

# Situation Update #60- Coronavirus Disease 2019 (COVID-19)

## WHO Country Office for Nepal

Reporting Date: 1- 7 June 2021

### HIGHLIGHTS *\*Data as of COVID-19 Update, MoHP, 7 June 2021*

- Of the total COVID-19 positive cases, 84.2% (497,960) of cases have recovered and 14.4% (85,544) of cases are active.
- Of the total active cases, 91.6% (78,364) cases are in home isolation; 8.3% (7180) cases are undergoing hospital/institutional isolation. While 1,434 (1.6%) patients require ICU admission, 397 (0.3%) of the ICU admitted patients require ventilator support.
- Forty seven districts have reported more than 500 active cases.
- Among the total new cases (30192) reported this week, 22.5% (6800) of the new cases are from Kathmandu district and 31.9% (9638) from Kathmandu valley (Kathmandu, Lalitpur and Bhaktapur districts).
- COVID-19 vaccination coverage status (*Data as of 4 June 2021*): COVISHIELD Vaccine
  - First dose : 1,823,663
  - Second dose : 411,006SARS-CoV-2 Vaccine (Vero Cell)
  - First dose : 289,417
  - Second dose : 280,488

### SITUATION OVERVIEW

#### NEPAL

*(Data as of 08 June 2021, 07:00:00 hours)*

**591,494 confirmed cases**

**7,990 deaths**

**3,155,064 RT-PCR tests**

#### SOUTH-EAST ASIA REGION

*(Data as of 6 June 2021)*

**32,654,915 confirmed cases**

**425,123 deaths**

#### GLOBAL

*(Data as of 6 June 2021)*

**172,637,097 confirmed cases**

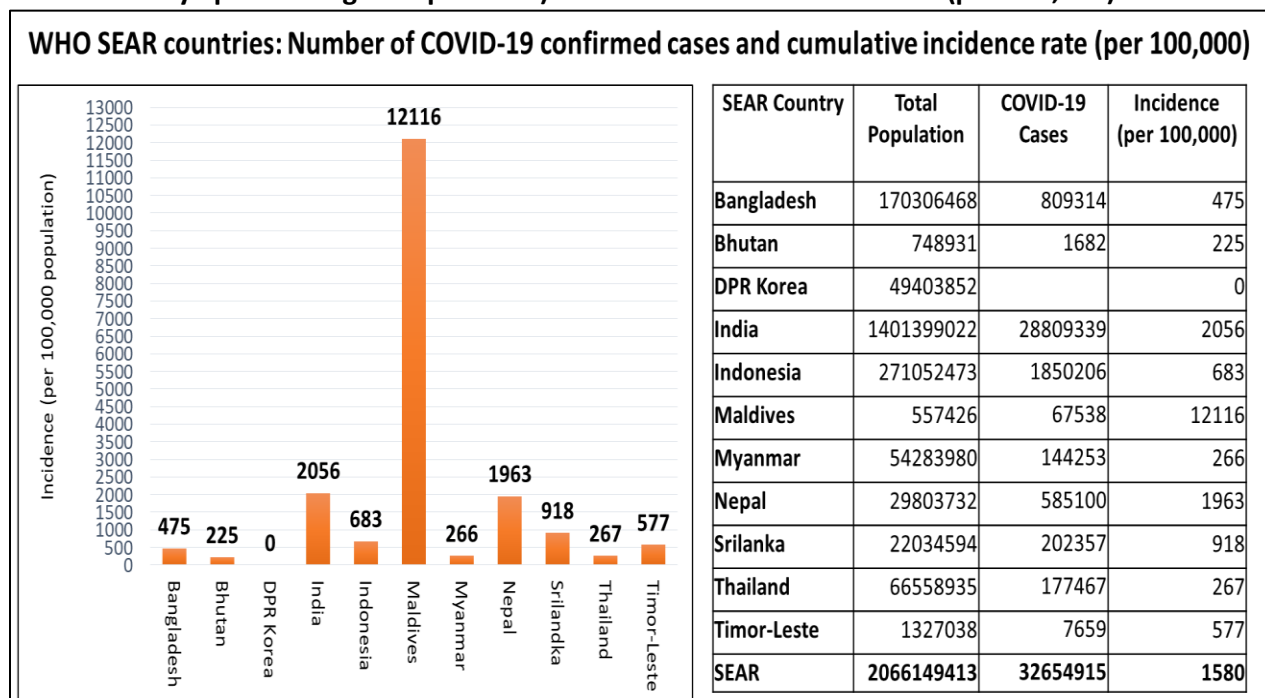
**3,718,944 deaths**

### NEPAL EPIDEMIOLOGICAL SITUATION

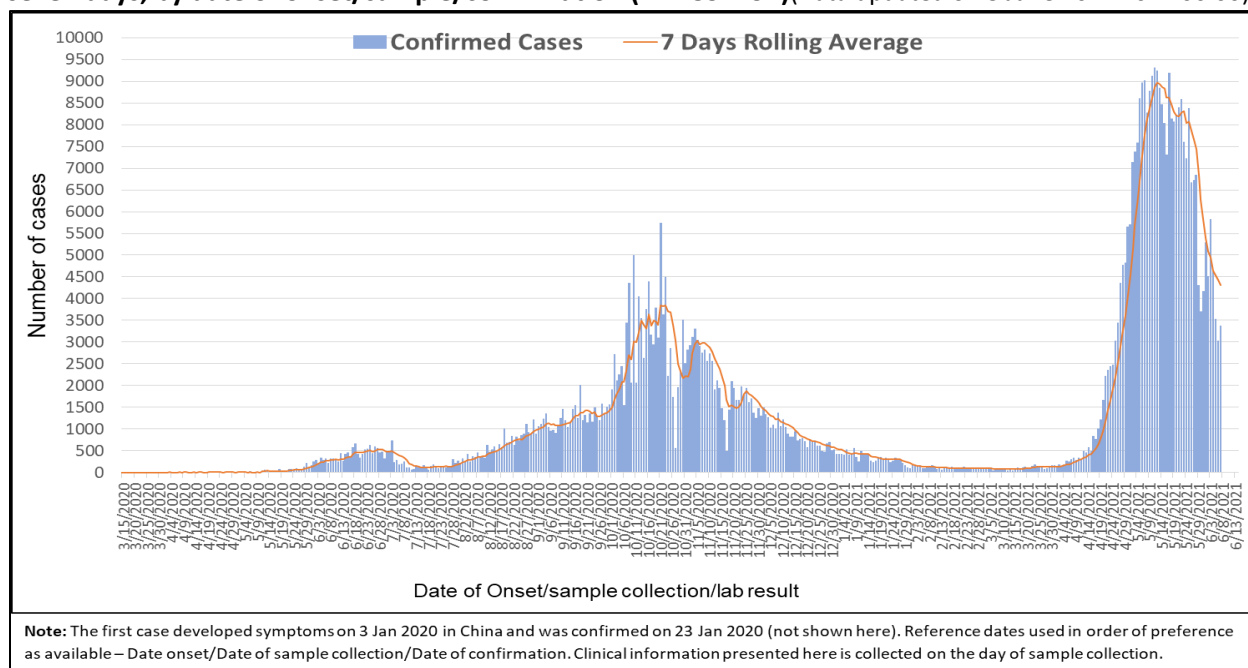
- As of 8 June 2021, T07:00:00 hours (week no. 23), a total of 591,494 COVID-19 cases were confirmed through polymerase chain reaction (RT-PCR); 3,155,064 RT-PCR tests have been performed nationwide by 93 designated functional COVID-19 laboratories (57 public). A total of 14,661 cases were confirmed through Antigen RDT.
- All 7 provinces in the country are now experiencing community transmission.
- Province-wise RT-PCR test positivity rate in the past week (week 22) ranged from 23.0% (Lumbini) to 44.6% (Karnali), with national positivity rate averaging 29.9%.
- Overall, the sex-distribution remains skewed towards males, who constitute 61% (361,295/591,494) of the RT-PCR confirmed cases. Amongst the males, 79% (285,725/361,295) are in the economically productive age group (15-54 years).
- A total of 134 samples were received on EPID-week 22 (31 May - 6 June 2021). Four samples tested positive for influenza while, 85 samples tested positive for SARS-CoV-2.
- No SARS-CoV-2 negative samples have been tested for influenza on EPID-week 22 (31 May - 6 June 2021). Therefore, no samples tested positive for influenza.

- From 4 January until 7 June 2021, a total of 1563 samples have been tested for influenza and SARS-CoV-2, of which a total of 245 samples have tested positive for SARS-CoV-2 <sup>1</sup> till date.

**Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 6 June 2021; Global Weekly Epidemiological Update 43) and cumulative incidence rate (per 100,000)**



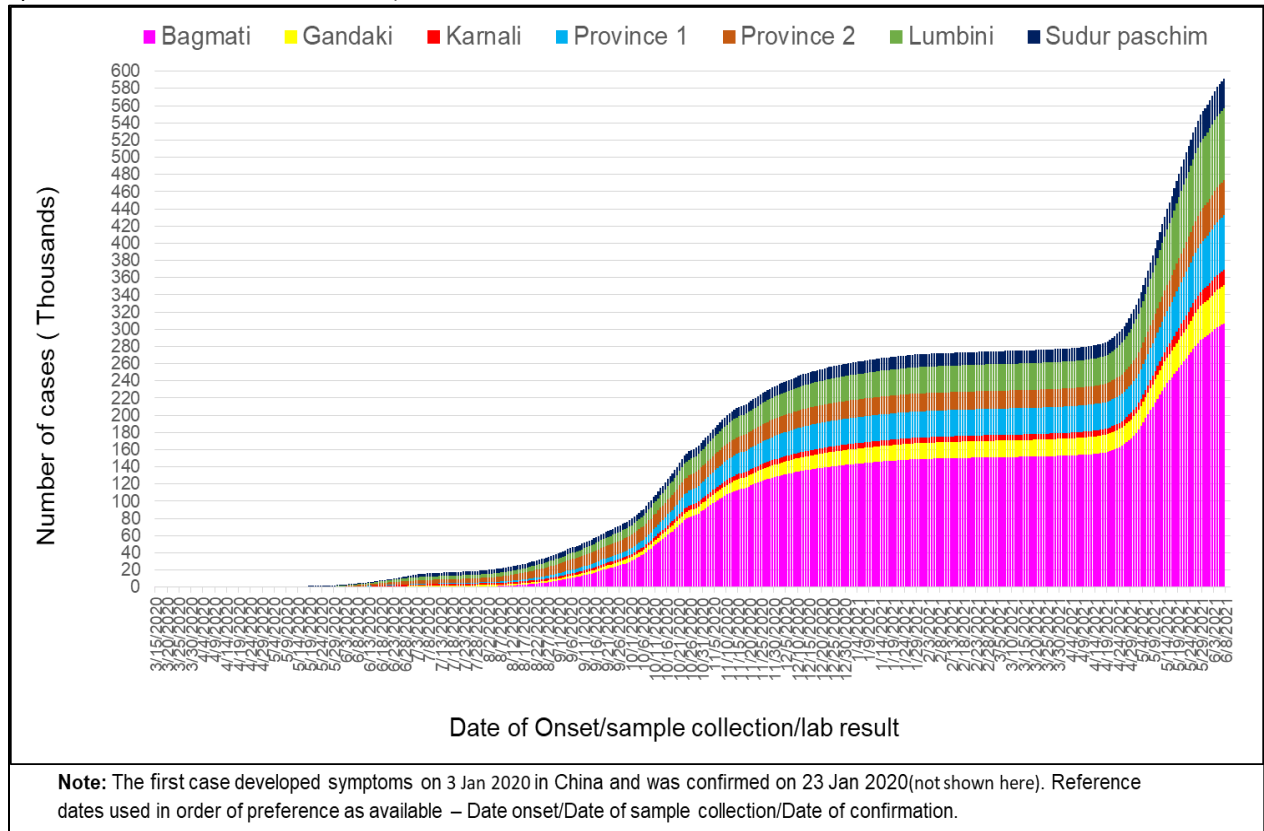
**Figure 2A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 591494)(Data updated on 8 June 2021 TO 7:00:00)**



<sup>1</sup> These positive cases are included in the COVID-19 database.

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 7 June 2021 was 12002 which is 40% less than the number tested during the peak in the end of October 2020.

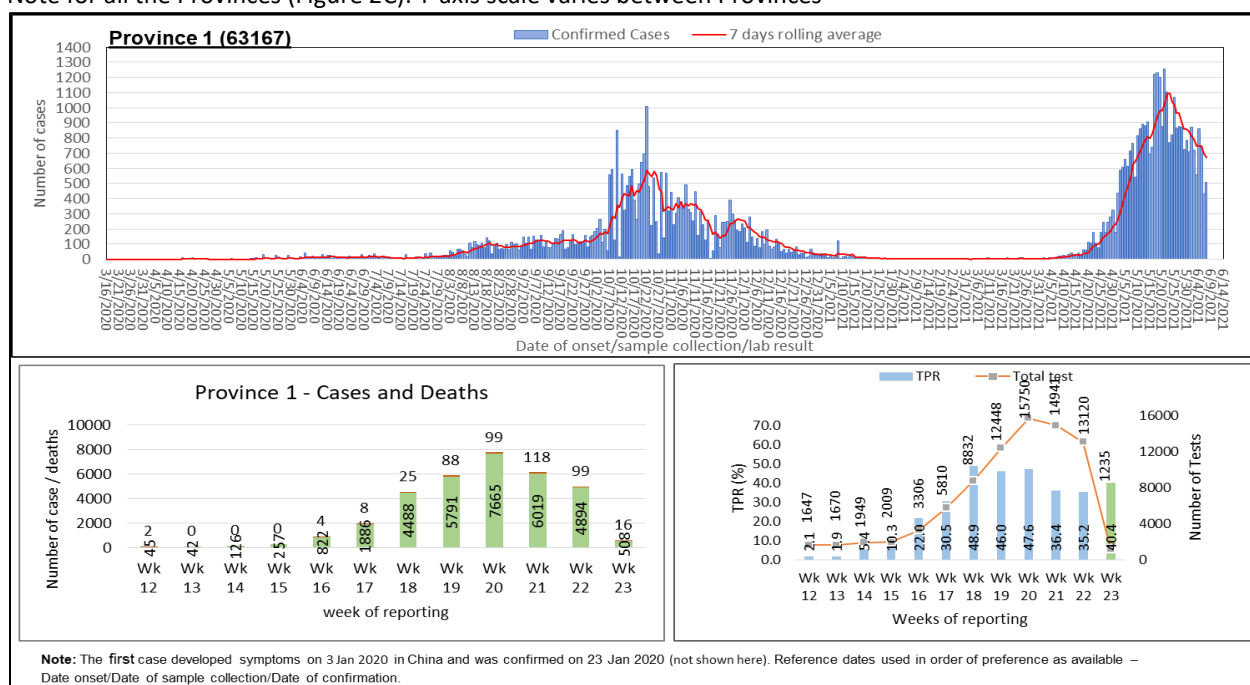
**Figure 2B: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 591494)**(Data updated on 8 June 2021 T0 7:00:00)



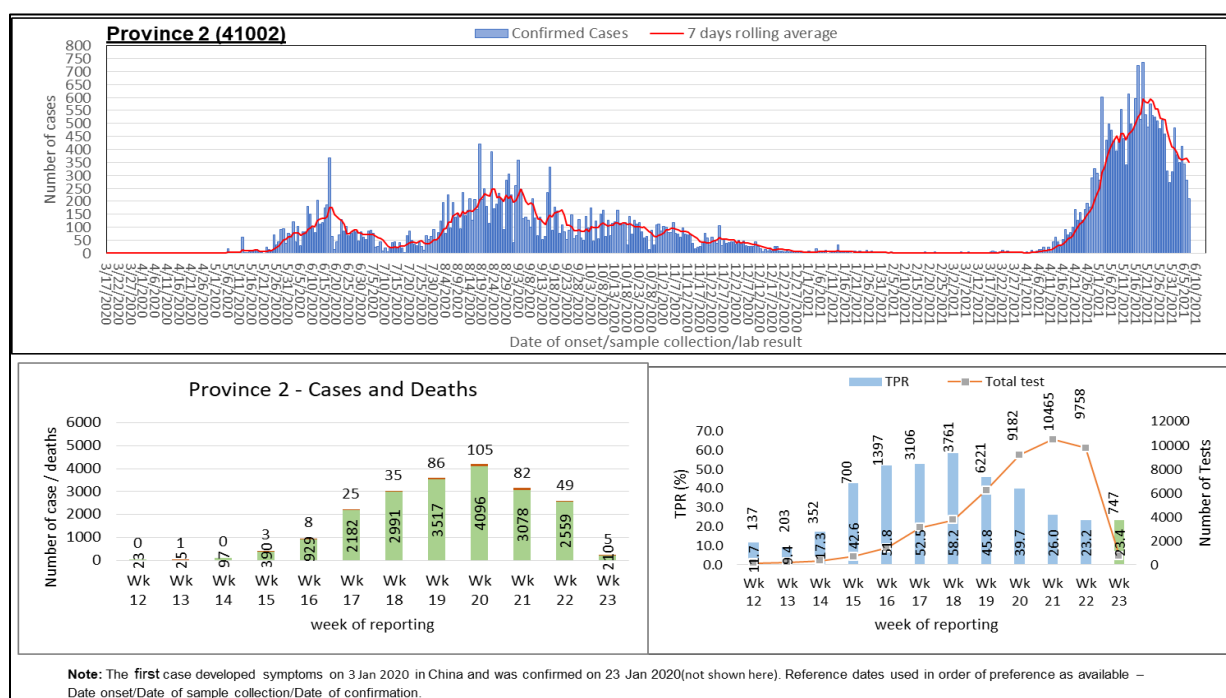
The cumulative case incidence has been increasing in Nepal since the first case which was confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

**Figure 2C: Lab confirmed COVID-19 cases: Trend of cases, 7-days rolling average, weekly cases and deaths and Test Positivity Rate (N = 591494)(Data updated on 8 June 2021 TO 7:00:00)**

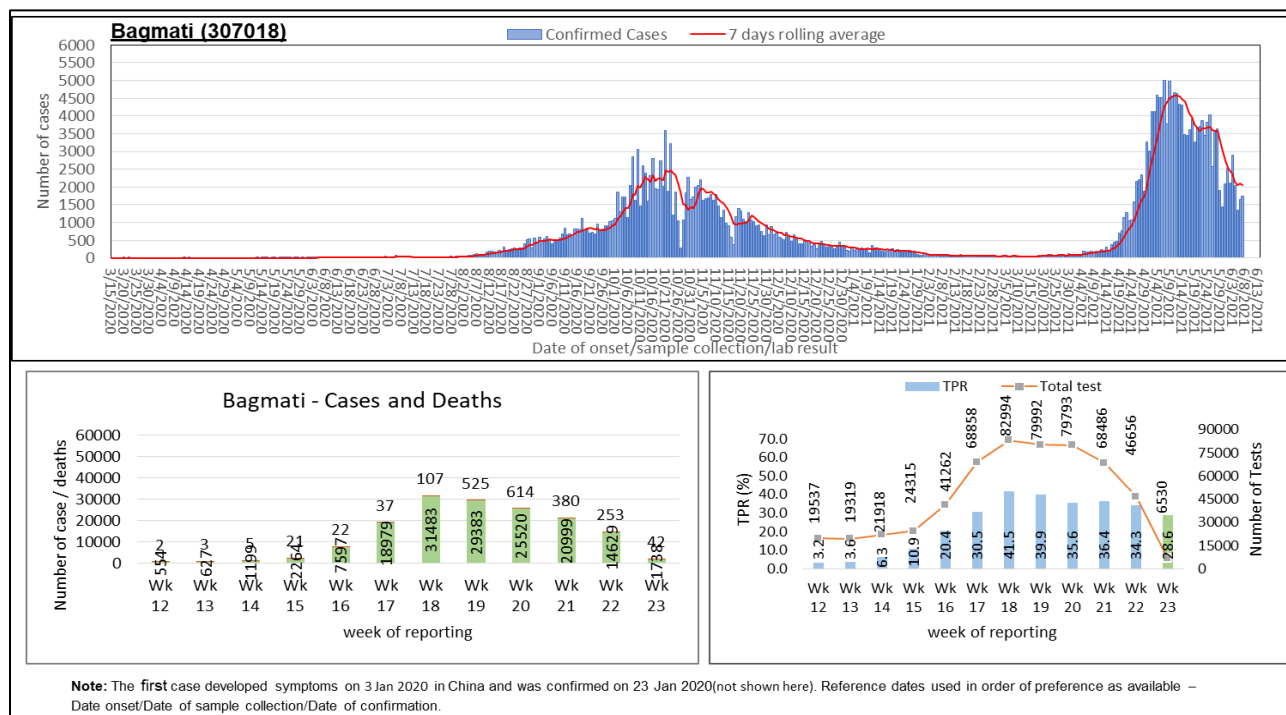
Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces



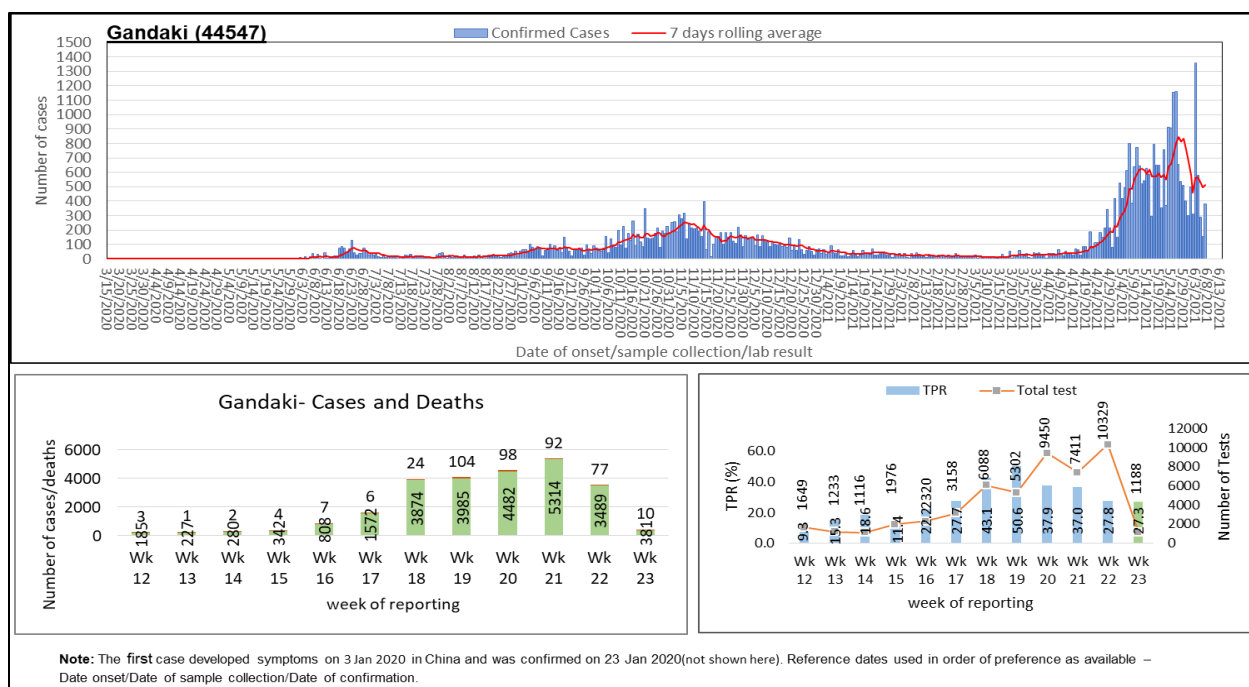
There were 4894 new cases reported in the past week in Province 1. Since week 10, new cases are continuously increasing. However, the cases have decreased by 19% in the past week compared to the previous week. There were 99 deaths reported in the past week, 16% less than that of the previous week. The test positivity rate in Province 1 decreased to 35.2% in the past week. A total of 13120 tests were performed in the past week, 12% less than that of the previous week.



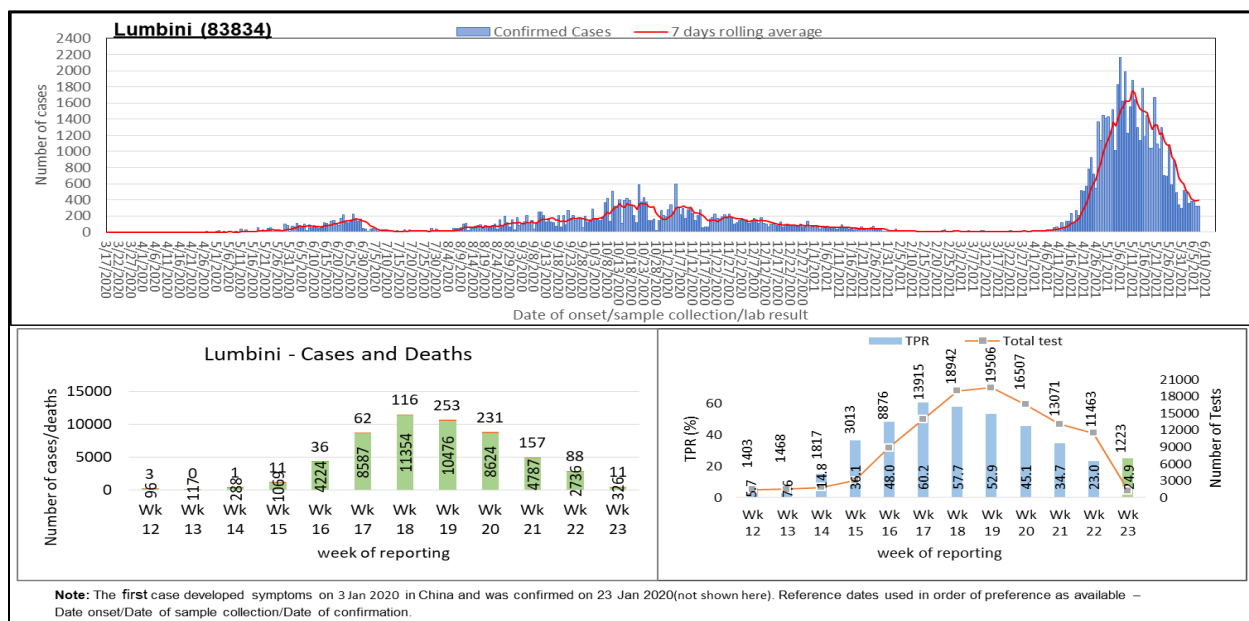
There were 2559 new cases reported in the past week in Province 2. Since week 11, new cases are steadily increasing. However, the cases have decreased by 17% in the past week compared to the previous week. There were 49 deaths reported in the past week, 40% less than that of the previous week. The test positivity rate in Province 2 decreased to 23.2% in the past week. A total of 9758 tests were performed in the past week, 7% less than that of the previous week.



In Bagmati, 14629 new cases were reported in the past week. Since week 11, new cases are continuously increasing. However, the cases have decreased by 30% in the past week compared to the previous week. There were 253 deaths reported in the past week, 33% less than that of the previous week. The test positivity rate in Bagmati decreased to 34.3% in the past week. A total of 46656 tests were performed in the past week, 32% less than that of the previous week.

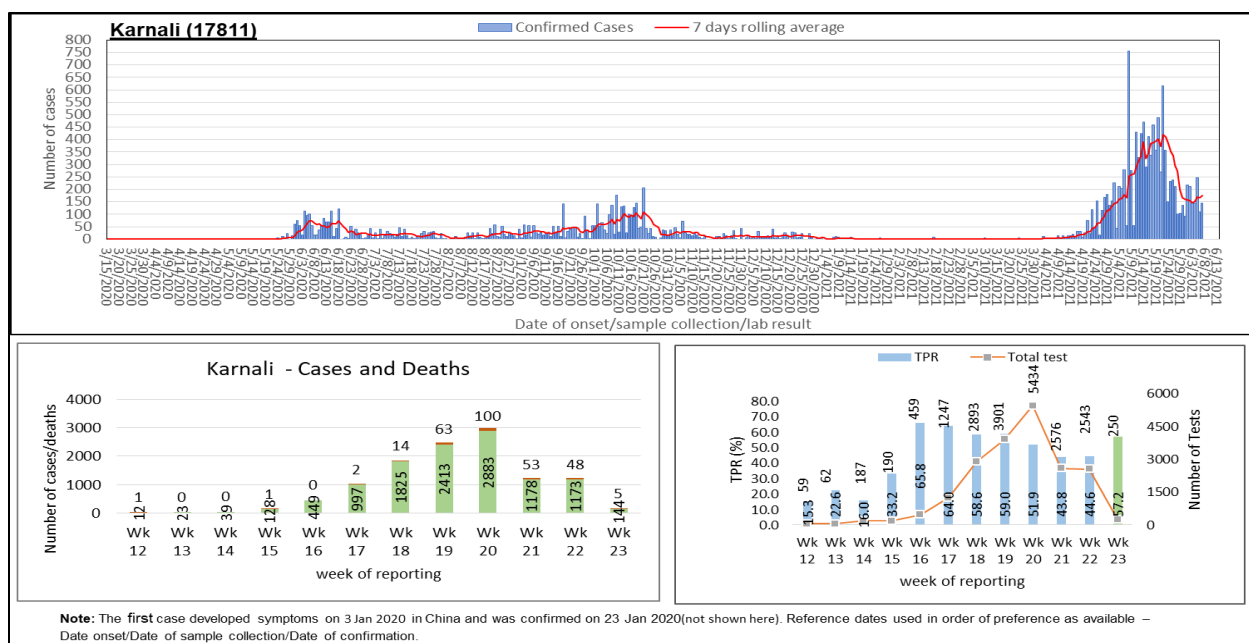


In Gandaki, 3489 new cases were reported in the past week. Since week 11, new cases are continuously increasing. However, the cases have decreased by 34% in the past week compared to the previous week. There were 77 deaths reported in the past week, 16% less than that of the previous week. The test positivity rate in Gandaki decreased to 27.8% in the past week. A total of 10329 tests were performed in the past week, 39% more than that of the previous week.

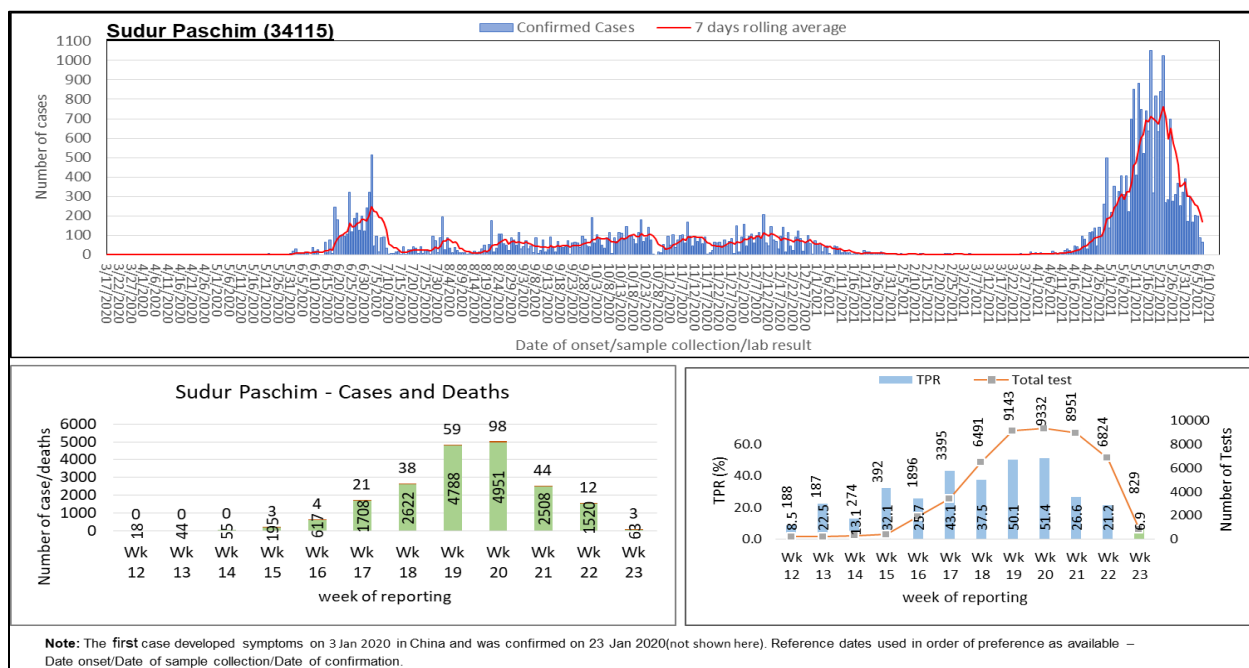


Lumbini reported 2736 new cases in the past week. Since week 12, new cases are increasing significantly. However, the cases have decreased by 43% in the past week compared to the previous week. There were 88 deaths reported in the past week, 44% less than that of the previous week. The test positivity rate in Lumbini decreased to 23.0% in the past week. A total of 11463 tests were performed in the past week, 12% less than that of the previous week.



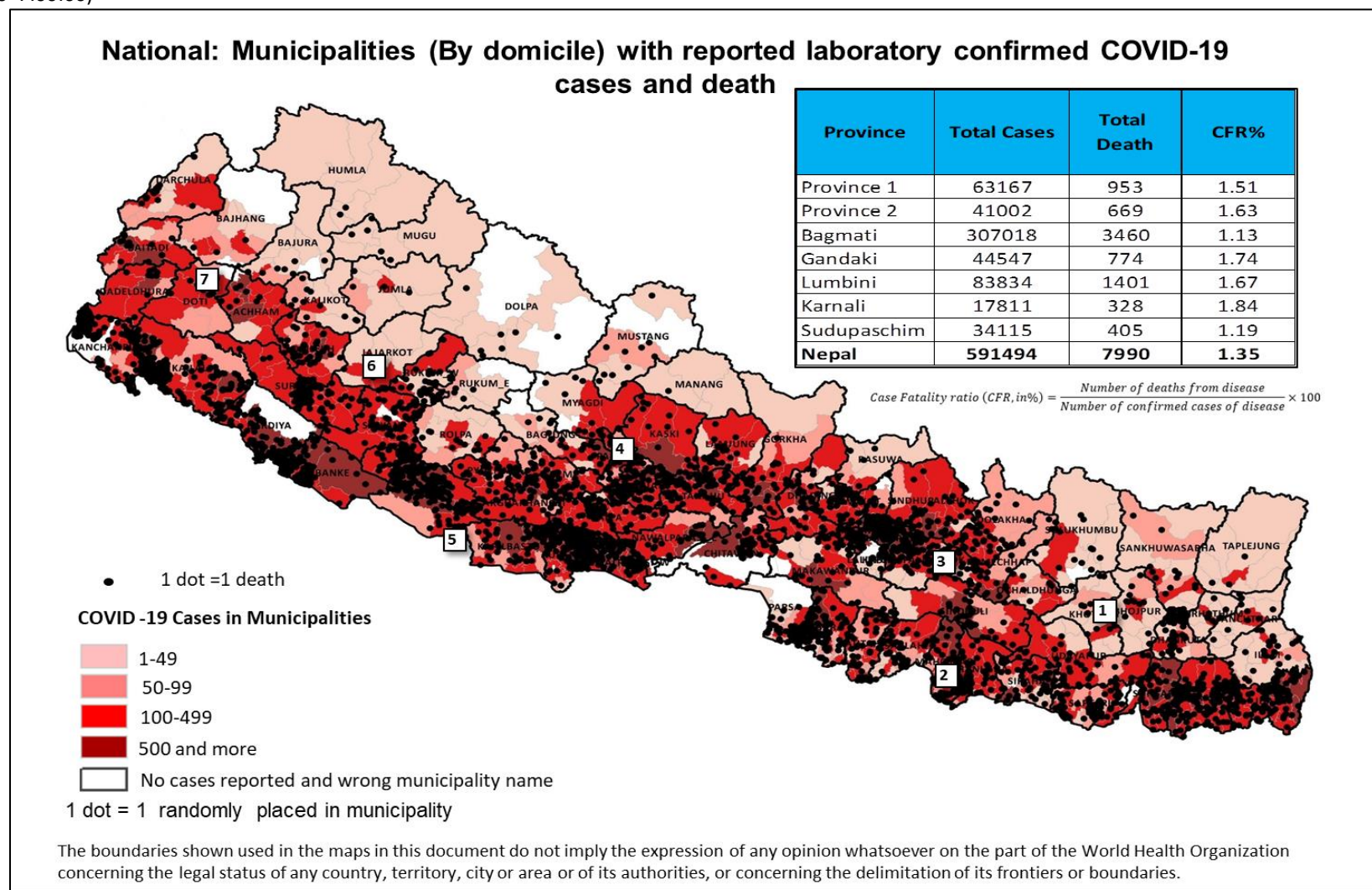


In Karnali, 1173 new cases were reported in the past week. Since week 12, new cases are continuously increasing. However, the cases have decreased by 0.4% in the past week compared to the previous week. There were 48 deaths reported in the past week, 9% less than that of the previous week. The test positivity rate in Karnali decreased to 44.6% in the past week. A total of 2543 tests were performed in the past week, 1% less than that of the previous week.



In Sudurpaschim, 1520 new cases were reported in the past week. Since week 12, new cases are continuously increasing. However, the cases have decreased by 39% in the past week compared to the previous week. There were 12 deaths reported in the past week, 73% less than that of the previous week. The test positivity rate in Sudurpaschim decreased to 21.1% in the past week. A total of 6824 tests were performed in the past week, 24% less than that in the previous week.

**Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 591494)**(Data updated on 8 June 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 1.35%. However, the CFR is relatively high in Karnali Province with 1.84% and Gandaki Province with 1.74%.*



**Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.**  
(N = 591494)(Data updated on 8 June 2021 TO 7:00:00)

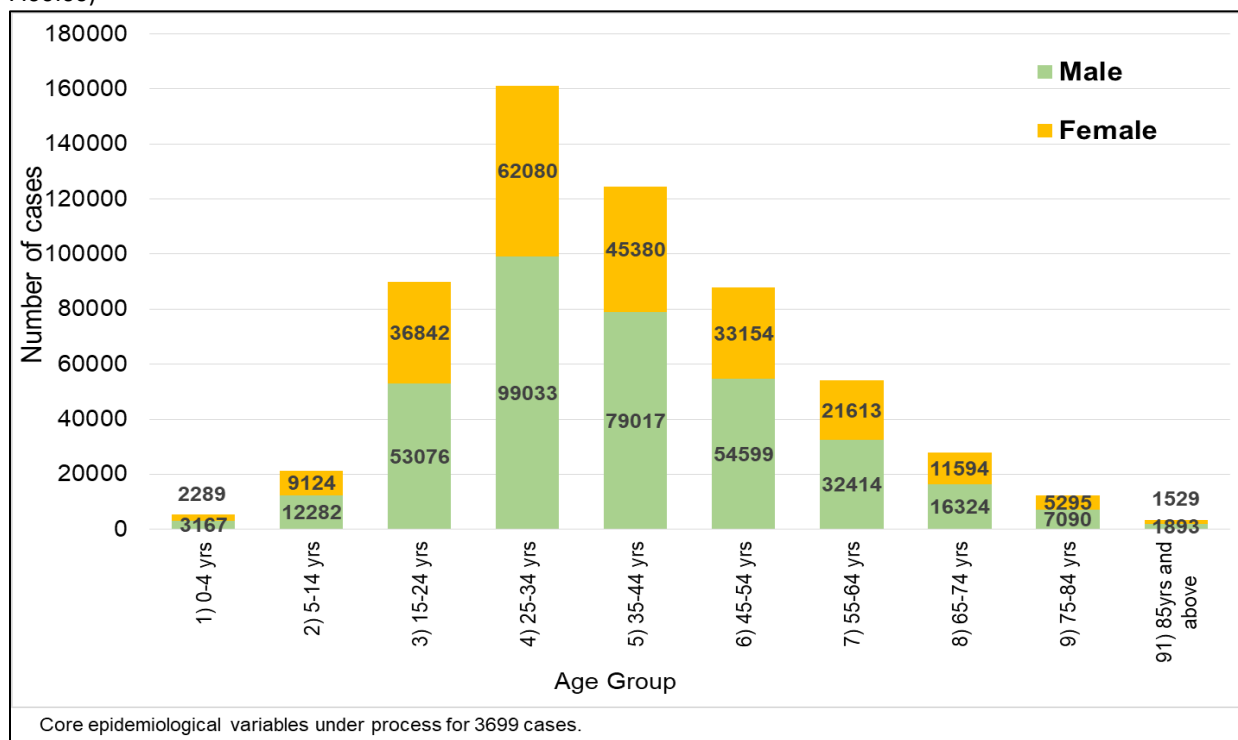
Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Total confirmed cases in last 14 days	Total deaths in last 14 days
Province 1	63167	10.7	953	Community transmission	12596	211
Province 2	41002	6.9	669	Community transmission	5913	120
Bagmati	307018	51.7	3460	Community transmission	39720	594
Gandaki	44547	7.6	774	Community transmission	10280	169
Lumbini	83834	14.2	1401	Community transmission	9252	220
Karnali	17811	3.0	328	Community transmission	2926	94
Sudurpashchim	34115	5.8	405	Community transmission	4836	51
<b>National Total</b>	<b>591494</b>	<b>100</b>	<b>7990</b>	<b>Community transmission</b>	<b>85523</b>	<b>1459</b>

# - 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 = 587795)**(Data updated on 8 June 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 = 591494)**(Data updated on 8 June 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	5456	10	13	7	0.42
5-14 yrs	21406	9	7	8	0.07
15-24 yrs	89918	57	61	37	0.13
25-34 yrs	161113	263	154	82	0.26
35-44 yrs	124397	649	287	183	0.75
45-54 yrs	87753	974	430	348	1.6
55-64 yrs	54027	1190	510	507	3.15
65-74 yrs	27918	1112	560	620	5.99
75-84 yrs	12385	768	421	470	9.6
85+ yrs	3422	315	183	162	14.55
Unknown	3699	12	5	9	0.46
<b>National</b>	<b>591494</b>	<b>5359</b>	<b>2631</b>	<b>2433</b>	<b>1.35</b>

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 7,990 deaths have been reported. Out of the total deaths, 5,359 (67.1%) were males and 2,631 (32.9%) were females. Amongst the deaths, 2,433 persons (30.5%) 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 14.6%.*

## **PREPAREDNESS AND RESPONSE**

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

- Hon'ble Minister Mr Sher Bahadur Tamang has been appointed as a newly elected Health Minister for Ministry of Health and Population (MoHP). The Honorable Minister has joined the office at MoHP on 4 June 2021 and organized a Press Meet on 7 June 2021 where he highlighted that his top priorities are:
  - COVID-19 prevention and control, COVID free Nepal.
  - COVID-19 vaccine
  - Health sector reform with the particular focus on quality of health services and availability of human resources.
- Government of Nepal (GoN) has issued ordinance to amend Health Personnel and Health Institutions Security Act 2066 (BS) Link [Here](#) . The major provisions are as follows:
  - Broadened scope of health workers including other staffs working at Health Facilities, and
  - Increased penalty up to 5 years imprisonment and/or 5 lakh fine.
- GoN is to begin another round of COVID-19 vaccination campaign using recently received Verocell vaccine (from China) to persons 60 – 64 years of age within Kathmandu Valley (Kathmandu, Bhaktapur and Lalitpur districts). Due to limitation in vaccine stocks, the targeted population for vaccination age group has been reduced to persons aged 62-64 years of age in the remaining 74 districts across the country. This vaccination campaign is set to begin from 8 June 2021. Link [Here](#)

### **What is the WHO Country Office for Nepal doing?**

#### ***Laboratory Capacity***

- WHO Nepal has been providing technical support to 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 18 designated COVID-19 laboratories participated in the NQAP this week. The result of 16 participating laboratories was satisfactory ≥90% and 2 laboratories were <90%.
  - Validation of newly established designated COVID-19 laboratories: Sumeru Hospital and Nepal Cancer Hospital & Research Centre of Lalitpur district. The designated laboratories sent 10 positive samples and 10 negative samples to NPHL to undergo the validation process with 100% concordance result.

- Validation of MiRXES Fortitude kit 3.0 RUO COVID-19 RT-PCR test kit. The kit was unacceptable to use as per benchwork evaluation.
- Validation of MiRXESMAGec 32 viral RNA extraction kit RUO v2 kit. The kit was unacceptable to use as per benchwork evaluation.
- Sample preparation (48 extracted RNA of SARS-CoV-2) and packaging for shipment of samples to Council of Scientific and Industrial Research (CSIR) institute of Genomics and Integrative Biology, Delhi, India for genetic sequencing.

### **Technical Planning and Operations**

- WHO Nepal facilitated for conducting Infection, Prevention & Control (IPC) and Health Care Waste Management (HCWM) orientation training to health care workers and support staff at Changunarayan Hospital in coordination with EDCC on 01 June 2021.



*Orientation training on IPC and HCWM for health care workers & Support staff at Changunarayan Hospital, Bhaktapur district (Left) and Anandaban Hospital, Lalitpur district (Right). Picture Credit- Changunarayan Hospital/ Mr L Paudel (Left) and Anandaban hospital staff (Right)*

- WHO Nepal supported to conduct 5 batches of "2-day Critical care training program" a virtual training conducted by Nepal Medical Association (NMA) in collaboration with National Health Training Center (NHTC). This training started from 27 May 2021 and ended on 5 June 2021. The 20 trainers from Nepalese Society of Critical Care Medicine (NSCCM), Critical Care Nurses Association of Nepal (CCNAN), Society of Anesthesiologists of Nepal (SAN) and Society of Internal Medicine of Nepal (SIMON) trained 9,629 participants (40.2 % doctors, 45 % nurses and 14.7 % paramedics).
- A virtual progress sharing meeting with the Leprosy Control and Disability Management Section/LCDMS (disability and rehabilitation focal point of MoHP) was organized to update efforts made in 61 districts of 6 provinces of the country through the SEARO-CSO project, "YES WE CAN- Persons with Disabilities led COVID-19 Response" on the 1 June 2021. Following discussions and decisions were made during the meeting:
  - Decision to activate the existing Disability Management Committee constituted by MoHP was made by the project steering committee

- All activities to be reported to this project steering committee
- Review of disability-inclusive risk communication and rehabilitation products and discussion on use of the logo
- Recurrent monthly meetings to be organized where LCDMS and the disability management committee can review work at the provincial and district levels
- A meeting was conducted on 27 May and 3 June 2021 at Bir hospital with the Chief Administrative Officer of the COVID-19 Unified Hospital and WHO Nepal to discuss the following activities :
  - Hospital Assessment: COVID-19, Unified Hospitals of Kathmandu Valley
  - COVID-19, Unified Hospital Control Room at Bir hospital
  - Start of COVID treatment from new building of Bir hospital
- Following the meeting, a decision was made to conduct assessment at all 13 COVID-19 hospitals within the Kathmandu Valley in the first phase which included a plan to roll out in provinces with focus on real time data. Financial support for establishment of “COVID-19 unified hospital control room” at Bir hospital and provision of Human Resource support – 1 medical doctor, 1 expert IT person and a admin staff was also requested from WHO Nepal.

### **Point of Entry**

- Government of Nepal (Council of Ministers) has made decisions regarding the new standards of passengers’ arrival to Nepal on 27 May 2021 (Link [Here](#)). It states the following:
  - Requirement of a medical certificate with a negative RT –PCR or equivalent testing (Gene- X pert/ True NAAT) report with photo identification & Barcode/ QR code issued within 72 hours from the swab collection time to the departure time of the flight with exemption of test report for their minors below the age of five years;
  - Other points are related to compulsory need to follow enlisted health and quarantine protocols.

### **Risk Communication and Community Engagement**

- Science in 5 videos were translated, dubbed, and published (1 – 7 June 2021):

Episodes	Titles	Language	Links
40	Transmission indoors and outdoors   कोभिड-१९ कोठाभित्र वा घरबाहिर कसरी फैलिन्छ ?	Nepali	<a href="#">Link</a>
40	Transmission indoors and outdoors   कोभिड-१९ भित्र आ बाहिर फैलैत	Maithili	<a href="#">Link</a>

- The latest episodes were also shared with WHO HQ and WHO, Country Office for India, to be disseminated via their respective channels.
- The statement - *WHO is not aware of any new variant of SARS-CoV-2 being detected in Nepal* - was published via social media platforms (links below):
  - Facebook (In English and Nepali language): [Link](#)
  - Twitter: [Link](#) (in English language) | [Link](#) (in Nepali language)



- Remarks made by the WHO Representative to Nepal, Dr. Rajesh Sambhajirao Pandav, at the UN Palais Media Briefing, calling on the international community to show solidarity with Nepal as it battles a second wave of the coronavirus pandemic, was shared via Facebook (link [here](#)). A shorter clip (Dr. Rajesh calling on countries with reserves of vaccines to share them with Nepal) was shared on Twitter (link [here](#)). A quote card regarding the remarks was also prepared and shared via Facebook (link [here](#)) and Twitter (link [here](#)). Full transcripts, and videos, were also uploaded on the WHO Nepal website (link [here](#)).
- The op-ed, written by Dr. Poonam Khetrapal Singh, World Health Organization Regional Director for South-East Asia, titled - *COVID-19: Sustain and scale up the response to control spread, save lives and minimize impact* - was published by Online Khabar (link [here](#)) in Nepali language.
- A web story on *Critical Care Training for Health Care Workers: COVID-19 Program*, organized by Ministry of Health and Population (MoHP), National Health Training Center (NHTC), Nepal Medical Association (NMA), and WHO, Country Office for Nepal, was written and published on WHO Nepal website (link [here](#)). Approximately 11,678 medical professionals from all provinces of Nepal attended the sessions.
- Announcement of the program - *Stress management during COVID-19 among front line health workers in Nepal* - an ongoing collaboration with Nepal Medical Association (NMA), and in partnership with Psychiatrists' Association of Nepal, that addresses the mental health needs and burnout among health care providers was shared via Facebook (link [here](#)) and Twitter (link [here](#)). The program also coincided with the International Year of Health and Care Workers.
- The following documents were uploaded on *ReliefWeb* (link [here](#)):
  - Daily *Focused COVID-19 Media Monitoring*, and
  - The latest *Weekly WHO Nepal COVID-19 Situation Update*
  - The news of the publication of the pocket book for the people in home isolation was shared via Facebook (link [here](#)) and Twitter (link [here](#)).
- Infographics on the following topics were shared via WCO Nepal social media:
  - Food Safety advise in the times of COVID-19:
    - In English language: Facebook [link](#) | Twitter [link](#)
    - In Nepali language: Facebook [link](#) | Twitter [link](#)

### **Field Operation and Logistics**

- On 2 June 2021, WHO Nepal dispatched Emergency Medical Deployment Team (EMDT) Bags to Health Emergency Operation Centre (HEOC), MoHP and 5 hub hospitals within Kathmandu Valley (names below):
  1. Bhaktapur Hospital
  2. Shree Birendra Hospital
  3. Bir Hospital
  4. TUTH

##### 5. Patan Academy of Health Sciences.

- On 6 June 2021, WHO Nepal dispatched EMDT bags to 2 Hub Hospitals of Gandaki Province: Dhaulagiri Zonal Hospital (Baglung district) and Pokhara Academy of Health Sciences (Kaski district). Isolation Kits were also dispatched to WHO field staffs at Gandaki Province.



*Handover of the EMDT Bags to Dhaulagiri Zonal Hospital, Baglung district, Gandaki Province. Picture Credit- WHO Nepal/ R Lalchan*

#### **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 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 the COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs) which 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 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 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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