



Viet Nam COVID-19 Situation Report #4

13 August 2020

Report as of 13 August 2020, 17:30 am ICT

Situation Summary

Highlights of Current Situation Report

- As of 13 Aug 2020, a total of 905 laboratory confirmed cases of COVID-19 have been reported from 40 out of 63 cities/provinces, including 20 deaths (see *Figure 1*). Of the 905 reported cases, 362 cases (40%) are imported, male and female ratio is almost equal (50%), 91% are Vietnamese (see *Figure 2*).
- Age of cases ranges from 0 to 100 years old, with about 63% of cases within 30-69 years old group; 5.3% of cases above 70 years old; and remaining 31.7% under 30 years old. (See *Table 1*).
- Twenty-six (26) health care workers (HCWs) have been infected; of those four have recovered from the previous wave. To date, at least 35 clusters have been recorded.
- From the last report (6 Aug), between 6 – 13 Aug, 158 newly laboratory confirmed cases of COVID-19 have been reported including 10 deaths. Of the cases reported, 18 were imported and 140 were locally transmitted cases.
- 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 city of Da Nang.
- Between 25 Jul to 13 Aug, a total of 438 locally transmitted cases were reported from 15 cities/provinces across the country with Da Nang and Quang Nam provinces were most heavily affected (see *Figure 3*). Approximately 99% of cases were either related to major hospitals in Da Nang city or have history of visiting Da Nang.
- Da Nang general hospital is the epicentre of the ongoing outbreak with at least 211 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 community among close contacts of hospital-related cases, including those who had visited Da Nang in July. At least 27 family-related clusters have been reported among 78 cases reported so far.
- Of the 905 patients, 425 (47%) have recovered. Among the 460 remaining patients currently being treated in 24 health care facilities, there are 26 (5.6%) severe and critical cases including 2 under ECMO (distributed mainly in Hue Central Hospital, Da Nang Lung hospital and Da Nang general hospital); 72 (15.7%) cases are moderate; 362 (78.7%) asymptomatic and mild cases that placed at field hospitals and other district/provincial hospitals.
- The 20 fatal cases so were inpatients of Da Nang general hospital of those 18 from Da Nang and 2 from Quang Nam province; age ranged from 33 to 87 years old. Majority of those were with comorbidities, such as chronic renal failure, heart failure, hypertension, DM2, malignancy, etc.
- For Da Nang-related community outbreak, 397 626 people have been under monitoring since 25 July, among those 7 789 are being quarantine in health care facilities; 23 598 are under centralized quarantine; and 366 239 are under self- home-quarantine. These people are those who have visited/ passed through high-risk areas in Da Nang during period 1 – 28 July. Ha Noi and HCMC were with leading numbers of people under monitoring and investigation.
- A strategy to test those that returned from Da Nang since the 1st of July is being implemented by individual provinces, such as Ho Chi Minh City (HCMC) and Ha Noi. Ha Noi screened over 50 000 returnees by serological RDT and is now conducting RT-PCR testing of roughly 100 000 returnees. HCMC plans to test over 50 000 returnees. To match this high demand for testing, a scheme for pooled testing of returnees is being designed. Pooled testing is additionally being designed by Pasteur Institute Nha Trang to keep up with demand for laboratory testing in Da Nang. Official guidelines for pooled testing are currently being developed by the Ministry of Health. However, shortages in laboratory testing reagents are being reported by laboratories. Ministry of Health is additionally revising the national laboratory testing strategy in light of the current situation to ensure guidance is up to date. In

Ha Noi, 4 major laboratories have been mobilized to support rt RT-PCR testing (Bach Mai hospital, National Paediatric hospital, NIHE and National Hospital of Tropical Diseases). As of 13 Aug, 17 699 samples have been collected of which 14 466 (81.7%) samples have been tested and all turned negative.

- The source of infection is yet to be concluded; investigations are ongoing with aggressive contact tracing, quarantine, hospital lockdown, physical distancing measures being applied in Da Nang and areas with cases reported. See *Annex 1* for more detailed key public health interventions along the outbreak timeline.

Upcoming Events and Priorities

- WHO is working closely with the Government to provide technical assistance, as required, in response to the ongoing community outbreak.
- WHO continues dialogues with the Government of Viet Nam and provides support in making balanced decisions in view of the ongoing community transmission, as well as socioeconomic impact caused by COVID-19. It is also important to pay due attention to other routine and priority activities, including responses to other ongoing and potential outbreaks including diphtheria, dengue, etc.
- 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 share the COVID-19 situation update and WHO's recommendations on the outbreak response in Viet Nam. Based on the outcomes of this meeting, VAPM will advise the Government and National Steering Committee on COVID-19 on the national strategies in response to the pandemic.
- WHO continues 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, support following up a discussion about COVID-19 vaccine issues, and better communication in response to current situation and in case wider/community transmission occurs.

National Transmission Assessment

2-Localized community transmission

The ongoing resurgence of community reported cases has spread to 15 cities/ provinces including mostly affected provinces of Da Nang and Quang Nam. Da Nang General Hospital is the epicentre of this outbreak which cases reported among patients, caregivers and HCWs. Between 25 July – 13 Aug, 438 locally transmitted cases have been reported from 15 cities/provinces. On 12 Aug, Ha Noi reported a case (case #867) who is a resident of a Northern province of Hai Duong without travel history to Da Nang and so far unknown epi links. Meanwhile additional imported cases continue to be reported (18 cases during the reporting period) among repatriated citizens and incoming experts. As per the Government's policy, all incoming travellers are to be quarantined for 14 days and tested at least twice (day 1 and 14) thus the risk of transmission to community is considered minimal. However there are sporadic cases from several districts in Da Nang and a case in Ha Noi (ex. Hai Duong, with potential additional cases being identified among close contacts) indicate on-going community transmission though still limited.

As multisource surveillance continues being enhanced (via ILI/ SARI, SVP existing platforms, community and hospital-based EBS), investigation and aggressive contact tracing are ongoing with massive testing being conducted, not only for the Da Nang returnees across the country but also for community in Da Nang, it is anticipated that more cases (including deaths given the current patients in ICU) might be reported.

The outbreak situation in Da Nang seems being brought under control. It is anticipated that case number will substantially decline after 15 Aug when social distancing is eased in Da Nang, while sporadic or cluster of cases might continue to be reported in other parts of country in coming days.

Epidemiology

Epi Update COVID-19

Tests	Cases	Deaths	ICU Admissions
147,762	158	10	10 (TBC)
NAT Tests past 7days (+46 % 7-day)	New cases past 7days (-82% 7-day)	Deaths past 7days (+100% 7-day)	ICU Admissions past 7days (-43% 7-day)
692,250	905	20	57 (TBC)
Cumulative NAT Tests	Cumulative Cases	Cumulative Deaths	Cumulative ICU Admissions

62.3%	Several (TBD)	27	0
Imported Cases in past 28 days (71)	Cases in past 28 days with no link (2)	Active Clusters	Active clusters with >3 generations

Health Service Provision COVID-19

Most of national hospital staff	3	158	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)

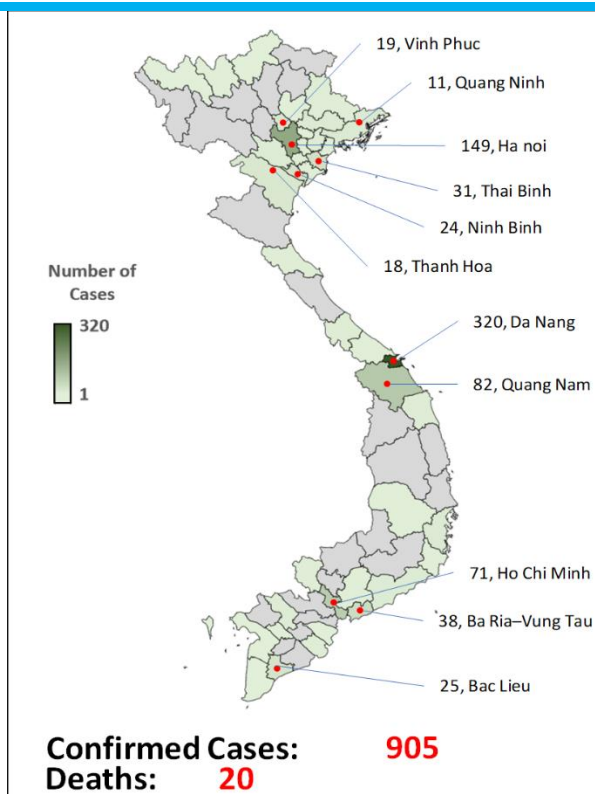


Figure 1. Distribution of cumulative COVID-19 laboratory confirmed cases by place of detection, Viet Nam

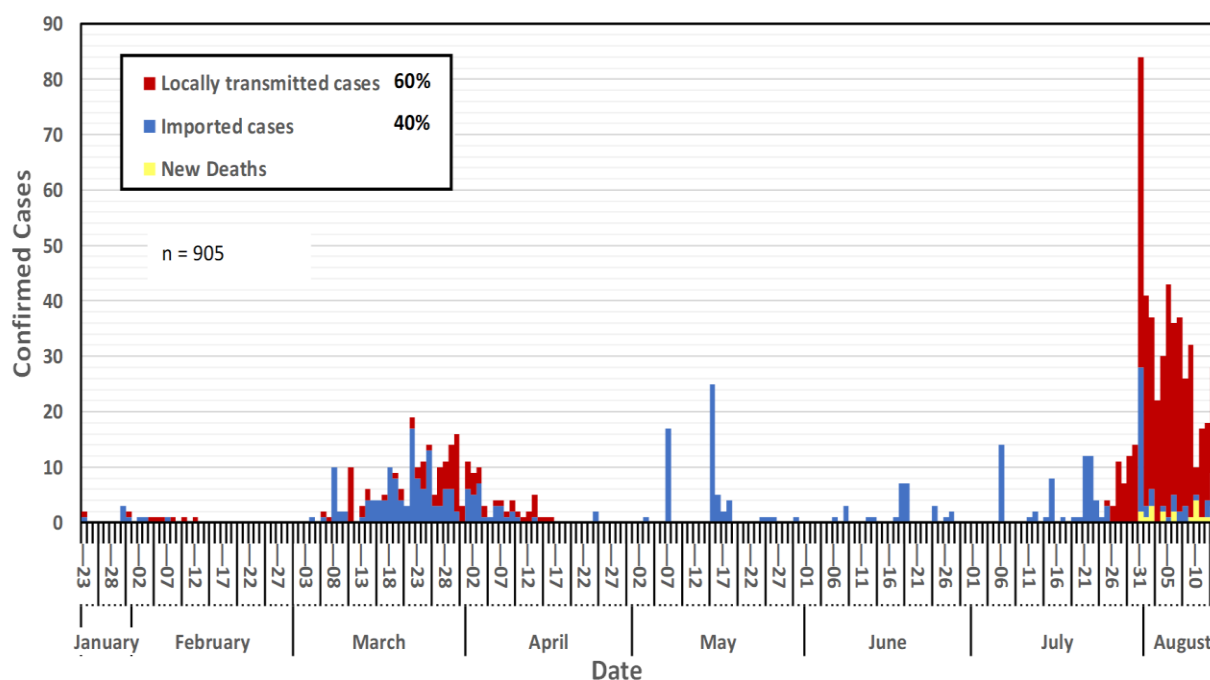


Figure 2. Epidemic curve of COVID-19 laboratory confirmed cases, Viet Nam, by date of reporting

Age Group	Female		Male	
	Cases	Deaths	Cases	Deaths
0-9	13 (0)	0 (0)	12 (4)	0 (0)
10-19	22 (3)	0 (0)	27 (7)	0 (0)
20-29	101 (13)	1 (1)	112 (5)	0 (0)
30-39	80 (11)	1 (1)	111 (11)	0 (0)
40-49	80 (9)	1 (1)	62 (10)	0 (0)
50-59	68 (11)	3 (2)	67 (11)	2 (1)
60-69	64 (12)	4 (0)	37 (6)	3 (2)
70-79	19 (4)	0 (0)	12 (0)	1 (0)
80-89	10 (2)	3 (1)	5 (2)	1 (1)
90+	1 (0)	0 (0)	2 (0)	0 (0)
Total	458 (65)	13 (6)	447 (56)	7 (4)

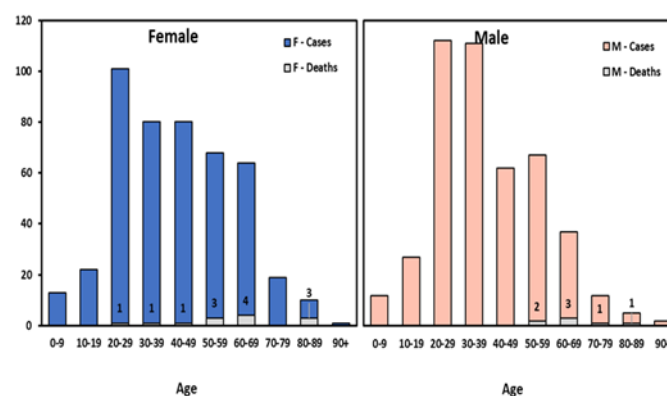


Table 1. Cumulative and new (past 7 days) cases and deaths by age and sex

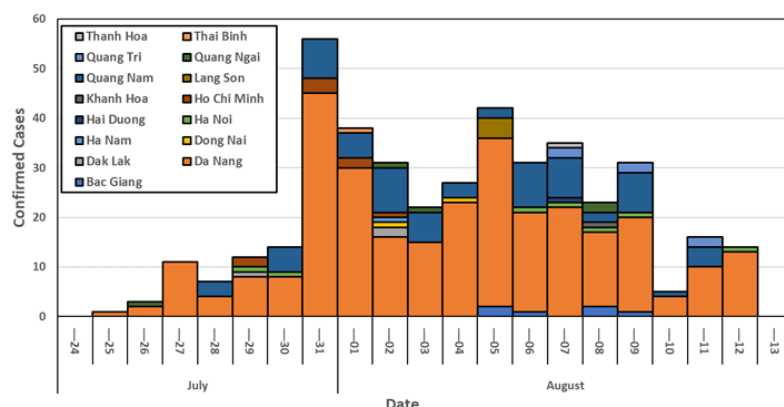
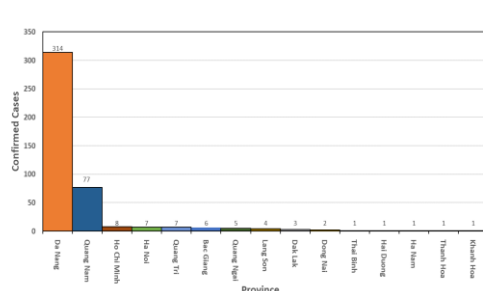


Figure 3. Distribution of locally transmitted COVID-19 laboratory confirmed cases in Viet Nam, by province, from 25 July – 13 August

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, taking into account 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.

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		Sub- national: Da Nang	Required		
Workplace Closure	1 Apr	1 June	Sub-national	Required	15 Apr	23 Apr
	28 Jul		Sub national: Da Nang	Required		
Mass Gatherings	31 Jan	None	National	Required		7 May
	27 Jul	4 Aug	Sub-national: Da Nang, Hue, Quang Nam Quang Ngai, Ha Noi, Dong Nai, Thai Binh, Ha Nam, Lam Dong, etc.	Required		
Stay at Home	1 Apr	None	National	Required	15 Apr	21 Apr
	28 Jul	4 Aug	Sub-national: Da Nang, 6 districts of Quang Nam, Bien Hoa City, Dong Nai province, and Buon Me Thuot City, Dak Lak province.	Required		
Restrictions on Internal Movement (within country)	1 Apr	None	National	Required	15 Apr	23 Apr
	28 Jul		Sub-national: Da Nang; 6 districts in Quang Nam, and Ban Me Thuot City, Dak Lak province.	Required		
Restrictions on International Travel	China: 25 Jan; all countries: 22 Mar	22 March	National	Required	No	No
Communities/ hospital lock down	28 Jul	13 Aug	Da Nang, HCMC, Ha Noi, Quang Nam, Quang Ngai, Dak Lak, Dong Nai, Thai Binh, Ha Nam, Bac Giang, Lang Son, Quang Tri, Thanh Hoa, Khanh Hoa, and Hai Duong,	Required	No	No
Others; specify in narrative: Centralized Quarantine entry people	Hubei China: 7 Feb. All countries: 21 Mar	None	-	Required	No	No

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. The 14-day centralized quarantine policy continues to be applied to both incoming Vietnamese and foreign travelers.

Given the resurgence of locally transmitted cases reported from 25 July to date, physical distancing measures have been applied in Da Nang City since 0:00 of 28 July, in six districts of Quang Nam province from 1 August. Suspension of non-essential services/businesses and mass gatherings has been implemented in 15 provinces with locally transmitted COVID-19 cases. Most provinces have requested people who returned from Da Nang to self-quarantine at home and fill in health declaration forms, with some provinces applying centralized quarantine for Da Nang returnees. Ho Chi Minh City has collected samples of Da Nang returnees from 1-27 Jul for RT-PCR testing. Ha Noi has also been collecting samples of Da Nang returnees from 15-27 Jul for RT-PCR testing.

Comprehensive communication activities being implemented nationwide with messages focusing on practicing preventive measures, including hand hygiene, mask wearing, limiting going to crowds and nonessential outdoor activities, etc.

Annexes

Annex 1 – Key public health interventions on COVID-19, January – 13 August 2020

