Situation Summary

Highlights of Current Situation Report

- 92 cases and one death were reported from 26 May-8 June 2021, bringing the cumulative total to 1,970 confirmed cases of COVID-19 with three deaths since March 2020. In total, 1,773 cases have recovered, while there are still 191 active cases.
- 1,912 cases were reported from 20 April when the current outbreak is considered to have started (Figure 1). The majority (85%, 1,620/1,912) of cases were locally acquired. In the past 28 days, cases were reported from eight provinces (Figure 2).
- In the last two weeks, 92 cases were reported, which is an 82% reduction in the number of reported cases in the two weeks prior to this (11-25 May, n=516 cases). The 92 cases reported in the past two weeks are from four provinces. Local cases were only reported in one province, Vientiane Capital, while three provinces reported only imported cases, with details below.
  - Vientiane Capital continues to report the most cases (n=54, all of which were local cases). Cases came from eight districts, with majority from Xaithany (n=16), Chanthabuly (n=14), and Xaisettha (n=12). Majority of cases (n=52) are linked to clusters in households and indoor gatherings, while there are two unlinked cases with unclear source of infection on initial interview. Investigations are ongoing through repeat interviews to identify links to previous clusters.
  - Savannakhet and Champasack continue to report imported cases among returnees from Thailand, with 37 imported cases in the last two weeks. Luangnamtha also reported one imported case.
  - One healthcare worker tested positive in the last two weeks, with exposure from the household.
- The third death in Lao PDR, reported on 28 May, was a 74-year-old male with multiple underlying conditions. The case was admitted on 11 May 2021 with severe pneumonia and tested positive for COVID-19.
- Majority (95%) of the cases have no or mild symptoms at time of interview, with 2 cases currently requiring oxygen support, and no critical cases requiring ventilator support.
- Majority (53%, 953/1,798) of the cases since 20 April are in the 20-29 year old age group, with 27 cases (1.5%) among those 60 years and older.
- Institute Pasteur du Laos (IPL) is conducting sequencing of Covid-19 cases. From 20 April to 23 May, genetic sequencing of samples from six local cases in Vientiane Capital and Bokeo, and nine imported cases in Savannakhet and Champasack were all found to have the alpha (B.1.1.7) variant. No other variants of concern have been detected so far.
Figure 1. Epicurve of confirmed cases by date of reporting, 20 Apr-8 June (n=1,912)

Figure 2. Geographical distribution of confirmed cases in Lao PDR, 11 May-7 June (n=641)
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 and suppress contained transmission in prisons, with WHO providing support.
- There are plans to expand the enhanced detection strategy in all provinces to include other high-risk occupations specific to each area (e.g. factory workers, market vendors, etc).
- 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 has provided tablets to provinces to be used for collecting data during specimen collection with the objective of improving data quality and timeliness for response. Training was conducted for provincial epidemiology and laboratory staff on 26 May. Tablets are now in use for data collection.
- The community engagement system has been activated to support close contact monitoring of those in home quarantine, with monitoring by village health authorities and health centers.
- NCLE drafted an SOP for workplaces on who should come to work and who should stay home, particularly for contacts of a positive case, with support from WHO.
- 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

- In the past week (1-7 June), over 13,200 tests were conducted nationwide, with the number of daily tests ranging from 1,500-2,500 specimens.
- In Vientiane Capital, over 6,800 tests were conducted from 1-7 June, with an overall positivity rate of 0.35%. Other laboratories have been supporting NCLE with testing at central level. The following samples were tested by each laboratory:

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Number of specimens tested from 1-7 June</th>
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<tbody>
<tr>
<td>NCLE</td>
<td>3399</td>
</tr>
<tr>
<td>Institut Pasteur du Laos (IPL)</td>
<td>1016</td>
</tr>
<tr>
<td>Centre d’Infectiologie Christophe Mérieux du Laos (CIML)</td>
<td>1510</td>
</tr>
<tr>
<td>Lao-Oxford-Mahosot Hospital-Wellcome Trust Research Unit (LOMWRU)</td>
<td>1520</td>
</tr>
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• Enhanced detection in six markets and six factories in Vientiane Capital from 28 May to 4 June (n=3,310) did not find any positive cases.
• In other provinces, Covid-19 testing capacities of provinces are being increased using mobile PCR and GeneXpert. Twelve GeneXpert machines procured by WHO arrived this week and will be distributed to provinces. The number of tests per province in the last 7 days excluding tests among returnees, ranges from 4-780 (Figure 3).

Figure 3. Total number of tests conducted per province from 1-7 June

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.
• DHR and the Department of Health and Hygiene Promotion (DHHP) are strengthening the preparation of isolation facilities in provinces. DHHP and WHO has conducted rapid assessment on waste management practice in Vientiane Capital and provided two autoclaves for infectious and sharp waste treatment in isolation facilities in Vientiane Capital along with basic supplies and development of a practical guideline on waste management and standards operational procedures for an autoclave. Urgent procurement for environmental cleaning, disinfection for non-health settings and supply and equipment for general and infectious waste collection, internal storage and transport in five provincial and selected district hospitals are underway.
• Guidelines for deisolation criteria:
  o For symptomatic cases: 14 days after symptom onset, plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms).
  o For asymptomatic cases: 14 days after positive test for SARS-CoV-2.
  o Cases are requested to self-monitor for seven days after discharge. Some cases are being tested prior to discharge for research purposes.
• 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.
• The Lao Critical Care Society hosted a Symposium on the Clinical Management of patients with Severe/Critical COVID-19 disease featuring presentations from local and international experts, with support from WHO.
• 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.

Vaccines
• As of 7 June, 691,381 1st doses and 326,239 2nd doses of COVID-19 vaccine have been administered.
• Around 100,000 doses of Pfizer vaccines arrived on June 2nd, and will be administered for three priority target groups, medical personnel, elderly and people with chronic illnesses. Recommendations have been updated recently to extend the storage conditions of thawed vaccine at 2-8°C to 31 days.
• 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.
• MoH plans to extend target population for vaccination in 2021 from 22% to 50% of the total population.

Communication
• The Centre for Communication and Education for Health (CCEH) continues to share social media posts to disseminate information on Covid-19 prevention measures. It gathers Q&A from press conferences chat box, calls to hotlines 165/166, and address trending hot topics related to COVID-19, symptoms, transmission, vaccines, rapid diagnostic test kits, regulation on zoning, inter-provincial travels and address them through its posts.
• Messages on prevention measures are being developed for short messaging service (SMS) in collaboration with Lao Telecom.
• WHO is working with CCEH to produce videos on zoning, there will be videos done with law enforcement teams, village chief and residents in red zones to see if they understand the rules and regulations, and challenges on enforcing these regulations. CCEH continues to support the National Immunization Programme (NIP), WHO, and UNICEF to update the information on vaccination sites, second-dose reminders, online vaccination registration platform and vaccine safety. As many online queries related to Pfizer vaccine availability, the team will be preparing messages on priority populations, to ensure that elderly and people with underlying health conditions can receive the vaccine.
• 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.
• Based on perception and behavioral insights survey results received from IPSOS, common preventive measures like physical distancing, wearing of masks, and hand washing shows high recall but there is a need to promote ways to reduce transmission, including disinfecting commonly touched surfaces, not touching eyes and nose when wearing masks, and covering mouth with bent elbow when coughing in public areas.
• CCEH will support field activities in persuading close contacts to come forward to get tested at mobile testing sites, by explaining the purpose of testing, needs to avoid stigmatizing people who come forward for testing, through health promotion and interpersonal communication activities. WHO will support technical content, working with CCEH to develop scripts that engage the audiences through role play exercises.

Transmission Assessment:

As of 8 June, Vientiane Capital remains in Stage 2 (Localized community transmission), seven provinces in Stage 1 (Imported cases), and ten provinces in Stage 0 (No cases).

In Vientiane Capital, locally acquired cases continue to be reported but have decreased, with the majority linked to previous clusters, and only two cases with unclear source of infection on initial interview in the last two weeks. There are no signals of large-scale transmission as reported cases have decreased, positivity rate has remained <1%, and enhanced detection in markets and factories did not find positive cases.

Seven provinces are in Stage 1. Bokeo, Phongsaly, and Oudomxay reported locally acquired cases in the past 28 days, with the majority linked to import-related clusters, and no cases reported in the past 14 days. Savannakhet, Champasack, Khammuane, and Luangnamtha continue to report imported cases among returnees from neighboring countries. The remaining ten provinces did not report any cases in the past 28 days. There are no clear signals of community transmission in these 17 provinces. In the past two weeks, tests among ILI/SARI cases, healthcare workers, POE and quarantine staff, and close contacts were all negative. Trends in SARI cases remain lower than previous years, no observed increase in ICU beds and ventilators used, and no clusters of respiratory illness were reported from the community or the hotline.

The risk of undetected transmission in the wider community remains high, with some provinces conducting few tests, and current testing strategies may still miss mild or asymptomatic cases with no links to confirmed cases and identified high-risk locations. Although testing criteria should include testing of all suspected cases, including SARI cases, the coverage is still being improved. Local and imported cases were confirmed to have the B.1.1.7 variant, and sequencing is ongoing to detect other variants of concern. There is increased risk of transmission due to increased social mixing from the recent relaxation of measures and continued violations of guidelines prohibiting gatherings. There remain challenges with implementing strict quarantine of close contacts, leading to subsequent transmission from cases before they are isolated. Resumption of interprovincial travel also increases the risk of spread from Vientiane capital to other provinces. There is also a continued risk for additional introductions of the virus, with ongoing entry of returnees and truck drivers, and illegal crossing from neighboring countries.

Assessment by the Ministry of Health with support from WHO

Epidemiology
Tests  
26,803  
NAT Tests past 14 days
Cases  
92  
New cases past 14 days (-19.61% 7-day)
Deaths  
1  
Deaths past 14 days
ICU Admissions  
0  
ICU Admissions past 7 days

262,917  
Cumulative NAT Tests
1,970  
Cumulative Cases
3  
Cumulative Deaths
0  
Cumulative ICU Admissions

Health Service Provision COVID-19
618  
Health care workers trained in COVID-19 Case Management
0  
Healthcare worker cases reported past 7 days
131  
Hospitals admitting COVID-19 patients
215  
Total ICU beds

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th></th>
<th>Male</th>
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<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
<td>Deaths</td>
</tr>
<tr>
<td>0-4</td>
<td>41(1)</td>
<td>0(0)</td>
<td>55(0)</td>
<td>0(0)</td>
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<tr>
<td>5-14</td>
<td>25(0)</td>
<td>0(0)</td>
<td>23(1)</td>
<td>0(0)</td>
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<tr>
<td>15-24</td>
<td>414(5)</td>
<td>0(0)</td>
<td>243(10)</td>
<td>0(0)</td>
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<tr>
<td>25-34</td>
<td>347(10)</td>
<td>0(0)</td>
<td>369(7)</td>
<td>1(0)</td>
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<tr>
<td>35-44</td>
<td>96(3)</td>
<td>0(0)</td>
<td>124(3)</td>
<td>0(0)</td>
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<td>45-54</td>
<td>51(1)</td>
<td>1(0)</td>
<td>53(0)</td>
<td>0(0)</td>
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<td>55-64</td>
<td>17(0)</td>
<td>0(0)</td>
<td>16(0)</td>
<td>0(0)</td>
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<tr>
<td>65+</td>
<td>11(0)</td>
<td>0(0)</td>
<td>9(0)</td>
<td>1(0)</td>
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<tr>
<td>Total</td>
<td>1002(20)</td>
<td>1(0)</td>
<td>892(21)</td>
<td>2(0)</td>
</tr>
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</table>
ILI/SARI sentinel surveillance

- From 22–28 May 2021, 25 samples from sentinel sites were tested (19 ILI, 06 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 22, 2021 (Source: NCLE)

Figure 4: Weekly number of SARI cases reported to the notifiable disease surveillance, as of week 22, 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 comorbidities, 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 4 June, the Prime Minister’s Office released a new notice to extend the implementation of measures on prevention, control, and response to the Covid-19 pandemic from 4-19 June.
  o Entertainment venues (bars, karaoke venues, snooker halls), massage parlors, beauty parlors, spas, tourist sites, and internet cafes to remain closed.
  o Educational institutions in Vientiane Capital to remain closed.
  o Factories in red zones to remain closed, except for those with dormitories on site or those producing essential materials.
  o Prohibition of movement in and out from red or yellow zone.
  o Prohibition of forms of gatherings or parties.
  o Malls, retail shops, supermarkets, and fresh markets are permitted to reopen with strict implementation of preventive measures including temperature checks, physical distancing, wearing facemasks, and hand hygiene with soap.
  
  o Relaxed measures:
    1. Restaurants in green zones may now provide dine-in services but tables must be organized at least one meter apart, while service of alcohol is prohibited.
    2. Educational institutions in provinces without any local transmissions are allowed to resume teaching.
    3. Passenger transport between provinces with no community transmission permitted without requiring quarantine but must strictly comply with prevention measures.
    4. Land and air transportation may resume between Vientiane Capital and other provinces for passengers who have received two doses of Covid-19 vaccine for at least one month without requiring quarantine but must strictly comply with other prevention 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. If there are no new confirmed cases after 14 days, the village will be considered to be eliminated from the red zone/village list.
The Ministry of Health extended the prevention and control measures for COVID-19 from 1 April to 8 June 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.

<table>
<thead>
<tr>
<th>Non-Pharmaceutical Interventions</th>
<th>Monitoring status</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Date first implemented</td>
</tr>
<tr>
<td>Wearing Face Masks, Hand Hygiene, Respiratory Etiquette</td>
<td>3 February 2020</td>
</tr>
<tr>
<td>School Closure</td>
<td>17 March 2020</td>
</tr>
<tr>
<td>Workplace Closure</td>
<td>29 March 2020</td>
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<tr>
<td>Mass Gatherings</td>
<td>2 March 2020</td>
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<tr>
<td>Stay at Home</td>
<td>1 April 2020</td>
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<tr>
<td>Restrictions on Internal Movement (within country)</td>
<td>1 April 2020</td>
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<tr>
<td>Restrictions on International Travel</td>
<td>29 March 2020</td>
</tr>
<tr>
<td>Others;</td>
<td>None</td>
</tr>
</tbody>
</table>

*Stay-at-home and interprovincial border measures implemented in some provinces.

<sup>b</sup>Incoming charter flights to Vientiane City are allowed upon approval by the Ad Hoc Committee.
Figure 5: Epicurve by week of reporting (n=1970) and timeline of significant public health and social measures in Lao PDR, 1 March 2020 – 8 June 2021

*Epi week 24 includes 3 days of data only, 6-8 June, please see daily epicurve for more details*