

# Situation Update #33 - Coronavirus Disease 2019 (COVID-19)

WHO Country Office for Nepal

Wednesday 2 December 2020

**Reporting Date: 25 November- 1 December 2020**

## HIGHLIGHTS

- Of the total cases, 16,633 (7.09%) are active cases of which 53% continues to be hotspot of cases from Kathmandu metropolitan area with additional cases throughout wards and palikas of Kathmandu Valley.
- There are about 6 districts with more than 500 active cases reported this week- Kathmandu, Lalitpur, Kaski, Jhapa, Bhaktapur and Morang
- Presently 5,637 (33.9%) active cases are in home/ institutional isolation.
- Among critical case patients nationally, 370 patients are in intensive care (ICU) with 63 on ventilator support. On average, about 24 deaths per day were recorded this week.

## NEPAL EPIDEMIOLOGICAL SITUATION

- As of 2 December 2020, T07:00:00 hours (Week no. 49), a total 2,34,755 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 17,46,330 RT-PCR tests have been performed nationwide by 77 designated COVID-19 labs functional across the nation (as of 1st Dec 2020).
- In the last 14 days, 23,783 cases were reported which constitutes 10.1% of total confirmed cases. Out of 77 districts, only two districts, Manang (Gandaki Province) and Dolpa (Karnali Province) did not report any cases in the last 14 days as of 1<sup>st</sup> December 2020.
- All 7 provinces in the country are now experiencing transmission via clusters of cases.
- Total 77.6% (1,82,082/2,34,755) of cases were reported from three provinces, namely- Province 1, Bagmati Province and Lumbini Province. The Kathmandu valley area (Kathmandu, Bhaktapur, Lalitpur) in Bagmati Province has substantially high case load with 46.7% of national total (1,09,653/2,34,755), and 85.2% of the provincial total (1,09,653/1,28,746).
- Province-wise test positivity rate in Week 49 ranged from 2.4% (Province 2) to 25.2% (Bagmati Province), with the national positivity rate averaging 15.6%.
- Overall, the gender distribution remains skewed towards males, who constitute 65.6% (1,53,932/2,34,755) of the confirmed cases. Amongst the males, 82.4% (126774/153932) are

## SITUATION OVERVIEW

### NEPAL

*(Data as of 2 December 2020, 07:00:00 hours)*

**2,34,755 confirmed cases**

**1529 deaths**

**17,46,330 RT-PCR tests (As of 1 December 2020)**

### SOUTH-EAST ASIA REGION

*(Data as of 10am CEST 29 November 2020)*

**1,07,38,733 confirmed cases**

**1,63,454 deaths**

### GLOBAL

*(Data as of 10am CEST 29 November 2020)*

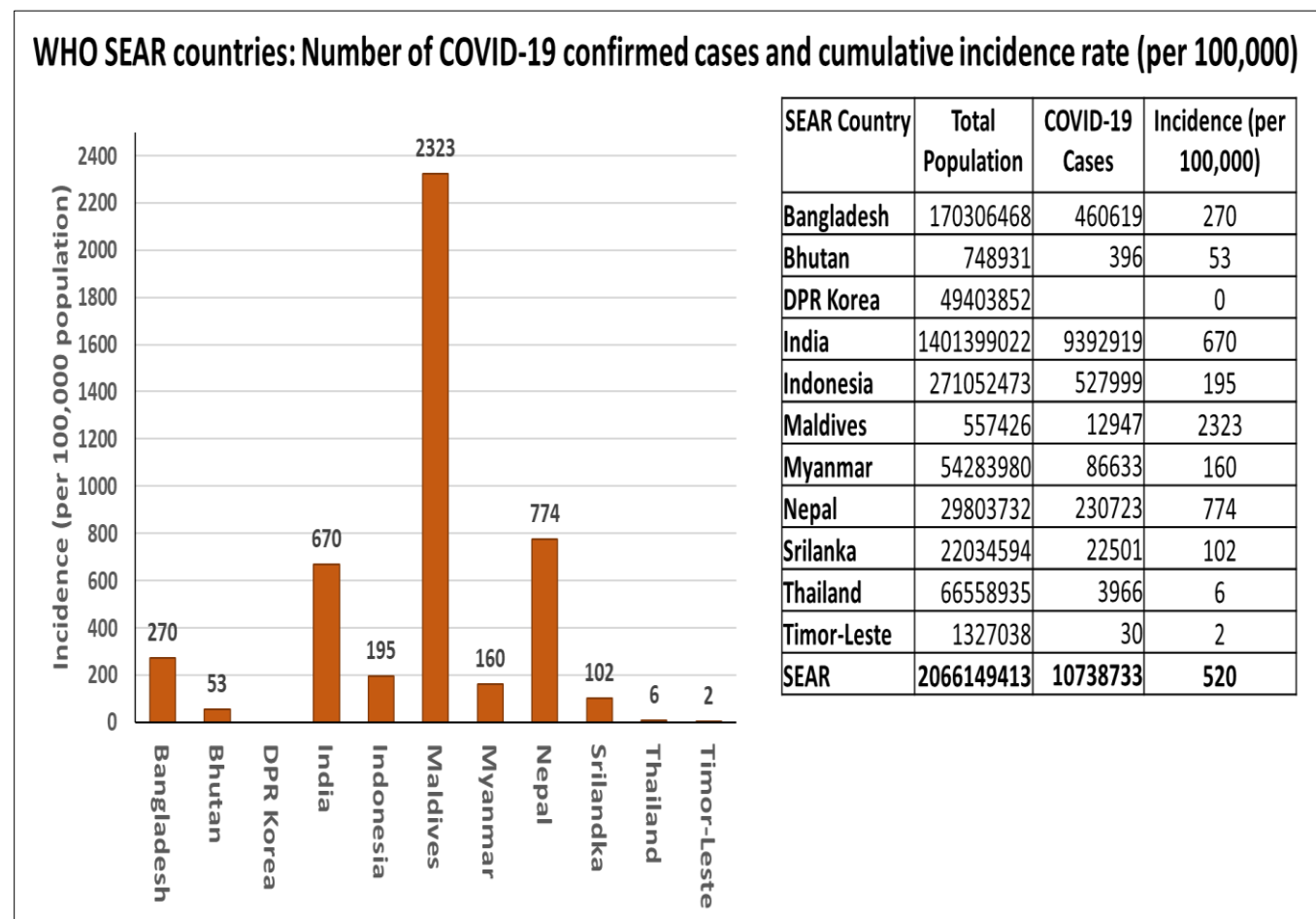
**6,18,66,635 confirmed cases**

**14,48,990 deaths**

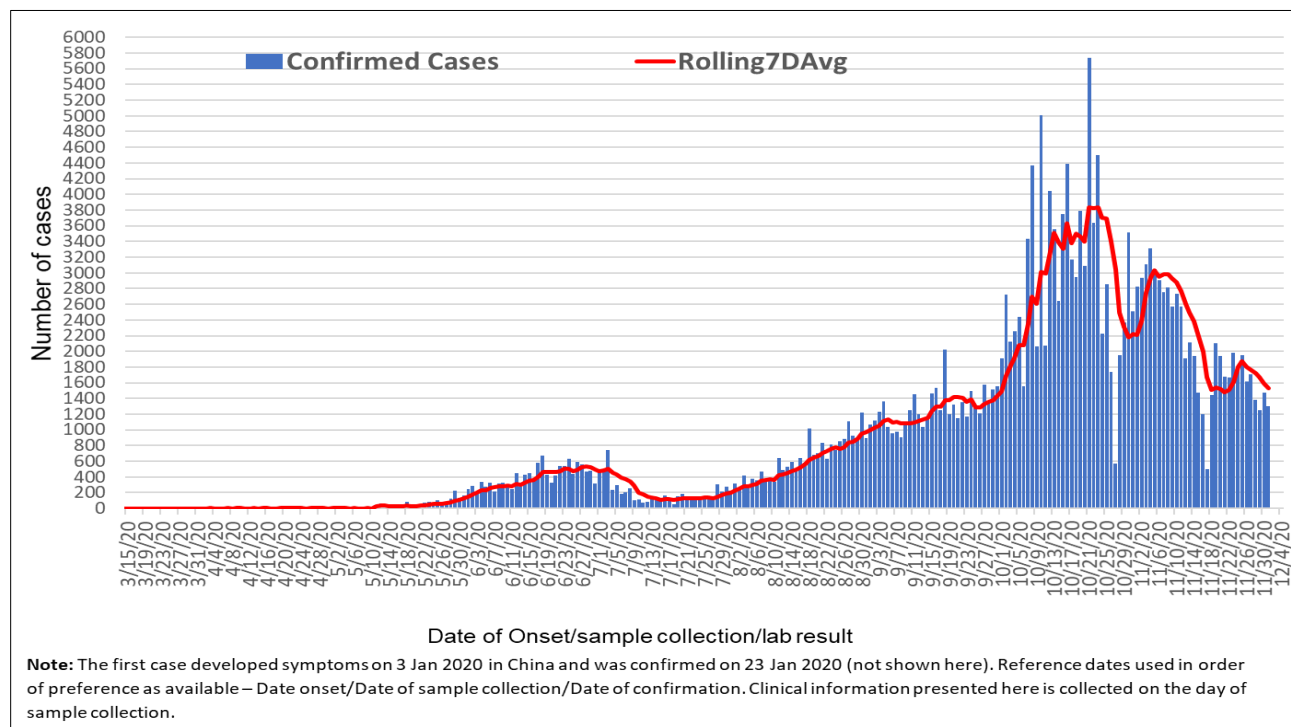
in the economically productive age group (15-54 years). However, this skewness is changing in some of the provinces, especially in Bagmati Province where a relatively high proportion of females are affected (39.3% of total cases in the province).

- As of date (2 December), total 1,529 deaths have been reported. Out of 1,529 deaths, 1,054 (68.9%) were males and 475 (31.1%) were females. Amongst the deaths, 1,016 persons (66.4%) had at least one known co-morbidity. All deaths occurred in the country between weeks 20 & 49 (11 May & 1 December). Although the overall case fatality ratio (CFR) across all ages is less than 1 per cent, it progressively increases with ages beyond 65 years of age, ranging from 4% to 9.5%.
- A total of seven samples were received by National Influenza Surveillance Center in National Public Health Laboratory (NPHL) for Influenza on EPID-week 48 (23-29 Nov 2020). None of the samples tested positive for influenza. From January until 29 Nov 2020, a total of 868 samples have been tested for Influenza and SARS-CoV-2. Twenty samples have tested positive for SARS-CoV-2 (all these positive cases are included in COVID-19 database) till date. ILI/SARI data and Influenza laboratory results are regularly updated in FLUID and FLUNET.

**Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 29 November 2020 from #Global Weekly Epidemiological Update16) and cumulative incidence rate (per 100,000)**



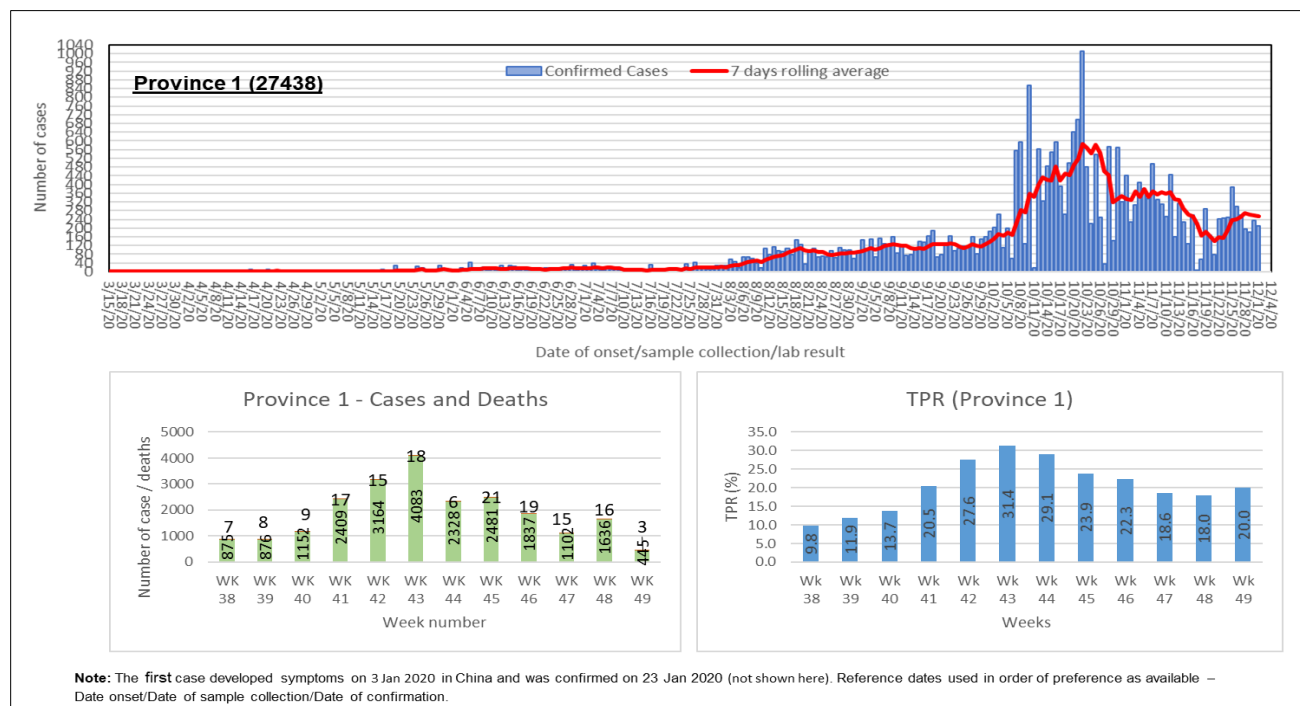
**Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 234755) (Data updated on 02 December 2020 T07:00:00)**

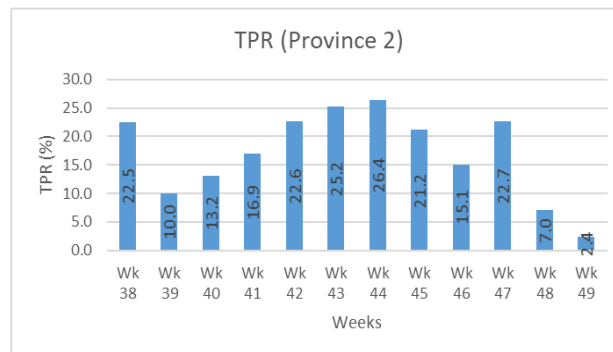
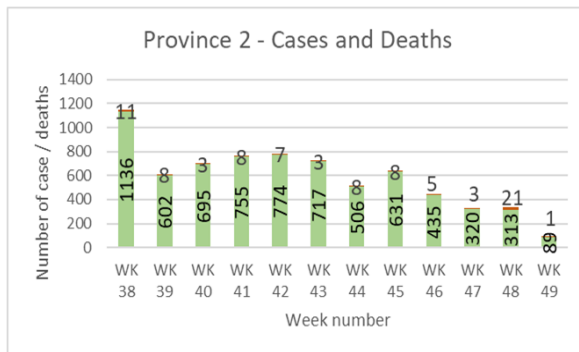
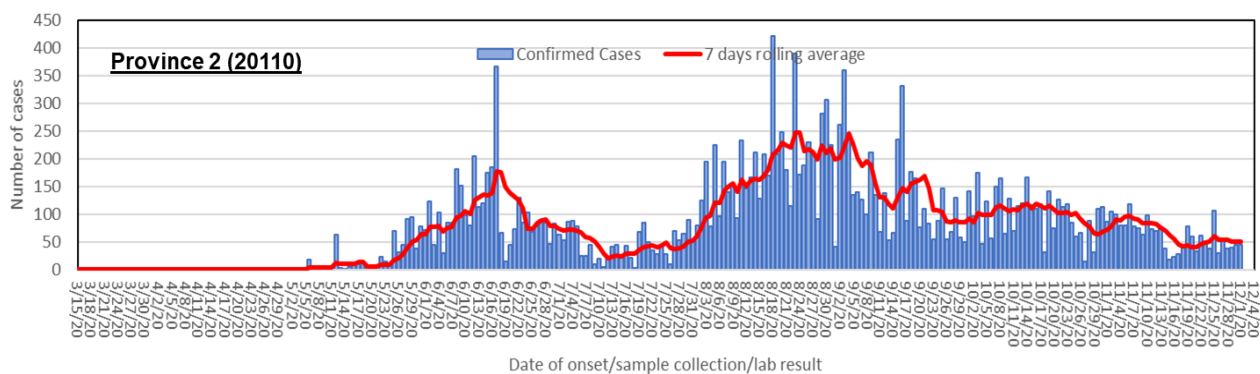


**Figure 2B: Lab confirmed COVID-19 cases and a 7-day rolling average of cases by date of onset/sample/confirmation by Provinces (N = 234755) (Data updated on 02 December 2020 T07:00:00)**

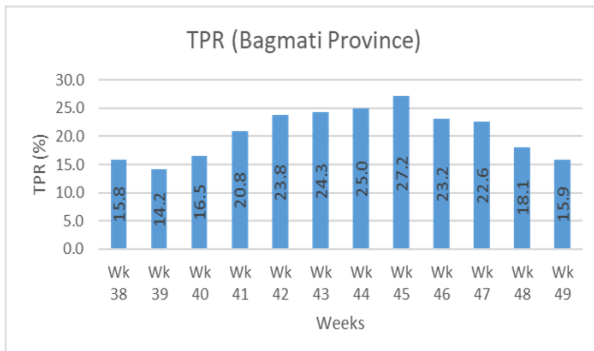
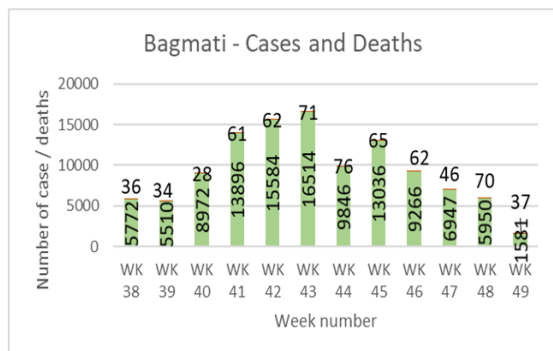
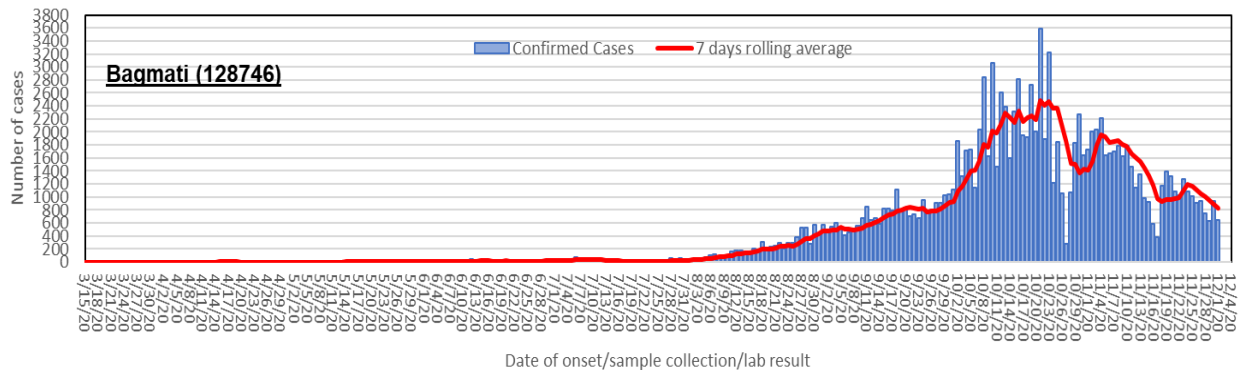
**Note for all the Provinces (Figure 2 B):**

- Y-axis scale varies between Provinces.

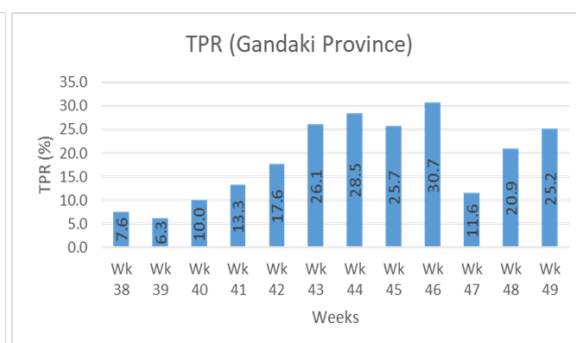
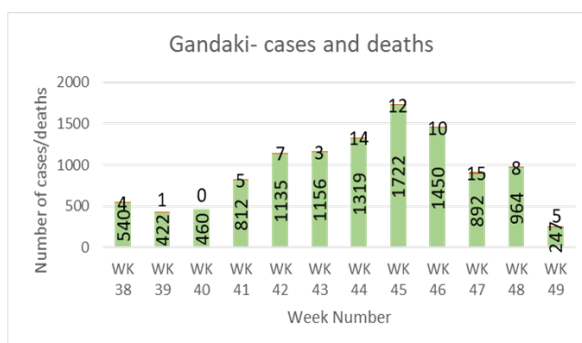
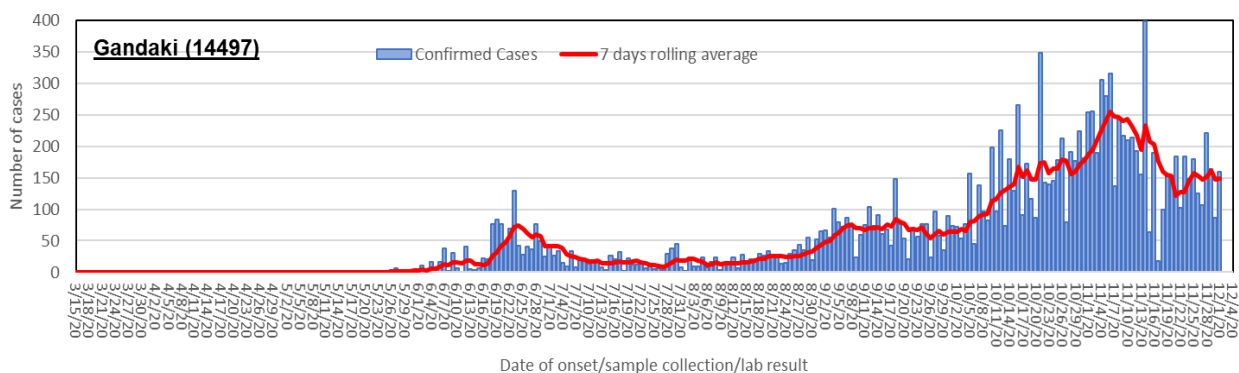




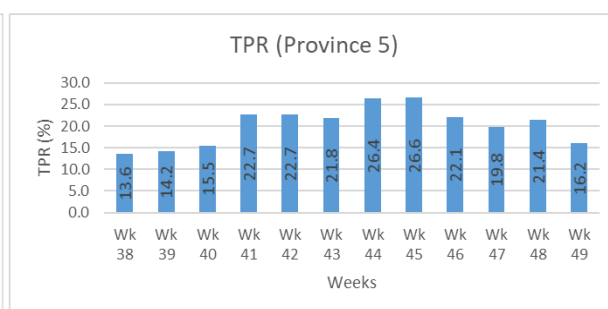
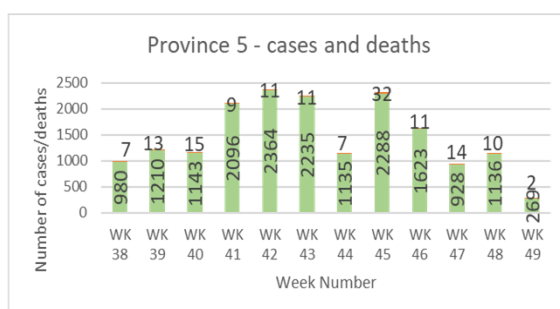
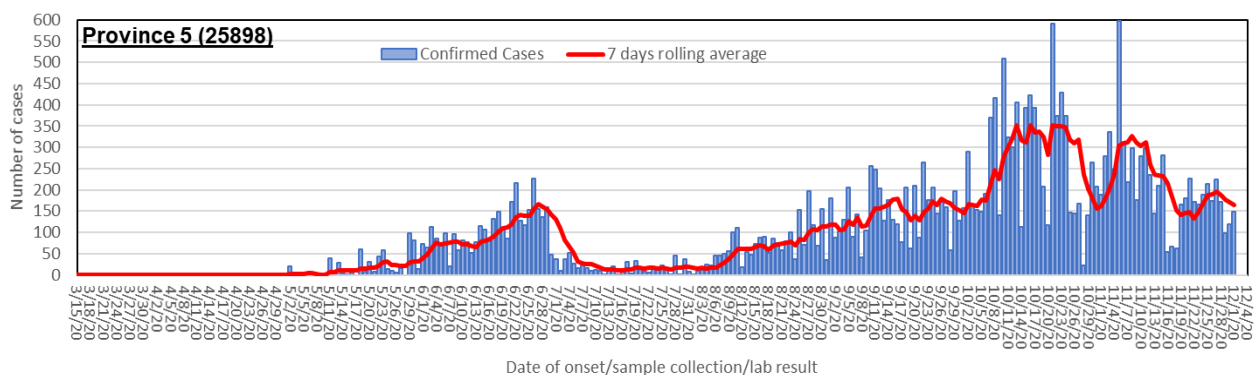
**Note:** The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020(not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation.



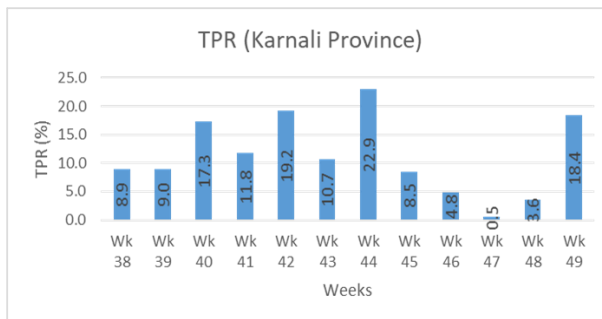
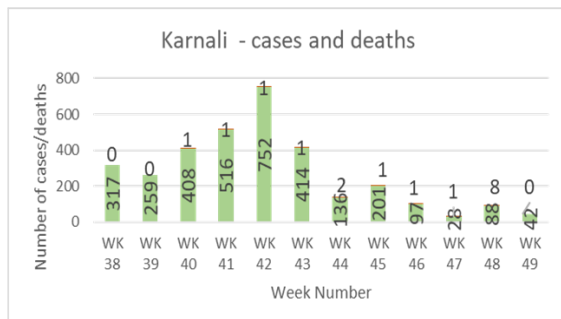
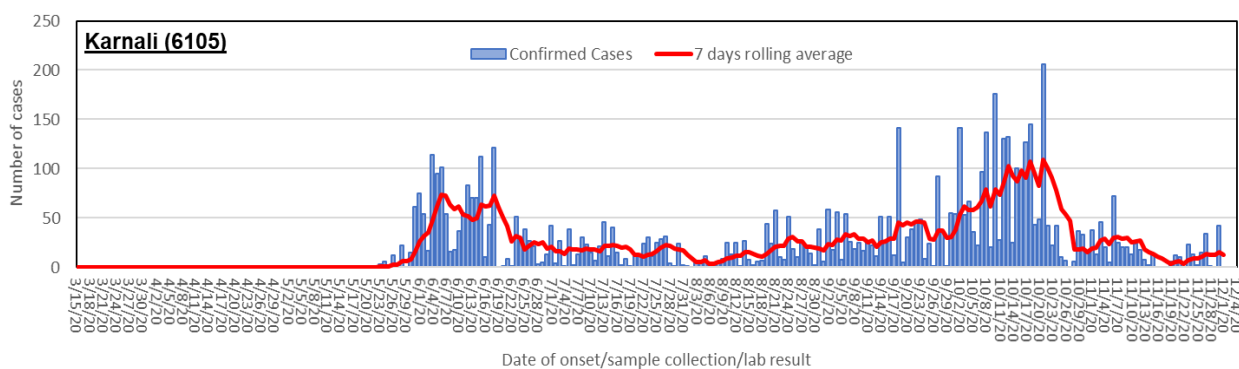
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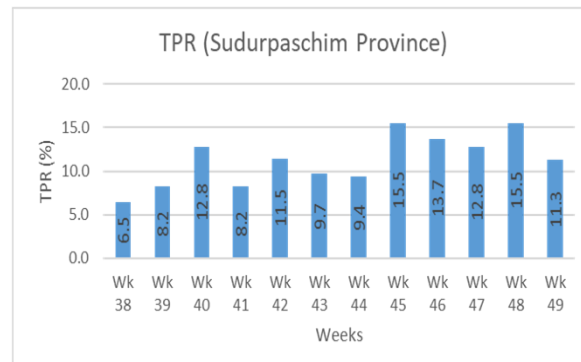
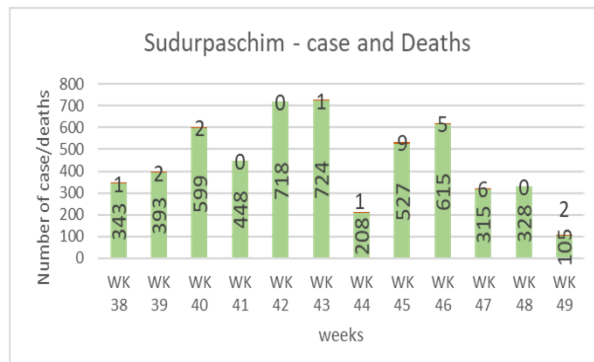
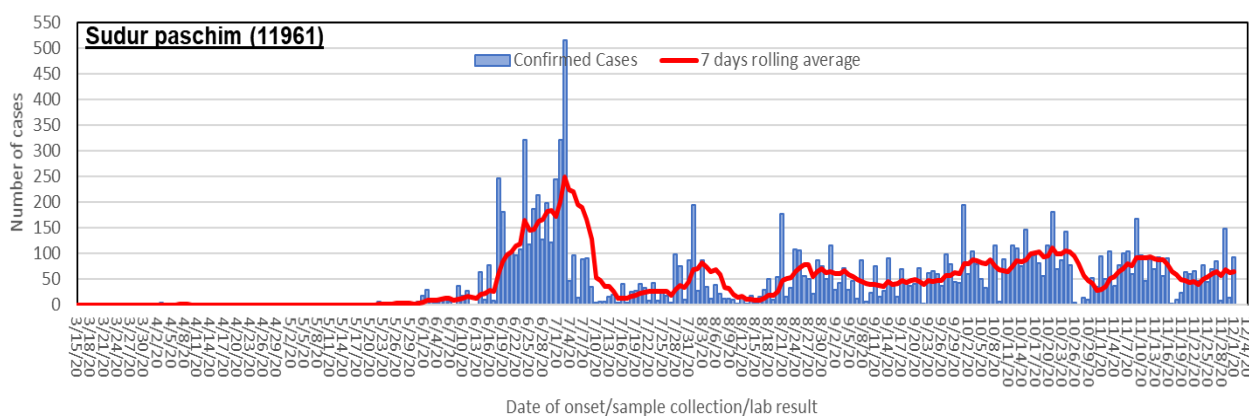
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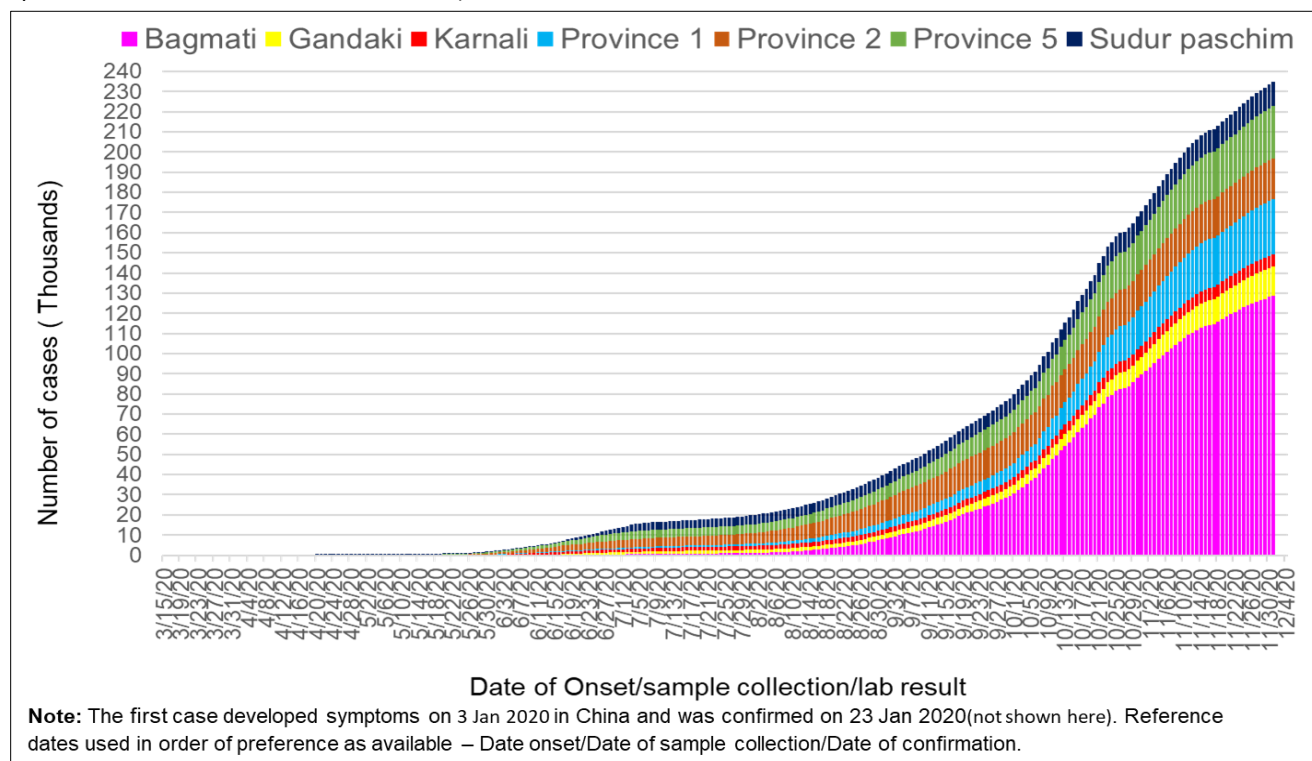
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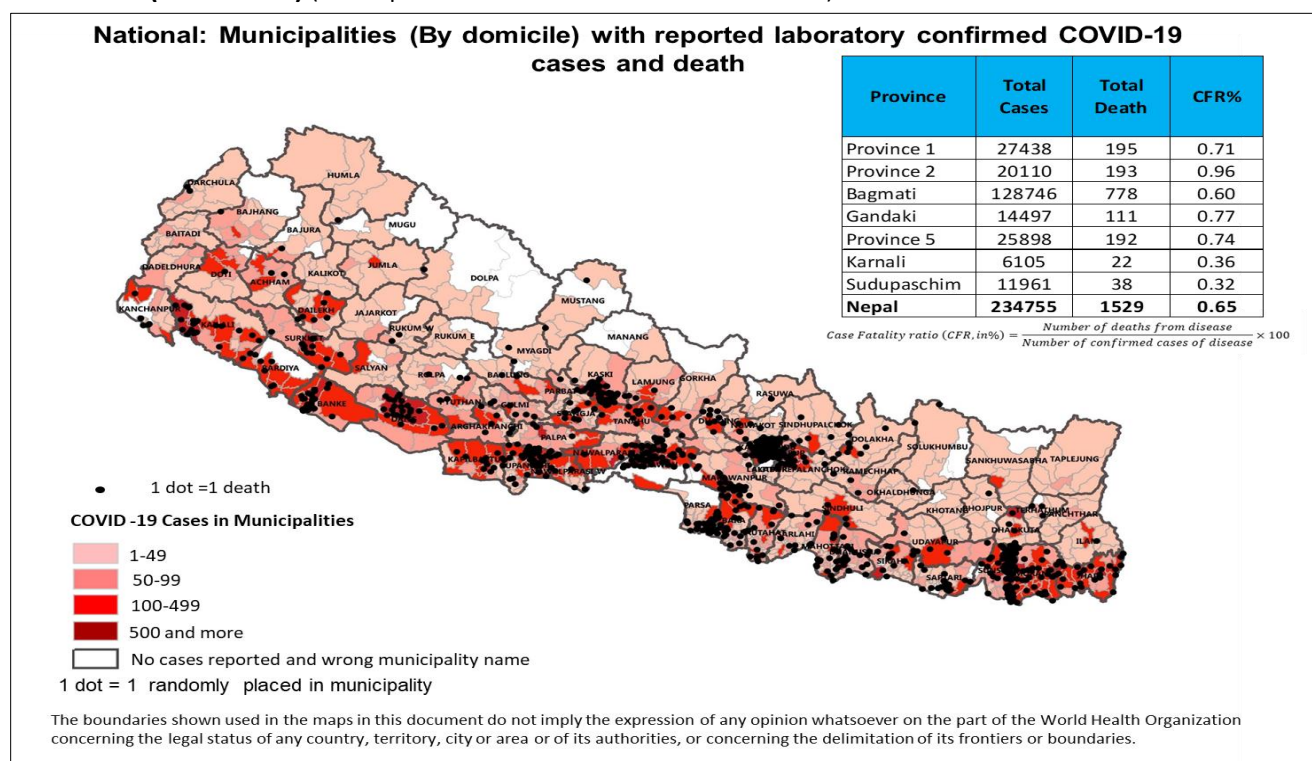
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**Figure 2C: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 234755)** (Data updated on 02 December 2020 T07:00:00)



**Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 234755)** (Data updated on 02 December 2020 T07:00:00)



**Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.**  
(N = 234755) (Data updated on 02 December 2020 T07:00:00)

Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification as per MoHP*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	27438	11.7	195	Cluster of cases	3104	28
Province 2	20110	8.6	193	Cluster of cases	739	26
Bagmati	128746	54.8	778	Cluster of cases	14521	155
Gandaki	14497	6.2	111	Cluster of cases	2078	29
Province 5	25898	11.0	192	Cluster of cases	2378	28
Karnali	6105	2.6	22	Cluster of cases	158	8
Sudurpashchim	11961	5.1	38	Cluster of cases	805	8
<b>National Total</b>	<b>234755</b>	<b>100</b>	<b>1529</b>	<b>Cluster of cases</b>	<b>23783</b>	<b>282</b>

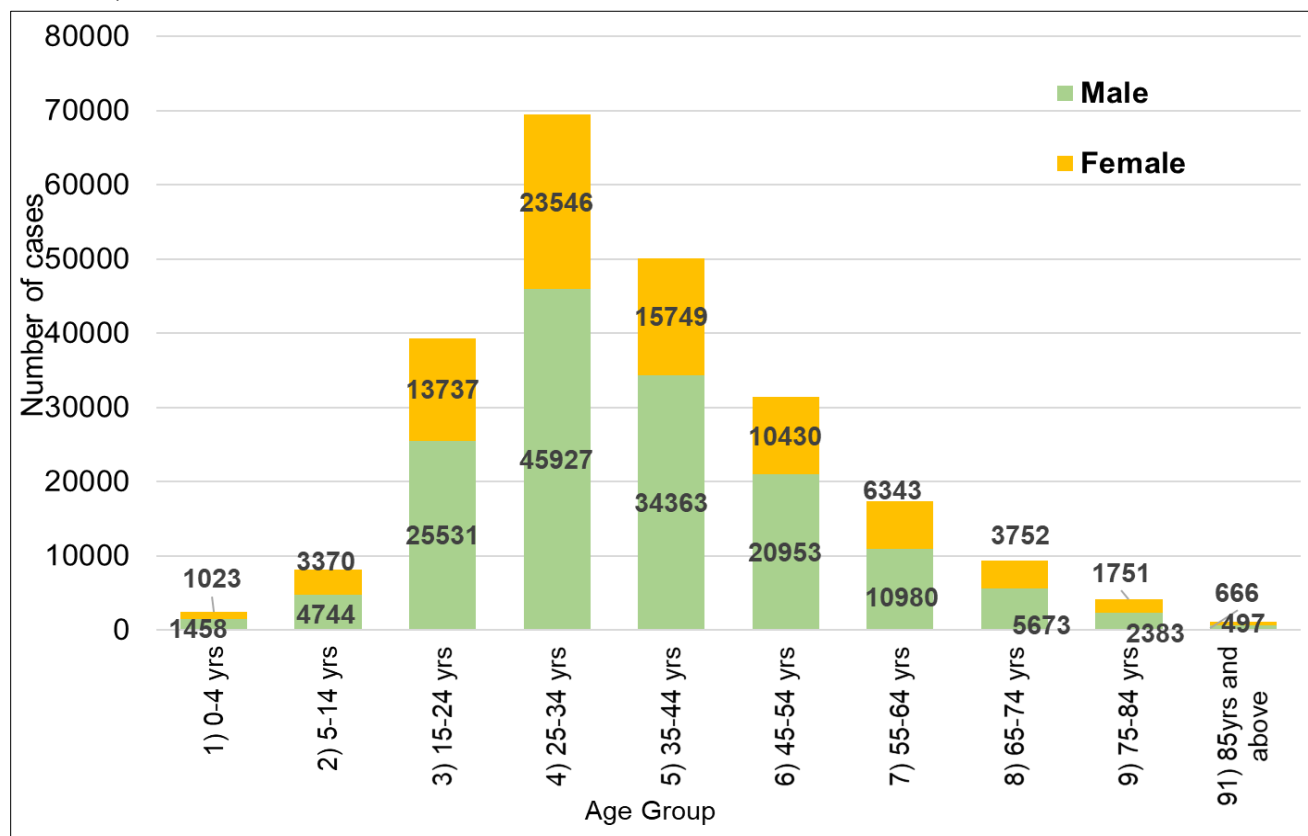
# - Date of last case is the date of onset or date of sample collection or date of lab report based on information available.

\*Revised [WHO transmission classification](#)

Category name	Definition : Countries/territories/areas with:
No (active) cases	No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust (where COVID-19 surveillance is not robust, a lack of identified cases should not be interpreted as an absence of transmission) surveillance system. This implies a near-zero risk of infection for the general population.
Imported / Sporadic cases	Cases detected in the past 14 days are all imported, sporadic (e.g. laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.
Clusters of cases	Cases detected in the past 14 days are predominantly limited to well- defined clusters that are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.
Community transmission – level 1 (CT1)	Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
Community transmission – level 2 (CT2)	Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub- groups. Moderate risk of infection for the general population.
Community transmission – level 3 (CT3)	High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
Community transmission – level 4 (CT4)	Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.



**Figure 4: Distribution of COVID-19 cases by age and sex (N = 232876)** (Data updated on 02 December 2020 T07:00:00)



Core epidemiological variables under process for 1879 cases

**Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths\* in COVID-19 confirmed cases (N = 234755)** (Data updated on 02 December 2020 T07:00:00)

Age Group	Total confirmed cases	Death (male)	Death (female)	Deaths with any known comorbid condition	Age specific case fatality ratio (%)
0-4 yrs	2481	2	4	2	0.24
5-14 yrs	8114	3	2	5	0.06
15-24 yrs	39268	18	23	27	0.1
25-34 yrs	69473	50	26	37	0.11
35-44 yrs	50112	88	44	66	0.26
45-54 yrs	31383	147	56	120	0.65
55-64 yrs	17323	214	81	202	1.7
65-74 yrs	9425	258	110	268	3.9
75-84 yrs	4134	179	89	197	6.48
85+ yrs	1163	79	29	74	9.29
Unknown	1879	2	0	1	0.11
<b>National</b>	<b>234755</b>	<b>1040</b>	<b>464</b>	<b>999</b>	<b>0.64</b>

*Case Fatality ratio (CFR, in%) =  $\frac{\text{Number of deaths from disease}}{\text{Number of confirmed cases of disease}} \times 100$*   
*COVID-19 positive lab result is temporally associated with death; causal association under investigation.*

## PREPAREDNESS AND RESPONSE

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

- Government of Nepal (GoN) has inaugurated the establishment of 5 Provincial Infectious Disease Hospitals in the following provinces: Province 2, Bagmati, Gandaki, Karnali and Sudurpashchim and 309 basic hospitals at the municipal level across the country. The government plans to establish one Infectious Disease Hospital in each Province and 5 bed hospitals in each municipality.
- Ministry of Health and Population (MoHP) is working with Kathmandu Municipality, one of the hardest hit areas, to institutionalize community based active surveillance and testing. The learning from this initiative will help to institutionalize community based surveillance and testing strategies and interventions throughout the country. Active case finding in areas with highest case loads from 32 wards of the Kathmandu Metropolitan City of Bagmati Province were identified. Six out of 32 wards with the highest burden of cases were chosen by the Ministry of Health & Population (MoHP) for mass testing with antigen testing kits. Mass testing in three wards, including 10, 14 & 16 hotspot areas was conducted on 27 November 2020 with WHO Technical support.
- MoHP is conducting an assessment of major COVID-19 hospitals across the country from 1 December 2020 onwards to assess oxygen capacity and management options. Specifications for the medium size oxygen plant are presently being prepared for the hospitals to procure and install the oxygen plants with the funds provided by the Ministry.
- Case management pillar under revised Incident Management Structure of MoHP has conducted a meeting with all private hospitals in Kathmandu valley via Private Hospital Association on 26 November to discuss expansion of bed capacity and regulation of the cost for management of COVID-19 patients.
- Management Division, Department of Health Services (DoHS) recently concluded a workshop on “Development of tools / formats and action plans for commodities, forecasting and quantification (27-30 Nov 2020) “on the priority to be given for the local procurement of products (mask, gown, sanitizer etc). As per this meeting a technical committee has been formed which will further guide how local procurement of commodities can be enhanced.
- The quantification and forecasting of the commodities are almost complete as per the new GoN Rapid Action Plan, based on which the procurement plan will be developed.
- The technical specification of COVID-19 items (PPE, laboratory commodities, medicine etc) has been finalized which will be updated in the technical specification bank after discussion with other stakeholders.
- MoHP has issued notice for mandatory use of IMU Nepal Software System only for COVID-19 data collection and reporting from 22 November 2020 to all Provincial Health Directorates, COVID-19 designated hospitals and laboratories, local levels and for Case Investigation and Contact Tracing (CICT).

- As per the decision of Ministry of Foreign Affairs, GoN on 9 November 2020, to all Diplomatic Missions, United Nations and other International Organizations, MOFA made the following announcements including:
  - The shutdown of all entry/exit points at the international border has been extended until 15 December 2020
  - All foreign nationals planning to enter Nepal must provide a Negative COVID-19 Report (RT-PCR/ Gene Xpert/ Tru NAAT or equivalent) obtained within 72 hours prior to their departure from the first port of call bound to Nepal
  - Children below 5 years are exempted from submitting a PCR report if they are accompanied by parents with a Negative COVID-19 Report.
  - All foreign nationals (excluding those who work at various diplomatic missions, international organizations and international non-governmental organizations in Nepal and their family members) must obtain pre approval recommendation letters from Government of Nepal (Ministry of Foreign Affairs, Ministry of Home Affairs or Ministry of Culture, Tourism and Civil Aviation or Nepali Diplomatic Missions abroad) in order to ensure permission of arrival and visa on-arrival at any entry point in Nepal.

#### **What is the WHO Country Office for Nepal doing?**

- WHO provided support to NPHL for distribution of Proficiency Test (PT) panels to all 77 designated COVID-19 laboratories across the country through domestic courier service. The designated COVID-19 labs will participate in the National Quality Assurance Program (NQAP) PT Panel re-testing strategy. WHO also provided technical support during preparation of the PT panels.
- The National Influenza Centre (NIC) at National Public Health Laboratory (NPHL), Teku, Nepal has passed the World Health Organization (WHO) External Quality Assessment Program (EQAP) on 27 November 2020 for the Detection of Influenza Viruses by RT-PCR proficiency test panel 19 (2020).
- Technical support to NPHL in organizing a weekly virtual meeting targeting active participation from all designated COVID-19 laboratories in the country. This week, WHO supported the facilitation of a virtual meeting with specific focus on 'Quality Implementation'. The virtual session also included a 15-minute presentation on 'Experience sharing on laboratory aspect for COVID-19 response' by Mechi Hospital, Kankai Municipality Hospital, Rapti Academy of Health Sciences (RAHS) and Bharatpur Hospital COVID-19 Diagnostic Laboratory. Participants from different laboratories discussed their challenges and the WHO consultant and NPHL resource person provided recommendations to address the challenges.
- WHO Nepal has provided technical assistance to NPHL through the support of WHO consultants for the following activities:
  - Monitoring the quality standard of designated COVID-19 laboratories in the country through NQAP. A total of 17 designated COVID-19 labs participated in the NQAP this week. All the participating laboratories achieved satisfactory results with greater than 90% concordance.

- Finalizing the protocol of isothermal COVID-19 detection kit.
- Technical assistance has been provided by WHO for the development of comprehensive IPC guidelines (Infection Prevention and Control). A meeting with various division of DoHS (Department of Health Service), Health Emergency Operation Centre (HEOC), MoHP and partners (GIZ, UNICEF, NSI) was conducted on 1st Dec 2020 to discuss comprehensive Infection Prevention Control (IPC) guidelines.
- WHO Nepal in close coordination with MoHP provided technical support to the PAN-Nepal Parliamentarians Briefing under the leadership of the Rt Honorable Chairman of the National Assembly of Nepal on Risk Communication and Community Engagement (RCCE) and COVID-19 throughout all Provinces. Within less than a month the parliaments of all seven Provinces of Nepal have been briefed. The briefings were hosted by the Speakers of the Provinces' assemblies. The news of "PAN-Nepal Series on the strategic role of parliamentarians on Risk Communication and Community Engagement in the context of COVID-19" was widely featured in more than 30 newspapers and on many TV and radio stations. This was a highly engaging briefing, organized in compliance with strict physical distancing with MoHP Nepal guidance on gatherings.
  - The last remaining PAN Nepal Provincial Orientation Program was held at Province 1 on 29 November 2020 whereby Hon. Nirmala Badal Joshi, Deputy Speaker of Sudurpashchim Province, Hon. Sher Dhan Rai, Chief Minister, Provincial Government Province 1 and Hon. Jagadish Prasad Kusiya, Minister, Ministry of Industry, Tourism, Forest and Environment Minister Provincial Government Province 1 also participated.
  - Unlike the other provinces, this briefing was organized in a manner which showed solidarity to mark the 16 days of Activism Against Gender-Based Violence by having a program banner in orange colour and all attendees wearing orange masks to align with the international #orangetheworld campaign. (Picture below)



*Left: Rt Honorable chairman of the National Assembly- Ganesh Prasad Timilsina giving her opening remarks during the Pan Nepal Parliamentarian Orientation on RCCE and COVID-19 at Biratnagar, Province 1 on 29 November 2020.. Right: Dr Binod Gupta from WHO Nepal delivering his presentation on Science behind COVID-19. (Picture Credits- WHO Nepal/A. Maharjan)*

- WHO Nepal has been supporting MoHP with the establishment of an extended EDCD call center at Kathmandu District Health Office. This call center will begin operations from 3 December 2020 and will follow up on all COVID-19 positive patients at home or in clinical institutions within Kathmandu district. This call center will also debunk rumours and address misinformation and concerns related to COVID-19 transmission and treatment.



*Left: Dr Dipendra Gautam- WHO NPO and Right : Mr Durgesh Yogi Call Center focal person from WHO providing orientation program to the call center agents for functioning of the extended EDCD call center at Kathmandu district Health office on 1 December 2020. (Picture credit: WHO Nepal)*

- The following documents were translated (from 25 November- 1 December 2020):

SN	NAME	TYPE
1	IPC Instructions for Office	Document
2	Evidence Brief_November 27	Document
3	Guidelines for Improving Infection Prevention and Control Measures For all Selected Providers - Excluding Healthcare Facilities	Guidelines
4	Drugs (Third Amendment) Ordinance, 2077 (2020)	Document
5	Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines	Guidance
6	COVID-19 and violence against women What the health sector/system can do	Document
7	Import provisions as per the secretary level decision dated 2071.02.26	Document
8	Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19.	Summary
9	Rapid hospital readiness checklist A module from the suite of health service capacity assessments in the context of the COVID-19 pandemic	Summary
10	Continuity of essential health services: Facility assessment tool	Summary
11	Priority medical devices list for the COVID-19 response and associated technical specifications	Summary



- Science in 5 videos translated, dubbed, and published:
  - Episode 12 (Maithili); November 29: [Link](#)
- SEARO media statement for *16 Days of Activism against Gender-based Violence* was translated and disseminated to members of the Nepali press
- COVID-19 videos translated, dubbed, and published:
  - 5 Steps to Keeping Older People Safe from COVID-19: [Link](#)
  - When and how children should wear masks: [Link](#)
  - Every. Move. Counts #BeActive: [Link](#)
- A WHO Biomedical Engineer and a health official from Health Emergency and Operation Center (HEOC) have started assessing major COVID-19 designated hospitals in Kathmandu district, Bhaktapur district and Lalitpur district of Bagmati Province since 30 November 2020. The purpose of this assessment is to understand current capacity specific to ventilators, intensive care units, oxygen supplies and consumption, and the overall status of equipment in different hospitals in support of effective management of facility-based resources for both COVID and non-COVID treatment.
- WHO is providing technical support for forecasting and quantification of commodities as per new Rapid Action Plan to Management Division, DoHS.

### What are the health cluster partners doing?

- Weekly Health Cluster Coordination meeting (every Thursday) for health sector response is ongoing at the Federal level for coordinated COVID-19 response support to MOHP. Provincial Health Directorate Offices are organizing the Provincial level Health Cluster Coordination meeting fortnightly.
- Health Sector Partners donated seven ventilators; 100,000 pairs of Gloves; 20,000 pairs of Surgical Gloves; 50,000 Syringes (5 ml); 1200 health kits to Health Office Kathmandu ; 12 sets of health kits to child correction home. In Doti, health sector partners donated 150 Oxygen Concentrators; 100 Pulse Oximeters; 50,000 Ag-RDT kits; 20 BiPap machine; 1,000 fingertip oxygen monitors; and 50 high-flow nasal oxygen delivery devices to Ministry of Health and Population to support ongoing COVID-19 response.
- Health partners, including Reproductive Health (RH) sub-cluster, Mental health sub-cluster are supporting the continuation of COVID and non-COVID response throughout the country to ensure continuity of services in the COVID-19 context.
- Health partners have provided support in mobile-based training of health workers and female community health volunteers (FCHVs), which has been completed on the first week of November. During this time, 2,239 health workers and 6,834 Female Community Health Volunteers participated. UNICEF supported Case Investigation and Contact Identification (CICI) & Contact Tracing and Contact Follow-up (CTCF) in Chandragiri Municipality, the implementation of which has been handed over to the municipality.



*The 35<sup>th</sup> Health Cluster Coordination Meeting at MoHP showed its support of #16daysofActivism to End Gender-based Violence #orange the world: Photo Credit – WHO Nepal*

## 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 regarding coronavirus disease 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](#)
- Global coronavirus disease situation dashboard can be found [here](#)
- Visit the WHO Nepal [Facebook page](#) and webpage on COVID-19 [here](#)

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