

Situation Update #48 - Coronavirus Disease 2019 (COVID-19)

WHO Country Office for Nepal

Reporting Date: 9 - 15 March 2021

HIGHLIGHTS*

- Of the total COVID-19 positive cases, 98.6% of cases have recovered and 0.32% (895) 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 18 districts.
- Of the total 1,555,411 people vaccinated, 438,839 in the first phase and 1,166,827 in the second phase have received 1st dose of COVID-19 Vaccine.
- Vaccine wastage rate of 2nd phase is less than 1 percent.
- 39,301 people were vaccinated on 9th day of second phase from 525 session on 15 March 2021. 1090 non serious Adverse Effect Following Immunization (AEFI) cases were reported

*Data as of COVID-19 Update, MoHP, 16 March 2021

SITUATION OVERVIEW

NEPAL

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

275,310 confirmed cases

3,014 deaths

2,218,722 RT-PCR tests

SOUTH-EAST ASIA REGION

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

13,884,388 confirmed cases

212,355 deaths

GLOBAL

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

119,218,587 confirmed cases

2,642,673 deaths

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 16 March 2021, T07:00:00 hours (Week no. 11), a total 275,310 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 2,118,722 RT-PCR tests have been performed nationwide by 83 designated COVID-19 labs functional across the nation.
- All 7 provinces in the country are now experiencing transmission via clusters of cases.
- Province-wise test positivity rate in the past week (Week 10) ranged from 0% (Karnali Province) to 10.4% (Gandaki Province), with national positivity rate averaging 2.7%.
- Overall, the sex-distribution remains skewed towards males, who constitute 65% (178,698/275,310) of the confirmed cases. Amongst the males, 81% (145,606/178,698) 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) on EPID-week 10 (8- 14 March 2021). Out of the nine samples, 8 samples were received from ward no-4 of Saipal rural municipality, Bajhang district, Sudurpashchim Province, where seasonal illness was reported from a community. WHO CO Nepal supported through shipment of these samples to NPHL. Among these eight samples, three samples tested positive for Influenza A/H3.

- From 4 January until 14 March 2021, a total of 355 samples have been tested for Influenza and SARS-CoV-2 of which four samples have been 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 March 2021; #Global Weekly Epidemiological Update 31) and cumulative incidence rate (per 100,000)

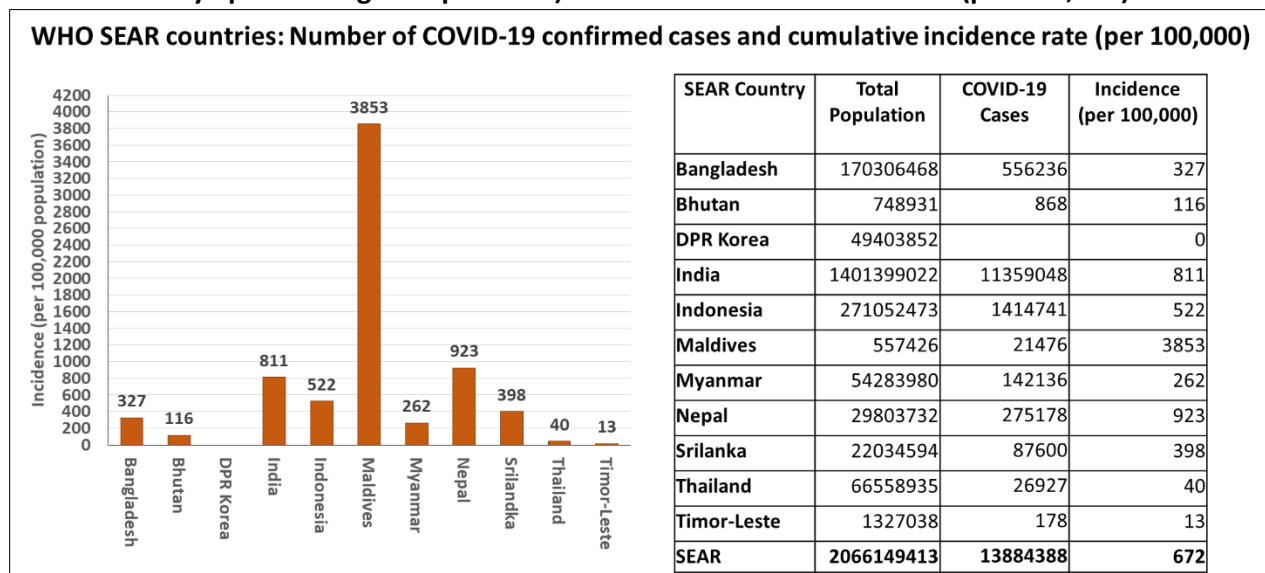
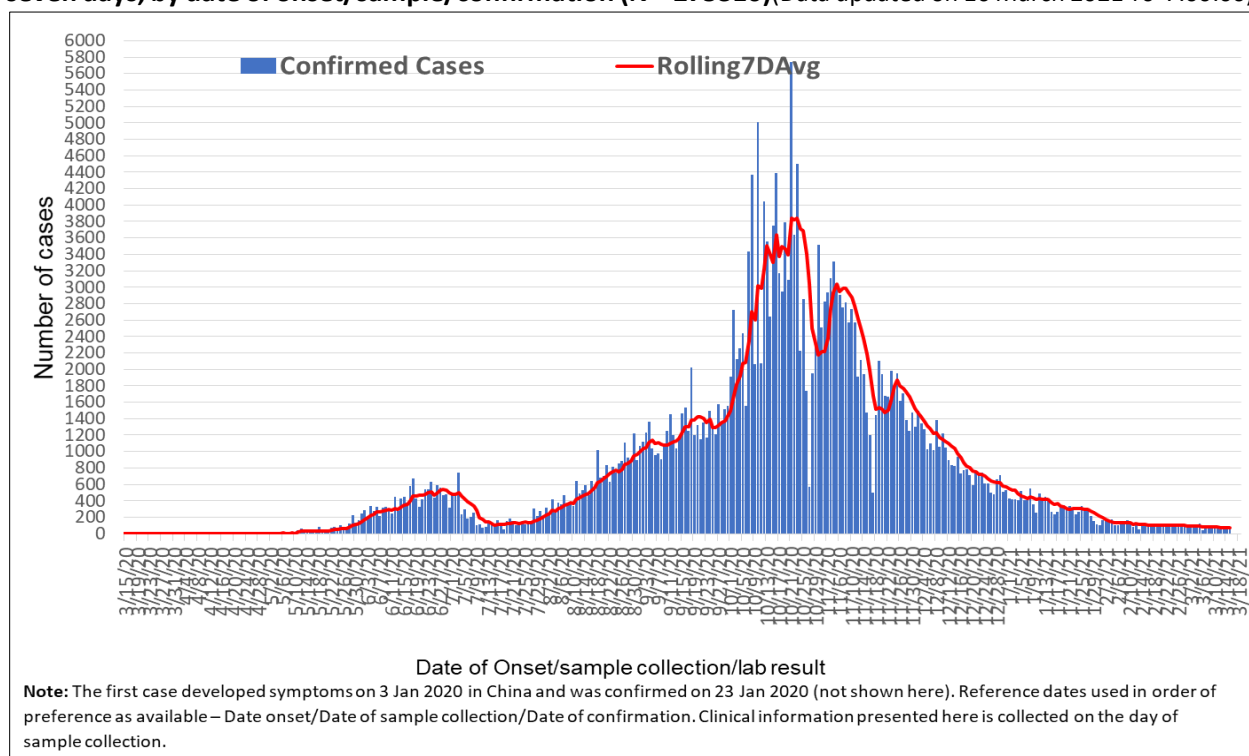


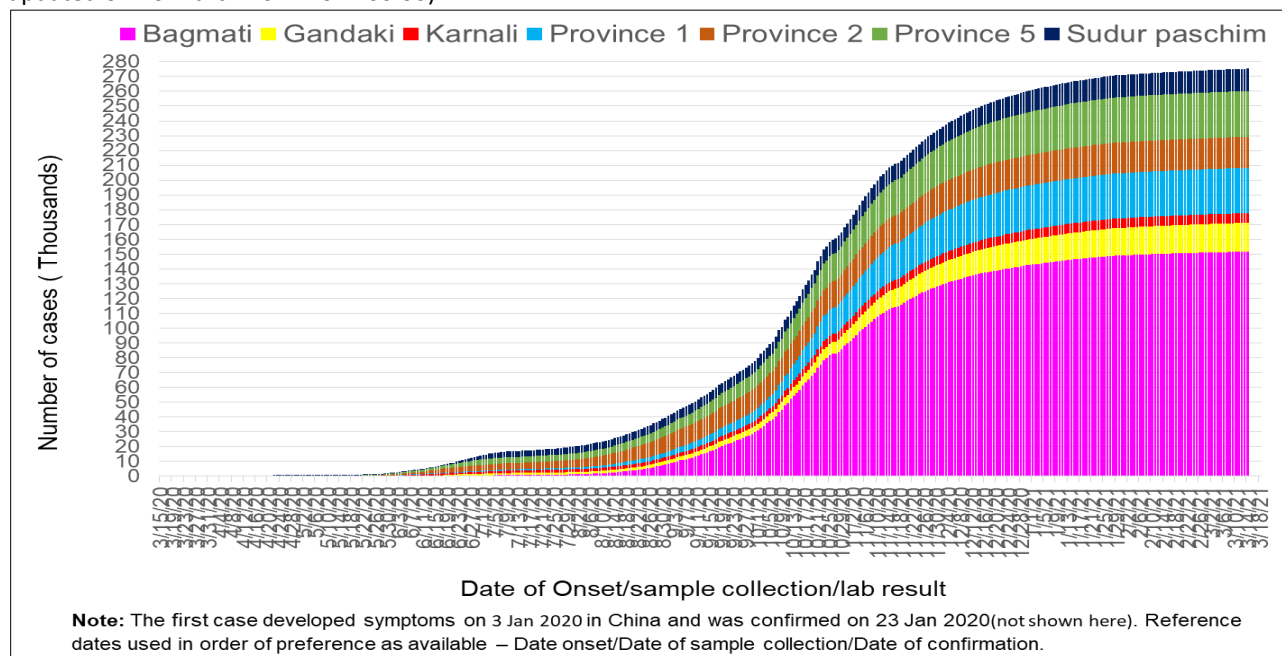
Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 275310)(Data updated on 16 March 2021 TO 7:00:00)



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 March 2021 was 3311 which is about one-fifth of the number tested during the peak in the end of October 2020.

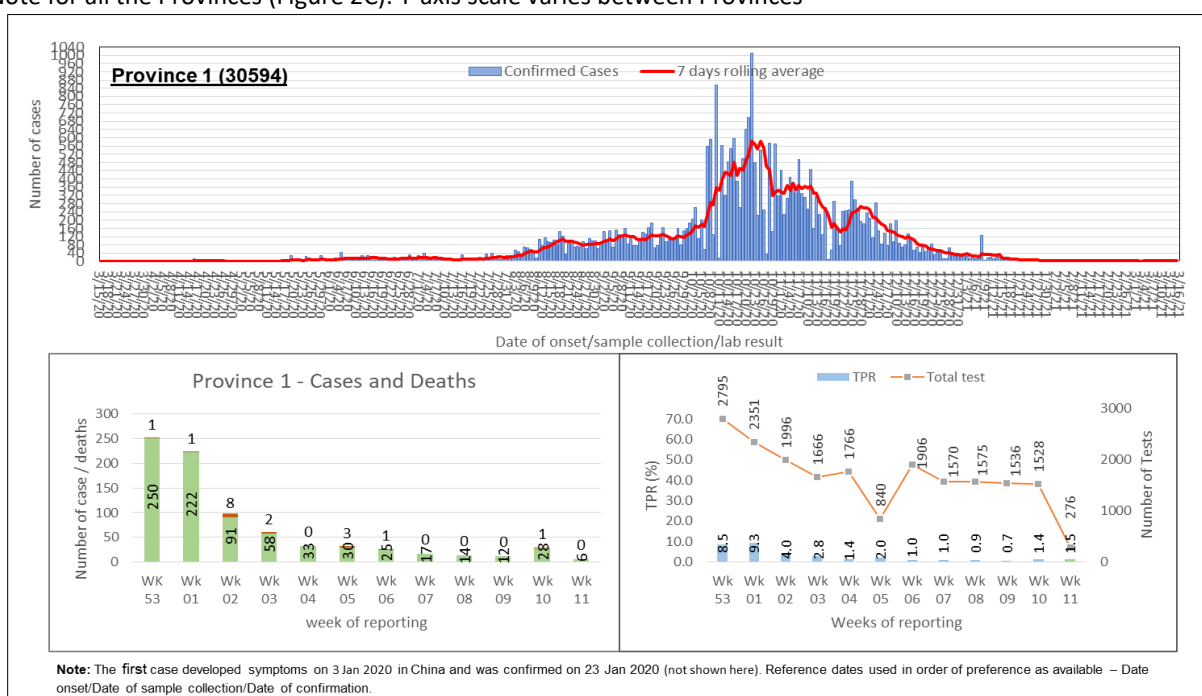
Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 275310)(Data updated on 16 March 2021 TO 7:00:00)



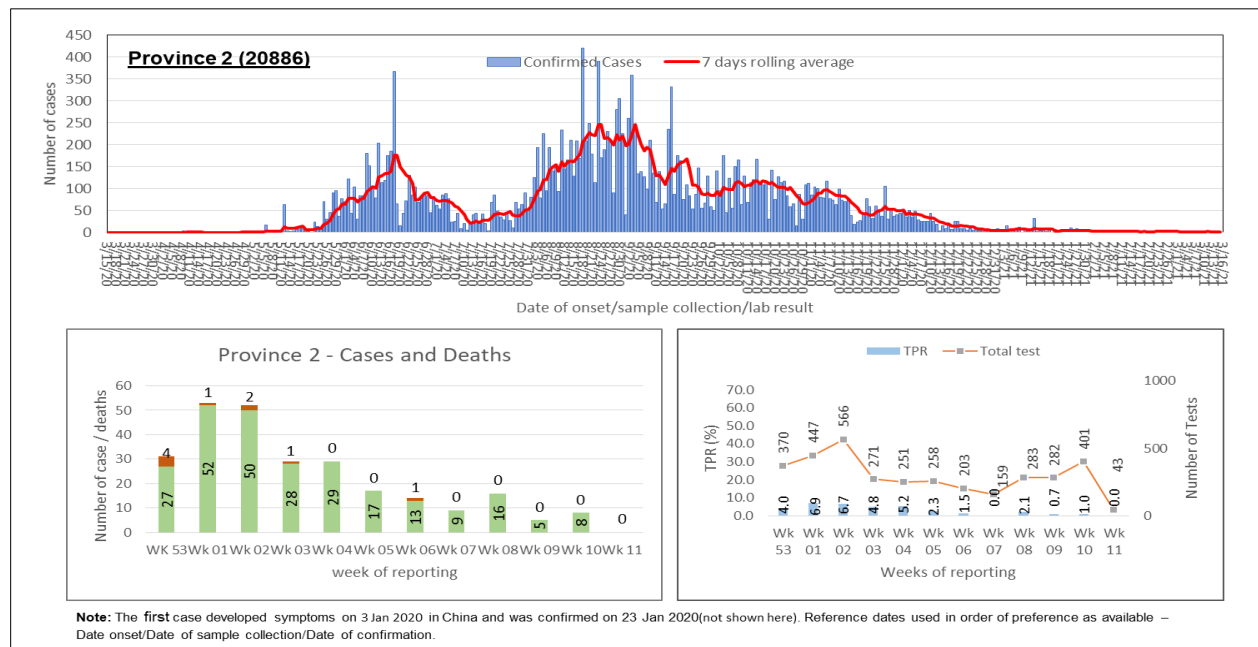
The cumulative case incidence has been increasing in Nepal since the first case confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 275310)(Data updated on 16 March 2021 TO 7:00:00)

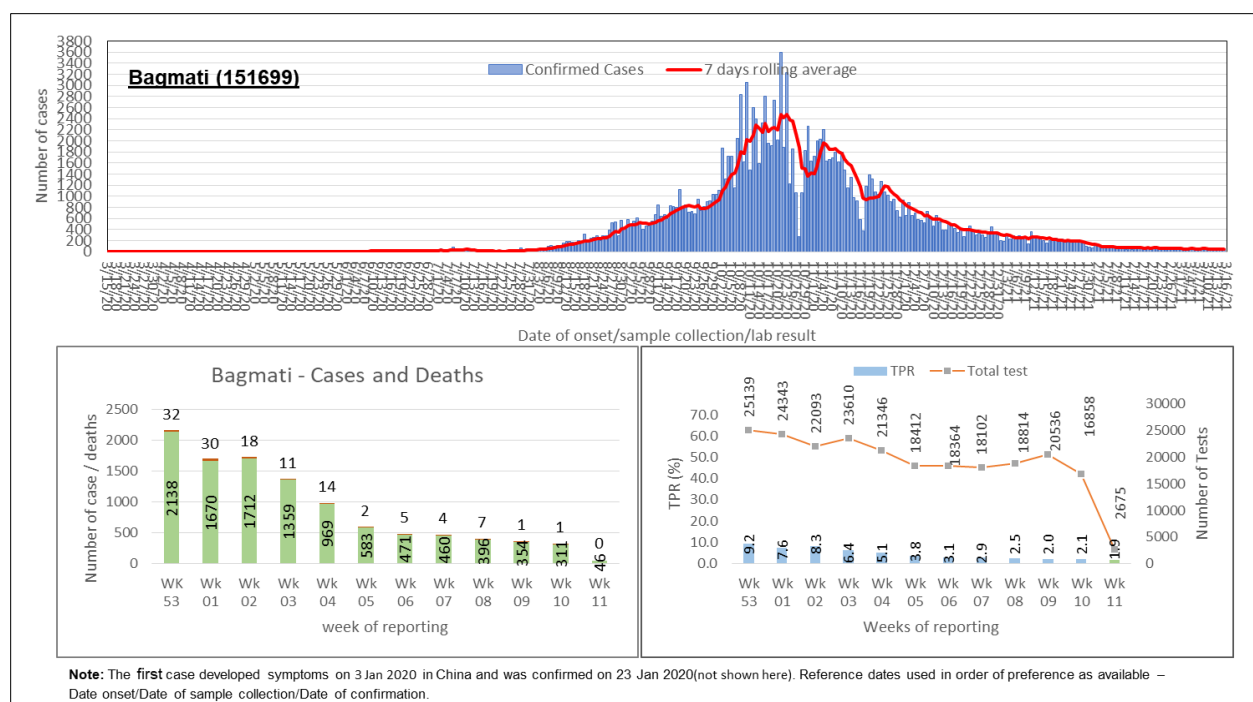
Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces



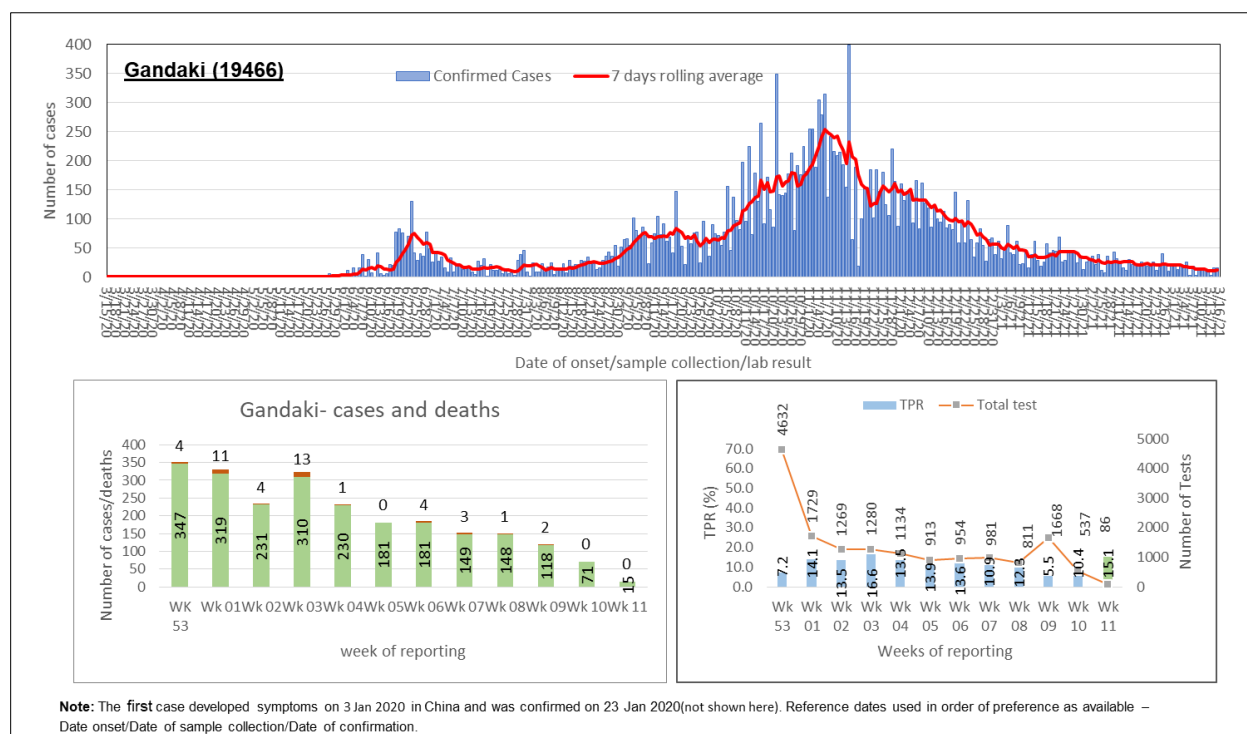
There were 28 new cases reported in the past week in Province 1. Since a peak in October, weekly new cases have continued to decrease. However, cases increased by two times in the past week compared to the previous week. There was 1 death reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Province 1 increased to 1.4% in the past week continuing a decreasing trend. A total of 1528 tests were performed in the past week, less than a 1% decrease from that of the previous week.



There were 8 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing but increased by 60% 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 decreased to 1.0% in the past week. A total of 401 tests were performed in the past week, 42% more than that of the previous week.

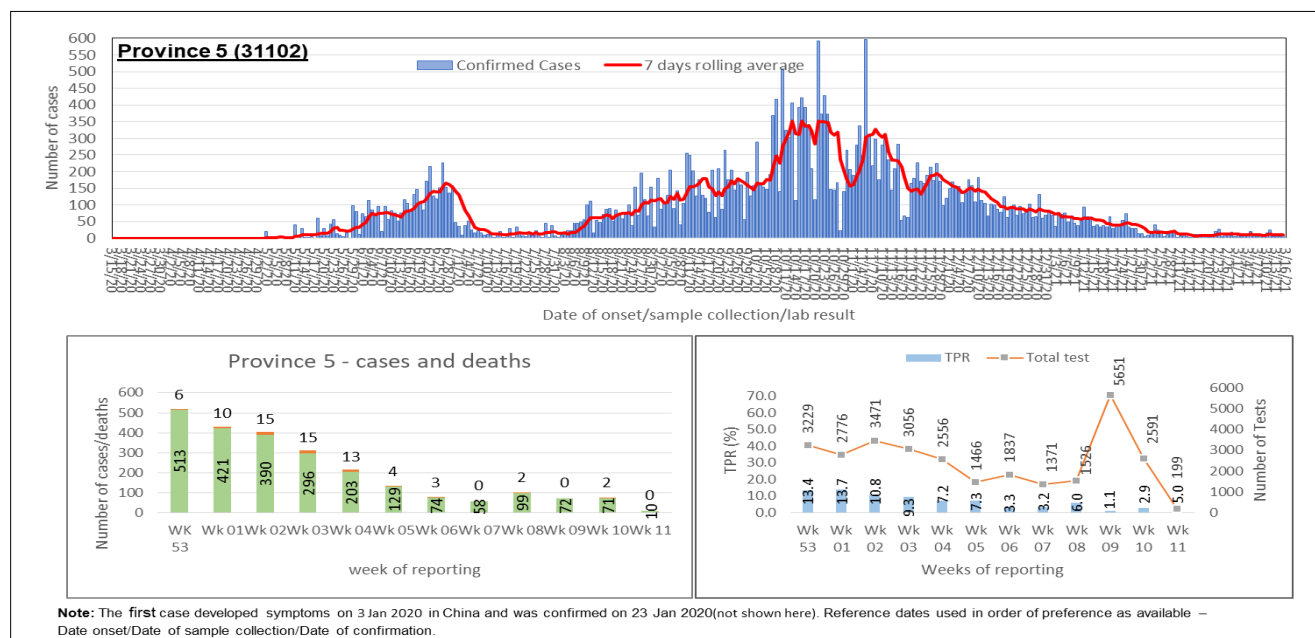


In Bagmati, 311 new cases were reported in the past week. Weekly new cases are steadily decreasing and fell by 12% in the past week compared to the previous week. There was 1 death reported in the past week, consistent to that of the previous week. The test positivity rate in Bagmati remained stable at 2.1% in the past week. A total of 16858 tests were performed in the past week, 18% less than that of the previous week.

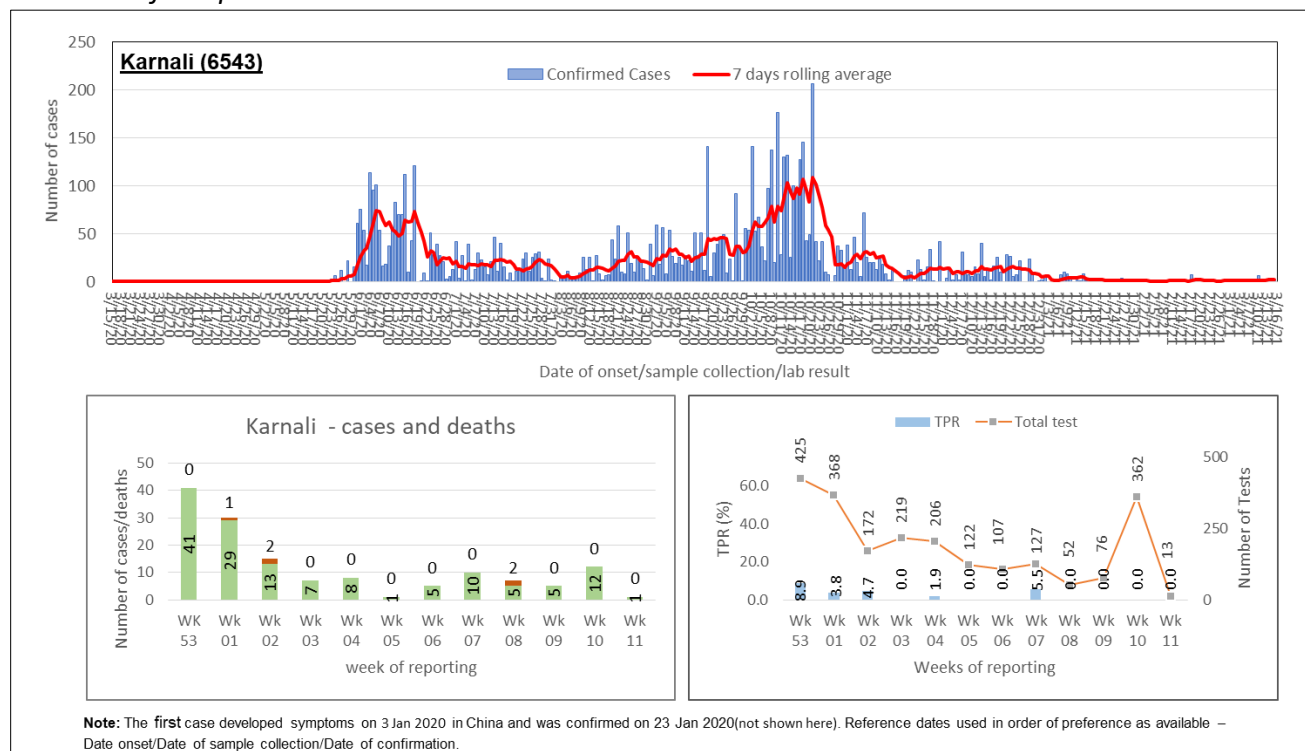


In Gandaki, 71 new cases were reported in the past week. Weekly new cases have fallen considerably since a peak in Week 45 and fell by 40% in the past week compared to the previous

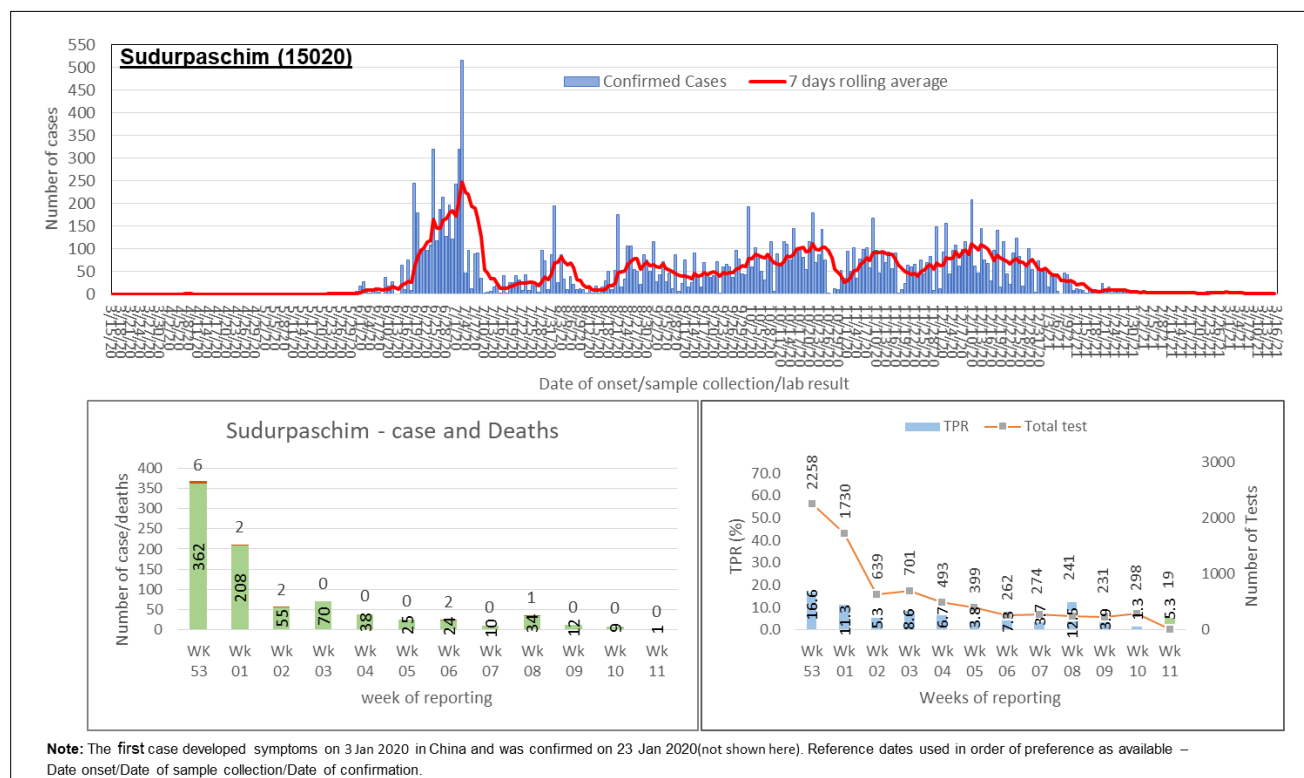
week. There were no deaths reported in the past week, a decrease from 2 deaths in the previous week. The test positivity rate in Gandaki increased to a 10.4% in the past week. A total of 537 tests were performed in the past week, 69% less than that of the previous week.



Lumbini reported 71 new cases in the past week. The number of new cases being reported has fallen significantly since a peak in week 45 and it remained stable in the past week compared to the previous week. There were 2 deaths reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Lumbini increased to 2.9% in the past week continuing a decreasing trend. A total of 2591 tests were performed in the past week, 54% less than that of the previous week.

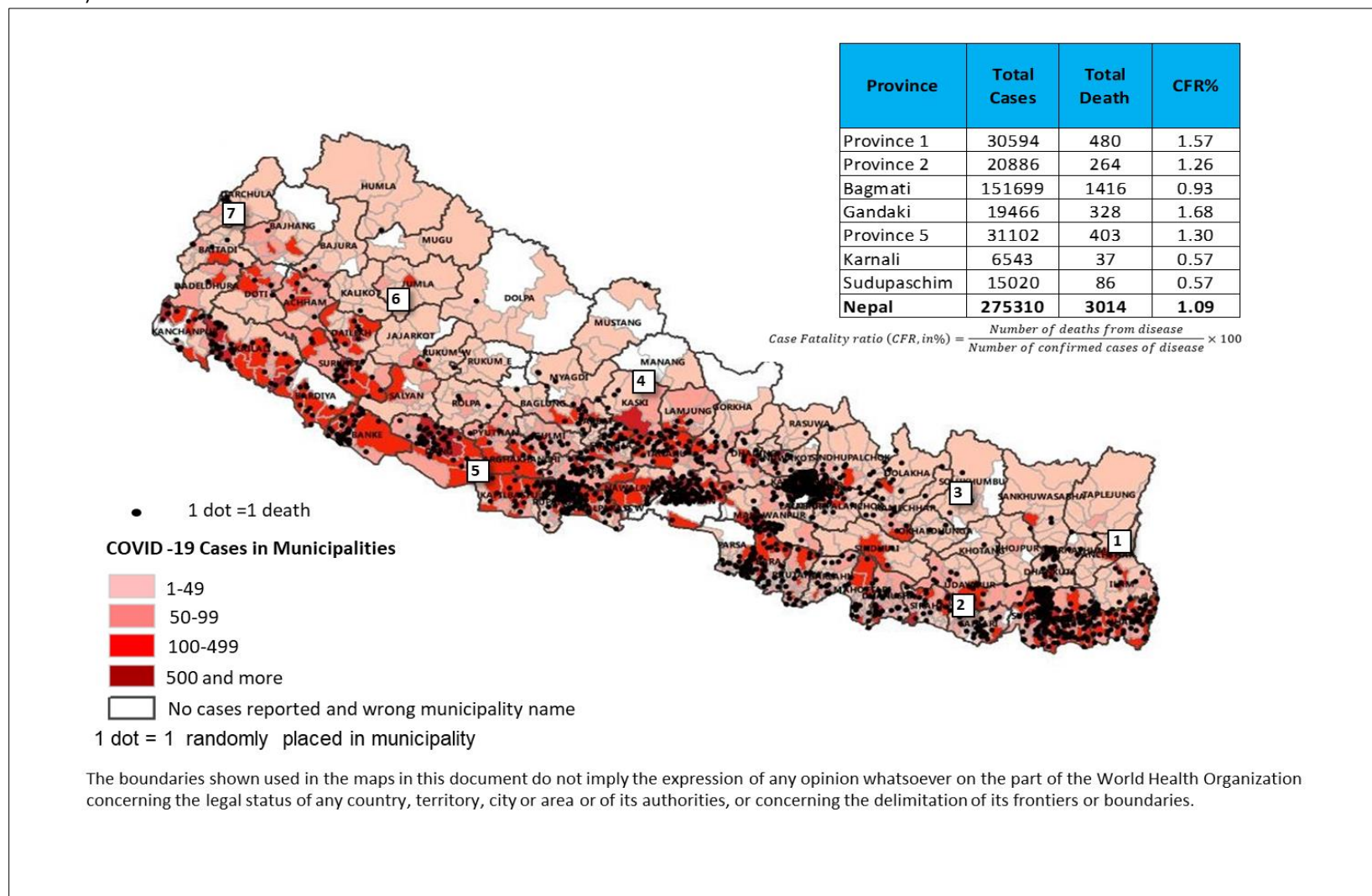


In Karnali, 12 new cases were reported in the past week. Since cases peaked in week 42, weekly decrease in new cases have continued but it increased by two times in the past week compared to the previous week. There were no deaths reported in the past week, consistent to that in the previous week. The test positivity rate in Karnali remained stable at 0% in the past week. A total of 362 tests were performed in the past week, five times more than that of the previous week.



In Sudurpashchim, 9 new cases were reported in the past week. Weekly new cases are continuously decreasing and fell by a 25% in the past week compared to the previous week. There were no deaths reported in the past week, consistent to that in the previous week. The test positivity rate in Sudurpashchim decreased to 1.3% in the past week. A total of 298 tests were performed in the past week, 29% less than that in the previous week.

Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 275310)(Data updated on 16 March 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 1.1%, however CFR is relatively high in Province 1 with 1.6% and Gandaki Province with 1.7%.

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

(N = 275310)(Data updated on 16 March 2021 T0 7:00:00)

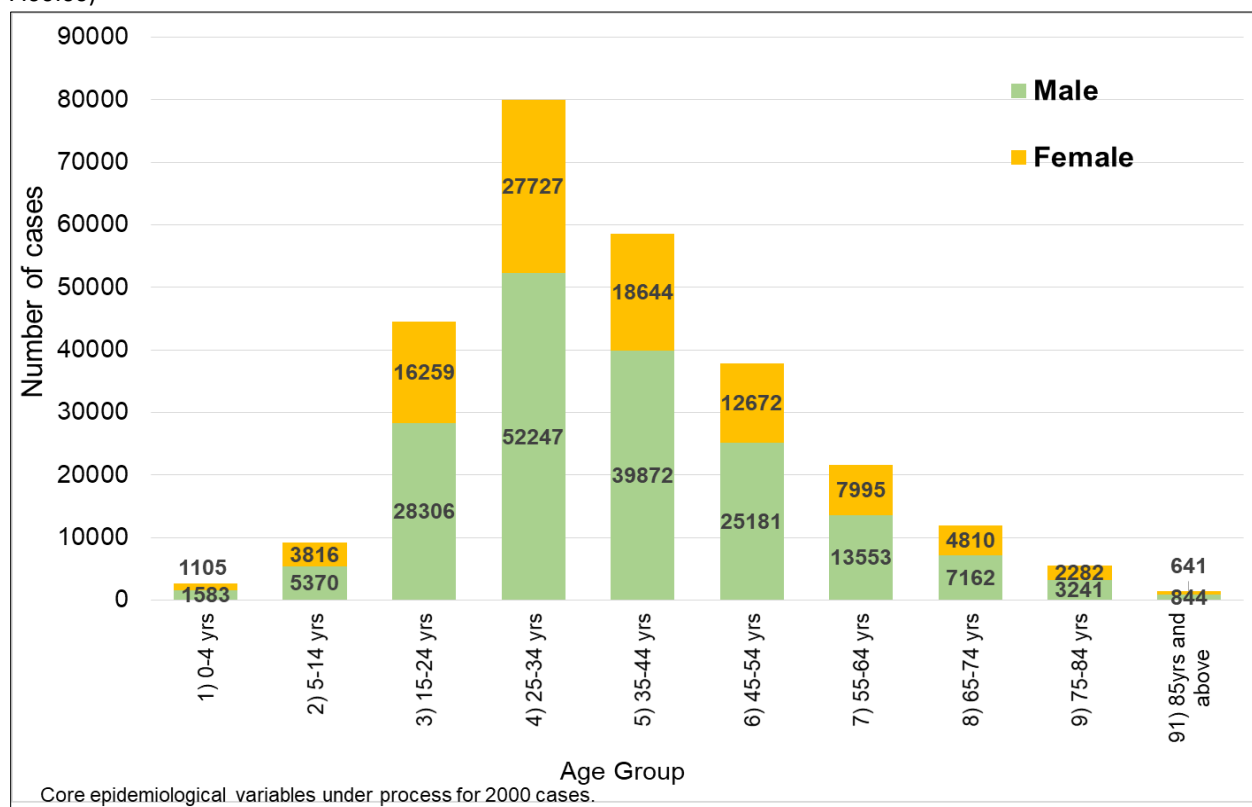
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	30594	11.1	480	Cluster of cases	45	1
Province 2	20886	7.6	264	Cluster of cases	12	0
Bagmati	151699	55.1	1416	Cluster of cases	674	1
Gandaki	19466	7.1	328	Cluster of cases	183	0
Province 5	31102	11.3	403	Cluster of cases	141	2
Karnali	6543	2.4	37	Cluster of cases	18	0
Sudurpashchim	15020	5.5	86	Cluster of cases	21	0
National Total	275310	100	3014	Cluster of cases	1094	4

- 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 = 273310)(Data updated on 16 March 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 = 275310)(Data updated on 16 March 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	2688	8	8	5	0.6
5-14 yrs	9186	4	4	5	0.09
15-24 yrs	44565	30	28	35	0.13
25-34 yrs	79974	81	46	50	0.16
35-44 yrs	58516	158	70	102	0.39
45-54 yrs	37853	299	109	189	1.08
55-64 yrs	21548	411	158	302	2.64
65-74 yrs	11972	543	243	448	6.57
75-84 yrs	5523	396	195	338	10.7
85+ yrs	1485	157	63	121	14.81
Unknown	2000	2	1	2	0.15
National	275310	2089	925	1597	1.09

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 3,014 deaths have been reported. Out of the total deaths, 2,089 (69.3%) were males and 925 (30.7%) were females. Amongst the deaths, 1,597 persons (53.0%) 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 6.6% to 14.8%.

PREPAREDNESS AND RESPONSE

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

- The second phase of COVID-19 vaccination targeting 65 years and above has reached its 9th day of the 10-day campaign.
 - In this phase, so far 1.16 million people have been vaccinated which is 65.5% of the total estimated/targeted population.
 - This brings total vaccinated people to more than 1.6 million people which is more than 5% of total population (5.4%).
- Department of Drug Administration (DDA) has issued a public notice on 14 March 2021 requesting producers/imports/authorized distributors to apply for registration of the vaccine(s) and/or import license of the vaccines following the terms and conditions set out by the cabinet decision and amended drug act.

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 began on 7 March 2021.

Laboratory Capacity

- WHO Nepal has been providing support to the National Public Health Laboratory (NPHL) in the following activities:
 - Monitoring the quality standard of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of two designated COVID-19 labs participated in the NQAP this week. All the participating laboratories were satisfactory with a result of $\geq 90\%$ concordance.
 - Validation of a newly established designated COVID-19 laboratory. This week, Crystal Diagnostic Private Limited completed their validation process with 90% concordance result.
 - Report preparation of SARS-CoV-2 real-time PCR assay proficiency panel of 40 designated COVID-19 laboratories in Nepal. The result showed 100% concordance. The results of the remaining 26 laboratories are awaited.

Technical Expertise and Training

- WHO-Nepal is supporting the Health care Waste Management (HCWM) Technical Working Group (TWG) to prepare a 3-year HCWM intervention action plan at national level. There are 10 outputs in the work plan of which safe management of the COVID-19 vaccination waste

care is also one output. The TWG was formed on 19 February 2021 & a meeting was held on 9 March 2021 at Management Division, Teku.

- A follow-up meeting on establishment of telemedicine was held with officials from Ministry of Health & Population (MoHP), Curative Service Division, DoHS, Tribhuvan University Teaching Hospital and WHO Nepal. The meeting concluded with suggestions to quicken the installment process, to begin the telemedicine service, and to update the existing guideline on telemedicine.

Risk Communication and Community Engagement

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

SN	TRANSLATION DOCUMENT	Type
1	Monitoring COVID-19 vaccination Considerations for the collection and use of vaccination data	Summary
2	Evidence Brief_March 12	Evidence Brief

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

Episodes	Titles	Language	Links
28	Evolution of the SARS-CoV-2 virus सार्स-कोभ-२ विषाणुके विकास	Maithili	Link
28	Evolution of the SARS-CoV-2 virus सार्स-कोरोनाभाइरस-२ को भाइरसको उत्पत्तिक्रम	Nepali	Link

- On 9 March 2021, video and audio PSA with elderly (aged of 85 and 91) taking COVID-19 vaccine was developed which is currently under review by MoHP for finalization (Pictures below).



Left: WHO Nepal team Ms. Asha Thapa while recording Mr. Om Singh, 85 years old from Maharajung. Mr. Om shares his vaccination experience on the camera. Right: WHO Nepal team Ms. Bhawana Gurung while recording Mr. Parbati Panthi, 91 years old from Kirtipur. Mrs. Parbati shares her vaccination experience on the camera. Picture Credit: WHO Nepal/A. Maharjan

- Similarly, on 15 March, 2021 video and audio PSA with right honorable President Vidhya Devi Bhandari taking COVID-19 vaccine at TUTH was also developed and is awaiting approval from MoHP for finalization (Pictures below).



Left: The Right Honorable, President Mrs. Bidya Dei Bhandari (center) registering prior to COVID-19 vaccination at Tribhuvan University Teaching Hospital (TUTH); Right: The Right Honorable, President Mrs. Bidya Dei Bhandari, getting COVID-19 vaccine, at Tribhuvan University Teaching Hospital (TUTH). Picture Credit: WHO Nepal/A. Maharjan

Field operation and Logistics

- WHO Nepal has supported MoHP in completion of the assessment on critical care equipment, oxygen sources and supply chain at 20 hospitals of Province 1 and Province 2.

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).
- WHO and UNICEF are providing support for COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs), this includes:
 - Micro planning including financing for the procurement of vaccinations;
 - 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 started the first phase- second priority (elderly population) COVID-19 vaccination campaign on 7 March 2021. UNICEF and WHO is providing support for 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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