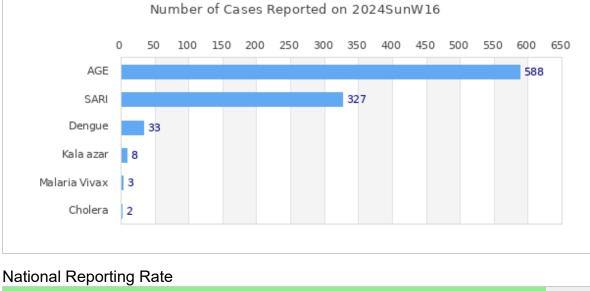


Ministry of Health and Population Department of Health Services Epidemiology and Disease Control Division

Highlights

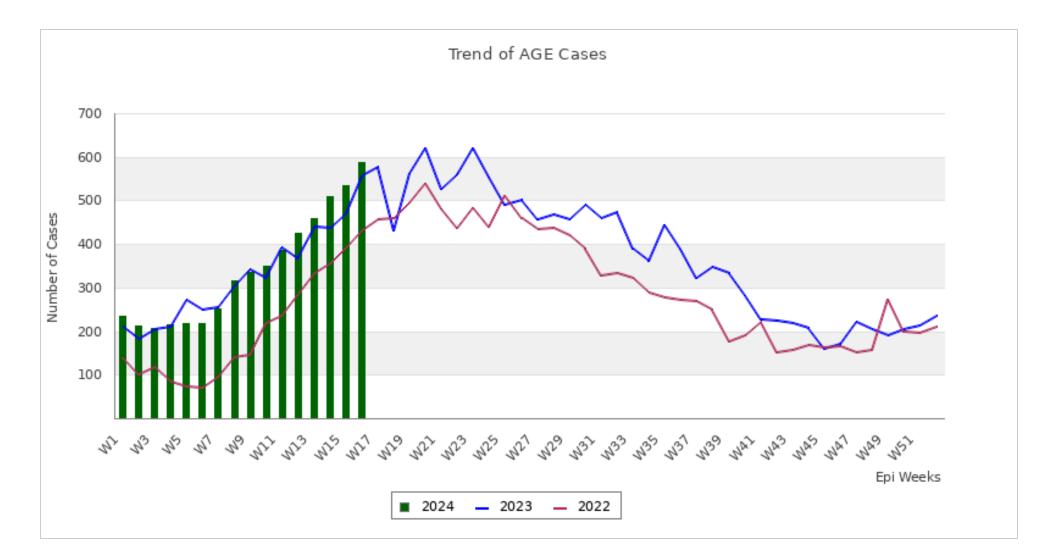
- 1003550 cases of Corona Virus disease (COVID-19) have been confirmed in Nepal, of which 991509 cases have been recovered so far.
- Of the reported cases, AGE is the leading cause of morbidity in week 16.

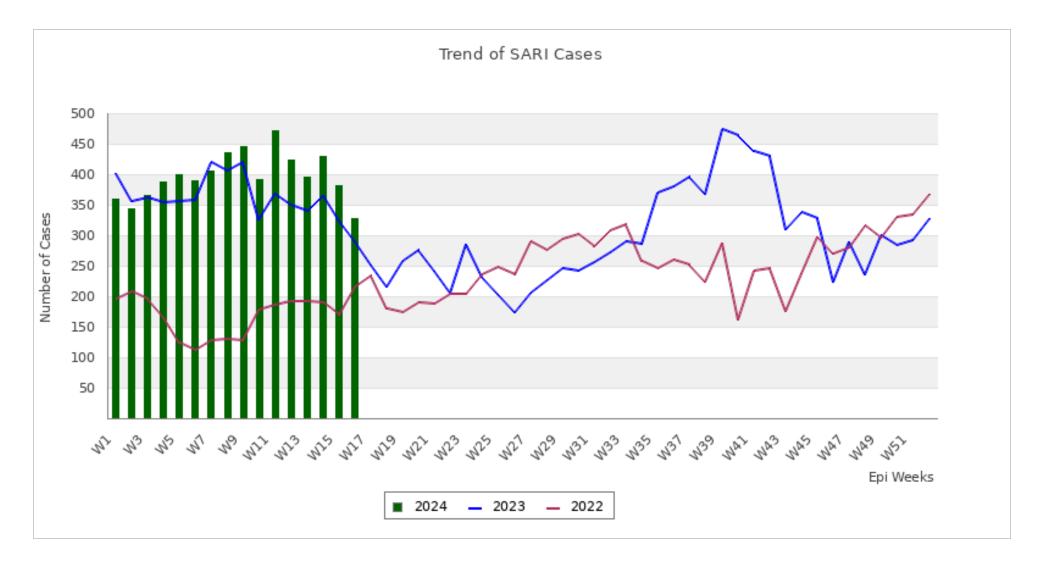


92.4% (109 Out of 118)

Note: This bulletin includes data since January 2022 till date, including comparison of the same period last two year. Since, May 2019, 36 new sentinel sites (including public hospitals, private hospitals, and medical colleges) were added and was gradually oriented and started reporting, thus increasing the number of reporting sites. The current number of sentinel sites is 118.

Trend of Outbreak Prone Diseases/Syndromes





Comparative Analysis by Disease/Syndrome (Week 16, 2024)

Disease	Week 15 (Previous Week)	Week 16 (This Week)	Change in No. of Cases	2023 Week 16 (Last Year Same Week)
AGE	534	588	54 🗖	556
SARI	382	327	-55 🔹	290
Cholera	0	2	2 •	0
Malaria Vivax	0	3	3 •	0
Malaria Falciparum	5	0	-5 •	1
Dengue	46	33	-13 🔹	47

Kala azar	5	8	3	•	4
Scrub Typhus	86	42	-44		33
Enteric Fever	31	28	-3		82
Influenza Like Illness	68	73	5	•	38

Increase in number of cases

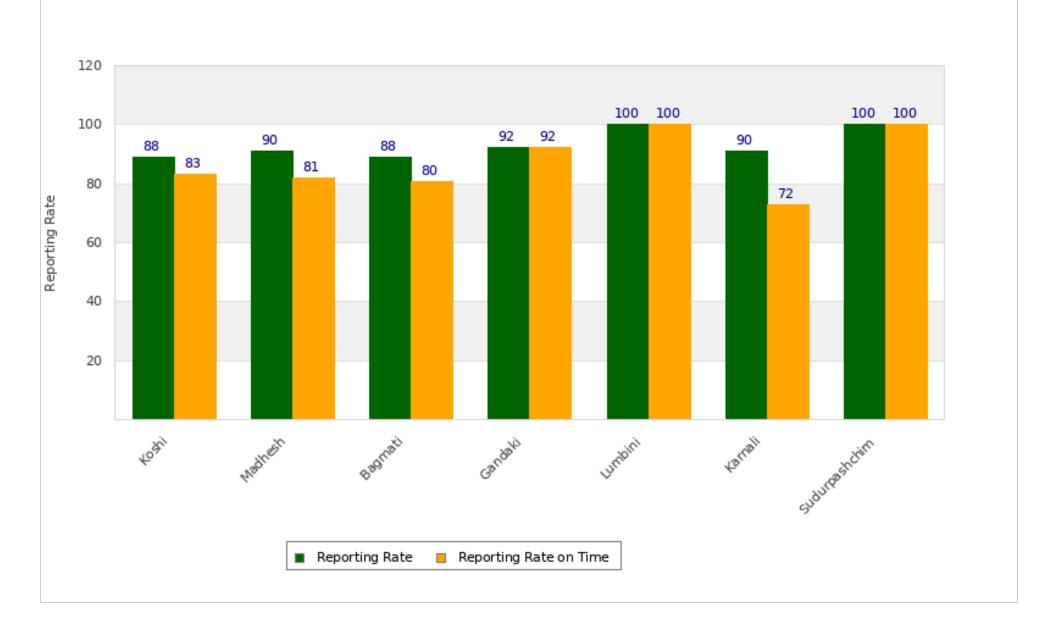
Decrease in number of cases

No change in number of cases

Summary Observation (Week 16, 2024):

- Most of AGE cases were reported from Kathmandu (44 case), Parsa (43 case), Kailali (35 case), Lalitpur (25 case) and Kapilvastu (24 case).
- Most of SARI cases were reported from Kathmandu (56 case), Morang (26 case), Rupandehi (25 case), Bajura (14 case), Kailali and Bhaktapur (12 case from each district).
- Most of the dengue cases were reported from Kathmandu(11 case). Chitawan (6 case), Achham and Jhapa (2 case from each district).
- Three cases of Malaria vivax were reported this week. Of them, two were reported from Achham and single case was reported from Kailali.

Province Reporting Status (Week 16, 2024)



Acknowledgement: The Epidemiology and Disease Control Division (EDCD) highly acknowledges the contribution from all the sentinel sites, medical recorders, EWARS focal persons, rapid response team members and technical support from WHO and GIZ for preparation of this bulletin.

Note: This bulletin is also available at the EDCD website. Other information can also be accessed at the website <u>www.edcd.gov.np</u>. If you have difficulty reading this bulletin, you can access it <u>online</u>.