Situation Update #105 - Coronavirus Disease 2019 (COVID-19)  
WHO Country Office for Nepal  

Reporting Date: 11 - 17 April 2022 (EPI Week 15)  

HIGHLIGHTS  
(Data published in the MoHP Situation Report as of 17 April 2022 and same data published in EDCD Report as of 18 April 2022)  

- Of the total RT-PCR confirmed COVID-19 cases, 98.7% (966,339) of cases have recovered, 0.1% (375) are active cases and 1.2% (11,951) are deaths.  
- Among the total active cases, 96.0% (360) cases are in home isolation; 4.0% (15) of cases are undergoing hospital/institutional isolation. While 2.4% (9) of active cases require ICU admission, 11.1% (1) 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 (94) reported this week, 39.4% (37) are from Kathmandu district followed by Kailali district 7.4% (7). Majority of the new cases 45.7% (43) have been reported from Kathmandu Valley (Kathmandu, Lalitpur and Bhaktapur), Bagmati Province.  
- COVID-19 vaccination coverage status (as of 17 April 2022)  

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>First dose</th>
<th>Second dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covi-AstraZeneca</td>
<td>5,168,342</td>
<td>4,198,305</td>
</tr>
<tr>
<td>Vero Cell</td>
<td>10,260,238</td>
<td>9,076,805</td>
</tr>
<tr>
<td>Janssen</td>
<td>3,299,341</td>
<td>235,495</td>
</tr>
<tr>
<td>Pfizer</td>
<td>324,644</td>
<td>Second dose</td>
</tr>
<tr>
<td>Moderna</td>
<td>3,099,633</td>
<td>2,565,233</td>
</tr>
</tbody>
</table>

SITUATION OVERVIEW  
(Data as of 17 April 2022)  

NEPAL  
Cumulative confirmed cases  
RT-PCR: 978,665  
Antigen RDT: 140,162  
Cumulative deaths: 11,951  
Cumulative tests  
RT-PCR: 5,596,515  
Antigen RDT: 1,150,971

SOUTH-EAST ASIA REGION  
Cumulative cases (%)  
57,572,881 (11%)  
Cumulative deaths (%)  
781,950 (13%)  

GLOBAL  
Cumulative cases (%)  
502,581,838 (100%)  
Cumulative deaths (%)  
6,199,269 (100%)  

NEPAL EPIDEMIOLOGICAL SITUATION  
- As of 17 April 2022, a total of 978,665 COVID-19 cases were confirmed through polymerase chain reaction (RT-PCR); 5,596,515 RT-PCR tests have been performed nationwide by designated functional COVID-19 laboratories. A total of 140,162 cases were confirmed through Antigen RDT; 1,150,971 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 15 ranged from 0.0% (Karnali province) to 7.7% (Sudurpashchim province), with a national positivity rate at 0.5%.  
- Overall, the sex-distribution remains skewed towards males, who constitute 59% (575,451/978,665) of the RT-PCR confirmed cases. Amongst the males, 78% (450,624/575,451) are in the economically productive age group (15-54 years).  
- A total of 20,215 RT-PCR tests were performed in week 15, 4% more than that in week 14 (19,464). A total of 8,499 Antigen tests were performed in week 15, 29% less than that in week 14 (11,901). A
total of 28,714 tests (PCR plus AgRDT) were performed in week 15, 8% less than that in week 14 (31,365).

**National Influenza Surveillance**

- NIC-NPHL reported 2 Diagnostic Influenza sample on EPID-week 15 (11th - 17th April 2022). The samples tested negative for both Influenza and SARS-CoV-2.
- Out of the total SARS-CoV-2 samples that tested Negative at NPHL on EPID-week 15 (11th - 17th April 2022), 93 SARS-CoV-2 Negative samples were tested for Influenza. None of the samples tested positive for Influenza.
- From January 3rd, 2022 until April 17th, 2022:
  - A total of 4 samples have been tested positive for Influenza (2 Influenza B Positive and 2 Influenza A/H3) from 1769 samples (Sentinel and non-sentinel samples including SARS-CoV-2 Negative SARI and ILI cases).
  - Similarly, 206 samples have been tested positive for SARS-CoV-2 from 489 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=978,665) (Data reported on 17 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.
Situation Update #105 - Corona virus Disease 2019 (COVID-19)
WHO Country Office for Nepal
Friday 22 April 2022

Figure 3A1: RT-PCR confirmed COVID-19 cases in Province 1: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 17 April 2022)

There were 9 new cases reported in the past week in Province 1. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 55% 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 Province 1 decreased to 0.3% in the past week. A total of 764 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.
There were 6 new cases reported in the past week in Madhesh province. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 45% 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 remained at 0% in the past week. A total of 110 tests were performed in the past week, 38% less than that in the previous week.
In Bagmati, 55 new cases were reported in the past week. Since a peak in week 3, cases are continuously decreasing. However, cases have increased by 38% 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 remained at 0.4% in the past week. A total of 18,717 tests were performed in the past week, 7% more than that in the previous week.
In Gandaki, 8 new cases were reported in the past week. Since a peak in week 4, cases are in a decreasing trend. However, cases have increased by 14% 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 decreased to 1.1% in the past week. A total of 261 tests were performed in the past week, 16% less than that in the previous week.
**Situation Update #105 - Corona virus Disease 2019 (COVID-19)

WHO Country Office for Nepal
Friday 22 April 2022

Figure 3A5: RT-PCR confirmed COVID-19 cases in Lumbini Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 17 April 2022)

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 6 new cases in the past week. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 33% 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 increased to 1.6% in the past week. A total of 243 tests were performed in the past week, 36% less than that in the previous week.
In Karnali, 1 new case was reported in the past week. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 50% 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 remains 0.0% in the past week with 3 tests performed reported in the past 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.
In Sudurpashchim, 9 new cases were reported in the past week. Since a peak in week 4, cases are in a decreasing trend. However, cases have increased by 29% 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 Sudurpashchim increased to 7.7% in the past week. A total of 117 tests were performed in the past week, 63% 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.
### Table 1: Summary of confirmed COVID-19 cases, deaths and transmission by provinces. (Data reported on 17 April 2022 up to 19:00:00)

<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases RTPCR Tests</th>
<th>Total Confirmed cumulative cases Antigen RDT test</th>
<th>Total confirmed cumulative cases Antigen RDT test</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>127526</td>
<td>29610</td>
<td>157136</td>
<td>14.3</td>
<td>1715</td>
<td>Community transmission</td>
<td>1</td>
<td>29</td>
<td>30</td>
<td>14.3</td>
<td>0</td>
</tr>
<tr>
<td>Madhesh</td>
<td>53180</td>
<td>1150</td>
<td>54330</td>
<td>4.9</td>
<td>783</td>
<td>Community transmission</td>
<td>0</td>
<td>17</td>
<td>17</td>
<td>8.1</td>
<td>0</td>
</tr>
<tr>
<td>Bagmati</td>
<td>526852</td>
<td>29937</td>
<td>556789</td>
<td>50.7</td>
<td>5163</td>
<td>Community transmission</td>
<td>2</td>
<td>95</td>
<td>97</td>
<td>46.2</td>
<td>0</td>
</tr>
<tr>
<td>Gandaki</td>
<td>93654</td>
<td>22866</td>
<td>116520</td>
<td>10.6</td>
<td>1419</td>
<td>Community transmission</td>
<td>6</td>
<td>15</td>
<td>21</td>
<td>10.0</td>
<td>0</td>
</tr>
<tr>
<td>Lumbini</td>
<td>109411</td>
<td>25529</td>
<td>134940</td>
<td>12.3</td>
<td>1864</td>
<td>Community transmission</td>
<td>10</td>
<td>15</td>
<td>25</td>
<td>11.9</td>
<td>0</td>
</tr>
<tr>
<td>Karnali</td>
<td>23903</td>
<td>5890</td>
<td>29793</td>
<td>2.7</td>
<td>491</td>
<td>Community transmission</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>1.9</td>
<td>0</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>44139</td>
<td>5422</td>
<td>49561</td>
<td>4.5</td>
<td>516</td>
<td>Community transmission</td>
<td>0</td>
<td>16</td>
<td>16</td>
<td>7.6</td>
<td>0</td>
</tr>
<tr>
<td>National Total</td>
<td>978665</td>
<td>120404*</td>
<td>1099069</td>
<td>100</td>
<td>11951</td>
<td>Community transmission</td>
<td>20</td>
<td>190</td>
<td>210</td>
<td>100</td>
<td>0</td>
</tr>
</tbody>
</table>

*Total reported in Health Emergency Operation Center (HEOC) Sitrep as of 17 April 2022, 140,162 but IMU reported 120,404

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=973,637) (Data reported on 17 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 5028 cases.
Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths in RT-PCR confirmed COVID-19 cases (N=978,665) (Data reported on 17 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>9119</td>
<td>16</td>
<td>23</td>
<td>13</td>
<td>0.43</td>
</tr>
<tr>
<td>5-14</td>
<td>33692</td>
<td>13</td>
<td>7</td>
<td>10</td>
<td>0.06</td>
</tr>
<tr>
<td>15-24</td>
<td>148049</td>
<td>91</td>
<td>96</td>
<td>69</td>
<td>0.13</td>
</tr>
<tr>
<td>25-34</td>
<td>271028</td>
<td>386</td>
<td>264</td>
<td>149</td>
<td>0.24</td>
</tr>
<tr>
<td>35-44</td>
<td>202220</td>
<td>875</td>
<td>450</td>
<td>279</td>
<td>0.66</td>
</tr>
<tr>
<td>45-54</td>
<td>141548</td>
<td>1385</td>
<td>643</td>
<td>564</td>
<td>1.43</td>
</tr>
<tr>
<td>55-64</td>
<td>90035</td>
<td>1682</td>
<td>796</td>
<td>769</td>
<td>2.75</td>
</tr>
<tr>
<td>65-74</td>
<td>48506</td>
<td>1631</td>
<td>885</td>
<td>940</td>
<td>5.19</td>
</tr>
<tr>
<td>75-84</td>
<td>22834</td>
<td>1221</td>
<td>654</td>
<td>762</td>
<td>8.21</td>
</tr>
<tr>
<td>85+</td>
<td>6606</td>
<td>519</td>
<td>288</td>
<td>274</td>
<td>12.22</td>
</tr>
<tr>
<td>Unknown</td>
<td>5028</td>
<td>19</td>
<td>7</td>
<td>11</td>
<td>0.52</td>
</tr>
<tr>
<td><strong>National</strong></td>
<td><strong>978665</strong></td>
<td><strong>7838</strong></td>
<td><strong>4113</strong></td>
<td><strong>3840</strong></td>
<td><strong>1.22</strong></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 55,96,515 RT-PCR tests were performed nationwide by 105 designated COVID-19 labs functional across the nation (as of 17th April 2022).
• Facilitated National Influenza Centre at NPHL in designing of posters, book of Abstract and in communicating with the designated COVID-19 laboratories for the program "Experience sharing of COVID-19 Laboratories: A poster Walk " to be held on 18th April 2022.
• Technical support provided to NPHL in conducting genome sequencing of 48 SARS-CoV-2 positive samples. Omicron variant was detected in all those samples.
• Technical support provided to NPHL in uploading genome sequencing data in GISAID (Global Initiative on Sharing All Influenza Data) platform.

Technical Expertise and Training

• Continued routine work from the team of Technical Expertise and Training²

Operational Support and Logistics

• Continued routine work from the team of Operation Support and Logistics³

Risk Communication and Community Engagement

• Regular support to the Health Coordination Division and Spokesperson of Ministry of Health and Population (MoHP) for the weekly briefing on national television. MoHP has decided to revise the modality and title of the briefing program. The program solely dedicated on COVID-19, will now cover key messages and updates on other pertinent public health issues as well. The program is live telecasted from Nepal Television on weekly basis, every Wednesday at 4:15 PM. In last weeks' briefing, updates on COVID-19, COVID-19 and Typhoid vaccine campaign and coverage status in Nepal, revised time interval between primary series and booster dose of COVID-19 vaccine (changed to 3 months from 6 months), message on importance of PHSM and personal hygiene in context of COVID-19 and typhoid diseases, National campaign on Vitamin A and deworming, Immunization week and immunization month celebration in Nepal and its importance and key message on oral health were shared.

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.
• Communication support to MoHP to during the visit of Director General of WHO Dr Tedros and Regional Director of WHO SEARO and delegation from WHO HQ and SEARO. The key support included drafting of talking points on behalf of Health Minister and Health Secretary for the official meetings, Translation support, Drafting of MoHP Press Release on DG visit to Nepal and talking points for Health Minister for the Press meet organized by MoHP.
• The MoHP press briefings on COVID-19 are being shared via Facebook and Twitter.
• The following documents were uploaded on ReliefWeb (link here):
  - Weekly COVID-19 EPI Dashboard, and
• IEC materials on the following topics were shared via WHO, Country Office for Nepal, social media:
  - Diabetes and COVID-19,
  - HIV and COVID-19,
  - The importance of still wearing masks,
  - The correct way to wear a mask,
  - Reducing risk for noncommunicable diseases and COVID-19,
  - Importance of a healthy lifestyle and COVID-19,
  - Safety and efficacy of COVID-19 vaccines,
  - Importance of following public health measures even after COVID-19 vaccinations,
  - Safe festival celebrations and COVID-19,
  - Mental health and COVID-19,
  - Smoking and COVID-19.

What are the health clusters partners doing?
• Continued routine work from the team of Partner Coordination and Donor Relation
• 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.

---

4 The routine works include coordinating with all the divisions, units, centers of Ministry of Health and Population (MoHP) and Department of Health Services (DoHS), and the health partners for effective conduction of Health Cluster Coordination meeting. Furthermore, the works included the documentation and distribution of meeting minutes, health partner’s support updates in the 3Ws (Who, What, Where) and thematic mapping, updates of WHO’s support in the UNRCO 3W sheet, participate in multi-sectoral and emergency and disaster preparedness and response platforms and activities and the humanitarian country team operational meetings. Moreover, necessary support for effective coordination of Health Emergency Operation Centre (HEOC) with different stakeholders is provided.
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.

CONTACT DETAILS

WHO Representative
Dr. Rajesh Sambhajirao Pandav
WHO Representative to the
Government of Nepal
Email: pandavr@who.int

WHO Incident Manager/ Health Cluster Co-lead
Dr. Allison Gocotano
Team Leader - WHO Health Emergencies Program (WHE)
WHO Country Office for Nepal
Email: gocotanoa@who.int

Communication/Media Focal Point
Ms. Tsering Dolkar Gurung
Media, Communication and Public Information Officer
WHO Country Office for Nepal
Email: gurungt@who.int