

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 690 million cases and over 6 million deaths have been attributed to COVID-19.
- **European Center for Disease Prevention and Control:** The European Union Aviation Safety Agency (EASA) and the European Centre for Disease Prevention and Control (ECDC) have decided to formally retire the EASA-ECDC joint Aviation Health Safety Protocol (AHSP), while acknowledging its significant value during the high SARS-CoV-2 circulation periods during the pandemic (ECDC, 2023). This decision is taken in the light of the decreasing or stable trends observed in the European Union/European Economic Area (EU/EEA) indicators based on pooled country data in all age groups as described by the European Centre for Disease Prevention and Control (ECDC) since March 2023 and the WHO statement of 05 May 2023 declaring that “COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern (PHEIC)”. EASA and ECDC encourage passengers, crew members, aviation stakeholders and national competent authorities to give proper consideration to the value of the non-pharmaceutical interventions implemented throughout the pandemic and to use them whenever deemed necessary, especially in crowded indoor settings, with a particular focus on proper ventilation, hygiene measures and respiratory etiquette, including use of surgical masks or respirators for anyone with respiratory infection symptoms and for people with risk factors for a severe respiratory viral disease, particularly during periods of high respiratory viral infection prevalence. [\[Full report\]](#)

Regional Update

- **Indonesia:** On June 21, 2023, President Joko Widodo announced the revocation of the COVID-19 pandemic status in Indonesia (CNN Indonesia, 2023). The announcement was made by the President during an online press conference via the official YouTube of the Presidential Secretariat. The government considered several things before officially revoking the status. These considerations include daily confirmation numbers of Covid-19 cases approaching zero, sero survey results showing that 99% of Indonesians already have Covid-19 antibodies. In addition, WHO has also revoked the status of public health emergency of international concern. [\[Full article\]](#)
- **Malaysia:** The Malaysian government announced on June 29 that masks will no longer be required in public transportation and health care facilities beginning July 5 (VietnamPlus, 2023). Face masks will only be required for COVID-19-positive people and healthcare staff in healthcare institutions while dealing with patients, she said. The necessary self-isolation period for COVID-19 after testing positive will be reduced from seven to five days from the onset of symptoms, also effective July 5, according to the official. Wearing face masks is highly recommended for high-risk persons such as senior citizens, those with chronic diseases, people with low immunity, or pregnant women, especially in crowded and poorly ventilated settings, according to Health Minister Dr. Zaliha Mustafa. Despite this, the Ministry of Health has chosen to extend the declaration of "infected local areas" under the Prevention and Control of Infectious Diseases Act 1988, which was set to expire on June 30, for another six months, until December 31 of this year. She explained that the extension is also required due to the danger of the introduction of new SARS-CoV-2 virus strains and subvariants in Malaysia. According to the health minister, new COVID-19 infections have decreased by 53.5% in



Malaysia, while new COVID-19 deaths have decreased by 35.3% to 11 cases per day since early June. [\[Full article\]](#)

Vaccine Update

- **Brazil:** Vaccine coverage and effectiveness against laboratory-confirmed symptomatic and severe COVID-19 in indigenous people in Brazil: a cohort study (Pescarini et al., 2023). The study aimed to estimate the coverage and effectiveness of COVID-19 vaccines against laboratory-confirmed COVID-19 cases among indigenous people in Brazil. The researchers linked nationwide COVID-19 vaccination data with flu-like surveillance records and studied a cohort of vaccinated indigenous people aged ≥ 5 years between January 18, 2021, and March 1, 2022. The study found that by March 1, 2022, 48.7% of eligible indigenous people had been fully vaccinated for COVID-19 compared to 74.8% of overall Brazilians. Among fully vaccinated indigenous people, there was a lower risk of symptomatic cases and mortality after the 14th day of the second dose. The vaccine effectiveness (VE) for the three Covid-19 vaccines combined was 53% for symptomatic cases, 53% for mortality, and 41% for hospitalization. However, vaccination did not reduce COVID-19 related hospitalization. Among hospitalized patients, there was a lower risk of progression to ICU and COVID-19 death after the 14th day of the second dose. In conclusion, the study suggests that lower coverage but similar COVID-19 VE among indigenous people than overall Brazilians indicate the need to expand access, timely vaccination, and urgently offer booster doses to achieve a great level of protection among this group. [\[Full text\]](#)

Research Update (Published and peer-reviewed studies)

- **Disparities in COVID-19 Disease Incidence by Income and Vaccination Coverage — 81 Communities, Los Angeles, California, July 2020–September 2021** described COVID-19 incidence and the impact of vaccination by community income among 81 communities in Los Angeles, California (Masterson et al., 2023). Median community vaccination coverage and COVID-19 incidence were calculated across household income strata using a generalized linear mixed effects model with Poisson distribution during three COVID-19 surge periods: two before vaccine availability (July 2020 and January 2021) and the third after vaccines became widely available in April 2021 (September 2021). Adjusted incidence rate ratios (aIRRs) during the peak month of each surge were compared across communities grouped by median household income percentile. The aIRR between communities in the lowest and highest median income deciles was 6.6 (95% CI = 2.8–15.3) in July 2020 and 4.3 (95% CI = 1.8–9.9) in January 2021. However, during the September 2021 surge that occurred after vaccines became widely available, model estimates did not identify an incidence disparity between the highest- and lowest-income communities (aIRR = 0.80; 95% CI = 0.35–1.86). During this surge, vaccination coverage was lowest (59.4%) in lowest income communities and highest (71.5%) in highest-income communities ($p < 0.001$). However, a significant interaction between income and vaccination on COVID-19 incidence ($p < 0.001$) indicated that the largest effect of vaccination on disease incidence occurred in the lowest-income communities. A 20% increase in community vaccination was estimated to have resulted in an additional 8.1% reduction in COVID-19 incidence in the lowest-income communities compared with that in the highest-income communities. These findings highlight the importance of improving access to vaccination and reducing vaccine hesitancy in underserved communities in reducing disparities in COVID-19 incidence. [\[Full text\]](#)
- This observational cohort study, **Effects of COVID-19 vaccination and previous SARS-CoV-2 infection on omicron infection and severe outcomes in children under 12 years of age in the USA: an observational cohort study**, estimated the time-varying effects of primary and booster COVID-19 vaccination and previous SARS-CoV-2 infection on subsequent omicron infection and severe illness (hospital admission or death) in children



younger than 12 years of age (Lin et al., 2023). Individual-level records on vaccination with the BNT162b2 and mRNA-1273 vaccines and clinical outcomes from the North Carolina COVID-19 Surveillance System and the COVID-19 Vaccine Management System for 1,368,721 North Carolina residents aged 11 years or younger from Oct 29, 2021 (Oct 29, 2021 for children aged 5–11 years and June 17, 2022 for children aged 0–4 years), to Jan 6, 2023, were obtained. For children 5–11 years of age, the effectiveness of primary vaccination against infection, compared with being unvaccinated, was 59.9% (95% CI 58.5–61.2) at 1 month, 33.7% (32.6–34.8) at 4 months, and 14.9% (95% CI 12.3–17.5) at 10 months after the first dose. Compared with primary vaccination only, the effectiveness of a monovalent booster dose after 1 month was 24.4% (14.4–33.2) and that of a bivalent booster dose was 76.7% (45.7–90.0). The effectiveness of omicron infection against reinfection was 79.9% (78.8–80.9) after 3 months and 53.9% (52.3–55.5) after 6 months. For children 0–4 years of age, the effectiveness of primary vaccination against infection, compared with being unvaccinated, was 63.8% (57.0–69.5) at 2 months and 58.1% (48.3–66.1) at 5 months after the first dose, and the effectiveness of omicron infection against reinfection was 77.3% (75.9–78.6) after 3 months and 64.7% (63.3–66.1) after 6 months. For both age groups, vaccination and previous infection had better effectiveness against severe illness as measured by hospital admission or death as a composite endpoint than against infection. The BNT162b2 and mRNA-1273 vaccines were effective against omicron infection and severe outcomes in children younger than 12 years, although the effectiveness decreased over time. Bivalent boosters were more effective than monovalent boosters. Immunity acquired via omicron infection was high and waned gradually over time. These findings can be used to develop effective prevention strategies against COVID-19 in children younger than 12 years. [\[Full text\]](#)

- In the study, ***Pivoting to protein: the immunogenicity and safety of protein-based NVX-CoV2373 as a heterologous booster for inactivated and viral vector COVID-19 vaccines***, around half of the 13.4 billion COVID-19 vaccine doses administered globally were inactivated or viral vector platforms (Marchese et al., 2023). Policy makers and healthcare providers are focusing on harmonizing and optimizing vaccine regimens as an opportunity to reassess the continued use of pandemic-era vaccines. Studies of various homologous and heterologous regimens have been published rapidly, but interpretation of these data is complicated by the many vaccine types and highly variable participant viral exposure and vaccination histories. Recent studies show that after primary series doses of inactivated (BBV152 and BBIBP-CorV) and viral vector (ChAdOx1 nCov-2019) vaccines, a heterologous boost with protein-based NVX-CoV2373 elicits more potent ancestral strain and omicron-specific antibody responses compared to homologous and heterologous inactivated and viral vector boosts. While mRNA vaccines likely yield similar performance to protein-based heterologous booster doses, the latter offers notable advantages to countries with high uptake of inactivated and viral vector vaccines in terms of transportation and storage logistics and can potentially appeal to vaccine-hesitant individuals. Inactivated and viral vector recipients' vaccine-mediated protection may be optimized with the use of a heterologous protein-based booster such as NVX-CoV2373. [\[Full text\]](#)



ASEAN Travel Advisories (new update/s)

as of 30 June 2023

ASEAN Country	Published	Foreign travelers allowed	COVID-19 vaccination requirement	Required COVID-19 testing for fully vaccinated	Required COVID-19 testing for NOT fully vaccinated	Quarantine upon arrival	Health insurance requirement	Arrival health declaration/ registration/ documents
Brunei Darussalam	December 1, 2022	Yes	No	No	No	No	No	No
Cambodia	October 6, 2022	Yes	No	No	No	No	No	No
Indonesia	June 10, 2023	Yes	No	No	No	No	No	No
Laos	December 29, 2022	Yes	No	No	No	No	No	No
Malaysia	August 2, 2022	Yes	No	No	No	No	No	No
Myanmar	April 3, 2023	Yes	Yes – printed fully vaccinated* for 12 years old and above.	Passengers are subject to medical screening and could be subject to a test upon arrival.	Printed negative COVID-19 RT-PCR test result in English, issued at most 48 hours before arrival.	No	Printed COVID-19 medical insurance.	Passengers must present a Health Declaration Form upon arrival.
Philippines	March 30, 2023	Yes	Yes – fully vaccinated* with booster dose certificate for 15 years old and above.	No	Yes – COVID-19 rapid antigen test upon arrival.	No	No	Traveler is required to download and register an E-arrival card at most 3 days before departure for those without a visa.
Singapore	February 13, 2023	Yes	No	No	No	No	No	No
Thailand	March 1, 2023	Yes	No	No	No	No	No	No
Vietnam	May 16, 2022	Yes	No	No	No	No	No	No

- Reference: [IATA Travel Centre](#)
- *Fully vaccinated – at least 14 or 15 days from 2nd dose for a two-dose vaccine or 14 or 15 days from a single-dose vaccine upon arrival.



Cases and Deaths as of 30 June 2023

- As of 30 June 2023 (1PM, GMT+7), worldwide, there were **690,919,549** confirmed cases, including **6,895,407** deaths. Globally, Case Fatality Rate (CFR) was **1.0%**.
- 36,250,596 confirmed cases** of COVID-19 have been reported in the **ASEAN Region**.
- The Case Fatality Rate in the **ASEAN Region** was **1.02%**.

COVID-19 cases in ASEAN region

REGION	COUNTRY	FIRST CONFIRMED CASES	LATEST REPORT ON CONFIRMED	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTED	FULLY VACCINATED PER 100
ASEAN REGION	Brunei Darussalam	10-Mar-20	14-Jun-23	308,777	-	225	-	65,703	451,032	446,630	340,379	95.0
	Cambodia	27-Jan-20	30-Jun-23	138,915	16	3,056	-	793	15,290,443	14,663,743	10,663,964	83.7
	Indonesia	02-Mar-20	30-Jun-23	6,812,085	96	161,871	-	2,518	203,864,604	174,929,596	69,046,685	64.7
	Lao PDR	24-Mar-20	30-Jun-23	218,474	9	758	-	2,884	6,324,678	5,691,962	2,451,034	75.1
	Malaysia	25-Jan-20	26-Jun-23	5,114,717	-	37,127	-	15,632	28,135,435	27,548,521	16,337,475	84.2
	Myanmar	23-Mar-20	13-Jun-23	639,740	-	19,494	-	1,134	40,354,937	35,196,377	13,903,599	62.4
	Philippines	30-Jan-20	29-Jun-23	4,164,360	-	66,484	1	3,815	82,684,774	79,164,840	24,178,325	72.5
	Singapore	23-Jan-20	02-Jun-23	2,481,404	-	1,727	-	42,489	5,285,826	5,247,569	4,756,481	89.9
	Thailand	13-Jan-20	26-Jun-23	4,751,563	-	34,328	-	6,789	530,319,167	483,019,678	227,002,613	78.9
	Vietnam	23-Jan-20	30-Jun-23	11,620,561	79	43,206	-	11,355	90,270,583	85,958,364	57,958,886	84.0
ASEAN COUNTRIES				36,250,596	200	368,276	1	153,113	530,319,012	483,019,076	226,998,643	

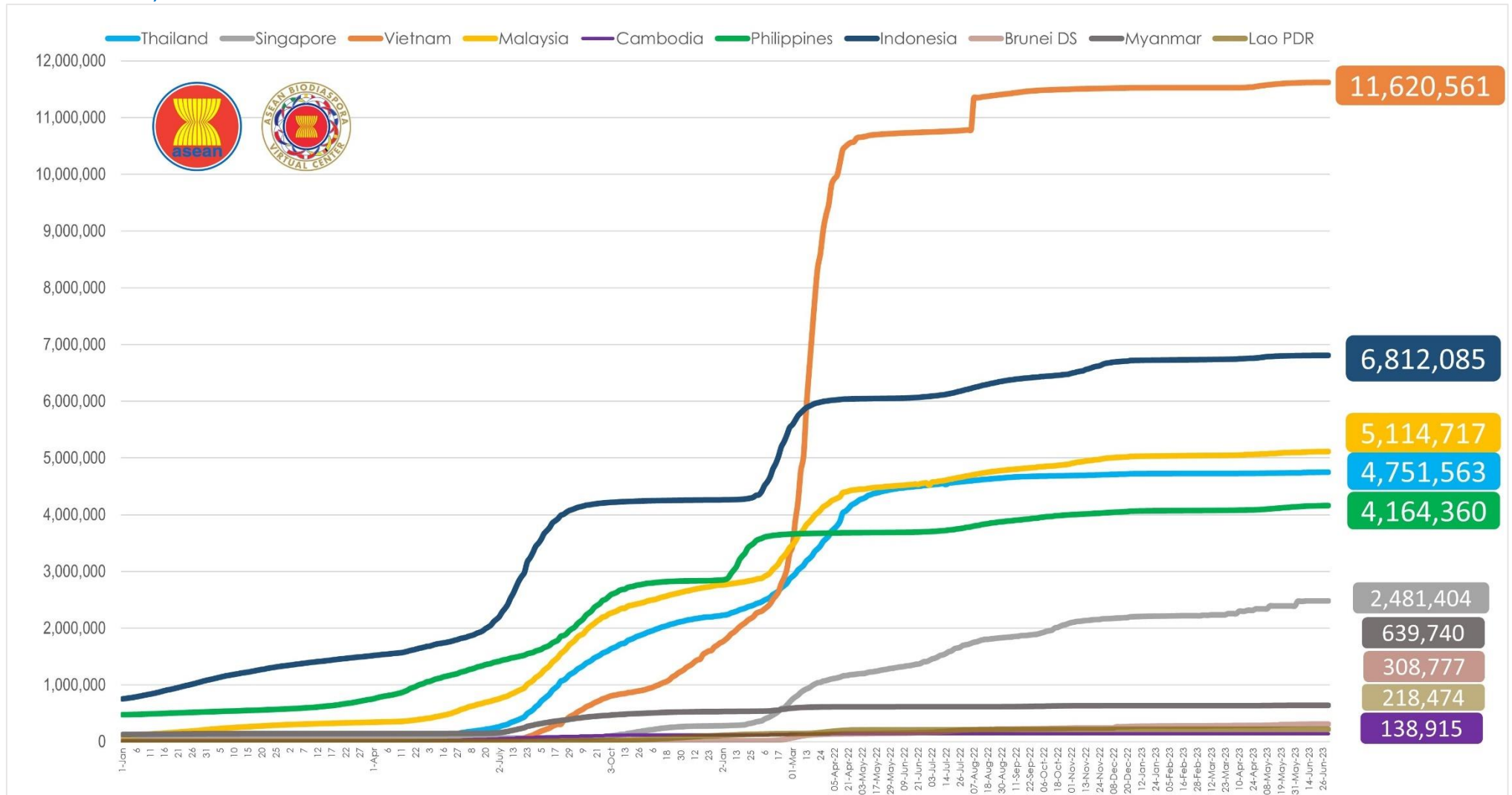
REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS
ASIA	196,398,059	149	1,208,231	1
AFRICA	12,830,576		258,804	
AMERICAS	195,795,920		2,994,659	
EUROPE	249,644,398	40	2,065,437	133
TOTAL	654,668,953	189	6,527,131	134

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



COVID-19 Epi curve among ASEAN Countries

From January 1, 2022, to June 30, 2023



Cumulative cases of COVID-19 in the ASEAN Region as of June 30, 2023 (Report generated by ASEAN Biodiaspora Virtual Center)

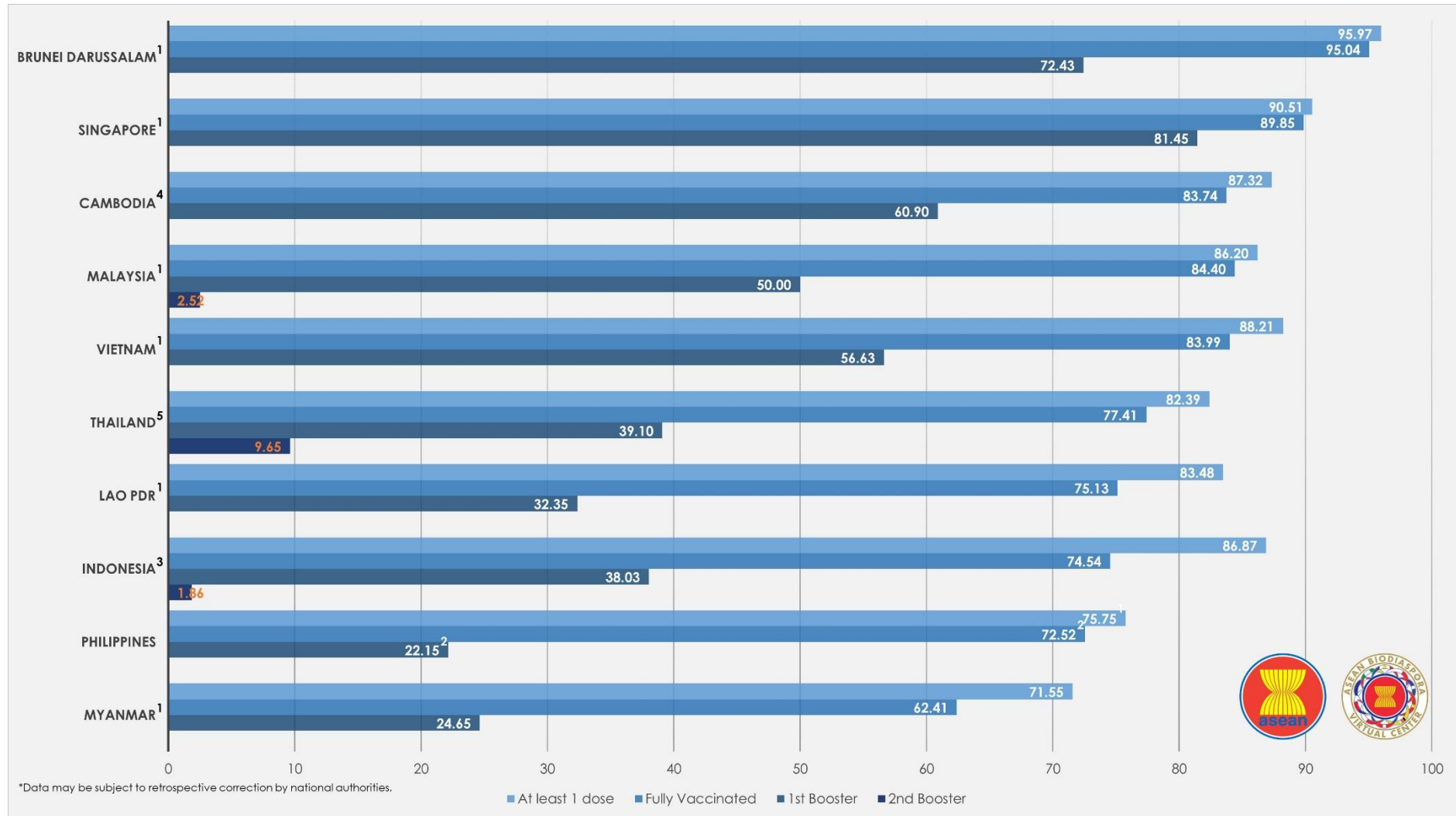
*Data from various references, cases may differ from how data is reported in countries and other authorities. Data may be subject to retrospective correction by national authorities.

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



COVID-19 Vaccination Status in ASEAN

as of 30 June 2023



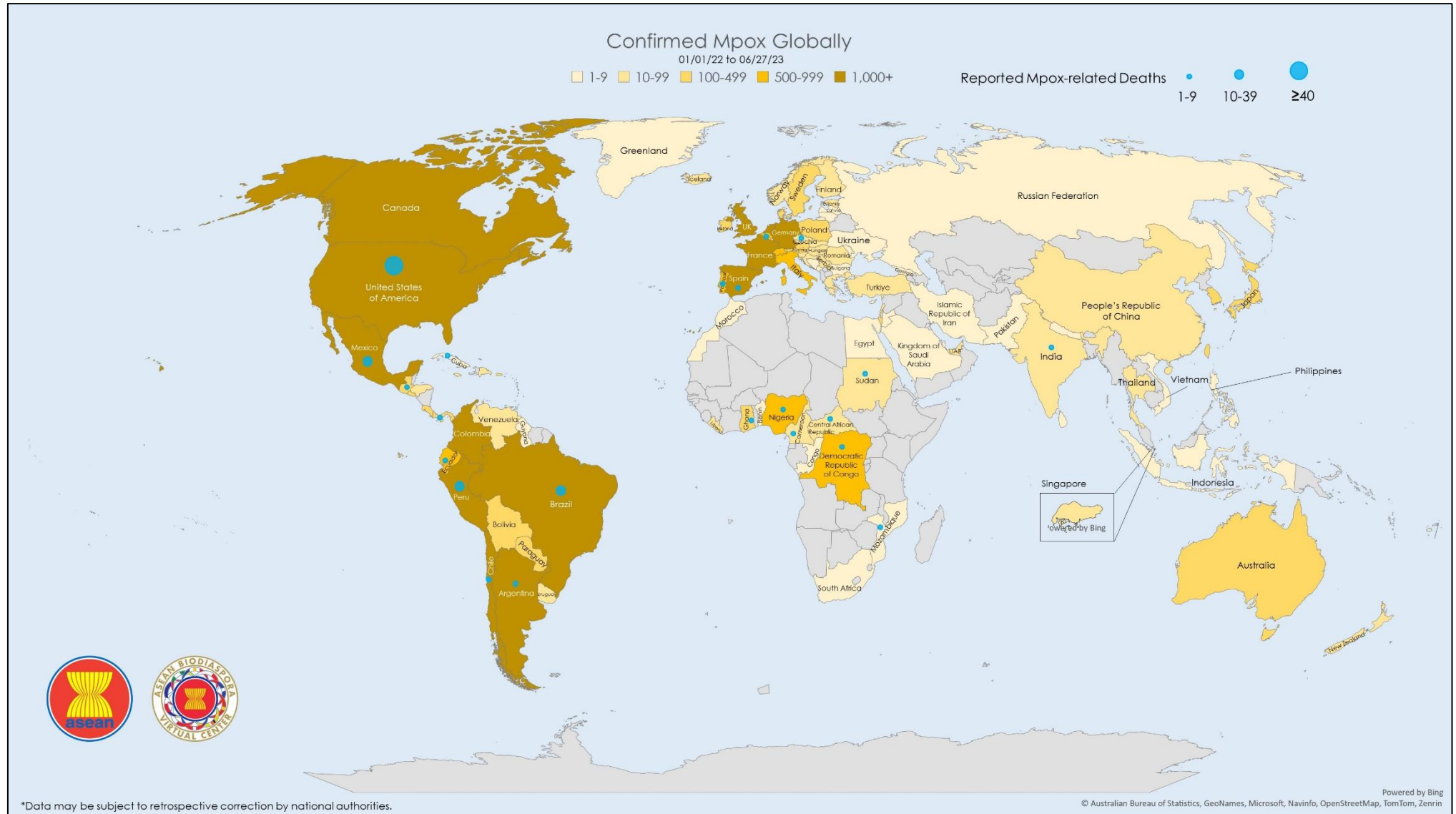
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5. Ministry of Public Health Thailand, COVID-19 Vaccination Infographic, accessed June 23, 2023, <https://dashboard-vaccine.moph.go.th/>





Mpox Cases Reported Globally

as of June 30, 2023

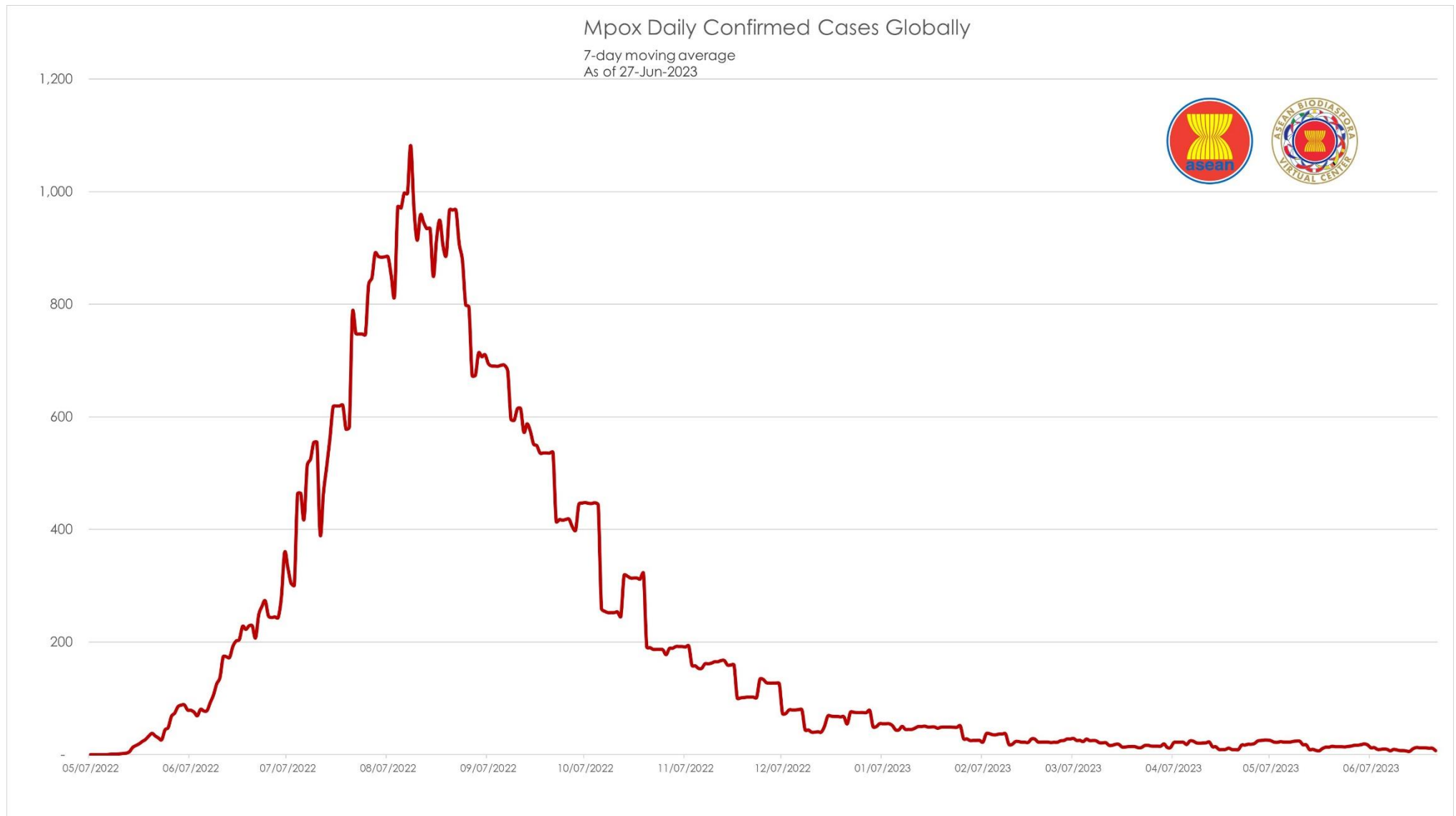


*Data may be subject to retrospective correction by national authorities.
 Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, accessed June 30, 2022, <https://ourworldindata.org/monkeypox>.



Mpox Daily Trend Globally

as of June 30, 2023



Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, accessed June 30, 2022, <https://ourworldindata.org/monkeypox>.



Mpox: Highlights and Situation Overview

- As of 30 June 2023 (1PM, GMT+7), there were **88,060** confirmed cases worldwide, including **147** deaths. Globally, the Case Fatality Rate (CFR) was **0.17%**.
- 89 confirmed cases** in the ASEAN region, with a CFR of **0%**.
- 87,971 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	56	-	-	0.00%
Vietnam	2	-	-	0.00%
ASEAN Total	89	-	-	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	185	4	-	0.00%
Nepal	1	-	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	41	-	-	0.00%
People's Republic of China*	14	3	-	0.00%
The Republic of China*	180	31	-	0.00%
The Republic of Korea*	117	13	-	0.00%
Sri Lanka	4	-	-	0.00%
Asia-Pacific Total	710	51	1	0.14%

*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	30,267	31	42	0.14%
Brazil	10,950	-	16	0.15%
Spain	7,559	-	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	1,776	1	22	1.24%
AMERICAS	59,515	65	117	0.20%
ASEAN	89	-	-	0.00%
ASIA PACIFIC	646	64	1	0.15%
EUROPE	25,643	2	7	0.03%
MIDDLE EAST	327	-	-	0.00%
TOTAL	88,060	132	147	0.17%

Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, accessed June 30, 2022, <https://ourworldindata.org/monkeypox>.



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