Situation Update #51 - Coronavirus Disease 2019 (COVID-19)
WHO Country Office for Nepal

Reporting Date: 30 March – 5 April 2021

HIGHLIGHTS*

● Of the total COVID-19 positive cases, 98.3% of cases have recovered and 0.66% (1832) 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 36 districts.
● There have been 1,805,158 people (438,879 in the 1st phase and 1,366,279 in the 2nd phase - 79% of the target population) who have received the 1st dose of COVID-19 Vaccine.
● Vaccine wastage rate of the 2nd phase of vaccination is less than 1%.
*Data as of COVID-19 Update, MoHP, 05 April 2021

NEPAL EPIDEMIOLOGICAL SITUATION

● As of 6 April 2021, T07:00:00 hours (week no. 14), a total 278,210 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 2,289,824 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 13) ranged from 1.9% (Province 1) to 22.6% (Karnali Province), with national positivity rate averaging 11.8%.
● Overall, the sex-distribution remains skewed towards males, who constitute 65% (180,402/278,210) of the confirmed cases. Amongst the males, 81% (146,948/180,402) are in the economically productive age group (15-54 years).
● A total of 18 samples were received for Influenza by NPHL, National Influenza Center (NIC) for Influenza surveillance on EPID-week 13 (29 March – 4 April 2021).
  ▪ Out of the 18 samples received, 4 samples were regular samples tested at NPHL.
  ▪ The remaining 14 samples were outbreak samples received from Bajura. Among these samples, 10 samples tested positive for Influenza A/H3.
  ▪ Overall, 10 samples tested positive for Influenza A/H3.
  o From 4 January until 4 April 2021, a total of 405 samples have been tested for Influenza and SARS-CoV-2. Four samples have tested positive for SARS-CoV-2.¹

¹ These positive cases are included in the COVID-19 database
Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 04 April 2021; #Global Weekly Epidemiological Update 34) and cumulative incidence rate (per 100,000)

<table>
<thead>
<tr>
<th>SEAR Country</th>
<th>Total Population</th>
<th>COVID-19 Cases</th>
<th>Incidence (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>170306468</td>
<td>630277</td>
<td>370</td>
</tr>
<tr>
<td>Bhutan</td>
<td>748931</td>
<td>891</td>
<td>119</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>49403852</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>India</td>
<td>1401399022</td>
<td>12485509</td>
<td>891</td>
</tr>
<tr>
<td>Indonesia</td>
<td>271052473</td>
<td>1527524</td>
<td>564</td>
</tr>
<tr>
<td>Maldives</td>
<td>557426</td>
<td>24651</td>
<td>4422</td>
</tr>
<tr>
<td>Myanmar</td>
<td>54283980</td>
<td>142479</td>
<td>262</td>
</tr>
<tr>
<td>Nepal</td>
<td>29803732</td>
<td>277768</td>
<td>932</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>22034594</td>
<td>93295</td>
<td>423</td>
</tr>
<tr>
<td>Thailand</td>
<td>66558935</td>
<td>29127</td>
<td>44</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>1327038</td>
<td>714</td>
<td>54</td>
</tr>
<tr>
<td>SEAR</td>
<td>2066149413</td>
<td>15212235</td>
<td>736</td>
</tr>
</tbody>
</table>

Nationally, the second surge began in mid-July of 2020, which peaked by the end of October 2020 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 5 April 2021 was 4536 which is about one fourth 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 was confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces.
There were 42 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 fallen by 7% in the past week compared to the previous week. There were no deaths reported in the past week, a decline from 2 deaths in the previous week. The test positivity rate in Province 1 decreased to 1.9% in the past week. A total of 1670 tests were performed in the past week, 1% more than that of the previous week.

There were 25 new cases reported in the past week in Province 2. Weekly new cases are continuously decreasing but cases increased by 9% 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 2 decreased to 9.4% in the past week. A total of 203 tests were performed in the past week, 48% more than that of the previous week.
In Bagmati, 627 new cases were reported in the past week. Weekly new cases are steadily decreasing. However, cases increased by 13% in the past week compared to the previous week. There were 3 deaths reported in the past week, a 50% increase from that of the previous week. The test positivity rate in Bagmati increased to 3.6% in the past week. A total of 19319 tests were performed in the past week, 1% less than that of the previous week.

In Gandaki, 227 new cases were reported in the past week. Weekly new cases have fallen considerably since a peak in week 45. However, cases have increased by 23% in the past week compared to the previous week. There was 1 death reported in the past week, 67% decrease from
that of the previous week. The test positivity rate in Gandaki increased to 15.3% in the past week. A total of 1233 tests were performed in the past week, 25% less than that of the previous week.

Lumbini reported 117 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 22% in the past week compared to the previous week. There were no deaths reported in the past week, a decline from 3 deaths in the previous week. The test positivity rate in Lumbini increased to 7.6% in the past week. A total of 1468 tests were performed in the past week, 5% more than that of the previous week.
In Karnali, 23 new cases were reported in the past week. Since cases peaked in the week 42, a weekly decrease in new cases has continued. However, cases have increased by 92% 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 Karnali increased to 22.6% in the past week. A total of 62 tests were performed in the past week, 5% more than that of the previous week.

In Sudurpashchim, 44 new cases were reported in the past week. Weekly new cases are continuously decreasing though cases have 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 22.5% in the past week. A total of 187 tests were performed in the past week, 1% less than that in 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 1.1%. However, the 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.
(Data updated on 06 April 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>30720</td>
<td>11.0</td>
<td>482</td>
<td>Cluster of cases</td>
<td>92</td>
<td>2</td>
</tr>
<tr>
<td>Province 2</td>
<td>20961</td>
<td>7.5</td>
<td>265</td>
<td>Cluster of cases</td>
<td>46</td>
<td>1</td>
</tr>
<tr>
<td>Bagmati</td>
<td>153406</td>
<td>55.1</td>
<td>1426</td>
<td>Cluster of cases</td>
<td>1264</td>
<td>8</td>
</tr>
<tr>
<td>Gandaki</td>
<td>20056</td>
<td>7.2</td>
<td>333</td>
<td>Cluster of cases</td>
<td>431</td>
<td>4</td>
</tr>
<tr>
<td>Province 5</td>
<td>31388</td>
<td>11.3</td>
<td>406</td>
<td>Cluster of cases</td>
<td>216</td>
<td>1</td>
</tr>
<tr>
<td>Karnali</td>
<td>6584</td>
<td>2.4</td>
<td>38</td>
<td>Cluster of cases</td>
<td>37</td>
<td>1</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>15095</td>
<td>5.4</td>
<td>86</td>
<td>Cluster of cases</td>
<td>68</td>
<td>0</td>
</tr>
<tr>
<td>National Total</td>
<td>278210</td>
<td>100</td>
<td>3036</td>
<td>Cluster of cases</td>
<td>2154</td>
<td>17</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 = 278210)(Data updated on 06 April 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>2706</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>0.59</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>9273</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>0.09</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>45084</td>
<td>30</td>
<td>28</td>
<td>35</td>
<td>0.13</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>80642</td>
<td>82</td>
<td>46</td>
<td>50</td>
<td>0.16</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>59114</td>
<td>158</td>
<td>72</td>
<td>103</td>
<td>0.39</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>38293</td>
<td>302</td>
<td>110</td>
<td>192</td>
<td>1.08</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>21858</td>
<td>415</td>
<td>158</td>
<td>305</td>
<td>2.62</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>12133</td>
<td>548</td>
<td>243</td>
<td>453</td>
<td>6.52</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>5605</td>
<td>400</td>
<td>196</td>
<td>341</td>
<td>10.63</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>1497</td>
<td>158</td>
<td>63</td>
<td>122</td>
<td>14.76</td>
</tr>
<tr>
<td>Unknown</td>
<td>2005</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0.15</td>
</tr>
<tr>
<td>National</td>
<td>278210</td>
<td>2107</td>
<td>929</td>
<td>1613</td>
<td>1.09</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 3,036 deaths have been reported. Out of the total deaths, 2,107 (69.4%) were males and 929 (30.6%) were females. Amongst the deaths, 1,613 persons (53.1%) had at least one known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1%, CFR progressively increases with age beyond 65 years of age, ranging from 6.5% to 14.8%.

PREPAREDNESS AND RESPONSE

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

• From the mid-March 2021, cases of COVID-19 have been increasing.
  o Government of Nepal (GoN) has reactivated Incident Command System (ICS) and advised the public to follow public health measures for COVID-19 prevention.
  o The screening at point-of-entry has been further strengthened along with antigen and PCR testing for COVID-19. The results from the tests have been linked with appropriate public health interventions and case management process.

• On 4 April 2021, MoHP made a decision to administer 800,000 vaccines received from China (Sinopharm – Vero Cell) to the targeted groups which include following:
  o Professors aged between 18-59 years
  o People working in essential services (hotel, trekking, advertisement and internet areas, pharmaceutical agencies, fruit and vegetable vendors etc)
  o Nepali students who are studying under GoN scholarships in China,
  o Nepali students who are applying for higher studies at China
  o People who trade in between two countries (Nepal- China) and others who plan to visit China due to personal and business reasons along with people from different occupational groups.
  o All the people from various organizations who had put forward a formal request to Family Welfare Division for the provision of vaccination
  o Remaining front line health care workers who are yet to be vaccinated.

• The vaccine will be provided from the selected 23 immunization centers in 7 districts (3 from Kathmandu valley and 4 from bordering districts with China). The COVID-19 vaccination campaign will begin from 7 April 2021.

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).
  o A total of 5 designated COVID-19 laboratories participated in the NQAP this week.
  o The result of the 3 participating laboratories was satisfactory with ≥90% concordance and the remaining 2 laboratories had results of <90% concordance.

• Technical support was provided to NPHL for validation of Truenat Molbio (Testing for Beta CoV-2 & SARS-CoV-2). The process is ongoing, and results are awaited.
**Technical Planning and Operations**

- WHO Nepal has been supporting MoHP to conduct a virtual training on Emergency Medical Deployment Team (EMDT). The third and final EMDTs training was completed on 30-31 March 2021. There were a total of 71 participants which included doctors, nurses and paramedics from Province 1, Province 2, Bagmati Province, Karnali Province and Sudurpashchim Province.
- WHO is also supporting HEOC to establish a telemedicine center at major hospitals located at all 7 provinces with establishment of Tribhuvan University Teaching Hospital (TUTH) as center for telemedicine. Till date tele-medicine equipment has been installed in Narayani hospital and B.P. Koirala Institute of Health Sciences (BPKIHS), TUTH and Patan hospital. The equipment have been dispatched to Karnali Academy of Health Sciences, Bheri Hospital, Seti Provincial Hospital but not installed.

**Risk Communication and Community Engagement**

- Science in 5 videos translated, dubbed, and published (30 March – 5 April 2021):
  
<table>
<thead>
<tr>
<th>Episodes</th>
<th>Titles</th>
<th>Language</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Vaccines, variants &amp; doses</td>
<td>कोभिड - १९ खोप, भाइरसको स्वरूप तथा खुराकहरू</td>
<td>Nepali</td>
</tr>
<tr>
<td>31</td>
<td>Vaccines, variants &amp; doses</td>
<td>कोभिड–१९ खोपसभ, प्रकारसभ आ खुराक</td>
<td>Maithili</td>
</tr>
</tbody>
</table>

- Infographics on precautionary measures to adopt during festival season were shared on WCO Nepal social media.
- IEC materials on COVID-19 prevention measures were shared on WCO Nepal social media.

**Field operation and Logistics**

- On 2 April 2021, WHO Nepal in close coordination with MoHP disseminated a report on Emergency Care System Assessment (ECSA) and Consensus Based Action Priorities: Nepal.
Similarly, on 4 April 2021, WHO Nepal shared the report on the first sero-surveillance survey to determine the prevalence of SARS-CoV-2 infection among the general population of Nepal, to the Secretary of MoHP.

Left: Dr. Rajesh Sambhajirao Pandav, WHO Representative to Nepal, sharing the report of first sero-surveillance survey with Mr. Laxman Aryal, Health Secretary, MoHP. Right: WHO Representative to Nepal and MoHP dignitaries holding the report on the first sero-surveillance survey of SARS-CoV-2, Nepal. Picture Credit - WHO Nepal

WHO Nepal also coordinated the dispatch of telemedicine equipment at the following hospitals on 4 April 2021:
- Seti Provincial Hospital (Sudurpashchim Province),
- Bheri Zonal Hospital (Lumbini Province) and
- Karnali Academy of Health Sciences (Karnali 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.
- 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 levels, 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.

- This week marks one year, since the activation of the health cluster and would like to express sincere appreciation to all health partners for their tireless support for COVID and non-COVID interventions in Nepal.

**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: samuelr@who.int

**Communication/Media Focal Point**
Mr Sujan G. Amatya
Communications Officer
WHO Country Office for Nepal
Email: samatya@who.int