

LETTER TO THE EDITOR

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Dear Executive Editor

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The Coronavirus Disease 2019 (COVID-19) pandemic posed unprecedented challenges to health systems worldwide, particularly in low- and middle-income countries such as Bangladesh. Following confirmation of the first cases in March 2020, the disease spread rapidly across the country, placing immense pressure on diagnostic capacity, hospital infrastructure, and human resources. Sharing institutional experiences may provide valuable insights into pandemic preparedness and response.

COVID-19, caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), was declared a Public Health Emergency of International Concern by the World Health Organization (WHO) in January 2020 and a pandemic in April 2020. Clinical manifestations range from mild influenza-like illness to severe pneumonia, acute respiratory distress syndrome, multi-organ failure, and death. While the majority of cases remain mild, a significant proportion requires hospitalization and intensive care, particularly among older individuals and those with comorbidities.

In Bangladesh, laboratory-confirmed cases increased steadily over successive epidemic waves. National surveillance data indicate that more than two million individuals tested positive for COVID-19, with a substantial number of deaths reported up to August 2024. Early diagnostic capacity was extremely limited, with only one RT-PCR laboratory at the Institute of Epidemiology, Disease Control and Research (IEDCR). Within months, testing facilities expanded nationwide, including public and private sector laboratories, although distribution remained concentrated in Dhaka city.

Green Life Medical College Hospital joined the national COVID-19 response by establishing an RT-PCR laboratory in September 2020 following authorization from the Directorate General of Health Services (DGHS). This initiative strengthened diagnostic capacity in the private sector and ensured timely reporting to the national surveillance system. All laboratory and clinical services were aligned with national guidelines issued by the Ministry of Health and Family Welfare (MoHFW).

From May 2020, the hospital began managing suspected and confirmed COVID-19 patients. Mild cases were managed conservatively, while moderate cases with

clinical or radiological evidence of pneumonia were admitted for treatment. Severe cases with hypoxemia were managed in the intensive care unit, with selective use of high-resolution computed tomography to assess pulmonary involvement and complications.

After official approval, Green Life Medical College Hospital designated 145 beds exclusively for COVID-19 care, including 131 general ward beds and 14–17 ICU beds, with dialysis support for critically ill patients. A dedicated multidisciplinary team of physicians, nurses, and support staff was deployed. Infection prevention and control measures, zoning, and staff training were emphasized to ensure patient safety and protect healthcare workers.

Between May 2020 and August 2024, a total of 5,602 COVID-19 patients were admitted to the hospital. Among them, 4,413 recovered and 462 deaths were recorded. During the same period, over 31,000 SARS-CoV-2 RNA tests were performed, with more than 6,000 positive cases reported to the national database. Daily reporting to the National COVID-19 Surveillance System under the MoHFW was consistently maintained.

This experience underscored several important lessons. Strong institutional leadership and coordination enabled rapid mobilization of resources and continuity of care. Adherence to national guidelines ensured standardized management, while flexibility in implementation allowed adaptation to evolving evidence. The role of non-government medical colleges and hospitals proved crucial in supplementing public sector capacity during public health emergencies.

In conclusion, the journey of Green Life Medical College Hospital highlights the importance of preparedness, public–private collaboration, and systematic data reporting in responding to large-scale health crises. Documentation of such institutional experiences may inform future pandemic preparedness and strengthen health system resilience in Bangladesh.

With best regards,

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