COVID-19 Volunteering Experience in Vietnam

Tran Thi Lan, Vo Trong Khanh, Nguyen Tran Minh Duc

The Experience

Vietnam was assessed as having the pandemic under control nationwide after the first wave of coronavirus disease 2019 (COVID-19). However, on 24/7/2020, the Ministry of Health announced the first community infection case in Da Nang after 99 days with no new cases. Since then, the number of new cases has constantly been increasing with dozens of cases per day. The most livable city in Vietnam suddenly became the epicenter of the largest outbreak in the country. Living at the heart of the pandemic, I did not expect my life to be turned upside down again because of this virus. As a medical student, I wanted to contribute a small part of my own strength to repel this pandemic, so as soon as I saw the announcement of recruiting volunteers to participate in anti-epidemic action for the city, I immediately registered to join. Not only me but also many medical students all over the world had spirit to defeat the pandemic whenever it came to their country.

Our family did not know about our participation due to the epidemic’s complicated situation, and thus we intended to keep our participation concealed from them. This was a tough decision, however, a week later they found out. Instead of banning me, the family was very supportive, although I know my mom worries about me a lot. Everyone’s support is like fuel to our enthusiasm to work against the pandemic. I was sometimes nervous, of course, same as the medical students in Nigeria, but I tried to put the negative feelings aside and get the task done as a medical student. Before joining, we were trained by the school and equipped with knowledge about the SARS-CoV-2 virus such as taking swab samples, protecting ourselves, and tracing contacts. We were also tested first – if the result was negative, we were ready to fight. (Figure 1)

Figure 1. Training for wearing personal protective equipment.

More than 400 medical student volunteers from first to fifth year are divided into eight groups: seven districts in the city and the Center for Disease Control (CDC). We were then assigned to the Medical Center, Medical Station, to participate in activities locally. The senior students divided into eight groups: seven districts in the city and the Center for Disease Control (CDC). We were then assigned to the Medical Center, Medical Station, to participate in activities locally. The senior students participated in managing information on the NCOVI online system, participating in and supporting nasal swab testing in the community, etc. (Figure 2)

We had to wear personal protective equipment (PPE) to protect ourselves and others. In the first COVID-19 wave of the pandemic, I really admired the health care staff who were wearing the blue protective suits. They were so heroic and admirable, and now this was my turn. It turned out that wearing the PPE was not as great as I thought, as they were scorching and highly inconvenient. This is where I began to truly understand how much commitment and determination the doctors and other health care staff need to treat patients wholeheartedly in the front line.

Our day started at 5:30 am and usually ended at 5 pm, or even until 6 pm. On the first day, it was difficult for us to catch up with the operational flow of the assigned jobs due to learning how to wear PPE and getting to know members of the team. We worked every day, and each day our tasks were different. It only took two days for us to get

Figure 2. Volunteers are doing contact tracing (picture taken through a protective phone cover).
acquainted with everyone and work at the volunteer site, maybe because everyone was so friendly.

Regarding our team’s tracking mission – when we found new cases, we verified the exposure cases with F0, followed by going to every house, knocking on the door and taking the history from each person. It sounded simple, but with each case, the number of contacts was exceptionally high, so the number of hits could be hundreds to thousands. So going from door-to-door and knocking from house-to-house, was quite tricky. Of importance, a great application was born: Bluezone. It helps track contacts and warn users if there is close contact with F0. When two users of the app pass by within a distance of 2 meters, the app uses a low-energy Bluetooth signal between devices over time to estimate the proximity and record the contact history between the users. After a user tests positive for COVID-19, the Ministry of Health will use the infected person’s Bluezone app ID code to track the infected person’s schedule and notify those who have contacted them. Thanks to the application, traceability has been much more manageable.

We are still volunteering locally; the number of new cases is increasing, but fewer than before. The pandemic in the region is basically under control and we are hoping the outbreak will soon be extinguished so that life will return to the same level as before. I miss life before COVID-19 so much! Good luck to over 100 volunteer members of the school in Tien Son COVID hospital; however, we hope that there will be a limited number of new COVID-19 cases and the field hospital being built will not be needed at all and the pandemic will be defeated as soon as possible. (Figure 3)

References


Acknowledgments

None.

Conflict of Interest Statement & Funding

The Authors have no funding, financial relationships or conflicts of interest to disclose.

Author Contributions

Conceptualization: TTL, VTK, NTMD. Supervision: NTMD. Writing – Original Draft Preparation: TTL, NTMD. Writing – Review & Editing: TTL, VTK, NTMD.

Cite as


This work is licensed under a Creative Commons Attribution 4.0 International License

ISSN 2076-6327

This journal is published by the University Library System, University of Pittsburgh as part of the Digital Publishing Program and is co-sponsored by the University of Pittsburgh Press.