



Viet Nam COVID-19 Situation Report #11

1 October 2020

Report as of 1 October 2020, 18:00

Situation Summary

Highlights of Current Situation Report

- National situation:

- Viet Nam marks the 29th day from the last COVID-19 case reported from community.
- All the outbreak spots in the country have been brought under control. The country is accelerating active measures to achieve dual objectives of economic development and disease control; and moving toward a “safe coexistence with COVID-19”.
- 24 Sep – Prime Minister sent urgent telegram No. 1300/CD-TTg¹ requesting ministries, sectors and local authorities to continue implementing COVID-19 preventive and control measures in order to sustain the country’s achievement so far on outbreak response, at the same time to accelerate economy recovery and development and to protect people’s health.
- From the last report (24 Sep), from 25 Sep to 1 Oct, 26 new laboratory-confirmed cases of COVID-19 have been reported, without any additional deaths. **All the 26 cases reported during past week were imported, including 22 Vietnamese, 2 Taiwanese, 1 Indian and 1 Russian nationalities.**
- As of 1 Oct 2020, a total of 1,095 laboratory confirmed cases of COVID-19 have been reported from 42 out of 63 cities/provinces, including 35 deaths (see *Figure 1*). Of the 1,095 reported cases, 437 cases (40%) are imported. The male to female ratio is almost equal (51% vs 49%). Approximately 92.7% are Vietnamese (see *Figure 2*).
- The ages of cases range from 2 months to 100 years old. About 63.3% of all cases are in the 30-69 years old group, 5.2% above 70 years old, and the remaining 31.5% under 30 years old. (See *Table 1*).
- Starting from 25 Jul, a resurgence of cases was reported from the community after 99 consecutive days from the last community case (16 Apr). An index case was detected from the SVP surveillance in a central coastal tourist city of Da Nang.
- Thirty-seven (37) health care workers (HCWs) have been infected, including four from the previous wave. No deaths have been reported so far. To date, at least 36 clusters have been recorded. No new cases among HCWs were detected during the past five weeks.
- As of 1 Oct, 1 018 cases (93%) have recovered, and the remaining cases are under treatment in 11 health care facilities (HCFs) across the country. All the 39 cases under treatment are with mild symptoms or asymptomatic; no more patients required ICU. The last patient was discharged from hospital in Da Nang on 22 Sep.
- A total of 15,491 people are under monitoring; 266 of whom are being quarantined in health care facilities; 10,441 are in centralized quarantine facilities; and 4,784 are under self-/home-quarantine.

- Da Nang-related community outbreak

- Starting from 0:00 18 September, Da Nang lifted all social distancing except the following 5 types of activity: bar, pub, karaoke, discotheque and massage services.
- Between 25 Jul to 2 Sep, 551 locally transmitted cases were reported from 15 cities/provinces across the country, with Da Nang and Quang Nam provinces being the most heavily affected (see *Figure 3*). The last case reported from Da Nang was on 27 Aug.

¹ <http://baochinhphu.vn/Chi-dao-quyet-dinh-cua-Chinh-phu-Thu-tuong-Chinh-phu/Thu-tuong-ra-cong-dien-tiep-tuc-phong-chong-dich-benh-COVID19/408515.vgp>



- Approximately 98% of cases were either related to major hospitals in Da Nang city or have a history of visiting Da Nang. Da Nang general hospital was the epicentre of the outbreak with at least 246 cases reported among inpatients, care givers and HCWs, mainly from Internal Nephrology dept, ICU, Internal Neurology dept., and others. Cases have also been reported in the community among close contacts of hospital-related cases, including those who had visited Da Nang in July. At least 28 family-related clusters have been reported to have two to six household members per cluster.
- 35 deaths (3.3%) have been reported. Of those, 31 were from Da Nang, 3 from Quang Nam and 1 from Quang Tri province. Their ages range from 28 to 93 years old. Most of them had long-term chronic diseases and comorbidities, such as end-stage renal failure, heart failure, hypertension, DM2, malignancy, etc.
- MOH and partners continue their efforts to enable capacity for widespread testing. As of the 13th of September, there were 137 laboratories capable of testing for COVID-19 by RT-PCR. The maximum daily capacity in the country remains 51,000 tests. Of these laboratories 62 are designated as screening and 75 as confirmatory laboratories. In addition, official guidelines for pool testing have been issued by the Ministry of Health to further increase throughput. To help avoid future stockouts guidance for laboratory preparation and use of VTM is being drafted.
- On 21st Sept the MOH issued a revised SARS-CoV-2 testing strategy for COVID-19 (Decision No.4042/QĐ-BYT) to replace of Decision No. 2245/QĐ-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. However, the decision guides consideration that antigen tests display a lower sensitivity than RT-PCR. 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.
- An interim guidance on supervision of people on entry into Viet Nam (Dispatch No. 4995/BYT-DP) was issued. The document outlines testing of people entering Viet Nam. On entry travellers may be tested by antigen RDT; positives are immediately brought to COVID-19 health facilities, whilst negatives are transportation to registered quarantine facilities and tested on day 6 by RT-PCR. Negatives may then return to their residence for continued self-quarantine until day 14. If antigen RDT's are not available at the POE, travellers are transported directly to the quarantine facility and specimens are collected immediately for testing. The specifics of the RDT to be used is being discussed and will be carefully planned, following WHO and US-CDC guidance.
- Under the direction of the MOH the number RT-PCR kits, antibody and antigen RDT's that will be needed in coming months is being estimated, along with a financing and pricing plan.
- Between 23 Jul and 30 Sep, more than 710,000 tests were conducted out of the total of more than 1.2 million RT-PCR tests conducted in country from the beginning of the outbreak. Da Nang alone had conducted more than almost 180,000 tests, whilst Ha Noi conducted more than 126,000 and HCMC conducted more than 131,000 specimens.
- The outbreaks in Da Nang and its neighbouring provinces have been under control. It has been 27 days since the last community case reported in Da Nang, and 35 days for Quang Nam, though the source of infection is yet to be concluded.
- Lockdowns have been lifted for all hospitals (Da Nang general hospital being the last one that was opened on 25 Aug) and communities including in Hai Duong where the last outbreak spots were reported. See *NPI Table* and *Annex 1* for more details on key public health interventions along the outbreak timeline.
- 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” (Năm Không): (1) facemask; (2) hygiene; (3) safe distance; (4) gathering; (5) health declaration.
- The Ministry of Health, with support from WHO, has started communication activities supporting the “safe coexistence with COVID-19” initiative. To further support this and in line with the global to advance the “new

normal”, a long-term online campaign will be jointly launched by United Nations organizations and other international organizations as part of the activities of the risk communication and community engagement working group. WHO serves as the technical lead and coordinator of this group.

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 ongoing limited community transmission and socioeconomic impact by COVID-19. It is also important to pay due attention to other routine and priority activities, including responses to the recent botulism event (due to consumption of vegan paté) and other ongoing and potential outbreaks, such as diphtheria, dengue, etc.
- 25 Sep – WHO was invited to a consultation meeting to obtain comments on the drafted Risk Assessment Framework Indicators for Infectious Diseases (including COVID-19) which is led by VIHEMA in collaboration with GDCM. WHO has been supporting this activity upon the request from the Government and MOH. The objective of this RA framework indicators is to support active RA to be conducted at commune and district levels to ensure effective development of disease outbreak preparedness and response plan at the local level to inform better response. Specific RA framework will be developed for 10 to 15 selected infectious diseases including COVID-19 as next steps.
- 14 Aug 2020 - WHO team was invited to the Expert Consultation meeting organized by the Viet Nam Association of Preventive Medicine (VAPM) and the Office of the Government to provide updated information on COVID-19 and to discuss pandemic trends, phylogenetics, drug and vaccine development. Attendants were national and international partners including MoH, NIHE, VAPM, WHO, US CDC, Japan Tropical Medicine Institute, OUCRU.
- 6 Aug: Laboratory technical working group was held by VAMS to draft guidelines for pooled laboratory testing for COVID-19.
- WHO continues to work closely with MOH to provide TA in strengthening COVID-19 preparedness and response capacity. This includes strengthening surveillance system via incorporating multisource surveillance; training and implementing Go.Data to support outbreak investigation and contact tracing; conducting after-action reviews; strengthening case management and IPC in HCFs; updating national technical guidelines; 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, effective communication in response to the current situation and in preparation for a possible wider community transmission.

National Transmission Assessment

Stage 1 – Imported cases

The most recent community outbreak has reported a total of 551 locally transmitted cases in 15 cities/ provinces between 25 Jul and 2 Sep. **It has been 29 days since the last case was reported from community.** Thirty-seven (37) HCWs have been infected in this outbreak; no additional cases reported in the past more than five weeks. **All the outbreak spots have been brought under control.** The country is now **back to a new normal with all the lockdowns having been lifted.** However, given that there have been previously reported cases without clear epi links, the risk of community transmission is still possible, albeit limited and under control. There might also be sporadic cases from community as resulted from illegal immigrants and/or poor adherence to testing/ quarantine requirements among inbound travellers. During past weeks, imported cases continued to be reported among repatriated and inbound travellers. As Viet Nam had resumed international flights with seven countries/ territories since 19 Sep., it is anticipated that additional imported cases will be detected in coming days. Given the current situation, we propose that Viet Nam is reclassified as being back to Stage 1 until further development.

Epidemiology

Epi Update COVID-19

| Tests | Cases | Deaths | ICU Admissions |
|--|---|---------------------------------|---|
| 19,707 | 26 | 0 | 0 (TBC) |
| NAT Tests past 7days (-21.8% 7-day) | New cases past 7days (8.6 times 7-day) | Deaths past 7days (-% 7-day) | ICU Admissions past 7days (-% 7-day) |
| 1,111,700 | 1,095 | 35 | 57 (TBC) |
| Cumulative NAT Tests | Cumulative Cases | Cumulative Deaths | Cumulative ICU Admissions |

| | | | |
|--|--|-----------------|--|
| 100% | 19 (at least) | 0 | 0 |
| Imported Cases in past 28 days (49) | Cases in past 28 days with no link (19) | Active Clusters | Active clusters with >3 generations |

Health Service Provision COVID-19

| Most of national hospital staff | 0 | 26 | 251 | 900 |
|---|--|---|--|--|
| 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 (estimated from 2 field hospitals: Hoa Vang 200; Da Nang: 500) |

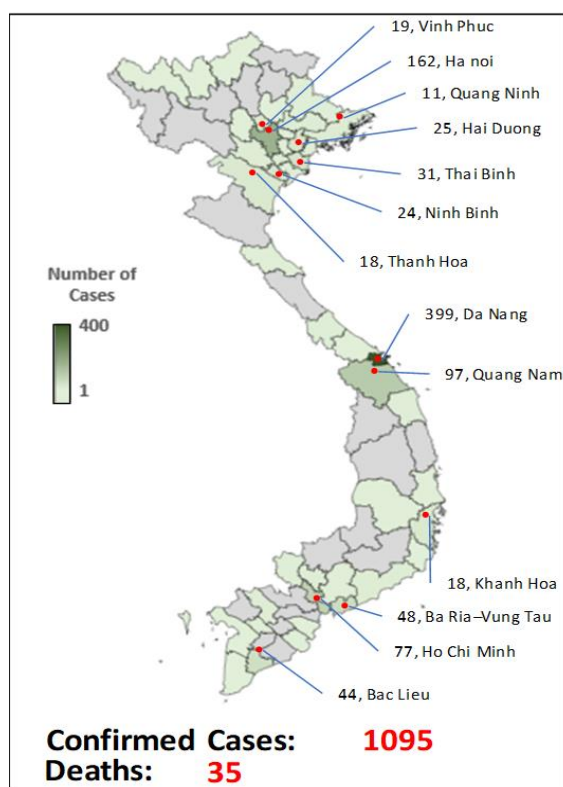


Figure 1. Distribution of cumulative COVID-19 laboratory confirmed cases by place of detection, Viet Nam

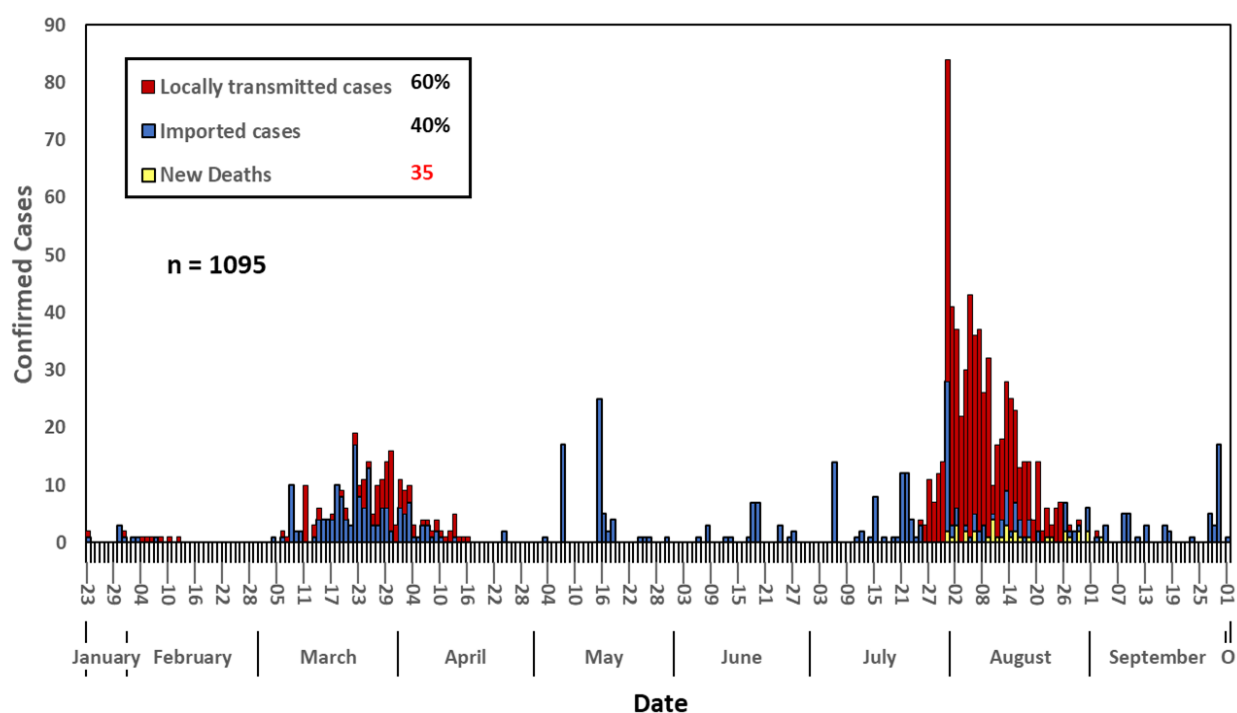


Figure 2. Epidemic curve of COVID-19 laboratory confirmed cases, Viet Nam, by date of reporting

| Age Group | Female | | Male | |
|--------------|-----------------|---------------|-----------------|---------------|
| | Cases | Deaths | Cases | Deaths |
| 0-9 | 16 (0) | 0 (0) | 18 (0) | 0 (0) |
| 10-19 | 27 (1) | 0 (0) | 33 (0) | 0 (0) |
| 20-29 | 117 (3) | 2 (0) | 134 (7) | 0 (0) |
| 30-39 | 105 (5) | 1 (0) | 141 (5) | 1 (0) |
| 40-49 | 91 (1) | 1 (0) | 78 (2) | 0 (0) |
| 50-59 | 82 (1) | 5 (0) | 77 (1) | 3 (0) |
| 60-69 | 72 (0) | 6 (0) | 47 (0) | 6 (0) |
| 70-79 | 21 (0) | 2 (0) | 15 (0) | 1 (0) |
| 80-89 | 10 (0) | 5 (0) | 6 (0) | 1 (0) |
| 90+ | 1 (0) | 0 (0) | 4 (0) | 1 (0) |
| Total | 542 (11) | 22 (0) | 553 (15) | 13 (0) |

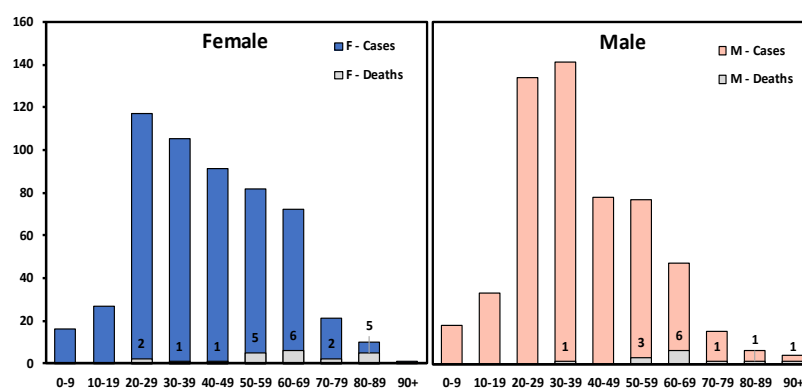


Table 1. Cumulative and new (past 7 days) cases and deaths by age and sex

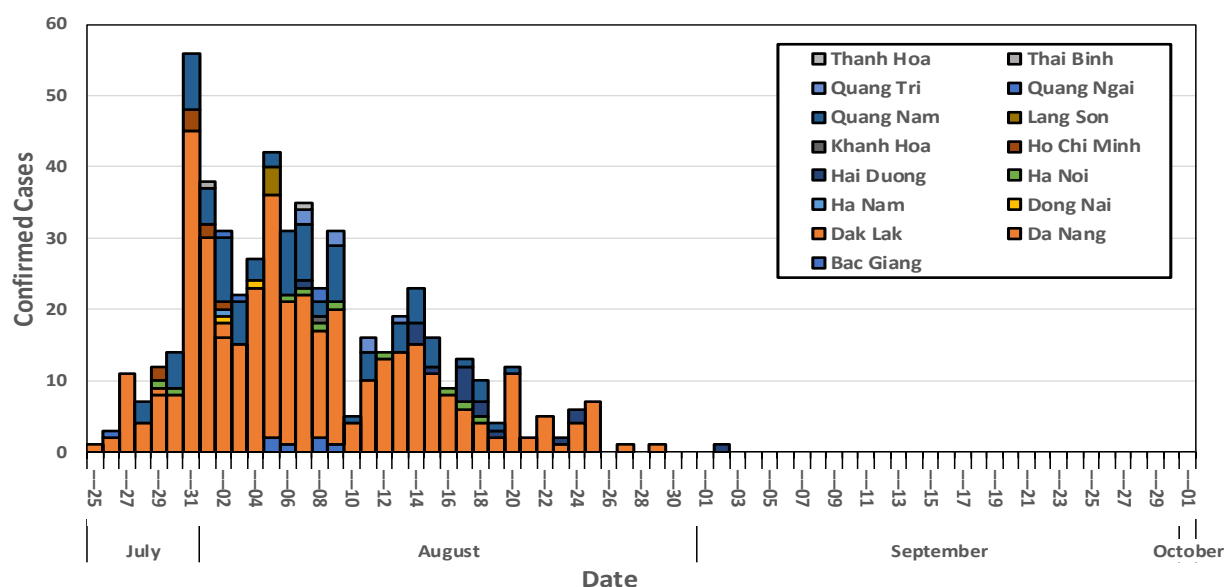


Figure 3. Distribution of locally transmitted COVID-19 laboratory confirmed cases in Viet Nam, by province, 25 July – 1 October 2020

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.” 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, lab testing reagents and consumables, ventilators, masks, disinfectants, etc.) and logistic support to 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 continues to be demonstrated in the ongoing response to the resurgence of cases in the community. 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 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. As the global situation of COVID-19 has continued to evolve with complexity, the country borders have remained close except for specific circumstances.

On 31 August 2020, MOH issued official letter #4674 on guidance for prevention of COVID-19 for foreigners coming to Viet Nam to work for less than 14 days. The letter states that centralized quarantine for those entering Viet Nam to work for less than 14 days is no longer required. However, they need to comply with measures, such as having SARS-CoV-2 RT-PCR negative test results from a recognized laboratory 3-5 days prior to entry to Viet Nam, staying in designated hotels/residences, having samples taken for testing upon arrival in designated hotel/residences, and ensuring that their health insurance will cover treatment costs in case they need treatment in Viet Nam.

On 5 Sep, complete social distancing in Da Nang was lifted. On 7 Sep, all means of transportation to/from Da Nang such as aviation, rails way, ships, and buses were resumed. All road blocks and checkpoints have also been lifted in Hue as of 23 Sep.

As per the government's direction to achieve the dual objectives of disease containment and economic development, and provided that no further locally transmitted cases have been reported at least in the last 14 days, as of 17 Sep, most of provinces have reopened nonessential and entertainment services. Da Nang being the last one where NPIs were lifted as of 0:00 18 Sep; Hai Duong province reopened sport and entertainment services as of 23 Sep and Da Nang reopened these services as of 0:00 25 Sep.

From 1 Sep, all travelers to Viet Nam were required to pay quarantine fees which include options at government designated quarantine facilities (at about USD 7 per day) or hotels (fees to be decided by hotel owners). SARS-CoV-2 testing fees will also be collected.

Viet Nam planned to resume international commercial flights (from 15 Sep), but still 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. On 19 Sep, the first commercial flight from Ha Noi to Tokyo, Japan had resumed; and on 25 Sep, the first commercial flight from Seoul to Ha Noi had resumed, after six months of suspension.

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 to 5 days prior to the arrival in Viet Nam. A 14-day quarantine duration is still required. A detailed guidance on testing and quarantine procedures upon arrival in PoE were provided in the **MOH decision No.4995/BYT-DP** – Interim guidance on surveillance of inbound travellers to Viet Nam, issued on 20 Sep 2020.



| 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 |

Annexes

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

