



## Viet Nam COVID-19 Situation Report #5

20 August 2020

Report as of 20 August 2020, 17:00

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### Situation Summary

#### Highlights of Current Situation Report

##### - **National situation:**

- As of 20 Aug 2020, a total of 1,007 laboratory confirmed cases of COVID-19 have been reported from 40 out of 63 cities/provinces, including 26 deaths (see *Figure 1*). Of the 1,007 reported cases, 372 cases (37%) are imported, male and female ratio is almost equal (50%), 92% are Vietnamese (see *Figure 2*).
- Age of cases ranges from 2 months to 100 years old, with about 64% of cases within 30-69 years old group; 5.4% of cases above 70 years old; and remaining 30.6% 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-one (31) health care workers (HCWs) have been infected including four from the previous wave; no deaths reported so far. To date, at least 35 clusters have been recorded.
- From the last report (13 Aug), between 14 – 20 Aug, 102 newly laboratory confirmed cases of COVID-19 have been reported including 6 deaths. Of the cases reported, 15 were imported and 87 were locally transmitted cases.
- One imported case, a Vietnamese returnee from Equatorial Guinea (case #1007), who was reported positive with SARS-CoV-2 since June and recovered while in Equatorial Guinea; now tested positive again after having discharged from a 14-day quarantine after arrival in country.
- Cluster of cases in Northern province of Hai Duong: starting from the first case (#751) who was detected in a hospital in Ha Noi on 6 Aug; since then, 12 cases have been identified among close contacts including his co-workers from the same restaurant and its customers in Hai Duong city. To date, no cases has been detected among almost 800 other contacts related to the hospitals and train station in Hai Duong after 13 days.
- 20 Aug: a false positive case was reported at E hospital in Ha Noi (a 87-yo-male resident of Phu Tho province) which urged the hospital to do a temporary lockdown for 19 Aug night. By 13:30 of 20 Aug, the laboratory results conducted by both NHTD and NIHE reconfirmed his negative status; thus the case was removed from the MOH official report and the hospital lockdown was lifted on 20 Aug evening.

##### - **Da Nang-related community outbreak**

- Between 25 Jul to 20 Aug, a total of 525 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 98% 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 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 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.
- There have been 26 deaths (2.6%) reported, 542 (53.8%) recoveries, and the remaining patients are under treatment in 26 health care facilities across the country. Among the 439 cases under treatment, 21 cases (4.8%) are either severe or critical in ICUs (2 cases requiring ECMO, 5 cases requiring invasive ventilation and 14 cases requiring oxygen support); the remaining 418 cases (95.2%) either have mild symptoms or are asymptomatic.

- The 26 fatal cases were inpatients of Da Nang general hospital; of those, 22 from were from Da Nang, 3 from Quang Nam and 1 from Quang Tri province; ages ranged from 33 to 87 years old. Majority of them were with comorbidities, such as chronic renal failure, heart failure, hypertension, DM2, malignancy, etc.
- A total of 100,569 people are under monitoring; among those 1,818 are being quarantined in health care facilities; 31,333 are in centralized quarantine facilities; and 67,418 are under self-/home-quarantine. Ha Noi and HCMC have the highest numbers of people under monitoring and investigation.
- A strategy to test those that returned from Da Nang since the 1<sup>st</sup> of July is being implemented by individual provinces, such as HCMC and Ha Noi. Ha Noi screened over 50,000 returnees by serological RDT and is now conducting rRT-PCR testing of roughly 100,000 returnees. HCMC plans to test over 50,000 returnees with rRT-PCR. To match this high demand for testing, official guidelines for pooled testing have been developed by the Ministry of Health. However, shortages in laboratory testing reagents are being reported by laboratories. The Ministry of Health is additionally currently 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 19 Aug, more than 500,000 people nationwide who reported having history of travel to/from Da Nang from 1-28 July have been under monitoring. Of those, 333,173 people have been tested and almost 280,000 (83%) were negative.
- The source of infection is yet to be concluded; investigations continue with aggressive contact tracing, quarantine, hospital lockdown, physical distancing measures being applied in Da Nang and areas with cases reported. See *NPI Table* and *Annex 1* for more detailed 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, and promoting protective measures. Communication channels are also being utilized to support contact tracing.

## 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 of 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 – 20 Aug, 525 locally transmitted cases have been reported from 15 cities/provinces which include 27 HCWs. While most of the cases were linked with Da Nang, at least 18 cases with unknown epi links have been reported in Da Nang and other provinces and resulted in additional cases and clusters among their close contacts. These 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 in Da Nang and other provinces.

The outbreak situation in Da Nang continues to show a good sign with number of daily reported cases decreasing during past week. The situation in Hai Duong also seems being under control with only cases linked to the same restaurant. It is anticipated that case number will substantially decline after 15 Aug when social distancing is eased in Da Nang; by 30 Aug the outbreak in Da Nang, Hai Duong would be controlled, while sporadic or cluster of cases might continue to be reported in other parts of country in coming days.

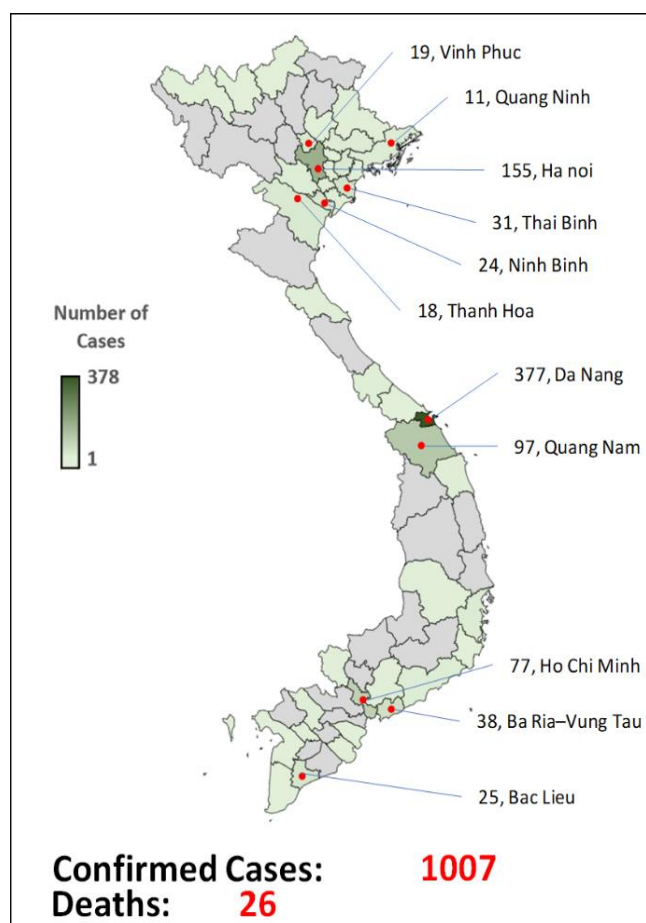
## Epidemiology

### Epi Update COVID-19

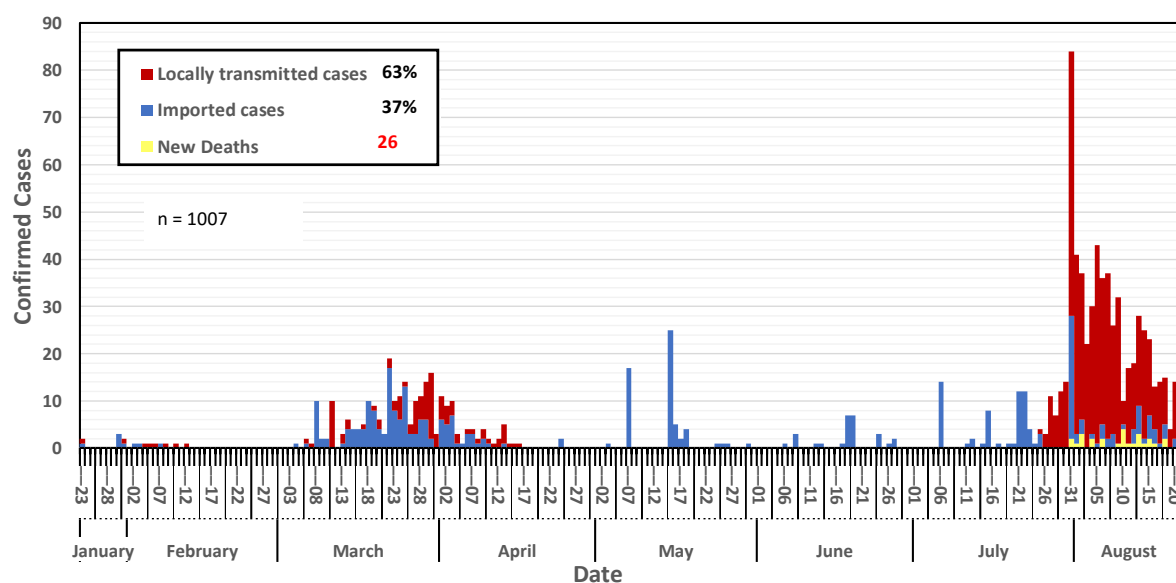
Tests	Cases	Deaths	ICU Admissions
<b>146,706</b>	<b>102</b>	<b>6</b>	<b>10</b> (TBC)
NAT Tests past 7days	New cases past 7days	Deaths past 7days	ICU Admissions past 7days
(-0.7% 7-day)	(-35.4% 7-day)	(-40% 7-day)	(-43% 7-day)
<b>838,956</b>	<b>1,007</b>	<b>26</b>	<b>57</b> (TBC)
Cumulative NAT Tests	Cumulative Cases	Cumulative Deaths	Cumulative ICU Admissions
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<b>62.3%</b>	<b>18 (at least)</b>	<b>27</b>	<b>0</b>
Imported Cases in past 28 days (71)	Cases in past 28 days with no link (18)	Active Clusters	Active clusters with >3 generations

### Health Service Provision COVID-19

Most of national hospital staff	5	102	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)

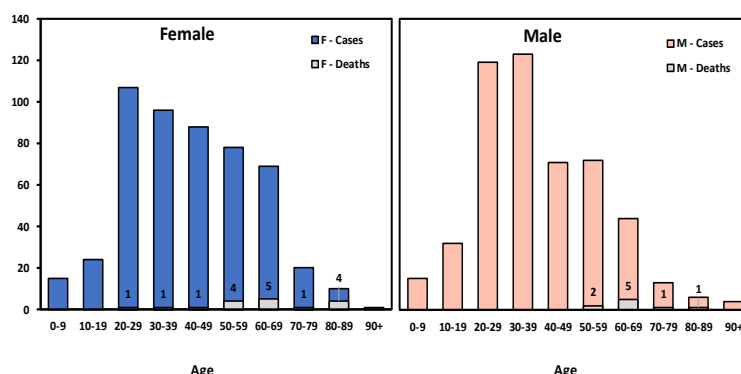


**Figure 1.** Distribution of cumulative COVID-19 laboratory confirmed cases by place of detection, Viet Nam

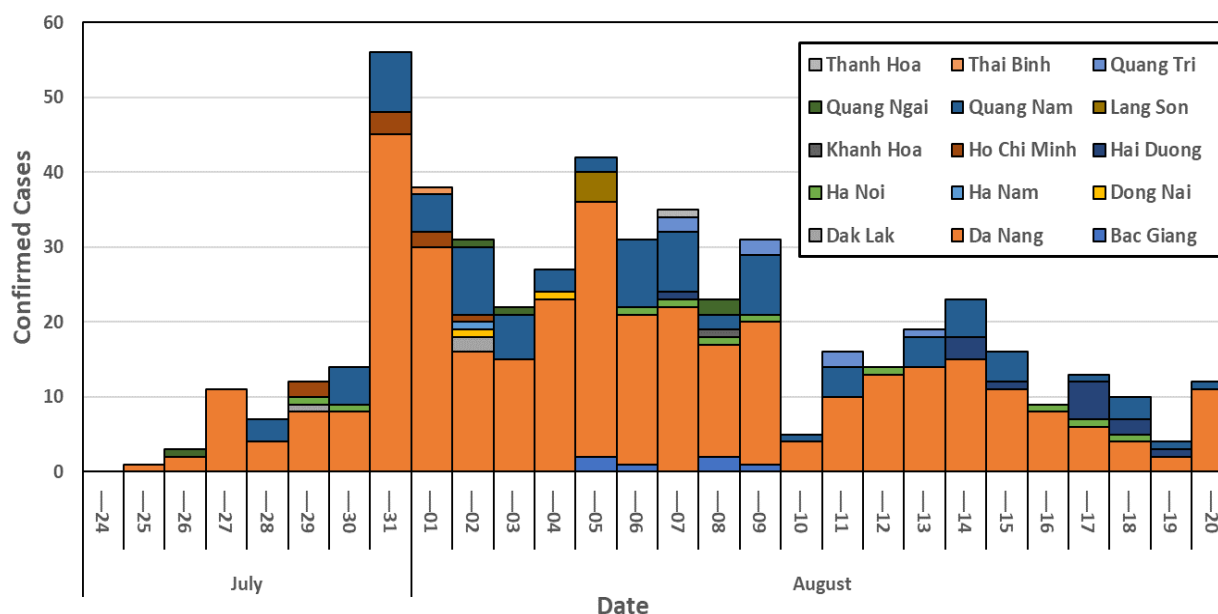


**Figure 2.** Epidemic curve of COVID-19 laboratory confirmed cases, Viet Nam, by date of reporting

Age	Female		Male	
	Cases	Deaths	Cases	Deaths
0-9	15 (2)	0 (0)	15 (3)	0 (0)
10-19	24 (2)	0 (0)	32 (5)	0 (0)
20-29	107 (6)	1 (0)	119 (7)	0 (0)
30-39	96 (16)	1 (0)	123 (12)	0 (0)
40-49	88 (8)	1 (0)	71 (9)	0 (0)
50-59	78 (10)	4 (1)	72 (5)	2 (0)
60-69	69 (5)	5 (1)	44 (7)	5 (2)
70-79	20 (1)	1 (1)	13 (1)	1 (0)
80-89	10 (0)	4 (1)	6 (1)	1 (0)
90+	1 (0)	0 (0)	4 (2)	0 (0)
Total	508 (50)	17 (4)	499 (52)	9 (2)



**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 – 20 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.

## 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 18 cities/provinces with locally transmitted COVID-19 cases and their neighbouring provinces. 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 rRT-PCR testing. Ha Noi has been collecting samples of Da Nang returnees from 15-27 Jul for rRT-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.

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, Hai Duong, Hai Phong, Quang Ninh	Required		
Stay at Home	1 Apr	None	National	Required	15 Apr	21 Apr
	28 Jul	4 Aug	Sub-national: Da Nang, 5 districts of Quang Nam, Hai Duong City/province	Required	15 Aug: Lifted for Que Son Dist., Quang Nam province 17 Aug: lifted for Bien Hoa & Ban Me Thuot cities.	
Restrictions on Internal Movement (within country)	1 Apr	None	National	Required	15 Apr	23 Apr
	28 Jul	19 Aug	Sub-national: Da Nang; 5 districts in Quang Nam, Hai Duong City. Health declaration applied in HCMC for visitors from 6 community outbreak cities/provinces	Required	15 Aug: Lifted for Que Son district, Quang Nam province 17 Aug: lifted for Bien Hoa & Ban Me Thuot cities.	
Restrictions on International Travel	China: 25 Jan; all countries: 22 Mar	22 March	National	Required	Nod	No
Communities/ hospital lock down	28 Jul	13 Aug	Da Nang, HCMC, Ha Noi, Quang Nam, Quang Ngai, Thai Binh, Ha Nam, Bac Giang, Lang Son, Quang Tri, Thanh Hoa, Khanh Hoa, Hai Duong	Required	17 Aug: Lifted community lockdown in Dak Lak and Dong Nai	No
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 – 20 August 2020

