Situation Update #81- Coronavirus Disease 2019 (COVID-19)
WHO Country Office for Nepal

Reporting Date: 25 – 31 October 2021 (EPI Week 43)

HIGHLIGHTS (Data published in the MoHP Situation Report as of 31 October 2021 and same data published in ECDR Report as of 1 November 2021)

- Of the total RT-PCR confirmed COVID-19 cases, 97.4% (791,787) of cases have recovered, 1.2% (9,376) are active cases and 1.4% (11,407) are deaths.
- Among the total active cases, 91.9% (8,615) cases are in home isolation; 8.1% (761) of cases are undergoing hospital/institutional isolation. While 2.4% (225) of active cases require ICU admission, 31.1% (70) of the ICU admitted patients require ventilator support.
- Three districts reported more than 500 active cases.
- Among the total new cases (3,514) reported this week, 29.3% (1,031) are from Kathmandu district followed by Morang district with 7.1% (249). Majority of the new cases about 39.2% (1,378) have been reported from Kathmandu Valley (Kathmandu, Lalitpur and Bhaktapur districts), Bagmati Province.
- COVID-19 vaccination coverage status (as of 31 October 2021, 14:00 Hrs)

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>ChAdOx1-S</th>
<th>Vero Cell</th>
<th>Johnson and Johnson Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>First dose</td>
<td>2,882,550</td>
<td>5,786,042</td>
<td>Single Dose: 1,543,497</td>
</tr>
<tr>
<td>Second dose</td>
<td>1,653,890</td>
<td>3,992,302</td>
<td></td>
</tr>
</tbody>
</table>

* COVISHIELD (manufactured by Serum Institute of India), Japanese-made COVID-19 AstraZeneca vaccine, Swedish AstraZeneca vaccine

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 31 October 2021, a total of 812,570 (18.4%) COVID-19 cases were confirmed through polymerase chain reaction (RT-PCR); 4,420,774 RT-PCR tests have been performed nationwide by designated functional COVID-19 laboratories. A total of 94,535 (14.3%) cases were confirmed through Antigen RDT; 661,120 Antigen RDT have been performed nationwide.
- Since 9 May 2021, all 7 provinces in the country are experiencing community transmission.
- Province-wise RT-PCR test positivity rate in Epi Week 43 ranged from 3.9% (Province 2) to 30.4% (Karnali Province), with a national positivity rate at 6.7%.
- Overall, the sex-distribution remains skewed towards males, who constitute 59% (481,810/812,570) of the RT-PCR confirmed cases. Amongst the males, 78% (375,158/481,810) are in the economically productive age group (15-54 years).
National Influenza Surveillance

- WHO Nepal also provided technical support to National Influenza Center (NIC) in following activities:
  - Inception meeting of Integrated influenza SARS CoV-2 sentinel surveillance in Nepal held on 27-28 October, Kathmandu. The meeting was held with the aim to plan for Integrated influenza SARS CoV-2 sentinel surveillance at sub-national level. There were about 53 participants in the meeting with health officials from MoHP, NPHL, Provincial Public Health Laboratories, Provincial Health Directorate, Sentinel hospitals for Influenza and WHO Nepal.
  - Respiratory Syncital Virus (RSV) testing of the 12 samples received from the Provincial Public Health Laboratory- Gandaki Province of which 5 tested RSV positive.
  - NPHL reported of 10 diagnostic and surveillance samples (9 samples tested at National Influenza center and 1 sample tested at WARUN (Walter Reed/AFRIMS Research Unit-Nepal) on Epi-week 43 (25 – 31 October 2021).
    - Three samples tested positive for Influenza B Victoria.
    - None of the samples tested positive for SARS-CoV-2 on the samples tested at NIC (this is exclusive of SARS-CoV-2 reporting of the Influenza samples from WARUN).
  - Out of the total SARS-CoV-2 samples that tested negative at NPHL on Epi-week 43 (25 – 31 October 2021), 99 SARS-CoV-2 negative samples were tested for Influenza for the same week. Thirteen samples tested positive for Influenza B Victoria.

From 4 January until 31 October 2021:

- A total of 1060 samples tested positive for Influenza (600 Influenza A/H3, 214 Influenza B Victoria, 1 Co-Infection of Influenza A/H3 and Influenza B Victoria, 4 Co-Infection of Influenza A/H3 and Influenza B, 2 Influenza A(H1N1) pdm09, 237 Influenza B Un-subtyped) from 5662 samples (Sentinel and non-sentinel samples including SARS-CoV-2 negative SARI and ILI cases).
- Similarly, 284 samples tested positive for SARS-CoV-2 from 1355 samples (Sentinel/non-sentinel ILI/SARI samples).\(^1\)

**Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases and cumulative incidence rate (per 100,000) (Data as of 31 October 2021; [https://covid19.who.int/table])**

\(^1\) These positive cases are included in the COVID-19 database.
At national level, the first wave of cases between July 2020 and February 2021 was followed by the second wave from the middle of March 2021. The total RT-PCR tests done in Nepal on 31 October 2021 was 5731 which is 71% less than the number tested during the peak in the beginning of May 2021.

Note: The first case developed symptoms on 3 Jan 2020 in China and was confirmed on 23 Jan 2020 (not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/Date of confirmation. Clinical information presented here is collected on the day of sample collection.
The cumulative case incidence has been increasing in Nepal since the first case confirmed on 23 January 2020. Cases have been largely reported from Bagmati Province followed by Province 1 and Lumbini Province.

Figure 2C1: RT-PCR confirmed COVID-19 cases in Province 1: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 31 October 2021 up to 19:00:00)

There were 657 new cases reported in the past week in Province 1. Since a peak in Week 20, new cases were continuously declining. However, the cases have increased by 16% in the past week compared to the previous week. There were 5 deaths reported in the past week, 17% less than that in the previous week. The test positivity rate in Province 1 decreased to 14.9% in the past week. A total of 4099 tests were performed in the past week, 40% more than that of the previous week.
There were 107 new cases reported in the past week in Province 2. Since a peak in Week 20, new cases were continuously declining. However, the cases have increased by 7% in the past week compared to the previous week. There was 1 death reported in the past week, no deaths in the previous week. The test positivity rate in Province 2 increased to 3.9% in the past week. A total of 613 tests were performed in the past week, 37% less than that of the previous week.
In Bagmati, 1764 new cases were reported in the past week. Since a peak in Week 19, new cases were continuously declining. The cases have decreased by 22% in the past week compared to the previous week. There were 27 deaths reported in the past week, 8% more than that in the previous week. The test positivity rate in Bagmati decreased to 4.8% in the past week. A total of 43,402 tests were performed in the past week, 10% more than that of the previous week.

Figure 2C4: RT-PCR confirmed COVID-19 cases in Gandaki Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 31 October 2021 up to 19:00:00)

In Gandaki, 445 new cases were reported in the past week. Since a peak in Week 21, new cases were continuously declining. The cases have decreased by 3% in the past week compared to the previous week. There were 8 deaths reported in the past week, same as that in the previous week. The test positivity rate in Gandaki increased to 18.7% in the past week. A total of 1615 tests were performed in the past week, 8% less than that of the previous week.
Lumbini reported 418 new cases in the past week. Since a peak in Week 19, new cases were continuously declining. The cases have decreased by 14% in the past week compared to the previous week. There were 12 deaths reported in the past week, 37% less than that in the previous week. The test positivity rate in Lumbini decreased to 18.9% in the past week. A total of 1994 tests were performed in the past week, 9% less than that of the previous week.

Figure 2C6: RT- PCR confirmed COVID-19 cases in Karnali Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 31 October 2021 up to 19:00:00)
In Karnali, 23 new cases were reported in the past week. Since a peak in Week 20, new cases were continuously declining. The cases have decreased by 49% in the past week compared to the previous week. There was 1 death reported in the past week, same as that in the previous week. The test positivity rate in Karnali decreased to 30.4% in the past week. A total of 23 tests were performed in the past week, 65% less than that of the previous week.

Figure 2C7: RT-PCR confirmed COVID-19 cases in Sudurpashchim Province: Trend of Cases, 7 days rolling average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 31 October 2021 up to 19:00:00)

In Sudurpashchim, 100 new cases were reported in the past week. Since a peak in Week 20, new cases were continuously declining. However, the cases have increased by 1% in the past week compared to the previous week. There were 5 deaths reported in the past week, same as that in the previous week. The test positivity rate in Sudurpashchim decreased to 18.2% in the past week. A total of 516 tests were performed in the past week, 29% more than that in the previous week.
Table 1: Summary of confirmed COVID-19 cases, deaths, and transmission by provinces. (Data reported on 31 October 2021 up to 19:00:00)

<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases RTPCR Tests</th>
<th>Total Confirmed cumulative cases Antigen RDT test</th>
<th>Total confirmed cumulative cases</th>
<th>% of total confirmed cumulative cases</th>
<th>Total cumulative deaths</th>
<th>Transmission classification</th>
<th>Total confirmed cases in last 14 days Antigen RDT test</th>
<th>Total confirmed cases in last 14 days RT-PCR test</th>
<th>Total confirmed cases in last 14 days</th>
<th>% of total confirmed cumulative cases in last 14 days</th>
<th>Total Deaths in last 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>109796</td>
<td>25587</td>
<td>135383</td>
<td>15.1</td>
<td>1649</td>
<td>Community transmission</td>
<td>163</td>
<td>1335</td>
<td>1498</td>
<td>16.7</td>
<td>11</td>
</tr>
<tr>
<td>Province 2</td>
<td>46772</td>
<td>493</td>
<td>47265</td>
<td>5.3</td>
<td>767</td>
<td>Community transmission</td>
<td>6</td>
<td>214</td>
<td>220</td>
<td>2.4</td>
<td>1</td>
</tr>
<tr>
<td>Bagmati</td>
<td>414949</td>
<td>19877</td>
<td>434826</td>
<td>48.5</td>
<td>4873</td>
<td>Community transmission</td>
<td>154</td>
<td>4211</td>
<td>4365</td>
<td>48.6</td>
<td>52</td>
</tr>
<tr>
<td>Gandaki</td>
<td>80412</td>
<td>16697</td>
<td>97109</td>
<td>10.8</td>
<td>1345</td>
<td>Community transmission</td>
<td>133</td>
<td>937</td>
<td>1070</td>
<td>11.9</td>
<td>16</td>
</tr>
<tr>
<td>Lumbini</td>
<td>99083</td>
<td>15425</td>
<td>114508</td>
<td>12.8</td>
<td>1805</td>
<td>Community transmission</td>
<td>549</td>
<td>949</td>
<td>1498</td>
<td>16.7</td>
<td>31</td>
</tr>
<tr>
<td>Karnali</td>
<td>22635</td>
<td>3169</td>
<td>25804</td>
<td>2.9</td>
<td>481</td>
<td>Community transmission</td>
<td>28</td>
<td>73</td>
<td>101</td>
<td>1.1</td>
<td>2</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>38923</td>
<td>2439</td>
<td>41362</td>
<td>4.6</td>
<td>487</td>
<td>Community transmission</td>
<td>32</td>
<td>199</td>
<td>231</td>
<td>2.6</td>
<td>10</td>
</tr>
<tr>
<td>National Total</td>
<td>812570</td>
<td>83687*</td>
<td>896257</td>
<td>100</td>
<td>11407</td>
<td>Community transmission</td>
<td>1065</td>
<td>7918</td>
<td>8983</td>
<td>100</td>
<td>123</td>
</tr>
</tbody>
</table>

*Total reported in HEOC Sitrep as of 31 October 94535; but IMU reported 83687

Notes:
1. The source for case data used in this update is from RT-PCR test positivity reported by laboratories from various locations across Nepal, as shared by HEOC Sitrep and IMU/IHIMS.
2. Case data is screened and cleaned by our data team for double entry, wrong entry and manual errors such as a city’s name in place of districts, district name in place of province, etc.
3. Whereas the test positivity rate is calculated based on the test positivity reported in Sitrep for RT-PCR which may or may not be scrutinized or cleaned the same way and mark the cases based on location of the laboratories rather than place of residence.

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Figure 3: Distribution of RT-PCR positive COVID-19 cases by age and sex (N = 808212) (Data reported on 31 October 2021 up to 19:00:00)

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 RT-PCR confirmed COVID-19 cases (N = 812570) (Data reported on 31 October 2021 up to 19:00:00)

<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>7661</td>
<td>16</td>
<td>21</td>
<td>14</td>
<td>0.48</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>29872</td>
<td>13</td>
<td>7</td>
<td>10</td>
<td>0.07</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>122876</td>
<td>87</td>
<td>85</td>
<td>62</td>
<td>0.14</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>216500</td>
<td>366</td>
<td>254</td>
<td>136</td>
<td>0.29</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>168532</td>
<td>853</td>
<td>434</td>
<td>285</td>
<td>0.76</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>120444</td>
<td>1344</td>
<td>619</td>
<td>529</td>
<td>1.63</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>76588</td>
<td>1619</td>
<td>759</td>
<td>721</td>
<td>3.1</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>41097</td>
<td>1566</td>
<td>832</td>
<td>880</td>
<td>5.83</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>19149</td>
<td>1149</td>
<td>613</td>
<td>683</td>
<td>9.2</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>5493</td>
<td>476</td>
<td>268</td>
<td>240</td>
<td>13.54</td>
</tr>
<tr>
<td>Unknown</td>
<td>4358</td>
<td>19</td>
<td>7</td>
<td>11</td>
<td>0.6</td>
</tr>
<tr>
<td>National</td>
<td>812570</td>
<td>7508</td>
<td>3899</td>
<td>3571</td>
<td>1.40</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 11,407 deaths have been reported. Out of the total deaths, 7,508 (65.8%) were males and 3,899 (34.2%) were females. Amongst the deaths, 3,571 persons (31.3%) had at least one co-morbid condition.

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known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1%, it progressively increases with age beyond 65 years of age, ranging from 5.8% to 13.5%.

**PREPAREDNESS AND RESPONSE**

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

- **COVID-19 Vaccination Campaign Update**
  - COVID-19 vaccination campaign is going simultaneously in all provinces for the first, and second doses of Covishield and Sinopharm to specific target group as specified by Ministry of Health and Population (MoHP) and as per National Deployment and Vaccination Plan.
  - Till now, Nepal has received 20,180,930 doses of COVID-19 vaccine from various sources.
  - Nepal received 1 million doses of Covishield vaccine from SI of Life Sciences Pvt. Ltd. India on 9 October, 2021.
  - Nepal reached the landmark of administering 15 million COVID-19 doses on 22 October 2021.
  - As of 1 November 2021, a total of 15,923,309 doses of COVID-19 vaccines (different types) have been safely administered.
  - As of 1 November 2021, 9:16 AM among the total population aged 18 years and above: 43.5% (8,670,024) have received the first dose while 36.4% (7,253,285) have received the full dose.

- **Government of Nepal is receiving medical equipment, supplies and health commodities from many countries and donor agencies. Within the reporting time frame, the following have provided logistics support:**
  - Government of Nepal received 201,600 doses of AstraZeneca vaccine from Maldives government on 31 October 2021. Link [Here](#).
  - Government of Nepal also received 1 million 20 thousand doses of VeroCell vaccine produced by the Beijing Institute of Biological Products out of the agreed 59.36 million doses to be purchased with the loan assistance from the Asian Development Bank through COVAX cost sharing on 27 October 2021. Link [Here](#).
  - United States of America through COVAX facility handed over 100,620 doses of Pfizer BioNTech vaccine to the Government of Nepal, MoHP on 25 October 2021. Link [Here](#).

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

*Laboratory Diagnosis*

- WHO Nepal has been providing technical support to National Public Health Laboratory (NPHL) in the following activities:
o Monitoring the quality standard of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of 29 designated COVID-19 laboratories participated in NQAP this week. Out of 29 participating laboratories, the result of 20 laboratories was 100% concordant, 6 laboratories were 90% concordant and 3 laboratories were 80% concordant.

o Sample preparation for fifth round of SARS-CoV-2 real-time PCR assay proficiency panel to designated COVID-19 laboratories.

**Technical Planning and Operations**

- WHO Nepal attended a meeting entitled "Review and finalization meeting on Guidelines for Diagnosis, Management, Prevention and Control of Scrub Typhus in Nepal 2021" organized by Epidemiology and Disease Control Division (EDCD) on 28 October 2021 in Kathmandu. This high-level meeting was also attended by officials from Institute of Medicine (IOM), Kanti Children’s hospital, Sukraraj Tropical Infectious Disease Hospital and Vector Borne Disease Research and Training Centre (VBDRTC). The guidelines was finalized during the meeting and submitted to EDCD for endorsement.

- WHO Nepal provided technical and financial support to the National Health Training Center (NHTC) for capacity building training of service providers (doctors and nurses). This training program is being organized in coordination with Nepal Pediatric Society (NEPAS) for the provincial-level Pediatric Essential Critical Care Training PECCT service providers. Trainings at Province 1 and Province 2 have been conducted and is currently ongoing in Lumbini Province from 30 October until 2 November 2021 with 16 participants in each Batch.
Pediatric Essential Critical Care Training (PECCT) at Lumbini Province, (Left)Breakout session- Basic airway management in the skill station,(Right) Discussion on CPAP and other oxygen delivery devices in skill station.
Photo Courtesy: WHO Nepal/S. Khadka

Risk Communication and Community Engagement

- WHO Nepal’s support to the National Health Education Information and Communication Center (NHEICC) continued this week by providing risk communication expertise through staff embedded at the NHEICC.

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

<table>
<thead>
<tr>
<th>Episodes</th>
<th>Titles</th>
<th>Language</th>
<th>Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>Air pollution</td>
<td>Nepali</td>
<td>OneDrive (downloadable <a href="#">link</a>); Facebook <a href="#">link</a>; YouTube <a href="#">link</a></td>
</tr>
<tr>
<td>55</td>
<td>Air pollution</td>
<td>Maithili</td>
<td>OneDrive (downloadable <a href="#">link</a>); Facebook <a href="#">link</a>; YouTube <a href="#">link</a></td>
</tr>
</tbody>
</table>

- Science in 5 podcast series released on Soundcloud ([link](#)) with details below:

<table>
<thead>
<tr>
<th>Episodes</th>
<th>Titles</th>
<th>Language</th>
<th>Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Managing ventilation in our homes, office, and workplaces during the COVID-19 pandemic.</td>
<td>Nepali</td>
<td>The news was shared via Facebook (<a href="#">link</a>) and Twitter (<a href="#">link</a> (English); <a href="#">link</a> (Nepali)). The teaser was also shared via Facebook (<a href="#">link</a>) and Twitter (<a href="#">link</a> (English); <a href="#">link</a> (Nepali)).</td>
</tr>
</tbody>
</table>

- The news of the meeting, Inception meeting of integrated Influenza and SARS-CoV-2 Sentinel Surveillance in Nepal, was shared via Facebook ([link](#)). Quote cards from the WHO Representative to Nepal was shared via Facebook ([link](#)) and Twitter ([link](#)). The meeting with provincial healthcare representatives was organized by the National Influenza Centre at National Public Health Laboratory, Ministry of Health and Population, with support from WHO, Country Office for Nepal, to introduce integrated influenza and SARS-CoV-2 surveillance in Nepal. Participants deliberated the expansion of Influenza SARS-
CoV-2 dual testing to provincial public health laboratories. Epidemiological and clinical data collection tools, surveillance data reporting platforms, and preparedness strategies for acute respiratory infection for future integration of other respiratory viruses in the surveillance, were also discussed.

Glimpses from the meeting held to deliberate on the integration of Influenza and SARS-Cov-2 surveillance in Nepal; Photo Courtesy: WHO Nepal/S.G. Amatya

- The news of the donation of 100,620 Pfizer vaccines, from the US Government to Nepal through COVAX, was shared via Facebook (link here) and Twitter (link here (English); link here (Nepali)). To facilitate safe administration, WHO, Country Office for Nepal, has also been supporting the Government of Nepal with training health workers in handling, storing, and transporting the vaccine.
- The third edition of WHO’s Health For All film festival was announced via Facebook (link here) and Twitter (link here). The categories for submission includes universal health coverage, health emergencies (such as COVID-19), and better health and well-being.
- The following documents were uploaded on ReliefWeb (link here):
  - Daily Focused COVID-19 Media Monitoring,
  - Weekly COVID-19 EPI Dashboard, and
- Infographics on the following topics were shared via WHO, Country Office for Nepal, social media:
  - Importance of public health and social measures against COVID-19,
  - Importance of public health and social measures even after vaccinations,
  - Vaccine equity,
  - Tuberculosis and COVID-19, and
  - Importance of COVID-19 vaccinations.
- The OpenWHO course on Clinical management of patients with COVID-19: Investigations and care for mild, moderate and severe disease was translated in Maithili and uploaded on the platform (link here)
**Field Operations and Logistics Support**

- WHO Nepal has been providing logistics support in following activities:

<table>
<thead>
<tr>
<th>Date</th>
<th>Activities</th>
<th>Supporting Location</th>
<th>In-coordination with</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 October 2021</td>
<td>Transfer of 70,000 chlorine tablets (1 chlorine tab - 5 Litres of water) and 700 bottles of chlorine liquid</td>
<td>Province-1 (Biratnagar) and Sudurpashchim Province (Dhangadhi)</td>
<td>Department of Water Supply and Sewerage Management (DWSS)</td>
</tr>
<tr>
<td>30 October 2021</td>
<td>Re-packaging of 15 sets of Non-Communicable Disease (NCD) Kits</td>
<td>Primary Health Care Center (PHCC) of five districts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Ilam,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Panchthar,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Kailali,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Bardiya and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Sindhupalchowk</td>
<td></td>
</tr>
<tr>
<td>29 October 2021</td>
<td>Layout and design of Severe Acute Respiratory Infection (SARI) treatment center</td>
<td>Armed Police Force (APF) Hospital, Balambu, Kathmandu</td>
<td></td>
</tr>
</tbody>
</table>

**What are the health clusters partners doing?**

- Provincial Ministries for health and Provincial Health Directorate Offices are organizing Provincial Health Cluster Coordination meeting for COVID-19 response, as and when required.

- UNICEF and WHO are providing following support for COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs).
  - Micro planning including financing for the procurement of vaccination
  - Training/orientations – To health personnel at various level, local governments
  - Logistics – Vehicle, cold chain boxes, delivery of vaccines, transportation of beneficiaries to the vaccination site
  - Information Technology – Registration, information communication, data management
  - Risk communication and community engagement – Production and dissemination of messages, public awareness campaign
  - Technical Assistance

- All members of the Health Cluster are advocating swift supply of vaccines to Nepal through available channels.
• Health partners are continuing their technical, operational, and logistics support for COVID responses to health-related offices and institutions throughout the country.
• Health Cluster Secretariat has been supporting health cluster lead in 3W mapping of partners’ support and is being disseminated through the Health Emergency Operation Center’s website (https://heoc.mohp.gov.np/update-on-novel-corona-virus-covid-19/).
• COVID-19 consultation is being provided continuously by specialist teams through tele-medicine services.

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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