



Viet Nam COVID-19 Situation Report #8

10 September 2020

Report as of 10 September 2020, 18:00

Situation Summary

Highlights of Current Situation Report

- National situation:

- It has been 8 days since the last case was reported from community (case #1045 in Hai Duong on 2 Sep).
- From the last report (3 Sep), from 4 to 10 Sep, 13 new laboratory-confirmed cases of COVID-19 have been reported, without any additional deaths. **All the 13 cases reported during past week were imported.**
- As of 10 Sep 2020, a total of 1,059 laboratory confirmed cases of COVID-19 have been reported from 42 out of 63 cities/provinces, including 35 deaths (see *Figure 1*). Of the 1,059 reported cases, 398 cases (37.6%) are imported. The male to female ratio is almost equal. Approximately 92.6% are Vietnamese (see *Figure 2*).
- The ages of cases range from 2 months to 100 years old. About 63.6% of all cases are in the 30-69 years old group, 5.4% above 70 years old, and the remaining 31% 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 past two weeks.

- Da Nang-related community outbreak

- From 25 Jul to 10 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*).
- 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.
- As of 10 Sep, 893 (84%) have recovered, and the remaining cases are under treatment in 20 health care facilities (HCFs) across the country. Among the 131 cases under treatment, 4 cases (3%) are either severe or critical in ICUs (1 case is under ECMO and 3 cases require invasive ventilation); the rest are with mild symptoms or asymptomatic.
- A total of 35,799 people are under monitoring; 603 of whom are being quarantined in health care facilities; 16,431 are in centralized quarantine facilities; and 18,765 are under self-/home-quarantine.
- MOH and partners to making continued efforts to enable capacity for widespread testing. As of the 14th of August, there were 122 laboratories capable of testing for COVID-19 by RT-PCR. The maximum daily capacity in the country was 34,000 tests. In addition, official guidelines for pool testing have been issued by the Ministry of Health to further increase throughput. However, shortages in laboratory testing reagents are being reported

by laboratories. The MOH is currently still revising the national laboratory testing strategy in light of the current situation. The feasibility and potential usefulness of antigen RDT's is being explored, for potential addition to the testing strategy. To help avoid future stockouts guidance for laboratory preparation and use of VTM is being drafted.

- 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.
- From 27 Jul to 10 Sep, more than 573,000 samples (56.7%) have been tested out of the total of more than one million rRT-PCR tests conducted in country from the beginning of the outbreak. From Da Nang alone had conducted 317,000 tests.
- Large-scale household testing for COVID-19 was planned to take place in Da Nang city as decreed by the Cities People's Committee Plan no. 5857 / KH-UBND. From 3-10 Sep, a total of 72,492 specimens were collected from representatives of randomly selected households and all tested negative. In this plan, based on the results further rounds of wide-spread testing may take place.
- From 11 Sep, Da Nang city will move to a new stage of implementing COVID-19 preventive measures. Communities though are still advised to refrain from going out if not necessary; however other activities will be easing out gradually. Restaurants, shops and other food services are allowed to reopen.
- The source of infection is yet to be concluded; investigations continue with aggressive contact tracing, quarantine, hospital lockdowns, social distancing measures being applied in areas where cases are reported. Lockdowns have been lifted for various hospitals and communities. In particular, Da Nang general hospital's lockdown was lifted on 25 Aug. See *NPI Table* and *Annex 1* for more details on key public health interventions along the outbreak timeline.
- The outbreaks in Da Nang and its neighbouring provinces have been under control. It has been 13 days since the last community case reported in Da Nang, and 21 days for Quang Nam.
- 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. Communication channels are also being utilized to support contact tracing. The Ministry of Health, with support from WHO, has also been gearing up for the next level of communication activities to support advancing "safe coexistence with COVID-19".

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 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 current botulism event (due to consumption of vegan paté) and other ongoing and potential outbreaks, such as 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 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

2-Localized community transmission

The current community outbreak has reported a total of 551 locally transmitted cases in 15 cities/ provinces between 25 Jul and 10 Sep. It has been 8 days since the last case was reported from community in Hai Duong and 14 days in Da Nang. Thirty-seven (37) HCWs have been infected in this outbreak, but no additional cases reported in the past more than 14 days. However, given that there have been at least 19 cases had unknown epi links including the last case reported from Hai Duong province and a couple of cases among Vietnamese citizens who were detected in Japan and ROK recently, the risk of community transmission is still possible, albeit limited and under control. It is therefore possible that new sporadic cases might be reported from community in coming days. Cases will continue to be detected among incoming travellers (imported cases). Additional deaths should also be anticipated given that four severe and critical patients are remaining in ICUs.

Epidemiology

Epi Update COVID-19

Tests	Cases	Deaths	ICU Admissions
45,760	13	0	0 (TBC)
NAT Tests past 7days (-21% 7-day)	New cases past 7days (30% 7-day)	Deaths past 7days (-% 7-day)	ICU Admissions past 7days (-% 7-day)
1,040,511	1,059	35	57 (TBC)
Cumulative NAT Tests	Cumulative Cases	Cumulative Deaths	Cumulative ICU Admissions

15%	19 (at least)	1	0
Imported Cases in past 28 days (91)	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	13	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)

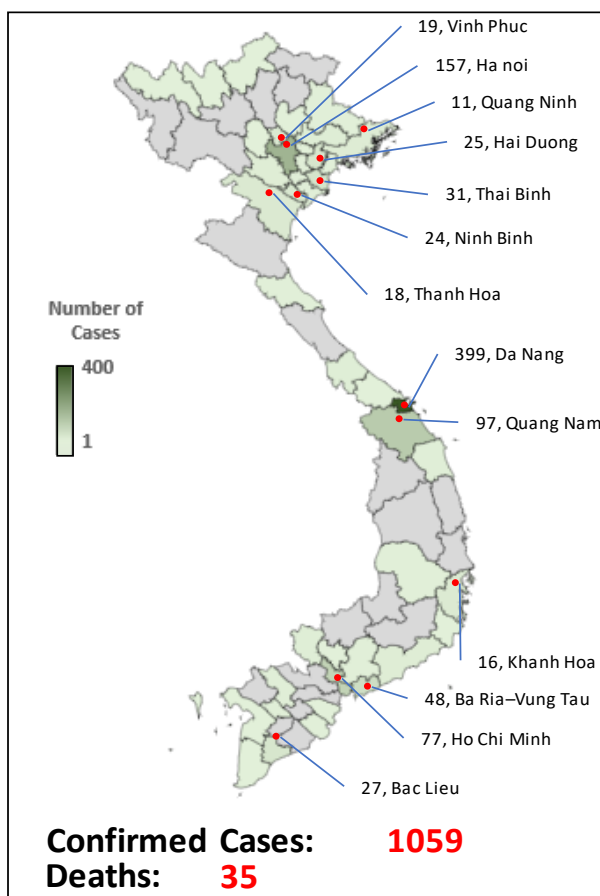


Figure 1. Distribution of cumulative COVID-19 laboratory confirmed cases by place of detection, Viet Nam

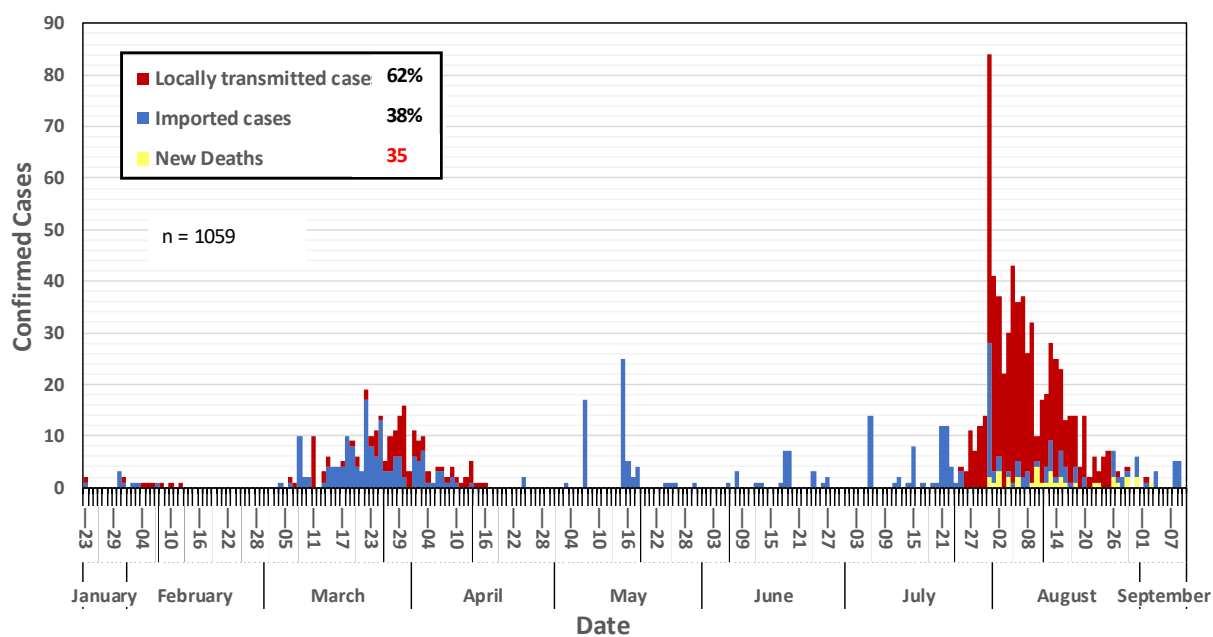


Figure 2. Epidemic curve of COVID-19 laboratory confirmed cases, Viet Nam, by date of reporting

Age Group	Female		Male	
	Cases	Deaths	Cases	Deaths
0-9	16 (1)	0 (0)	18 (2)	0 (0)
10-19	25 (0)	0 (0)	33 (1)	0 (0)
20-29	113 (2)	2 (0)	124 (0)	0 (0)
30-39	100 (1)	1 (0)	132 (3)	1 (0)
40-49	90 (0)	1 (0)	75 (1)	0 (0)
50-59	81 (1)	5 (0)	76 (0)	3 (0)
60-69	72 (0)	6 (0)	47 (1)	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	529 (5)	22 (0)	530 (8)	13 (0)

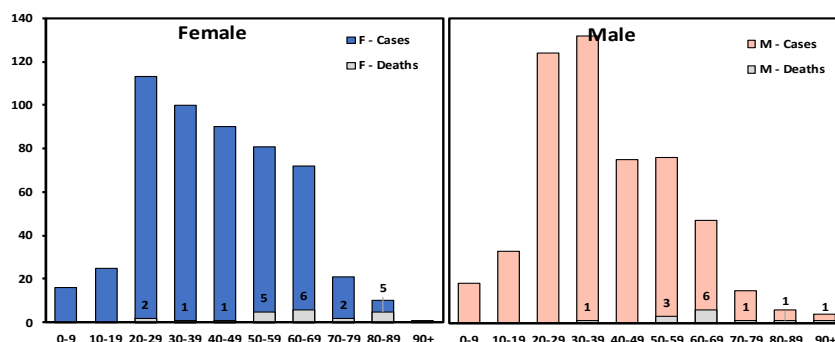


Table 1. Cumulative and new (past 7 days) cases and deaths by age and sex

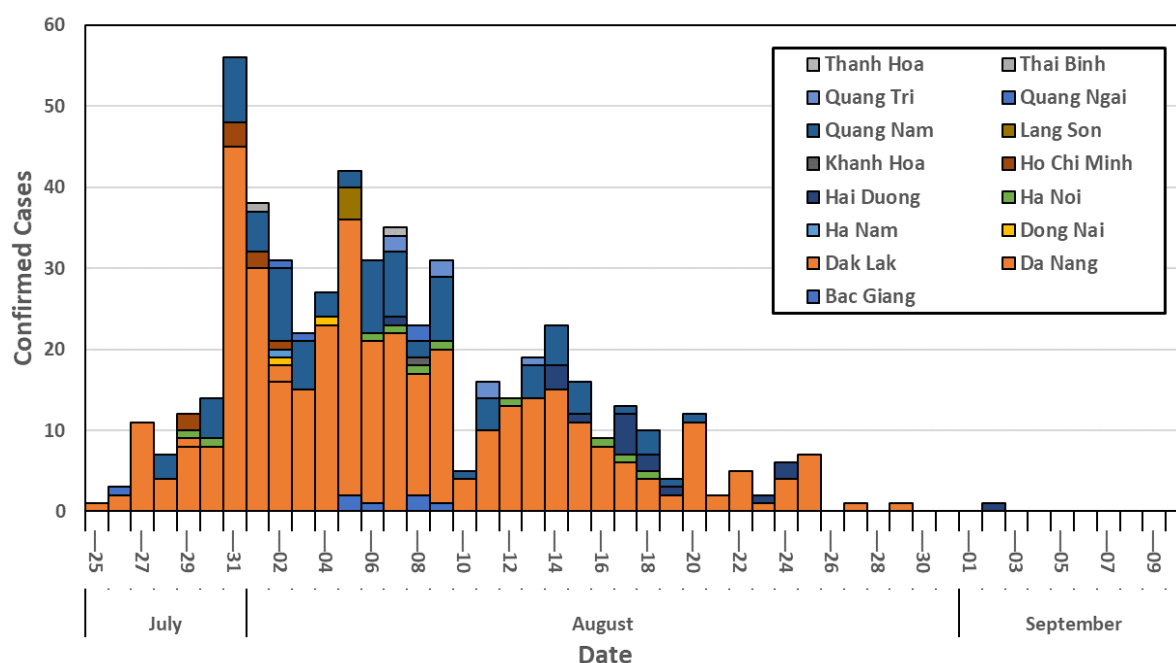


Figure 3. Distribution of locally transmitted COVID-19 laboratory confirmed cases in Viet Nam, by province, 25 July – 10 September

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 travellers who will stay in the country for 14 days or more.



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.

As of 10 Sep, no further locally transmitted cases have been reported at least in the last 14 days in 13 provinces, and the last case in Da Nang was under quarantine for at least 14 days. Thus, community lockdowns have been lifted in these provinces, and lockdown has been only implemented in very small communities in Hai Duong province.

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 10 Sep, many provinces have reopened nonessential and entertainment services. These provinces include HCMC, Dong Nai, Quang Ngai, Khanh Hoa, Quang Tri, and Binh Thuan.

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	5 Sep		Required		5 Sep
Mass Gatherings	31 Jan	None	National	Required		7 May
	27 Jul	10 Sep	Sub-national: Da Nang, Hue, Quang Nam, Ha Nam, Hai Duong, Hai Phong, Quang Ninh	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 6 community outbreak cities/provinces			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.	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 – 10 September 2020

