Situation Update #106 - Coronavirus Disease 2019 (COVID-19)
WHO Country Office for Nepal

Reporting Date: 18 - 24 April 2022 (EPI Week 16)

HIGHLIGHTS
(Data published in the MoHP Situation Report as of 14 April 2022 and same data published in EDCD Report as of 25 April 2022)

- Of the total RT-PCR confirmed COVID-19 cases, 98.75% (966,523) of cases have recovered, 0.03% (269) are active cases and 1.22% (11,951) are deaths.
- Among the total active cases, 99.3% (267) cases are in home isolation; 0.7% (2) of cases are undergoing hospital/institutional isolation. None of the active cases require ICU admission.
- None of the districts reported more than 500 active cases.
- Among the new RT-PCR confirmed cases (78) reported this week, 42.3% (33) are from Kathmandu district followed by Kailali district 9.0% (7). Majority of the new cases 52.6% (41) have been reported from Kathmandu Valley (Kathmandu, Lalitpur and Bhaktapur), Bagmati Province.
- COVID-19 vaccination coverage status (as of 24 April 2022)

<table>
<thead>
<tr>
<th></th>
<th>Cov-AstraZeneca</th>
<th>Vero Cell</th>
<th>Janssen</th>
<th>Pfizer</th>
<th>Moderna</th>
</tr>
</thead>
<tbody>
<tr>
<td>First dose</td>
<td>5,182,300</td>
<td>10,262,781</td>
<td>3,328,206</td>
<td>324,727</td>
<td>3,103,650</td>
</tr>
<tr>
<td>Second dose</td>
<td>4,241,717</td>
<td>9,088,807</td>
<td></td>
<td>235,836</td>
<td>2,584,686</td>
</tr>
</tbody>
</table>

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 24 April 2022, a total of 978,743 COVID-19 cases were confirmed through polymerase chain reaction (RT-PCR); 5,616,752 RT-PCR tests have been performed nationwide by designated functional COVID-19 laboratories. A total of 140,162 cases were confirmed through Antigen RDT; 1,160,105 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 16 ranged from 0.0% (Madhesh province) to 5.8% (Sudurpashchim province), with a national positivity rate at 0.4%. Karnali province did not report any test performed in the last week.
- Overall, the sex-distribution remains skewed towards males, who constitute 59% (575,496/978,743) of the RT-PCR confirmed cases. Amongst the males, 78% (450,650/575,496) are in the economically productive age group (15-54 years).
- A total of 20,237 RT-PCR tests were performed in week 16, similar to that in week 15 (20,215). A total of 9,134 Antigen tests were performed in week 16, 7% more than that in week 15 (8,499). A total of 29,371 tests (PCR plus AgRDT) were performed in week 16, 2% more than that in week 15 (28,714).
National Influenza Surveillance

- NIC-NPHL reported 1 Diagnostic Influenza sample on EPID-week 16 (18th -24th April 2022). The sample 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 16 (18th -24th April 2022), 68 SARS-CoV-2 Negative samples were tested for Influenza. None of the samples tested positive for Influenza.
- From January 3rd, 2022 until April 24th, 2022:
  - A total of 4 samples have been tested positive for Influenza (2 Influenza B Positive and 2 Influenza A/H3) from 1837 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 490 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/

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=978,743) (Data reported on 24 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 7 new cases reported in the past week in Province 1. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 22% 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 increased to 0.6% in the past week. A total of 862 tests were performed in the past week, 13% more than that in the previous week.
There were 3 new cases reported in the past week in Madhesh province. 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 Madhesh remained at 0% in the past week. A total of 195 tests were performed in the past week, 77% more than that in the previous week.
In Bagmati, 47 new cases were reported in the past week. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 15% 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 0.3% in the past week. A total of 18,621 tests were performed in the past week, 1% less 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. Cases have remained the same 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 2.7% in the past week. A total of 258 tests were performed in the past week, 1% less than that in the previous week.
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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 24 April 2022)

Lumbini reported 5 new cases in the past week. Since a peak in week 3, cases are continuously decreasing. Cases have decreased by 17% 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 0.5% in the past week. A total of 198 tests were performed in the past week, 19% 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.
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 24 April 2022)

In Karnali, 1 new case was reported in the past week. Since a peak in week 3, cases are continuously decreasing. Cases have remained the same 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 remained at 0.0% in the past week with no test 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, 7 new cases were reported in the past week. Since a peak in week 4, cases are in a decreasing trend. Cases have decreased by 22% 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 decreased to 5.8% in the past week. A total of 103 tests were performed in the past week, 12% 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.
Table 1: Summary of confirmed COVID-19 cases, deaths and transmission by provinces. (Data reported on 24 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</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>127533</td>
<td>29611</td>
<td>157144</td>
<td>14.3</td>
<td>1715</td>
<td>Community transmission</td>
<td>1</td>
<td>16</td>
<td>17</td>
<td>8.5</td>
<td>0</td>
</tr>
<tr>
<td>Madhesh</td>
<td>53183</td>
<td>1154</td>
<td>54337</td>
<td>4.9</td>
<td>783</td>
<td>Community transmission</td>
<td>4</td>
<td>9</td>
<td>13</td>
<td>6.5</td>
<td>0</td>
</tr>
<tr>
<td>Bagmati</td>
<td>526899</td>
<td>29939</td>
<td>556838</td>
<td>50.7</td>
<td>5163</td>
<td>Community transmission</td>
<td>3</td>
<td>102</td>
<td>105</td>
<td>52.5</td>
<td>0</td>
</tr>
<tr>
<td>Gandaki</td>
<td>93662</td>
<td>22866</td>
<td>116528</td>
<td>10.6</td>
<td>1419</td>
<td>Community transmission</td>
<td>6</td>
<td>16</td>
<td>22</td>
<td>11.0</td>
<td>0</td>
</tr>
<tr>
<td>Lumbini</td>
<td>109416</td>
<td>25532</td>
<td>134948</td>
<td>12.3</td>
<td>1864</td>
<td>Community transmission</td>
<td>6</td>
<td>11</td>
<td>17</td>
<td>8.5</td>
<td>0</td>
</tr>
<tr>
<td>Karnali</td>
<td>23904</td>
<td>5895</td>
<td>29799</td>
<td>2.7</td>
<td>491</td>
<td>Community transmission</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>3.5</td>
<td>0</td>
</tr>
<tr>
<td>SudurPaschim</td>
<td>44146</td>
<td>5425</td>
<td>49571</td>
<td>4.5</td>
<td>516</td>
<td>Community transmission</td>
<td>3</td>
<td>16</td>
<td>19</td>
<td>9.5</td>
<td>0</td>
</tr>
<tr>
<td><strong>National Total</strong></td>
<td><strong>978743</strong></td>
<td><strong>120422</strong></td>
<td><strong>1099165</strong></td>
<td><strong>100</strong></td>
<td><strong>11951</strong></td>
<td>Community transmission</td>
<td><strong>28</strong></td>
<td><strong>172</strong></td>
<td><strong>200</strong></td>
<td><strong>100</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

*Total reported in Health Emergency Operation Center (HEOC) Sitrep as of 24 April 2022, 140,181 but IMU reported 120,422*

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 then their place of residence.
**Figure 4:** Distribution of RT-PCR positive COVID-19 cases by age and sex (N=973,713) *(Data reported on 24 April 2022 up to 19:00:00)*

*Note:* Core epidemiological variables under process for 5030 cases.

*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.*
Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths in RT-PCR confirmed COVID-19 cases (N=978,743) (Data reported on 24 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>33696</td>
<td>13</td>
<td>7</td>
<td>10</td>
<td>0.06</td>
</tr>
<tr>
<td>15-24</td>
<td>148056</td>
<td>91</td>
<td>96</td>
<td>69</td>
<td>0.13</td>
</tr>
<tr>
<td>25-34</td>
<td>271047</td>
<td>386</td>
<td>264</td>
<td>149</td>
<td>0.24</td>
</tr>
<tr>
<td>35-44</td>
<td>202232</td>
<td>875</td>
<td>450</td>
<td>279</td>
<td>0.66</td>
</tr>
<tr>
<td>45-54</td>
<td>141555</td>
<td>1385</td>
<td>643</td>
<td>564</td>
<td>1.43</td>
</tr>
<tr>
<td>55-64</td>
<td>90050</td>
<td>1682</td>
<td>796</td>
<td>769</td>
<td>2.75</td>
</tr>
<tr>
<td>65-74</td>
<td>48516</td>
<td>1631</td>
<td>885</td>
<td>940</td>
<td>5.19</td>
</tr>
<tr>
<td>75-84</td>
<td>22836</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>5030</td>
<td>19</td>
<td>7</td>
<td>11</td>
<td>0.52</td>
</tr>
<tr>
<td>National</td>
<td>978743</td>
<td>7838</td>
<td>4113</td>
<td>3840</td>
<td>1.22</td>
</tr>
</tbody>
</table>

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

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

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?

Leadership

- WHO Director General (DG) Dr. Tedros Ghebreyesus Adhanom and Regional Director (RD) Dr. Poonam Khetrapal Singh visited Nepal on 21-23 April upon the invitation of Honorable Health Minister Birodh Khatiwada. DG and RD paid courtesy calls on Rt. Hon. President, Rt. Hon. Prime Minister, Rt. Hon. Chairman of the National Assembly, Hon. Foreign Minister, and Hon. Health Minister. They also visited the National Public Health Laboratory and observed a typhoid vaccination site.

Laboratory Diagnosis

- A total of 56,16,752 RT-PCR tests were performed nationwide by 105 designated COVID-19 labs functional across the nation (as of 24th April 2022).
- Supported 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 7 designated COVID-19 laboratories participated in the NQAP this week. The result of all the participating laboratories was 100% concordant.
- Technical support to NPHL in validation of newly established lab, Apollo Hospital, Kathmandu. The designated laboratory sent 10 positive samples and 10 negative samples to NPHL to undergo the
validation process with 100% concordance result. WHO consultant supported in the validation, report preparation, and dissemination of the report.

- Technical and Financial support provided to National Influenza Centre at NPHL in conducting "Experience Sharing of COVID-19 Laboratories: A Poster Walk" held on 18th April 2022 at the NPHL premises. A total of 82 designated COVID-19 laboratories participated in the Poster Walk. The program was conducted under the leadership of director of NPHL. The chief guest was Honorable Health and Population State Minister, officials from Ministry of Health and Population and Department of Health services, representatives from Provincial Public Health Laboratories, Health Directorate, COVID-19 laboratories, External Development Partners, and Journalists participated in the program.

**Technical Expertise and Training**

- Continued routine work from the team of Technical Expertise and Training²
- Technical and financial support provided to conduct a workshop of finalization of training session plan for Basic Emergency Medical Technician. The workshop was conducted from 17 to 21 April 2022. Sixteen experts from Tribhuvan University Teaching Hospital, Dhulikhel Hospital, Patan Hospital, National Health Training Center, Mother and Infant Research Activities (MIRA), Nepal Ambulance Services (NAS) and Health Emergency Operation Center participated in the workshop.

**Operational Support and Logistics**

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

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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.
**Risk Communication and Community Engagement**

- With regards to the visit of WHO Director General Dr. Tedros and Regional Director Dr. Poonam Khetrapal Singh to Nepal, two press releases were issued. Press Release #1 can be read [here](#) and #2 [here](#).
- 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:
  - *COVID-19 preventive measures,*
  - *Importance of following public health measures even after COVID-19 vaccinations,*
  - *Reducing risk for noncommunicable diseases and COVID-19,*
  - *Importance of a healthy lifestyle and COVID-19,*
  - *The importance of still wearing masks,*
  - *The correct way to wear a mask.*

- Support in the finalization of the messages and recording video with WR to mark World Malaria Day 2022.
- Regular support to the Health Coordination Division and Spokesperson of Ministry of Health and Population (MoHP) for the weekly briefing on national television.

**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.

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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.

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Health Cluster Coordination Updates

- Prepared the Cluster Coordination Performance Monitoring (CCPM) tool in context of Nepal and the Health Cluster Coordination Meetings Analysis Tool and shared with Health Cluster Chair for finalization.
- Conducted meeting amongst the Health Cluster Co-chair and Health Cluster Secretariat to orient the team for Health Cluster Coordination Meetings’ document review and Focus Group Discussion processes.
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

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