Situation Update #136 - Coronavirus Disease 2019 (COVID-19)
WHO Country Office for Nepal

Reporting Date: 14-20 November 2022 (EPI Week 46)

HIGHLIGHTS
(Data published in the MoHP Situation Report as of 20 November 2022 and same data published in EDCD Report as of 21 November 2022)

- Of the total RT-PCR confirmed COVID-19 cases, 98.7% (988,412) of cases have recovered, 0.04% (420) are active cases and 1.2% (12,019) are deaths.
- Among the new RT-PCR confirmed cases (45) reported this week, 60% (27) are from Kathmandu district followed by Sankhuwasabha and Sunsari districts 4.4% (2). Majority of the new cases 64.4% (29) have been reported from Kathmandu Valley (Kathmandu, Lalitpur and Bhaktapur), Bagmati Province.

COVID-19 vaccination coverage status (as of 23 November 2022)

<table>
<thead>
<tr>
<th>Covi-AstraZeneca</th>
<th>Vero Cell</th>
<th>Janssen</th>
<th>Pfizer</th>
<th>Moderna</th>
</tr>
</thead>
<tbody>
<tr>
<td>First dose</td>
<td>5,560,843</td>
<td>10,381,962</td>
<td>3,527,467</td>
<td>4,663,427</td>
</tr>
<tr>
<td>Second dose</td>
<td>4,815,123</td>
<td>9,255,106</td>
<td>3,356,559</td>
<td>2,826,291</td>
</tr>
</tbody>
</table>

NEPAL EPIDEMIOLOGICAL SITUATION

- Since 9 May 2021, all 7 provinces in the country are experiencing community transmission.
- Since the start of the COVID-19 pandemic, a total (782,625/1,000,851) of RT-PCR confirmed cases were reported from three provinces, namely- Province 1, Bagmati Province and Lumbini Province. The Kathmandu valley area (Kathmandu, Bhaktapur, Lalitpur) in Bagmati Province has substantially high case load with 44.1% of national total (441,565/1,000,851), and 81.4% of the provincial total (441,565/542,631).
- Province-wise RT-PCR test positivity rate in Epi Week 46 ranged from 0.0% (Madhes and Lumbini province) to 7.7% (Province 1), with the national positivity rate at 1.0%. Karnali province did not report any RT-PCR test performed in the last week.
- Nepal reported a 38% decrease in the number of new RT-PCR confirmed cases (n=45) in Epi week 46 compared to that in the previous week. Of these total cases reported last week, 89% of the cases have been reported from Province 1, Bagmati, and Lumbini province.
- Nepal did not report any death in Epi week 46, same as in the previous week.
National Influenza Surveillance

- NIC-NPHL reported 6 diagnostic Influenza samples on Epi-week 46.
  - One sample tested positive for Influenza A(H1N1pdm09).
  - None of the samples tested positive for SARS-CoV-2.
- NIC-NPHL received 2 samples from its sentinel sites i.e Kanti Children’s Hospital (2 samples) for Influenza-SARS-CoV-2 testing. Both samples tested negative for Influenza A and B and SARS-CoV-2.
- Out of the total SARS-CoV-2 samples that tested Negative at NPHL on EPID-week 46, 15 SARS-CoV-2 negative samples were tested for Influenza. The result is awaited.
- Provincial Public Health Laboratory (PPHL) from Province 1, Madhesh, Gandaki, Lumbini and Karnali Provinces reported testing of 65 samples for Influenza-SARS-CoV-2 using Multiplex kit on EPID-week 46.
  - None of the samples tested positive for Influenza and SARS-CoV-2.
  - A total of 1656 samples have been tested by PPHLs till 20 November 2022.
- Walter Reed/AFRIMS Research Unit Nepal (WARUN) tested 13 samples on Epi-week 46. None of the samples tested positive for Influenza.
- From 3 January 2022 until 20 November 2022:
  - A total of 666 samples tested positive for Influenza (4 Influenza B, 314 Influenza A/H3, 340 Influenza A(H1N1pdm09), and 8 Influenza A (subtyping to be done) from 7,047 samples (Sentinel and non-sentinel samples including SARS-CoV-2 Negative SARI and ILI cases).
  - Similarly, 361 samples have tested positive for SARS-CoV-2 from 2,847 Influenza negative samples (Sentinel/non-sentinel ILI/SARI samples).\(^1\)

WHO SEAR countries: Number of COVID-19 confirmed cases and cumulative incidence rate (per 100,000). Link Here- [https://worldhealthorg.shinyapps.io/covid/](https://worldhealthorg.shinyapps.io/covid/)

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\(^1\) These positive cases are included in the COVID-19 database
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Figure 1: RT-PCR confirmed COVID-19 cases and average number of COVID-19 cases over the last seven days, by date of onset/sample/confirmation (N= 1000851)(Data reported on 20 November 2022 up to 19:00:00)

At national level, the first wave of cases between July 2020 and February 2021 was followed by the second wave from the middle of March 2021. Since the middle of December 2021, a third wave of cases soared up exceeding the highest number of single day cases reported in the past surges towards the end of January 2022. Since the middle of May 2022, cases were steadily rising in an increasing trend, however the trend is overall in a decline now.

Figure 2: Cumulative case count of RT-PCR confirmed COVID-19 cases (N= 1000851)(Data reported on 20 November 2022 up to 19:00:00)
The cumulative case incidence has been increasing in Nepal since the first case confirmed on 23 January 2020. Cases have been largely reported from Bagmati Province followed by Province 1 and Lumbini Province.

Figure 3A1: RT-PCR confirmed COVID-19 cases in Province 1: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 20 November 2022)

There were 8 new cases reported in the past week in Province 1. Cases have increased by 300% in the past week compared to the previous week. There was no death reported in the past week, same as in the previous week. The test positivity rate in Province 1 increased to 7.7% in the past week. A total of 26 tests were performed in the past week, 10% less than that in the previous week.
Figure 3A2: RT-PCR confirmed COVID-19 cases in Madhesh Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 20 November 2022)

There was no new case reported in the past week in Madhesh province, same as in the previous week. There was no death reported in the past week, same as in the previous week. The test positivity rate in Madhesh province retained at 0.0% in the past week. A total of 16 tests were performed in the past week, 167% more than that in the previous week.

Figure 3A3: RT-PCR confirmed COVID-19 cases in Bagmati Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 20 November 2022)

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.
In Bagmati, 31 new cases were reported in the past week. Cases have decreased by 50% in the past week compared to previous week. There was no death reported in the past week, same as in the previous week. The test positivity rate in Bagmati decreased to 0.9% in the past week. A total of 4435 tests were performed in the past week, 6% less than that in the previous week.

Figure 3A4: RT-PCR confirmed COVID-19 cases in Gandaki Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 20 November 2022)

In Gandaki, 3 new cases were reported in the past week. Cases have decreased by 40% in the past week compared to previous week. There was no death reported in the past week, same as in the previous week. The test positivity rate in Gandaki increased to 3.8% in the past week. A total of 53 tests were performed in the past week, 16% less than that in the previous week.
Lumbini reported 1 new case in the past week. Cases have decreased by 50% in the past week compared to previous week. There was no death reported in the past week, same as in the previous week. The test positivity rate in Lumbini retained at 0.0% in the past week. A total of 12 tests were performed in the past week, 64% less than that in the previous week.

Figure 3A6: RT-PCR confirmed COVID-19 cases in Karnali Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 20 November 2022)

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.
In Karnali, no new case was reported in the past week, same as in the previous week. There was no death reported in the past week, same as in the previous week. There was no test performed reported in the past week.

**Figure 3A7:** RT-PCR confirmed COVID-19 cases in Sudurpaschim Province: Trend of Cases, 7 days Rolling Average, Weekly Cases and Deaths and Test Positivity Rate (Data reported on 20 November 2022)

In Sudurpaschim, 2 new cases were reported in the past week. Cases have increased by 100% in the past week compared to previous week. There was no death reported in the past week, same as in the previous week. The test positivity rate in Sudurpaschim was 3.1% in the past week. A total of 32 tests were performed in the past week, compared to none reported in the previous week.
Table 1: Summary of confirmed COVID-19 cases, deaths and transmission by provinces (Data reported on 20 November 2022 up to 19:00:00)

<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases RTPCR Tests</th>
<th>Total Confirmed cumulative cases Antigen RDT test</th>
<th>Total confirmed cumulative cases</th>
<th>% of total confirmed cumulative cases</th>
<th>Total cumulative deaths</th>
<th>Transmission classification</th>
<th>Total confirmed cases in last 14 days Antigen RDT test</th>
<th>Total confirmed cases in last 14 days RT-PCR test</th>
<th>Total confirmed cases in last 14 days</th>
<th>% of total confirmed cumulative cases in last 14 days</th>
<th>Total Deaths in last 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>129507</td>
<td>30322</td>
<td>159829</td>
<td>14.1</td>
<td>1722</td>
<td>Community transmission</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>7.6</td>
<td>0</td>
</tr>
<tr>
<td>Madhesh</td>
<td>53897</td>
<td>1178</td>
<td>55075</td>
<td>4.9</td>
<td>783</td>
<td>Community transmission</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Bagmati</td>
<td>542631</td>
<td>32758</td>
<td>575389</td>
<td>50.9</td>
<td>5202</td>
<td>Community transmission</td>
<td>8</td>
<td>93</td>
<td>101</td>
<td>76.5</td>
<td>0</td>
</tr>
<tr>
<td>Gandaki</td>
<td>95362</td>
<td>24667</td>
<td>120029</td>
<td>10.6</td>
<td>1428</td>
<td>Community transmission</td>
<td>3</td>
<td>8</td>
<td>11</td>
<td>8.3</td>
<td>0</td>
</tr>
<tr>
<td>Lumbini</td>
<td>110487</td>
<td>28132</td>
<td>138619</td>
<td>12.3</td>
<td>1874</td>
<td>Community transmission</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>4.5</td>
<td>0</td>
</tr>
<tr>
<td>Karnali</td>
<td>24018</td>
<td>6325</td>
<td>30343</td>
<td>2.7</td>
<td>492</td>
<td>Community transmission</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>44949</td>
<td>6142</td>
<td>51091</td>
<td>4.5</td>
<td>518</td>
<td>Community transmission</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3.0</td>
<td>0</td>
</tr>
<tr>
<td>National Total</td>
<td>1000851</td>
<td>129524*</td>
<td>1130375</td>
<td>100</td>
<td>12019</td>
<td>Community transmission</td>
<td>15</td>
<td>117</td>
<td>132</td>
<td>100</td>
<td>0</td>
</tr>
</tbody>
</table>

Notes:
1. The source for case data used in this update is from RT-PCR test positivity reported by laboratories from various locations across Nepal, as shared by HEOC Sitrep; and IMU/IHIMS.
2. Case data is screened and cleaned by our data team for double entry, wrong entry and manual errors such as cities name in place of districts, district name in place of province etc.
3. Whereas the test positivity rate is calculated based on the test positivity reported in Sitrep for RT-PCR which may or may not be scrutinized or cleaned the same way and mark the cases on location of the laboratories rather than their place of residence.
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 RT-PCR confirmed COVID-19 cases (N= 1000851) (Data reported on 20 November 2022 up to 19:00:00)

<table>
<thead>
<tr>
<th>Age Group (Years)</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</td>
<td>9319</td>
<td>16</td>
<td>23</td>
<td>13</td>
<td>0.42</td>
</tr>
<tr>
<td>5-14</td>
<td>34179</td>
<td>13</td>
<td>7</td>
<td>10</td>
<td>0.06</td>
</tr>
<tr>
<td>15-24</td>
<td>151402</td>
<td>92</td>
<td>96</td>
<td>70</td>
<td>0.12</td>
</tr>
<tr>
<td>25-34</td>
<td>277585</td>
<td>387</td>
<td>265</td>
<td>151</td>
<td>0.23</td>
</tr>
<tr>
<td>35-44</td>
<td>206282</td>
<td>875</td>
<td>452</td>
<td>281</td>
<td>0.64</td>
</tr>
<tr>
<td>45-54</td>
<td>144328</td>
<td>1396</td>
<td>645</td>
<td>574</td>
<td>1.41</td>
</tr>
<tr>
<td>55-64</td>
<td>92141</td>
<td>1690</td>
<td>803</td>
<td>782</td>
<td>2.71</td>
</tr>
<tr>
<td>65-74</td>
<td>49911</td>
<td>1640</td>
<td>893</td>
<td>957</td>
<td>5.08</td>
</tr>
<tr>
<td>75-84</td>
<td>23596</td>
<td>1228</td>
<td>659</td>
<td>773</td>
<td>8</td>
</tr>
<tr>
<td>85+</td>
<td>6871</td>
<td>524</td>
<td>289</td>
<td>279</td>
<td>11.83</td>
</tr>
<tr>
<td>Unknown</td>
<td>5237</td>
<td>19</td>
<td>7</td>
<td>11</td>
<td>0.5</td>
</tr>
<tr>
<td>National</td>
<td>1000851</td>
<td>7880</td>
<td>4139</td>
<td>3901</td>
<td>1.20</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.
A total of 12,019 deaths have been reported. Out of the total deaths, 7,880 (65.6%) were male and 4,139 (34.4%) were female. Amongst the deaths, 3,901 persons (32.5%) had at least one known comorbidity. The age specific case fatality ratio (CFR) progressively increases with age, ranging from 0.06% to 11.8%.

**PREPAREDNESS AND RESPONSE**

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

- From 3 November 2022 onwards, Government of Nepal has started administrating second dose COVID-19 booster vaccination for people aged 55 and above and the vulnerable population (immune-deficiency/chronic patients, pregnant women, and health workers) group (data yet to be received).

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

**Laboratory Diagnosis**

- WHO Nepal has been providing technical support to the National Public Health Laboratory (NPHL) in the following activities:
  - 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 100% concordant.
  - Standardization of dengue subtyping.
  - Genome sequencing of 30 SARS-CoV-2 positive samples.
- WHO Nepal facilitated Nepal Influenza Center (NIC)-NPHL during the visit of Centre for Disease Control (CDC) team at NIC on 14-18 November 2022. CDC team were accompanied by the team of NIC along with the director of NPHL and WHO Laboratory pillar team. Following activities were conducted during the joint support from WHO laboratory pillar team with the NIC officials:
  - Briefing on how the Influenza data are consolidated at NIC from all the sites and reported in FluMart platform.
  - Reporting mechanism of Provincial Public Health Laboratories (PPHL) and sentinel sites to the NIC and
  - Site visit to Bhaktapur hospital.

**Technical Expertise and Training**

- Continued routine work from the team of Technical Expertise and Training

- WHO Nepal provided technical and financial support in conducting the following program:
  - A three-day service provider’s training on Infection Prevention and Control (IPC) organized by the National Health Training Centre (NHTC) which was attended by 5 trainers and 21 participants: including nursing staff and paramedics from 18 hospitals based in Bagmati Province.

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2 The routine works of the technical expertise and training team included technical support to the Ministry of Health and Population and its department for developing different guidelines/manuals, conducting health programs, and conducting capacity building activities. To perform these activities, the team coordinates and discuss with relevant government authorities and partners for effective planning and conducting the various activities.
Operational Support and Logistics
- Continued routine work from the team of Operation Support and Logistics\(^3\).

Risk Communication and Community Engagement
- Episode 81 of *Science in 5 (Public Health Emergency of International Concern)* was translated, dubbed, and published via the following links:
  - Nepali: Facebook [link](#); OneDrive [link](#); YouTube [link](#); Twitter [link](#)
  - Maithili: Facebook [link](#); OneDrive [link](#); YouTube [link](#)
- The following documents were uploaded on ReliefWeb (link [here](#)):
  - Weekly COVID-19 EPI Dashboard,
  - Focused COVID-19 and Health Media Monitoring, and
- Continued support to MoHP for its weekly national briefing which is broadcasted live every Wednesday at 4.15pm via Nepal Television and streamed on MoHP and WHO Facebook pages.
  In the briefing held on 16 November 2022, the Spokesperson highlighted the importance of taking COVID-19 booster vaccine along with the need to adhere to public health and social measures.
  Similarly, messages on World Chronic Obstructive Pulmonary Diseases Day and World Antimicrobial Awareness Week and information about the changes in the routine vaccination schedule of FIPV vaccine against polio were also shared.

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\(^3\) The routine works of the operation support and logistics team included technical support to the Management Division of the Department of Health Services for the forecasting, quantification, procurement, and distribution plan of COVID-19 commodities. The other routine activities included daily operational support to the WHO country office and seven provincial health emergency operation centers, including fleet and travel management and the procurement of required logistics and supplies.
What are the health clusters partners doing?

- Continued routine work from the team of Partner Coordination and Donor Relation
- UNICEF and WHO are providing overall support for COVID-19 vaccination campaign in close coordination with health partners and donors.
- All members of the Health Cluster are supporting the COVID-19 vaccination campaign of Nepal.
- Health partners are continuing their technical, operational, and logistics support for COVID-19 responses to health-related offices and institutions throughout the country.
- COVID-19 consultation is being provided continuously by specialist teams through tele-medicine 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 about coronavirus disease (COVID-19) Pandemic 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](#).
- WHO Coronavirus (COVID-19) Dashboard can be found [here](#).
- Visit the WHO Nepal Facebook page and webpage on COVID-19 [here](#).

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4 The routine works include coordinating with all the divisions, units, centers of Ministry of Health and Population (MoHP) and Department of Health Services (DoHS), and the health partners for effective conduction of Health Cluster Coordination meeting. Furthermore, the works included the documentation and distribution of meeting minutes, health partner’s support updates in the 3Ws (Who, What, Where) and thematic mapping, updates of WHO’s support in the UNRCO 3W sheet, participate in multi-sectoral and emergency and disaster preparedness and response platforms and activities and the humanitarian country team operational meetings. Moreover, necessary support for effective coordination of Health Emergency Operation Centre (HEOC) with different stakeholders is provided.
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