

General Country Information:

The Socialist Republic of Vietnam is located in the Indochina peninsula in southeast Asia. It shares borders with China, Laos and Cambodia with an east coast along the South China Sea. Viet Nam is divided into 59 provinces (known in Vietnamese as *tỉnh*) and 5 centrally-controlled municipalities. Hanoi is its capital but the largest city is Ho Chi Minh City.

Vietnam became a French colony in 1951. Between 1959 and 1975, a war was fought between the communist North Vietnam, supported by its communist allies, and South Vietnam, supported by the United States and others. In 1976, north and south Vietnam were reunified and the Socialist Republic of Vietnam was declared.

Even though the number of military and civilian deaths from 1959 to 1975 is debated, the overall casualties were counted in millions.

In 1986, economic and political reforms began a path towards international reintegration and by 2000, it had established diplomatic relations with most nations. In the past decade, its economic growth has been among the highest in the world. Vietnam is currently ranked 105 in the Human development Index.

Cholera Background History:

Very few cases were reported between 1950 and 1954. The arrival of the seventh pandemic in Indonesia in 1961 introduced *V. cholerae* O1 El Tor in South Vietnam (1964) with an outbreak accounting for 20'186 cases and 872 deaths (case fatality rate 4.3%). Since then cholera was rarely reported in North Viet Nam until 1976. 1992 was marked by the emergence of the O139 serogroup in Southeast Asia. Between 1992 and 1996, an average of 4000 cases were reported yearly with an average CFR of 1%.

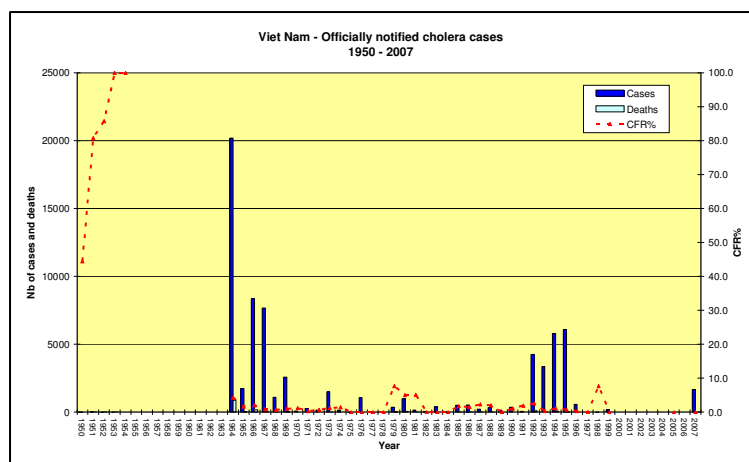
Cholera in 2007:

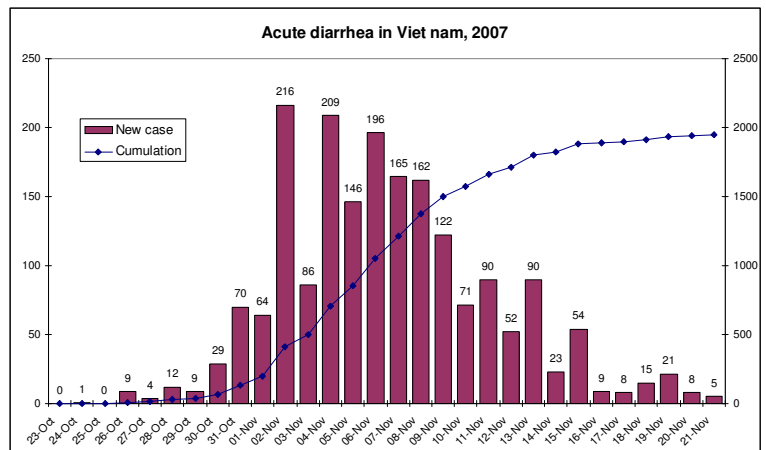
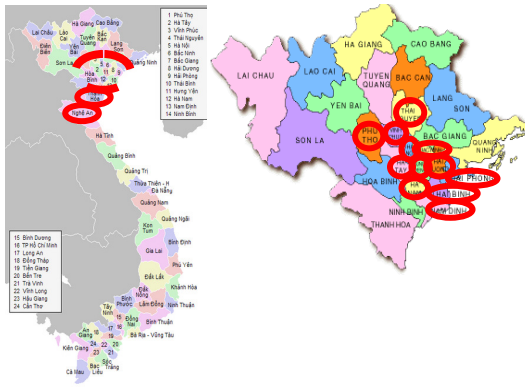
Between 23 October and 16 November 2007, 1880 cases of acute watery diarrhoea were reported including 240 laboratory confirmed cases. (*V. Cholerae* O1 Ogawa) in 14 provinces. No death were reported. The affected provinces were Bac Ninh, Ha Nam, Hanoi, Ha Tay, Hai Duong, Hai Phong, Hung Yen, Nam Dinh, Nghe An, Phu Tho, Thai Binh, Thanh Hoa, Vinh Phuc, Thai Nguyen. The origin of the outbreak, occurring in Ha Noi and its neighbouring provinces, remained unclear but it could not be linked to a single water source or contaminated food product. The spread of the disease to 14 provinces was most likely driven by the movement of sick or asymptomatic persons. The risk was higher in communities with poor sanitation and hygiene practices. The flooding had left rural and slum communities more vulnerable.

Popular tourist areas were affected but no case of tourist infection could be confirmed. Cross border population movement between Vietnam and its neighbouring countries Thailand, Lao and Cambodia was addressed as an international transmission risk and measures were taken to their respective MoHs.

Cholera in 2008:

Between 5 March and 22 April 2008, Vietnam reported 2490 cases of severe acute watery diarrhoea (including 377 that were positive for *V. cholerae*) in 20 provinces. The majority of cases were found among Hanoi residents. The serotype has been identified as O1 Ogawa. No death were reported indicating good case management. The predominant route of infection appeared to be consumption of contaminated food. The bacteria have not been detected in drinking water in Hanoi or in other affected areas but have been found in some surface waters.





WHO Support Actions in 2006/2007:

- Intensive technical and logistic support provided to the Ministry of Health
- Case control study in collaboration with the CDC Atlanta
- Provision of 2000 Rapid diagnostic Tests

Demographic and Socio-Economic Data

Geography	Total surface Capital Provinces Official Language	329 560 km ² (coastline of 3 444km) Hanoi (population: 3 398 889 in 2007) 59 and 5 municipalities Vietnamese
Environment	Climate Seasons Floods and droughts Desertification Natural resources	Tropical in south, monsoonal in north Rainy season from May to September, dry season from October to March Occasional typhoons (May to January) with extensive flooding, especially in the Mekong River delta Agricultural practices contribute to deforestation and soil degradation Phosphates, coal, manganese, bauxite, chromate, offshore oil and gas deposits, forests, hydropower
Demographics	Population Religions Ethnic groups Migrants	85,262,356 (July 2007) Buddhist 9.3%, Catholic 6.7%, Hoa Hao 1.5%, Cao Dai 1.1%, Protestant 0.5%, Muslim 0.1%, none 80.8% Kinh (Viet) 86.2%, Tay 1.9%, Thai 1.7%, Muong 1.5%, Khme 1.4%, Hoa 1.1%, Nun 1.1%, Hmong 1%, others 4.1% 2 357 refugees from Cambodia (2005)
Economy	Industry Farming	Food processing, garments, shoes, machine-building; mining, coal, steel; cement chemical fertilizer, glass, tires, oil, paper Paddy rice, coffee, rubber, cotton, tea, pepper, soybeans, cashews, sugar cane, peanuts, bananas; poultry; fish, seafood
Health Indicators	Per capita total expenditure on health Life expectancy birth (yrs) Child mortality (per 1000) Number of physicians	184\$ Males: 69 Females: 75 (2006) Males: 17 Females: 16 (2006) 44'960 (1 MD/1896 hab.)
Communicable Diseases	Food or waterborne diseases: bacterial diarrhoea, hepatitis A, and typhoid fever Vector borne diseases: dengue fever, malaria, Japanese encephalitis, and plague are high risks in some locations Between 2003 and 2007, 100 cases of H5N1 avian influenza among which 46 have been fatal HIV prevalence (2005): 0.015%	
Risk Factors for Cholera	Population with access to improved water source Population with access to proper sanitation facilities Chronic Malnutrition	98% (urban) 90% rural (2006) 88% (urban) 56% rural (2006) 16% (2002-2004)



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