

Situation Update #40 - Coronavirus Disease 2019 (COVID-19)

WHO Country Office for Nepal

Reporting Date: 13- 19 January 2021

HIGHLIGHTS*

- Of the total COVID-19 positive cases, 97.8% of the cases have recovered; 1.44% (3861) of the cases are active; and 71.5% of the active cases (2759) 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 six districts with no active cases, two districts with more than 200 active cases. Kathmandu district alone has more than 500 active cases as of 18 January 2021. New cases have been reported from 32 districts.
- Out of the total active cases, 1102 (28.5%) patients were admitted to hospital/institutional isolation centers of which 161 (4.2%) patients are in intensive care (ICU) with 34 patients requiring ventilator support. On average, about 5 deaths per day were recorded this week.

**Data as of COVID-19 Update, MoHP, 18 January 2021*

SITUATION OVERVIEW

NEPAL

(Data as of 19 January 2021, 07:00:00 hours)

267,643 confirmed cases

1,965 deaths

20,21,714 RT-PCR tests

SOUTH-EAST ASIA REGION

(Data as of 17 January 2021, 10am CET)

12,462,338 confirmed cases

191,196 deaths

GLOBAL

(Data as of 17 January 2021, 10am CET)

93,217,287 confirmed cases

2,014,957 deaths

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 19 January 2021, T07:00:00 hours (Week no. 3), a total 267,643 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 20,16,758 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 2) ranged from 3.6% (Province 1) to 14.6% (Gandaki Province), with national positivity rate averaging 8.3%.
- Overall, the sex-distribution remains skewed towards males, who constitute 65% (174,098/267,643) of the confirmed cases.
- A total of 28 samples were received for Influenza testing at the National Influenza Center, NPHL on EPID-week 2 (11 - 17Jan, 2021) of which none of the samples tested positive for influenza. From 4th to 17th Jan 2021, a total of 79 samples have been tested for Influenza and SARS-CoV-2 of which only one sample has tested positive for SARS-CoV-2 (all positive cases are included in COVID-19 database).

Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 17 January 2021 from #Global Weekly Epidemiological Update 23) and cumulative incidence rate (per 100,000)

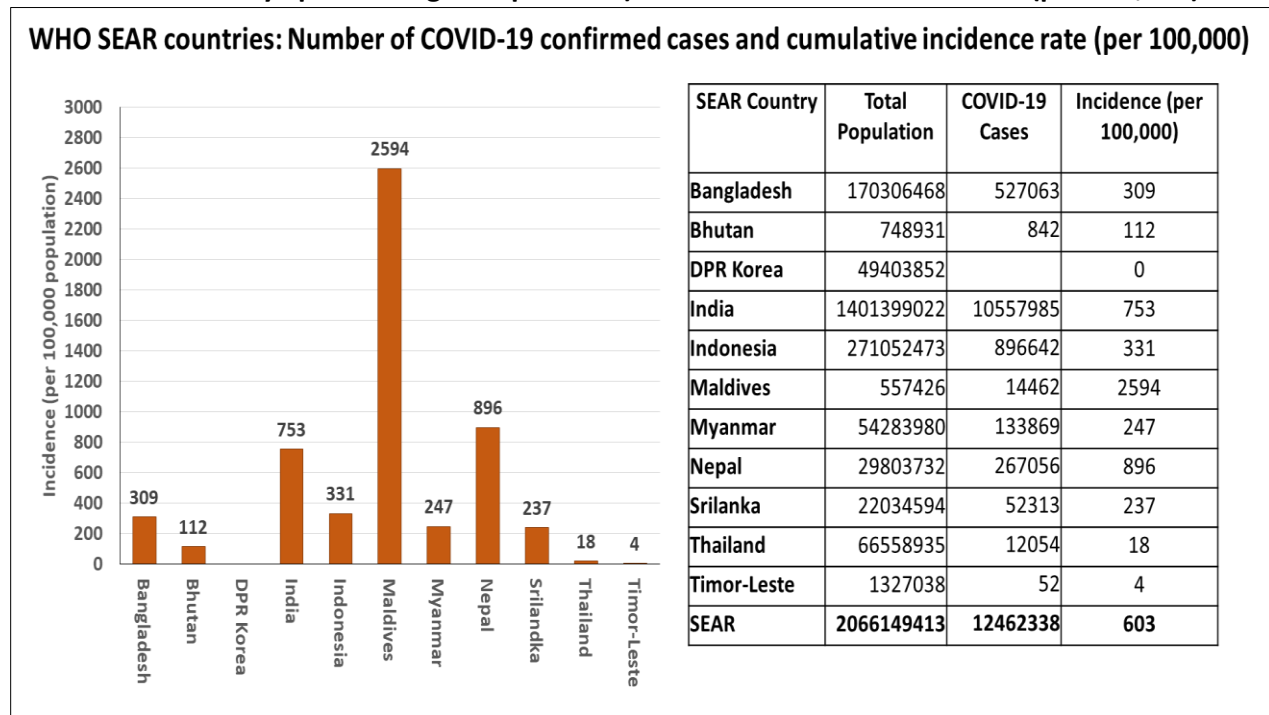
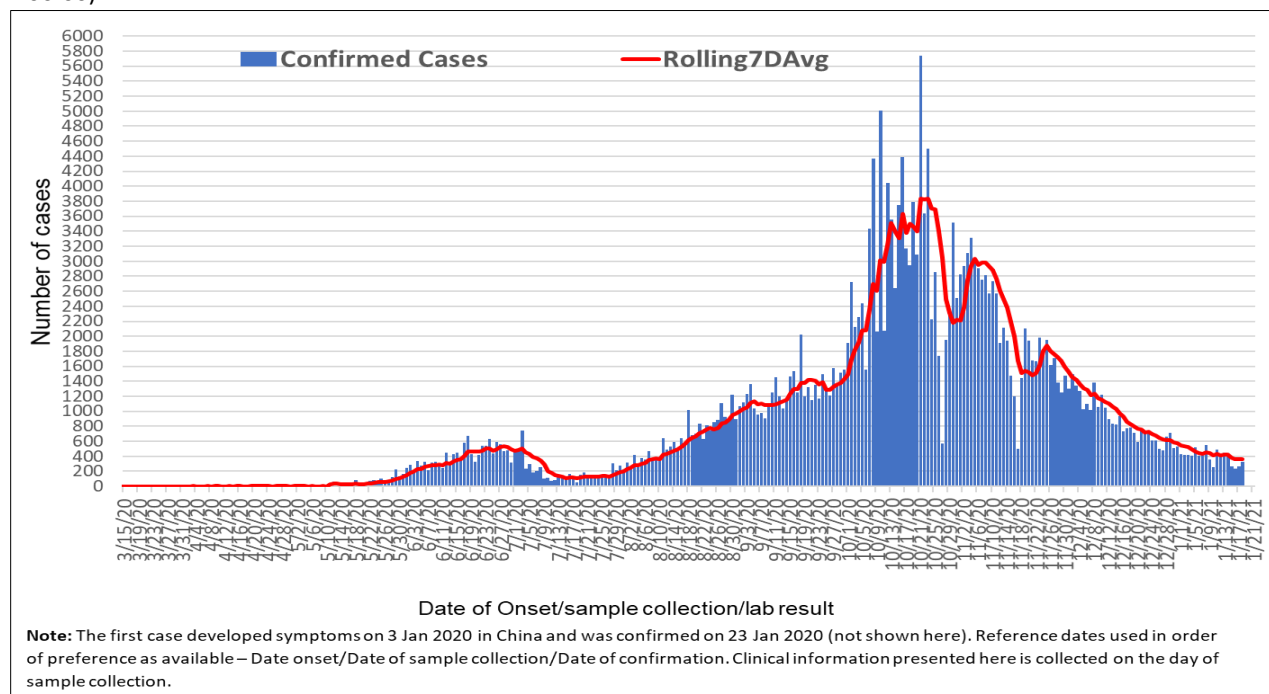
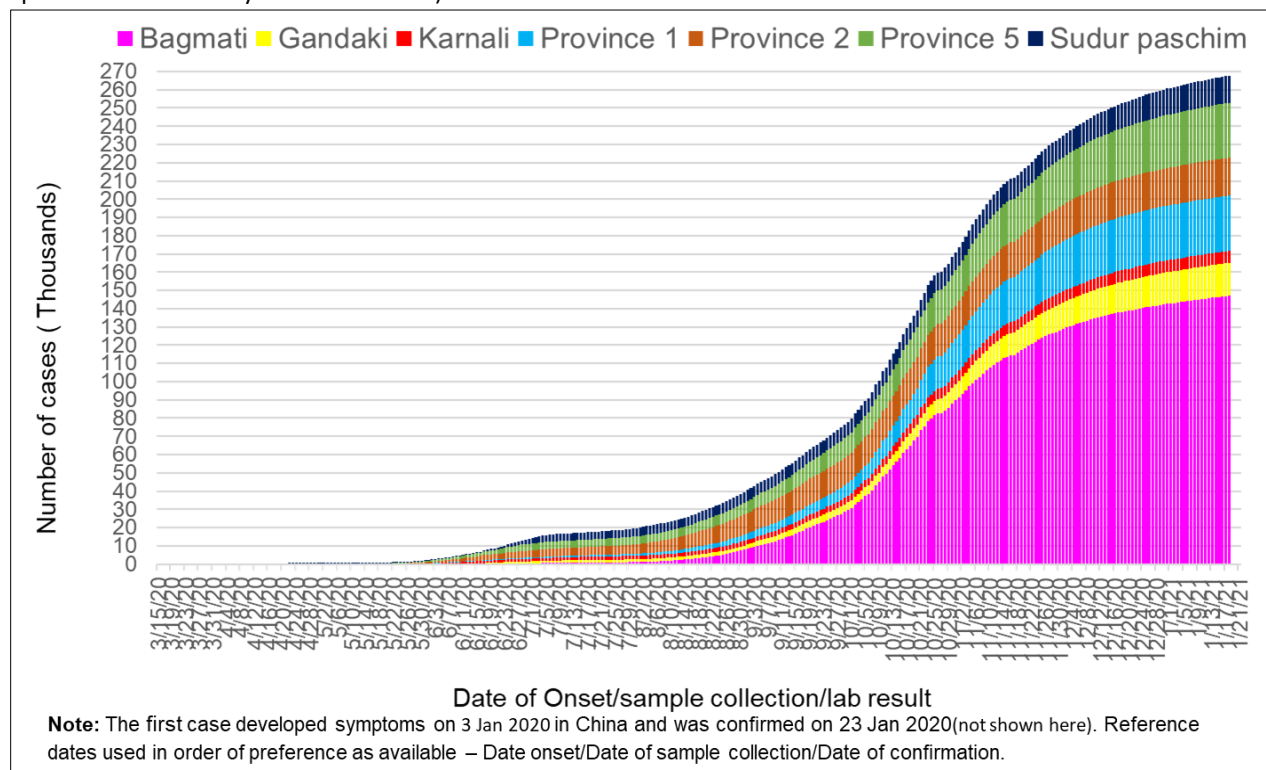


Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 267643) (Data updated on 19 January 2021 TO 7:00:00)



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 18th January 2021 was 4306 which is about one fourth of the number tested during the peak in the end of October 2020.

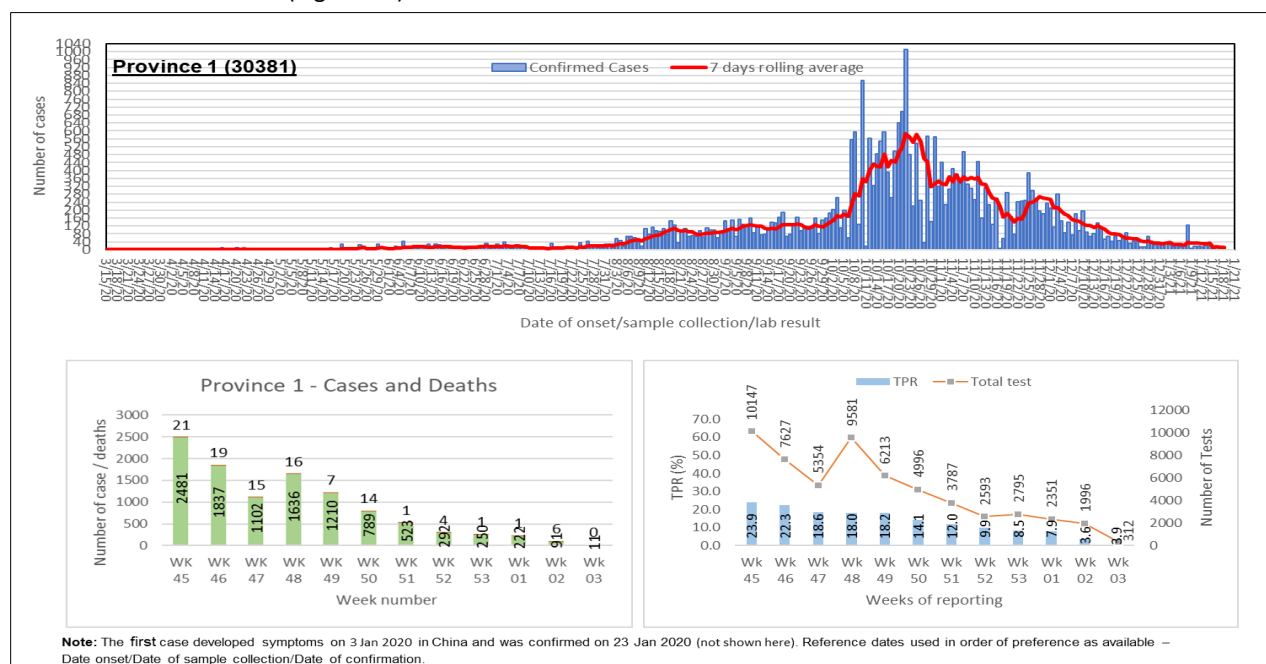
Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 267643) (Data updated on 19 January 2021 TO 7:00:00)



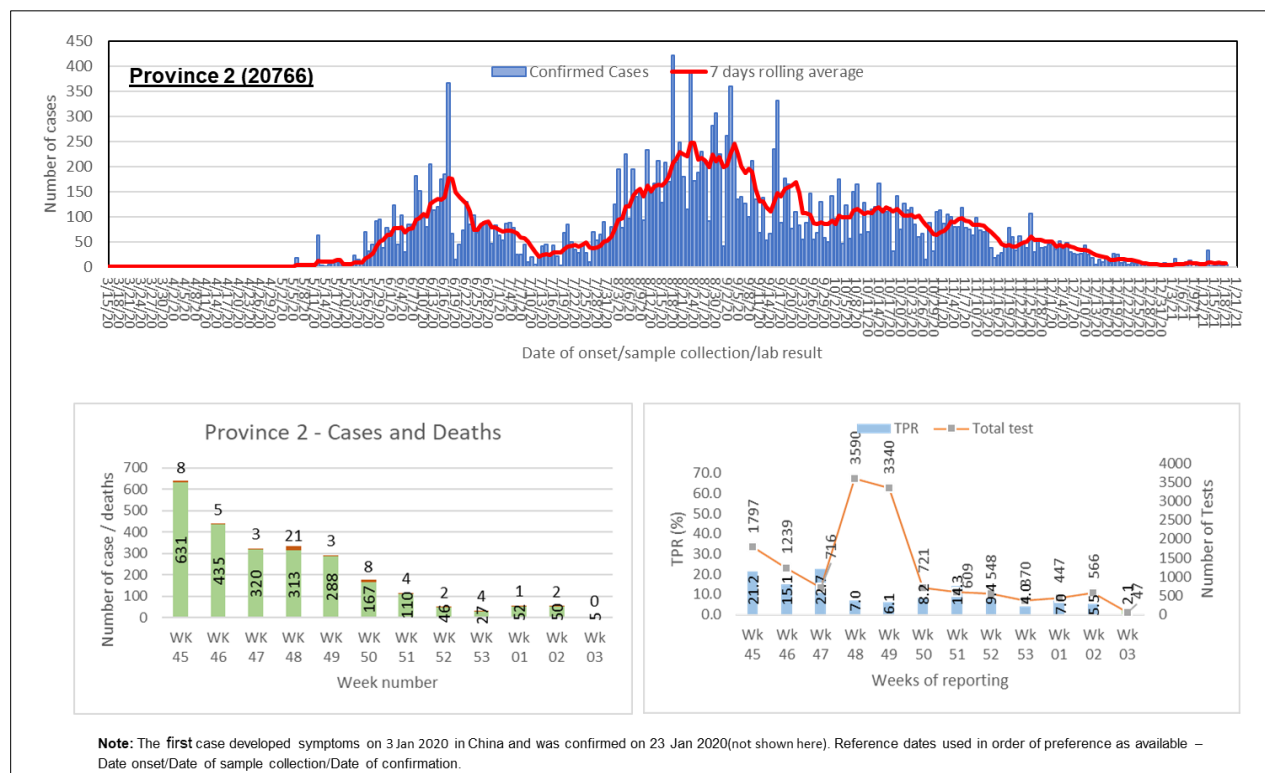
The cumulative case incidence has been increasing in Nepal since the first case confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 267643) (Data updated on 19 January 2021 TO 7:00:00)

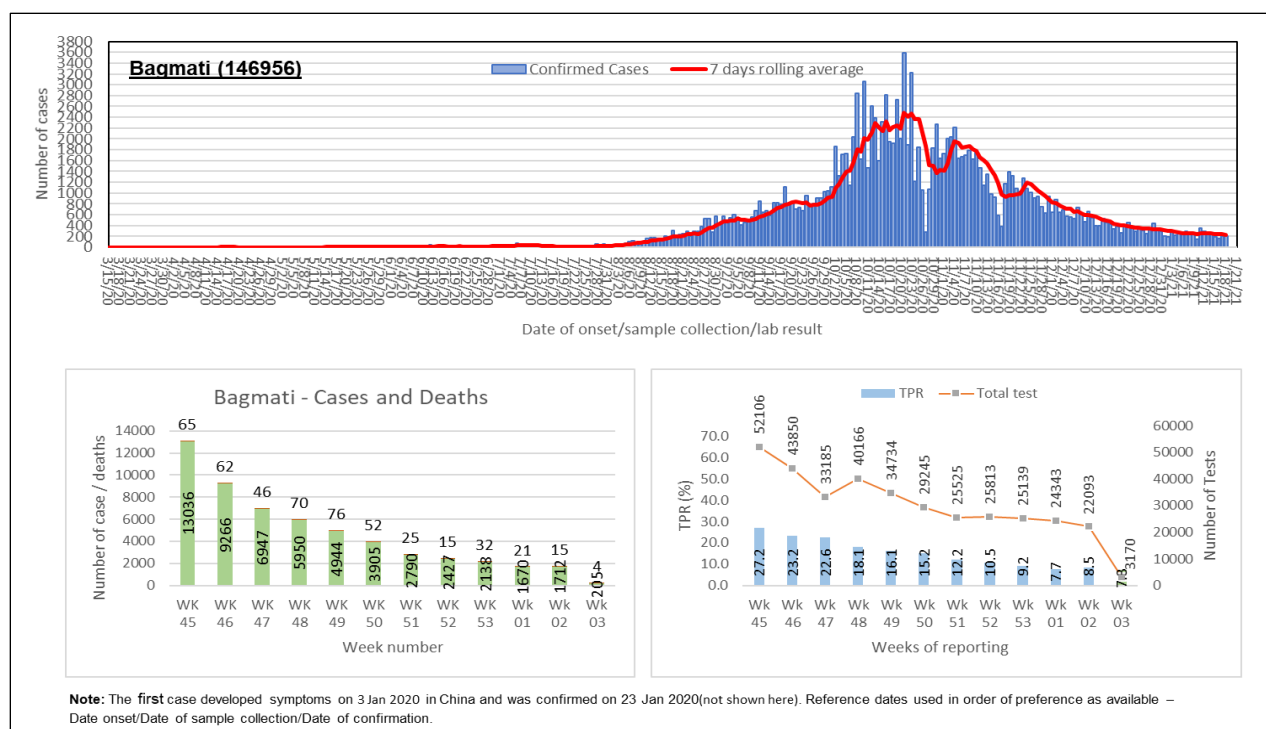
Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces



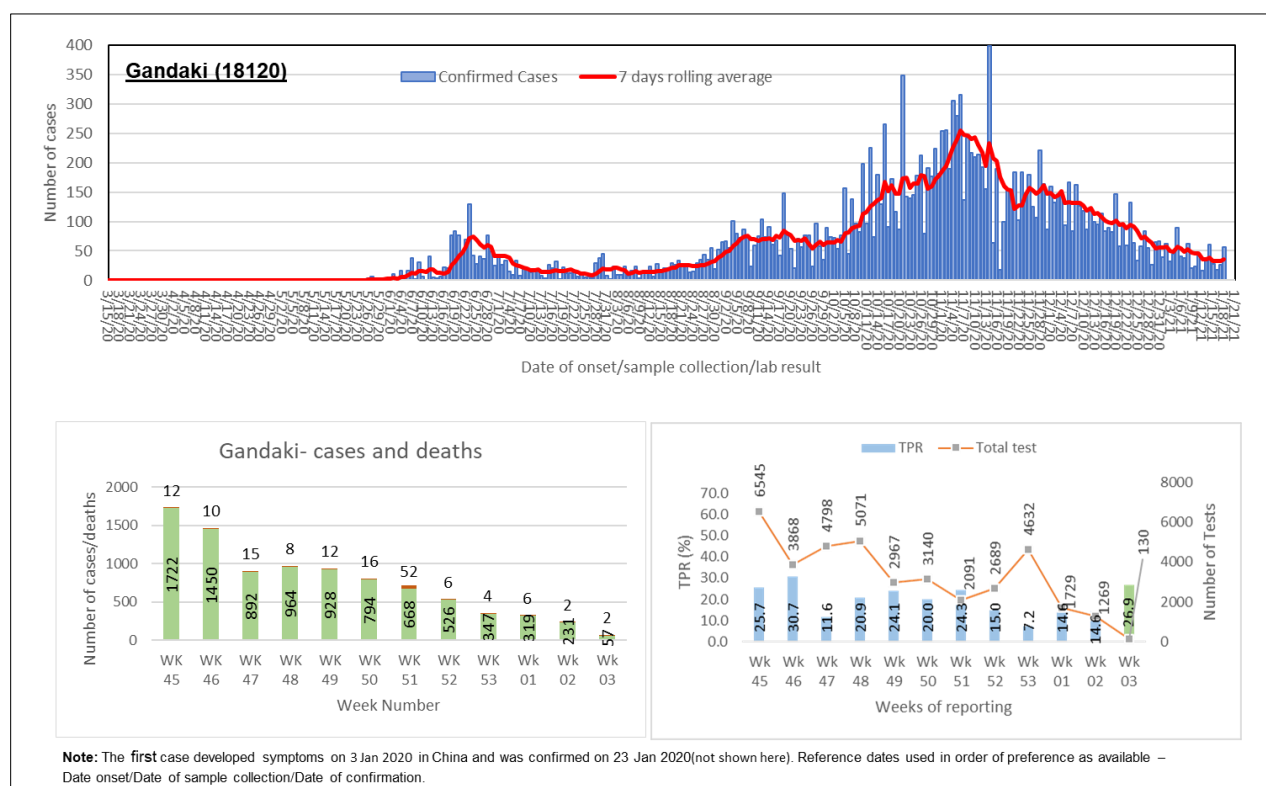
There were 91 new cases reported in the past week in Province 1. Since a peak in October, weekly new cases have continued to decrease and fell by 59% in the past week compared to the previous week. There were 6 deaths reported in the past week, six times more compared to the previous week. The test positivity rate in Province 1 has continued a decreasing trend to a low of 3.6% in the past week. A total of 1996 tests were performed in the past week, a 15% decrease from that of the previous week.



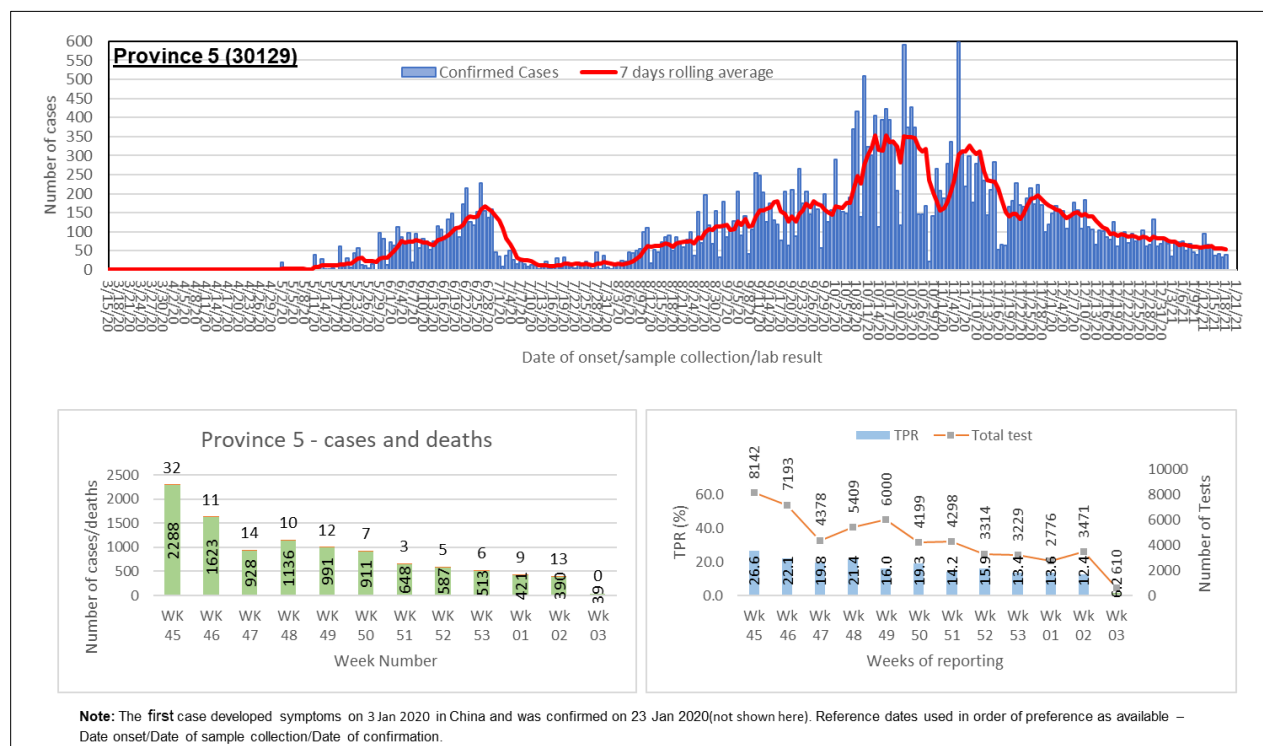
There were 50 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing and fell by 4% in the past week compared to the previous week. There were 2 deaths reported in the past week, twice more than compared to the previous week. The test positivity rate in Province 2 has continued a decreasing trend to a low of 5.5% in the past week. A total of 566 tests were performed in the past week, a 27% increase from that of the previous week.



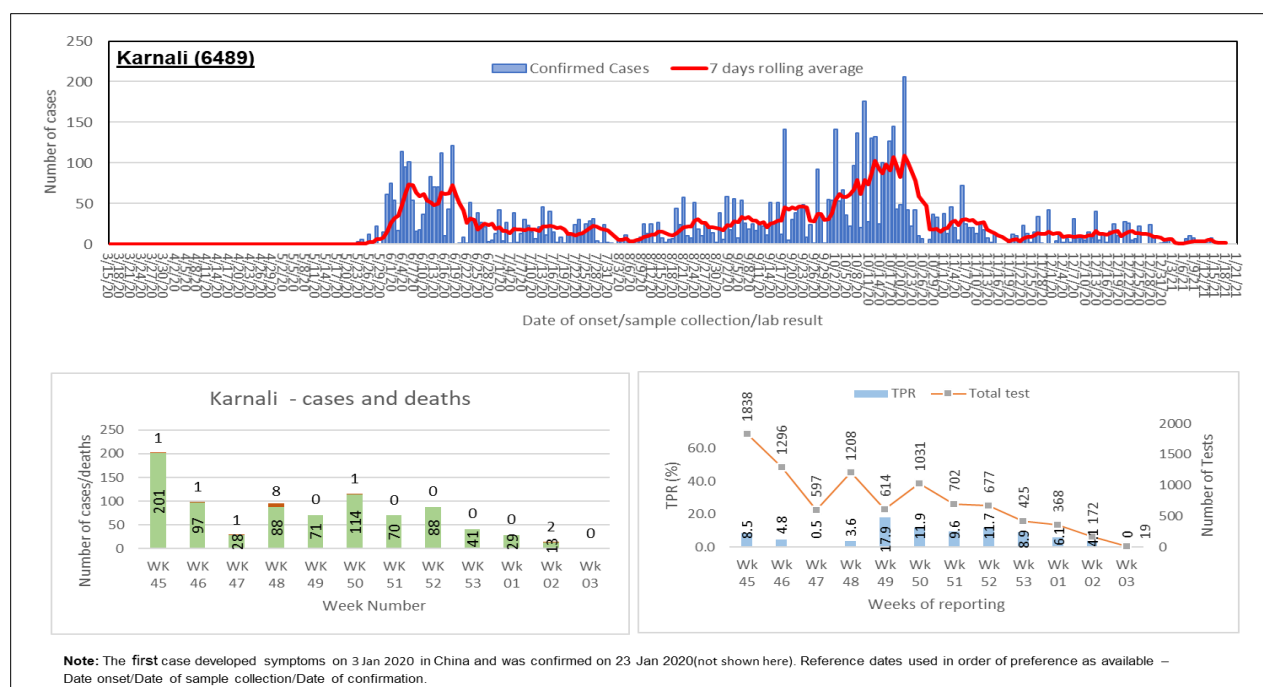
In Bagmati, 1712 new cases were reported in the past week. Weekly new cases are steadily decreasing but rose by 3% in the past week compared to the previous week. There were 15 deaths reported in the past week, 29% less compared to the previous week. The test positivity rate in Bagmati has shown a decreasing trend to a low of 8.5% in the past week. A total of 22,093 tests were performed in the past week, a 9% decrease from that of the previous week.



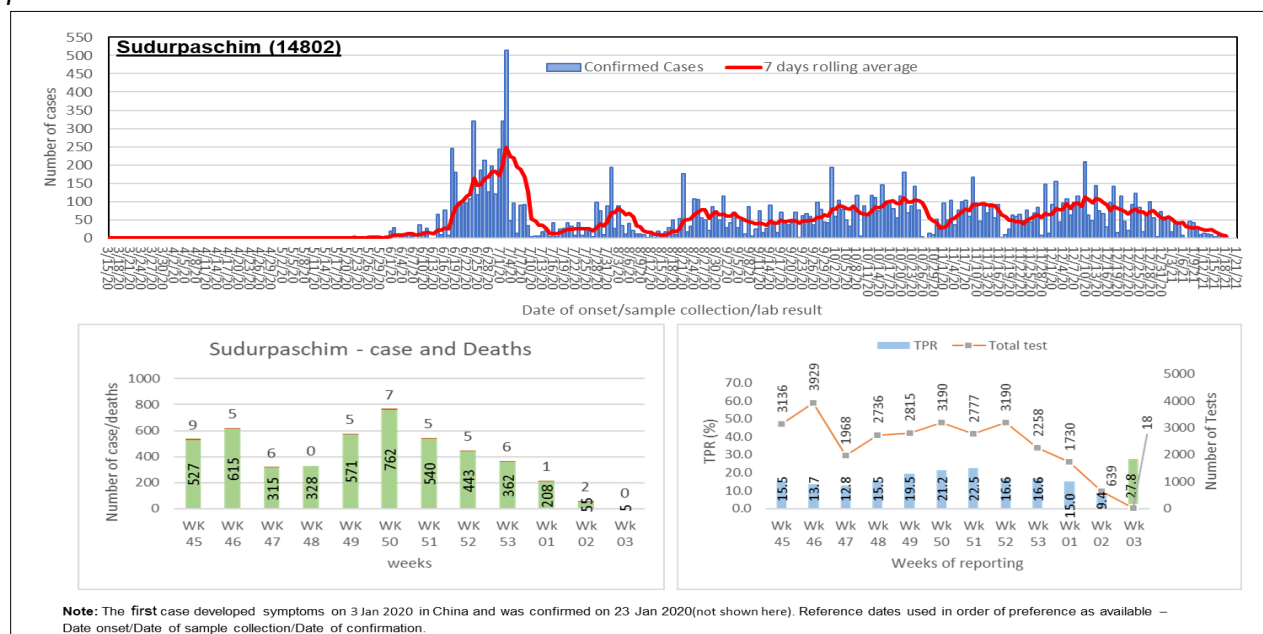
Gandaki reported 231 new cases and 2 deaths in the past week. The number of new cases being reported has fallen considerably since a peak in Week 45 when there were 1,722 new cases. The number of new cases fell by 28% in the past week compared to the previous week and deaths decreased by 67% than that in the previous week. The test positivity rate in Gandaki remained stable at 14.6% in the past week. A total of 1269 tests were performed in the past week, a 27% decrease from that of the previous week.



Lumbini reported 390 new cases and 13 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 7% in the past week compared to the previous week while deaths increased by 44% than that in the previous week. The test positivity rate in Lumbini has shown a relatively stable trend with 12.4% in the past week. A total of 3471 tests were performed in the past week, 25% increase from that of the previous week.

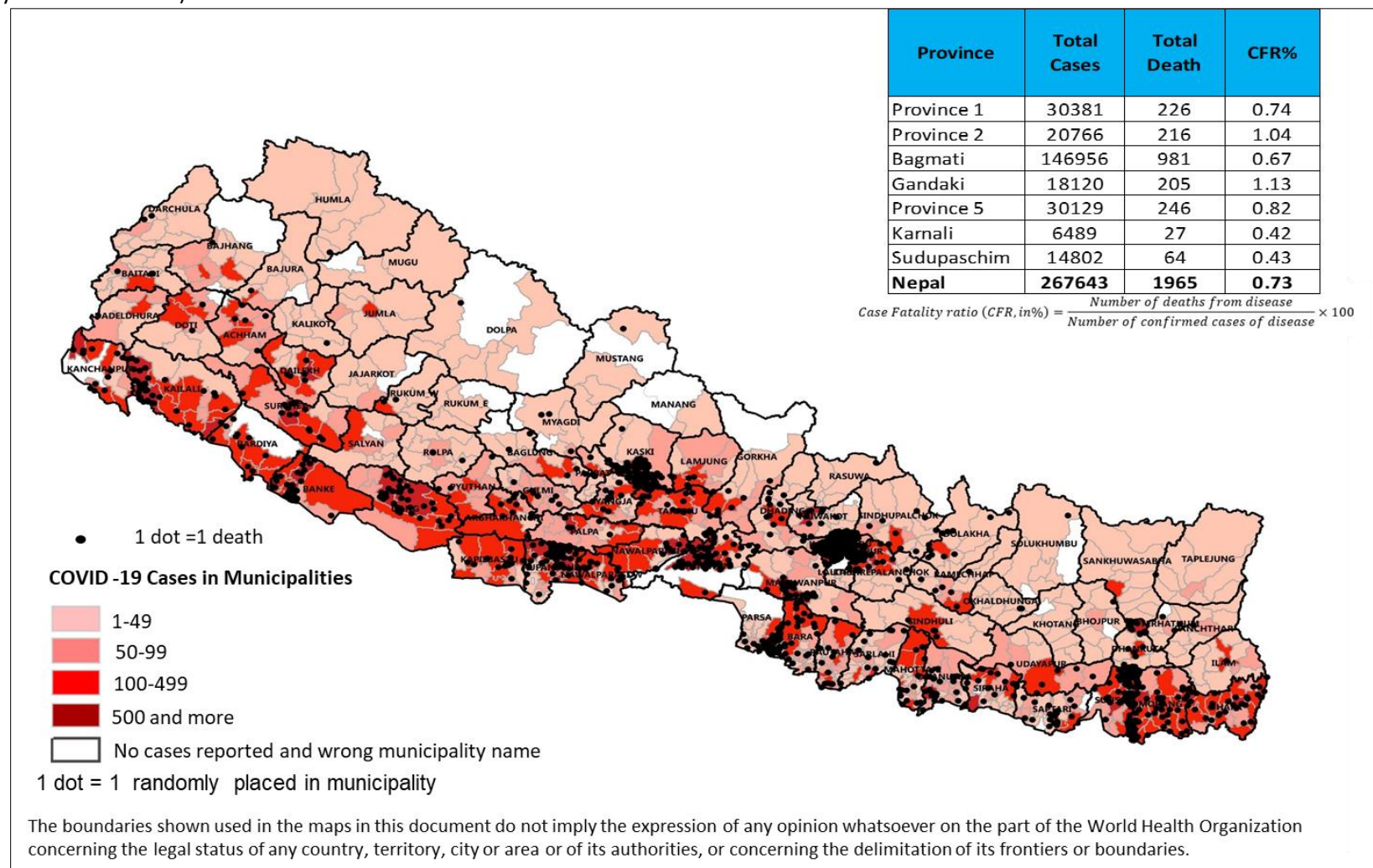


In Karnali, 13 new cases were reported in the past week. Since cases peaked in week 42, weekly decrease in new cases have continued and it decreased by 55% in the past week compared to the previous week. There were 2 deaths reported in the past week, compared to no deaths in the previous week. The test positivity rate in Karnali has continued to decrease to a low of 4.1% in the past week. A total of 172 tests were performed in the past week, a 53% decrease from that of the previous week.



In Sudurpashchim, 55 new cases were reported in the past week. Weekly new cases have continued to decrease, and these cases have decreased further by 74% in the past week compared to the previous week. There were 2 deaths reported in the past week, twice more compared to the previous week. The test positivity rate in Sudurpashchim has fallen to a low of 9.4% in the past week. A total of 639 tests were performed in the past week, a 63% decrease from that of the previous week.

Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 267643) (Data updated on 19 January 2021 TO 7:00:00)



Cases and deaths have been reported in high numbers from Bagmati Province, mostly from Kathmandu valley area. The overall case fatality ratio (CFR) of Nepal is 0.73%. However, CFR is relatively high in Province 2 with 1.04% and Gandaki Province with 1.13%.

Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.

(N = 267643) (Data updated on 19 January 2021 TO 7:00:00)

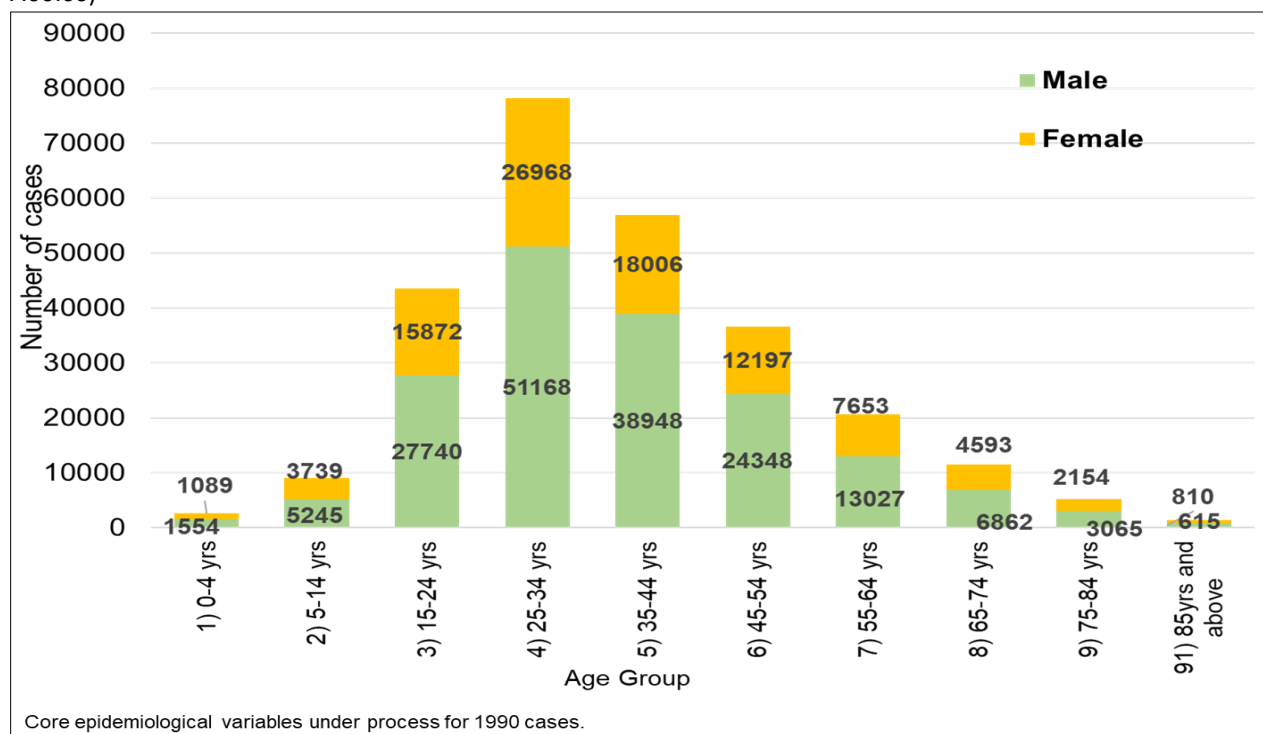
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	30381	11.4	226	Cluster of cases	324	7
Province 2	20766	7.8	216	Cluster of cases	107	3
Bagmati	146956	54.9	981	Cluster of cases	3587	37
Gandaki	18120	6.8	205	Cluster of cases	607	8
Province 5	30129	11.3	246	Cluster of cases	850	20
Karnali	6489	2.4	27	Cluster of cases	42	2
Sudurpashchim	14802	5.5	64	Cluster of cases	268	3
National Total	267643	100	1965	Cluster of cases	5785	80

- 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 = 265653) (Data updated on 19 January 2021 TO 7:00:00)



Overall, the sex-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 = 267643) (Data updated on 19 January 2021 TO 7:00:00)

Age Group	Total confirmed cases	Death (male)	Death (female)	Deaths with any known comorbid condition	Age specific case fatality ratio (%)
0-4 yrs	2643	2	4	2	0.23
5-14 yrs	8984	3	2	5	0.06
15-24 yrs	43612	21	25	31	0.11
25-34 yrs	78136	59	33	45	0.12
35-44 yrs	56954	108	52	84	0.28
45-54 yrs	36545	191	68	154	0.71
55-64 yrs	20680	276	98	254	1.81
65-74 yrs	11455	362	144	364	4.42
75-84 yrs	5219	247	123	263	7.09
85+ yrs	1425	105	38	100	10.04
Unknown	1990	4	0	3	0.2
National	267643	1378	587	1305	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 1,965 deaths have been reported. Out of the total deaths, 1,378 (70.1%) were males and 587 (29.9%) were females. Amongst the deaths, 1,305 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 10.0%.

PREPAREDNESS AND RESPONSE

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

- Nepal's delegation led by Hon'ble Minister for Foreign Affairs attended a meeting with Indian counterparts to discuss the COVID-19 vaccine supply. The supply will vaccinate frontline health workers in the first phase. Government of Nepal requested Government of India for the assurance of 4.7 million doses of COVID-19 vaccine (COVISHIELD) as a first installment.
- Nepal team (approximately 30 officials) which includes officials from MoHP, Department of Health Services (DoHS), provincial health officers, WHO and UNICEF staff are currently attending a two day online training (19-20 January 2021) organized by Government of India, where experts are sharing the science of COVID-19 vaccine, logistics required to ensure effective management of vaccine deployment and experiences from recent vaccine deployment.
- DoHS organized a meeting to review COVID-19 vaccination guidelines and deployment plan where officials from MoHP, DoHS and partners participated and provided inputs to finalize the draft presented by the Family Welfare Division. The guidelines are proposed to be endorsed by the Incident Command System (ICS) on 20 January 2021
- MoHP has collected information about health workers (HW) to be vaccinated in the first round of vaccination (which is ~ 184 k) which covers HWs from public and private health facilities (working in institutional setups).

What is the WHO Country Office for Nepal doing?

Laboratory Capacity

- WHO Nepal has been supporting the National Public Health Laboratory (NPHL) in the monitoring of quality standards of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of 8 designated COVID-19 labs participated in the NQAP this week. All participating laboratories were satisfactory with a result of $\geq 90\%$ concordance.
- Technical support has been provided by Country Office for Nepal in following activities:
 - Preparation of Internal Quality Control protocol and procedure for SARS-CoV-2 PCR testing at NPHL.
 - Screening the samples of 20 UK –returnees. The 3 samples received were identified as positive for SARS-COV-2 with s-gene negative.
 - With WHO support, the three samples were shipped to a WHO reference laboratory in Hong Kong for sequencing purpose. The findings confirmed to be the variant of concern 202012/01 (i.e. VOC reported by UK in Dec 2020) with key features detected which includes HV 69-70 deletion, Y 144 deletion, N501Y, and P681H. This variant is the same as that detected in the UK, also known as Lineage B.1.1.7 or 20B/501Y.V1.
- WHO Nepal is also providing technical assistance to NPHL for the participation during the 'Regional Meeting on Implementation of WHO guidance on maintaining Influenza Surveillance and Monitoring SARS-CoV-2 through national sentinel surveillance system during COVID-19, on 13-14 January 2021'. The directors from NPHL and EDCC together participated

in these two days program along with WHO IMS laboratory capacity team members (Picture Below). Support has also been provided to draft a guideline for strengthening the National Influenza Surveillance Network (NISN) by the Country Office Nepal.



Virtual Regional Meeting on Implementation of WHO guidance on maintaining Influenza Surveillance and Monitoring SARS-CoV-2 through national sentinel surveillance system during COVID-19, on 13-14 January 2021. Picture Credit: WHO Nepal

Technical Expertise and Training

- A Virtual meeting of stakeholders for Health Care Waste Management (HCWM) was held on 18 January 2021 to discuss "current activities being done and future plans related to WASH & HCWM (Health Care Waste Management)". Department of Health Science (DoHS) further committed to follow-up and implement activities as per the 12-point commitment made by Ministry of Health & Population (MoHP) during the National Workshop.

Points of Entry

- WHO Nepal received an authorization letter to setup health desks at the Integrated Check Post (ICP) at Rani Border in Biratnagar, Province 1. WHO Nepal is currently reviewing the quotation from the supplier and planning to setup the PoE very soon (Date yet to be finalized).

Risk Communication and Community Engagement

- The following documents were translated from 13-19 January 2021:

SN	TRANSLATION DOCUMENT	Type
1	Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health (8 January 2021) and SARS-CoV-2 genomic sequencing for public health goals Interim guidance (8 January 2021)	Summary
2	Infection prevention and control guidance for long term care facilities in the context of COVID-19	Summary
3	Evidence Brief_January 15	Evidence Brief
4	Analyzing and using routine data to monitor the effects of COVID-19 on essential health services: Practical guide for national and subnational decision-makers.	Summary

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

Episodes	Titles	Language	Links
20	COVID-19- Variants & Vaccines नयाँ स्वरूप तथा खोपहरू	Nepali	Link
20	COVID-19 - Variants & Vaccines कोभिड-१९ – प्रकारसभ आ खोपसभ	Maithili	Link

Field Operation and Logistics

- WHO Representative from WHO Country Office for Nepal has handed over Video Conference Equipment to the directors of following divisions within Department of Health Services to better facilitate virtual meetings with stakeholders (pictures below):
 - Curative Service Division (CSD),
 - NPHL and
 - EDCD.



Handover of Video Conference Equipment by WHO Representative to Director, NPHL (Left) and to Director General, Department of Health Services (Right). Picture Credit: WHO Nepal/D. Sherchan

- Similarly, critical care training equipment (mannequin, training materials etc.) were also formally handed over to the director of National Training Centre (NHTC) for critical care trainings.

What are the health cluster partners doing?

- Weekly Health Cluster Coordination meeting (every Thursday) for the 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 the continuation of COVID and non-COVID response throughout the country to ensure continuity of services.
- Health partners are providing continued support to National Laboratories, Coordination Planning and Monitoring, Operational Support and Logistics, Risk Communication and Community Engagement (RCCE); Ambulance services; Volunteer mobilization during COVID-19 Response

- There has also been support in distribution of health supplies by health partners to health care facilities including:
 - Medical items including surgical masks, surgical gloves, protective eyeglasses, disinfectant spray machine/solution, N95 masks, complete PPE sets, hand sanitizers, Infra-Red thermal gun type thermometer;
 - Hygiene kits including bathing and detergent soaps, towel, soap case, nail cutter, sanitizer, tooth brush, paste, sanitary pads, panties, comb etc.;
 - Non-Food Items including tarpaulins, blankets, mosquito nets, mattresses, bed sheets, tents, buckets; mugs, soaps;
 - Ready to eat meal packs with basic hygiene materials like soap and face mask.
- Following activities were also supported by health partners:
 - Orientation on Infection Prevention and Control (IPC) guidelines to ambulance drivers;
 - Orientation on Protection Gender and Inclusion during COVID-19 Response to staff/volunteer;
 - Virtual orientation on cyberbullying; Psychosocial support/Psychological First Aid to community members;
 - Temporary shelter support to street children and labourers;
 - Installation of handwashing stations and water supply systems
 - Information, Education and Communication (IEC) materials produced and distributed (pamphlets, flex, stickers, flyers, brochures, banners, etc.);
 - Response provided by Nepal Red Cross Society (NRCS) hotline (1130) number where calls are made by the general public to enquire about COVID-19;
 - COVID-19 specific episodes of radio programs;
 - Hygiene promotion activities (hand washing demonstration and practical sessions).

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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