Viet Nam COVID-19 Situation Report #31
28 February 2021
Report as of 28 February 2021, 18:00

Situation Summary

Highlights of Current Situation Report

- More than one month since the new community outbreaks emerged in country which initiated from Hai Duong and Quang Ninh provinces on 25 Jan, – Case Investigation and response have been ongoing, even throughout the traditional new year (Tet).

- From 25 Jan to 28 Feb, 849 locally transmitted cases have been reported from thirteen (13) cities/provinces across the country (no additional provinces reported in past 7 days). These include: Hai Duong (665), Quang Ninh (61), HCMC (36), Ha Noi (34), Gia Lai (27), Binh Duong (6), Bac Ninh (5), Hai Phong (4), Dien Bien (3), Hung Yen (3), Hoa Binh (2), Bac Giang (2), and Ha Giang (1). See Figures 1 and 2 for Epi curve of the current outbreak and case distribution by province.

- Eleven (11) out of 13 provinces have not reported additional cases in at least past 14 days. The remaining provinces include Hai Duong and Hai Phong which are still applying social distancing.
  - Hai Duong: 12 days after the whole-of-province social distancing commenced (starting from 0h00 16 Feb), additional cases continued to be reported even though with a down trend from 6 district hotspots (Cam Giang district, Chi Linh city, Hai Duong city, Kim Mon, Nam Sach and latest district of Kim Thanh). All the new cases were either among F1 contacts of existing cases or were detected through enhanced surveillance in HCFs and community.
  - Hai Phong: No cases reported in the past 13 days. The city has passed 5 days under social-distancing measures (starting from 0h00 23 Feb).

- Majority of the cases either asymptomatic (82%) or with mild symptoms (14%), the remaining cases (4%) are severe or with severe prognosis and one case in a critical condition.

- Sub-national transmission assessment\(^1\): unchanged
  - Three provinces are in Stage 2 – Localized community transmission (Hai Duong, Quang Ninh, HCMC); cases with unknown/unclear epi links.
  - The remaining 10 provinces are in Stage 1 – Imported transmission: cases reported in these provinces were imported from either Hai Duong or Quang Ninh and, so far, transmission is still within 3 generations. There are no clear signals of locally acquired transmission. However, Ha Noi and Hai Phong situations are still under a close monitoring.

- Full genome sequencing of the Japanese deceased case in Ha Noi revealed variant CAL.20C which has been circulating primarily in South Korea, Sri Lanka, India, and Taiwan, so far not reported as a highly contagious variant. This is 5\(^{th}\) variant identified and for the first time in Viet Nam, to date.

- 24 Feb, PCDC of Ba Ria – Vung Tau Province has discovered five cases positive for COVID-19 aboard a Singaporean cargo ship passing Vietnam’s waters after a sailor died for an unknown reason. The ship Ocean Amazing departed from Shanghai, China from 13 Feb to transport goods to a port in Ho Chi Minh City, but the sailors and all board member had not disembarked thus there is no risk of transmission.

- The Government issued the Resolution No. 21/NQ-CP dated 26 Feb 2021 on COVID-19 vaccine procurement and deployment, signed by the Prime Minister. The resolution highlights the priority groups and provinces for vaccination; specifies budget source and mechanism; and guides implementation. The Government is now preparing for a biggest ever COVID-19 vaccination campaign.

- As of 28 Feb, Viet Nam has reported 2,448 laboratory confirmed cases including 35 deaths (PFC 1.4%); 1,876 cases (76.6%) have recovered. Currently 60,700 people are under quarantine of which 560 are quarantine at HCFs, 12 305 are in centralized quarantine (including hotels), and 47,835 are under home quarantine.

\(^1\) Transmission stage assessment continues to be adjusted based on evolving outbreak situation at subnational level.
Other ongoing response includes:

- Right after receiving a notification from Japan on 25 Jan of the case from Viet Nam—detected upon arrival in Osaka—with the same variant found in the UK, the Government has been taking vigorous actions. All public health measures being implemented this time are one-level higher (i.e. taking no-risk approach).
- Fast and vigorous—whole system activated on 27 night: NSC met, VC meetings with 2 provinces
- Deputy Prime Minister (DPM), Chairman of NSC, ordered Hai Duong Province to stay focused to stamp out the outbreak within ten days, emphasizing that every minute counts.
- Rapid case investigation with fast, thorough contact tracing (up to F3 & F4 of two index cases)
- Sent national expert teams to Hai Duong, Quang Ninh, Dien Bien, Gia Lai to support local response.
- A series of Government directions released, such as MOH telegrams, Prime Minister’s Directive No.05; also at subnational levels.
- Centralized quarantine and community lockdown require 21 days instead of the previous practice of 14 days
- Targeted community lockdown based on outbreak situation and risk assessment.
- Reactivated technical teams at central level (contact tracing, information & rapid response, communication) to coordinate and support local response.
- Reactivated/ strengthened community COVID teams at all levels.
- Enhancing surveillance and testing, even up to F3 contacts in hotspots, test all presented with fever and cough
  
  - Mass testing approach is being followed using different strategies including targeted testing of higher risk groups as well as random testing of households and inpatients. Wide testing is aiming at active and early identification of possible cases. There are currently 152 laboratories capable of detecting SARS-CoV-2 by Realtime RT-PCR technique with 98 designated as confirmatory laboratories. Testing capacity can be increased with guidance issued on pooling of lower risk specimens, up to 10 specimens may be pooled.
  
  - Full genome sequencing of the initial cases was conducted. NIHE reported the result of samples of Hai Duong COVID-19 cases, as SARS-CoV-2 B.1.17 variants. Hospital of Tropical Diseases (HTD) in HCMC also reported the result of a case whole travelled from Hai Duong to HCMC as SARS-CoV-2 B.1.17 variants.
  
  - Full genome sequencing of the Tan Son Nhat (TSN) airport HCMC determined as PANGO linage A.23.1. The virus associated with this cluster does not have the E484K mutation reported in a sub-set of A.23.1 detected in the UK.
  
  - Full genome sequencing of the Japanese deceased case in Ha Noi revealed variant CAL.20C.
  
- Enhancing surveillance and testing—more than 780,000 samples have been collected for testing in the 13 affected provinces. An onsite laboratory in Hai Duong has been established with initial capacity of testing of about 5,000 tests per day and can be increased as needed. Three changes have been introduced during first week of Feb in the outbreak response strategy which included: i) Pool sampling; ii) Quarantine guidelines for under 5 years old children; and iii) Maintaining the flow of goods in the COVID-19 context.
- After two weeks applied a 21-day quarantine and community lockdown, MOH has amended the quarantine period, back to a 14-day duration as before, given the latest scientific evidence on the new variants.
- Field hospitals were established: 3 in Hai Duong, 1 each in Quang Ninh, Dien Bien and Gia Lai, ready to cater for increased number of cases. On 28 Feb, field hospital #1 in Hai Duong has been disbanded.
- Timely and transparent communication and risk communication activities.

Update from past 7 days:

- From 22 – 28 Feb 2021, 65 new laboratory-confirmed cases of COVID-19 have been reported (decrease 58.1% compared to last week); of those 89.2% were locally transmitted cases, and without any additional deaths. There was seven imported cases during the week.
- During the week, number of RT-PCR conducted daily was approximately 31,104 tests, bringing total number of tests conducted to 2,214,802 since the beginning of the outbreak.
- As of 28 Feb 2021, Viet Nam has reported a total of 2,448 laboratory confirmed cases of COVID-19, including 37 health care workers (HCWs), from 48 out of 63 cities/ provinces in country, including 35 deaths (PFC ~ 1.4%) (see
All the 35 death cases were related to the community outbreak in Da Nang (31 from Da Nang, 3 from Quang Nam and 1 from Quang Tri); most of them had long-term chronic diseases and comorbidities.

- Of the 2,448 cases, 938 cases (38.3%) are imported. About 93.5% are Vietnamese (see Figure 3).
- The ages of cases range from 2 months to 100 years old. About 59.4% of all cases are in the 30-69 years old group, 3.3% above 70 years old, and the remaining 37.3% under 30 years old. The proportion of male vs female is around 49.6% vs 50.4%. (See Table 1).
- Approx. 182 clusters have been recorded including from households, schools, workplaces, bus/train stations and 25 clusters are currently active which are relate to the ongoing community outbreaks in 13 cities/provinces.
- Mass testing including random testing in community and targeting high risk groups (i.e. hospital staff; patients in ICU and those with chronic underlying condition; daily testing for Tan Son Nhat airport staff one day before their shift) continued, so far no additional cases detected.

- MOH moved their special standing unit from HCMC to Hai Duong to support local response.
- 24-25 Feb: IHR/NFPs of Viet Nam and Cambodia have been in communication regarding the 2 cases of Vietnamese female workers who illegally entered Cambodia and now came back to Viet Nam through Moc Bai border gate in Tay Ninh province and tested positive while in quarantine. Case 1413 (reported on 25 Feb) and case 1421 (reported on 26 Feb). Further investigation is ongoing.

- Other Non-pharmaceutical interventions (NPIs)
  - 6 Feb:
    - Social distancing for 15 days applied for the entire Hai Duong province starting from 0:00 16 Feb.
    - At least 40 provinces prolonged school closure until 28 Feb and/or until further notice and apply online classes. As of 21 Feb, more than 10 provinces among those have decided to reopen on 22 Feb.
    - After Tet holidays, different provinces applied different NPIs for people from Hai Duong who returned to those provinces (before Hai Duong was put under lock down), including health declaration, health notification to local health facilities, centralized quarantine and sample collection for testing; some provinces do not allow people from Hai Duong to enter/return to their provinces.
  - 18-19 Feb:
    - Ministry of Transport considers extension of lockdown in Van Don international airport, Quang Ninh until 3 March.
    - Travel restriction: Most of provinces apply health declaration, testing, and home or centralized quarantine for people who returned to province from Hai Duong or from other outbreak areas (outbreak area is defined as a commune/ward with COVID-19 reported cases in this outbreak).
  - 20-21 Feb:
    - Ministry of Transport decided to continue lockdown of Van Don international airport until 3 March.
    - HCMC: suspension of religious activities which gather more than 20 people.
    - From 20 Feb- Hai Duong City of Hai Duong province: people can only go out to buy food using market cards provided by local authorities.
    - From 0:00 of 21 Feb: Quang Ninh province re-connected transportation within other provinces except for Dong Trieu district.
    - All provinces still request people from Hai Duong province and other outbreak areas to inform local health authorities, to complete health declaration, sample to be collected for testing, and undergo home quarantine (e.g. Ha Noi, Dien Bien province) or centralized quarantine (e.g. HCMC, Da Nang, Quang Ninh, Hai Phong, and Nghe An).
  - 22 Feb:
    - Social distancing for 15 days applied for the entire Hai Phong province starting from 0:00 23 Feb.
  - 26 Feb-Hanoi: The Ha Noi SC requests the City DOH to direct random testing for workers at industrial zones, and areas with many foreigners stay and work (no further details yet).
  - 28 Feb: Hanoi lifted lockdown 2 last areas including Somerset hotel, and Do Ha village - Me Linh district.
**Case management:**

- **1,876 cases (76.6%) have recovered.** One patient (case #1823) is critical condition (in the current outbreak). Case #1536 (previously reported) has improved and discontinued ECMO.
- The remaining patients are being treated at: 280 in Hai Duong field hospital #2 (1 oxygen prongs; 12 severe prognosis; 267 asymptomatic & mild); 86 in Hai Duong field hospital #3 (all asymptomatic or with mild symptoms); 122 in Chi Linh hospital; 26 in Quang Ninh field hospital #2; 13 in Gia Lai general hospital; 9 in Cu Chi field hospital; 53 in NHTD #2; other hospitals have one to nine patients. Majority of the patients are asymptomatic (82%), about 14% have mild symptoms and 4% with severe or severe prognosis.

- Other health sector response:
  - The field hospital #2 Hai Duong has increased beds capacity to 650 beds to meet the demand
  - 28 Feb: Field hospital #1 in Hai Duong was disbanded
  - Bach Mai hospital, NHTD and Cho Ray hospital continued to support clinical capacity, IPC, and testing capacity for Hai Duong.
  - Two more field hospitals established: hospital #3 in Hai Duong with max 300 beds. Total COVID-19 patient beds in Hai Duong is now 900 beds, with maximum capacity of 1200 beds.
  - Dien Bien has completed establishment of a field hospital of 300 beds, 30 ICU beds with sufficient medical equipment, including an ECMO system located in Health Center of Dien Bien Phu city with support from Bach Mai hospital.
  - The field hospital in Gia Lai is being established with support from Cho Ray hospital
  - MoH has mobilized clinical experts from Bach Mai, Da Nang, and Cho Ray hospitals to support for Gia Lai and Dien Bien
  - Sub-commitment on treatment of MoH has regularly hold VC to discuss on treatment and clinical management to field hospitals

**Numbers of quarantine:**

- A total of approximately **60,693 people are currently placed under quarantine.** Of those 560 were quarantined in HCFs; 12,298 were centralized quarantined; and 47,835 were under self-/home quarantine.

- **Cumulatively:** from beginning of the outbreak to date, a total of **more than 13.7 million people have been placed under quarantine.**

**Risk communication**

- Government continues its call for vigilance as case numbers decline and vaccines become available.
- MOH releases new communication materials and infographics on priority groups for vaccination.
- Communication plan for the vaccine roll-out has been developed and relevant partners have provided inputs. Both Government and WHO continue to share key messages on vaccination.
- The MOH guidance on mask wearing continues to be promoted. Messages on preventive measures such as wearing of mask and physical distancing have been reinforced using infographics and audio-visual materials. Social media ads (e.g., Facebook) have been re-activated and cover the whole country.
- WHO continues to provide strategic communication support to MOH, including the communication on vaccination.
- Questions and Answers on Astra Zeneca vaccine (English and Vietnamese) had been issued and available in the website in this link: [Vắc xin COVID-19 của Oxford/AstraZeneca: những điều cần biết (who.int)](https://www.who.int)

**Social listening highlights**

- There is a call for swift and transparent vaccine distribution with increased media coverage on vaccine procurement.
- People agree on the prioritization of health workers for vaccination and trust in the “made in Viet Nam” vaccine.
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Other key updates (in past 7 days)
- The first batch of 117,600 doses of Oxford/AstraZeneca's Covid-19 vaccine arrived in HCMC's Tan Son Nhat Airport on 24 Feb. The containers, delivered on a Korean Air flight KE351 (using Boeing cargo plane B77L) from Seoul, South Korea (SK Bioscience is one of the three global producers of the AstraZeneca vaccines), were disinfected then transported to specialised cold chain storage facility run by Vietnam Vaccine Joint Stock Company (VNV). It has been permitted by the Ministry of Health to receive, preserve and distribute COVID-19 vaccines across the country.
- 24 Feb - MOH has met with WHO and UNICEF Viet Nam to discuss about vaccine rollout plan.
- Rollout plan - MOH revealed its vaccine rollout plan, designating 11 priority groups to be given the first jabs: medical workers; people directly involved anti-pandemic efforts (COVID-19 prevention and control steering committees of all levels, quarantine facility staff, reporters, etc.); diplomats, customs officers and people working entry and exit procedures; military personnel; public security forces; teachers; elders above 65 years old; essential service workers (aviation, transport, tourism staff, utility workers, etc.); people with chronic health issues; people who want to study or work overseas; and people in virus-hit regions.

Upcoming Events and Priorities
- WHO continues supporting MOH in various technical areas, providing technical advice and scientific updates especially with relates to the mutated variants; supporting ongoing efforts on COVID-19 vaccine development and vaccine deployment and distribution plans, effective communication (e.g. reinforcement of preventive measures communications through social media such as reactivation of Facebook ads, produced social media cards on laboratory testing)
- This weekly external report follows the normal pattern of epidemiological week (i.e. from Mon to Sun)
- Internal Sitrep publishing frequency was down to 2 times this week (23 and 25 Feb). Next week will be issued on Thu 4 March.
- Working with VAMS to compile provincial request for PPE
- Through support from WPRO, WHO CO handed over 25,800 specimen collection kits to NIHE, to support ongoing outbreak response.
- The MOH has requested support for approximately 200,000 primers and probes and 300,000 further specimen collection kits. WHO CO working with WPRO and HQ on this request.

Transmission Stage Assessment

Overall assessment – Localized community transmission: the recent community outbreaks emerged after 57 days since the last locally transmitted case was reported. Between 25 Jan and 28 Feb, 849 cases have been reported from 13 cities/ provinces. So far, even though majority of cases were linked to the two initial outbreak spots in Hai Duong and Quang Ninh, there are cases with unknow or unclear epidemiological links especially in Hai Duong, HCMC, Gia Lai and Ha Noi. To date, there are no clear signals of large-scale community transmission. However, the situation is being closely investigated and monitored, especially where no epi links have been identified among the cases. Yet it requires more detailed information to reinforce risk assessment outcomes. Targeted lockdowns have been implemented in all affected communes/ areas. School closures, suspension of nonessential activities/ mass gatherings, social distancing have been applied based on local situation assessment. By 28 Feb, 11/13 provinces have not reported new cases in the past at least 14 days; most lockdown and social distancing measures have gradually eased out or lifted; schools have or will be reopened in 60/63 provinces.

Given the vigorous response actions, fast and thorough contact tracings and mass testing (including targeting high risk groups) being conducted in country, it is anticipated that more community cases will be reported in coming days, especially from Hai Duong where in number of community acquired cases were reported from 2 to 16 daily during past week. Risk of cases detected among illegal immigrants remains (of the 7 imported cases reported during past
Week, 3 cases were Vietnamese illegal immigrant workers who came back from Cambodia); also as resulted from non-adherence to health declaration, testing and quarantine procedures.

**Sub-national level***

<table>
<thead>
<tr>
<th>City/province</th>
<th>No. of cases reported, as of 21 Feb 2021</th>
<th>Transmission Stage Assessment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hai Duong</td>
<td>665</td>
<td>2</td>
<td>Mostly related to POYUN company (79%). Unknown/unclear epi links cases in other 6 clusters (Chi Linh City, Hai Duong City, Cam Giang, Kim Mon, Ba Sach, Kim Thanh Districts). Source of infection for index case (#1552) still under investigation. During past 7 days, 2-16 cases were reported each day, among either F1 contacts or detected through active surveillance at HCFs and community.</td>
</tr>
<tr>
<td>Quang Ninh</td>
<td>61</td>
<td>2</td>
<td>Basically, under control. All cases linked with POYUN company or Van Don airport. Source of infection for index case (#1553) remains unknown. No additional cases reported in past 19 days.</td>
</tr>
<tr>
<td>HCMC</td>
<td>36</td>
<td>2</td>
<td>Unknown epi links in Tan Son Nhat airport staff case. More cases being detected related to this airport cluster. Investigation ongoing. 34 cases reported in past 3 weeks. No additional cases reported in past 22 days.</td>
</tr>
<tr>
<td>Ha Noi</td>
<td>34</td>
<td>1</td>
<td>All three clusters with known epi links. Transmission within 3 generations. Source of transmission for the recent Japanese deceased case is under investigation. No additional cases reported in past 12 days. Under a close monitoring.</td>
</tr>
<tr>
<td>Gia Lai</td>
<td>27</td>
<td>1</td>
<td>One case with unknow epi links. Investigation ongoing. No additional cases reported in past 24 days (28 Feb - one case turned positive after one week from discharge – now under monitoring).</td>
</tr>
<tr>
<td>Binh Duong</td>
<td>6</td>
<td>1</td>
<td>All cases linked with Hai Duong. No additional cases reported in past 21 days.</td>
</tr>
<tr>
<td>Bac Ninh</td>
<td>5</td>
<td>1</td>
<td>All cases with clear epi links. No new cases reported in past 23 days</td>
</tr>
<tr>
<td>Dien Bien</td>
<td>3</td>
<td>1</td>
<td>All cases with clear epi links. No new cases reported in past 30 days</td>
</tr>
<tr>
<td>Hoa Binh</td>
<td>2</td>
<td>1</td>
<td>All cases with clear epi links. No new cases reported in past 35 days</td>
</tr>
<tr>
<td>Hai Phong</td>
<td>4</td>
<td>1</td>
<td>Case with clear epi links. Three new cases reported including 2 nurses from Transport hospital in Hai Phong city, linked with Cam Giang, Hai Duong. No new cases reported in past 6 days</td>
</tr>
<tr>
<td>Bac Giang</td>
<td>2</td>
<td>1</td>
<td>All cases with clear epi links. No new cases reported in past 32 days</td>
</tr>
<tr>
<td>Ha Giang</td>
<td>1</td>
<td>1</td>
<td>Case with clear epi links. No new cases reported in past 32 days</td>
</tr>
<tr>
<td>Hung Yen</td>
<td>3</td>
<td>1</td>
<td>All cases with clear epi links. No new cases reported in past 26 days</td>
</tr>
<tr>
<td>TOTAL</td>
<td>849</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*WHO/WPR Transmission Assessment criteria*

- **Stage 0 – No transmission:** No clear signals of transmission for at least 28 days.
- **Stage 1 – Imported transmission:** Recent transmission is imported from another sub-national or international area or is linked to such importation within 3 generations, no clear signals of locally acquired transmission.
- **Stage 2 – Localized community transmission:** recent locally acquired and localized to place(s), and there are no clear signals of large-scale community transmission.
- **Stage 3 – Large-scale community transmission:** recent transmission is locally acquired and not specific to place(s) or population sub-group(s). The risk of infection for most people in this area is high

Assessment done by WHO Viet Nam with concurrence from the Ministry of Health of Viet Nam.
Epidemiology

<table>
<thead>
<tr>
<th>Epi Update COVID-19</th>
<th>Tests 217,730</th>
<th>Cases 65</th>
<th>Deaths 0</th>
<th>ICU Admissions 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAT Tests past 7 days (+15.9 7-day)</td>
<td>New cases past 7 days (-58.1% 7-day)</td>
<td>Deaths past 7 days (-% 7-day)</td>
<td>ICU Admissions past 7 days (+0 cases 7-day)</td>
<td></td>
</tr>
<tr>
<td>2,214,802 Cumulative NAT Tests</td>
<td>2,448 Cumulative Cases</td>
<td>35 Cumulative Deaths</td>
<td>60 (TBC) Cumulative ICU Admissions</td>
<td></td>
</tr>
<tr>
<td>3.2% Imported Cases in past 28 days (20)</td>
<td>629 Cases in past 28 days with no link (TBU)</td>
<td>25 (TBU) Active Clusters</td>
<td>0 Active clusters with &gt;3 generations</td>
<td></td>
</tr>
</tbody>
</table>

**Health Service Provision COVID-19**

- Most of national hospital staff
  - Health care workers trained in COVID19 Case Management

- 2 Healthcare worker cases reported past week
- 65 Hospitals admitting COVID-19 patients past week
- 371 ICU beds for COVID-19 patients (estimated in 6 currently affected provinces) (out of approx. 3,500 beds nationwide)
- 0 (TBD) Non-ICU Hospital beds for COVID-19 patients
  - Six field hospitals established: 3 in Hai Duong, 1 each in Quang Ninh, Dien Bien, Gia Lai.

As of 28 Feb - Hai Duong field hospital #1 disbanded

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**Figure 1.** Epidemic curve of COVID-19 laboratory confirmed cases by date of reporting, current outbreak, Viet Nam, as of 28 Feb 2021

n = 849
Figure 2. Distribution of COVID-19 laboratory confirmed cases by place of detection, current outbreak, Viet Nam, as of 28 Feb 2021

Figure 3. Epidemic curve of COVID-19 laboratory confirmed cases, Viet Nam, by date of reporting
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**Figure 4.** Distribution of cumulative COVID-19 laboratory confirmed cases by place of detection, Viet Nam

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
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<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
</tr>
<tr>
<td>0-9</td>
<td>59 (4)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>10-19</td>
<td>76 (5)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>20-29</td>
<td>305 (9)</td>
<td>2 (0)</td>
</tr>
<tr>
<td>30-39</td>
<td>350 (7)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>40-49</td>
<td>160 (2)</td>
<td>1 (0)</td>
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<tr>
<td>50-59</td>
<td>143 (5)</td>
<td>5 (0)</td>
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<td>60-69</td>
<td>98 (5)</td>
<td>6 (0)</td>
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<td>70-79</td>
<td>29 (0)</td>
<td>2 (0)</td>
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<tr>
<td>80-89</td>
<td>12 (0)</td>
<td>5 (0)</td>
</tr>
<tr>
<td>90+</td>
<td>2 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Total</td>
<td>1234 (37)</td>
<td>22 (0)</td>
</tr>
</tbody>
</table>

**Table 1.** Cumulative and new (past 7 days) cases and deaths by age and sex
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 had remained the same, even one-level higher given the recent important events including Vietnamese New Year, the 13th National Party Congress, ongoing national efforts to achieve dual objectives of disease control and economic development, in the response to the current community outbreaks initiated from Hai Duong and Quang Ninh provinces. The country is now moving fast with COVID-19 procurement and deployment plan with a careful consultation and planning with support from WHO, UNICEF and other relevant partners. The MOH is preparing for a biggest ever COVID-19 vaccination campaign.

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 and HCMC events, and for the ongoing community outbreaks that is affecting at 13 cities/provinces (as of 28 Feb 2021). To support Government efforts with early detection and control further community transmission, WHO continues to provide additional laboratory test kits and reagents for mass and targeted testing, especially in the affected provinces. 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 - unchanged
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. This whole-of-society approach is being one more time well reflected in the ongoing response to community outbreaks across the country under a strong leadership and guidance of GoV, NSC and MOH. (Latest updates – see also Key updates section on pages 1 to 3).