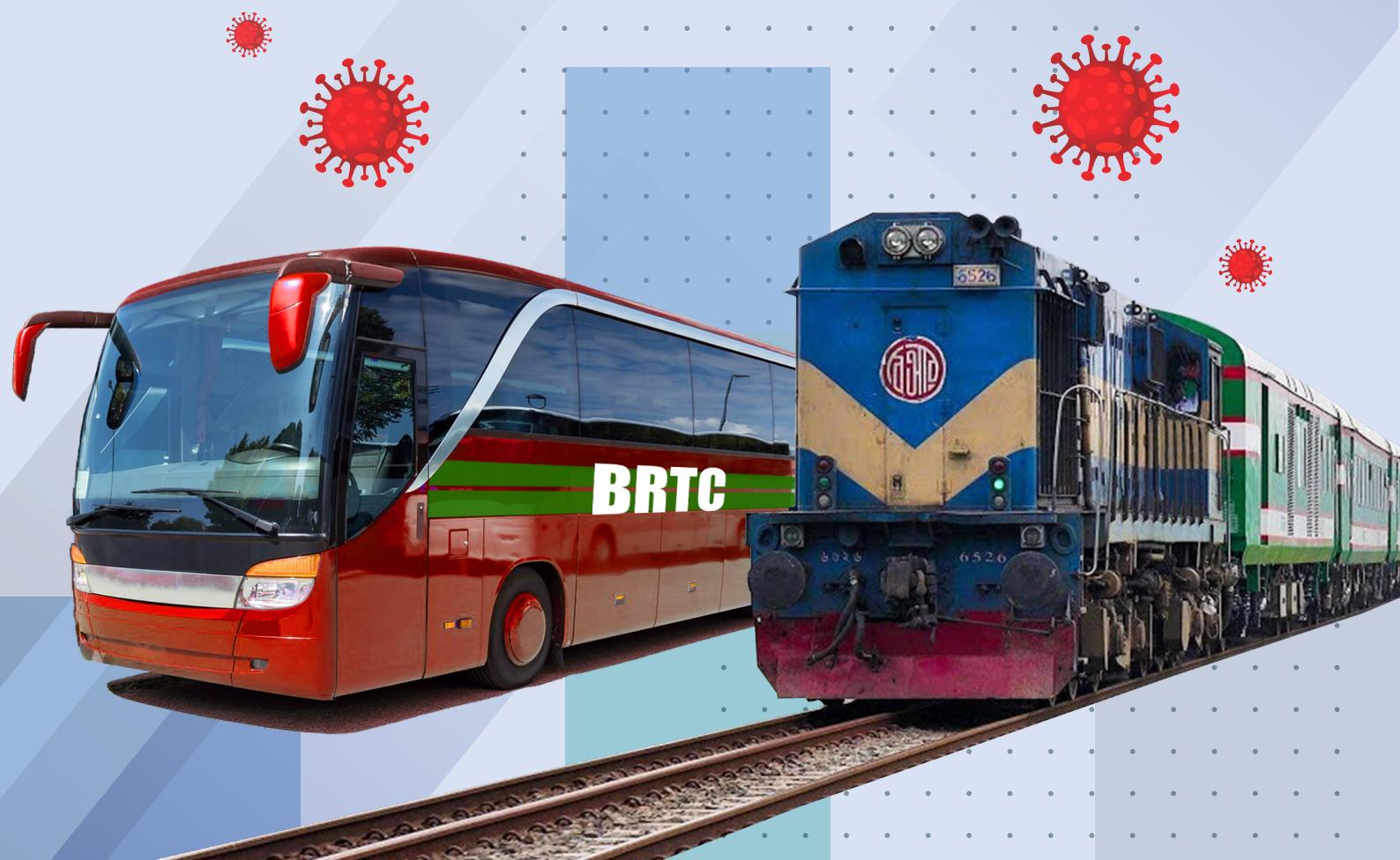




STANDARD OPERATING PROCEDURE (SOP)

FOR THE SCREENING OF CORONAVIRUS (COVID-19)
AT THE GROUND CROSSINGS



IHR, Migration Health & Emerging Re-emerging Disease Control Programme,
Communicable Disease Control (CDC)
Directorate General of Health Services (DGHS), Bangladesh





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Version: 3.0
Date: 21.12.2020

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ABBREVIATION AND ACRONYMS

BLPA	Bangladesh Land Port Authority
BGB	Border Guard Bangladesh
CDC	Communicable Disease Control Program
COVID-19	Coronavirus Disease 2019
HDF	Health Declaration Form
HEOC	Health Emergency Operation Centre
HERT	Health Emergency Response Team
IHR	International Health Regulation
IOM	International Organization for Migration
NFP, BANGLADESH	National Focal point, Bangladesh
PHEIC	Public Health Emergency of International Concern
PLF	Passenger Locator Form
WHO	World Health Organization
DGHS	Directorate General of Health Services
POE	Points of Entry
WASH	Water, Sanitation and Hygiene
IEDCR	Institute of Epidemiology Disease Control And Research
IPC	Infection Prevention and Control
PPE	Personal Protective Equipment

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INTRODUCTION

As a part of holistic health management, screening regularly is vital for early detection of COVID-19. Screening reduces the international spread of communicable diseases by detecting departing travelers who are sick or who have been exposed to the disease and preventing them from leaving the country as they are in (exit screening) or by detecting them upon arrival and directing them to appropriate care and follow up, as needed for entry screening. The current COVID-19 outbreak has spread across several borders and on 30th January 2020, the outbreak has been declared as a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO). Subsequently, WHO declared this epidemic as a pandemic on 11 March 2020 which originated in Wuhan, China. This has prompted the demand for the detection and management of suspected cases at the points of entries (PoEs) and prevent the spread of disease in Bangladesh. Bangladesh started Public health measures at International Points of Entry on 21 January 2020.

Entry and exit screening measures, has several important concomitant positive effects, including discouraging travel of ill persons, raising awareness, and educating the traveling public and maintaining operation of flights from/to the affected areas. Exit screening measures in affected areas are important and should be applied jointly.

This standard operating procedure (SOP) is intended for PoE public health authorities, PoE operators, Land port Authority, Bangladesh Railway, Immigrations, Customs, National Focal Point and focal institute for the International Health Regulation (IHR) and other stakeholders involved in the management of public health event and it should be used as a reference at all PoEs (International Land ports)

PURPOSE

This SOP have been developed to screen and early detection of suspected infected persons and to take part in the implementation of Bangladesh Preparedness and Response Plan (BPRP) recommendations related to Corona virus disease 2019 (COVID-19) pandemic management; and to control transmission of the disease through PoEs. This SOP describes the Preparedness and Response procedure and coordination mechanism regarding management of travelers coming from or through all the designated PoEs into Bangladesh from other countries. As COVID-19 pandemic has reached almost every country and territory of the world, any traveler arriving from abroad will be considered as exposed to COVID-19 infection source.

This document provides advice on the detection and management of ill travelers suspected of COVID-19 at points of entry and on conveyances. The following measures will be implemented in the designated points of entries.

The following measures will be implemented in the designated points of entries.

- A. Screening of travelers at international points of entry (ground crossing)
- B. Detection of suspected ill/symptomatic travelers
- C. Interview of ill suspected/travelers
- D. Screening of truck drivers and staffs
- E. Reporting, Record keeping and Risk communication activities
- F. Isolation and initial case management of ill travelers with suspected COVID-19
- G. Referral of ill travelers with suspected COVID-19 & close contacts to Isolation/Quarantine Centre
- H. Ensuring WASH facilities, safe food and availability of safe and potable drinking water at the premises of PoEs.
- I. Infection prevention and control (IPC) measures

A. SCREENING OF TRAVELLERS AT INTERNATIONAL POINTS OF ENTRY

1. Exit screening at the departure

- At the entrance gate of the terminal building proper hand washing facilities at designated places to be provided for the travelling passengers and staff. The facilities should be equipped with adequate liquid soap and running water or hand sanitizer and disposable tissue paper with foot operated yellow bin.
- All travelers, at the ground crossing and all relevant staff have to enter with face mask and should walk through disinfection foot mats for sterilization

of shoe soles. For disinfection sterilization solution 1 table spoon (3 tea spoons full) bleaching powder per liter of water (0.5% chlorine solution) should be used. Unused solution should be discarded after 24 hours.

- Body temperature of the departing travelers to be measured with digital thermal scanner/infrared handheld thermometer by the trained personnel keeping physical distancing (>1 meter/3 feet). If any passengers shows temperature more than 100°F /38°C they will be sent to land port medical center for further check-up and decision for the next destination disposal by the on duty medical officer. S/he will provide the necessary certificate for onward travel. However, if the traveler is a suspected case of COVID-19 s/he will be sent to isolation center for necessary action.
- At check-in counter travelers are to maintain physical distance and they need to wear face mask all the time.
- All travelers should submit COVID-19 negative PCR certificate at the health desk (Issued within last 72 hours of travel)



- **Security Check, Customs and Immigration control:**

POE authority is to ensure physical distancing (1 meter/3 feet apart from one another) of the departing travelers.

The concerned authority should also ensure hand sanitizer as per requirement.

Medical team at the health desk will check the COVID-19 negative certificate (RT-PCR) of the departing passenger, issued within last 72 hours of travel. Immigration department will recheck the certificate during check in process.

Requirement of COVID-19 negative certificate for all diplomatic missions and offices of the UN agencies, International Organizations Diplomatic, Official and Laissez Passer holders posted in diplomatic missions in Bangladesh and the family members (If holding ordinary passport) with valid visas will be decided as per direction from Ministry of Foreign Affairs.

If the travelers had to use a transit vehicle to reach the main vehicle, they have sit at least 1 meter/3 feet apart from one another while travelling through bus/car/train/boat/truck. Land port authorities are to ensure disinfection of the bus/car/train/boat/truck each time after carrying travelers to the destination.

Certificate inspection: Covid-19 negative certificate should be obtained from government designated medical laboratories.

Links: https://dghs.gov.bd/images/docs/Notice/2020/corona/Outbound_Covid19_Report_Form_Final.pdf

https://dghs.gov.bd/images/docs/Notice/2020/corona/Outbound_Covid19_Report_Form_Final_manual.pdf

2. Entry Screening at the Arrival Health Desk:

- Travelers are advised to provide following documents to the health desk/ medical center. The information will also be displayed in the digital stand.
- Completely filled Health Declaration Form (HDF). The detachable lower part of HDF will be submitted to immigration desk after checking and signed at health desk.



- COVID-19 negative certificate. (RT-PCR), done within 72 hours before immigration/ health screening from port of embarkation
- For diplomatic, official and Laissez Passer holders posted in diplomatic missions in Bangladesh and their family members (if holding ordinary passport) with valid visas, health screening will be done as per instruction from foreign ministry.
- Any entrepreneur or CIPs including businessmen visiting Bangladesh need to show COVID-19 PCR negative certificate done within 72 hours before immigration/health screening from port of embarkation.
- Any Bangladeshi with valid proof of deportation or who are forcefully send to Bangladesh but do not have the capacity to do COVID-19 test will be exempted but will be send for institutional quarantine.

- Inspite of having COVID-19 certificate if anybody coming to Bangladesh found to have sign symptom of COVID-19 will be send to isolation centre for further management.
- Sample will be taken for PCR test in the quarantine centre any time after the 2nd day if the result is negative he/she will be send to home quarantine. However, if the result is positive he/she will be send to isolation center for further management. Fees for the test which will be done in government or non-government testing laboratories will be paid by the quarantined travelers as per determined fees for the test.
- All travelers arriving at the ground crossing will have to pass through the 'thermal scanner gate' located at the arrival terminal and will be scanned for the body temperature. At the points of entry where there is no thermal scanner, infrared hand held thermometer will be used to check the temperature.



- All travelers will proceed through the thermal scanner archway slowly one by one, maintaining a distance of >1meter (3 feet) from each other
- All traveler entering Bangladesh through any PoE must fill-up the 'Health Declaration Form' (provided at the entry point) completely before they come to health desk for submission
- All the staff should also maintain > 1meter (3 feet) distance from each other and the travelers, at all time, and should encourage travelers to maintain more than one-meter (3 feet) distance between themselves.

- The passenger will be checked up at the health desk for sign & symptoms of COVID-19. The Health declaration form will be checked for epidemiological link to a COVID-19 case. After the checking if found ok, the traveler/crew can proceed to immigration desk for immigration formalities.
- If the sign & symptoms or epidemiological link shows the traveler is a suspected case of COVID-19 or the traveler comes with a COVID-19 positive certificate, s/he will be sent to designated isolation center.
- If there is no sign & symptoms or no epidemiological link but, s/he could not show any COVID-19 negative certificate, will be sent to institutional quarantine center for 14 days.
- The health desk will fill up a registry book about information of different vehicles including information about the number of travelers in each bus / train. Bus/train authority will be responsible to provide the information to health desk
- Those travelers who will arrive by their private/local transportation will also complete the health declaration form and submit to the medical center/ health desk on arrival and also COVID-19 negative certificate
- Provide all travelers with a health information card. Advice travelers to record their own temperature twice daily for 14-days and report any rise in temperature of $38^{\circ}\text{C}/100^{\circ}\text{F}$ or above or any symptom of illness described in the health information card.
- Provide all travelers with home quarantine guideline leaflets in bangla and in english

B. DETECTION OF SUSPECTED COVID-19 ILL TRAVELERS

Ill travelers may be detected at the arrival desk through self-reporting, visual observation, or temperature measurement. In accordance to the International Health Regulation (IHR-2005) and the protocol for the entry point, the following sequence of events shall be taken in all the international ground crossing points of entries (PoEs).

1. Self-reporting:

Travelers who self-report their illness and found to have fever or other sign & symptoms of COVID-19, should be managed following the same procedures as used for those who are screened at the health desk with symptoms. (page number 05)

2. Visual observation:

Ill travelers exhibiting signs suggestive of COVID-19 disease may be identified by health personnel as they pass through the entry point. The health care providers (HCP) doctors/nurse wearing mask and disposable gloves (practicing proper infection control measure) at the health desk identifies the traveler who is a suspected case of COVID-19.



3. Temperature measurement

- After arrival, on their way to immigration, the traveler will be passing through the thermal scanner in front of the health desk. It will alert with a beep if there is temperature $>100^{\circ}\text{F}/38^{\circ}\text{C}$ of any traveler. If thermal scanner is not available handheld thermometer will be used.
- Travelers showing signs of illness as detected by PoE health personnel or through temperature measurement, or when travelers experiencing symptoms comes forward to seek help from PoE health personnel, they and their travel companions will be separated away from other travelers. They will be accompanied to a dedicated 'Health Inspection Room' at the PoE for further assessment, practicing proper IPC measures and avoid any direct contact with other travelers.
- All passengers seated two rows in front, two rows behind and in the same row of the suspected case(s) will be treated as close contacts. When appropriate, staff working inside the bus will be also treated as a close contact.
- In case of a private transport (including boat) all the passengers will be treated as close contact and for local bus/public transport two rows in front, two rows behind and in the same row of the suspected case(s) will be treated as close contact.
- HCPs working at the health desk will be vigilant for other similar suspects in line in the arrival area.

C. INTERVIEW OF ILL TRAVELERS

Implementation of interview

Interview of suspected ill travelers to determine the possibility of COVID-19 disease:

- Medical team will take all IPC measures including medical mask, disposable gloves, gown, head cover and face shield before entering examination room for checking the traveler for sign & symptoms and taking the traveler's

temperature using infrared handheld thermometer, document it and examine for other signs.

- Medical team will inquire about any other accompanying person of the suspected traveler and their physical status.
- Assessment of travelers for sign and symptoms suggestive of COVID-19 disease will be done only by interviewing and observing but no physical examination will be performed.



- The medical team and the suspected cases will maintain physical distance of >1 meter (or 3 feet) among themselves.
- Take traveler's contact history and evaluate the answer provided in Health Declaration Form.
- Keep a copy of ticket and passport

Assessing travelers for COVID-19 disease

The following signs, symptoms and history should be assessed

- Sign symptoms of illness suggestion respiratory infection



▶ Fever $> 38^{\circ}\text{C}/100^{\circ}\text{F}$ or the traveler mentioning feeling feverish



▶ Dry cough



▶ Breathlessness or breathing difficulties

- A history of possible exposure to the COVID-19 case should be evaluated including:
- Travel to a country with ongoing community transmission of the COVID-19 in last 14 days prior to onset of symptom

- Take history of his/her origin of travel including transit places
- Doctors will also check the travel documents of the passengers
- A visit to any health care facility in a country with ongoing community transmission in last 14 days prior to symptom onset
- Close physical contact during the past 14 days with a traveler suspected or confirmed to have COVID-19 infection

D. SCREENING OF TRUCK DRIVERS AND STAFF

- All arriving and departing truck drivers and their staff will wear face masks
- All truck drivers and staff arriving and departing will be screened for temperature by thermal gate/infrared handheld thermometer.
- Arrival document (transit/temporary pass) should be digitally photographed/scanned



E. REPORTING, RECORD KEEPING AND RISK COMMUNICATION ACTIVITIES

- Respective health officer working at the land ports will update daily to responsible civil surgeon who will update director of CDC, DGHS and director of IEDCR on the details of travelers, total number of travelers examined, details of the cases sent to the referral hospital including their current updates, status of the close contacts etc.
- Establish proper mechanism for data collection and analysis, e.g numbers of travelers screened and confirmed cases out of screened passengers.
- Document and register name and details of the suspected passenger and their accompanied family members or other probable exposure contacts in the register book. Inform concern authorities about the cases and contacts.
- Any traveler who is suffering from fever and sign symptom of respiratory system consisting of COVID-19, register the personal information, notify IHR Focal point and IEDCR (IHR Focal Institute).
- Dissemination of risk communication messages at points of entry: This can be done through posters, leaflets, electronic bulletin, bill-board etc, aiming at raising awareness among travelers about signs and symptoms of the disease, and encouragement of health seeking behaviour, including when to seek medical care, and to share about their travel history.

F. ISOLATION AND INITIAL CASE MANAGEMENT OF ILL TRAVELERS WITH SUSPECTED COVID-19

Isolation/Quarantine Information

- Designate an isolation/quarantine space near the PoE where ill travelers/close contacts can be referred to wait until the vehicle/ambulance arrives. Ideally this structure should have the capacity to isolate/quarantine ill travelers/close contacts. After interview they are suspected of having COVID-19 disease or detected as close contact. They will wait here for being transported to a designated health care facility or quarantine centre.
- Ensure water, food, mask, and sanitizer, tissue papers for ill travelers who are waiting at isolation/quarantine space for being transported to a health care facility or quarantine centre.

Activities by Customs Department:

Suspected passenger/close contact's baggage will be marked and retrieved by ground handling and Customs departments after performing disinfection and official procedure, will be sent to the designated isolation /quarantine centre.

Immigration authority:

Will ensure clearance of all immigration formalities for an arriving sick traveler/ close contact and any accompanying person/s on a priority basis in accordance to the plan in emergency and disaster.

Initial Case Management

- Ill travelers with sign symptoms indicative of fever or respiratory infection, or both, who have a history of exposure to the COVID-19 should be isolated at the PoE until they are able to be transferred to a health care facility for further assessment , diagnosis and treatment.
- Take following steps during isolation period:
 - ▶ Place the traveler in well ventilated room 'Health Isolation Room' designated for COVID- 19 patients
 - ▶ If there is more than one traveler ensure 1 meter distance between them
 - ▶ Provide information to patients and their family about the need for isolation and address their concerns
 - ▶ Instruct suspected COVID-19 infected person about hand hygiene, respiratory hygiene practice
- Attending health worker(s) should take appropriate measures by wearing mask and gloves and follow infection prevention and control practices

G. REFERRAL OF ILL TRAVELERS WITH SUSPECTED COVID-19 & CLOSE CONTACTS TO ISOLATION/QUARANTINE CENTRE

- Ambulance entering through PoE will wait at the exit point near the isolation/ quarantine space during transfer of corona suspect traveler/ close contact to isolation/quarantine centre.
- Nurse/Sanitary Inspector/HCP at the health desk to wear full set PPE to accompany the case/s when ambulance arrives.



- The suspect patient will be shifted to the ambulance through a separate door with no/ minimum chance of contact with other travelers and land port staffs. The suspected case will also wear medical face mask all time.
- Data entry section of the points of entry will maintain a registry of all incoming travelers from all affected countries to monitor the development of symptoms and to carryout contact tracing in collaboration with CDC, IEDCR, WHO and IOM.
- List of the travelers who are sent to IQ/HQ/Isolation will be shared with CDC, DGHS, respective Divisional Director (Health) and IEDCR by data entry operators of POEs on daily basis.
- The Government of Bangladesh has set up a public health emergency control room:



- ▶ Sastha Batayan Hotline **16263**
- ▶ DGHS Hotline **333**
- ▶ Contact with Army Medical Core **01769045739**
- ▶ Crisis Management & Control Room, DGHS **01759114488**
- ▶ IEDCR **10655, 01944333222**

H. ENSURING WASH FACILITIES, SAFE FOOD AND AVAILABILITY OF SAFE AND POTABLE DRINKING WATER

WASTE MANAGEMENT

- A safe environment for travelers using ground-crossing facilities requires a proper waste management system to be in place. The land port authority is responsible for the management/supervision of the removal and safe disposal of any contaminated water or food, human or animal waste, waste water and any other contaminated matter.
- A documented, tested and updated solid and liquid waste management programme, including for medical wastes, should be in place. The plan should include actions for both routine operation and emergencies, with standard operating procedures for safe transport and final destination of the solid and liquid waste generated and/or treated at the point of entry. The plan should be developed and signed off with both health and non-health sectors responsible for waste management at a specific ground crossing.
- An adequate number of personnel with appropriate training and knowledge should be available to manage and oversee waste management practices and facilities at ground crossings



POTABLE WATER

- Assure the safety and quality of the potable water supply and ensure safe environment for travelers and others using ground crossings.
- Water safety programme should address all water safety risks, including suppliers, water storage tanks, water vehicles, drinking-water fountains, and potential cross-connection and backflow hazards. The plan should be developed and signed off with both health and non-health sectors responsible for the potable water supply chain.
- An adequate number of personnel should have the training and knowledge to manage, maintain and monitor potable water, plus water management practices and facilities at ground crossings

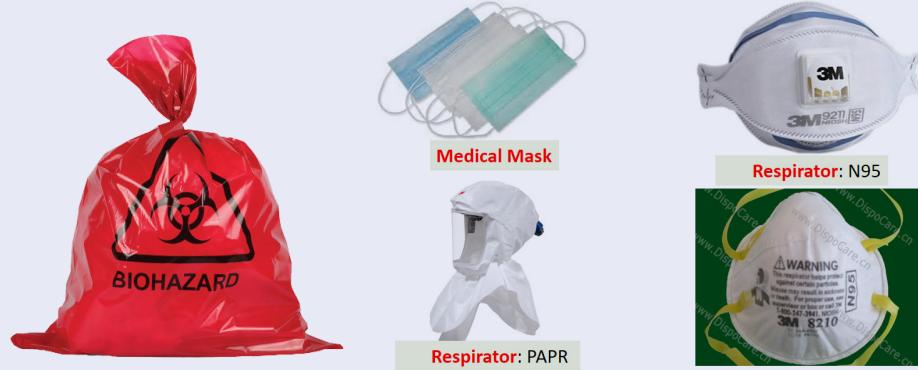
SANITATION

- The land port authority at a point of entry are obliged to ensure that the premises, and the conveyances and goods passing through, are kept free from sources of infection and contamination in order to mitigate the international spread of public health risks.
- The sanitation management plan should include details of roles and responsibilities, cleaning schedules and standard operating procedures for both routine operation and emergencies.
- There must be an adequate number of personnel with training and knowledge in cleaning and sanitation practices to carry out these activities effectively at a ground crossing.
- Buildings and structures should be designed and constructed in a way that facilitates the maintenance of a hygienic environment.
- Public washroom premises should be consistent with the volume of travelers and frequency of travel and should be in good operational condition. The washroom premises should be cleaned regularly and hygienically, with consideration for the volume of passengers and personnel using the terminal and other facilities at the point of entry.



I. INFECTION PREVENTION AND CONTROL (IPC)

- After examining the passenger, safely remove the PPEs and dispose properly following the SOP for disposal.
- It is important to wear or remove PPE in the correct order, which can help to reduce self and cross contamination.
- Removed PPE should be placed in biohazard bag and disposed in a yellow waste bin as infectious waste. Reusable goggles/ face shield should be disinfected (by 0. 5% Chlorine solution) and dried before reuse.
- Corridor from health inspection room/screening room and health desk to ambulance should be cordoned
- Decontaminate screening room up to ambulance (0.5% hypochlorite solution)
- In the passengers carrying local bus/car, passengers are to sit at least 1 meter apart from one another. Travel agents are to ensure disinfection of the bus/ car, each time after carrying passengers to the inter country bus/train.
- The whole examination room. PPE doffing area including exit way up to the ambulance parking area has to be decontaminated with 0.5% hypochlorite solution
- All the waste including the used mask, gloves, PPEs will be put in a biohazard bag and disposed of accordingly
- Desk, table chair and other used logistic will also be decontaminated
- The process will be performed by the trained cleaning team in PPE. Health team will supervise the decontamination process



ANNEX 1

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AIRPORT/LAND PORTS/SEA PORT

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Comilla	Bibirbazar	Dr. Md. Niyauzzaman 8160400 01750139016	Dr. Nasima Akter 01915-981496
B. Baria	Akhaura	Dr. Md. Ekram Ullah 01716264295 85161255	Dr. Rashedur Rahman 01715-005311
Cox's bazar	Teknaf	Dr. Mahbubur Rahman, 34163768, 01715282637	Dr. Tetu Chandra shil, 01819369262
Feni	Belonia	Dr. Abdul Momen, 33174042, 01718131999	Dr. Abdul Khaleque UH&FPO Parsuram UHC 01711237214 01712892019
RAJSHAHI DIVISION			
Chapainobabgonj	Sona mosjid, Shibgonj	Dr. Zahid Nazrul 78152314 0171691822	Dr. Sayra Khan 01712947335
KHULNA DIVISION			
Jessore	Benapole	Dr. Shekh Abu shaheen, 42168989, 01716448382	Dr. Md. Yusuf, 01747685017



Satkhira	Bhomra	Dr. Shafayet 1711483190	Dr. Mahbubur Rahman 01716-033649
Chuadanga	Darshana	Dr. A S M Maruf Hasan 76163113, 01711448880	Dr. Abu Hena Md Jamal 01711708380
RANGPUR DIVISION			
Salmonirhat	Burimari	Dr. Kashem Ali 01712-438869, 01711074348	Dr. Arup pal 01714-080863
Kurigram	Sonahat, Vurungamari	Dr. Md. Habibur Rahman 58161616, 01716077910	Dr. Abu Sazzad Md Sayem 01717138711
	Tura Road, Roumari	01708167091	davsec@caab.gov.bd
Dinajpur	Hakimpur, Hili	Dr. Abdul Kuddus,	Dr. Md. Tauhid-Al- Hasan 1911771724
	Radhikapur, Birol	53165006, 01718013304	Dr. Md. Abdul Mokaddes +8801711478000
Pachogarh	Bangla bandha	Dr. Fazlur Rahman 56861219, 01712- 226233	Dr. Md. Abul Kashem 01718659095
SYLHET DIVISION			
Sylhet	G.ghat, Tamabil	Dr. Premanada Mondol 821716308, 01914613714	Dr. Md. Rehan Uddin 01717679217
	Sutarkandi Beanibazar, Saola	Dr. Premanada Mondol 821716308, 01914613714	Dr. Moazzem Ali Khan Chowdhury 01711132999
	Jakigonj	Dr. Premanada Mondol 821716308, 01914613714	Dr. Md. Abdullah Al Mehedi 01937-405583
Hobigonj	Chunarughat, Balla	Dr. Mustafizur Rahman, 83162002, 01720196039	Dr. Mozammel Hoque, 01717-509004

Moulavibazar	Fultola, (Boluli), Juri	Dr. Towhid Ahmed 86152296, 01711-705315	Dr. Sarowar Hossain 01711-376793
	Chatla Landport, Kulaura	Dr. Towhid Ahmed 86152296, 01711-705315	Dr. Alauddin Al Azad 01926-259568
MYMENSING DIVISION			
Sherpur	Nakugaon	Dr. Abul Kashem 01711703164	Dr. A K M Monjurul Hoque 01816647048
Mymensingh	Haluaghata, Gobrakura	Dr. ABM Moshiul Alam 01714-342605	Dr. Munir Ahed 01778-963855
Jamalpur	Boxigonj, Dhanuakamalpur	Dr. Pranay Kanti Das 01712177762	Dr. Protap Kumar, 01734- 174410

District	POEs	Civil Surgeon	Port Health Officer
SEA PORT			
Chittagong	Sea port	Dr. Shekh Fazle Rabby 01711468326 Phone (Office)- 031634037	Dr. Motaher Hossain 01715487489
Bagerhat	Mongla Sea Port	Dr. K M Humayun Kabir 46862305, 01711008607	Dr. Sufia Khatun, port health officer, Khalishpur, Khulna 01716495199

District	POEs	Civil Surgeon	Port Health Officer
AIR PORT			
Dhaka	HSIA	Dr. Abu Hossain Md. Moinul Ahsan 29666060, 01769957119	Dr. Md. Shahriar Sajjad 01744292943
Chittagong	Airport	Dr. Shekh Fazle Rabby 01711468326 Phone (Office)- 031634037	Dr. MZA Sharif 01712012442

Sylhet	Airport	Dr. Premananda Mandal Mobile-01914613714 Phone (Office)-0821716308	Dr. Ahmad Sirajum Munir Mobile- 01711947136
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District	POEs	Civil Surgeon	Port Health Officer
RAIL STATION			
Dhaka Cantonment	CRS	Dr. Abu Hussain Md. Moinul Ahsan 01715654835 01769957119	Dr. Rawshan Zahan Akhter Alo 01711039558
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