**SITUATION OVERVIEW**
(Data as of 03 April 2022)

**NEPAL**
- **Cumulative confirmed cases**
  - RT-PCR: 978,475
  - Antigen RDT: 140,140
- **Cumulative deaths:** 11,951
- **Cumulative tests**
  - RT-PCR: 5,556,836
  - Antigen RDT: 1,130,571

**SOUTH-EAST ASIA REGION**
- **Cumulative cases (%)**
  - 56,973,754 (12%)
- **Cumulative deaths (%)**
  - 777,868 (13%)

**GLOBAL**
- **Cumulative cases (%)**
  - 489,229,422 (100%)
- **Cumulative deaths (%)**
  - 6,151,907 (100%)

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**HIGHLIGHTS**
(Data published in the MoHP Situation Report as of 03 April 2022 and same data published in EDCD Report as of 04 April 2022)

- Of the total RT-PCR confirmed COVID-19 cases, 98.7% (965,625) of cases have recovered, 0.1% (899) are active cases and 1.2% (11,951) are deaths.
- Among the total active cases, 95.4% (858) cases are in home isolation; 4.6% (41) of cases are undergoing hospital/institutional isolation. While 1.7% (15) of active cases require ICU admission, 13.3% (2) of the ICU admitted patients require ventilator support.
- None of the districts reported more than 500 active cases.
- Among the new RT-PCR confirmed cases (143) reported this week, 22.4% (32) are from Kathmandu district followed by Morang district 10.5% (15). Majority of the new cases 28.0% (40) have been reported from Kathmandu Valley (Kathmandu, Lalitpur and Bhaktapur districts), Bagmati Province.
- COVID-19 vaccination coverage status (as of 03 April 2022)

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### NEPAL EPIDEMIOLOGICAL SITUATION
- As of 27 March 2022, a total of 978,475 COVID-19 cases were confirmed through polymerase chain reaction (RT-PCR); 5,556,836 RT-PCR tests have been performed nationwide by designated functional COVID-19 laboratories. A total of 140,140 cases were confirmed through Antigen RDT; 1,130,571 Antigen RDT have been performed nationwide.
- Since 9 May 2021, all 7 provinces in the country are experiencing community transmission.
- Province-wise RT-PCR test positivity rate in Epi Week 13 ranged from 0.4% (Bagmati province) to 6.2% (Sudurpashchim province), with a national positivity rate at 0.5%. Karnali province did not report any test performed.
- Overall, the sex-distribution remains skewed towards males, who constitute 59% (575,319/978,475) of the RT-PCR confirmed cases. Amongst the males, 78% (450,521/575,319) are in the economically productive age group (15-54 years).
- A total of 27,483 RT-PCR tests were performed in week 13, 17% more than that in week 12 (23,507). A total of 8,544 Antigen tests were performed in week 13, 20% less than that in week 12 (10,702). A
total of 36,027 tests (PCR plus AgRDT) were performed in week 13, 5% more than that in week 12 (34,209).

**National Influenza Surveillance**

- NIC-NPHL reported 18 Diagnostic and Surveillance Influenza samples (3 samples tested at NIC-NPHL and 15 samples at WARUN) on EPID-week 13 (28th March-3rd April 2022). None of the samples tested positive for Influenza. Three samples that tested Negative for Influenza at NIC-NPHL and 8 samples tested Negative for Influenza at WARUN were tested for SARS-CoV-2. None of those samples were tested positive for SARS-CoV-2.
- Out of the total SARS-CoV-2 samples that tested Negative at NPHL on EPID- week 13 (28th March-3rd April 2022), 71 SARS-CoV-2 Negative samples have been tested for Influenza. None of the samples tested positive for Influenza.
- From January 3rd, 2022 until April 3rd, 2022:
  - A total of 4 samples have been tested positive for Influenza (2 Influenza B Positive and 2 Influenza A/H3) from 1597 samples (Sentinel and non-sentinel samples including SARS-CoV-2 Negative SARI and ILI cases).
  - Similarly, 204 samples have been tested positive for SARS-CoV-2 from 457 Influenza Negative samples (Sentinel/non-sentinel ILI/SARI samples).

**WHO SEAR countries: Number of COVID-19 confirmed cases and cumulative incidence rate (per 100,000). Link Here** - [https://worldhealthorg.shinyapps.io/covid/](https://worldhealthorg.shinyapps.io/covid/)

1 These positive cases are included in the COVID-19 database.
Figure 1: RT-PCR confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N=978,475) (Data reported on 03 April 2022 up to 19:00:00)

Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020 (not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation. Clinical information presented here is collected on the day of sample collection.

At national level, the first wave of cases between July 2020 and February 2021 was followed by the second wave from the middle of March 2021. Since the middle of December 2021, a third wave of cases soared up exceeding the highest number of single day cases reported in the past surges towards the end of January 2022, however the trend has been decreasing since then.
The cumulative case incidence has been increasing in Nepal since the first case was confirmed on 23 January 2020. Cases have been largely reported from Bagmati Province followed by Province 1 and Lumbini Province.
There were 26 new cases reported in the past week in Province 1. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 44% in the past week compared to the previous week. There was no death reported in the past week, 100% decline from that in the previous week. The test positivity rate in Province 1 decreased to 1.1% in the past week. A total of 1892 tests were performed in the past week, 61% more than that in the previous week.
There were 26 new cases reported in the past week in Madhesh province. Since a peak in week 3, cases are continuously decreasing. However, cases have increased by 100% in the past week compared to the previous week. There was no death reported in the past week, same as that in the previous week. The test positivity rate in Madhesh increased to 4.7% in the past week. A total of 299 tests were performed in the past week, 24% less than that in the previous week.
In Bagmati, 51 new cases were reported in the past week. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 42% in the past week compared to the previous week. There was no death reported in the past week, same as that in the previous week. The test positivity rate in Bagmati decreased to 0.4% in the past week. A total of 24,404 tests were performed in the past week, 19% more than that in the previous week.

Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020 (not shown here). Reference dates used in order of preference as available - Date onset/Date of sample collection/Date of confirmation.
Figure 3A4: RT-PCR confirmed COVID-19 cases in Gandaki Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 03 April 2022)

In Gandaki, 13 new cases were reported in the past week. Since a peak in week 4, cases are in a decreasing trend. Cases have decreased by 19% in the past week compared to the previous week. There was no death reported in the past week, same as that in the previous week. The test positivity rate in Gandaki increased to 2.1% in the past week. A total of 291 tests were performed in the past week, 52% less than that in the previous week.

Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020 (not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation.
Lumbini reported 13 new cases in the past week. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 43% in the past week compared to the previous week. There was no death reported in the past week, same as that in the previous week. The test positivity rate in Lumbini decreased to 1.1% in the past week. A total of 467 tests were performed in the past week, 28% less than that in the previous week.

Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020 (not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation.
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**Figure 3A6: RT-PCR confirmed COVID-19 cases in Karnali Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate** (Data reported on 03 April 2022)

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**Note:** The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020 (not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation.

In Karnali, no new cases were reported in the past week. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 100% in the past week compared to the previous week. There was no death reported in the past week, same as that in the previous week. The test positivity rate in Karnali remain 0.0% in the past week with no test reported in the past week.
In Sudurpaschim, 14 new cases were reported in the past week. Since a peak in week 4, cases are in a decreasing trend. Cases have decreased by 7% in the past week compared to the previous week. There was no death reported in the past week, same as that in the previous week. The test positivity rate in Sudurpaschim decreased to 6.2% in the past week. A total of 130 tests were performed in the past week, 21% less than that in the previous week.
### Table 1: Summary of confirmed COVID-19 cases, deaths and transmission by provinces. (Data reported on 03 April 2022 up to 19:00:00)

<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases RT-PCR Tests</th>
<th>Total confirmed cumulative cases Antigen RDT test</th>
<th>Total confirmed cumulative cases</th>
<th>% of total confirmed cumulative cases</th>
<th>Total cumulative deaths</th>
<th>Transmission classification</th>
<th>Total confirmed cases in last 14 days Antigen RDT test</th>
<th>Total confirmed cases in last 14 days RT-PCR test</th>
<th>Total confirmed cases in last 14 days</th>
<th>% of total confirmed cumulative cases in last 14 days</th>
<th>Total Deaths in last 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>127497</td>
<td>29609</td>
<td>157106</td>
<td>14.3</td>
<td>1715</td>
<td>Community transmission</td>
<td>5</td>
<td>44</td>
<td>49</td>
<td>13.0</td>
<td>1</td>
</tr>
<tr>
<td>Madhesh</td>
<td>53163</td>
<td>1150</td>
<td>54313</td>
<td>4.9</td>
<td>783</td>
<td>Community transmission</td>
<td>0</td>
<td>39</td>
<td>39</td>
<td>10.3</td>
<td>0</td>
</tr>
<tr>
<td>Bagmati</td>
<td>526757</td>
<td>29935</td>
<td>556692</td>
<td>50.7</td>
<td>5163</td>
<td>Community transmission</td>
<td>8</td>
<td>139</td>
<td>147</td>
<td>38.9</td>
<td>0</td>
</tr>
<tr>
<td>Gandaki</td>
<td>93639</td>
<td>22860</td>
<td>116499</td>
<td>10.6</td>
<td>1419</td>
<td>Community transmission</td>
<td>9</td>
<td>29</td>
<td>38</td>
<td>10.1</td>
<td>0</td>
</tr>
<tr>
<td>Lumbini</td>
<td>109396</td>
<td>25519</td>
<td>134915</td>
<td>12.3</td>
<td>1864</td>
<td>Community transmission</td>
<td>15</td>
<td>36</td>
<td>51</td>
<td>13.5</td>
<td>0</td>
</tr>
<tr>
<td>Karnali</td>
<td>23900</td>
<td>5889</td>
<td>29789</td>
<td>2.7</td>
<td>491</td>
<td>Community transmission</td>
<td>20</td>
<td>4</td>
<td>24</td>
<td>6.3</td>
<td>0</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>44123</td>
<td>5422</td>
<td>49545</td>
<td>4.5</td>
<td>516</td>
<td>Community transmission</td>
<td>0</td>
<td>29</td>
<td>29</td>
<td>7.7</td>
<td>0</td>
</tr>
<tr>
<td><strong>National Total</strong></td>
<td><strong>978475</strong></td>
<td><strong>120384</strong></td>
<td><strong>1098859</strong></td>
<td><strong>100</strong></td>
<td><strong>11951</strong></td>
<td>Community transmission</td>
<td><strong>58</strong></td>
<td><strong>320</strong></td>
<td><strong>378</strong></td>
<td><strong>100</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>

*Total reported in Health Emergency Operation Center (HEOC) Sitrep as of 03 March 2022, 140,140 but IMU reported 120,384

Notes:
1. The source for case data used in this update is from RT-PCR test positivity reported by laboratories from various locations across Nepal, as shared by HEOC Sitrep; and IMU/IHIMS.
2. Case data is screened and cleaned by our data team for double entry, wrong entry and manual errors such as cities name in place of districts, district name in place of province etc.
3. Whereas the test positivity rate is calculated based on the test positivity reported in Sitrep for RT-PCR which may or may not be scrutinized or cleaned the same way and mark the cases on location of the laboratories rather than their place of residence.
Figure 4: Distribution of RT-PCR positive COVID-19 cases by age and sex (N=973,451) (Data reported on 03 April 2022 up to 19:00:00)

Overall, the sex-distribution remains skewed towards males. The incidence of cases is higher in the economically productive age group (15-54 years) for both males and females.

Note: Core epidemiological variables under process for 5024 cases.
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Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths in RT-PCR confirmed COVID-19 cases (N=978,475) (Data reported on 03 April 2022 up to 19:00:00)

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Total confirmed cases</th>
<th>Death (male)</th>
<th>Death (female)</th>
<th>Deaths with any known comorbid condition</th>
<th>Age specific case fatality ratio (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>9117</td>
<td>16</td>
<td>23</td>
<td>13</td>
<td>0.43</td>
</tr>
<tr>
<td>5-14</td>
<td>33686</td>
<td>13</td>
<td>7</td>
<td>10</td>
<td>0.06</td>
</tr>
<tr>
<td>15-24</td>
<td>148032</td>
<td>91</td>
<td>96</td>
<td>69</td>
<td>0.13</td>
</tr>
<tr>
<td>25-34</td>
<td>270966</td>
<td>386</td>
<td>264</td>
<td>149</td>
<td>0.24</td>
</tr>
<tr>
<td>35-44</td>
<td>202187</td>
<td>875</td>
<td>450</td>
<td>279</td>
<td>0.66</td>
</tr>
<tr>
<td>45-54</td>
<td>141526</td>
<td>1385</td>
<td>643</td>
<td>564</td>
<td>1.43</td>
</tr>
<tr>
<td>55-64</td>
<td>90012</td>
<td>1682</td>
<td>796</td>
<td>769</td>
<td>2.75</td>
</tr>
<tr>
<td>65-74</td>
<td>48488</td>
<td>1631</td>
<td>885</td>
<td>940</td>
<td>5.19</td>
</tr>
<tr>
<td>75-84</td>
<td>22833</td>
<td>1221</td>
<td>654</td>
<td>762</td>
<td>8.21</td>
</tr>
<tr>
<td>85+</td>
<td>6604</td>
<td>519</td>
<td>288</td>
<td>274</td>
<td>12.22</td>
</tr>
<tr>
<td>Unknown</td>
<td>5024</td>
<td>19</td>
<td>7</td>
<td>11</td>
<td>0.52</td>
</tr>
<tr>
<td>National</td>
<td>978475</td>
<td>7838</td>
<td>4113</td>
<td>3840</td>
<td>1.22</td>
</tr>
</tbody>
</table>

Case Fatality ratio (CFR, in%) = \( \frac{\text{Number of deaths from disease}}{\text{Number of confirmed cases of disease}} \times 100 \)

Note: COVID-19 positive lab result is temporally associated with death; causal association under investigation.

A total of 11,951 deaths have been reported. Out of the total deaths, 7,838 (65.6%) were male and 4,113 (34.4%) were female. Amongst the deaths, 3,840 persons (32.1%) had at least one known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1%, it progressively increases with age beyond 65 years of age, ranging from 5.2% to 12.2%. 
PREPAREDNESS AND RESPONSE

What are the Government of Nepal (GoN) & the Ministry of Health & Population (MoHP) doing?

- COVID-19 vaccination campaign is going simultaneously in all provinces of the country

What is the WHO Country Office for Nepal doing?

**Laboratory Diagnosis**

- A total of 55,56,836 RT-PCR tests were performed nationwide by 105 designated COVID-19 labs functional across the nation (as of 3rd April 2022).
- Supported the National Public Health Laboratory (NPHL) in monitoring the quality standard of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of 8 designated COVID-19 laboratories participated in the NQAP this week. The result of all the participating laboratories was >90% concordant.
- Continued facilitating NPHL in coordinating with designated COVID-19 laboratories and collecting, editing the poster templates for the upcoming conference program on "COVID-19 Laboratory Experience Sharing".

**Technical Expertise and Training**

- Continued routine work from the team of Technical Expertise and Training

**Operational Support and Logistics**

- Continued routine work from the team of Operation Support and Logistics
- Operation Support and Logistics team supported to conduct the following events organized by different pillars:
  - Handover ceremony of Skill labs on 24 March 2022 (WHO handed over Skill labs items to NHTC and NHTC handed over to COVID-19 Unified Central Hospital-Bir Hospital)
  - Parliamentarian Interaction Program on Risk Communication and Community Engagement and COVID-19 Vaccination at Janakpur on 26 March 2022 and Biratnagar on 28 March 2022. The support included to the development of conference packages and management of travels with accommodation for Government officials and other participants.

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2 The routine works of the technical expertise and training team included technical support to the Ministry of Health and Population and its department for developing different guidelines/manuals, conducting health programs and conducting capacity building activities. In order to perform these activities, the team coordinates and discuss with relevant government authorities and partners for effective planning and conducting the various activities.

3 The routine works of the operation support and logistics team included technical support to the Management Division of the Department of Health Services for the forecasting, quantification, procurement, and distribution plan of COVID-19 commodities. The other routine activities included daily operational support to the WHO country office and seven provincial health emergency operation centers, including fleet and travel management and the procurement of required logistics and supplies.
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- Received remaining items of Assistive devices and physio equipment for Dhulikhel Hospital from local vendors.

**Risk Communication and Community Engagement**

- Regular support to MoHP media briefing.
- WHO supported MoHP to organize an interaction program on the importance of risk communication and community engagement with parliamentarians of Province 1 at Biratnagar on 28 March 2022. The program is part of a series of interaction with parliamentarians organized by the Ministry of Health and Population (MoHP), under the coordination of the National Assembly and technical support from WHO, Country Office for Nepal. Through these programs, the MoHP aims to highlight the role of parliamentarians in promoting vaccine uptake, increasing public adherence to health and social measures, and in disseminating accurate and scientific information to their constituents. WHO provided technical support and conducted sessions on risk communication, vaccination strategies, the science behind public health and social measures, and noncommunicable diseases.

- Episode 69 of Science in 5 (COVID-19: Tracking Variants) was translated, dubbed, and published via the following links:
  i. Nepali: Facebook [link]; OneDrive [link]; YouTube [link]

- Episode 27 of Science in 5 podcast in Nepali language was released on Soundcloud (link [here]). The topic of the episode was inequity related to COVID-19 vaccines, tests, and treatment; how its affecting COVID-19 response; and how we can address it. The news was shared via Facebook (link [here]) and Twitter (link [here] (English); link [here] (Nepali)). The teaser was also shared via Facebook (link [here]) and Twitter (link [here] (English); link [here] (Nepali)).

- The MoHP press briefings on COVID-19 are being shared via Facebook and Twitter.

- The following documents were uploaded on ReliefWeb (link [here]):
  i. Daily Focused COVID-19 Media Monitoring,
  ii. Weekly COVID-19 EPI Dashboard, and
• IEC materials on the following topics were shared via WHO, Country Office for Nepal, social media:
  iv. *Tuberculosis and COVID-19*,
  v. *Aspirin does not cure COVID-19*,
  vi. *Safety and efficacy of COVID-19 vaccines*,
  vii. *COVID-19 variants*,
  viii. *Importance of a healthy lifestyle and COVID-19*,

What are the health clusters partners doing?
• UNICEF and WHO are providing overall support for COVID-19 vaccination campaign in close coordination with health partners and donors.
• All members of the Health Cluster are advocating swift supply of COVID-19 vaccines to Nepal through available channels.
• All members of the Health Cluster are supporting the COVID-19 vaccination campaign of Nepal.
• Health partners are continuing their technical, operational, and logistics support for COVID-19 responses to health-related offices and institutions throughout the country.
WHO’s STRATEGIC OBJECTIVES FOR COVID-19 RESPONSE- link here

RECOMMENDATION AND ADVICE FOR THE PUBLIC

- Protect yourself
- Questions and answers
- Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities

USEFUL LINKS

- MoHP COVID-19 official portal is available here.
- Nepal COVID-19 regular updates and resources are available here.
- For COVID-19 updates from the WHO South-East Asia Region Office, please visit here.
- For information about coronavirus disease (COVID-19) Pandemic from WHO, please visit here.
- Please visit this site for all technical guidance from WHO.
- Online courses on COVID-19 from WHO can be found here.
- WHO Coronavirus (COVID-19) Dashboard can be found here.
- Visit the WHO Nepal Facebook page and webpage on COVID-19 here.

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