

Situation Update #35 - Coronavirus Disease 2019 (COVID-19)

WHO Country Office for Nepal

Reporting Date: 9-15 December 2020

HIGHLIGHTS

- Number of RT-PCR tests, positivity rate, number of active cases and cases in home isolation are declining in trend over the last one month.
- Of the total cases, 9881 (3.9%) are active cases of which 43.8% continues to be from the Kathmandu district with additional cases throughout wards and palikas of Kathmandu Valley districts.
- There is only one district (Manang) with no active cases, seven districts with more than 200 active cases and three districts (Kathmandu, Lalitpur, Kaski) with more than 500 active cases as of 15 December 2020.
- Among 3778 (38.2%) patients admitted at hospital/institutional isolation center, 321 patients are in intensive care (ICU) with 48 on ventilator support. On average, about 13 deaths per day were recorded this week.

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 16 December 2020, T07:00:00 hours (Week no. 51), a total 250,179 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 18,43,581 RT-PCR tests have been performed nationwide by 79 designated COVID-19 labs functional across the nation.
- All 7 provinces in the country are now experiencing transmission via clusters of cases.
- Province-wise test positivity rate in Week 50 ranged from 8.2% (Province 2) to 21.2% (Sudurpashchim Province), with national positivity rate averaging 15.7%.
- Overall, the gender distribution remains skewed towards males, who constitute 65% (163,457/250,179) of the confirmed cases.
- A total of forty-six samples were received for Influenza on EPID-week 50 (7th Dec to 13th Dec 2020). None of the samples tested positive for influenza. From January until 13th Dec 2020, a total of 992 samples have been tested for Influenza and SARS-CoV-2. Twenty 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 also being regularly updated in FLUID and FLUNET.

SITUATION OVERVIEW

NEPAL

(Data as of 16 December 2020, 07:00:00 hours)

2,50,179 confirmed cases
1,730 deaths
18,43,581 RT-PCR tests

SOUTH-EAST ASIA REGION

(Data as of 10am CEST 13 December 2020)

1,13,61,437 confirmed cases
1,72,858 deaths

GLOBAL

(Data as of 10am CEST 13 December 2020)

70 476 836 confirmed cases
15,23,656 deaths

Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 13 December 2020 from #Global Weekly Epidemiological Update18) and cumulative incidence rate (per 100,000)

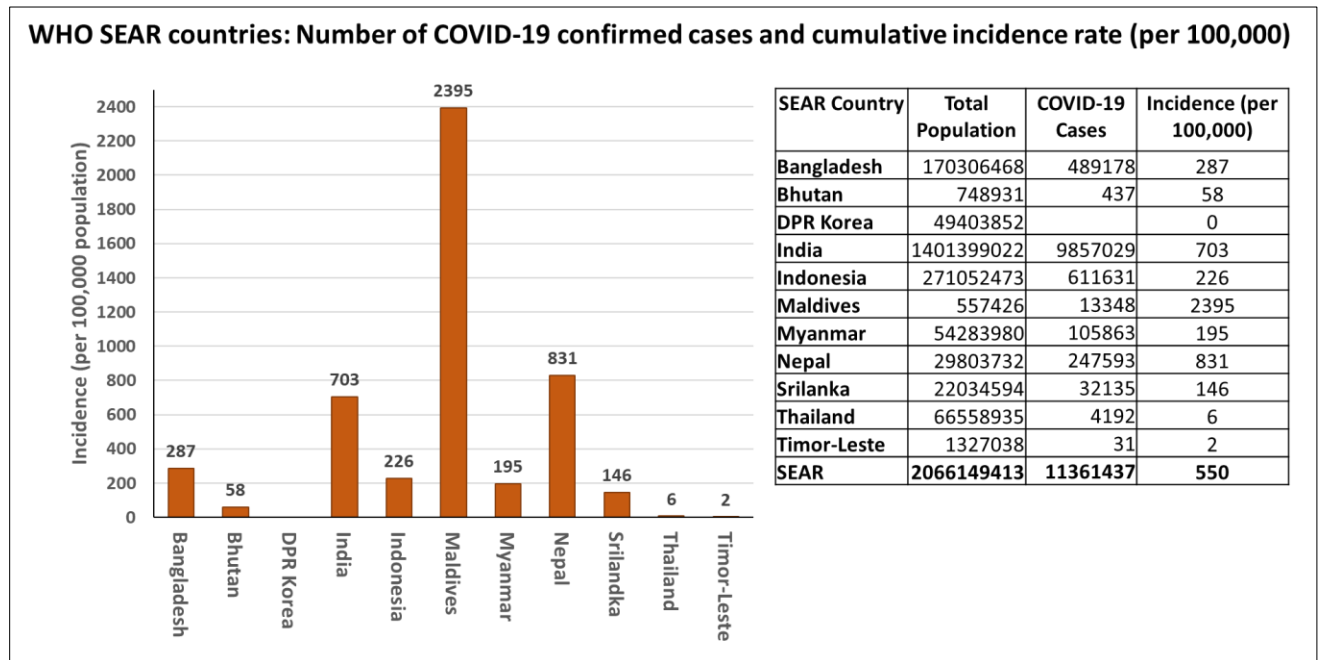
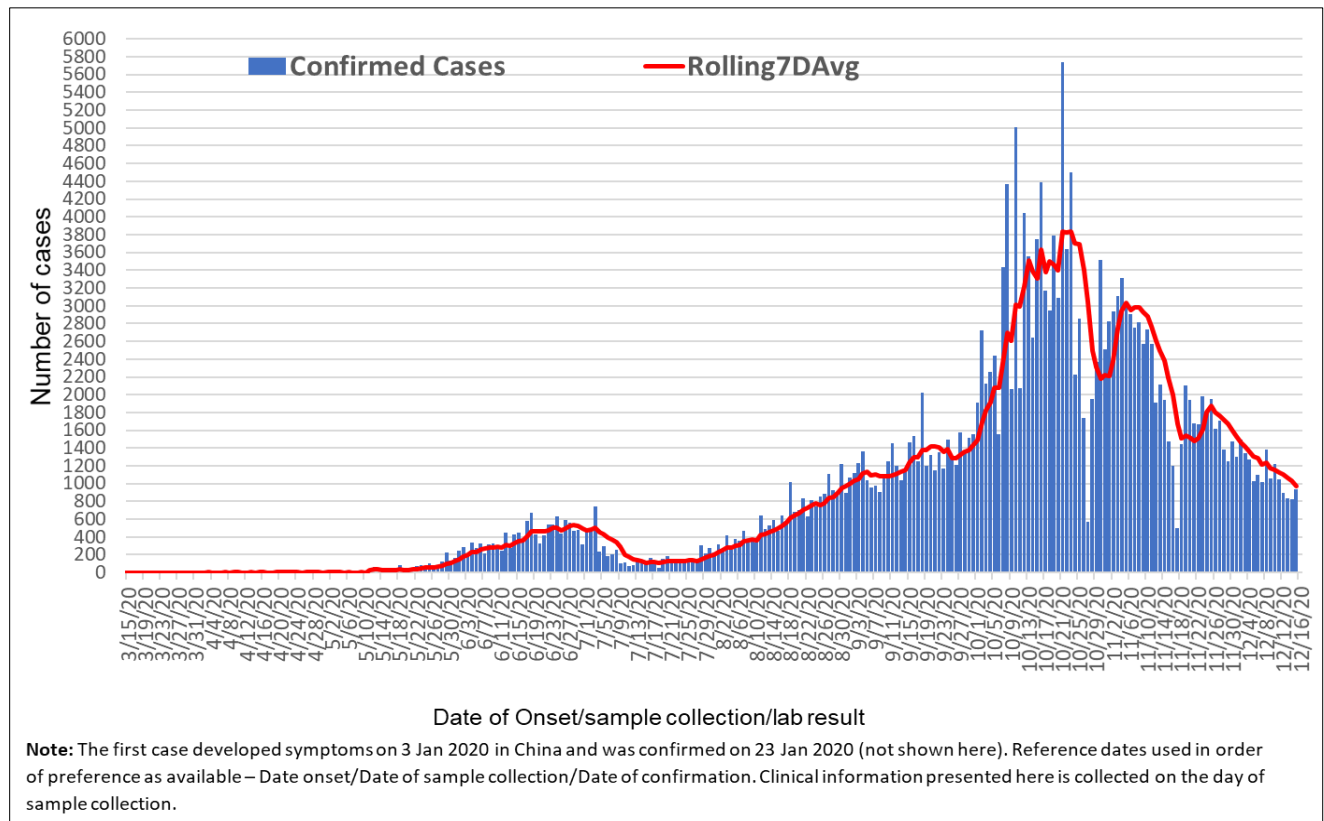


Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 250179) (Data updated on 16 December 2020 07:00:00)



Nationally, the second surge began in mid-July and 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 15th December was 7,117 which is about one third of the number tested during the peak in end October.

Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 250179) (Data updated on 16 December 2020 07:00:00)

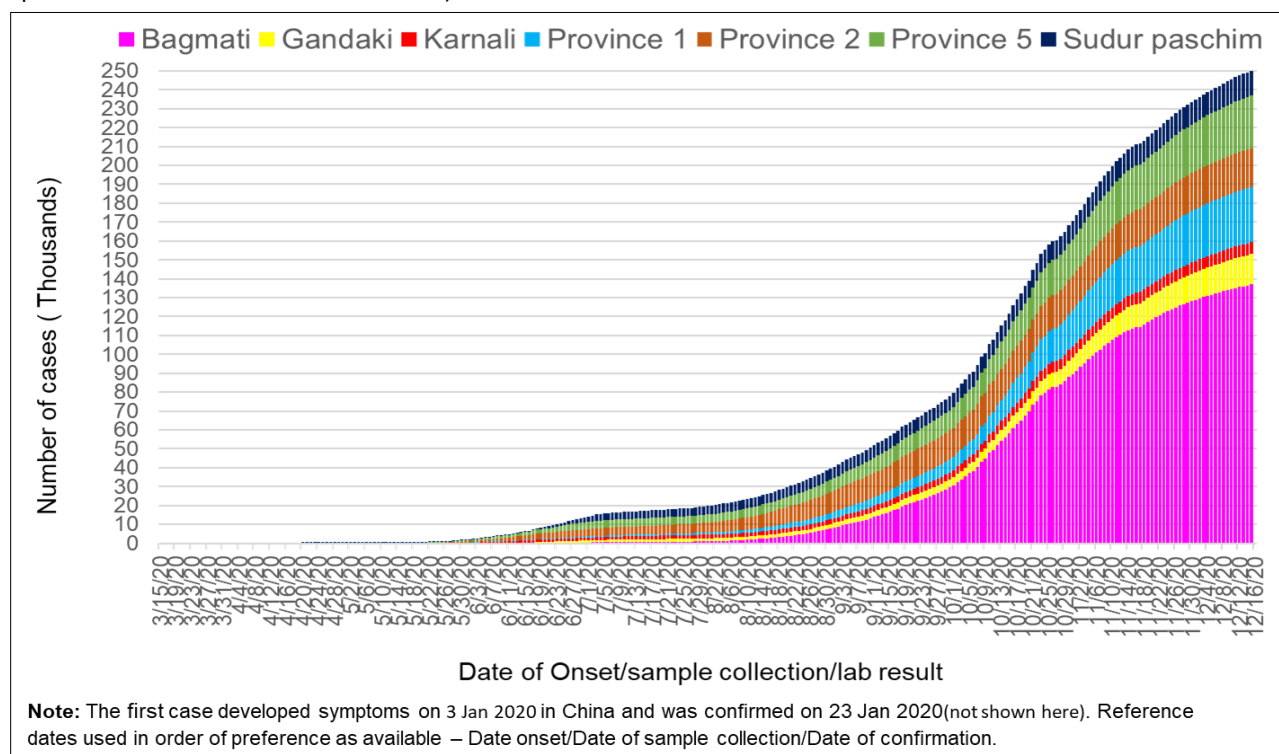
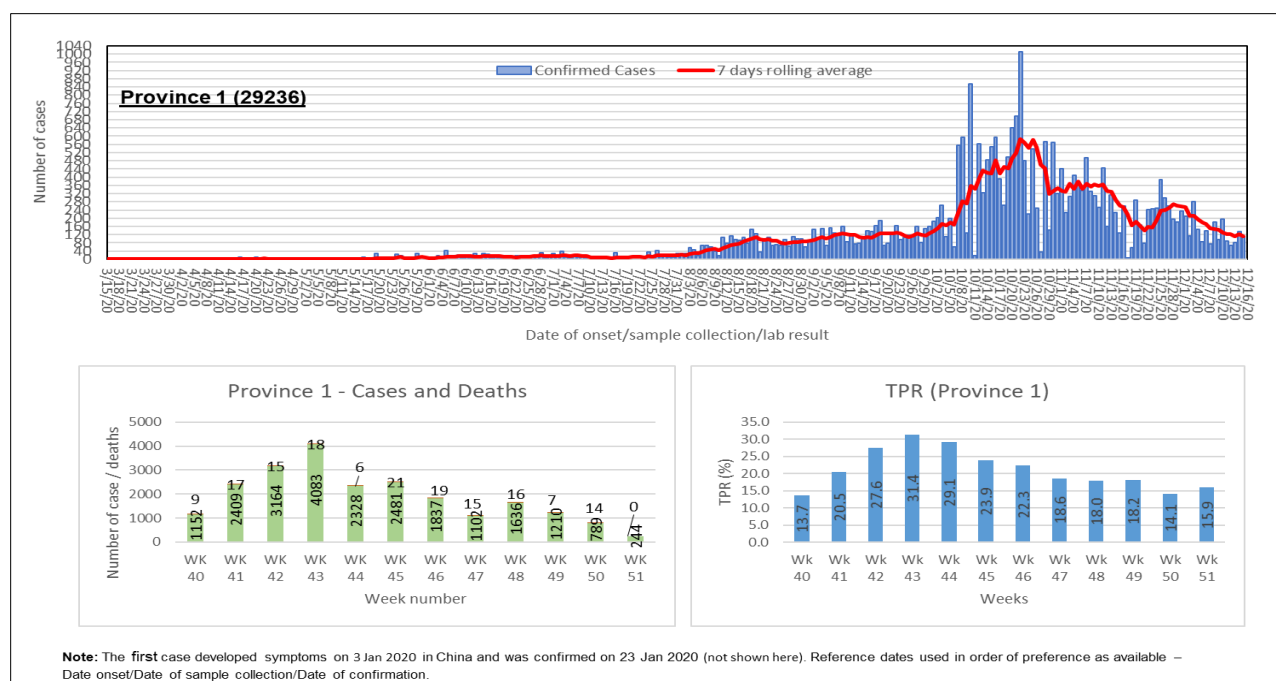
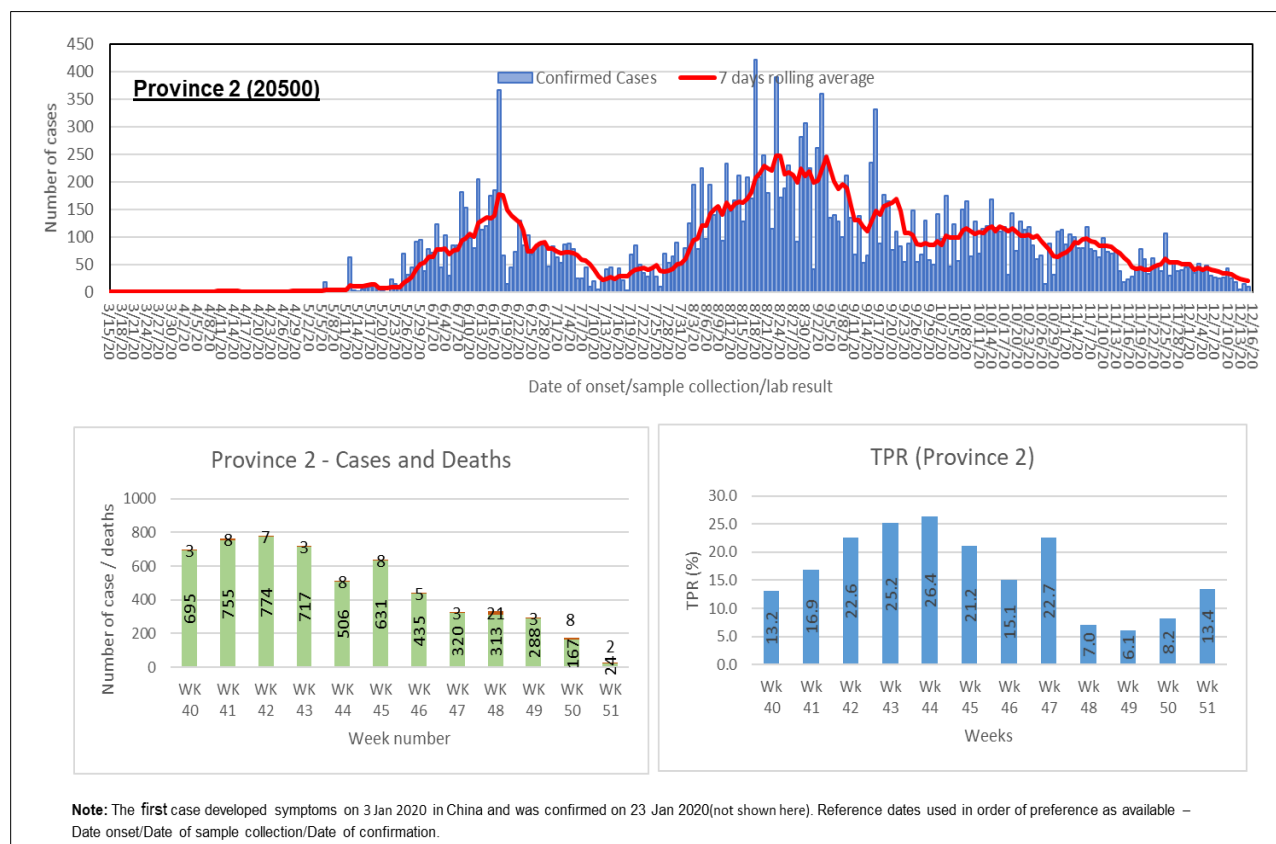


Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 250179) (Data updated on 16 December 2020 07:00:00)

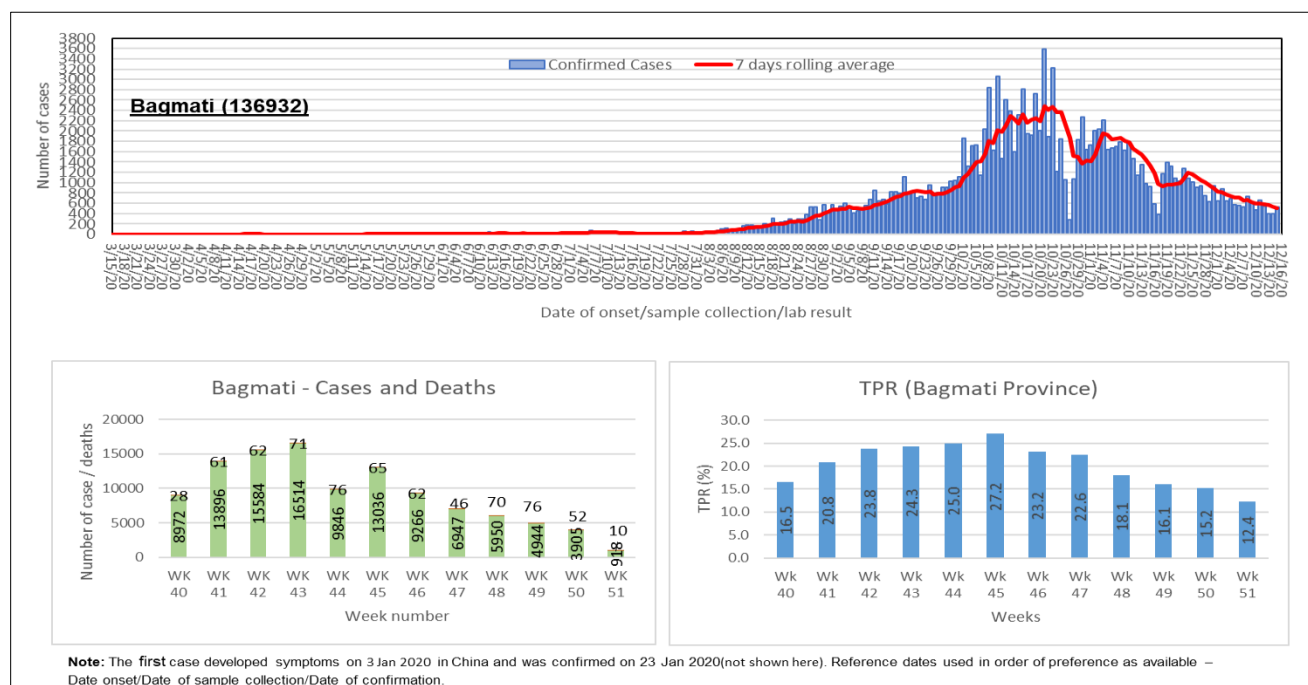
Note for all the Provinces (Figure 2B): Y-axis scale varies between Provinces



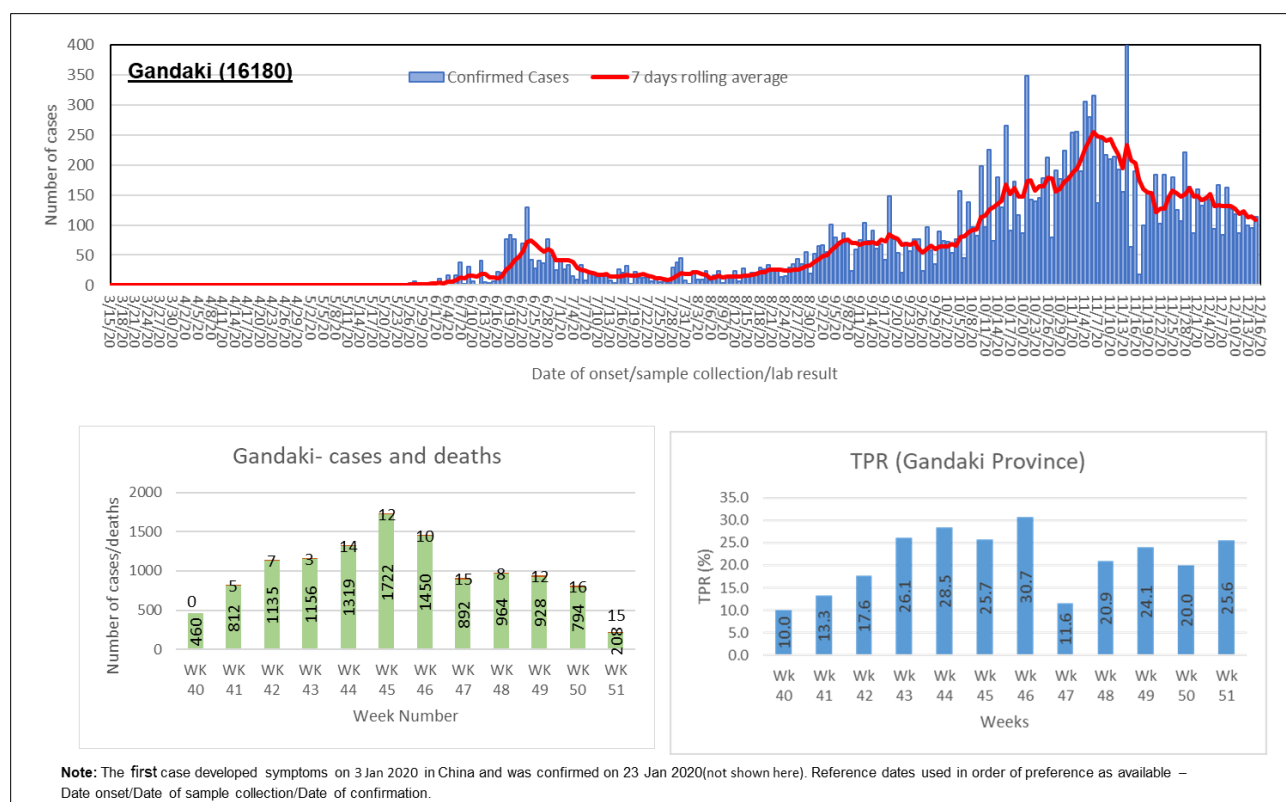
There were 789 new cases reported in the past week in Province 1. Since a peak in October, weekly new cases have continued to decrease and fell by 35% in the past week compared to the previous week. There were 14 deaths reported in the past week, increased by twice that of the previous week. The test positivity rate in Province 1 decreased to 14.1% in the past week.



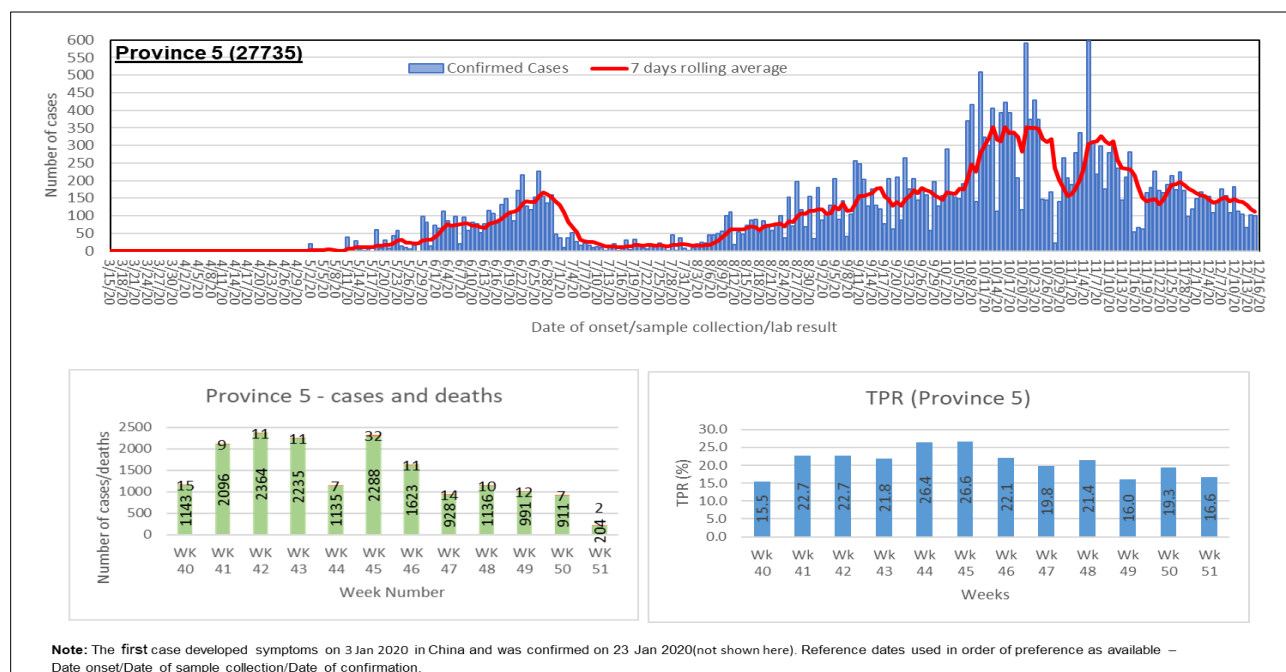
There were 167 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing and fell by 42% in the past week compared to the previous week. There were 8 deaths reported in the past week, which increased by more than double compared to the previous week. The test positivity rate in Province 2 has increased to 8.2% from a low of 6% in the previous week, but this province has the lowest per capita testing rate.



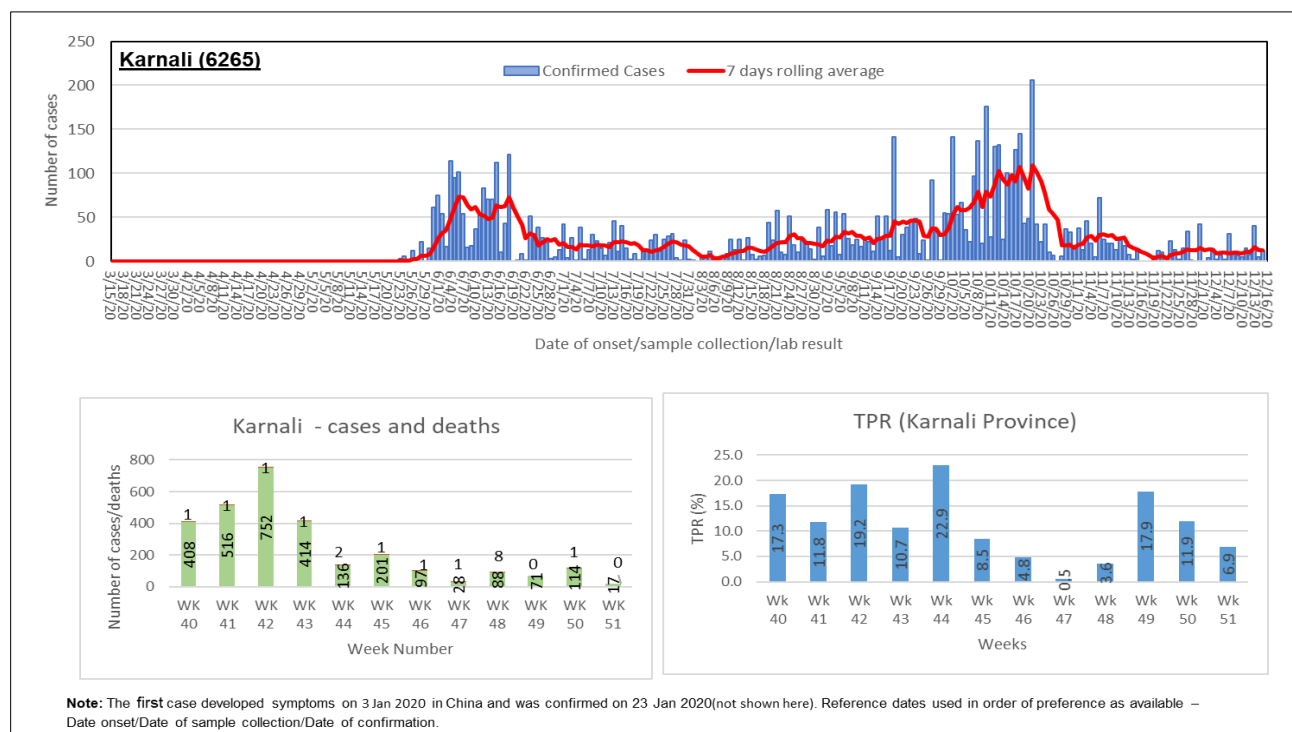
In Bagmati, 3905 new cases were reported in the past week. Weekly new cases are steadily decreasing and fell by 21% in the past week compared to the previous week. There were 52 deaths reported in the past week, a 32% decrease from the previous week continuing a relatively decreasing trend. The test positivity rate in Bagmati has decreased to a low of 15.2% in the past week.



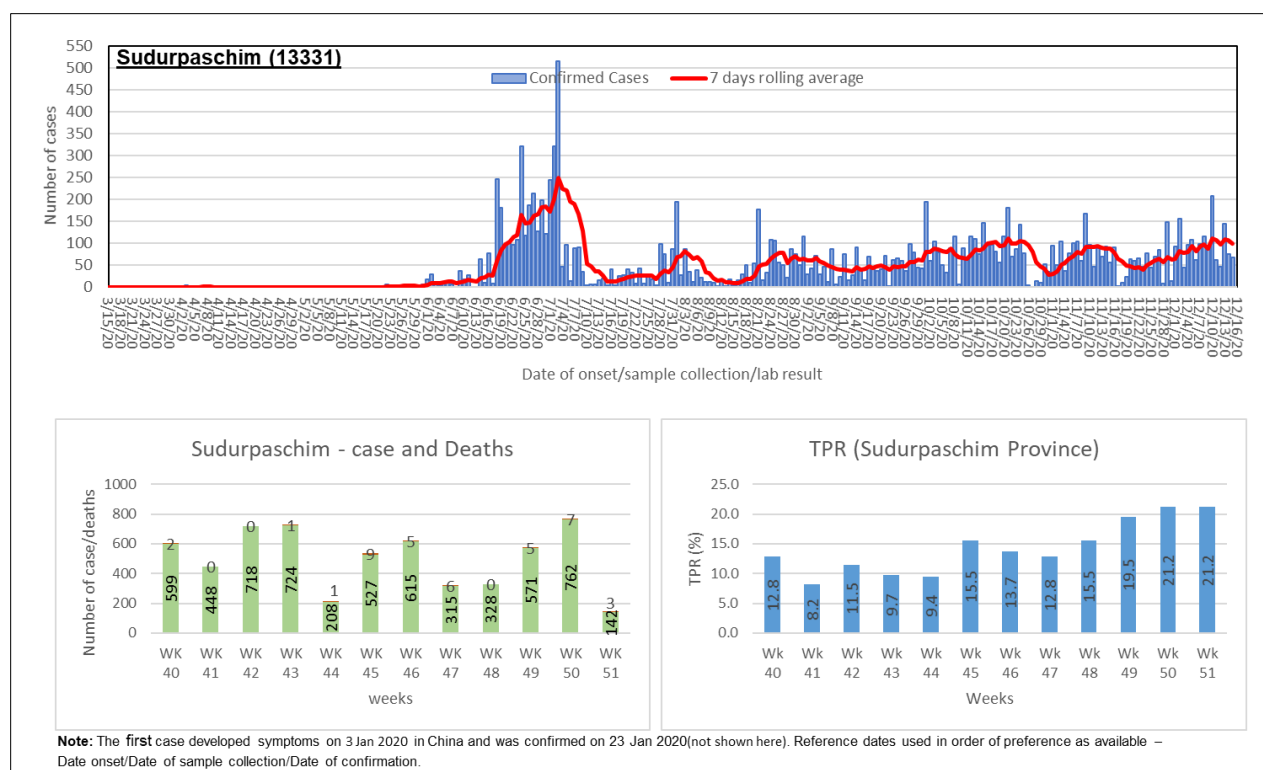
Gandaki reported 794 new cases and 16 deaths in the past week. The number of new cases being reported has fallen considerably since its peak in Week 45 when there were 1,722 new cases. The number of new cases fell by 14% compared to the previous week while new deaths decreased by 6% from 17 deaths in the previous week. The test positivity rate in Gandaki decreased to 20.0% in the past week from a high of 24.1% in the previous week. These indicate the need for a higher level of rapid containment in this province.



Lumbini reported 911 new cases and 7 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 less than 1% from the previous week while new deaths decreased by 42% from 12 deaths in the previous week. The test positivity rate in Lumbini has shown a relatively stable trend with 19.3% in the past week. These indicate the need for higher level of vigilance to mount rapid containment measures.

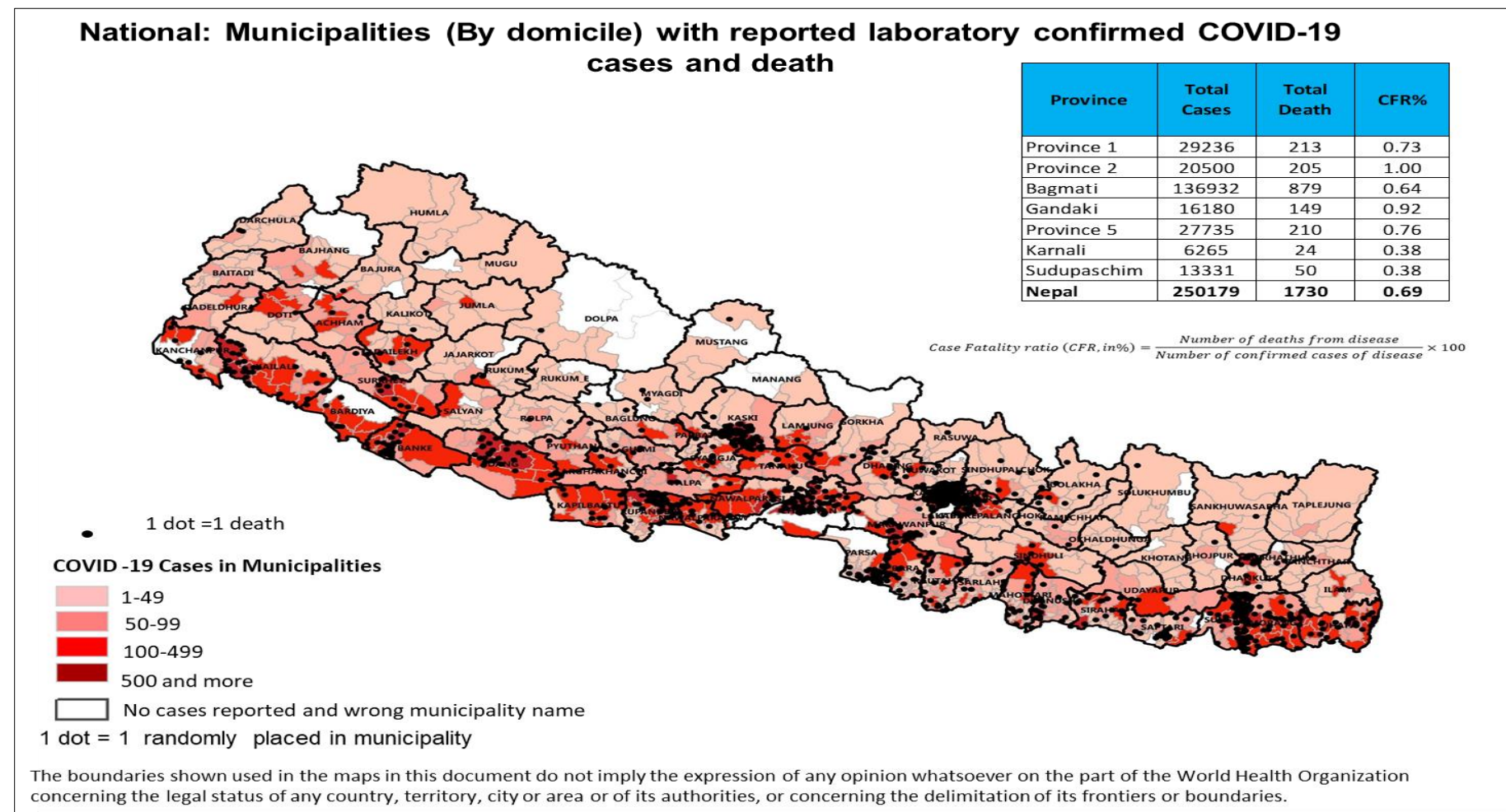


In Karnali, 114 new cases were reported in the past week. Since cases peaked in week 42, weekly decreases in new cases have continued but increased by 60% in the past week compared to the previous week. There was one death reported in the past week. The number of weekly deaths has remained relatively stable since late October. The test positivity rate in Karnali has shown a decreasing trend with a low of 11.9% in the past week. These indicate the need for continued vigilance.



In Sudurpaschim, 762 new cases were reported in the past week. Weekly new cases had continued to decrease but have recently increased by 33% in the past week compared to the previous week. There were 7 deaths reported in the past week, from 5 deaths in the previous week, but the number of weekly deaths has remained relatively stable since November. The test positivity rate in Sudurpaschim has shown an increasing trend to a high of 21.2% in the past week. This indicates the need for continued rapid containment measures in this province.

Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 250179) (Data updated on 16 December 2020 07:00:00)



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 as of 16 December 2020. Deaths have been reported in high numbers from Bagmati Province, mostly from Kathmandu valley area. The overall case fatality ratio of Nepal is 0.69%, however it is relatively high in Province 2 with 1%.

Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.
(N = 250179) (Data updated on 16 December 2020 07:00:00)

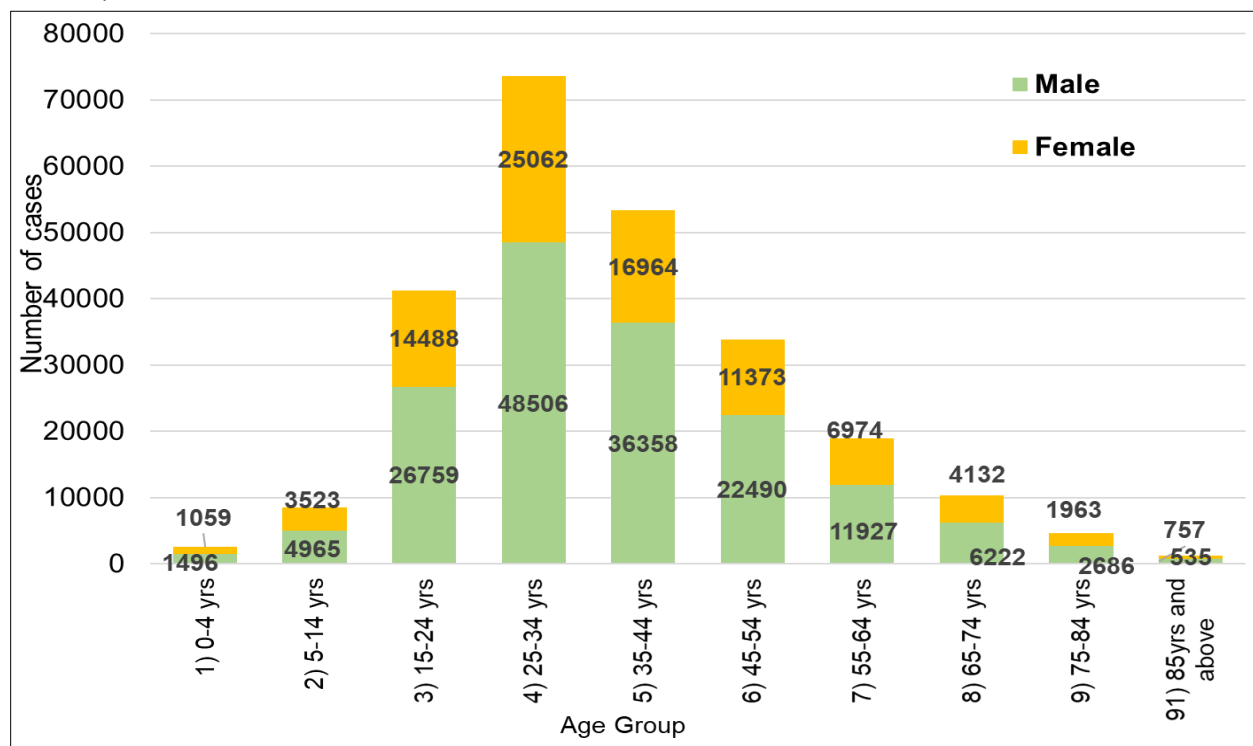
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	29236	11.7	213	Cluster of cases	1798	18
Province 2	20500	8.2	205	Cluster of cases	390	12
Bagmati	136932	54.7	879	Cluster of cases	8186	101
Gandaki	16180	6.5	149	Cluster of cases	1683	38
Province 5	27735	11.1	210	Cluster of cases	1837	19
Karnali	6265	2.5	24	Cluster of cases	160	1
Sudurpashchim	13331	5.3	50	Cluster of cases	1370	12
National Total	250179	100	1730	Cluster of cases	15424	201

- 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 = 248239) (Data updated on 16 December 2020 07:00:00)



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 = 250179) (Data updated on 16 December 2020 07:00:00)

Age Group	Total confirmed cases	Death (male)	Death (female)	Deaths with any known comorbid condition	Age specific case fatality ratio (%)
0-4 yrs	2555	2	4	2	0.23
5-14 yrs	8488	3	2	5	0.06
15-24 yrs	41247	19	25	29	0.11
25-34 yrs	73568	53	30	40	0.11
35-44 yrs	53322	98	45	70	0.27
45-54 yrs	33863	167	66	140	0.69
55-64 yrs	18901	243	87	225	1.75
65-74 yrs	10354	310	127	314	4.22
75-84 yrs	4649	218	102	233	6.88
85+ yrs	1292	90	37	89	9.83
Unknown	1940	2	0	1	0.1
National	250179	1205	525	1148	0.69

Notes: A total of 1,730 deaths have been reported and all deaths occurred in the country between weeks 20 and 51. Out of the total deaths, 1,205 (69.7%) were males and 507 (30.3%) were females. Amongst the deaths, 1,148 persons (66.4%) 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 4.2% to 9.8%

PREPAREDNESS AND RESPONSE

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

- Ministry of Health and Population (MoHP) has conducted National Joint Annual Review (NJAR) 2019/20 during 10 – 14 Dec 2020, followed by one day business meeting with development partners, to review key achievements, lessons learnt and challenges in the health sector of Nepal. As this review period also covered COVID-19 pandemic, the meeting also reviewed the situation and discussed about future plans.
- MoHP ICS has reviewed findings from antigen-based community testing from the six wards of Kathmandu valley, which yielded approx. 8% positivity rate. This finding shows that despite regular PCR tests, there is still a high burden of undetected positive cases in the community. Based on these findings, MoHP has decided to rapidly expand community-based screening, testing and active surveillance using antigen-based test kits in high-risk areas
- The ministry has decided to form an expert group to guide the next round of sero-prevalence, which will be conducted soon.

What is the WHO Country Office for Nepal doing?

Laboratory Capacity

- WHO Nepal has been supporting the National Public Health Laboratory (NPHL) in following activities:
 - Monitoring of the quality standard of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of 15 designated COVID-19 labs participated in the NQAP this week. All the participating laboratories were satisfactory with result $\geq 90\%$ concordance.
 - Organizing a weekly virtual meeting targeting active participation from all designated COVID-19 laboratories in the country. This week, WHO provided technical expertise on 'Molecular Epidemiology of SARS-COV-2' 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.
 - Developing protocol for Internal Quality Control (IQC) to NPHL.
- WHO Nepal received the Proficiency Testing (PT) materials of SARS-COV-2 from the Royal College of Pathologists of Australia Program (RCPAQAP) and supported NPHL for dispatching the PT materials to the 24 participating laboratories. Technical support was provided to NPHL for testing the PT materials.
- Technical support was provided for the following from WHO -Nepal for
 - Validation of Favorgen extraction kit and VIVA antigen diagnostic kit.
 - Reviving the virus isolation facilities and preparation of quality manual as part of the quality improvement activities to National Influenza Center (NIC).

Technical Planning and Operations

- WHO-Nepal is supporting Health Emergency Operation Centre (HEOC) with hospital assessments for critical equipment inventory, oxygen source and consumption that started from 2nd December 2020. The assessment for the 18 hospitals (both COVID-19 and non

COVID specialized hospitals that are presently treating COVID-19 patients) has been completed, of which 13 were government and 5 were medical colleges. The next step is to assess 5 private hospitals (dates to be confirmed).

Points of Entry (PoE)

- WHO Nepal Operations Support Logistics (OSL) team in close coordination with EDCD is working together in the following activities which began last week:
 - Points of Entry (PoE) setup at Rani border in Biratnagar at Province 1 has been completed. However, the date has not been finalized for official handover by the WHO team to the Biratnagar Metropolitan City. (Picture below)



Completed Point of Entry establishment at Rani, Biratnagar. Picture Credit: Dr Rabin Gautam/ WHO Nepal

- Establishing of PoEs at Province 2 (Rautahat, Siraha and Birgunj) is ongoing and is planned to be completed by 25th December 2020.
- Ongoing support for construction of health screening desk at the domestic airport and the Point of arrival at the International terminal of Tribhuvan International Airport (TIA) and is planned to be completed by 25th December, 2020.

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 9-15 December 2020):

SN	NAME	TYPE
1	Weekly Evidence Brief_Dec 11	Evidence Brief
2	COVID-19 vaccine introduction and deployment costing tool	Summary
3	Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises	Summary
4	Evidence to recommendations for COVID-19 vaccines: Evidence framework	Summary
5	Public health considerations for elections and related activities in the context of the COVID-19 pandemic	Summary
6	Mask use in the context of COVID-19	Guideline

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

S.N	Title	Language	Date of upload	Link
1	What kind of COVID-19 tests are available?	Maithili	December 9	Link

- WHO Nepal expert was invited as the anchor speaker at a briefing session for Community Radio Journalists in Nepal on the topics of “The Science Behind COVID-19” and on “Vaccines & COVID-19”. The talk was captured by the participating radio stations and beyond.
- This year's 16 days Campaign against Gender Based Violence was celebrated with the theme “The Orange the World campaign” during PAN Nepal Parliamentarians Briefing on COVID-19 on 29 November at Province 1. The product of this celebration has been a total of 36 videos in Nepali language recorded using messages include 19 videos with Parliamentarians, and 17 videos have been recorded with WHO colleagues. These videos have been uploaded in the [WHO Nepal YouTube channel](#) and shared in social medias.

Field operation and Logistics

- WHO Nepal has received 100,000 rapid antigen test kit (made by SD Biosensor, South Korea). These 100,000 rapid antigen test kits were procured by WHO Nepal after the request from Ministry of Health and Population to support with the ongoing COVID-19 surveillance activities in the community. These rapid antigen kits will be handed over to the MOHP in next few days.

What are the health cluster partners doing?

- Cluster coordination meetings for health sector response are ongoing at the Federal and Provincial levels for coherent actions at all levels.
- Health Cluster partners including sub-clusters are providing response support to continue COVID-19 & Non-COVID-19 essential/continuation of health services throughout the country.
- Health partners are supporting the Population Mobility Mapping (PMM) in Province 1, 5 and 7 along the 9 selected Points of Entry and border areas. This PMM intervention is a part of Health Border Mobility Mapping. The following activities are being mapped
 - Identification of mobility patterns,
 - Vulnerable hotspots and at-risk communities,
 - Orientation on case investigation and contact tracing to 146 health workers, local representatives, and volunteers and also the support of six medical officers providing support to provincial health directors in case investigation and contact tracing.
- Partners are providing continuous support on risk communication, infection prevention and control, case management, laboratories, and COVID-19 commodities in close coordination with the respective MOHP division
- Healthcare Waste Management (HCWM) Standard and Operating Procedures have been developed. This standard and operational procedure has been revised from 2014 guideline based on public health act 2018 and National health policy 2019 and submitted to MoHP for endorsement. However, Ministry has split the document into two parts: 1) Standard Operating Procedure (SoP) which was endorsed by MoHP in November 2020 and 2) the National Standard for HCWM is in process of approval.

- Support to develop online training material through video infographics for the following activities:
 - Healthcare worker and waste handler for safely handling of healthcare waste,
 - Water and Sanitation Hygiene (WASH),
 - Infection Prevention Control (IPC) and Personal Protective Equipment (PPE).
- HCWM system is functional in Sukraraj Tropical Infectious Disease Hospital, Teku. There has been handover of following HCWM logistics to this hospital by the partners
 - Medication Trolley- 23 pcs;
 - Transportation Trolley- 2 pcs;
 - Needle Cutter- 23 pcs;
 - Waste compressor handle - 8 pcs;
 - Pre Vacuum Autoclave 120 Liter with testing indicator - 1 pcs.

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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