

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. **Five out of 77 districts** did not report any COVID-19 cases in the last 14 days.
- A total of 55 designated COVID-19 laboratories are now functional in the country, of which 40 are public, and 15 are private.

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 30 September 2020, 07:00 hours, (Week no. 40), a total of 76257 COVID-19 cases were confirmed in the country through polymerase chain reaction (RT-PCR). All seven provinces and 77 districts have reported one or more cases since the beginning of the COVID-19 epidemic in Nepal.
- In the last 14 days, 19470 cases were reported, which constitutes 25.5 % of total confirmed cases). Out of total 77 districts, five districts - Jumla, Humla, Dolpa, Mustang and Mugu did not report any COVID-19 cases in the last 14 days.
- Six of the seven provinces are having cluster transmission, except Gandaki where transmission is sporadic. Bagmati province showing a significant increase in 7-day rolling average case incidence, total cases were reported in Bagmati province -28469 (37.3% of total cases).
- Most recently COVID-19 cases in Nepal doubled on 22 September and crossed the 65336 mark. From the beginning the case doubling time had been 3 days in April, which gradually lengthened to 6 days, 10 Days, 18 days and up at 49 days in August.
- 71.2 % (54328/76257) of total cases were reported from 3 provinces, namely- Province 2, Bagmati and Province-5. The Kathmandu valley area (Kathmandu, Bhaktapur, Lalitpur) in

SITUATION OVERVIEW

NEPAL

(Data as of 30 September 2020, 07:00:00 hours)

76,257 confirmed cases

490 deaths

10,09,298 RT-PCR tests (As of 29 September 2020)

SOUTH-EAST ASIA REGION

(Data as of 10am CEST 27 September 2020)

67,20,771 confirmed cases

1,10,711 deaths

GLOBAL

(Data as of 10am CEST 27 September 2020)

3,27,30,945 confirmed cases

9,91,224 deaths

Bagmati province is experiencing high caseload with 29.2 % of the national total (22324/76257), and 78.4 % of the provincial total (22324/28469). From week 35-39 (24 Aug-27 Sept 2020), the Kathmandu valley reported 44% of National caseload (18245/41460).

- Overall, the gender distribution remains skewed towards males, who constitute 72.8% (55495/76257) of the confirmed cases and amongst the males, 86.1% (47801/54495) are in the economically productive age group (15-54-years). In the last week, the female proportion in total cases moved up by two percentage points. However, this skewed sex and age distribution is changing in some of the provinces, especially in Bagmati province, where a high proportion of females are getting infected.
- As of date, there is a total of 490 deaths. Out of 490 deaths, 344 (70.2%) were males, and 146 were females. Amongst the deaths, 329 persons (67.1%) had at least one or more known co-morbid conditions. All deaths occurred in the country between weeks 20 and 39 (11 May-27 Sept 2020). Although the overall case fatality ratio (CFR) across all ages is less than 1 per cent, it progressively increases with age beyond 65 years of age in the range of 5% to 13%.
- Since January 2020, a total of 684 samples have been tested for Influenza and SARS-CoV-2 of which 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 regularly updated in FLUID and FLUNET.

Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (data as of 27 September 2020 from #Global Weekly Epidemiological Update 7) and cumulative incidence rate (per 100,000)

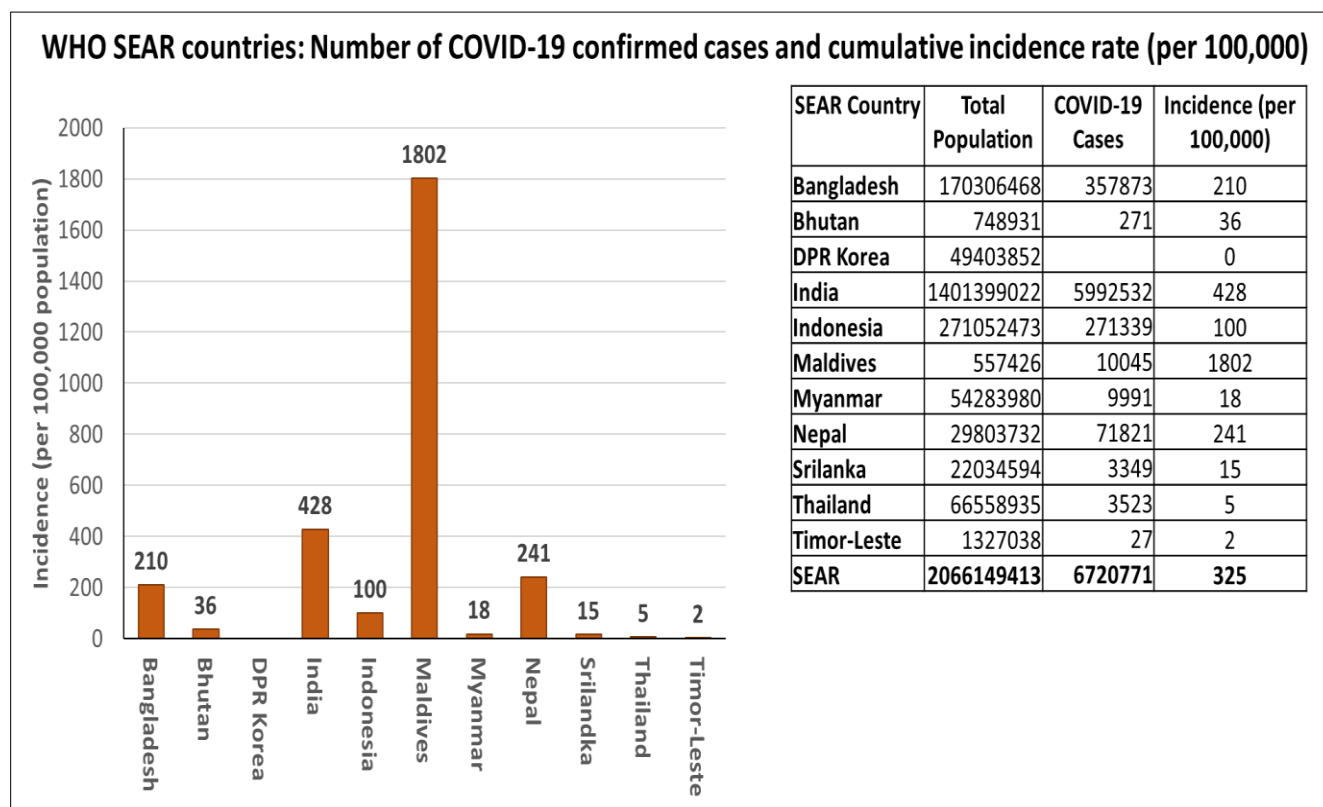


Figure 2 A: Laboratory confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N = 76257) (Data updated on 30 September 2020 T07:00:00)

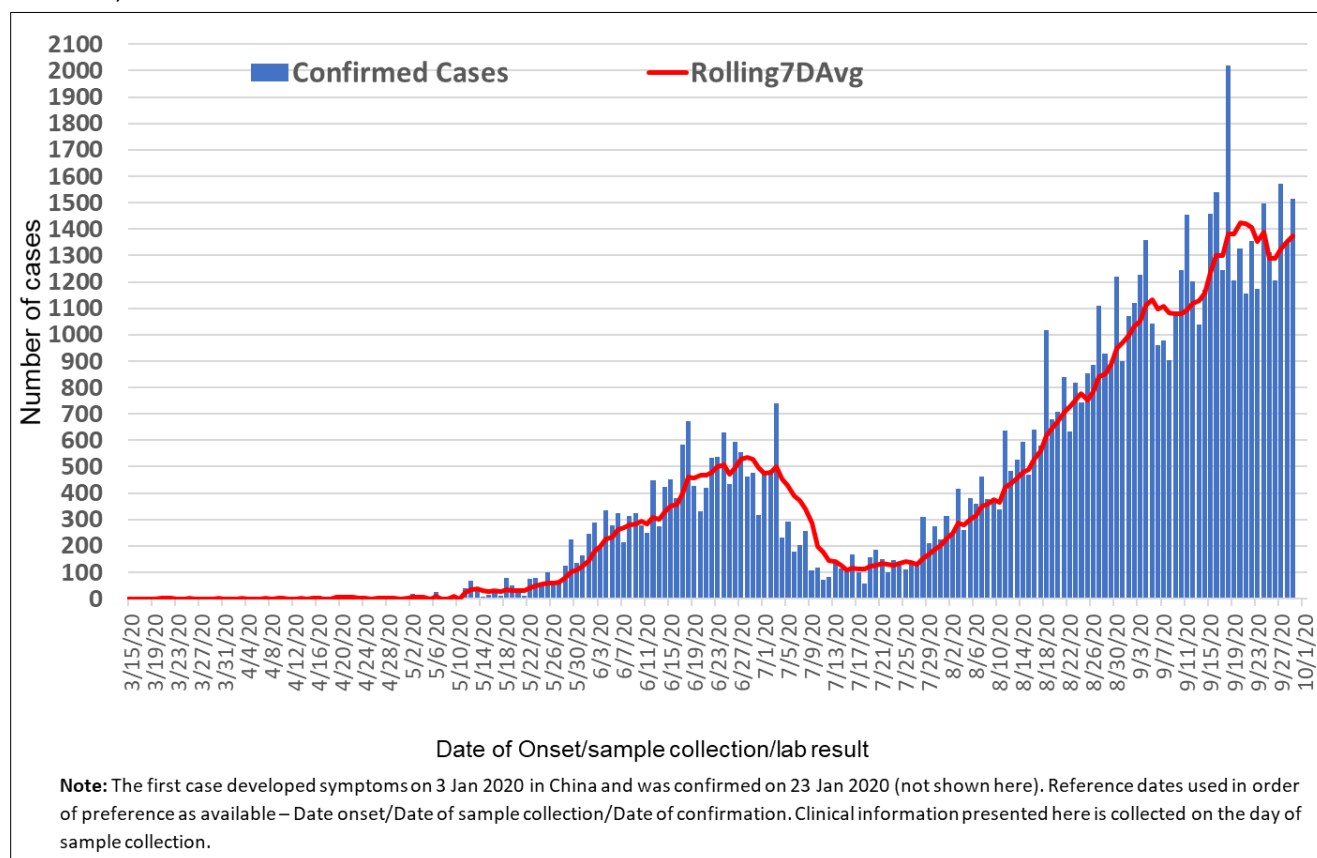
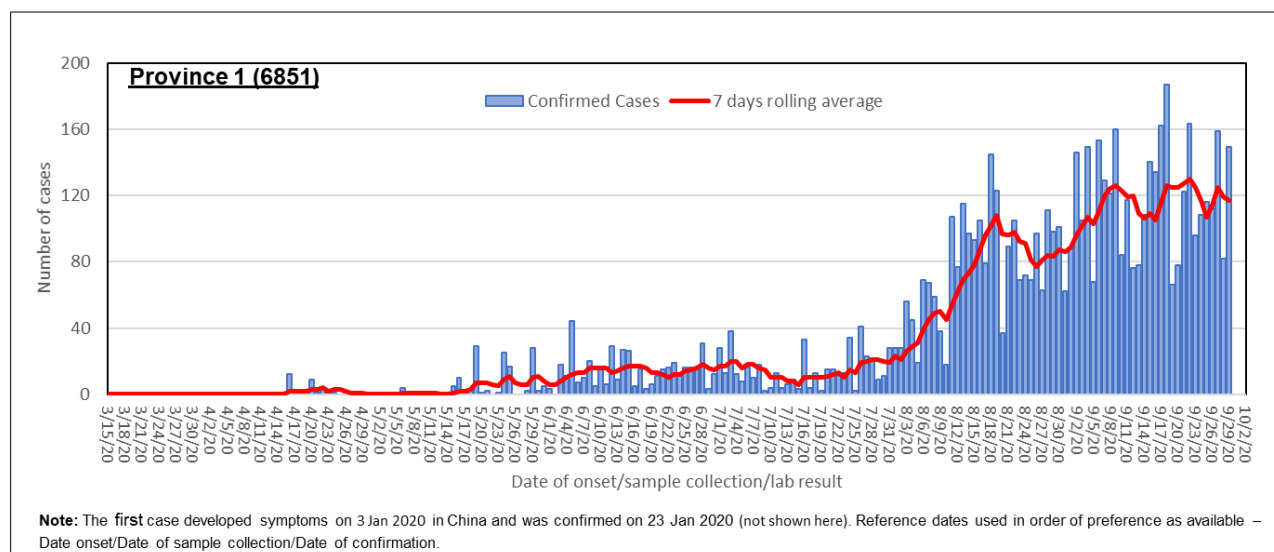
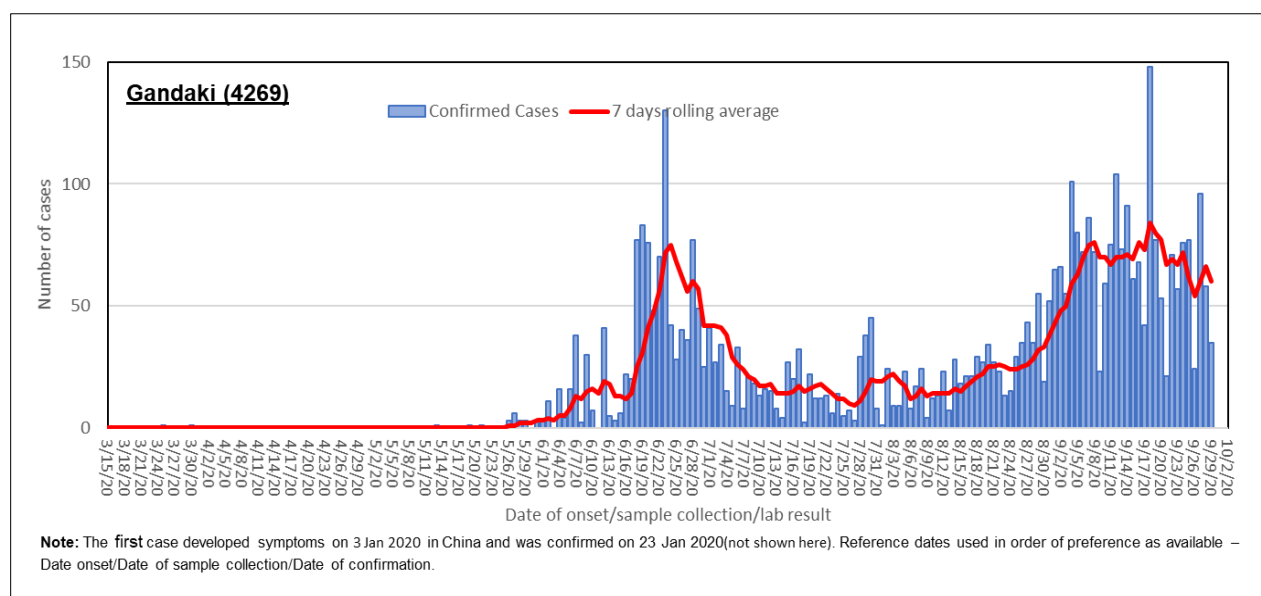
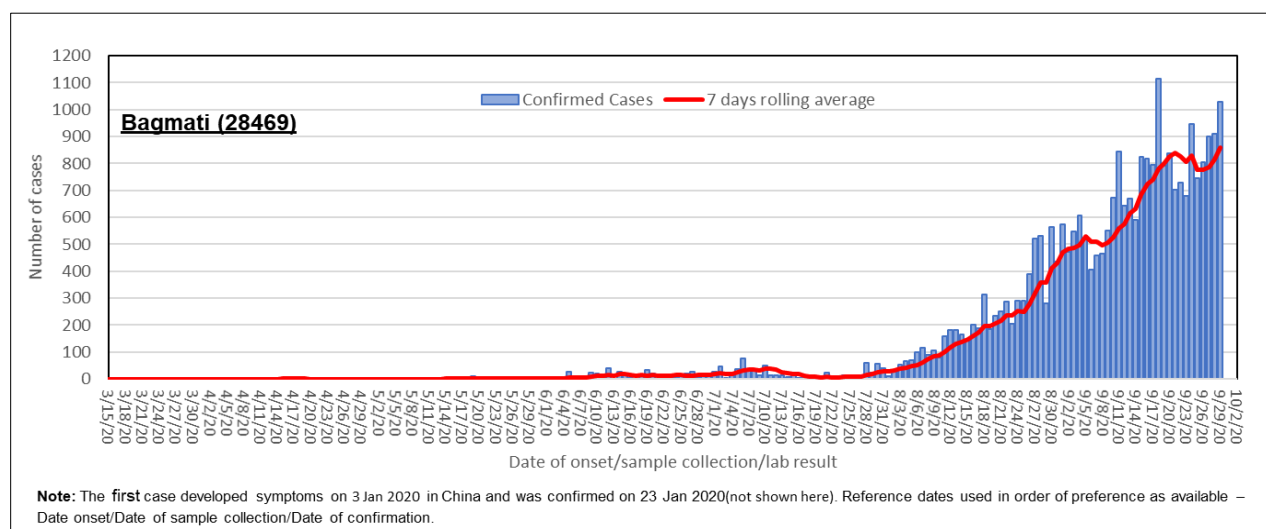
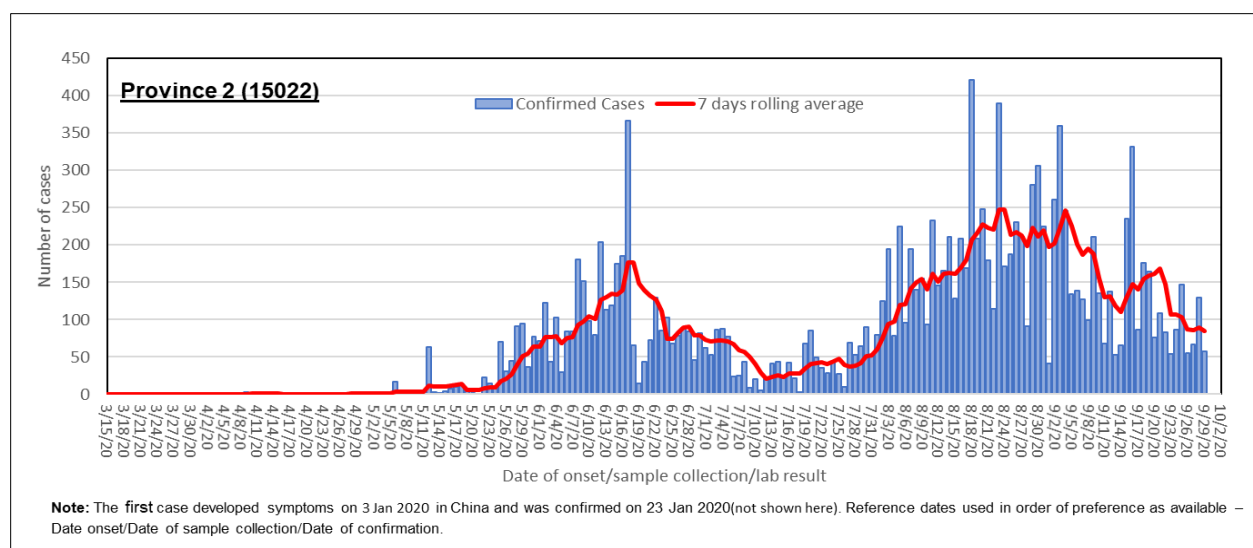
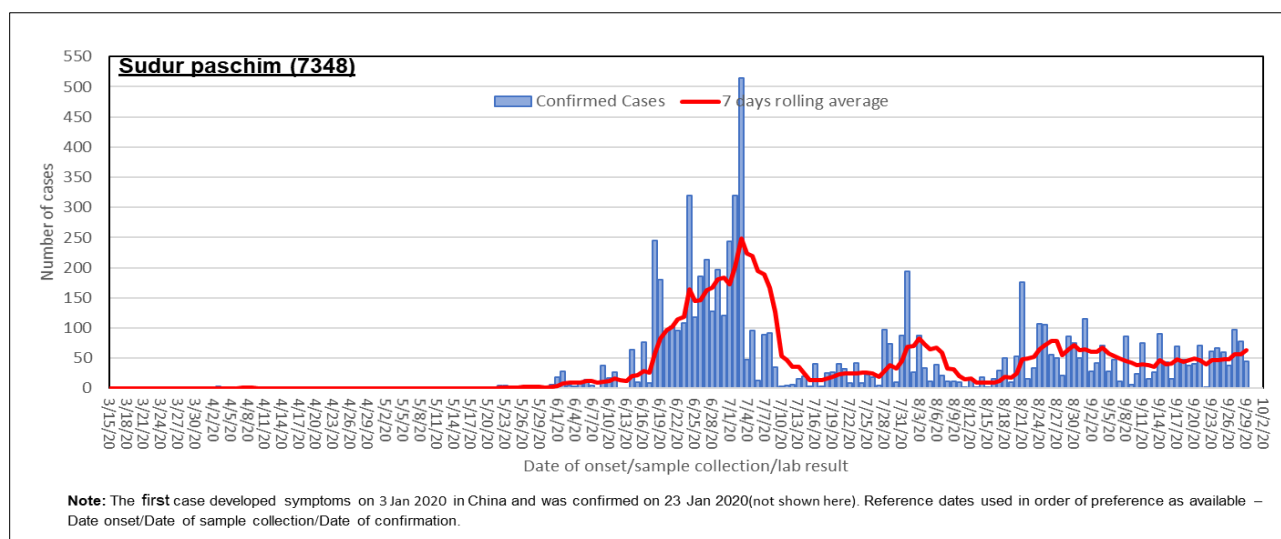
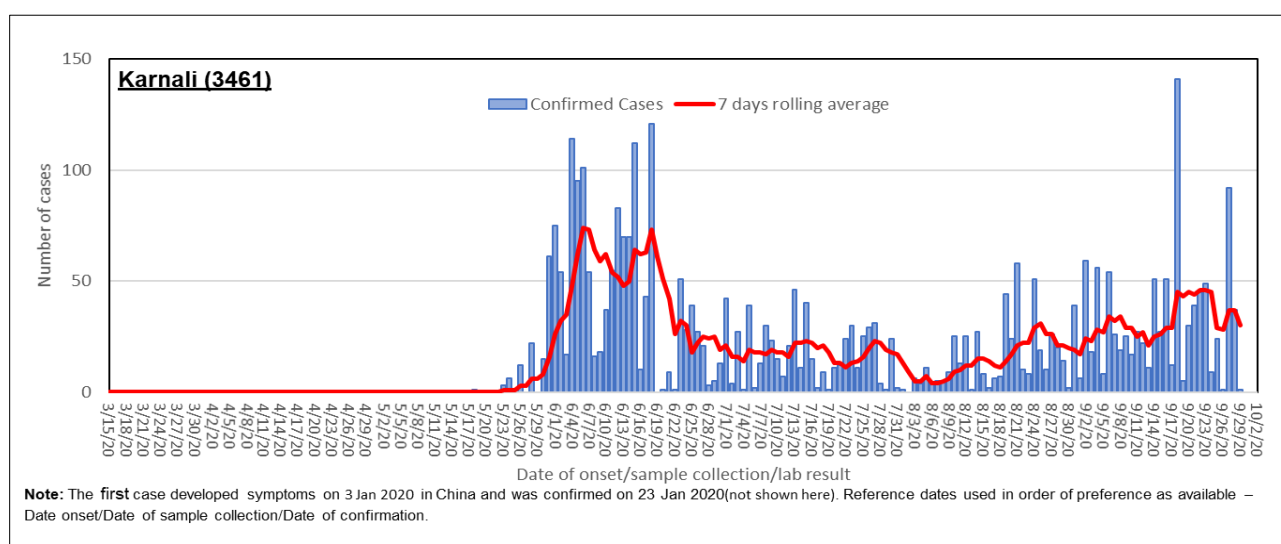
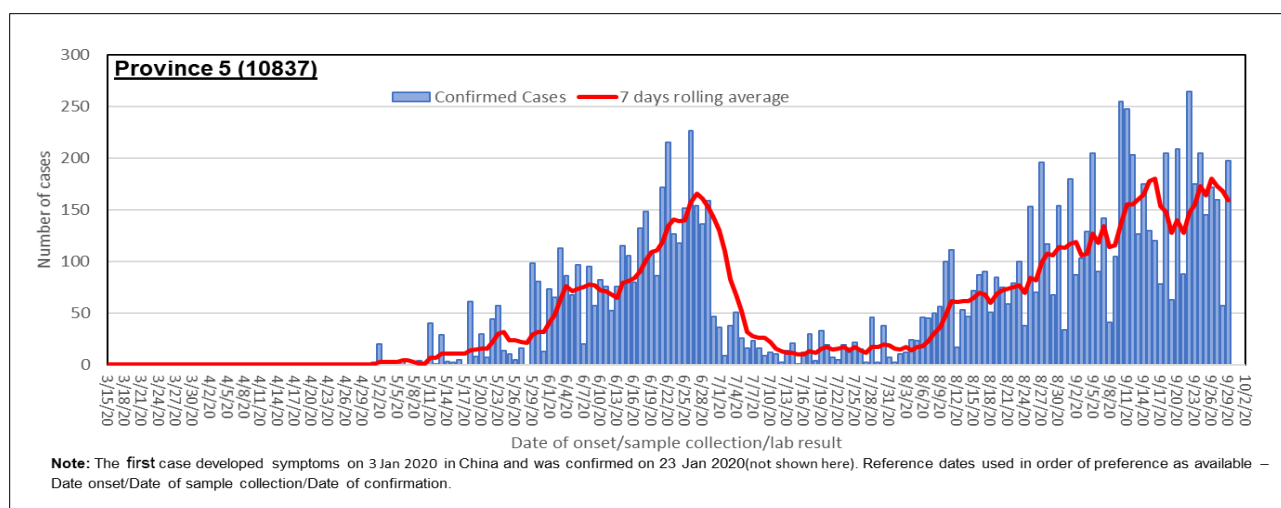


Figure 2B: Lab confirmed COVID-19 cases and a 7-day rolling average of cases by date of onset/sample/confirmation by Provinces (Data updated on 30 September 2020 T07:00:00)







Note for all the Provinces (Figure 2 B):

- Y-axis scale varies between Provinces.

Figure 2C: Cumulative case count of laboratory-confirmed COVID-19 by province (N = 76257) (Data updated on 30 September 2020 T07:00:00)

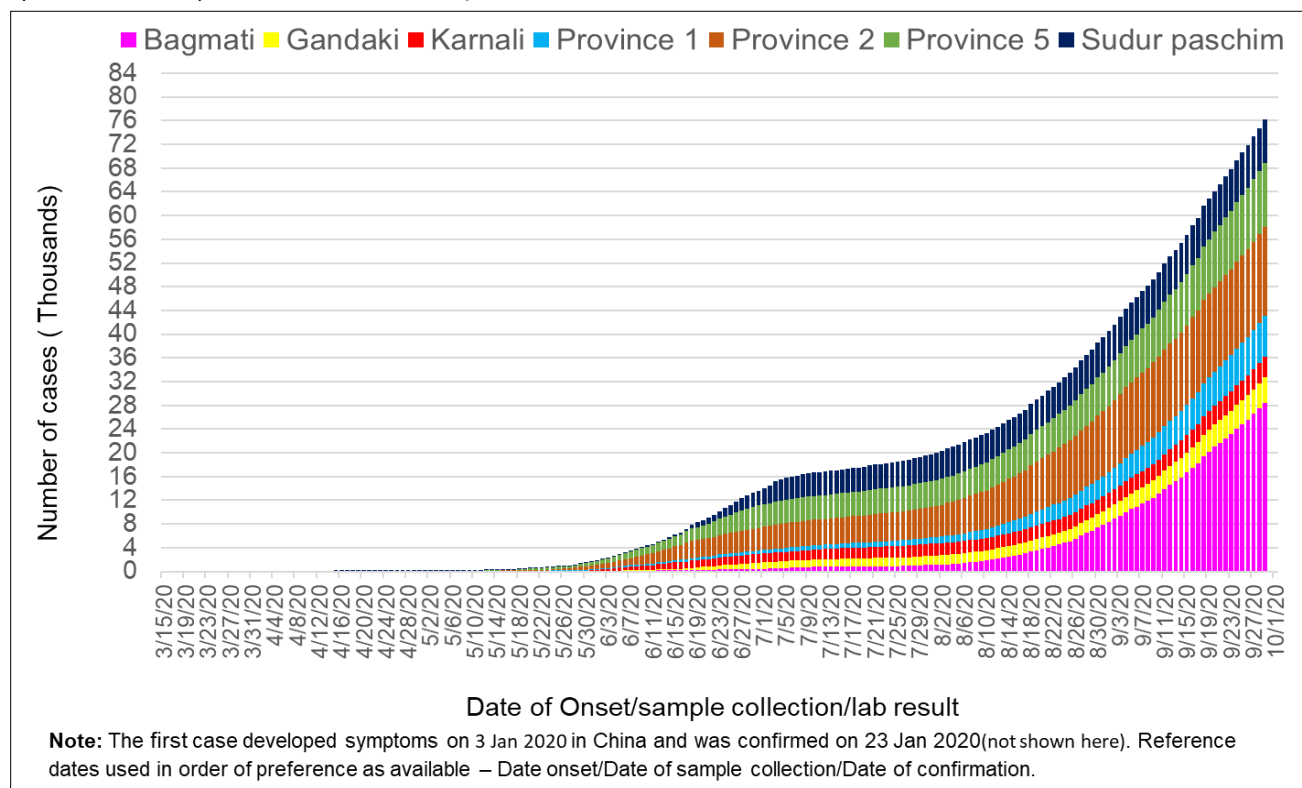


Figure 3: Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and districts shaded by current transmission status (N = 76257) (Data updated on 30 September 2020 T07:00:00)

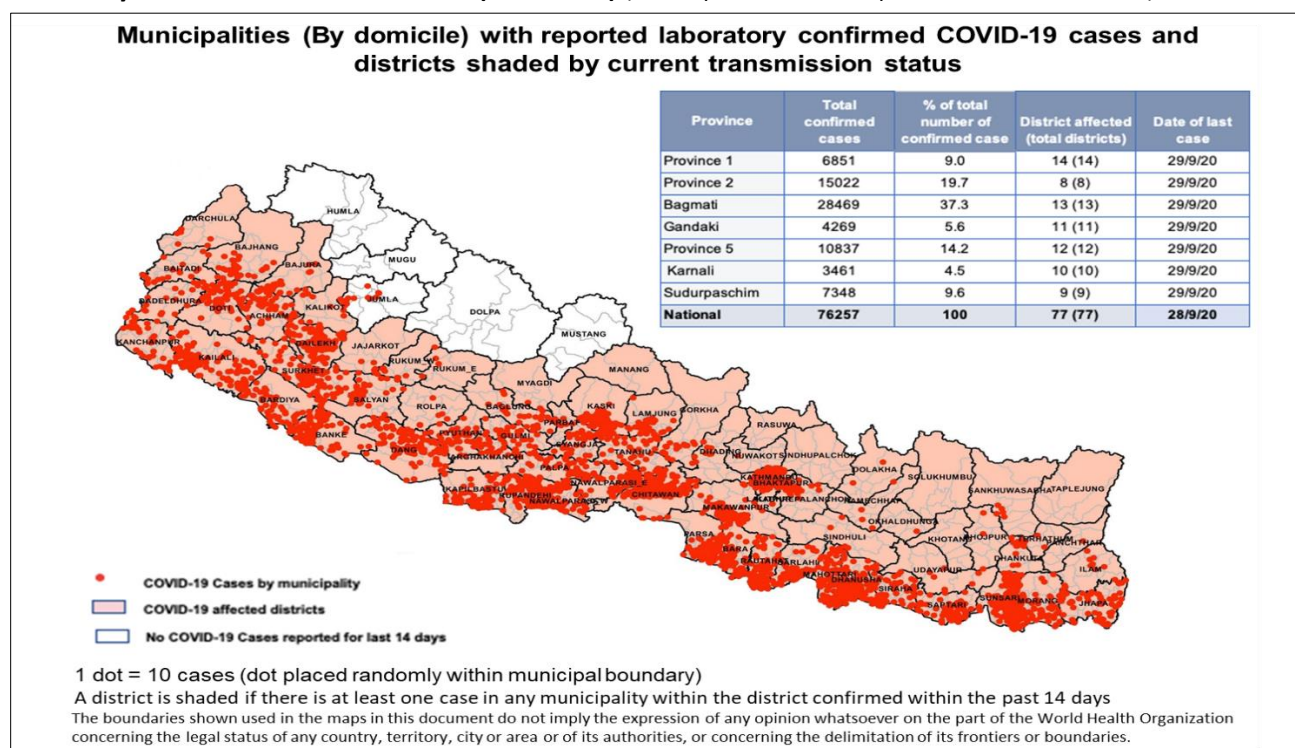


Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces.

(N = 76257) (Data updated on 30 September 2020 T07:00:00)

Transmission classification based on [WHO definitions](#)

Reporting Province	Total confirmed cumulative cases	% of the total confirmed cumulative cases	Total cumulative deaths	Transmission classification*	Districts affected (total districts)	Date of most recent case [#]
Province 1	6851	9.0	56	Cluster of cases	14 (14)	29 September 2020
Province 2	15022	19.7	127	Cluster of cases	8 (8)	29 September 2020
Bagmati	28469	37.3	188	Cluster of cases	13 (13)	29 September 2020
Gandaki	4269	5.6	29	Sporadic cases	9 (11)	29 September 2020
Province 5	10837	14.2	73	Cluster of cases	12 (12)	29 September 2020
Karnali	3461	4.5	5	Cluster of cases	7 (10)	29 September 2020
Sudurpaschhim	7348	9.6	12	Cluster of cases	9 (9)	29 September 2020
National Total	76257	100	490	Cluster of cases	72 (77)	29 September 2020

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

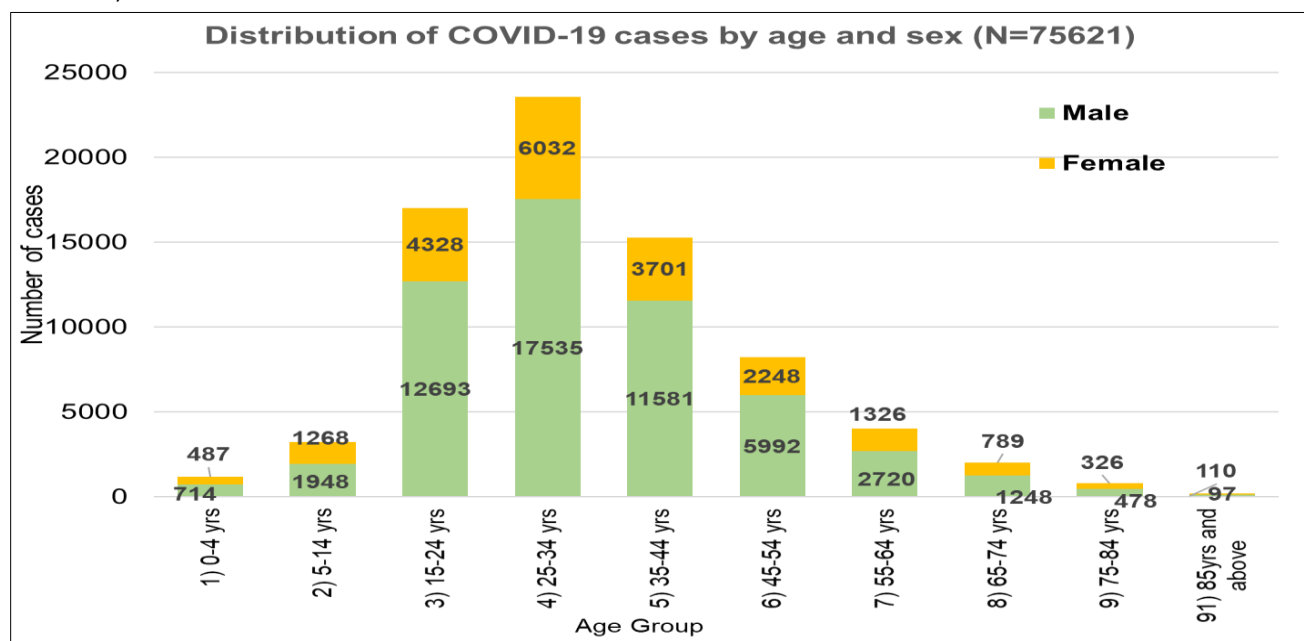
Community transmission- experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: - Large numbers of cases not linkable to transmission chains

- 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 = 75621) (Data updated on 30 September 2020

T07:00:00)



Details for 636 cases are yet to come

Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths* in COVID-19 confirmed cases (N = 76257) (Data updated on 30 September 2020 T07:00:00)

Age Group	Total confirmed cases	Death (male)	Death (female)	Deaths with any known comorbid condition	Age specific case fatality ratio (%)
0-4 yrs	1201	1	2	0	0.25
5-14 yrs	3216	2	1	3	0.09
15-24 yrs	17021	7	8	7	0.09
25-34 yrs	23567	19	7	14	0.11
35-44 yrs	15282	43	17	25	0.39
45-54 yrs	8240	55	23	55	0.95
55-64 yrs	4046	82	28	74	2.72
65-74 yrs	2037	75	35	89	5.4
75-84 yrs	804	41	17	42	7.21
85+ yrs	207	19	8	20	13.04
Unknown	636	0	0	0	0
National	76257	344	146	329	0.64

$$\text{Case Fatality ratio (CFR, in\%)} = \frac{\text{Number of deaths from disease}}{\text{Number of confirmed cases of disease}} \times 100$$
 COVID-19 positive lab result is temporally associated with death; causal association under investigation.

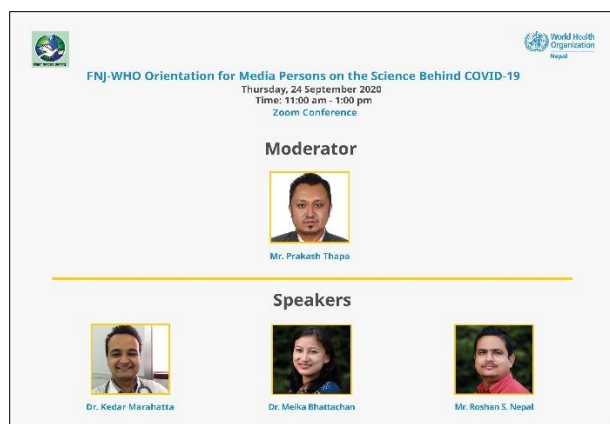
PREPAREDNESS AND RESPONSE

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

- The MoHP has decided (as of 21 September 2020) to
 - make RTPCR Testing free of cost, to all the patients visiting OPD/Fever clinic with symptoms based on decision by treating physicians in all the COVID-19 designated hospitals (Public and Private) and as per the testing guidelines.
 - request all the persons staying at home quarantine, having travel history and reported as contacts during contact tracing to contact their municipality/ward office directly for COVID-19 test.
 - enforce a reduction in RTPCR test fee to NPR 2000 at all designated COVID-19 laboratories (both public and private) for those who do not meet the above two criteria but wish to have a PCR test result at their own expense.
- Guidelines in development from MoHP
 - Guideline for airlifting of COVID-19 cases.
 - Rapid Action Plan for the next four months (Kartik to Magh/mid-Oct 2020- mid-Feb 2021) which will guide major activities, estimated cases to guide budget and logistics.
- The list of COVID-19 hospitals have been reviewed, and now there is a total of 57 COVID-19 designated hospitals providing support throughout the country. Link [Here](#)

What is the WHO Country Office for Nepal doing?

- WHO-Nepal consultants supported, designed, and facilitated the development of a National SARS-CoV-2 RT-PCR proficiency testing (PT) program at National Public Health Laboratory, Teku, Nepal. Panels with both positive and negative samples were sent to 20 designated COVID-19 testing laboratories in the first round and 30 laboratories in the second round through local courier agencies with support from WHO. The results for the proficiency test in the first round were satisfactory and second round PT panel results are awaited.
- WHO consultants have also facilitated the validation of one newly established designated COVID-19 laboratory (Anandaban Hospital, Lalitpur). Ten positive and ten negative samples from the laboratories were validated at NPHL, and the results were found to be correct.
- WHO technical has support to NPHL includes kit validation (UniMedica RT PCR kit and GenFine Extraction Kit). The kits were found to be acceptable for use in Nepal.
- Organized the weekly online technical training session for COVID-19 laboratories and facilitated a session on “Laboratory Quality Indicators”. The participants from 15 laboratories discussed their challenges, and the WHO consultant and NPHL resource person provided recommendations to address the challenges.
- WHO Media monitoring output was shared every day with the MoHP spokesperson, HEOC officials, as well as EDPs and other partners.
- Second, third and fourth editions of the virtual WHO briefing to National Journalists covering all the 7 Provinces in different editions were conducted on 23, 24 & 25 September respectively, in an event titled “Sensitizing Journalists on the Science Behind COVID-19” organized by the Federation of National Journalists (FNJ). Total of 690 media persons participated and stayed online for 97% of the 120 minutes session. WHO Nepal panelists briefed the journalists on COVID-19 Global Situation, Risk Communication and the challenges of an Infodemic and Media Reporting of COVID-19.
 - The 3rd & 4th editions of the events were also telecast live on the Facebook page of the FNJ, while the WHO Nepal Facebook page hosted a ‘watch party’ of the same broadcast.
 - The live telecast on FNJ on 24 September garnered more than 2,000 views, while it reached more than 7,200 people. Similarly, the broadcast reached 4,902 Facebook users on 25 September, while 962 users clicked to view it.



- Similarly, on the 29 September, an orientation program on COVID-19 was conducted with support from WHO-Nepal to 40 participants from various organizations funded by DFID from Karnali Province.
- There has been an additional recruitment of 10 WHO COVID Surveillance Associates (CSA) to support the COVID-19 surveillance activities this week who were also provided training on operation and logistics before their deployment to 6 Provincial Health Emergency Operation Centres (PHEOCs) in the country. In total, 17 CSAs are now available for the COVID-19 surveillance activities across all the 7 provinces with 2 CSAs stationed in each Province except Bagmati Province where the number is 5.
- Finalization of the design of the Health Information Management Unit (HIMU) to be built within the MOHP premises.
- Discussion with MoHP and partners on the different options to expand the capacity of the health facilities to have patient wards to isolate the mild cases of COVID-19. Three options were identified along with the calculation of rough cost estimates.
 - Repurposing of existing building into wards
 - Creation of patient wards next to the existing health facilities
 - Setting up of a self-contained emergency health facility

What are the health cluster partners doing?

- Health Cluster partners and its sub-clusters (Sexual & Reproductive Health and Mental Health) are robustly supporting for the continuation of COVID-19 response interventions and non-COVID-19 essential health services.
- Partners have extended their support for:
 - Continuity of essential health services including Maternal and Newborn Care, family planning and safe abortion services
 - Tracking the availability of essential medicines and family planning commodities to ensure the continuity of services.
 - Operationalization and expansion of One-Stop Crisis Management Centers, Social Service Units, and Safe Homes/Rehabilitation Centres to prevent and manage gender-based violence

- Supported Mental Health & Psychosocial Counselling services in COVID-19 crisis, including for people living with disabilities
- Onsite supportive services for the management of quarantine and isolation centres
- Case investigation and contact tracing at the field level including data processing
- Supported for the dissemination of the guidelines/protocols endorsed by the Ministry of Health and Population to support the response at the field level
- Cluster coordination meeting for COVID-19 and preparedness for monsoon response are ongoing at the Federal and Provincial levels for coherent actions at all levels.

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

Health Cluster Co-lead

Dr Lungten Z. Wangchuk
Scientist; Team Lead - CDS
WHO Country Office for Nepal
Email: 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

Communication/Media Focal Point

Mr Sujana G. Amatya
Communications Officer
WHO Country Office for Nepal
Email: samatya@who.int