HIGHLIGHTS

Nepal

- The Ministry of Health and Population has announced the occurrence of 7173 confirmed cases and 20 deaths from COVID-19 as of 17th June 2020.
- Government of Nepal has decided to ease the lockdown adopting a phased approach from 12th June 2020. In the first phase of 21 days, GON allowed shops to open and vehicles to operate under the odd-even rule. However, public places, institutions and events with higher intensity of congregation which includes schools, colleges, shopping malls, party palaces, conferences, sports activities etc. remain closed.
- The Ministry of Health and Population released the Public Health Standards during the COVID-19 pandemic and lockdown which outlines the essential, basic and other public health standards to be followed by the people and institutions.
- MoHP has also released the third revised version of the guidelines for management of dead body of people who died from COVID-19 this week.

Regional/Global

- Confirmed COVID-19 cases show an increasing trend in South East Asia Region with India and Bangladesh reporting the highest number of cases.
- WHO-HQ has published guidelines on Use of chest imaging in COVID-19 and Guidance on maintaining essential services this week.
NEPAL EPIDEMIOLOGICAL SITUATION

In Nepal, 7,173 people have tested positive by RT-PCR for COVID-19 and only 0.6 % of these cases have been symptomatic at the time of diagnosis across all age groups. However, the proportion of symptomatic persons increases sharply from age 55 years and above ranging from 3% to 12% depending on the age group. 20 deaths related to COVID-19 with an overall case fatality rate of 0.28 % have occurred. The case fatality ratio is highest in the ≥ 55 year age group at 5%, followed by 1.18% among the infants and children in the 0-4 year age group (although in that age group only a single death has occurred). 73 of 77 districts have been affected by COVID-19. The majority of cases (82%) were reported from Province 2, Province 5 and Karnali Province, all of which border India. The increase in the number of RT-PCR positive cases and their profile reflects the high level of testing among recently arrived returnees from India. The returning migrant workers and their accompanying family members have been placed at quarantine centers and those testing positive have been isolated in border municipalities and districts thus effectively reducing wide geographic transmission. There are indications of some limited secondary community transmission, but it is not widespread. Suboptimal infection control protocols in some overcrowded quarantine centers remain a matter of concern.
Figure 2A: Epidemic curve of laboratory confirmed COVID-19, by date of onset/sample collection/confirmation (N= 7173) (Data updated till 17th June 2020)

Note: Asymptomatic/symptomatic at the time of sample collection or diagnosis.

Figure 2B: Cumulative case count by province (Data updated till 17th June 2020)
Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.  
(Data updated till 17/06/2020)

<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>417</td>
<td>0</td>
<td>Cluster of cases</td>
<td>13 (14)</td>
<td>17 June 2020</td>
</tr>
<tr>
<td>Province 2</td>
<td>2839</td>
<td>3</td>
<td>Cluster of cases</td>
<td>8 (8)</td>
<td>17 June 2020</td>
</tr>
<tr>
<td>Bagmati</td>
<td>229</td>
<td>4</td>
<td>Sporadic cases</td>
<td>12 (13)</td>
<td>17 June 2020</td>
</tr>
<tr>
<td>Gandaki</td>
<td>247</td>
<td>1</td>
<td>Sporadic cases</td>
<td>9 (11)</td>
<td>17 June 2020</td>
</tr>
<tr>
<td>Province 5</td>
<td>1948</td>
<td>7</td>
<td>Cluster of cases</td>
<td>12 (12)</td>
<td>17 June 2020</td>
</tr>
<tr>
<td>Karnali</td>
<td>1144</td>
<td>3</td>
<td>Cluster of cases</td>
<td>10 (10)</td>
<td>17 June 2020</td>
</tr>
<tr>
<td>Sudurpaschhim</td>
<td>349</td>
<td>2</td>
<td>Sporadic cases</td>
<td>9 (9)</td>
<td>17 June 2020</td>
</tr>
<tr>
<td><strong>National Total</strong></td>
<td><strong>7173</strong></td>
<td><strong>20</strong></td>
<td></td>
<td><strong>73 (77)</strong></td>
<td><strong>17 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](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/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 till 17th June 2020)
Figure 4: Epidemiological characteristics of laboratory confirmed COVID-19 cases
(Data updated till 17th June 2020)

Figure 5: Outcome status of COVID-19 cases in Nepal (data updated till 16th June 2020)
Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths* in COVID-19 confirmed cases. (N=7173) (data updated till 17th 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>85</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1.18</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>262</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0.38</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>3025</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.03</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>2043</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0.15</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>1148</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>0.35</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>431</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.46</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>118</td>
<td>5</td>
<td>0</td>
<td>4</td>
<td>4.24</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>31</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>6.45</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>85 yrs and above</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>7173</td>
<td>17</td>
<td>3</td>
<td>12</td>
<td>0.28</td>
</tr>
</tbody>
</table>

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


Table 3: Distribution symptomatic/asymptomatic COVID-19 cases at presentation (N=7173) (data updated till 17th 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>85</td>
<td>84</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>262</td>
<td>260</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>3025</td>
<td>3017</td>
<td>8</td>
<td>0.3</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>2043</td>
<td>2026</td>
<td>17</td>
<td>0.8</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>1148</td>
<td>1142</td>
<td>6</td>
<td>0.5</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>431</td>
<td>429</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>118</td>
<td>114</td>
<td>4</td>
<td>3.4</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>31</td>
<td>30</td>
<td>1</td>
<td>3.2</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>85 yrs and above</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Unknown</td>
<td>20</td>
<td>20</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>7173</td>
<td>7131</td>
<td>42</td>
<td>0.6</td>
</tr>
</tbody>
</table>
What are Government of Nepal (GoN) and MoHP doing?

- 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 in all other critical aspects of the response to COVID-19.
- The Nursing and Social Division of Department of Health Services, MoHP successfully conducted a virtual training on COVID-19 infection and its present situation, use of PPE’s, disinfection and storage of instruments and equipment used during management of COVID-19 cases, infection prevention measures at quarantine and isolation wards and specific measures to be implemented at such sites and infection prevention and critical care. The training was participated by around 120 frontline nurses across the country.

**Figure 6:** Case Investigation and Contact Tracing Team from Pokhara Metropolitan City and WHO staff during a case investigation of COVID-19 patient admitted in Pokhara Academy of Health Sciences, Pokhara. Photo Credit: WHO/R. Lalchan
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 on a daily basis. This support is ongoing.
- WHO, co-leads together with MoHP, the Health Cluster, with weekly virtual meetings in which all provinces and partners participate.
- EDCD teams and WHO field staff (SMO, PHO and FMO) are supporting provinces and local levels in conducting case investigation and contact tracing and enhanced surveillance.
- WHO is providing ongoing support on a daily basis to EDCD in epidemiological analysis of COVID-19 cases and contacts and data management and entry in the Go.Data
- WHO is providing ongoing support to Epidemiology and Disease Control Division and National Health Education, Information and Communication Center to capture the Frequently Asked Questions (FAQ) through the COVID-19 call center and address the queries on contact tracing, quarantine and isolation. Support for lab investigation and data management is also being provided to the National Public Health Laboratory.
- WHO supported Tribhuvan University Teaching Hospital, a tertiary care hospital in Kathmandu, to set up a temporary tent structure in their premises for the purpose of screening for COVID-19 suspects.
- WHO in close collaboration with EDCD and NHEICC developed and disseminated a dengue prevention awareness video emphasizing on practicing vector control through proper management of mosquito breeding even when staying at home during the COVID-19 lockdown period.
- WHO supported Department of Health Services to translate and upload an online course on COVID-19 contact tracing developed by Coursera into Nepali language.
- The infographics and videos on ‘The New Normal’, new WHO guidance on usage of medical and cloth masks was contextualized and shared through social media and government authorities for wider dissemination with the support from WHO.
- On the request of the MoHP/ICS, WHO provided guidance on
  - the revised testing and release from isolation strategies,
  - quarantine (facility, alternate venues and home) guidelines,
  - hotel quarantine standards
  - sero-epidemiological studies
  - strategic information management.
  - Prototype of a health desk at point of entry and quarantine sites.
- The WHO representative had several interactions with the local press and other entities:
  - Together with the Resident Coordinator of UN in Nepal, he spoke to the Diplomatic Correspondents' Club (DC Club) of Kathmandu on global health diplomacy and multilateral diplomacy amid COVID-19.
  - As part of the course on "Leadership Development Skills in Risk, Emergency and Crisis Communication" for elected leaders from municipalities across Nepal, he shared best practices and lessons learnt in Risk, Emergency and Crisis Communication.

Few coverage links are as follows:
- Ratopati (link here)
- Nepali Live (link here)
Interview with Onlinekhabar and Khabar Hub, on various aspects of Nepal’s COVID-19 response.

What are partners doing?
- Embassy of Israel in Nepal provided medicines and medical products support for prevention, treatment, and management of COVID-19.
- Nick Simons Institute provided 14 Universal Anesthesia Machines with ventilators.
- Good Neighbors International, Nepal provided PCR Test Kits and Surgical Masks worth USD 158,000.
- KOREAN International Cooperation Agency provided 50,000 RT-PCR (complete sets) test kits.
- IPAS Nepal has provided PPE support for COVID-19 response worth USD 87,500.

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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