

COVID-19 and Mpox Situational Report in the ASEAN Region

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COVID-19: Highlights and Situation Overview

Global Update

- Worldwide, there have been over 662 million cases and over 6 million deaths attributed to COVID-19.
- UK: A new COVID-19 variant, CH.1.1, has been detected in several countries and is causing concern as it appears to be spreading rapidly. CH.1.1 has mutations including P681R — which was also on the Delta variant — and is thought to make it better attack cells and cause more severe illness.⁸ Scientists have also spotted R346T, which is thought to help the strain fight-off antibodies that were generated in response to vaccination or previous infection.⁸ It has been detected in 66 countries including the USA, Thailand, India, China, and Australia as well as the UK.⁸ According to the UK Health Security Agency, XBB.1.5 and CH.1.1 now make up 40% of all COVID-19 cases in the UK.8 Data from the Sanger Institute, one of the UK's largest surveillance sites tasked with analyzing strains circulating in the UK, shows CH.1.1 has accounted for 36.1% of all COVID-19 tests analyzed in England on January 14, according to the latest data available.⁸ The report also suggested that it now accounts for 100% of genomic tests of the virus in many regions.⁸ These include East Devon, Darlington, Dover, Redcar and Cleveland, Tendring, Mid Suffolk, North Kesteven, Nottingham, North Warwickshire, Kirklees, Rotherham, and Worcester.⁸ However, it was clarified that Sanger Institute data is only based on hundreds of samples, which means that does not reflect the true picture.⁸ According to data from the Sanger Institute, the Omicron BA.5 sub-variant remained the dominant variant on January 14 and was behind the majority of infections (56.8%).⁸ [Full article]
- **Bermuda:** According to Bermuda's Ministry of Health, two antiviral medicines used against COVID-19, Paxlovid and Molnupiravir, are now available in Bermuda by prescription only.⁹ Paxlovid treatment can be given to those adults and children of 12 years and above, weighing at least 88 pounds or 40kg, who are at high risk for getting very sick from COVID-19 and have mild to moderate symptoms.⁹ Meanwhile, molnupiravir can be given to adults 18 years and older who are at high risk for getting very sick from COVID-19 and do not have access to other COVID-19 outpatient treatment options or other treatment options that are not appropriate for them and who have mild to moderate symptoms.⁹ Health officials advised anyone suspecting they have COVID-19 symptoms to take an at-home test or get tested.⁹ [Full article]

Regional Update

• **Singapore:** When China discontinued its zero-COVID policy in December 2022, numerous countries implemented limits on Chinese visitor arrivals in response to the spike in COVID-19 cases in China, while Singapore chose not to, prompting some criticism.⁴ Although there were numerous cases, experts here determined that there were no new varieties of concern.⁴ The Republic was sure that its healthcare system would not be overburdened because few Chinese visitors needed to be hospitalized, said Minister for Home Affairs and Law K Shanmugam on Sunday (Feb 5).⁴ Singapore will continue to take a "careful and measured" approach to restoring aviation connectivity with China, according to Parliament, and the authorities are considering proposals to operate more flights between the two nations.⁴ [Full article]

Vaccine Update

• Indonesia: Despite the fact that 99% of the Indonesian population has produced antibodies against the virus, the second COVID-19 booster dose is required, according to Syarifah Liza Munira, head of the Health Development Policy Agency of the Health



Ministry.² According to the findings of the third serosurvey, the people with the greatest levels of antibodies were those who had received the booster vaccine dosage.² As a result, the more comprehensive the vaccination that people have gotten, the greater their antibody level and the lower the danger of serious sickness or even death due to COVID-19 infection, she added.² According to her, the COVID-19 vaccines now in use in Indonesia are unable to prevent human-to-human transmission.² [Full article]

Philippines: To minimize future vaccine waste, DOH officer-in-charge Maria Rosario Vergeire urged to the private sector on February 6 not to procure doses of COVID-19 bivalent vaccines.³ According to current law, the private sector is permitted to get second-generation vaccinations targeted against the Omicron variant through national government processes.³ However, Vergeire highlighted that over 26 million COVID-19 vaccinations remain unutilized.³ Around 16 million doses of these unneeded vaccines are in the national storehouse, while 10 million have been given to various local government entities.³ This is in addition to the 24 million doses that have already expired.³ Meanwhile, the DOH anticipates receiving approximately one million doses of bivalent COVID-19 Pfizer vaccines donated by the COVAX facility by the end of March.³ [Full article]

Research Update (Published and peer-reviewed studies)

- Sinusitis is a common condition with various forms and different etiologies. In the era of COVID-19, a large number of studies covered the association between sinusitis and COVID-19, while others reported the impact of COVID-19 on the development of acute invasive fungal rhinosinusitis (AIFR), together with the most commonly associated predisposing factors.⁵ Fungal sinusitis, particularly AIFR, can be life-threatening. It is important to dissect this association and improve current evidence and management.⁵ This literature review, Epidemiological Characteristics, Pathogenesis and Clinical Implications of Sinusitis in the Era of COVID-19: A Narrative Review, highlights the association between COVID-19 and sinusitis based on evidence from the available studies in the literature.⁵ The present study used 96 papers for the review related to epidemiological characteristics, pathogenesis, and the association between sinusitis and COVID-19.⁵ Evidence showed that chronic sinusitis might have a negative impact on COVID-19 outcomes.⁵ On the other hand, COVID-19 can also cause olfactory dysfunction, which is usually temporary.⁵ In addition, several studies indicated the association between COVID-19 and AIFR.⁵ The condition is usually associated with severe morbidities, as affected patients are usually immunocompromised, including those with uncontrolled diabetes, malignancy, immunosuppression, AIDS, the administration of chemotherapy and other immunosuppressive drugs, and COVID-19.5 [Full text]
- Asymptomatic SARS-CoV-2 infections have raised concerns for public health policies to manage epidemics.⁶ This study, Asymptomatic SARS-CoV-2 Infection by Age A Global Systematic Review and Meta-analysis, aimed to estimate the age-specific proportion of asymptomatic SARS-CoV-2 infected persons globally by year of age.⁶ From PubMed, Embase, medRxiv and Google Scholar on September 10, 2020, and March 1, 2021, studies conducted during January to December 2020 were included, before routine vaccination against COVID-19.⁶ The relationship between the asymptomatic proportion and age to be nonlinear was expected thus, multilevel mixed-effects logistic regression (QR decomposition) with a restricted cubic spline was used to model asymptomatic proportions as a function of age.⁶ A total of 38 studies were included in the metaanalysis. In total, 6,556 of 14,850 cases were reported as asymptomatic.⁶ The overall estimate of the proportion of people who became infected with SARS-CoV-2 and remained asymptomatic throughout infection was 44.1% (6,556/14,850, 95% CI: 43.3%– 45.0%).⁶ The predicted asymptomatic proportion peaked in children (36.2%, 95% CI:



26.0%–46.5%) at 13.5 years, gradually decreased by age and was lowest at 90.5 years of age (8.1%, 95% CI: 3.4%–12.7%).⁶ Given the high rates of asymptomatic carriage in adolescents and young adults and their active role in virus transmission in the community, heightened vigilance and public health strategies are needed among these individuals to prevent disease transmission.⁶ [Full text]

Reliable SARS-CoV-2 correlates of protection (COP) are crucial for predicting individuallevel risk of infection, estimating population susceptibility, and assessing future epidemic risks.⁷ However, COP studies are challenging given that blood samples ideally need to be collected close to the time of exposure, which is hard to predict.⁷ Most existing SARS-CoV-2 COP estimates are based on vaccine efficacy trial data, which include frequent blood sampling and strict infection monitoring and are therefore well suited for this purpose.⁷ But these trials were conducted before the circulation of highly immune evasive variants of concern (VOC).⁷ Existing acute fever surveillance platforms could be used to monitor population-level temporal changes in SARS-CoV-2 immune markers, and documented that higher antibody levels were associated with lower risk of SARS-CoV-2 infection.⁷ Routinely collected fever surveillance data analyzed using a prospective test-negative design can generate rapid and VOC-specific immune COP for symptomatic infection.⁷ Between March 22, 2021, and Aug 17, 2022, 2300 patients aged 2 years and older who presented with undifferentiated acute febrile syndromes across two hospitals in the Dominican Republic were enrolled.⁷ Nasopharyngeal swabs and sera collected at the time of enrolment were tested by real-time PCR (rtPCR) for acute SARS-CoV-2 infection.⁷ Using a test negative design that compared antibody levels between VOC sequence-confirmed cases and rtPCR negative non-cases, we modelled the variant-specific risk of infection by total anti-spike antibody level, controlling for a range of covariates associated or potentially associated with SARS-CoV-2 exposure.⁷ Total anti-spike antibody estimates of 17 (95% CI 4–102), 76 (13–955), 631 (6-60 256), 603 (5-24 547), and 1148 (34-20 893) binding antibody units (BAU)/mL were associated with 75% protection against symptomatic infection with B.1.621 (mu), B.1.617.1 (delta), BA.1 (omicron), BA.2, and BA.4/5 variants, respectively, with details including estimates for 50%, 60%, 70%, and 80% protection.⁷ This study, **Tracking immune** correlates of protection for emerging SARSCoV-2 variants, shows a proof of concept for monitoring variant-specific SARSCoV-2 COP using existing surveillance infrastructure in the Dominican Republic.⁷ However, global networks of acute febrile illness, influenza-like illness, and severe acute respiratory illness surveillance sites exist, which could be leveraged to more rapidly and precisely assess emerging COP.⁷ By combining analyses across international surveillance platforms, this approach could provide quick and operationally relevant data to assess population infection risk and guide public health policies for SARS-CoV-2 and, potentially, other emerging pathogens.⁷ [Full text]

Travel Update

• **People's Republic of China/ Hong Kong (SAR):** The border between Hong Kong and China fully reopened on February 6 (Monday). Daily traveler limits and testing requirements were dropped and all boundary checkpoints were opened. Furthermore, the ban on unvaccinated travelers from anywhere in the world has also been lifted.

COVID-19 Cases and Deaths as of 06February 2023

- As of 06 February 2023 (1PM, GMT+7), worldwide, there were 662,216,512 confirmed cases, including 6,757,736 deaths. Globally, Case Fatality Rate (CFR) was 1.2%.
- 35,578,596 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	Brunei Darussalam	10 Mar 20	05-Feb-23	276,067	-	225	-	63,715	450,404	445,929	338,987	99.3
REGION	Cambodia	27 Jan 20	05-Feb-23	138,698	1	3,056	-	841	15,244,858	14,609,937	10,433,215	87.1
	Indonesia	02 Mar 20	05-Feb-23	6,731,135	171	160,832	1	2,487	203,657,535	172,693,321	67,952,274	62.7
	Lao PDR	24 Mar 20	05-Feb-23	217,987	-	758	-	3,040	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	05-Feb-23	5,037,995	211	36,943	-	15,768	28,125,245	27,536,657	17,056,957	81.1
	Myanmar	23 Mar 20	05-Feb-23	633,840	3	19,490	-	1,173	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	05-Feb-23	4,073,826	87	65,851	12	3,768	78,369,243	73,937,435	21,341,197	64.0
	Singapore	23 Jan 20	05-Feb-23	2,215,498	373	1,722	-	38,844	5,161,990	5,120,768	4,440,289	90.8
	Thailand	13 Jan 20	05-Feb-23	4,726,984	-	33,865	-	6,789	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	05-Feb-23	11,526,566	7	43,186	-	11,949	90,450,881	85,848,363	57,452,750	87.4
		ASEAN C	OUNTRIES	35,578,596	853	365,928	13	148,376	519,131,616	466,446,242	213,386,451	

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

COVID-19 cases in Asia-Pacific region

REGION	COUNTRY/ TERRITORY	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
ASIA-	Afghanistan	24-Feb-20	05-Feb-23	208,627	6	7,896	2	548	11,606,705	10,894,509		26.5
PACIFIC	Australia	25-Jan-20	01-Feb-23	11,302,744	-	18,615	-	44,065	22,236,871	21,655,312	19,762,423	82.7
REGION	Bangladesh	08-Mar-20	04-Feb-23	2,037,588	-	29,443	-	1,250	150,629,515	131,182,263	65,897,152	76.6
	Bhutan	05-Mar-20	31-Jan-23	62,605	-	21	-	8,204	699,116	677,669	634,641	86.6
	People's Republic of China*		05-Feb-23	13,054,708	23,383	35,468	0	80,160	1,339,608,531	1,304,575,996	214,031,616	89.7
	Cook Islands	17-Feb-22	03-Feb-23	7,019	-	2	-	32,817	15,084	14,715	10,209	86.4
	Fiji	18-Mar-20	03-Feb-23	68,848	-	883	-	7,736	711,686	640,712	170,632	68.9
	French Polynesia	12-Mar-20	04-Jan-23	77,957	-	649	-	27,913	190,765	186,059	112,237	60.8
	Guam	15-Mar-20	03-Feb-23	60,831	-	416	-	36,362	158,611	144,042		85.5
	India	30-Jan-20	05-Feb-23	44,683,363	113	530,745	-	3,270	1,027,279,394	951,464,506	224,093,416	67.1



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Japan	16-Jan-20	19-Oct-22	21,858,528	-	46,014	-	17,312	104,612,252	103,222,040	169,610,887	83.3
Kiribati	25-Jan-22	31-Jan-23	5,008	-	18	-	4,258	96,184	73,888	23,419	56.3
Maldives	07-Mar-20	31-Jan-23	185,715	-	311	-	34,978	399,151	385,081	167,187	73.5
Marshall Islands	26-Oct-20	31-Jan-23	15,584	-	17	-	26,507	43,310	34,694		44.6
Micronesia	11-Jan-21	21-Jan-23	22,676	-	58	-	19,924	84,729	71,253		69.6
Mongolia	10-Mar-20	03-Feb-23	1,007,874	-	2,179	-	31,250	2,272,965	2,175,617	1,044,337	64.0
Nepal	24-Jan-20	03-Feb-23	1,001,106	-	12,020	-	3,499	27,678,479	24,159,118	8,951,403	79.1
New Caledonia	17-Mar-20	31-Jan-23	79,845	-	314	-	27,743	192,229	184,660	101,849	63.7
New Zealand	28-Feb-20	30-Jan-23	2,182,355	-	3,781	-	44,384	4,300,097	4,138,926	3,523,903	79.8
Niue	03-Sep-21	31-Jan-23	747	-	-	-	34,488	1,636	1,634	1,224	83.7
Northern Mariana Islands	28-Mar-20	03-Feb-23	13,531	-	41	-	23,649	46,567	43,873		84.6
Pakistan	26-Feb-20	05-Feb-23	1,576,379	17	30,640	-	728	154,665,740	131,368,973	49,551,181	55.7
Palau	31-May-21	21-Jan-23	5,986	-	9	-	33,241	20,750	18,497		85.9
Papua New Guinea	21-Mar-20	01-Feb-23	46,750	-	670	-	533	369,998	310,717	32,384	3.1
Samoa	18-Nov-20	30-Jan-23	16,087	-	29	-	8,162	191,171	177,741	79,360	79.9
Solomon Islands	03-Oct-20	24-Nov-22	24,575	-	153	-	3,669	343,821	254,352	27,783	35.1
Republic of Korea**	20-Jan-20	05-Feb-23	30,257,411	14,018	33,596	16	58,515	44,867,046	44,448,105	41,325,954	85.8
Sri Lanka	27-Jan-20	04-Feb-23	672,000	-	16,828	-	3,082	17,143,761	14,752,827	8,220,002	67.6
Timor Leste	21-Mar-20	31-Jan-23	23,415	-	138	-	1,811	878,845	790,466	315,249	58.9
Tonga	05-Nov-21	04-Feb-23	16,779	-	13	-	16,057	91,949	77,464	38,331	72.5
Türkiye	10-Mar-20	12-Dec-22	17,041,315	-	101,487	-	20,426	57,941,051	53,176,961	41,425,329	62.3
Vanuatu	11-Nov-20	06-Jan-23	12,014	-	14	-	4,006	144,824	131,697	16,996	40.3
Wallis et Futuna	17-Oct-20	31-Dec-22	3,427	-	7	-	21,385	7,150	6,803	3,766	58.7
		ASIA PACIFIC	147,633,397	37,537	872,475	18	681,933	2,969,529,983	2,801,441,170	849,172,870	

*ncludes cases from Hong Kong (SAR), Macau (SAR), and Taiwan (Province of China).

**Republic of Korea – South Korea

• 479,004,519 confirmed cases of COVID-19 have been reported in other 4 regions (other than ASEAN and Asia-Pacific

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REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTERED
AFRICA	13,039,535	768	259,476	6	248,772	484,058,451	398,811,838	66,003,692
AMERICAS	192,460,542	1,484	2,953,680	20	1,240,066	835,447,892	731,893,384	495,237,137
EUROPE	250,803,406	13,181	2,066,538	59	2,106,933	569,620,774	541,040,894	383,756,585
MIDDLE EAST	22,701,036	321	239,639	2	215,936	144,725,560	130,012,483	60,203,464
TOTAL	479,004,519	15,754	5,519,333	87	3,811,707	2,033,852,677	1,801,758,599	1,005,200,878

COVID-19 Epi curve among ASEAN Countries:

From January 1, 2022 to February 5, 2023



ASEAN Weekly COVID-19 New Cases and New Deaths

From January 1, 2022 to February 5, 2023



ASEAN COVID-19 Vaccination Status

as of 05 February 2023



ASEAN COVID-19 Outlook Assessment

as of 03 February 2023

ASEAN MEMBER STATE	At least 65% of the total immunity to COVID-19; eith 19 or have been vaccinate a COVID-	population has a level of her recovered from COVID- ed with at least one dose of 19 vaccine.	Case levels are generally low (a 7-day rolling average number of daily new cases that is <10 cases per 100,000, with each day's past-14-day test positivity is consistently <5%).	Government Policy on containment and health (strictness and comprehensiveness in COVID-19 related government policies)	
	% of Total population fully vaccinated / boosted	Population vaccinated/ day (7-day average)	Daily cases/ 100,000	Containment and health index score - Oxford COVID-19 Government Response Tracker (OxCGRT)	
Brunei Darussalam	≥90.0/75.5	Unknown	27.93	31.0/100	
Cambodia	≥90.0/62.2	Unknown	0.01	31.5/100	
Indonesia	66.1/24.7	Unknown	0.08	54.2/100	
Lao PDR	77.3/ND	Unknown	0.05	61.6/100	
Malaysia	84.5/50.3	0%/day	0.85	51.8/100	
Myanmar	52.1/4.1	Unknown	0.006	69.1/100	
Philippines	71.6/18.5	Unknown	0.12	55.4/100	
Singapore	≥90.0/78.8	Unknown	7.47	58.9/100	
Thailand	77.7/44.8	Unknown	0.10	31.5/100	
Vietnam	≥90.0/58.5	Unknown	0.01	43.5/100	

All of the countries have achieved the Population vaccinated/ day (7-day average) except Vietnam.

Mpox (Monkeypox) Cases Reported Globally

as of February 2, 2023





Mpox Daily Trend Globally

as of February 2, 2023





Mpox: Highlights and Situation Overview

- As of 05 February 2023 (1PM, GMT+7), worldwide, there were **91,877** confirmed cases, including **238** deaths. Globally, Case Fatality Rate (CFR) was **0.26%**.
- 43 confirmed cases in the ASEAN region, with CFR of 0%.
- **91,834 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	21	-	-	0.00%
Thailand	13	-	-	0.00%
Vietnam	4	-	-	0.00%
ASEAN Total	43	-	-	0.00%

Mpox cases in Asia-Pacific region

Country/Territory	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Australia	144	-	-	0.00%
Hong Kong (SAR)	1	-	-	0.00%
India	22	-	1	5.00%
Japan	13	-	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	40	-	-	0.00%
People's Republic of China*	9	-	-	0.00%
Republic of Korea	4	-	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	236	-	1	0.42%

*People's Republic of China – including Hongkong (SAR), Macao (SAR), and Taiwan (Province of China)

Top 5 countries with most mpox cases globally

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
United States of America	30,123	-	28	0.09%
Brazil	10,719	-	15	0.14%
Spain	7,527	-	3	0.04%
Democratic Republic of Congo	5,114	-	120	2.35%
France	4,128	-	-	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	6,783	-	161	2.37%
AMERICAS	58,207	-	71	0.12%
ASEAN	43	-	-	0.00%
ASIA PACIFIC	236	-	1	0.43%
EUROPE	26,210	-	5	0.02%
MIDDLE EAST	321	-	-	0.00%
TOTAL	91,877	-	238	0.26%

Global Update

• Hong Kong: On February 4, Hong Kong announced its second Mpox infection, with a 40year-old guy proven to have the disease once known as monkeypox.¹ According to the Centre for Health Protection (CHP), the guy visited Japan between January 14 and 24, and got oral ulcers on January 31, followed by a low-grade fever, headache, rashes, and lymph node swelling.¹ On February 3, he went to Yan Chai Hospital A&E and tested positive for the virus.¹ [Full article]



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