

Situation Update #50 - Coronavirus Disease 2019 (COVID-19)

WHO Country Office for Nepal

Reporting Date: 23 - 29 March 2021

HIGHLIGHTS*

- Of the total COVID-19 positive cases, 98.4% of cases have recovered and 0.48% (1341) of cases are active.
- Of the total COVID-19 deaths, the most common co-morbidity identified in fatal cases was hypertension (39.9%).
- There have been 1,793,400 people (438,879 in 1st phase and 1,354,521 in 2nd phase - 78% of the target population) who have received the 1st dose of COVID-19 Vaccine.
- Vaccine wastage rate of 2nd phase is less than 1%.
- Second dose of COVID-19 vaccine will begin from 20 April 2021.

*Data as of COVID-19 Update, MoHP, 29 March 2021

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 30 March 2021, T07:00:00 hours (week no. 13), a total 276,980 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 2,264,268 RT-PCR tests have been performed nationwide by 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 12) ranged from 2.1% (Province 1) to 15.3% (Karnali Province), with national positivity rate averaging 8.0%.
- Overall, the sex-distribution remains skewed towards males, who constitute 65% (179,697/276,980) of confirmed cases. Amongst the males, 81% (146,392/179,697) are in the economically productive age group (15-54 years).
- A total of 23 samples were received by NPHL, National Influenza Center (NIC) for Influenza surveillance for EPID-week 12 (22 – 28 March 2021).
 - Out of the 23 samples received, 3 samples were regular samples tested at NPHL, out of which 1 sample tested positive for influenza A/H3.
 - The remaining 20 Samples were outbreak samples received from Doti, Sudurpashchim province on 22 March 2021, out of which, 13 samples tested positive for influenza A/H3.
 - Thus, in total, 14 samples tested positive for Influenza A/H3.

SITUATION OVERVIEW

NEPAL

(Data as of 30 March 2021, 07:00:00 hours)

276,980 confirmed cases

3,027 deaths

2,264,268 RT-PCR tests

SOUTH-EAST ASIA REGION

(Data as of 28 March 2021, 10am CET)

14,619,886 confirmed cases

217,737 deaths

GLOBAL

(Data as of 28 March 2021, 10am CET)

126,372,442 confirmed cases

2,769,696 deaths

- From 4 January to 28 March 2021, a total of 381 samples have been tested for Influenza and SARS-CoV-2. Four samples have tested positive for SARS-CoV-2.¹

Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 28 March 2021; #Global Weekly Epidemiological Update 33) and cumulative incidence rate (per 100,000)

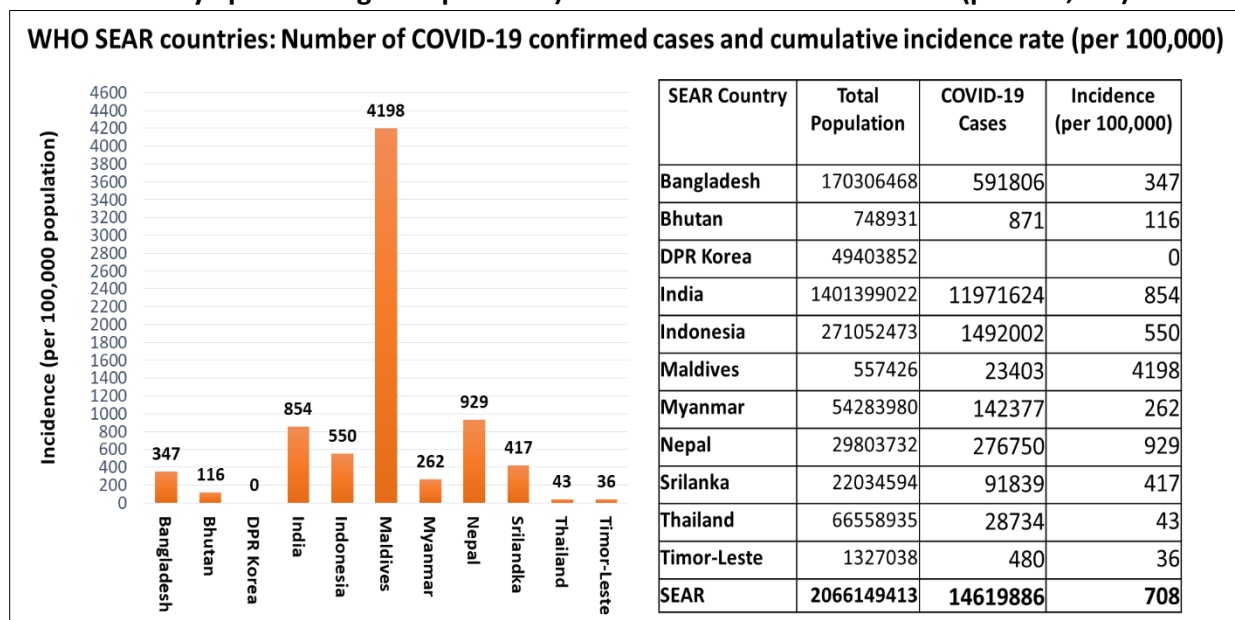
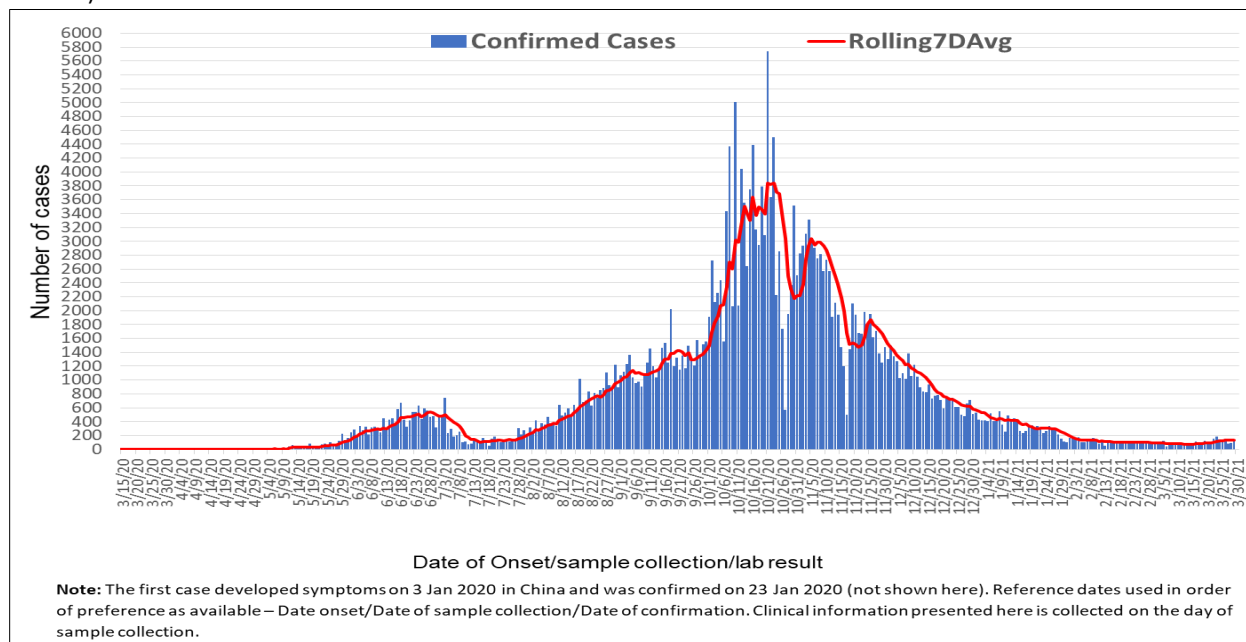


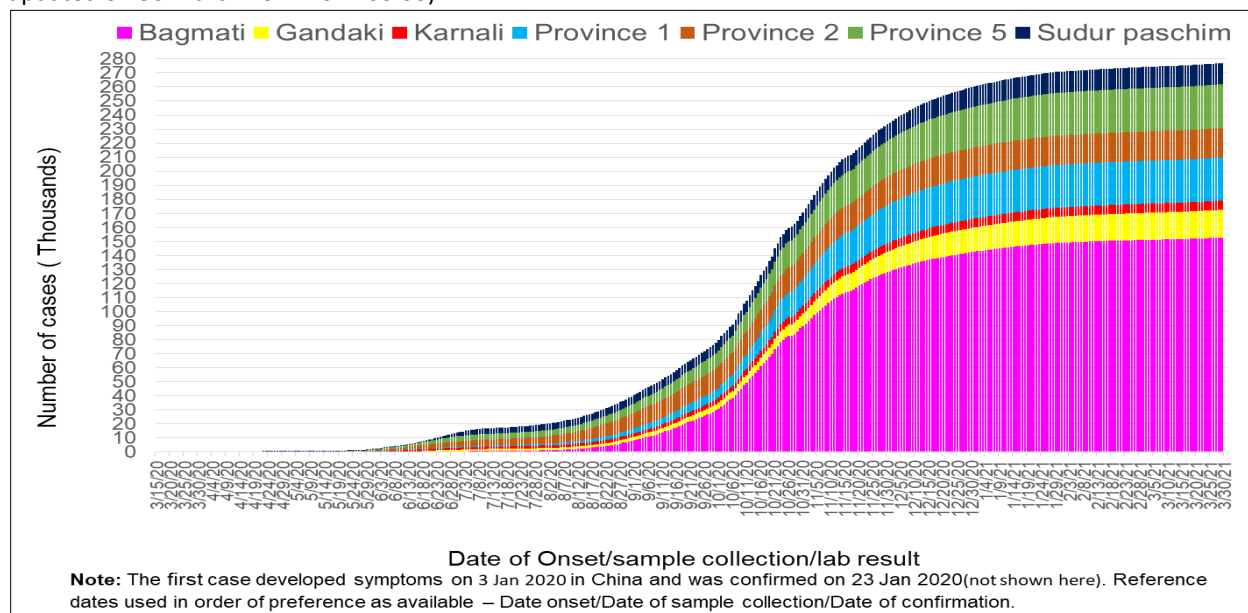
Figure 2A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 276980)(Data updated on 30 March 2021 TO 7:00:00)



¹ These 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 29 March 2021 was 3122 which is about one fifth of the number tested during the peak in the end of October 2020.

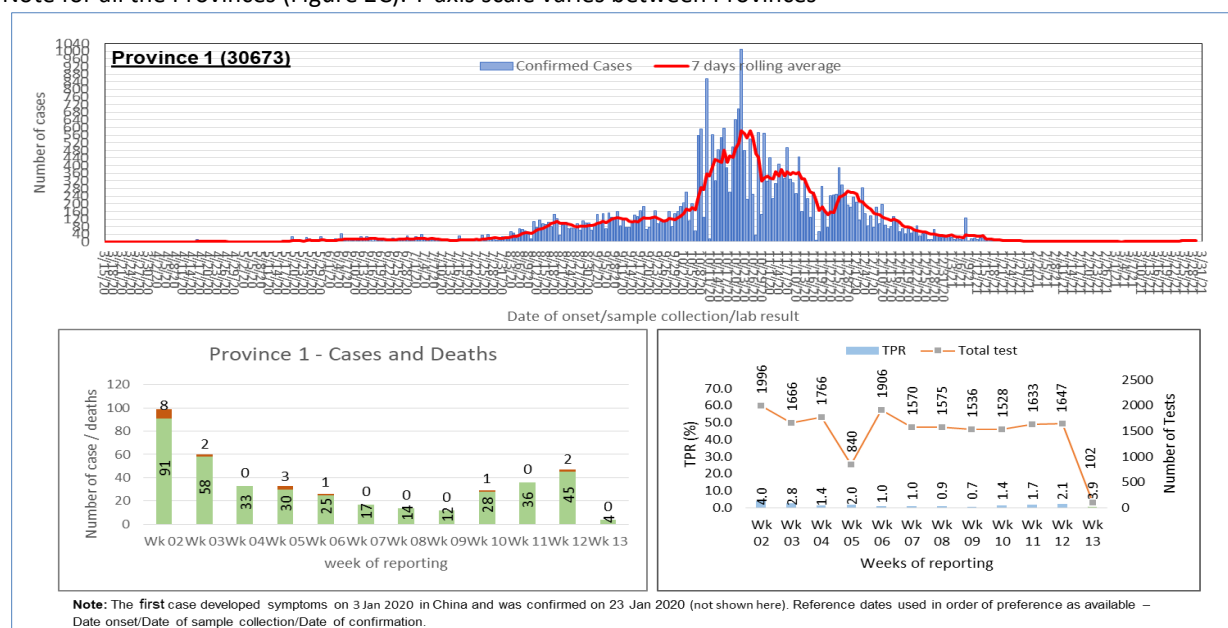
Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 276980)(Data updated on 30 March 2021 TO 7:00:00)



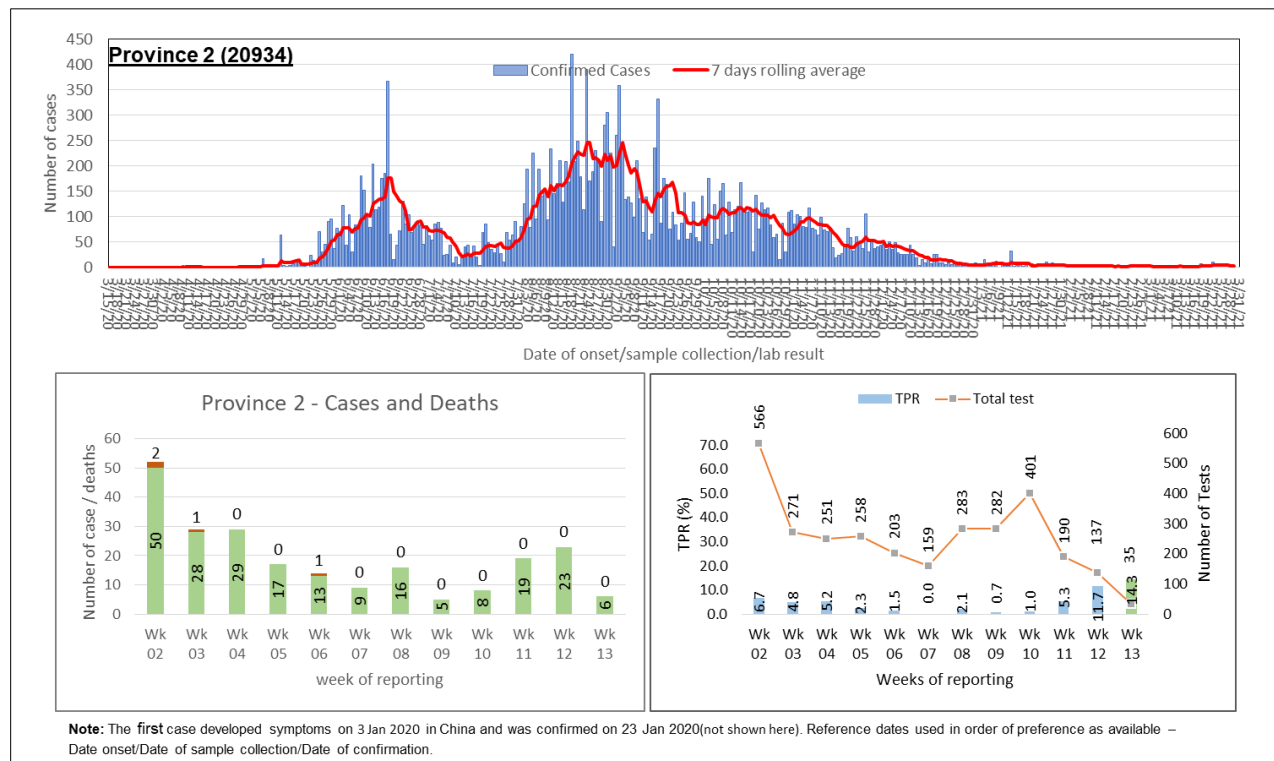
The cumulative case incidence has been increasing in Nepal since the first case confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 276980)(Data updated on 30 March 2021 TO 7:00:00)

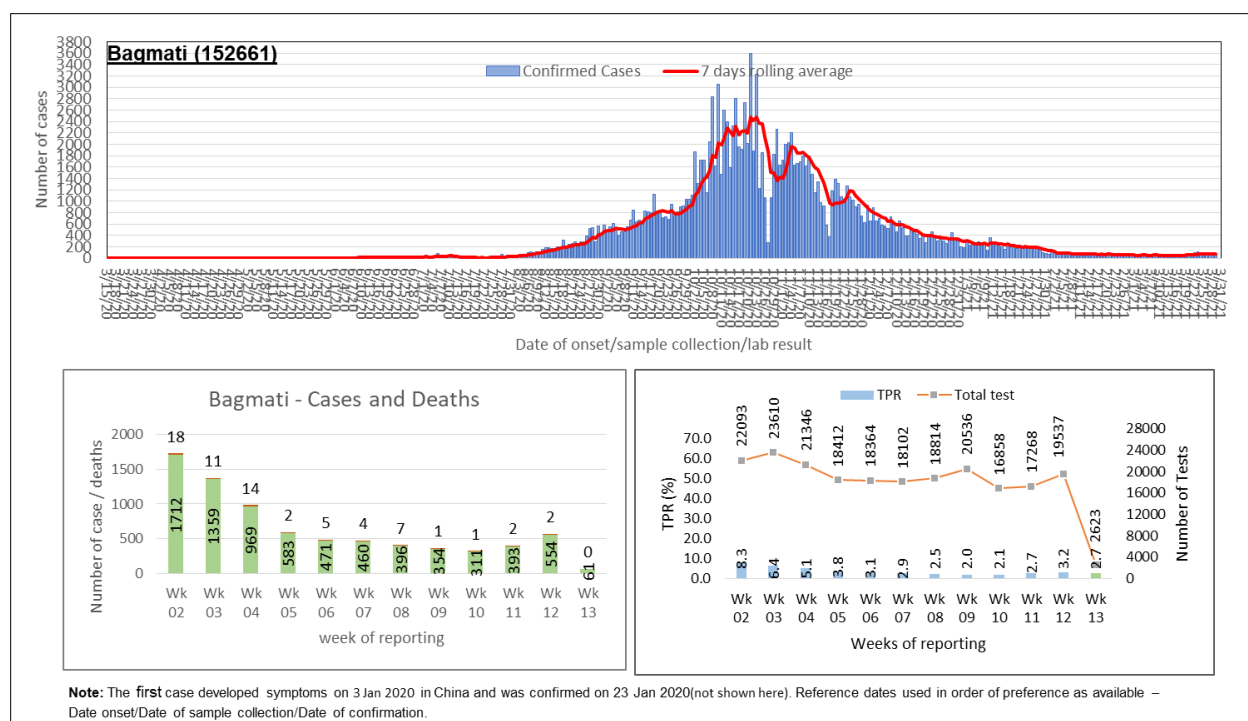
Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces



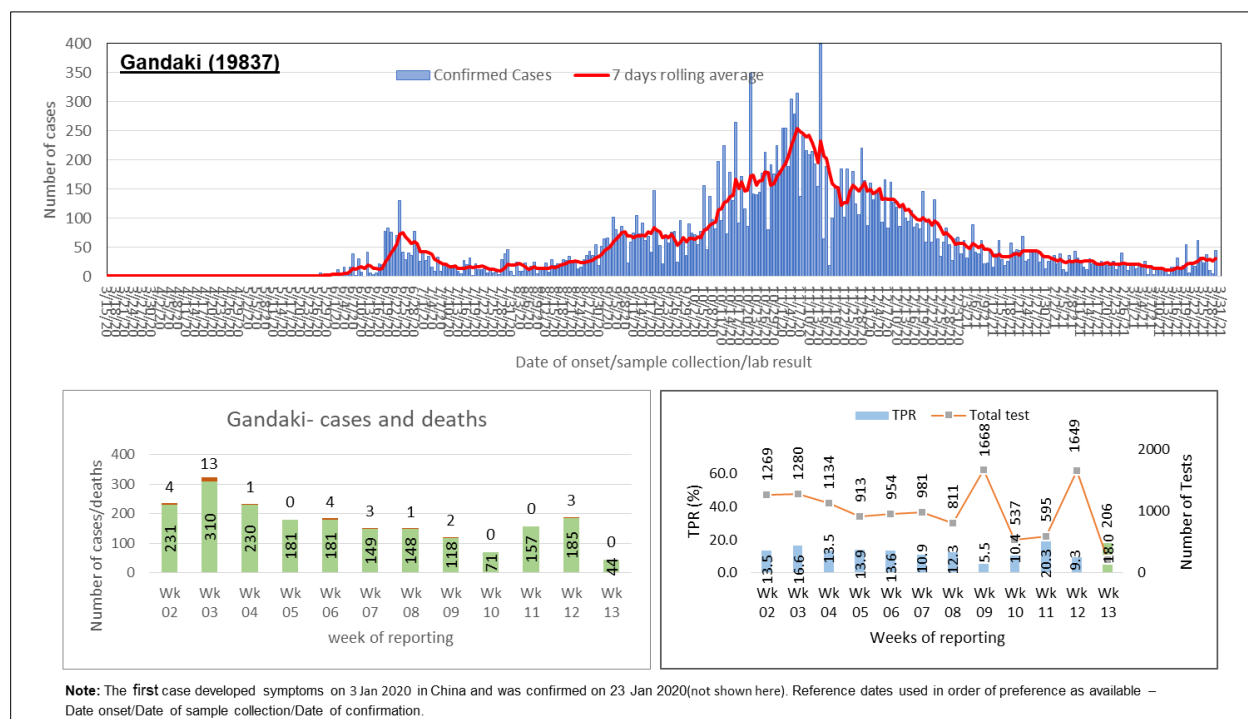
There were 45 new cases reported in the past week in Province 1. Since a peak in October, weekly new cases have continued to decrease. However, cases have increased by 25% in the past week compared to the previous week. There were 2 deaths reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Province 1 increased to 2.1% in the past week continuing a decreasing trend. A total of 1647 tests were performed in the past week, 1% more than that of the previous week.



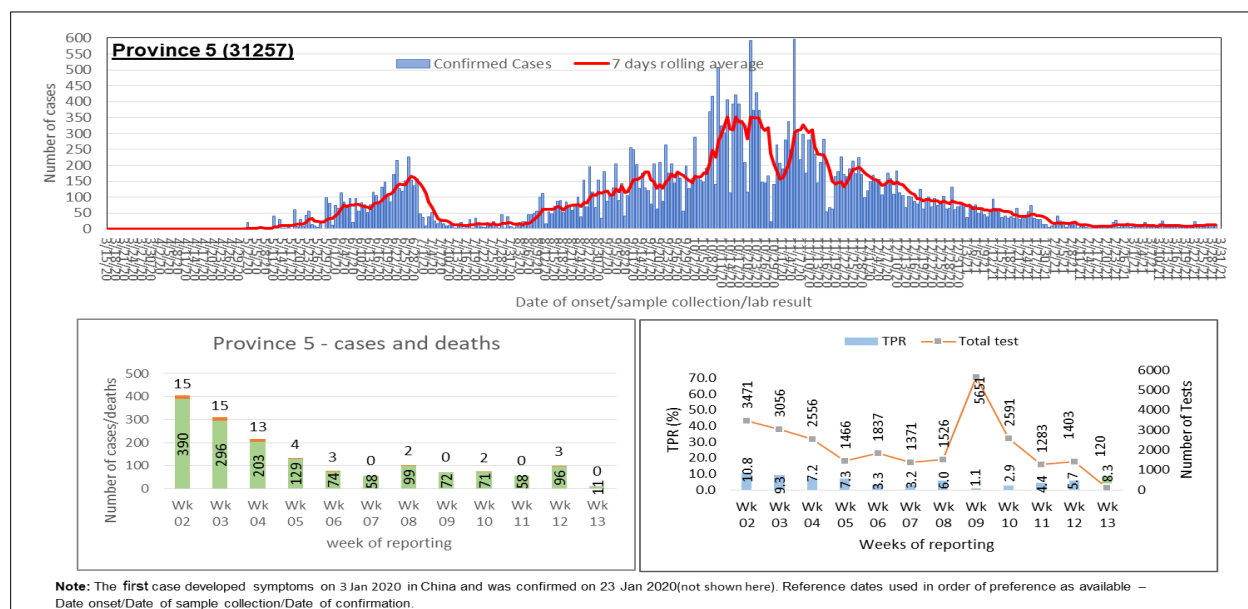
There were 23 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing but increased by 21% in the past week compared to the previous week. There were no deaths reported in the past week, consistent with the previous week. The test positivity rate in Province 2 increased to 11.3% in the past week. A total of 137 tests were performed in the past week, 28% less than that of the previous week.



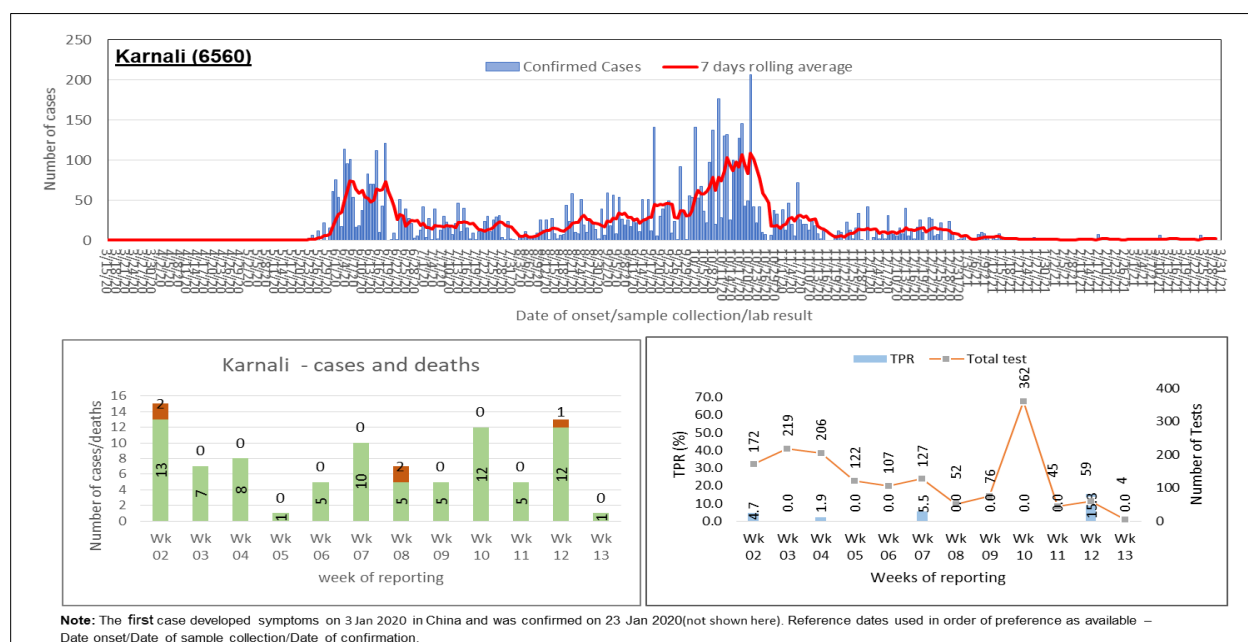
In Bagmati, 554 new cases were reported in the past week. Weekly new cases are steadily decreasing. However, cases increased by 41% in the past week compared to the previous week. There were 2 deaths reported in the past week, consistent with the previous week. The test positivity rate in Bagmati increased to 3.2% in the past week. A total of 19537 tests were performed in the past week, 13% more than that of the previous week.



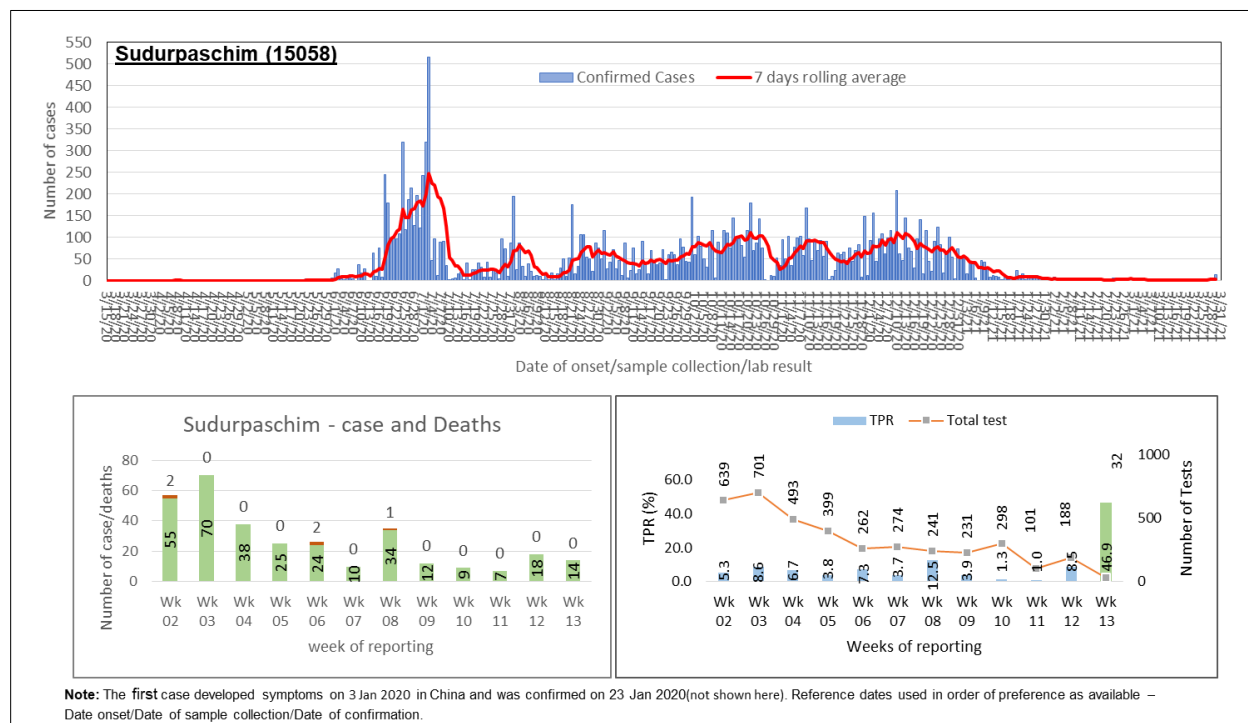
In Gandaki, 185 new cases were reported in the past week. Weekly new cases have fallen considerably since a peak in Week 45 but it increased by 18% in the past week compared to the previous week. There were 3 deaths reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Gandaki decreased to 9.3% in the past week. A total of 1649 tests were performed in the past week, nearly three times more than that of the previous week.



Lumbini reported 96 new cases in the past week. The number of new cases reported has fallen significantly since a peak in week 45 but increased by 66% 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 5.7% in the past week. A total of 1403 tests were performed in the past week, 9% more than that of the previous week.

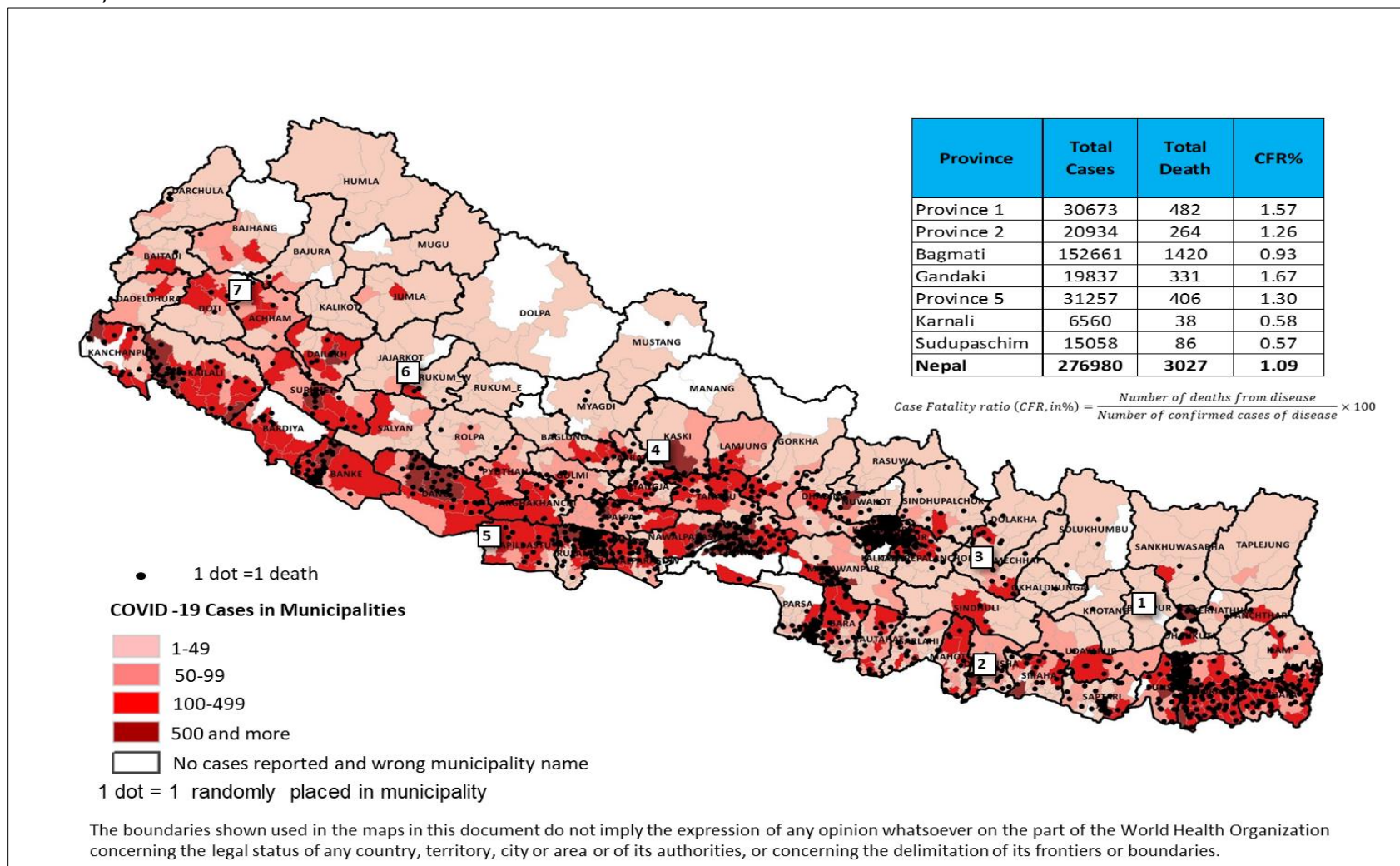


In Karnali, 12 new cases were reported in the past week. Since cases peaked in week 42, a weekly decrease in new cases has continued. However, cases have increased by double in the past week compared to the previous week. There were no deaths reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Karnali increased to 15.3% in the past week. A total of 59 tests were performed in the past week, 31% more than that of the previous week.



In Sudurpashchim, 18 new cases were reported in the past week. Weekly new cases are continuously decreasing though cases doubled 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 increased to 8.5% in the past week. A total of 188 tests were performed in the past week, 86% more than that of the previous week.

Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 276980)(Data updated on 30 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 = 276980)(Data updated on 30 March 2021 TO 7:00:00)

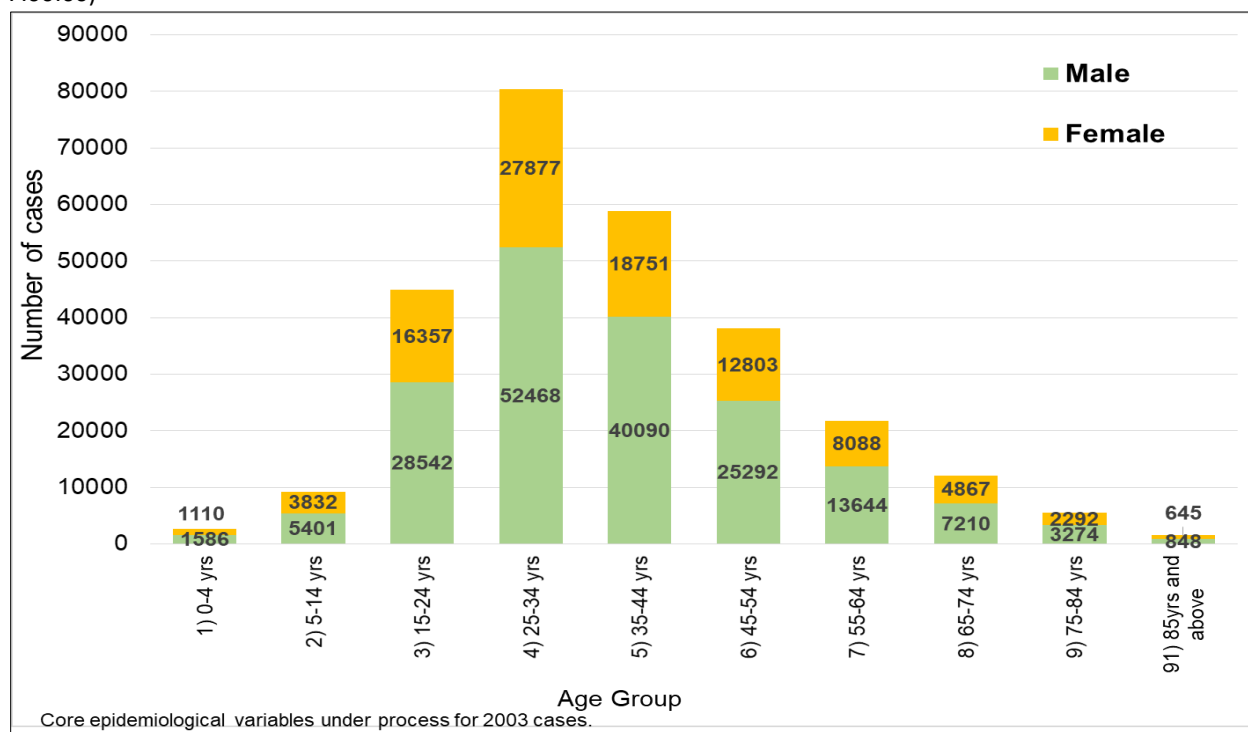
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	30673	11.1	482	Cluster of cases	79	2
Province 2	20934	7.6	264	Cluster of cases	48	0
Bagmati	152661	55.1	1420	Cluster of cases	962	4
Gandaki	19837	7.2	331	Cluster of cases	371	3
Province 5	31257	11.3	406	Cluster of cases	155	3
Karnali	6560	2.4	38	Cluster of cases	17	1
Sudurpashchim	15058	5.4	86	Cluster of cases	38	0
National Total	276980	100	3027	Cluster of cases	1670	13

- 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 = 274977)(Data updated on 30 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 = 276980)(Data updated on 30 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	2696	8	8	5	0.59
5-14 yrs	9233	4	4	5	0.09
15-24 yrs	44899	30	28	35	0.13
25-34 yrs	80345	82	46	50	0.16
35-44 yrs	58841	158	71	102	0.39
45-54 yrs	38095	300	109	190	1.07
55-64 yrs	21732	413	158	304	2.63
65-74 yrs	12077	547	243	452	6.54
75-84 yrs	5566	399	196	340	10.69
85+ yrs	1493	157	63	121	14.74
Unknown	2003	2	1	2	0.15
National	276980	2100	927	1606	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 3,027 deaths have been reported. Out of the total deaths, 2,100 (69.4%) were males and 927 (30.6%) were females. Amongst the deaths, 1,606 persons (53.1%) 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 6.5% to 14.7%.

PREPAREDNESS AND RESPONSE

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

- Nepal received 800,000 doses of Sinopharm vaccine on 29 March 2021 as a donation from Government of China. MoHP is discussing with experts to identify the appropriate target group to provide 2 doses of vaccine. The decision will be made soon.
- On 25 March 2021, Government of Nepal made several decisions considering recent rise of cases in Nepal and other countries, which are:
 - Strengthening surveillance at Points of Entry (PoE)
 - Strengthening health desks and checkup at international PoEs
 - Pre-preparedness plan to be developed by MoHP
 - Review the level of transmission, with Ministry of Home Affairs (MoHA) to consider closure of certain PoEs
 - COVID-19 testing to be done at PoEs and arrange transfer provision for positive cases
 - Increase awareness to follow public health standards and avoid mass gatherings and meetings
 - Ministry of Education, Science and Technology (MoEST) to monitor public health standards followed by schools
 - Ministry of Foreign Affairs (MoFA) to mobilize local administration and Ministry of Federal Affairs and General Administration (MoFAGA) to mobilize local government to increase awareness and compliance to standards.
- On 29 March 2021, MoHP issued two circulars to Provincial Government and designated COVID-19 hospitals. The circular emphasized on the following measures:
 - The positive cases found at PoEs should be managed at hospital and isolation centers based on presence of symptoms:
 - Asymptomatic cases to be isolated for 10 days at isolation centers and
 - Symptomatic cases to be hospitalized
 - MoHP reemphasized that the Ministry will provide per unit reimbursement based on the cases managed by them
 - All designated COVID-19 hospitals listed in the circular are advised to follow COVID-19 case management guidelines and manage cases accordingly. The ministry will reimburse based on the per unit cost and records entered in the routine health information system

What is the WHO Country Office for Nepal doing?

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 3 designated COVID-19 laboratories participated in the NQAP this week. All the participating laboratories were satisfactory with results of $\geq 90\%$ concordance.

- Technical support from WHO Nepal was provided to the staff of NPHL and other designated COVID-19 laboratories for registering and participating in the webinar entitled “WHO Laboratory Biosafety Manual 4th edition (LBM4) publication Risk based approach: Practical implications and opportunities” organized by WHO. Eighty laboratory persons from NPHL, COVID-19 laboratories across Nepal, Academic Institutions and laboratories registered for the online webinar.

Risk Communication and Community Engagement

- The following documents were translated this week (23 – 29 March 2021):

SN	TRANSLATION DOCUMENT	Type
1	Evidence Brief_March 26	Evidence Brief

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

Episodes	Titles	Language	Link
30	Vaccines-when and why? कोभिड - १९ खोपहरू, कहिले र किन लगाउने ?	Nepali	Link
30	Vaccines-when and why? कोभिड -१९ खोपसभ, कहिया आ किया ?	Maithili	Link

- On the occasion of World Tuberculosis (TB) Day (March 24), infographics highlighting the relationship between COVID-19 and TB were shared on WCO Nepal social media.
- IEC materials on COVID-19 preventive measures are shared on WCO Nepal social media platforms on a regular basis.

Point of Entry

- On 24 March 2021, WHO Nepal provided Epidemiology and Disease Control Division (EDCD) with 12 tablets and 2 mobile sets to strengthen the establishment of a Point of Entry (PoE) health desk at Tribhuvan International Airport, Province 1 and Province 2.



Dr. Rajesh Sambhajirao Pandav -WHO Representative to Nepal (third from right) handing over the tablets and mobile sets to Dr. Krishna Prasad Poudel, Director, EDCD (third from left) Picture Credit – WHO Nepal/P. Dahal

Field operation and Logistics

- On 25 March 2021, WHO Nepal handed over the expanded and enhanced National Health Emergency Operation Centre (HEOC) and Provincial Health Emergency Operation Centres (PHEOCs) at the following Provinces to MoHP:
 - Biratnagar, Province 1,
 - Janakpur, Province 2,
 - Hetauda, Bagmati Province and
 - Butwal, Lumbini Province.

Dr. Rajesh Sambhajirao Pandav -WHO Representative to Nepal (Left) and Mr. Laxman Aryal, Health Secretary, MoHP (Right) signing the handover certificate of HEOC. *Picture Credit- WHO Nepal/A. Maharjan*



Dr. Rajesh Sambhajirao Pandav (WHO Representative to Nepal) and Mr. Laxman Aryal (The Secretary, MoHP) holding provincial profiles for COVID-19 response (Left) and exchanging the handover certificates (Right). *Picture Credit – WHO Nepal/A. Maharjan*



Dr. Rajesh Sambhajirao Pandav, WHO Representative to Nepal (fourth from left); Dr Reuben Samuel, WHO Health Emergencies Team Lead (third from left) and MoHP dignitaries holding the provincial profiles for COVID-19 response. Picture Credit- WHO Nepal/A. Maharian

- Likewise, WHO Nepal also supported refurbishing of the National Health Emergency Operation Centre (HEOC). During the handover ceremony of the HEOC to MoHP, WHO also provided 5 laptops, 2 monitors, 1 UPS and 2 air conditioners for the effective functioning of the HEOC.
- On 26 March 2021, WHO Nepal supported Nepal Red Cross Society (NRCS) with provision of six laptops to be used by project personnel for the effective implementation of community level interventions for COVID-19 response at three provinces i.e. Province 2, Bagmati and Lumbini.

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.
- MOHP received COVID-19 vaccines (800,000 doses with accessories) donated by the Government of China on 29 March 2021. MOHP is planning the second dose of vaccinations to first priority groups from 20-23 April 2021.

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