



SITUATION REPORT ON DENGUE IN NEPAL- 2024

1-Jan to 12-Aug

Reported  
Dengue  
Cases

3339

Verified  
Deaths\*

2

Affected  
Districts

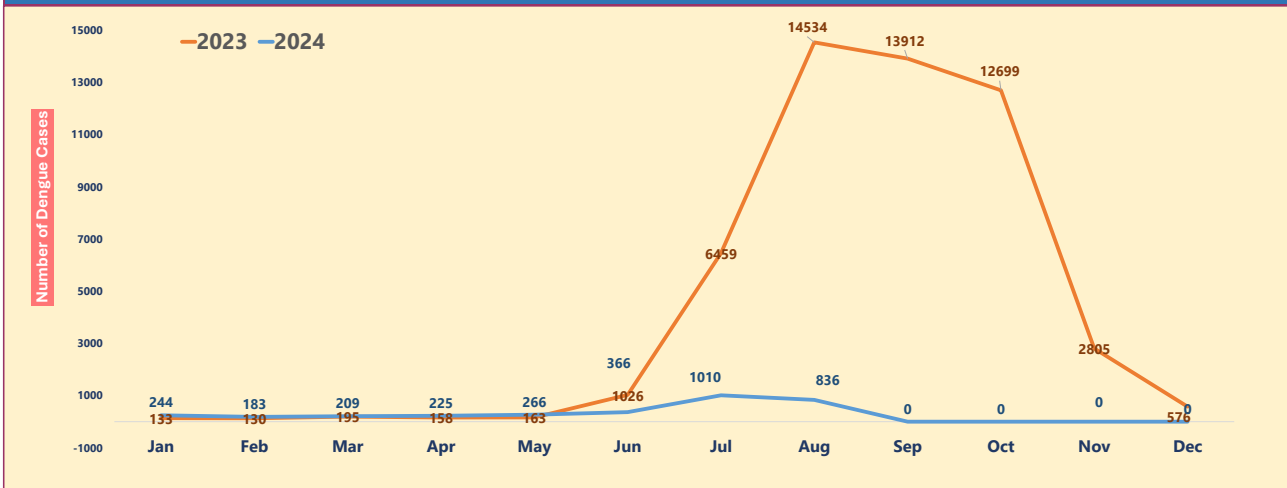
73

Districts  
with >500  
cases

1

\*Dengue with other disease

MONTHLY TREND OF DENGUE CASES



DENGUE CASES BY PROVINCE

Province	No. of Dengue Cases	% of National Burden	Case per 100,000 population
KOSHI	582	17.4%	11.7
MADHESH	56	1.7%	<1
BAGMATI	870	26.1%	13.9
GANDAKI	1226	36.7%	50.8
LUMBINI	294	8.8%	5.7
KARNALI	47	1.4%	2.8
SUDUR PASHCHIM	264	7.9%	9.9

TOP TEN DISTRICTS

District	No. of Dengue Cases	% of National Burden
407 TANAHU	656	19.6%
306 KATHMANDU	332	9.9%
405 KASKI	212	6.3%
111 JHAPA	145	4.3%
313 CHITAWAN	135	4.0%
312 MAKWANPUR	89	2.7%
106 BHOJPUR	80	2.4%
410 PARBAT	80	2.4%
401 GORKHA	76	2.3%
309 KAVREPANCHOK	73	2.2%

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डेङ्गीबाट बच्न लामखुट्टेको टोकाईबाट जोगिऔं,  
व्यक्तिगत सुरक्षाका उपायहरु अपनाऔं !!

डेङ्गीबाट  
बच्न →

- पानी जम्मा गरि राखिएका पानीको ट्यांकी, ड्रम, गाभी, बाटनीलाई लामखुट्टे छिर्न नपाउने गरी राम्रोसँग छोपेर राख्नुहोस्।
- आफ्नो घर वरपर, कार्यस्थल र सार्वजनिक स्थानहरूमा फाटिएका काम नलाग्ने भाँडाकुँडा, सिरी, बोटल, टिनका बट्टा, प्लास्टिकजन्य वस्तुहरू तथा पानी जम्न सक्ने अन्य भाँडा तथा समानीहरूलाई पानी नजम्ने गरी व्यवस्थापन गर्नुहोस्।
- छाना तथा अन्य स्थानमा जथाभावी फाटिएका सवारी साधनका टायरहरूलाई पानी जम्न नपाउने गरी छोपेर राख्नुहोस् वा आकाशे पानीको पहुँचबाट टाढा राख्नुहोस्।
- घर बाहिर वा भित्र राखिएका फूलका गमला वा गमला मुलिका प्लेटहरूमा जमेको पानी कतिमता हप्ताको एक पटक फालेर गमला तथा प्लेटलाई राम्रोसँग सफा गर्नुहोस्।
- बिहान, दिउँसो, राती जुनसुकै बेला सुत्दा पनि झूतको प्रयोग गर्नुहोस्।
- घर भित्र लामखुट्टे छिर्न नदिने सम्भव भएसम्म इयात तथा ढोकाहरूमा सानो प्वाल भएको जाती प्रयोग गर्नुहोस्।
- पुरा शरीर ढाक्ने तथा लामो बाहुला भएका तुगा लगाउनुहोस्।
- शरीरको खुल्ला भागमा लामखुट्टे भगाउने मलम (Repellent) को प्रयोग गर्नुहोस्।



# SITUATION OF CHOLERA IN NEPAL

(Lalitpur, Kathmandu, Kailali, Pyuthan)

Situation Report #08  
12 August 2024



Ministry of Health and Population  
Department of Health Services  
Epidemiology and Disease Control Division  
Kathmandu, Nepal

## HIGHLIGHTS

As of 12 August 2024, a total of **50 cases** of Cholera has been identified from Lalitpur (**38**), Kathmandu (**2**), Kailali (**8**), Pyuthan (**2**) of Nepal.

New culture confirmed cases in the last 24 hours: **3 (Lalitpur – 3)**

Current admission: **3 (Lalitpur)**

**No deaths** associated with Acute Watery Diarrhea or Cholera has been reported as of today. Each district has separate focal outbreaks that are not linked to each other.

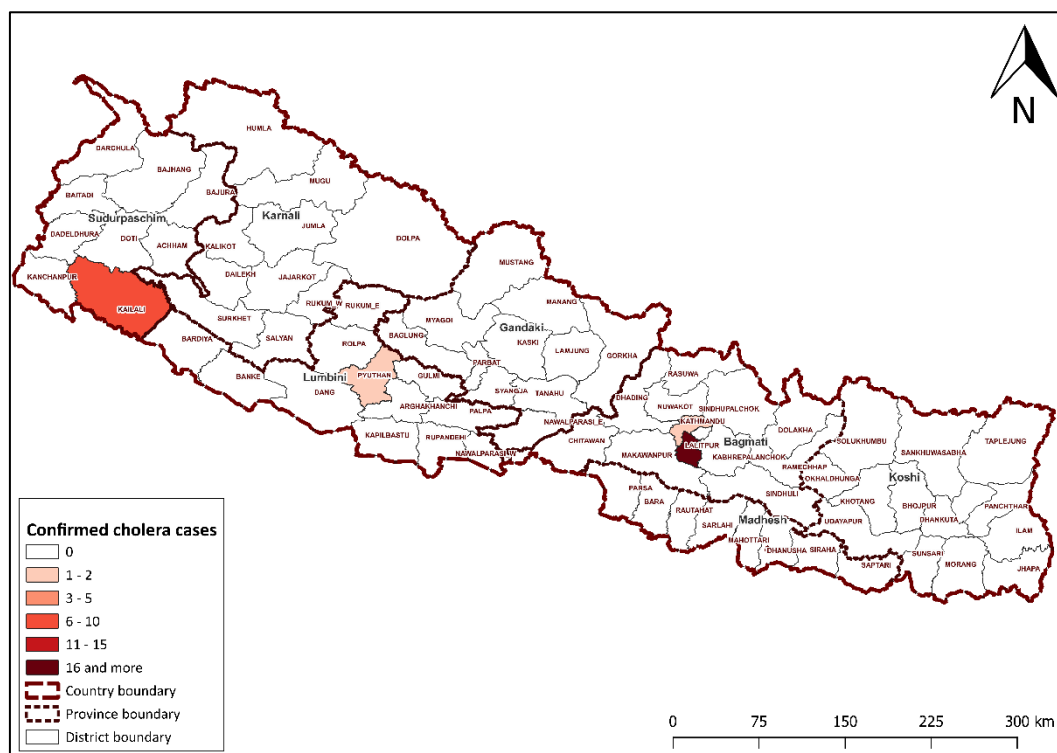
**Lalitpur: 19 July 2024:** 16-year-old male with suspected diarrhea and vomiting was confirmed as cholera on 22 July 2024. Additional 10 cases have been reported with links to the first case all residing in Rehab center (with inhabitants-67) in Godawari Municipality, ward-14. Remaining cases not linked to rehab center and associated with **ongoing flood in areas of Lalitpur**.

**Kailali: 25 July 2024:** 2 cases of culture confirmed Cholera was reported from Dhangadhi Sub-Metropolitan, Ward-1, Kailali. Additional investigation identified 6 culture confirmed cases in a congregated household with 6 families. No new case detected till date.

**Kathmandu: 29 July 2024:** 1 new case identified from Balkhu. 2 stool confirmed case of Cholera reported till date. Active case finding by local RRT ongoing in Balkhu.

**Pyuthan: 4 August 2024:** 2 new culture confirmed cases of Cholera has been reported from Gaumukhi Rural Municipality, ward-5 from Lumbini Province. A total of 10 suspected cases from same family had symptoms of AWD since 1 August. Member of family have travel history to India. No new case detected.

**Figure 1: Reported Confirmed Cholera Cases as of 12 August 2024 (n=50)**



## IN NUMBERS

As of 12 August 2024

### 1. Lalitpur

**38**

**Confirmed cases**

**3**

**Hospitalized cases**

**0**

**Death**

### 2. Kathmandu

**2**

**Confirmed cases**

**0**

**Hospitalized cases**

**0**

**Death**

### 3. Kailali

**8**

**Confirmed cases**

**0**

**Hospitalized cases**

**0**

**Death**

### 4. Pyuthan

**2**

**Confirmed cases**

**2**

**Hospitalized cases**

**0**

**Death**



## CONTEXT AND CHALLENGES

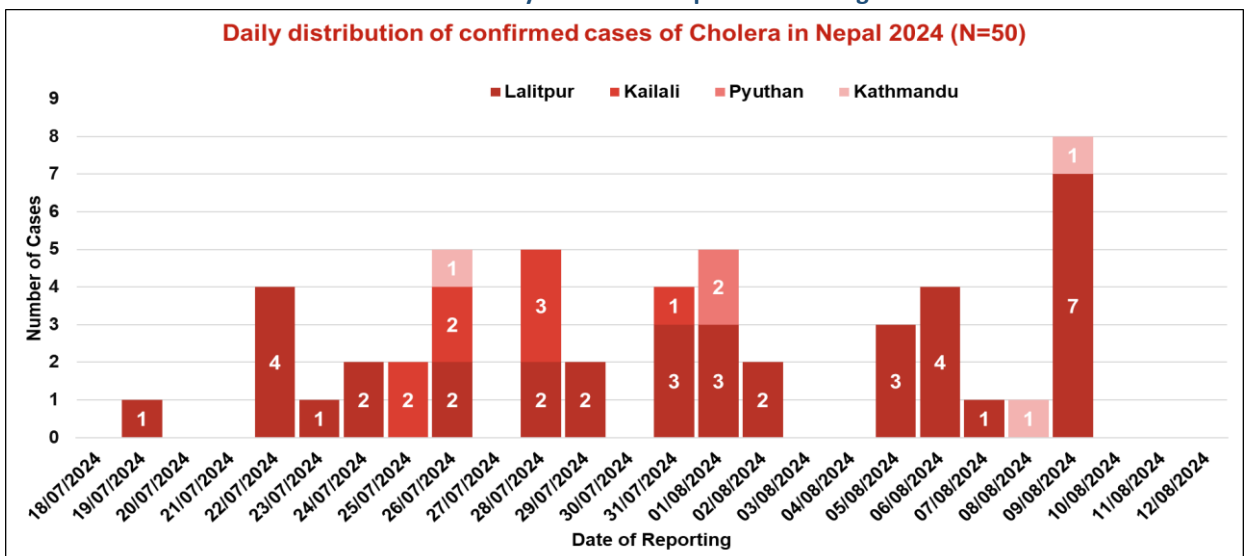
- In Nepal, Cholera has been endemic with numerous sporadic outbreaks in the past.
- Majority of the cases gets reported as large outbreak of Acute Watery Diarrhea (AWD) and sporadically gets reported through national EWARS system as Acute Gastroenteritis (AGE) or culture confirmed cases of Cholera.
- The country is at high risk for outbreaks due to a steady increase in urban population density accompanied by an inadequate supply of safe drinking water and pre-existing sanitation and sewage infrastructure concerns.
- Contributing factors:
  - Chlorine untreated community supply water used for drinking
  - Heavy rainfall and drainage overflow causing contamination of water sources
  - Lack of proper Food hygiene monitoring mechanism
  - Rapid in and out migration and rapid urbanization
  - Insufficient resources to conduct effective response activities in hot spots.



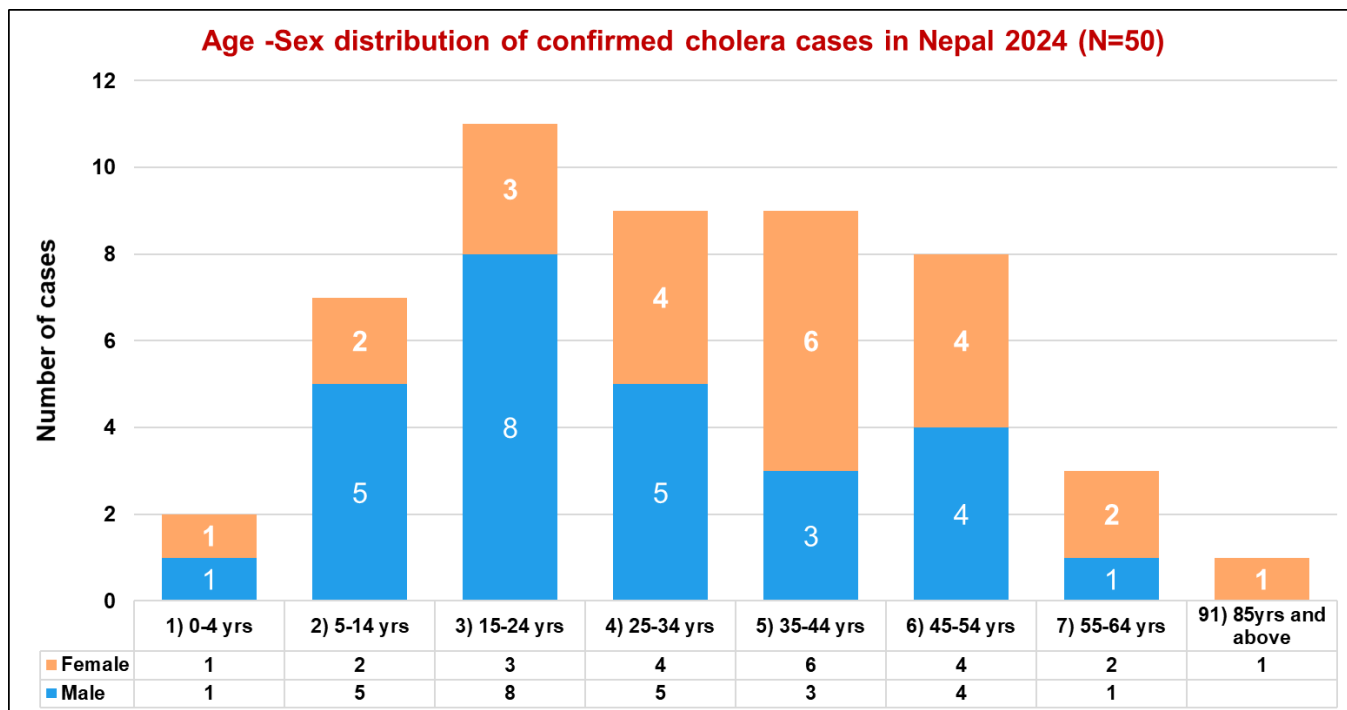
## EPIDEMIOLOGICAL UPDATE

- In Nepal, as of 12 August 2024, a total of 50 culture confirmed cases of cholera have been reported, of which all were screened by RDT as per the national RDT testing protocol. Four separate foci have been reported. There are no epidemiological linkages between reported districts.
- Cases continue to be confirmed by culture in reference laboratory of the country, indicating active circulation of *Vibrio cholerae* O:1 Ogawa. Based on the achieved report, among 50 reported cases 27 are male, 23 are female and 9 are aged 14 years and younger (figure 3).
- Majority of the cases reported some or severe signs of dehydration requiring hospital admission and antibiotic treatment.
- No deaths of cholera confirmed case have been reported (Case Fatality Rate - 0%) from reported districts
- Cluster outbreak was reported in Lalitpur (n=10, 14.9%) from a drug rehab center (with 67 inhabitants) in Godawari Municipality, ward 14. All cases in rehab centers had common exposure. One caretaker in treating hospital was confirmed for cholera after 3 days of exposure. The epidemic was linked to use of drainage contaminated well as drinking water source following heavy rainfall and flooding. Remaining sporadic cases are being notified from Lalitpur associated with flood water entering houses.
- Similarly, Kailali reported 8 confirmed cases (28.6%) from a same household with 6 families (28 member) residing on Dhangadhi-1, Tribeni Chowk. The epidemic was linked fecal contaminated stored drinking water likely to be contaminated from a carrier source. No new cases have been reported recently.
- Similarly, Pyuthan District reported 2 confirmed cases (20%) from a single family (10 member) in Gaumukhi Rural Municipality Ward-5, Lumbini Province. Two members have travel history to India in last seven days, however, not enough evidence on epi-linkage. No new cases have been reported from same foci however, 1 case was reported in a referred case from Butwal however preliminary investigation relates exposure in Kathmandu Valley (under investigation).

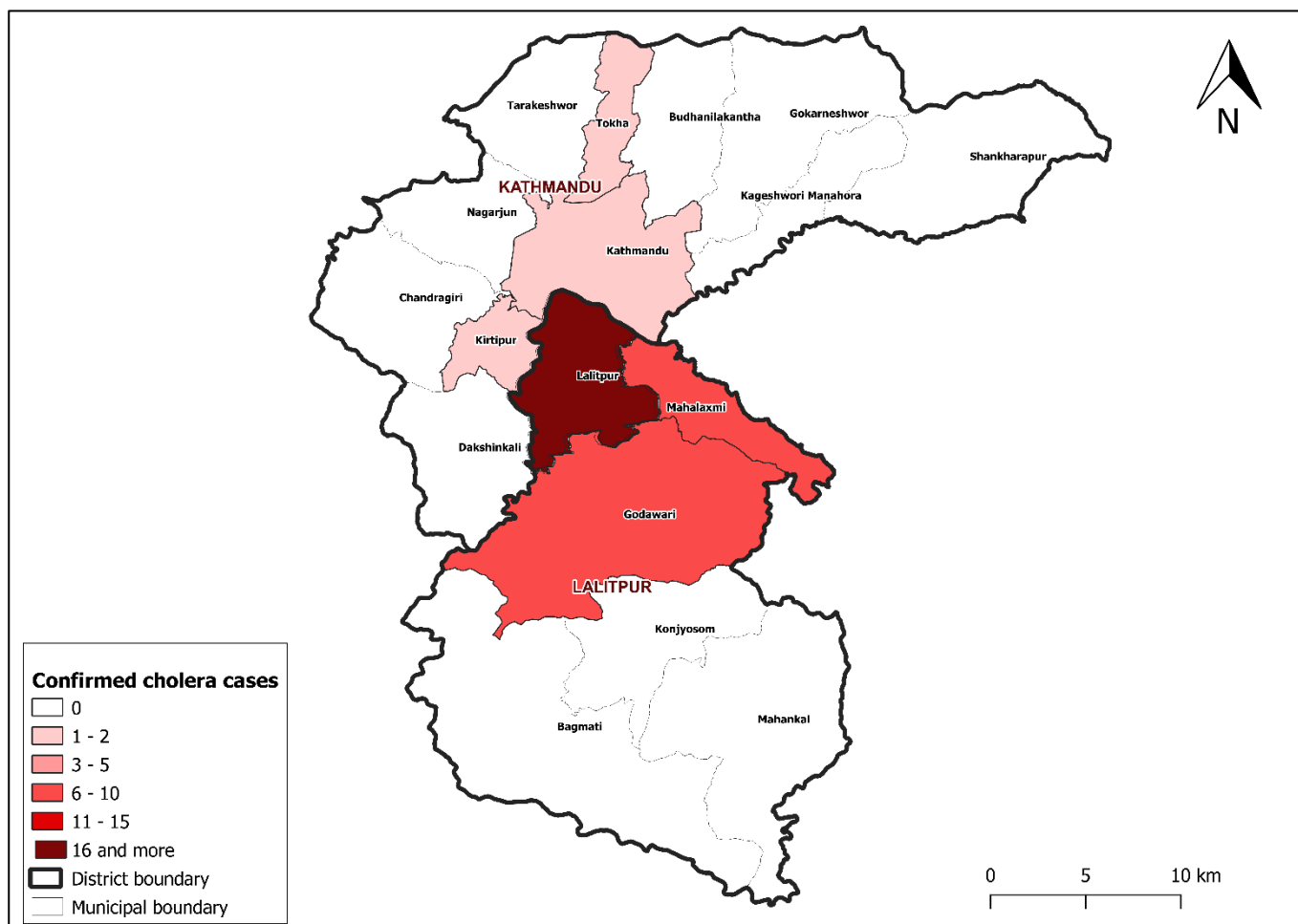
**Figure 2. Distribution of confirmed cases of cholera by districts in Nepal as of 12 August 2024**



**Figure 3.** Distribution of suspected cases of cholera by age - sex in Nepal as of 12 August 2024



**Figure 4.** Reported Confirmed Cholera Cases in Kathmandu Valley as of 12 August 2024 (n=40)





EDCD continues to support national health authorities and operational partners in provinces and districts in prioritizing the cholera response in affected districts. Overall responses as follows:

### Coordination and leadership

- Ongoing coordination with all three Provincial health Ministries, Provincial health directorates, PHEOCs, District Administrative Offices (DAO), Disaster Management Committees, provincial public health labs, National reference laboratory (NPHL) and health facilities daily for enhanced responses.
- Local municipalities coordinating with respective districts and Districts Administrative Offices (DAO) for effective response through meetings
- Weekly coordination meeting is held to discuss and strategize the cholera response in affected districts, coordinated from PHEOCs.
- WASH cluster meetings involving all stakeholders to channelize responses at provincial and local municipality levels.
- Open communication and collaboration with all partners involved in the response including WHO, UNICEF and other local NGOs (eg, ENPHO Nepal, Red cross and Water Aid).
- Expert meeting to discuss on the current situation and seek expert advice and dissemination of recommendations
- Presentation of the disease's epidemiological situation at coordination meetings at EDCC, Provincial meetings and a WASH cluster meeting.
- EDCC and provinces coordinating with sentinel hospitals in affected districts for preparedness

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### Epidemiological and laboratory surveillance

- Health Directorate and affected district have mobilized the Rapid Response Teams (RRTs) from districts and local municipalities for active case finding and testing for laboratory confirmation of cases. Federal RRTs provided technical support in Kathmandu Valley.
  - In addition, Health directorates continue to monitor and support the rapid investigation of cholera alerts and response activities including supporting alignment of trained Field Epidemiologists to support surveillance and alert investigation activities.
  - Investigation and response were carried out with 100% of alerts were investigated within 48 hours by the RRT teams in Lalitpur and Kailali.
  - Provincial PHEOCs coordinated the collection and transportation of samples to reference labs for initial confirmation. Also, coordinated testing of water samples from various sites for Fecal E. Coli detection as a proxy indicator to Vibrio Cholera. Logistics demands are being met in culture sites like
  - Targeted Surveillance in few district with Enhancing Cholera control (ECHO) Project In Nepal
  - EDCC coordinating with sentinel sites and districts to meet the demand of Cholera RDTs
  - Continued media monitoring from PHEOCs in affected provinces.
  - Call center (1115) mechanism being used for active follow up of cases and signal detection for acute watery diarrhea
  - Detailing of epidemiological and response data via event management systems
  - Information compilation and coordination via PHEOCs
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## Case management

- All health facilities (n=144) have been alerted by the provincial and district offices to prepare for case management and referral services.
- Logistic supplies like ORS, IV fluids and stock of doxycycline tablets have been assessed from nearby outbreak health facilities including Sukraraj Tropical and Infectious Disease Hospital (STIDH), Seti Hospital, Pyuthan District Hospital, and other nearby private hospitals.
- Seti Hospital, Pyuthan hospital, PAHS, KIST, STIDH have managed majority of the case. Cholera kits arranged for strategic placement

## WASH

### Awareness activities:

- Dissemination of WASH and cholera-related messages through social media platforms such as Facebook and Instagram.
- Orientation on cholera prevention and control for the ward elected members and the community disaster management committee of Kathmandu.
- Orientation on WASH and cholera prevention and control for the youth at School in Kathmandu Metropolitan City.
- Orientation on WASH and cholera prevention and control for youth club members, women's groups, and FCHVs.

### Response activities:

#### Godawari Municipality

- Demonstration of preparing 1% chlorine solution using bleaching powder and FRC test methods for the members of the Rehabilitation Center.
- Support of 5 liters of 1% chlorine solution to the members of the Rehabilitation Center at Godawari Municipality, Ward No. 14.
- Provided orientation on preparing a 1% chlorine solution using bleaching powder, mass chlorination, and FRC test methods to the water users and sanitation committees of Godawari Municipality. 60 people were trained.
- Provided Piyush Plus to Godawari Municipality, Ward No. 14, for distribution to the necessary households.

#### Lalitpur Metropolitan City

- Completion of disinfection of Rehab center with drinking water and sanitation authorities testing levels of FRC (maintained at 0.2mg/l on 25 July)
  - Orientation on hand hygiene and Point-of-Use (PoU) options provided to the community members in Lalitpur Metropolitan City, Ward No. 8.
  - Water quality testing using P/A vials for three different water sources in the same area.
  - School awareness and rallies being organized in ward 27 of Lalitpur in coordination with ENPHO. Booth to be set up with help of FCHVs, orientation ongoing
  - Sites with mass gathering like Nagdah Festival gathering has been alerted and WASH awareness is planned
  - Miking and jingles have been carried out by Metropolitan police
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### **Mahalaxmi Municipality**

- Mayor, ward offices, management committee oriented on Cholera, day after case identification
- Rallies have been organized in wards
- Plan to re-sensitize WASH clusters and health facilities
- Sensitization meeting held on with mayor, ward officials, WASH stakeholders, organized by Lalitpur district

### **Dhangadhi Sub-metropolitan**

- With coordination with Khane Pani Sansthan, distribution of PIYUS carried out in households
- FCHVs were deployed for health education and awareness in the community
- More WASH related items like PIYUSH and Chlorine tablets are being

### **Gaumukhi Rural Municipality**

- Awareness programs on drinking boiled water, water purification methods and hand washing conducted.
- On 03 Aug, meeting called by the Health Directorate to all the health offices for preparedness and response alerting spread of cases.
- Mapping of buffer stocks for WASH inventory at the district and local levels

### **Kathmandu Metropolitan City**

- Active WASH activities being carried out in Ward 11, 12, 13 with support from ECHO Nepal.

### **Risk communications and community engagement**

- Cholera awareness brochures were distributed by local RRTs and district Offices.
- 10,000 pieces WASH and Cholera materials, 10,000 Pcs of Aqua tabs distributed, and miking done with support from 31 volunteers from Nepal Red Cross Societies (NRCS)
- Public Service Announcement (PSA) have been developed and disseminated in coordination with National Health Information.
- Health Directorate in the provinces rolling out risk communication and community engagement activities by activating WASH cluster.
- Cholera awareness messages is being circulated via MOHP Viber group.
- Districts have mobilized FCHV for hygiene awareness
- Press briefing done by District Health Offices maintaining one door information sharing mechanism

### **Vaccination**

- Initiation on discussion on use of reactive vaccination campaign
  - Nepal has conducted OCV campaigns in Saptari, Kapilvastu and Kathmandu Valley
  - Since 2020, Ministry of Health and Population in collaboration with International Vaccine Institute's Enhancing Cholera control in Nepal (ECHO-N) with a specific objective to prevent and control cholera epidemics and strengthen capacities of local public health service to sustainably conduct cholera and diarrheal disease surveillance and control.
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## Supplies and Logistics

- EDCD continues to support the cholera response in Lalitpur, Kathmandu, Kailali and Pyuthan districts in coordination with the management division (MD) and Provincial Health Logistic Management Committee (PHLMC).



Multi-stakeholder meeting on cholera response in Mahalaxmi Municipality, organized by Lalitpur health office in participation with mayor, ward officials and WASH stakeholders.

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