HIGHLIGHTS*
● Of the total COVID-19 positive cases, 75.94% (398,483) of cases have recovered and 22% (115,447) of cases are active.
● Of the total active cases, 93.6% (108,071) of the active cases are in home isolation; 7,376 (6.4%) cases are undergoing hospital/institutional isolation of which 1,697 (1.5%) patients require ICU admission, amongst which 467 (0.4%) require ventilator support.
● Forty six districts have reported more than 500 active cases while deaths have been reported from 48 districts across the country.
● Among the total new cases (56243) reported this week, 24.5% of the new cases are from Kathmandu district and 33.3% from Kathmandu valley (Kathmandu, Lalitpur and Bhaktapur districts).
● RT–PCR tests have been performed from 91 designated COVID-19 laboratories across the country of which 55 are public and 36 are private laboratories.
● There have been 2,113,080 people who have received the 1st dose of COVID-19 Vaccine and 553,589 people have received 2nd dose of COVID-19 vaccine.

*Data as of COVID-19 Update, MoHP, 24 May 2021

NEPAL EPIDEMIOLOGICAL SITUATION
● As of 25 May 2021, 07:00:00 hours (week no. 21), a total 520,461 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 2,936,314 RT-PCR tests have been performed nationwide by designated functional COVID-19 laboratories.
● All 7 provinces in the country are now experiencing community transmission.
● Province-wise test positivity rate in the past week (week 20) ranged from 35.6% (Bagmati Province) to 51.9% (Karnali Province), with the national positivity rate averaging 44.2%.
● Overall, the sex-distribution remains skewed towards males, who constitute 62% (320,773/520,461) of confirmed cases. Amongst the males, 80% (255,836/320,773) are in the economically productive age group (15-54 years).
● A total of 44 samples have been tested for Influenza on EPID-week 20 (17 – 23 May 2021). None of the samples tested positive for Influenza. From 4 January - 23 May 2021, a total of 817 samples have been tested for Influenza and SARS-CoV-2. Only 6 samples have tested positive for SARS-CoV-21 till date.

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

Situation Update #58 – Coronavirus Disease 2019 (COVID-19)
WHO Country Office for Nepal
Sunday 30 May 2021
At a national level, the second wave of cases between July 2020 and February 2021 was followed by the third wave from the middle of March 2021. The total PCR tests done in Nepal on 24 May 2021 was 19846 which is similar to 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 confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.
There were 7665 new cases reported in the past week in Province 1. Since week 10, new cases are continuously increasing. The cases have increased by 32% in the past week compared to the previous week. There were 99 deaths reported in the past week, 13% more than that of the previous week. The test positivity rate in Province 1 increased to 47.6% in the past week. A total of 15750 tests were performed in the past week, 27% more than that of the previous week.

There were 4096 new cases reported in the past week in Province 2. Since week 11, new cases are steadily increasing. The cases have increased by 16% in the past week compared to the previous week. There were 105 deaths reported in the past week, 22% more than that of the previous week. The test positivity rate in Province 2 decreased to 39.7% in the past week. A total of 9182 tests were performed in the past week, 48% more than that of the previous week.
In Bagmati, 25520 new cases were reported in the past week. Since week 11, new cases are continuously increasing. However, the cases have decreased by 13% in the past week compared to the previous week. There were 614 deaths reported in the past week, 17% more than that of the previous week. The test positivity rate in Bagmati decreased to 35.6% in the past week. A total of 79793 tests were performed in the past week, which is the same as that of the previous week.

In Gandaki, 4482 new cases were reported in the past week. Since week 11, new cases are continuously increasing. The cases have increased by 12% in the past week compared to the previous week. There were 98 deaths reported in the past week, 6% less than that of the previous week. The test positivity rate in Gandaki decreased to 37.9% in the past week. A total of 9450 tests were performed in the past week, 78% more than that of the previous week.
Lumbini reported 8624 new cases in the past week. Since week 12, new cases are increasing significantly. However, the cases have decreased by 18% in the past week compared to the previous week. There were 231 deaths reported in the past week, 9% less than that of the previous week. The test positivity rate in Lumbini decreased to 45.1% in the past week. A total of 16507 tests were performed in the past week, 15% less than that of the previous week.
In Karnali, 2883 new cases were reported in the past week. Since week 12, new cases are continuously increasing. The cases have increased by 19% in the past week compared to the previous week. There were 100 deaths reported in the past week, 59% more than that of the previous week. The test positivity rate in Karnali decreased to 51.9% in the past week. A total of 5434 tests were performed in the past week, 39% more than that of the previous week.

In Sudurpaschim, 4951 new cases were reported in the past week. Since week 12, new cases are continuously increasing. The cases have increased by 3% in the past week compared to the previous week. There were 98 deaths reported in the past week, 66% more than that of the previous week. The test positivity rate in Sudurpaschim increased to 51.4% in the past week. A total of 9332 tests were performed in the past week, 2% more 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 of Nepal is 1.3%. However, the CRF is relatively high in Province 2 with 1.5% and Gandaki Province with 1.7%.
Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.

(N = 520461) (Data updated on 25 May 2021 00:00:00)

<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>52568</td>
<td>18.2</td>
<td>740</td>
<td>Community transmission</td>
<td>13463</td>
<td>212</td>
</tr>
<tr>
<td>Province 2</td>
<td>35681</td>
<td>10.4</td>
<td>548</td>
<td>Community transmission</td>
<td>7586</td>
<td>202</td>
</tr>
<tr>
<td>Bagmati</td>
<td>273481</td>
<td>16.9</td>
<td>2861</td>
<td>Community transmission</td>
<td>54212</td>
<td>1176</td>
</tr>
<tr>
<td>Gandaki</td>
<td>36268</td>
<td>14.3</td>
<td>598</td>
<td>Community transmission</td>
<td>8599</td>
<td>213</td>
</tr>
<tr>
<td>Province 5</td>
<td>76687</td>
<td>15.6</td>
<td>1171</td>
<td>Community transmission</td>
<td>18245</td>
<td>516</td>
</tr>
<tr>
<td>Karnali</td>
<td>15468</td>
<td>13.0</td>
<td>230</td>
<td>Community transmission</td>
<td>5392</td>
<td>166</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>30308</td>
<td>11.7</td>
<td>349</td>
<td>Community transmission</td>
<td>9170</td>
<td>189</td>
</tr>
<tr>
<td>National Total</td>
<td>520461</td>
<td>100</td>
<td>6497</td>
<td>Community transmission</td>
<td>116667</td>
<td>2674</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 = 520461)(Data updated on 25 May 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>4809</td>
<td>10</td>
<td>12</td>
<td>7</td>
<td>0.46</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>18222</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>0.08</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>79735</td>
<td>48</td>
<td>50</td>
<td>35</td>
<td>0.12</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>144020</td>
<td>222</td>
<td>120</td>
<td>67</td>
<td>0.24</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>110139</td>
<td>515</td>
<td>222</td>
<td>152</td>
<td>0.67</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>76763</td>
<td>756</td>
<td>328</td>
<td>307</td>
<td>1.41</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>46252</td>
<td>954</td>
<td>400</td>
<td>444</td>
<td>2.93</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>23776</td>
<td>950</td>
<td>464</td>
<td>564</td>
<td>5.95</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>10426</td>
<td>653</td>
<td>348</td>
<td>436</td>
<td>9.6</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>2836</td>
<td>265</td>
<td>152</td>
<td>153</td>
<td>14.7</td>
</tr>
<tr>
<td>Unknown</td>
<td>3483</td>
<td>11</td>
<td>3</td>
<td>7</td>
<td>0.4</td>
</tr>
<tr>
<td>National</td>
<td>520461</td>
<td>4391</td>
<td>2106</td>
<td>2179</td>
<td>1.25</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 6497 deaths have been reported. Out of the total deaths, 4391 (67.6%) were males and 2106 (32.4%) were females. Amongst the deaths, 2179 persons (33.5%) had at least one known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1%, the CFR progressively increases with age beyond 65 years of age, ranging from 6.0% to 14.7%.

PREPAREDNESS AND RESPONSE

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

- Government of Nepal (GoN) has issued COVID-19 Crisis Management Ordinance (Link Here) to respond to COVID-19 effectively on 20 May 2021. The following are the major highlights of the ordinance:
  - Clause for Declaration of COVID-19 Health Emergency
  - Conditions issued for Order of Closure or Restrictive Operation
  - Chief District Officers are Designated Authority to implement the legal and statutory orders and also to issue additional orders according to the existing legal frameworks.
  - Initiation for operational management of COVID-19 Unified Hospital- MoHP has designated Bir Hospital and a newly built infrastructure as a COVID-19 designated hospital. Operations under COVID-19 Unified Central Hospital include:
    - Service to be provided by the Central Hospital
    - Functions, Duties and Powers of the Central Hospital
    - Unified Treatment System
    - Operations under One-window Referral System
  - Directive Committee will be led by the Prime Minister. The members will be from key line ministries, Chief of Army and Chief Secretary of the GoN. This brings command to the highest level (Prime Minister’s level) to provide direction.
  - The COVID-19 Crisis Management Center (CCMC) will serve as a Secretariat of the Directive Committee which will be at the PM’s office. A senior administrative official will be appointed as a Chief of the Centers along with members from MoHP (12th level Chief Specialist), Brigadier General from Nepal Army, DIG from Nepal Police, DIG from Nepal Armed Police, Joint Secretaries from Ministry of Home Affairs (MoHA) and Ministry of Industries, Commerce and Supplies (MoICS).
  - Provincial and District level committees will be established to guide the COVID-19 response.
  - Procurement processes have been simplified which will allow for direct procurement and a dedicated unit will be established under the MoHP at Department of Health Services.
  - Mobilization of Public Health Inspectors to monitor the progress and adherence to the public health standards.
  - Some important points also included were:
    - Establishment of Emergency Fund
    - Incentive for Health Care Workers.
• Security of Health Care Workers.
• Offence and Punishment

MoHP organized a Press Meeting as a regular interaction with media on 24 May 2021. The Ministry provided details about the actions taken by the ministry and key achievements during the period.

The 2nd dose of COVID-19 Vaccination campaign using Verocell vaccine continues in selected districts (Kathmandu, Bhaktapur, Lalitpur, Kavre, Sindhupalchowk and Rasuwa. As of 24 May 218,895 people received second dose of Verocell which is 76% of the targeted population.

What is the WHO Country Office for Nepal doing?

Laboratory Capacity

• WHO Nepal has been providing support to 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 10 designated COVID-19 laboratories participated in the NQAP this week. The result of the 5 participating laboratories was satisfactory ≥90% and the results of the remaining 5 laboratories are awaited.
• WHO Nepal has also been providing technical support to NPHL in the following activities:
  o Validation of a newly established designated COVID-19 laboratory, Grande International Hospital, Tokha.
  o The designated laboratory sent 10 positive samples and 10 negative samples to NPHL to undergo the validation process with 100% concordance result. WHO consultant supported in the validation, report preparation, and dissemination.
  o Sample preparation for fourth round of SARS-CoV-2 real-time PCR assay proficiency panel to designated 36 COVID-19 laboratories in Kathmandu valley.
  o Dissemination of results of genome sequencing of the samples which were sent to CSIR-IGBI, India.

Technical Planning and Operations

• A virtual meeting was held with officials from National Health Training Center (NHTC), WHO Nepal, Nepal Medical Association and other professional societies on 19 May 2021 to discuss the 10 day Critical Care Training program for health care workers. A virtual training program has been planned to begin from 27 May 2021 for COVID-19 management for 5 batches with 100 participants each consisting of registered doctors and nurses from COVID-19 designated hospitals both private and government. WHO Nepal will be providing both technical and financial support for successful implementation of this program.

Point of Entry

Situation Update #58 – Corona virus Disease 2019 (COVID-19)
WHO Country Office for Nepal
Sunday 30 May 2021
• District Administration Offices (DAO) of Kathmandu, Lalitpur and Bhaktapur have extended prohibitory orders in Kathmandu till midnight of 03 June 2021 following the sharp spike in COVID-19 cases in the valley. Link Here

Risk Communication and Community Engagement
• The op-ed - What It Will Take to Overcome the Pandemic – written by Special Envoys on COVID-19 for the Director-General of WHO was translated in Nepali and sent for publication. The English version was published by The Himalayan Times (link here) and the Nepali version was published by Kantipur (link here). The link was also promoted on WCO Nepal Facebook page (link here; English version).
• The press release - United Nations and Partners in Nepal Launch Emergency COVID-19 Plan and Call for International Solidarity to Bring Life-Saving Aid to Nepal’s Most Vulnerable People and Communities – was uploaded on the WCO Nepal website (link here) and shared via WCO Nepal Facebook page (link here).
• Daily Focused COVID-19 Media Monitoring and latest Weekly WHO Nepal COVID-19 Situation Updates were uploaded on ReliefWeb (link here).
• Infographics on the following topics were shared via WCO Nepal social media:
  o How do you protect yourself and your loved ones if you find out you are a confirmed contact for COVID-19 (English infographic): Facebook Link
  o If you are diagnosed with COVID-19, or receive a positive test result, how do you protect yourself and your loved ones? (English infographic): Facebook Link
  o Myth-busters on hand sanitizers and handrubs (Nepali infographics; Facebook link): Link 1 | Link 2 | Link 3 | Link 4 | Link 5 | Link 6

Field Operation and Logistics
• WHO Nepal supported the following COVID-19 designated hospitals with provision and installation of 2 sets of 24 sqm tents (pictures below):
  o Shree Birendra Hospital, Chhauni, Kathmandu (17 May 2021) - The tents were setup for PCR sample collection for COVID-19.
  o Janamaitri Hospital, Balaju, Kathmandu (21 May 2021) - The tents were setup for PCR sample collection for COVID-19.
  o Armed Police Force Hospital, Chandragiri, Kathmandu (21 May 2021) - The tents are being used for screening of COVID patients and for isolating suspected COVID-19 patients.
What are the health clusters 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 as and when on a required basis.
- MOHP re-convened the weekly coordination meeting (every Tuesday) with COVID hospitals and PHDOs from 20 April 2021.
- Health partners are providing their support to government for the continuation of COVID and non-COVID responses throughout the country. The support provided through Ministry of Health and Population (MOHP) especially with Health Emergency Operation Centre (HEOC), Health Coordination Division (HCD), Policy, Planning & Monitoring Division (PP&MD), Epidemiology and Diseases Control Division (EDCD), National Public Health
• WHO and UNICEF are providing support for the COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs) which includes:
  o Micro planning including financing for the procurement of vaccination;
  o Training/orientations – to health personnel at various levels, local governments;
  o Provision of Logistics support – vehicle, cold chain boxes, delivery of vaccines, transportation of beneficiaries to the vaccination site;
  o Information Technology - registration, information communication, data management, IMU app etc;
  o Risk communication and community engagement – production and dissemination of messages, public awareness campaigns and
  o 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 coronavirus disease (COVID-19) Pandemic 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
  ▪ WHO Coronavirus (COVID-19) Dashboard can be found here
  ▪ Visit the WHO Nepal Facebook page and webpage on COVID-19 here
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