

# Situation Update #34 - Coronavirus Disease 2019 (COVID-19)

## WHO Country Office for Nepal

Reporting Date: 2 – 8 December 2020

### HIGHLIGHTS

- Of the total cases, 12,686 (5.2%) are active cases of which 43% continues to be from the Kathmandu metropolitan area with additional cases throughout wards and palikas of Kathmandu Valley districts.
- There are about 3 districts with more than 500 active cases reported consistently this week, including Kathmandu, Lalitpur and Kaski. There are 2 districts with no active cases - Dolpa and Manang.
- Presently 8,047 (63.4%) active cases are in home/ institutional isolation.
- Among critical case patients nationally, 354 patients are in intensive care (ICU) with 58 on ventilator support. On average, about 15 deaths per day were recorded this week.

### NEPAL EPIDEMIOLOGICAL SITUATION

- As of 8 December 2020, T07:00:00 hours (Week no. 50), a total 2,41,994 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 17,99,686 RT-PCR tests have been performed nationwide by 79 designated COVID-19 labs functional across the nation (as of 8 Dec 2020).
- All 7 provinces in the country are now experiencing transmission via clusters of cases.
- Province-wise test positivity rate in Week 50 ranged from 7.9% (Province 2) to 24.3% (Lumbini Province), with national positivity rate averaging 15.6%.
- Overall, the gender distribution remains skewed towards males, who constitute 65.4% (159,244/243,376) of the confirmed cases.
- A total of forty-six samples were received by National Influenza Surveillance Center in National Public Health Laboratory (NPHL) for Influenza on EPID-week 49 (30th Nov to 6th Dec 2020). None of the samples tested positive for influenza. From January until 6th Dec 2020, a total of 946 samples have been tested for Influenza and SARS-CoV-2. 20 Samples have been tested positive for SARS-CoV-2 (all these positive cases are included in COVID-19 database). ILI/SARI data and Influenza laboratory results are regularly updated in FLUID and FLUNET.

### SITUATION OVERVIEW

#### NEPAL

*(Data as of 8 December 2020, 07:00:00 hours)*

**2,41,994 confirmed cases**

**1,614 deaths**

**17,99,686 RT-PCR tests**

#### SOUTH-EAST ASIA REGION

*(Data as of 10am CEST 6 December 2020)*

**1,10,71,129 confirmed cases**

**1,68,458 deaths**

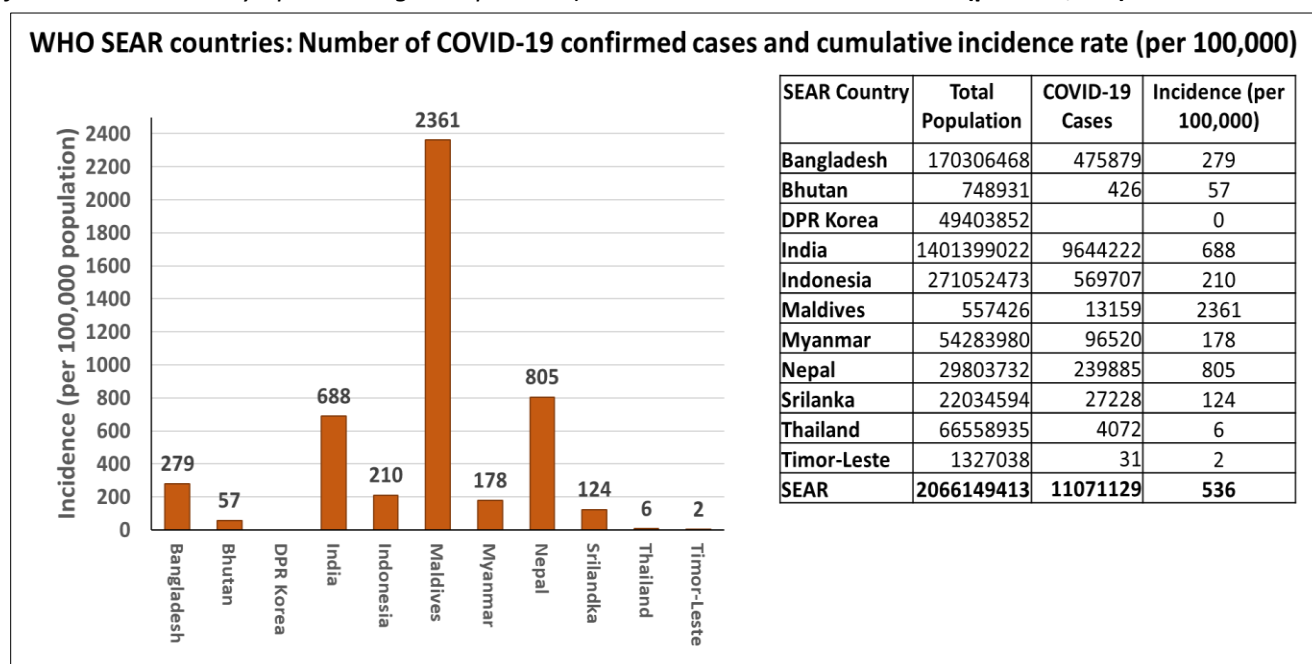
#### GLOBAL

*(Data as of 10am CEST 6 December 2020)*

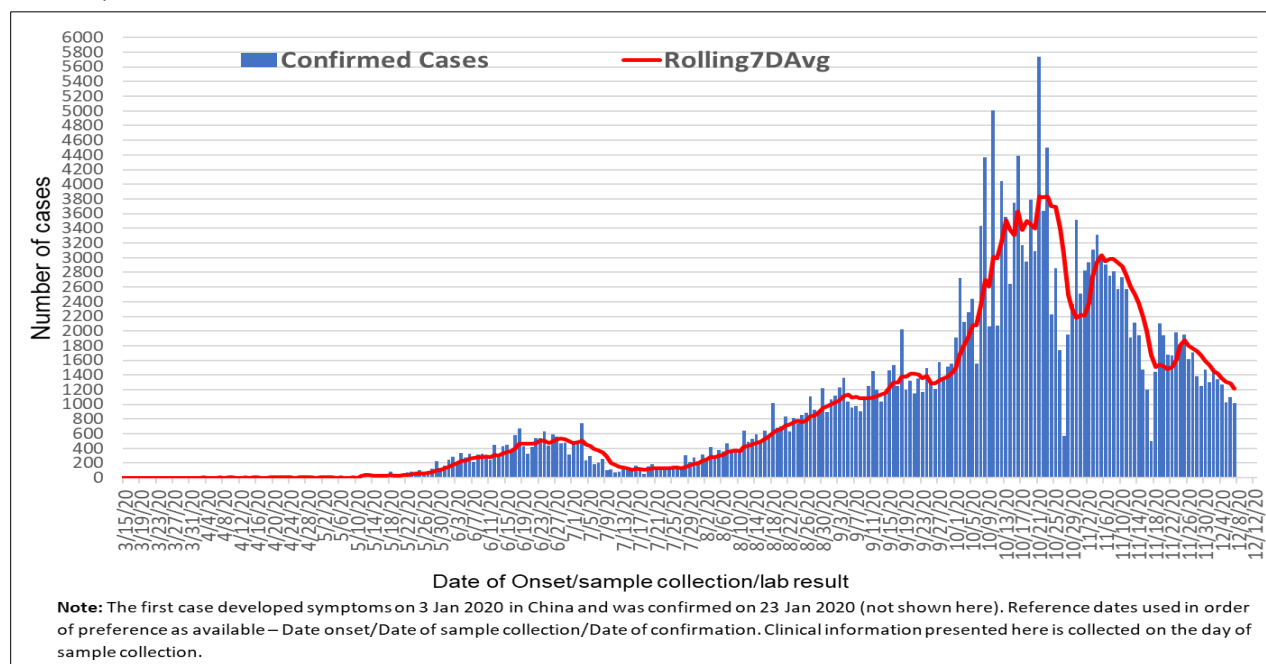
**6,58,72,391 confirmed cases**

**15,23,656 deaths**

**Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 6 December 2020 from #Global Weekly Epidemiological Update17) and cumulative incidence rate (per 100,000)**



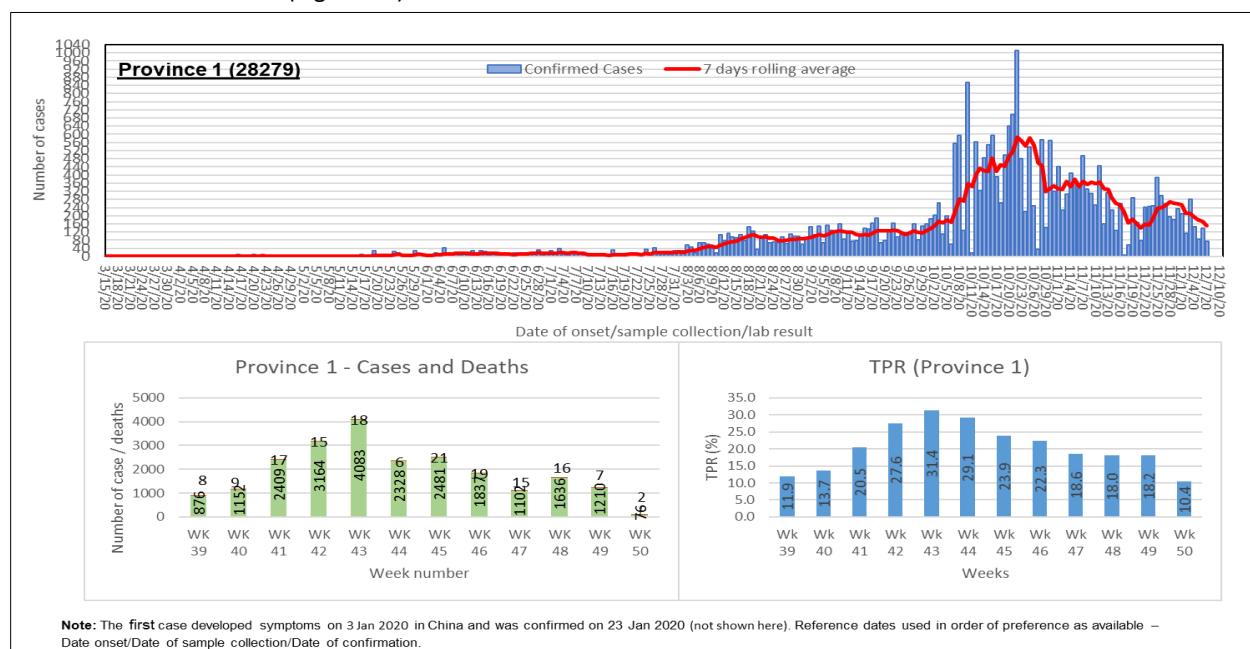
**Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 241994) (Data updated on 08 December 2020 07:00:00)**



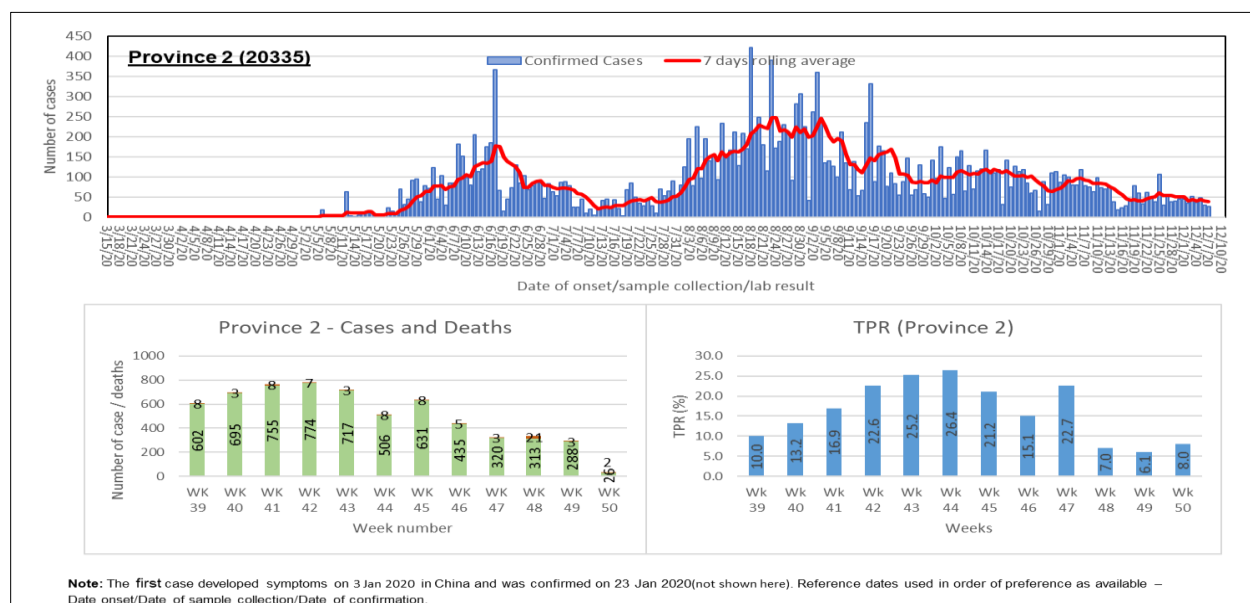
Nationally, the second surge began in mid-July and which peaked by end October and is currently showing an apparent downward trend which may be influenced partly by the significant decrease in the number of tests being done. The total PCR tests done in Nepal on 6th December was 6,495 which is about one third of the number tested during the peak in end October.

**Figure 2B: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 241994) (Data updated on 08 December 2020 T07:00:00)**

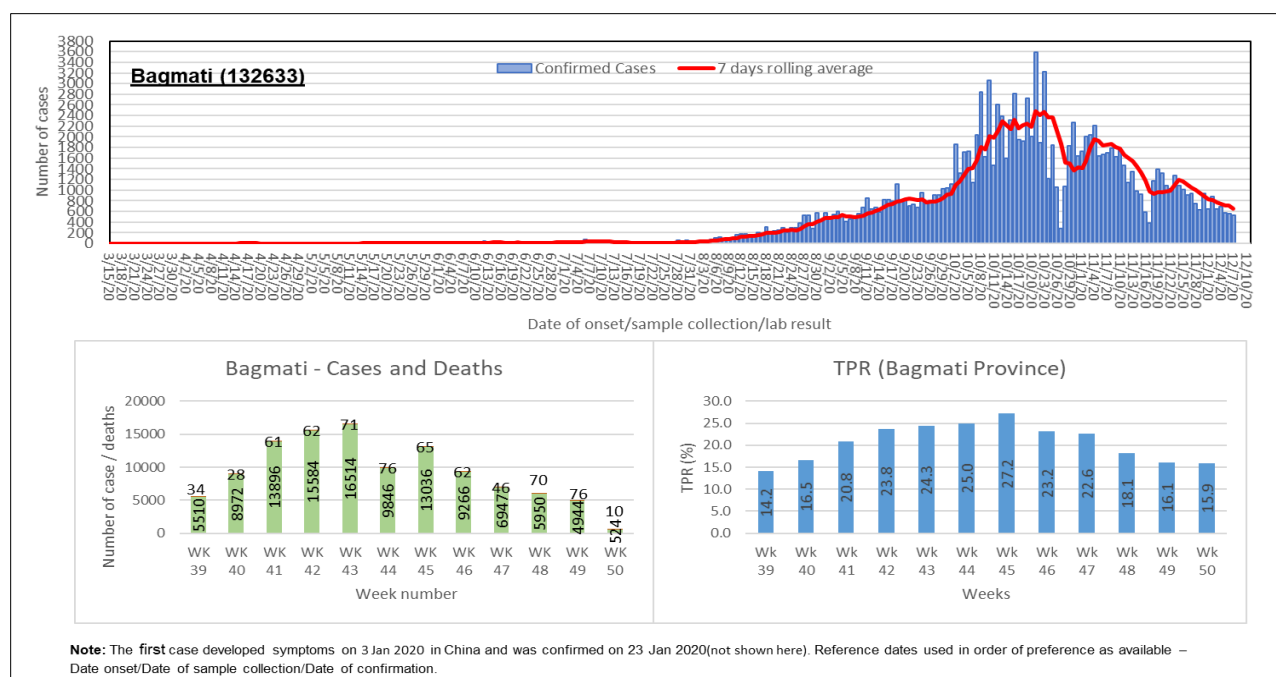
Note for all the Provinces (Figure 2B): Y-axis scale varies between Provinces



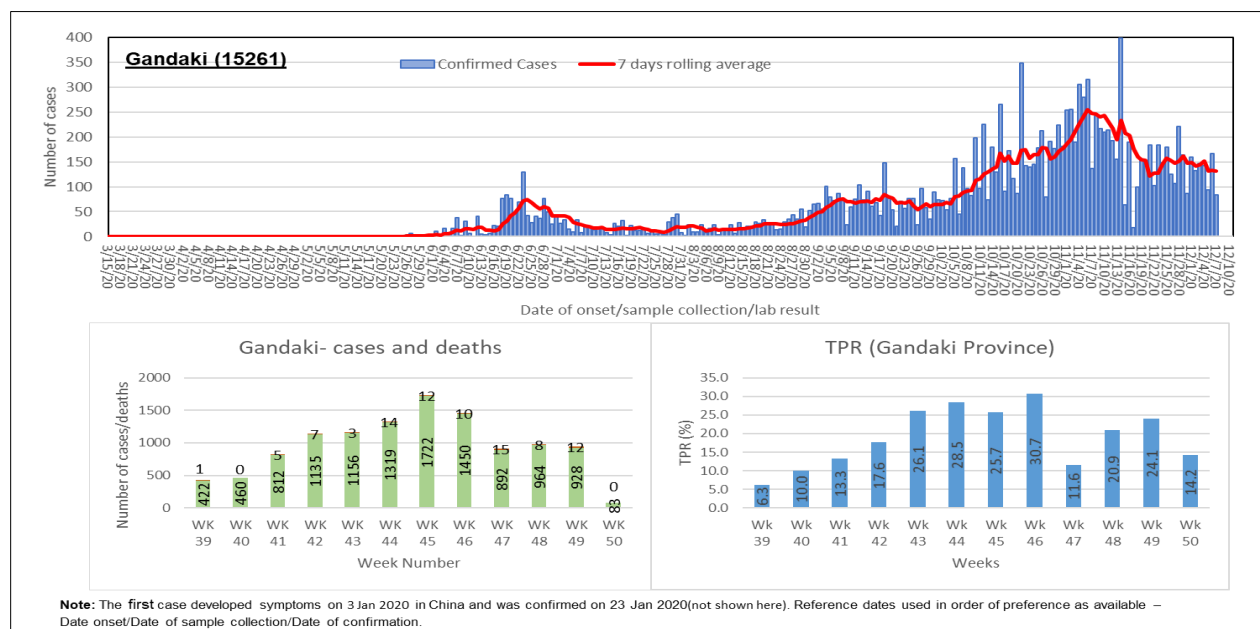
1,210 new cases were reported in the past week in Province 1. Since a peak in October, weekly new cases have continued to decrease and fell by 26% in the past week compared to the previous week. There were 7 deaths reported in the past week – less than half that of the previous week continuing a decreasing trend. The test positivity rate in Province 1 has been decreasing but stable around 18% in the past week.



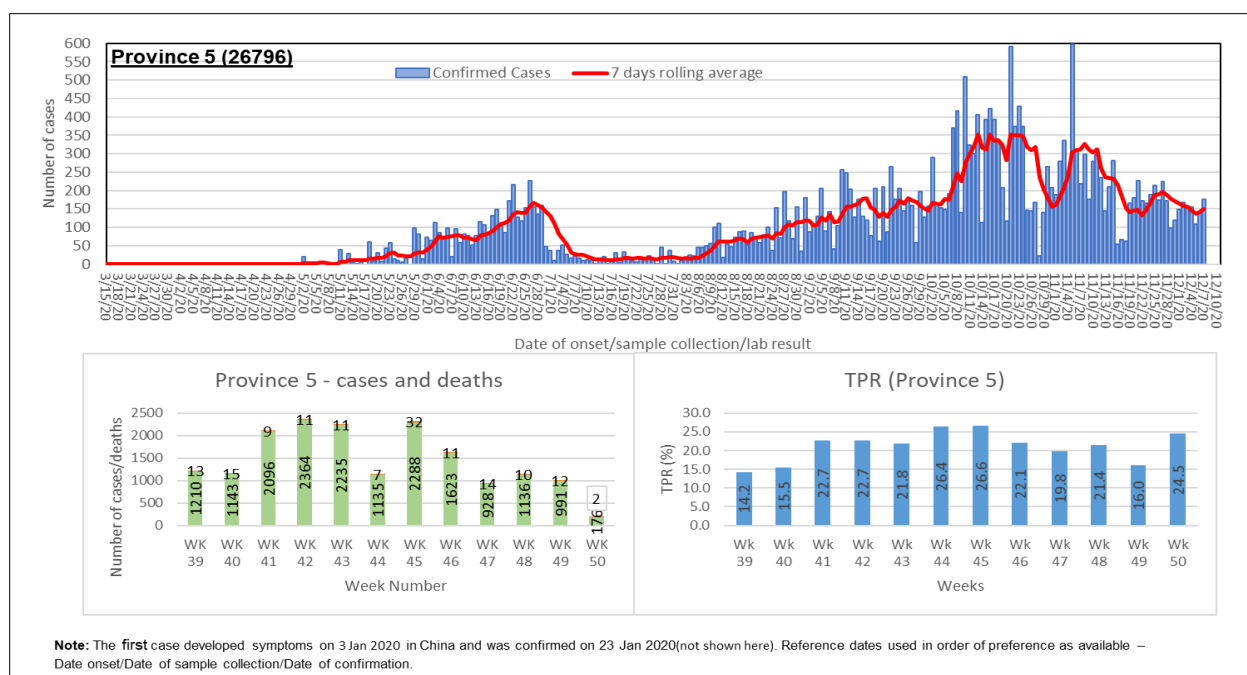
288 new cases were reported in the past week in Province 2. Weekly new cases are continuously decreasing and fell by 8% in the past week compared to the previous week. There were 3 deaths reported in the past week, a 86% decrease from the previous week continuing a falling trend. The test positivity rate in Province 2 has decreased to a low of 6% in the past week, but this province has the lowest per capita testing rate.



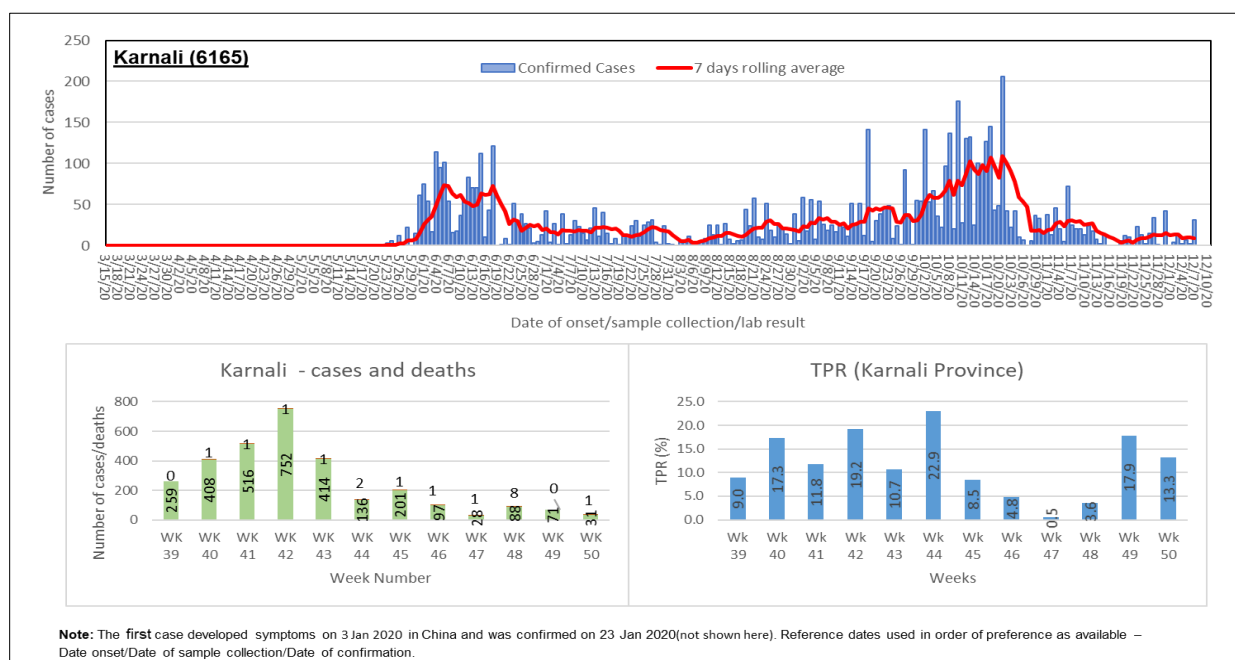
*In Bagmati, 4,944 new cases were reported in the past week. Weekly new cases are steadily decreasing and fell by 16% in the past week compared to the previous week. 76 deaths reported in the past week, a 9% increase from the previous week continuing a relatively increasing trend. The test positivity rate in Bagmati has decreased to a low of 16% in the past week.*



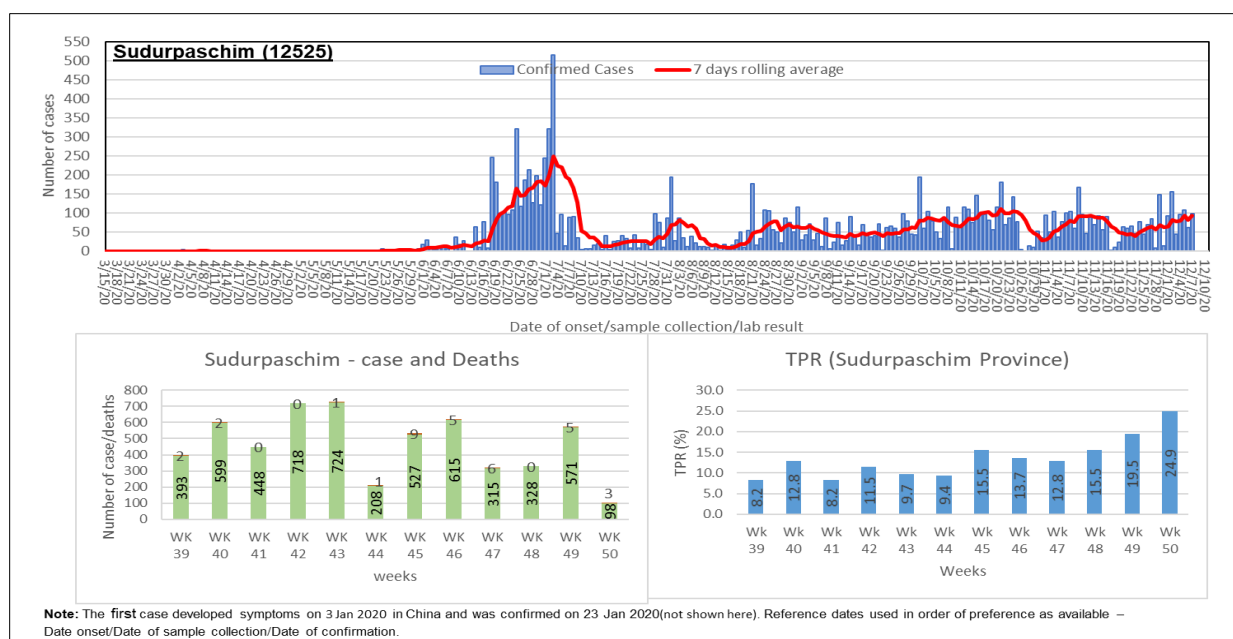
*Gandaki reported 928 new cases and 12 deaths in the past week. The number of new cases being reported has fallen considerably since a peak in Week 45 when there were 1,722 new cases. The number of new cases fell by 4% compared to the previous week while new deaths increased by 50% from 8 deaths in the previous week. The test positivity rate in Gandaki has increased to 24.1% in the past week from a previous low of 11.6% in week 47. These indicate the need for a higher level of rapid containment in this province.*



Lumbini reported 991 new cases and 12 deaths in the past week. The number of new cases being reported has fallen significantly since a peak in Week 45 when there were 2,288 new cases. The number of new cases fell by 13% from the previous week while new deaths increased by 20% from 10 deaths during the previous week. The test positivity rate in Lumbini showed decreasing trend in the past week but, remains >15%. These indicate the need for higher level of vigilance to mount rapid containment measures.

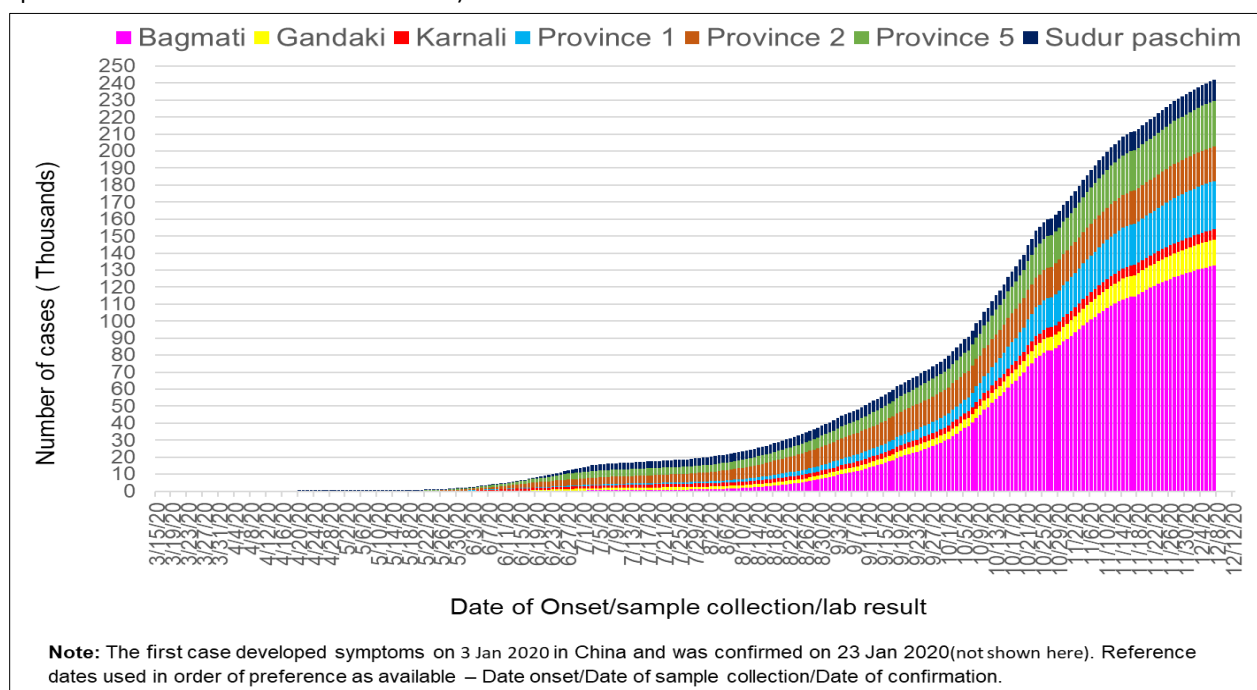


In Karnali, 71 new cases were reported in the past week. Since cases peaked in the week 42, weekly decreases in new cases have continued and it fell by 19% in past week compared to the previous week. Though no deaths were reported in the past week, the number of weekly deaths has remained relatively stable since late October. The test positivity rate in Karnali has shown a decreasing trend, however there was a 17.9% increase in the past week. These indicate the need for continued vigilance and containment.

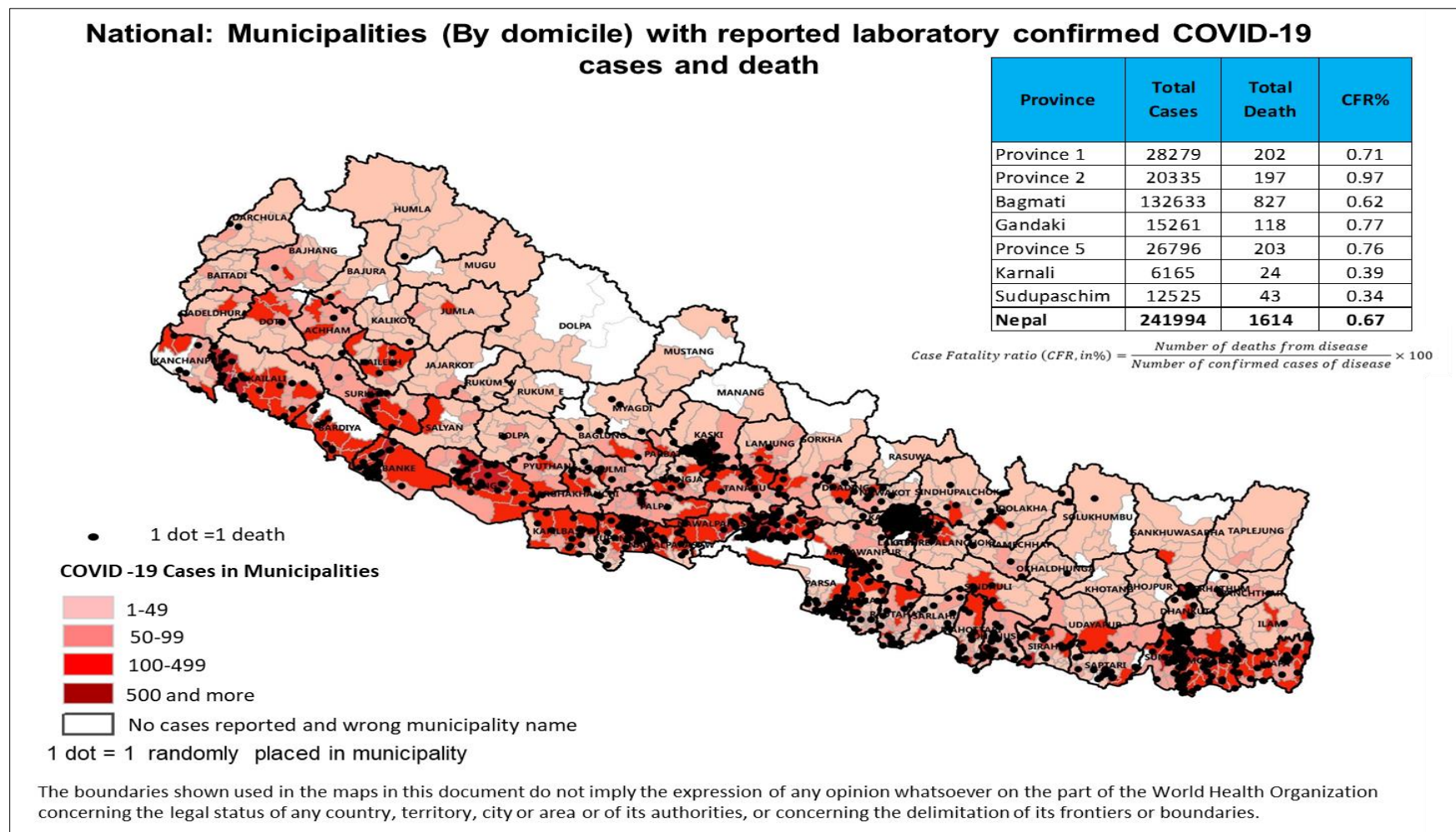


*In Sudurpashchim, 571 new cases were reported in the past week. Weekly new cases had continued to decrease but it increased by 74% this past week compared to the previous week. There were 5 deaths reported in the past week, from no deaths in the previous week, but the number of weekly deaths has remained relatively stable since November. The test positivity rate in Sudurpashchim has shown an increasing trend to a high of 19.5% this past week. All these indicate the need for continued rapid containment measures in this province.*

**Figure 2C: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 241994)** (Data updated on 08 December 2020 T07:00:00)



**Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 241994)** (Data updated on 08 December 2020 T07:00:00)



*Notes: Out of 77 districts, only two districts, Manang (Gandaki Province) and Dolpa (Karnali Province) did not report any cases in the last 14 days. Deaths have been reported in high numbers from Bagmati Province, mostly from Kathmandu valley area. The overall case fatality ratio of Nepal is 0.67%, however it is relatively high in Province 2 with 0.97%.*

**Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.**  
(N = 241994) (Data updated on 08 December 2020 T07:00:00)

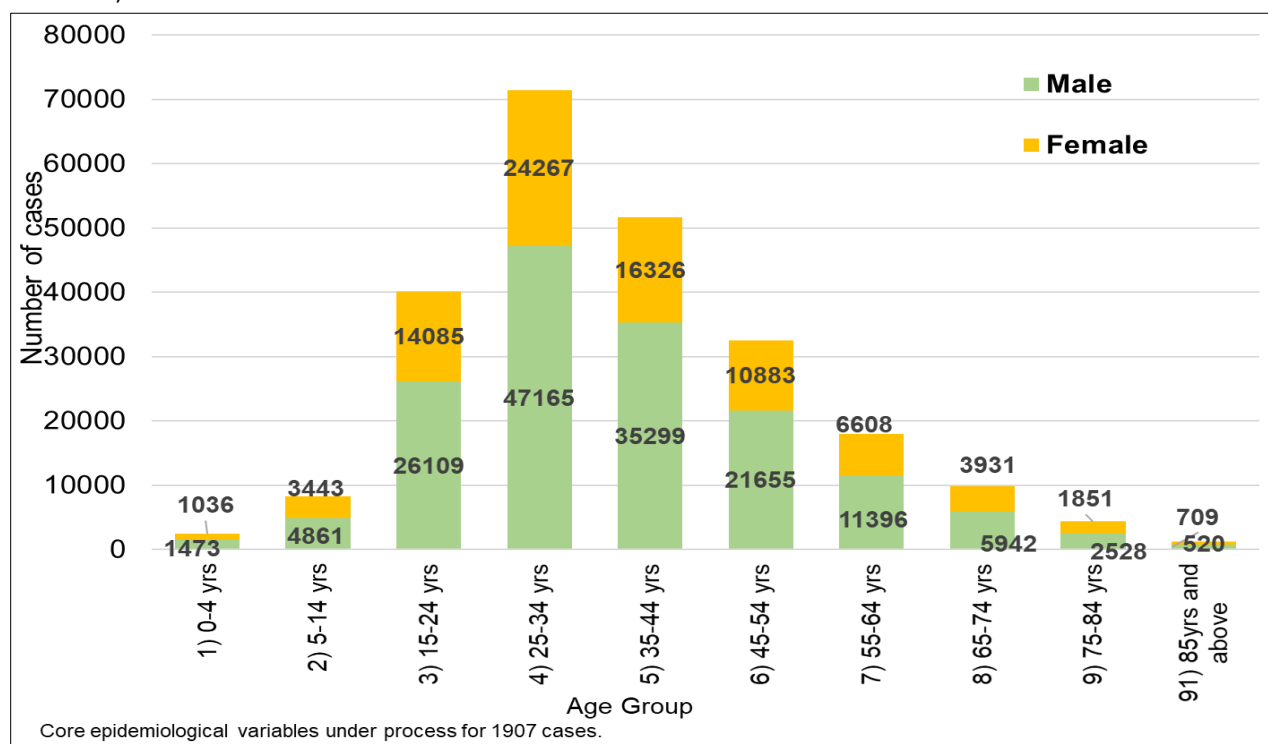
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification as per MoHP*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	28279	11.7	202	Cluster of cases	2858	26
Province 2	20335	8.4	197	Cluster of cases	620	27
Bagmati	132633	54.8	827	Cluster of cases	10772	167
Gandaki	15261	6.3	118	Cluster of cases	1955	22
Province 5	26796	11.1	203	Cluster of cases	2237	27
Karnali	6165	2.5	24	Cluster of cases	167	1
Sudurpashchim	12525	5.2	43	Cluster of cases	1098	7
<b>National Total</b>	<b>241994</b>	<b>100</b>	<b>1614</b>	<b>Cluster of cases</b>	<b>19707</b>	<b>277</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 = 240087)** (Data updated on 08 December 2020 T07:00:00)



Notes: Overall, the gender distribution remains skewed towards males. The incidence of cases are 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 COVID-19 confirmed cases (N = 241994)** (Data updated on 08 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	2509	2	4	2	0.24
5-14 yrs	8304	3	2	5	0.06
15-24 yrs	40194	18	23	27	0.1
25-34 yrs	71432	53	28	39	0.11
35-44 yrs	51625	89	45	67	0.26
45-54 yrs	32538	157	63	134	0.68
55-64 yrs	18004	226	83	209	1.72
65-74 yrs	9873	286	120	296	4.11
75-84 yrs	4379	192	97	216	6.6
85+ yrs	1229	86	35	84	9.85
Unknown	1907	2	0	1	0.1
<b>National</b>	<b>241994</b>	<b>1114</b>	<b>500</b>	<b>1080</b>	<b>0.67</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.

Notes: A total of 1,614 deaths have been reported and all deaths occurred in the country between weeks 20 and 50. Out of the total deaths, 1114 (69.0%) were males and 500 (30.9%) were females. Amongst the deaths, 1080 persons (66.9%) had at least one known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1 per cent, it progressively increases with age beyond 65 years of age, ranging from 4.1% to 9.9%

## **.PREPAREDNESS AND RESPONSE**

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

- On December 8, the Ministry of Health and Population (MoHP) has formed 8 committees with specific roles and responsibilities to accelerate preparation for the implementation of COVID-19 vaccine deployment.
  1. Concept Note Committee
  2. Infrastructure Assessment Committee
  3. Priority Listing Committee
  4. Development Plan Committee
  5. Vaccine Fund Committee
  6. Communication Committee
  7. Immunization Secretariat Committee
  8. Monitoring, Regulation and Research Committee
- The Ministry is developing guidance to regulate market activities in the context of COVID-19. The guidance will provide strategic guidance to the business owners regarding public health standards and other necessary arrangements to be followed at service points.
- Mass testing with antigen testing kits for field based active surveillance and screening was completed this week for all chosen 6 hotspot areas among 32 wards of Kathmandu Metropolitan City. This week, mass testing was conducted in three more hotspot areas (Ward number 4, 7 and 9). Based on the findings and learnings, MoHP is developing a strategic roadmap and implementation plan to institutionalize such mechanisms in other hotspots.
- Government of Nepal (GoN) is approaching vaccine manufacturers and suppliers to secure necessary vaccines for Nepal.
- Nursing and Social Security Division (NSSD), Department of Health Services (DoHS) has developed "Multi-sectoral Infection Prevention and Control Guidelines in Context of COVID-19" with the technical support of WHO. The guideline has been shared among concerned ministries for their review and feedback prior to approval.
- The clinical management pocket book has been updated and is currently pending approval.
- Health Emergency Operations Center (HEOC), MoHP has completed the assessment of major COVID-19 hospitals across the country to assess oxygen capacity and management options. A detailed report would be compiled for discussion and action.

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

#### **Laboratory Capacity**

- WHO consultant facilitated the validation of newly established designated COVID-19 laboratories. Gulmi Hospital Laboratory, Civil Hospital Laboratory and Manmohan Hospital underwent validation and passed the validation process this week. The 10 positive and 10 negative samples shared by these labs were validated at NPHL.
- 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

provided expert technical inputs on 'Primer and Probes in Real Time PCR assays' through the virtual session. Participants from different laboratories discussed their challenges and the WHO consultant and NPHL resource person provided recommendations to address the challenges.

- Technical support for validation of Isothermal Amplification (iAMP) COVID-19 detection kit, VIVA antigen diagnostic kit and Dangene PCR kit was provided.
- WHO Nepal has also been supporting 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 20 designated COVID-19 labs participated in the NQAP this week. All the participating laboratories were satisfactory with  $\geq 90\%$  concordance.
- NPHL was provided a NIBSC serum panel for the quality control of SARS-CoV-2 antibody ELISA from WHO, Geneva.
- One of the key influenza sentinel sites viz. Patan Academy of Health Sciences (PAHS) was visited for discussions on strengthening influenza surveillance and its strategic planning integrated with COVID-19 surveillance.



*Meeting with focal person from Patan Academy of Health Sciences (PAHS) for Influenza surveillance. Picture Credit: WHO Nepal*

### Technical Planning and Operations

- WHO Country office for Nepal is supporting Health Emergency Operation Centre (HEOC) on the hospital critical equipment inventory and oxygen source and consumption assessment that has started from 2 December 2020. The assessment for the 10 hospitals has been completed of which 8 are COVID-19 designated hospitals and 2 are non-COVID specialized hospitals treating COVID-19 patients. The final report will be shared with the MoHP in the coming week.

### Points of Entry (PoE)

- WHO Nepal Operations Support Logistics (OSL) team in close coordination with EDCD is working together in the following activities which has begun this week:
  - Setting up screening and isolation space at the point of arrival at International Terminal within Tribhuvan International Airport (TIA). It is expected to be completed in 2 weeks.
  - Setting up health desk for screening passengers at the domestic terminal of the TIA. It is also expected to be completed in two weeks.

- Setting up of temporary health desk at Rani PoE in Morang District. In Siraha PoE, formal authorization letter from municipality is awaited before starting to build the health desk, while at Gaur PoE and Birgunj POE, the health desk is to be initiated in the coming weeks.

### **Risk Communication and Community Engagement**

- WHO Media monitoring output was shared every day with MoHP spokesperson, HEOC officials, as well as EDPs and other partners
- The following documents were translated (from 2-8 December 2020):

SN	NAME	TYPE
1	Evidence to recommendations: COVID-19 mitigation in the aviation sector	Summary
2	Mask use in the context of COVID-19	Summary
3	Guideline for multi-sector prevention and control of Covid-19 transmission	Document
4	Weekly Evidence Brief_December 4	Evidence Brief
5	SOP on preventive measures in markets to contain spread of COVID-19	Guideline
6	Feasibility, Potential Value and Limitations of Establishing a Closely Monitored Challenge Model of Experimental COVID-19 Infection and Illness in Healthy Young Adult Volunteers	Summary
7	A prospective cohort study investigating maternal, pregnancy and neonatal outcomes for women and neonates infected with SARS-CoV-2	Summary
8	Health workforce policy and management in the context of the COVID-19 pandemic response	Summary

- Science in 5 videos translated, dubbed, and published:

Episodes	Titles	Language	Link
Episode 12	How can we celebrate the holidays safely during COVID-19? Who are the high-risk members in our families and communities and how can we keep them safe?	Nepali	<a href="#">Link</a>
Episode 13	Learn what scientists look for in the different phases of a clinical trial for a vaccine. What does it mean when a vaccine trial is halted due to an adverse event?	Nepali Maithili	<a href="#">Link</a> <a href="#">Link</a>
Episode 14	What kind of COVID-19 tests are available?	Nepali	<a href="#">Link</a>

### **Field operation and Logistics**

- In addition to setting up temporary health desks at PoEs, WHO Nepal is facilitating for the Duty Exemption letter from the MoHP and Ministry of Foreign Affairs (MoFA) for receiving the antigen based diagnostic kit which is scheduled to arrive in the next two weeks in Nepal.

### **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 weekly.
- Partners supported in case investigation and contact tracing as well as case findings and handed over 2,000 sets of Health kits to EDCC to support home isolation; 2,500 health kits to 8 Districts and further to 21 palikas and implementing partners, for Home Isolation clients; and 150 Oxygen Concentrators, 100 Pulse Oximeters, 50,000 Ag-RDT kits, 20 BiPAP machine, 1,000 fingertip oxygen monitor, 50 high-flow nasal oxygen delivery devices, and washing machines and other items like autoclaves to MOHP.
- Partners trained a total of 2,239 health workers and 6,834 female community health volunteers on case management and continuity of essential health services across the country through a mobile application based virtual training. On-line mental health wellbeing sessions targeting children, adolescents and parents/caregivers. As of now, trained mental health workers conducted 1,419 sessions and reached a total of 28,672 people (8,597 girls; 8,017 boys and 12,058 parents/caregivers).
- In partnership with the National Health Training Center, an online training manual on mental health has also been developed and rolled out through CSO partners.
- Health partners, including RH sub-cluster and Mental Health sub-cluster are supporting the continuation of COVID and non-COVID response including prepositioning of Gender Based Violence (GBV) and RH commodities in selected health facilities throughout the country to ensure continuity of services in the COVID-19 context in close coordination with Epidemiology and Disease Control Division (EDCC), Family Welfare Division (FWD), and other divisions and centers.

### **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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