Situation Summary
Highlights of Current Situation Report

- A total of 160 COVID-19 cases including 28 deaths were reported in the last 7 days. Of the 160 cases, 15.0% (24/160) were imported and 85.0% (136/160) were locally acquired;
- As of 6 December 2021, 10 am ICT, 120,272 confirmed cases of COVID-19, including 2,963 deaths have been reported from Cambodia, of which 116,627 have recovered. A total of 19,844 (16.5%) cases were acquired overseas;
- Since January 2020, a total of 1,758,325 individuals have been tested using real-time polymerase chain reaction (RT-PCR), with a positivity rate of 4.9%. As of 05 December 2021, a total of 2,432,260 tests have been performed using RT-PCR;
- On 5 December, the Royal Government decided to lift the ban on travelers or those who transit via or with history of travel to 10 African countries (Botswana, Eswatini, Lesotho, Mozambique, Namibia, South Africa, Zimbabwe, Malawi, Angola, and Zambia).

Upcoming Events and Priorities
Surveillance
- WHO is technically supporting MOH to implement the surveillance strategy for endemic COVID-19.
- MOH with technical guidance and support from partners is conducting death investigations in Phnom Penh to strengthen understanding of causes of death, access to care, and investigate underlying transmission in the community.
- MOH and WHO are now working in five border provinces to strengthen Incident Management System (IMS), RRT capacity for investigations and use multisource surveillance to assess the epidemiological situation and implement targeted response, and strengthen safe quarantine.

Laboratory
- NIPH has been working with IPC, WHO and partners to develop and support the implementation of the SARS-CoV-2 External Quality Assurance (EQA) program to ensure quality testing at all COVID-19 laboratories.
- WHO is providing technical support and facilitating NIPH to undertake an online EQA training course on establishing a national SARS-CoV-2 EQA program.
- WHO is supporting NIPH to strengthen Whole Genome Sequencing (WGS) to detect mutations and monitor Variants of Concern (VoC)/Variants of Interest (VoI) by procuring laboratory commodities, with support from WPRO.
- WHO is providing technical advice and guidance to MoH on sampling strategies for SARS-CoV-2 genomic surveillance.
- WHO is supporting MOH to integrate Omicron detection into current genomic surveillance workflow.

Healthcare delivery and pathways
- Oxygen therapy training will cover all provinces by the end of December 2021. In each province, staff from ICU and emergency units of provincial hospitals and selected district hospitals to receive onsite coaching from the national core team. As of 3 December 2021, 23 provinces received onsite coaching on oxygen therapy and will continue for two more provinces (Kratie and Stung Treng) next week.
The COVID-19 Technical and Treatment Sub-Committee is updating the 4th version of the clinical treatment protocol for COVID-19 cases to incorporate new development after publishing the current version.

The COVID-19 Technical and Treatment Sub-Committee continues to monitor severe cases and ICU bed capacity (bed occupancy) through the network of provincial hospital.

The COVID-19 Technical and Treatment Sub-Committee led by H.E. Dr. Ngov Kang visited Preah Sihanouk Provincial Hospital where the onsite coaching on oxygen therapy was organized. Some of oxygen equipment and materials supported by WHO has been officially delivered to Preah Sihanouk Provincial Hospital: 100 pulse oximeters and posters on oxygen providing instruments, guidance on Oxygen therapy for COVID-19 patients.

Continue the regular virtual meeting between the national level and all provincial hospitals to get updates on the situation from provinces, share experience among provinces, understand challenges at the implementation level and get support and advice from the national level.

As part of the effort to build clinical knowledge of frontline providers at the sub-national level on clinical management of COVID-19 cases, the Technical and Treatment Sub-Committee will continue to organize clinical discussion among clinicians on selected COVID-19 as case study, experience sharing, lesson learned, and clinical support to respective provincial hospital. There is a case study from Preah Sihanouk Provincial Hospital to be virtually presented for discussion this week.

**Risk Communication and community engagement**

- WHO is closely working with Ministry of Health in strengthening risk communication and community engagement, engaging local influencers, VHSGs, health care workers, and local authorities to improve and strengthen public health and social measure compliance as new normal in Cambodia.
- WHO in collaboration with MOH has developed a social media tile to counter misinformation and rumors.
- WHO has developed the guidance for vaccination of women with breastfeeding infants, women who are pregnant or planning to get pregnant, and menstruating women, and about vaccines and fertility (Please see LINK for informative video and LINK for social media tiles and infographics). The material is being translated into the Khmer language.
- Review Community Engagement (CE) progress report with the National Centre for Health Promotion shared by all nine target Provincial Health Departments.
- WHO supports MOH/NCHP to develop the Communication Strategy for the New Normal.
Transmission Assessment

The current multi-source surveillance assessment indicates Phnom Penh, Preah Sihanouk, Kampong Speu, Kandal, Takeo, Kampot, Banteay Meanchey, Battambang, Kampong Cham, Kampong Chhnang, Prey Veng, Preah Vihear, Svay Rieng, Tbong Khum, Stung Treng, Kampong Thom, Siem Reap, and Oddar Meanchey are in stage 2 transmission (localized community transmission), the other 7 provinces (Koh Kong, Kep, Kratie, Pailin, Pursat, Mondul Kiri, and Ratanak Kiri) are in Stage 1 transmission.

<table>
<thead>
<tr>
<th>Epi Update COVID-19</th>
<th>Tests</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15,180 NAT Tests past 7 days</td>
<td>160 New cases past 7 days (0.13% 7-day)</td>
<td>28 Deaths past 7 days (0.94% 7-day)</td>
</tr>
<tr>
<td></td>
<td>2,432,260 Cumulative NAT Tests</td>
<td>120,272 Cumulative Cases</td>
<td>149 Imported cases in the past 28 days</td>
</tr>
<tr>
<td></td>
<td>145 Treatment centers for COVID-19 patients</td>
<td>1,626 Total beds available at hospitals and treatment centers</td>
<td></td>
</tr>
</tbody>
</table>

**Epidemiology**

**Figure 1. Epidemic curve of confirmed COVID-19 cases by date of report, 2021***

*As of 30 Sep 2021, only RT-PCR test results are being reported in the case numbers.*

**Figure 2. Number of ILI cases from ILI sentinel sites by week, 2021 and 2018-2020**

*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 patients with severe respiratory illness by week, 2021 and 2017-2020¹

¹ Week 43 data are not complete.

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Strategic Approach
National and Provincial Public Health Response

Incident Management Systems
- National Cambodian COVID-19 Committee (CCC), chaired by Samdech Prime Minister
- Standing committee of CCC, Chaired by Deputy Prime Minister and Minister of Economy and Finance
  - Municipal-Provincial COVID-19 committees, chaired by Municipal-Provincial Governors
  - Ad Hoc committee on national COVID-19 vaccination
  - Ad-Hoc committee in charge of COVID-19 vaccine procurement
- Inter-Ministerial Committee, chaired by the Minister of Health, with Secretaries of State
- Sub-committee for Evaluation, Planning, and Strategy, chaired by Secretary of State of the Ministry of Health
- Sub-Committee for Management at Points of Entry and Quarantine, chaired by Director-General of the General Department of Intelligence, Ministry of National Defense
- Sub-Committee for Rapid Response and Investigation into Persons with COVID-19, chaired by Deputy National Police Commissioner, Ministry of Interior
- Technical and Treatment Sub-Committee, chaired by Secretary of State, Ministry of Health
- Sub-Committee for Laboratory Services, chaired by Secretary of State, Ministry of Health
- Sub-Committee for Education, Training and Public Affairs, chaired by Secretary of State, Ministry of Health
- Sub-Committee for Supplies and Finance chaired by Secretary of State, Ministry of Health
- Sub-Committee on Technology and Data chaired by Secretary of State, Ministry of Posts and Telecommunications
- Sub-Committee for Construction and Repair chaired by Deputy Commissioner of National Police, Ministry of Interior
- Sub-Committee for Management and Handling of Bodies of Persons with Confirmed or Suspected COVID-19 chaired by Secretary of State, Ministry of Interior
- Committee on Economic and Financial Policy (CEF/P) / Ministry of Economy and Finance (MEF) of four Working Groups to address the socio-economic impacts of COVID-19.

System and Policy Development
- On 5 March 2021, the draft law “Measures to Prevent the Spread of COVID-19 and other Dangerous Infectious Diseases” was approved by the National Assembly.
- 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 a multisource dataset on testing and surveillance.

Key Priorities
- National programs are developing specific COVID-19 preparedness and response plans.
Strengthening local preparedness to prepare for potential localized outbreak and other public health emergencies in the future and minimizing 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, pneumonia cases in hospitals, testing at POEs at day 1 and day 6 or 13 depending on vaccination status, and testing ILI and SARI samples from sentinel sites for COVID-19. Targeted testing of high-risk populations is 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 center level and in the community.

- **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 a budget of $62 million for the first year.
  - On 01 July 2021, Samdech Prime Minister introduced six COVID-19 response strategies that are aimed at preventing the importation of new variants, reducing cases, providing effective and standard treatment, strengthening contact tracing and management, handling of bodies and vaccination.

- **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.
  - Risk-based approach for the development of targeted communication materials for at-risk groups, including migrants and garment factory workers, markets, prisons, restaurants/pubs, etc.
Community engagement strategy being rolled out to encompass all aspects of surveillance and response for COVID-19, particularly in the event of community transmission.

Close coordination and collaboration with other UN agencies, INGOs, and other stakeholders on RCCE implementation, monitoring, adapting, and reinforcing.

- **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 Point.

### COVID-19 Vaccinations

**As of 6 December 2021:**

- **COVID-19 vaccine updates**
  - The Royal Government of Cambodia (RGC) received 40,193,200 doses of COVID-19 vaccines
    - 28,500,000 (71%) doses of Sinovac and Sinopharm vaccine procured by the Royal Government of Cambodia from the People’s Republic of China
    - 8,715,040 (22%) doses donated from the People’s Republic of China (8,300,000 doses of Sinovac and Sinopharm/BiBP) and the UK (415,040 doses of AstraZeneca)
    - 2,978,160 (7%) doses of AstraZeneca, J&J and Sinovac though COVAX (including dose sharing from Japan, USA and Sweden)

- **Next arrivals of vaccines:**
  - 290,400 doses of AstraZeneca vaccine - COVAX dose sharing from Netherlands, expected to arrive on 10 December 2021
  - 308,000 doses of AstraZeneca vaccine - COVAX dose sharing from Japan, expected to arrive by the end of 2021
  - 300,000 doses of Sinovac – COVAX reallocation Round 6, by the end of 2021
  - 2,300,000 doses of Pfizer-BioNTech (Comirnaty) donated from Australia, expected to arrive end of 2021 or early 2022

- **The current balance** is 5,860,828 doses of COVID-19 vaccine at the national stock of Central Medical Store (CMS)

- **COVID-19 vaccination roll out**
  - **COVID-19 vaccination coverage of Healthcare worker**
    - 43,646 (100%) of health care workers were vaccinated with the first dose and second dose of COVID-19 vaccine
  - **COVID-19 vaccination coverage of elderly aged 60 years old and over:**
    - 1,380,781 (100.2%) of elderly aged ≥ 60 years old were vaccinated with the first dose and
    - 1,354,748 (98.3%) with second dose of COVID-19 vaccine
  - **COVID-19 Vaccination rolls out for adults aged 18 years old and over:**
    - 10,106,727 (101.1%) of people aged ≥ 18 years old were vaccinated with the first dose and 9,746,136 (97.5%) with the second dose of COVID-19 vaccine.
    - The proportion of females receiving the first dose is 50.5% and the second dose is 50.3% among total doses vaccinated.
• **COVID-19 Vaccination rolls out for children aged 12 to under 18 years old:**
  - 1,805,911 (98.8%) of children aged from 12 to under 18 years old were vaccinated with the first dose and 1,721,796 (94.2%) with the second dose of COVID-19 vaccine.
  - The proportion of females receiving the first dose is 49.4% and the second dose is 49.6% among total doses vaccinated.

• **COVID-19 Vaccination rolls out for children aged 6 to under 12 years old:**
  - 1,985,809 (104.7%) of children aged from 6 to under 12 years old were vaccinated with the first dose and 1,878,312 (99.0%) with the second dose of COVID-19 vaccine.
  - The proportion of females receiving the first is 49.2% and the second dose is 49.4% among total doses vaccinated.

• **COVID-19 Vaccination rolls out for children aged 5 years old:**
  - 278,815 (91.6%) of children aged 5 years old were vaccinated with the first dose and 144,055 (47.3%) with the second dose of COVID-19 vaccine.
  - The proportion of females receiving the first is 50.1% and the second dose is 49.3% among total doses vaccinated.

• **Third dose of COVID-19 Vaccination coverage:**
  - 2,479,662 (24.8%) people aged ≥ 18 years old included health care workers, the frontline of Government officials, people aged 60 years old and older, and immunocompromised persons, were vaccinated with a booster dose of COVID-19 vaccine.
  - The proportion of females receiving the booster dose is 47.7% among total doses vaccinated.

• **Vaccine Safety:**
  - 208 AEFI cases were reported from 25 provinces and AEFI reporting rate per 100,000 doses =0.73
    - AEFI reporting rate per 100,000 doses for Sinovac vaccine = (95 cases) = 0.51
    - AEFI reporting rate per 100,000 doses for Sinopharm vaccine = (78 cases) = 1.09
    - AEFI reporting rate per 100,000 doses for AstraZeneca (Covishield) = (29 cases) = 3.9
    - AEFI reporting rate per 100,000 doses for J&J vaccine= (3 cases) = 0.38
    - AEFI reporting rate per 100,000 doses for AstraZeneca (Vaxzevria)= (1 case) = 0.09

• **Activity updates**
  - Conducted field monitoring and supervision COVID-19 vaccination site of Kratie and to ensure vulnerable populations (elderly, with co-morbidities, pregnant women, lactating women and people with HIV) and people who had recovered from SARS CoV2, are vaccinated with COVID-19 vaccine
    - COVID-19 vaccination site at 2 Thnou Health Centre of Snoul operational district
    - COVID-19 vaccination site at Ksach Andeth HC of Chhlong operational district
    - COVID-19 vaccination site at Porleas Health Centre of Kratie operational district
  - Conducted Rapid Convenience Assessment (RCA) at two village bordering with Vietnam and two high risk of Kratie province to ensure all target populations are left behind especially in villages bordering with Vietnam are vaccinated with COVID-19 vaccine
    - Trapaeing Sre village bordering with Vietnam of 2 Thnou Health Centre of Snoul operational district
    - Chrab Thmey village bordering with Vietnam of 2 Thnou Health Centre of Snoul operational district

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• Thmey Pi high risk village of Ksach Andeth Health Centre of Chhlong operational district
• Kambor high risk village Porleas Health Centre of Kratie operational district
❖ Conducted meeting with EPI Manager and EPI team of Kratie province to discuss the field monitoring findings and to advocate on Reaching the unreached strategy where local authorities has started listing unvaccinated target population in their respective villages and health department started mobilizing vaccination team to communities in close collaboration with village chief and local authorities to vaccinate target populations who have missed and not completed their second dose
❖ Continue performing analysis of vaccination and AEFI data, prepare report and share to stakeholders and within WHO and Ministry of Health
❖ Continue to routinely provide technical support to national immunization program of MoH on COVID-19 vaccination roll out

Non-Pharmaceutical Interventions (NPI)

▪ On 5 December, the Royal Government decided to lift the ban on travelers or those who transit via or with history of travel to 10 African countries (Botswana, Eswatini, Lesotho, Mozambique, Namibia, South Africa, Zimbabwe, Malawi, Angola, and Zambia) in the past three weeks from entering Cambodia, replacing it with implementation of additional procedures in addition to standard operating procedures for management of passenger arrivals at Cambodia’s international airports for travelers or those with transit via the 10 countries or history of travel to the countries or other countries considered “countries of concern” in the past two weeks before entering Cambodia.

▪ On 5 December, the Royal Government introduced standard operating procedures (SOPs) for management of passenger arrivals at Cambodia's international airports in line with the living in the new normal way within the context of COVID-19.
Table 1. NPI implementation and lifting dates

<table>
<thead>
<tr>
<th>NPI</th>
<th>Monitoring status</th>
<th>Implementation</th>
<th>Partial lift</th>
<th>Lifted</th>
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<tbody>
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<td>Date first implemented</td>
<td>Date last modified</td>
<td>Geographical (national or sub-national)</td>
<td>Recommended or Required</td>
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<tr>
<td>Wearing Face Masks, Hand Hygiene, Respiratory Etiquette</td>
<td>None</td>
<td>16 August 2021</td>
<td>National</td>
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<td>School Closure</td>
<td>16 March 2020</td>
<td>01 November 2021</td>
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<tr>
<td>Workplace Closure</td>
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<tr>
<td>Mass Gatherings</td>
<td>3 April 2020</td>
<td>12 November 2021</td>
<td>National</td>
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<td>Stay at Home</td>
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<tr>
<td>Restrictions on Internal Movement (within country)</td>
<td>9 April 2020</td>
<td>29 July 2021</td>
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<td>Restrictions on International Travel</td>
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<td>Others; specify in narrative</td>
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<td>None</td>
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