Viet Nam COVID-19 Situation Report #19

26 November 2020

Report as of 26 November 2020, 18:00

Situation Summary

Highlights of Current Situation Report

- **Viet Nam has passed 85 days without COVID-19 cases reported from community**.
- The country continues 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 26 Nov 2020, Viet Nam has reported a total of **1,331 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 ~ 2.6%) (see *Figure 1*).
  - Of the 1,331 cases, 679 cases (51%) are imported. About 90.8% are Vietnamese (*see Figure 2*).
  - The ages of cases range from 2 months to 100 years old. About 62.9% of all cases are in the 30-69 years old group, 4.4% above 70 years old, and the remaining 32.7% under 30 years old. The proportion of male vs female remains 52.3% vs 47.7%. (See *Table 1*).
  - 155 clusters have been recorded including from households, schools, workplaces, bus/train stations and all clusters have been reported ended with no new cases over more than 28 days
- 1,166 cases **(87.6%) have recovered**. All the remaining cases under treatment in various health care facilities (HCF) across the country are with mild symptoms or asymptomatic, no more patients required ICU. Among those, 34 cases have tested negative at least once.
- Numbers of quarantine:
  - A total of approximately 16,000 people are currently placed under quarantine.
  - Cumulatively: from beginning of the outbreak to date, a total of 9,623,629 people have been placed under quarantine. Of those 205,607 were quarantined in HCFs; 3,751,003 were centralized quarantined; and 5,667,019 were under self-/home quarantine.
- **The latest event related to Da Nang community outbreak was successfully controlled**, though the source of infection remains unknown. Between 25 Jul to 2 Sep, 551 locally transmitted casese were reported from 15 cities/provinces across the country, with Da Nang and Quang Nam provinces being the most heavily affected. The last case reported from Da Nang was on 27 Aug. On 23 Sep, the last patient in Da Nang was discharged from hospital. All the 35 death cases were related to this community outbreak of those 31 from Da Nang, 3 from Quang Nam and 1 from Quang Tri; Most of them had long-term chronic diseases and comorbidities.
- **Update from past 7 days:**
  - From the last report (19 Nov), from 20 – 26 Nov, 27 new laboratory-confirmed cases of COVID-19 have been reported (47% decreased compared to last week), without any additional deaths. All the 27 cases were imported, including 21 Vietnamese, 4 Indians, 1 Korean and 1 Philippino national.
  - During the week, number of RT-PCR conducted daily remained at approximately 3,000 RT-PCR tests. Between 23 Jul and 19 Nov, more than 875,000 tests were conducted out of the total of more than 1.27 million RT-PCR tests conducted in country from the beginning of the outbreak.

Other key updates

- 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.

- On 24 November, the Health Minister issued a Directive No. 24 on strengthening COVID-19 prevention and response measures. As per the Directive, all the Directors of Provinces/cities Health Department and leaders of health facilities must strictly implement the previously issued Prime Minister's Directive, NSC guidance, and the MOH guidelines on COVID-19 prevention and response measures; hospitals, health care facilities need to enhance patient triage and IPC compliance, samples collection and testing for suspected cases, and stockpiling drugs, equipment and PPEs; Preventive Medicine Sector to strengthen border health quarantine operation, enhance surveillance for early detection of and response to suspected cases, 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 collection of imported food samples for SARS-CoV-2 testing if necessary; and National/ Regional Institutes to continue accelerating COVID-19 vaccines research and development.
- Non-pharmaceutical interventions (NPI) were implemented and continue to be reviewed and adjusted to suite the current outbreak situation and changing travel/ trade opening-up policies. *See NPI Table* and *Annex 1* 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 was formalized. A ToT training for MOH and 4 regional institutes will be conducted in first week of December, followed by cascade training in selected cities/ provinces.
  - Revision of technical guidelines on quarantine at centralized facilities and home/ self-quarantine is ongoing
- Laboratory:
  - As of the 26th of November, 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.
- 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.
  - Two regional risk communication trainings have been completed, participated in my provincial risk communication focal points in the North and South Viet Nam regions. The training further enhances capacity

of provinces in the said technical area, taking into consideration lessons learnt from the earlier COVID-19 response. Two more regional trainings (Central and Mekong Delta/South regions) have been scheduled for December 2020.

- COVID-19 community engagement activities involving women's groups, youth unions, school administrations, commune leaders and community health workers are ongoing in partnership with Viet Nam One Health University Network (VOHUN). The first two rounds in Thai Nguyen and Dak Lak provinces have been completed; more activities have been scheduled to be conducted in Tra Vinh province.
- 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", will be 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.

- Clinical management and IPC
  - On 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 sage hospitals from COVID-19

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 TA in strengthening COVID-19 preparedness and response capacity, taking advantages of the current 'peaceful' time with the absence of community transmission. This includes:
  - Updating national technical guidelines;
  - Strengthening surveillance system via incorporating multisource surveillance;
  - Training and implementing Go.Data to support outbreak investigation and contact tracing;
  - Conducting after-action reviews (AAR) and intra-action reviews (IAR) (An IAR on multisectoral coordinated response at PoEs for COVID-19 was conducted in Ha Long 13-14 Oct.; AARs for COVID-19 response is being conducted for Quang Ninh and Ha Loi led by NIHE, in Da Nang, Quang Nam and Quang Ngai led by PI NT; and AAR for Central-highland region will soon be conducted by TIHE in Nov-Dec this year);
  - Strengthening case management and IPC in HCFs; 4 training workshops on IPC in different settings for Southern provinces are ongoing (2 trainings have completed);
  - Procuring necessary equipment and reagents;
  - Working with other development partners to ensure better capacity and strategy for laboratory testing; 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.
  - Support 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.

National Transmission Assessment - unchanged

Stage 1 – Imported cases: It has been 85 days since the last case was reported from community. The country is moving forward in **a *new normal* and striving to achieve the dual targets of disease outbreak control and economic development**. During last week, 27 imported cases were reported including 21 Vietnamese repatriated citizens and 6 international technical experts. No indications of increasing trends from ILI/SAR/SVP surveillance, nor any suspected events through EBS systems. However, the risk of community transmission is still possible albeit limited and under control given that i) number of repatriated flights continues to increase during the past weeks; ii) there were previously reported cases without clear epi links; and iii) there were reports of cases from Viet Nam detected at PoEs in other countries. It is anticipated that imported cases will continue to be reported in coming weeks. There might also be sporadic cases from community as resulted from illegal immigrants and/or lack of adherence to testing/ quarantine requirements. The Government remains cautious in resuming commercial flights and continues to strengthen the SOPs for immigration, quarantine and management of inbound travellers.
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
21,517 NAT Tests past 7days (0.85 times 7-day)	27 New cases past 7days (-47% 7-day)	0 Deaths past 7days (-% 7-day)	0 ICU Admissions past 7days (-% 7-day)
1,273,325 Cumulative NAT Tests	1,331 Cumulative Cases	35 Cumulative Deaths	57 (TBC) Cumulative ICU Admissions

100% Imported Cases in past 28 days (154)	0 Cases in past 28 days with no link (0)	0 Active Clusters	0 Active clusters with >3 generations

Health Service Provision COVID-19

Most of national hospital staff Health care workers trained in COVID19 Case Management	0 Healthcare worker cases reported past week	27 Hospitals admitting COVID-19 patients past week	251 ICU beds for COVID-19 patients (out of approx. 3,500 beds nationwide)	0 Non-ICU Hospital beds for COVID-19 patients (Two field hospitals in Da Nang dissolved)

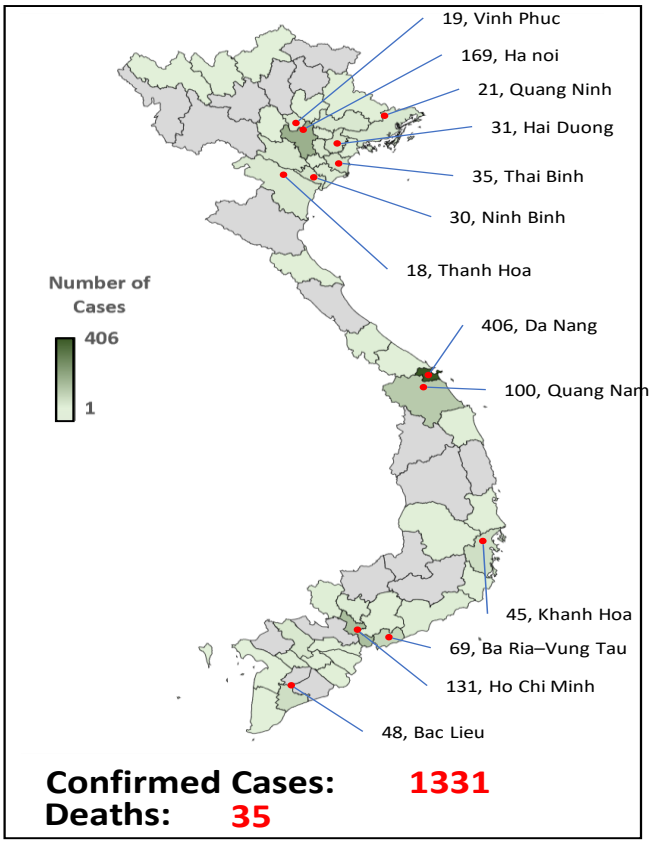

Figure 1. **Distribution of cumulative COVID-19 laboratory confirmed cases by place of detection, Viet Nam**

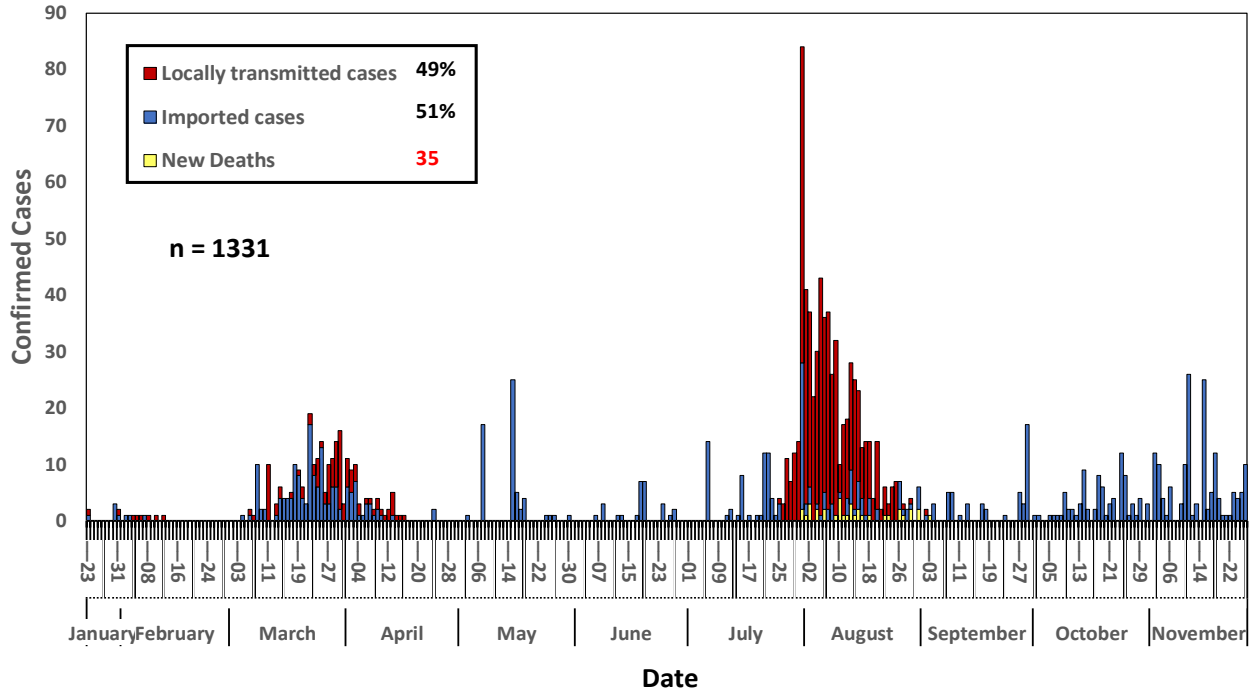

Figure 2. **Epidemic curve of COVID-19 laboratory confirmed cases, Viet Nam, by date of reporting**

Age Group	Female		Male	
	Cases	Deaths	Cases	Deaths
0-9	19 (0)	0 (0)	23 (0)	0 (0)
10-19	30 (0)	0 (0)	37 (0)	0 (0)
20-29	144 (4)	2 (0)	182 (9)	0 (0)
30-39	124 (2)	1 (0)	193 (7)	1 (0)
40-49	105 (0)	1 (0)	102 (0)	0 (0)
50-59	93 (1)	5 (0)	91 (4)	3 (0)
60-69	75 (0)	6 (0)	54 (0)	6 (0)
70-79	21 (0)	2 (0)	17 (0)	1 (0)
80-89	10 (0)	5 (0)	6 (0)	1 (0)
90+	1 (0)	0 (0)	4 (0)	1 (0)
Total	**622 (7)**	**22 (0)**	**709 (20)**	**13 (0)**

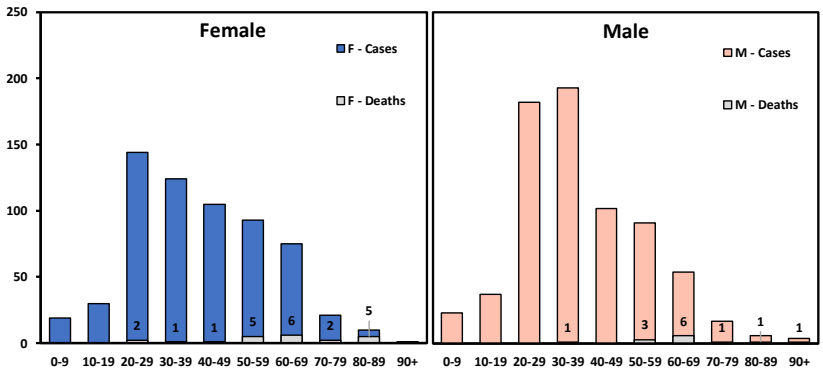

Table 1. **Cumulative and new (past 7 days) cases and deaths by age and sex**

Strategic Approach – unchanged

National and Provincial Public Health Response

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 has remained the same in the response to the ongoing outbreak, considering a more complex nature of community transmission this time. Active mobilization of human resources from central and regional levels (leaders, professional experts), supply and equipment (testing machines, reagents and consumables, ventilators, masks, disinfectants, etc.) and logistic support to the latest community outbreak in Da Nang.

Strategic Approach to COVID-19 Prevention, Detection and Control

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. 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 – no updates

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.

15 Oct - Given the increase in number of imported COVID-19 cases reported in country during past week and the highest number of cases reported so far in a single week globally, 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.

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	
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 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.	17 Sep
Others; specify in narrative: Centralized Quarantine entry people	Hubei China: 7 Feb. All countries: 21 Mar	None	-	Required	No	No

Annex

Annex 1 – **Key public health interventions on COVID-19, January – 26 November 2020**