



Viet Nam COVID-19 Situation Report #1

19 July 2020

Report as of 19 July 2020, 17:30 am ICT

Situation Summary

Highlights of Current Situation Report

- It has been 95 consecutive days since the last locally transmitted case was reported on 16 Apr (see Figure 1).
- As of 19 July 2020, a total of 383 laboratory confirmed cases of COVID-19 have been reported without any deaths. Of the 383 reported cases, 277 cases (72%) are imported, 53.5% are male, 324 cases (84.6%) are Vietnamese. Four healthcare workers have been infected, two of whom had provided direct care for COVID-19 patients in ICUs. To date, 7 clusters have been recorded.
- Cases have been reported from 30 provinces with numbers of cases ranging from 1 to 120. Data reflects not only places of residence of cases but also where centralized quarantine facilities are located (see Figure 2).
- A total of 12 798 people are currently under quarantine. Of those under quarantine, 12 273 are in centralized quarantine facilities, 425 in self/home-quarantine, and 100 in health care facilities. Please see Annex 1 for more detailed key public health interventions along the outbreak timeline.

Upcoming Events and Priorities

- Continue to provide technical assistance on COVID-19 preparedness: strengthening and streamlining existing surveillance system, incorporating multisource surveillance, conducting after-action reviews, strengthening capacities in health care facilities by supporting the updating and implementing of national guidelines and procuring necessary equipment, working with other development partners in preparing to ensure the continued capacity for laboratory testing, and better communication in case of wider/community transmission.
- Continue dialogues with the government of Viet Nam and support making balanced decisions in view of possible community transmission and socioeconomic impact caused by COVID-19. It is also important to resume or continue other routine and priority activities, including responses to other outbreaks (E.g. ongoing diphtheria, dengue, etc.)
- Continue to follow up with the Ministry of Health Viet Nam's participation in the COVAX.
- Continue facilitating in-depth discussions with counterparts to implement COVID-19-related activities funded by international donors (e.g. Japan and EU).

National Transmission Assessment

1-Imported Cases It has been 95 consecutive days since the last case was reported from the community on 16 April 2020. Since then, 115 cases have been brought to quarantine facilities upon arrival in the country and tested positive by real time RT-PCR while being quarantined. As per the Government's policy, all incoming travellers are to be quarantined for 14 days and to be tested at least twice (day 1 and day 14), thus the risk of community transmission is considered unlikely. In the past 28 days, 34 imported cases were reported, including 23 Vietnamese and 11 foreigners (one Serbian, nine Russians and one Myanmar national). Data from other existing surveillance platforms for influenza and respiratory infections consisting of influenza-like illness (ILI) and severe viral pneumonia (SVP), although still sub-optimal, revealed no COVID-19 infections detected so far; no reports of unusual events nor of undiagnosed respiratory clusters were received from the community and health care facilities through EBS.



Epi Update COVID-19

Tests	Cases	Deaths	ICU Admissions
16,068	11	0	0
NAT Tests past 7days (TBD % 7-day)	New cases past 7days (-35% 7-day)	Deaths past 7days (0% 7-day)	ICU Admissions past 7days (0% 7-day)
392,390	383	0	22
Cumulative NAT Tests	Cumulative Cases	Cumulative Deaths	Cumulative ICU Admissions

100%	0%	0	0
Imported Cases in past 28 days (34)	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

Health care
workers trained
in COVID19 Case
Management

0	11	TBD	TBD
Healthcare worker cases reported past week	Hospitals admitting COVID-19 patients past week	ICU beds for COVID-19 patients	Non-ICU Hospital beds for COVID19 patients

Epidemiology

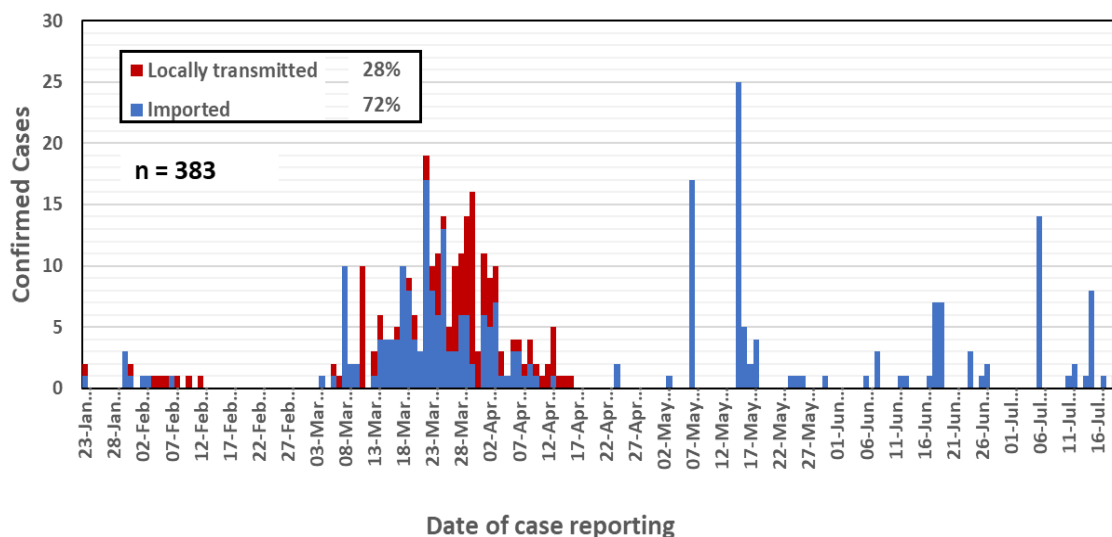


Figure 1. Epidemic curve of COVID-19 laboratory confirmed cases in Viet Nam, by date of reporting

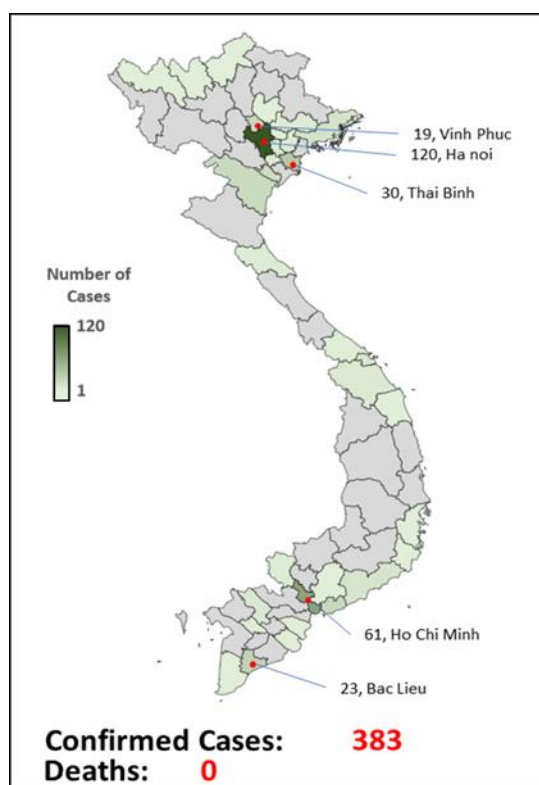


Figure 2. Distribution of COVID-19 laboratory confirmed cases by place of detection in Viet Nam

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

Age Group	Female		Male	
	Cases	Deaths	Cases	Deaths
0-9	3(0)	0(0)	5(0)	0(0)
10-19	13(0)	0(0)	14(0)	0(0)
20-29	62(0)	0(0)	70(0)	0(0)
30-39	35(0)	0(0)	54(6)	0(0)
40-49	34(0)	0(0)	23(1)	0(0)
50-59	17(0)	0(0)	24(3)	0(0)
60-69	12(0)	0(0)	11(1)	0(0)
70-79	1(0)	0(0)	4(0)	0(0)
80-89	1(0)	0(0)	0(0)	0(0)
90+	0(0)	0(0)	0(0)	0(0)
Total	178(0)	0(0)	205(11)	0(0)

Strategic Approach

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 to implement this plan. The National Steering Committee 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.”

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
Workplace Closure	1 Apr	1 June	Sub-national	Required	15 Apr	23 Apr
Mass Gatherings	31 Jan	None	National	Required		7 May
Stay at Home	1 Apr	None	National	Required	15 Apr	21 Apr
Restrictions on Internal Movement (within country)	1 Apr	None	National	Required	15 Apr	23 Apr
Restrictions on International Travel	China: 25 Jan; all countries: 22 Mar	22 March	National	Required	No	No
Others; specify in narrative: Centralized Quarantine entry people	Hubei China: 7 Feb. All countries: 21 Mar	None	-	Required	No	No

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. 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 Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, 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 response to COVID-19.



Best Practice/Lessons Learned

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 non-pharmaceutical public health interventions 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. The NPIs that have been implemented in Viet Nam included border closure, school closure, suspension of mass-gathering, physical distancing, active surveillance and contact tracing, laboratory, four-ring quarantine system, and ongoing centralized quarantine for incoming travelers. School closure had started in Viet Nam around 20 January in conjunction with the *Tet* (Lunar New Year) holiday, and based on risk assessment, schools were gradually re-opened on 4th and 11th May. Physical distancing was applied from 1st April to 15th or 23rd April depending on the risk levels of different provinces. Viet Nam has lifted most of the physical distancing measures and adopted the “new normal” since early May. However, the global situation of COVID-19 has continued to evolve with complexity. Therefore, the country borders have remained close except for specific circumstances. The 14-day centralized quarantine policy continues to be applied to both incoming Vietnamese and foreign travelers.

(Note: the four-ring quarantine- The first ring of quarantine is for F0 and F1, who are quarantined and treated at health care facilities. The second ring covers centralized quarantine for F1 and/or F2, while the third ring requires home/self-quarantine for F3, F3+. The fourth ring is to quarantine entire communes or districts where multiple cases were reported)

Annexes

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

