Situation Summary

Highlights of Current Situation Report

- 516 cases and one death were reported from 12-25 May 2021, bringing the cumulative total to 1,878 confirmed cases of COVID-19 with two deaths since March 2020. In total, 696 cases have recovered, while there are still 1,180 active cases.
- 1,820 cases were reported between 20 April-25 May 2021 (Figure 1). The majority (85%, 1,546/1,820) of cases were locally acquired.
- In the last two weeks, 516 cases were reported in seven provinces (Figure 2). Local cases were reported in four provinces, while three provinces reported only imported cases, with details below.
    - Vientiane Capital continues to report a high proportion of cases (n=136, of which only two were imported cases). Local cases have been reported from 7 districts, with Xaysetha district reporting the highest number of cases (46%, 63/136). Clusters in the last two weeks were from households and workplaces in various villages, with cluster size ranging from 3-16 cases each. Four of these clusters were detected after active case finding in the villages of residence of unlinked cases. There is an increase in unlinked cases, with 19 cases with unclear source of infection on initial interview in the last two weeks. Investigations are ongoing through repeat interviews to identify links to previous clusters.
    - Bokeo Province reported the highest number of cases (n=188), the majority of which were from the Special Economic Zone. Almost 90% of cases (167/188) are linked to casinos in the Special Economic Zone.
    - Savannakhet, Champasack, and Khammuane reported a total of 177 imported cases in the last two weeks, all of which were among returnees from Thailand.
    - Oudomxay reported 12 cases, of which 10 were locally acquired, one imported from Thailand, and one imported from Vietnam. Investigations are ongoing to identify the source of infection of the locally acquired cases.
    - Six cases in healthcare workers were reported in the last two weeks, including three from Vientiane Capital, and three from Oudomxay. Of these, three worked in Covid-designated wards (including two cleaning staff), one had exposure to a non-Covid patient who later tested positive, and two others whose source of infection is under investigation.
    - The majority of the cases have no or mild symptoms, with eight cases currently requiring oxygen support. The second death occurred in Vientiane Capital on 13 May. The case was a 29-year old Lao national, with multiple underlying conditions.
- Majority (50%, 865/1,699) of the cases since 20 April are in the 20-29 year old age group, with 24 cases among those 60 years and older.
- Institute Pasteur du Laos (IPL) is conducting sequencing of Covid-19 cases. Cases from the cluster in Vientiane Capital that were sequenced have been confirmed to have the B.1.1.7 variant.

Figure 1. Epicurve of confirmed cases by date of reporting, 20 Apr-25 May (n=1,820)

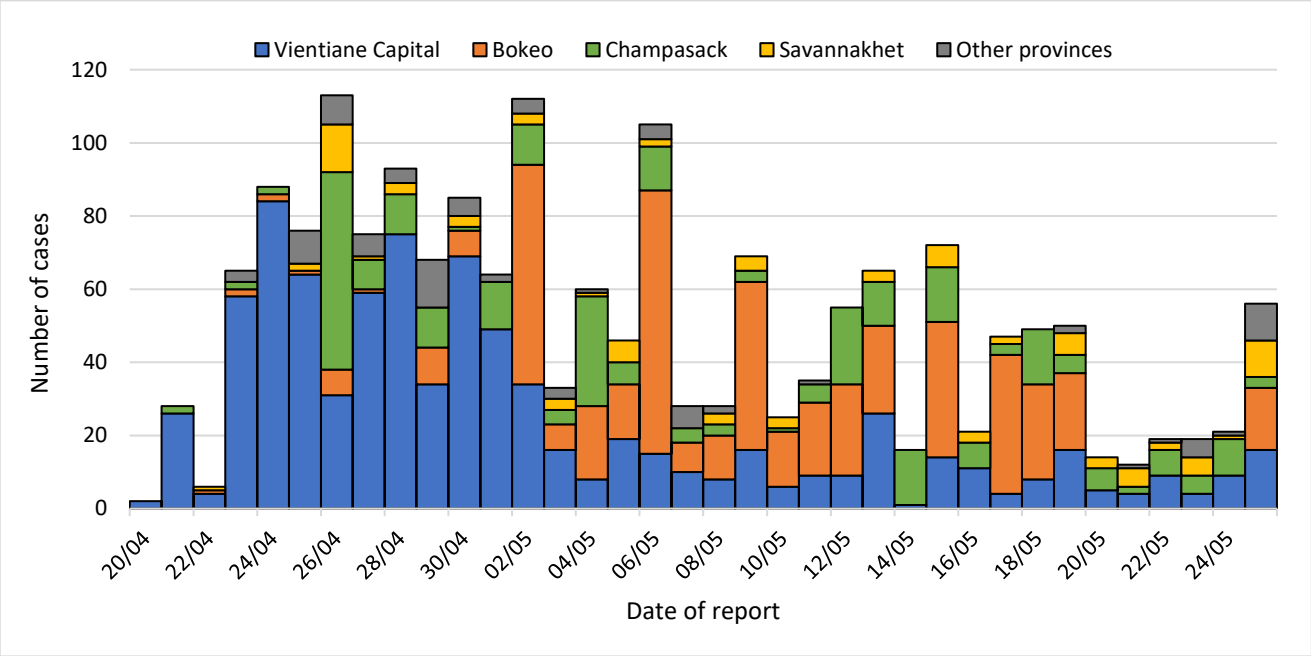
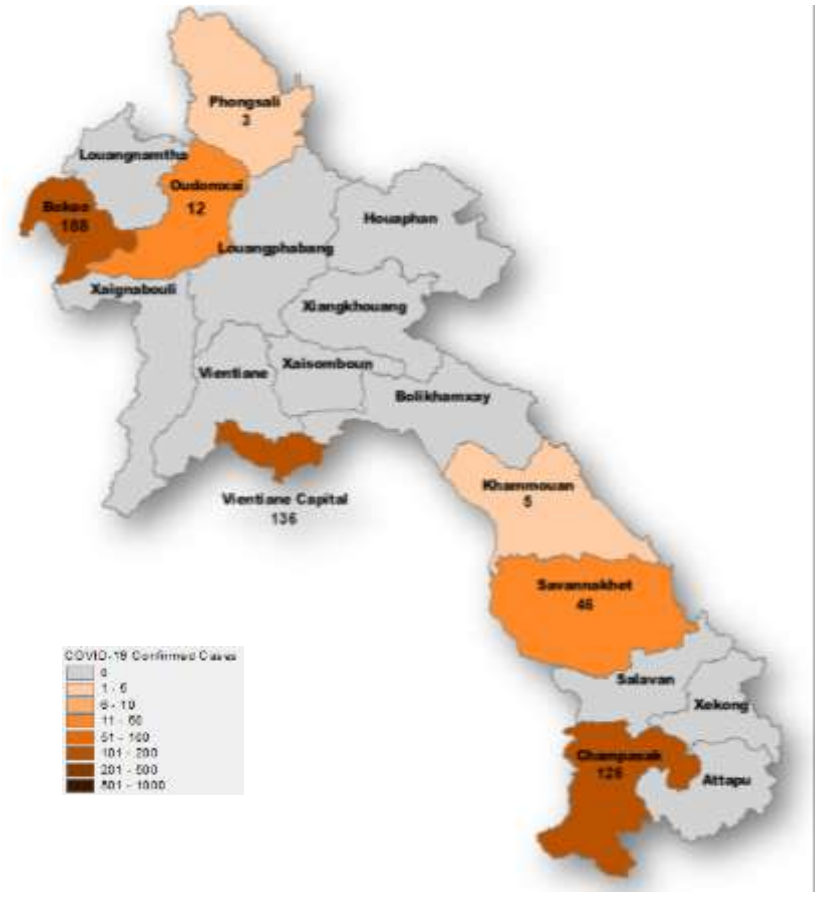


Figure 2. Geographical distribution of confirmed cases in Lao PDR, 12-25 May (n=516)



Investigation and Surveillance

- Central level MoH, led by the National Centre of Laboratory and Epidemiology (NCLE), Department of Communicable Disease Control (DCDC), Vientiane Capital Health Department, with support from WHO, continue to conduct case investigations to identify source of infection, contacts, and 3C settings (close contact, crowded and closed/unventilated) and other high-risk locations visited by confirmed cases. Daily meetings are held to discuss clusters and unlinked cases to inform the investigation. Technical support is also provided by NCLE to provincial health departments of provinces with locally acquired cases.
- A virtual meeting is held weekly with provinces to share the current situation, discuss surveillance strategies, close contact management and share lessons learnt. Provinces reporting no cases are guided on how to strengthen surveillance to detect possible cases of Covid-19.
- MoH has modified the quarantine guidelines to include a second test on Day-12 of quarantine, due to the risk of imported cases, as well as recent cases being detected among returnees that completed 14-day quarantine.
- A stage-based surveillance and testing strategy has been drafted with the support of WHO.
- MoH is discussing with the Ministry of Public Security about the surveillance strategy and measures to detect, supress and contain transmission in prisons, with WHO providing support.
- The SOP on harmonization of influenza and Covid-19 surveillance has been revised with the support of WHO to enhance testing for Covid-19 at sentinel sites.
- NCLE with WHO support will provide tablets to provinces to be used for collecting data during specimen collection with the objective of improving data quality and timeliness for response. Training will be conducted for provincial epidemiology and laboratory staff on 26 May.
- WHO through partnership with the European Union handed over 25 laptops on 17 May 2021 to support districts in strengthening surveillance for Covid-19 and notifiable disease using DHIS2.
- The community engagement system has been activated to support close contact monitoring of those in home quarantine, with monitoring by village heath authorities and health centers.
- Weekly multisource surveillance meetings are coordinated by DCDC at central level to assess the risk of community transmission, with technical support from WHO. Action points from this meeting are presented at the EOC the next day.

Laboratory Testing

- Between 18-24 May, almost 10,400 tests were conducted nationwide, with the number of daily tests ranging from 1,100-1,800 specimens.
- In Vientiane Capital, over 5,600 tests were conducted from 18-24 May, with the positivity rate ranging from 0.4-2.8% (Figure 3). Majority of samples collected were from mobile specimen collection teams deployed to settings with reported clusters (e.g. villages, workplaces, etc.).
- Other laboratories have been supporting NCLE with testing at central level. The following samples were tested by each laboratory:

Laboratory	Number of specimens tested from 18-24 May
NCLE	2,524
Institut Pasteur du Laos (IPL)	897
Centre d'Infectiologie Christophe Mérieux du Laos (CIML)	1,092
Lao-Oxford-Mahosot Hospital-Wellcome Trust Research Unit (LOMWRU)	774
TB Center	798

- In Bokeo Special Economic Zone (SEZ), there is a recent decrease in the daily number of tests conducted as the testing strategy has been shifted to prioritize testing those that are symptomatic. Payment for testing is now required, which is expected to have resulted to a lower number of tests conducted. Central MoH is working with Bokeo provincial taskforce and provincial health department, and a meeting is scheduled on 28 May to assess the risk of community transmission and discuss response measures needed in Bokeo and the SEZ.
- In other provinces, the number of tests in the last 7 days, excluding tests among returnees, ranges from 4-675 (Figure 4). PCR testing capacity of provinces are being increased using mobile PCR and GeneXpert.

Figure 3. Daily tests and positivity rate, Vientiane Capital, 25 April-24 May

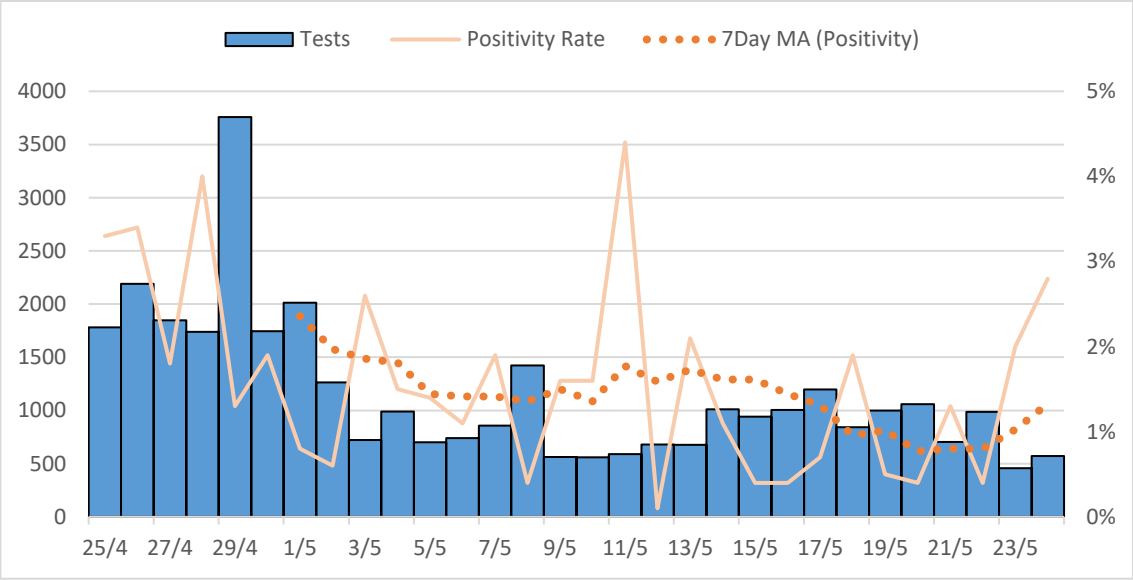
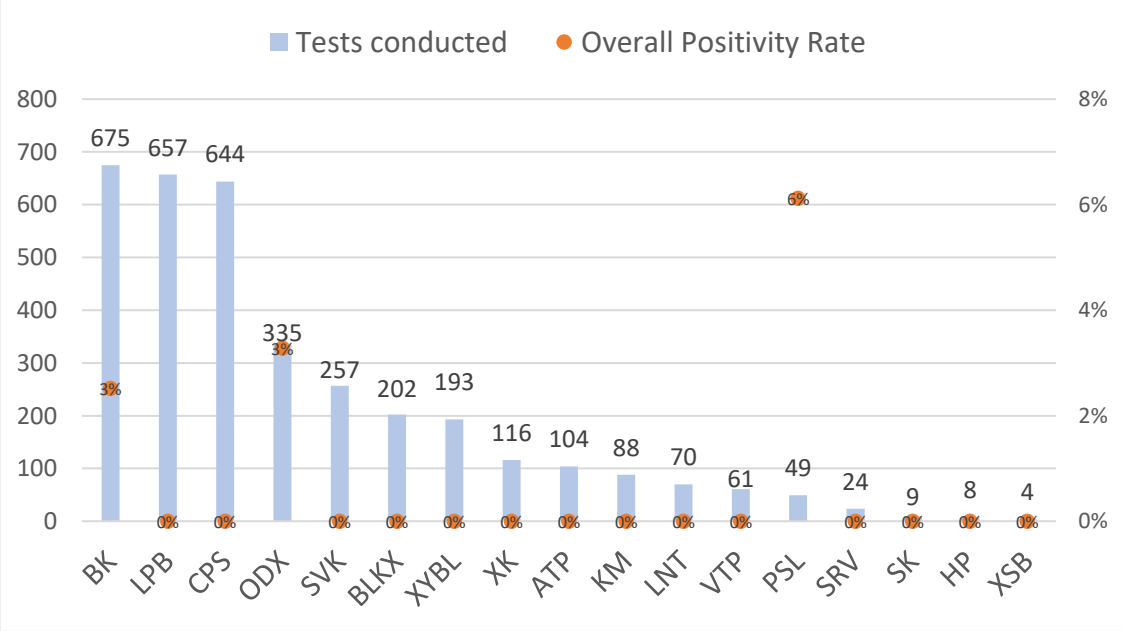


Figure 4. Number of tests* and positivity rate in provinces from 18-24 May



*excludes tests and positives among returnees in Champasack, Savannakhet, and Khammuane

Clinical management and care pathways

- The Department of Healthcare and Rehabilitation (DHR) is facilitating the transfer of all confirmed cases. Asymptomatic and mild cases are transferred to isolation facilities while severe cases are admitted in hospitals.
- In Vientiane capital, KM27 isolation facility, Houay Hong stadium and LaneXang stadium have been established with training provided and these facilities have started receiving mild and asymptomatic cases. Other provinces have prepared similar facilities.
- Guidelines for deisolation criteria :
    - For symptomatic cases: 14 days after symptom onset, plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms).
    - For asymptomatic cases: 14 days after positive test for SARS-CoV-2.
    - Cases are requested to self-monitor for seven days after discharge. Some cases are being tested prior to discharge for research purposes.
- With recent healthcare worker infections DHR plans to conduct refresher trainings for healthcare workers, including cleaners, in all hospitals. WHO is also supporting MOH to advocate hospital managers to implement measures to protect their staff in hospitals.
- The National Clinical Management Guideline for COVID-19 (version 4) has been reviewed and updated with WHO support and advice from LOMWRU, including developing an IPC guideline on airborne transmission and 10 practical steps for improving ventilation. Guidance on the care of children and pregnant women and use of corticosteroids has also been updated.
- Training materials are being developed including a video on case management guidelines.
- DHR is developing a video for patients (physical activities and mental health) and will provide mental health support for those in isolation facilities.
- WHO is providing ad-hoc technical support to the clinical management of patients with complex needs in Central Hospitals.
- WHO is also working with the Lao Critical Care Society to hold a Symposium on the Clinical Management of patients with Severe/ Critical COVID-19 disease featuring presentations from local and international experts.
- WHO has drafted guidance on safe provision of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) essential services and SOP for normal delivery and Caesarean section in the time of COVID-19.
- DHR continues to run training courses for staff who will begin working in units caring for COVID-19 patients, including additional sessions for IPC in special circumstances.
- DHR is strengthening the preparation of isolation facilities in provinces. WHO has supported urgent procurement of autoclaves for infectious and sharp waste treatment in isolation facilities in Vientiane Capital and development of a practical guideline on waste management.

Vaccines

- MoH has issued the Emergency Use Authorization for Pfizer/BioNTech Covid-19 vaccine, with support from WHO. Pfizer vaccines are expected to arrive this month.
- MoH plans to extend target population for vaccination in 2021 from 22% to 50% of the total population. As of 24 May, over 614,000 people have received their first doses and more than 136,000 received their second dose.
- Mass vaccination is being conducted in Tonpheung district (including the Special Economic Zone) in Bokeo province, with almost 40,000 people given the first dose of the vaccine so far.

- WHO supported the procurement of three ultracold chain freezers through funding from BMG. These were handed over to the National Immunization Programme on 24 May.

Communication

- The Centre for Communication and Education for Health (CCEH) continues to share social media posts to disseminate information on Covid-19 prevention measures.
- Messages on prevention measures are being developed for short messaging service (SMS) in collaboration with Lao Telecom.
- WHO is working with CCEH and Mind Media to produce videos on isolation facilities, sample collection and vaccination sites with the aim to showcase MOH preparedness and response activities.
- A Risk Communication stakeholder meeting was held to discuss about activities in provinces. Plan International, SUN CSA and Care International worked at provincial levels and they have translated audio materials into ethnic languages. Besides radio spots, partners have also developed jingles, songs, and community drumming in Hmong and Khmu languages. As they have a good network of youth volunteers, WHO and CCEH will use their social media platform to reach young people and share messages on risks of transmission to family members, and messages to stay home and follow nonpharmaceutical intervention measures like lockdown, wearing a mask, regular handwashing and keeping a distance from others especially in closed and crowded settings.
- CCEH is working with National Immunization Programme (NIP), WHO, and UNICEF to update the information on vaccination sites, second-dose reminders, online vaccination registration platform and vaccine safety.
- MoH is planning a rapid assessment telephone survey targeted at young people to understand what may persuade them to stay home and mitigate risks to themselves and their family members, with WHO providing technical support.
- The radio broadcast manual has been updated with CCEH and disseminated to provinces for use by local authorities and village heads. A series of comics has been developed to share messages to the community.
- CCEH and WHO is collating requests from provincial Risk Communication taskforces to re-print posters for village levels.
- WHO had discussions with Care International on the methodology of their telephone survey which covered gender and their uptake of health services to include questions on COVID-19 and vaccines.

Public health and social measures

- On 20 May, MoH released the new notice on zone classification to control and prevent the outbreak of COVID-19. MoH classifies zones of COVID-19 outbreak by village. There are three zones, classified as red, yellow and green. Villages with 1 confirmed case without identified source of infection or a cluster of 2 or more confirmed cases in the last 14 days are classified as red zone. If there are no new confirmed cases after 14 days, the village will be reclassified from the red zone to the yellow zone.
- As of 25 May, there are 29 red-zone villages in Vientiane Capital, while the rest of the villages are classified as yellow zones.
- WHO is providing technical support to MOH in conducting risk assessments to inform recommendations for public health measures, including on international travel restrictions and extension of lockdown measures.
- DHHP together with WHO is developing a system to provide mental health support at the community level through village health committee/village chief.
- WHO in collaboration with Lao Tropical and Public Health Institute, NCLE, Maternal and Child Health Center (MCHC) and Ministry of Home Affairs (MoHA) are developing a community engagement workshop to assist communities in maintaining access to essential health services and develop local strategies for surveillance and homecare.

Partner coordination

- WHO continues to coordinate with partners on their available support. Last COVID-19 Health Cluster meeting was held on 19 May. The MoH supplies masterlist for 2021-2022 was shared with the group.
- MoH is planning an internal workshop to strengthen partner coordination following experiences from COVID-19.

Transmission Assessment:

As of 25 May, Vientiane Capital remains in Stage 2 (Localized community transmission) while 13 other provinces are in Stage 1 (Imported cases), and four provinces are in Stage 0 (No cases).

In Vientiane Capital, 136 locally acquired cases were reported from household and workplace clusters across seven districts in the last two weeks. Although positivity rate remains low at 1-1.5%, there is an increase in unlinked cases, with 19 cases with unclear source of infection on initial interview in the last two weeks. Severe Covid-19 cases increased to a daily average of 8-9 cases requiring oxygen. Three new healthcare worker cases were reported with transmission from within the healthcare facility. With recent shift from a full lockdown to a zoning-based lockdown, mobility is expected to increase resulting to further transmission in the community. Hence, Vientiane Capital is in Stage 2 – localized community transmission[a].

Bokeo reported 188 locally acquired cases in the last two weeks, of which 186 were from Tonpheung District, and two from other districts. Majority of these cases work in casinos in the Special Economic Zone (SEZ). This cluster is linked to the import-related cluster in Vientiane Capital with evidence from case investigation and sequencing of samples. Hence, Bokeo is in Stage 1 – Imported-linked, with a high-risk of moving to wider community transmission[a]. Testing has recently decreased in the Special Economic Zone due to a shift in strategy and payment requirement for the test. With reduced number of tests, cases may be missed leading to delayed case isolation and contact tracing.

Locally acquired cases were also reported in Oudomxay (n=10) and Phongsaly (n=3) in the last two weeks, including unlinked cases whose sources of infection are still under investigation. Three healthcare worker infections were reported in Oudomxay, including one working in a Covid-19 area, and two working in non-Covid areas. Nine other provinces (Luangnamtha, Luangprabang, Xayabouly, Xiengkhuang, Vientiane province, Bolikhamxay, Savannakhet, Saravan, and Champasack) remain in Stage 1, while Huaphan, Sekong, Attapeu and Xaisomboun are in Stage 0[b].

The risk of the transmission spreading in the wider community is very high. Cases in Vientiane capital and Bokeo were confirmed to have the B.1.1.7 variant, and sequencing is ongoing to detect other variants of concern. Cases are among younger age groups who are highly mobile and may continue to do essential work. Recent relaxation to a zoning-based lockdown is expected to increase population movement, increasing the risk of transmission in the community. There remain challenges with implementing strict quarantine of close contacts, leading to subsequent transmission from cases before they are isolated. Although testing criteria should include testing of all suspected cases, including SARI cases, the coverage is still being improved. There is also a possibility of undetected cases and wider transmission than is being detected, as current testing strategies may still miss asymptomatic cases with no links to confirmed cases and identified high-risk locations. There is also a continued risk for additional introductions of the virus, with ongoing entry of returnees and truck drivers, and illegal crossing, particularly across the Lao-Thai border.

[a]Assessment done by Ministry of Health together with Local Health Departments
[b]Assessment done by WHO, with concurrence from Ministry of Health

Epidemiology

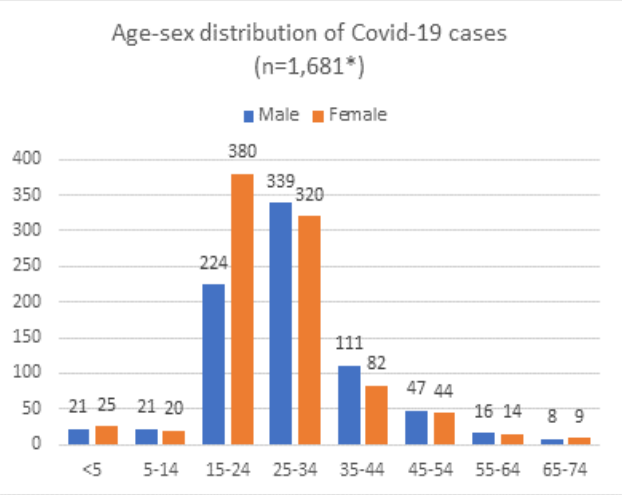
Epi Update COVID-19	**238** (17.4%) Imported Cases in past 28 days (%)	**26** Cases in past 28 days with no link	**20** Active Clusters	**5** Active clusters with >3 generations

	Tests	Cases	Deaths	ICU Admissions
	12,060 NAT Tests past 7 days	**191** New cases past 7days (-41.23% 7-day)	**0** Deaths past 7days	**0** ICU Admissions past 7days
	235,603 Cumulative NAT Tests	**1,878** Cumulative Cases	**2** Cumulative Deaths	**0** Cumulative ICU Admissions

Health Service Provision COVID-19	**618** Health care workers trained in COVID-19 Case Management	**3** Healthcare worker cases reported past 7 days	**247** Hospitals admitting COVID-19 patients	**248** Total ICU beds

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

Age Group	Female		Male	
	Cases	Deaths	Cases	Deaths
0-4	25(5)	0(0)	21(4)	0(0)
5-14	20(5)	0(0)	21(5)	0(0)
15-24	380(31)	0(0)	224(25)	0(0)
25-34	320(42)	0(0)	339(27)	1(0)
35-44	82(10)	0(0)	111(11)	0(0)
45-54	44(6)	1(0)	47(3)	0(0)
55-64	14(2)	0(0)	16(0)	0(0)
65+	9(0)	0(0)	8(0)	0(0)
Total	894(101)	1(0)	787(75)	1(0)



only includes cases with age-sex information

ILI/SARI sentinel surveillance

- From 8-14 May 2021, 20 samples from sentinel sites were tested (16 ILI, 04 SARI) and all tested negative for SARS-CoV-2 and influenza.
- Sentinel ILI cases are stable and within range of previous years (Figure 3). The proportion of ILI consultations per total consultations at sentinel sites remains lower than the 3-year average.
- SARI cases reported to the notifiable disease surveillance system decreased and remain lower than previous years (Figure 4). The percent of SARI admissions per total hospitalisations at sentinel sites also remains below the 3-year average.

Figure 3. Weekly number of ILI presentations at sentinel sites, as of week 20, 2021 (Source: NCLE)

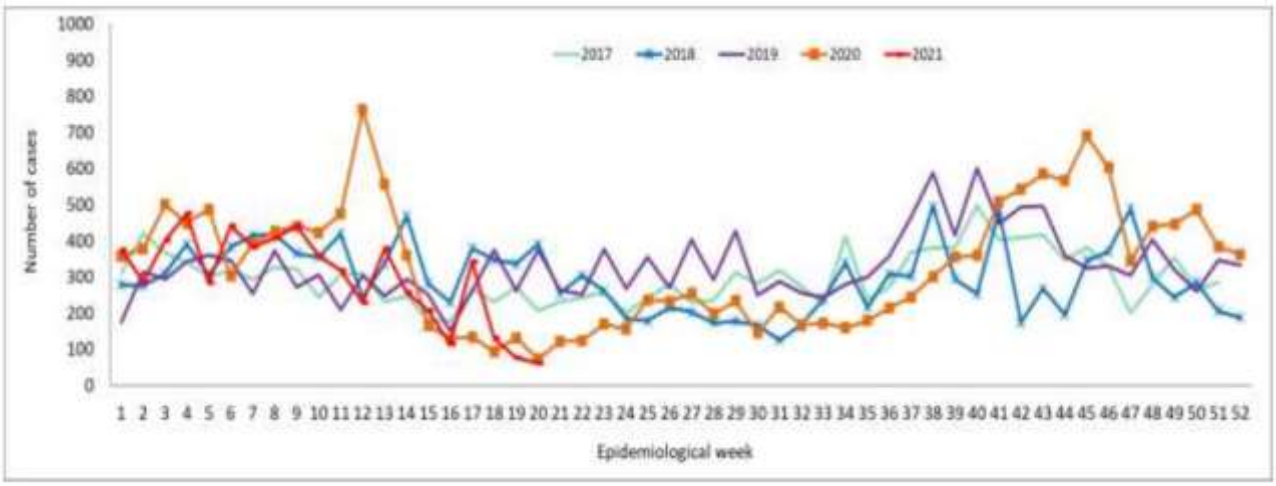


Figure 4: Weekly number of SARI cases reported to the notifiable disease surveillance, as of week 20, 2021 (Source: NCLE)

Strategic Approach

National and Provincial Public Health Response

- National EOC activated and continuing to meet daily.
- Operational plan for the next 2 years 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 hold 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.
- 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

- Although strong public health and social measures are in place, there is a need to strengthen implementation and have clear communication with communities to ensure compliance.
- Compliance of close contacts with 14-day home quarantine.
- Data management- unprecedented amounts of data to coordinate between different functions (e.g. laboratory, case investigation, contact tracing and clinical management)
- Ensuring provincial and district hospitals are prepared for an increase in COVID-19 cases including case management capacity, IPC measures and adequate medical equipment and personal protection equipment (PPE), waste management.
- Healthcare capacity can be rapidly overwhelmed and isolation facilities are being established in all provinces to manage mild and asymptomatic cases.

- There are limited resources to operate safe isolation and quarantine facilities. Incorporation of best practice for physical distancing, hygiene, WASH standards, mental health needs of people in quarantine and safety/security of those in quarantine centres are needed.
- Due to the heightened COVID-19 crisis in India, COVAX no longer expects deliveries of AZ to Lao in May. Existing stocks of AZ are being reserved for 2nd dose. The other vaccine available in Lao PDR - Sinopharm - is being used in people aged under 60 and without comorbities, AZ as a result is predominantly being used in people aged 60 and above and those with underlying health conditions.
- Illegal border crossings and continued entry of commercial truck drivers from Thailand continue to pose a risk especially to border provinces.
- With ongoing community outbreaks in neighbouring countries, and continued risk of illegal crossing, multisectoral collaboration is needed to implement stricter border measures.

Non-Pharmaceutical Interventions (NPI)

- On 20 May, MoH released the new notice on Zone classification to control and prevent the outbreak of COVID-19. MoH classifies zones of COVID-19 outbreak by village. There are three zones, classified as red, yellow and green. If there are no new confirmed cases after 14 days, the village will be considered to be eliminated from the red zone/village list.

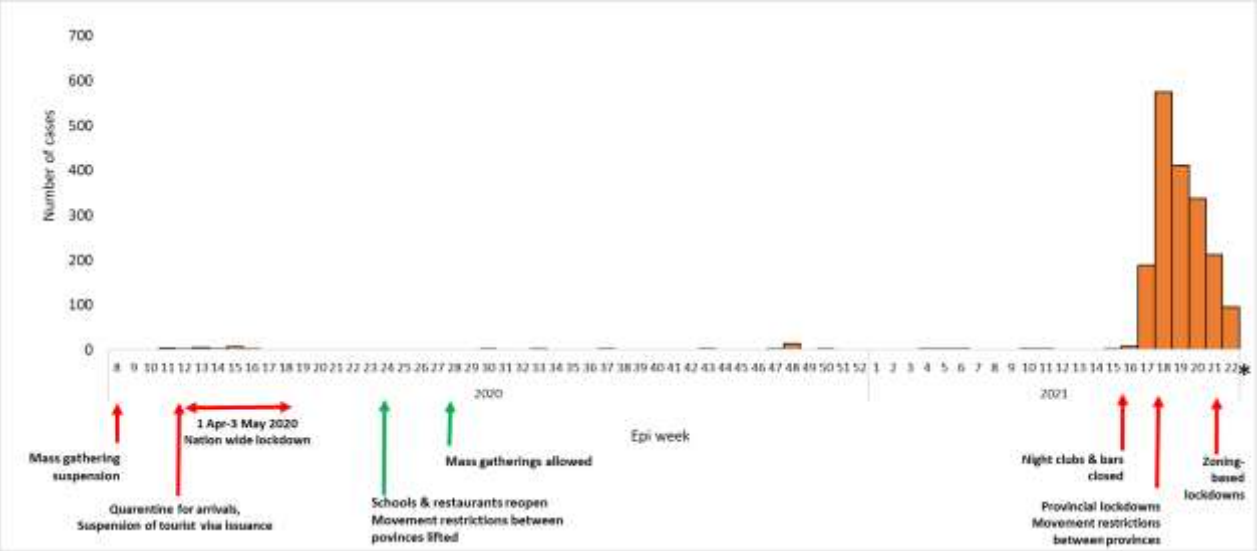
	Red	Yellow	Green
Classification	Village with 1 confirmed case without identified source of infection OR a cluster of 2 or more confirmed cases in the last 14 days.	Village with 1 confirmed case with identified source of infection in the last 14 days and/or is a village bordered with the red zone and/or is a village with close contacts.	No confirmed cases or close contacts in the last 14 days.
Stay-at-home	No one is allowed to leave their accommodation except for essential reasons (goods and food delivery, hospital and vaccination)	Allow travel within yellow zones	Allow travel within green zones
Gatherings	Not allowed	Not more than 5	Not more than 10
Border security	Have 24-hour security to prevent unauthorized entry or exit	None	None
Restaurants	Only takeaway	Only takeaway	Only takeaway
Offices	Offices that require staff stationed at work must assign staff to work at the office for 14 day rotations.	Minimum number of staff to work at the office	
Other venues	Close beauty salons, hair salons, barber shops, casinos and all types of gaming stations. Close factories and manufacturers		

- Measures announced by the National Taskforce Committee on 12 April:
  - Closure of all entertainment venues, including karaoke bars and pubs
  - Prohibition of social gatherings where 1-meter distancing cannot be followed
- The Ministry of Health extended the prevention and control measures for COVID-19 from 1 April to 31 May 2021, including (Figure 5):
  - Suspension of charter flights from countries with ongoing transmission, except those approved by the Taskforce.
  - Suspension of tourist visa issuance. All individuals approved to enter the country must have a negative RT-PCR test, and then, upon arrival, should get tested again and quarantine at a designated facility or hotel for 14 days.
  - Closure of international borders except for Lao citizens and foreigners approved to enter.
  - Prohibition of concerts, events and social gatherings at a large scale.
  - Stricter border measures and monitoring for illegal crossing.
  - Continuing the vaccination of target groups.
  - Reinforce to maintain physical distancing, wear a mask where physical distancing is impossible, wash hands with soap and water or use hand sanitizer, practice respiratory etiquettes and to seek healthcare immediately if with any symptoms.

Non-Pharmaceutical Interventions	Monitoring status					
			Implementation		Partial lift	Lifted
	Date first implemented	Date last modified	Geographical (national or sub-national)	Recommended or Required	Lifted for some areas	Lifted for all areas
Wearing Face Masks, Hand Hygiene, Respiratory Etiquette	3 February 2020	None	National	Recommended	No	No
School Closure	17 March 2020	April 2021	National	Recommended	No	No
Workplace Closure	29 March 2020	April 2021	National	Required	Yes	No[a]
Mass Gatherings	2 March 2020	April 2021	Sub-national	Required	No	No
Stay at Home	1 April 2020	20 May 2021	Sub-national	Recommended	Yes	No[a]
Restrictions on Internal Movement (within country)	1 April 2020	April 2021	Sub-national	Required	Yes	No[a]
Restrictions on International Travel	29 March 2020	None	National	Required	No[b]	No
Others;	None	None	-	-	-	-

[a]Stay-at-home and interprovincial border measures implemented in some provinces.
[b]Incoming charter flights to Vientiane City are allowed upon approval by the Ad Hoc Committee

Figure 5: Epicurve by week of reporting (n=1327) and timeline of significant public health and social measures in Lao PDR, 1 March 2020 – 25 May 2021



**Epi week 22 includes 3 days of data only, 23-25 May, please see daily epicurve for more details*