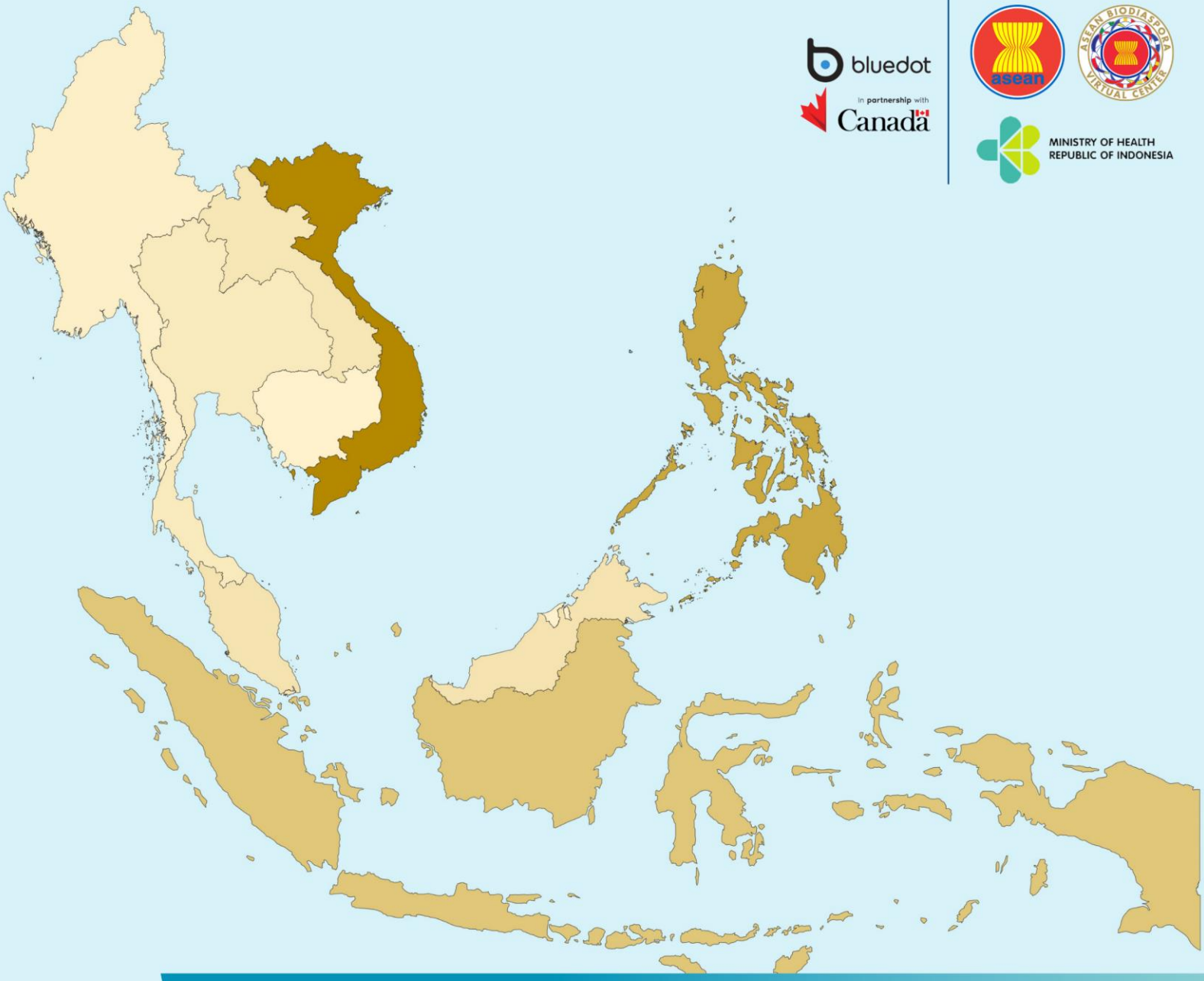

Situational Report in the ASEAN Region

ASEAN BioDiaspora Virtual Center (ABVC)

May 29, 2023 | Issue No. 489

ASSOCIATION OF SOUTHEAST ASIAN NATIONS

ASEAN BIODIASPORA VIRTUAL CENTER

MINISTRY OF HEALTH
REPUBLIC OF INDONESIA

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COVID-19: Highlights and Situation Overview

Global Update

- **Worldwide**, over 689 million cases and over 6 million deaths have been attributed to COVID-19.
- The **U.S. Centers for Disease Control and Prevention (CDC)** reported in its latest data that the two main COVID-19 metrics, hospitalizations and deaths, have continued to decline in the country.[1] Hospitalizations for COVID are down 11% compared to a week ago, and deaths from the virus are down 13.3%.[1] The hospitalization map, which reflects activity by county, replaces the CDC's earlier community levels, and there are currently only a few hot spots, some in Texas and in small portions of Nebraska and Louisiana.[1] Early indicators such as regional test positivity and emergency department (ED) visits also show no signs of increase.[1] Test positivity at the national level is 4.3%, down 0.7% from a week ago.[1] The only region showing a slight increase is the part of the Southwest that includes California, Nevada, and Arizona.[1] Only 0.5% of ED visits last week were due to COVID, down 10.8% from the previous week.[1] There are no major rises in COVID positivity in wastewater surveillance.[1] The CDC has stated that the decline in COVID-19 metrics is likely due to a combination of factors, including the high level of vaccination in the U.S., the widespread availability of antiviral treatments, and the waning of the Omicron variant.[1] However, the CDC has also warned that the pandemic is not over and that people should continue to take precautions, such as wearing a mask in indoor public settings and getting vaccinated and boosted.[1] The CDC also released its latest variant proportion estimates, which show that newer XBB Omicron subvariants continue to decline.[1] XBB 1.5 has declined to 53.8% while other XBB subvariants are showing small but steady increases such as XBB.1.16 (15.1%), XBB.1.9.1 (11.8%), XBB.1.9.2 (6.1%), and XBB.2.3 (4.8%).[1] [Full report]

Research Update (Published and peer-reviewed studies)

- The study ***Dynamics of SARS-CoV-2 infection hospitalization and infection fatality ratios over 23 months in England*** found that COVID-19 infection-fatality ratio (IFR) decreased from 0.67% to 0.10%, and the infection-hospitalization ratio (IHR) declined from 2.60% to 0.76% from 2020 to early 2022 in England, with increases during the SARS-CoV-2 Alpha and Delta variant surges.[2] The average case-ascertainment rate during the entire study period was estimated at 36.1%—signifying that actual cases were more than a third higher than reported—but the authors noted significant variation in continuous estimates of this rate.[2] Continuous IFR and IHR estimates rose during the Alpha and Delta variant waves and fell during the COVID-19 vaccine rollout and the emergence of the Omicron variant.[2] In 2020, the interval between a positive COVID-19 test and hospitalization was 19 days, and the lag between positivity and death was 26 days.[2] The intervals declined to 7 days for hospitalization and 18 days for deaths by late 2021 and early 2022.[2] According to the researchers, even though many populations have high levels of immunity to SARS-CoV-2 from vaccination and natural infection, waning of immunity and variant emergence will continue to be upward pressure on the IHR and IFR.[2] [Full text]
- The study on ***Estimates of Bivalent mRNA Vaccine Durability in Preventing COVID-19–Associated Hospitalization and Critical Illness Among Adults with and Without Immunocompromising Conditions — VISION Network, September 2022–April 2023*** estimated that bivalent (two-strain) COVID-19 mRNA vaccine effectiveness (VE) against hospitalization dropped from 62% 1 week after receipt to 24% at 4 to 6 months in adults with healthy immune systems, but protection against severe outcomes was sustained.[3] Of 66,141 adults with healthy immune systems, 10.4% had COVID-19, and

89.6% were controls.[3] A total of 25.9% of COVID-19 patients and 23.2% of controls were unvaccinated, while 16.3% of infected patients and 20.6% of controls had received a bivalent dose.[3] Estimated VE against hospitalization among adults with healthy immune systems tumbled from 62% 1 week after receipt to 24% at 4 to 6 months and varied little by age group.[3] VE among participants with impaired immune systems was 28% at 1 week and 13% at 4 to 6 months.[3] VE against hospitalization among participants who received only monovalent doses was 21% at a median of 12.5 months while VE against intensive care unit admission and death was estimated at 69% 1 week to 2 months after a bivalent dose and 50% at 4 to 6 months.[3] Meanwhile, VE for monovalent recipients was 3% at a median of 1 year after the last dose.[3] Estimates of relative and absolute VE were comparable.[3] According to researchers, the reduced waning of VE among patients with impaired immune systems was possibly due to differences in immune response or limited statistical power to detect differences over time, adding that the results of this analysis indicate that these adults might have relatively little remaining protection against COVID-19–associated hospitalization compared with unvaccinated persons, although might have more remaining protection against critical illness.[3] [Full text]

- This retrospective study, ***Long-term post-acute sequelae of COVID-19 infection: a retrospective, multi-database cohort study in Hong Kong and the UK***, aimed to generate coherent evidence on the post-acute sequelae of COVID-19 infection using electronic healthcare records across two regions.[4] A multi-database cohort of patients with COVID-19 aged 18 or above between April 1st, 2020, and May 31st, 2022 from the Hong Kong Hospital Authority (HKHA) and March 16th, 2020, and May 31st, 2021 from the UK Biobank (UKB) databases and their matched controls were followed for up to 28 and 17 months, respectively.[4] Covariates between patients with COVID-19 and non-COVID-19 controls were adjusted using propensity score-based inverse probability treatment weighting.[4] Cox proportional regression was used to estimate the hazard ratio (HR) of clinical sequelae, cardiovascular, and all-cause mortality 21 days after COVID-19 infection.[4] A total of 535,186 and 16,400 patients were diagnosed with COVID-19 from HKHA and UKB, of whom 253,872 (47.4%) and 7613 (46.4%) were male, with a mean age (±SD) of 53.6 (17.8) years and 65.0 (8.5) years, respectively.[4] Patients with COVID-19 incurred the greater risk of heart failure (HR 1.82; 95% CI 1.65, 2.01), atrial fibrillation (1.31; 1.16, 1.48), coronary artery disease (1.32; 1.07, 1.63), deep vein thrombosis (1.74; 1.27, 2.37), chronic pulmonary disease (1.61; 1.40, 1.85), acute respiratory distress syndrome (1.89; 1.04, 3.43), interstitial lung disease (3.91; 2.36, 6.50), seizure (2.32; 1.12, 4.79), anxiety disorder (1.65; 1.29, 2.09), post-traumatic stress disorder (1.52; 1.23, 1.87), end-stage renal disease (1.76; 1.31, 2.38), acute kidney injury (2.14; 1.69, 2.71), pancreatitis (1.42; 1.10, 1.83), cardiovascular (2.86; 1.25, 6.51) and all-cause mortality (4.16; 2.11, 8.21) mortality during their post-acute phase of infection.[4] Clinicians should be informed of such potential delayed sequelae.[4] Sustained provision of healthcare services to COVID-19 survivors is also warranted to reduce the long-term implication of the COVID-19 pandemic.[4] [Full text]

Cases and Deaths as of 29 May 2023

- As of 29 May 2023 (1PM, GMT+7), worldwide, there were **689,427,630** confirmed cases, including **6,883,710** deaths. Globally, Case Fatality Rate (CFR) was **1.0%.**
- **36,085,404 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	25-May-23	303,719	-	225	-	64,053	450,404	445,929	338,987	99.3
	Cambodia	27 Jan 20	28-May-23	138,767	-	3,056	-	841	15,244,858	14,609,937	10,433,215	87.1
	Indonesia	02 Mar 20	29-May-23	6,806,367	79	161,740	1	2,490	203,657,535	172,693,321	67,952,274	62.7
	Lao PDR	24 Mar 20	27-May-23	218,225	-	758	-	3,041	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	28-May-23	5,100,249		37,087		15,788	28,125,245	27,536,657	17,056,957	81.1
	Myanmar	23 Mar 20	28-May-23	638,668	-	19,494	-	1,173	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	28-May-23	4,139,295	-	66,466	-	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	22-May-23	4,738,988	-	34,053	-	6,791	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	28-May-23	11,609,878	-	43,206	-	11,950	90,450,881	85,848,363	57,452,750	87.4
	ASEAN COUNTRIES			**36,085,404**	**79**	**367,812**	**1**	**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	195,732,690	1,852	1,206,854	2
AFRICA	12,823,532		258,766	
AMERICAS	195,419,057		2,989,252	
EUROPE	249,366,947		2,061,026	-
TOTAL	**653,342,226**	**1,852**	**6,515,898**	**2**

**Data References: Andra Farm, Worldometer, DOH Philippines, and the WHO

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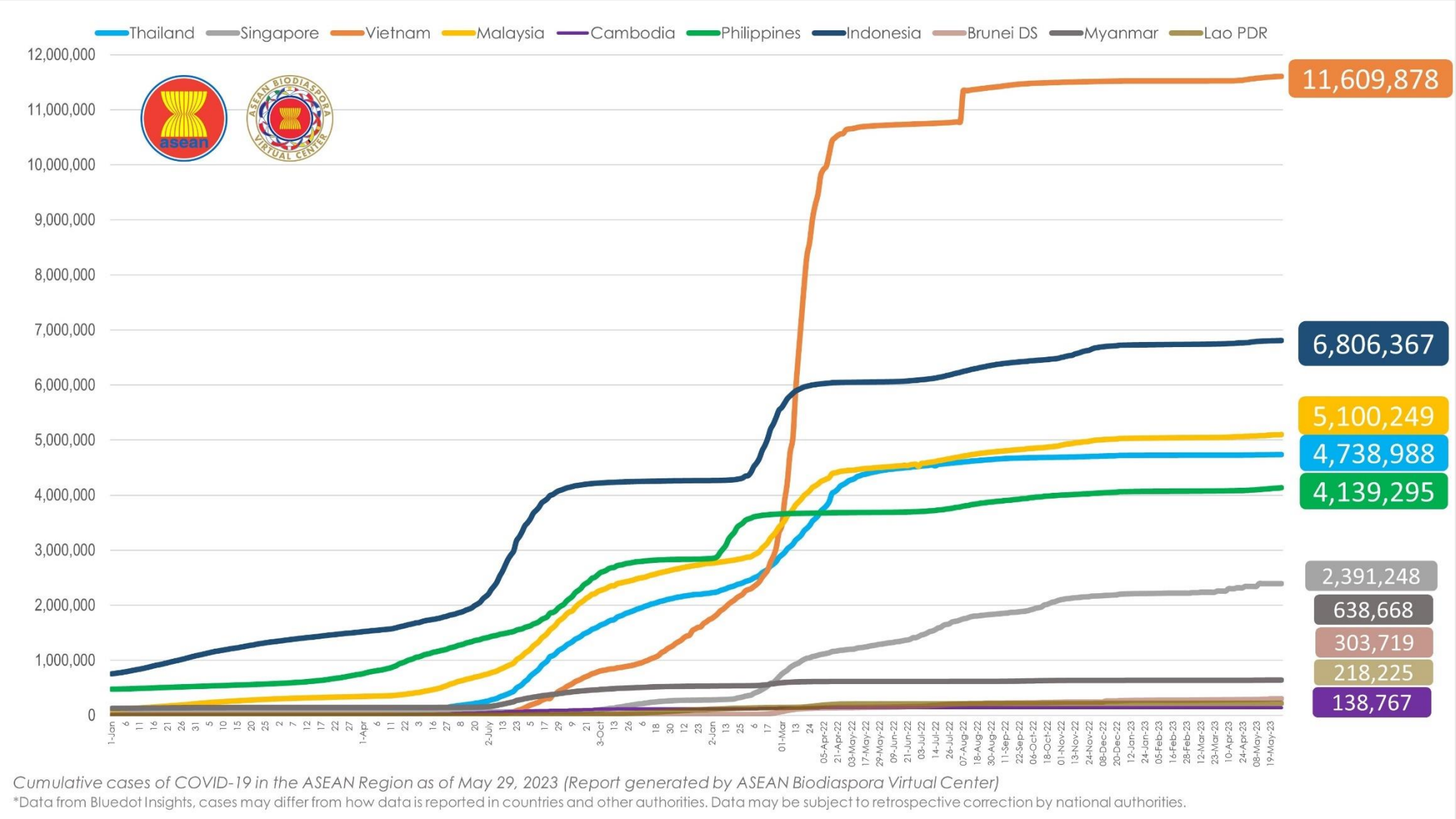
COVID-19 Epi curve among ASEAN Countries:

From January 1, 2022 to May 29, 2023



Cumulative cases of COVID-19 in the ASEAN Region as of May 29, 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.

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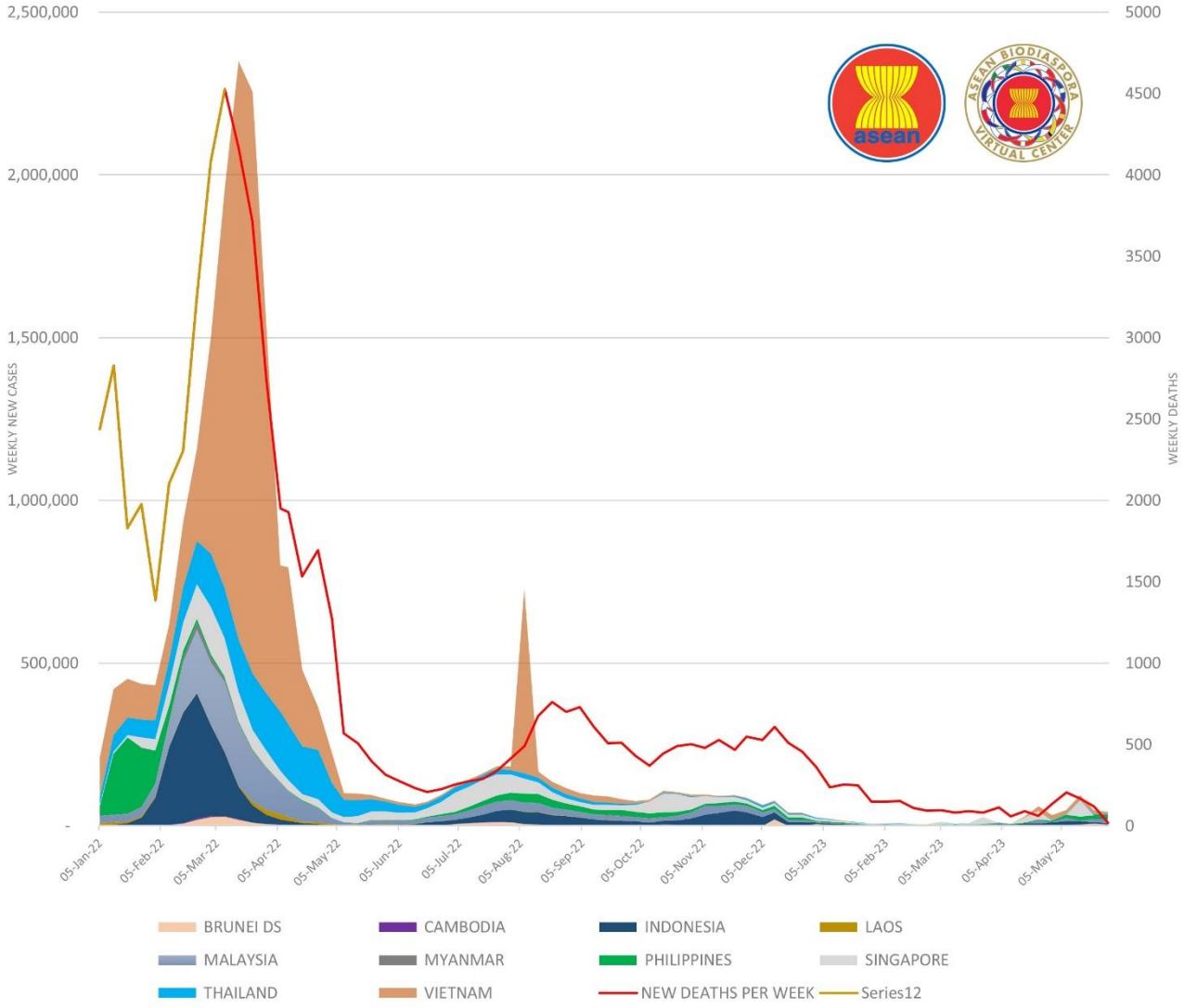
ASEAN Weekly COVID-19 New Cases and Deaths

From January 1, 2022 to May 28, 2023



ASEAN Country	Weekly New Cases May 22-28, 2023	Weekly Deaths May 22-28, 2023
Brunei Darussalam	4,214	0
Cambodia	28	0
Indonesia	4,198	0
Lao PDR	32	0
Malaysia	12,240	17
Myanmar	714	0
Philippines	11,667	0
Singapore	-	0
Thailand	2,632	0
Vietnam	7,140	3

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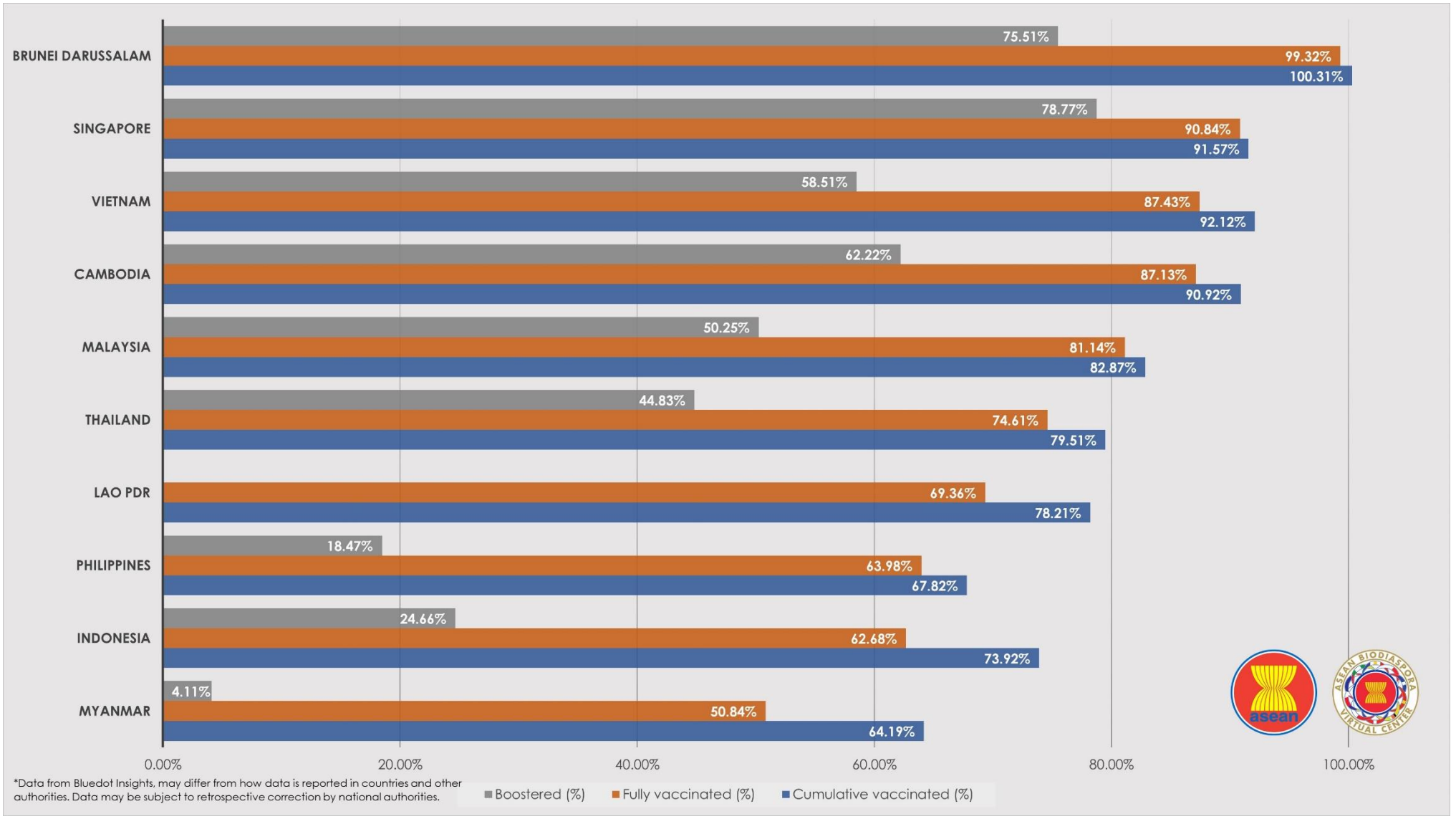
ASEAN COVID-19 Vaccination Status

as of 09 March 2023



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

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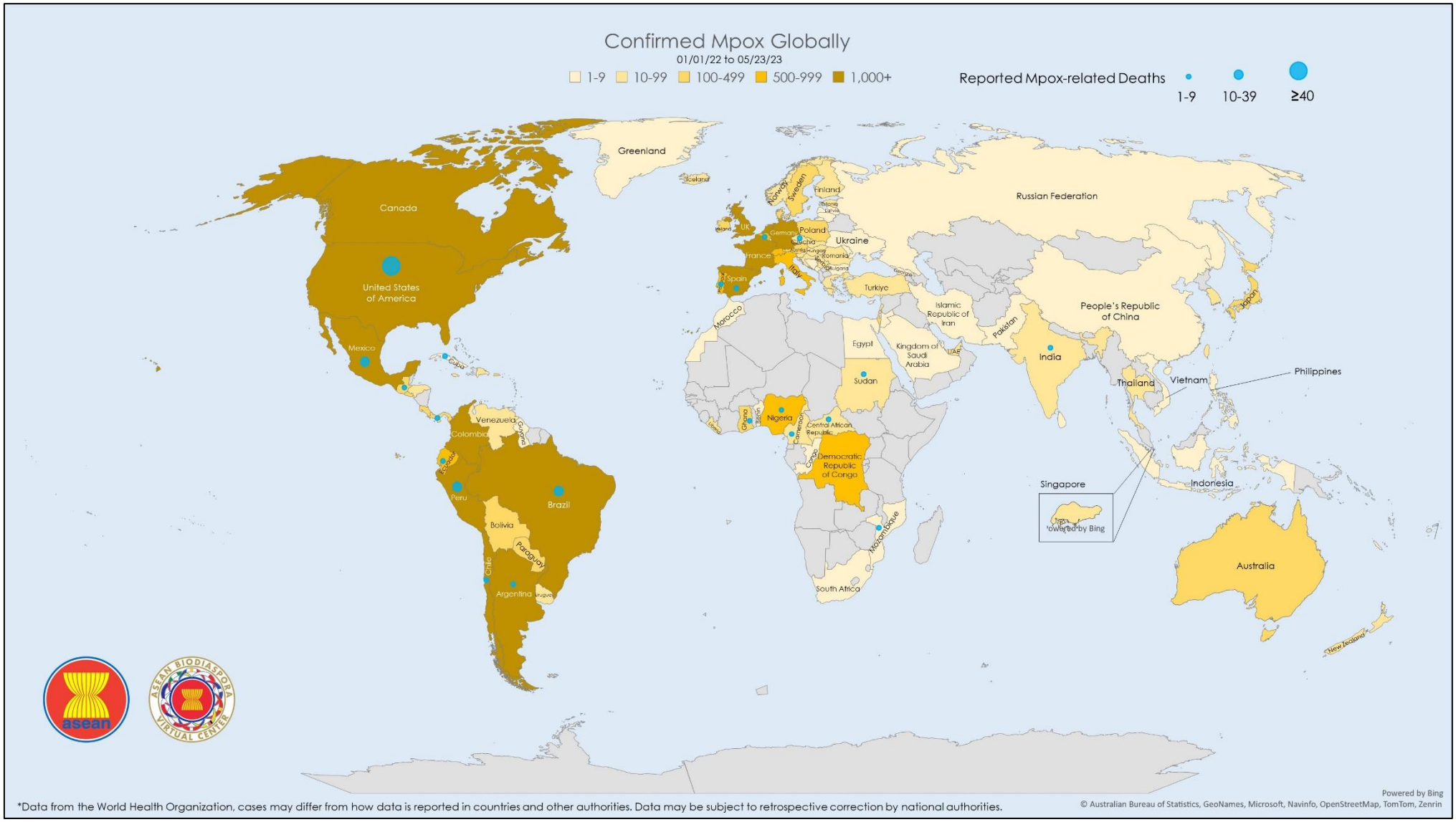
Mpox Cases Reported Globally

as of May 23, 2023



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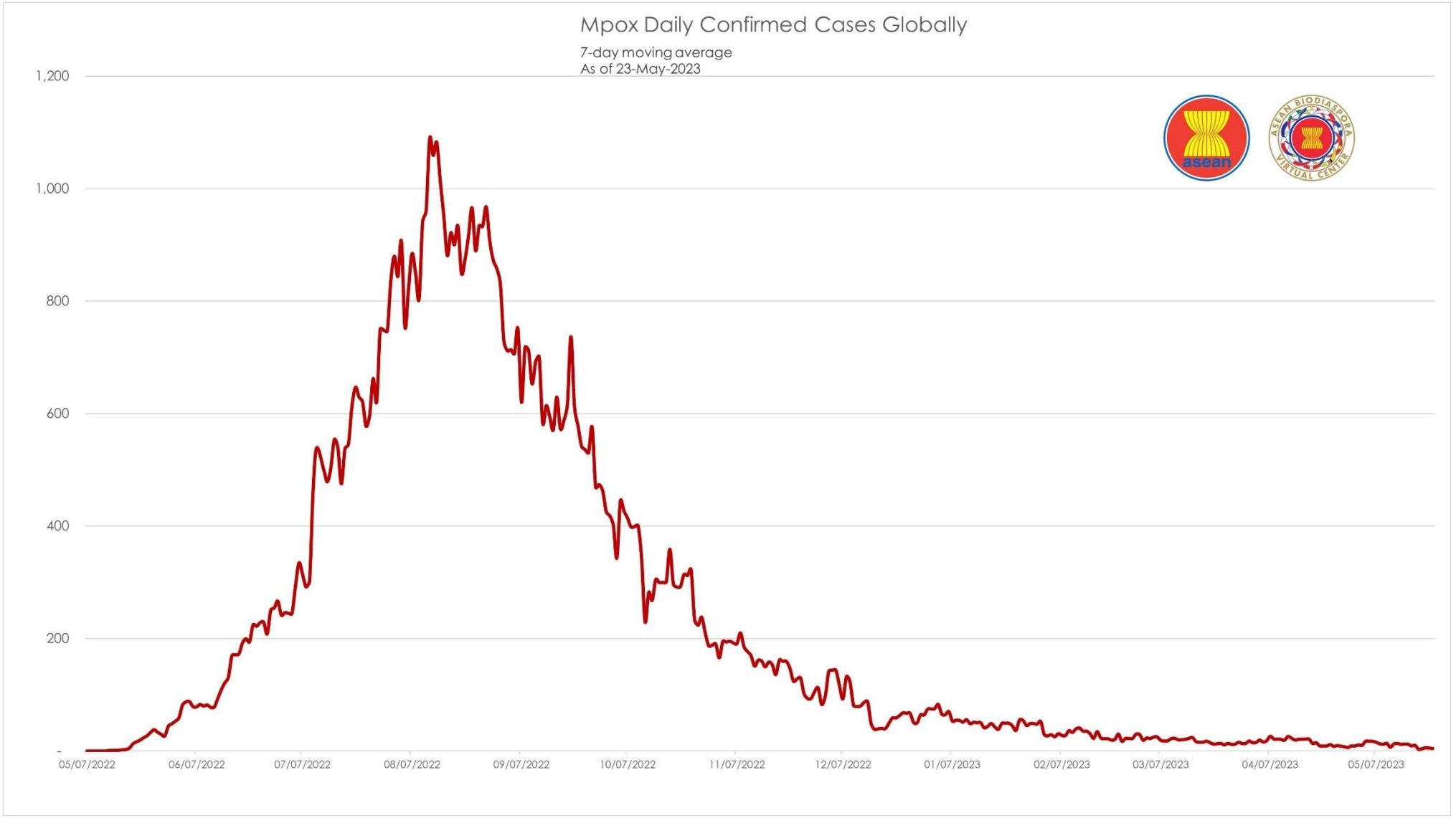
Mpox Daily Trend Globally

as of May 23, 2023



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Mpox: Highlights and Situation Overview

- As of 23 May 2023 (1PM, GMT+7), there were 87,515 confirmed cases worldwide, including **141** deaths. Globally, the Case Fatality Rate (CFR) was **0.16%.**
- **59 confirmed cases** in the ASEAN region, with a CFR of **0%.**
- **87,456 confirmed cases** of Mpox have been reported in other **5 regions** (other than the ASEAN region):

Mpox cases in the ASEAN region

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Indonesia	1	-	-	0.00%
Philippines	5	-	-	0.00%
Singapore	25	-	-	0.00%
Thailand	26	-	-	0.00%
Vietnam	2	-	-	0.00%
ASEAN Total	**59**	**-**	**-**	**0.00%**

Mpox cases in the Asia-Pacific region

Country/Territory	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Australia	145	-	-	0.00%
India	22	-	1	4.55%
Japan	135	-	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	41	-	-	0.00%
People's Republic of China*	8	-	-	0.00%
The Republic of China*	83	-	-	0.00%
The Republic of Korea*	80	-	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	**517**	**-**	**1**	**0.19%**

*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	30,194	-	42	0.14%
Brazil	10,941	-	16	0.15%
Spain	7,551	-	3	0.04%
France	4,146	-	-	0.00%
Colombia	4,090	-	-	0.00%

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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	-	19	1.17%
AMERICAS	59,371	-	114	0.19%
ASEAN	59	-	-	0.00%
ASIA PACIFIC	517	-	1	0.19%
EUROPE	25,617	-	7	0.03%
MIDDLE EAST	325	-	-	0.00%
TOTAL	**87,515**	**-**	**141**	**0.16%**

Research Update (Published and peer-reviewed studies)

- Mpox (formerly known as monkeypox) is a zoonotic viral disease endemic in parts of Africa.[5] In May, 2022, the world was alerted to circulation of monkeypox virus in many high-income countries outside of Africa.[5] Continued spread resulted in a WHO declaration of a Public Health Emergency of International Concern.[5] Although there has been much attention on the global outbreak, most of the focus has been on high-income countries outside of Africa, despite the fact that monkeypox virus has been causing disease in parts of Africa for at least 50 years.[5] This document, ***Mpox neglect and the smallpox niche: a problem for Africa, a problem for the world***, tells the readers that the heart of the problem is the historical neglect of mpox in Africa where the disease is endemic, and the actual and potential consequences if this neglect is left uncorrected.[5] The lack of action now risks at least three non-mutually exclusive and potentially grave consequences: (1) monkeypox virus becomes widely disseminated and entrenched in humans, maintaining itself through human-to-human transmission, especially through sex and intimate contact (this could include potential reverse exportation of the more human-adapted Clade IIb from high-income countries back to Africa, including to countries where mpox is not endemic); (2) mpox fills the epidemiological niche left by smallpox eradication, undermining that incredible achievement and resulting in orthopoxvirus outbreaks becoming a common event; and (3) reverse zoonotic transmission (in which the virus is passed from humans to a species of animal not previously infected), resulting in more diversity in reservoirs and geographical expansion of endemicity with increased risk of zoonotic transmission.[5] DNA viruses, such as the monkeypox virus, are more stable in the environment compared with RNA viruses, such as SARS-CoV-2 and Ebola virus, which could facilitate passage back to animals.[5] All of these events could potentially force widespread re-initiation of vaccination against orthopoxviruses.[5] In contrast with smallpox, the monkeypox virus, with its zoonotic reservoirs, would be nearly impossible to eradicate.[5] [Full text]

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