Situation Summary
Highlights of Current Situation Report

- As of 9 August 2020, 251 confirmed cases of COVID-19 have been reported from Cambodia, of which 219 have recovered. 213 cases were acquired overseas, representing 12 nationalities in addition to Cambodian, with the rest locally acquired. In Phnom Penh, two patients are currently being treated in Khmer Soviet Friendship Hospital, 24 in Chak Angrae Health Centre, and one in a private hospital. Two are being treated at Kampong Speu Provincial Referral Hospital and three at Tbong Khmum Provincial Referral Hospital.
- 611 contacts are being quarantined at a quarantine centre in Phnom Penh or in their respective province and are monitored daily for possible development of symptoms.
- The National COVID-19 Masterplan includes the creation of multi-sectoral provincial committees led by the provincial governors. Plans are being developed to build capacity at provincial and district level around key priority areas.
- Laboratory reagents and supplies have been donated by WHO to MOH, including 17,000 specimen collection kits, 17,000 nasopharyngeal swabs and 20,000 RNA extraction kits.
- Oxygen concentrators (300) and oxygen pulse oximeters (140) are soon to be shipped to Cambodia to strengthen health care readiness.
- Guidelines and Standard Operating Procedures (SOPs) for reopening schools in the context of COVID-19 have been published by the Ministry of Education, Youth and Sport (MoEYS).

Upcoming Events and Priorities

- Rapid Response Teams (RRTs) at provincial level will receive refresher trainings to build their surveillance and contact tracing capacities. A Training of Trainers is being led by MOH CDC with support from technical partners, including WHO, US-CDC and Institute Pasteur Cambodia. Svay Rieng has been identified as a potential province to pilot community-based surveillance.
- MOH plans to expand and decentralize laboratory testing capacity for COVID-19 to three provincial laboratories: Siem Reap, Sihanoukville and Battambang. A funding proposal has been developed for Global Fund and implementation plans have been developed. Three instruments donated by the National Center for Tuberculosis and Leprosy Control (CENAT) have been installed and renovations are completed at the laboratory in Siem Reap. Testing is due to commence this month.
- MOH Department of Hospital Services is finalizing version 3.0 of the clinical guidelines. This version includes content on management of severe and critical cases; oxygen considerations; procedures for SARS-CoV-2 monitoring; discharge criteria; use of medicines; and post-discharge management. A separate Maternal, Newborn and Child Health Services COVID-19 technical brief, led by the National Maternal Child Health Centre, is also being finalized to complement the clinical guidelines.
- The government continuously assesses the adjustment of non-pharmaceutical interventions (NPIS) through a gradual step-wise approach that considers the effectiveness, socio-economic cost, and public acceptability of each measure, while continuing to increase surveillance to inform decision-making.
- The National Immunization Programme is drafting the COVID-19 National Deployment and Vaccination Plan (NDVP).
National Transmission Assessment

1-Imported. As of 9 August 2020, 213 (85%) of the 251 cases were imported, and the remaining cases were locally acquired and have all been epidemiologically linked to confirmed cases. All cases, since 11 April (n=129), have been imported or directly linked to an importation event. There is no indication of localized transmission. All 32 of the confirmed cases are isolated in hospital. There are no reports of undiagnosed respiratory clusters through the national hotline. Influenza-like illnesses (ILI) and severe respiratory illness (SRI) reports are below expected levels for July as is the case in most parts of the world. A total of 55,501 individuals have been tested using real-time polymerase chain reaction (RT-PCR), with a positivity rate of 0.45%. In total, 71,920 tests have been performed as of 8 August 2020 including 2,329 ILI/ SARI sentinel surveillance specimens which have been tested negative for SARS-CoV-2.

<table>
<thead>
<tr>
<th>Epi Update COVID-19</th>
<th>Tests</th>
<th>Cases</th>
<th>Deaths</th>
<th>ICU Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,547</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NAT Tests past 7 days</td>
<td></td>
<td>New cases past 7 days (-27% 7-day)</td>
<td>Deaths past 7 days (0% 7-day)</td>
<td>ICU Admissions past 7 days (0% 7-day)</td>
</tr>
<tr>
<td>71,920 Cumulative NAT Tests</td>
<td>251 Cumulative Cases</td>
<td>0 Cumulative Deaths</td>
<td>0 Cumulative ICU Admissions</td>
<td></td>
</tr>
</tbody>
</table>

100% Imported Cases in past 28 days (95)
0% Cases in past 28 days with no link (0)
0 Active Clusters
0 Active clusters with >3 generations

| Health Service Provision COVID-19 | 0 Healthcare worker cases reported past week | 27 Hospitals admitting COVID-19 patients | 13,667 Total public hospital beds | 17 Number of hospitals with experience in COVID-19 case management |

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Epidemiology

Figure 1. Number of confirmed COVID-19 cases by acquisition status and date of positive test

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
</tr>
<tr>
<td>0-9</td>
<td>1(0)</td>
<td>0(0)</td>
<td>2(0)</td>
</tr>
<tr>
<td>10-19</td>
<td>0(0)</td>
<td>0(0)</td>
<td>3(1)</td>
</tr>
<tr>
<td>20-29</td>
<td>8(1)</td>
<td>0(0)</td>
<td>88(5)</td>
</tr>
<tr>
<td>30-39</td>
<td>9(0)</td>
<td>0(0)</td>
<td>44(1)</td>
</tr>
<tr>
<td>40-49</td>
<td>5(2)</td>
<td>0(0)</td>
<td>19(0)</td>
</tr>
<tr>
<td>50-59</td>
<td>8(0)</td>
<td>0(0)</td>
<td>15(0)</td>
</tr>
<tr>
<td>60-69</td>
<td>15(0)</td>
<td>0(0)</td>
<td>27(0)</td>
</tr>
<tr>
<td>70-79</td>
<td>2(0)</td>
<td>0(0)</td>
<td>4(0)</td>
</tr>
<tr>
<td>80-89</td>
<td>0(0)</td>
<td>0(0)</td>
<td>0(0)</td>
</tr>
<tr>
<td>90+</td>
<td>0(0)</td>
<td>0(0)</td>
<td>0(0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>48(3)</td>
<td>0(0)</td>
<td>202(7)</td>
</tr>
</tbody>
</table>
Figure 2. Proportion of confirmed COVID-19 cases by age group and nationality (n=251)

![Proportion of confirmed COVID-19 cases by age group and nationality](image)

Figure 3. Number of ILI cases from ILI sentinel sites (n=7) by week, 2020 and 2017-2019

![Number of ILI cases from ILI sentinel sites](image)
Figure 4. Number of patients with severe respiratory illness by week, 2020 and 2017-2019

Strategic Approach

National and Provincial Public Health Response

Incident Management Systems
- Inter-Ministerial Committee, chaired by the Minister of Health, with Secretaries of State
- National COVID-19 Committee, chaired by Samdech Prime Minister
- Provincial COVID-19 Committees, chaired by Provincial Governors
- Committee on Economic and Financial Policy (CEFP)/ Ministry of Economy and Finance (MEF) of four Working Groups to address the socio-economic impacts of COVID-19

System and Policy Development
- State of Emergency legislation was promulgated into law on 29 April 2020; has not been enacted
- Go.Data Platform used as a surveillance database including laboratory and contact tracing information
- NIPH and CDC databases have been adjusted to allow for multi-source dataset on testing and surveillance

Key Priorities
- Weekly clinician webinars and a Telegram group have been established by MOH Department of Hospital Services (MOH/DHS) to accelerate the dissemination of clinical and IPC guidance materials and to respond to emerging questions and concerns from clinicians on case management. The MOH has now published IPC SOPs for COVID-19 in Cambodia (version 1.0)
- A survey of clinical and IPC trainings is currently being implemented by MOH/DHS to support the development of a national curriculum for COVID-19
- A number of health system readiness assessments on health facility readiness, ICU capacity, oxygen, staffing, etc. are currently being conducted by MOH/DHS
- A primary health care strategy for COVID-19 is currently being developed by WHO and includes suggested roles and responsibilities for health centres in the potential scenario of community transmission
- National programmes are developing specific COVID-19 preparedness and responses plans

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Strategic Approach to COVID-19 Prevention, Detection and Control

- **Testing strategy and contact tracing system in place**

A broad testing strategy is being implemented nationwide, including testing all suspect cases meeting case definition, active surveillance for pneumonia cases in hospitals, testing at POEs at day 1 and day 13 of 14-day quarantine and testing ILI and SARI samples from sentinel sites for COVID-19. Hot-spot surveillance strategies and targeted testing of high-risk populations are also being implemented as necessary.

- **Risk communication and community engagement**

A community-based surveillance strategy has been developed and will be piloted for case detection at the health centre level and in the community. The Ministry of Interior is reinforcing the monitoring of quarantine through follow-up and fines for individuals who do not follow guidelines.

A community engagement strategy has been drafted. MOH has developed a Risk Communication and Community Engagement monitoring and supervision plan being implemented from May 2020 to July 2020 for health care personnel and village personnel in 12 provinces.

- **NPIs (recorded in table at end of report)**

**Best Practices / Lessons Learned**

Factors Contributing to Strong Response

- **Strong leadership and coordination**
  - Whole-of-government, whole-of-society response led by the Prime Minister, with public health actions led by Minister of Health
  - National Master Plan for COVID-19 developed with budget of $62 million for first year

- **Past investments have built a functional public health system**
  - Multi-source surveillance for COVID-19, including event-based surveillance (with 115 hotline) and expanded ILI/SARI surveillance
  - Almost 3,000 RRT members across the country conduct case investigation and contact tracing

- **Risk communication and community engagement**
  - Timely messages disseminated through TV, radio and social media, regular press releases, press conferences and media briefings
  - Targeted communication materials developed for at-risk groups, including migrants and garment factory workers
  - Community engagement strategy being rolled out to encompass all aspects of surveillance and response for COVID-19, particularly in the event of community transmission

- **International solidarity and cooperation**
  - Open and transparent health system response in the country
  - Close technical and operational cooperation between UN agencies and other development partners
  - High-level participation in international meetings, including regular coordination between National International Health Regulations (IHR) Focal Points
Non-Pharmaceutical Interventions (NPI)

Narrative Non-Pharmaceutical Interventions

Large-scale NPIs announced on 16 March 2020 included the closure of all education facilities nationwide, with distance learning measures instituted.

A Council of the Ministers letter dated 21 July announced that 20 high-safety standard schools in Phnom Penh, Siem Reap and Battambang will be allowed to open from August as the first of a three-phase reopening plan. Guidelines on school health promotion in the context of COVID-19 were signed by the MoEYS on the 20 July. SOPs were signed by the minister on 4 August and a Memorandum of Understanding (MOU) between schools and the MoEYS must be signed before they are allowed to reopen.

On 15 July, the Ministry of the Interior hosted a high-level meeting between the Royal Government of Cambodia and the UN Country Team on the Joint Programme to Support Returning Migrants during COVID-19 Crisis and its Impacts. Work is ongoing between government and UN partners to develop a detailed COVID-19 Multi-Partner Trust Fund work plan.

Karaoke bars (KTVs) and nightclubs were closed on 17 March. On 7 July, the Phnom Penh Municipal Administration announced KTVs and clubs could reopen, provided they convert their venues into restaurants and receive a city hall permit to operate. Venues must also follow MOH and Ministry of Tourism-mandated measures such as physical distancing, open-air ventilation and other precautions.

To limit importation of COVID-19 cases, international arrivals from several high-burden countries were banned beginning in March. Lifting of these bans on 20 May has been accompanied by strict entry requirements for all non-diplomatic foreigners entering Cambodia including: requiring negative COVID-19 health certificates, medical insurance, testing upon arrival, 14-day quarantine and further testing on day 13.

An update on entry requirements for Visa A and B holders was announced on 5 August. Foreign diplomats and international officials must now provide a COVID-19-free health certificate prior to their departure and specimen samples will be taken on arrival.

On 26 July it was announced that there will be a temporary suspension of incoming flights from Malaysia and Indonesia as of 1 August. The measures come in response to the significant increase in positive cases arriving from these countries in June and July.
Table 2. NPI implementation and lifting dates

<table>
<thead>
<tr>
<th>NPI</th>
<th>Monitoring status</th>
<th>Implementation</th>
<th>Partial lift</th>
<th>Lifted for some area</th>
<th>Lifted for all areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date first</td>
<td>Date last modified</td>
<td>Geographical (national or sub-national)</td>
<td>Recommended or Required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>implemented</td>
<td>modified</td>
<td>Required</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Wearing Face Masks, Hand Hygiene,</td>
<td>None</td>
<td>None</td>
<td>National</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Respiratory Etiquette</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Closure</td>
<td>16 March</td>
<td>Plan to open 20 private schools that</td>
<td>National</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>are able to implement measures in August</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workplace Closure</td>
<td>None</td>
<td>None</td>
<td>National</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mass Gatherings</td>
<td>3 April</td>
<td>15 June</td>
<td>National</td>
<td>Required</td>
<td>No</td>
</tr>
<tr>
<td>Stay at Home</td>
<td>Government</td>
<td>National</td>
<td>Required</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>recommends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>stay home if</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restrictions on Internal Movement</td>
<td>9 April</td>
<td>None</td>
<td>National</td>
<td>Required</td>
<td>No</td>
</tr>
<tr>
<td>(within country)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Restrictions on International Travel</td>
<td>27 March</td>
<td>26 July</td>
<td>National</td>
<td>Required</td>
<td>No</td>
</tr>
<tr>
<td>Others; specify in narrative</td>
<td>None</td>
<td>None</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Figure 5. NPIs timeline combined with epidemic curve

16 March: Education facilities closed nationwide
22 March: Cambodian migrants called to self-quarantine
27 March: Travel restrictions lifted
3 April: Ministry of Interior limits mass gatherings
7 April: Prime Minister cancels the Khmer New Year celebrations scheduled for next week
9-16 April: Travel restriction between districts and province
20 May: Ban on nationals of six countries lifted
11 June: New border measures implemented
17 April onwards: Factory workers returning from provincial travel are quarantined
21 July: 20 private schools allowed to reopen in August
1 August: Ban on flights from two countries

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