

# Situation Update #37 - Coronavirus Disease 2019 (COVID-19)

## WHO Country Office for Nepal

Reporting Date: 23-29 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, 6396 (2.5%) are active cases of which 56.21% continues to be from the Kathmandu district with additional cases throughout wards and palikas of Kathmandu Valley.
- There are five districts (Mahottari, Sarlahi, Siraha, Mugu and Rukum-East) with no active cases, five districts with more than 200 active cases. Kathmandu district alone had more than 500 active cases as of 29 December 2020.
- Out of 6396 active cases, 3438 (53.8%) patients admitted at hospital/institutional isolation centers, 268 patients are in intensive care (ICU) out of which 40 are on ventilator support. On average, about 6 deaths per day were recorded this week.

### NEPAL EPIDEMIOLOGICAL SITUATION

- As of 30 December 2020, 07:00:00 hours (Week no. 53), a total 259,547 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 1,921,367 RT-PCR tests have been performed nationwide by 81 designated COVID-19 labs functional across the nation (as of 30 Dec 2020).
- All 7 provinces in the country are now experiencing transmission via clusters of cases.
- Province-wise test positivity rate in Week 52 ranged from 9.4% (Province 1) to 16.6% (Sudurpashchim Province), with national positivity rate averaging 12.7%.
- Overall, the gender distribution remains skewed towards males, who constitute 65% (169,125/259,547) of the confirmed cases.
- A total of thirty-four samples were received for Influenza on EPID-week 52 (21<sup>st</sup> Dec to 27<sup>th</sup> Dec 2020). None of the samples tested positive for influenza. From January until 27<sup>th</sup> Dec 2020, a total of 1083 samples have been tested for Influenza and SARS-CoV-2. Twenty-one samples have tested positive for SARS-CoV-2 (all these positive cases are included in the COVID-19 database). (Source: National Influenza Center, NHPL)

### SITUATION OVERVIEW

#### NEPAL

*(Data as of 29 December 2020, 07:00:00 hours)*

**259,547 confirmed cases**  
**1,840 deaths**  
**1,921,367 RT-PCR tests (as of 29 Dec 2020)**

#### SOUTH-EAST ASIA REGION

*(Data as of 10am CEST 27 December 2020)*

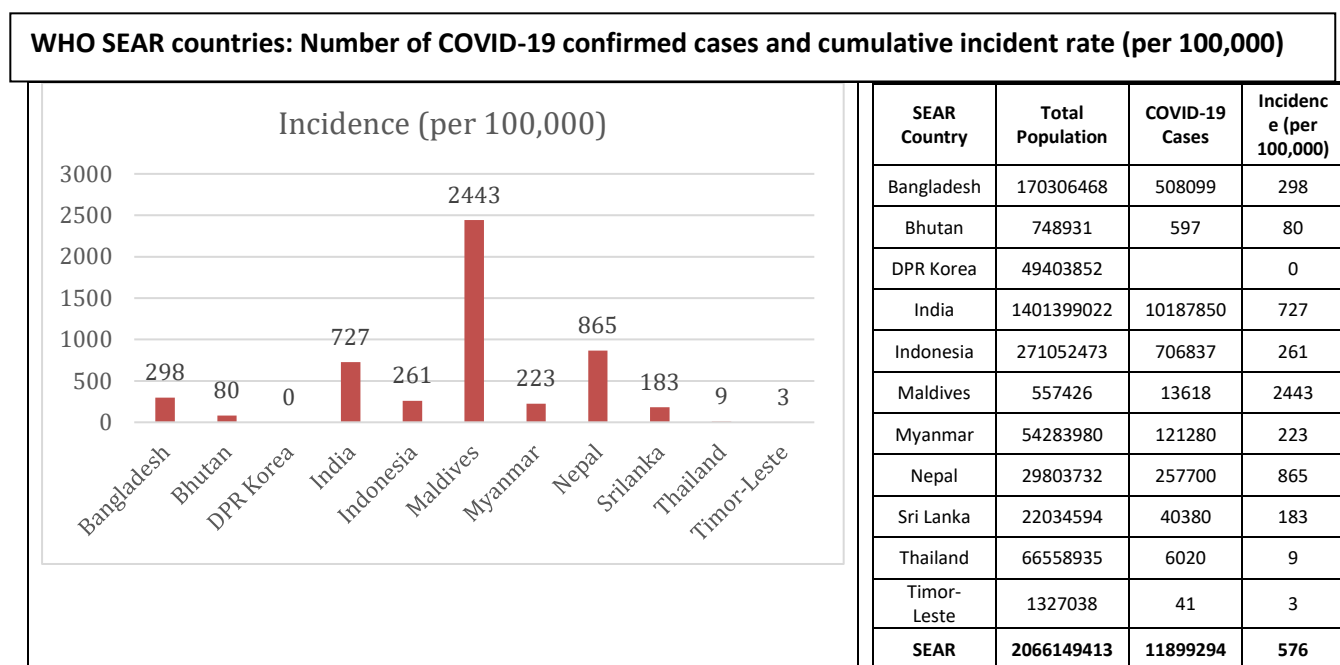
**11,842,422 confirmed cases**  
**180,737 deaths**

#### GLOBAL

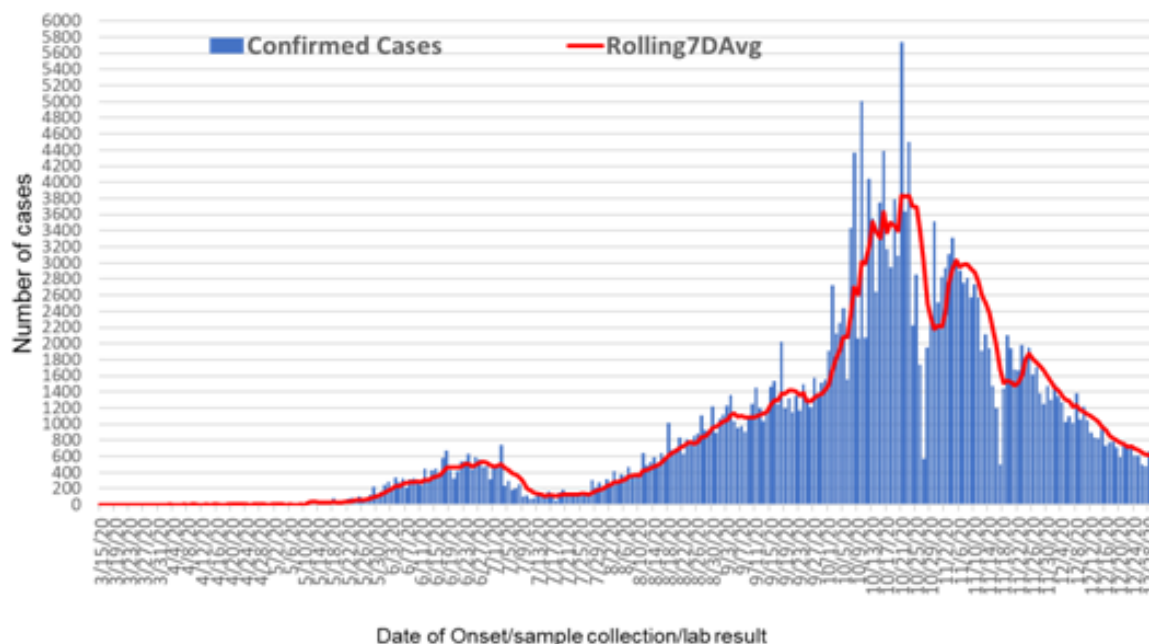
*(Data as of 10 am CEST 27 December 2020)*

**79,231,893 confirmed cases**  
**1,754,574 deaths**

**Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 27 December 2020 from #Global Weekly Epidemiological Update 20) and cumulative incidence rate (per 100,000)**



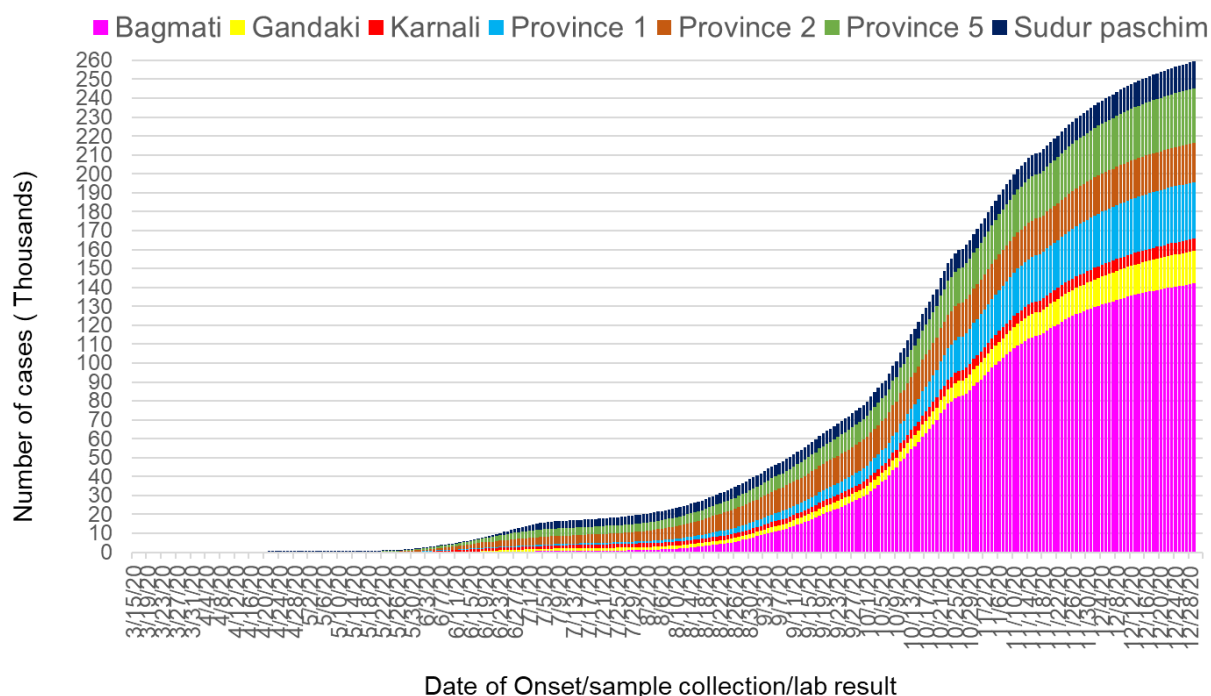
**Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 259547) (Data updated on 30 December 2020 07:00:00)**



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.

Nationally, the second surge began in mid-July, 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 29th December was 6135 which is about one third of the number tested during the peak in end October.

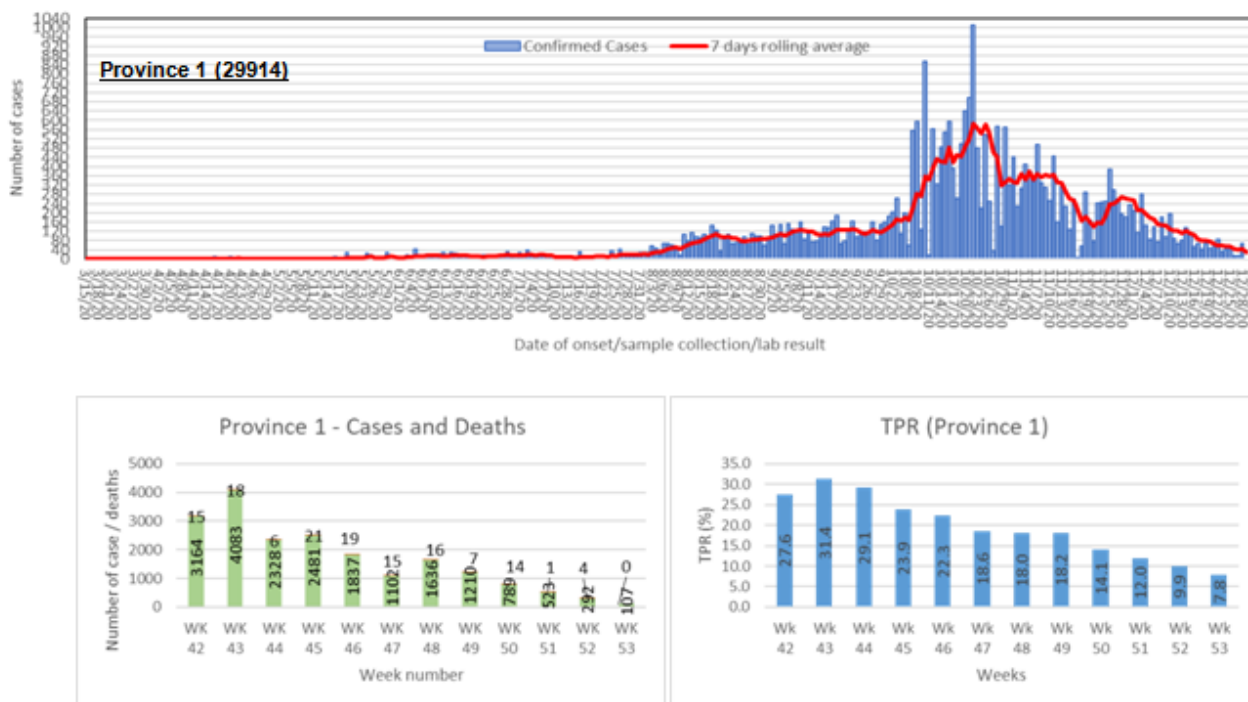
**Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 259547)** (Data updated on 30 December 2020 07:00:00)



**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.

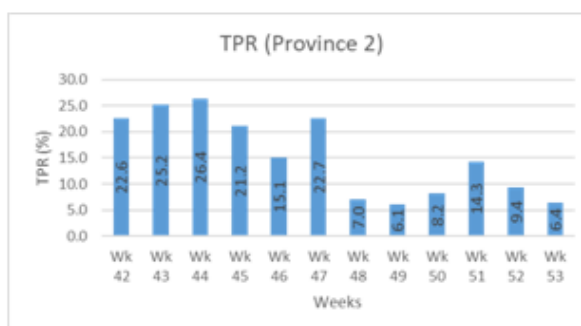
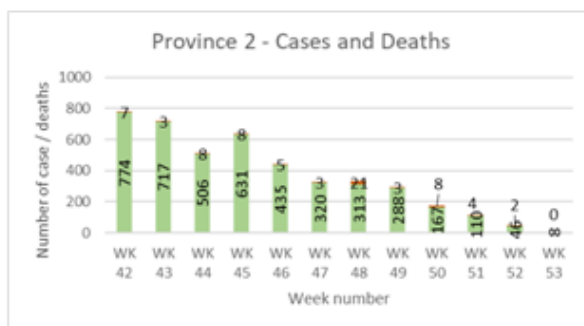
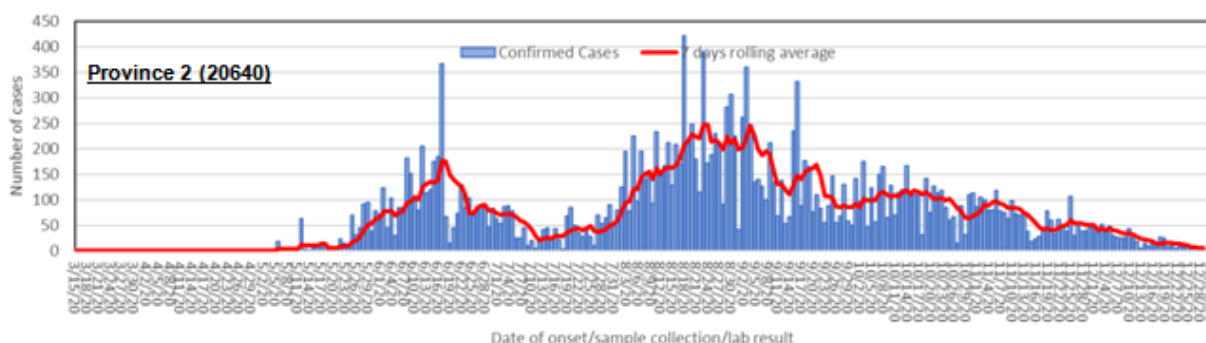
**Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 259547) (Data updated on 29 December 2020 07:00:00)**

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



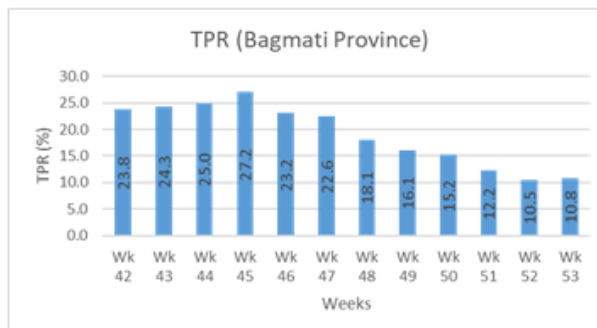
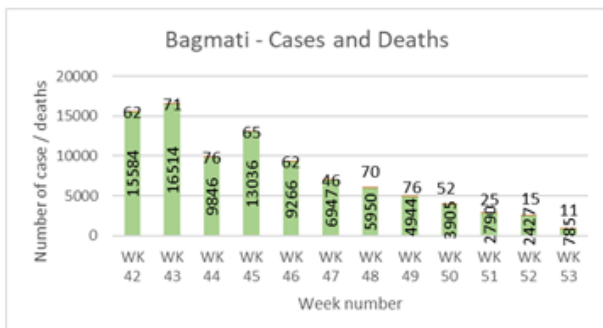
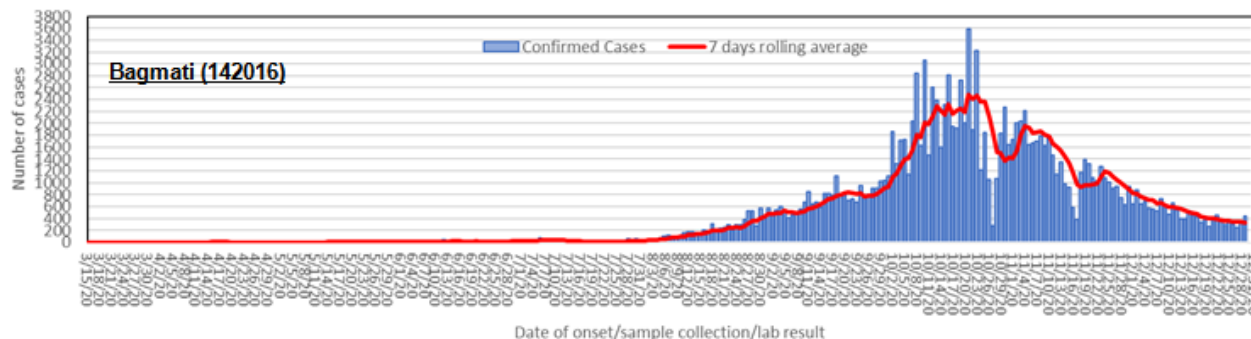
Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020 (not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation.

*There were 292 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 44.2% in the past week compared to the previous week. There were 4 deaths reported in the past week, four times more than that of the previous week. The test positivity rate in Province 1 has continued a decreasing trend to a low 9.9% in the past week.*



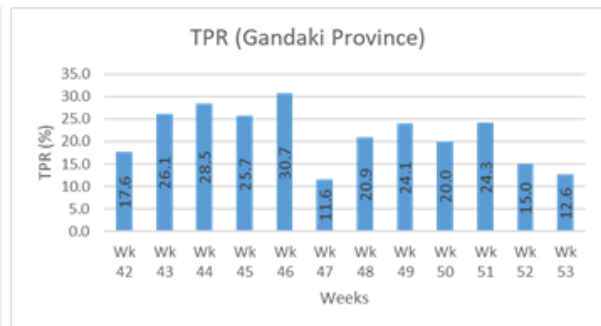
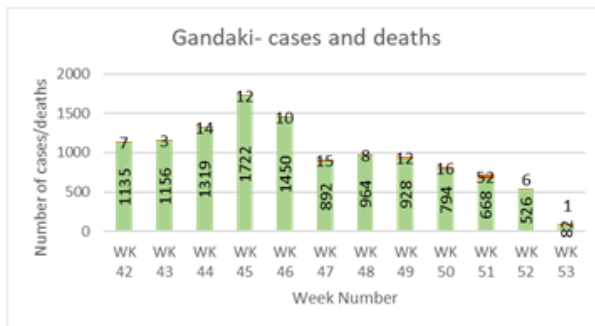
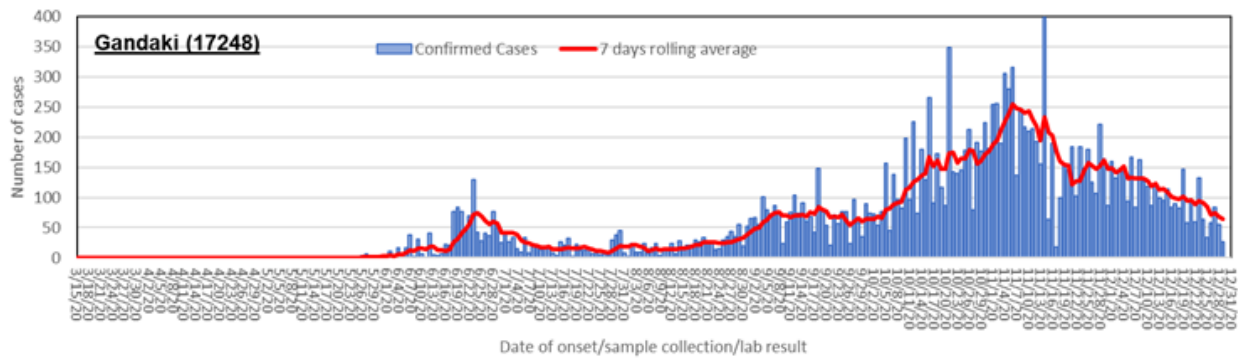
Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020(not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation.

There were 46 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing and fell by 58% in the past week compared to the previous week. There were 2 deaths reported in the past week, 50% less compared to the previous week. The test positivity rate in Province 2 has fallen to 9.4% from a high of 14.3% 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.

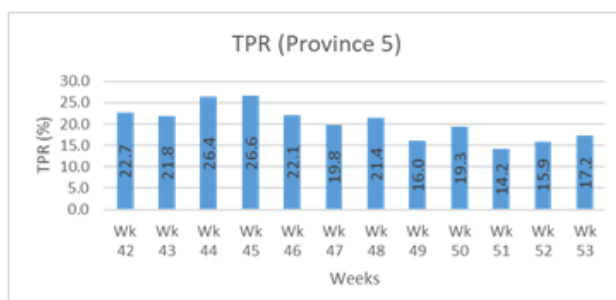
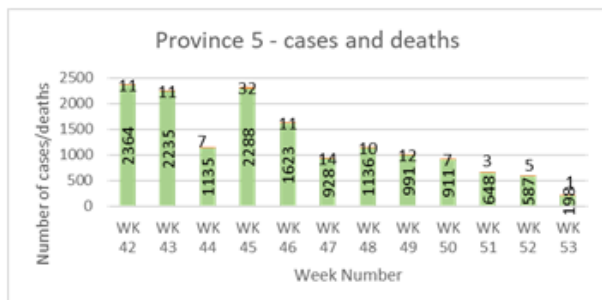
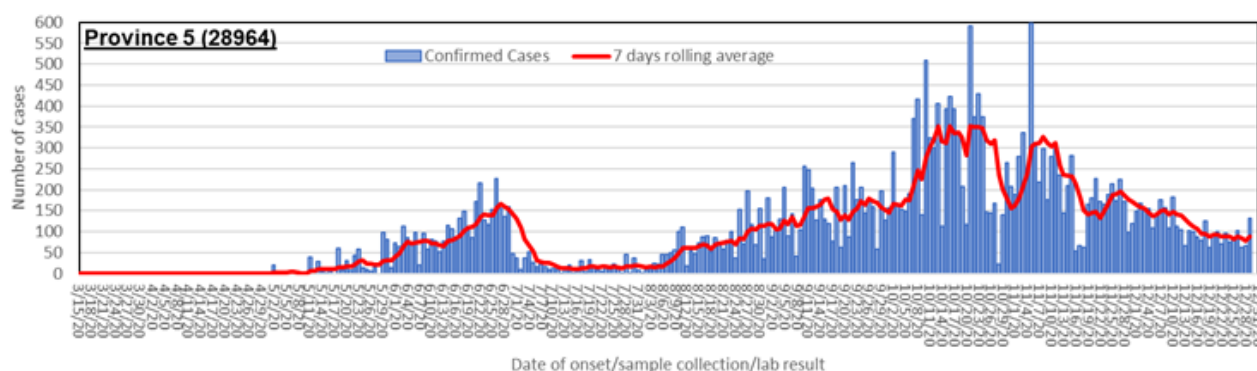
In Bagmati, 2427 new cases were reported in the past week. Weekly new cases are steadily decreasing and fell by 13% in the past week compared to the previous week. There were 15 deaths reported in the past week, a 40% decrease from the previous week continuing a relatively decreasing trend. The test positivity rate in Bagmati has shown a decreasing trend to a low of 10.5% 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.

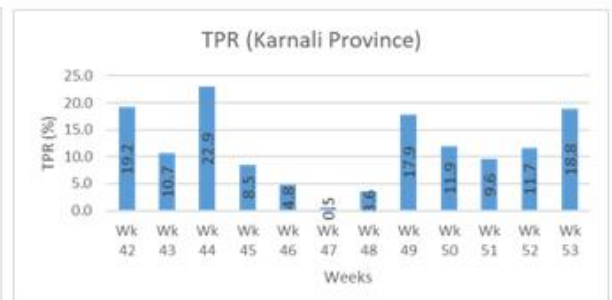
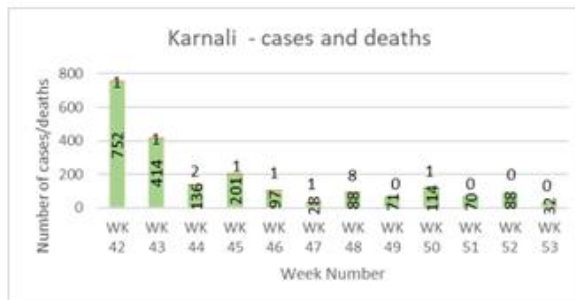
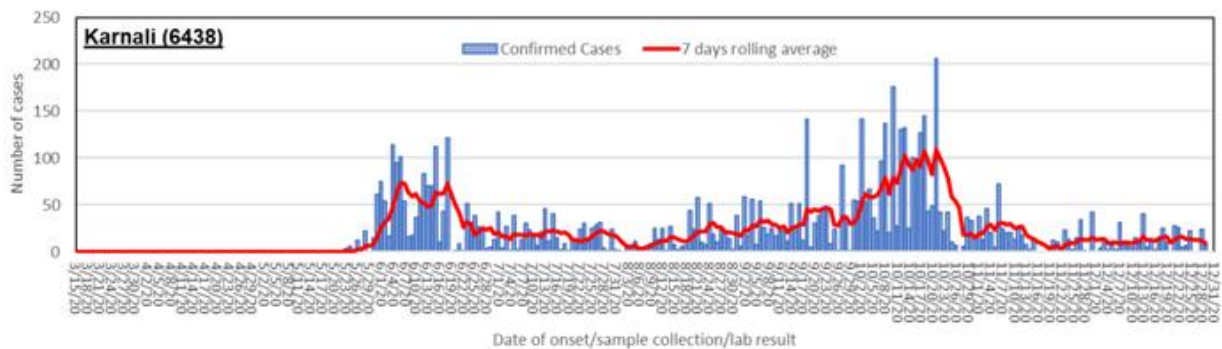
Gandaki reported 526 new cases and 6 deaths in the past week. The number of new cases being reported has fallen considerably since a peak in Week 45 when there were 1,722 new cases. The number of new cases fell by 21% compared to the previous week while new deaths decreased by eight times that of the previous week. The test positivity rate in Gandaki decreased to 15.0% in the past week from a high of 24.3% in the previous week. This indicates the need for vigilance in this province.





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

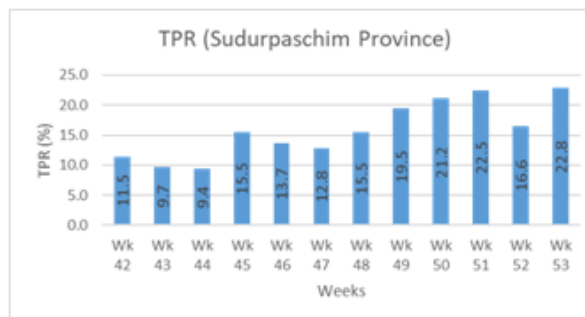
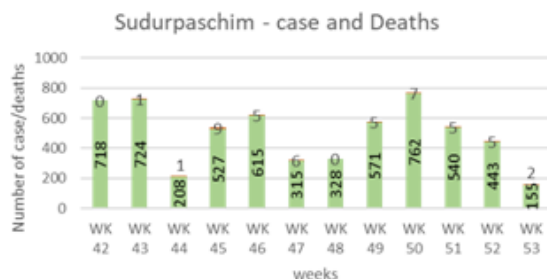
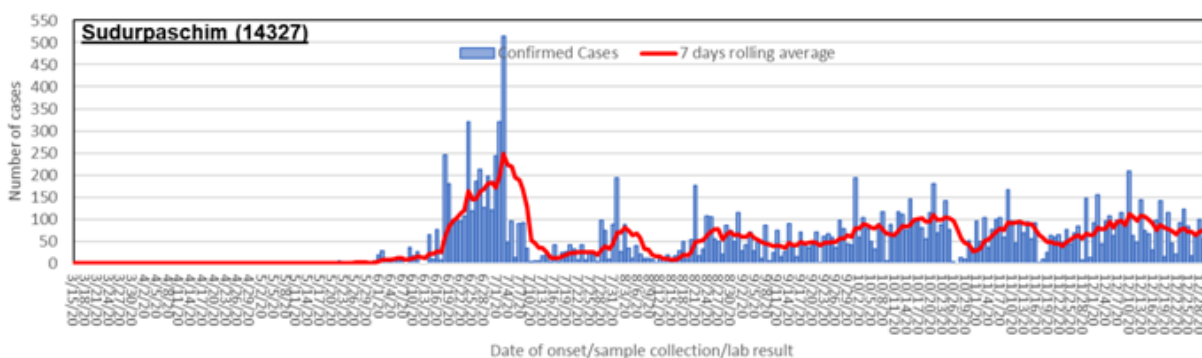
*Lumbini reported 587 new cases and 5 deaths in the past week. The number of new cases being reported has fallen significantly since a peak in Week 45 when there were 2,288 new cases. The number of new cases fell by 9% from the previous week while new deaths increased twice that compared to the previous week. The test positivity rate in Lumbini has shown a relatively stable trend with 15.9% 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 Karnali, 88 new cases were reported in the past week. Since cases peaked in the week 42, weekly decreases in new cases have continued however, cases increased by 26% in the past week compared to the previous week. There was no death reported in the past week, the number of weekly deaths has remained relatively stable. The test positivity rate in Karnali has shown an increasing trend with 11.7% 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.

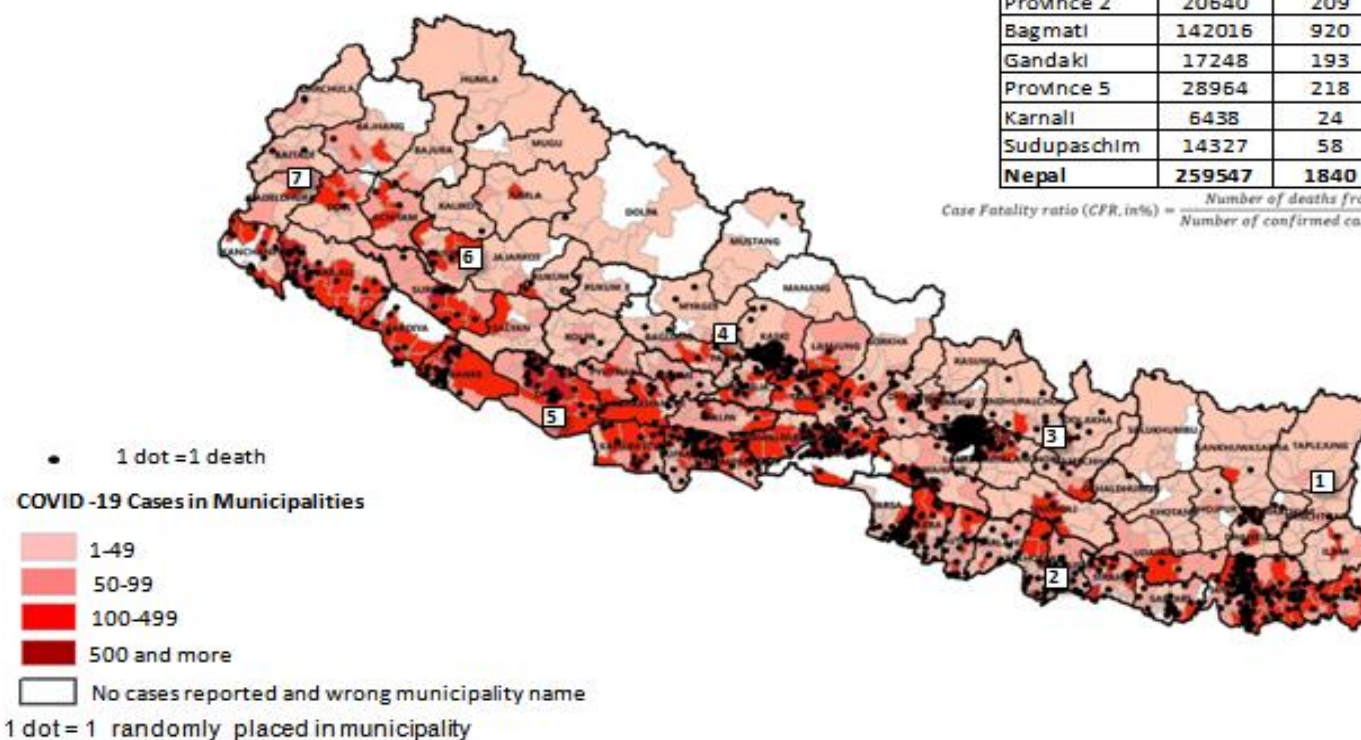
*In Sudurpashchim, 443 new cases were reported in the past week. Weekly new cases have continued to decrease with a further decrease by 18% in the past week compared to the previous week. There were 5 deaths reported in the past week, similar to that in the previous week continuing to the stable trend of the number of weekly deaths since November. The test positivity rate in Sudurpashchim has fallen to 16.6% in the past week from a high of 22.5% in the previous week.*

**Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 259547)** (Data updated on 29 December 2020 07:00:00)

**National: Municipalities (By domicile) with reported laboratory confirmed COVID-19 cases and death**

Province	Total Cases	Total Death	CFR%
Province 1	29914	218	0.73
Province 2	20640	209	1.01
Bagmati	142016	920	0.65
Gandaki	17248	193	1.12
Province 5	28964	218	0.75
Karnali	6438	24	0.37
Sudupaschim	14327	58	0.40
<b>Nepal</b>	<b>259547</b>	<b>1840</b>	<b>0.71</b>

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



*Notes: Out of 77 districts, only one district, Mugu (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 0.71%. However, it is relatively high in Province 2 with 1.01% and Gandaki Province with 1.12%.*

**Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.**  
**(N = 259547)** (Data updated on 29 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	29914	11.5	218	Cluster of cases	788	5
Province 2	20640	8.0	209	Cluster of cases	149	4
Bagmati	142016	54.7	920	Cluster of cases	5608	41
Gandaki	17248	6.6	193	Cluster of cases	1181	44
Province 5	28964	11.2	218	Cluster of cases	1330	8
Karnali	6438	2.5	24	Cluster of cases	185	0
Sudurpashchim	14327	5.5	58	Cluster of cases	1063	8
<b>National Total</b>	<b>259547</b>	<b>100</b>	<b>1840</b>	<b>Cluster of cases</b>	<b>10304</b>	<b>110</b>

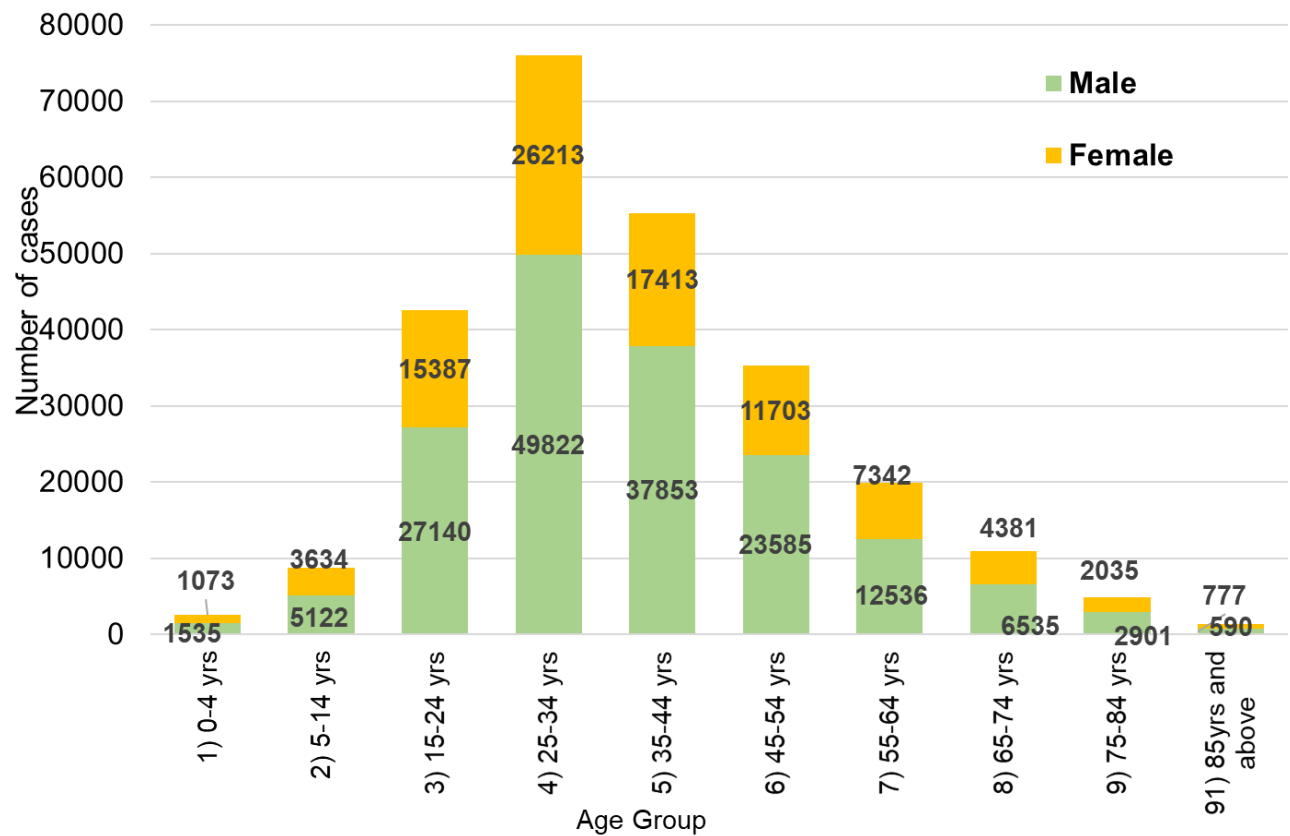
# - Date of last case is the date of onset or date of sample collection or date of lab report based on information available.

\*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 = 259547)** (Data updated on 29 December 2020

07:00:00)



*Notes: Overall, the gender 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 COVID-19 confirmed cases (N = 259547)** (Data updated on 30 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	2608	2	4	2	0.23
5-14 yrs	8756	3	2	5	0.06
15-24 yrs	42527	19	25	29	0.1
25-34 yrs	76035	57	32	43	0.12
35-44 yrs	55266	102	48	75	0.27
45-54 yrs	35288	178	66	147	0.69
55-64 yrs	19878	264	91	241	1.79
65-74 yrs	10916	337	132	336	4.3
75-84 yrs	4936	230	112	246	6.93
85+ yrs	1367	95	38	93	9.73
Unknown	1970	3	0	2	0.15
<b>National</b>	<b>259547</b>	<b>1290</b>	<b>550</b>	<b>1219</b>	<b>0.71</b>

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

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

Notes: A total of 1,840 deaths have been reported. Out of the total deaths, 1,290 (70.1%) were males and 550 (29.9%) were females. Amongst the deaths, 1,219 persons (66.3%) 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 4.3% to 9.7%.

## PREPAREDNESS AND RESPONSE

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

- Ministry of Health and Population (MOHP) have oriented more than 350 health managers and supervisors for the use of Antigen-Rapid Diagnostic Tests at the community level. The plan is to perform community-based testing and surveillance in the hot spot areas across the country to break the transmission chain.
- High-level officials from the Ministry of Health and Population and Incident Command System (ICS) pillars visited COVID-19 hospitals across the country to assess the situation and expedite the process of strengthening HDU, ICU and oxygen supplies in the COVID-19 designated hospitals, for which MOHP has already released funds and issued a commitment letter to reimburse the cost. The team found many hospitals are in the process of procurement of equipment and supplies. The initiative is also targeted to tackle future waves of similar outbreak, if any.
- MOHP has decided to postpone the task to enlist all private hospitals as COVID-19 hospitals since the number of hospitalizations has significantly dropped in the last couple of weeks. Now onwards cases will be managed at the public hospitals or isolation centers.

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

### **Laboratory Capacity**

- WHO Nepal has 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 11 designated COVID-19 labs participated in the NQAP this week. All participating laboratories were satisfactory with result  $\geq 90\%$  concordance.
- The Country Office for Nepal provided technical support to the 25 designated laboratories which are participating in the Royal College of Pathologists of Australia Quality Assurance Program (RCPAQAP). WHO supported with technical guidance to the participating laboratories and through support via ensuring testing material were delivered with results reported through the web portal.
- The WHO consultant facilitated validation of a newly established designated COVID-19 laboratory. Sahid Gangalal National Heart Center underwent validation this week and passed the validation process. The laboratory shared their 10 positive and 10 negative samples which were validated at NPHL. The WHO consultant supported in the validation, report preparation and dissemination.
- WHO Nepal provided technical support for the following activities:
  - NPHL and EDCC for the development of a background note on SARS-COV-2 Variant-detection and containment.
  - For validation of SGTI-flex (Sugentech) COVID-19 antigen kit and Wonfo Antigen kit
  - To NPHL team in addressing the issues along with result analyses and review of SARS-COV-2 real time PCR results. Results were audited and the interpretation was a part of the continuous laboratory quality improvement activities. Audit results were shared with NPHL staffs and supported them to perform root cause analysis to address the non-conformities.
  - To National Influenza Center (NIC) for reviving the virus isolation facilities and preparation of manual as part of the quality improvement activities through the consultants.

### **Technical Planning and Operations**

- WHO Nepal is supporting EDCC with preparing and conducting IPC training for persons manning the health desks at Points of Entry.
- WHO has signed a joint agreement with UNICEF to strengthen Community based surveillance, contact tracing, vulnerability assessment, IPC and home isolation in Province 2, Bagmati Province and Lumbini Provinces. The program will be implemented through a tripartite agreement with NRC as implementing partners.

### **Points of Entry (PoE)**

- WHO Nepal has established four points of entry in Province 1 and Province 2. These points of entry will be formally handed over to the Local Municipalities very soon.



- WHO Nepal has been supporting the establishment of health desks at domestic and international terminals of the Tribhuvan International Airport. The construction work has been completed.

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

- The following documents were translated (from 23 -29 December 2020):

<b>SN</b>	<b>NAME OF THE DOCUMENT</b>	<b>TYPE</b>
1	Therapeutics and COVID-19 Living Guideline	Summary
2	Emergency Use Designation of COVID-19 candidate vaccines: Ethical considerations for current and future COVID-19 placebo-controlled vaccine trials and trial unblinding	Summary
3	Safe management of the dead in COVID-19 context	Guidelines
4	Update on the SARS-CoV-2 Variant	Document
5	Sustaining lives and livelihoods: a decision framework for calibrating social and movement measures during the COVID-19 pandemic	Summary
6	Evidence Brief December 25	Summary
7	Apart Together Survey	Summary
8	Rational use of personal protective equipment for COVID-19 and considerations during severe shortages	Summary
9	Technical Note on COVID-19 Vaccine Introduction in Nepal	Guidelines
10	COVID-19 Global Risk Communication and Community Engagement Strategy	Summary
11	Statement of the WHO working Group on COVID-19 Animal Models (WHO-COM) about the UK and South African SARS-CoV-2 new variants	Summary
12	Evidence to recommendations: Methods used for assessing health equity and human rights considerations in COVID-19 and aviation	Summary

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

<b>Episodes</b>	<b>Titles</b>	<b>Language</b>	<b>Link</b>
Episode 16	How vaccines work with our body to protect us?	Nepali	<a href="#">Link</a>
Episode 17	Vaccine approvals	Maithili	<a href="#">Link</a>

- The following WHO videos were dubbed in Nepali; Nepali subtitles were also added:

<b>SN</b>	<b>Titles</b>	<b>Language</b>	<b>Link</b>
1	Getting vaccines, medicines and tests ready for emergency use (Video)	Nepali	<a href="#">Link</a>
2	No complacency during the holidays	Nepali	<a href="#">Link</a>

- Infographics on precautionary measures to be taken during Christmas and New Year's (in English and Nepali) were shared on the WCO Nepal Face book and Twitter page.

## Field operation and Logistics

- WHO Nepal has been supporting logistics for the Emergency Medical Deployment Team (EMDT). WHO Nepal has procured the EMDT tool kit and currently the packaging of these items in a bag pack is ongoing.

## What are the health cluster partners doing?

- Cluster coordination meeting for health sector response is ongoing at the Federal and Provincial levels for coherent action 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:
  - Health facilities to continue essential services by creating supportive environment/motivation to service providers, coordination and linkages with health facilities and stakeholders for continuity in SRHR services.
  - Coordination and mobilization and working with civil society networks in monitoring of SRHR services and informing and coordinating with the federal and provincial government.
  - Contribute to develop SRHR service continuation guideline, provincial engagement and participate in the virtual meetings and SRH commodities supply.
  - Continuity of SRH services includes ANC, PNC, institutional delivery and ensuring regular availability of medicine for leprosy patients at the municipal level/districts, in priority health facilities which include prepositioning of GBV and RH commodities.
  - Technical and human resources support at federal, provincial, and district levels to strengthen surveillance activities through Nepal's Early Warning and Response System (EWARS).
  - Physiotherapy Management of COVID-19 in acute hospital settings and as well as plans to train physiotherapists. The increased access to rehabilitation will be facilitated by follow up through phone calls, including the creation of a hotline.

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

## CONTACT DETAILS

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