HIGHLIGHTS*

- Of the total COVID-19 positive cases, 98.6% of cases have recovered and 0.35% (965) of cases are active.
- Of the total COVID-19 deaths, the most common co-morbidity identified in fatal cases was hypertension (39.9%).
- New cases have been reported from 26 districts.
- 429,875 people have received the 1st dose of COVID-19 Vaccine; No severe Adverse Effects Following Immunization (AEFI) cases have been reported so far.
- Second phase of COVID-19 vaccination campaign to begin from 7 March 2021, Sunday

*Data as of COVID-19 Update, MoHP, 1 March 2021

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 2 March 2021, 07:00:00 hours (Week no. 9), a total 274,216 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 2,165,985 RT-PCR tests have been performed nationwide from the designated COVID-19 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 8) ranged from 0% (Karnali Province) to 21.1% (Sudurpashchim Province), with national positivity rate averaging 6.4%.
- Overall, the sex-distribution remains skewed towards males, who constitute 65% (178,063/274,216) of the confirmed cases. Amongst the males, 82% (145,133/178,063) are in the economically productive age group (15-54 years).
- A total of 9 samples were received for influenza surveillance by National Influenza Center (NIC), NPHEL on EPID-week 8 (22 - 28 February 2021) of which one sample tested positive for influenza. From 4 January to 28 February 2021, a total of 345 samples have been tested for influenza and SARS-CoV-2. Four samples have tested positive for SARS-CoV-2 (all positive cases are included in the COVID-19 database).
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 1 March 2021 was 3049 which is about one fifth of the number tested during the peak in the end of October 2020.
The cumulative case incidence has been increasing in Nepal since the first case which was confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.
There were 14 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 18% in the past week compared to the previous week. There were no deaths reported in the past week, consistent with the previous week. The test positivity rate in Province 1 remained stable at a 1.0% in the past week continuing a decreasing trend. A total of 1575 tests were performed in the past week, a 0.3% increase from that of the previous week.

There were 16 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing but increased by 78% in the past week compared to the previous week. There were no deaths reported in the past week, consistent with the previous week. The test positivity rate in Province 2 increased to 2.2% in the past week. A total of 283 tests were performed in the past week, a 78% increase from that of the previous week.
In Bagmati, 396 new cases were reported in the past week. Weekly new cases are steadily decreasing and fell by 14% in the past week compared to the previous week. There were 7 deaths reported in the past week, 75% more compared to that in the previous week. The test positivity rate in Bagmati decreased to 2.5% in the past week. A total of 18814 tests were performed in the past week, a 4% increase from that of the previous week.

In Gandaki, 148 new cases were reported in the past week. Weekly new cases have fallen considerably since a peak in Week 45 and fell by less than 1% in the past week compared to the previous week. There was 1 death reported in the past week, 67% less compared to that in the
The test positivity rate in Gandaki decreased to 12.2% in the past week. A total of 811 tests were performed in the past week, a 17% decrease from that of the previous week.

Lumbini reported 99 new cases in the past week. The number of new cases being reported has fallen significantly since a peak in Week 45 but increased by 71% in the past week compared to the previous week. There were 3 deaths reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Lumbini increased to 5.9% in the past week which continues a deceasing trend. A total of 1526 tests were performed in the past week, an 11% increase from that of the previous week.
In Karnali, 5 new cases were reported in the past week. Since cases peaked in the week 42, weekly decrease in new cases have continued and fell by 50% in the past week compared to the previous week. There was 1 death reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Karnali decreased to 0% in the past week. A total of 52 tests were performed in the past week, a 59% decrease from that of the previous week.

In Sudurpashchim, 34 new cases were reported in the past week. Weekly new cases are continuously decreasing but increased by more than two-fold in the past week compared to the previous week. There was 1 death reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Sudurpashchim increased to 21.2% in the past week. A total of 241 tests were performed in the past week, 12% decrease from that of the previous week.
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 0.76%. However, the CFR is relatively high in Province 2 with 1.04% and Gandaki Province with 1.18%.
Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.

(Data updated on 02 March 2021 T0 7:00:00)

<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases</th>
<th>% of the total confirmed cumulative cases</th>
<th>Total cumulative deaths</th>
<th>Transmission classification*</th>
<th>Total confirmed cases in last 14 days</th>
<th>Total deaths in last 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>30549</td>
<td>11.1</td>
<td>232</td>
<td>Cluster of cases</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Province 2</td>
<td>20874</td>
<td>7.6</td>
<td>218</td>
<td>Cluster of cases</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Bagmati</td>
<td>151025</td>
<td>55.1</td>
<td>1021</td>
<td>Cluster of cases</td>
<td>801</td>
<td>10</td>
</tr>
<tr>
<td>Gandaki</td>
<td>19283</td>
<td>7.0</td>
<td>227</td>
<td>Cluster of cases</td>
<td>296</td>
<td>4</td>
</tr>
<tr>
<td>Province 5</td>
<td>30951</td>
<td>11.3</td>
<td>284</td>
<td>Cluster of cases</td>
<td>165</td>
<td>3</td>
</tr>
<tr>
<td>Karnali</td>
<td>6525</td>
<td>2.4</td>
<td>28</td>
<td>Cluster of cases</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>14999</td>
<td>5.5</td>
<td>67</td>
<td>Cluster of cases</td>
<td>44</td>
<td>1</td>
</tr>
<tr>
<td>National Total</td>
<td>274218</td>
<td>100</td>
<td>2077</td>
<td>Cluster of cases</td>
<td>1376</td>
<td>19</td>
</tr>
</tbody>
</table>

# - 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

<table>
<thead>
<tr>
<th>Category name</th>
<th>Definition: Countries/territories/areas with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No (active) cases</td>
<td>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.</td>
</tr>
<tr>
<td>Imported / Sporadic cases</td>
<td>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.</td>
</tr>
<tr>
<td>Clusters of cases</td>
<td>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.</td>
</tr>
<tr>
<td>Community transmission – level 1 (CT1)</td>
<td>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.</td>
</tr>
<tr>
<td>Community transmission – level 2 (CT2)</td>
<td>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.</td>
</tr>
<tr>
<td>Community transmission – level 3 (CT3)</td>
<td>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.</td>
</tr>
<tr>
<td>Community transmission – level 4 (CT4)</td>
<td>Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.</td>
</tr>
</tbody>
</table>
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 = 274216)(Data updated on 02 March 2021 T0 7:00:00)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total confirmed cases</th>
<th>Death (male)</th>
<th>Death (female)</th>
<th>Deaths with any known comorbid condition</th>
<th>Age specific case fatality ratio (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 yrs</td>
<td>2683</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>0.34</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>9161</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>0.05</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>44389</td>
<td>22</td>
<td>26</td>
<td>33</td>
<td>0.11</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>79737</td>
<td>60</td>
<td>34</td>
<td>46</td>
<td>0.12</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>58297</td>
<td>115</td>
<td>57</td>
<td>91</td>
<td>0.3</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>37671</td>
<td>202</td>
<td>70</td>
<td>162</td>
<td>0.72</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>21407</td>
<td>290</td>
<td>105</td>
<td>266</td>
<td>1.85</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>11905</td>
<td>383</td>
<td>154</td>
<td>388</td>
<td>4.51</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>5494</td>
<td>266</td>
<td>130</td>
<td>281</td>
<td>7.21</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>1474</td>
<td>108</td>
<td>39</td>
<td>104</td>
<td>9.97</td>
</tr>
<tr>
<td>Unknown</td>
<td>1998</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>National</td>
<td>274216</td>
<td>1454</td>
<td>623</td>
<td>1380</td>
<td>0.76</td>
</tr>
</tbody>
</table>

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 2,077 deaths have been reported. Out of the total deaths, 1,454 (70.0%) were males and 623 (30.0%) were females. Amongst the deaths, 1,380 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 4.5% to 9.9%.

**PREPAREDNESS AND RESPONSE**

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

- A total of 83 labs were listed as designated COVID-19 testing labs in the country as of February 2021.
  - Among the 83 labs only 66 labs (32 government and 34 private) are now functional as COVID-19 testing laboratories. This action was taken following the decision made at the MoHP Incident Command System (ICS) meeting at MoHP held on 17 February 2021. The decision identified the need to discontinue PCR testing services from government laboratories that were not performing optimal SARS-CoV-2 PCR testing (<10 tests per day in a month).
- With technical support from WHO Immunization Preventable Disease (IPD) unit, Family Welfare Division (FWD) of Department of Health Services (DoHS) has completed micro-planning for the second phase of COVID-19 vaccination campaign and Vaccination Training of Trainers at the provincial level. However, district and municipal level micro-planning and vaccination training is ongoing. The second phase of the COVID-19 vaccination campaign will begin from 7 March 2021.
- Targeting the second phase of vaccination, with the support of UNICEF and WHO, NHEICC has developed communication materials and products which will be disseminated from 4 March 2021.
- Epidemiology and Disease Control Division (EDCD) has developed a proposal to conduct the next round of sero-surveillance across the country to provide national and provincial representative figures. The survey will be conducted soon (date yet to be decided).
- An interaction Program on COVID-19 Vaccination Program in Nepal with chief editors was organized by MoHP and supported by WHO-Nepal on 28 February 2021 (picture below):
  - Dr Shyam Raj Upreti, Coordinator of National Vaccine Advisory Committee briefed about the recent updates of countrywide vaccination roll out for first prioritized population.
  - The program was attended by about 50 participants which included Honorable Health Minster, Secretary, Spokesperson, MoHP high level officials, DG of DoHS and Chief of Child Health and Immunization Section and chief of Family Welfare Division, WHO Nepal Representative-Dr Rajesh Sambhajirao Pandav, Communication Team of WHO Nepal and UNICEF etc.
  - Feedback, questions, and queries from the media persons were responded by the Vaccine Experts, MoHP Officials and Secretary of MoHP- Mr Laxman Aryal.
  - Honorable Health Minster concluded the session with his closing remarks requesting Chief editors to play their crucial role in disseminating the evidence-based scientific messages about the COVID-19 vaccine and to debunk the rumors and misinformation.
Left: WHO Nepal staff providing technical support at the session. Back drop displays vaccination PSA by a frontline health worker. Right: WHO Nepal staff supporting MoHP Secretary- Mr Laxman Aryal before the briefing (middle). Picture Credit- WHO Nepal/ A. Maharjan

Dr Shyam Raj Upreti presenting his presentation to the Chief Editors of various media. Picture Credit- WHO Nepal/ A. Maharjan
What is the WHO Country Office for Nepal doing?

- In collaboration with the Government of Nepal and partners, WHO Country Office for Nepal is providing technical support for initiation of the second phase of the COVID-19 vaccination campaign which is scheduled to begin from 7 March 2021.

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 5 designated COVID-19 labs participated in the NQAP this week. All participating laboratories showed satisfactory results with ≥90% concordance.

- Technical support was provided by WHO Nepal to NPHL in the following activities:
  - Comparison of Wantai anti-SARS-CoV-2 total antibody ELISA, COVID Kavach anti-SARS-CoV-2 IgG antibody ELISA and RocheantiSARS-CoV-2 total antibody CLIA assays for detection of anti-SARS-CoV-2 antibodies in serum.
  - Preparation and shipping of SARS-CoV-2 real time PCR assay proficiency panel to designated COVID-19 laboratories in Nepal every 3rd month.
o Drafting a concept proposal for ‘Building National Capacity for Genetic Sequencing of Priority Pathogens in Nepal.’

- With support from WHO CO Nepal, seven throat swab samples were shipped from Karnali Province to National Influenza Center, NPHL for influenza testing. The samples were collected from individuals who were directly involved in handling the poultry in the poultry farm where H5N8 outbreak was reported. All samples were tested for influenza and were reported to be negative. As a result of ongoing dual surveillance of influenza with COVID-19, one of the samples was found to be positive for SARS-COV-2.

**Technical Expertise and Training**

- A joint review and assessment of oxygen status and critical care equipment of health facilities with ICU (Hub and Satellite hospitals) at Provincial level has started from 25 February 2021 and is ongoing. The assessment was conducted in collaboration of Health Emergency Operation Center, MoHP and WHO Nepal to support MoHP to maintain records of preparedness and response readiness of all hospitals to manage critical cases of the diseases requiring critical care management and thereby helping to minimize mortality. A total of 11 hospitals have been assessed from Province 1 and 2 hospitals from Province 2.
Risk Communication and Community Engagement

- The following documents were translated this week (23 February - 1 March 2021):

<table>
<thead>
<tr>
<th>SN</th>
<th>TRANSLATION DOCUMENT</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anti-interleukin-6 therapies for hospitalized patients with COVID-19: a protocol for a prospective meta-analysis of randomized trials</td>
<td>Summary</td>
</tr>
<tr>
<td>2</td>
<td>Maintaining a safe and adequate blood supply and collecting convalescent plasma in the context of the COVID-19 pandemic</td>
<td>Summary</td>
</tr>
<tr>
<td>3</td>
<td>COVID-19 as a driver to revolutionize education for public health</td>
<td>Summary</td>
</tr>
<tr>
<td>4</td>
<td>Evidence Brief_February 26</td>
<td>Evidence Brief</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Episodes</th>
<th>Titles</th>
<th>Language</th>
<th>Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>Vaccine dosage</td>
<td>खोपके खुराक</td>
<td>Maithili</td>
</tr>
<tr>
<td>26</td>
<td>Vaccine dosage</td>
<td>कोभिड-१९ खोपको मात्रा</td>
<td>Nepali</td>
</tr>
</tbody>
</table>

- The video (Understanding Vaccines) developed by HQ was translated and dubbed in Nepali. Nepali subtitles were also added. The video was shared via WCO Nepal Facebook page here.

Videos of frontline health workers getting vaccinated, and their positive responses following vaccination, continued to be shared via WCO Nepal social media.

Field operation and Logistics

- On February 23, 2021, WHO Nepal handed over video conferencing equipment to the MoHP to conduct virtual meetings with stakeholders at National and Sub-national level for better communication (pictures below).
Similarly, equipment for the establishment of telemedicine at the Tribhuvan University Teaching Hospital (TUTH) and Patan Academy of Health Sciences (PAHS) was officially handed over by WHO Nepal.

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.

• Health cluster partners are continuing their support to the government for the continuation of COVID and non-COVID response throughout the country. The support has been provided through Health Emergency Operation Centre (HEOC), Health Coordination Division (HCD), Policy, Planning & Monitoring Division (PP&MD), 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).

• UNICEF and WHO is providing support for COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs), which includes:
  - Micro planning including financing for the procurement of vaccination;
  - Training/orientations – to health personnel at various level, local governments;
  - Provision of Logistics support – vehicle, cold chain boxes, delivery of vaccines, transportation of beneficiaries to the vaccination site;
  - Information Technology- registration, information communication, data management, IMU app etc;
  - Risk communication and community engagement – production and dissemination of messages, public awareness campaigns etc; and
Continuation of Technical Assistance.

- Nepal has started the COVID-19 vaccination campaign at different phases, the first phase of which began on 27 Jan 2021. UNICEF and WHO is providing support for the COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs).

**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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