**Situation Update #53 - Coronavirus Disease 2019 (COVID-19)**

**WHO Country Office for Nepal**

**Reporting Date: 13 – 19 April 2021**

**HIGHLIGHTS**

- Of the total COVID-19 positive cases, 96.4% of cases have recovered and 2.5% (7254) of cases are active.
- 8 districts (Banke, Rupandehi, Kaski, Kathmandu, Lalitpur, Bhaktapur, Chitwan and Parsa) have reported more than 200 active cases; of which Kathmandu and Banke districts have also reported more than 500 active cases.
- Of the total active cases, 587 (8.1 %) cases are undergoing hospital/institutional isolation of which 191 patients require ICU admission, amongst which 43 require ventilator support.
- New cases have been reported from 59 districts.
- There have been 1,917,777 people who have received the 1st dose of COVID-19 Vaccine.
- Second dose of COVID-19 vaccine will begin from 20 April 2021.

*Data as of COVID-19 Update, MoHP, 19 April 2021*

**NEPAL EPIDEMIOLOGICAL SITUATION**

- As of 20 April 2021, T07:00:00 hours (week no. 16), a total 285,900 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR); 2,352,502 RT-PCR tests have been performed nationwide by designated functional COVID-19 laboratories.
- All 7 provinces in the country are now experiencing transmission via clusters of cases.
- Province-wise test positivity rate in the past week (week 15) has ranged from 10.3% (Province 1) to 42.6% (Province 2), with a national positivity rate averaging 25.2%.
- Overall, the sex-distribution remains skewed towards males, who constitute 65% (185,067/285,900) of the confirmed cases. Amongst the males, 81% (150,652/185,067) are in the economically productive age group (15-54 years).
- A total of 21 samples were received at National Influenza Center (NIC), NPHL for surveillance of influenza on EPI-week 15 (12- 18 April 2021).
  - Eleven out of 21 samples were outbreak samples from Provincial Public Health Laboratory (PPHL), Kailali of which 8 samples tested positive for Influenza A/H3.
  - Among the remaining 10 samples, none tested positive for influenza.
- From January 4 until 18 April 2021, a total of 467 samples have been tested for influenza and SARS-CoV-2. Only 6 Samples have tested positive for SARS-CoV-2.\(^1\)

\(^1\) These positive cases are included in the COVID-19 database.
Nationally, the second surge began in mid-July of 2020, which peaked by the end of October and is currently showing an apparent downward trend, influenced partly by the significant decrease in the number of tests being undertaken. The total PCR tests done in Nepal on 19 April 2021 was 7001 which is about one third of the number tested during the peak in the end of October 2020.
The cumulative case incidence has been increasing in Nepal since the first case was confirmed in 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.

Note for all the Provinces (Figure 2C): Y-axis scale varies between Provinces.
There were 257 new cases reported in the past week in Province 1. Weekly new cases were in decreasing trend, but cases increased by two times in the past week compared to the previous week. There were no deaths reported in the past week, consistent with the previous week. The test positivity rate in Province 1 increased to 10.3% in the past week. A total of 2009 tests were performed in the past week, 3% more than that of the previous week.

There were 390 new cases reported in the past week in Province 2. Weekly new cases were continuously decreasing. However, cases increased by four times in the past week compared to the previous week. There were 3 deaths reported in the past week, an increase from no deaths from the previous week. The test positivity rate in Province 2 increased to 42.6% in the past week. A total of 700 tests were performed in the past week, 99% more than that of the previous week.
In Bagmati, 2264 new cases were reported in the past week. Weekly new cases were steadily decreasing but cases increased by 89% in the past week compared to the previous week. There were 21 deaths reported in the past week, four times more than that of the previous week. The test positivity rate in Bagmati increased to 10.9% in the past week. A total of 24315 tests were performed in the past week, 11% more than that of the previous week.

In Gandaki, 342 new cases were reported in the past week. Weekly new cases were decreasing but cases increased by 22% in the past week compared to the previous week. There were 4 deaths reported in the past week, twice that of the previous week. The test positivity rate in Gandaki
increased to 11.4% in the past week. A total of 1976 tests were performed in the past week, 77% more than that of the previous week.

Lumbini reported 1069 new cases in the past week. The number of new cases being reported were significantly decreasing but cases increased by three times in the past week compared to the previous week. There were 11 deaths reported in the past week, an increase from 1 death in the previous week. The test positivity rate in Lumbini increased to 36.1% in the past week. A total of 3013 tests were performed in the past week, 66% more than that of the previous week.
In Karnali, 128 new cases were reported in the past week. Weekly new cases were continuously decreasing but cases increased by three times in the past week compared to the previous week. There was 1 death reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Karnali increased to 33.2% in the past week. A total of 190 tests were performed in the past week, 2% more than that of the previous week.

In Sudurpashchim, 195 new cases were reported in the past week. Weekly new cases were continuously decreasing but cases increased by three times in the past week compared to the previous week. There were 3 deaths reported in the past week, an increase from no deaths in the previous week. The test positivity rate in Sudurpashchim decreased to 32.1% in the past week. A total of 391 tests were performed in the past week, 43% more than that in the previous week.
Cases and deaths have been reported in high numbers from Bagmati Province, mostly from the Kathmandu valley area. The overall case fatality ratio (CFR) of Nepal is 1.1%. However, the CFR is relatively high in Province 1 with 1.6% and Gandaki Province with 1.6%.
Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.
(N = 285900)(Data updated on 20 April 2021 TO 7:00:00)

<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases</th>
<th>% of the total confirmed cumulative cases</th>
<th>Total cumulative deaths</th>
<th>Transmission classification*</th>
<th>Total confirmed cases in last 14 days</th>
<th>Total deaths in last 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>31158</td>
<td>10.9</td>
<td>482</td>
<td>Cluster of cases</td>
<td>438</td>
<td>0</td>
</tr>
<tr>
<td>Province 2</td>
<td>21521</td>
<td>7.5</td>
<td>269</td>
<td>Cluster of cases</td>
<td>560</td>
<td>3</td>
</tr>
<tr>
<td>Bagmati</td>
<td>157381</td>
<td>55.0</td>
<td>1451</td>
<td>Cluster of cases</td>
<td>3975</td>
<td>23</td>
</tr>
<tr>
<td>Gandaki</td>
<td>20727</td>
<td>7.2</td>
<td>339</td>
<td>Cluster of cases</td>
<td>671</td>
<td>5</td>
</tr>
<tr>
<td>Province 5</td>
<td>32924</td>
<td>11.5</td>
<td>421</td>
<td>Cluster of cases</td>
<td>1536</td>
<td>12</td>
</tr>
<tr>
<td>Karnali</td>
<td>6757</td>
<td>2.4</td>
<td>39</td>
<td>Cluster of cases</td>
<td>173</td>
<td>1</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>15432</td>
<td>5.4</td>
<td>90</td>
<td>Cluster of cases</td>
<td>337</td>
<td>3</td>
</tr>
<tr>
<td>National Total</td>
<td>285900</td>
<td>100</td>
<td>3091</td>
<td>Cluster of cases</td>
<td>7690</td>
<td>47</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.

*Revised WHO transmission classification

<table>
<thead>
<tr>
<th>Category name</th>
<th>Definition : Countries/territories/areas with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No (active) cases</td>
<td>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.</td>
</tr>
<tr>
<td>Imported / Sporadic cases</td>
<td>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.</td>
</tr>
<tr>
<td>Clusters of cases</td>
<td>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.</td>
</tr>
<tr>
<td>Community transmission – level 1 (CT1)</td>
<td>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.</td>
</tr>
<tr>
<td>Community transmission – level 2 (CT2)</td>
<td>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.</td>
</tr>
<tr>
<td>Community transmission – level 3 (CT3)</td>
<td>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.</td>
</tr>
<tr>
<td>Community transmission – level 4 (CT4)</td>
<td>Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.</td>
</tr>
</tbody>
</table>
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 = 285900)(Data updated on 20 April 2021 T0 7:00:00)

<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>2759</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>0.58</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>9549</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>0.09</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>46388</td>
<td>28</td>
<td>31</td>
<td>33</td>
<td>0.13</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>82601</td>
<td>84</td>
<td>44</td>
<td>50</td>
<td>0.15</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>60686</td>
<td>163</td>
<td>71</td>
<td>93</td>
<td>0.39</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>39504</td>
<td>304</td>
<td>119</td>
<td>201</td>
<td>1.07</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>22604</td>
<td>420</td>
<td>158</td>
<td>315</td>
<td>2.56</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>12481</td>
<td>558</td>
<td>250</td>
<td>455</td>
<td>6.47</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>5754</td>
<td>411</td>
<td>196</td>
<td>356</td>
<td>10.55</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>1550</td>
<td>157</td>
<td>67</td>
<td>124</td>
<td>14.45</td>
</tr>
<tr>
<td>Unknown</td>
<td>2024</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>0.25</td>
</tr>
<tr>
<td>National</td>
<td>285900</td>
<td>2141</td>
<td>950</td>
<td>1641</td>
<td>1.08</td>
</tr>
</tbody>
</table>

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

COVID-19 positive lab result is temporally associated with death; causal association under investigation.
A total of 3,091 deaths have been reported. Out of the total deaths, 2,141 (69.3%) were males and 950 (30.7%) were females. Amongst the deaths, 1,641 persons (53.1%) had at least one known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1%, CFR progressively increases with age beyond 65 years of age, ranging from 6.5% to 14.5%.

**PREPAREDNESS AND RESPONSE**

**What are the Government of Nepal (GoN) & the Ministry of Health & Population (MoHP) doing?**
- COVID-19 vaccination campaign using Vero Cell vaccine began from 7 April 2021. This vaccine has been provided to the target age group people 40 – 59 years in age in selected vaccination centers. As of 18 April 2020, a total of 142,486 people were vaccinated using this vaccine through 27 vaccination centers in seven districts (Kathmandu, Lalitpur, Bhaktapur, Kavrepalanchowk, Sindhupalchowk, Rasuwa and Nuwakot). The vaccination campaign is now being continued at 2 vaccination session sites in Kathmandu and 2 vaccination session sites in Bhaktapur.
- Government of Nepal has issued an Order for control and prevention of COVID-19 considering the rising cases with new variant. This order was published in the Nepal Gazette and the governmental official portal on 19 April 2021. Link [Here](#).
- The first priority second dose of COVISHIELD will be provided to frontline staff which includes health care workers from 20 April 2021.

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

**Laboratory Capacity**
- WHO Nepal has been providing support to the National Public Health Laboratory (NPHL) in monitoring the quality standard of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of 4 designated COVID-19 laboratories participated in the NQAP this week. The result of all participating laboratories was satisfactory.
- WHO Nepal also provided technical support to NPHL in the following activities:
  - Screening of S-gene in SARS-CoV2 positive samples received from 5 laboratories of Kathmandu valley & 1 from Sudurpashchim Dhangadi laboratory. The samples of 6 laboratories have been screened and reported to NPHL. Of 206 samples, 110 samples reported to be S gene negative.
  - Dissemination of results of Sub-National EQAP to the 24 designated COVID-19 laboratories which participated in WHO Global Round of Laboratory Proficiency Testing for the detection of SARS-CoV-2 by PCR organized by RCPAQAP.
  - Validation of Truenat Molbio (Testing for Beta CoV-2 & SARS-CoV-2) with 96.66% Sensitivity and 100% specificity

**Technical Planning and Operations**
• WHO Nepal is providing financial and technical support to the Nursing and Social Security Division for 5 Day Clinical Skills training program on “Development of pool of Trainers for IPC” for nurses. The training began on 18 April 2021 at National Health Training Center, Teku Kathmandu and will end on 22 April 2021. There are a total number of 16 trainees including nurses from different hospitals and from the Nursing and Social Security Division (NSSD).

**Risk Communication and Community Engagement**

• Science in 5 videos translated, dubbed, and published (13 – 19 April 2021):

<table>
<thead>
<tr>
<th>Episodes</th>
<th>Titles</th>
<th>Language</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Medical Oxygen</td>
<td>चिकित्सा अक्सिजन</td>
<td>Maithili</td>
</tr>
<tr>
<td>33</td>
<td>Medical Oxygen</td>
<td>चिकित्सा अक्सिजन</td>
<td>Nepali</td>
</tr>
</tbody>
</table>

• Infographics on precautionary measures to adopt during festival season were shared on WCO Nepal social media. Infographic pack can be downloaded via Facebook [here](#).
• IEC materials on COVID-19 vaccines and prevention measures, especially targeted towards vulnerable groups, were shared on WCO Nepal social media.

**Field Operation and Logistics**

• WHO Nepal supported the establishment of a telemedicine centre at Pokhara Academy of Health Sciences, Hub Hospital, Gandaki Province on 19 April 2021.

*Left: WHO personnel setting up telemedicine equipment at Pokhara Academy of Health Science, Hub Hospital, Gandaki Province. Right: Telemedicine equipment and their set up. Picture Credit- WHO Nepal/P.Dahal*

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

• Weekly Health Cluster Coordination meeting (every Thursday) for health sector response are 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 is to re-convene 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 is 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:
  o Micro planning including financing for the procurement of vaccination;
  o Training/orientations – to health personnel at various levels, local governments;
  o Provision of Logistics support – vehicle, cold chain boxes, delivery of vaccines, transportation of beneficiaries to the vaccination site;
  o Information Technology - registration, information communication, data management, IMU app etc;
  o Risk communication and community engagement – production and dissemination of messages, public awareness campaigns etc; public awareness campaign and
  o 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 corona virus 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 corona virus disease situation dashboard can be found here.
  ▪ Visit the WHO Nepal Facebook page and webpage on COVID-19 here.
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