



Viet Nam COVID-19 Situation Report #15

29 October 2020

Report as of 29 October 2020, 18:00

Situation Summary

Highlights of Current Situation Report

- **Viet Nam has passed 57 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 29 Oct 2020, Viet Nam has reported a total of **1,177 laboratory confirmed cases** of COVID-19, including 37 health care workers (HCWs), from 44 out of 63 cities/ provinces 44 in country, including **35 deaths** (Da Nang: 31; Quang Nam: 3; and Quang Tri: 1) (CFR \approx 3%) (see *Figure 1*).
 - Of the 1,177 cases, 526 cases (44%) are imported. About 91% 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% above 70 years old, and the remaining 31.7% under 30 years old. The male to female ratio is 51.7% vs 48.3%. (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 28 days
- 1,062 cases (**90.2%**) **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, number of cases who have tested negative once, twice and three times are 6, 4, and 7, respectively.
- Numbers of quarantine:
 - A total of 14,216 people are currently placed under quarantine; 172 of whom are being quarantined in HCFs; 12,812 are in centralized quarantine facilities; and 1,232 are under self-/home-quarantine.
 - Cumulatively: from beginning of the outbreak to date, a total of 9,216,973 people have been placed under quarantine. Of those 200,294 were quarantined in HCFs; 3,376,915 were centralized quarantined; and 5,639,764 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 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. 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 (22 Oct), from 23 to 29 Oct, 29 new laboratory-confirmed cases of COVID-19 have been reported, without any additional deaths. All the 29 cases were imported, including 27 Vietnamese 2 Indian national.
 - During the week, number of RT-PCR conducted daily remained at approximately 3,000 RT-PCR tests. Between 23 Jul and 28th Oct, more than 785,000 tests were conducted out of the total of more than 1.1 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.

- 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.
- Laboratory:
 - There remain 137 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 62 are designated as screening and 75 as confirmatory laboratories. MOH is currently preparing to extend testing capacity to further hospital laboratories, 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 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, 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-ĐP 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.
- 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.
 - 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.

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 other ongoing and potential outbreaks, such as diphtheria, dengue, HFMD, etc. and the current floods and landslides emergency due to consecutive typhoons 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 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.; an AAR for COVID-19 response is being conducted for Quang Ninh and Ha Loi; two more AARs will be conducted in for Central-coastal region including Da Nang, Quang Nam and Quang Ngai; and for Central-highland region in Nov-Dec this year); 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 and vaccine deployment and distribution plans, effective communication in response to the current situation and in preparation for a possible wider community transmission.

National Transmission Assessment - unchanged

Stage 1 – Imported cases: It has been 57 days since the last case was reported from community. The country is now **back to a new normal and aiming to achieve the dual targets of disease outbreak control and economic development**. However, the risk of community transmission is still possible albeit limited and under control given that there have been previously reported cases without clear epi links and some cases that were detected upon arrival in other countries. There might also be sporadic cases from community as resulted from illegal immigrants and/or lack of adherence to testing/ quarantine requirements among inbound travellers. During past weeks, 29 imported cases were reported among repatriated citizens and internal technical experts. No indications of increase in cases from ILI/SAR/SVP surveillance, nor any suspected events through EBS systems. As Viet Nam had resumed international flights with seven countries/ territories since 19 Sep although with careful risk assessment and great cautions, it is anticipated that additional imported cases will be detected in coming days.

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

Epidemiology

Epi Update COVID-19

| Tests | Cases | Deaths | ICU Admissions |
|---|--|---------------------------------|---|
| 19,055 | 29 | 0 | 0 |
| NAT Tests past 7days (+1.03 times 7-day) | New cases past 7days (+1.2 times 7-day) | Deaths past 7days (-% 7-day) | ICU Admissions past 7days (-% 7-day) |
| 1,188,157 | 1,177 | 35 | 57 (TBC) |
| Cumulative NAT Tests | Cumulative Cases | Cumulative Deaths | Cumulative ICU Admissions |

| | | | |
|-------------------------------------|--|-----------------|-------------------------------------|
| 100% | 0 | 0 | 0 |
| Imported Cases in past 28 days (82) | 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 | 29 | 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) |

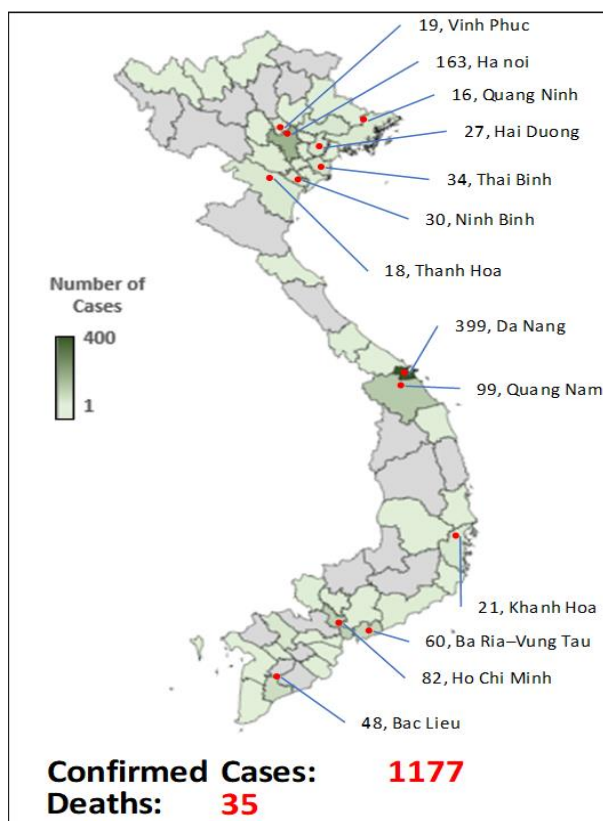


Figure 1. Distribution of cumulative COVID-19 laboratory confirmed cases by place of detection, Viet Nam

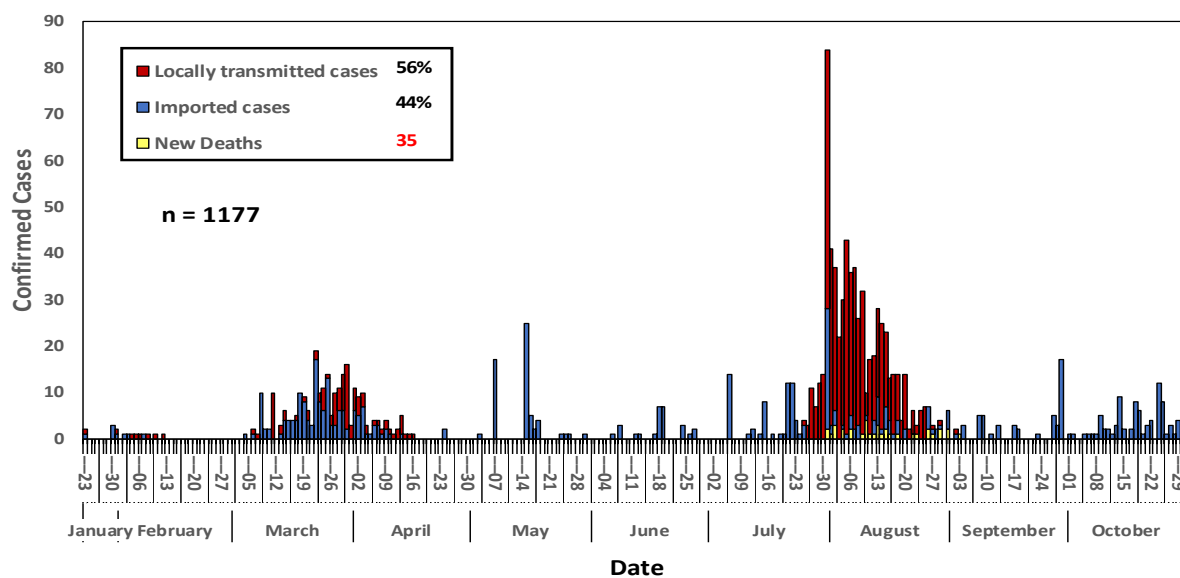


Figure 2. Epidemic curve of COVID-19 laboratory confirmed cases, Viet Nam, by date of reporting

| Age Group | Female | | Male | |
|--------------|-----------------|---------------|-----------------|---------------|
| | Cases | Deaths | Cases | Deaths |
| 0-9 | 17 (1) | 0 (0) | 22 (2) | 0 (0) |
| 10-19 | 27 (0) | 0 (0) | 33 (0) | 0 (0) |
| 20-29 | 126 (2) | 2 (0) | 148 (5) | 0 (0) |
| 30-39 | 110 (0) | 1 (0) | 162 (5) | 1 (0) |
| 40-49 | 97 (5) | 1 (0) | 87 (2) | 0 (0) |
| 50-59 | 86 (2) | 5 (0) | 81 (2) | 3 (0) |
| 60-69 | 73 (0) | 6 (0) | 49 (1) | 6 (0) |
| 70-79 | 21 (0) | 2 (0) | 17 (2) | 1 (0) |
| 80-89 | 10 (0) | 5 (0) | 6 (0) | 1 (0) |
| 90+ | 1 (0) | 0 (0) | 4 (0) | 1 (0) |
| Total | 568 (10) | 22 (0) | 609 (19) | 13 (0) |

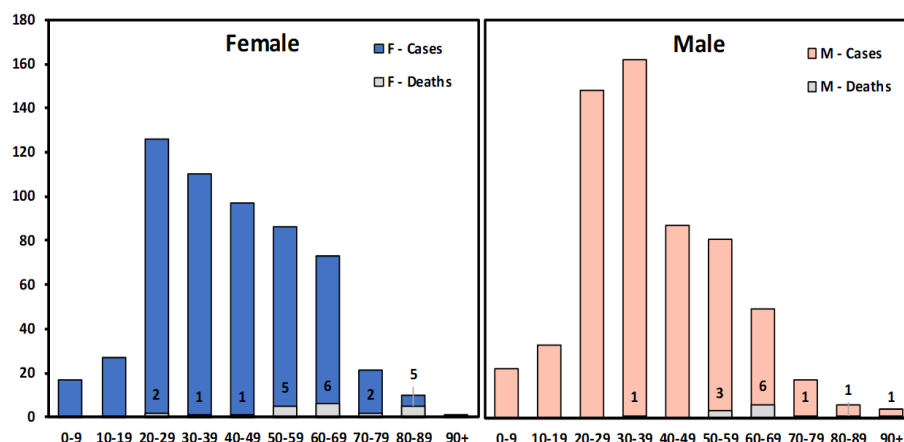


Table 1. Cumulative and new (past 7 days) cases and deaths by age and sex

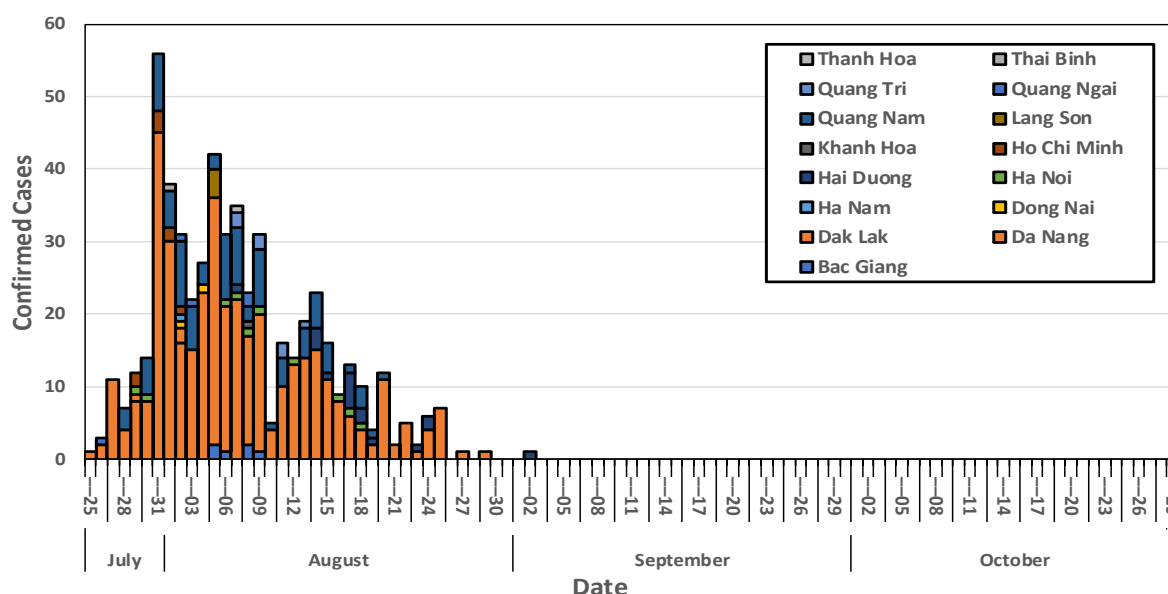


Figure 3. Distribution of locally transmitted COVID-19 laboratory confirmed cases in Viet Nam, by province, 25 July – 29 October 2020

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 (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, 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 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

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 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.

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.

| 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 – 29 October 2020

