

## Situation Summary

### Highlights of Current Situation Report

- As of 4 October 2020, 280 confirmed cases of COVID-19 have been reported from Cambodia, of which 275 have recovered. 242 cases were acquired overseas, representing 12 nationalities in addition to Cambodian, with the rest locally acquired. Five patients are currently being hospitalized; two in Siem Reap, two in Phnom Penh and one in Battambang.
- 112 contacts are being quarantined at a quarantine centre in Phnom Penh or in their respective province and are monitored daily for possible development of symptoms.
- The National COVID-19 Masterplan includes the creation of multi-sectorial provincial committees led by the provincial governors. Plans are being developed to build capacity at provincial and district level around key priority areas.
- On 21 September the Ministry of Education, Youth and Sport (MoEYS) authorized directors of education departments across the country to sign a Memorandum of Understanding (MOU) with and issue reopening permits for schools licensed by their respective One Window Service Office (OWSO). All educational institutions issued licenses by the OWSO in their jurisdiction will be eligible to reopen.
- Minister of Health H.E. Dr. Mam Bunheng will take part in the Regional Committee for the Western Pacific, WHO's governing body in the Region, which convenes virtually this week. Comprised of representatives from the Region's 37 Member States and areas, as well as Associate Members, the Regional Committee meets every year to formulate policies, provide oversight for regional programmes, hear progress reports, and consider, revise and endorse new initiatives.

## Upcoming Events and Priorities

- Rapid Response Teams (RRTs) at provincial level will receive refresher trainings to build their surveillance and contact tracing capacities. A Training of Trainers is being led by MOH CDC with support from technical partners, including WHO. The training will be cascaded to districts and health centre RRTs.
- MOH has begun conducting national weekly transmission stage assessments using multisource surveillance. Meetings with the provinces to initiate and support provincial stage assessments have begun with Battambang conducting their own stage assessment.
- MOH is beginning activities to expand the ILI sentinel surveillance system to include a further five new sites across the country to strengthen surveillance and early detection for COVID-19 with support from WHO.
- MOH are developing a rapid containment strategy to plan the detection and response activities in the event of localized transmission for COVID-19 particularly in specific contexts such as schools, pagodas and prisons.
- MOH are progressing with plans to expand and decentralize laboratory testing capacity for COVID-19 to three provincial laboratories: Siem Reap, Sihanoukville and Battambang. A proposal for funding to support the expansion of Molecular Diagnostics capacity has been submitted to Global Fund. Testing at the new laboratory in Siem Reap is ongoing, adding provincial laboratory testing capacity to the existing three labs. The University of Health Science has also been approved to begin testing for a one-month trial period.
- MOH Department of Hospital Services (DHS) is finalizing version 3.0 of the clinical guidelines. This version includes content on management of severe and critical cases; oxygen considerations; procedures for SARS-CoV-2 monitoring; discharge criteria; use of medicines; and post-discharge management. A Maternal, Newborn and Child Health Services COVID-19 technical brief, led by the National Maternal Child Health Centre, is also being finalized to complement the clinical guidelines.
- The National Immunization Programme is drafting the COVID-19 National Deployment and Vaccination Plan (NDVP).

- The government continuously assesses the adjustment of non-pharmaceutical interventions (NPIs) through a gradual step-wise approach that considers the effectiveness, socio-economic cost, and public acceptability of each measure, while continuing to increase surveillance to inform decision-making.
- To ensure a timely and effective response to a potential localized outbreak in the future, and to minimize disruptions to the delivery of essential health services, an MOH committee has been formed to lead the design and implementation of six regional workshops. The workshops will be used to develop and/or refine provincial preparedness action plans, in line with the National Master Plan for COVID-19, and to identify key priorities to strengthen local preparedness.

## National Transmission Assessment

**1-Imported** As of 4 October 2020, 242 (86%) of the 280 cases were imported, and the remaining cases were locally acquired and have all been epidemiologically linked to confirmed cases. All cases since 11 April (n=158) have been imported or directly linked to an importation event. There is no indication of localized transmission, and the five active cases are currently isolated in hospital. There are no reports of undiagnosed respiratory clusters through the national hotline. Influenza-like illnesses (ILI) and severe respiratory illness (SRI) reports are below expected levels for September as is the case in most parts of the world. A total of 101,115 individuals have been tested using real-time polymerase chain reaction (RT-PCR), with a positivity rate of 0.28%. In total, 129,933 tests have been performed as of 5 October 2020 including 3,171 ILI/ SARI sentinel surveillance specimens which have been tested negative for SARS-CoV-2.

### Epi Update COVID-19

#### Tests

**6,698**

NAT Tests past 7 days

**129,933**

Cumulative NAT Tests

#### Cases

**4**

New cases past 7 days  
(300% 7-day)

**280**

Cumulative Cases

#### Deaths

**0**

Deaths past 7 days  
(0% 7-day)

**0**

Cumulative Deaths

#### ICU Admissions

**0**

ICU Admissions past 7days  
(0% 7-day)

**0**

Cumulative ICU Admissions

**100%**

Imported Cases in past 28  
days (6)

**0%**

Cases in past 28 days  
with no link (0)

**0**

Active Clusters

**0**

Active clusters with  
>3 generations

### Health Service Provision COVID-19

**0**

Healthcare worker  
cases reported past  
week

**27**

Hospitals admitting  
COVID-19 patients

**13,667**

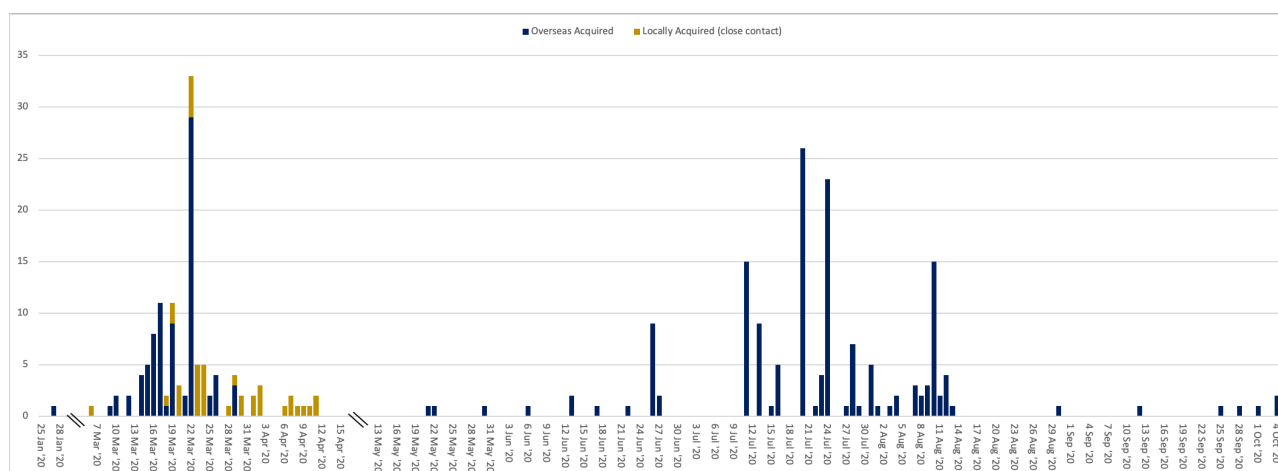
Total public  
hospital beds

**17**

Number of  
hospitals with  
experience in  
COVID-19 case  
management

## Epidemiology

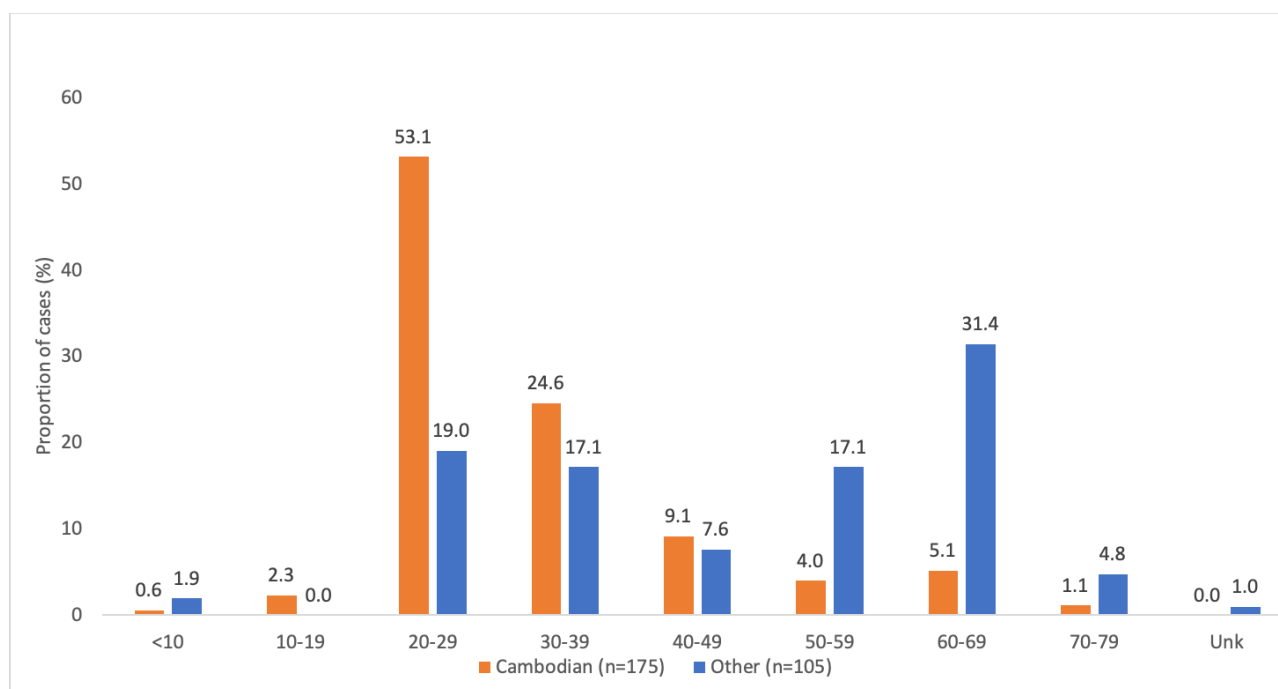
**Figure 1. Number of confirmed COVID-19 cases by acquisition status and date of positive test**



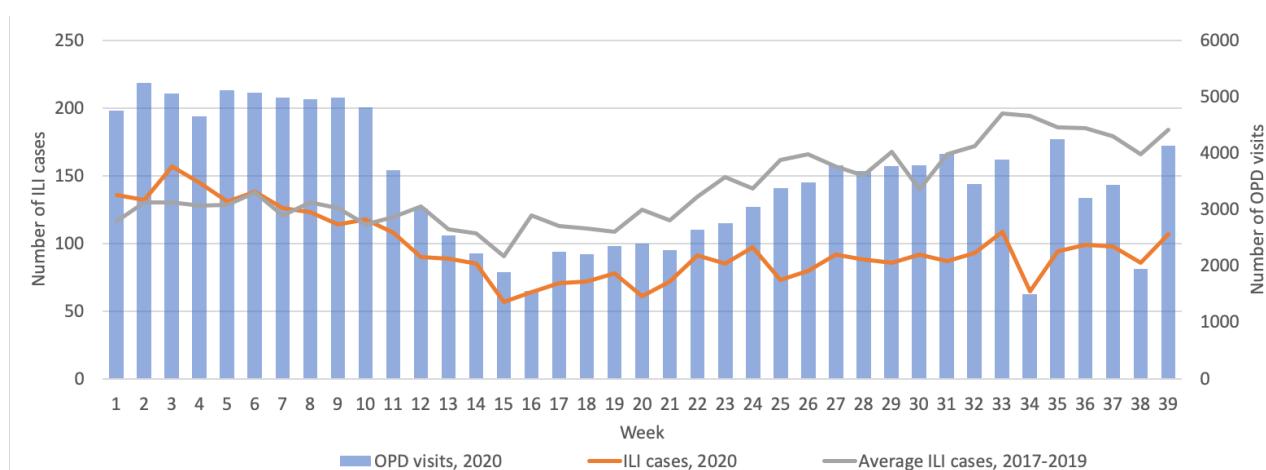
**Table 1. Cumulative and new (past 7 days) cases and deaths by age and sex**

Age Group	Female		Male		Total
	Cases	Deaths	Cases	Deaths	Cases
0-9	1(0)	0(0)	2(0)	0(0)	3(0)
10-19	1(0)	0(0)	3(0)	0(0)	4(0)
20-29	10(0)	0(0)	103(2)	0(0)	113(2)
30-39	11(2)	0(0)	50(0)	0(0)	61(2)
40-49	6(0)	0(0)	18(0)	0(0)	24(0)
50-59	10(0)	0(0)	15(0)	0(0)	25(0)
60-69	15(0)	0(0)	27(0)	0(0)	42(0)
70-79	2(0)	0(0)	5(0)	0(0)	7(0)
80-89	0(0)	0(0)	0(0)	0(0)	0(0)
90+	0(0)	0(0)	0(0)	0(0)	0(0)
Unknown	0(0)	0(0)	1(0)	0(0)	1(0)
Total	56(2)	0(0)	224(2)	0(0)	280(4)

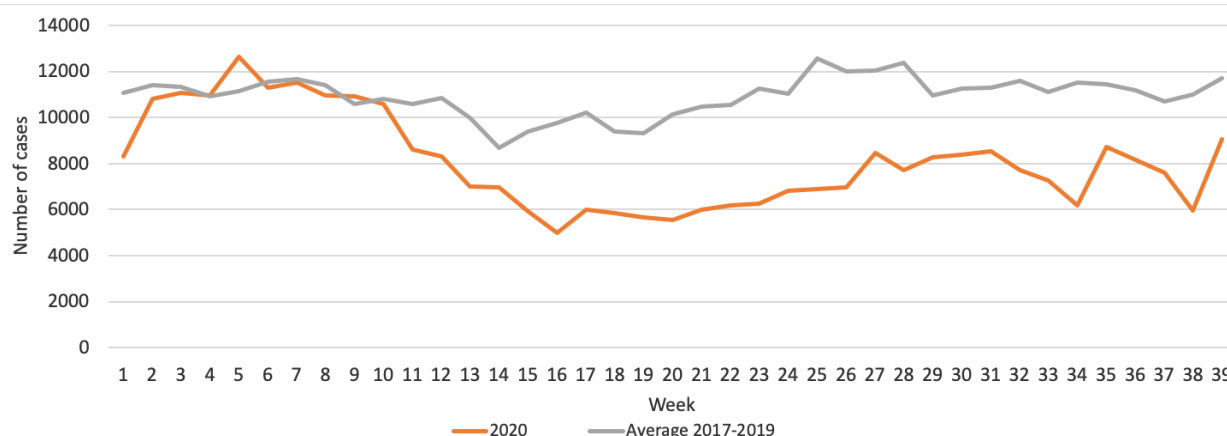
**Figure 2. Proportion of confirmed COVID-19 cases by age group and nationality (n=280)**



**Figure 3. Number of ILI cases from ILI sentinel sites (n=7) by week, 2020 and 2017-2019**



**Figure 4. Number of patients with severe respiratory illness by week, 2020 and 2017-2019**



## Strategic Approach

### National and Provincial Public Health Response

#### Incident Management Systems

- Inter-Ministerial Committee, chaired by the Minister of Health, with Secretaries of State
- National COVID-19 Committee, chaired by Samdech Prime Minister
- Provincial COVID-19 Committees, chaired by Provincial Governors
- Committee on Economic and Financial Policy (CEFP)/ Ministry of Economy and Finance (MEF) of four Working Groups to address the socio-economic impacts of COVID-19

#### System and Policy Development

- State of Emergency legislation was promulgated into law on 29 April 2020; has not been enacted
- Go.Data Platform used as a surveillance database including laboratory and contact tracing information
- NIPH and CDC databases have been adjusted to allow for multisource dataset on testing and surveillance

#### Key Priorities

- A primary care strategy for COVID-19 is being developed by MOH departments. This document will include suggested roles and responsibilities for health centres in the potential scenario of community transmission, as well as guidance on clinical management and infection, prevention and control
- A survey of clinical management and infection prevention and control trainings is currently being implemented by MOH/DHS to support the development of a national curriculum for COVID-19
- A number of health system readiness assessments on hospital readiness, ICU capacity, oxygen, staffing, etc. are currently being conducted by MOH/DHS
- National programmes are developing specific COVID-19 preparedness and responses plans
- Implementing the laboratory expansion strategy to ensure sustained testing for COVID-19
- Strengthening facility quarantine to reduce the risk of onward transmission with the development of simple job aids for facility staff
- Strengthening the use of multisource surveillance at national and subnational levels for risk assessment and decision making

- Expanding laboratory testing capacity for COVID-19
- Strengthening local preparedness in case of potential localized outbreak in the future and to minimize disruptions to the delivery of essential health services

## Strategic Approach to COVID-19 Prevention, Detection and Control

- *Testing strategy and contact tracing system in place*

A broad testing strategy is being implemented nationwide, including testing all suspect cases meeting case definition, active surveillance for pneumonia cases in hospitals, testing at POEs at day 1 and day 13 of 14-day quarantine and testing ILI and SARI samples from sentinel sites for COVID-19. Hot-spot surveillance strategies and targeted testing of high-risk populations are also being implemented as necessary.

- *Risk communication and community engagement*

A strategy for surveillance using community engagement has been developed and will be piloted for case detection at the health centre level and in the community. The Ministry of Interior is reinforcing the monitoring of quarantine through follow-up and fines for individuals who do not follow guidelines.

A community engagement strategy has been drafted. MOH has developed a Risk Communication and Community Engagement monitoring and supervision plan being implemented from May 2020 to July 2020 for health care personnel and village personnel in 12 provinces.

- *NPIs (recorded in table at end of report)*

## Best Practices / Lessons Learned

### Factors Contributing to Strong Response

- **Strong leadership and coordination**
  - Whole-of-government, whole-of-society response led by the Prime Minister, with public health actions led by Minister of Health
  - National Master Plan for COVID-19 developed with budget of \$62 million for first year
- **Past investments have built a functional public health system**
  - Multisource surveillance for COVID-19, including event-based surveillance (with 115 hotline) and expanded ILI/SARI surveillance
  - Almost 3,000 RRT members across the country conduct case investigation and contact tracing
- **Risk communication and community engagement**
  - Timely messages disseminated through TV, radio and social media, regular press releases, press conferences and media briefings
  - Targeted communication materials developed for at-risk groups, including migrants and garment factory workers
  - Community engagement strategy being rolled out to encompass all aspects of surveillance and response for COVID-19, particularly in the event of community transmission
- **International solidarity and cooperation**
  - Open and transparent health system response in the country
  - Close technical and operational cooperation between UN agencies and other development partners
  - High-level participation in international meetings, including regular coordination between National International Health Regulations (IHR) Focal Points

## Non-Pharmaceutical Interventions (NPI)

Large-scale NPIs announced on 16 March 2020 included the closure of all education facilities nationwide, with distance learning measures instituted.

On 21 July it was announced that 20 high-safety standard private schools in Phnom Penh, Siem Reap and Battambang were allowed to open from August as the first of a three-phase reopening plan – the first phase is for schools with higher standards, the second is for schools with medium standards and the third is for schools with minimum standards. On the 25 August the MoEYS issued guidelines for the second phase. After six months of closures, four provinces considered low risk for COVID-19 transmission (Kratie, Stung Treng, Ratanakiri and Mondulakiri) were allowed to reopen education facilities for all levels, from public kindergartens to high schools, while the rest of country could reopen classrooms for Grade 9 and Grade 12 students. Safety measures include allowing a maximum of 20 students per classroom, with everyone seated two metres apart. On 21 September the Ministry of Education, Youth and Sport (MoEYS) authorized directors of education departments across the country to sign a Memorandum of Understanding (MOU) with and issue reopening permits for schools licensed by their respective One Window Service Office (OWSO). All educational institutions issued licenses by the OWSO in their jurisdiction will be eligible to reopen.

Karaoke bars (KTVs) and nightclubs were closed on 17 March. On 7 July, the Phnom Penh Municipal Administration announced KTVs and clubs could reopen, provided they convert their venues into restaurants and receive a city hall permit to operate. Venues must also follow MOH and Ministry of Tourism-mandated measures such as physical distancing, open-air ventilation and other precautions.

To limit importation of COVID-19 cases, international arrivals from several high-burden countries were banned beginning in March. Lifting of these bans on 20 May has been accompanied by strict entry requirements for all non-diplomatic foreigners entering Cambodia including: requiring negative COVID-19 health certificates, medical insurance, testing upon arrival, 14-day quarantine and further testing on day 13.

While the RGC has banned flights from Malaysia, Indonesia and the Philippines since August, as Cambodia is considered a low-risk country for importing COVID-19, in September an increasing number of international airlines have restored flights to and from Phnom Penh, including from Beijing, Singapore and Vietnam (with some entry restrictions). Cambodia Angkor Air has resumed domestic flights as well as one flight per week to Ghangzhou.

Measures to curb any potential community transmission has also involved the cancellation of public holidays. Khmer New Year, which usually take places in April, was officially rescheduled for 17-21 August, and the three-day Water Festival in late October has also been cancelled.

The first phase of the second round of cash subsidies handed out to poor and vulnerable people during Covid-19 was completed on 24 September. Almost a quarter of a million people have received pay-outs totalling \$28.1 million in cash since 24 August. The Ministry of Social Affairs, Veterans and Youth Rehabilitation announced on 24 September that 644,665 families have received assistance during the second round of the programme.

**Table 2. NPI implementation and lifting dates**

NPI	Monitoring status					
	Date first implemented	Date last modified	Implementation		Partial lift	Lifted
			Geographical (national or sub-national)	Recommended or Required	Lifted for some area	Lifted for all areas
Wearing Face Masks, Hand Hygiene, Respiratory Etiquette	None	None				
School Closure	16 March	21 September	National	Required	Yes	No
Workplace Closure	None	None				
Mass Gatherings	3 April	15 June	National	Required	No	No
Stay at Home	Government recommends stay home if possible	None				
Restrictions on Internal Movement (within country)	9 April	None	National	Required	No	Yes
Restrictions on International Travel	27 March	11 August	National	Required	Yes	No
Others; specify in narrative	None	None	-	-	-	-



Figure 5. NPI timeline combined with epidemic curve

