On 10 April 2020, the Ministry of Public Administration issued a notification informing that the general holidays are declared on 15-16 April and 19-23 April 2020 (17-18 April and 24-25 April are weekends). It specified that these holidays are not to be considere red as regular holidays and that the following regulations are to be strictly adhered to during the holiday period: all residents should stay at home and go out only in case of essential need; legal actions will be taken for those going out after 6:00pm; movement between different locations will be restricted; Government officials at the division, district, upazila and union levels are to stay at their workstations.

On 12 April 2020, the Ministry of Foreign Affairs informed all Diplomatic Missions and Offices of the UN Agencies and International Organizations in Dhaka that all on-arrival visas remain suspended until 30 April 2020 for foreigners with valid visas arriving in Bangladesh from any coronavirus-affected country would be advised to remain under quarantine for two weeks after the arrival. Health officials at the entry points will decide whether arriving passengers will be self-quarantined or in government facilities. Those under self-quarantine would be monitored by law enforcement agencies for strict compliance. Diplomatic, official and Laissez-Passer holders posted in Bangladesh and their family members with valid visas will be exempt from the requirement to submit upon entry to the country a medical certificate (with English translation), obtained within 72 hours of travel, indicating that he/she does not have any symptoms of COVID-19. The diplomatic missions are requested to ensure self-quarantine if their diplomats/employees travel to Bangladesh from any COVID-19 affected country. Foreign nationals with valid visas staying in Bangladesh will have the option of extension of their existing visas by 3 (three) months.

As of 13 April 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR), there are 803 confirmed COVID-19 cases in Bangladesh, including 42 patients who have recovered and 39 related deaths; Case Fatality Rate (CFR) is 4.86%.

---

1 WHO Bangladesh COVID-19 Situation Reports present official counts of confirmed COVID-19 as announced by the IEDCR on the indicated date. Difference in data between the WHO reports and other sources can result from using different cutoff times for the aggregation and reporting of the total number of new cases in the country.
1. Coordination

On 08 April 2020, the Bangladesh Multisectoral Action Plan for COVID-19 was shared with the Secretary of Economic Relations Divisions of the Government of Bangladesh. The Multisectoral Action Plan for COVID-19 is a comprehensive plan for the international community, including the UN and its partners, to support MOHFW through the Health Emergency Response, the Humanitarian response, and post-pandemic socio-economic recovery assistance.

Further to the 5 April meeting, members of the Development Partners consortium expressed their respective interest in the area(s) under the three health-related pillars of the Country Preparedness and Response Plan (CPRP); some partners also indicated their interest to provide financial support for specific activities under the CPRP. At the same time, UN agencies are also conducting the funds re-programming to support for the CPRP.

A new voluntary organization “Doctors for COVID-19 Solution Bangladesh” was formed bringing together more than 30 specialist physicians from different government and non-government institutes. The organization will work to help with easing the hospital admission by regular monitoring and specialist suggestions and following proper referral system.

As of 12 April 2020, the following donors have generously provided their support to WHO for COVID-19 response in Bangladesh (excluding Cox’s Bazar), in alphabetical order: BMGF: USD 300,000; DFID: GBP 4.4million and USD 250,000; ECHO: USD 2.7million; and USAID USD700,000. The mobilized resources align with the priority activities of the National Preparedness and Response Plan.

2. Surveillance and Laboratory

Between 8 March and 12 April 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were six-hundred-twenty-one (621) COVID-19 confirmed by rt-PCR, including thirteen (34) related deaths cases (CFR 05.48%). Males represented 70% (434/621) of all reported cases.

As of 12 April 2020, among the 621COVID-19 reported cases, 88.2% (548/621) are currently under treatment, 6.3% (39) were cured and 5.5% (34) died.

The figure below is showing the outcome of the reported confirmed COVID-19 cases, 08 March -12 April 2020, Bangladesh.

Sixty (60%) (380/621) of all COVID-19 confirmed cases were between 21 and 50 years old, followed by 28% (178) of the age group 51 years and above, while the age group of less than 20 years represented only 10% (63) of all reported cases.
The figure below is showing the age distribution of reported confirmed COVID-19 cases, 08 March – 12 April 2020, Bangladesh.

On 12 April 2020, Bangladesh reported so far the highest number of cases since 8 March 2020. The figure below is showing the daily distribution of COVID-19 confirmed cases, 08 March – 12 April 2020, Bangladesh.

A notably increasing number of daily confirmed cases since 5 April 2020 can be due to a wider collection of samples the expansion of the COVID-19 testing capacity from 1 to 16 laboratories, and the ongoing vigorous case finding activities.
Dhaka remains the area of the highest concentration of the reported COVID-19 cases. As of 12 April, 88% (529/621) of all confirmed cases were reported from Dhaka Division, followed by Cartogram division 6% (35/621), Rangpur division 3% (15/621), Mymensingh division 2.5% (14/621), Barisal division (7/621) and the remaining 0.5% (1/621) were reported from Khulna division.

In Dhaka division, Dhaka city reported 59% of the total for the division (313/529) followed by Narayanganj 20% (107), Gazipur 4% (23), Dhaka district 4% (22), Madaripur 4% (19), Munshigonj 3% (14) Kishoreganj 2% (10), the remaining 4% (21) were reported from Rajbari (6), Manikganj (5) Narshingdi (4), Gopalganj (3), Tangail (2) and Shariatpur (1).

In Chattogram division, Chattogram City reported 34% of the total for the division (12/35), followed by Cumilla 26% (9), B. Baria 16% (6), Cox’s bazar 3% (1) and Laksmipur 3% (1).

The map is showing the distribution of COVID-19 cases, by district within Dhaka division, 08 March – 12 April 2020, Bangladesh.

Up to 12 April 2020, a total of 9,653 COVID-19 samples were collected from 8 divisions in Bangladesh. Of these 55% (5,352/9,653) samples were collected between 7-12 April 2020.

The figure below is showing the number of daily collected samples by division 07-12 April 2020, Bangladesh

Currently, 16 laboratories are testing specimens for COVID-19. Two (2) additional labs, which have started the testing in the last week are Khulna Medical College, Khulna and Sylhet Medical College, Sylhet. At of 12 April, Barishal division is sending all collected samples to ideSHi and Dhaka City Corporation (IEDCR).
MOHFW designated labs in Dhaka to receive samples from districts under Dhaka division: Narayanganj, Narsingdi and Munshiganj districts will send samples to IPH; Faridpur, Madaripur, Gopalganj, Shariatpur & Rajbari - to icddr,b; Gazipur, Manikganj and Tangail to NILMRC.

By 12 April, out of total 9,653 tested samples 26% (2,518) were tested by laboratories outside Dhaka city. In the last 24 hours of the reporting date, a total of 1,340 samples were tested all over the country and out of them 33% (446) were from outside Dhaka.

The current COVID-19 test rate in Bangladesh is **8.3/100,000 population** (increased from **2.39/100,000** in comparison with the test rate of 5 April 2020).

To further expand the COVID-19 testing, the MOHFW has identified 11 more labs, of which five (5) are within Dhaka (Kurmitola General Hospital, Sir Solimullah Medical College, Shohid Sohrawardy Medical College, Mugda Medical College & Sheikh Rasel Gastroliver Institute) and 6 out of Dhaka (Chattogram Medical College, Chattogram; Cumilla Medical College, Cumilla; Faridpur Medical College, Faridpur; M Abdur Rahim Medical Colleger, Dinajpur; Shohid Ziaur Rahman Medical College, Bogura).

The MOHFW has instructed the Civil Surgeon at each district to arrange two (2) vehicles for sample collection and one (1) vehicle (micro-bus) for patient transfer. Shortages of swab kits, VTM and PPEs for specimen collection and transportation remain a serious challenge, especially with the expansion of sample collection across the country.

USAID is planning to train newly established COVID-19 laboratory personnel on PCR, prioritizing Rangpur and Dhaka. USAID also exploring possibilities to train medical technologist lab and medical technologist EPI in ensuring quality sample collection.

### 3. Contact Tracing, Points of Entry (PoEs) and Quarantine

Between 17 March to 12 April 2020, 76,261 individuals were placed under home quarantine all the over the county, out of them **79%** (60,355) have been already released.

*The below figure is showing daily number of quarantine and released individuals, 17 March-06 April 2020, Bangladesh.*
The DGHS and IOM, under the POE pillar and in line with the implementation of the Strengthening Points of Entry for COVID-19 Response Capacity in Bangladesh, conducted a rapid assessment of the Hazrat Shahjalal International Airport (HSIA) Dhaka and identified necessary immediate and long-term actions. The immediate activities were identified, including: training on Standard Operating Procedures (SOP) for front-line Border officials at the Point of Entry (PoE) in response to COVID-19 outbreak; providing IPC material; providing enough PPEs and ensuring the proper disinfection of HSIA ambulance after transporting suspected COVID-19 cases from the airport to dedicated isolation centres.

Advocacy is still going on with DGHS to install the GoData software: WHO HQ and Country Office in Bangladesh provided the DGHS with the package to install the software in the DGHS server and its mobile application for staff for COVID-19 contact tracing at a district level.

As of 12 April, there are 7,693 COVID-19 isolation beds in Bangladesh, of them **29%** (2,2247/7,693) are in Dhaka division, **16%** (1,200) in Rajshahi, **13%** (1030) in Mymensingh.

*The figure below is showing the number of COVID-19 isolation beds per division, 12 April 2020, Bangladesh*

Screening of passengers in the Points of Entry is going on, *the table below is showing the number of screened passengers in different PoEs in Bangladesh as of 12 April 2020.*

<table>
<thead>
<tr>
<th>Airport/Seaport/Land port and rail station</th>
<th>Last 24 hours</th>
<th>Total till date</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Airport</td>
<td>00</td>
<td>322,502</td>
</tr>
<tr>
<td>Seaport</td>
<td>233</td>
<td>13,160</td>
</tr>
<tr>
<td>Land ports</td>
<td>76</td>
<td>326,955</td>
</tr>
<tr>
<td>Cantonment Rail Station</td>
<td>00</td>
<td>7,029</td>
</tr>
<tr>
<td>Total number of screened passengers</td>
<td>309</td>
<td>669,646</td>
</tr>
</tbody>
</table>
4. Case Management and infection Control

The DGHS continues video trainings in COVID-19 hospital management and hospital infection prevention and control; the trainings are conducted individually for each division and its districts. As of 12 April, 3,085 physicians and 1,054 nurses received the training.

In addition of COVID-19 dedicated treatment facilities in Karmitula and General hospitals, seven (7) additional health facilities were added: five (5) Governmental hospitals and three (3) non-governmental with no fee.

The table is listing the names of the new dedicated hospitals as of 12 April 2020, Bangladesh.

<table>
<thead>
<tr>
<th>Government Health Facility</th>
<th>Non-Government (without fee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh Kuit Maitry Hospital</td>
<td>Sajida Foundation</td>
</tr>
<tr>
<td>Sheikh Rasel Gastlyliver Hospital</td>
<td>Reagent Hospital Uttara</td>
</tr>
<tr>
<td>Rail way Hospital</td>
<td>Reagent Hospital Mirpur</td>
</tr>
<tr>
<td>Mahanagar hospital</td>
<td></td>
</tr>
<tr>
<td>Lalkuty hospital</td>
<td></td>
</tr>
</tbody>
</table>

The Private Medical College Association announced that six (6) Medical Colleges out of Dhaka have been prepared to treat the COVID-19; 24 ICU beds of Anwar Khan Modern Medical College Hospital of Dhaka can be used in COVID-19 treatment if necessary. 69 Private Medical College Hospitals are continuing treatment for the general patients.

Currently enough PPE is ensured in the pipeline, but quality is under investigation. Oxygen Supply status was assessed at a district level: there are only 5 cylinders are available in each Upazila, which is not enough and should be at least 10 per Upazila.

An updated version of the national COVID-19 Case Management Guidelines will be released as the Case Management Committee was asked to review the use of Hydroxychloroquine in COVID-19 treatment and as a prophylactic.

The DGHS conducted a training on dead body burial for religious leaders (imams) and members of Islamic foundation. Around 2,770 people attended the training through TC. Another session is planned in the near future.

WHO shared with the MOHFW the information on the WHO Solidarity clinical trial for COVID-19 treatment options and WHO medical product alert on falsified Chloroquine. WHO continues raising awareness on the risks of falsified medicines in the local market.

5. Risk Communications and Public Awareness

WHO engages with Risk Communication and Community Engagement working group offering technical guidance and ensuring the fact check of the developed materials.

Advice on wearing homemade cloth masks for general public has been released, in accordance with WHO guidelines and Government provisions. While general healthy public is encouraged to wear homemade cloth masks, medical PPE are prioritized for health workers.

Materials have been published on WHO Country Office website and distributed through social media and other online communication channels of UN and development partners, as well as WHO regional social media channels.
Useful COVID-19 links:


For timely, accurate, and easy-to-understand advice and information on COVID-19 for different types of audiences (e.g. individuals and communities, health sector, employers and workers, faith-based organizations and faith leaders, etc): [https://www.who.int/teams/risk-communication](https://www.who.int/teams/risk-communication)


