<table>
<thead>
<tr>
<th>Tested</th>
<th>Confirmed Cases</th>
<th>Recovered</th>
<th>Dead</th>
<th>Hotline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,644,724</td>
<td>327,359</td>
<td>224,573</td>
<td>4,516</td>
<td>20 million</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test/1 million</th>
<th>New Cases</th>
<th>Recovery Rate</th>
<th>IFR%</th>
<th>AR/1 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,657</td>
<td>2,202</td>
<td>68.6%</td>
<td>1.38</td>
<td>1,922</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratories</th>
<th>PPE Stock</th>
<th>PoE Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>93 COVID-19 Labs</td>
<td>1,055,936</td>
<td>487,970</td>
</tr>
<tr>
<td>94,521 Samples</td>
<td>3,356,859</td>
<td>36,478</td>
</tr>
</tbody>
</table>

- **59.8%** Inside Dhaka Tests
- **19.9%** Positive Tests

Photo Credit: Social Media, Bangladesh
1. Coordination

On 02 September, WHO published a living document on drug treatment titled ‘Corticosteroids for COVID-19’. The document reveals the role of systemic corticosteroids in the treatment of patients with COVID-19. The target audience consists primarily of clinicians, and, secondarily, health care decision-makers. This guideline reflects an innovation from the WHO, driven by an urgent need for global collaboration to provide trustworthy and living COVID-19 guidance informing policy and practice worldwide during an outbreak of an emerging infectious disease, such as COVID-19 pandemic. Full document: https://apps.who.int/iris/rest/bitstreams/1299344/retrieve

On 04 September, WHO published an interim guidance on dead body management titled ‘Infection prevention and control for the safe management of a dead body in the context of COVID-19’. This interim guidance is designed for individuals who tend to the bodies of persons who have died of suspected or confirmed coronavirus disease 2019 (COVID-19). Potential users include managers of health-care facilities and mortuaries, as well as religious leaders and public health authorities. Moreover, this document provides guidance for the management of the dead in the context of COVID-19 in low, middle- and high-income settings. Topics included in this document are: Key considerations, Preparing and packing the body, Autopsy requirements, Advice for mortuary care/funeral home, Environmental cleaning, Burial or cremation, and Burial by family members. Full document: https://apps.who.int/iris/rest/bitstreams/1300088/retrieve

2. Surveillance and Laboratories

Between 9 March and 07 September 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) there were three hundred twenty-seven thousand three hundred fifty-nine (327,359) COVID-19 confirmed by rRT-PCR, including four thousand five hundred sixteen (4,516) related deaths (IFR 1.38%)1.

The figure below is showing daily distribution of reported COVID-19 confirmed cases and deaths, 08 March – 07 September 2020, Bangladesh.

In the reported week (epidemiological week 36), in comparison to the previous epidemiological week, the number of new weekly COVID-19 cases decreased by 11.6% (14,335 in week 36 and 16,224 in the previous week) while, the number of COVID-19 new weekly deaths decreased by 24.8% (231 and 307 respectively), leading the IFR a little increase from 1.37% in epidemiological week 35 to 1.38% in the current week but the Case Fatality Ratio (CFR) decreased from 2.06 last week to 1.97 in the current week.

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1 IFR refers to ‘Infection Fatality Ratio’ which can describe the true severity of a disease. 
The figure below is showing the weekly distribution of reported confirmed COVID-19 cases and deaths, 08 March – 07 September 2020, Bangladesh.

Out of the total 327,359 COVID-19 cases registered as of 07 September 2020, 68.6% (224,573) - recovered, 1.38% (4,516) - died and 30.02% (98,270) are active cases.

The figure below is showing active vs recovered confirmed COVID-19 cases outcomes per epidemiological week, 08 March – 07 September 2020, Bangladesh.

In the epidemiological week 36, the number of COVID-19 active cases decreased by 5.0%, in comparison to the previous week (99,407 and 104,667) and at the same time, the number of recovered COVID-19 cases increased by 15.1% (19,368 and 22,816 respectively).

As of 07 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
(31.2%) was reported in the age group of 61 to 70 years old, 27.2% in the older age group of 71 and above and 23.5% - 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 figure below is showing age-sex distribution of the reported confirmed COVID-19 cases and deaths, 07 September 2020, Bangladesh.

The figure below is showing the weekly reported confirmed COVID-19 cases, 13 April – 07 September 2020, Bangladesh.

As of 07 September 2020, 63.9% of reported cases were from Dhaka division, 13.4% from Chattogram, Khulna 6.1%, Rajshahi 5.6%, Sylhet and Rangpur 3.4%, Barishal 2.4% and the lowest 1.8% from - Mymensingh division. While, 45.8% of reported death were from Dhaka division, 22.5% from Chattogram, Khulna 9.0%, Rajshahi 6.7%, Rangpur 5.2%, Sylhet 4.6%, Barishal 4.1% and the lowest 2.1% from - Mymensingh division.
The figure below is showing the weekly reported confirmed COVID-19 deaths, 13 April – 07 September 2020, Bangladesh.

On 07 September 2020, Bangladesh overall attack rate (AR) is 1,922 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 36), COVID-19 weekly AR increased by 4.6% in comparison to the previous week (1,909 and 1,825 respectively).

The figure below is showing the daily increase in COVID-19 overall attack rate (AR) per 1,000,000, 08 March – 07 September 2020, Bangladesh.

According to the available data as on 07 September 2020, the highest AR continues to be observed in the Dhaka division Dhaka (4,857/1,000,000). Within the Dhaka division, Dhaka city has the highest AR (19,976/1,000,000) followed by Faridpur (2,847), Rajbari (2,269), Munshiganj (1,920), Narayanganj (1,862), Gopalganj (1,736), Gazipur (1,275), Shariatpur (1,159), Madaripur (1,017), Narsingdi (821), Dhaka-District (797), Manikganj (785), Kishoreganj (752) and the lowest AR 657 was reported from Tangail district.
The 2nd highest COVID-19 AR is reported from Chattogram division (1,305/1,000,000). Within the division, Chattogram district reported Noakhali the highest AR (1,945/1,000,000) followed by Cox’s Bazar (1,543), Bandarban (1538), Rangamati (1,205), Cumilla (1,095), Lakshmipur (986), Khagrachhari (890), Chandpur (757) and the lowest AR 702 was reported from Brahmanbaria district.

The 3rd highest AR in the country was reported from Khulna division (1,071/1,000,000) while the highest AR district is Khulna (2,124/1,000,000) followed by Narail (1,447), Kushtia (1249), Jashore (1074), Chuadanga (975), Jhenaidah (832), Magura (785), Meherpur (718), Bagerhat (519) and the lowest AR 453 was reported from Satkhira district.

Sylhet division has taken the fourth highest in the overall AR with (947/1,000,000) with the highest AR in Sylhet district (1446/1,000,000) followed by Sunamganj (722), Maulvibazar (680) and the lowest 640 in Habiganj district.

Rajshahi division has overall AR 844/1,000,000 with the highest AR in Bogura district (1732/1,000,000), followed by Rajshahi (1518), Joypurhat (907), Sirajganj (547), Natore (458), Naogaon (384), Chapainawabganj (361) and Pabna district is the lowest at 350/1,000,000.

In Barishal division the overall AR is 801/1,000,000 with the highest AR in Barishal district (1208/1,000,000), while Barguna (828), Jhalokathi (813), Pirojpur (772), Patuakhali (740) and the lowest AR 319 was reported from in Bhol district.

In Rangpur division the overall AR is 589/1,000,000 with the highest AR in Dinajpur district (907/1,000,000), while Rangpur (760), Thakurgaon (629), Lalmonirhat (520), Nilphamari (450), Panchagarh (441), Gaibandha (379) and the lowest AR 339 was reported from Kurigram district.

The lowest AR is reported from Mymensingh division (460/1,000,000). Mymensingh district having the highest AR of 573/1,000,000 followed by Jamalpur (511), Sherpur (269) and the lowest 265 in Netrakona district.

*The figure below is showing the progression of Arrack Rate (per million) by divisions, 08 March – 07 September 2020, Bangladesh.*

As of 07 September 2020, according to the IEDCR, 1,644,724 COVID-19 tests with the overall positivity rate of 19.9% (14.3% in last 24 hours) were conducted in Bangladesh by 93 laboratories: 54 laboratories (58.1%) in Dhaka city and 39 laboratories (41.9%) outside Dhaka. Tangail Chest Disease Hospital, a government institution has started testing this week. 59.8% (983,498/1,644,724) of all samples were tested by laboratories in the Dhaka city.
The graph below is showing the comparison between the average number of samples tested and average number of confirmed COVID-19 cases, 08 March – 07 September 2020, Bangladesh.

3. Point of Entry (PoE) and Quarantine

According to DGHS, as of 09 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 31,255 individuals were placed in quarantine facilities and of them 26,247 (84.0%) have been already released. Over the same period, total of 74,770 individuals were isolated in designated health facilities and of them 55,599 (74.4%) have been released.

The figure below is showing the number of individuals in hospital isolation and released, 04 May – 07 September 2020, Bangladesh.

In the reported week (epidemiological week 36), the number of international flights has increased by 4.9%, in comparison to the previous week (85 and 81 respectively) while the number of passengers decreased a little by 0.3%
(18,634 and 18,691 respectively). In the reported week 647 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 – 07 September 2020, Bangladesh.

4. Case Management and Infection Prevention & Control

According to DGHS, as of 07 September 2020, there are 14,474 general beds of which 43% (6,266) in Dhaka city and 550 ICU of which 56% (307) in Dhaka city dedicated for COVID-19 treatment. Presently 24.6% general beds and 56.4% ICU all over the country are occupied.

The figure below is showing geographical comparison of Cases, Hospitalized cases, Recovered cases and Deaths, 08 March – 07 September 2020, Bangladesh.
During the reported week, a significant activity coordinated by WHO was distribution **200 Oxygen concentrators** to **17 district hospitals** based on the needs identified through recent health facility assessment. To strengthen the case management a proposal for ICU ventilator, HFNC and BIPAP machines has been prioritized by DGHS and the most suitable types of equipment will be confirmed after consultation with end users. USAID mentioned to provide **100 ventilators**. To streamline the pillar coordination with government counterpart a regular meeting will be held with government counterpart and one representative from WHO, UNICEF, UNFPA, USAID, DFID, WB, FAO will participate in person in the meeting lead by Director Hospital and CDC. An assessment at national level conducted by USAID supported project on infection prevention assessment tool 2 (WHO tool) disseminated for validation of the findings.

5. **Risk Communication and Public Awareness**

RCCE partners under DGHS and UNICEF coordination continue to amplify the Public Service Announcements on mask warning and mask manufacturing as well as the video on the overall protection measures. Till present the three public service announcements have garnered a total of nearly 15 million views on Facebook.

In an effort to further bolster pro-mask usage behavior, UNICEF and other RCCE partners joined WHO campaign **#WearAMask** and coopted child influencers, adolescent club members, actors, sports stars, and children and adolescents which contributed with photos and videos of themselves wearing masks. In only 11 days, the campaign has garnered over **30 million** impressions.

RCCE partners continue to monitor and address online rumors and misinformation, among which the most common are inaccurate news that downplays the risk of COVID-19 as well as content that spreads fear and panic. Besides rumors and misinformation, a significant and difficult to address trend in social media is negative engagement in the comments sections of accurate information channels. Additionally, another very relevant trend in social media is that people publicizing non-essential activities- social gatherings, public or private events etc. all without any health precautions being taken, and this is an even bigger challenge than misinformation as it has the potential to further set social trends and norms. In countering misinformation and negative trends, RCCE partners continue to produce and disseminate accurate, timely information, based on the most recent evidence, for effectively informing individuals and communities on prevention measures as well as other relevant aspects of COVID-19.

6. **Useful links for more information**

- COVID-19 Situation in the WHO South-East Asia Region: [https://experience.arcgis.com/experience/56d2642cb379485ebf78371e744b8c6a](https://experience.arcgis.com/experience/56d2642cb379485ebf78371e744b8c6a)
- COVID-19 WHO Online Training modules: [https://openwho.org/channels/covid-19](https://openwho.org/channels/covid-19)

Contact: **Dr Bardan Jung Rana**, WHO Representative to Bangladesh, ranab@who.int
Hasan Mohiuddin Ahmed, NPO-Surveillance & Public Health Informatics, WHO-BAN, ahmedha@who.int