



# Situational Report in the ASEAN Region

—— ASEAN BioDiaspora Virtual Center (ABVC)



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## COVID-19: Highlights and Situation Overview

### Global Update

- **Worldwide**, over 688 million cases and over 6 million deaths have been attributed to COVID-19.
- The **World Health Organization (WHO)** reported in its latest weekly update that global COVID-19 cases declined by 14% and deaths by 17% over the past 4 weeks compared to the previous 4 weeks.<sup>1</sup> However, cases rose sharply in Southeast Asia, with a more modest rise in the Western Pacific.<sup>1</sup> Hot spots in the WHO's Southeast Asia region, include India, Indonesia, Thailand, Myanmar, and Maldives.<sup>1</sup> Meanwhile, the rising activity in the Western Pacific is led by increases in Vietnam, Mongolia, Laos, Australia, Japan, and South Korea.<sup>1</sup> The WHO's Eastern Mediterranean region had been experiencing a spike in activity over the past several weeks, but activity over the past 4 weeks has stabilized.<sup>1</sup> The WHO said subvariant dominance varies by region, with XBB.1.16 dominant in Southeast Asia and XBB.1.5 dominant in the Western Pacific.<sup>1</sup> Globally, XBB.1.5 continues to dominate, but its proportions are steadily dropping.<sup>1</sup> Other subvariants continue to rise, including XBB.1.16, which has now been reported in 46 countries and has increased from 4% to 8.6% of sequences over the past 4 weeks.<sup>1</sup> Other variants under monitoring showing increasing trends include XBB, XBB.1.9.1, and XBB.1.9.2.<sup>1</sup> [\[Full report\]](#)
- The **European Centre for Disease Prevention and Control (ECDC)** said country trends over the past several weeks continue to decline or are stable.<sup>2</sup> Recent transmission and severe disease rise in Bulgaria, Croatia, Finland, and France appear to be at or past their peaks.<sup>2</sup> Spain's primary care surveillance hints at increased community transmission, which the ECDC said isn't reflected in the country's reported case rates.<sup>2</sup> Meanwhile, sequencing from a limited number of countries suggests that XBB.1.5 makes up 62.7% of the samples.<sup>2</sup> [\[Full report\]](#)
- **US CDC:** In the United States, health officials are adjusting to a shift in Centers for Disease Control and Prevention (CDC) data reporting, which was announced ahead of the end of the national public health emergency.<sup>3</sup> The new metrics focus less on case rates and lean more heavily on hospital and death data.<sup>3</sup> Hospitalizations for COVID-19 continue to slow, declining 6.5% last week.<sup>3</sup> Deaths also reflect a slow and steady decline, dropping 5.3% over the past week.<sup>3</sup> Meanwhile, the CDC is shifting to every-other-week reporting for variant proportion projections.<sup>4</sup> This week's report shows that, over the past 2 weeks, XBB.1.5 makes up 64% of samples, down from 76.3% from the previous 2 weeks.<sup>4</sup> Levels of XBB.1.16 rose from 6.6% to 14.3% over the same period, with levels of XBB.1.9.1 rising from 6.5% to 9.2%.<sup>4</sup> Other subvariants reflexing increased proportions include XBB.1.9.2 and XBB.2.3.<sup>4</sup> [\[Full report\]](#) [3](#), [4](#)

### Research Update (Published and peer-reviewed studies)

- This multicenter cross-sectional study, ***Prevalence of Urinary Tract Infection, Bacteremia, and Meningitis Among Febrile Infants Aged 8 to 60 Days With SARS-CoV-2***, described the prevalence of UTI, bacteremia, and bacterial meningitis among febrile infants aged 8 to 60 days with SARS-CoV-2 vs without SARS-CoV-2.<sup>5</sup> Participants included full-term, previously healthy, well-appearing infants aged 8 to 60 days seen in 106 hospitals in the US and Canada and who had no bronchiolitis but with a temperature of at least 38 °C and who underwent SARS-CoV-2 testing in the emergency department or hospital between November 1, 2020, and October 31, 2022.<sup>5</sup> Outcomes were ascertained by medical record review and included the prevalence of UTI, bacteremia without meningitis, and bacterial meningitis.<sup>5</sup> The proportion of infants who were SARS-CoV-2 positive vs negative was calculated for each infection type, and stratified by age group



and normal vs abnormal inflammatory markers (IMs).<sup>5</sup> Among 14,402 febrile infants with SARS-CoV-2 testing, 8,413 (58.4%) were aged 29 to 60 days; 8143 (56.5%) were male; and 3753 (26.1%) tested positive.<sup>5</sup> Compared with infants who tested negative, a lower proportion of infants who tested positive for SARS-CoV-2 had UTI (0.8%[95%CI, 0.5%-1.1%]) vs 7.6% [95%CI, 7.1%-8.1%]), bacteremia without meningitis (0.2%[95%CI, 0.1%-0.3%] vs 2.1%[95%CI, 1.8%-2.4%]), and bacterial meningitis (<0.1%[95%CI, 0%-0.2%] vs 0.5% [95%CI, 0.4%-0.6%]).<sup>5</sup> Among infants aged 29 to 60 days who tested positive for SARS-CoV-2, 0.4% (95%CI, 0.2%-0.7%) had UTI, less than 0.1% (95%CI, 0%-0.2%) had bacteremia, and less than 0.1% (95%CI, 0%-0.1%) had meningitis. Among SARS-CoV-2–positive infants, a lower proportion of those with normal IMs had bacteremia and/or bacterial meningitis compared with those with abnormal IMs (<0.1%[0%-0.2%] vs 1.8%[0.6%-3.1%]).<sup>5</sup> The prevalence of UTI, bacteremia, and bacterial meningitis was lower for febrile infants who tested positive for SARS-CoV-2, particularly infants aged 29 to 60 days and those with normal IMs.<sup>5</sup> These findings may help inform the management of certain febrile infants who test positive for SARS-CoV-2.<sup>5</sup> [\[Full text\]](#)

- This cohort study among children with cancer and COVID-19, **Clinical Features and Risk Factors Associated with Multisystem Inflammatory Syndrome in Children with Cancer and COVID-19**, evaluated factors associated with multisystem inflammatory syndrome in children (MIS-C) and described the clinical course of COVID-19 in the setting of MIS-C.<sup>6</sup> This study utilized a registry representing more than 100 US pediatric oncology sites. All included patients were registered between April 1, 2020, and May 18, 2022.<sup>6</sup> Sites submitted deidentified data surrounding socio-demographics, cancer diagnosis and treatment, and COVID-19 course (symptoms, maximum support required, outcome).<sup>6</sup> Patients with MIS-C (n = 24) were compared with matched controls (n = 96).<sup>6</sup> Children (<21 years) with cancer who developed COVID-19 while receiving cancer treatment or within 1 year of completing treatment were characterized based on their development of MIS-C.<sup>6</sup> Among 2,035 children with cancer and COVID-19, 24 (1.2%) developed MIS-C. COVID-19 occurred at a median (IQR) age of 12.5 (5.5-17.1) years in those with MIS-C and 11 (6-16) years among matched controls (P = .86).<sup>6</sup> The majority of children with MIS-C had hematologic cancer (83.3% [n = 20]), were publicly insured (66.7% [n = 16]), and were Hispanic (54.2% [n = 13]).<sup>6</sup> Half (n = 12) had 1 or more noncancer comorbidity. Those with comorbidities were more likely to develop MIS-C than those without (odds ratio [OR], 2.5 [95% CI, 1.1-5.7]).<sup>6</sup> Among children with MIS-C, 100% (n = 24) were admitted to the hospital and 54.2% (n = 13) to the intensive care unit (ICU), while COVID-19 contributed to the death of 20.1% (n = 5); cancer therapy was changed in 62.5% (n = 15).<sup>6</sup> Compared with matched controls, those with MIS-C had higher odds of symptoms classified as systemic (OR, 4.7 [95% CI, 1.4-15.8]) or gastrointestinal (OR, 5.0 [95% CI, 1.7-14.6]) along with higher odds of hospitalization (OR, 42.9 [95% CI, 7.1-258]), ICU admission (OR, 11.4 [95% CI, 3.6-36.4]), and changes to cancer therapy (OR, 24.9 [95% CI, 6.5-94.8]).<sup>6</sup> Among children with cancer and COVID-19, those with MIS-C had a more severe clinical course than those without MIS-C.<sup>6</sup> The risk of MIS-C and its severity are important to consider as clinicians monitor patients with COVID-19.<sup>6</sup> [\[Full text\]](#)
- The long-term consequences of COVID-19 on mental health are a critical issue given the number of people infected with SARS-CoV-2 worldwide since the beginning of the pandemic.<sup>7</sup> This cohort study, **Comparison of Depression and Anxiety Following Self-reported COVID-19–Like Symptoms vs SARS-CoV-2 Seropositivity in France** investigated the association between self-reported COVID-19–like symptoms or SARS-CoV-2 seropositivity and subsequent depression or anxiety.<sup>7</sup> The study used data from a large, randomly selected, national population–based cohort from France, the EpiCoV (Epidémiologie et Conditions de Vie) study.<sup>7</sup> Of 85,074 individuals 15 years or older who completed the questionnaires at the 3 collection times, 28,568 were excluded because they did not return a blood sample for serologic testing, 1,994 because of missing data on outcomes or exposures, and 9,252 to respect the temporal sequence (exposure must



precede the outcome).<sup>7</sup> Propensity scores based on various socioeconomic, lifestyle, and health variables were computed to match participants who experienced COVID-19-like symptoms between February and November 2020 or showed SARS-CoV-2 seropositivity in November 2020.<sup>7</sup> Among the 45,260 included participants (mean [SD] age, 51.1 [18.9] years; 52.4% women; 8.0% with depression and 5.3% with anxiety in July 2021), COVID-19-like symptoms were associated with subsequent depression (adjusted odds ratio, 1.70; 95% CI, 1.45-1.99) and anxiety (adjusted OR, 1.57; 95% CI, 1.29-1.92), whereas SARS-CoV-2 seropositivity was not.<sup>7</sup> Furthermore, COVID-19-like symptoms, but not anosmia or dysgeusia alone, were associated with subsequent depression and anxiety in both the seropositive and seronegative subgroups.<sup>7</sup> Thus, SARS-CoV-2 infection was not found as a risk factor for subsequent depression or anxiety.<sup>7</sup> Moreover, self-reported COVID-19-like symptoms were associated with depression and anxiety assessed at least 8 months later in both seropositive and seronegative subgroups, suggesting that factors other than SARS-CoV-2 infection are implied in this association.<sup>7</sup>

[\[Full text\]](#)



## Cases and Deaths as of 15 May 2023

- As of 15 May 2023 (1PM, GMT+7), worldwide, there were **688,305,116** confirmed cases, including **6,874,374** deaths. Globally, Case Fatality Rate (CFR) was **1.0%**.
- 35,994,816 confirmed cases** of COVID-19 have been reported in the **ASEAN Region**.
- The Case Fatality Rate in the **ASEAN** Region is range between **0.1 to 3.1%**

### COVID-19 cases in ASEAN region

REGION	COUNTRY	FIRST CONFIRMED CASE(S)	LATEST REPORT ON CONFIRMED CASE(S)	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTERED	FULLY VACCINATED/ 100
ASEAN REGION	Brunei Darussalam	10 Mar 20	11-May-23	292,644	-	225	-	64,053	450,404	445,929	338,987	99.3
	Cambodia	27 Jan 20	09-May-23	138,736	-	3,056	-	841	15,244,858	14,609,937	10,433,215	87.1
	Indonesia	02 Mar 20	15-May-23	6,797,583	247	161,611	2	2,490	203,657,535	172,693,321	67,952,274	62.7
	Lao PDR	24 Mar 20	15-May-23	218,101	3	758	-	3,041	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	06-May-23	5,079,436	-	37,028	-	15,788	28,125,245	27,536,657	17,056,957	81.1
	Myanmar	23 Mar 20	14-May-23	637,249	-	19,494	-	1,173	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	14-May-23	4,115,202	-	66,453	-	3,771	78,369,243	73,937,435	21,341,197	64.0
	Singapore	23 Jan 20	07-May-23	2,391,248	-	1,727	-	39,049	5,161,990	5,120,768	4,440,289	90.8
	Thailand	13 Jan 20	08-May-23	4,734,000	-	33,967	-	6,791	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	14-May-23	11,590,617	-	43,201	-	11,950	90,450,881	85,848,363	57,452,750	87.4
ASEAN COUNTRIES				35,994,816	250	367,520	2	148,946	519,131,616	466,446,242	213,386,451	

\*There have been no tests reported in the last 14 days in the **ASEAN** Region.

REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS
ASIA	195,362,533	8,856	1,205,876	16
AFRICA	12,821,863	494	258,750	
AMERICAS	194,983,393		2,985,672	
EUROPE	249,142,511		2,056,556	-
TOTAL	652,310,300	9,350	6,506,854	16

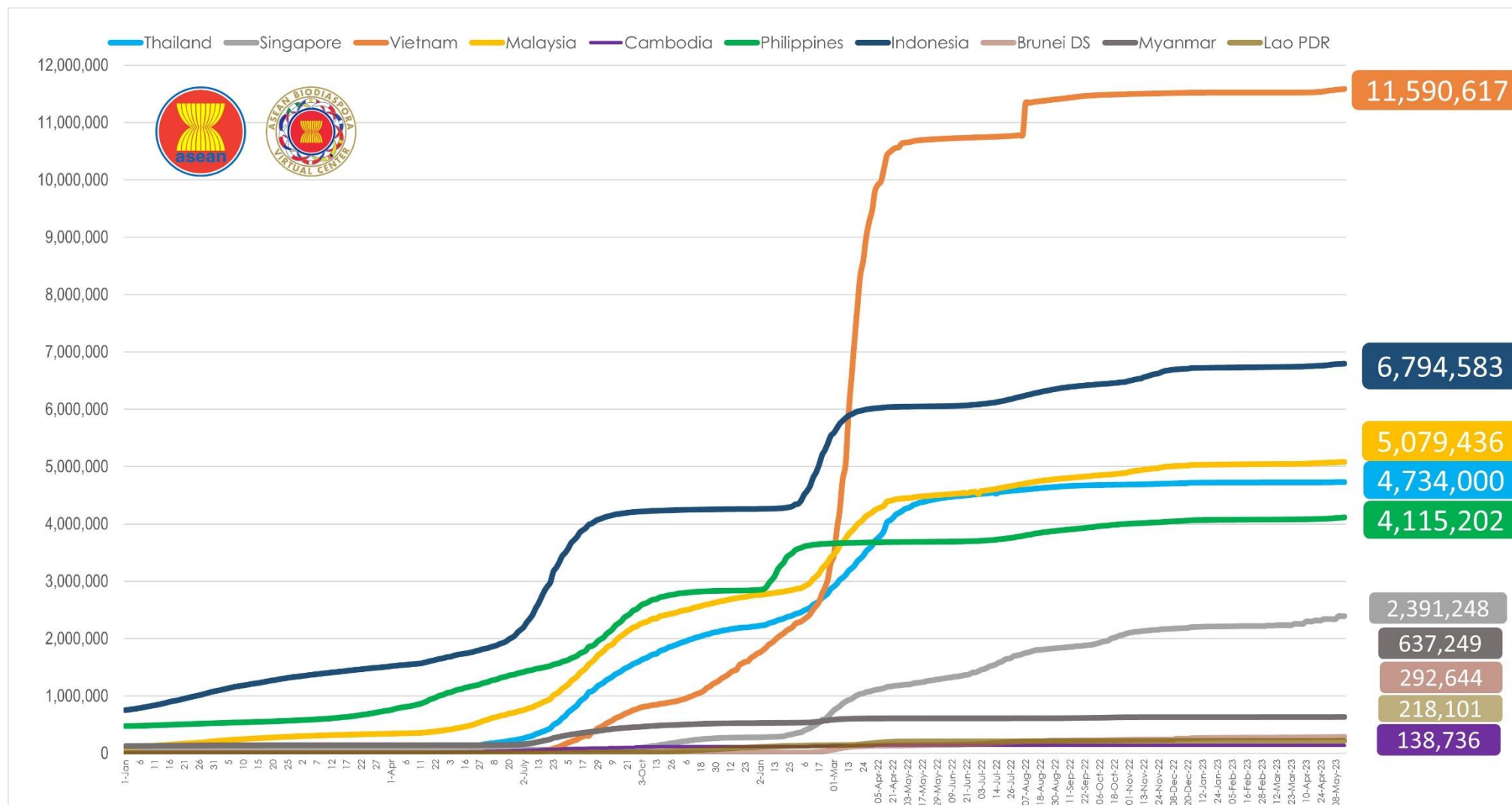
\*\*Data References: [Andra Farm](#), [Worldometer](#), [DOH Philippines](#), and the [WHO](#)





# COVID-19 Epi curve among ASEAN Countries:

From January 1, 2022 to May 15, 2023



Cumulative cases of COVID-19 in the ASEAN Region as of May 15, 2023 (Report generated by ASEAN Biodiaspora Virtual Center)

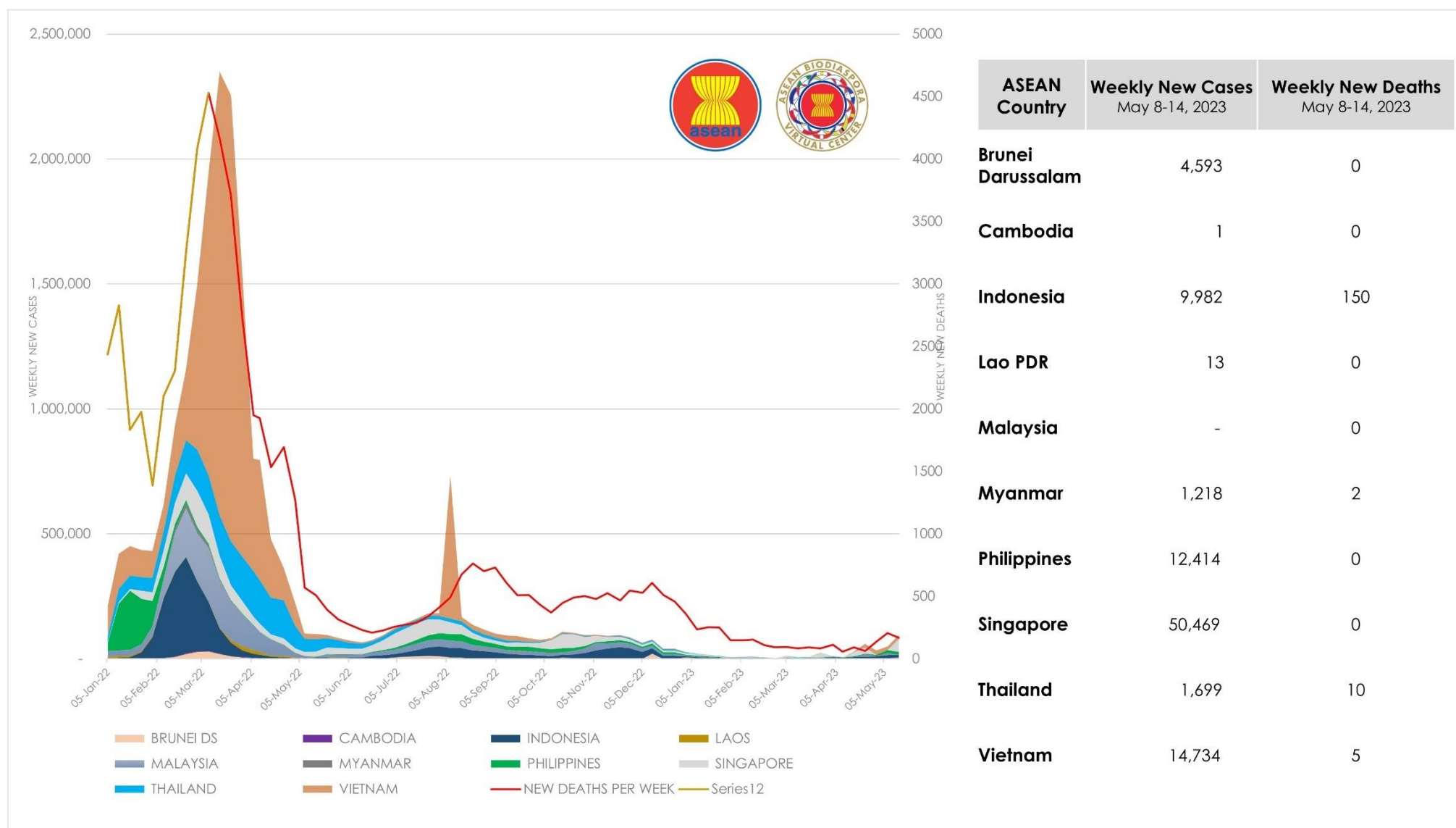
\*Data from Bluedot Insights, cases may differ from how data is reported in countries and other authorities. Data may be subject to retrospective correction by national authorities.





# ASEAN Weekly COVID-19 New Cases and New Deaths

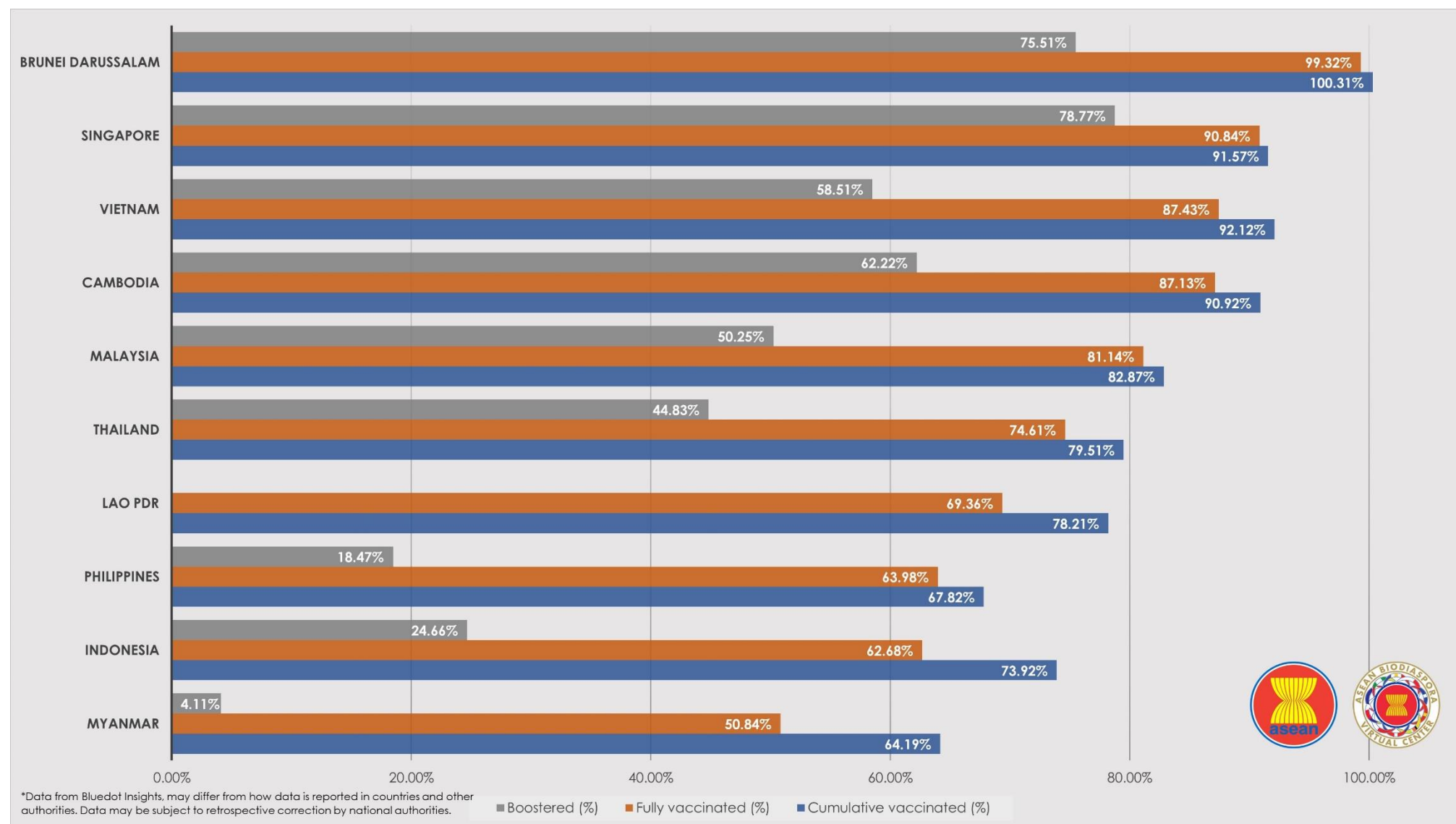
From January 1, 2022 to May 14, 2023





# ASEAN COVID-19 Vaccination Status

as of 09 March 2023



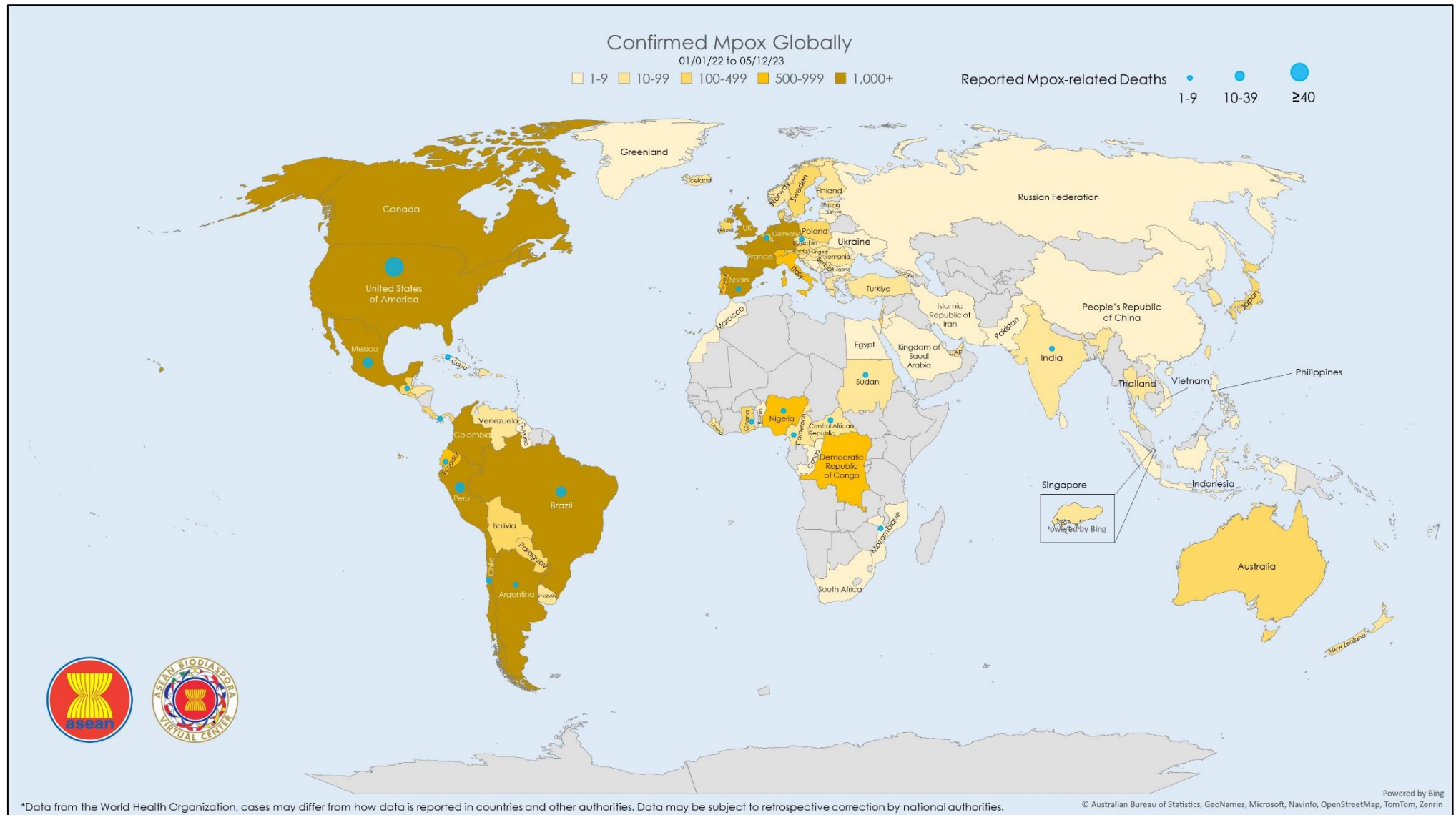
\*Last update in COVID-19 vaccination status in ASEAN was on March 9, 2023.





# Mpox Cases Reported Globally

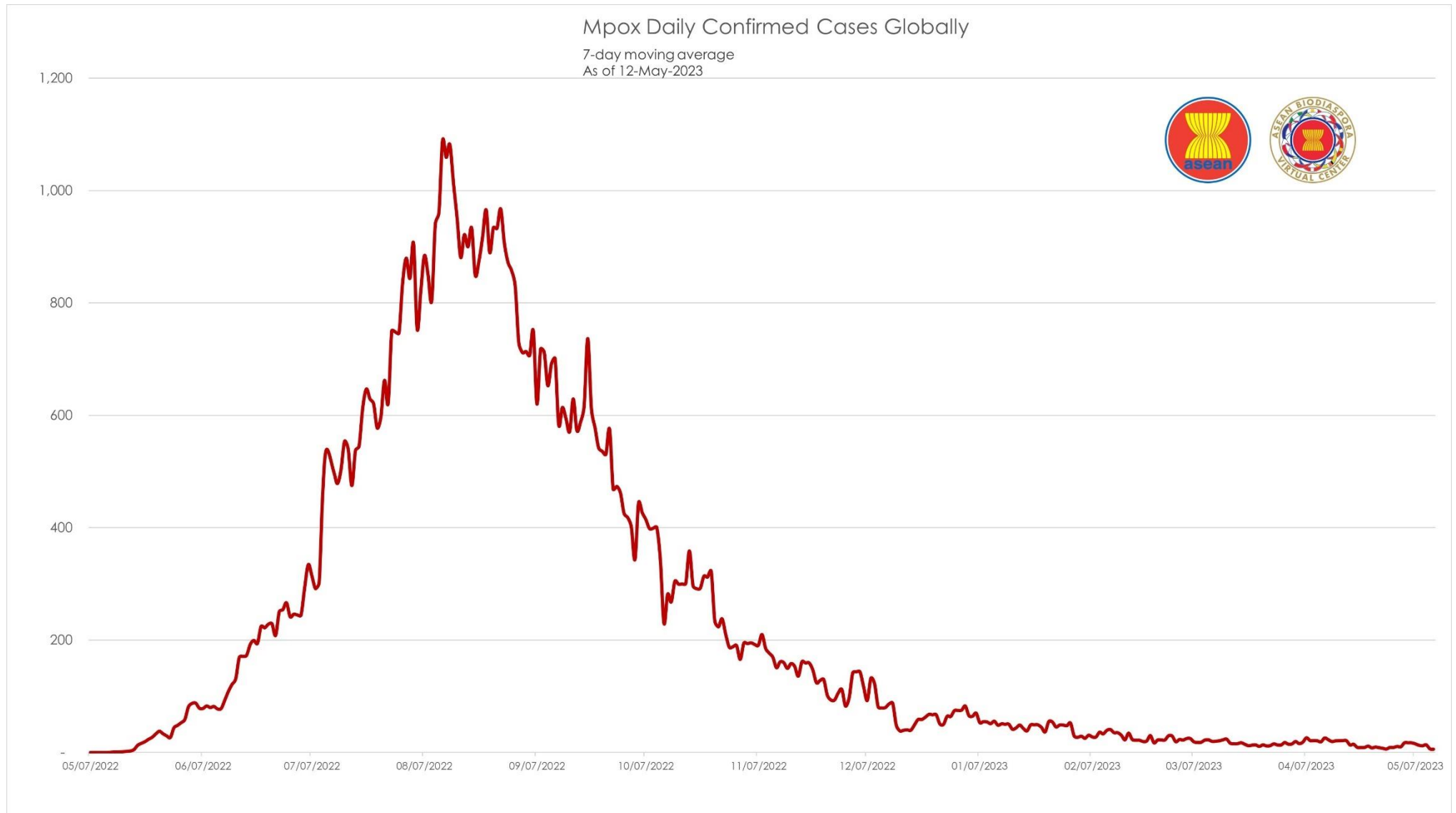
as of May 12, 2023





## Mpox Daily Trend Globally

as of May 12, 2023





## Mpox: Highlights and Situation Overview

- As of 12 May 2023 (1PM, GMT+7), worldwide, there were **87,412** confirmed cases, including **140** deaths. Globally, Case Fatality Rate (CFR) was **0.16%**.
- 58 confirmed cases** in the ASEAN region, with CFR of **0%**.
- 87,354 confirmed cases** of Mpox have been reported in other **5 regions** (other than ASEAN region):

### Mpox cases in ASEAN region

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Indonesia	1	-	-	0.00%
Philippines	4	-	-	0.00%
Singapore	25	-	-	0.00%
Thailand	26	5	-	0.00%
Vietnam	2	-	-	0.00%
<b>ASEAN Total</b>	<b>58</b>	<b>5</b>	<b>-</b>	<b>0.00%</b>

### Mpox cases in Asia-Pacific region

Country/Territory	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Australia	145	-	-	0.00%
India	22	-	1	4.55%
Japan	127	-	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	41	-	-	0.00%
People's Republic of China*	7	-	-	0.00%
Republic of China*	80	16	-	0.00%
Republic of Korea*	68	8	-	0.00%
Sri Lanka	2	-	-	0.00%
<b>Asia-Pacific Total</b>	<b>493</b>	<b>24</b>	<b>1</b>	<b>0.20%</b>

\*People's Republic of China – China, , Hong Kong (SAR), and Macao (SAR); Republic of China – Taiwan, Republic of Korea – South Korea

### Top 5 countries with the most mpox cases globally

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
United States of America	30,154	-	42	0.14%
Brazil	10,920	-	16	0.15%
Spain	7,551	-	3	0.04%
France	4,146	-	-	0.00%
Colombia	4,090	-	-	0.00%



## Mpox cases per region

REGION	TOTAL CONFIRMED CASES SINCE JANUARY 1, 2022	NEW CASES SINCE THE PREVIOUS REPORT	TOTAL DEATHS	CASE FATALITY RATE
AFRICA	1,626	7	19	1.17%
AMERICAS	59,294	1	114	0.19%
ASEAN	58	5	-	0.00%
ASIA PACIFIC	493	36	1	0.20%
EUROPE	25,616	-	6	0.02%
MIDDLE EAST	325	-	-	0.00%
<b>TOTAL</b>	<b>87,412</b>	<b>49</b>	<b>140</b>	<b>0.16%</b>





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