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. Six out of 77 districts did not report any COVID-19 cases in the last 14 days.
- A total of 50 designated COVID-19 laboratories are now functional in the country, of which 35 are public, and 15 are private.

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 23 September 2020, 07:00 hours, (Week no. 39), a total of 66,631 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR).
- In the last 14 days, 18,494 cases were reported, which constitutes 27.8 % of total confirmed cases. Six districts - Humla, Dolpa, Mustang, Rasuwa, Solukhumbu and Mugu did not report any COVID-19 cases in the last 14 days.
- In six out of the seven provinces (Province 1, Province 2, Bagmati, Province 5, Karnali and Sudurpaschim) transmission is as clusters of cases. Only in Gandaki province is transmission sporadic. Bagmati province is showing a significant increase in 7-day rolling average case incidence. Since the start of the epidemic, 33.7% of all cases have been reported in Bagmati province (22453 cases), while 69.9 % (46603/66631) of cases were reported from just three provinces (Province 2, Bagmati and Province-5).
- The Kathmandu valley area in Bagmati province is experiencing a high caseload with 26.9% of the national total (17937/66631), and 79 % of the provincial total (17937/22453). From week 35-38, the Kathmandu valley reported 41% of National caseload (13354/32188).

SITUATION OVERVIEW

NEPAL
(data as of 23 September 2020, 07:00:00 hours)
- 66,631 confirmed cases
- 428 deaths
- 9,34,977 RT-PCR tests

SOUTH-EAST ASIA REGION
(data as of 10am CEST 20 September 2020)
- 60,73,462 confirmed cases
- 1,01,700 deaths

GLOBAL
(data as of 10am CEST 20 September 2020)
- 3,06,75,675 confirmed cases
- 9,54,417 deaths
• The observed doubling time of cases was 3 days in April, and gradually lengthened to 6 days, 10 days, 18 days and up to 49 days. However, as of 22 September, when the case count crossed the 65,000 mark, the national doubling time for case count is 28 days.

• Overall, the gender distribution remains skewed towards males, who constitute 74% (49189/66631) of the confirmed cases and amongst the males, 87% (42571/49189) are in the economically productive age group (15-54-years). However, in Bagmati province, a relatively higher proportion of females are getting infected (35% -7870/22453) compared to other provinces.

• As of date, there is a total of 428 deaths. Out of 428 deaths (details of one death awaited), 297 (69.3%) were males, and 131 were females. Amongst the deaths, 287 persons (67%) had at least one or more known co-morbid conditions. All deaths occurred in the country between weeks 20 and 39. Although the overall case fatality ratio (CFR) across all ages is less than 1 per cent, it progressively increases with age beyond 55 years in the range of 3% to 15%.

• Apart from major transmission in Kathmandu valley (consisting of three districts- Kathmandu, Bhaktapur and Lalitpur), active transmission clusters are observed in several Palikas of the country and some of these transmission clusters cut across provincial boundaries – like Rupandehi, Nawalparasi West and East, and Chitwan districts.

Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 20 September 2020 from #Global Weekly Epidemiological Update 6) 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 = 66631) (Data updated on 23 September 2020 T07:00:00)

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.

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 23 September 2020 T07:00:00)
Situation Update #23 - Coronavirus Disease 2019 (COVID-19)  
WHO Country Office for Nepal  
Friday 25 September 2020
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 = 66631) (Data updated on 23 Sept 2020 T07:00:00)

<table>
<thead>
<tr>
<th>Province</th>
<th>Total confirmed cases</th>
<th>% of 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>11472</td>
<td>17.1</td>
<td>14 (144)</td>
<td>22/09/20</td>
</tr>
<tr>
<td>Province 2</td>
<td>14425</td>
<td>21.6</td>
<td>9 (8)</td>
<td>22/09/20</td>
</tr>
<tr>
<td>Bagmati</td>
<td>22459</td>
<td>33.7</td>
<td>13 (135)</td>
<td>22/09/20</td>
</tr>
<tr>
<td>Gorkha</td>
<td>3868</td>
<td>5.8</td>
<td>11 (111)</td>
<td>22/09/20</td>
</tr>
<tr>
<td>Province 5</td>
<td>9725</td>
<td>14.6</td>
<td>12 (120)</td>
<td>22/09/20</td>
</tr>
<tr>
<td>Karnali</td>
<td>3243</td>
<td>4.9</td>
<td>10 (100)</td>
<td>22/09/20</td>
</tr>
<tr>
<td>Sudurpaschim</td>
<td>4957</td>
<td>7.4</td>
<td>9 (9)</td>
<td>22/09/20</td>
</tr>
<tr>
<td>National</td>
<td>66631</td>
<td>100</td>
<td>77 (770)</td>
<td>22/09/20</td>
</tr>
</tbody>
</table>

1 dot = 10 cases (not placed randomly within municipal boundary)
A district is shaded if there is at least one case in any municipality within the district confirmed within the past 14 days

Figure 3: Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and districts shaded by current transmission status (N = 66631) (Data updated on 23 September 2020 T07:00:00)
Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.
(N = 66631) (Data updated on 23 September 2020 T07:00:00)
Transmission classification based on WHO definitions

<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases</th>
<th>% of 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>6029</td>
<td>9.0</td>
<td>48</td>
<td>Cluster of cases</td>
<td>14 (14)</td>
<td>22 September 2020</td>
</tr>
<tr>
<td>Province 2</td>
<td>14425</td>
<td>21.6</td>
<td>118</td>
<td>Cluster of cases</td>
<td>8 (8)</td>
<td>22 September 2020</td>
</tr>
<tr>
<td>Bagmati</td>
<td>22453</td>
<td>33.7</td>
<td>161</td>
<td>Cluster of cases</td>
<td>13 (13)</td>
<td>22 September 2020</td>
</tr>
<tr>
<td>Gandaki</td>
<td>3846</td>
<td>5.8</td>
<td>28</td>
<td>Sporadic cases</td>
<td>11 (11)</td>
<td>22 September 2020</td>
</tr>
<tr>
<td>Province 5</td>
<td>9725</td>
<td>14.6</td>
<td>58</td>
<td>Cluster of cases</td>
<td>12 (12)</td>
<td>22 September 2020</td>
</tr>
<tr>
<td>Karnali</td>
<td>3248</td>
<td>4.9</td>
<td>5</td>
<td>Cluster of cases</td>
<td>10 (10)</td>
<td>22 September 2020</td>
</tr>
<tr>
<td>Sudurpaschhim</td>
<td>6905</td>
<td>10.4</td>
<td>10</td>
<td>Cluster of cases</td>
<td>9 (9)</td>
<td>22 September 2020</td>
</tr>
<tr>
<td>National Total</td>
<td>66631</td>
<td>100</td>
<td>428</td>
<td>Cluster of cases</td>
<td>77 (77)</td>
<td>22 September 2020</td>
</tr>
</tbody>
</table>

# 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#
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 = 66059) (Data updated on 23 September 2020 T07:00:00)

Details for 572 cases are yet to come
**Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths* in COVID-19 confirmed cases (N = 66631) (Data updated on 23 Sep 2020 T07:00:00)**

<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>1099</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0.27</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>2860</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0.1</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>15484</td>
<td>4</td>
<td>8</td>
<td>5</td>
<td>0.08</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>20662</td>
<td>16</td>
<td>6</td>
<td>12</td>
<td>0.11</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>13108</td>
<td>38</td>
<td>16</td>
<td>22</td>
<td>0.41</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>6981</td>
<td>49</td>
<td>21</td>
<td>49</td>
<td>1</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>3361</td>
<td>72</td>
<td>25</td>
<td>66</td>
<td>2.89</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>1692</td>
<td>64</td>
<td>31</td>
<td>78</td>
<td>5.61</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>643</td>
<td>34</td>
<td>13</td>
<td>34</td>
<td>7.31</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>169</td>
<td>17</td>
<td>8</td>
<td>18</td>
<td>14.79</td>
</tr>
<tr>
<td>Unknown</td>
<td>572</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>National</td>
<td>66631</td>
<td>297</td>
<td>131</td>
<td>287</td>
<td>0.64</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.


**PREPAREDNESS AND RESPONSE**

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

- MOHP endorsed two guidelines to support ongoing preparedness and response readiness to COVID-19
  - Interim Nutrition Guidelines for people with COVID-19, 2077; Link [here](https://covid19.mohp.gov.np/#/)
  - Guidelines for monitoring the health of people with COVID-19 isolated at home and hotel, 2077 Link [here](https://covid19.mohp.gov.np/#/)
- The guidelines for antigen testing has been drafted; endorsement from the Ministry of Health and Population awaited
- MoHP has prioritized the health care workers, frontline workers, contact tracing teams for RT-PCR test if needed
- Orientation provided to all isolation centres and COVID-19 hospitals for efficient daily recording and reporting in the Health Management Information System (HMIS). The Ministry of Health and Population stated that the reimbursements of the expenditures to these centres would be made based on HMIS data
- Ministry of Health and Population has formed a team of experts to mentor and monitor the services catered by the critical care units of COVID-19 hospitals
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- Resumption of domestic flights and inter-district travel from 21 September, 2020. A Passenger Advisory Guidance has been issued to air travelers from the Civil Aviation Authority of Nepal (CAAN). Link [here](#).

What is the WHO Country Office for Nepal doing?
- COVID-19 laboratory quality assurance conducted by WHO-Nepal laboratory team at following COVID-19 designated hospitals at following Provinces:
  - Gandaki Province:
    - Provincial Public Health Laboratory and
    - Pokhara Academy of Health Sciences
  - Bagmati Province:
    - Chitwan Medical College,
    - B.P Koirala Cancer Hospital, Chitwan,
    - Bharatpur Hospital
    - Vector-Borne Disease Research and Training Center, Hetauda
- WHO consultants supported the design and facilitated the development of a National SARS-CoV-2 RT-PCR proficiency testing (PT) program at the National Public Health Laboratory (NPHL). The first lot of PT panels were shipped/transported to 20 designated COVID-19 testing laboratories in Kathmandu valley through local courier agency with WHO support. Of the 20 laboratories, 19 submitted the results and all 19 passed the proficiency test with a score of >90%. The second lot of PT panels were shipped to 22 COVID19 laboratories outside the Kathmandu valley and reports are awaited.
- WHO consultants facilitated validation of two new COVID-19 laboratories at B.P Koirala Cancer Hospital, Chitwan and Kirtipur TU Biotech Corona laboratory by NPHL.
- Organized the weekly online technical training session for COVID-19 laboratories and facilitated a session on “WHO Interim Guidance on Diagnostic Testing for SARS-COV-2” to disseminate the WHO interim guidance on diagnostic testing dated 11 September 2020. The participants from laboratories discussed their challenges, and the WHO consultant and NPHL resource person provided recommendations to address the challenges.
- WHO international consultant submitted a technical report on Biosafety level-3 (BSL-3) laboratory assessment report entitled ‘operationalization of the BSL-III laboratory’ in NPHL. The Director NPHL and the facility maintenance contractor were briefed on the actions which are being implemented.
- National Influenza surveillance in NPHL has been revived. NPHL has started receiving influenza samples. Since week 37, selected SARS-CoV-2 negative SARI samples were also tested for Influenza. During week 38 (14 September - 20 September 2020) a total of 19 samples were tested for Influenza, and all were negative. Since January 2020, a total of 683 samples have been tested for Influenza and SARS-CoV-2. Seventeen samples had been tested positive for SARS-CoV-2 and included in COVID-19 database samples that fit the case...
definition of SARI. ILI/SARI data and Influenza laboratory results are updated in WHO FLU-ID and FLU-NET.

- Designated COVID-19 laboratories have been followed up for regular and complete data entry to the NPHL’s management information system (MIS). As of now, 20 COVID-19 laboratories have regularly started reporting data in MIS. A total of 5,14,000 data records were extracted from MIS and is being analyzed in collaboration with the EPID pillar.
- WHO has supported EDCD to develop an Infection Prevention and Control (IPC) audit tool to assess facilities being considered for repurposing into isolation centres. An IPC facility checklist is also under development.
- Continued to prepare technical summaries of WHO’s updated interim guidance document for senior officials of the MoHP.
- Space has been identified in three Point of Entry/Exit (POE) sites (Biratnagar, Nepalgunj and Kailali) for establishing health desks to effectively register and screen travelers entering and exiting the country. WHO field staff have completed site assessments in these three sites. The EDCD has provided the official letters needed to operationalize the process in these three sites.
- WHO Media monitoring output shared every day with MoHP spokesperson, HEOC officials, as well as EDPs and other partners
- WHO Nepal support for the development of videos and audios messages for the celebration of the World Patient Safety Day 2020 (17 September 2020), with the MoHP officials from Curative Service Division in the Nepali language. The messages were played in various social media for the next week from 17-23 September 2020.

<table>
<thead>
<tr>
<th>S. N</th>
<th>TITLE</th>
<th>URL</th>
<th>PUBLICATION</th>
<th>DATE OF BROADCAST</th>
<th>LANGUAGE</th>
<th>REMARKS</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>What is World Patient Safety Day (WPSD) &amp; Theme</td>
<td>LINK</td>
<td>MoHP FB Page &amp; WHO YouTube Website</td>
<td>17 September</td>
<td>Nepali</td>
<td>Dr Taranath Pokharel, Director, Curative Service Division, DoHS</td>
</tr>
<tr>
<td>2.</td>
<td>WPSD &amp; COVID-19</td>
<td>LINK</td>
<td>MoHP FB Page &amp; WHO YouTube Website</td>
<td>17 September</td>
<td>Nepali</td>
<td>Dr Kedar Century</td>
</tr>
<tr>
<td>3.</td>
<td>WPSD Theme this year</td>
<td>LINK</td>
<td>MoHP FB Page &amp; WHO YouTube Website</td>
<td>18 September</td>
<td>Nepali</td>
<td>Dr Bhagwan Koirala</td>
</tr>
<tr>
<td>4.</td>
<td>WPSD And Why it is celebrated?</td>
<td>LINK</td>
<td>MoHP FB Page &amp; WHO YouTube Website</td>
<td>18 September</td>
<td>Nepali</td>
<td>Dr Pomawati Thapa, Curative Service Division, DoHS</td>
</tr>
<tr>
<td>5.</td>
<td>WPSD_What is Patient Safety?</td>
<td>LINK</td>
<td>MoHP FB Page &amp; WHO YouTube Website</td>
<td>19 September</td>
<td>Nepali</td>
<td>Ms Roshani Tuitui, Director, Nursing and Social Security Division, DoHS</td>
</tr>
<tr>
<td>6.</td>
<td>WPSD_How patients are harmed?</td>
<td>LINK</td>
<td>MoHP FB Page &amp; WHO YouTube Website</td>
<td>19 September</td>
<td>Nepali</td>
<td>Dr Bhagwan Koirala</td>
</tr>
<tr>
<td>7.</td>
<td>WPSD_Message to Patients</td>
<td>LINK</td>
<td>MoHP FB Page &amp; WHO YouTube Website</td>
<td>20 September</td>
<td>Nepali</td>
<td>Dr Kedar Century</td>
</tr>
</tbody>
</table>
• Interviews of the WHO Representative were covered in the following publications last week:

<table>
<thead>
<tr>
<th>SN</th>
<th>TITLE</th>
<th>URL</th>
<th>PUBLICATION</th>
<th>DATE</th>
<th>LANGUAGE</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Na stopě koronaviru. Nepáští vědci hledají ohniska nákazy v kanalizaci</td>
<td><a href="#">Link</a></td>
<td>Eurozpravy.cz</td>
<td>21 September</td>
<td>Czech</td>
<td>Dr Jos Vandelaer Quoted; Web Story</td>
</tr>
<tr>
<td>2</td>
<td>Not wasted: Sewage in Nepal serves as an affordable virus warning tool</td>
<td><a href="#">Link</a></td>
<td>Malay Mail</td>
<td>17 September</td>
<td>English</td>
<td>Dr Jos Vandelaer Quoted; Web Story</td>
</tr>
</tbody>
</table>

The following WHO guidelines and summaries were translated into the Nepali language:

<table>
<thead>
<tr>
<th>SN</th>
<th>TITLE</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Home care for patients with suspected or confirmed COVID-19 and management of their contacts</td>
<td>Guideline</td>
</tr>
<tr>
<td>2</td>
<td>COVID-19 management in hotels and other entities of the accommodation sector</td>
<td>Guideline</td>
</tr>
<tr>
<td>3</td>
<td>Diagnostic testing for SARS-CoV-2</td>
<td>Summary</td>
</tr>
<tr>
<td>4</td>
<td>Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays</td>
<td>Summary</td>
</tr>
<tr>
<td>5</td>
<td>Considerations for school-related public health measures in the context of COVID-19</td>
<td>Summary</td>
</tr>
<tr>
<td>6</td>
<td>COVID-19 Serological Surveillance Questionnaire</td>
<td>Questionnaire</td>
</tr>
</tbody>
</table>
• **Public Health Emergency Operation Centre (PHEOC)** has been set up in Province 5, Butwal. This centre after setup has been now operating efficiently. Now, all provinces are equipped with a PHEOC.

  ![WHO team setting up PHEOC in Province-5 Butwal (Picture Credit: WHO Nepal/P.Dahal)](image1)

  ![Meeting conducted with Key stakeholders of Province-5 after setting up PHEOC (Picture Credit: WHO Nepal/P.Dahal)](image2)

• Site assessment has been completed for the construction of the Health Information Management Unit at MoHP premises jointly by **MoHP officials, WHO and WFP team.**

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

• Regular cluster coordination meeting for COVID-19 and monsoon response are ongoing at the Federal and Provincial levels for coherent response interventions at all levels.

• Mental Health Sub-Cluster members visited the Honorable Prime Minister to discuss priority Mental Health issues/concerns, especially in the context of ongoing COVID-19 pandemic. As per the instructions by Honorable Prime Minister, public messages on Mental Health would be explicitly prioritized in the ministry’s daily press brief, and budget would be dedicated for the COVID-19 Mental Health and Psychosocial interventions. The National Mental Health Strategy and Action Plan were also shared for approval.

• Two suicide prevention helplines were launched on 10 September 2020 – the International Suicide Prevention Day - A short code 1166 is being operationalized by the Mental Hospital in Lagankhel (Kathmandu Valley) whereas Tribhuvan University Teaching Hospital operates a toll-free phone 1660-01-21600 with support from Christian Blind Mission (CBM), INGO.

• A website [http://mewellnepal.org.np](http://mewellnepal.org.np) is functional to support health care providers for the wellbeing of their mental health

• Health Cluster partners and its sub-clusters like Sexual & Reproductive Health sub-cluster and Mental Health sub-cluster are supporting the continuation of COVID-19 response interventions and non-COVID essential health 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 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 County Office for Nepal
Email: vandelaerjo@who.int

Who Incident Manager
Dr Reuben Samuel
Team Leader - WHO Health Emergencies Programme (WHE)
WHO Country Office for Nepal
Email: samuelr@who.int

Health Cluster Co-lead
Dr Lungten Z. Wangchuk
Scientist; Team Lead - CDS
WHO Country Office for Nepal
Email: wangchukl@who.int

Communication/Media Focal Point
Mr Sujan G. Amatya
Communications Officer
WHO Country Office for Nepal
Email: samatya@who.int