

## HIGHLIGHTS

### Nepal

- All seven provinces and 77 districts in the country have reported one or more cases of COVID-19 since the beginning of the COVID-19 epidemic in Nepal. **Four out of 77 districts**- Humla, Dolpa, Manang and Mustang did not report any cases in the past 14 days.
- A total of 47 designated COVID-19 laboratories are now functional in the country, of which 34 are government and 13 are private.

### Regional/Global

- WHO has published [guidance on the use of corticosteroids in the treatment of patients with COVID-19](#). Based on current evidence, two recommendations are made: a strong recommendation for systemic corticosteroid therapy for 7 to 10 days in patients with severe and critical COVID-19, and a conditional recommendation not to use corticosteroid therapy in patients with non-severe COVID-19.
- WHO has also published [guidance for individuals who tend to the bodies of persons who have died of suspected or confirmed COVID-19](#). The document updates guidance issued on 24 March with the following new or modified content: clarification of body bag requirements; clarification of personal protective equipment (PPE) requirements during autopsies; updated ventilation requirements during an autopsy.

## SITUATION OVERVIEW

### NEPAL

*(data as of 9 September 2020, 07:00:00 hours)*

**48,116 confirmed cases**

**306 deaths**

**7,77,563 RT-PCR tests** *(data as of 7 September 2020)*

### SOUTH-EAST ASIA REGION

*(data as of 10am CEST 6 September 2020)*

**46,89,943 confirmed cases**

**83,400 deaths**

### GLOBAL

*(data as of 10am CEST 6 September 2020)*

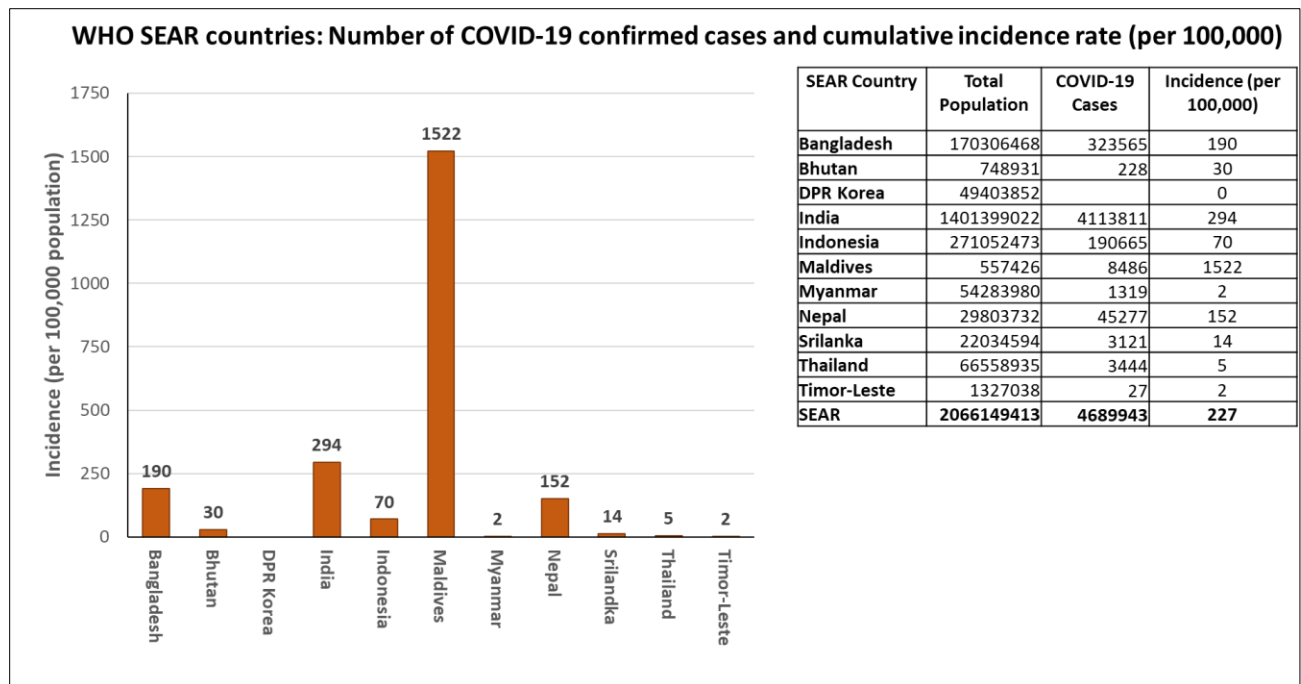
**2,67,63,217 confirmed cases**

**8,76,616 deaths**

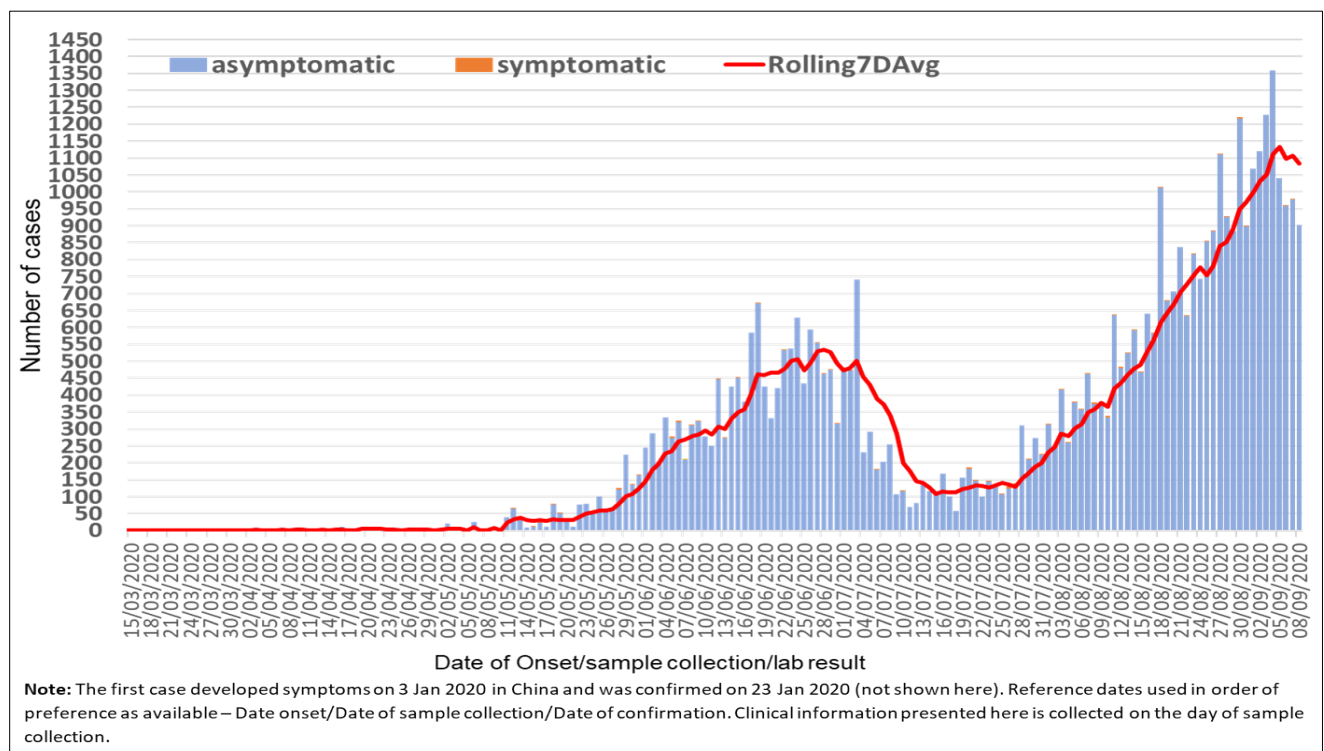
## NEPAL EPIDEMIOLOGICAL SITUATION

- As of 9 September 2020, 07:00 hours, (Week no. 37), total **48,116** cases were confirmed as COVID-19 cases through polymerase chain reaction (RT-PCR) in the country. In the last 14 days, **14,585** cases were reported (30.3 % of total confirmed cases).
- Except for one province - Gandaki where transmission continues as sporadic cases, in the remaining six provinces - Provinces 1,2, Bagmati, 5, Karnali and Sudurpaschim are having transmission as clusters of cases.
- Although overall doubling time has increased, indicating a slowing down of transmission, Province-2, Bagmati, and Province-5 are showing significant caseload increase recently. Around **79% (38,137/48,116)** of total cases were reported from provinces - 2, Bagmati, 5 and Sudurpaschim.
- Overall, the gender distribution remains skewed towards males, who constitute 76% (36,734/48,116) of the confirmed cases. Amongst the males, 88% (32,241/36,734) are in the economically productive age group (15-54-years). However, this skewed sex and age distribution is changing in some of the provinces, especially in Bagmati, where an increasing proportion of females are getting infected.
- As of date, a total of **306** persons have died. Out of the total 305 deaths with all details available, 220 (72%) were males, and 85 (28%) females and 210 persons (69%) had at least one or more known co-morbid conditions. All deaths occurred between weeks 20 and 37. The overall case fatality ratio (CFR) across all ages is less than 1 per cent, and CFR progressively increases with age beyond 55 years of age in the range of 3% to 25%.
- Although less than 1% of the confirmed COVID-19 cases are symptomatic at diagnosis across all age groups, the proportion of symptomatic cases progressively increases beyond 55 years of age in the range of 1.4% to 9.1%.
- *Nepal has been able to keep COVID-19 transmission to sporadic or clustered cases in its first wave of transmission by effectively quarantining or isolating international returnees. However, at present, we see an increasing trend in persons without international travel history, albeit some of them are indeed direct contacts of international returnees. COVID-19 response program should immediately designate position/person with accountability for provincial surveillance including all Palikas in the province and improve on systematic contact tracing, quarantining and isolation to reap maximum benefit from total or partial lockdowns.*
- As of 6 September 2020, **639** samples of influenza cases (SARI/ILI) have been tested for SARS-CoV-2. **Fifteen** samples have tested positive for SARS-CoV-2 (all these positive cases are included in COVID-19 database).
- No samples were received for Influenza on week 36 (31st Aug-6th Sept 2020).

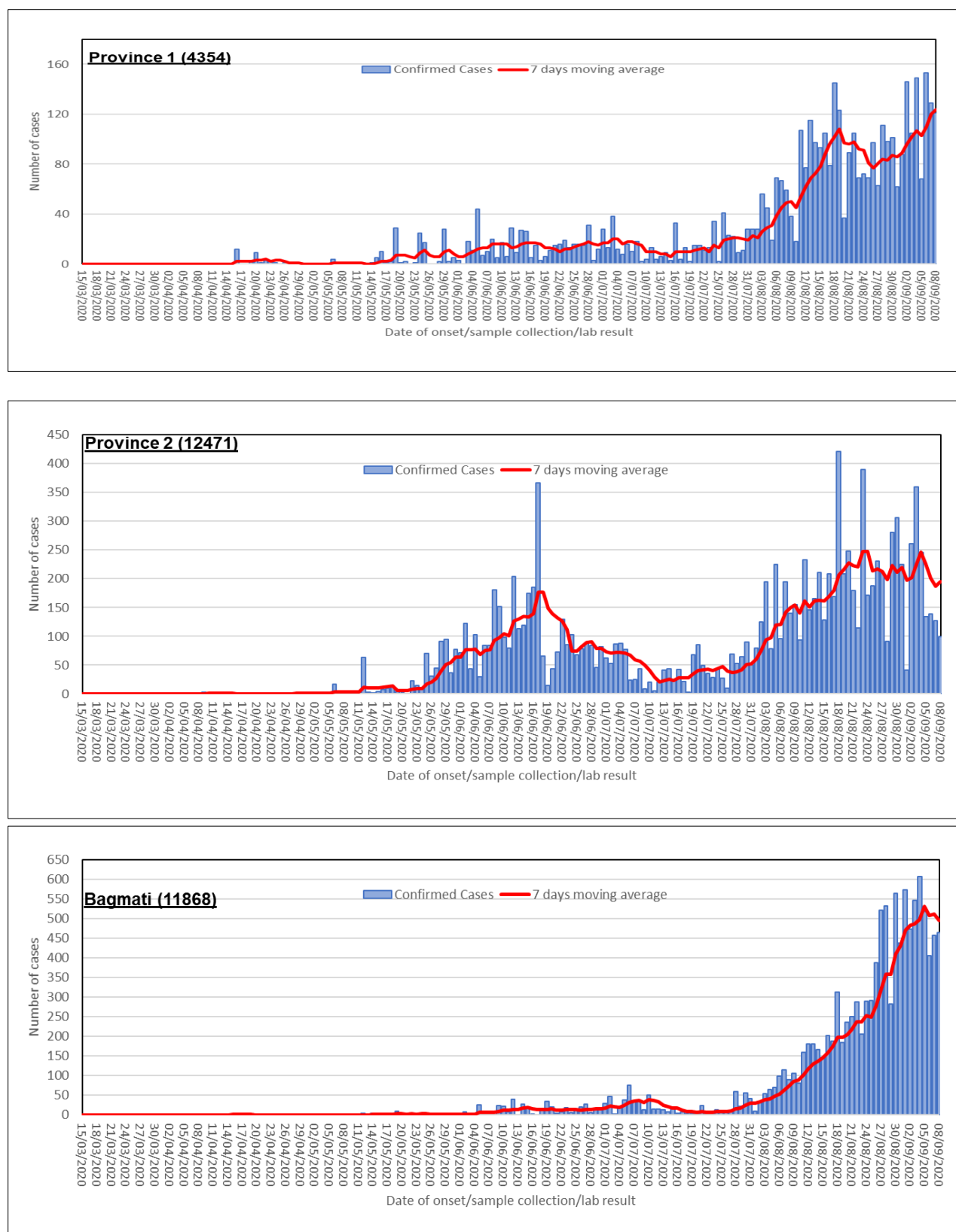
**Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 6 September 2020 from #Global Weekly Epidemiological Update 4) and cumulative incidence rate (per 100,000)**

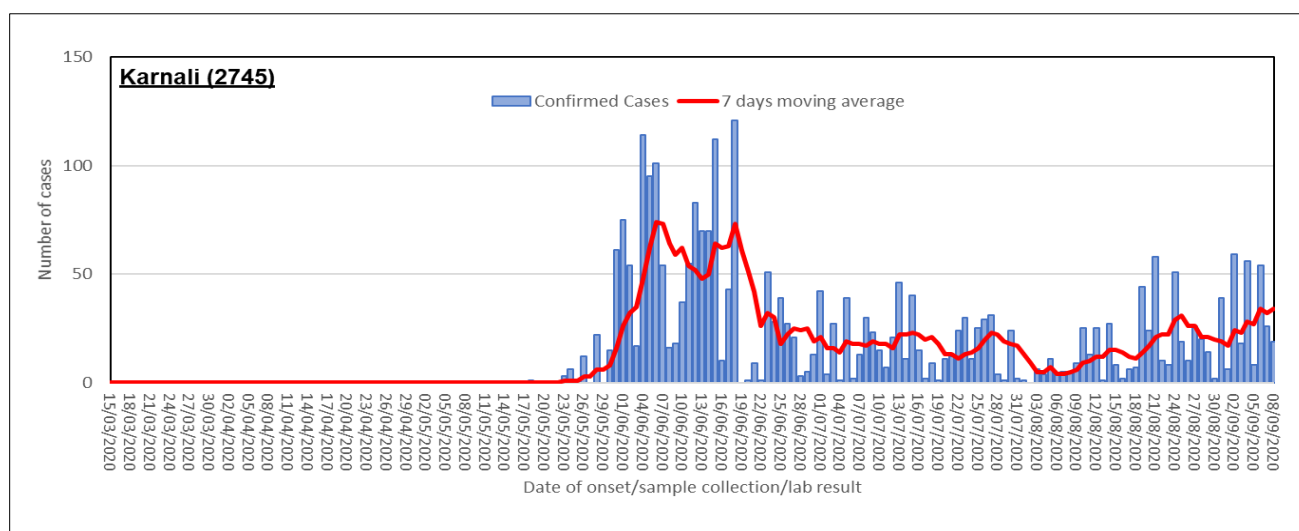
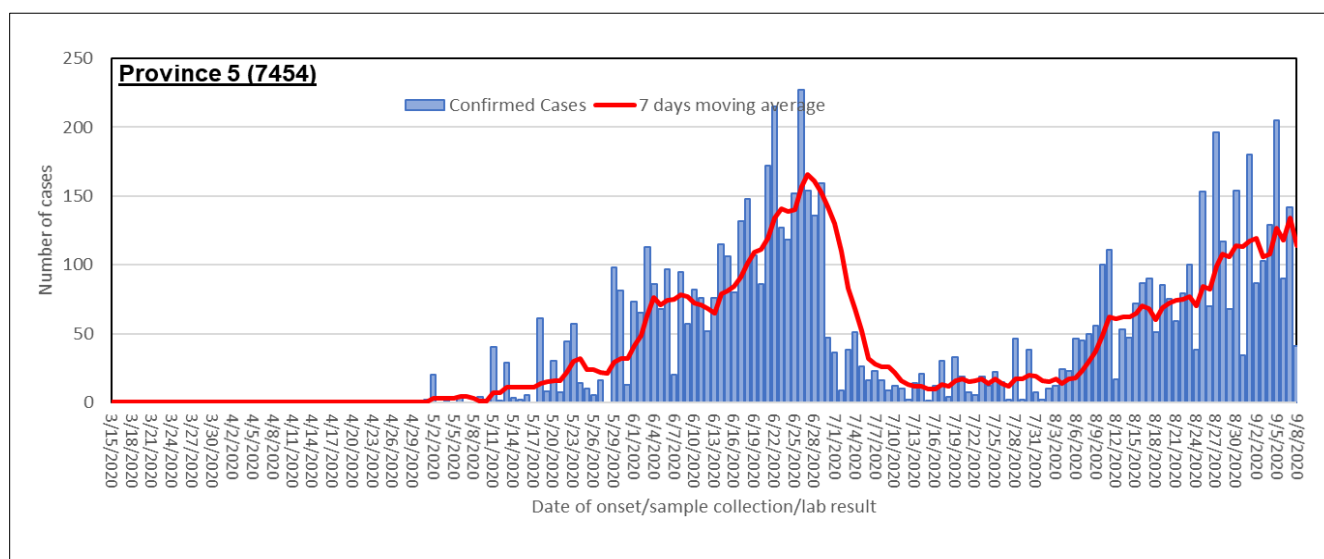
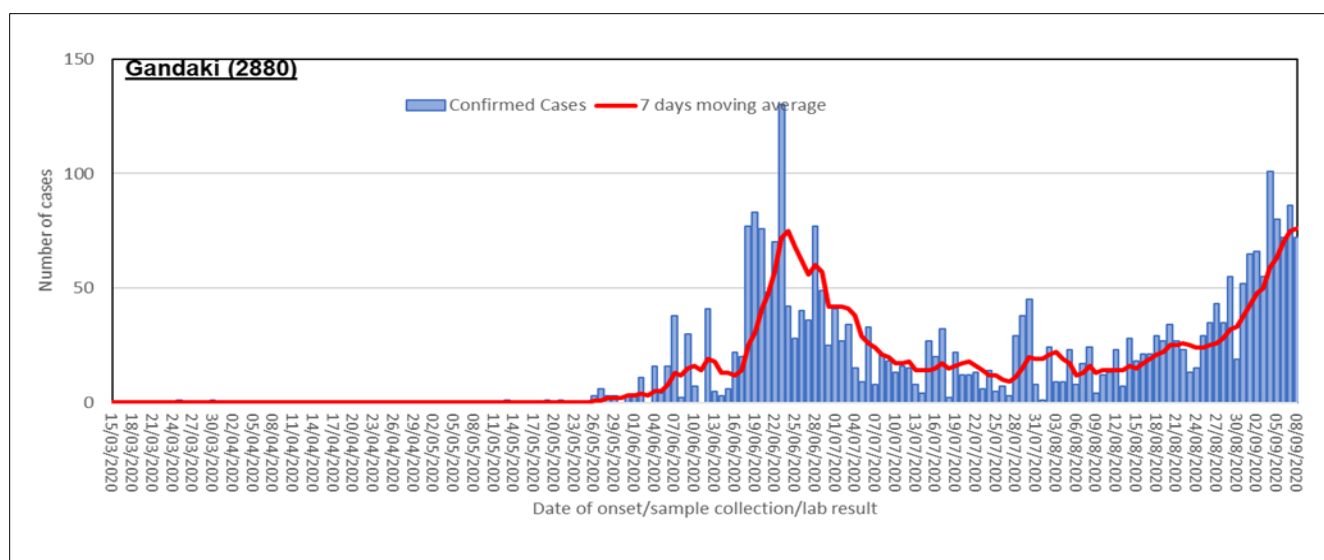


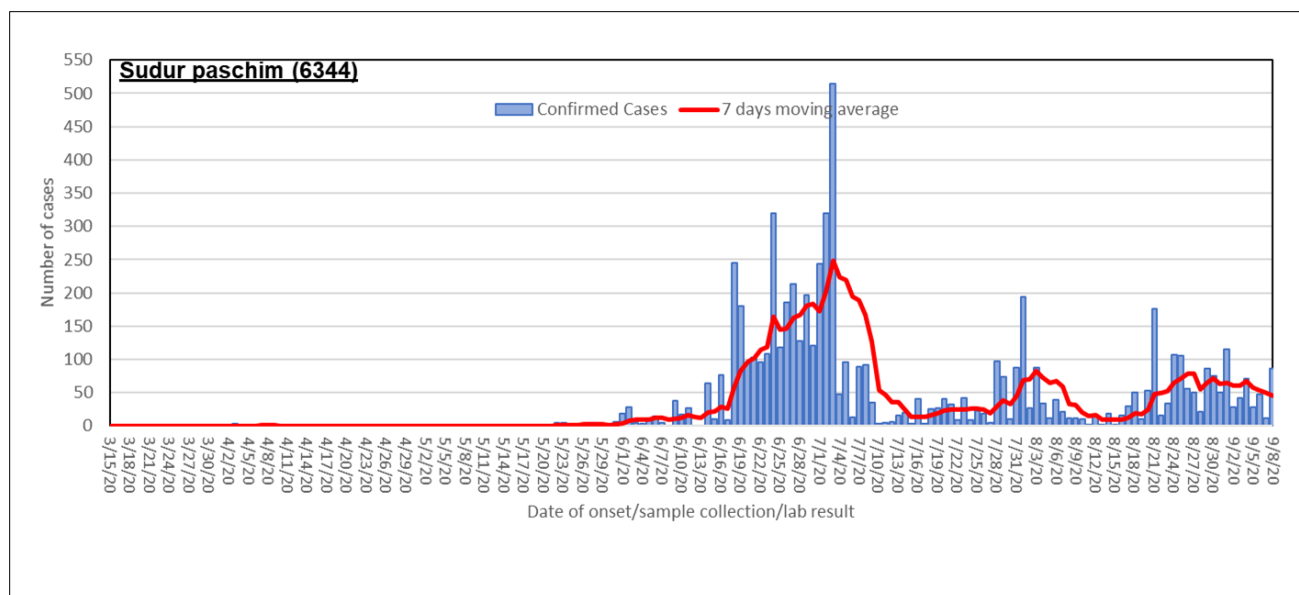
**Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 48116) (Data updated on 9 September 2020 TO 7:00:00)**



**Figure 2B: Lab confirmed COVID-19 cases and a 7-day rolling average of cases by date of onset/sample/confirmation by Provinces (Data updated on 9 September 2020 T0 7:00:00)**



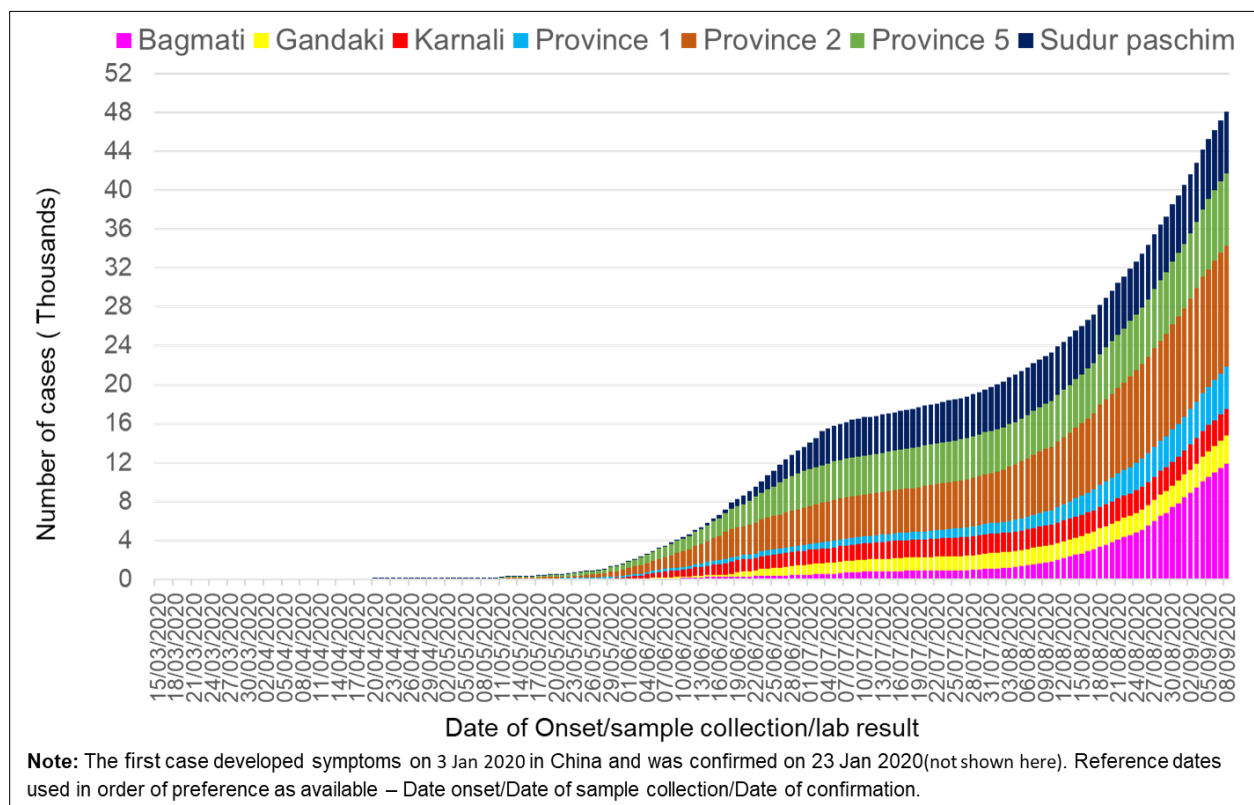




**Note for all the Provinces (Figure 2 B):**

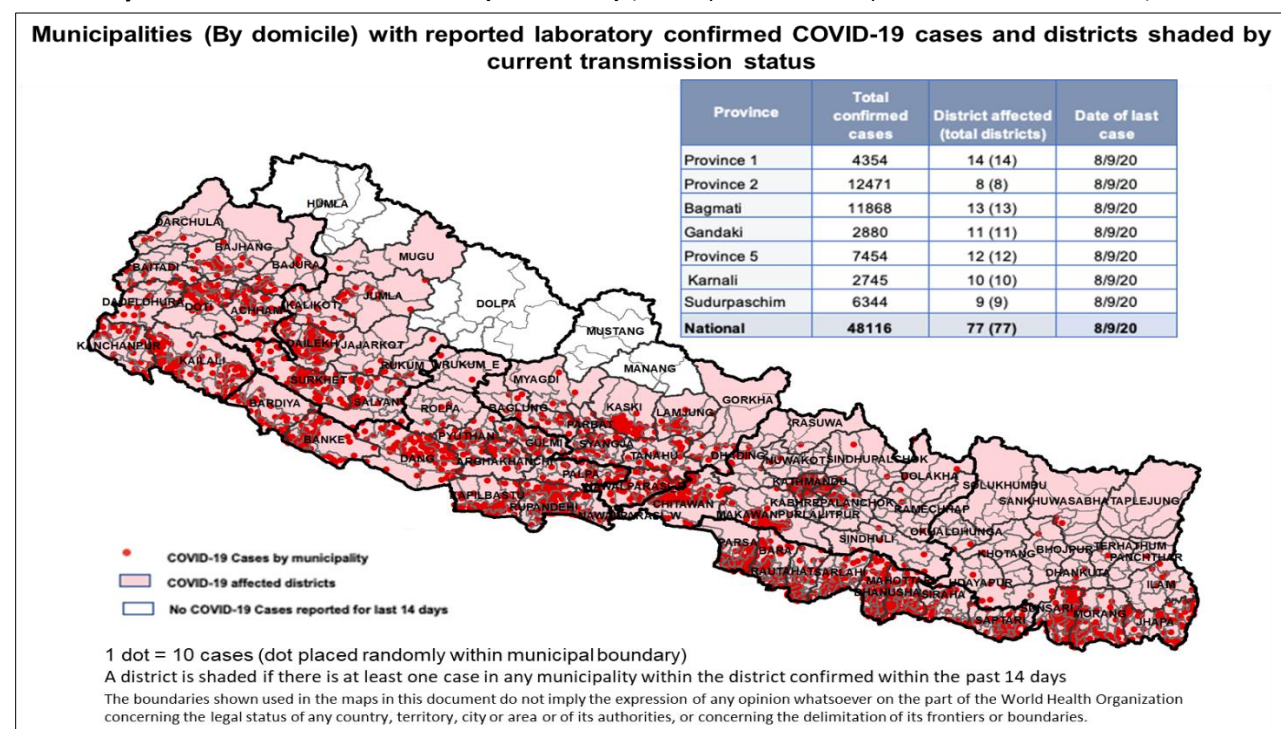
- The first case developed symptoms on 3 January 2020 in China and was confirmed on 23 Jan 2020 (not shown here). Reference dates used in order of preference as available – Date onset/Date of sample collection/ Date of confirmation.
- Y-axis scale varies between Provinces.

**Figure 2C: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 48116)** (Data updated on 09 Sept 2020 TO 7:00:00)





**Figure 3: Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and districts shaded by current transmission status (N = 48116)** (Data updated on 9 September 2020 TO 7:00:00)



**Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.**  
**(N = 48116)** (Data updated on 9 September 2020 TO 7:00:00)

Transmission classification based on [WHO definitions](#)

Reporting Province	Total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Districts affected (total districts)	Date of most recent case <sup>#</sup>
Province 1	4354	36	Cluster of cases	14 (14)	8 September 2020
Province 2	12471	103	Cluster of cases	8 (8)	8 September 2020
Bagmati	11868	93	Cluster of cases	13 (13)	8 September 2020
Gandaki	2880	17	Sporadic cases	11 (11)	8 September 2020
Province 5	7454	42	Cluster of cases	12 (12)	8 September 2020
Karnali	2745	5	Cluster of cases	10 (10)	8 September 2020
Sudurpaschim	6344	9	Cluster of cases	9 (9)	8 September 2020
<b>National Total</b>	<b>48116</b>	<b>305</b>	<b>Cluster of cases</b>	<b>77 (77)</b>	<b>8 September 2020</b>

<sup>#</sup> Date of the 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<sup>#</sup>

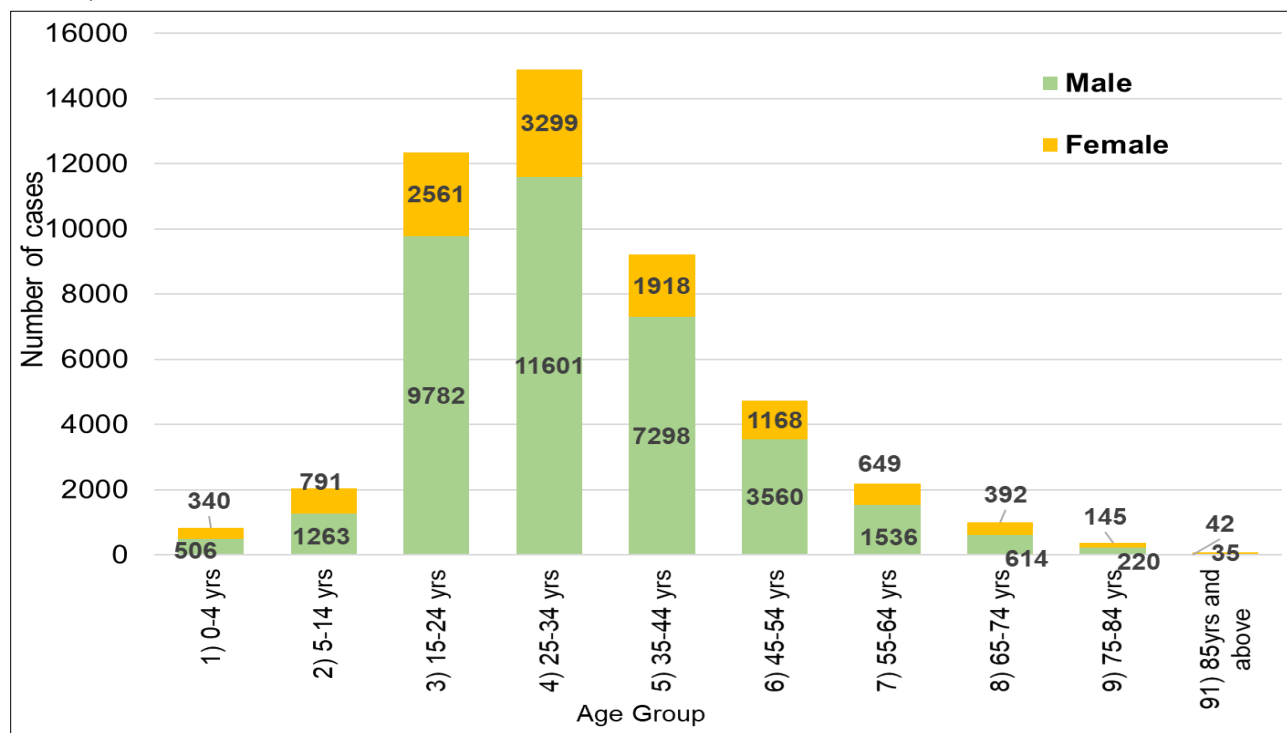
**Cluster of cases** - provinces experiencing cases, clustered in time, geographic location and by common exposures

**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 4: Distribution of COVID-19 cases by age and sex (N = 47720)** (Data updated on 09 Sept 2020 TO 7:00:00)



Details for 396 cases are yet to come

**Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths\* in COVID-19 confirmed cases (N = 48116)** (Data updated on 09 Sept 2020 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	846	0	2	0	0.24
5-14 yrs	2054	2	1	3	0.15
15-24 yrs	12343	3	7	5	0.08
25-34 yrs	14900	12	5	10	0.11
35-44 yrs	9216	31	10	17	0.44
45-54 yrs	4728	40	15	38	1.16
55-64 yrs	2185	50	11	46	2.79
65-74 yrs	1006	44	22	55	6.56
75-84 yrs	365	26	5	23	8.49
85+ yrs	77	12	7	13	24.68
Unknown	396	0	0	0	0
<b>National</b>	<b>48116</b>	<b>220</b>	<b>85</b>	<b>210</b>	<b>0.63</b>

$$\text{Case Fatality ratio (CFR, in\%)} = \frac{\text{Number of deaths from disease}}{\text{Number of confirmed cases of disease}} \times 100$$

COVID-19 positive lab result is temporally associated with death; causal association under investigation.

\* Source: <https://covid19.mohp.gov.np/#/>



**Table 3: Distribution symptomatic/asymptomatic COVID-19 cases at presentation (N = 48116)** (Data updated on 09 Sept 2020 TO 7:00:00)

Age Group	Total confirmed cases	Asymptomatic	Symptomatic (n)	Symptomatic (%)
0-4 yrs	846	844	2	0.2
5-14 yrs	2054	2052	2	0.1
15-24 yrs	12343	12329	14	0.1
25-34 yrs	14900	14872	28	0.2
35-44 yrs	9216	9190	26	0.3
45-54 yrs	4728	4700	28	0.6
55-64 yrs	2185	2155	30	1.4
65-74 yrs	1006	968	38	3.8
75-84 yrs	365	355	10	2.7
85+ yrs	77	70	7	9.1
Unknown	396	396	0	0.0
<b>National</b>	<b>48116</b>	<b>47931</b>	<b>185</b>	<b>0.4</b>

## PREPAREDNESS AND RESPONSE

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

- The status of the **guidance documents** for endorsement by MoHP is as follows:
  - Revised guidelines for serological test forwarded by National Public Health Laboratory (NPHL) to the Ministry of Health and Population (MoHP)- approved
  - Point of Entry (PoE) Health desk prototype - endorsed
- **MoHP decisions** this week:
  - Bir Hospital to be utilized for COVID-19 case management, while the Non-COVID services from Bir Hospital will be continued from the National Trauma Center
  - Extension of the contracts of human resources for COVID-19 response at all levels of health care
  - Travellers returning to Nepal are allowed to enter if their sample collected within 72 hours before travel has tested negative by PCR
  - For travelers coming to Nepal and also for the inter-district travel, it is mandatory to stay at home quarantine at one's own expense for 14 days, following which if within the 14 days a person does not show signs/symptoms, there is no need to do PCR test
- Health Emergency Operation Center (HEOC), MoHP organized a **virtual interaction meeting with the media** on *Friday, 4 September 2020*. There were about 100 participants, including journalists and reporters. The meeting was chaired by the MoHP Chief Specialist / COVID-19 Focal Point. This meeting has been planned to be held regularly every Friday.
- Health Management Information System (HMIS) Unit, Department of Health Services (DoHS) in close coordination with HEOC, MoHP conducted virtual orientation program on data entry

related to COVID-19. This program was attended by more than 200 participants (medical recorders, data entry officials, record keeping staff, doctors, nurses, medical superintendent, etc.) from COVID-19 designated health facilities. The program was conducted to orient the participants in the proper management of information of the COVID-19 cases to support MOHP for timely reimbursement of admitted COVID-19 patients in both government and private designated COVID-19 hospitals.

- MoHP Incident Command System Coordinator chaired the session and re-emphasized the importance of proper data entry in the system and to begin data entry from 9 September daily as MOHP would not entertain the letters, documents etc. for reimbursement.
- District Administration Offices (DAO) of Kathmandu Valley has eased the prohibitory order issued three weeks ago to curb further spread of COVID-19.

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

- WHO-Nepal has provided **technical assistance to the National Public Health Laboratory (NPHL)** by supporting the following activities:
  - Preparation of Proficiency Testing (PT) Panels for designated COVID-19 testing laboratories.
  - Onsite monitoring and assessment of the baseline quality and biosafety indicators of the COVID-19 testing laboratories.
- WHO-Nepal is supporting MoHP to provide Critical Care Training for Health Care Workers in COVID-19 designated hospitals in various provinces starting from 9 September 2020
- Establishment of Information Management Unit (IMU) of MoHP HEOC is in process
- Provincial HEOC has been established in Province 5. Equipment is being installed and the HEOC will be operational next week.
- WHO has been providing **technical support to the MoHP to draft guidance documents**, including:
  - ICU readiness checklist to complement provincial level II COVID hospitals' action plans following the findings from the Rapid Assessment
  - Revised Clinical Management pocketbook to be reviewed by MoHP to reflect the latest recommendations in accordance with updated WHO interim guidance
- WHO Media monitoring products shared every day with MoHP spokesperson and HEOC officials
- Dissemination of WHO explainer videos on contact tracing (Maithili language) and videos with WHO Representative on counteracting rumours, misinformation and concerns through the following channels:
  - [WHO Nepal You Tube channel](#)
  - [WHO Nepal Country Web page](#)
  - [WHO Nepal Facebook page](#)
  - [MoHP COVID-19 portal](#)
  - [MoHP Mobile App- Hamro Swasthya](#)
  - [Online specialized health platform- Swasthya Khabar](#)
  - UN Communications Group

- UN Risk Communication and Community Engagement Group
- National media outlets
- External Development Partners
- Partner health institutions/organizations/hospitals
- Ongoing video shoot with WHO Representative and MoHP officials on rumours, misinformation and concerns in English and Nepali language respectively.
- Continued sharing of summaries of WHO guidance documents contextualized and translated into Nepali with the Health Secretary.
- Interview of WHO Representative published last week as below:

SN	TITLE (NEPALI)	URL	PUBLICATION	DATE	LANGUAGE	REMARKS
1.	खोप वा औषधि पत्ता नलागेसम्म परिस्थिति सामान्य हुने सम्भावना छैन (Possibility of situation returning to normal unlikely until a vaccine or medicine is found)	<a href="#">Link</a>	Naya Patrika	2 September	Nepali	WHO Representative's Interview

- A press release on the curtain-raiser for the 73<sup>rd</sup> Regional Committee, titled “*Pandemic, essential health services to predominate discussions as Health Ministers of WHO South-East Asia Region meet this week*” was provided to members of the Nepali media (link [here](#)).
- Continued support on **national forecasting and quantification of COVID-19 logistics** needs for the next four months’ period in collaboration with Management Division, DOHS.
- The additional activities, undertaken this week, are as below:
  - Ongoing work on Emergency Health Facility (EHF) in collaboration with the World Food Program (WFP) engineering team:
    - Final layout and overall estimated costs have been shared with MoHP during a meeting with several actors to discuss the different options for the establishment of health facilities/patient wards next to existing health facilities, to support the ongoing response to COVID-19.
    - Development of isolation wards layout –10/20/40 beds capacity - to be located next to existing health facilities.



WHO Surveillance Medical Officer (SMO) Dr Neemesh Khatiwada collecting information from a household for Acute Flaccid Paralysis (AFP) case verification at Ghodaghodi Municipality, Kailali District, Sudurpaschim Province.

*Photo Courtesy: WHO Nepal/M.B.Gurung*

### **What are the health cluster partners doing?**

- Regular health cluster coordination meeting for COVID-19 and monsoon response are ongoing at the Federal and Provincial level, which helped much-coordinated response to COVID-19 Pandemic and ongoing monsoon at all levels.
- Health partners, including Reproductive Health sub-cluster, Mental health sub-cluster are supporting the continuation of COVID-19 and non-COVID response throughout the country to ensure continuity of services in the COVID-19 context.

**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 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 the WHO Nepal [Facebook page](#) and webpage on COVID-19 [here](#)

## CONTACT DETAILS

### WHO Representative

Dr Jos Vandelaer  
WHO Representative to the Federal  
Democratic Republic of Nepal  
WHO Country Office for Nepal  
Email: [vandelaerjo@who.int](mailto:vandelaerjo@who.int)

### Health Cluster Co-lead

Dr Lungten Z. Wangchuk  
Scientist; Team Lead - CDS  
WHO Country Office for Nepal  
Email: [wangchukl@who.int](mailto:wangchukl@who.int)

### WHO Incident Manager

Dr Reuben Samuel  
Team Leader - WHO Health Emergencies  
Programme (WHE)  
WHO Country Office for Nepal  
Email: [samuelsr@who.int](mailto:samuelsr@who.int)

### Communication/Media Focal Point

Mr Sujana G. Amatya  
Communications Officer  
WHO Country Office for Nepal  
Email: [samatya@who.int](mailto:samatya@who.int)