

Situation Update#39 - Coronavirus Disease 2019 (COVID-19)

WHO Country Office for Nepal

Reporting Date: 6 - 12 Jan 2021

HIGHLIGHTS*

- Of the total COVID-19 positive cases, 97.6% of the cases have recovered; 1.66% (4,408) of the cases are active; and 48.3% of the active cases (2128) are in home isolation.
- Of the total COVID-19 deaths, 97% of the deaths occurred in hospital. The most common co-morbidity identified in fatal cases was hypertension (39%).
- There are four districts with no active cases, three districts with more than 200 active cases. Kathmandu district alone had more than 500 active cases as of 13 January 2021. New cases have been reported from 40 districts.
- Out of the total active cases, 2280 (51.7%) patients were admitted at hospital/institutional isolation centers of which 157 (3.6%) patients are in intensive care (ICU) with 35 patients requiring ventilator support. On average, about 5 deaths per day were recorded this week.

**Data as of COVID-19 Update, MoHP, 12 January 2021*

SITUATION OVERVIEW

NEPAL

(Data as of 13 January 2021, 07:00:00 hours)

265,697 confirmed cases

1,932 deaths

1,992,855 RT-PCR tests

SOUTH-EAST ASIA REGION

(Data as of 10am CEST 10 January 2021)

12,257,684 confirmed cases

187,786 deaths

GLOBAL

(Data as of 10 am CEST 10 January 2021)

88,387,352 confirmed cases

1,919,204 deaths

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 13 January 2021, 07:00:00 hours (Week no. 2), a total 265,697 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 1,992,855 RT-PCR tests have been performed nationwide by 82 designated COVID-19 labs functional across the nation of which 47 are public laboratories.
- All 7 provinces in the country are now experiencing transmission via clusters of cases.
- Province-wise test positivity rate in the past week (Week 1) ranged from 6.1% (Karnali province) to 15% (Sudurpashchim Province), with national positivity rate averaging 10.3%.
- Overall, the sex-distribution remains skewed towards males, who constitute 65.1% (172,889/265,697) of the confirmed cases.
- A total of 52 samples were received for Influenza at National Influenza Center, National Public Health Laboratory (NPHL) on EPID-week-1 (4 - 10 Jan 2021). None of the samples tested positive for Influenza.

Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 10 January 2021 from #Global Weekly Epidemiological Update 22) and cumulative incidence rate (per 100,000)

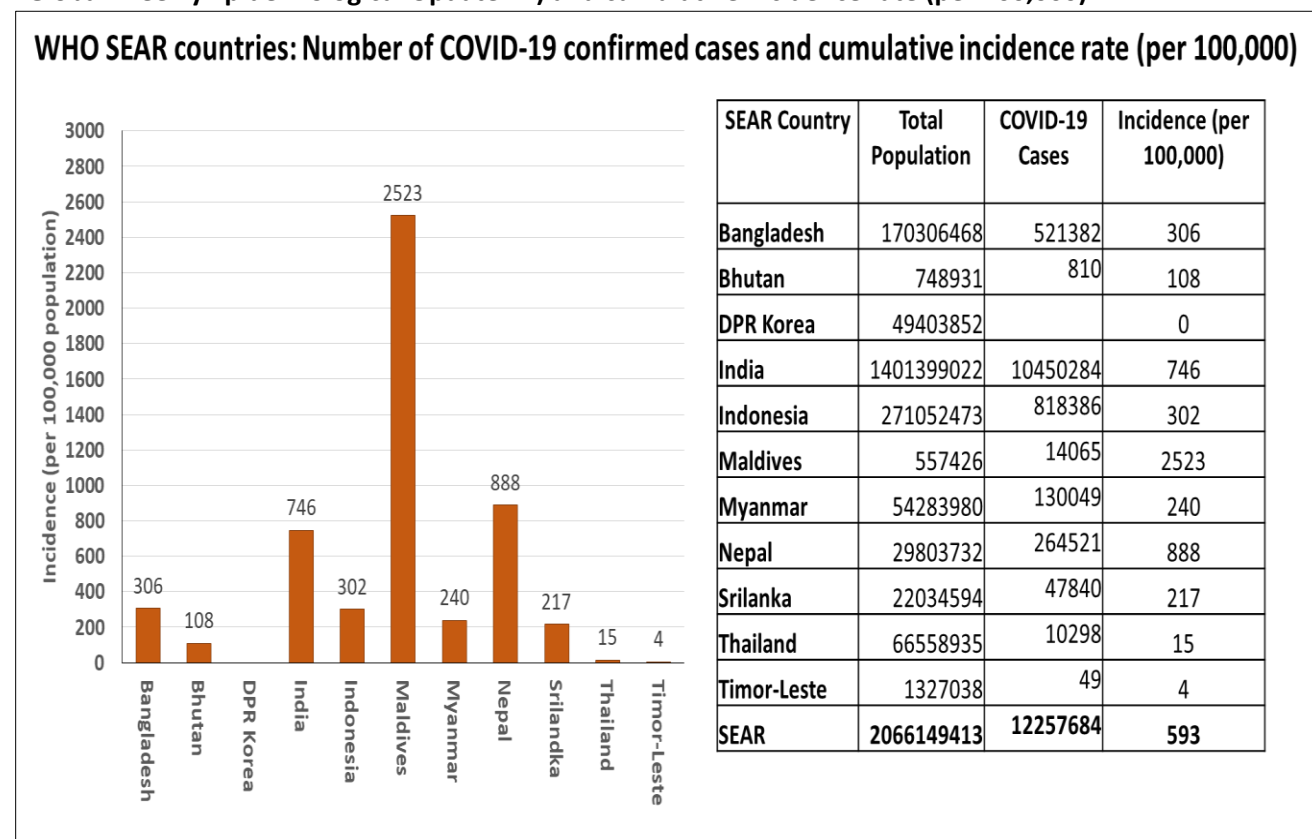
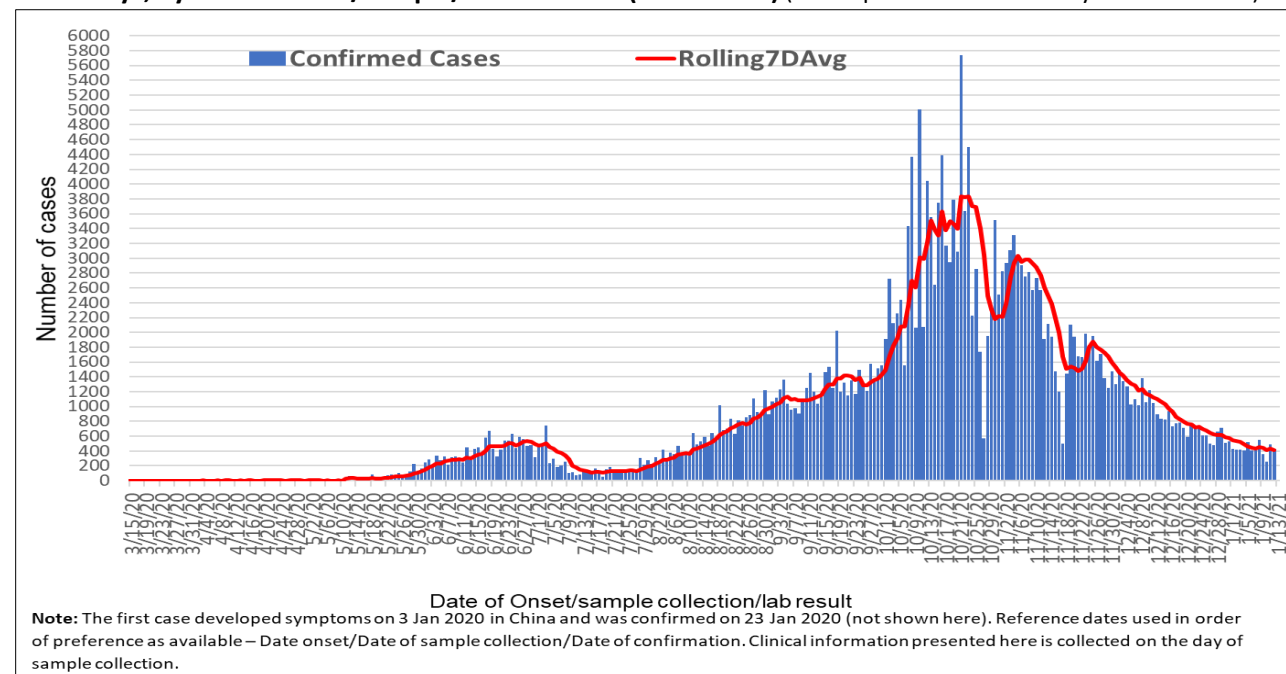
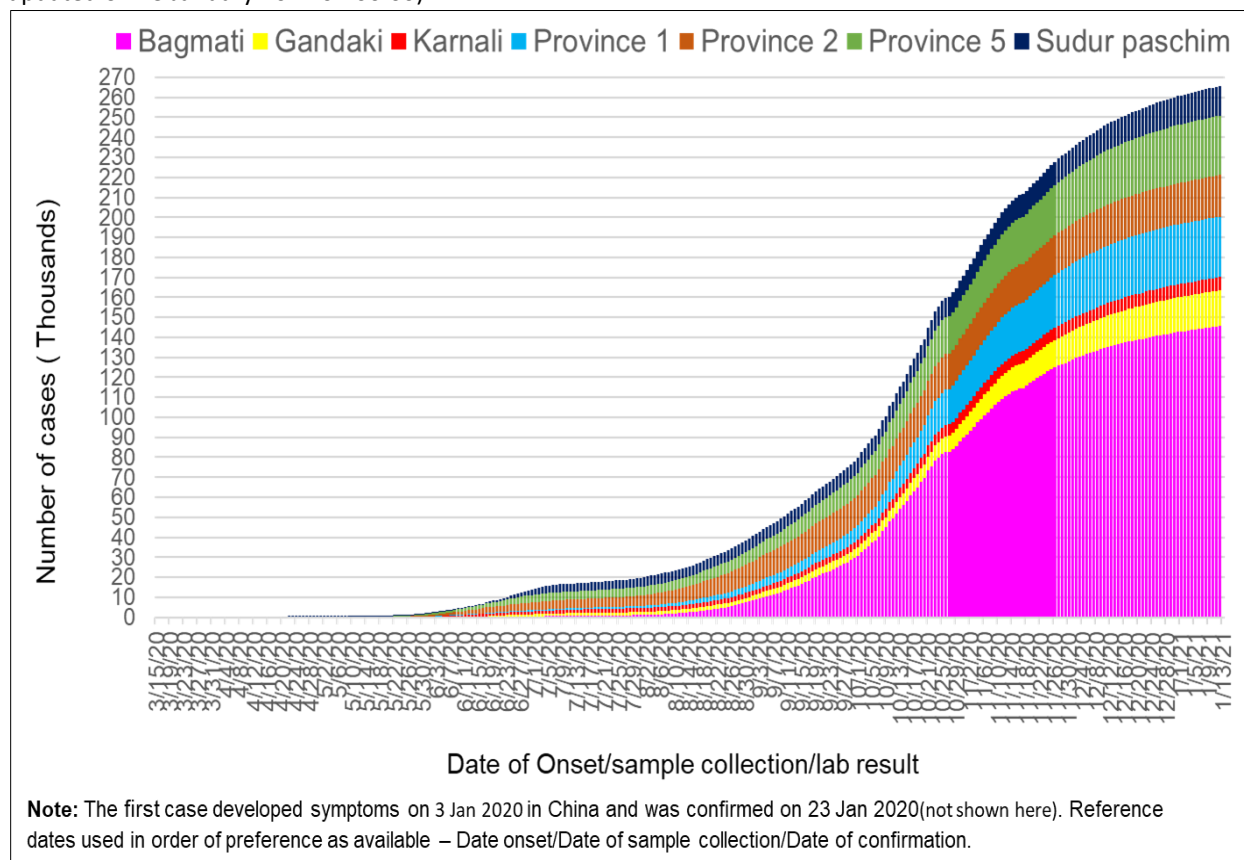


Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 265697) (Data updated on 13 January 2021 07:00:00)



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 12th January 2021 was 5300 which is about one fourth the number tested during the peak in the end of October 2020.

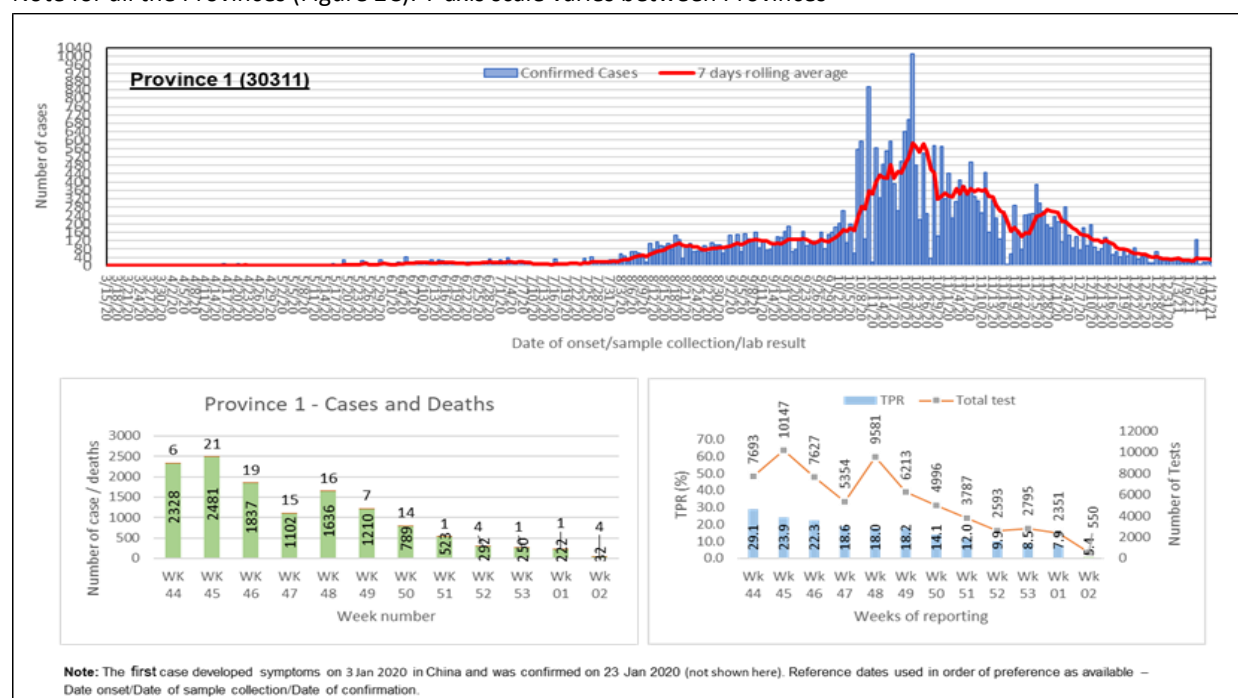
Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 265697) (Data updated on 13 January 2021 07:00:00)



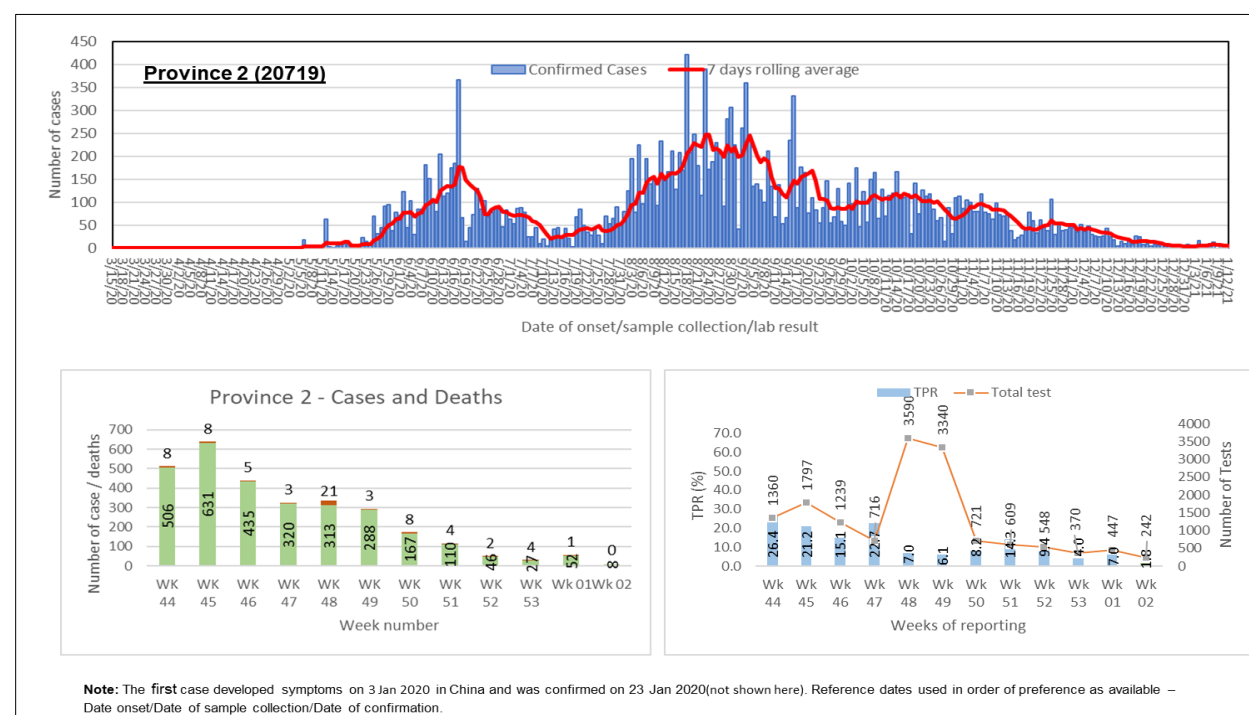
The cumulative case incidence has been increasing in Nepal since the first case confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 265697) (Data updated on 13 January 2021 07:00:00)

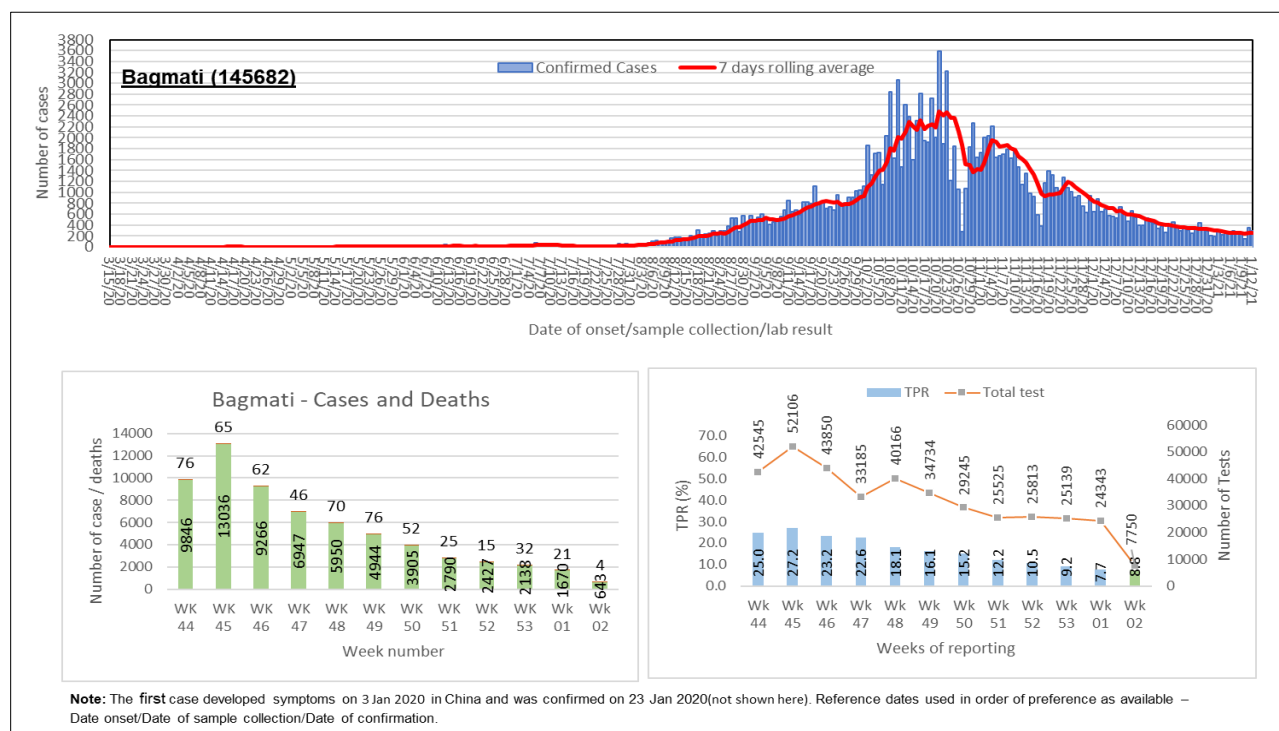
Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces



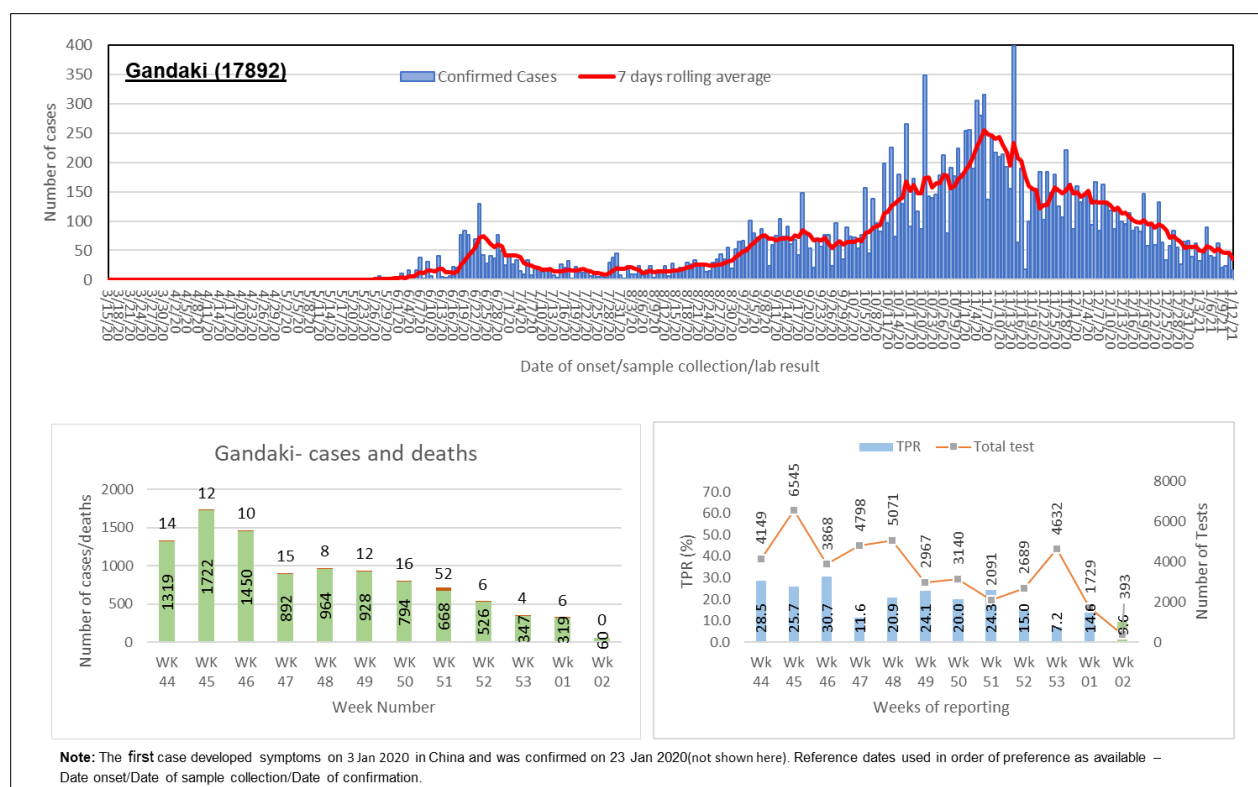
There were 222 new cases reported in the past week in Province 1. Since a peak in October, weekly new cases have continued to decrease and fell by 11% in the past week compared to the previous week. There was 1 death reported in the past week, which is the same as in the previous week. The test positivity rate in Province 1 has continued a decreasing trend to a low of 7.9% in the past week. A total of 2351 tests were performed in the past week, 16% decrease from that of the previous week.



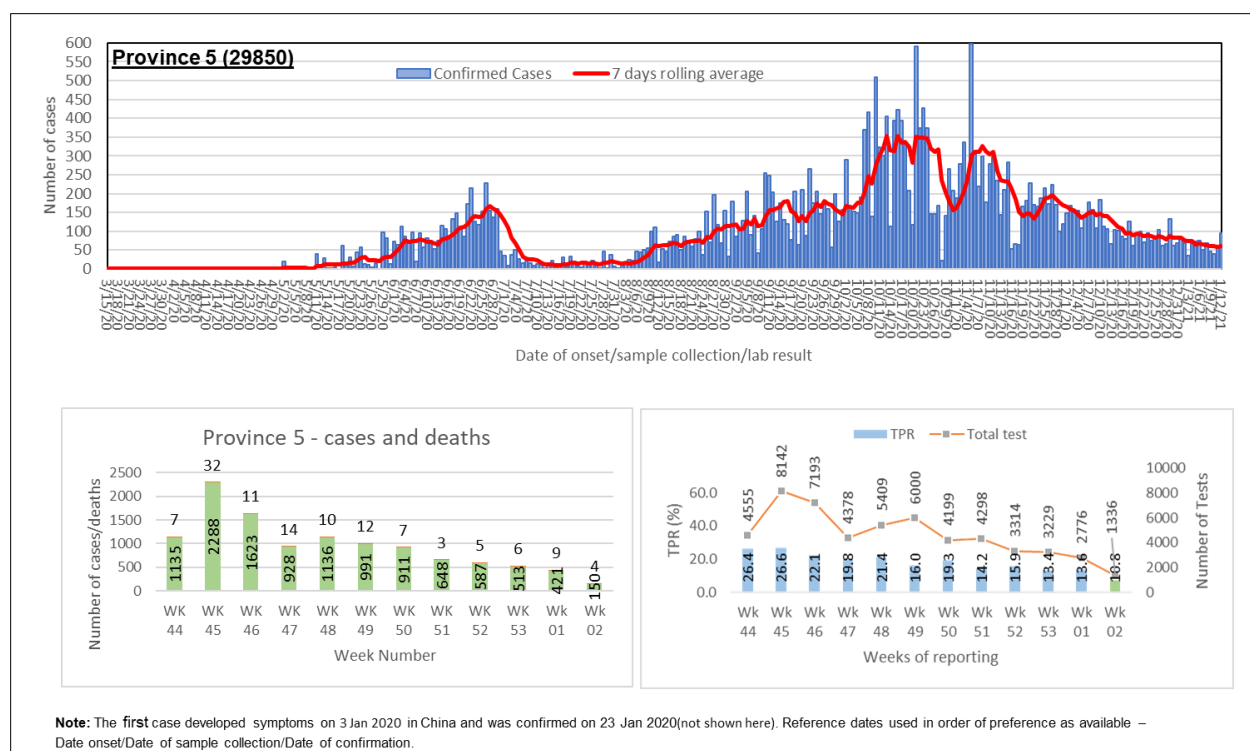
There were 52 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing but the cases rose to double in the past week compared to the previous week. There was 1 death reported in the past week, 75% less compared to the previous week. The test positivity rate in Province 2 has continued a decreasing trend to a low of 7.0% in the past week. A total of 447 tests were performed in the past week, a 21% increase from that of the previous week.



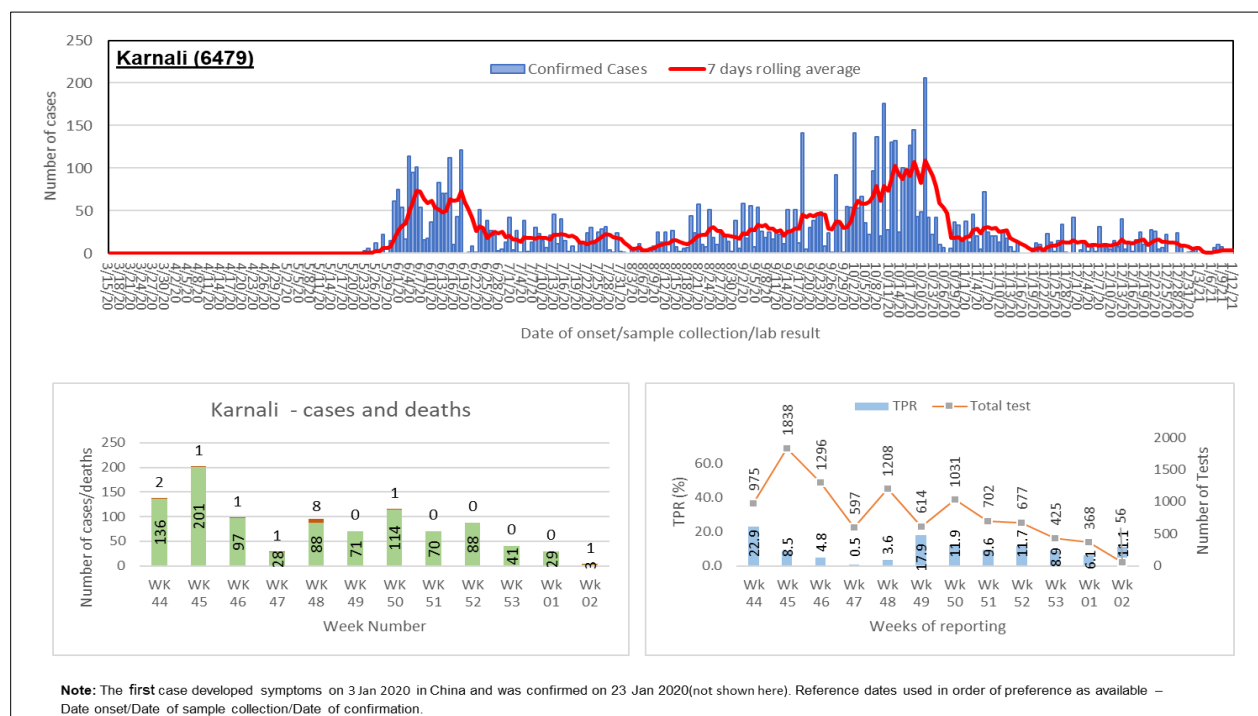
In Bagmati, 1670 new cases were reported in the past week. Weekly new cases are steadily decreasing and fell by 22% in the past week compared to the previous week. There were 21 deaths reported in the past week, 34% less compared to the previous week. The test positivity rate in Bagmati has shown a decreasing trend to a low of 7.7% in the past week. A total of 24343 tests were performed in the past week, a 3% decrease from that of the previous week.



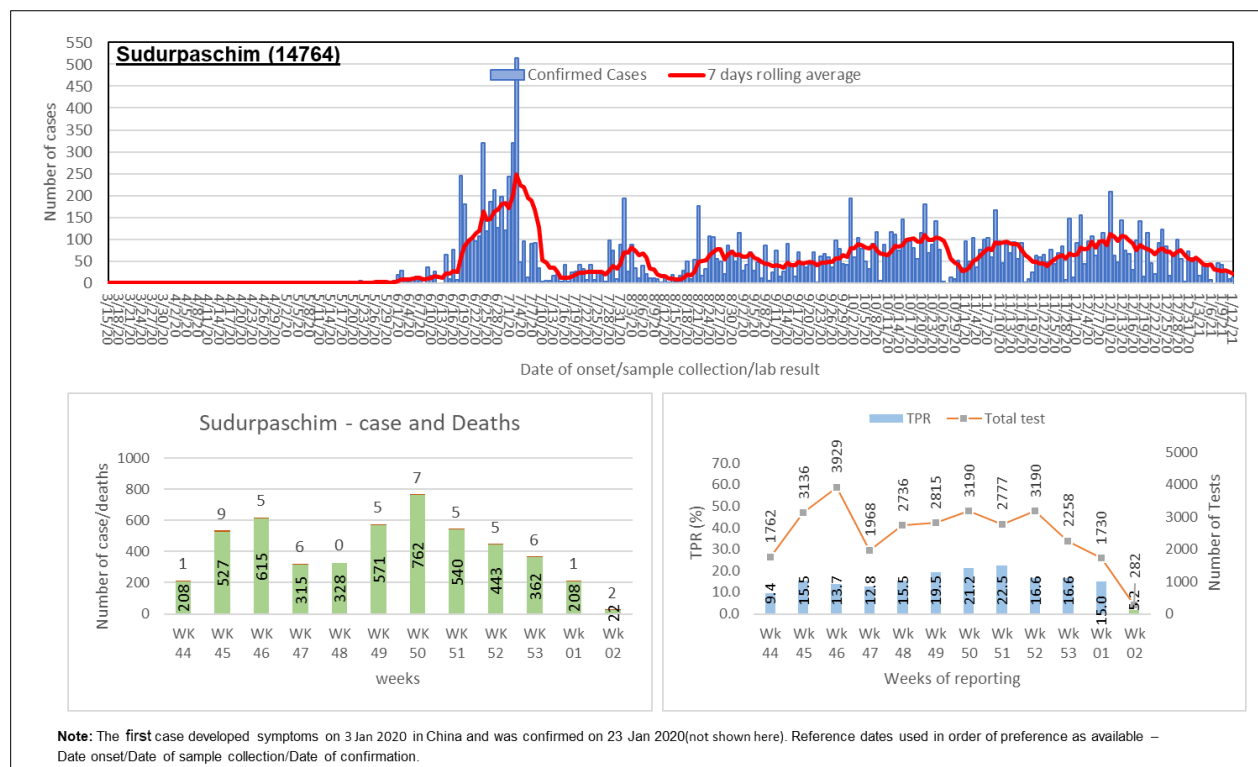
Gandaki reported 319 new cases and 6 deaths in the past week. The number of new cases being reported has fallen considerably since a peak in Week 45 when there were 1,722 new cases. The number of new cases fell by 8% in the past week compared to the previous week while deaths increased by 50% than that in the previous week. The test positivity rate in Gandaki increased to 14.6% in the past week from a low of 7.2% in the previous week. A total of 1729 tests were performed in the past week, a 63% decrease from that of the previous week.



Lumbini reported 421 new cases and 9 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 18% in the past week compared to the previous week while deaths increased by 50% than in the previous week. The test positivity rate in Lumbini has shown a relatively stable trend with 13.6% in the past week. A total of 2776 tests were performed in the past week, a 14% decrease from that of the previous week.

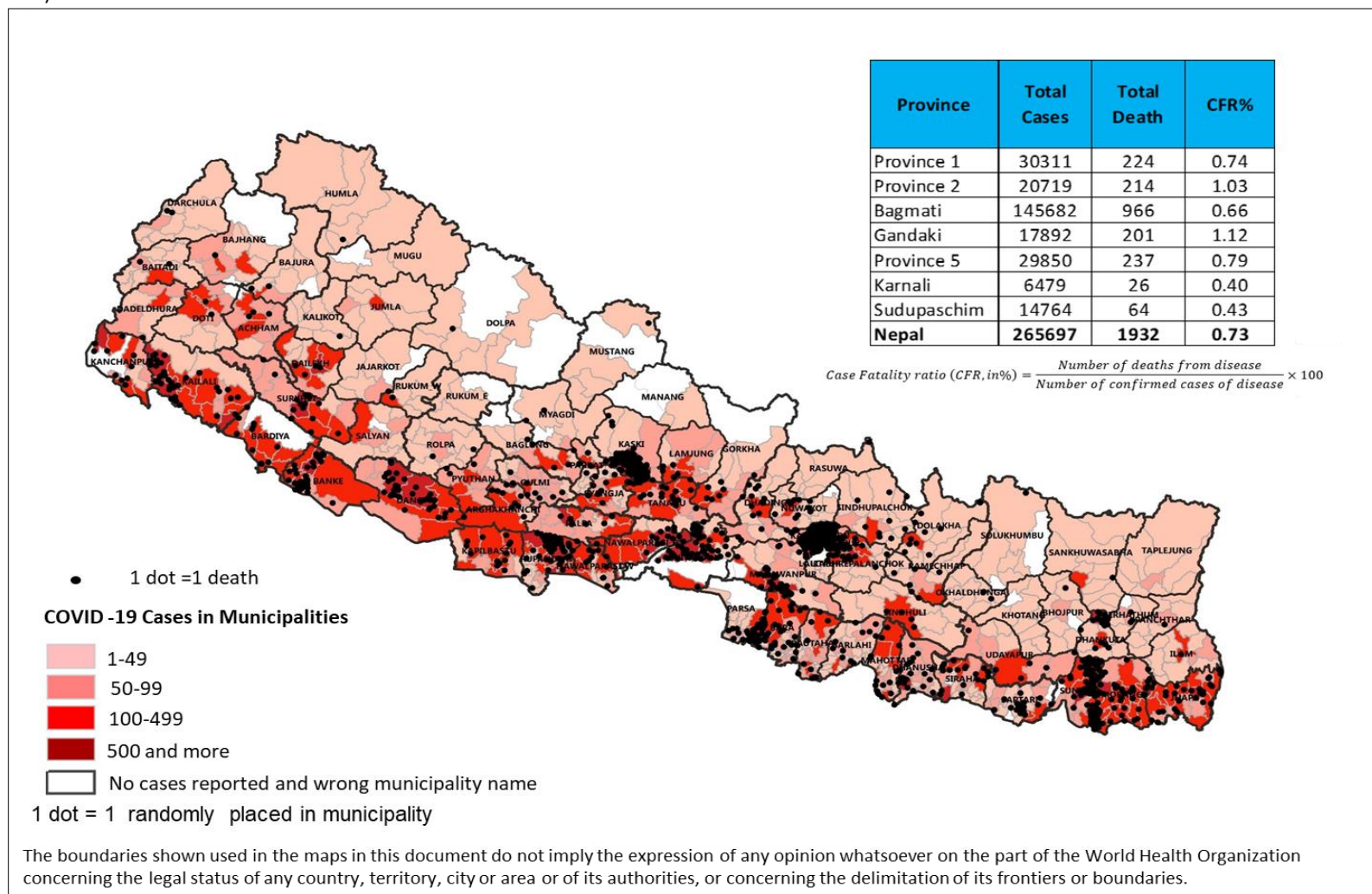


In Karnali, 29 new cases were reported in the past week. Since cases peaked in week 42, a weekly decrease in new cases has continued and the number of cases has decreased by 29% in the past week compared to the previous week. There was no death reported in the past week, which is the same as in the previous week. The test positivity rate in Karnali has continued to decrease to a low of 6.1% in the past week. A total of 368 tests were performed in the past week, a 13% decrease from that of the previous week.



In Sudurpashchim, 208 new cases were reported in the past week. Weekly new cases have continued to decrease, and cases decreased further by 43% in the past week compared to the previous week. There was 1 death reported in the past week, 83% less compared to the previous week. The test positivity rate in Sudurpashchim has remained relatively stable at 15% in the past week. A total of 1730 tests were performed in the past week, a 23% decrease from that of the previous week.

Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 265697) (Data updated on 13 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 0.73%, 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 = 265697) (Data updated on 13 January 2021 07:00:00)

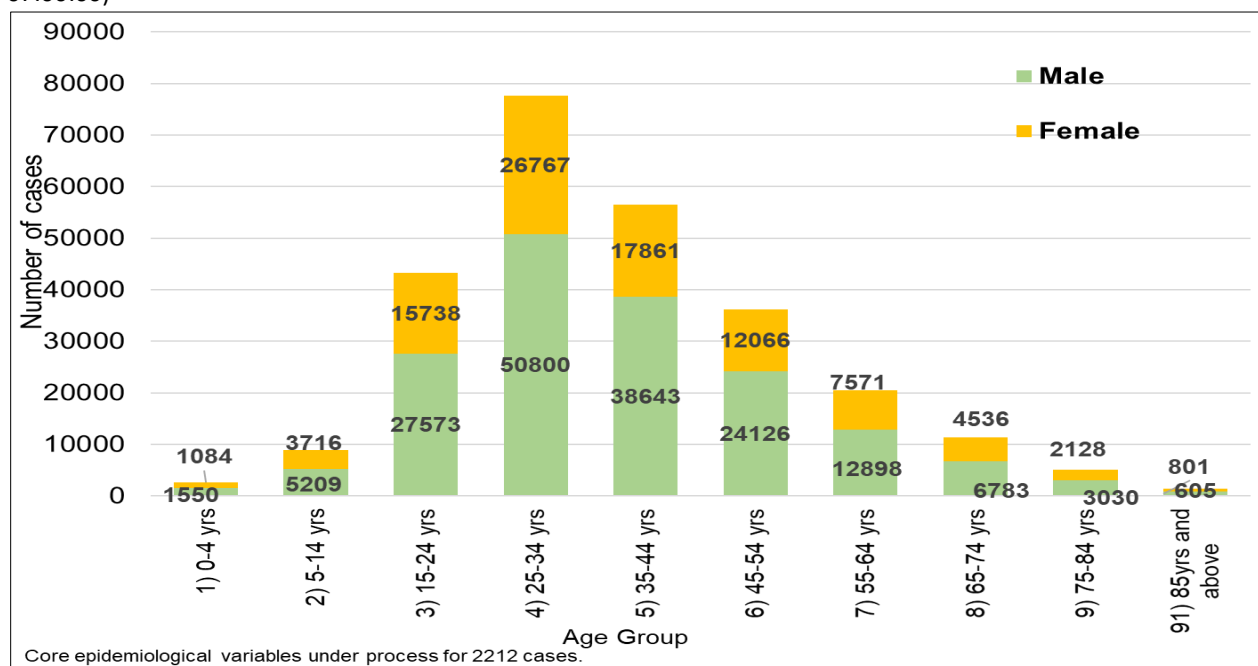
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	30311	11.4	224	Cluster of cases	397	6
Province 2	20719	7.8	214	Cluster of cases	79	5
Bagmati	145682	54.8	966	Cluster of cases	3666	46
Gandaki	17892	6.7	201	Cluster of cases	644	8
Province 5	29850	11.2	237	Cluster of cases	886	19
Karnali	6479	2.4	26	Cluster of cases	41	1
Sudurpashchim	14764	5.6	64	Cluster of cases	437	7
National Total	265697	100	1932	Cluster of cases	6150	92

- 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 = 263485) (Data updated on 13 January 2021 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 = 265697) (Data updated on 13 January 2021 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	2634	2	4	2	0.23
5-14 yrs	8925	3	2	5	0.06
15-24 yrs	43311	21	25	31	0.11
25-34 yrs	77567	59	32	45	0.12
35-44 yrs	56504	107	51	83	0.28
45-54 yrs	36192	188	68	153	0.71
55-64 yrs	20469	274	95	249	1.8
65-74 yrs	11319	355	140	356	4.37
75-84 yrs	5158	242	119	257	7
85+ yrs	1406	103	38	98	10.03
Unknown	2212	4	0	3	0.18
National	265697	1358	574	1282	0.73

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 1,932 deaths have been reported. Out of the total deaths, 1,358 (70.3%) were males and 574 (29.7%) were females. Amongst the deaths, 1,282 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 4.4% to 10%.

PREPAREDNESS AND RESPONSE

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

- Government of Nepal made several policy decisions to ensure COVID-19 vaccine availability and use for targeted populations (15 years and above) on a priority basis, which also includes a Technical Note as recommended by the National Immunization Advisory Committee (NIAC) and the National Immunization Committee (NIC).
- Other major decisions include provision of vaccine free of cost to the target groups. Vaccination for COVID-19 will be rolled out in three phases:
 - 1st phase – Frontline workers
 - 2nd phase – Elderly >55 year & with Comorbid conditions to elderly population aged 40 – 54 years
 - 3rd phase – remaining population aged >=15 years and 40 – 54 years
- Department of Drug Administration (DDA) is authorized to issue Emergency Use Authorization (EUA) and import license of vaccine and purchase the vaccine to cover population from age 15 years and above. Different procurement options were also outlined to expedite the process of vaccine procurement which includes G2G, G2B and competitive procurement.
- Direction has been given to Ministry of Health and Population (MoHP) to form a negotiation committee. There is to be an exemption of tax and tariffs while exporting vaccine. Manufacturers, distributors and donors are exempted from indemnity in case of any adverse event. Establishment of oversight committees at federal, provincial, district and municipal level, with their specific role and responsibilities

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 standards of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of 10 designated COVID-19 labs participated in the NQAP this week. All the participating laboratories were satisfactory with result $\geq 90\%$ concordance.
- WHO Nepal colleagues facilitated the virtual session on ‘SARS-CoV2-UK Variant’. The focal persons of the designated COVID-19 labs participated actively in the session.
- Technical support has been provided by WHO Nepal in the following activities:
 - Report verification and preparation of Proficiency Testing for 72 COVID-19 labs which is now complete. All the participating laboratories have satisfactory results with $\geq 90\%$ concordance.
 - Screening the samples of 20 UK-returnees. Three samples were identified which were positive for SARS- COV-2 with s-gene negative. With WHO support, the three

samples were shipped to the WHO reference laboratory in Hong Kong for sequencing purpose.

- Validation of Hipure extraction kit which showed 100% satisfactory result.

Points of Entry (PoE)

- WHO Country Office for Nepal is currently reviewing the request letter received from Nepal Intermodal Transport Development Board to Biratnagar municipality, Province 1 to setup the health desk at the Integrated Check Post (ICP) at Rani in Biratnagar. The purpose of this health desk will be to screen the truck drivers entering through the Rani Border, while the already established health desk at the border will screen the people entering through the Nepal-India border.

Risk Communication and Community Engagement

- The following documents were translated from 6- 12 January 2021

SN	TRANSLATION DOCUMENT	Type
1	Evidence Brief_January 8	Evidence Brief
2	Interim recommendations for the use of the Pfiser-BioNTech COVID-19 vaccine, BMT162b2, under Emergency Use Listing	Summary

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

Episodes	Titles	Language	Links
19	COVID-19- Prolonged symptoms after COVID-19 कोभिड-१९ निको भएपछिका विस्तारित लक्षणहरू	Nepali	Link
19	कोभिड-१९-के बाद लम्बा समयतक लक्षण	Maithili	Link

- 114 infographics on COVID-19 messages - translated into Nepali language and uploaded in WHO Nepal Facebook page and UN COVID-19 Repository
- Infographics on safety measures to be taken in public transports to prevent the spread of COVID-19 shared on Facebook and Twitter in Nepali language.

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 bi-weekly.
- Health partners, including Reproductive Health (RH) sub-cluster and Mental health sub-cluster are supporting for the continuation of COVID and non-COVID response throughout the country to ensure continuity of services in the COVID-19 context.

- There has been support in establishment of 55 hand washing corners in public places and relevant offices like schools, health post and wards/rural municipalities office
- Health partners are also supporting distribution of hygiene materials (soap, sanitizer) to group members
- There has also been support in distribution of health supplies at various health facilities such as:
 - Personal Protective Equipment (PPE), mask, sanitizer, gloves to the Rural Municipalities (RM) health unit and health posts
 - 1484 VTM test kits at Bheri COVID hospital Bardiya
 - 4500 pieces mask, 200 pieces KN95 mask, 100 hand sanitizers of 500 ml, 3000 pieces of examination gloves, 3 infrared thermometer, 6 PPE set, 8 Gauze pad, 3 bottle betadine, 300 pieces of handiplast and 50 bottles of 500ml hand wash was handed over for infection prevention and control during the service period.
 - Health and Safety equipment to RMs for Health workers and community group member (PPE, Surgical mask, Disposable gloves, N 95 Mask, Infrared thermometer, Hand sanitize- 2 lit, Hand washing Soap, Soap case and Virex solution
- Health equipment support to 88 health facilities/birthing centers for Impact Assessment of COVID-19 Pandemic on RMNCAH Services in Nepal has also been conducted.
- Following activities were also supported by health partners:
 - Miking, wall painting, Radio jingle, Palphlate and hoarding board display of the COVID-19 risk communication messages and other disaster messages.
 - Counselling, psychoeducation, psychological first aid, referral, case management, strengthening local health service system, orientation, community awareness programs.
 - Orientation of laboratory personnel on Swab collection & PCR testing.
 - Orientation on proper health, sanitation, hygiene and nutrition in the context of COVID-19.

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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