



Situation Summary

Highlights of Current Situation Report

- From 01 February- 08 March 2021, 185 locally acquired COVID-19 cases have been reported bringing the total number of cases related to the 20 February event to 501.
- Confirmed cases in the 20 February event have now been reported in 8 provinces; Phnom Penh (381), Preah Sihanouk (108), Svay Rieng (2), Koh Kong (2), Kandal (4), Kampong Thom (2), Prey Veng (1) and Kampong Cham (1).
- So far, 130 venues have been identified through case investigation and contact tracing surveillance.
 - Out of the 130 venues, 92 are in Phnom Penh and 38 in Preah Sihanouk.
- Over 34,000 tests have been performed by Institute Pasteur Cambodia (IPC) as part of the investigation.
- WHO and US CDC are supporting National CDC to implement a cluster-based approach to suppress transmission, including prioritization of clusters and 3C settings for investigation and testing.
- Preliminary findings suggest the source of infection of the cluster was the result of a single importation and breach of quarantine.
- WHO is working closely with CDC, NIPH and IPC to expedite options for expanding testing capacity.
- WHO and partners are providing technical support to MOH to conduct risk assessments, update the contact tracing strategy, laboratory testing, contact tracing, implement enhanced surveillance and strengthen data management.
- WHO is supporting risk communication to the public on new variant, on coming forward to free testing and early testing and treatment.
- As of 08 March 2021, there are no active COVID-19 cases involving returnees from Thailand.
- As of 08 March 2021 10am ICT, 1,011 (F:430, M:581) confirmed cases of COVID-19 have been reported from Cambodia, of which 517 have recovered. 420 cases were acquired overseas, representing 21 nationalities in addition to Cambodian, with the rest locally acquired. 493 patients are currently being hospitalized.
- From 10 February 06 March 2021, 66,847 (F:18,397, M:48,450) people were vaccinated.

Upcoming Events and Priorities

- NCHP with WHO support have implemented surveillance with community engagement in one district in Battambang province. A ToT model was used to train OD, health centres and community groups to support early detection of COVID-19 in the community. Further supervision visits will be conducted as part of the monitoring process.
- With the support of WHO, MOH will strengthen provincial capacity for using EOC/IMS and multisource surveillance for risk assessment and decision making.
- MOH have developed a risk communication campaign to communicate with returnee migrants in quarantine centres in all border provinces and is in the process of being funded.
- As part of the NVDP, a vaccine related communication and community engagement plan is being implemented by MOH with support from WHO, UNICEF and GIZ.
- A risk communication campaign targeting youth has been successfully tendered by WHO, on behalf of MOH. It is aimed at encouraging the protective behaviours amongst youth and engaging them as agents of change with their communities.
- Building on lessons from a pilot 'surveillance with community engagement' project in Battambang province, a broader community engagement strategy has been developed by MOH to work with existing community networks and structures, to enhance community level surveillance and enable two-way communication with communities.

- WHO are working with NIPH and IPC to build the Regional Laboratory workforce for Molecular Diagnostics for COVID-19, through a three-phase training program, beginning next Monday.
- MOH is progressing with plans to expand and decentralize laboratory testing capacity for COVID-19 to three provincial laboratories: Siem Reap, Sihanoukville and Battambang. NIPH have activated a new high throughput automated instrument to increase daily testing capacity.
- 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 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.

National Transmission Assessment

Imported cases: As of 08 March 2021, 420 (42%) of the 1,011 cases were imported, the remaining cases were locally acquired. The current outbreak is linked to an importation, and there are no clear signals of community transmission. The small number of severe cases suggests transmission remains limited beyond the known cluster. 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 March. A total of 310,725 individuals have been tested using real-time polymerase chain reaction (RT-PCR), with a positivity rate of 0.3%. In total, 458,129 tests have been performed as of 08 March 2021 including 4,876 ILI/ SARI sentinel surveillance specimens which have been tested negative for SARS-CoV-2.

Epi Update COVID-19

Tests	Cases	Deaths	ICU Admissions
40,158	191	0	1
NAT Tests past 7 days	New cases past 7 days (~25% 7-day)	Deaths past 7 days (0% 7-day)	ICU Admissions past 7days (0% 7-day)
458,129	1,011	0	1
Cumulative NAT Tests	Cumulative Cases	Cumulative Deaths	Cumulative ICU Admissions
37	1	9	1
Imported Cases in past 28 days	Cases in past 28 days with no link (0)	Active clusters	Active clusters with >3 generations

Health Service Provision COVID-19

1	27	13,667	17
Healthcare worker cases reported past week	Hospitals admitting COVID-19 patients	Total public hospital beds	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
(case with unknown source of infection excluded)

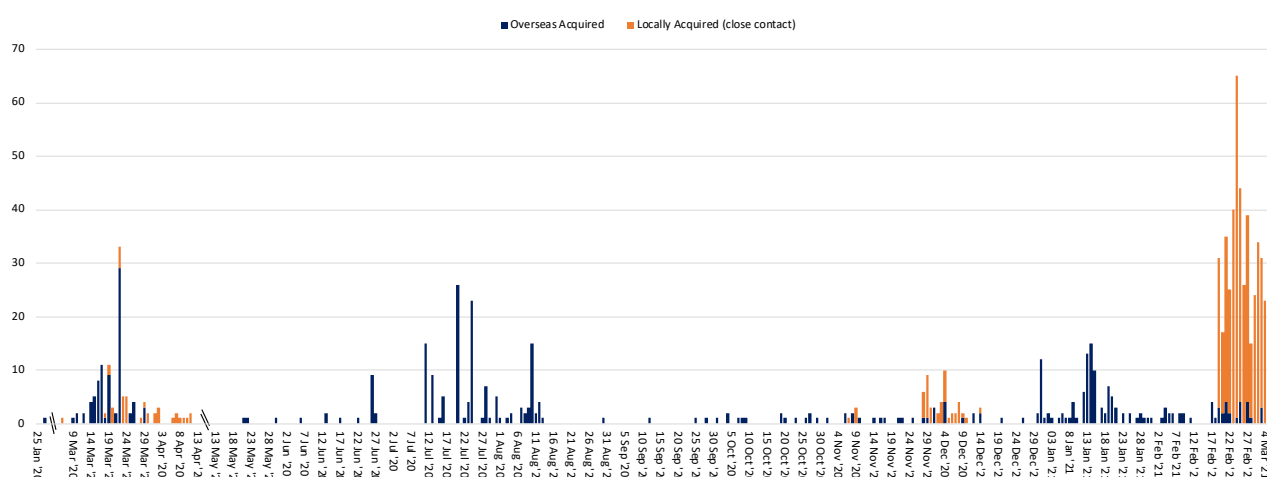


Table 1. Cumulative and new (past 7 days) cases and deaths by age and sex

Age Group	Female		Male		Total
	Cases	Deaths	Cases	Deaths	Cases
0-9	2(0)	0(0)	7(0)	0(0)	9(0)
10-19	18(9)	0(0)	8(2)	0(0)	15(11)
20-29	201(44)	0(0)	219(30)	0(0)	346(74)
30-39	132(25)	0(0)	211(45)	0(0)	273(70)
40-49	31(7)	0(0)	62(16)	0(0)	70(23)
50-59	21(5)	0(0)	31(6)	0(0)	41(11)
60-69	22(0)	0(0)	33(2)	0(0)	53(2)
70-79	3(0)	0(0)	8(0)	0(0)	11(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	430(90)	0(0)	581(101)	0(0)	1,011(191)



Figure 2. Proportion of confirmed COVID-19 cases by age group and nationality (n=1,011)

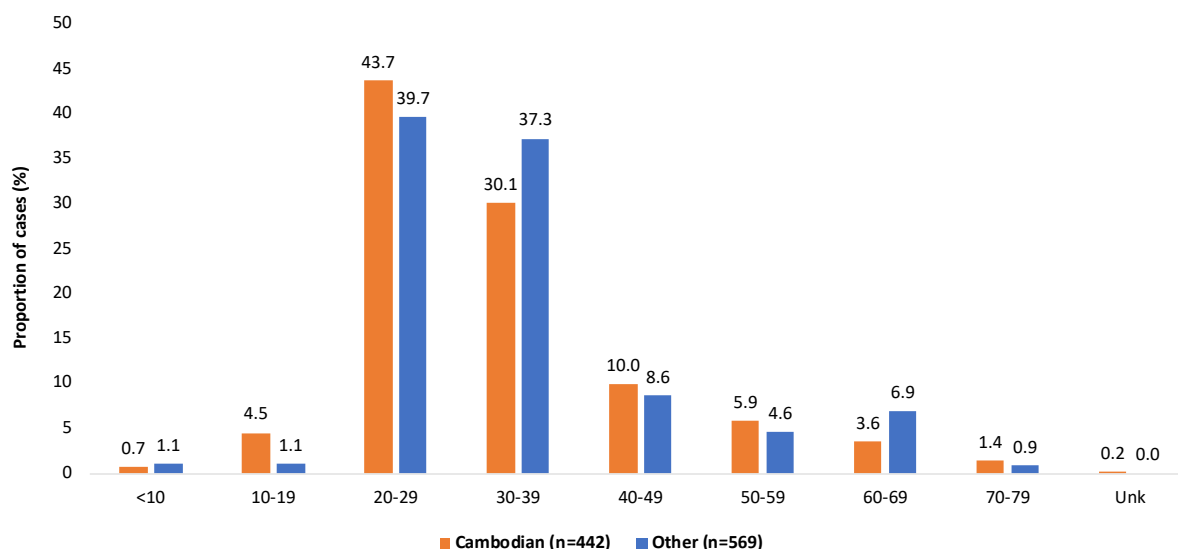


Figure 3. Number of ILI cases from ILI sentinel sites (n=7) by week, 2021 and 2018-2020

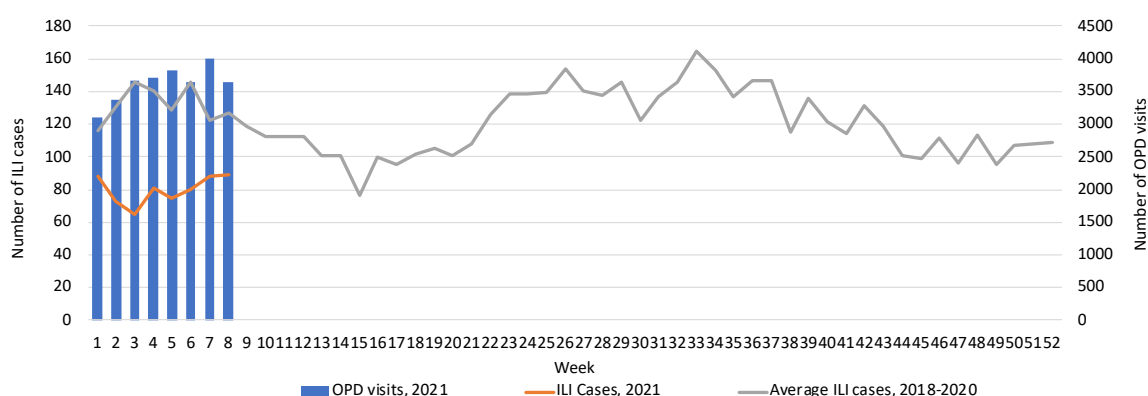
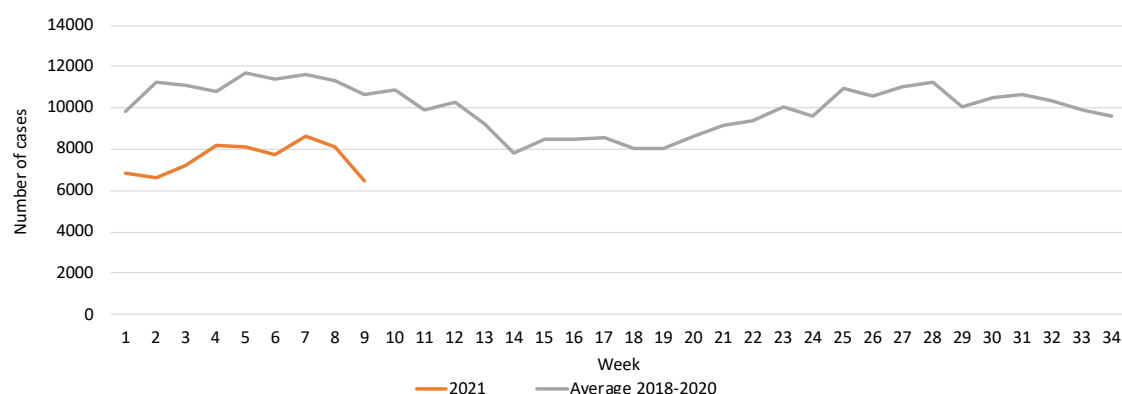




Figure 4. Number of patients with severe respiratory illness by week, 2021 and 2018-2020



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
- 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 an implementation plan for use of multisource surveillance at subnational levels for risk assessment and decision making.
- 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. Targeted site-based testing and 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

COVID-19 Vaccinations

- From 10 February -08 March 2021, 91,035 (F:27,376, M:63,659) people went for voluntary vaccinations. Of these, 77,963 (F: 21,701, M:56,262) people were vaccinated and 13,072 (F: 5,675, M:7,397) were not vaccinated due to health related issues.
- MOH announcement on March 5 stated that the AstraZeneca (Covishield) vaccine will be provided to the priority groups, particularly those individuals aged 60 and above living in Phnom Penh, Kandal and Preah Sihanouk Province.
- As of 5 March 2021, there have been no reported cases from adverse effects of vaccines.
- On 2 March 2021, Cambodia received 324,000 doses of the AstraZeneca (Covishield) vaccine licensed to the Serum Institute of India. This is the first consignment provided to Cambodia by the COVAX facility.
- 10 February 2021, vaccinations started with four National hospitals of MOH system in Phnom Penh and military hospitals. Currently, 116 hospitals are providing vaccines.

Non-Pharmaceutical Interventions (NPI)

February 20 Event

- On 21 February 2021, MOH announced on the implementation of a QR Code system "Stop COVID-19" developed by the Ministry of Posts and Telecommunications.
- On 20 February 2021, a press release by PM announced the:
 - Closure of the clubhouse and other areas related to the COVID-19 cases
 - Encouraged all individuals linked to the 32 cases to come for testing
 - Reminded public to practice the three Do's and Don'ts and encouraged non-discrimination against Chinese people
 - Due to the 14-day mandatory quarantine, Cambodian workers are urged not to return from Thailand to participate in the Khmer New Year in April
- On 20 February 2021, the Ministry of Education, Youth and Sport issued a press release on restrictions on the implementation of health and safety measures at public and private educational establishments in Phnom Penh
 - Gatherings and sporting activities with more than 20 participants are temporarily suspended
 - Staff identified as contacts to strictly follow quarantine measures

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 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	04 March 2021	Subnational	Required	Yes	No
Workplace Closure	None	None				
Mass Gatherings	3 April	29 December	National	Required	No	No
Stay at Home	Government recommends stay home if possible	None				
Restrictions on Internal Movement (within country)	9 April	04 March 2021	Subnational	Recommended	No	Yes
Restrictions on International Travel	27 March	11 November	National	Required	Yes	No
Others; specify in narrative	None	None	-	-	-	-