



# EPIDEMIOLOGY AND DISEASE CONTROL DIVISION QUARTERLY BULLETIN

**October - December 2024**

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## ***Editorial***

Strengthening disease surveillance, preparedness, and response is essential to mitigating the impact of outbreaks and public health emergencies. The Epidemiology and Disease Control Division (EDCD) continues to coordinate efforts to detect, investigate, and respond to emerging threats while maintaining routine surveillance and control programs for priority diseases. EDCD remains committed to addressing non-communicable diseases (NCDs), mental health, and neglected tropical diseases (NTDs), including vector-borne diseases (VBDs). Ongoing surveillance, risk communication, and targeted interventions are crucial to reducing disease burden and ensuring equitable healthcare access across Nepal.

Collaboration among stakeholders remains key to enhancing Nepal's public health system, ensuring timely detection of outbreaks, and implementing effective prevention and control measures.

## ***What is presented in this bulletin?***

This bulletin provides an overview of key public health events and outbreaks, along with actions and responses taken during the reporting period. It highlights initiatives aimed at improving early detection, risk assessment, and coordinated responses to emerging health threats such as Mpox and various preventive and control activities for health emergency preparedness. The bulletin also covers ongoing programs addressing non-communicable diseases (NCDs), mental health, and neglected tropical diseases (NTDs), including vector-borne diseases (VBDs). Additionally, it features capacity-building activities, such as training sessions and orientations, to enhance health system resilience and foster multisectoral collaboration.



## 1. Key events and outbreaks

Events/Disease	No of cases	No of deaths	Date of reporting	Comments/Action taken
<b>Mushroom Poisoning, Nawalpur</b>	5	0	27-Oct-24	Hello Health 1115 (EDCD Call Center for Disease Surveillance) contacted Chitwan Medical College and confirmed that a family fell ill after consuming wild mushrooms. The group included three females (one child) and two males, all initially presenting with vomiting. Two members left the hospital against medical advice (LAMA), while two adults remain under observation in the Gastro ICU, and a 9-year-old child was admitted in the Pediatric ICU for observation. All were reported to be in stable condition.
<b>Food Poisoning, Banke</b>	6	1	5-Nov-24	Hello Health 1115 (EDCD Call Center for Disease Surveillance) contacted Khajura Rural Municipality and reported that six family members were affected by diarrhea. A 65-year-old male passed away while being transported to the hospital. The remaining five family members were in stable condition and continued to be under observation.



## 2. Mpox Preparedness and Response: Second and Third Cases of Mpox Detected in Nepal

On December 20, 2024 (2081/09/05), Nepal confirmed its second case of Mpox. The case involved a 36-year-old male who returned from the Kingdom of Saudi Arabia (KSA) on December 19 2024. He was suspected based on clinical features consistent with Mpox, and on the following day real-time RT-PCR testing at the National Public Health Laboratory confirmed the infection. The Ministry of Health and Population (MoHP) issued a press release announcing the case.

On December 29, 2024 (2081/09/14), Nepal confirmed its third case of Mpox. A 44-year-old male, also a returnee from KSA, was suspected of Mpox on December 29. On the same day, real-time RT-PCR testing at the National Public Health Laboratory confirmed the infection and third case of Mpox.

**Response and Follow-up Actions:** Following the confirmation of these cases, immediate public health measures were implemented. Contact tracing was initiated for both cases to monitor potential exposures. The detection of cases was notified to the International Health Regulations (IHR) and the country of origin. To enhance preparedness at point of entry, an Mpox orientation session was conducted at Tribhuvan International Airport (TIA) for staff and officials. Additionally, Information, Education, and Communication (IEC) materials, including standees, were placed at the TIA health desk and throughout the arrival area to raise awareness among travelers. Furthermore, biological samples were transported to Thailand for clade identification, which confirmed Clade IIb. Fortunately, all identified contacts of both cases remain in good health.

## 3. Establishment of Provincial One Health Committee

Provincial One Health Committees established in Bagmati, Gandaki, Karnali, and Sudurpaschim provinces, with feedback collected for revising the One Health Strategy 2076.



Figure 1 One Health Committee formation in Gandaki Province in Presence of Minister of Health, Minister of Agriculture and Livestock services along with DGs, Provincial Secretaries and other One Health actors (Left); Provincial One Health formation workshop, Karnali Province, Surkhet (Right)



## 4. Workshop on Seasonal Hyper-Acute Pan Uveitis (SHAPU) surveillance and advocacy

Workshop on Seasonal Hyper-Acute Pan Uveitis (SHAPU) surveillance and advocacy conducted in affected districts (Lamjung and Sankhuwasabha) through a One Health approach.



Figure 2 Group photo of participants in the Workshop on Seasonal Hyper-Acute Pan Uveitis (SHAPU) surveillance and advocacy held in Sankhuwasabha

## 5. Province-level Advocacy program on Rapid Response Team (RRT) Guideline

Nepal endorsed its Rapid Response Team (RRT) Guideline in 2079 B.S. In line with this, the Epidemiology and Disease Control Division (EDCD) conducted a province-level advocacy program on 29 October 2024 to raise awareness of the guideline and promote the formation of RRTs. As a result, Rapid Response Committees (RRCs) and Rapid Response Teams (RRTs) have been established at the provincial, district, and municipal levels. These teams play a crucial role in responding to disease outbreaks and public health emergencies, strengthening the country's preparedness and response capacity.



Figure 3 Participants in Province-level Advocacy program on Rapid Response Team (RRT) Guideline





## 6. Provincial workshop on All Hazard Health Emergency Risk Assessment

Epidemiology and Disease Control Division (EDCD), with support from WHO Nepal and USAID, has conducted a three-day “Provincial Workshop on All-Hazard Health Emergency Risk Assessment” in all seven provinces of Nepal, signifying a nationwide commitment to enhancing health emergency preparedness and response. This workshop utilized the Strategic Toolkit for Assessing Risks (STAR), a robust and comprehensive tool designed to enable national, subnational, and local authorities to rapidly conduct strategic and evidence-based public health risk assessments.

The event included participants, representing various organizations, hospitals, and governance levels within the provinces. Through collaborative efforts, participants developed a seasonal risk calendar, created a risk prioritization matrix, and recommended key priority actions to strengthen emergency preparedness and response capacities.

This workshop underscored the importance of multisectoral collaboration and marked a pivotal step in fostering resilience and preparedness in the provinces. It ensured a coordinated and effective approach to managing health emergencies by aligning provincial efforts with national health security goals.

## 7. RDT based Cholera Surveillance Program

The RDT-based Cholera Surveillance Program was conducted across six provinces: Koshi (3–4 Poush), Madhesh (8–9 Poush), Gandaki (27–28 Mangsir), Lumbini (17–20 Mangsir), Karnali (26–27 Mangsir), and Sudurpaschim (8–11 Mangsir). The program invited Medical Recorders, Lab Focal Persons, and Medical Officers from all sentinel sites in these provinces, with a total of 385 participants receiving orientation. The training covered the proper use of RDT kits, timely sample transportation, and EWARS reporting procedures, including hands-on demonstrations.

The Provincial Public Health Laboratory (PPHL) and Provincial Health Directorates actively participated, with PPHL presenting its distribution list and supplying Cary Blair media and additional cholera RDT kits to all invited sentinel sites. EDCCD verified the distribution and reviewed utilization data.

Following the program, the immediate reporting rate for probable cholera cases improved, along with increased use of RDT kits for testing. Medical Officers were also trained on the RDT-based Cholera Surveillance Guideline and algorithm. As a result, reporting quality, data completeness, and overall surveillance effectiveness have significantly improved.



Figure 4 Participants during RDT based Cholera surveillance and EWARS reporting orientation program in Bardibas



## 8. NCD/mental health

### A. Multi- Stakeholders Orientation Workshop on Suicide Prevention

A Multi-Stakeholders Orientation Workshop on Suicide Prevention was convened on September 22-23 in Nepalgunj and November 11-12 in Sairung, Dolakha. Participants included provincial and local government health workers, journalists, schoolteachers, Female Community Health Volunteers (FCHVs), implementing partners, Nepal Police, and representatives from the agriculture department.



Figure 5 Participants of orientation workshop on Suicide prevention

### B. International Conference of Child and Adolescent Mental Health 2024

The International Conference of Child and Adolescent Mental Health 2024 took place on October 1-2 at Hotel Yak and Yeti in Kathmandu. This event was successfully conducted under the stewardship of the Honorable Minister of Health and Population, with participants from 13 different countries in attendance.



Figure 6 Hon. Health Minister providing remarks during the conference

### C. Workshop on guidelines for psychosocial counseling services

A workshop on the "Guidelines for Psychosocial Counseling Services at the Local Level" was organized on October 7th in Kathmandu at Bougainville Events. This workshop was a collaborative effort between EDCD and CMC-Nepal.



Figure 7 Participants in workshop on guidelines for psychosocial counselling services



## D. Gatekeeper manual for suicide prevention – Consultative Workshop

A program on the preparation of the “Gatekeeper Manual for Suicide Prevention” was organized on October 7th in Kathmandu at Bougainville Events in collaboration between EDCD and KOSHISH.



Figure 8 A session on suicide prevention during the program

## E. World Mental Health Day

World Mental Health Day was celebrated on October 10th at EDCD, DoHS, with various programs under the theme "Mental Health at Workplace."



Figure 9 Banner of World Mental Health Day

## F. PEN Plus

The National Operational Plan Workshop for PEN Plus was conducted on October 19th in Kathmandu. This workshop engaged local, provincial, and national stakeholders and was coordinated by EDCD and supported by KIOCH. Participants included political leaders from Damak and Bardiya Municipality, representatives from Provincial Health Directorates, the Ministry of Health and Population, the Department of Health Services, Bardiya and Damak Hospital, WHO, UNICEF, and KIOCH.



Figure 10 Workshop on National Operational Plan with participants on 19th Oct 2024

Another meeting on the National Operation Plan for PEN-Plus was held by KIOCH on October 27th at Basera Hotel in Kathmandu to discuss on the finalization of the National Operational Plan for PEN Plus.



Figure 11 Meeting on National Operational Plan for PEN Plus on 27th oct 2024





## G. Capacity building of health workers (mhGAP Module 2A and 2B)

A series of capacity-building trainings on mhGAP Module 2A and 2B were conducted in Karnali and Gandaki Provinces to address the frequent transfer of health workers at primary care centers. Nine batches of health workers, including doctors, nurses, and paramedics, participated in these trainings. A total of 174 health workers were trained in mhGAP module 2B, and 44 doctors were trained in mhGAP module 2A.



Figure 12 mhGAP module 2A, 2B training Karnali and Gandaki Provinces

## H. Hypertension Care Cascade Initiative Program- Parsa

The Hypertension Care Cascade Initiative Nepal (HCCI Nepal) was conducted in Parsa from October 22nd to 25th. This initiative was conducted by the NCD and Mental Health Section of EDCD to address hypertension and diabetes. It included a Mayoral Dialogue with stakeholders and three orientation sessions for 136 health workers from 112 health facilities. The sessions focused on BP measurement, algorithm-based management, data recording, and drug forecasting. Facilitated by EDCD, WHO, and municipal leaders, participants committed to enrolling 30% of hypertensive and diabetic patients within 12 months. Provincial and district health authorities pledged to monitor and support the program's implementation for sustainable care.



Figure 13 Hypertension Screening of participants in the program





Participants included the Mayor, Deputy Mayor, Chief Administrative Officers, health section chiefs from 14 municipalities, provincial health officials, health workers, and other NCD stakeholders.

Outcomes included:

1. Strong municipal commitment ensures drug availability, resource allocation, and integration of HCCI into local health systems.
2. Training sessions empowered healthcare workers with the tools and knowledge to deliver effective care.
3. Regular follow-ups and performance metrics will ensure accountability and program success.

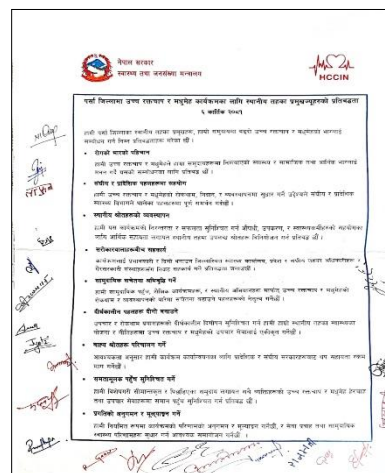


Figure 14 Commitment from different Mayors for the Hypertension and Diabetes Management in Parsa District

### I. Program on Hemoglobinopathy

A three-day program on Hemoglobinopathy was conducted from December 10th to 12th in Nepalgunj, focusing on orientation, discussion, and clinical updates with political leaders and health professionals from Gandaki, Lumbini, Karnali, and Sudurpaschim Provinces. The first day included an orientation and discussion session which highlighted the significance of hemoglobinopathy as a public health concern, emphasizing the need for awareness, early diagnosis, and effective management. The second and third days were dedicated to clinical updates for for health professionals, including doctors, paramedics, nurses, and lab personnel, from various hospitals across the mentioned provinces. These sessions provided detailed updates on the clinical aspects of hemoglobinopathy, including its diagnosis, treatment protocols, and management strategies, fostering capacity building among healthcare providers. The program on Discussion and Clinical update on National Guideline for Hemoglobinopathy successfully facilitated knowledge sharing, policy discussions, and skill enhancement to address hemoglobinopathy effectively in the region.



Figure 15 Orientation and discussion session about Hemoglobinopathy with participants

### J. Pilot implementation of Suicide Registry at district/ provincial hospitals

The National Suicide Registry has been drafted and is being piloted at two district/provincial hospitals— Ilam Hospital and Mahakali Provincial Hospital. Additionally, 70 health workers from these pilot sites were oriented on suicide and self-harm data forms as part of the Suicide Registry initiative.





Figure 16 Pilot implementation of suicide registry at Ilam and Kanchanpur

## K. Stress, Fatigue and Enhancement of Positive Work Environment

A workshop on "Stress, Fatigue, and Enhancement of Positive Work Environment" was convened on December 19-20 at Dhulikhel. This workshop, conducted in two batches, was organized by EDCD with support from WHO. A diverse group of participants such as Additional Secretary, Director General, Section Chiefs from various divisions and centers, administrative staff, drivers, and office assistant from MoHP and DoHS attended the workshop. The workshop began with Introduction to Stress and its Management, Practicing Mindfulness and Meditation in Daily Life, and Combating Fatigue and Promoting Restorative Practices.



Figure 17 Workshop on Stress, Fatigue and Positive Environment at Dhulikhel



## 9. Neglected tropical diseases/ vector borne diseases (NTD/VBD)

### A. Dengue preparedness and response

Dengue preparedness and response remain key priorities under the Epidemiology and Disease Control Division (EDCD). To enhance efforts, EDCD developed the Dengue Prevention and Control Action Plan, 2081 B.S., and implemented key strategies outlined in the plan. Regular surveillance was conducted through the Early Warning and Reporting System (EWARS), and in response to rising cases, particularly in Gandaki and Bagmati Provinces, a series of virtual meetings were held to assess the situation and coordinate interventions.

To strengthen case management and reduce dengue-related fatalities, targeted virtual training sessions were conducted for 720 doctors and healthcare providers nationwide, along with in-person training for 131 healthcare workers in Gorkha, Lamjung, Mahottari, and Parsa districts. In total, 851 healthcare providers received training, enhancing their capacity for effective case management. This builds on prior efforts, complementing the 700+ health workers trained in 2022 and 2023.

Additionally, to reinforce local-level engagement, high-level meetings were convened at the Ministry of Health and Population (MoHP) on August 6 and October 20, under the leadership of the Honorable Minister of Health and Population. Following these meetings, EDCD conducted advocacy and interaction event sensitizing over 90 local elected representatives from Gorkha, Lamjung, Mahottari, and Parsa districts on dengue prevention and response measures.



Figure 18 Orientation on Dengue Case Management in Lamjung District, facilitated by Chief Consultant General Physician Dr. Bimal Sharma Chalise (October 29, 2024)



Figure 19 Director General of DOHS, Dr. Bikash Devkota, sharing his insights during the interaction meeting with local leaders in Gorkha District (October 27, 2024)





## B. MMDP Training for Doctors, Nurses and Paramedics (5 Batches 2081/5/23 to 2081/06/11 and 3 batches 2081/09/01 to 09/24)

A total of eight batches of MMDP (Morbidity Management and Disability Prevention) training were conducted for healthcare professionals, including doctors, nurses, and paramedics from established MMDP Care and Support Centers, as well as health office (HO) chiefs and focal persons from respective districts. The training was held in three locations: two batches in Biratnagar, three in Bhairahawa, and three in Butwal. Approximately 320 health professionals participated, enhancing their capacity in MMDP care and support. The sessions focused



on improving clinical management, disability prevention, and patient care for lymphatic filariasis-related morbidity, ensuring better service delivery at these Care and Support center.

## C. MMDP Care and Support Center Review in Bharatpur, Nepaljung and Lahan (2081/09/20 to 2081/10/05)

A review meeting on MMDP (Morbidity Management and Disability Prevention) Care and Support Centers was conducted in Bharatpur, Nepalgunj, and Lahan. The event brought together focal persons of MMDP Care and Support Centers, medical recorders, as well as health office chiefs and focal persons from respective districts. Participants from 29 MMDP Care and Support Centers discussed last year's activities, achievements, and challenges. The current status of each center was reviewed, focusing on patient care, service utilization, and gaps in resources. Key discussions aimed at strengthening services, improving data management, and ensuring sustainability of MMDP support programs.



## D. TAS-II Antigen Positive Followup Survey in Sunsari District (2081/08/24 to 2081/09/20)

A TAS-II Antigen Positive Follow-up Program was conducted in Sunsari District in close coordination with PHD Koshi and four municipalities where positive cases were detected. A coordination meeting was held during the day, followed by night blood collection from 10 PM to 2 AM. Blood slides were prepared and examined for the presence of microfilariae (MF). All samples tested negative, indicating no resurgence of infection. The findings suggest effective transmission control and a high likelihood of passing TAS-III, reinforcing progress toward lymphatic filariasis elimination in the district.



## E. Endorsement of SOPs on IRS for Malaria and Kala-azar

On December 6, 2024, Ministry of Health and Population endorsed the SOPs for Indoor Residual Spraying for vector control targeting Malaria and Kala-azar elimination. The SOP was developed after rounds of consultation with experts from EDCD, WHO and other partner organizations.

