Bangladesh experienced a surge in cases starting in early March, reaching a peak in early April 2021 which exceeded the previous high in new cases from the first wave in July 2020. The rise in cases coincided with increased hospital bed utilization and death rates, followed by initiation of nationwide movement and travel restrictions on 14 April. Cases and bed utilization have progressively declined since the early April peak. Recent virus sequences from Bangladesh indicate a rapid increase in the B.1.351 South African variant coinciding with the observed case and death rate increase, demonstrating the risk of rapid spread from newly emerging variants. Most recently, a new variant of concern, B.1.617, has been detected. Close monitoring of case rates, bed utilization, and new variants is essential considering the recent experience with the B.1.351 variant and the ongoing crisis in India. Considering limited vaccination coverage and vaccine availability, universal mask-wearing supported by physical distancing and hand washing were advised to mitigate spread and preserve hospital capacity, combined with rapid reinforcement of oxygen delivery and testing supplies. In response to the surge in cases, the DGHS convened a review of the Bangladesh Preparedness and Response Plan (BPRP) on 6 April. The plan was rapidly updated and now pending DGHS clearance, including a strategic prioritization based on the current epidemiological situation and a review of equipment and supply needed under the respective pillars was initiated.

**Surveillance and laboratory support**

- As of 30 April, 419 laboratories are active in testing for the detection of SARS-CoV-2 of which 123 are rRT-PCR, 34 GeneXpert, and 262 rapid antigen testing laboratories.
- A total of 58,409 individuals were quarantined in nationwide quarantine facilities and 120,196 individuals isolated in designated health facilities.
- On-site 4-day basic training on molecular diagnosis of COVID-19 has been provided to 34 rRT-PCR laboratories and hands-on 5-day RNA extraction training provided to 68 laboratory personnel from 28 government rRT-PCR laboratories by icddr,b under supervision of IEDCR as of 30 April.
- Lab Biosafety Expert Pool conducted 109 visits to government rRT-PCR laboratories for on-site monitoring, mentoring and troubleshooting with support from FAO.
- For quality assurance, 47 laboratories participated in the External Quality Assurance Programme coordinated by WHO and 42 laboratories scored 100%.

**COVID-19 Vaccination**

- COVID-19 vaccination was launched on 27 January with nationwide roll out from 7 February 2021. Due to vaccine availability constraints, official communication from Government instructed to temporarily withhold the first dose of vaccination starting from 26 April 2021.
- GAVI, in its official communication, regretted delay of COVAX supplies due to ongoing situation in India. 100,620 doses of Pfizer vaccine are expected to arrive by end of June via COVAX and 500,000 doses of Sinopharm vaccine by mid-May as donation from China. Sputnik V vaccine received approval from the Directorate General of Drug Administration for use in Bangladesh.

**Points of entry (POE) and quarantine**

- The Government of Bangladesh imposed a country-wide lockdown from 14 April amid the upsurge of the second wave of COVID-19.
- The IHR National Focal Point, Director of Disease Control & LD CDC held an emergency meeting with the Points of Entry (POE) stakeholders of three major land crossings (Jashore, Brahmanbaria and Lalmonirhat) to impose precautionary measures after situation drastically worsened in India.
- Health screening surveillance at PoEs is active in three international airports and two land crossings in the country with the support of WHO.
- Communicable Disease Control unit, DGHS conducted a consultative meeting to finalize ‘All Hazard Public Health Emergency Contingency Plan’ for the PoEs with the technical support of the IEDCR, IPH, IOM and WHO.

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**COVID-19 case management and infection prevention and control (IPC)**

- Government expanded COVID-dedicated beds in existing COVID-dedicated hospitals and established a new hospital, Dhaka North City Corporation COVID-19 Hospital, with facility of ICU beds.
- With funding via the World Bank loan to Bangladesh, UNICEF is supporting installation of liquid medical oxygen system in 30 facilities which includes tertiary hospitals of which two installations are complete.
- A real-time dashboard at DGHS was developed in collaboration with UNICEF to monitor daily case load, bed occupancy status, ICU and oxygen equipment status.
- USAID provided emergency training on COVID-19 Case Management and IPC at the newly established DNCC COVID-19 designated hospital and 140 doctors and nurses were trained in three batches.
- WHO provided master training on IPC to 66 physicians and nurses from eight divisions and supported development of IPC manual for community health workers, physicians and nursing staff at 15 district hospitals.

<table>
<thead>
<tr>
<th><strong>Contact tracing and mitigating community transmission</strong></th>
<th><strong>759,132</strong></th>
<th>Total confirmed cases&lt;sup&gt;4&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2,119,450</strong></td>
<td>Household visits&lt;sup&gt;5&lt;/sup&gt;</td>
<td>11,450</td>
</tr>
<tr>
<td><strong>280,000</strong></td>
<td>COVID-19 screenings</td>
<td><strong>12,365</strong></td>
</tr>
<tr>
<td><strong>67,000</strong></td>
<td>Suspected cases identified</td>
<td><strong>1,084</strong></td>
</tr>
</tbody>
</table>

**Risk communication and community engagement**

- The Community Support Team (CST) initiative continued operations in Dhaka North City Corporation and Dhaka South City Corporation through collaborative efforts of multiple partners including a2i, BRAC, FAO, UNFPA, UNICEF and icddr,b under the leadership of DGHS. CST activities in rural areas being implemented by Save the Children were also synchronized through national CST coordination structure.
- Existing programme components including identification of COVID-19 symptomatic individuals, promoting mask-wearing, supporting home-based management, hospital referrals, telemedicine support and vulnerability screening to identify high-risk population groups are being continued. Vaccination registration support and distribution of masks to household level have also been initiated.

<table>
<thead>
<tr>
<th><strong>Procurement, logistics and supply management</strong></th>
<th><strong>76,000,000</strong></th>
<th>People engaged through RCCE activities&lt;sup&gt;6&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2,229,040</strong></td>
<td>People reaching out through feedback mechanisms</td>
<td><strong>47,445</strong></td>
</tr>
<tr>
<td><strong>13,530,294</strong></td>
<td>PPE and related items procured</td>
<td><strong>11,450</strong></td>
</tr>
<tr>
<td><strong>2,442,492</strong></td>
<td>Diagnostics items procured</td>
<td><strong>1,084</strong></td>
</tr>
</tbody>
</table>

1. as of 30 April
2. as of 30 April
3. from 1 January- 30 April
4. as of 30 April
5. as of 30 April
6. as of 30 April
7. as of 30 April

The national COVID-19 response is supported by:

Monthly snapshot by: