

# Situation Update #38 - Coronavirus Disease 2019 (COVID-19)

## WHO Country Office for Nepal

Reporting Date: 30 Dec 2020 - 5 Jan 2021

### HIGHLIGHTS

- Of the total COVID-19 positive cases, 97.3% of the cases have recovered; 1.99% (5,225) of the cases are active; and 32.8% of the active cases (1714) are in home isolation.
- Of the total 1893 COVID-19 deaths, 97% of the deaths occurred in hospital. The most common co-morbidity identified in fatal cases was hypertension (39.2%).
- There are two districts with no active cases, five districts with more than 200 active cases. Kathmandu district alone had more than 500 active cases as of 5 January 2021.
- Out of the total active cases, 3511 (67.2%) patients were admitted at hospital/institutional isolation centers, 203 patients are in intensive care (ICU) out of which 44 are on ventilator support. On average, about 7 deaths per day were recorded this week.

### NEPAL EPIDEMIOLOGICAL SITUATION

- As of 06 January, 2021, T07:00:00 hours (Week no. 1), a total 262,783 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 19,57,454 RT-PCR tests have been performed nationwide by 82 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 53 ranged from 4.0% (Province 2) to 16.6% (Sudurpashchim Province), with national positivity rate averaging 9.7%.
- Overall, the gender distribution remains skewed towards males, who constitute 65% (171,116/262,783) of the confirmed cases.
- A total of fifty-nine samples were received for influenza to National Influenza Center, NPHL on EPID-week 53 (28 Dec 2020 to 3 Jan 2021). Two samples tested positive for Influenza A/H3. From January 2020 until 3 Jan 2021, a total of 1345 samples have been tested for Influenza and SARS-CoV-2. Twenty two samples have tested positive for SARS-CoV-2 (all these positive cases are included in COVID-19 database).

### SITUATION OVERVIEW

#### NEPAL

*(Data as of 6 January 2021, 07:00:00 hours)*

**262,783 confirmed cases**

**1,893 deaths**

**1,957,454 RT-PCR tests**

#### SOUTH-EAST ASIA REGION

*(Data as of 10am CEST 3 January 2021)*

**12,051,014 confirmed cases**

**184,493 deaths**

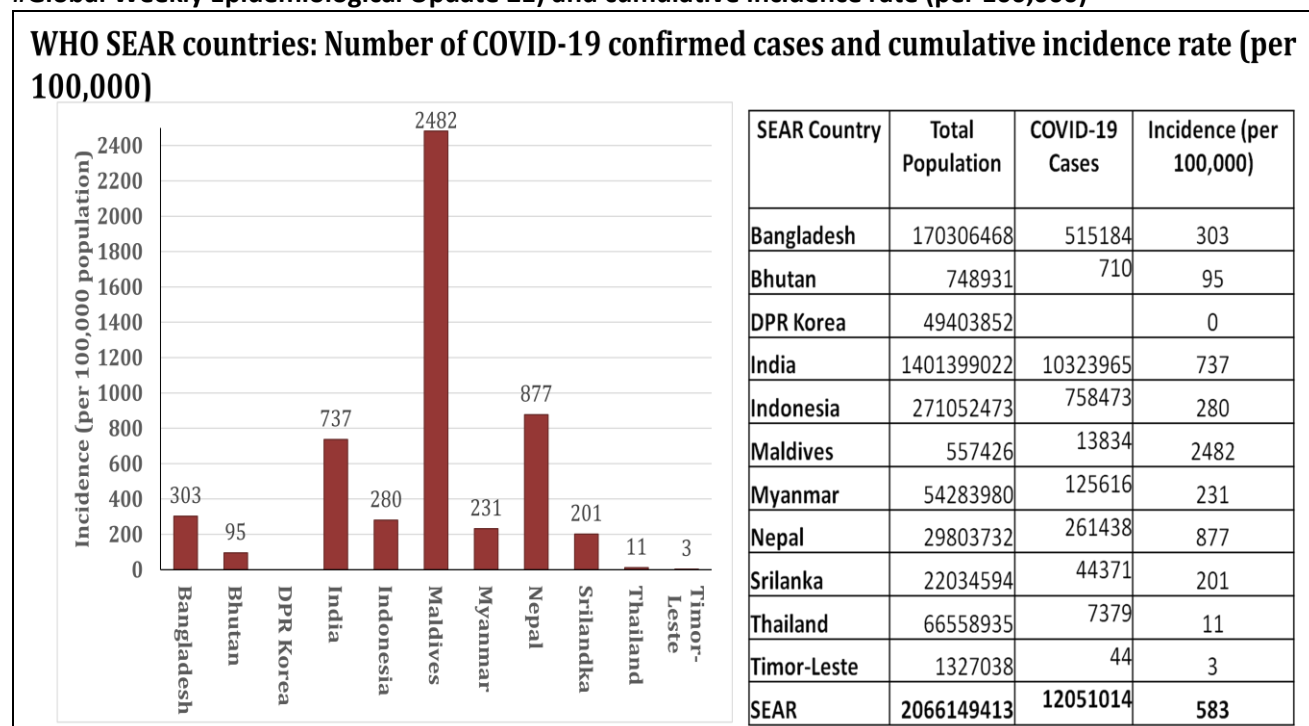
#### GLOBAL

*(Data as of 10 am CEST 3 January 2021)*

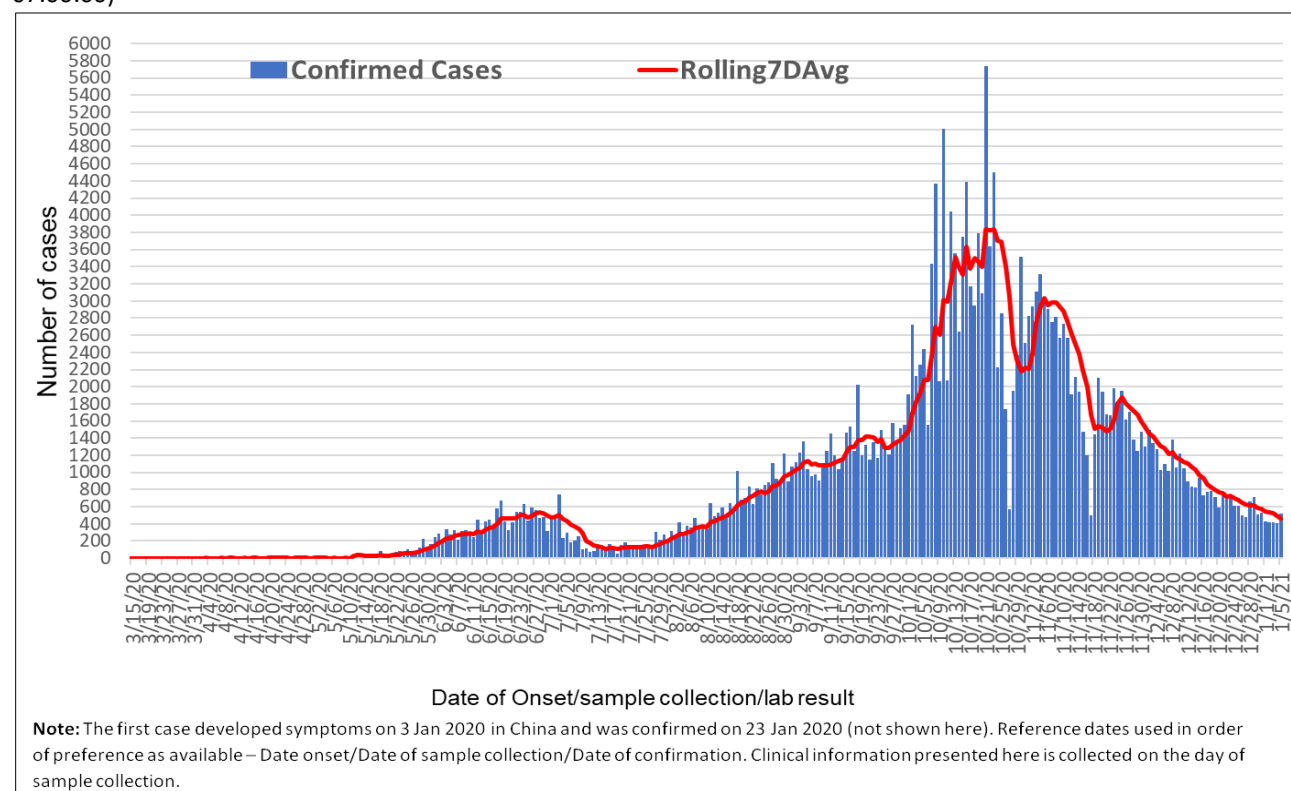
**83,326,479 confirmed cases**

**1,831,703 deaths**

**Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 3 January 2021 from #Global Weekly Epidemiological Update 21) and cumulative incidence rate (per 100,000)**

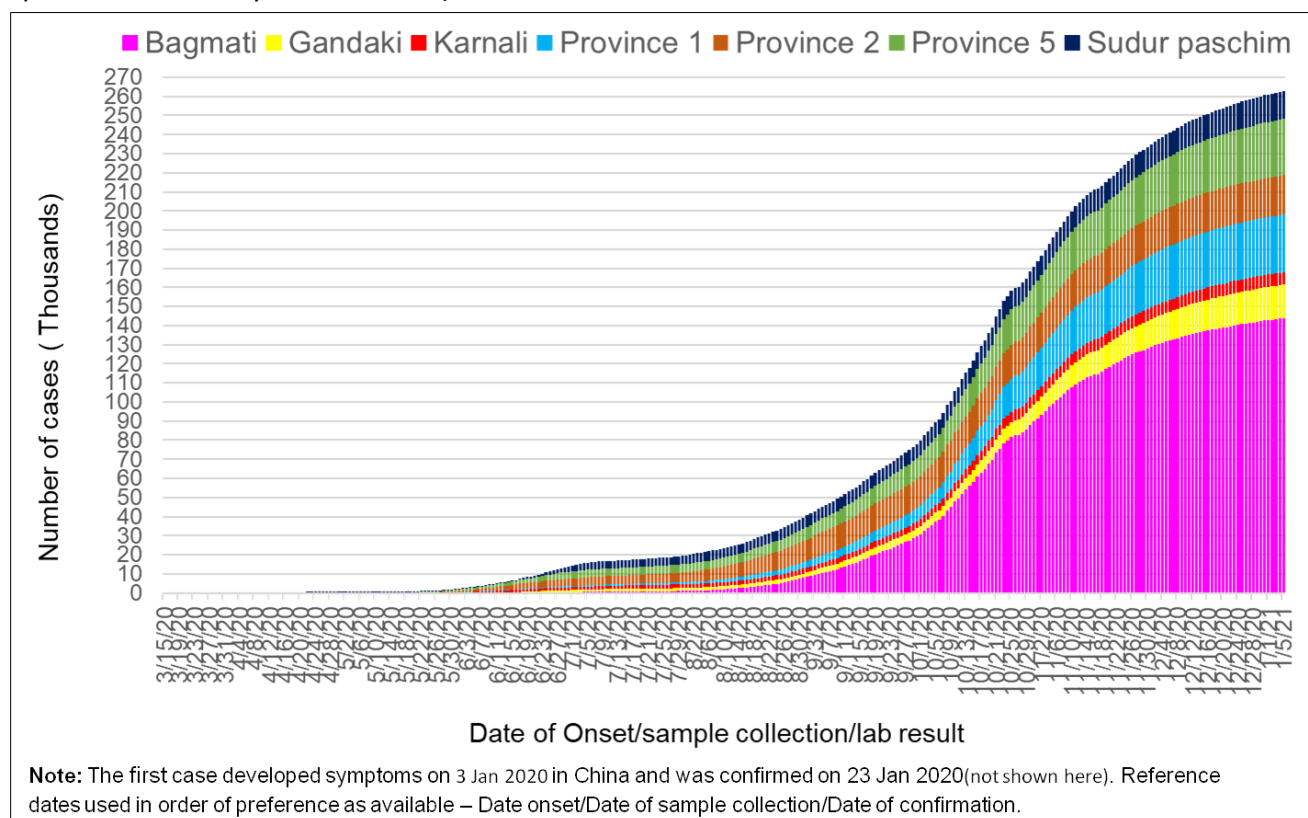


**Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 262783) (Data updated on 6 January 2021 07:00:00)**



Nationally, the second surge began in mid-July of 2020, which peaked by the end of October and is currently showing an apparent downward trend, influenced partly by the significant decrease in the number of tests being done. The total PCR tests done in Nepal on 5<sup>th</sup> January, 2021 was 4551 which is about one fourth of the number tested during the peak in the end of October, 2020.

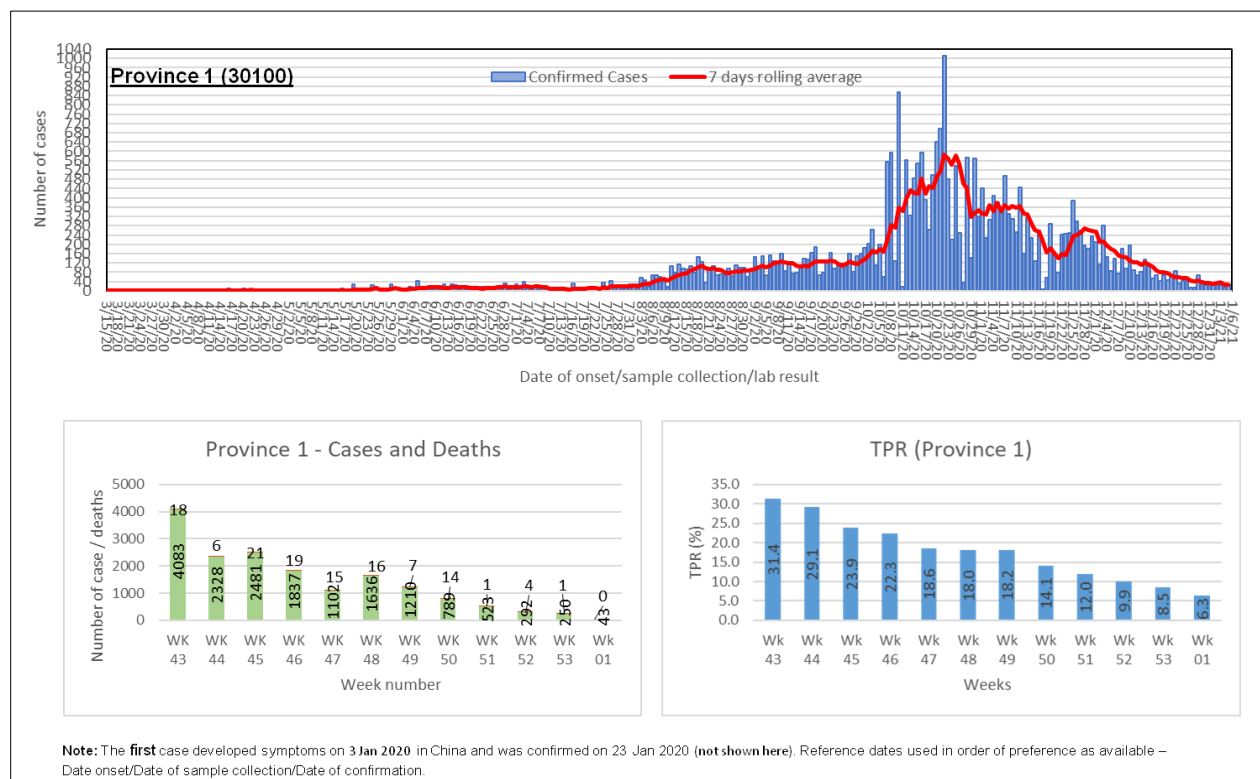
**Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 262783)**(Data updated on 6 January 2021 07:00:00)



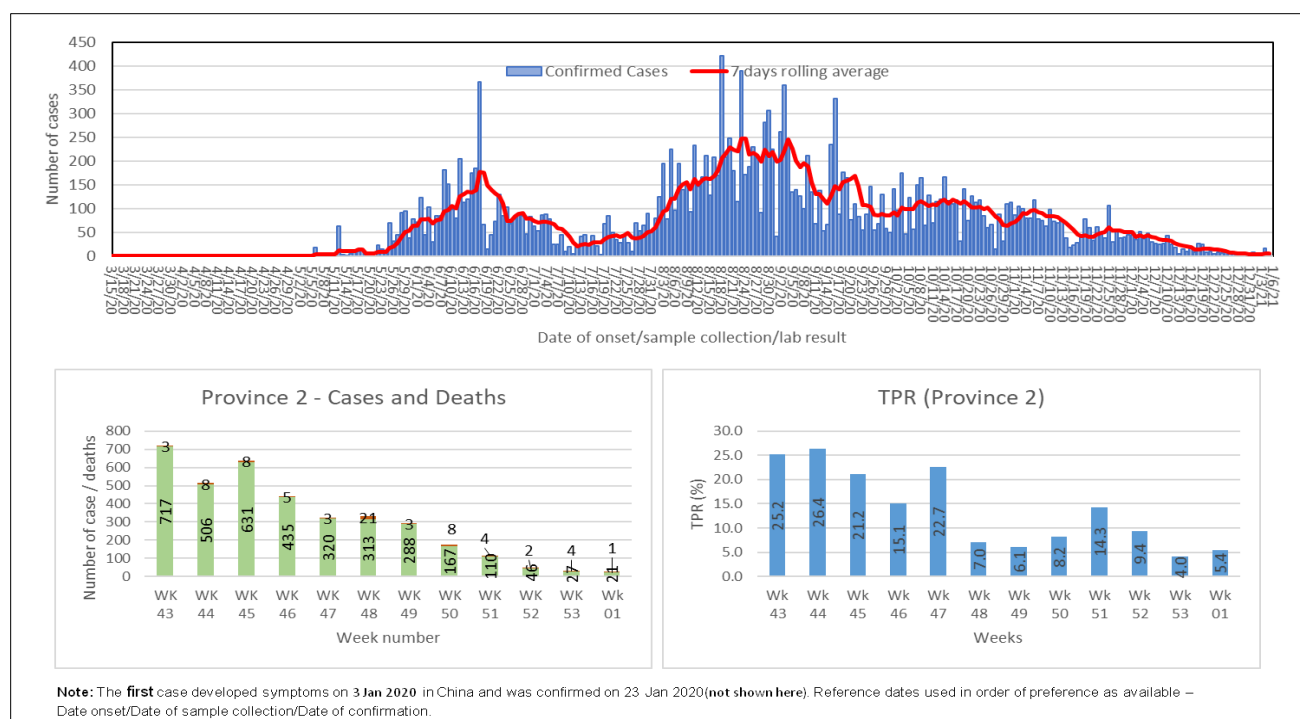
*The cumulative case incidence has been increasing in Nepal since the first case confirmed on 23 January 2020. Cases have been increasing in an upward trend and largely reported from Bagmati Province followed by Lumbini Province and Province 1.*

**Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 262783) (Data updated on 6 January 2021 07:00:00)**

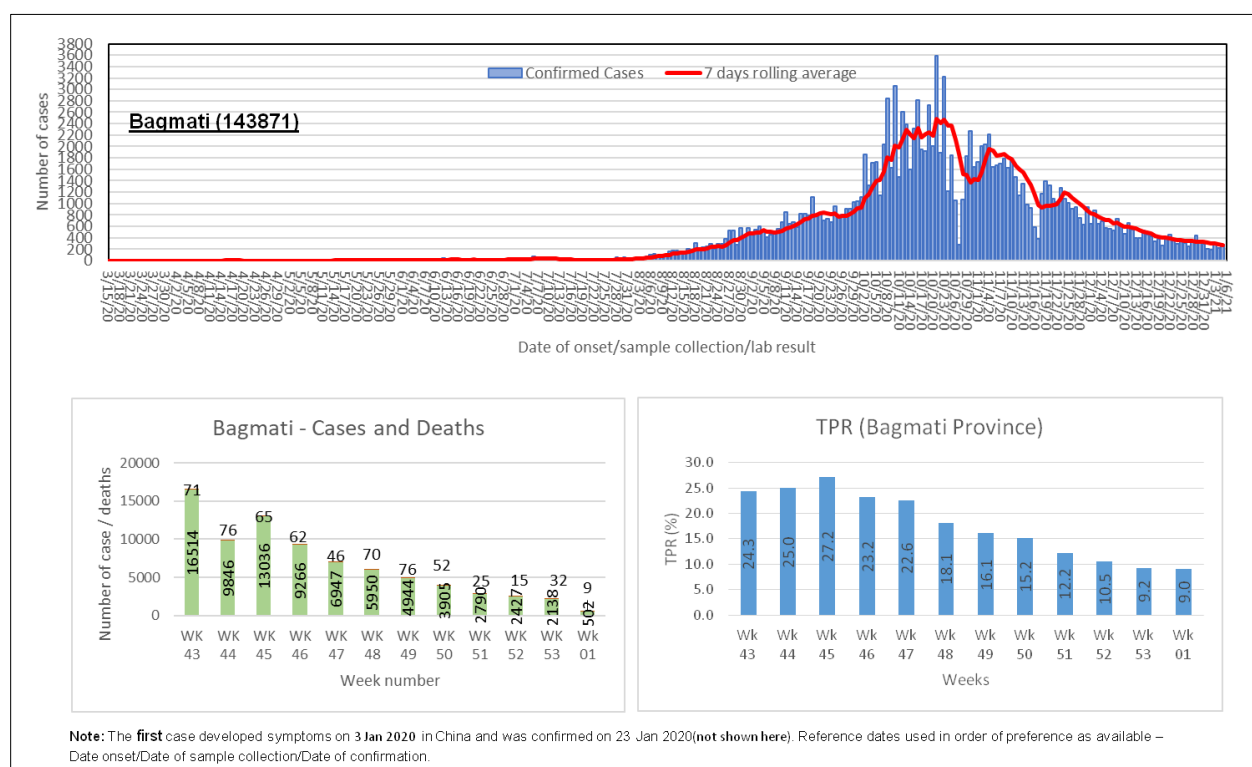
Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces



*There were 250 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 14% in the past week compared to the previous week. There was 1 death reported in the past week, 75% less than that of the previous week. The test positivity rate in Province 1 has continued a decreasing trend to a low 8.5% in the past week.*

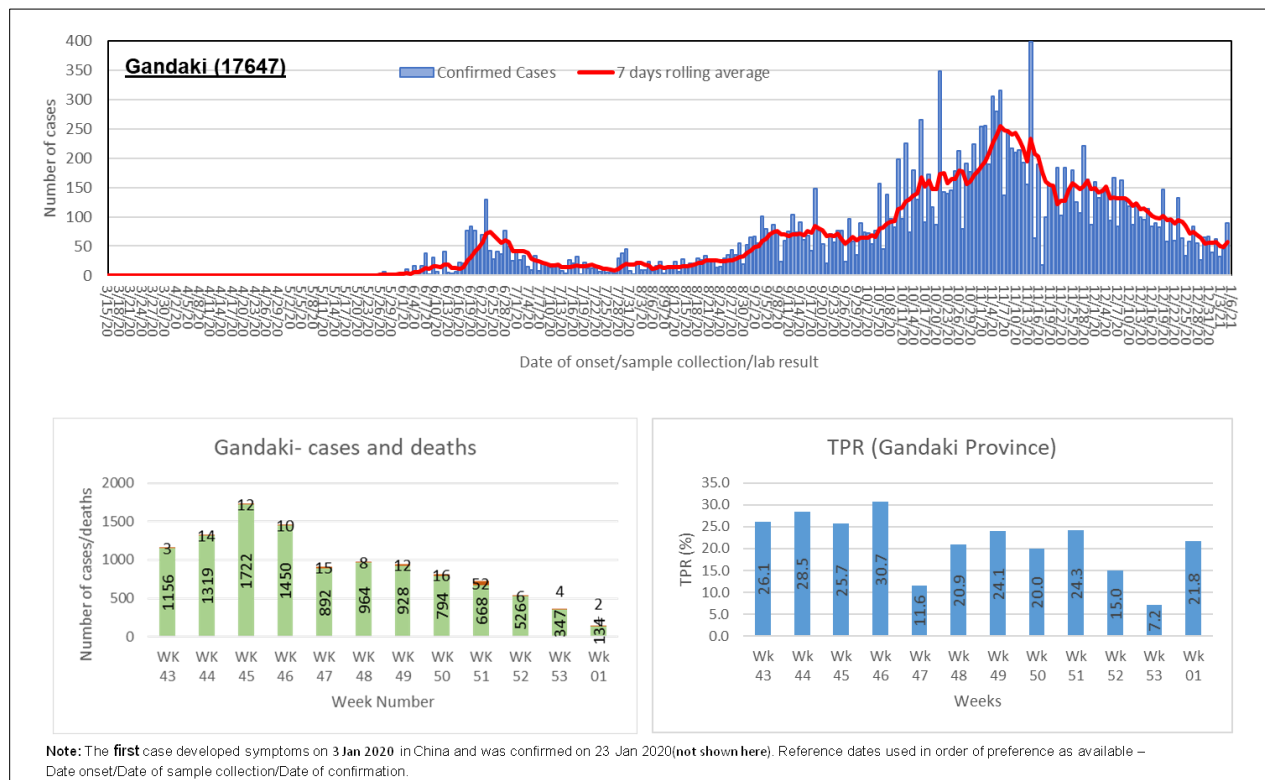


*There were 27 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing and fell by 40% in the past week compared to the previous week. There were 4 deaths reported in the past week, twice as many compared to the previous week. The test positivity rate in Province 2 has fallen to a low of 4.0% in the past week.*



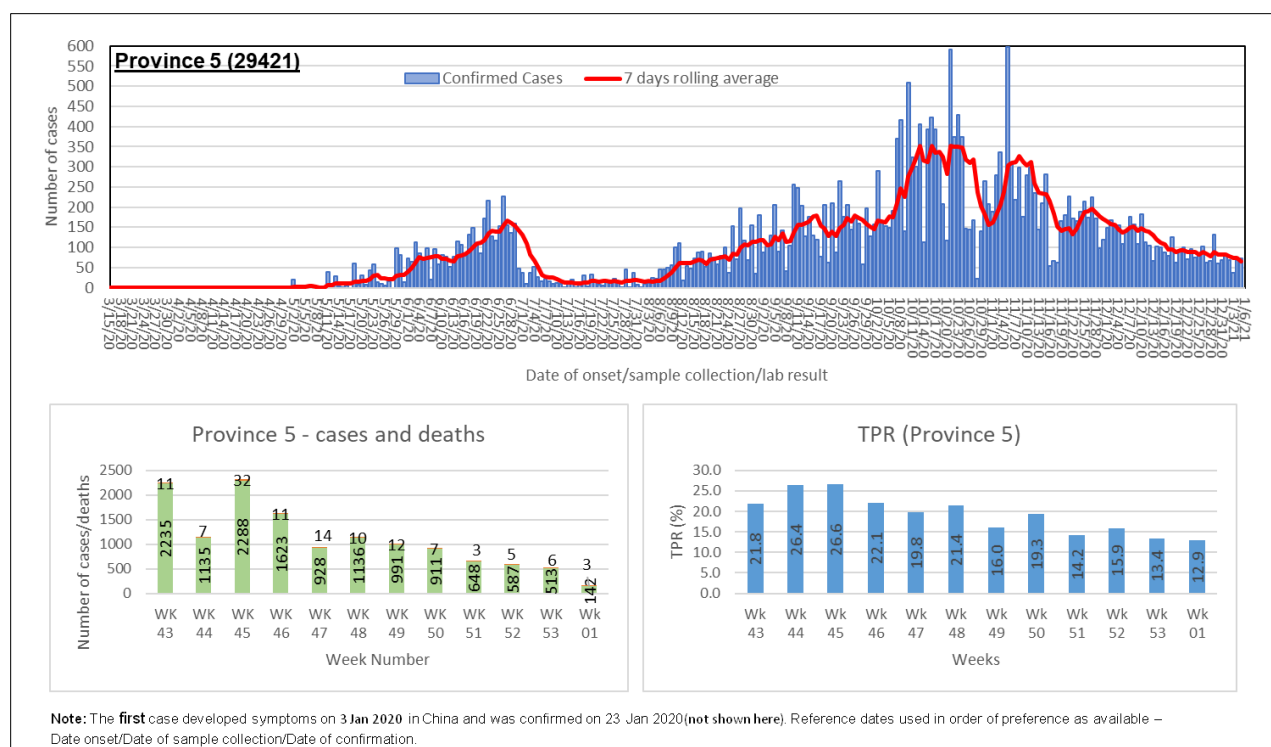
*In Bagmati, 2138 new cases were reported in the past week. Weekly new cases are steadily decreasing and fell by 12% in the past week compared to the previous week. There were 32 deaths reported in the*

past week, twice as many as compared to the previous week. The test positivity rate in Bagmati has shown a decreasing trend to a low of 9.2% in the past week.

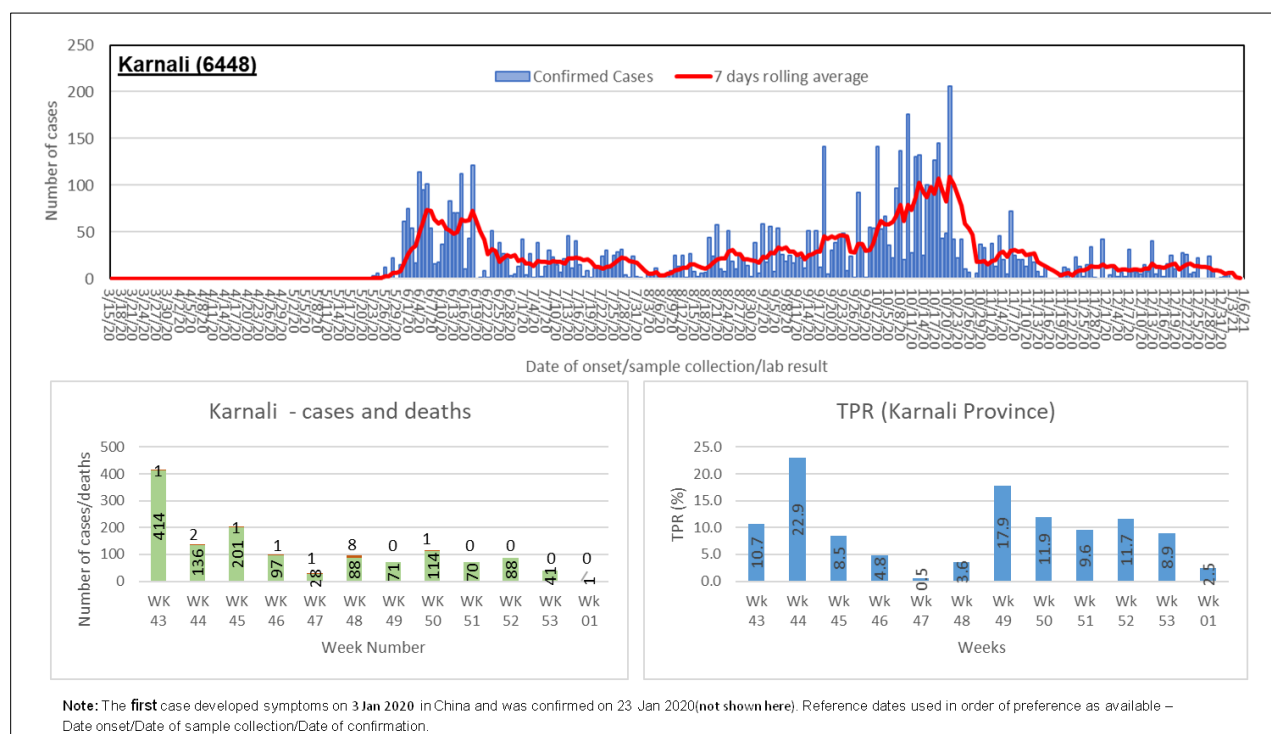


Gandaki reported 347 new cases and 4 deaths in the past week. The number of new cases being reported has fallen considerably since a peak in Week 45 when there were 1,722 new cases. The number of new cases fell by 34% compared to the previous week while new deaths decreased by 33% than the previous week. The test positivity rate in Gandaki decreased to a low of 7.2% in the past week from 15.0% in the previous week. These indicate the need for vigilance in this province.

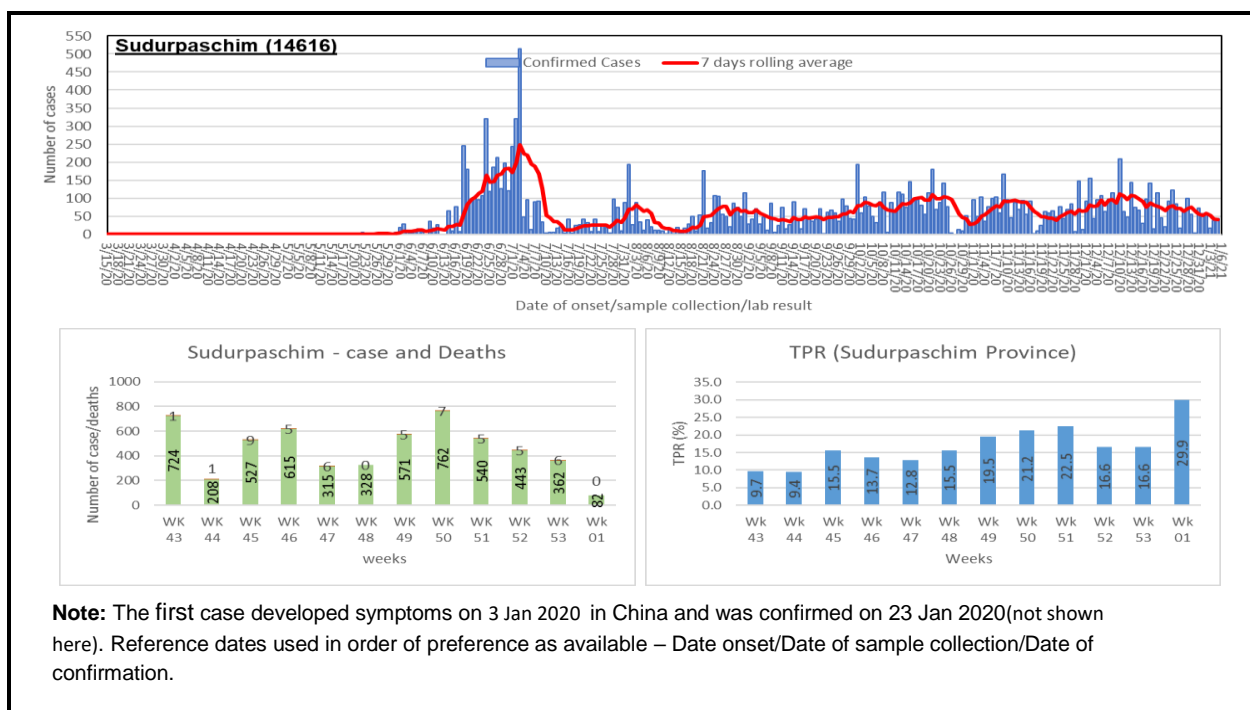




Lumbini reported 513 new cases and 6 deaths in the past week. The number of new cases being reported has fallen significantly since a peak in Week 45 when there were 2,288 new cases. The number of new cases fell by 13% from the previous week while new deaths increased by 20% than compared to the previous week. The test positivity rate in Lumbini has shown a relatively stable trend with 13.4% in the past week.



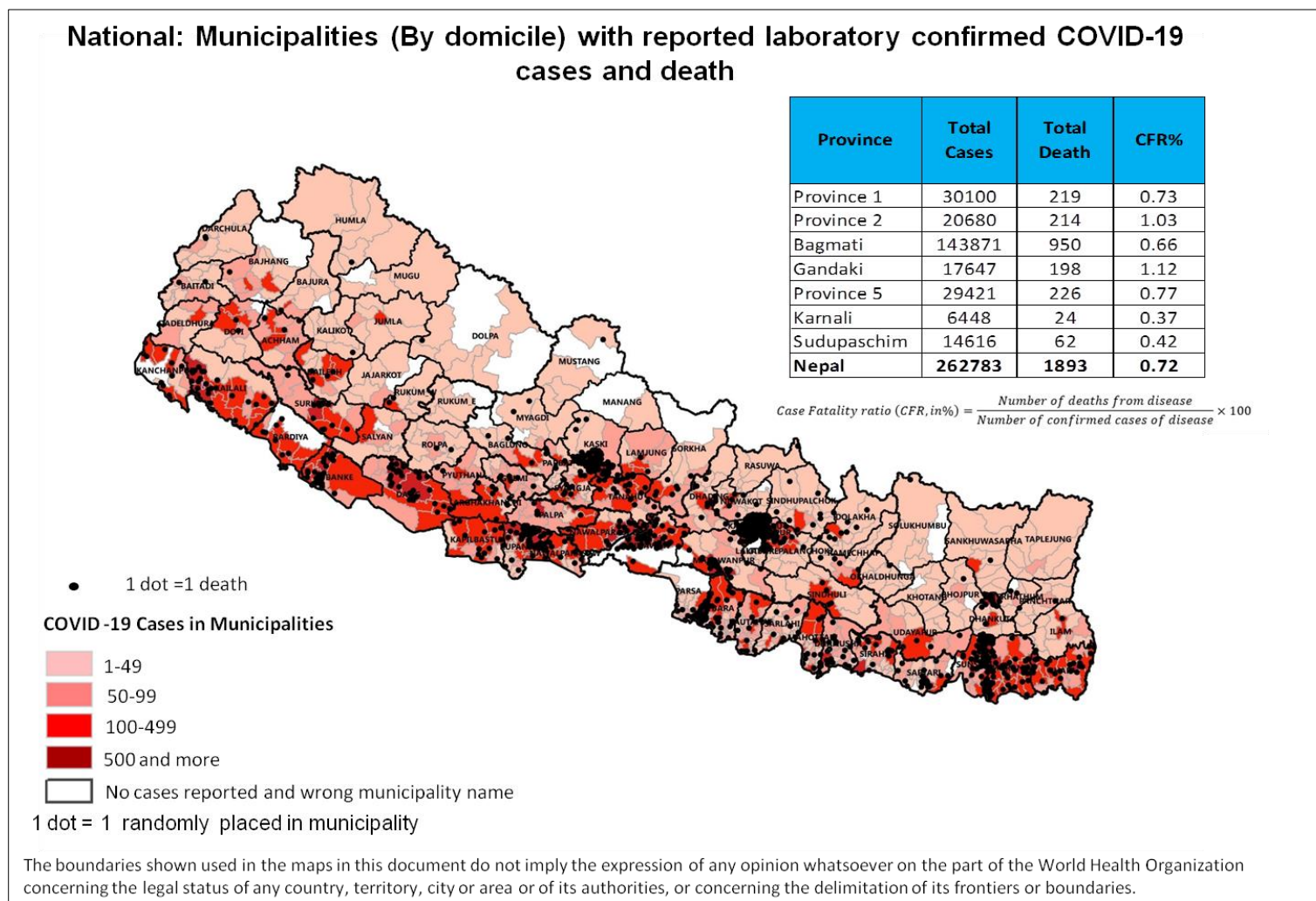
*In Karnali, 41 new cases were reported in the past week. Since cases peaked in week 42, weekly decrease in new cases have continued and cases decreased by 53% in the past week compared to the previous week. There was no death reported in the past week, the number of weekly deaths has remained relatively stable. The test positivity rate in Karnali decreased to a low of 8.9% in the past week.*



*In Sudurpashchim, 362 new cases were reported in the past week. Weekly new cases have continued to decrease, and have decreased further by 18% in the past week compared to the previous week. There were 6 deaths reported in the past week, a 20% increase from the previous week which continues a relatively stable trend of the number of weekly deaths since November. The test positivity rate in Sudurpashchim remained stable at 16.6% in the past week.*



**Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 262783)(Data updated on 6 January 2021 07:00:00)**



*Cases and deaths have been reported in high numbers from Bagmati Province, mostly from Kathmandu valley area. The overall case fatality ratio of Nepal is 0.72%, however it is relatively high in Province 2 with 1.03% and Gandaki Province with 1.12%.*

**Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.**  
(N = 262783)(Data updated on 6 January 2020 07:00:00)

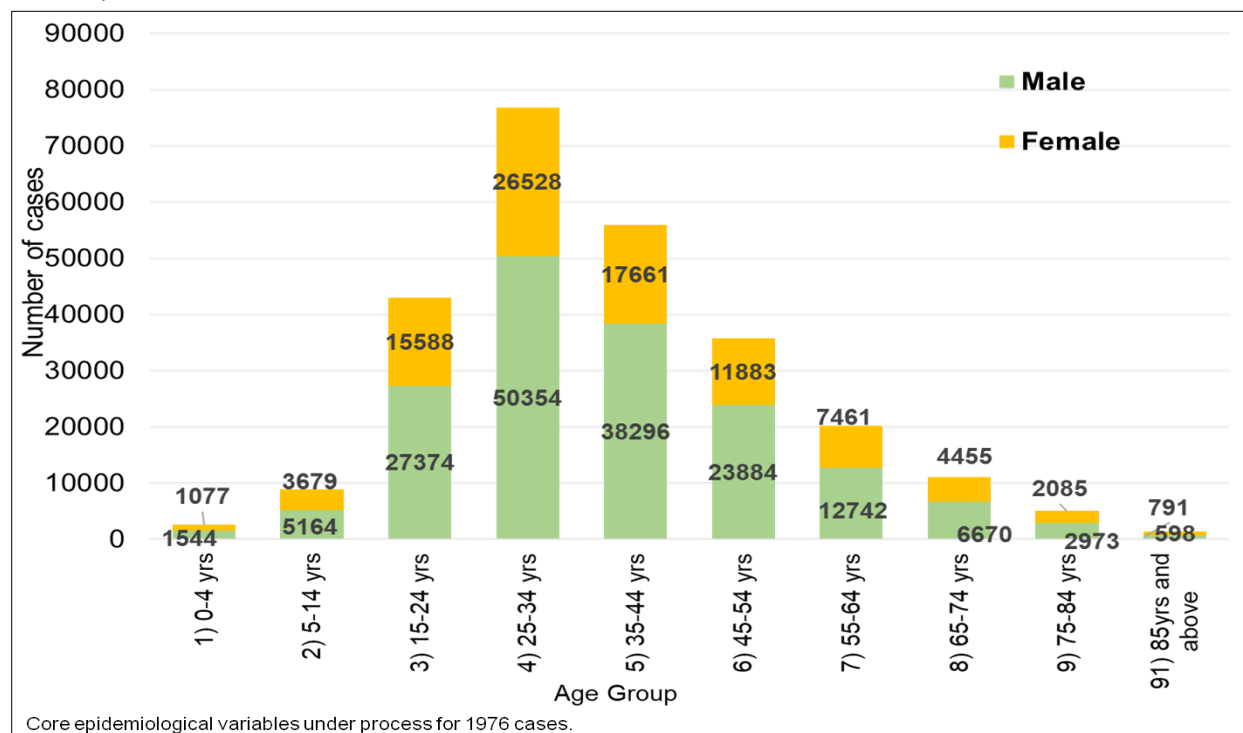
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	30100	11.5	219	Cluster of cases	441	2
Province 2	20680	7.9	214	Cluster of cases	80	6
Bagmati	143871	54.7	950	Cluster of cases	4206	56
Gandaki	17647	6.7	198	Cluster of cases	852	11
Province 5	29421	11.2	226	Cluster of cases	1072	12
Karnali	6448	2.5	24	Cluster of cases	76	0
Sudurpashchim	14616	5.6	62	Cluster of cases	821	8
<b>National Total</b>	<b>262783</b>	<b>100</b>	<b>1893</b>	<b>Cluster of cases</b>	<b>7548</b>	<b>95</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 = 260807)**(Data updated on 6 January 2020 07:00:00)



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 = 262783)**(Data updated on 6 January 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	2621	2	4	2	0.23
5-14 yrs	8843	3	2	5	0.06
15-24 yrs	42962	20	25	30	0.1
25-34 yrs	76882	58	32	44	0.12
35-44 yrs	55957	105	50	80	0.28
45-54 yrs	35767	188	68	153	0.72
55-64 yrs	20203	269	92	245	1.79
65-74 yrs	11125	344	137	346	4.32
75-84 yrs	5058	234	117	252	6.94
85+ yrs	1389	102	38	98	10.08
Unknown	1976	3	0	2	0.15
<b>National</b>	<b>262783</b>	<b>1328</b>	<b>565</b>	<b>1257</b>	<b>0.72</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.

*A total of 1,893 deaths have been reported. Out of the total deaths, 1,328 (70.2%) were males and 565 (29.8%) were females. Amongst the deaths, 1,257 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 4.3% to 10.1 %.*

## **PREPAREDNESS AND RESPONSE**

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

- Ministry of Health and Population (MoHP) has issued protocol for antigen-based testing at the community level, which provides guidance to all municipalities regarding proper use and implementation of antigen-based testing. It also clarifies when to collect swabs for PCR while performing antigen based testing.
- Surveillance and Case Investigation and Contact Tracing (CICT) pillar of the Ministry is providing training to municipality level CICT focal points, ward members and health workers to implement antigen based community testing.
  - Advocacy for implementation of antigen based community testing activity was conducted in Kathmandu district (6 Municipalities) and Lalitpur district (1 Municipality) this week.
  - The targeted audiences for the advocacy were the Mayors and ward chairpersons of the Kathmandu district, Lalitpur district and Bhaktapur district given the high burden of COVID-19 cases in the Kathmandu valley.
- An information, logistics and communication pillar meeting was held on 5 January 2021 and a decision was made to strengthen information management for COVID-19 response. Additional 22 personnel are to be mobilized at the central level to work on hospital, CICT and laboratory strengthening. It was informed that approximately 86% data of testing is being captured in this integrated platform. The team also informed that community based antigen testing and implementation of IMU Nepal software has also been implemented together to capture field based activities in the system.

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

#### **Laboratory Capacity**

- 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 15 designated COVID-19 labs participated in the NQAP this week. All the participating laboratories were satisfactory with a result of  $\geq 90\%$  concordance.
- WHO laboratory team facilitated the virtual session on 'Training on SARS-CoV2 Antigen RDT, its principles and practices' in collaboration with epidemiology and health information team. The virtual session was organized with an objective to orient the WHO Field Medical Officers (FMOs) and Information Management Assistants (IMAs) in all the seven provinces of the country.
- Technical support has been provided by WHO Nepal in the following activities:

- Quality Assurance Program (QAP) to 25 designated laboratories which are participating in the Royal College of Pathologists of Australia Quality Assurance Program (RCPAQAP). Support was provided by monitoring the online data entry in the WHO Global Round of Proficiency Testing for SARS-CoV2 and through ensuring timely reporting from all the participating laboratories.
- Validation of Biosewom PCR kit and Strong Streep Antigen Detection Kit.
- Drafting a background note on SARS-COV-2 Variant-detection and containment to NPHL and Epidemiology and Disease Control Division (EDCD) directors.
- Support to National Influenza Center (NIC) for reviving the virus isolation facilities and preparation of quality manual as part of the quality improvement activities through the consultants.
- Support to NPHL team in addressing the result analysis issues in PCR testing and frequently reviewing the SARS-COV-2 real time PCR results and audited the result interpretation as a part of 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.
- WHO laboratory-pillar officers along with the NPHL director visited the Nepal Academy of Science and Technology (NAST) to explore the potential for developing in-country capacity for genetic sequencing.

### **Technical Planning and Operations**

- WHO is supporting Health Emergency Operation Centre (HEOC), MoHP on the assessment for hospital critical equipment inventory and oxygen source and consumption since 2 December 2020. The assessment of the 14 government hospitals, 4 medical colleges and 17 private hospitals has been completed.  
Some key findings from the assessment are as follows:
  1. Lack of essential equipment's in the ICU setting of some tertiary care hospitals like Prasuti Griha Hospital.
  2. Oxygen plant represents the source of oxygen in most of the hospitals.
  3. Almost all of the selected hospitals have planned to have their own oxygen plant.
- A meeting was conducted at CSD (Curative Service Division) in the presence of officials from NSSD (Nursing and Social Security Service Division). The focal persons from nursing, management and CSD have been identified. A total number of 8 hospitals (all COVID-19 designated hospitals) were selected from Province 2, Bagmati and Lumbini provinces (*mentioned below*) for the pilot project on "Risk Categorization of COVID-19 exposure & reducing the risk of selected occupational health hazards among health care workers".

S.N	List of COVID-19 designated hospitals	Provinces
1	Janakpur provincial hospital	2
2	Gajendra Narayan Hospital	
3	Sukraraj Tropical & Infectious Disease Hospital (STIDH)	Bagmati
4	Patan Academy of Health Science (PAHS)	
5	Armed Police Force hospital	
6	HAMS hospital	

7	Lumbini Provincial hospital	Lumbini
8	Bheri hospital	

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

- The establishment of four point of entries at ground crossings has been completed. The WHO country office for Nepal plans to handover these ground crossings to the local government (date yet to be finalized).
- The establishment of health desks along with infrastructure support at the Tribhuvan International Airport (TIA) has been completed (picture below). WHO Nepal has planned to add the visibility stickers in the health desk and then officially handover to the Government of Nepal.



Left: Completed Health Desk at International Terminal in TIA; Right: Functional Health Desk at Domestic Terminal in TIA. *Picture Credit: WHO Nepal*

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

- The following documents were translated from 30 December to 5 January 2021

SN	TRANSLATION DOCUMENT	Type
1	Evidence Brief_January 1	Evidence Brief
2	SARS-CoV-2 Variants	Summary

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

Episodes	Titles	Language	Links
18	How long your immunity last after you recover from COVID-19?	Maithili	<a href="#">Link</a>
18		Nepali	<a href="#">Link</a>
17	As COVID-19 vaccines get approved by national authorities, learn about National and WHO approval processes for vaccines and how safety is ensured during emergency approval of vaccines.	Nepali	<a href="#">Link</a>

- 114 infographics on COVID-19 messages - translated into Nepali language and uploaded in WHO Nepal Facebook page and UN COVID-19 Repository



- 547 COVID-19 relevant infographics in English language provided/uploaded in UN COVID-19 repository for the benefit of all RCCE partners.

### ***Field operation and Logistics***

- As a part of Information Communication and Technology support, WHO country office for Nepal will be handing over 4 laptops to facilitate video conferencing; one each to the MoHP, EDCCD, CSD and National Health Training Center (NHTC) respectively.

### **What are the health cluster partners doing?**

- Health partners provided orientation on Post-Partum Haemorrhage to the comprehensive emergency obstetric and neonatal care (CEONC) sites of Province 2. Haemorrhage was the leading cause of maternal mortality during the lockdown and most of the deaths happened in hospitals. Family Welfare Division (FWD) worked in collaboration with partners to develop the training package to orient doctors and nursing staff working in antenatal care, post-natal care, labour room, operation theatre and postnatal ward along with anaesthetist assistants on CEONC. During the reporting period, a total of 106 doctors and nurses from 9 hospitals were trained.
- In partnership with Nepal Red Cross Society (NRCS), health partners are supporting ambulance services to pregnant women seeking MNH services from health facilities in different (16) Districts.
- Health Partners are supporting various activities:
  - Provide teleconsultation service for maternal health services.
  - Disseminate RMNCAH guidelines to deliver SRH services during COVID-19.
  - Handwashing stands with tank support for prevention of COVID-19.
  - Transit Care Service for Women with severe mental health condition, psychoeducation, psychological first aid, referral, case management, and a toll free number 166001-22322.
  - Promote risk communication and community engagement activities including messaging on SRH and GBV services (push messaging) and developing/adapting and disseminating targeted IEC/BCC materials on COVID-19 and SRH (printed and audio-visual medium).
- Health partners assisted counselling, psychoeducation, psychological first aid, referral, case management, strengthening local health service system, orientation, community awareness programs; train/orientate number of health workers infection prevention (PPE) and risk communication on COVID-19 prevention (both remote and onsite); basic DHIS training in Barghat, Nawalparasi where a total of 22 participants (M=16,F=6) actively participated from Palpa, Gulmi and Nawalparasi. The training was organized by the health directorate of Lumbini province.
- A consultative meeting of the Supply Chain Working Group of Lumbini Province organized by the Province Health Logistics Management Center (PHLMC) on 29 December 2020.



- Health partners supported PHLMC to conduct a joint onsite coaching for district vaccine store and vaccine sub-centre (Maharajgunj and Krishnanagar, Jayanagar) of Kapilvastu district.

## 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](#)

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