

Situation Summary

Highlights of Current Situation Report

- As of 01 February 2021, 87 COVID-19 cases involving returnees from Thailand were reported. Out of the 87 cases, 15 cases are hospitalized in Banteay Meanchey RH (12) and Pailin Hospital (3), and 72 have recovered.
- From 23 December 2020 to 01 February 2021, more than 37,938 samples collected from land borders were tested by IPC, and so far, 87 (F:67, M:20) individuals tested positive for COVID-19.
- As of 01 February 2021 10am ICT, 466 (F:162, M:304) confirmed cases of COVID-19 have been reported from Cambodia, of which 443 have recovered. 383 cases were acquired overseas, representing 18 nationalities in addition to Cambodian, with the rest locally acquired. Twenty three patients are currently being hospitalized.

Upcoming Events and Priorities

- MOH is conducting sub-national weekly transmission stage assessments using multisource surveillance. These data for 11 January – 17 January are available on the WPRO dashboard: [WPRO DASHBOARD](#)
- NCHP with WHO support have started implementing surveillance with community engagement in one district in Battambang province. A ToT model will be used to train OD, health centres and community groups to support early detection of COVID-19 in the community.
- MOH is progressing with plans to expand and decentralize laboratory testing capacity for COVID-19 to three provincial laboratories: Siem Reap, Sihanoukville and Battambang.
- 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 Program has drafted the COVID-19 National Deployment and Vaccination Plan (NDVP) with a focus on the following areas:
 - Cold storage capacity assessment
 - Vaccination strategies
 - Management structure
- 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 cases: As of 01 February 2021, 383 (82%) of the 466 cases were imported, the remaining cases were locally acquired. 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 January. A total of 224,049 individuals have been tested using real-time polymerase chain reaction (RT-PCR), with a positivity rate of 0.2%. In total, 333,978 tests have been performed as of 01 February 2021 including 4,559 ILI/ SARI sentinel surveillance specimens which have been tested negative for SARS-CoV-2.

Epi Update COVID-19

Tests

11,921

NAT Tests past 7 days

333,978

Cumulative NAT Tests

Cases

8

New cases past 7 days
(-58% 7-day)

466

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

84

Imported Cases in past 28 days

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

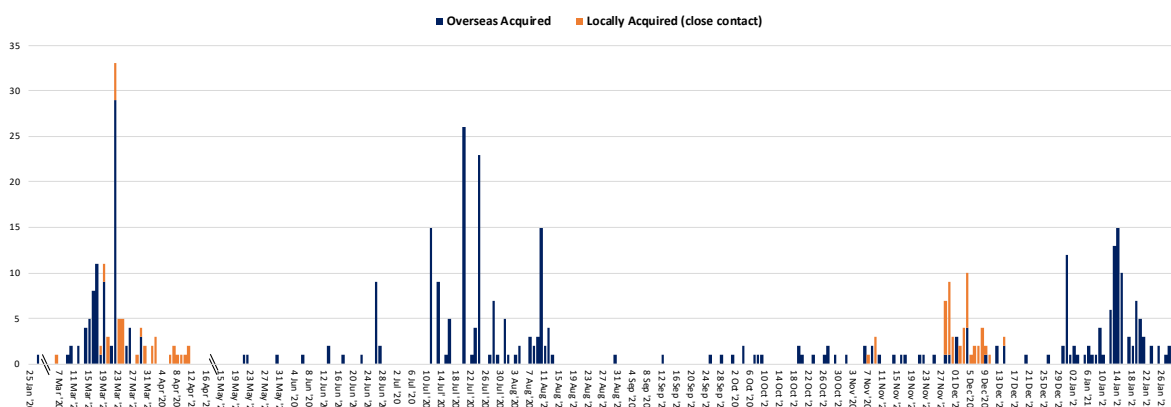




Table 1. Cumulative and new (past 7 days) cases and deaths by age and sex

Age Group	Female		Male		Total
	Cases	Deaths	Cases	Deaths	Cases
0-9	1(0)	0(0)	7(0)	0(0)	8(0)
10-19	4(0)	0(0)	5(0)	0(0)	9(0)
20-29	54(3)	0(0)	134(2)	0(0)	188(5)
30-39	55(1)	0(0)	74(0)	0(0)	129(1)
40-49	13(1)	0(0)	26(0)	0(0)	39(1)
50-59	13(0)	0(0)	20(0)	0(0)	33(0)
60-69	20(1)	0(0)	29(0)	0(0)	49(1)
70-79	2(0)	0(0)	7(0)	0(0)	9(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)	2(0)	0(0)	2(0)
Total	162(6)	0(0)	304(2)	0(0)	466(8)

Figure 2. Proportion of confirmed COVID-19 cases by age group and nationality (n=466)

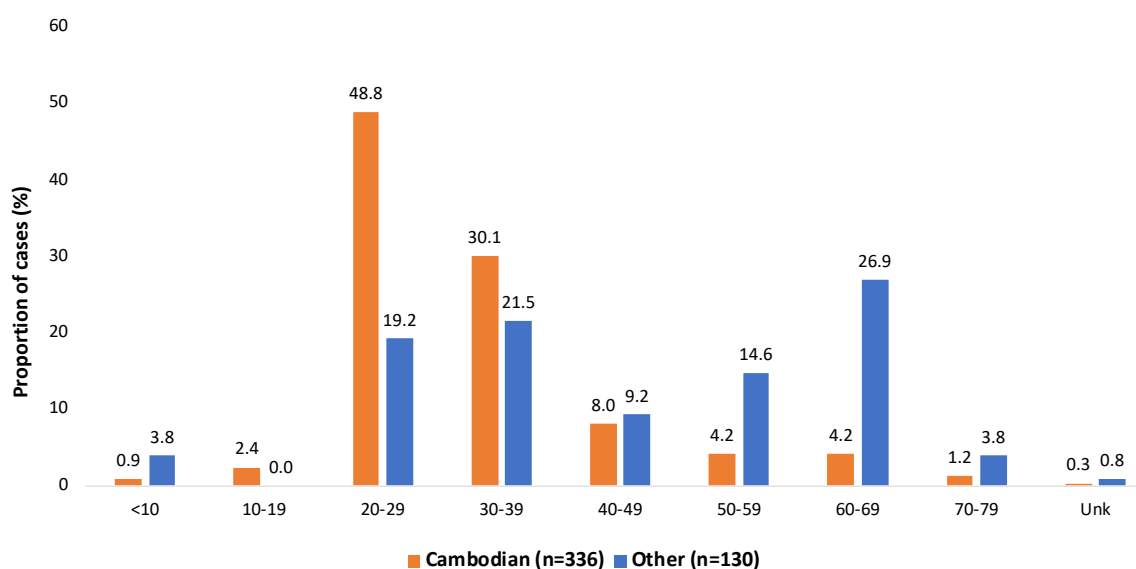


Table 2. Transmission stage assessment

*There are 2 national hospitals in Siem Reap that see the most SRI cases: Kunthakbopha National Hospital and Angkor Hospital for Children.



Province	Date of last reported cases	No. Imported cases (past 7 days)	No. Local cases (past 7 days)	No. Total cases (cumulative)	No. severe respiratory illness (previous week, last week)		#Test per week (previous week, last week)		*ILI/SARI trends (OPD at HCs)	Transmission assessment
Phnom Penh	23-Jan-21	6	0	268	3	33	606	3037		STAGE 1: Positivity rate 0.2% last week compared to 0.8% previous week
Banteay Meanchey	23-Jan-21	12	0	53	241	143	3451	3623		STAGE 1: Positivity rate 0.3% last week compared to 0.8 % previous week
Battambang	15-Jan-21	0	0	29	229	267	1003	1263		STAGE 1: Positivity rate 0% last week compared to 1.2% previous week
Pailin	21-Jan-21	1	0	14	2	2	282	156		STAGE 1: Positivity rate 0.64% last week compared to 0% previous week
Oddar Meanchey	17-Jan-21	0	0	2	12		1768	2568		STAGE 1: Positivity rate 0% last week compared to 0.1% previous week
Preah Sihanouk	11-Aug-20	0	0	43	31	42	792	871		STAGE 0
Kampong Cham	13-Aug-20	0	0	17	300	293	26	48	ILI:1	
Siem Reap	03-Oct-20	0	0	9	354	312	143	11		
Kampong Speu	23-Jul-20	0	0	4	117	41	0	26		
Tboung Khmum	18-Mar-20	0	0	4	119	128	9	39		
Kampong Chhnang	17-Mar-20	0	0	3	84	87	7	16		
Kampot	17-Mar-20	0	0	3	65	91	0	101		
Kep	17-Mar-20	0	0	3	7	3	0	0		
Kandal	28-Oct-20	0	0	2	146	269	12	4		
Koh Kong	22-Mar-20	0	0	2	5	0	36	60		
Preah Vihear	14-Mar-20	0	0	2	0		7	5		
Pursat		0	0	0	96	45	44	26		
Svay Rieng		0	0	0	198	113	33	9		
Takeo		0	0	0	229	2	53	2		
Kampong Thom		0	0	0	60	255	37	13		
Kratie		0	0	0	108	33	2	16		
Mondulhiri		0	0	0	0	59	0	12		
Prey Veng		0	0	0	433	20	55	35		
Ratanak Kiri		0	0	0	29	58	25	27	ILI: 3	
Stung Treng		0	0	0	0	155	0	9		

DISCLAIMER: This report contains the best available data and information at the time of publication. As the COVID-19 pandemic represents an evolving situation, the information might change with emerging new information.

Figure 3. Number of ILI cases from ILI sentinel sites (n=7) by week, 2021 and 2018-2020

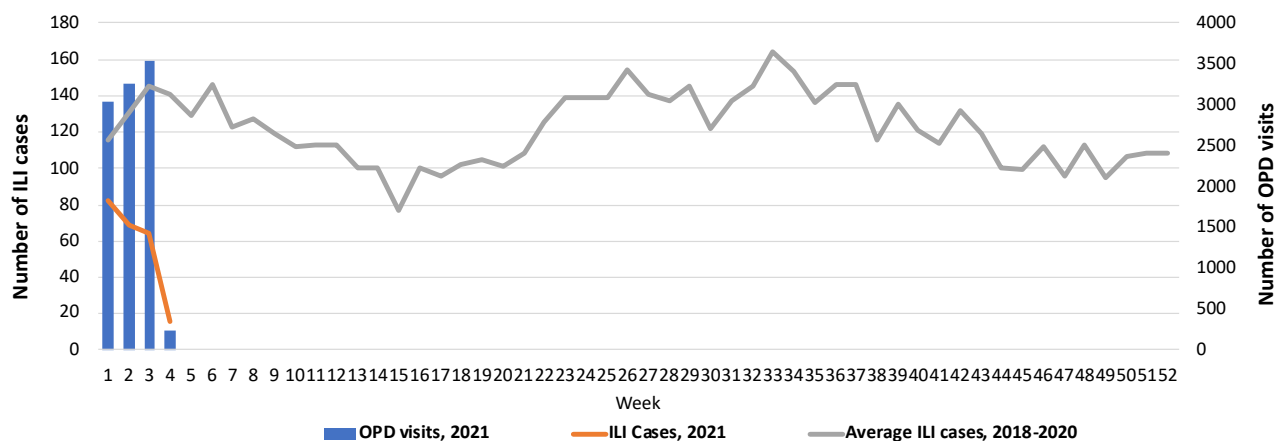
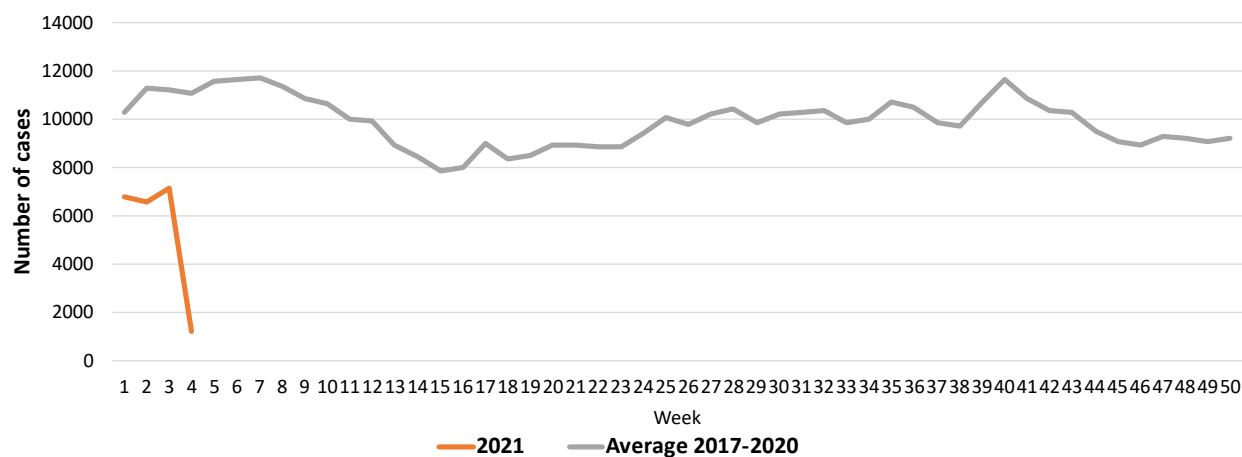


Figure 4. Number of patients with severe respiratory illness by week, 2021 and 2018-2020



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 response plans
- Implementing the laboratory expansion strategy and molecular diagnostics training plan to ensure sustained testing for COVID-19 at National and Regional level
- Strengthening facility quarantine to reduce the risk of onward transmission with the development of simple job aids for facility staff
- 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 is in place
- The MOH guidance on surveillance and contact tracing for COVID-19 has been updated with the inclusion of an updated suspect case definition that incorporates living in an area with community transmission (updated 07 January 2021)
- Development of a implementation plan for use of multisource surveillance at national and subnational levels for risk assessment and decision making and development of job aids and templates
- 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. 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 meters apart.

- On 15 October 2020, MoEYS allowed all public universities to reopen provided they follow strict SOPs and guidance from WHO and MOH. On 02 November 2020 MoEYS allowed schools across the country to reopen in the third phase. On 08 November 2020, all Schools in Phnom Penh and Kandal Province were closed for two weeks. Schools in Phnom Penh and Kandal province were reopened on 23 November.
- On 01 December, Ministry of Tourism announced temporary suspension of tourism vocational education and training institutions, schools and evaluation centers under the Ministry of Tourism for 15 days.

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.

- 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 diplomatic and 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.
- As of 18 November 2020, all passengers were required to quarantine at government approved facilities. On 04 December MOH issued a notification on travel: All foreign travelers: investors, businessmen, company staff, experts, technicians from China, Japan, South Korea, Vietnam, Thailand, USA, and EU were no longer exempt from quarantine.
- On 11 November 2020, The Ministry of Interior temporarily suspended forums, consultative meetings, and other meetings by sub-national administrations at all levels for two weeks in Phnom Penh and Kandal.
- On 8 November MOH announced the banning of certain social gatherings and sports activities, including the closure of entertainment centers, cinemas, theatres and museums around the country. On 18 November, cinemas and museums around the country were allowed to reopen. On 29 November, MoEYS announced the closure of private school for two weeks.
- On 11 January 2021, schools reopened. Start of the academic year 2020-2021

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 30 October- 1 November has also been cancelled.

Table 3. 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	29 December	National	Required	Yes	Yes
Workplace Closure	None	None				
Mass Gatherings	3 April	29 December	National	Required	No	Yes
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 November	National	Required	Yes	No
Others; specify in narrative	None	None	-	-	-	-



Figure 5. Selected NPI timeline combined with epidemic curve

