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Letter to the Editor

Bangladesh reported delta variant of coronavirus among its citizen: Actionable items to tackle the potential massive third wave



Dear Editor,

The world is fighting the second wave of the COVID-19 pandemic within different timeframes, new symptoms, and mortality rates in various countries [1]. Bangladesh recorded 812,960 coronavirus cases and 12,169 deaths till May 31, 2021. Here, we observed the peak of the second wave in April 2021 with an increasing number of cases and deaths. Also, the country recorded the highest number of daily new cases (7,626) on April 8, 2021, and the highest number of deaths (112) on April 20, 2021 [2]. To curb the severity of the second wave, Bangladesh imposed a country-wide lockdown and restrictions on movement on April 5, 2021, which have continued till now. Also, Bangladesh received the Oxford–AstraZeneca vaccine from the Serum Institute of India, and it administered more than 10 million vaccine doses till May 31, 2021 [2]. Bangladesh is currently experiencing a better phase of the second wave of the COVID-19 pandemic, as daily cases and fatalities plummeted. However, the second wave has shown the unpreparedness of the healthcare system that lacks oxygen supply, ICU beds, and trained healthcare professionals in Bangladesh.

India identified the double mutated delta variant among its citizens in Maharashtra in October 2020. After the emergence of this variant, the number of coronavirus infections continued to rise sharply in India. The pandemic situation has taken a drastic turn in India by record-breaking new cases and deaths in the last month [3]. On April 30, 2021, India became the first country to report over 400,000 new COVID-19 cases in a single day. India has recorded more than 28 million cases and 3.5 million related deaths since the pandemic [4]. The daily new caseloads have brought the Indian healthcare system to the brink of collapse. The situation worsened due to the scarcity of hospital beds and lack of oxygen supply for critical patients. We have seen the patients waiting in a long line to get admitted to the hospitals; family members and relatives of COVID-19 patients pleaded for oxygen [3]. It is the first time India is experiencing such fragile conditions in its healthcare system. The critical COVID-19 situation is not limited to India only. Nepal is facing increased new infections and deaths due to delta variants. India is the seventh-largest country by land area

and shares borders with seven countries, including Afghanistan, Pakistan, China, Bhutan, Nepal, Myanmar, Bangladesh, Sri Lanka, and the Maldives [5]. Neighboring Nepal is fighting a similar catastrophe to India after being hit by the delta variant. Nepal got the delta variant through the sudden influx of Nepalese migrant workers in India. Nepal recorded a 47% positivity rate in daily new cases. Moreover, the delta variant has spread in at least 62 countries [6]. Therefore, the delta variant has already infected all south Asian countries because people of these countries frequently travel to India.

Geographically, Bangladesh has Indian borders on its three sides. The people of these two countries are very well-connected for commercial, cultural, and medical purposes. So, movements of people and goods through different points of the large border area are difficult to control; even in this worsening pandemic situation. Bangladesh has already sealed its land borders with India amid a sharp rise in daily infections (except for trade and returnees on a limited scale) [7]. Amid COVID-19 controls, the Institute of Epidemiology Disease Control and Research (IEDCR) reported the first cases of COVID-19 infection by delta variant among Bangladeshi citizens on May 8, 2021. The identified persons have returned from India a few days earlier, after getting treatment [6]. Therefore, the government has arranged mandatory institutional quarantine for all returnees from India. The delta variant in Bangladesh is a concern for the country because the compromised and insufficient healthcare facilities might fail to provide adequate services if the situation worsens, like in India.

The catastrophic condition of India and Nepal, due to the ferocious delta variant, is a warning sign for Bangladesh. No public gatherings (like crowds in markets, parks, and tourist spots) should be allowed. Tourist destinations should be closed for an indefinite time. As we have seen, the patients affected by the delta variant need oxygen supply more than patients infected with previous SAR-CoV-2 variants [7]. So, the government should arrange for sufficient oxygen supply and ventilators. More hospital beds should be ready to face the upcoming surge of COVID-19. Also, the authority might conduct fruitful campaigns to increase public awareness and boost the mental strength of front liners during this pandemic [8]. Simultaneously, they should increase the COVID-19 testing capacity and try hard to collect vaccines from all potential sources. The government authorities need to become stricter to implement health safety guidelines.

Conflict of interest statement

The authors have no conflicts of interest to declare.

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