





Viet Nam COVID-19 Situation Report #6

27 August 2020 Report as of 27 August 2020, 18:00

Situation Summary

Highlights of Current Situation Report

National situation:

- As of 27 Aug 2020, a total of 1,036 laboratory confirmed cases of COVID-19 have been reported from 40 out of 63 cities/provinces, including 30 deaths (see *Figure 1*). Of the 1,036 reported cases, 378 cases (36.5%) are imported. The male to female ratio is almost 50%. 92% are Vietnamese (see *Figure 2*).
- The ages of cases range from 2 months to 100 years old. In specific, about 64% of all cases are in the 30-69 years old group, 5.4% above 70 years old, and the 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-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.
- From the last report (20 Aug), between 21 27 Aug, 29 newly laboratory confirmed cases of COVID-19 have been reported, including 5 deaths (one death was removed from the COVID-19 related death count due to its four consecutive negative tests before the fatality). Of the cases reported, 6 were imported and 23 were locally transmitted cases.
- A cluster of cases in the 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, 14 cases have been identified among his close contacts, including his co-workers from the same restaurant and its customers in Hai Duong city. To date, no cases have been detected among almost 800 other contacts related to the hospitals and train station in Hai Duong after 20 days.

- Da Nang-related community outbreak

- Detween 25 Jul and 27 Aug, 548 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 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 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.
- 30 deaths (2.9%) have been reported. 642 (62%) have recovered, and the remaining cases are under treatment in 20 HCFs across the country. Among the 360 cases under treatment, 35 cases (10%) are either severe or critical in ICUs (3 cases requiring ECMO, 7 cases requiring invasive ventilation and 5 cases requiring oxygen support); 63 cases (17.5%) have mild symptoms and 262 cases (72.5%) are asymptomatic.
- Of the 30 deaths, 26 were from Da Nang, 3 from Quang Nam and 1 from Quang Tri province. Their ages range from 33 to 93 years old. The majority of them had long-term chronic diseases and comorbidities, such as endstage renal failure, heart failure, hypertension, DM2, malignancy, etc.







- A total of 69,485 people are under monitoring; 1,466 of whom are being quarantined in health care facilities;
 18,200 are in centralized quarantine facilities; and 49,819 are under self-/home-quarantine. Ha Noi and HCMC have the highest numbers of people under monitoring and investigation.
- 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 Ministry of Health is 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-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 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.
- 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.

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 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 548 locally transmitted cases in 15 cities/ provinces between 25 Jul and 27 Aug. Two Central provinces of Da Nang and Quang Nam have been the most affected. Da Nang General Hospital is the epicentre of this outbreak where cases have been reported among patients, caregivers, visitors and HCWs. Thirty-three (33) HCWs have been infected in this outbreak, including two cases reported in the past 7 days. While most of the cases were linked with Da Nang, at least 18 cases had unknown epi links and resulted in additional cases and clusters among their families and close contacts. These cases indicate on-going community transmission, albeit limited. As multisource surveillance continues being enhanced (via ILI/ SARI, SVP existing platforms and EBS). As investigations, contact tracing and testing are being conducted among close contacts of cases and those suspected, it is expected that additional cases will be reported in Da Nang and other provinces. Additional deaths should also be anticipated in the coming days given the number of critical patients current in ICUs.

The outbreak situation in Da Nang continues to be brought under control as the number of daily reported cases has continued to decrease in the past 7 days. The same trend applies to Hai Duong where cases are only linked to the same cluster. It is anticipated that the number of cases will continue to decline and by the end of Aug, the outbreaks in Da Nang and Hai Duong would be well controlled. However, sporadic cases might be reported in the coming days.

Epidemiology

Epi	U	pd	at	e
CO	VII)-:	19	

Tests
95,424
NAT Tests past 7days
(-35% 7-day)
934,380
Cumulative NAT Tests

Cases 29 New cases past 7days (-71.6% 7-day) 1,036

Cumulative Cases

Deaths past 7days
(-27% 7-day)
30
Cumulative Deaths

Deaths

10 (TBC)
ICU Admissions past 7days
(-43% 7-day)
57 (TBC)

Cumulative ICU Admissions

ICU Admissions

13% Imported Cases in past 28 days (71) 18 (at least) Cases in past 28 days with no link (18)

2

28 Active Clusters Active clusters with >3 generations

Health Service Provision COVID-19 Most of national hospital staff

Health care workers trained in COVID19 Case Management Healthcare worker cases reported past week

Hospitals admitting COVID-19 patients past week

29

251
ICU beds for COVID-19 patients

(out of approx. 3,500 beds nationwide) Non-ICU Hospital beds for COVID-19 patients

900

(estimated from 2 field hospitals: Hoa Vang 200; Da Nang: 500)





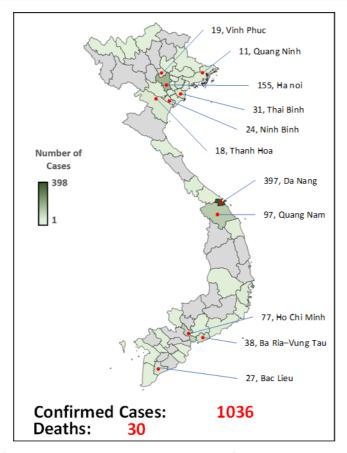


Figure 1. Distribution of cumulative COVID-19 laboratory confirmed cases by place of detection, Viet Nam

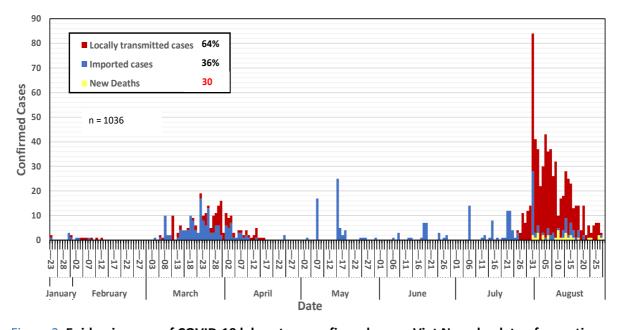


Figure 2. Epidemic curve of COVID-19 laboratory confirmed cases, Viet Nam, by date of reporting





	Fema	ale	Male		
Age Group	Cases	Deaths	Cases	Deaths	
0-9	15 (0)	0 (0)	16 (1)	0 (0)	
10-19	25 (1)	0 (0)	32 (0)	0 (0)	
20-29	109 (2)	1 (0)	122 (3)	0 (0)	
30-39	99 (3)	1 (0)	126 (3)	1 (1)	
40-49	90 (2)	1 (0)	74 (3)	0 (0)	
50-59	80 (2)	5 (1)	75 (3)	2 (0)	
60-69	72 (3)	5 (0)	45 (1)	5 (1)	
70-79	21 (1)	2 (1)	14 (1)	1 (0)	
80-89	10 (0)	4 (0)	6 (0)	1 (0)	
90+	1 (0)	0 (0)	4 (0)	1 (1)	
Total	522 (14)	19 (2)	514 (15)	11 (3)	

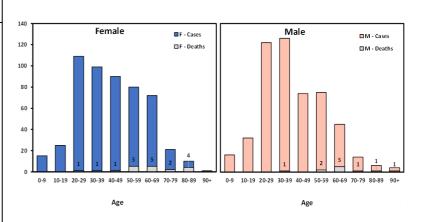


Table 1. Cumulative and new (past 7 days) cases and deaths by age and sex

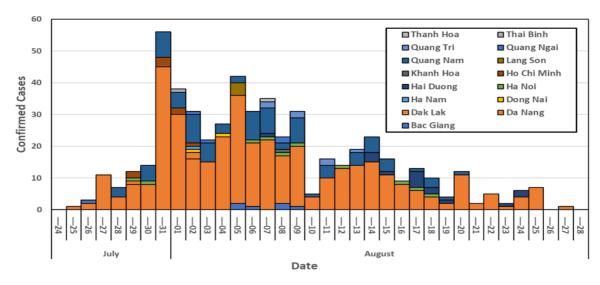


Figure 3. Distribution of locally transmitted COVID-19 laboratory confirmed cases in Viet Nam, by province, from 25 July – 27 August

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 completed RT-PCR testing for Da Nang returnees from 1-27 Jul. Ha Noi continues to collect 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.

	Monitoring status						
NPI			Implementation	Implementation Partial lift	Partial lift	Lifted	
	Date first implemented	Date last modified	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	1 Apr	None	National	Required	15 Apr	23 Apr	
Movement (within country)	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	No	No	
Communities/ hospital lock down	28 Jul	26 Aug	Da Nang, HCMC, Ha Noi, Quang Nam, Quang Ngai, Thai Binh, Ha Nam, Bac Giang, Quang Tri, Thanh Hoa, Khanh Hoa, Hai Duong	Required	17 Aug: Lifted community lockdown in Dak Lak and Dong Nai 21 Aug: Lifted lockdown for Hoan My Hospital in Da Nang 25 Aug: lifted lockdown for Da Nang General Hospital 26 Aug: Lifted community lockdown in Lang Son province and Phu Ly Dist., Ha Nam province.	No	







Quarantine entry people countries: 21 Mar	Others; specify in narrative: Centralized Quarantine entry people		None	-	Required	No	No
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Annexes

Annex 1 – Key public health interventions on COVID-19, January – 27 August 2020

