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Glimpse on the Second wave of COVID-19: A Situational Analysis of Bangladesh

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Abstract

The fatal COVID-19 has engulfed 220 countries globally. Up to 26 May 2021, 7,93,693 confirmed cases and 12458 deaths were reported in Bangladesh, whereas globally it counted 16,74,92,769 cases and 34,82,907 deaths. The beleaguered healthcare system has conducted 58,71,353PCR tests since 8 March 2020, and ranked Bangladesh as 33rd position in world. This paper sketched out overall scenario as a narrative including the impact on health system, economics and response from government to tackle the pandemic. It gathered secondary data from sources including journals, newspapers, and government info site to retrieve current information. Although the government took measures such as lockdown, social distancing, quarantine, and isolation from initial stage, misconceptions on vaccination, personal health hygiene, and lack of public responses are retributive to the robust COVID-19 surge. To mitigate the lethal impact of COVID-19, the government needs to expand its vaccination programs and improve health care system.

Key words: COVID 19, Lockdown, Quarantine, Isolation, PCR, and social distancing.

Introduction

In November 2019, the first case of Covid-19 was detected in China's Wuhan province. On the 31st of December 2019, 27 cases of pneumonia with an unknown etiology were recorded there. The novel coronavirus SARS-CoV-2 was officially identified as the cause of the COVID-19, on 9 January 2020ⁱ. On March 11, 2020, the World Health Organization (WHO) declared Covid-19 a global pandemic and public health emergencyⁱⁱ. The US, India, Brazil, Mexico, France, Turkey, UK, and Russia have all been seriously affected by this infectious disease.

The COVID-19 has had a poignant impact on the citizens of more than 220 countries (Worlometer, 2021). The COVID-19 globally counted 168,599,045 cases and 3,507,477 deaths up to 26 May 2021 (WHO, 26 May). This ongoing pandemic has wreaked havoc on many countries' socioeconomic sectors, with the frontline health care system bearing the brunt of the pandemic's effects (Buheji, 2020).

Developing countries have to compensate vividly if no effective measures are taken, overwhelmed with their vulnerable socio-economic, and health sectors (Vaziralli, 2020; An, & Tang, 2020). To combat the COVID-19 outbreak, several countries had to announce prolonged lockdown periods. Countries must implement new knowledge, attitudes, and practices to combat the pandemic. Bangladesh, like other South Asian countries, has been hit particularly hard by the global pandemic. The first case was identified in Bangladesh on March 08, 2020 (Somoynews, 2020). Many experts assumed that the virus had already infected the country but had gone undetected due to a lack of surveillance. Bangladesh recorded its first death from Covid on March 18, 2020. Following the first wave of Covid, the government had declared a "General Holiday" in the guise of lockdown from March 26, 2020, which had been extended to May 30, 2020, to curb the spread of the pandemic (Bodrud-Doza et al 2020). But, likewise the other densely populated country Bangladesh could not escape from the myriads impacts of the pandemic and become the 33rd worst COVID-19-affected nationⁱⁱⁱ. Moreover, Bangladesh is challenged with poverty, hunger, calamities, vulnerable groups and the Covid-19 spread was mostly uncontrollable (Rahman et al, 2021). As the situation was going out of hand in the second wave of pandemic, the government had called a complete strict lockdown from April 14 till today as of 08 May 8, 2021, which is continuing till 30 May 2021 (The Daily Star, 9 April 2021).

Disappointingly, People are found ignoring the restriction and COVID-19 precautions include wearing a mask and avoiding crowded places, though widely publicized via various mass and social media outlets.

Objective

This paper aimed to assess the COVID-19's impact and response among the mainstream people both at the community and institutional level. One of the most important aspects of this response has been public knowledge with appropriate stimuli to required categories. This study aimed to assess it as well. By evaluating the level of response among Bangladesh's general population, the results of this study will aid political, social, and NGOs in considering the scope of vulnerable groups for COVID-19.

Methods

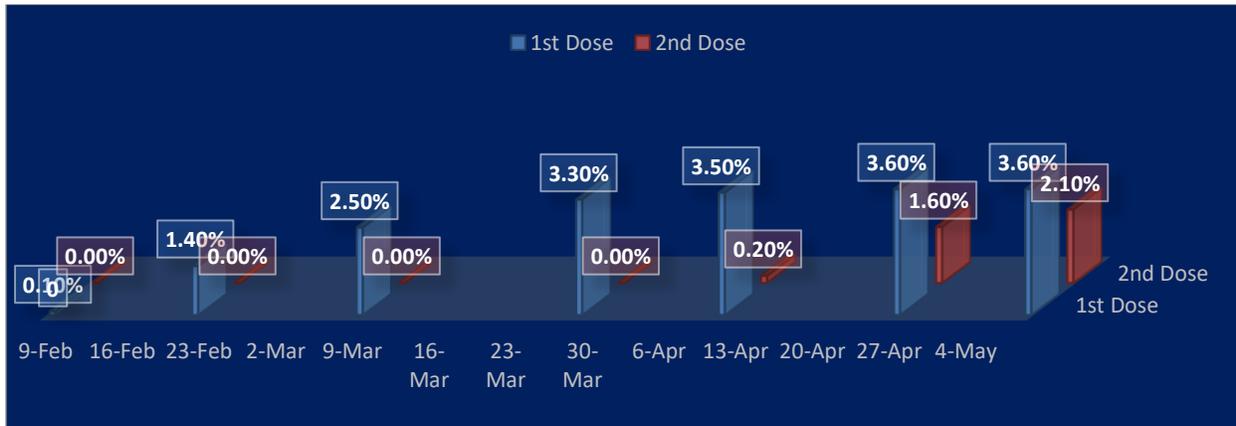
Primarily qualitative desk research, and the observation method was implemented for this study. As a result, no data from any particular study field has been gathered for this inquiry. Rather, it is based on secondary sources of data to investigate its objective. It gathers secondary data from a variety of journals, books, newspapers, blogs, and different public domains. This article makes no use of statistical packages for social sciences. The COVID-19 situation in Bangladesh has been presented first, followed by the government of Bangladesh's health policy initiatives to fight COVID. The effects of COVID-19 on the country's public health have been also discussed.

Results and Discussion

Vaccination program and situation of COVID-19 in Bangladesh:

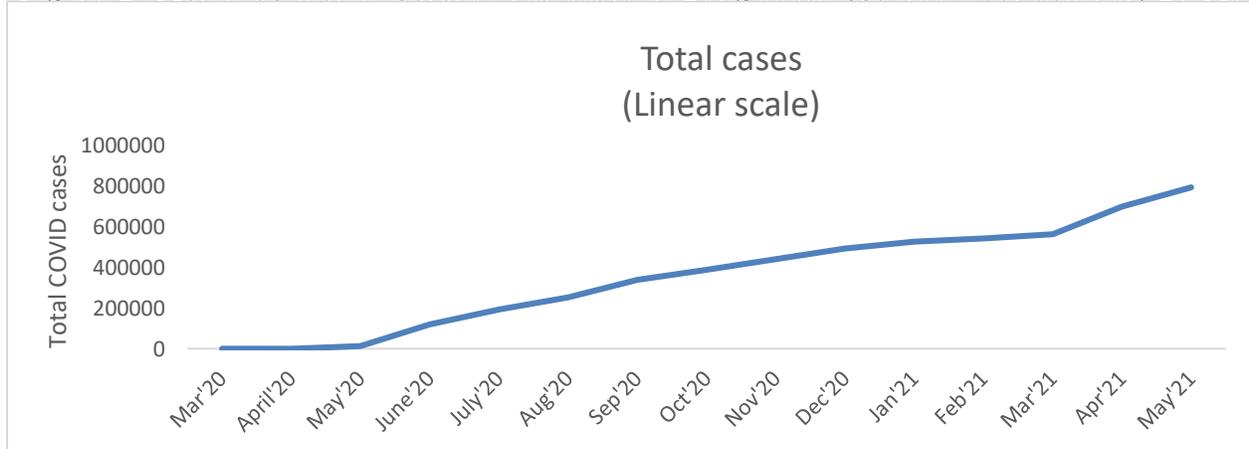
In Bangladesh, Covid-19 infections are declining, with 1,668 new infections recorded on average per day. That's a quarter of what it was on April 9th, when the highest daily average was recorded. Bangladesh first began its immunization drive-by administering the first dose of Covishield – Oxford AstraZeneca, to a catholic nurse^{iv}. On February 8, Bangladesh administered the first doses of vaccine to 31,160 people and had a primary target of 70 lakh people to vaccinate, and as of March 4, it had achieved 51.15 percent of that goal (Sujan, 2021), and as of 23 May 2021 total 9,641,312 vaccine doses have been administered so far (WHO, 23 May).

Figure 1: Vaccinated with at least one dose and two dose (COVID-19 Coronavirus disease statistics, 9 May 2021)



With the recorded surge of daily COVID cases at 96 deaths, on April 14 Bangladesh imposed a second round of “Relaxed lockdown”^v. The anxiety rises with the prevalence of 81% South Africa variant in Bangladesh, followed by the threat of Indian variant. There is a correlation between the rising COVID-19 cases in India and deteriorated availability of vaccines and more variants in Bangladesh. Although, just 10.4 percent of two doses of the ChAdOx1 vaccine were found to be effective against mild-to-moderate infections caused by the B.1.351 South Africa variant (Haseltine, 2021).

Figure 2: Month by month Coronavirus cases in Bangladesh (Source: Worldometer, 23 May 2021)



Public Awareness raising campaigns

The government has started a vaccination awareness campaign from 22 January 2021. And, has purchased three crore doses of the Oxford-AstraZeneca coronavirus vaccine from India. And also gifted with 20 lakhs of the vaccine doses from India (Molla, 22 January 2021). However,

awareness among general people who are primarily labors, garments workers and with low income are less and has lower interest to follow the government instruction like wearing mask, maintaining social distance, and keep isolation while infected. Though the government issues strict public order to maintain social distance in mosque, temple or other religious places, avoid public gathering during travelling or using public transport, the ignorance from public has been noticed during the last two Eid festivals, which ultimately increases the COVID infection cases in last few weeks. Therefore, socially prominent persons can play a vital role to mobilize general awareness-raising.

Responses of Bangladesh to Tackle Covid-19

To quickly curb the virus's spread, the Bangladesh government adopted public health protocols. Social distancing, hand washing, and lockout procedures were all part of this protocol. Fear, stigma, and social division had arisen as a result of these events. Bangladesh had never seen a pandemic before, as it had never seen epidemics like SARS or MERS since its independence, but appeared as a good-on-paper strategy but hard to be properly implemented within the constraint capacity of geography and income level. In Asia, despite expanding testing of suspected Covid-19 patients, Bangladesh has the second-lowest testing rate (Nabi, 2020). The government purchased a few thermal scanners, but most of them invalid quickly. Thus, a mandatory temperature check has been halted. Furthermore, institutional quarantine for reported cases began far later than anticipated (Islam, & Siddika, 2020). Returning expatriate workers from Italy, the worst victim of COVID-19 was (18%), and from Saudi Arabia was (17%) the 2nd worst victim. The rest of the participants were from different countries. Due to COVID-19, 58 percent of them returned home in fear, and quarantine, isolation, and social distance were violated for a period of 14 days (Kazi, 2020). At the start of the COVID-19 emergency in March 2020, the Government of Bangladesh began testing at the IEDCR using only one Real-Time Reverse transcription-polymerase Chain Reaction (rRT-PCR) laboratory, which detects specific sequences of virus Ribonucleic Acid (RNA) by Nucleic Acid Application Test (NAAT) (WHO, 30 March 2021).

Despite the meager tests in Dhaka and (PPE) for frontline fighters, Bangladesh reported that the health sector was prepared to fight the COVID war. Due to differences in social structure,

economic capacity, and capital, each country's response is distinct (Jones, 2020). The government formed one Ag. RDT testing center in each of the ten health facilities in as many districts starting in December 2020, as well as providing adequate on-site, hands-on training to health professionals. Two weeks later, the number of Ag. RDT testing centers grew from ten to forty across the country. In Bangladesh, 60 Ag. RDT research centers were fully functional by January 2021 (WHO, 30 March 2021). The situation improved later, and as of 2 May 2021, over 5 498 979 tests have been conducted (WHO, 2 May 2021).

Public awareness during the 2nd wave

The SARS-CoV-2 virus causes COVID-19 that spreads fast between people, particularly when a person comes within the contact of an infected person, through respiratory droplets. The higher the risk of transmission, particularly in enclosed spaces with poor or no ventilation, the closer people are for long periods of time (WHO, 2021 March 11). The government of Bangladesh has launched a range of online and offline campaigns. Telecom firms distributed a call and text advertisement encouraging people to stay at home. Campaigns through Miking and mobilizing by police were implemented. Awareness generation among mass people remains poor. Government interventions along with its two major healthcare bodies the (DGHS) and (IEDCR) aimed at reducing the number of people infected with the virus to stop it from spreading. Prime Minister of Bangladesh Sheikh Hasina has advised to spending one Eid away from home to protect family, but homesick home goers are indifferent about travel bans. The picture illustrates the real scenario



Photo 1: Public seeks desperate ways to reach ferry during the lockdown as government imposed strict restriction on public movement to control COVID situation. Source: (Dhaka Tribune, 8 May 2021).

Perceived Concept from different social category

Different groups of people have different perceptions of the words "social distancing," "stay at home," "quarantine," and "lockdown." The concept of "Village home", for example, refers to a collection of several neighboring houses shared by several families. As a result, "staying at home" meant limiting their mobility and activities to their immediate surroundings or para. For slum dwellers' "home" is a cramped house, shared by eight to ten different families, "social distancing" is absurd to them.

"Handwashing for 20 seconds" was misinterpreted by the few sections of society, some seemed it for 20 minutes, whereas others thought that for 20 times a day. Some people in our society thought masks were inappropriate. As a result, when people met newbies, they removed their masks as a norm. This is true in villages, towns, cities, and slums alike. People reported trouble in reaching out to the Institute of IEDCR, and circulating misinformation in the media (ShaduzzamanDr et al,2020). Moreover, the people were so panicked that they protested burying the dead bodies of Covid-19 at Khilgaon-Taltola graveyard, Dhaka (Kamal, 2020). People rushed to the shopping centers for Eid shopping with many prohibitions (The Daily Star, 12 April 2021). Bangladesh police have issued a movement pass for emergency movement, 16 million people visited the website in search of a movement pass (Bangla Tribune, 15 May 2021). The gathering of people was seen during the government's "all-out" lockdown to combat the sharp rise in Covid-19 infections and fatalities.

Availability of health care services and crisis management

With the staggering outburst of COVID transmission, the ICU bed crisis was ramped up, and to meet the growing demand for ICU, the government installed a 200-bed ICU facility at the DNCC hospital (The New Age, 14 April, 2021). It is hardly helpful that there is still such an urgent need

for such vital services and equipment, as the transmission is widely spreading across the country. Due to a lack of available beds, Mugda Medical College Hospital had to turn away, patients. Just two oxygen tanks are available in the hospital's emergency unit, which is shared among several patients. The government is preparing to expand three specialized hospitals by hundreds of beds and 1200 patients will be accommodated in a temporary hospital in Mohakhali (and have 51 ICU beds) (The Daily Star, 1 April 2021).

As the need of providing immediate oxygen support is growing, Walton has donated 629 ventilators to hospitals that suffer from this condition patient with Covid-19. travel bans. The table illustrates the real scenario

At a glance					
Clinical trial complete, ready for marketing	An official announcement will be made shortly	Walton to become first firm in Bangladesh to make ventilators	A ventilator to cost Tk. 7 lakh	As of March, there were 629 ventilators for Covid patients	80% patients who need it receive ventilation facility now
Source: Halder, S., 20 April, 2021					

Conclusion and suggestion

The rapid rise of the COVID-19 cases started to begin from March 2021, with the prevalence of the B.1.351 variant. Though it was tended to low after the 1st peak in July 2020, and with a minimal surge in December 2020(Saha et al, 2021). When public health intervention plans will be set, policymakers must consider the isolation of the B.1.351 from B.1.1.7 variants. Perception and misinformation about vaccination are tinkering at the community level, though it is clinically proven that the ChAdOx1 vaccine less capable to fight against COVID-19 caused by the B.1.351 variant. Undoubtedly, vaccination can mitigate the strain on hospital beds and oxygen cylinders. Purchasing updated vaccines from trusted institutions may be needed to expand. Considering the exposures of socio-economic vulnerable people to mitigate the lethal impact of COVID-19, non-

pharmaceutical contentment measures should be implemented more strictly. The elites from various sectors from national to root level, and individual efforts worth functioning.

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End Note:

ⁱYu et al, 2020; Sohrabi, et al, 2020; Xu et al, 2020; Wu et al, 2020.

ⁱⁱWHO, 2020; Ohannessian, Duong, &Odone, 2020; Olson et al, 2020?

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^{iv}Dhaka Tribune, 26 January 2021.

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