

Situation Update #44- Coronavirus Disease 2019 (COVID-19)

WHO Country Office for Nepal

Reporting Date: 9 - 15 February 2021

HIGHLIGHTS*

- Of the total COVID-19 positive cases, 98.7% of cases have recovered; 0.58% (1581) of cases are active; and 39.28% of active cases (621) 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 (39.9%).
- There are six districts with no active cases and one district with more than 200 active cases. Kathmandu district alone has more than 500 active cases as of 25 January 2021. New cases have been reported from 20 districts.
- Out of the total active cases, 960 (60.72%) patients were admitted to hospital/institutional isolation centers of which 59 (3.7%) patients are in intensive care (ICU) with 17 patients using ventilator support.

**Data as of COVID-19 Update, MoHP, 15 February 2021*

SITUATION OVERVIEW

NEPAL

(Data as of 16 February 2021, 07:00:00 hours)

272,840 confirmed cases

2,055 deaths

2,120,591 RT-PCR tests

SOUTH-EAST ASIA REGION

(Data as of 14 February 2021, 10am CET)

13,188,211 confirmed cases

202,607 deaths

GLOBAL

(Data as of 14 February 2021, 10am CET)

108,246,992 confirmed cases

2,386,717 deaths

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 16 February 2021, 07:00:00 hours (week no. 7), a total 272,840 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 21,20,591 RT-PCR tests have been performed nationwide by 83 designated COVID-19 labs functional across the nation of which 48 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 6) ranged from 0% (Karnali Province) to 13.5% (Gandaki Province), with national positivity rate averaging 4.3%.
- Overall, the sex-distribution remains skewed towards males, who constitute 65% (177,221/272,840) of confirmed cases. Amongst the males, 82% (144,522/177,221) are in the economically productive age group (15-54 years).
- A total of 35 samples were received for influenza testing at National Influenza Center, National Public Health Laboratory (NPHL) on EPID-week 6 (8-14 February 2021) of which none of the samples tested positive for influenza. From 4 January until 14 February 2021, a total of 328 samples have been tested for influenza and SARS-CoV-2. Three samples have tested positive for SARS-CoV-2 (all these positive cases are included in the COVID-19 database).

Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 14 February 2021 from #Global Weekly Epidemiological Update 27) and cumulative incidence rate (per 100,000)

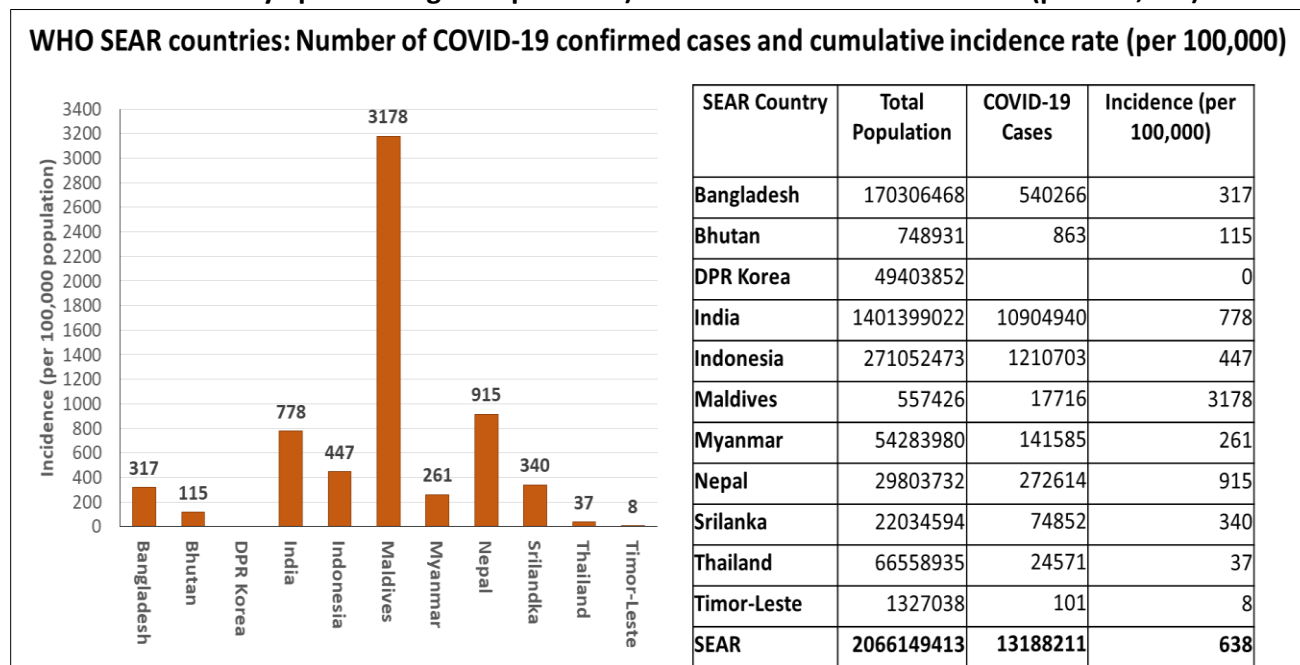
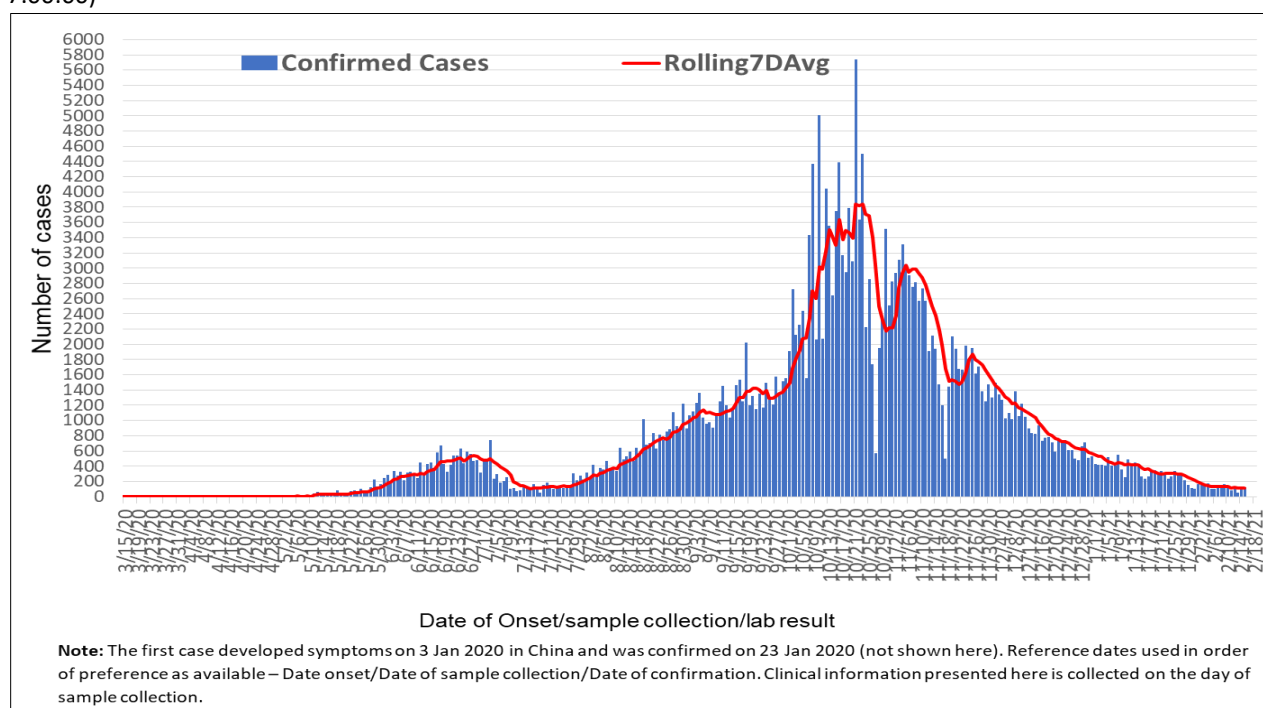
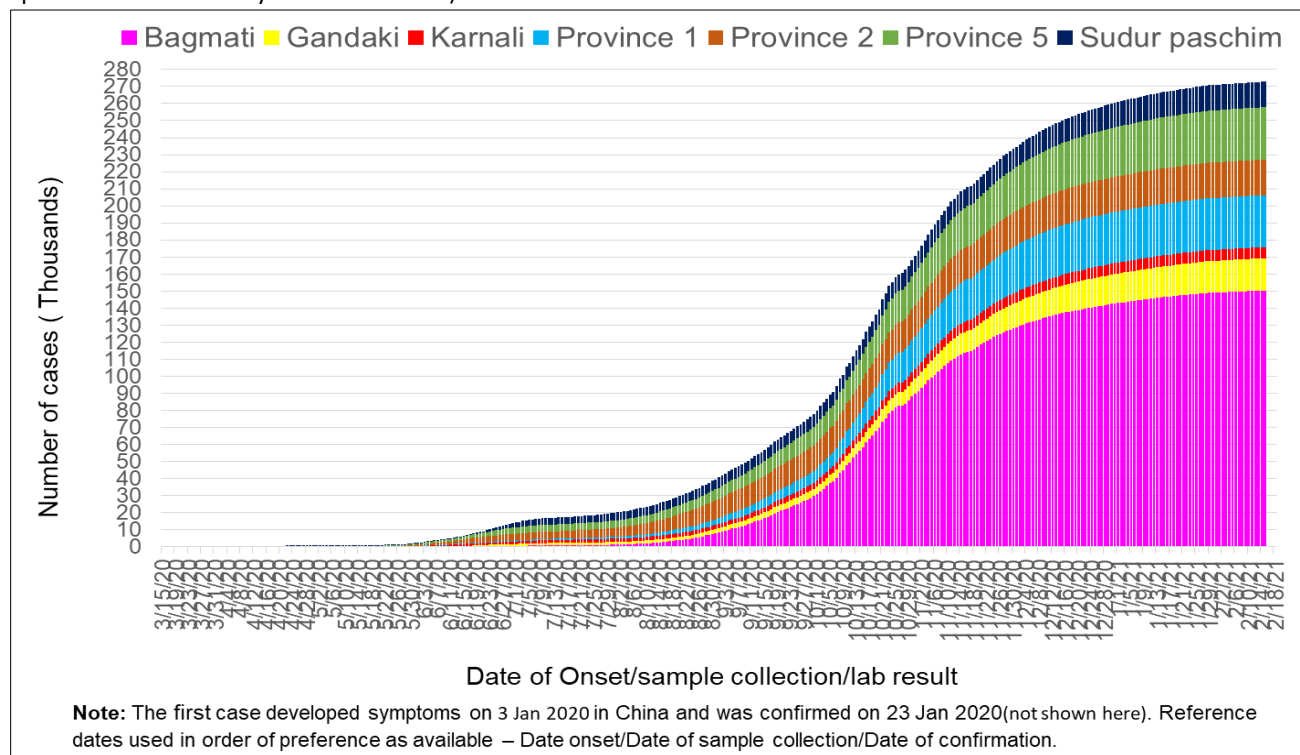


Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 272840) (Data updated on 16 February 2021 TO 7:00:00)



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 15 February 2021 was 3,541 which is about one fifth of the number tested during the peak at the end of October 2020.

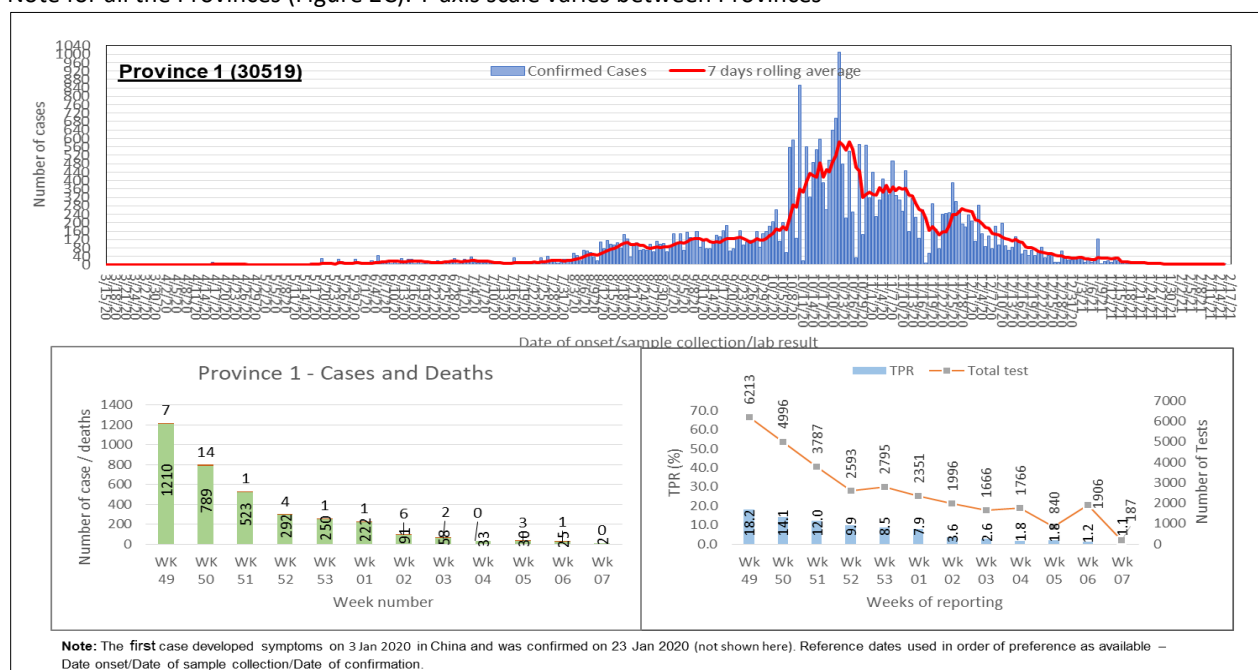
Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 272840) (Data updated on 16 February 2021 T0 7:00:00)



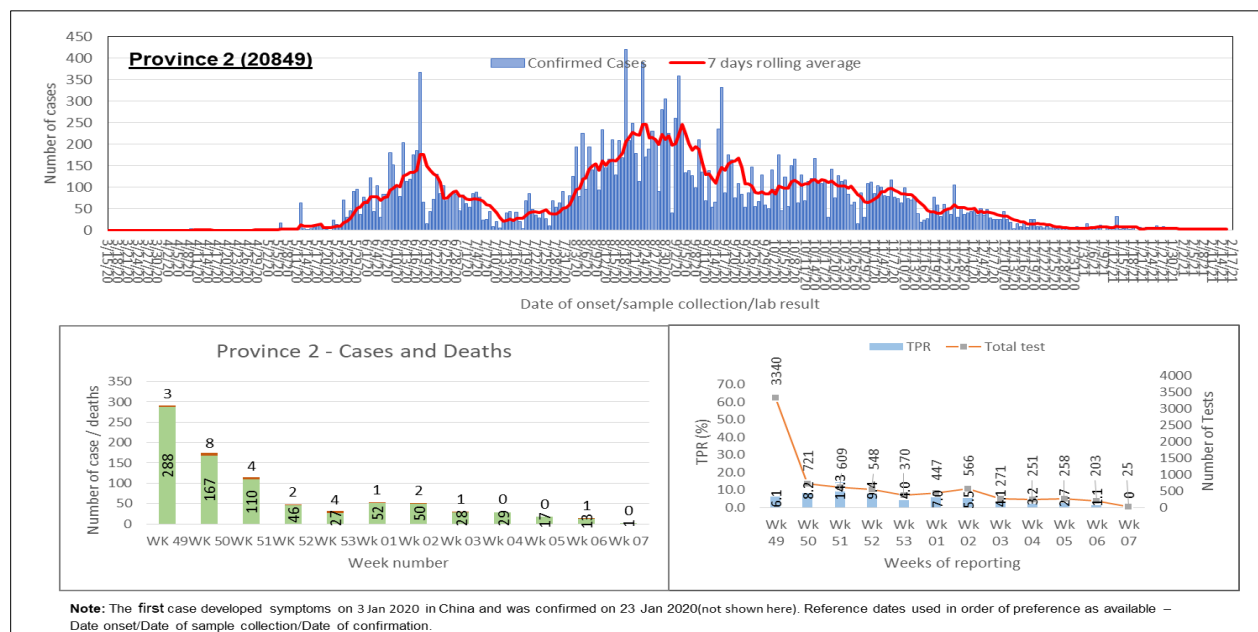
The cumulative case incidence has been increasing in Nepal since the first case confirmed on 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 272840) (Data updated on 16 February 2021 T0 7:00:00)

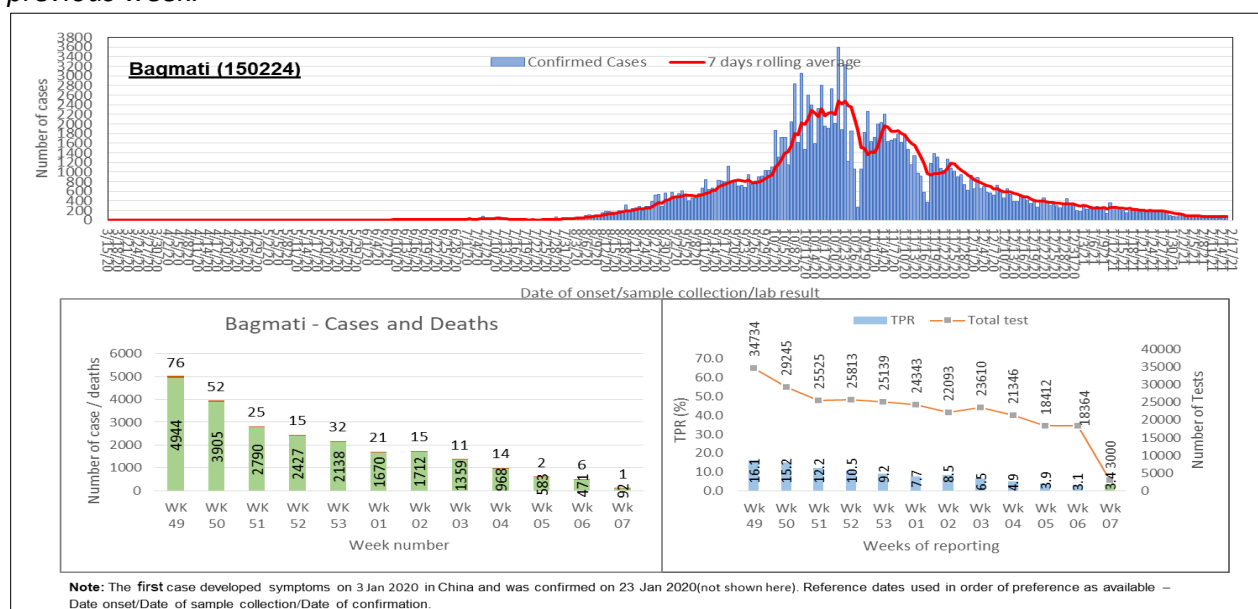
Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces



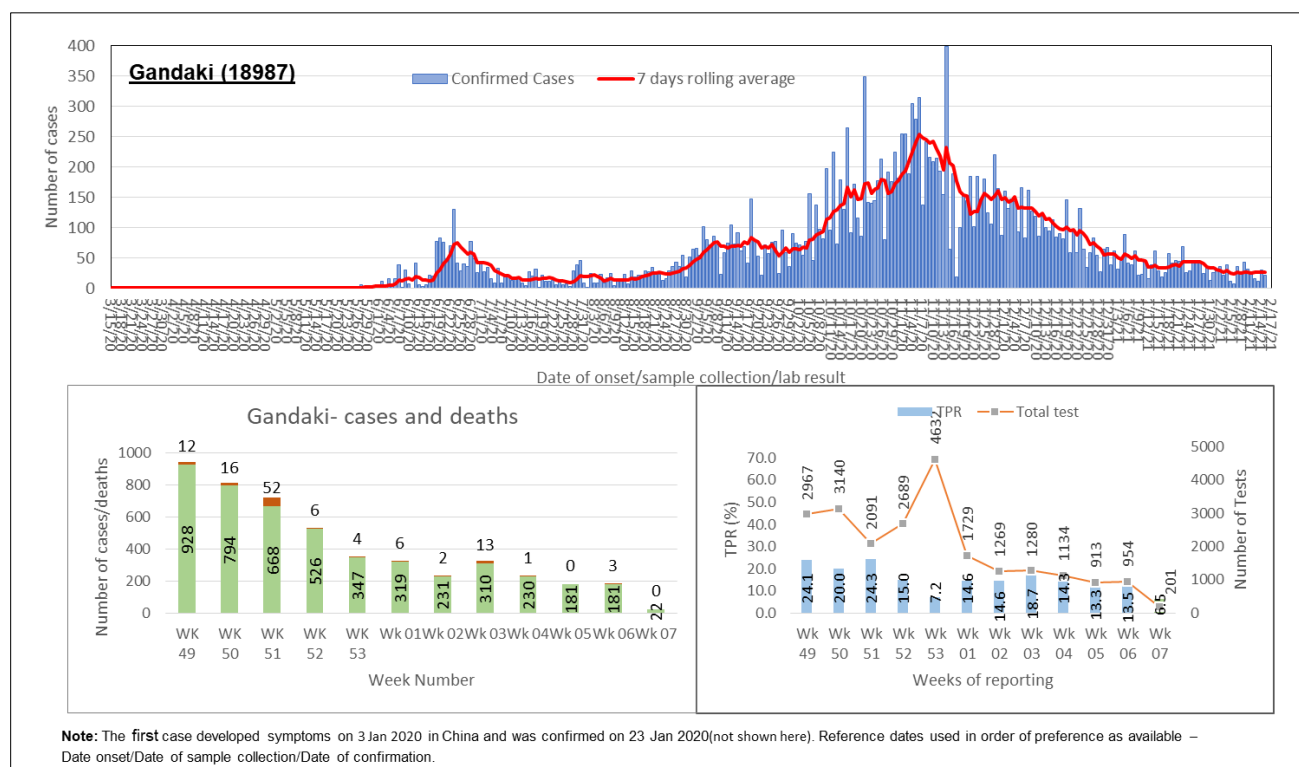
There were 25 new cases reported in the past week in Province 1. Since a peak in October, weekly new cases have continued to decrease and have fallen by 17% in the past week compared to the previous week. There was 1 death reported in the past week which is 67% less compared to that in the previous week. The test positivity rate in Province 1 decreased to a low of 1.2% in the past week continuing a decreasing trend. A total of 1906 tests were performed in the past week, 127% increase from that of the previous week.



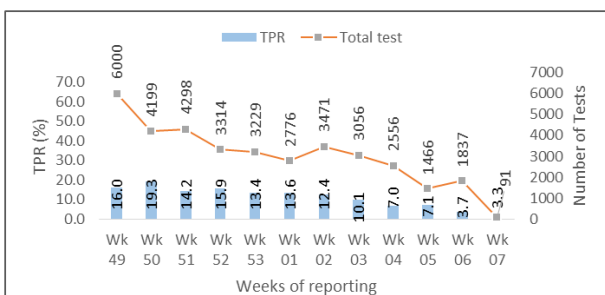
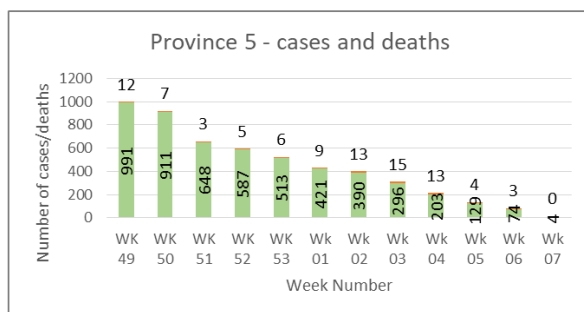
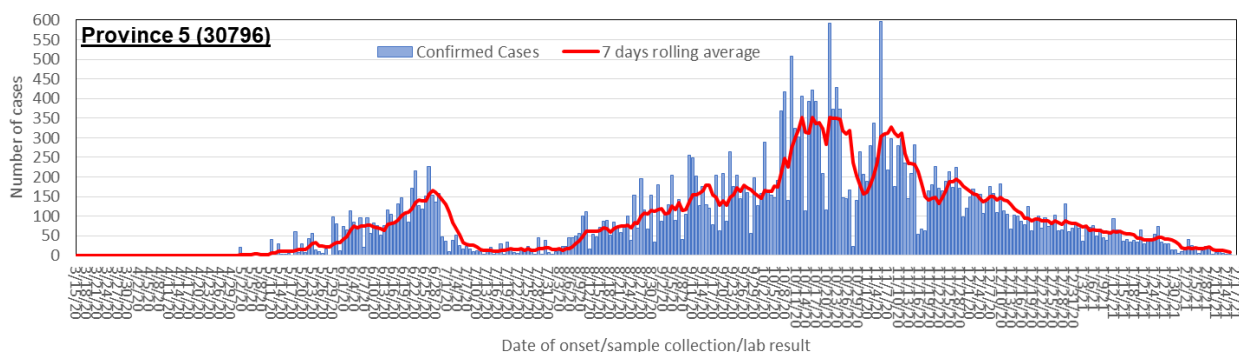
There were 13 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing and fell by 24% in the past week compared to the previous week. There was 1 death reported in the past week, an increase compared to no deaths in the previous week. The test positivity rate in Province 2 continued a decreasing trend to a low of 1.1% in the past week. A total of 203 tests were performed in the past week, a 21% decrease from that of the previous week.



In Bagmati, 471 new cases were reported in the past week. Weekly new cases are steadily decreasing and fell by 19% in the past week compared to the previous week. There were 6 deaths reported in the past week, three times more compared to that in the previous week. The test positivity rate in Bagmati continued a decreasing trend to a low of 3.1% in the past week. A total of 18,364 tests were performed in the past week, a less than 1% drop from that of the previous week.

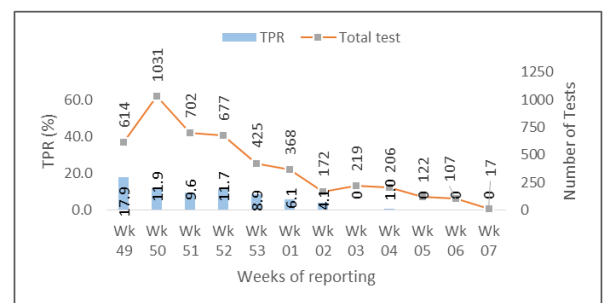
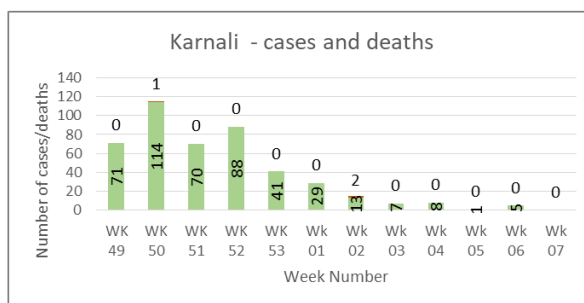
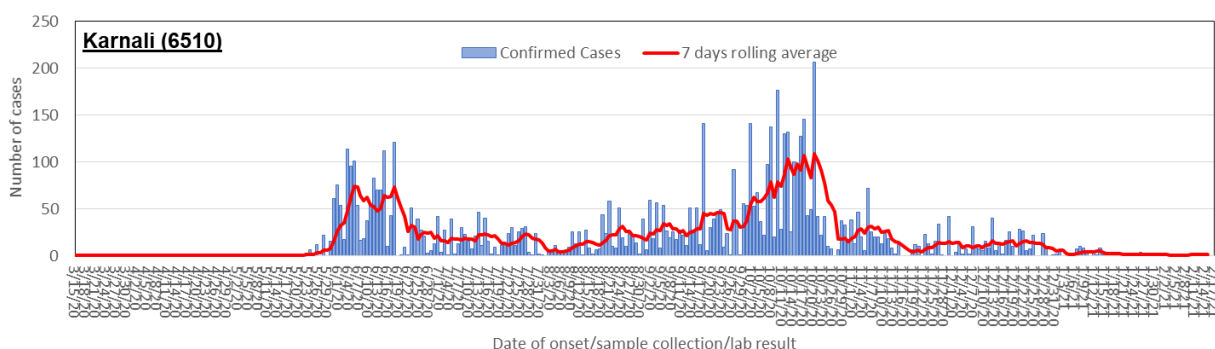


In Gandaki, 181 new cases were reported in the past week. Weekly new cases have fallen considerably since a peak in week 45 but remained stable in the past week compared to the previous week. There were 3 deaths reported in the past week, an increase compared to no deaths in the previous week. The test positivity rate in Gandaki remained relatively stable at 13.5% in the past week. A total of 954 tests were performed in the past week, 5% increase from that of the previous week.



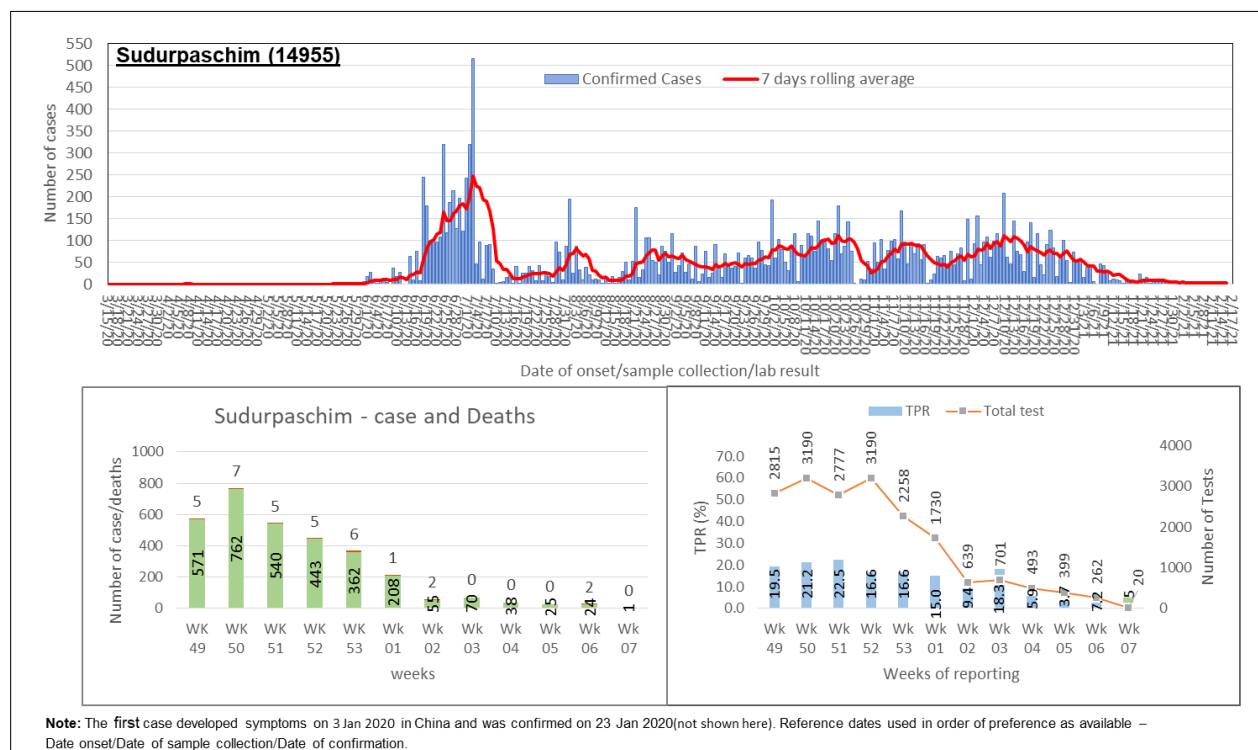
Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020(not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation.

Lumbini reported 74 new cases and 3 deaths in the past week. The number of new cases being reported has fallen significantly since a peak in Week 45 and fell by 43% in the past week compared to the previous week while deaths decreased by 25% than that in the previous week. The test positivity rate in Lumbini decreased to a low of 3.7% in the past week continuing a decreasing trend. A total of 1837 tests were performed in the past week, a 25% increase from that of the previous week.



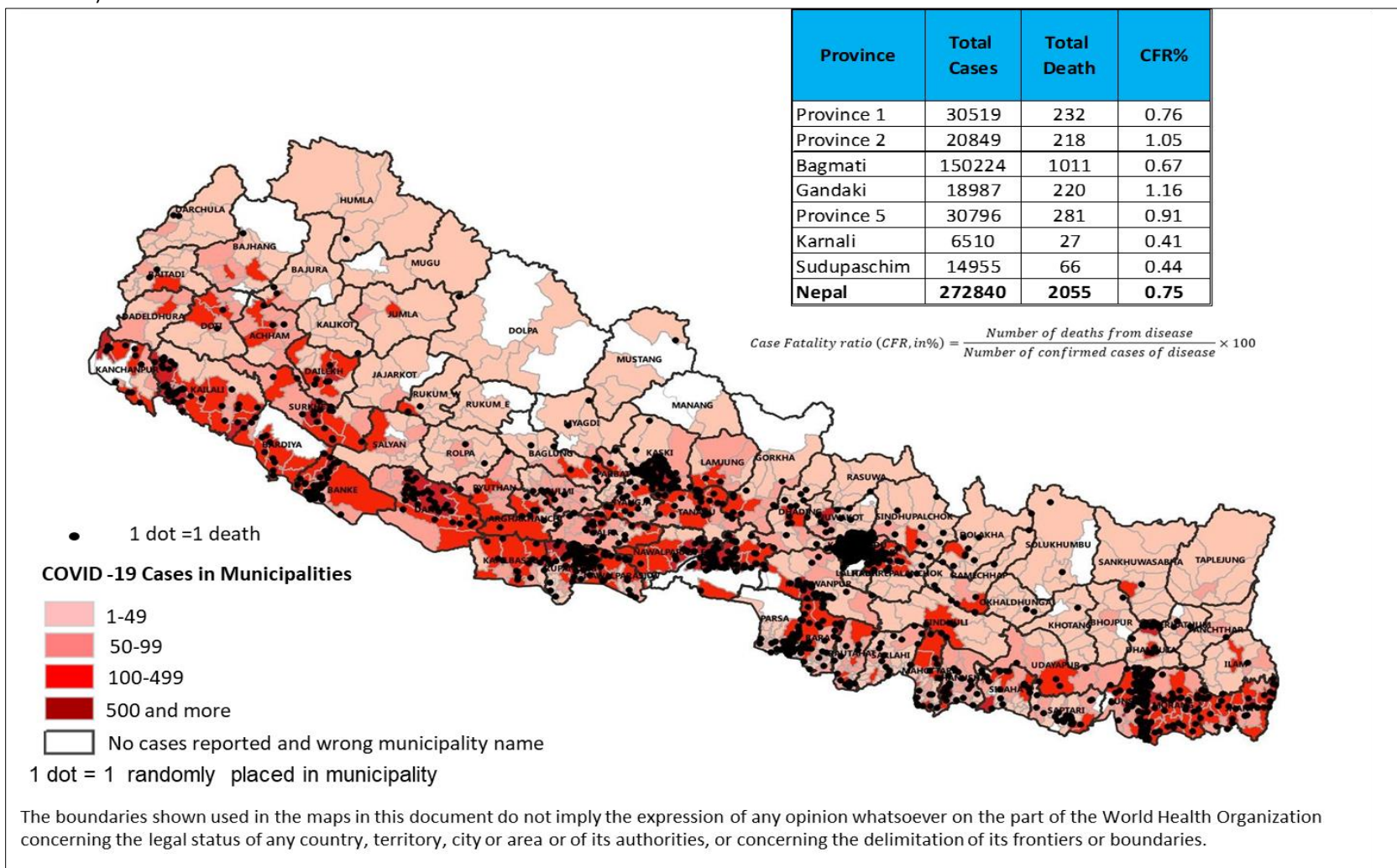
Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020(not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation.

In Karnali, 5 new cases were reported in the past week. Since cases peaked in week 42, a weekly decrease in new cases have continued but increased by five times in the past week compared to the previous week. There were no deaths reported in the past week, consistent with that of the previous week. The test positivity rate in Karnali remained stable at 0% in the past week. A total of 107 tests were performed in the past week, a 12% decrease from that of the previous week.



In Sudurpashchim, 24 new cases were reported in the past week. 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, an increase compared to no deaths in the previous week. The test positivity rate in Sudurpashchim increased considerably to 7.2% in the past week. A total of 262 tests were performed in the past week, a 34% decrease from that of the previous week.

Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 272840) (Data updated on 16 February 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 0.75%, however the CFR is relatively high in Province 2 with 1.05% and Gandaki Province with 1.16%.

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

(N = 272840) (Data updated on 16 February 2021 TO 7:00:00)

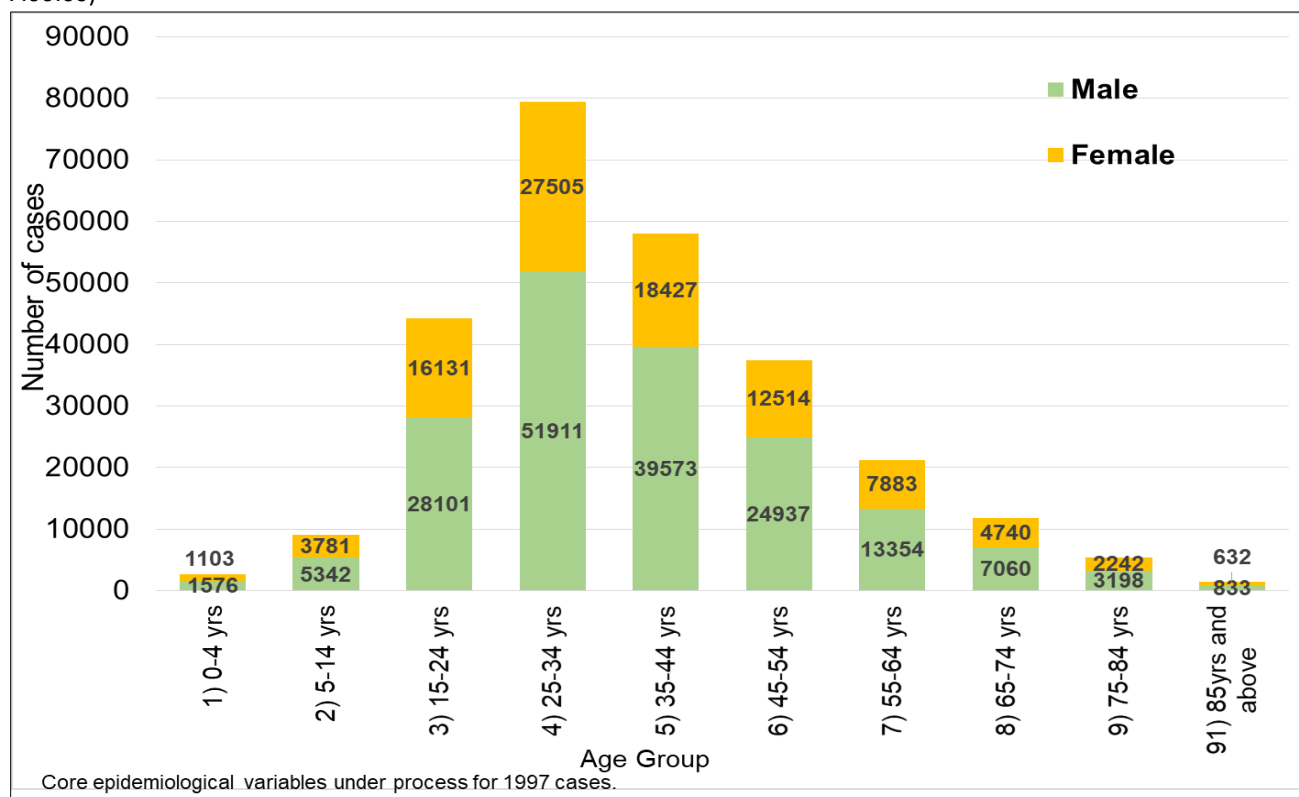
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	30519	11.2	232	Cluster of cases	52	4
Province 2	20849	7.6	218	Cluster of cases	29	1
Bagmati	150224	55.1	1011	Cluster of cases	1033	9
Gandaki	18987	7.0	220	Cluster of cases	354	3
Province 5	30796	11.3	281	Cluster of cases	198	7
Karnali	6510	2.4	27	Cluster of cases	6	0
Sudurpashchim	14955	5.5	66	Cluster of cases	50	2
National Total	272840	100	2055	Cluster of cases	1722	26

- 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 = 270843) (Data updated on 16 February 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 = 272840) (Data updated on 16 February 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	2679	2	4	2	0.22
5-14 yrs	9123	3	2	5	0.05
15-24 yrs	44232	22	25	32	0.11
25-34 yrs	79416	60	34	46	0.12
35-44 yrs	58000	114	57	90	0.29
45-54 yrs	37451	200	70	162	0.72
55-64 yrs	21237	288	104	263	1.85
65-74 yrs	11800	376	152	380	4.47
75-84 yrs	5440	262	127	275	7.15
85+ yrs	1465	109	40	104	10.17
Unknown	1997	3	1	3	0.2
National	272840	1439	616	1362	0.75

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 2,055 deaths have been reported. Out of the total deaths, 1,439 (70.0%) were males and 616 (30.0%) were females. Amongst the deaths, 1,362 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 4.5% to 10.2%.

PREPAREDNESS AND RESPONSE

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

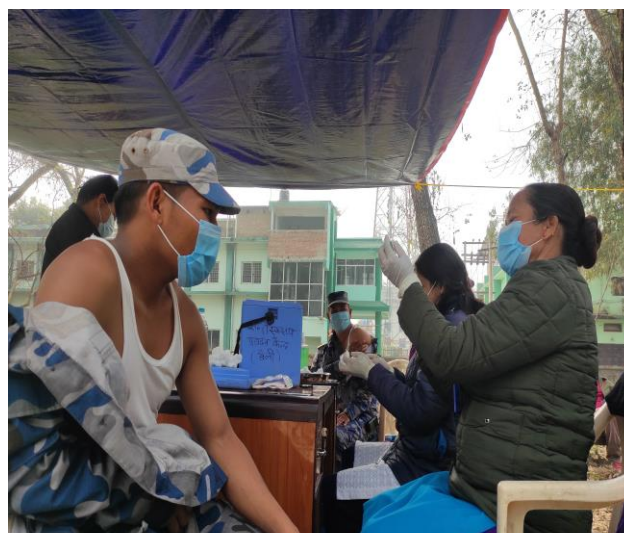
- As first phase COVID-19 vaccination is ongoing, a total of 3,480 diplomats, journalists and UN staff were vaccinated from 8 - 12 February 2021. Following this event, the first phase- second priority of the vaccination campaign started on 14 February 2021 across the country and will continue until 20 February 2021. During this campaign, as of 15 February 2021 (Day 3), a total of 74,141 beneficiaries were vaccinated from 216 vaccination sites. The following beneficiaries were prioritized during this campaign:
 - Staff working in all government offices,
 - Public organizations and bank employees,
 - Journalists,
 - Locally elected parliament officials,
 - Security focal persons at Points of entry,
 - All health care workers who were previously not vaccinated during first phase rollout,
 - Female community health volunteers (FCHVs),
 - Ambulance drivers and dead body transport drivers and
 - Security officers supporting dead body management.
- The following decisions were made by MoHP during the MoHP Incident Command System (ICS) meeting held on 10 February 2021:
 - Initial charge of NPR 2,000 has been reduced to NPR 1,000 (which determines the cost ceiling for the maximum charge) for PCR testing from all Government designated COVID-19 laboratories for diagnosis of COVID-19. The cost is incurred for those who wish to confirm the COVID-19 positivity status for their personal benefit (foreign travel requisition, insurance claim, physical school exam attendance etc) irrespective of sickness. However, no changes have been made for referred case from COVID-19 designated hospitals for confirming the diagnosis of the disease when made by the medical physician and if labelled as a close contact during contact tracing which is still free of cost.
 - Management and treatment of COVID-19 cases to be undertaken by the government COVID-19 designated hospitals (Earlier Private Medical colleges were also designated as COVID-19 hospitals).

What is the WHO Country Office for Nepal doing?

- In collaboration with the government of Nepal and other partners, WHO Country Office for Nepal is supporting ongoing first phase- second priority of the vaccination campaign which started on 14 February 2021 across the country (Pictures below).



COVID-19 Vaccination campaign at Old age home care facility at Birtashwar, Morang district, Province 1. Picture Credit – WHO Nepal/ N. Shrestha



Left: Health worker from Kailali district being vaccinated at Seti Provincial Hospital, Sudurpashchim Province. Picture Credit- WHO Nepal/ S. Bogati. Right: APF border security personnel receiving COVID-19 vaccine at District Health Office of Kailali district, Sudurpashchim Province. Picture Credit – WHO Nepal/ S. Thapa

Laboratory Capacity

- WHO Nepal has been providing support to 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 4 designated COVID-19 labs participated in the NQAP this week. All the participating laboratories demonstrated satisfactory results $\geq 90\%$ concordance.
- Technical support was provided by WHO Nepal to NPHL for the following activities:

- Validation of CWB10 RNA/DNA Extraction Kit which showed 94% sensitivity and 100% specificity
- Validation of TEBSUN (Dry bath incubator with heated lid)-LAMP. The validation results are awaited.
- WHO consultant provided technical support to NPHL team in addressing the issues related to quality performance of SARS CoV-2 by two automated machines (Nanijing & Perkin) and results analysis. There has been frequent reviewing of the SARS-COV-2 real-time PCR results and auditing of the results interpretation as a part of continuous laboratory quality improvement activities.
- National Influenza Center (NPHL) has received the influenza real time PCR primers and probes on 9 February 2021 from SEARO to support the Influenza surveillance program.

Risk Communication and Community Engagement

- The following documents were translated this week (9-15 February 2021):

SN	TRANSLATION DOCUMENT	Type
1	Interim position paper: considerations regarding proof of COVID-19 vaccination for international travellers_5 February 2021	Summary
2	COVID-19: Occupational health and safety for health workers	Summary
3	WHO public health research agenda for managing infodemics	Summary
4	10 steps to community readiness: What countries should do to prepare communities for a COVID-19 vaccine, treatment or new test	Summary
5	Definition and categorization of the timing of mother-to-child transmission of SARS-CoV-2	Summary
6	Evidence Brief_February 12	Evidence Brief
7	Translation: Interim recommendations for use of the AZD1222 (ChAdOx1-S [recombinant] vaccine against COVID-19 developed by Oxford University and AstraZeneca	Summary
8	Community needs, perceptions and demand: community assessment tool	Summary

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

Episodes	Titles	Language	Links
24	Vaccine myths vs science खोपसम्बन्धी मिथ्या कुरा र विज्ञान	Maithili	Link

- There are 6 PSAs on COVID-19 vaccine and vaccination originally in Nepali language (WHO Nepal branding only) which are also available in dubbed versions of Maithili, Awadhi, and Bhojpuri languages. Dissemination and sharing has been conducted through WHO Nepal channels ([WHO Nepal Facebook page](#), [WHO Nepal YouTube channel](#), [WHO Nepal website](#))
- Total of 20 pre-vaccination message PSAs were developed in Nepali language (MoHP branding along with the vaccination campaign logo and slogan) which is also available in dubbed version of Maithili, Awadhi, Newari and Bhojpuri languages. These PSAs were disseminated through MoHP channels – Viber group, Facebook, Radio Nepal. Some videos were also disseminated by NTV (Nepal Television) a day before the national vaccination

launch). WHO Nepal has reshared these videos on the WHO Nepal Facebook page and also shared these videos via the WHO Nepal YouTube.

- Short videos of frontline health workers' experiences after vaccinations were developed at vaccination sites. Total of 14 videos originally 12 videos in Nepali, 1 in Maithili and 1 in Newari languages have also been developed with 2 sets of branding for these videos (1 set in MoHP branding and 2 sets in dual branding). Similarly, these videos are in the process of being dubbed into Maithili, Newari, Bhojpuri and Awadhi languages.

Field Operation and Logistics

- Ongoing installation and preparation for the handover of telemedicine services has been initiated this week at the following tertiary care hospitals across the country:
 - B.P. Koirala Institute of Health Sciences, Sunsari district, Province 1
 - Narayani Hospital, Parsa district, Province 2
 - Tribhuvan University Teaching Hospital (TUTH), Maharajgunj, Bagmati Province
 - Patan Academy of Health Sciences, Lalitpur district, Bagmati Province
 - Pokhara Academy of Health Sciences, Kaski district, Gandaki Province
 - Karnali Academy of Health Sciences, Jumla district, Karnali Province
 - Bheri Hospital, Banke district, Lumbini Province
 - Seti Provincial Hospital, Kailali district, Sudurpashchim Province

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 fortnightly every other Tuesday.
- Health cluster partners are continuing their support to Epidemiology and Diseases Control Division (EDCD), National Public Health Laboratory (NPHL), National Health Training Centre (NHTC), National Health Education Information Communication Centre (NHEICC), Family Welfare Division (FWD) and Management Division (MD) at the Department of Health Services for COVID and NON-COVID responses including COVID-19 vaccination campaign.
- WHO Nepal and UNICEF Nepal are providing support for COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs) at various vaccination sites for continuation of first phase- second priority beneficiaries.

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

WHO Representative

Dr. Rajesh Sambhajirao Pandav
WHO Representative to the
Government of Nepal
Email: pandavr@who.int

Health Cluster Co-lead

Saira Khan
Pillar Lead – Partner Coordination
WHO Country Office for Nepal
COVID-19 Response IMS
Email: khansai@who.int

WHO Incident Manager

Dr Reuben Samuel
Team Leader - WHO Health
Emergencies Program (WHE)
WHO Country Office for Nepal
Email: samuelfr@who.int

Communication/Media Focal Point

Mr Sujan G. Amatya
Communications Officer
WHO Country Office for Nepal
Email: samatya@who.int