

Situation Update #49 - Coronavirus Disease 2019 (COVID-19)

WHO Country Office for Nepal

Reporting Date: 16 - 22 March 2021

HIGHLIGHTS*

- Of the total COVID-19 positive cases, 98.5% of cases have recovered and 0.37% (1017) 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 21 districts.
- There have been 1,756,702 people (438,879 in 1st phase and 1,317,823 in 2nd phase - 77% of the target population) who have received the 1st dose of COVID-19 Vaccine.
- Vaccine wastage rate of 2nd phase is less than 1 percent.
- Second dose of COVID-19 vaccine will begin from 20 April 2021.

**Data as of COVID-19 Update, MoHP, 22 March 2021*

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 23 March 2021, T07:00:00 hours (week no. 12), a total 276,056 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 2,240,998 RT-PCR tests have been performed nationwide by 66 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 11) ranged from 0% (Karnali Province) to 20.3% (Gandaki Province), with national positivity rate averaging 5.1%.
- Overall, the sex-distribution remains skewed towards males, who constitute 65% (179,135/276,056) of the confirmed cases. Amongst the males, 81% (145,961/179,135) are in the economically productive age group (15-54 years).
- A total of three samples were received for Influenza surveillance by National Influenza Center (NIC) on EPID-week 11 (15 – 21 March 2021). Three samples tested positive for Influenza A/H3. A total of 358 samples have been tested for Influenza and SARS-CoV-2 from 4 January to 21 March 2021. Four samples have tested positive for SARS-CoV-2.¹

¹ These positive cases are included in the COVID-19 database.

SITUATION OVERVIEW

NEPAL

(Data as of 23 March 2021, 07:00:00 hours)

276,056 confirmed cases

3,019 deaths

2,240,998 RT-PCR tests

SOUTH-EAST ASIA REGION

(Data as of 21 March 2021, 10am CET)

14,182,826 confirmed cases

214,790 deaths

GLOBAL

(Data as of 21 March 2021, 10am CET)

122,536,880 confirmed cases

2,703,780 deaths

Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 21 March 2021; #Global Weekly Epidemiological Update 32) and cumulative incidence rate (per 100,000)

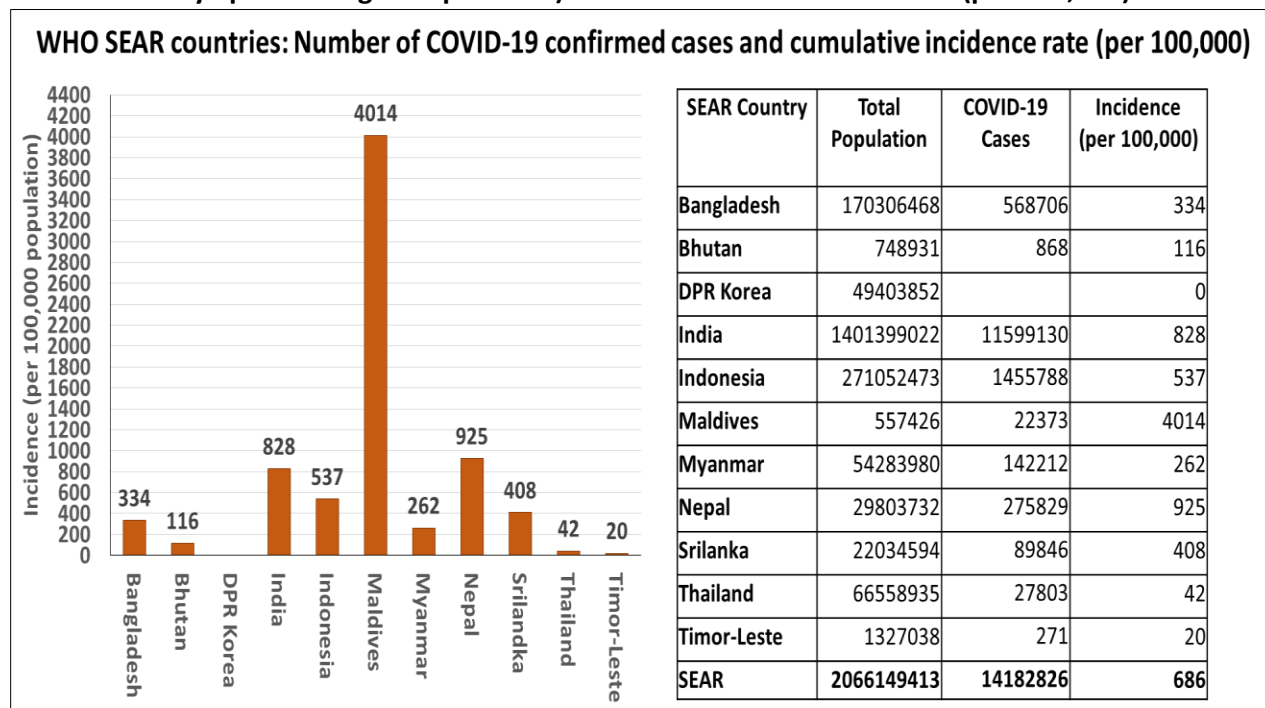
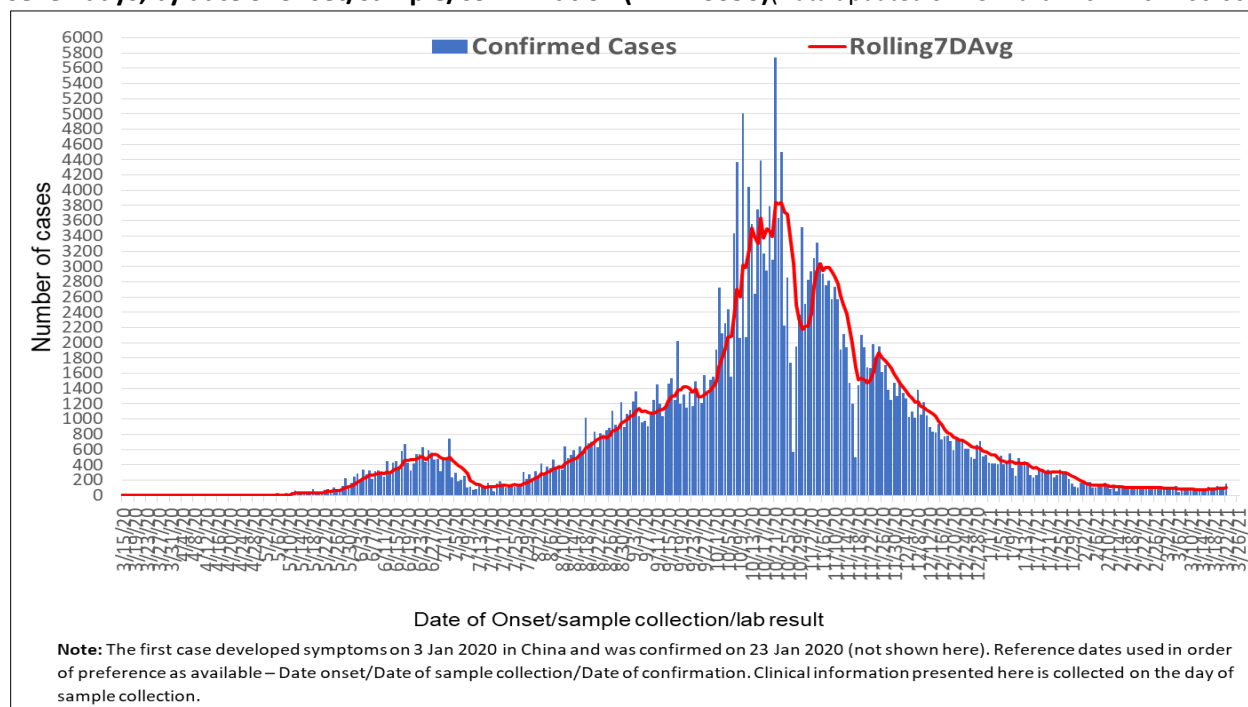
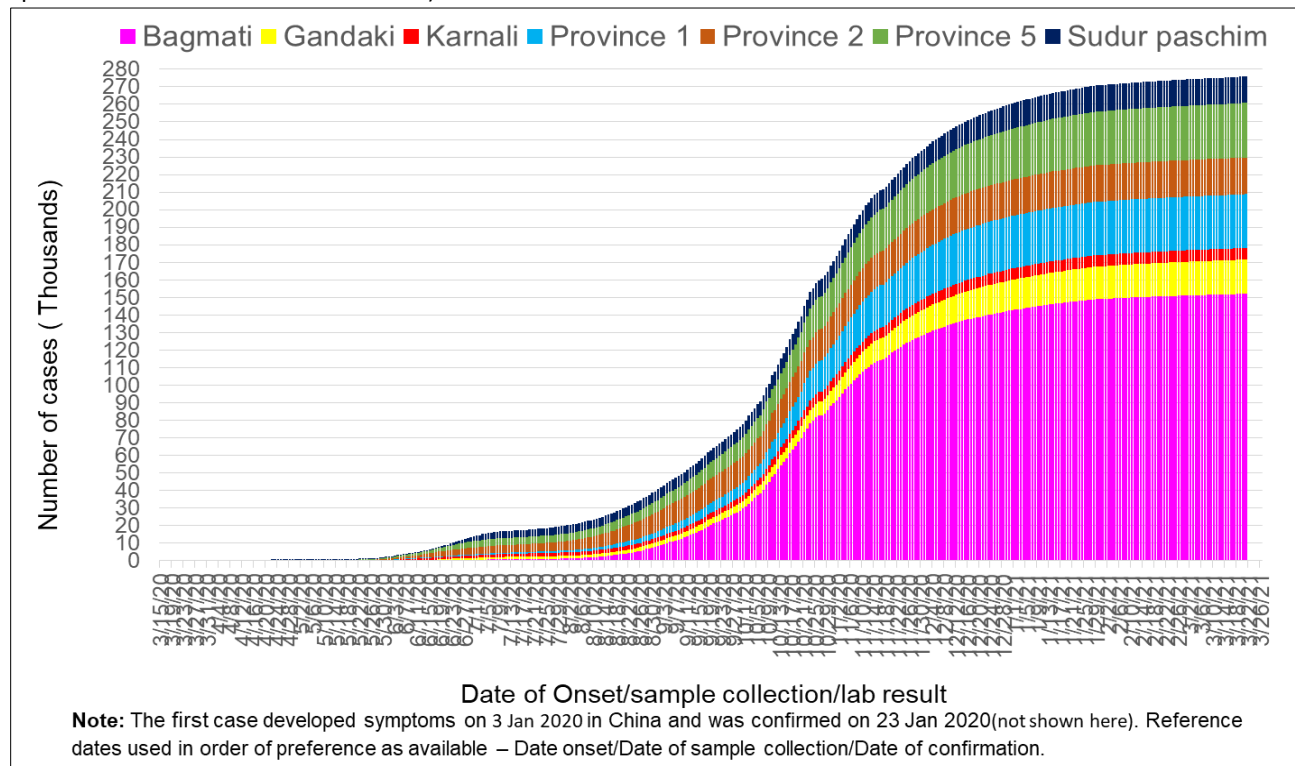


Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N =276056)(Data updated on 23 March 2021 TO 7:00:00)



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 22 March 2021 was 4472 which is about one fourth of the number tested during the peak in the end of October 2020.

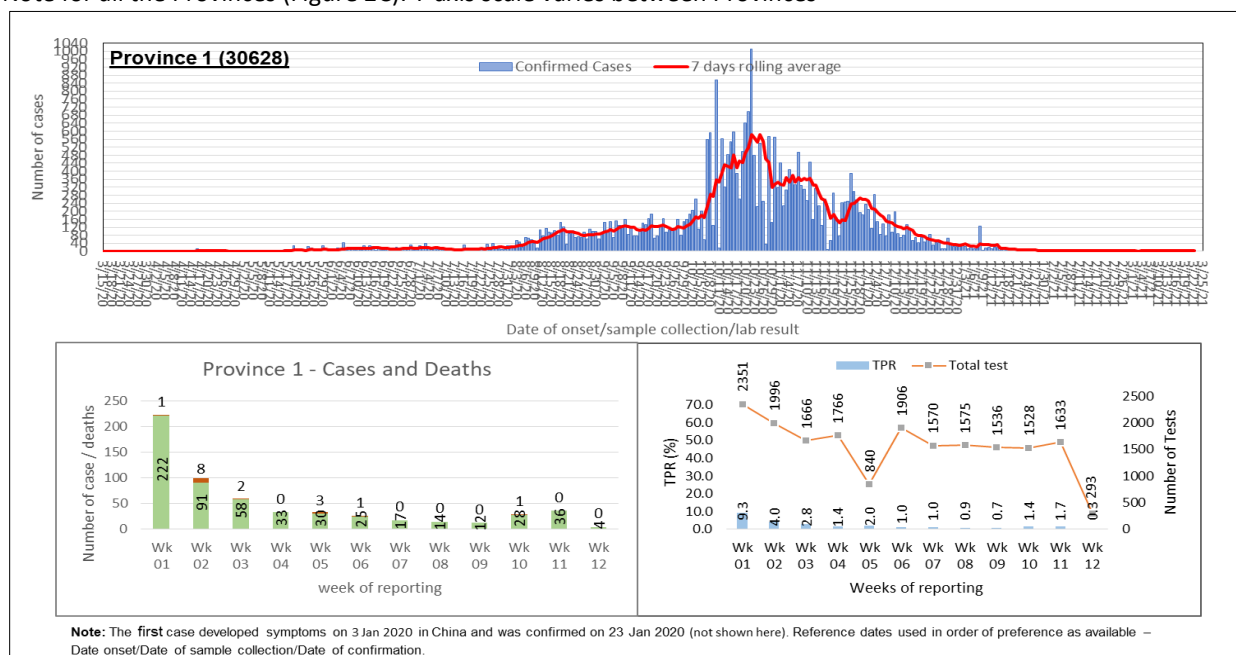
Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N =276056)(Data updated on 23 March 2021 TO 7:00:00)



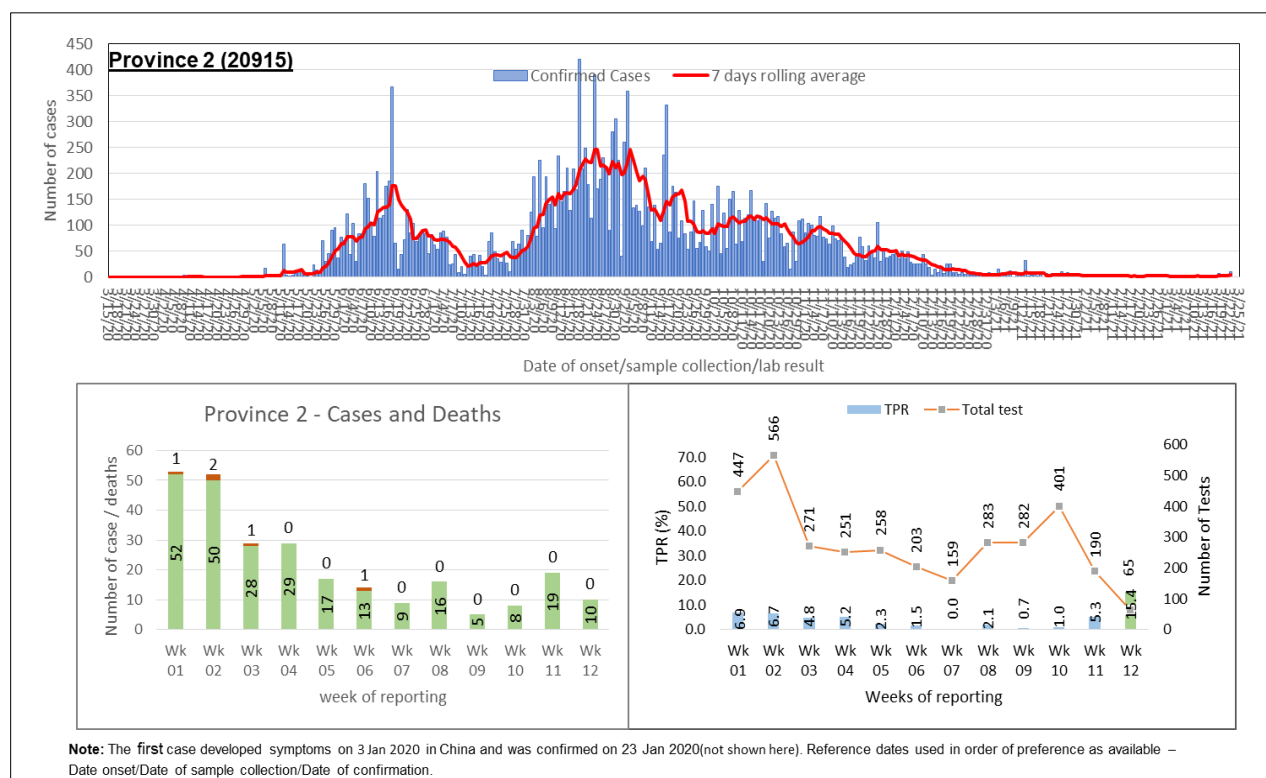
The cumulative case incidence has been increasing in Nepal since the first case confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N =276056)(Data updated on 23 March 2021 TO 7:00:00)

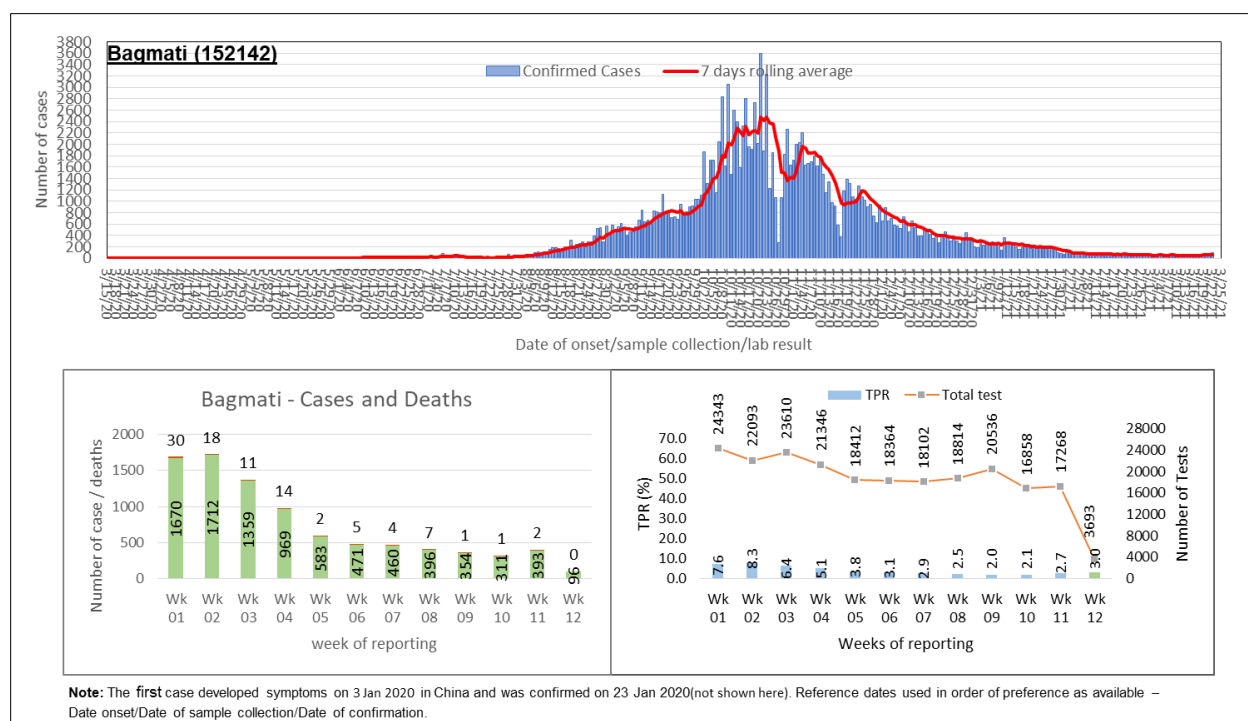
Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces



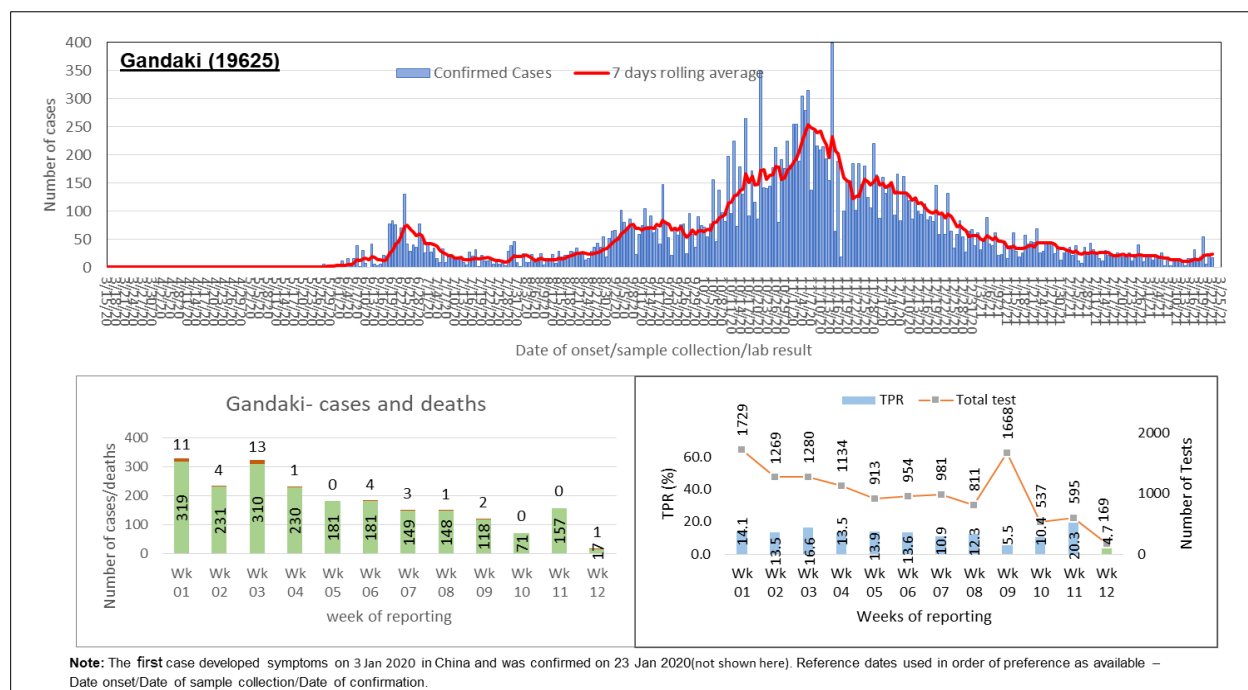
There were 36 new cases reported in the past week in Province 1. Since a peak in October, weekly new cases have continued to decrease but the cases increased by 29% in the past week compared to the previous week. There were no deaths reported in the past week, a decline from 1 death in the previous week. The test positivity rate in Province 1 increased to 1.7% in the past week continuing a decreasing trend. A total of 1633 tests were performed in the past week, 7% more than that of the previous week.



There were 19 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing but increased by two times 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 5.3% in the past week. A total of 190 tests were performed in the past week, 53% less than that of the previous week.

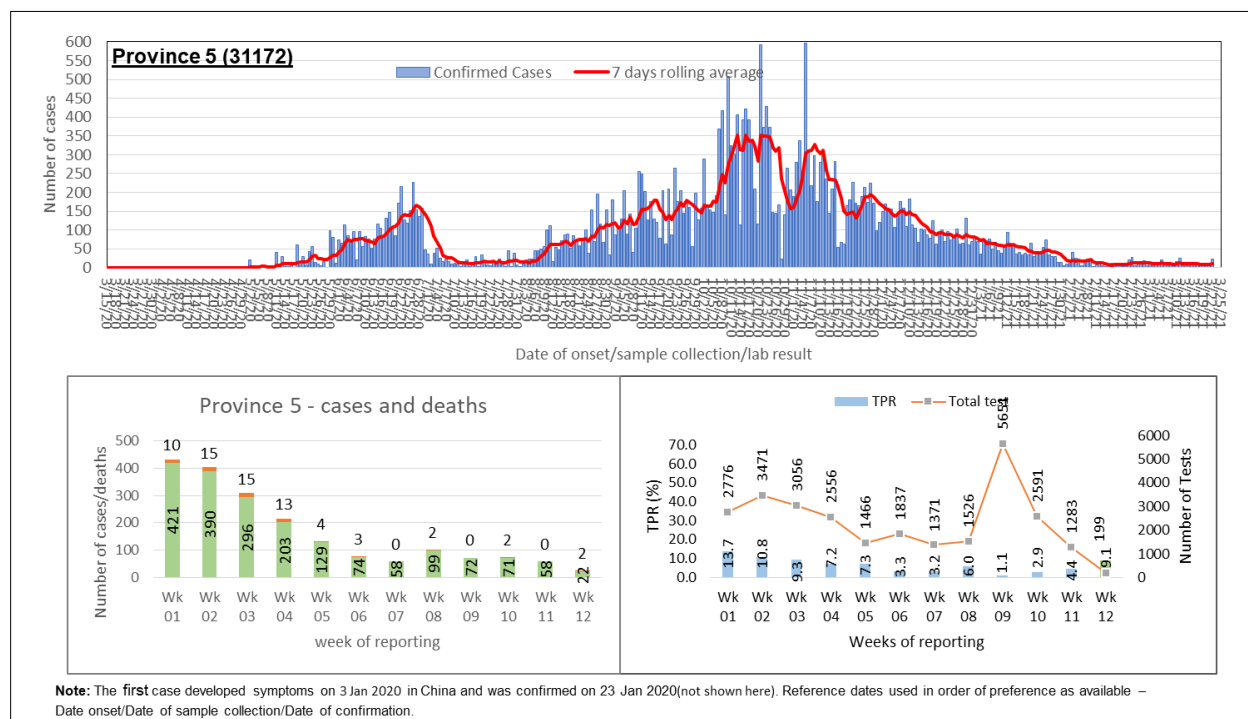


In Bagmati, 393 new cases were reported in the past week. Weekly new cases are steadily decreasing. However, cases increased by 26% in the past week compared to the previous week. There were 2 deaths reported in the past week, an increase from 1 death in the previous week. The test positivity rate in Bagmati increased to 2.7% in the past week. A total of 17268 tests were performed in the past week, 2% more than that of the previous week.

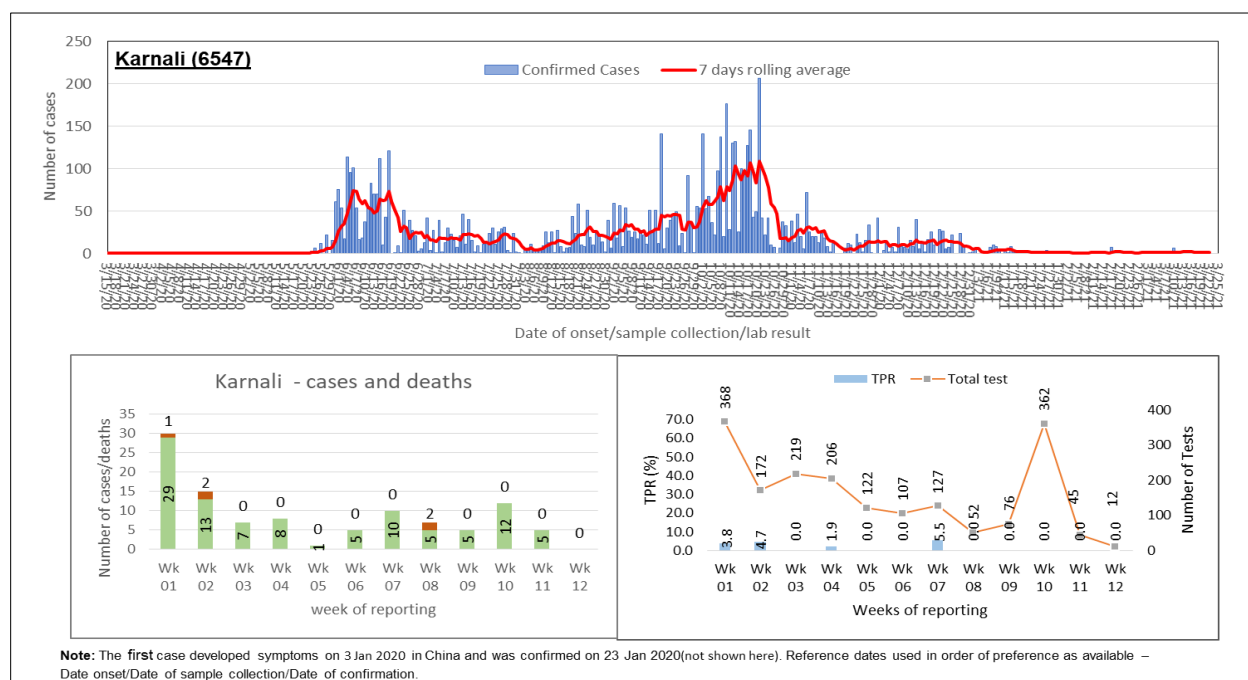


In Gandaki, 157 new cases were reported in the past week. Weekly new cases have fallen considerably since a peak in week 45 but it increased by two times in the past week compared to the previous week. There were no deaths reported in the past week, consistent with the previous

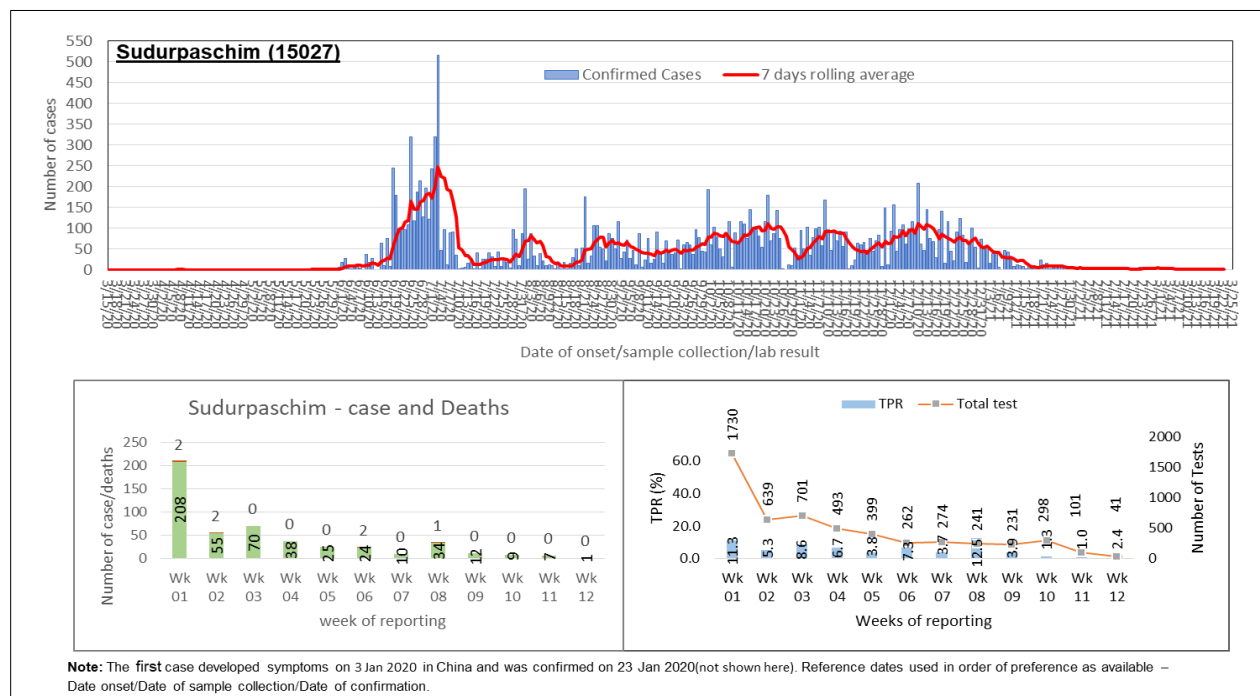
week. The test positivity rate in Gandaki increased to 20.3% in the past week. A total of 595 tests were performed in the past week, 11% more than that of the previous week.



Lumbini reported 58 new cases in the past week. The number of new cases being reported has fallen significantly since a peak in Week 45 and it fell by 18% 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 Lumbini increased to 4.4% in the past week. A total of 1283 tests were performed in the past week, 50% less than that of the previous week.

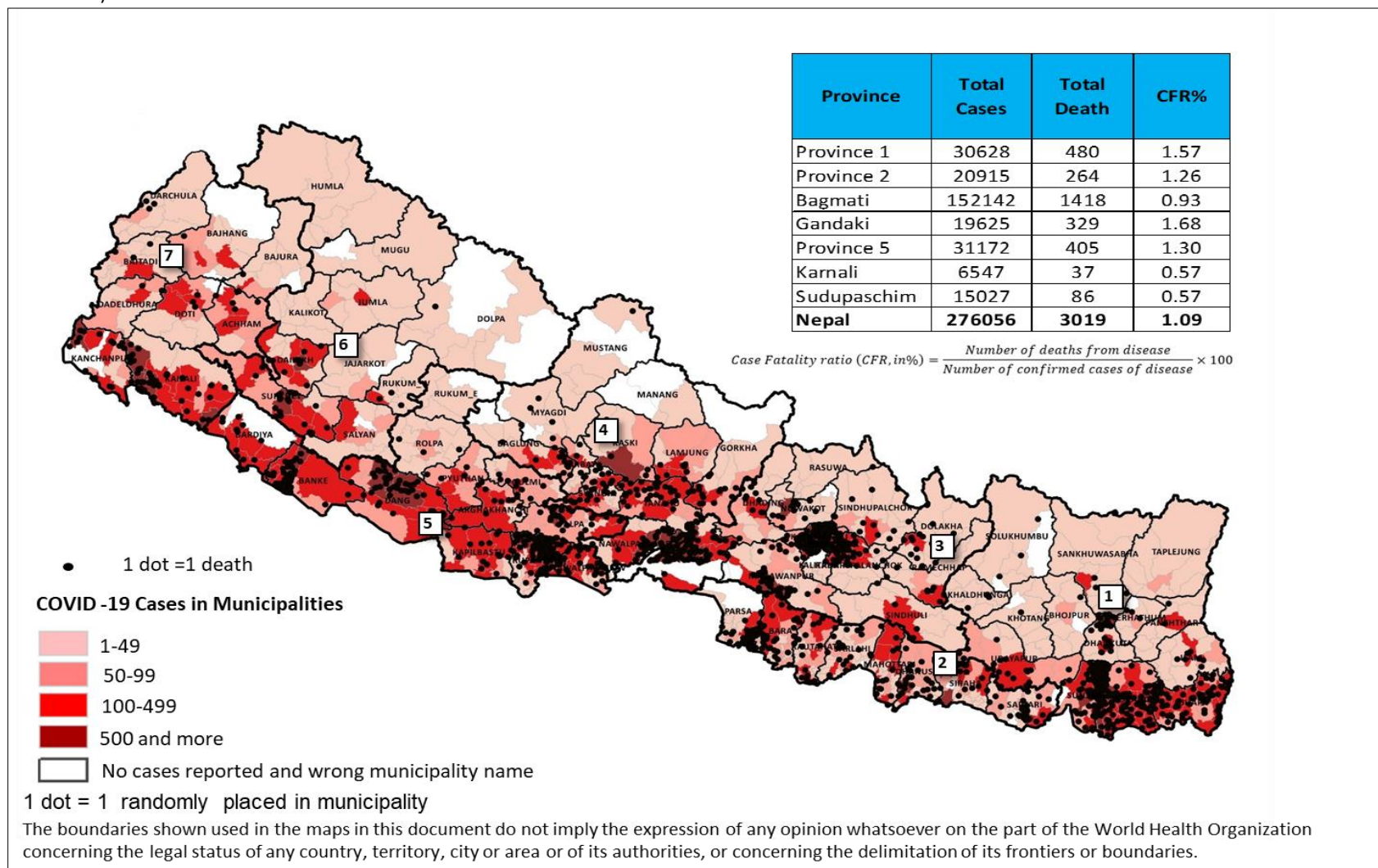


In Karnali, 5 new cases were reported in the past week. Since cases peaked in week 42, a weekly decrease in new cases has continued and cases fell by 58% in the past week compared to the previous week. There were no deaths reported in the past week, consistent with the previous week. The test positivity rate in Karnali remained stable at 0% in the past week. A total of 45 tests were performed in the past week, 88% less than that of the previous week.



In Sudurpashchim, 7 new cases were reported in the past week. Weekly new cases are continuously decreasing and fell by 22% 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 1.0% in the past week. A total of 101 tests were performed in the past week, 66% less than that in the previous week.

Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N =276056)(Data updated on 23 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 =276056)(Data updated on 23 March 2021 TO 7:00:00)

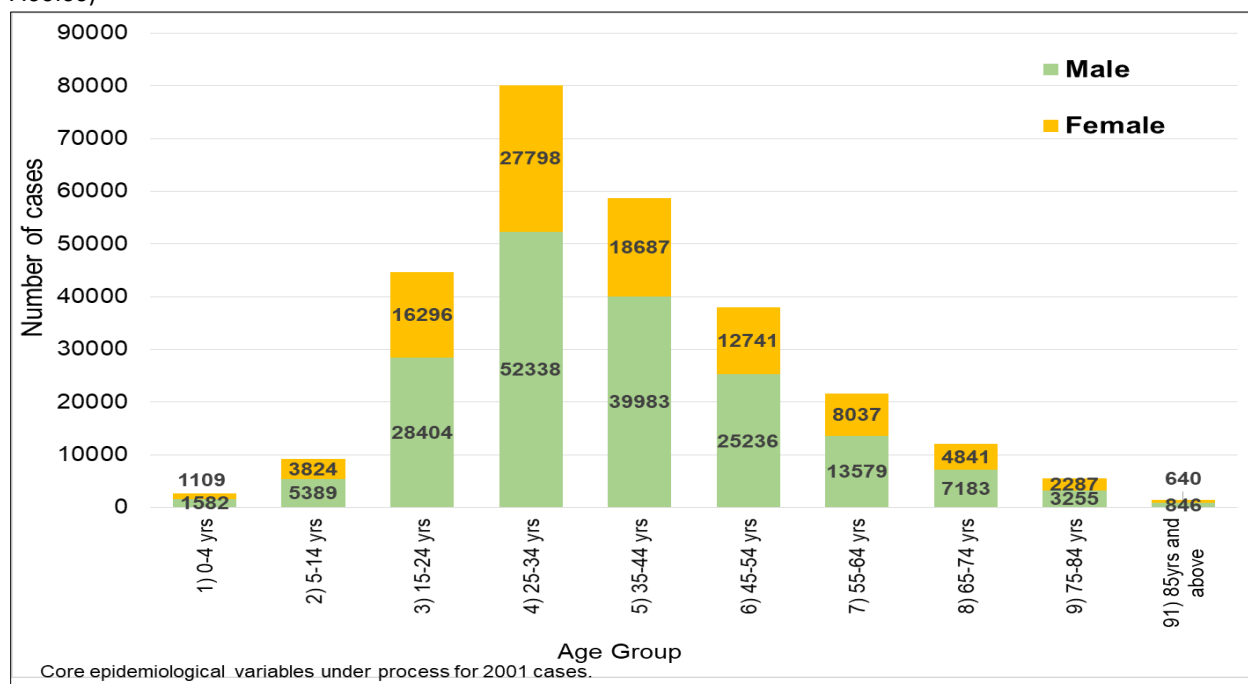
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	30628	11.1	480	Cluster of cases	62	0
Province 2	20915	7.6	264	Cluster of cases	33	0
Bagmati	152142	55.1	1418	Cluster of cases	735	3
Gandaki	19625	7.1	329	Cluster of cases	242	1
Province 5	31172	11.3	405	Cluster of cases	144	4
Karnali	6547	2.4	37	Cluster of cases	15	0
Sudurpashchim	15027	5.4	86	Cluster of cases	15	0
National Total	276056	100	3019	Cluster of cases	1246	8

- 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 =274055)(Data updated on 23 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 =276056)(Data updated on 23 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	2691	8	8	5	0.59
5-14 yrs	9213	4	4	5	0.09
15-24 yrs	44700	30	28	35	0.13
25-34 yrs	80136	81	46	50	0.16
35-44 yrs	58670	158	70	102	0.39
45-54 yrs	37977	300	109	190	1.08
55-64 yrs	21616	411	158	302	2.63
65-74 yrs	12024	545	243	450	6.55
75-84 yrs	5542	398	195	338	10.7
85+ yrs	1486	157	63	121	14.8
Unknown	2001	2	1	2	0.15
National	276056	2094	925	1600	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 3,019 deaths have been reported. Out of the total deaths, 2,094 (69.4%) were males and 925 (30.6%) were females. Amongst the deaths, 1,600 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 COVID-19 vaccination campaign has continued in some districts where sessions were discontinued due to some factors including the routine immunization program. Approximately 1.32 million people above 65 years were vaccinated till date.
- MoHP has issued a press release on 21 March 2021 emphasizing the need to avoid mass gatherings, meetings, workshops, seminars etc. The Ministry has also emphasized adherence to public health standards issued in the context of COVID-19 i.e use of mask, frequent hand washing with soap and water or use of disinfectant and maintaining physical distancing of at least 2 meters.
- Ministry of Home Affairs also issued a release of circular to all Chief District Officers (CDOs) to monitor the compliance to the public health standards and avoid any mass gatherings.
 - The circular requested all CDOs to consider the upcoming festival season and encouraged people to celebrate the festival safely.
 - The circular emphasized the need to use of masks and enforce Infectious Disease Act provisions for people who fail to comply during celebrations.

What is the WHO Country Office for Nepal doing?

Laboratory Capacity

- WHO Nepal conducted a session on the principles of “Genetic Sequencing Techniques” for the NPHL staff in the training hall at NPHL on 22 March 2021. There was an active participation from the NPHL staff with 25 attendees who discussed on the challenges and applications of genetic sequencing of viruses.
- 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 8 designated COVID-19 laboratories participated in the NQAP this week. Among those participating laboratories, 6 laboratories had satisfactory result $\geq 90\%$ concordance and the remaining 2 laboratories had the result $< 90\%$.
- Technical support from WHO Nepal was provided to NPHL in the following areas:
 - Report preparation of SARS-CoV-2 real-time PCR assay proficiency panel of designated 63 COVID-19 laboratories in Nepal. The result showed $\geq 90\%$ concordance.
 - Validation of a 16 module GeneXpert (equipment) for SARS-CoV-2 Diagnosis at NPHL
 - Optimization of Taqpath manual nucleic acid extraction (Procedure) at NPHL.

Technical Expertise and Training

- WHO is supporting HEOC to establish telemedicine centers at hospitals of different 7 provinces and to establish central telemedicine center at TUTH. The Tele-medicine

equipment was installed at Tribhuvan University Teaching Hospital (TUTH) and Patan hospital this week.

- WHO Nepal and External Development Partners group (EDP) had a discussion on "Technical framework for the vaccination waste management" along with the Technical Working Group's (TWG) composition, implementation period, resource mobilization and responsibilities of Divisions of Department of Health Services (DoHS) on 21 March 2021 at Director General office, DoHS. A work plan and Terms of Reference (TOR) of the Steering committee and TWG was shared. Furthermore, feedback from the directors and DG will be incorporated and the work plan will be submitted to MOHP this week.
- WHO Nepal provided support for Emergency Medical Deployment Team (EMDT) orientation and Training (2 day) to EMDTs from 7 provinces.
 - The first batch training was conducted on 4 - 5 March 2021 wherein a total of 84 participants participated from Bagmati Province, Gandaki Province, Karnali Province and Sudurpashchim Province.
 - The second batch of the training was conducted on 18-19 March 2021 wherein a total of 75 participants participated from Province 01, 02, Gandaki Province, Karnali Province and Sudurpashchim Province.



Emergency Medical Team Deployment (EMDT) Training at Tribhuvan University Teaching Hospital (TUTH). Photo Credit- WHO Nepal

Risk Communication and Community Engagement

- The following documents were translated this week (16 - 22 March 2021):

SN	TRANSLATION DOCUMENT	Type
1	Interim recommendations for the use of the Janssen Ad26.COV2.S (COVID-19) vaccine	Summary
2	Evidence Brief_March 19	Evidence Brief

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

Episodes	Titles	Language	Links
29	Developing WHO's public health advice कोभिड-१९ पर डब्ल्यूएचओके विज्ञान ५: डब्ल्यूएचओके जनस्वास्थ्यपर सल्लाह विकास केनाइ):	Maithili	Link
29	Developing WHO's public health advice विश्व स्वास्थ्य संगठनको सार्वजनिक स्वास्थ्य सुझावको विकाससम्बन्धी विश्व स्वास्थ्य संगठनको कार्यक्रम पाँचमा विज्ञान	Nepali	Link

- The video – *Why is fighting COVID-19 a group effort?* (developed by WHO HQ) – was dubbed in Nepali (link [here](#)). Nepali subtitles were also added.

Field operation and Logistics

- Locally procured laboratory equipment has been received by the WHO Country office Nepal and ready for delivery across the country to monitor the trend of SARS-CoV-2 infection in Nepal for the second round of the Sero-Surveillance study.

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 providing their support to the government for the continuation of COVID and non-COVID response throughout the country. The support has been provided through Ministry of Health and Population (MOHP) especially from 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), Management Division (MD), Hub hospital networks; Ministry of Social Development (MOSD) especially with Provincial Health Directorate Offices, District Public/Health Offices, and municipalities.
- 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 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.

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: samuelsr@who.int

Communication/Media Focal Point

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