HIGHLIGHTS

Nepal

- All seven provinces and 77 districts are now affected. Clusters of cases are occurring in five provinces and sporadic cases in the remaining two. 85% of cases are reported from Province 2, Province 5, Sudurpaschim and Karnali province combined. Sudurpaschim province has witnessed a three-fold increase in the number of COVID-19 cases over the last week.
- A total of 22 designated COVID-19 testing labs are now functional in the country, including the National Public Health Laboratory (NPHL). The latest addition to the list of designated COVID-19 labs was the Provincial Tuberculosis Control Center, Pokhara (Start date: 15th June 2020)
- The Ministry of Health and Population (MoHP) has published a notice regarding the operation of the COVID-19 RT-PCR testing laboratories (click link here).
- Government of Nepal further extended the “eased” lockdown till 22 July 2020.

Regional/Global

- WHO has published interim guidance on rapid hospital readiness and an accompanying checklist tool, which can be used to monitor the development of operational readiness capacity in hospitals and identify gaps that require investment and action. The checklist covers governance, structures, plans and protocols to rapidly assess the current capacities of hospitals to respond to COVID-19.
- WHO has published interim guidance on biomedical equipment for COVID-19 case management and an accompanying inventory tool, which countries can use to collect in-depth facility inventories of biomedical equipment re-allocation, procurement and planning for COVID-19 case management. The tool is intended for use from the early stages of an emergency to early recovery.
- The phenomenon of an ‘infodemic’ has escalated to a level that requires a coordinated response. An infodemic is an overabundance of information–some accurate and some not–occurring during an epidemic. WHO is holding its first Infodemiology Conference, with a public conference on 29 June followed by a scientific conference from 30 June through 16 July, 2020.
- WHO has released a timeline of the response to the COVID-19 pandemic listing some milestones and events since the start of the outbreak 6 months ago.
NEPAL EPIDEMIOLOGICAL SITUATION

- As of date, Nepal has confirmed 13,562 cases through polymerase chain reaction (RT-PCR) and 99% (13,452) of total confirmed cases were detected in the weeks from 20 to 27 after the occurrence of the first case; While less than 1% of the confirmed cases are symptomatic at diagnosis across all age groups, the proportion of symptomatic persons is higher among age groups 60-69 years - 2% and 70-79 years -3%.
- 29 deaths are reported to have occurred among confirmed cases of COVID-19 - 24 males and 5 females with 17 deaths occurring among those with known comorbid conditions. Although overall case fatality ratio (CFR) across all age groups is less than 1%, the CFR is higher among age groups 60-69 years - 2% and 70-79 years -5%.
- The sex distribution of confirmed cases is highly skewed towards males, who constitute 88% (11907/13562) of the confirmed cases. Of the males, 85% (10134/11907) are in 15-54-year age group, indicating that these large increases in confirmed cases are occurring because of large groups of infected migrant workers (who are predominantly males in economically productive age group) returning to Nepal.
- The spatial distribution of cases is still clustered within a few municipalities, rather than being widespread across the districts.
- There is evidence of some secondary community transmission, but it is not widespread.

Figure 1: Confirmed COVID-19 cases in South East Asia Region (Data updated on 30 June 2020)
Figure 2A: Epidemic curve of laboratory confirmed COVID-19, by date of onset/sample collection/confirmation (N= 13562) (Data updated on 30 June 2020)

Figure 2B: Cumulative case count of laboratory confirmed COVID-19 by province (Data updated on 30 June 2020)

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.
Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.
(Data updated on 30 June 2020)

<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases</th>
<th>Total cumulative deaths</th>
<th>Transmission classification*</th>
<th>Districts affected (total districts)</th>
<th>Date of most recent case#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>594</td>
<td>0</td>
<td>Cluster of cases</td>
<td>14 (14)</td>
<td>30 June 2020</td>
</tr>
<tr>
<td>Province 2</td>
<td>3801</td>
<td>4</td>
<td>Cluster of cases</td>
<td>8 (8)</td>
<td>30 June 2020</td>
</tr>
<tr>
<td>Bagmati</td>
<td>423</td>
<td>5</td>
<td>Sporadic cases</td>
<td>13 (13)</td>
<td>30 June 2020</td>
</tr>
<tr>
<td>Gandaki</td>
<td>1028</td>
<td>2</td>
<td>Sporadic cases</td>
<td>11 (11)</td>
<td>30 June 2020</td>
</tr>
<tr>
<td>Province 5</td>
<td>3796</td>
<td>9</td>
<td>Cluster of cases</td>
<td>12 (12)</td>
<td>30 June 2020</td>
</tr>
<tr>
<td>Karnali</td>
<td>1463</td>
<td>4</td>
<td>Cluster of cases</td>
<td>10 (10)</td>
<td>30 June 2020</td>
</tr>
<tr>
<td>Sudurpaschhim</td>
<td>2457</td>
<td>5</td>
<td>Cluster of cases</td>
<td>9 (9)</td>
<td>30 June 2020</td>
</tr>
<tr>
<td><strong>National Total</strong></td>
<td><strong>13562</strong></td>
<td><strong>29</strong></td>
<td></td>
<td><strong>77 (77)</strong></td>
<td><strong>30 June 2020</strong></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.
* Case classification is based on WHO transmission classification
No cases- provinces with no cases
Sporadic cases- provinces with one or more cases, imported or locally detected#
Cluster of cases- provinces experiencing cases, clustered in time, geographic location and/or by common exposures
Community transmission- experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:
- Large numbers of cases not linkable to transmission chains
- Large numbers of cases from sentinel lab surveillance
- Multiple unrelated clusters in several areas of the country/territory/area

Figure 3: Municipalities (by domicile) with reported laboratory confirmed COVID-19 cases
(Data updated on 30 June 2020)

Municipalities (By domicile) with reported laboratory confirmed COVID-19 cases

<table>
<thead>
<tr>
<th>Province</th>
<th>Total confirmed cases</th>
<th>District affected (total districts)</th>
<th>Date of last case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>594</td>
<td>14 (14)</td>
<td>30-Jun-2020</td>
</tr>
<tr>
<td>Province 2</td>
<td>3801</td>
<td>8 (8)</td>
<td>30-Jun-2020</td>
</tr>
<tr>
<td>Bagmati</td>
<td>423</td>
<td>13 (13)</td>
<td>30-Jun-2020</td>
</tr>
<tr>
<td>Gandaki</td>
<td>1028</td>
<td>11 (11)</td>
<td>30-Jun-2020</td>
</tr>
<tr>
<td>Province 5</td>
<td>3796</td>
<td>12 (12)</td>
<td>30-Jun-2020</td>
</tr>
<tr>
<td>Karnali</td>
<td>1463</td>
<td>10 (10)</td>
<td>30-Jun-2020</td>
</tr>
<tr>
<td>Sudurpaschhim</td>
<td>2457</td>
<td>9 (9)</td>
<td>30-Jun-2020</td>
</tr>
<tr>
<td><strong>National</strong></td>
<td><strong>13562</strong></td>
<td><strong>77 (77)</strong></td>
<td><strong>30-Jun-2020</strong></td>
</tr>
</tbody>
</table>

1 dot = 1 case (dot placed randomly within municipal boundary)
A district is shaded if there is at least one case in any municipality within the district
Figure 4: Distribution of COVID-19 cases by age and sex (N=13529) (Data updated on 30 June 2020)

Figure 5: Outcome status of COVID-19 cases in Nepal (Data updated on 30 June 2020)

Current clinical status of 10596 cases are under investigation.
Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths* in COVID-19 confirmed cases. (N=13562) (Data updated on 30 June 2020)

<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>259</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0.39</td>
</tr>
<tr>
<td>5-9 yrs</td>
<td>210</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0.48</td>
</tr>
<tr>
<td>10-19 yrs</td>
<td>2451</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.04</td>
</tr>
<tr>
<td>20-29 yrs</td>
<td>5559</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>30-39 yrs</td>
<td>3016</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>0.17</td>
</tr>
<tr>
<td>40-49 yrs</td>
<td>1365</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>0.44</td>
</tr>
<tr>
<td>50-59 yrs</td>
<td>496</td>
<td>7</td>
<td>0</td>
<td>5</td>
<td>1.41</td>
</tr>
<tr>
<td>60-69 yrs</td>
<td>128</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>2.34</td>
</tr>
<tr>
<td>70-79 yrs</td>
<td>37</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>5.41</td>
</tr>
<tr>
<td>80+ yrs</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>13562</td>
<td>24</td>
<td>5</td>
<td>17</td>
<td>0.21</td>
</tr>
</tbody>
</table>

COVID-19 positive lab result is temporally associated with death; causal association under investigation.
* Source: https://covid19.mohp.gov.np/#

Table 3: Distribution symptomatic/asymptomatic COVID-19 cases at presentation (N=13,562) (Data updated on 30 June 2020)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total confirmed cases</th>
<th>Asymptomatic</th>
<th>Symptomatic (n)</th>
<th>Symptomatic (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 yrs</td>
<td>259</td>
<td>258</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>5-9 yrs</td>
<td>210</td>
<td>209</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>10-19 yrs</td>
<td>2451</td>
<td>2446</td>
<td>5</td>
<td>0.2</td>
</tr>
<tr>
<td>20-29 yrs</td>
<td>5559</td>
<td>5545</td>
<td>14</td>
<td>0.3</td>
</tr>
<tr>
<td>30-39 yrs</td>
<td>3016</td>
<td>3003</td>
<td>13</td>
<td>0.4</td>
</tr>
<tr>
<td>40-49 yrs</td>
<td>1365</td>
<td>1362</td>
<td>3</td>
<td>0.2</td>
</tr>
<tr>
<td>50-59 yrs</td>
<td>496</td>
<td>493</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>60-69 yrs</td>
<td>128</td>
<td>126</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>70-79 yrs</td>
<td>37</td>
<td>36</td>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>80+ yrs</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Unknown</td>
<td>33</td>
<td>33</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>13562</td>
<td>13519</td>
<td>43</td>
<td>0.3</td>
</tr>
</tbody>
</table>
PREPAREDNESS AND RESPONSE

What are Government of Nepal (GoN) and MoHP doing?

▪ The MoHP has provided information on risk categorization of districts based on available epidemiological and health systems information to aid in the management of the lock-down release process.

▪ As per the decision of Government of Nepal (Council of Ministers), the suspension period of all domestic and international commercial passenger flights has been extended till 21 July 2020 (23:59 NST). Special permission from Civil Aviation Authority of Nepal (CAAN) is required for Rescue flights, freighter flights and flights related to the medical and other essential supplies.

▪ MoHP is fully engaged in assisting the provincial and local governments in case investigation and contact tracing, monitoring and management of quarantine, isolation and treatment sites.

▪ National Health Training Center, Kathmandu has prepared training package on Case Investigation and Contact Tracing (CICT) of COVID-19 and the training has commenced at all the levels (Federal, Provincial and Local level) from 25 June 2020.

What is WHO Country Office for Nepal doing?

• Since the start of the COVID-19 response in March, WHO staff have been embedded in most MOHP units, centers and teams to provide hands-on support everyday. Technical Assistance was provided to the MoHP to disseminate “Actions taken by MoHP on suicide prevention in the context of COVID-19” to the National Human Right Commission.

• WHO has supported the MoHP to complete the rapid assessment for 8 out of 9 Level 2 COVID-19 designated hospitals. Development of Action Plan to address the gaps from the Rapid Assessment findings was shared by 6 of 8 Level 2 COVID-19 Hospitals via a virtual meeting. The meeting was attended by officials from the Curative Service Division of the MoHP, Provincial government officials (from MoSD/Health directorate) and Hospital medical superintendent/nursing in charge/designated IPC focal person along with other supporting developmental partners (UNICEF and GIZ). Feedback/additions on the action plan from the respective hospitals is awaited.

• WHO-Nepal is supporting the National Public Health Laboratory (NPHL) in developing and finalizing the following guidelines:
  ❖ Interim guidelines for SARS-CoV-2 PCR laboratories in the National Public Health Laboratory Network of Nepal. It is in the process of approval from MoHP.
  ❖ SOP for Disinfection of Cold Box/Icebox for carrying COVID-19 samples
  ❖ Drafting SOP on Xpert Xpress SARs-CoV-2 and shared with NPHL for finalization.

• A WHO international consultant is now on board for providing technical support remotely to strengthen NPHL in addition to one national consultant stationed at NPHL.

• WHO is providing support to NPHL in the assessment of molecular laboratory for performing RT-PCR at Nepal Police Hospital, Kathmandu. Ongoing support by WHO-Nepal for quality assurance framework, in close coordination with National Tuberculosis Control Center (NTCC) and NPHL for testing COVID-19 using gene expert platform. Cartridges have been received and are at NTCC laboratory. However, endorsement and operation has been planned for next week.

• WHO-Nepal has supported MoHP and Department of Health Services (NPHL, EDCD and CSD) for installation of ICT equipment for video conferencing purposes with completion of detailed layout
of the meeting halls with equipment requirement and specifications. Ongoing WHO technical support provided for national forecasting and quantification of COVID-19 logistics.

- Meetings held with the Director and Deputy Director of the National Health Education Information Communication Centre (NHEICC) of MoHP to strengthen engagement with the province and Palika levels on Risk Communication and Community Engagement (RCCE). NHEICC will begin holding periodic online meetings with the province level focal points for health communication and promotion to gather feedback on field level challenges in RCCE. Meeting with the MoHP Spokesperson and the Chief of the Health Coordination Division, MoHP were held to discuss on how to advance the work of the Communications Pillar of the Incident Command System of the MoHP and to agree on the overarching elements of a communication strategy and a communication plan for the MoHP. Anurodh (Appeal to audience) shared by the RCCE Team for the daily press briefing of the MoHP that are broadcast to the nation on TV covered the topics of:
  ✓ Dengue
  ✓ The role of digital health in empowering people
  ✓ The lockdown and its impact on preventing the spread of COVID-19

- WHO RCCE team has been sharing the infographics and RCCE materials from WHO headquarters and the South-East Asia Regional Office (SEARO) with members of the UN RCCE group and also enlisting participation of multi-sectoral partners for the webinars from SEARO: 1st WHO Infodemiology conference – 29 June, 13-18h Geneva time (4:45PM-9:45PM Nepali time)

- WHO has been supporting the production of video capsules on Risk Communication, FAQs on COVID-19 and dengue prevention also in the context of COVID-19: post production and translation is in progress.

- Following Nepali adapted videos and infographics released on WCO website and on social media:
  ❖ Returning to work in ‘The New Normal’
  ❖ Who should wear a medical mask and who should wear a fabric mask?
  ❖ Stigma and discrimination and COVID-19
  ❖ Infographics released: The New Normal

While WHO Nepal continued to feature prominently in the media with technical and scientific input especially on digital and social media platforms, the more prominent media stories are highlighted here.


- Other recent important stories with WHO-WR inputs:
  - On breastfeeding and COVID19: [https://swasthyakhabar.com/story/33259](https://swasthyakhabar.com/story/33259)
  - About the rumor attributed to WHO naming Kathmandu as a red zone: [https://swasthyakhabar.com/story/33185](https://swasthyakhabar.com/story/33185)
What are partners doing?

- Partners continue to support MoHP in the COVID-19 response following the one door mechanism, with all support endorsed by the Health Coordination Division of the MoHP.
- With increasing number of cases in the country leading to increased need for management of severe cases, the cluster partners were requested for realignment of support, including stepped up support for case management.
- Partners are realigning their support according to the Key Asks of the MoHP and based on the changing epidemiology.

WHO’s STRATEGIC OBJECTIVES FOR COVID-19 RESPONSE

The overarching goal is to control the pandemic by slowing down the transmission and reducing mortality associated with COVID-19. The global strategic objectives are as follows:

- **Mobilize** all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the response and in preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing.
- **Control** sporadic cases & clusters and prevent community transmission by rapidly finding and isolating all cases, providing them with appropriate care, and tracing, quarantining, and supporting all contacts.
- **Suppress** community transmission through context-appropriate infection prevention and control measures, population level physical distancing measures, and appropriate and proportionate restrictions on non-essential domestic and international travel.
- **Reduce** mortality by providing appropriate clinical care for those affected by COVID-19, ensuring continuity of essential health & social services; protecting frontline workers & vulnerable populations.
- **Develop** safe and effective vaccines and therapeutics that can be delivered at scale and that are accessible based on need.
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’s COVID-19 official portal is available [here](#).
- Nepal’s COVID-19 regular updates and resources are available [here](#).
- For COVID-19 updates from WHO South East Asia Region Office, please visit [here](#).
- For information regarding coronavirus 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 coronavirus disease situation dashboard can be found [here](#).
- Visit WHO Nepal [Facebook page](#) and webpage on COVID-19 [here](#).

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