Situation Update #17- Coronavirus Disease 2019 (COVID-19)
WHO Country Office for Nepal
12 August 2020

HIGHLIGHTS

Nepal

• Ministry of Health and Population (MoHP) has endorsed Public Health Standards, 2020 to be followed while celebrating festivals, feasts and celebrations in the context of COVID-19. (Click here for information)
• Interim guidance for dental practices during COVID-19 global emergency in Nepal 2020 prepared by MoHP. (Click here for information)
• With the addition of three more laboratories i.e. two in Bagmati province and one in Banke district of Province 5, a total of 38 designated COVID-19 testing laboratories are now functional in the country.
• All seven provinces and 77 districts have been affected by COVID-19 transmission. However, no cases have been reported for the last 14 days or more from 9 districts - Manang, Mustang, Dolpa, Humla, Sankhuwasabha, Solukhumbu Taplejung, Terathum and Rukum East.

Regional/Global

• This week, the world celebrates Breastfeeding Awareness Week to highlight the importance of breastfeeding. WHO recommendations on the initiation and continued breastfeeding of infants and young children also apply to mothers with suspected or confirmed COVID-19.
• Environmental surveillance by testing of wastewater for evidence of pathogens has a long history of use in public health. The WHO has published a scientific brief on how this form of surveillance is being used in the context of the ongoing COVID-19 pandemic.
• Developing a vaccine against COVID-19 is one of the most pressing challenges of our time. WHO has published two new documents on the COVID-19 Vaccines Global Access Facility. One outlines global procurement for COVID-19 vaccines, and the other focuses on ensuring accelerated vaccine development and manufacturing.
• WHO has published guidance on the public health surveillance of coronavirus disease 2019 (COVID-19) in humans caused by infection with severe acute respiratory syndrome

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WHO Country Office for Nepal
Friday 14th August 2020

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 12 August 2020, 07:00 hours, (Week no. 33), a total of total 23,946 COVID-19 cases were confirmed through polymerase chain reaction (RT-PCR) in the country. In the last 14 days, 2,687 confirmed cases were reported from 62 districts in all seven provinces, constituting 12.4 % of the total confirmed cases.
- In five provinces - Provinces 1, 2, 5, Karnali and Sudurpaschhim, transmission has been classified as clusters of cases and in the remaining two provinces - Bagmati and Gandaki – as sporadic cases.
- Overall, the doubling time has increased, indicating a slowing down of transmission. At present, Bagmati, Province-2 and Province-5 are showing an upward trend, with the latter two having a large caseload. About 76% of cases (19074/24955) are reported from Provinces 2, 5, Karnali and Sudurpaschhim (Figure-2B).
- Overall, the age-sex distribution is highly skewed towards males, who constitute 84% (20,115/23,946) of the confirmed cases with 91% (18,312/20,115) of them in the 15-54 years age group. However, in the past ten days, this proportion has reduced to 77%. In Bagmati province, the proportion of males had been lower, of the order of 75% or below.
- Eighty-one deaths* (63 males and 18 females) have occurred in the country, with all occurring between weeks 20 and 33. 67% (54 persons) of those who have died, had at least one or more co-morbid conditions. The overall case fatality ratio (CFR) across all ages is less than 1%. CFR progressively increases with age beyond 55 years of age to the range of 2% to 13%.
- While less than 1% of the confirmed COVID-19 cases are symptomatic at diagnosis across all age groups, the proportion of symptomatic cases progressively increases beyond 55 years of age in the range of 2% to 6%.
- Nepal has been able to keep COVID-19 transmission to sporadic or clustered cases for the time being through intensive quarantine or isolation of returnees to Nepal. However, a stronger and sensitive surveillance system with fully functional and empowered contact tracing and follow-up system & teams would be critical to detect and rapidly contain potential community transmission going forward.
- As of 12 August 2020, 605 cases of influenza-like illness (ILI)) have been tested for COVID-19. Of these, eight have tested positive for SARS-CoV-2, all of which are included in the COVID-19 database. One sample which was received specifically for confirmation of influenza at NPHL last week (6 Aug, 2020, Epi Week 32) had tested negative.
Figure 1: Confirmed COVID-19 cases in South East Asia Region (Data updated on 11 August 2020 from global sitrep #204)

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 = 23946) (Data updated on 11 August 2020)
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 13 August 2020)
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Note for all the Provinces (Figure 2 B):

1) 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.

2) Y-axis scale varies between Provinces

Figure 2C: Cumulative case count of laboratory-confirmed COVID-19 by province (Data updated on 11 August 2020)
Figure 3: Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and districts shaded by current transmission status (Data updated on 11 August 2020)

Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces. (Data updated on 11 August 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>1588</td>
<td>6</td>
<td>Cluster of cases</td>
<td>14 (14)</td>
<td>11 August 2020</td>
</tr>
<tr>
<td>Province 2</td>
<td>6774</td>
<td>31</td>
<td>Cluster of cases</td>
<td>8 (8)</td>
<td>11 August 2020</td>
</tr>
<tr>
<td>Bagmati</td>
<td>1980</td>
<td>16</td>
<td>Sporadic cases</td>
<td>13 (13)</td>
<td>11 August 2020</td>
</tr>
<tr>
<td>Gandaki</td>
<td>1729</td>
<td>6</td>
<td>Sporadic cases</td>
<td>11 (11)</td>
<td>11 August 2020</td>
</tr>
<tr>
<td>Province 5</td>
<td>4832</td>
<td>11</td>
<td>Cluster of cases</td>
<td>12 (12)</td>
<td>11 August 2020</td>
</tr>
<tr>
<td>Karnali</td>
<td>2098</td>
<td>4</td>
<td>Cluster of cases</td>
<td>10 (10)</td>
<td>11 August 2020</td>
</tr>
<tr>
<td>Sudurpaschhim</td>
<td>4945</td>
<td>7</td>
<td>Cluster of cases</td>
<td>9 (9)</td>
<td>11 August 2020</td>
</tr>
<tr>
<td>National Total</td>
<td>23946</td>
<td>81</td>
<td>Cluster of cases</td>
<td>77 (77)</td>
<td>11 August 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/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 4: Distribution of COVID-19 cases by age and sex (N = 23,946) (Data updated on 11 August 2020)

Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths* in COVID-19 confirmed cases (N = 23,946) (Data updated on 11 August 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>501</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>1003</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0.1</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>8042</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>0.06</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>7400</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>0.08</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>4101</td>
<td>9</td>
<td>2</td>
<td>4</td>
<td>0.27</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>1802</td>
<td>13</td>
<td>3</td>
<td>11</td>
<td>0.89</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>669</td>
<td>15</td>
<td>1</td>
<td>14</td>
<td>2.39</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>241</td>
<td>11</td>
<td>5</td>
<td>12</td>
<td>6.64</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>74</td>
<td>6</td>
<td>0</td>
<td>5</td>
<td>8.11</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>16</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>Unknown</td>
<td>97</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>National</td>
<td>23946</td>
<td>63</td>
<td>18</td>
<td>54</td>
<td>0.34</td>
</tr>
</tbody>
</table>

COVID-19 positive lab result is temporally associated with death; causal association under investigation. *Source: https://covid19.mohp.gov.np/#/
Table 3: Distribution symptomatic/asymptomatic COVID-19 cases at presentation (N = 23,946)
(Data updated on 11 August 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>501</td>
<td>499</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>1003</td>
<td>1001</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>8042</td>
<td>8031</td>
<td>11</td>
<td>0.1</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>7400</td>
<td>7376</td>
<td>24</td>
<td>0.3</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>4101</td>
<td>4087</td>
<td>14</td>
<td>0.3</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>1802</td>
<td>1791</td>
<td>11</td>
<td>0.6</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>669</td>
<td>655</td>
<td>14</td>
<td>2.1</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>241</td>
<td>227</td>
<td>14</td>
<td>5.8</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>74</td>
<td>71</td>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>16</td>
<td>15</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td>Unknown</td>
<td>97</td>
<td>97</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>National</td>
<td>23946</td>
<td>23850</td>
<td>96</td>
<td>0.4</td>
</tr>
</tbody>
</table>

PREPAREDNESS AND RESPONSE

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

- Public Health Standards, 2020 endorsed by the Ministry of Health and Population (MoHP) are to be followed by all while celebrating festivals and feasts during COVID-19.
- A high-level committee at the MOHP has requested all satellite hospitals (public, private and others) to allocate 20% of their beds for COVID-19 cases. The respective hub hospitals will coordinate with the Health Emergency Operations Center (HEOC) and satellite hospitals for the management of COVID-19 cases.
- The Government of Nepal – Cabinet of Ministers reviewed the COVID-19 situation in the country and decided the following:
  - Flights (domestic and international) further suspended until 31 August 2020.
  - Hotels and restaurants will only serve takeaway foods.
  - Ground crossings Point of Entry (PoE) reduced to 10 from 20 for those who want to return home from India (i.e. Jhapa- Kakarvitta; Morang- Rani; Siraha – Marder; Rautahat – Gaur; Pasha – Birgunj; Rupandehi –Behaliya; Kapilvastu – Krishnanagar; Banke – Jamuna; Kailali – Gaurifanta and Kanchanpur – Gaddachauki)
  - Offices were requested to work virtually and follow further guidance from District COVID-19 Crisis Management Center.
  - Inter-district travel remains restricted to and from high-burden districts (>200 cases).
  - Schools will remain closed until further notice.
What is the WHO Country Office for Nepal doing?

- WHO has provided technical assistance to the National Public Health Laboratory (NPHL) to:
  - Develop the COVID-19 Laboratory Quality Assessment Tool (LQAS). This tool is made available in Google form and disseminated to the designated COVID-19 laboratories for conducting Self-Assessment.
  - Conduct monthly quality assessment of all designated laboratories as part of the National Quality Assessment System (NQAS). As of 12th August, NPHL received samples from 15 designated laboratories for NQAS, which were processed with satisfactory results.

- The status of the guidance updating requested by EDCD to ensure alignment with recently updated global WHO guidance is as follows:
  - IPC pocketbook - under final review.
  - Clinical Management pocketbook - in progress.

- WHO has been providing technical support to the MoHP to draft guidance documents, including:
  - Palliative Care and COVID-19.
  - Guidance on IPC and staying healthy for patients and their caretakers before discharge from isolation centres and hospitals respectively.
  - ICU Readiness Checklist to complement provincial Level-II hospital action plans following findings from the Rapid Assessment.

- Support for Critical Care training:
  - NHTC has identified 20 master trainers for training at level-II designated hospitals.
  - Procurement of non-consumables items has been explored by the procurement focal point of WHO e.g. mannequins for demonstrations, hands-on training, etc.
  - NHTC is ready to implement a sub-national level of training pending the materials to be provided, which is in process/progress for procurement; and the training would commence roughly in two weeks’ time.

Telemedicine:
  - Provided support to the Institute of Medicine department of Psychiatry to establish a telemedicine platform as requested by MoHP at the federal level.
  - It will also be used to install telemedicine facilities in the provinces.
  - Contract signed with Tribhuvan University Teaching Hospital (TUTH) as advised by the MoHP to strengthen the national telemedicine center functioning there and facilitate provincial telemedicine centers in collaboration with leading tertiary / academic hospitals identified therein.
• **Interviews of Dr Jos Vandelaer**, Representative WHO Nepal, that were published are:

<table>
<thead>
<tr>
<th>SN</th>
<th>TITLE (NEPALI)</th>
<th>URL</th>
<th>TITLE (ENGLISH)</th>
<th>URL</th>
<th>DATE</th>
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<td>कोरोना संक्रमितको सम्बन्धमा आएको खोजी कार्य कोरोनाट ट्रेसिंग क्याँ हो</td>
<td>Link</td>
<td>What is Contact Tracing? Why is it important? How is it done?</td>
<td>Link</td>
<td>August 5</td>
<td>Nepali</td>
</tr>
<tr>
<td>2</td>
<td>के संक्रमित आमले शिशुका स्तनपान गराउँदै कोरोना सध्याङ्गै</td>
<td>Link</td>
<td>Can a mother transmit COVID-19 via breastfeeding?</td>
<td>Link</td>
<td>August 6</td>
<td>Nepali</td>
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<tr>
<td>3</td>
<td>संक्रमित गर्भस्तै पूर्वसमयको बच्चामा कोरोना भाइरस सध्याङ्गै छिन्नै छ तर सहेँन</td>
<td>Link</td>
<td>Can a pregnant mother transmit COVID-19 to her unborn baby?</td>
<td>Link</td>
<td>6 August</td>
<td>Nepali</td>
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<tr>
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<td>सोलाइडारिटी क्युरियल भौतिक क्याँ हो? यसमा नेपाल्यस गर्दैछ</td>
<td>Link</td>
<td>What is ‘Solidarity Trial’? What is the progress in Nepal?</td>
<td>Link</td>
<td>August 9</td>
<td>Nepali</td>
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<tr>
<td>5</td>
<td>नेपालमा पैसोका सम्बन्धमा कोरोना संक्रमण किन बढी देखिएको छ</td>
<td>Link</td>
<td>Why are there more COVID-19 cases in professional workplaces?</td>
<td>Link</td>
<td>11 August</td>
<td>Nepali</td>
</tr>
</tbody>
</table>

**WHO Video capsules (Nepali)** that were produced and widely disseminated are:

<table>
<thead>
<tr>
<th>SN</th>
<th>TITLE (NEPALI)</th>
<th>URL</th>
<th>TITLE (ENGLISH)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>कोरोना संक्रमितको सम्बन्धमा आएको खोजी कार्य कोरोनाट ट्रेसिंग क्याँ हो</td>
<td>Link</td>
<td>What is Contact Tracing? Why is it important? How is it done?</td>
<td>Link</td>
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<td>2</td>
<td>के संक्रमित आमले शिशुका स्तनपान गराउँदै कोरोना सध्याङ्गै</td>
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<td>August 6</td>
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<tr>
<td>3</td>
<td>संक्रमित गर्भस्तै पूर्वसमयको बच्चामा कोरोना भाइरस सध्याङ्गै छिन्नै छ तर सहेँन</td>
<td>Link</td>
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<td>Link</td>
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<tr>
<td>4</td>
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<td>Link</td>
<td>11 August</td>
</tr>
</tbody>
</table>

• WHO also continues to provide short summaries of recently updated and released WHO technical guidance, to the Secretary of Health, which are also translated into Nepali. The guidance documents shared this week were as follows:
  o Public health considerations while resuming international travels.
  o Travel Q & A for the general public.

• Critical messages for International Youth Day on 12 August shared as "Anurodhs" (Translation in English: Appeal) from WCO Nepal to MoHP for the daily live press briefing.

• WHO-led the session on 'Coping with the New Normal' on **7 August** to more than 200 youths across the nation in a joint program 'Volunteers for Action (V4Action) against COVID-19' by

- Ongoing technical support for national COVID-19 logistics forecasting, quantification, costing, procurement plan and distribution plan with additional updates:
  - Technical development of the temporary Level 1 Emergency Health Facility (EHF) in collaboration with WFP engineering team has been completed.
  - Support for the development of the screening and registration desk at Points of Exit:
    - The draft layout has been finalized and under review.
  - COVID-19 information gathering survey tool under COVID-19 forecasting and supply chain strengthening project (Empower School of Health) being completed.
  - Thirty oxygen concentrators received and to be handed-over to MoHP.
  - The shipment of EQAS panel from Hongkong expected to arrive in Nepal on 14 August.
  - Operations team visited the following sites:
    - Province-5 to support the establishment of the provincial HEOC. Space was allotted by the provincial government; work in progress and will be completed within a month.
    - PoE Sunauli, Bhairahawa to explore a suitable site to establish an entry screening health desk.

What are the health cluster partners doing?

- The Ministry of Health and Population has endorsed Point of Entry - Health Desk proto-type. EDCD, DoHS is coordinating with partners for its implementation.
- Online 3W information mapping tool for collecting information from health cluster partners has been developed and tested. Updated data from partners will be automatically entered into the master sheet, which has been designed to be used as a standard 3W tool both for COVID-19 and monsoon emergency response.
• Regular health sector coordination for COVID-19 and monsoon emergency response has been ongoing with weekly coordination meeting with health cluster partners every Thursday and with COVID-19 hospitals and designated COVID-19 hospitals & provincial health directorate offices every Tuesday. Both the meetings are held between 2:00 – 3:00 pm.
• Health cluster partners, including Reproductive Health sub-cluster partners, mental health sub-cluster partners are supporting the continuation of other health-related programs and services in parallel with COVID-19 response throughout the country.

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](#).

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