decisions will have implications for children, parents or caregivers, teachers and other staff and more broadly, their communities and societies. Full document: <https://apps.who.int/iris/rest/bitstreams/1303058/retrieve>

On 18 September 2020, WHO published ‘**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/publications/i/item/emergency-global-supply-chain-system-\(covid-19\)-catalogue](https://www.who.int/publications/i/item/emergency-global-supply-chain-system-(covid-19)-catalogue)

**2. Surveillance and Laboratories**

Between 8 March and 21 September 2020, according to the DGHS Press Release <<https://corona.gov.bd/press-release>> there were three hundred fifty thousand six hundred twenty-one (350,621) COVID-19 confirmed by rRT-PCR, including four thousand nine hundred seventy-nine (4,979) related deaths (IFR 1.4%)<sup>1</sup>.

**The figure below is showing the weekly distribution of reported confirmed COVID-19 cases and deaths, 08 March – 21 September 2020, Bangladesh.**

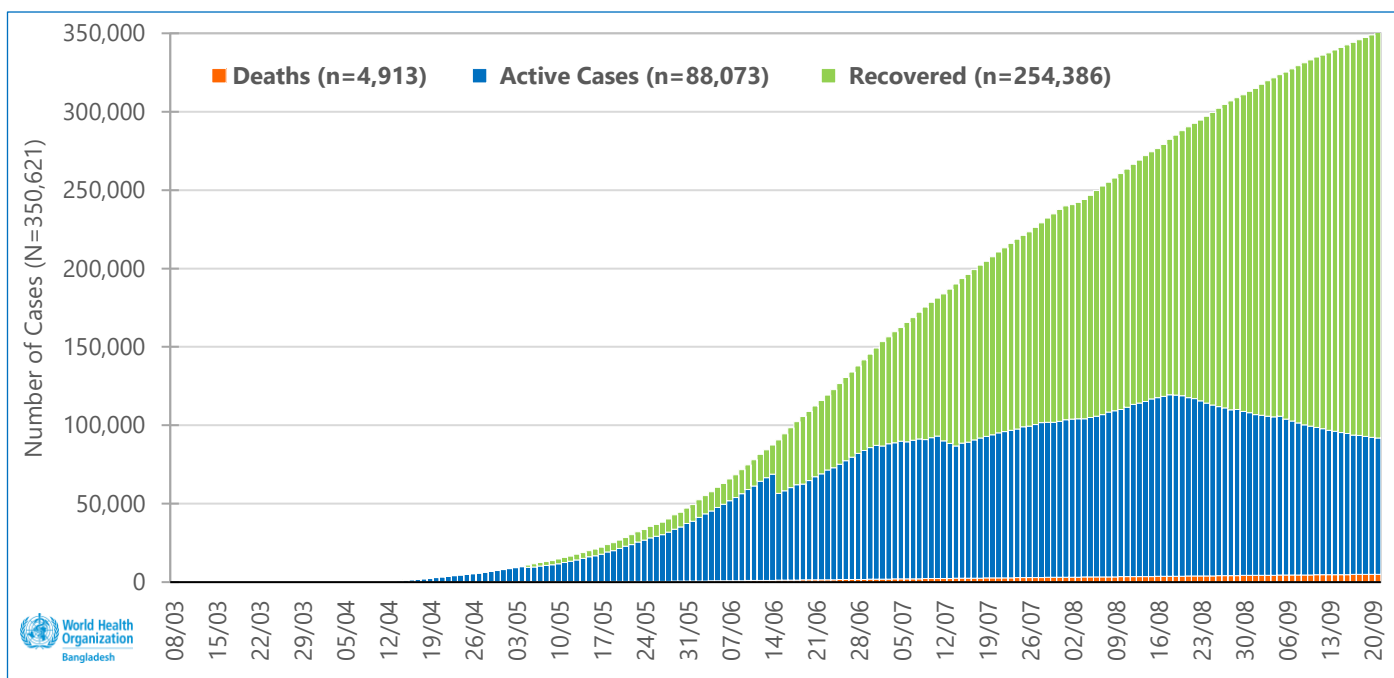


In the reported week (epidemiological week 38), in comparison to the previous epidemiological week, the number of new weekly COVID-19 cases **decreased** by 7.8% (11,396 in week 38 and 12,363 in the previous week) while, the number of COVID-19 new weekly deaths **decreased** by 18.98% (206 and 254 respectively), leading the IFR a little **increase** from

<sup>1</sup> 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>

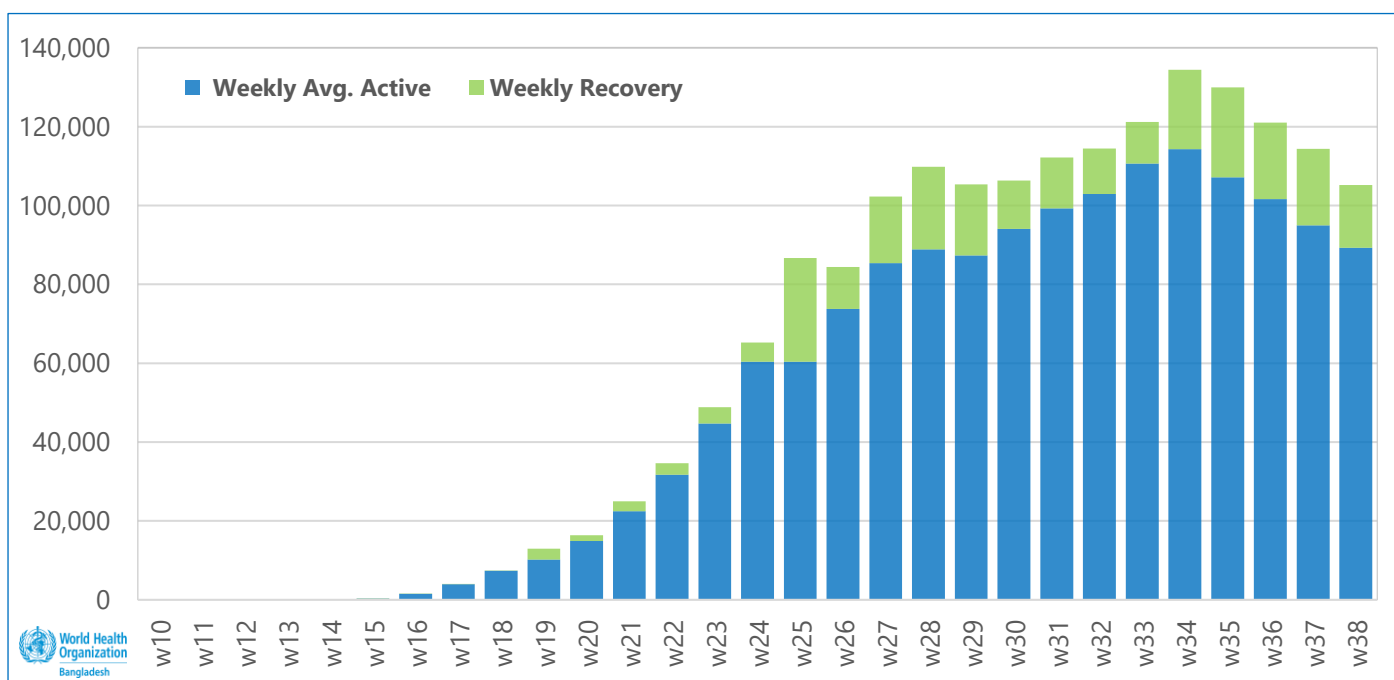
1.40% in epidemiological week 37 to 1.42% in the current week but the Case Fatality Ratio (CFR) **decreased** a little from 1.93 last week to 1.89 in the current week. Out of the total 350,621 COVID-19 cases registered as of 21 September 2020, 73.8% (258,718) recovered, 1.4% (4,979) died and 24.8% (86,932) are active cases.

The figure below is showing confirmed COVID-19 cases outcome (), 08 March – 21 September 2020, Bangladesh.



In the epidemiological week 38, weekly average number of COVID-19 active cases decreased by 6.0%, in comparison to the previous week (94,987 and 89,289 respectively) and during the same time, cumulative recovery has increase by 6.6% (94,987 and 89,289 respectively).

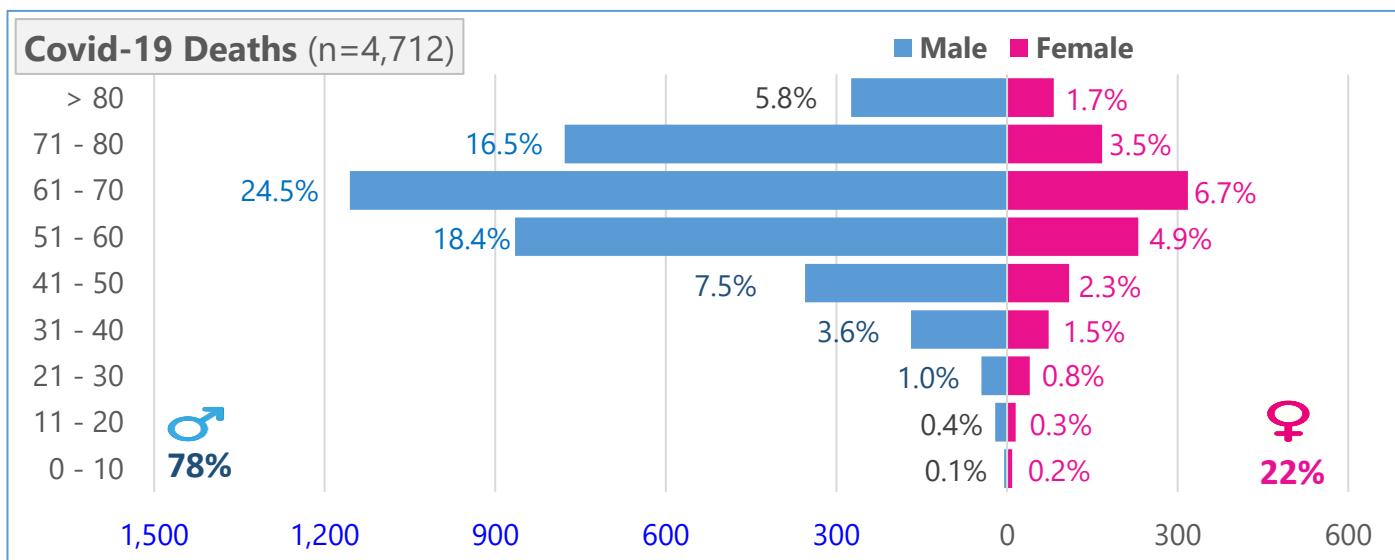
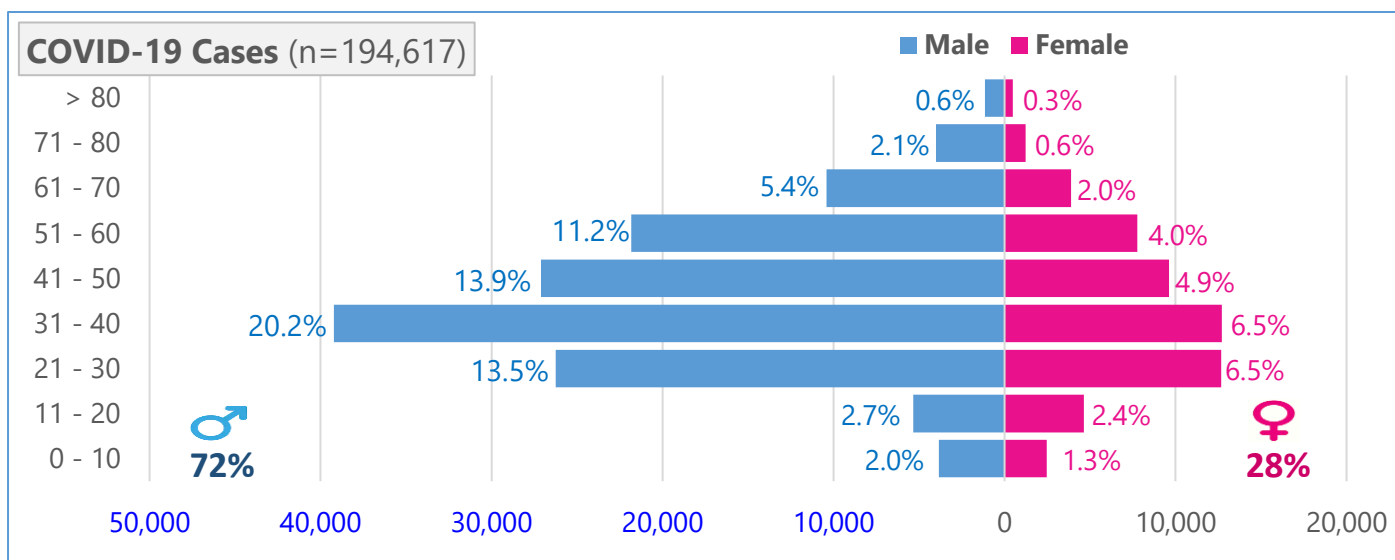
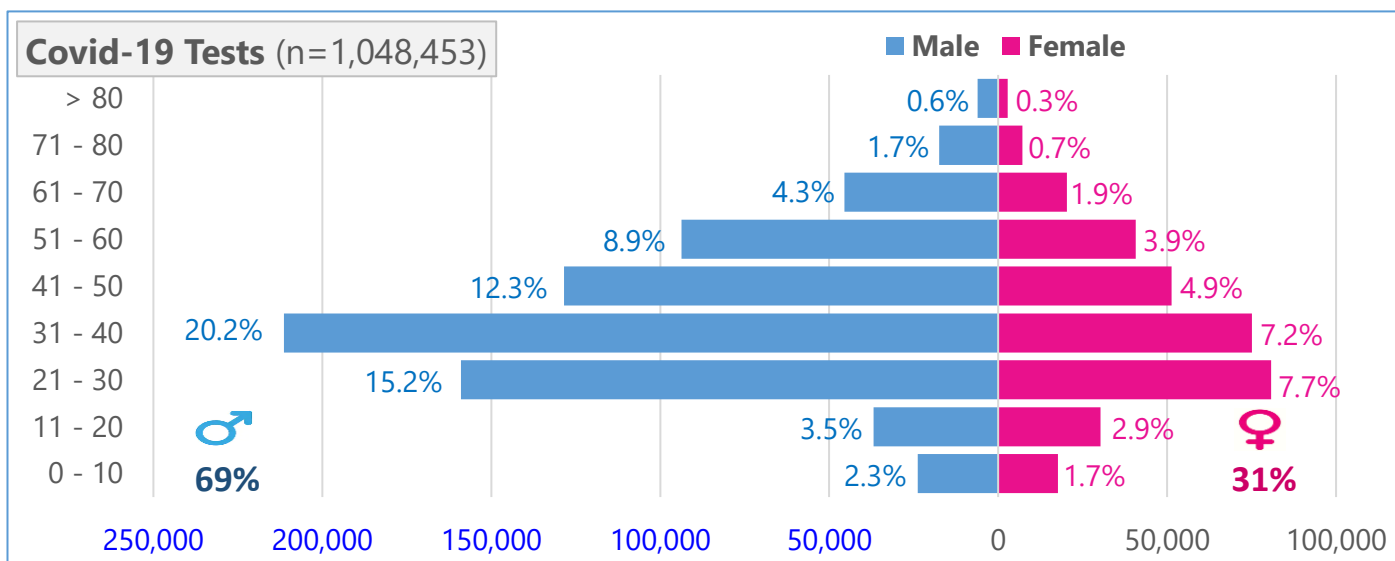
The figure below is showing weekly active vs recovered confirmed COVID-19 cases, 08 March – 21 September 2020, Bangladesh.



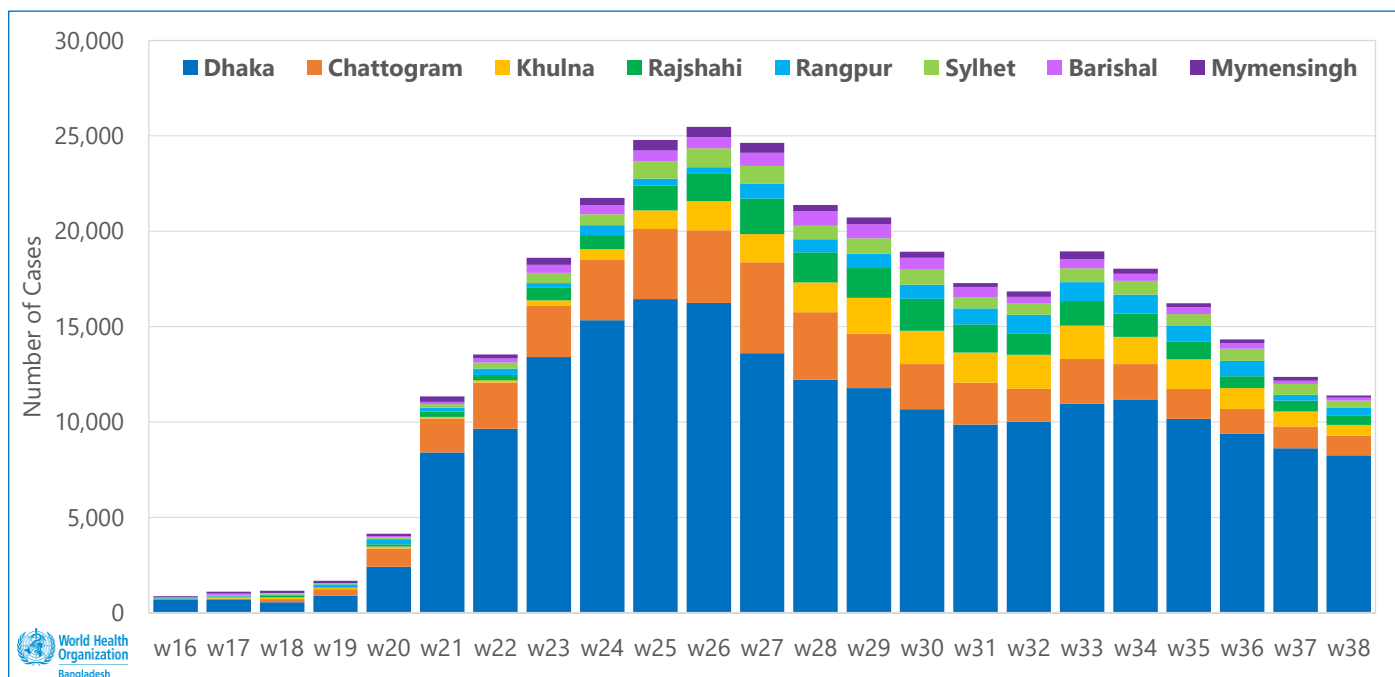
As of 21 September 2020, 26.7% cases were confirmed in people between 31 and 40 years old, 20.0% - in the age group of 21 to 30, 18.9% - 41 to 50 years and 15.2% in the age group between 51 and 60 years old. The highest death rate (31.3%) was reported in the age group of 61 to 70 years old, 27.6% in the older age group of 71 and above and 23.3%

- 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 figures below are showing age-sex distribution of the persons tested for COVID-19, confirmed cases and confirmed deaths, 21 September 2020, Bangladesh.**

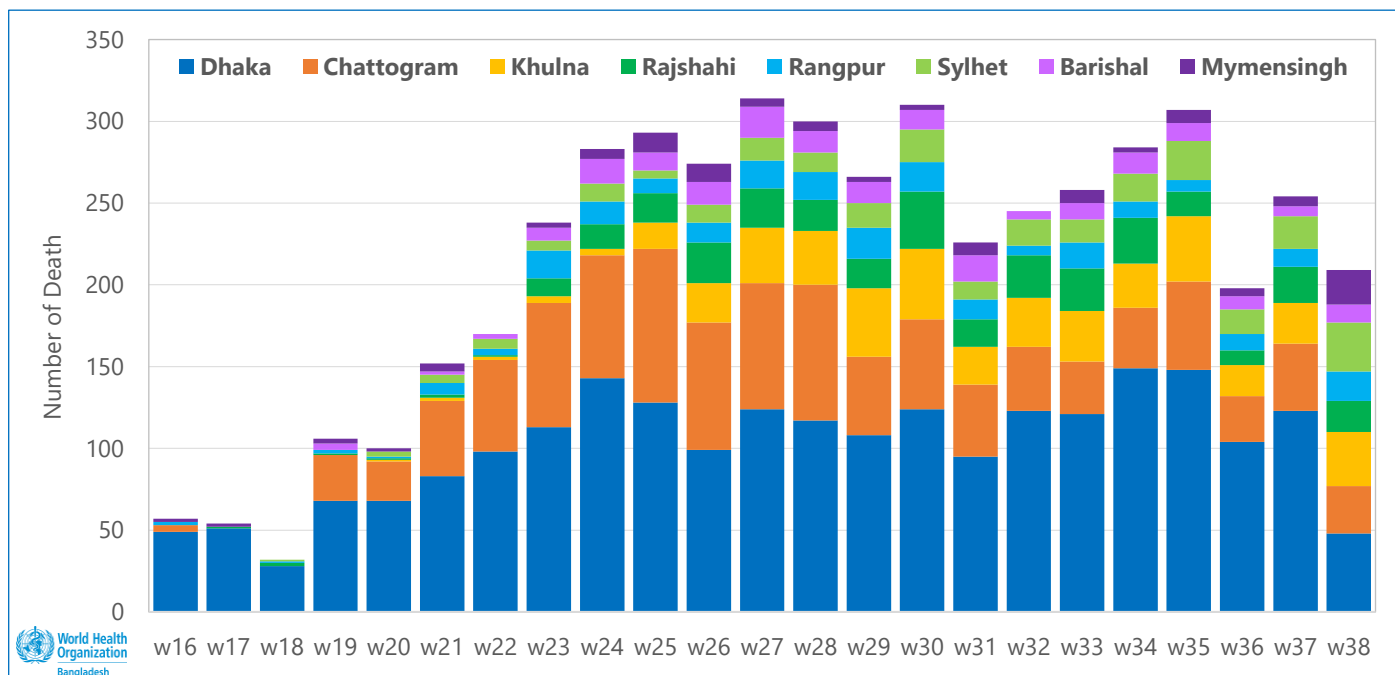


The figure below is showing the weekly reported confirmed COVID-19 cases by division, 13 April – 21 September 2020, Bangladesh.



As of 21 September 2020, **64.4%** of reported cases were from **Dhaka** division, **13.1%** 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, **46.5%** of the reported death were from **Dhaka** division, **21.9%** from **Chattogram**, **Khulna - 9%**, **Rajshahi - 6.8%**, **Rangpur - 5.2%**, **Sylhet - 4.6%**, **Barishal - 4%** and the lowest **2%** from **Mymensingh** division.

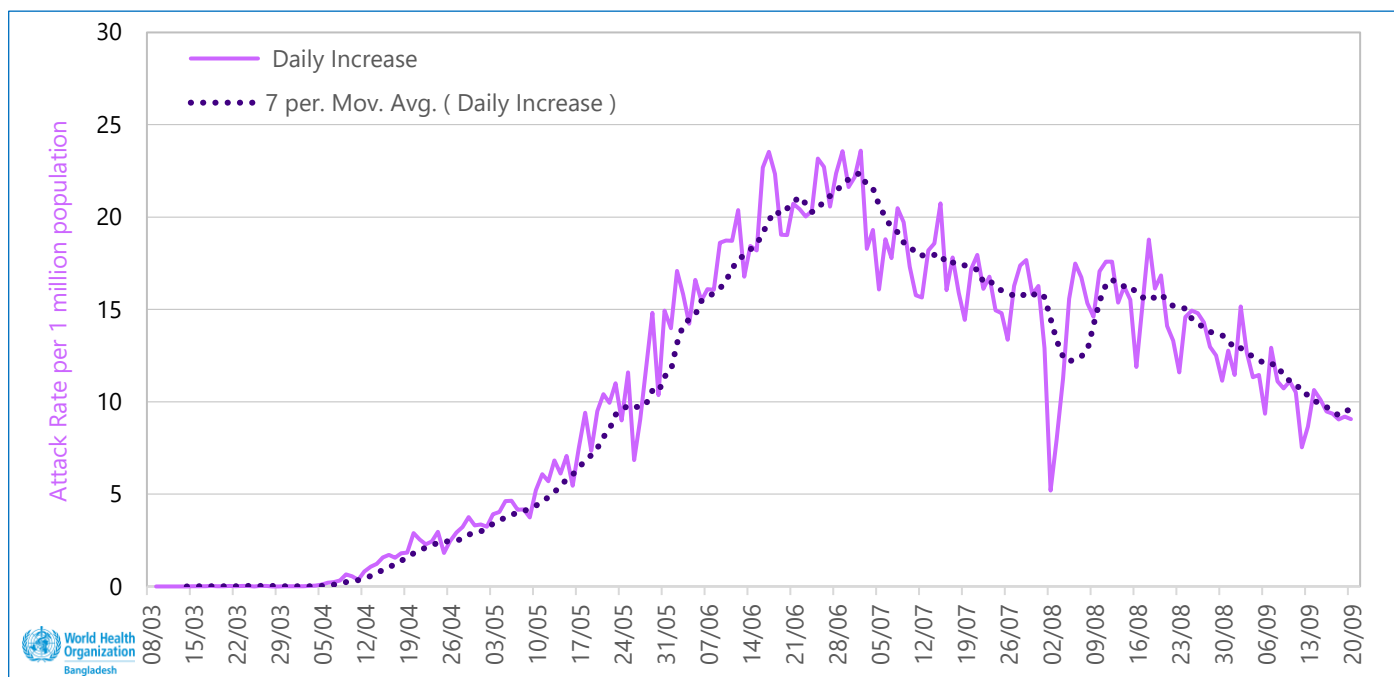
The figure below is showing the weekly reported confirmed COVID-19 deaths by division, 13 April – 21 September 2020, Bangladesh.



As on 21 September 2020, Bangladesh overall attack rate (AR) is **2,059** 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 38), COVID-19 weekly AR increased by **3.4%** in comparison to the previous week (**2,049** and **1,982** respectively).



The figure below is showing the daily increase in COVID-19 overall attack rate (AR) per 1,000,000, 08 March – 21 September 2020, Bangladesh.



According to the available data as on 21 September 2020, the highest AR continues to be observed in **Dhaka** division (**5,242/1,000,000**). Within the Dhaka division, **Dhaka city** has the highest AR (**21,690/1,000,000**) followed by **Faridpur** (3,097), **Rajbari** (2,415), **Munshiganj** (2,007), **Narayanganj** (1,910), **Gopalganj** (1,824), **Gazipur** (1,331), **Shariatpur** (1,209), **Madaripur** (1,047), **Manikganj** (886), **Narsingdi** (858), **Dhaka (District)** (832), **Kishoreganj** (789) and the lowest AR **708** was reported from **Tangail** district.

The 2nd highest COVID-19 AR is reported from **Chattogram** division (**1,368/1,000,000**). Within the division, **Chattogram** district reported the highest AR (**2,034/1,000,000**) followed by **Cox'sBazar** (1,681), **Bandarban** (1,642), **Noakhali** (1,332), **Rangamati** (1,250), **Cumilla** (1,148), **Feni** (1,073), **Lakshmipur** (1,027), **Khagrachhari** (919), **Chandpur** (787) and the lowest AR **721** was reported from **Brahmanbaria** district.

The 3rd highest AR in the country was reported from **Khulna** division (**1,140/1,000,000**) while the highest AR district is **Khulna** (**2,242/1,000,000**) followed by **Narail** (1,527), **Kushtia** (1,363), **Jashore** (1,156), **Chuadanga** (1,048), **Jhenaidah** (893), **Magura** (825), **Meherpur** (760), **Bagerhat** (542) and the lowest **461** in **Satkhira** district.

**Sylhet** division has taken the 4th highest in the overall AR with (**1,025/1,000,000**) with the highest AR in **Sylhet** district (**1,584/1,000,000**) followed by **Sunamganj** (772), **Maulvibazar** (723) and the lowest 681 in **Habiganj** district.

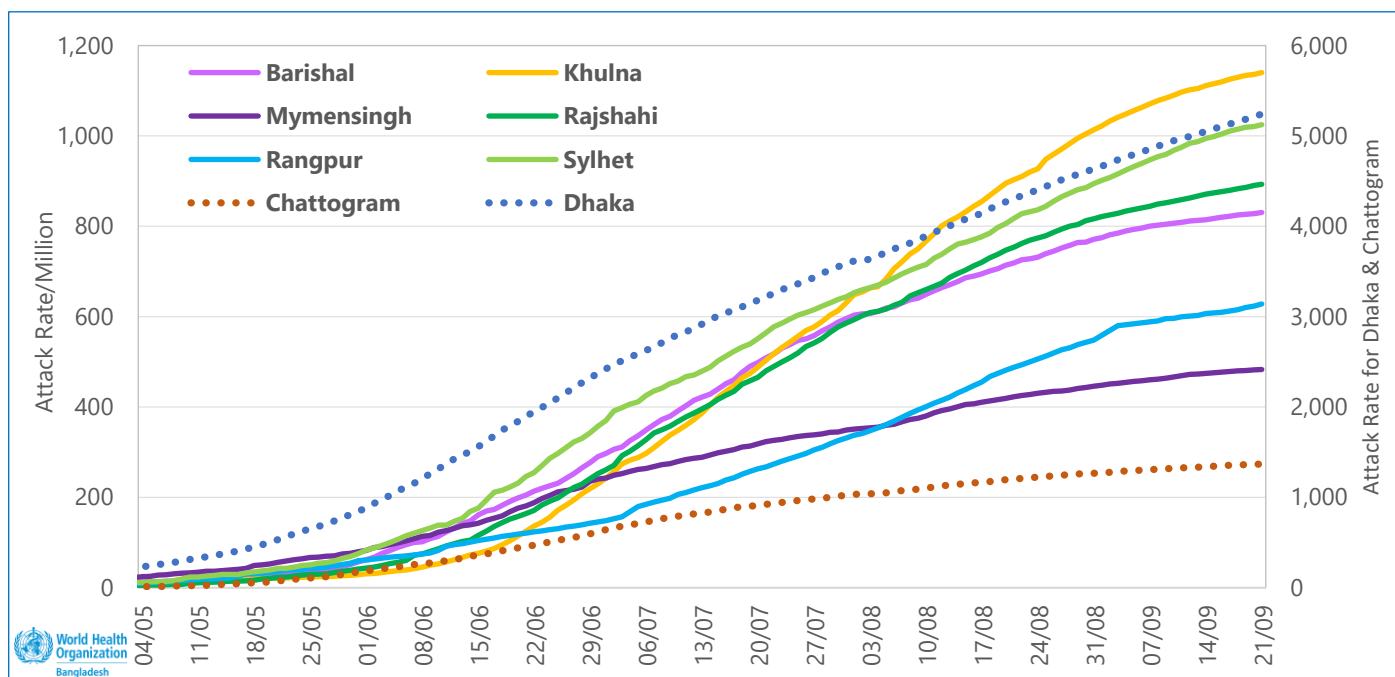
**Rajshahi** division has overall AR **893/1,000,000** with the highest AR in **Bogura** district (**1,841/1,000,000**), followed by **Rajshahi** (1,579), **Joypurhat** (980), **Sirajganj** (580), **Natore** (487), **Naogaon** (414), **Chapainawabganj** (379) and **Pabna** district is the lowest at **369/1,000,000**.

In **Barishal** division the overall AR is **830/1,000,000** with the highest AR in **Barishal** district (**1,257/1,000,000**), while **Barguna** (852), **Jhalokathi** (842), **Pirojpur** (802), **Patuakhali** (764) and the lowest AR **333** was reported from in **Bhola** district.

In **Rangpur** division the overall AR is **628/1,000,000** with the highest AR in **Dinajpur** district (**947/1,000,000**), while **Rangpur** (810), **Thakurgaon** (688), **Lalmonirhat** (568), **Panchagarh** (492), **Nilphamari** (480), **Gaibandha** (406) and the lowest AR **362** was reported from **Kurigram** district.

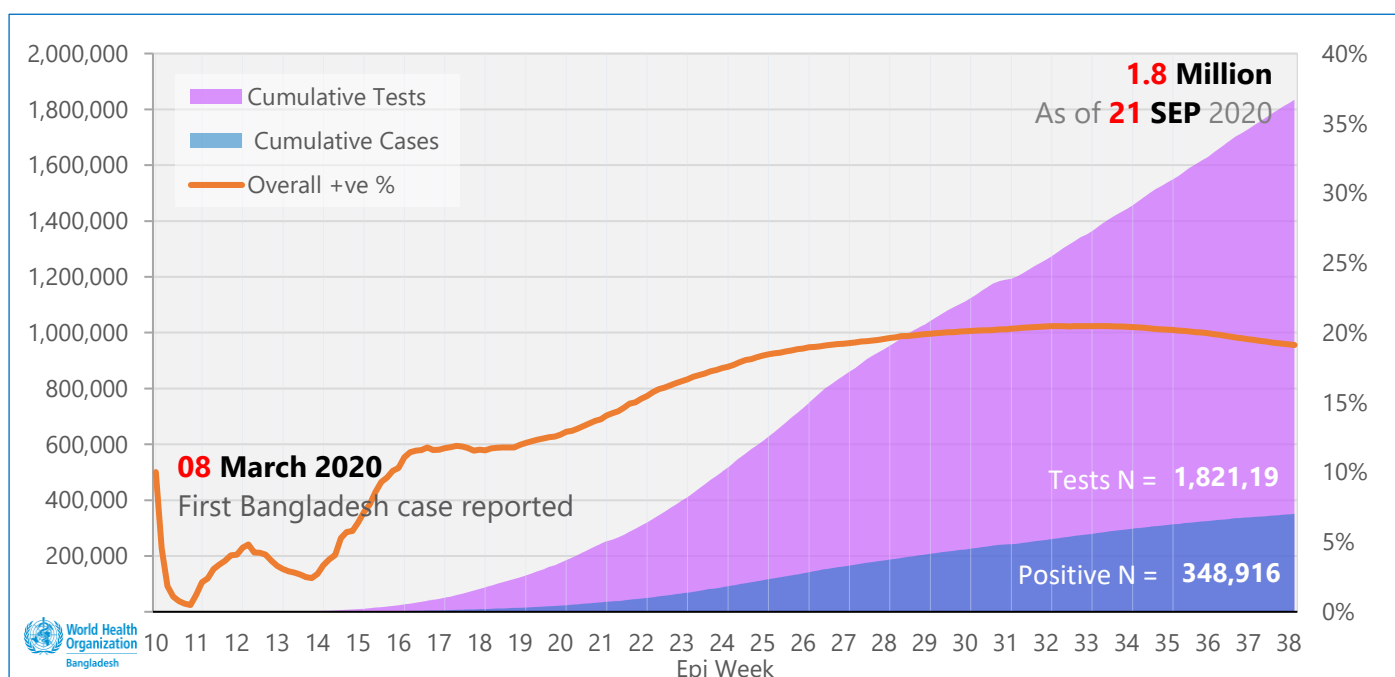
The lowest AR is reported from **Mymensingh** division (**483/1,000,000**). **Mymensingh** district having the highest AR of **599/1,000,000** followed by **Jamalpur** (552), **Sherpur** (280) and the lowest **269** in **Netrakona** district.

The figure below is showing the progression of Attack Rate (per million) by division, 08 March – 21 September 2020, Bangladesh.

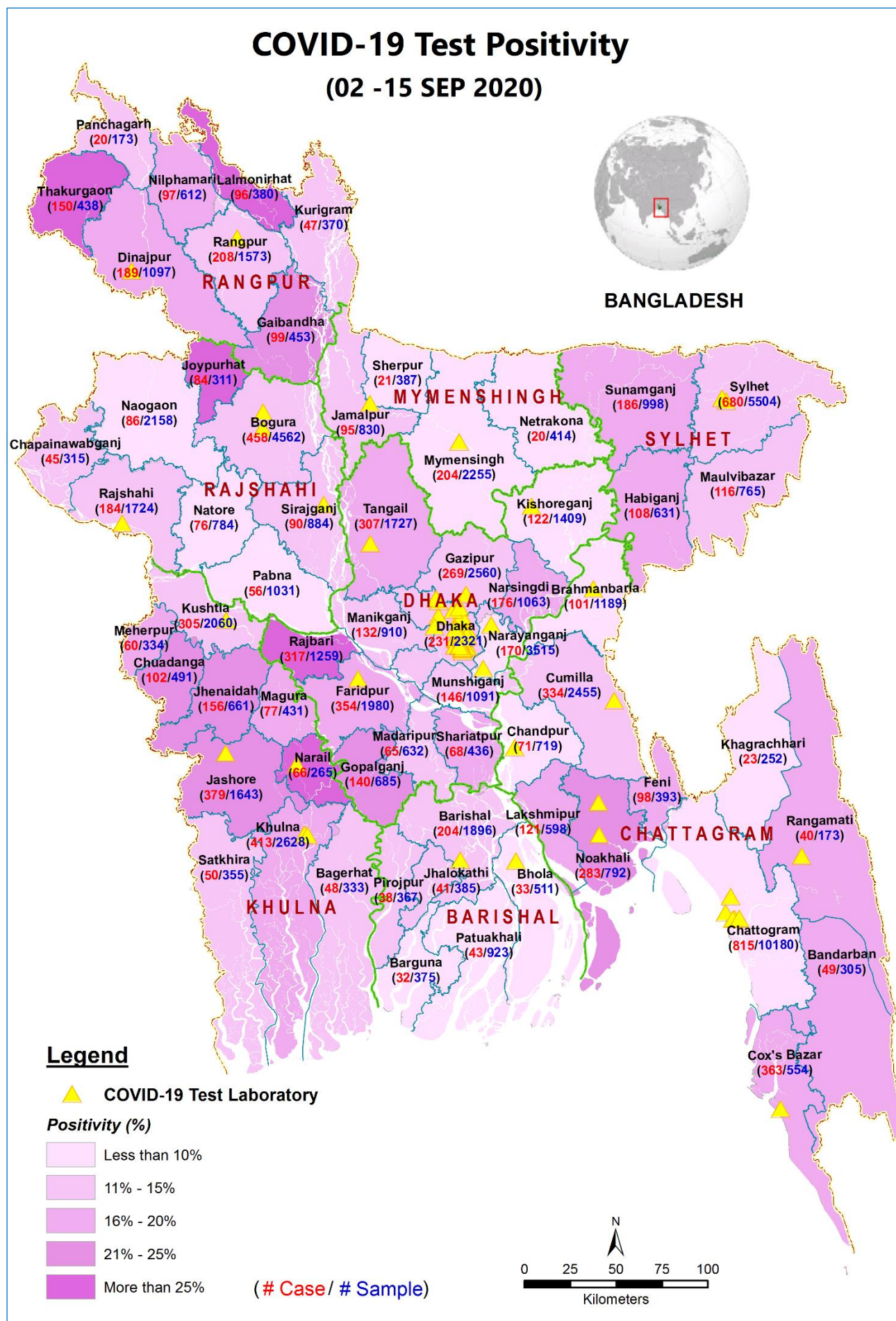


As of 21 September 2020, according to the DGHS Press Release **1,834,323** COVID-19 tests with the overall positivity rate of **19.11%** (**13.06%** in last 24 hours) were conducted in Bangladesh by **99** laboratories; **57** laboratories (**57.6%**) in Dhaka city and **42** laboratories (**42.4%**) from outside Dhaka. Five (**05**) new Labs joined in the network of COVID-19 testing laboratories since the last update; of them three (**03**) are private institutions in Dhaka (Green Life Hospital Limited, Stems Health Care and Prime Diagnostic Ltd.) and two (**02**) are government institutions from outside Dhaka (Sheikh Hasina Medical College, Tangail and Chattogram Maa-O-Shishu General Hospital). Total **59.7%** (**1,095,561/1,834,323**) of all samples were tested by laboratories in the Dhaka city.

The graph below is showing the weekly cumulative number of COVID-19 testing, test positive and overall positivity rate, 08 March – 21 25 May 2020, Bangladesh.

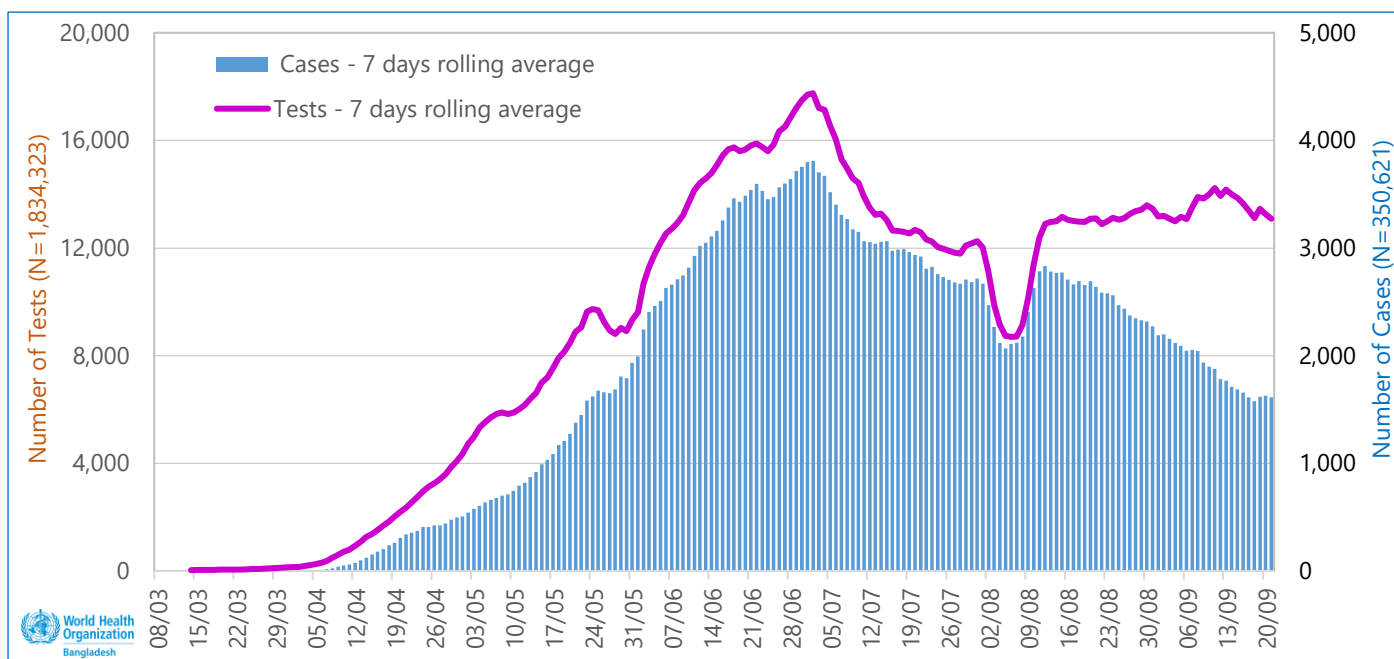


The map below is showing the geographical distribution of test positivity, 02 – 15 September 2020, Bangladesh





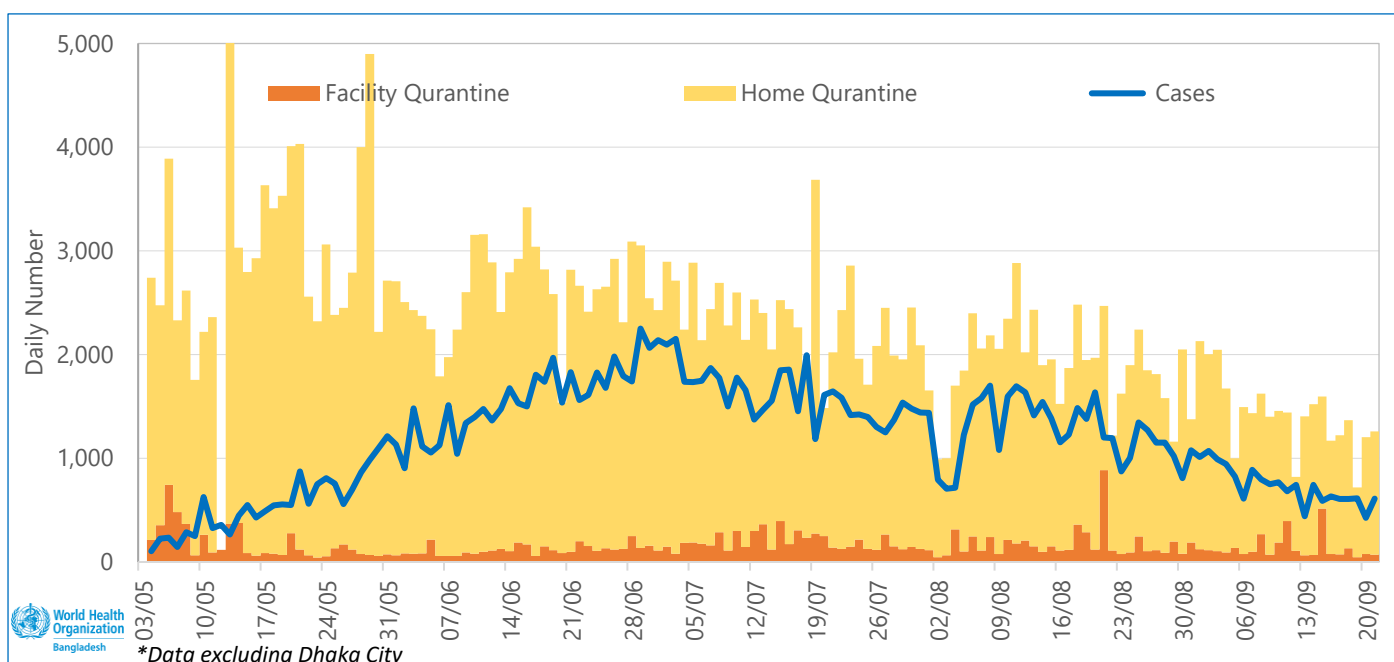
The graph below is showing the comparison between the average number of samples tested and average number of confirmed COVID-19 cases, 08 March – 21 September 2020, Bangladesh.



### 3. Point of Entry (PoE) and Quarantine

According to DGHS, as of 21 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 **33,413** individuals were placed in quarantine facilities and of them **28,340** (84.8%) have already been released. Over the same period, total of **79,293** individuals were isolated in designated health facilities and of them **62,891** (79.3%) have been released.

The figure below is showing the number of cases, individuals were in quarantine and in hospital isolation, 03 May – 21 September 2020, Bangladesh.

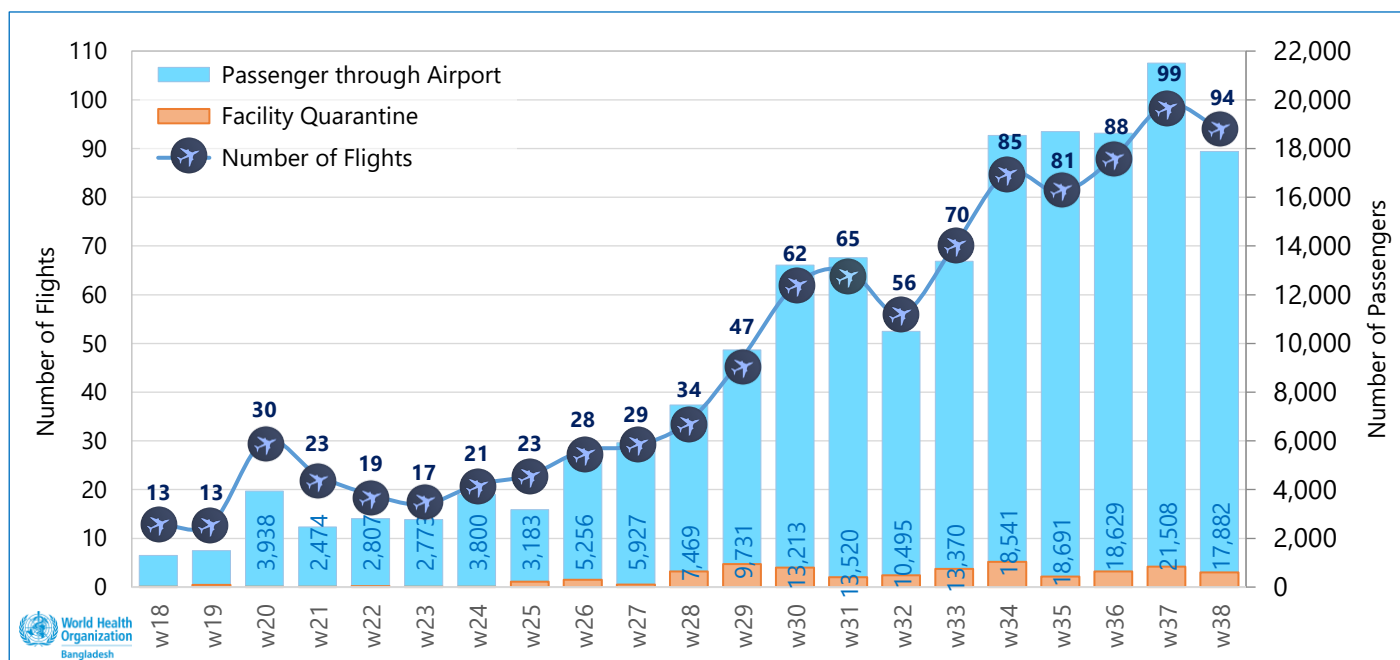


\*Data excluding Dhaka City

In the reported week (epidemiological week 38), the number of international flights has decreased by **5.1%**, in comparison to the previous week (**94** and **99** respectively) leading to the number of passengers decreased by **16.9%**

(17,882 and 21,508 respectively). In the reported week 596 individuals were sent to Institutional Quarantine after passenger screening at the Hazrat Shahjalal International Airport (HSIA).

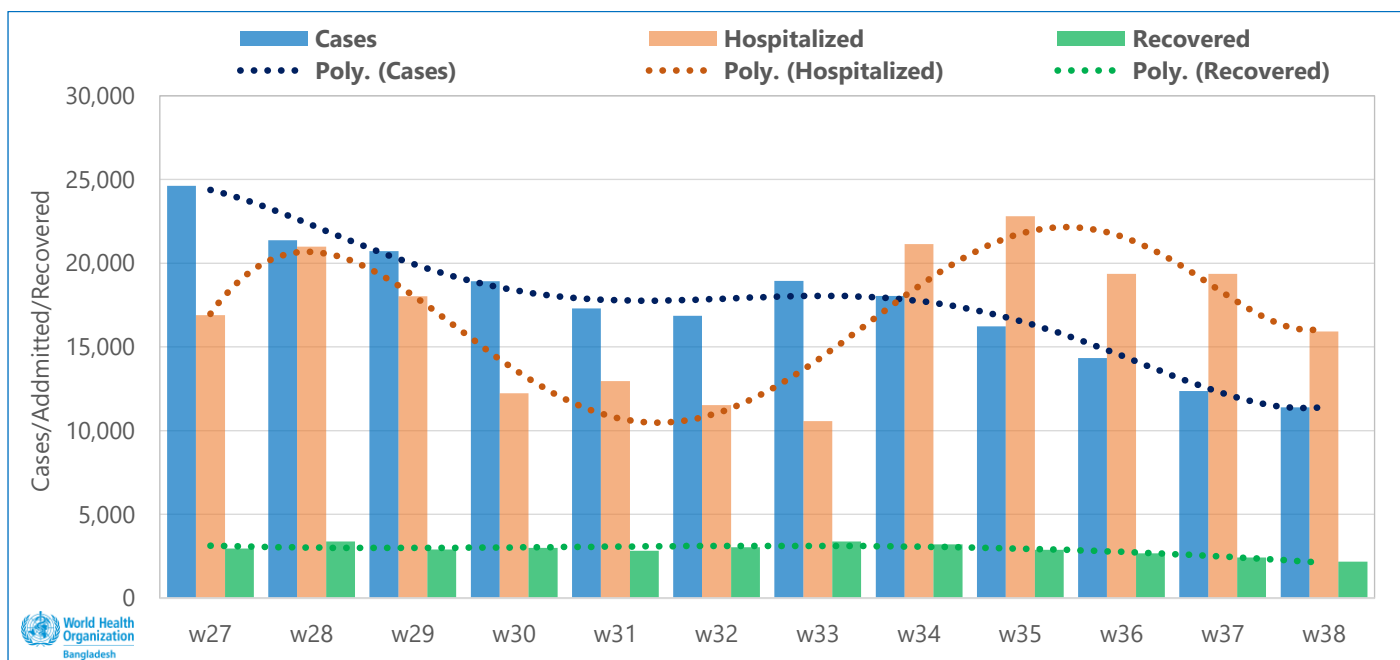
The figure below is showing the weekly incoming international flights and number arrived of passengers, 27 April – 21 September 2020, Bangladesh.



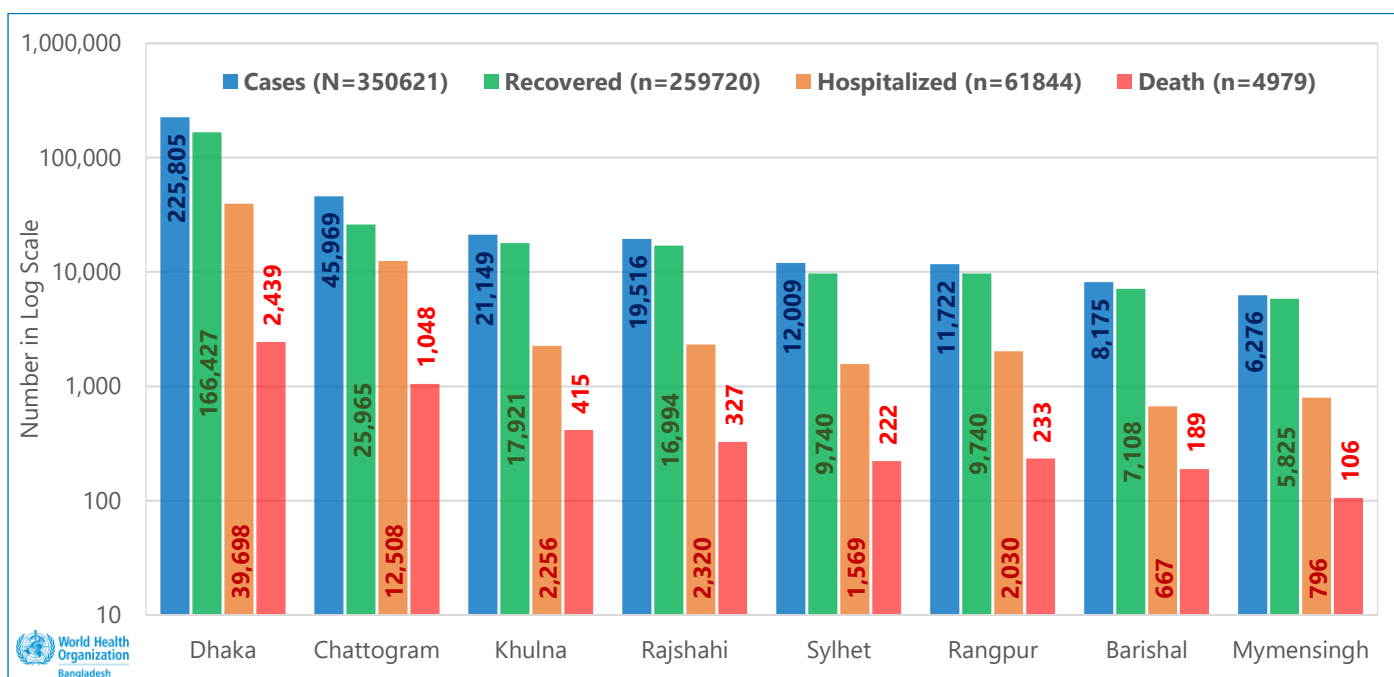
#### 4. Case Management and Infection Prevention & Control

According to DGHS, as of 21 September 2020, there are 13,618 general beds in the country of which 40% (5,450) in Dhaka city and 532 ICU of which 55% (292) in Dhaka city dedicated for COVID-19 treatment. Presently 21.1% of the general beds and 56.6% ICU are occupied all over the country.

The figure below is showing temporal comparison of Cases, Hospitalized cases and Recovered cases, 08 March – 21 September 2020, Bangladesh.



The figure below is showing geographical comparison of Cases, Hospitalized cases, Recovered cases and Deaths, 08 March – 21 September 2020, Bangladesh.



From infection prevention and control (IPC) and case management (CM) pillar a team from WHO will visit two hospitals in Dhaka city to observe the IPC and case management activities specially in COVID hospital. The international expert on IPC and Case management of WHO team planning to visit the hospital next week. Two workshops have been organized on 16 and 17 September in Dhaka by Directorate General of Health Services (DGHS) with WHO’s support which aimed to update current IPC practices and guidelines for health managers and physicians and discuss the opportunities for scaling up IPC practices in the context of COVID-19. Participants in the workshops identified challenges in implementing appropriate and efficient IPC actions in health facilities such as overload of patients and visitors’ control, shortage of cleaning staff, insufficient budget for IPC logistics or waste disposal management system, especially disposal of Personal Protective Equipment. WHO will conduct such advocacy workshops very shortly in 10 health institutes in Dhaka and in 15 district hospitals.

Under Humanitarian Relief for COVID19 Emergency Response **500** NASAL OXYGEN CANNULA, with prongs for adult, **500** NASAL OXYGEN CANNULA, with prongs for pediatric, **500** VENTURI MASK, with percent O2 Lock and tubing, adult, **500** VENTURI MASK, with percent O2 Lock and tubing, pediatric, **81** PATIENT MONITOR, (Edan iM60), with ECG are scheduled to be delivered to Bangladesh soon.

### 5. Risk Communication and Public Awareness

RCCE pillar, under DGHS and UNICEF coordination, developed the 4Ws Monitoring Matrix which has been used to provide key information for gap identification, effective resource management and better coordination among the partners. The matrix provides which organizations (**who**) are carrying out RCCE activities (**what**) in which locations (**where**) including their response period (**when**). The 4Ws matrix has enabled RCCE partners to update their 4Ws data and check through a real time visual dashboard on Google Drive what type of activities have been implemented by Topic, Dissemination Channel, Audience, and Language.

Starting from March 2020, data from **1,975** RCCE activities at the national level has been compiled in the 4Ws monitoring matrix with the support of **16** organizations. **68%** of the activities have been focused on prevention messages (e.g. social distancing, wearing masks) for raising awareness on COVID-19 and preventive measures. As COVID-19 has continued to spread in Bangladesh, the pandemic also amplified existing social needs and RCCE communication activities also targeted these aspects. Total **11%** of RCCE activities have been addressed to those secondary impacts of COVID-19, such as mental health, food security or domestic violence.

At the sub-national level, with the support of NGO network partners and their local-level NGOs, data from **327** activities have been collected from START network, Bangladesh Community Radio Association (BCRA), and Network for Information, Response and Preparedness Activities on Disasters (NIRAPAD). With the collected data, the 4Ws dashboard has been updated and shared on the shared drive.

4Ws Monitoring Matrix at national level can be accessed here:

[https://docs.google.com/spreadsheets/d/1Qtg\\_5BrkcDf\\_a5uQLTAE7FyhqJheWof\\_V8Wv5BtZaU/edit#gid=126815886](https://docs.google.com/spreadsheets/d/1Qtg_5BrkcDf_a5uQLTAE7FyhqJheWof_V8Wv5BtZaU/edit#gid=126815886)

4Ws Monitoring Matrix at sub-national level can be accessed here:

<https://docs.google.com/spreadsheets/d/1mYOxJaPFOSI8tANjtEqzbGVhfQOTvkEmSRS9z7CLN9Y/edit#gid=1897398528>

## 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>