Situation Summary

Highlights of Current Situation Report

- 15,574 cases and 48 deaths were reported from 10 – 23 November 2021, bringing the cumulative total to 64,457 confirmed cases of COVID-19 with 134 deaths since March 2020. As of 23 November, there were 11,239 active cases.

- 48 deaths were reported in the past two weeks, including 32 deaths from Vientiane Capital, five each from Bolikhamsay and Vientiane Province, three from Luangprabang, and one death each in Bokeo, Champasack, and Luangnamtha. Of these, 27 deaths were 60 years and older, while 38 deaths were in persons with underlying health conditions. Majority had not yet received any vaccination (26/43), while the remaining had received incomplete doses (1/43), or all recommended doses (16/43).

- The cases in the last two weeks increased compared to the previous two weeks (27 October – 9 November; n=14,878) (Figure 1). Cases were reported from all 18 provinces (Figure 2A), of which 99% (15,441/15,574) were local cases (Figure 2B).
  - Vientiane Capital continues to report the highest number local cases (n=7,106), with cases still reported in all districts. Clusters in the past two weeks have been reported among factory workers, monks, military and police, healthcare workers, and in different workplaces and communities.
  - Local cases remain high in Luangprabang (n=2,030), including cases among healthcare workers, and among workers in quarantine facilities, construction, mining and farms. Vientiane province also continues to report a high number of local cases (n=1,201), with clusters in a prison and among police and military.
  - There was a sharp increase in the number of local cases reported in Phongsaly (n=1,037) with clusters linked to workplaces, schools, and community gatherings. Of these, 45 cases were reported among healthcare workers, including district and health center staff.
  - Champasack reported increased local cases (n=801) in the past two weeks. Majority of cases were reported from Pakse district, including positive cases detected from patients with severe acute respiratory illness (SARI), and increased unlinked cases.
  - Bolikhamsay reported increased local cases (n=362), with cases reported in different districts, majority of which were linked to previous cases.
  - Cases also increased in Bokeo (n=724), Savannakhet (n=255), and Saravane (n=132), while Luangnamtha (n=234) and Sekong (n= 197) reported fewer cases in the past two weeks compared to the previous two weeks.
  - Cases reported in provinces that previously had no or few local cases, including Huaphanh (n=63) and Attapeu (n=31) with majority of cases linked to travellers from other provinces.
  - Local cases also continue to be reported in Khammuane (n=201), Xaisomboun (n=21), and Xiengkhuang (n=18) linked to previous cases.

- Ninety imported cases were reported in the past two weeks, majority of which were returnees arriving by land border from Thailand in Savannakhet (n=24), Xayabouly (n=20) and Vientiane Capital (n=15).

- Majority of cases are among 20-29 years (Figure 3).

- As of 23 November 2021, there are 73 severe cases in the country, including 58 at central level and fifteen in provinces.
Institute Pasteur du Laos (IPL) is conducting sequencing of Covid-19 cases. Cumulatively, 184 samples have been sequenced.

- 75 samples were of the Delta variant (B.1.617.2) and 33 samples were classified the Delta variant plus other mutations. These samples included both local and imported cases.
- 70 samples were of the Alpha (B.1.1.7) variant, and two samples were classified as Alpha variant plus other mutations.
- One sample was the Mu variant (B.1.621) in an imported case.
- Three other samples were neither a variant-of-concern or variant-of-interest.

Figure 1. Epicurve of confirmed cases by date of reporting, 20 April-23 November 2021 (n=64,457)

Figure 2. Geographical distribution of confirmed cases in Lao PDR, 10-23 November 2021
A. Confirmed cases (n=15,574)  B. Local cases (n = 15,441)
Investigation, Health Information Systems and Surveillance

- The National Center for Laboratory and Epidemiology, with Department of Communicable Disease Control (DCDC) and Department of Healthcare and Rehabilitation (DHR) and with WHO support continue to hold meetings with provinces three times a week to discuss case investigation, contact tracing, cluster analysis, enhanced surveillance, and any challenges with the response.

- NCLE is planning to update the case definitions for confirmed and suspected Covid-19 cases considering ongoing community transmission in many provinces and current use of Antigen Rapid Diagnostic Test (RDT). A meeting was held between NCLE and WHO and a follow-up meeting with provinces will be held prior to finalization of revised case definitions.

- DCDC continues to coordinate provincial multisource surveillance (MSS) meetings in priority provinces, with technical support from WHO. A multisource surveillance meeting was conducted with Champasack on 22 November. Overall, the province is assessed to be in Stage 2: localized community transmission, while Pakse district is in Stage 3: large-scale community transmission due to increased local cases and high positivity rate, geographical spread and increased unlinked cases. Recommendations were made to increase vaccination coverage, enhance testing of suspected cases in all districts, closely monitor cases in home-based care, and coordinate with village authorities to implement strict public health measures.

- DCDC is conducting workshops to strengthen the implementation of multisource surveillance for three target provinces with WHO providing technical support. The first workshop for Bokeo province was conducted on 17-19 November, while the next workshop for Vientiane Province is scheduled on 23-25 November.

- Local cases from all provinces have had close contacts identified from the community who are in home and facility quarantine and are being monitored by village or health authorities.

Laboratory Testing

- Other laboratories have been supporting NCLE with testing at central level. The following samples were tested by each laboratory:
In the past two weeks in Vientiane Capital, 28,782 local tests were conducted with a positivity rate of 24.7%, increased compared to the previous two weeks (21% of 32,407 tests) (Figure 4). The number of tests conducted in other provinces in the last 2 weeks ranged from 610-12,222 tests, with the positivity rates highest in Vientiane province (33.2%) and Champasack (24.5%) (Figure 4).

Enhanced detection among frontline workers and high-risk settings continues to be conducted, with 2,462 samples collected in 16 provinces from 1-19 November, including healthcare workers (n=1,035), quarantine staff (n=902), point-of-entry staff (n=63), and factory workers (n=462).

NCLE is preparing for the Covid-19 External Quality Assurance Program of other laboratories conducting Covid-19 testing, with WHO providing technical support. Samples are scheduled to be dispatched to participating laboratories by end of the month.

Figure 4. Total number of tests and positivity rate per province, 10 -23 November 2021

Clinical Management, Care Pathways and Infection, Prevention and Control (IPC)

DHR has converted Quarantine Facilities (QFs) to Isolation Facilities (IFs) in Vientiane Capital and continuing to expand IFs further. As the situation evolves, DHR is exercising flexibility about which facilities will be used for quarantine or isolation.

Special IFs include non-government hotels for asymptomatic and mild cases and private hospitals for severe cases and those with risk factors. DHR plans to identify more guesthouses and hotels in the
future with support from the Vientiane Capital Health Department. As the situation evolves, DHR is exercising flexibility about facilities to be used for isolation.

- DHR endorsed the guidelines for home-based care for mild and asymptomatic Covid-19 cases on 11 November. Standard Operating Procedures and frequently asked questions (FAQs) were drafted, and a dedicated hotline to facilitate proper triage and referrals was established, with WHO providing support. Training of medical students to work on a new hotline to triage patients and answer questions from patients about home care for COVID-19 took place on 9 November. A software platform was also developed to track positive cases for effective follow-up.

- DHR is working with central hospitals in Vientiane Capital to expand hospital beds available for severe cases and ensure that care pathways will be followed.

- MoH in collaboration with the Department of Finance (DOF) and the National Health Insurance Bureau (NHIB) are working on estimating Covid-19 treatment cost depending on severity of symptoms (mild, moderate, severe, and critical) to support reimbursement of hospitals and future planning, with WHO providing support. Hospital surveys on Covid-19 treatment cost will be conducted to collect data and information from hospitals; DOF, NHIB, and WHO have visited selected central hospitals to understand the current situation.

- Revisions to Version 5 of the COVID-19 Clinical Management Guidelines are ongoing.

- DHR and the Department of Hygiene and Health Promotion (DHHP) will train over 200 resident doctors on clinical management, IPC and healthcare waste management from 9–30 November 2021.

- Current situation of water, sanitation, and hand hygiene (WASH) facilities and waste management services were assessed in all provincial, district hospitals and health centers. Facilities continue to be upgraded in Covid-designated hospitals, including toilets with septic tanks, bathrooms and handwashing stations. Environmental cleaning and disinfection materials were also provided.

- 500 body bags were received by MOH from WHO for the implementation of guidelines for dead body management.

- Discussions ongoing on the review of the inventory mechanism of medical equipment at designated hospitals and IFs in VTC to enable MoH to track the distribution and reshuffling of equipment across facilities.

- DHR is updating the data on autoclaves for sterilisation available in provinces to develop a distribution plan of 20 units of 80L autoclaves supported by the Government of Japan.

- The Health Minister approved a safe workplace checklist, urging all factories and workplaces to assess, plan, implement and monitor all 10 preventive actions. Factories that have been assessed using this checklist will be allowed to operate. Implementation of the safe workplace assessment and on-site advice started in Vientiane Capital and expanded to all 17 provinces after a virtual training.

- MoH, the Ministry of Education and Sports (MoES) and UNICEF jointly organised a meeting with WHO on 15 November to share the revised checklist for assessing preparedness for safe reopening of schools, in line with the notice issued by the Prime Minister’s Office on 14 November to resume face-to-face classes for all schools nationwide.

**Vaccination**

- As of 22 November, 50.6% of the total population had been vaccinated with at least one dose of Covid-19 vaccine while 42.1% had been fully vaccinated with all recommended doses. In terms of priority groups across the country, the proportion of receiving at least one dose of vaccine is 77.6% for healthcare workers, 65.4% for older age groups, and 90.8% for persons with underlying health conditions (Figure 5).
- Version 5.0 of the National Deployment and Vaccination Plan (NDVP) is being updated with data from provinces before finalisation and endorsement.
- Lao PDR received 1.9 million doses of Sinopharm on 17 November. The country is expecting more doses of Sinopharm as well as other vaccine products from bilateral donations and COVAX in Q4 2021.
- 532,200 doses of AstraZeneca were received on 31 October 2021, with expiry date on 30 November 2021. The vaccine doses are being distributed to all 18 provinces. As of 22 November, 224,973 doses of the shipment have been reported as administered. The Maternal and Child Health Center (MCHC) and National Immunization Program (NIP) instructed all provinces to prioritize the use of AstraZeneca and that the vaccines should not be set aside for second doses.
- NIP met with provinces on 19 November 2021 to evaluate the utilization of vaccine doses. The majority of the provinces are on track on consuming the vaccine doses. Provinces were advised to ensure the implementation is brought down to every health centre to speed up the implementation, especially in provinces that received the highest allocations.

Figure 5. Number of Vaccinated (at least one dose) and Unvaccinated by Priority Segment group, Lao PDR as of 22 November 2021

Risk communication and community engagement
- The Centre of Communication and Education for Health (CCEH) promoted instructions for home-based care including the use of the 164 Hotline. Interviews with high-level officials of Ministry of Health will be filmed during the press conference this week.
- There will be 3 short video clips developed to promote vaccination, targeted at priority groups including frontline workers, pregnant women, and the general public.
- CCEH will conduct online surveys, beginning with questions on “Living with Covid-19 and Covid endemicity questions”, which includes questions on how people feel about getting Covid-19 if they have mild or no symptoms.
- WHO is supporting the MoH intensive taskforce (Taluombon team) to strengthen community engagement on Covid-19 response to address the widespread community transmission of Covid-19 in 7 districts in Vientiane Capital within a timeframe of 14 days. The team is led by the Health Minister, Directors and Deputy Directors of MoH departments and includes over 300 MoH staff and health
related students. Target activities are to accelerate Covid-19 vaccination, establish care pathways in the community for home-based care, and develop capacity of village authorities to support families with home isolation. Following an initial training session, WHO is providing further technical support and materials to the Taloumbon team at the community level to tackle issues that arise including stigma faced by people who test positive for Covid-19 and their close contacts.

- CCEH is working with Lao Front for National Development (LFND), to develop messages with senior monks on working to cut Covid-19 transmission, and address stigma and discrimination towards recovered patients. They will also develop audio messages in ethnic languages (Hmong, Khmu and Arka) to be disseminated through the loudspeaker system at quarantine and isolation facilities and in communities with the public address system and mobile loudspeaker teams.

Epidemiology

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<td>Local Cases</td>
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<table>
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<th>Tests</th>
<th>Cases</th>
<th>Deaths</th>
<th>ICU Admissions</th>
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<td>88,899 NAT Tests past 14 days</td>
<td>15,574 New cases past 14 days</td>
<td>48 Deaths past 14 days</td>
<td>61 ICU Admissions past 7 days</td>
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<td>905,038 Cumulative NAT Tests</td>
<td>53,106 Cumulative Cases</td>
<td>134 Cumulative Deaths</td>
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<th>Health Service Provision Covid-19</th>
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<tbody>
<tr>
<td>Health care workers trained in COVID-19 Case Management</td>
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<tr>
<td>Healthcare worker cases reported past 14 days</td>
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<tr>
<td>COVID-19 patients admitted in hospitals</td>
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<tr>
<td>Total Covid-19 ICU beds</td>
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</table>

ILI/SARI sentinel surveillance

- From 10 - 23 November 2021, 76 samples from sentinel sites were tested (34 ILI and 42 SARI samples). From these, 20 samples were positive for SARS-CoV-2, including 15 ILI samples (CPS 1, LPB 3, ODX 1, SVK 10) and 5 SARI samples in CPS.

- Sentinel ILI trends have remained relatively stable and lower than previous years (Figure 6). The proportion of ILI consultations per total consultations shows a similar pattern with consultations below the 3-year average. SARI cases remain lower than previous years (Figure 7) and the proportion of SARI admissions per total hospitalisations remains below the 3-year average.
Figure 6. Weekly number of ILI presentations at sentinel sites, as of week 46, 2021 (Source: NCLE)

![Weekly number of ILI presentations at sentinel sites, as of week 46, 2021](chart)

Figure 7: Weekly number of SARI cases admitted in sentinel sites, as of week 46, 2021 (Source: NCLE)

![Weekly number of SARI cases admitted in sentinel sites, as of week 46, 2021](chart)

Transmission Assessment:

Figure 8. Transmission stage assessment by province in Lao PDR, as of 9 November

![Transmission stage assessment by province in Lao PDR, as of 9 November](map)
As of 23 November, Vientiane Capital remains in Stage 3\(^a\) (Large-scale community transmission). Luangprabang, Luangnamtha, Oudomxay, Phongsaly, Vientiane Province, Khammuane, Savannakhet, Champasack, Saravane, and Bokeo are in Stage 2\(^b\) (Localized community transmission). Seven provinces are in Stage 1\(^b\) (Imported cases). Refer to Figure 8.

Vientiane Capital remains in Stage 3 as local cases continue to increase with cases reported from different occupations and unlinked cases also increasing. Daily positivity rate increased to >20%. Thirty-two deaths were reported in the past two weeks, and the number of severe cases requiring oxygen support remains high, with full occupancy of Covid-19 hospital beds reported.

Several provinces reporting increased local cases and being monitored for moving to large-scale community transmission. Luangprabang and Vientiane Province reported over 1,000 local case each, including 3-5 deaths in the past two weeks. Positivity rate remains high particularly in Vientiane Province with >30% positive of 250 daily tests. Covid bed occupancy also high in both of these provinces. Champasack and Phongsaly reported increased local cases and high positivity rate in the past two weeks. Majority of cases in Champasack were from Pakse district and included positive cases in SARI cases, while more districts in Phongsaly reported local cases. Local cases and positivity rates also increasing in Savannakhet, and Saravane. Local cases continue to be reported from Bokeo and Oudomxay, majority linked to previous clusters.

Meanwhile, local cases decreased in Luangnamtha and Khammuane but remain under monitoring for signals of wider community transmission. Provinces in Stage 1 transmission are also under monitoring and reassessment for wider community transmission. Local cases increased in Bolikhamsay in multiple districts, including five deaths in the past two weeks. Xayabouly also continued to report local cases, majority from Xayabouly district. Four other provinces remain in Stage 1: Xaysomboun, Xiengkhuang, Attapeu, and Huaphanh, with majority of cases linked to travellers from other provinces.

Overall, the risk of undetected transmission in the wider community remains high. Both the Alpha and Delta variants have been detected from local cases in the country. Testing of suspected cases including SARI and enhanced detection efforts are being improved. Vaccination coverage needs to be increased particularly in high-risk groups to lower risk of severe outcomes, and healthcare and public health capacities need to be expanded to ensure that severe cases can be appropriately managed. With recent relaxation of some public health measures, mobility and social mixing are expected to increase, and further increase in transmission is expected. Compliance and monitoring of implementation of existing measures need to be further strengthened.

\(^a\) Assessment done by Ministry of Health together with Local Health Department

\(^b\) Assessment done by WHO, with concurrence from Ministry of Health
Strategic Approach

National and Provincial Public Health Response

- National EOC activated and continuing to meet daily.
- Operational plan to ensure Covid-19 response is adequately supported within the larger health system.
- There are ongoing efforts to collaborate with relevant Ministries to strengthen the local government’s role and responsibilities for community engagement.
- Continued efforts to monitor and maintain essential health services have been made to ensure performance of the broader health system during Covid-19.
- Transparency and visible leadership: MoH holds regular press conferences and publishes short updates online regularly.

Strategic Approach to Covid-19 Prevention, Detection and Control

- Strategies are in place and updated to facilitate early identification of cases.
- Multisource surveillance is being used at the central level and subnational level to inform evidence-based decision-making in adjusting public health and social measures (PHSMs).
- Increasing laboratory testing capacity through establishment of regional molecular laboratories. This will increase both the testing capacity and shorten the time for results to be available.
- Continuing to roll out the vaccination campaign in all provinces as per the National Deployment and Vaccination Plan
- Risk communication on COVID-19 and the “new normal”.

Best Practices / Lessons Learned

- Whole of government coordination, through ad-hoc committees, taskforces and EOC.
- Regular, timely and open public risk communications.
- Engagement of other sectors to assist with both the Covid-19 response and the larger socioeconomic impacts caused by Covid-19.

Challenges Encountered

- Ensuring that severe and critical cases can be managed in designated hospitals particularly in Vientiane Capital, through clarifying care pathways, including management of cases in home-based care, and increasing the number of available beds reserved for severe and critical cases.
- Ensuring sufficient capacity of isolation facilities and hospitals at the district and provincial levels in all provinces including case management capacity, IPC measures and adequate medical equipment and personal protection equipment (PPE), waste management, and clarifying care pathways to ensure facilities are prepared for increased cases.
- Efforts needed to accelerate vaccination of priority groups in many provinces by ensuring access to vaccines and targeted communication to address possible vaccine hesitancy.
- Challenges in case investigation, contact tracing, and sample collection in provinces with rapid increase in locally acquired cases.
- Improving public understanding in the public and adherence on the appropriate use of AgRDT test kits as per the policy issued by MoH.
- Ensuring frontline workers have the training and equipment and supplies required to protect themselves to prevent infection.
- Managing and preventing further transmission in high-risk settings, particularly healthcare facilities, prisons, factories, and dormitories.
Enforcement of public health and social measures particularly on compliance with home quarantine or isolation to prevent further community transmission.

Resumption of interprovincial travel leading to Covid-19 transmission in a number of provinces.

Need to ensure preparedness for safe reopening of workplaces and schools in the context of ongoing community transmission.

Rapidly evolving evidence on impact of variants of concern, which would impact on recommendations for quarantine and deisolation duration and preparedness of treatment facilities, among others.

Non-Pharmaceutical Interventions (NPI)

Public health measures

The Prime Minister Order was issued to extend public health measures from 15 November 2021 with some measures as below:

- Continued suspension of travel visa for visitors except for those authorized under the pilot scheme for foreign tourists.
- Employees of embassies and international organizations who enter the country are allowed to quarantine in their own residence while others must quarantine in designated hotels.
- Continue closures of all forms of entertainment venues, karaoke parlors, bars, casinos nationwide.
- Prohibit gatherings or events with more than 50 persons are prohibited including religious activities, traditional ceremonies, and weddings.

Measures in areas with community outbreak:

- Continue closure of indoor and outdoor sport centers, massage places, spas, cinemas, and tourist attractions.
- All types of vehicles are prohibited to commute starting from 23:30 to 05:00 excluding vehicles transporting goods, food, medical equipment, ambulances, fire trucks, rescue trucks, vehicles of the taskforce committee and operating officials.
- Ministries and ministry-equivalent organizations can allow their employees and government officials to work on a rotational basis or work from home Those in the ‘at risk’ groups and pregnant women who cannot be vaccinated are to work from home.

Relaxed measures:

- Permit domestic public transport by road, water, and air without requiring authorization from departing and destination province, and without requiring quarantine. Service providers and passengers must have proof of complete vaccination (except for those pregnant or age ineligible for vaccination).
- Schools and educational institutions nationwide are permitted to open for face-to-face learning. The Ministry of Education and Sports is tasked to collaborate with the Ministry of Health and concerned sectors in formulating requirements and detailed preventive and control measures.

On 17 November, Thatluang Festival was held in Vientiane Capital for 3 days. There were no exhibitions, fair and parades. Only representatives from 4 districts offered the beewax offering according to the tradition. There was no alms giving at Thatluang but the public can provide alms at Thatluang Neua Temple and Thatluang Tai Temple. The candle parade was held for monks and designated guests only and not opened for the public.

There are 993 red-zone villages in 83 districts from 18 provinces as of 23 November.
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<th>Non-Pharmaceutical Interventions</th>
<th>Date first implemented</th>
<th>Date last modified</th>
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*Measures implemented in some provinces with community transmission  
*Incoming charter flights to Vientiane City are allowed upon approval by the Ad Hoc Committee

Figure 10: Epicurve by week of reporting and timeline of significant public health and social measures in Lao PDR, 1 March 2020 – 23 November 2021

*Epi week 46 includes 3 days of data only, please see daily epicurve for more details