



Viet Nam COVID-19 Situation Report #24

31 December 2020

Report as of 31 December 2020, 18:00

Situation Summary

Highlights of Current Situation Report

- **It has been 30 days after the last locally transmitted case reported from the HCMC related cluster.** All lockdowns lifted in the affected areas in HCMC since 16 Dec 2020.
- **2 Jan 2021** – MOH/ PI HCM reported a detection of the UK variant (VOC 202012/01) of SARS-COV-2 in a 45-yro-female (case #1435), a resident of Tra Vinh province who returned to Viet Nam from the UK on 22 Dec via flight VN50. All the 305 passengers from this flight were quarantined upon the arrival in Tra Vinh (147 people), Vinh Long (137 people), Can Tho (17 people) and HCMC (4 people). Six people were tested positive: cases #1429, #1430; #1431 and #1432 (in Vinh Long) and cases #1434 and #1435 (in Tra Vinh). Full genome sequencing of case #1435 revealed variant VOC 202012/01 that was reported from the UK. The patient had mild symptoms with fever and sore throat and was tested positive on 24 Dec by PI HCM. She had a history of hypertension for 10 years. She is being treated at the TB and Lung Disease hospital of Tra Vinh province with symptoms gradually subsided from 24 Dec till now.
- **26-29 Dec** – Four COVID-19 cases were detected among the illegal Vietnamese immigrants. The index case (#1440), a 32-yro-male from Vinh Long province who lived and worked in Myanmar; he illegally entered Viet Nam through Thailand and Cambodia on 24 Dec; after being notified by a family member, his sample was collected on 25 Dec and tested positive on 26 Dec by PI HCM. Through investigation and contact tracing, three additional cases were identified among those travelled in the same group (so far 6 people identified) with this case: cases #1451 and #1453 in HCMC, and case #1452 in Dong Thap). At least 109 F1 contacts and 419 F2 contacts have been identified. So far all have tested negative and 21 samples are with pending results.
- **24 Dec 2020** – The first locally manufactured COVID-19 vaccine Nano Covax (by Nanogen company) has entered its first phase of clinical trial. The first three volunteers to receive a dose of 25 mcg and will be clinically monitored for 73 hours, followed by a 56-day monitor at their place of residence by local health authorities. In this phase, 60 participants will be recruited and will be divided into three groups (20 participants each); each group will receive a dose of 25 mcg, 50 mcg and 75 mcg, respectively. Each participant will receive two doses of 28 days apart between now and Feb 2021 to evaluate the vaccine safety. As of 31 Dec, all the 20 participants of group 1 which received a dose of 25 mcg have been in stable condition with no significant side effects (they mostly had local sore and low-graded fever of under 37.8 °C). The group 2 started receiving a dose of 50 mcg with the permission from MOH.
- **Update from past 7 days:**
 - From the last report (24 Dec), from 25 – 31 Dec, 32 new laboratory-confirmed cases of COVID-19 have been reported (23% increase compared to last week), all were imported cases, and without any additional deaths. These included 31 Vietnamese and one foreigner (from Brazil).
 - During the week, number of RT-PCR conducted daily was approximately 2,750 RT-PCR tests. Between 23 Jul and 31 Dec, more than 994,000 tests were conducted out of the total of more than 1.39 million RT-PCR tests conducted in country from the beginning of the outbreak.
- The country reaffirms to **accelerate active measures to achieve dual objectives** of economic development and disease control and moving toward a “**safe coexistence with COVID-19**”.
- As of 31 Dec 2020, Viet Nam has reported a total of **1,465 laboratory confirmed cases** of COVID-19, including 37 health care workers (HCWs), from 45 out of 63 cities/ provinces in country, including **35 deaths** (CFR \approx 2.4%) (see *Figure 1*). All the 35 death cases were related to the community outbreak in Da Nang (31 from Da Nang, 3 from Quang Nam and 1 from Quang Tri); most of them had long-term chronic diseases and comorbidities.
 - Of the 1,465 cases, 809 cases (55%) are imported. About 90.7% are Vietnamese (see *Figure 2*).



- The ages of cases range from 2 months to 100 years old. About 61.8% of all cases are in the 30-69 years old group, 4.2% above 70 years old, and the remaining 34% under 30 years old. The proportion of male vs female remains 53.8% vs 46.2%. (See *Table 1*).
- 156 clusters have been recorded including from households, schools, workplaces, bus/train stations and all clusters have been brought under control.
- 1,325 cases **(90.5%) have recovered**. All the remaining cases under treatment in various health care facilities (HCF) across the country are with mild symptoms or asymptomatic, no patients required ICU. Among those, 28 cases have tested negative at least once (*to be updated*).
- Numbers of quarantine:
 - A total of approximately 16,700 people are currently placed under quarantine.
 - Cumulatively: from beginning of the outbreak to date, a total of 10,242,896 people have been placed under quarantine. Of those 211,983 were quarantined in HCFs; 4,296,302 were centralized quarantined; and 5,734,611 were under self-/home quarantine.

Other key updates

- **31 December 2020** – National Steering Committee established five supervision teams to assess immigration, quarantine and monitoring operations for technical experts/ their family members and repatriated Vietnamese citizens entering the country in Ha Giang, Lao Cai, Quang Ninh, Da Nang, Khanh Hoa, Dong Thap, Can Tho, Dak Lak and Gia Lai. These teams will be led by leaders of MOH (Ministers and Vice Ministers) and Departments (GDPM, VAMS); members are representatives from concerned institutes, departments and hospitals; field visits to be conducted between 4 – 22 Jan 2021.
- **27-28 December 2020** - MoH issues various directives requesting enhanced supervision and monitoring quarantine operations; border control operations; strict disciplinary measures to be applied to individuals/ units responsible for disease transmission within quarantine facilities and spread to community.
 - ✓ Telegram No.1838/CD-TTg dated 27 Dec 2020 requesting rapid and thorough contact tracing with relation to case #1440;
 - ✓ Telegram No.2055/CD-BCD dated 28 Dec 2020 to Ministry of Defence, Ministry of Public Security and Provincial People's Committees requesting to strengthen immigration management and control;
 - ✓ Official letter No. 7286/CV-BCD dated 28 Dec 2020 from NSC to Ministry of Public Security requesting to investigate individuals and organizations operating cross-bordered illegal immigration.
- **2 December 2020** - The Prime Minister promulgated an urgent telegram requesting ministries, sectors and localities to strengthen public health measures on COVID-19. The telegram emphasizes the need for people to remain vigilance through applying preventive measures such as wearing face masks in public places; the central and local authorities/sectors to monitor and supervise the compliance with quarantine and isolation regulations; and to conduct case detection and contact tracing vigorously and thoroughly for the ongoing outbreak in HCMC.
- National Steering Committees (NSC) is convened on periodic and ad hoc basis to review the evolving outbreak situation and to discuss, direct adjusted response measures, especially as the country is striving to achieve its dual targets of outbreak control and economic development. For the current outbreak in HCMC, NSC and PSC of HCMC convened on a daily basis to review, assess the situation and to direct the local response.
- **24 November 2020** - MOH issued a Directive No. 24 on strengthening COVID-19 prevention and response measures. As per the Directive, leaders of Provinces/cities Health Department and health facilities must strictly implement the previously issued Prime Minister's Directive, NSC guidance, and the MOH guidelines on COVID-19 prevention and response; hospitals, health care facilities need to enhance patient triage and IPC compliance, samples collection and testing for suspected cases, and stockpiling of drugs, equipment and PPEs; Preventive Medicine Sector to strengthen border health quarantine operation, enhance surveillance and preparation for large-scale laboratory testing as needed; Viet Nam Food administration (VFA) and sub-VFA to increase inspection of imported food

products, and collect samples for SARS-CoV-2 testing if necessary; and National/ Regional Institutes to continue accelerating COVID-19 vaccines research and development.

- Continue to review and adjust NPIs to suit the current outbreak situation and changing travel/ trade opening-up policies including the latest outbreak event in HCMC, i.e. as of 1st December, all commercial flights have been temporarily suspended. See *NPI Table* and *Annex 2* for more details on key public health interventions along the outbreak timeline.
- Technical guidelines on surveillance, contact tracing, quarantine, infection prevention and control (IPC) case management continued to be reviewed and updated/ revised as needed. Dissemination workshops and training are provided to further equip and build on technical capacity for relevant staff, to be ready to respond to the current situation and any resurgence of cases in community should it happen. Latest updates include:
 - The technical guidance on contact tracing has been official approved by MOH. A ToT training for MOH and 4 regional institutes was conducted on 1-2 December, cascade training for subnational level will be conducted by 4 Regional Institutes in coming weeks.
 - Revision of technical guidelines on quarantine at centralized facilities and home/ self-quarantine is ongoing.
- Laboratory:
 - In light of the new virus variants reported from the UK and South Africa, the MOH has instructed NIHE and PI HCM to actively conduct full genome sequencing on the positive samples in those who returned from the UK.
 - As of 26 Nov, there are 140 laboratories capable of testing for COVID-19 by RT-PCR. The maximum daily capacity in the country remains at 51,000 tests. Of these laboratories 91 are designated by MOH as confirmatory laboratories. MOH is currently preparing to extend testing capacity to further hospital laboratories including provincial and military hospitals, with further training ongoing, as preparedness in case of future widespread transmission.
 - Plans are underway to further expand laboratory testing to include use of GeneXpert machines within the lung hospital system. An operational plan is being developed; plans to use 14,000 GeneXpert COVID-19 cartridges across 42-46 lung hospitals.
 - On 21 Sept the MOH issued a revised SARS-CoV-2 testing strategy for COVID-19 (Decision No.4042/QD-BYT) to replace of Decision No. 2245/QD-BYT dated April 22. The new testing strategy restates that the RT-PCR remains the test for confirmation of COVID-19, but that antigen tests may now additionally be considered for confirmation, but only if quality reaches standards as recommended by WHO and US-CDC. The strategy also clarifies that serological testing can be used for investigation of cases and for sero-prevalence studies, but not for standalone patient testing and clinical decision making.
 - Dispatch No. 4995/BYT-DP an interim guidance on supervision of people on entry into Viet Nam, allows for the possibility of travellers to be tested by antigen RDT; positives are immediately brought to COVID-19 health facilities, whilst negatives would still be transportation to registered quarantine facilities and tested before release by RT-PCR.
 - Activities are being planned to build capacity for antigen RDT testing, to be prepared in case of new clusters or community transmission, so antigen testing may be used immediately. A meeting was held by GDMP with laboratory partners on 27th of Nov to discuss the best approaches to prepare for possible future use of antigen RDT's in Viet Nam. May order antigen RDT's through the Supply Portal, under discussion.
 - The WHO supported COVID-19 EQA for sub-national laboratories is ongoing, involving 106 laboratories.
- Communication:
 - Communications to the public have focused on providing updates on outbreak situation and government actions, including stories on the ground, promoting protective measures and countering rumours and misinformation. Messaging on protective measures has been repackaged as "5K": (1) facemask; (2) hygiene; (3) safe distance; (4) gathering; (5) health declaration.
 - WHO works with the Ministry of Health and UNICEF in building the country's communication preparedness for potential COVID-19 vaccine introduction. Discussions are ongoing to identify communication capacity gaps and agree on a direction and activities that will ensure equitable access and uptake, managing

expectations, communicating uncertainties and managing reputational risk, whilst maintaining high levels of trust in vaccination and other protective behaviours against COVID-19.

- Four regional risk communication trainings have been completed, participated in my provincial risk communication focal points in the North, Central, South and Mekong Delta regions. The training further enhances capacity of provinces in the said technical area, taking into consideration lessons learnt from the earlier COVID-19 response.
- COVID-19 community engagement activities involving women's groups, youth unions, school administrations, commune leaders and community health workers have been completed in partnership with Viet Nam One Health University Network (VOHUN).
- The Ministry of Health, with support from WHO, has started communication activities supporting the "safe coexistence with COVID-19" initiative. To further support this, a long-term online campaign titled, "Normalize the new normal", has been jointly launched by United Nations organizations and other international organizations in November. This is part of the activities of, UN+2 COVID-19 RCCE subgroup, the country's INGO risk communication and community engagement working group. WHO serves as the technical lead and coordinator of this group.
- o Clinical management and IPC
 - 6 Nov- VAMS held a COVID-19 review meeting with all relevant partners, health sectors, central and provincial hospitals to discuss on lessons learned and experiences in response to COVID-19 of health care facilities, challenges and recommendations to prepare for health care facilities in coming time to better prepare for and response to COVID-19
 - VAMS with support of WHO is developing a handbook on COVID-19 response in HCFs to strengthen surge capacity and to support hospitals meeting requirements on criteria for safe hospitals from COVID-19
 - 14 Dec – MOH/VAMS issued the updated national guideline on IPC for COVID-19 in health care facilities replacing the current guideline No. 468.

Recent/Upcoming Events and Priorities

- WHO continues dialogues with the Government of Viet Nam and provides support for making balanced decisions in view of the country's re-opening of international flights and safe co-existence with COVID-19, while paying due attention to other routine and priority activities, including responses to potential outbreaks following the recent floods and landslides disaster in the Central region.
- WHO continues to work closely with MOH to provide technical assistance in strengthening COVID-19 preparedness and response capacity, including:
 - o Providing latest updates on the new variant of SARS-CoV-2 from the UK and South Africa and encourage enhancing surveillance and conducting full genome sequencing to detect possible importation of this variant to Viet Nam.
 - o Supporting ongoing discussion on COVID-19 vaccine development and vaccine deployment and distribution plans, effective communication in response to the current situation and in preparation for a possible wider community transmission and adjusting the ongoing activities in light of the latest community cluster of cases in HCMC and cases detected among the illegal immigrants.
 - o Continue facilitating after-action reviews (AAR) and intra-action reviews (IAR), including AARs in the Northern region (Quang Ninh, Ha Loi); Central region (Da Nang, Quang Nam, Quang Ngai); and Central Highland (Dak Lak).
 - o Continue supporting IPC training for preventive medicine staff working in different settings (PoEs, Quarantine facilities, etc.) in the South (3 courses completed in Nov - Dec 2020 and one course to be conducted in Jan 2021).
 - o Supporting GDPM to conduct training workshops on mask wearing in public places and procedures on immigrations, supervision and medical quarantine for COVID-19 prevention and control for inbound travellers (in December); and other training on contact tracing, PoE, etc.



- The National Pandemic Preparedness and Response Plan for Influenza is being updated (a national workshop was conducted on 7 Dec) using lessons learned from COVID-19 response in 2020. The idea is to make this PPRP for newly emerging infectious diseases including COVID-19.
- 30 Nov - WCO team participated in the MOH Workshop to Review COVID-19 response activities in 2020 in Da Nang city. Experiences, stories and lessons learned that were shared in this workshop would further facilitate WHO's work and collaboration with MOH and the Viet Nam Government in the joint effort to respond to the evolving outbreak situation.

National Transmission Assessment

Stage 1 – Imported transmission: it has been 30 days since the last locally transmitted case was reported which was related to the event from HCMC. To date, no signals of ongoing locally acquired transmission have been observed. Lockdown in the affected areas had been all lifted. In the past 7 days, a total of 32 laboratory confirmed cases were reported, all were imported including 4 (among 6) illegal Vietnamese immigrants from Myanmar through Thailand and Cambodia. More imported cases are expected to be reported in the coming days among repatriated citizens and travellers. As Tet (Vietnamese New Year) is approaching, more Vietnamese citizens are trying to come back both legally and illegally through open passes along the borders, therefore it is possible that sporadic cases from community might also be reported if these incidents were not identified for timely testing and management. In addition, more cases might also be reported as a result of lack of adherence to testing/ quarantine requirements and procedures.

Assessment done by WHO Viet Nam with concurrence from the Ministry of Health of Viet Nam.

Epidemiology

Epi Update COVID-19

Tests	Cases	Deaths	ICU Admissions
19,248	32	0	0
NAT Tests past 7days (-6.6% 7-day)	New cases past 7days (23.1% 7-day)	Deaths past 7days (-% 7-day)	ICU Admissions past 7days (-% 7-day)
1,390,042	1,465	35	57 (TBC)
Cumulative NAT Tests	Cumulative Cases	Cumulative Deaths	Cumulative ICU Admissions

100%	0	0	0
Imported Cases in past 28 days (104)	Cases in past 28 days with no link (0)	Active Clusters	Active clusters with >3 generations

Health Service Provision COVID-19

Most of national hospital staff	0	32	251	0
Health care workers trained in COVID19 Case Management	Healthcare worker cases reported past week	Hospitals admitting COVID-19 patients past week	ICU beds for COVID-19 patients (out of approx. 3,500 beds nationwide)	Non-ICU Hospital beds for COVID-19 patients (Two field hospitals in Da Nang dissolved)

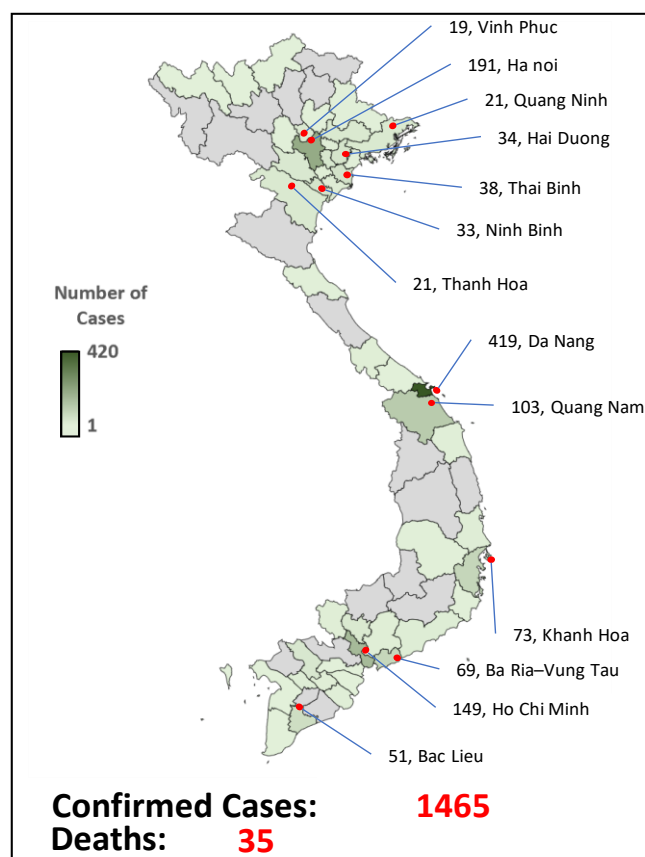


Figure 1. Distribution of cumulative COVID-19 laboratory confirmed cases by place of detection, Viet Nam

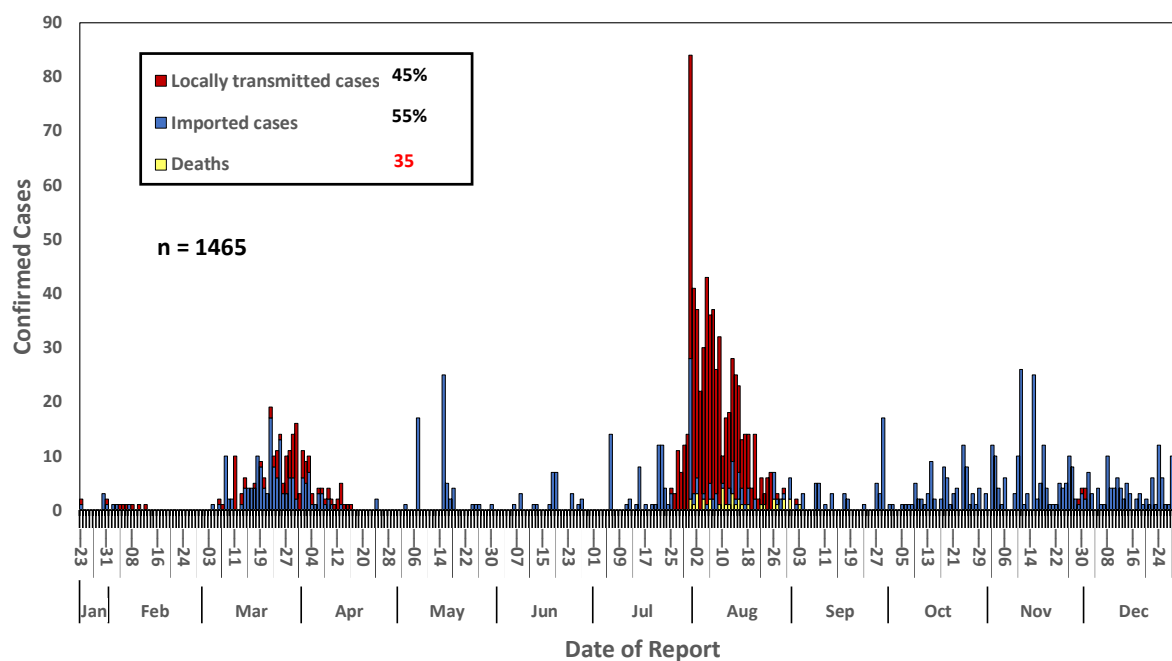


Figure 2. Epidemic curve of COVID-19 laboratory confirmed cases, Viet Nam, by date of reporting

Age Group	Female		Male	
	Cases	Deaths	Cases	Deaths
0-9	22 (1)	0 (0)	26 (0)	0 (0)
10-19	35 (0)	0 (0)	40 (0)	0 (0)
20-29	165 (4)	2 (0)	210 (6)	0 (0)
30-39	133 (2)	1 (0)	218 (9)	1 (0)
40-49	112 (2)	1 (0)	111 (3)	0 (0)
50-59	97 (0)	5 (0)	98 (2)	3 (0)
60-69	80 (1)	6 (0)	57 (1)	6 (0)
70-79	22 (1)	2 (0)	18 (0)	1 (0)
80-89	10 (0)	5 (0)	6 (0)	1 (0)
90+	1 (0)	0 (0)	4 (0)	1 (0)
Total	677 (11)	22 (0)	788 (21)	13 (0)

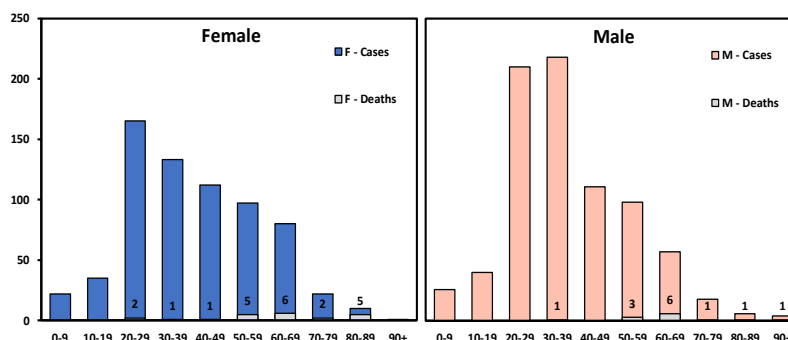


Table 1. Cumulative and new (past 7 days) cases and deaths by age and sex

Strategic Approach -

National and Provincial Public Health Response - unchanged

In January 2020, the Government of Viet Nam rapidly issued the first National Response Plan and assembled the National Steering Committee (NSC) to implement this plan. The NSC is central to the command and control governance of the COVID-19 response. The Committee is chaired by Deputy Prime Minister Vu Duc Dam with high-level representation from 14 Ministries and sectors, the National Assembly, media, and information technology companies, and oversees four sub-committees in technical and logistic areas. The plan outlines clear roles and responsibilities of each sector and levels of authority – central, provincial, district, and commune. The rapid mobilization of financial and human resources allowed the Prime Minister and Deputy Prime Minister to lead a whole-of-society approach, based on the Prime Minister’s Directive No. 05/CT-TTg, toward combating COVID-19, with the principle of “protecting people’s health first.” The Government’s commitment had remained the same in the response to the latest community outbreaks in Da Nang and HCMC.

Strategic Approach to COVID-19 Prevention, Detection and Control - unchanged

Viet Nam has successfully and rapidly implemented necessary COVID-19 prevention, detection, and control activities under the strong leadership of the Government and effective multi-sectoral coordination and collaboration. There have been persistent and strict applications of key outbreak response measures: early detection – testing and treatment – contact tracing – isolation/quarantine, along with strategic risk communications. This was evident during the first phase of the outbreak response and once again reconfirmed in the response to the latest resurgence of cases in the community related to Da Nang and HCMC events. For years, WHO has been supporting Viet Nam in building and strengthening the capacities for managing disease outbreaks and public health emergencies, as required by the International Health Regulations (IHR) (2005). Guided by the APSED III, Viet Nam has made significant progress in enhancing capacity in the required technical areas and all the years of investment are reflected in the country’s ongoing response to COVID-19.

Best Practice/Lessons Learned - unchanged

The Response Enabling Factors and Adjustments to the Response

- Strong government leadership with effective multi-sectoral collaboration and coordination and successful mobilization of national resources using a whole-of-society approach
- Early activation of a strong response system, including surveillance and risk assessment, laboratory, clinical management and IPC, and risk communication, which enabled Viet Nam's successful control of COVID-19.
- WHO supports long-term country investment to strengthen the health emergency response after previous epidemics, and is providing technical support in necessary areas, including the continuation of essential public health services.

Non-Pharmaceutical Interventions (NPI)

Narrative Non-Pharmaceutical Interventions

Viet Nam instituted a gradual roll-out of comprehensive NPIs based on the evolving context/evidence, thus they did not come as a “shock” to the public. Such interventions were implemented along with strong economic relief efforts, thereby minimizing the economic impact to businesses and households, especially vulnerable populations, during these uncertain times. As the global situation of COVID-19 has continued to evolve with complexity, the country borders have basically remained close except for specific circumstances.

Currently, as per the government's direction to achieve the *dual targets of disease outbreak control and economic development*, Viet Nam resumed international commercial flights from 15 Sep but still only for priority groups (i.e. diplomats, highly-skilled officials, students, laborers), to be started with the following countries: China (Guangzhou), Japan (Tokyo), Korea (Seoul), Taiwan (Taipei), China, Cambodia (Phnom Penh), Lao PDR (Vientiane) and Thailand.

All travellers from the above-mentioned countries are required to present certificate of SARS-CoV-2 negative by certified local health authorities/ laboratories within 3-5 days prior to the arrival in Viet Nam. A 14-day quarantine duration is still required. A detailed guidance on testing/quarantine procedures upon arrival were provided in the **MOH decision No.4995/BYT-DP – Interim guidance on surveillance of inbound travellers to Viet Nam**, 20 Sep 2020.

Latest updates – see Other Key Updates section on page 2

15 Oct - the NSC issued an urgent telegram No. 1640/CD-BCD to Ministry of Defence and all Provincial People's Committees asking for strengthening of management of all inbound travellers to Viet Nam. These include (1) Strictly complying the direction of the Prime Minister, NSC and MOH technical guidance for management of people entry to Viet Nam; (2) Closely checking certificates of SARS-CoV-2 free among inbound travellers at PoEs and strictly implementing samples collection and testing for SARS-CoV-2 during quarantine periods; and (3) Strictly monitoring the centralized quarantine activities to prevent COVID-19 transmission within the quarantine facilities; not allowing unauthorized persons to enter the quarantine areas, and upon completion of centralized quarantine period, continue to strictly monitor health status for 14 days and refrain from getting into contact with other people.

22 Oct - Viet Nam and Japan have agreed to an expedited arrival procedure for short-term entrants from November 1, according to a press release of the Ministry of Foreign Affairs. Both countries will lift mandatory quarantine requirement for people from either country who are going on trips shorter than 14 days for the purposes of investment, trade, diplomacy, official businesses or highly skilled workers. Entrants need proof of negative tests for COVID-19 and will be tested and placed under frequent medical surveillance upon arrival.

2 and 13 Nov – At the recent NSC meetings, members of the NSC emphasized the need for strict enforcement of face mask wearing in public places. Currently, HCMC and Ha Noi requested people wearing face masks in public places and apply measures in case of violations. It is proposed that all cities/provinces reinforce mask wearing policy in public



places such as health facilities, markets, mass gatherings, etc. The NSC also requested MOH to set up supervision teams to conduct onsite monitoring of COVID-19 prevention and response at local level.

30 Nov - 3 Dec – in response to the current outbreak in HCMC, the City government has closed the registered quarantine centre of Vietnam Airlines in HCMC; 8 primary, secondary, and high schools closed, several classes across 175 schools, 12 universities have been closed since 2 Dec until further notice, consequently approximately 8,200 pupils, 663 teachers, 160,000 university students, and 6,000 lecturers are off from schools/ universities; all school exams, meetings, conferences, out-door activities have been cancelled or postponed; 3 residential areas with 148 households and 485 people are on temporary lockdown; suspension of unnecessary mass gathering events applied. In Ha Noi, the city government also requested suspension of unnecessary mass gathering events, application of preventive measures including face-mask wearing, hand hygiene, and disinfection of surfaces.

7 Dec – All school/ university students in HCMC returned to normal activities; except those at lockdown residential areas and those under centralized quarantine.

16 Dec- all lockdown residential areas in HCMC were lifted.

17 Dec- home quarantine is no longer allowed for UNLP holders following the Decision from the Prime Minister No.1699 dated 2 Dec and the Direction of the Hanoi People's Committee N0.5628 dated 3 Dec. As per this new regulation, all international staff regardless passport types need to book hotel for quarantine when they come back to Viet Nam after the holidays. Hotel-based quarantine approval procedures remain the same.

NPI	Monitoring status					
	Date first implemented	Date last modified	Implementation		Partial lift	Lifted
			Geographical (national or sub-national)	Recommended or Required	Lifted for some area	Lifted for all areas
Wearing Face Masks, Hand Hygiene, Respiratory Etiquette	31 Jan		National	Recommended Required: 16 Mar-7 May	No	No
School Closure	22 Jan		-	-	4 May	11 May
	28 Jul	14 Sep		Required	Lifted in Da Nang	
	2 Dec		Sub-national: 20 schools and universities in HCMC	Required		7 Dec
Workplace Closure	1 Apr	1 June	Sub-national	Required	15 Apr	23 Apr
	28 Jul	5 Sep		Required		5 Sep
Mass Gatherings	31 Jan	None	National	Required		7 May
	27 Jul	10 Sep	Sub-national: Da Nang,	Required		
Stay at Home	1 Apr	None	National	Required	15 Apr	21 Apr
	28 Jul	5 Sep	Da Nang	Recommended		
Restrictions on Internal Movement (within country)	1 Apr	None	National	Required	15 Apr	23 Apr
	28 Jul	7 Sep	Health declaration applied in HCMC for visitors from Da Nang.			7 Sep
Restrictions on International Travel	China: 25 Jan; all countries: 22 Mar	22 March	National	Required	No	No
Communities/ hospital lock down	28 Jul	2 Sep	Da Nang, HCMC, Ha Noi, Ha Nam, Khanh Hoa, and Hai Duong	Required	17 Aug: Dak Lak and Dong Nai; 20 Aug: Thai Binh province; 21 Aug: Hoan My Hospital in Da Nang; 25 Aug: Da Nang General	17 Sep

					Hospital; and Quang Ngai province; 26 Aug: Lang Son province and Phu Ly Dist., Ha Nam province; 29 Aug: Bac Giang and Quang Tri provinces; 1 Sep: Quang Nam province; 2 Sep: Thanh Hoa province.	
	1-2 Dec		3 residential areas of COVID-19 confirmed cases in HCMC	Required	All lockdown residential areas in HCMC	16 Dec
Others; specify in narrative: Centralized Quarantine entry people	Hubei China: 7 Feb. All countries: 21 Mar	None	-	Required	No	No

Annex 1 – Key public health interventions on COVID-19, January – 31 December 2020

