



COVID-19, Mpox, and Travel Advisories

Situational Report in the ASEAN Region

— ASEAN BioDiaspora Virtual Center (ABVC)

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ASEAN BIODIASPORA VIRTUAL CENTER (ABVC)



GLOBAL PARTNERS





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COVID-19: Highlights and Situation Overview

Global Update

- **Worldwide**, there have been over 644 million cases and over 6 million deaths attributed to COVID-19.
- The **World Health Organization's** (WHO) weekly report reported that COVID-19 cases globally remained stable for the second week in a row, with the Americas as the only region that saw a rise in cases. Of nearly 3 million new COVID-19 cases reported to the WHO last week, five countries reporting most of it were Japan, France, South Korea, the United States, and Brazil. In the Americas, Brazil and Peru are among the countries reporting notable rises. The largest proportional rises were in Argentina, Paraguay, and Bolivia. Likewise, deaths have dropped by 17% compared to the previous week, which reflects the decline or stable trends across all six world regions.
- The **US Food and Drug Administration (FDA)** announced on December 8 (Thursday) that it has authorized emergency use of both updated mRNA COVID-19 vaccine boosters in children as young as 6 months old but however emphasizes the exclusion of those who have already received three doses of the Pfizer-BioNTech vaccine. In FDA announcement, children ages 6 months through 5 years who received the Moderna vaccine primary series can receive a single booster of the bivalent vaccine 2 months after completing the last dose. Children ages 6 months through 4 years who have not yet started their three-dose series or have not yet received the third dose in the three-dose series can receive the updated Pfizer booster as their third dose. The FDA also said that the monovalent (single-strain) vaccine is no longer authorized as the third dose of the three-dose series in the age-group.

The U.S. Food and Drug Administration announced in December 9 that bebtelovimab is not currently authorized for emergency use in the U.S. because it is not expected to neutralize Omicron subvariants BQ.1 and BQ.1.1., according to data included in the Health Care Provider Fact Sheet.² Given that a COVID-19 infection is likely to be caused by a non-susceptible SARS-CoV-2 variant, and consistent with the terms and conditions of the Letter of Authorization, bebtelovimab is not currently authorized for emergency use in any U.S. region at this time.² Eli Lilly and its authorized distributors have paused commercial distribution of bebtelovimab until further notice by the Agency.² [\[Full Article\]](#)

- The **Hong Kong** government said on December 8 (Thursday) that the isolation period for COVID-19 patients and their close contacts will be reduced from seven days to five. Current social distancing measures, including mandatory masks and the use of a contact tracing app in public buildings, bars and restaurants, will remain until December 28. Hong Kong reported 14,373 new COVID-19 infections on Thursday, and the highest number since late March 2022.

Research Update (Published and peer-reviewed studies)

- A SARS-CoV-2 vaccine booster dose has been recommended for all nursing home residents. This cohort study, **Infections, Hospitalizations, and Deaths Among US Nursing Home Residents With vs Without a SARS-CoV-2 Vaccine Booster**, presents data on the effectiveness of an mRNA vaccine booster in preventing infection, hospitalization, and death in this vulnerable population.³ Data from 2 large multistate US nursing home systems: Genesis HealthCare, a community nursing home operator (system 1) and Veterans Health Administration community living centers (VHA CLCs; system 2) from a cohort of long-term (100 days) nursing home residents who completed a 2-dose series of an mRNA vaccine and were eligible for a booster dose between September 22 and



November 30, 2021 were evaluated.³ Receipt of a third mRNA vaccine dose, defined as a booster dose (boosted group), or nonreceipt of a booster dose (unboosted group) on an eligible target trial date.³ Test-confirmed SARS-CoV-2 infection, hospitalization, or death was followed up to 12 weeks after booster vaccination.³ Estimated vaccine effectiveness for death associated with SARS-CoV-2 was 87.9% (95% CI, 75.9%-93.9%) in system 1; however, although a reduction in death was observed in system 2 (46.6%; 95% CI, -34.6% to 94.8%), this reduction was not statistically significant.³ A total of 45 SARS-CoV-2-associated deaths occurred in system 1 and 18 deaths occurred in system 2.³ For the combined end point of SARS-CoV-2-associated hospitalization or death, boosted residents in system 1 had an 80.3% (95% CI, 65.7%-88.5%) reduction, and boosted residents in system 2 had a 63.8% (95% CI, 41.4%-76.1%) reduction.³ [\[Full Text\]](#)

- Diabetes and blood glucose control are determinants of COVID19 intensive care unit admission and mortality.⁴ This study, **Association of Glucose-Lowering Drugs With Outcomes in Patients With Diabetes Before Hospitalization for COVID-19 A Systematic Review and Network Meta-analysis**, evaluated the association between COVID-19-related adverse outcomes and 8 antihyperglycemic drugs in patients with diabetes who were subsequently diagnosed and hospitalized with COVID-19.⁴ For this systematic review and network meta-analysis, randomized clinical trials and observational studies conducted among patients with diabetes while receiving glucose lowering therapies for at least 14 days before the confirmation of COVID-19 infection were included.⁴ Of 1802 studies initially identified, 31 observational studies were included in the analysis after meeting the criteria for further analysis.⁴ The sodium-glucose cotransporter-2 inhibitors (SGLT-2is) were associated with relatively lower risks of adverse outcomes compared with insulin (log of odds ratio [logOR], 0.91; 95% credible interval [CrI], 0.57-1.26), dipeptidyl peptidase-4 inhibitors (logOR, 0.61; 95% CrI, 0.28-0.93), secretagogues (logOR, 0.37; 95% CrI, 0.02-0.72), and glucosidase inhibitors (logOR, 0.50; 95% CrI, 0.00-1.01).⁴ Based on the surface under the cumulative ranking curves value, SGLT-2is were associated with the lowest probability for adverse outcomes (6%), followed by glucagon-like peptide-1 receptor agonists (25%) and metformin (28%).⁴ A sensitivity analysis revealed that the study was reliable.⁴ [\[Full Text\]](#)
- In this cross-sectional study, **Race and Ethnicity and Sex Variation in COVID-19 Mortality Risks Among Adults Experiencing Homelessness in Los Angeles County, California**, age-standardized mortality rate ratios for people experiencing homelessness (PEH) vs the general population overall and by sex and race and ethnicity is presented.⁵ The study population included 25,441 deaths among an estimated 6,382,402 general population individuals and 256 deaths among an estimated 52,015 PEH.⁵ The race and ethnicity of the PEH sample was as follows: 15,539 Black (29.9%), 18,057 Hispanic (34.7%), 14,871 female (28.6%), 37,007 male (71.3%), and 3,380 aged 65 years or older (6.5%), compared with the estimated general population of 6,382,402, which was 591,003 Black (9.3%), 2,854,842 Hispanic (44.7%), 3,329,765 female (52.2%), 3,052,637 male (47.8%), and 1,190,979 aged 65 years or older (18.7%).⁵ Crude death rates were 0.49% for PEH and 0.40% for the general population, but PEH experienced age-specific COVID-19 mortality risk 2.35 (95% CI, 2.08-2.66) times higher than the general population.⁵ There was significant risk associated with PEH status compared with their counterparts in the general population for Black PEH (RR, 1.69; 95% CI, 1.31-2.18), Hispanic PEH (RR, 2.34; 95% CI, 1.96-2.79), White PEH (RR, 8.33; 95% CI, 6.37-10.88), female PEH (RR, 3.39; 95% CI, 2.56-4.48), and male PEH (RR, 1.74; 95% CI, 1.52-2.00).⁵ [\[Full Text\]](#)

Travel Update

- **Hong Kong** requires arrivals to Hong Kong to undergo daily rapid antigen tests which would similarly be reduced from seven to five days. Travellers, however, should undergo a PCR test during the arrival day and on their third day. Macao authorities also



announced it relaxed its COVID-19 test requirements for arrivals from China. Those entering Macau from the adjoining Chinese city of Zhuhai will only be required to show a 24-hour COVID-19 negative result.



ASEAN Travel Advisories (new update/s)

as of 09 December 2022

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	November 29, 21022	Yes	No	No	No	No	No	No
Cambodia	October 6, 2022	Yes	No	No	No	No	No	No
Indonesia	December 7, 2022	Yes	Yes – fully vaccinated* certificate for 18 years old and above.	No, but may be subject to RT-PCR upon arrival	Foreign travelers who are not fully vaccinated may not be allowed to enter Indonesia or may be subjected to RT-PCR test upon arrival	No	No	Traveler is required to download and register at PeduliLindungi app before departure.
Laos	October 25, 2022	Yes	Yes – fully vaccinated* certificate.	No	Yes – Negative rapid antigen test within 48 hours before departure.	No	No	No
Malaysia	August 2, 2022	Yes	No	No	No	No	No	No
Myanmar	December 1, 2022	Yes	Yes – fully vaccinated* certificate for 12 years old and above.	Yes – printed negative COVID-19 antigen test result for 12 years old and above taken within 48 hours before arrival.	Foreign travelers who are not fully vaccinated are not allowed to enter or transit Myanmar.	No	Required to obtain Myanmar Insurance	No
Philippines	December 1, 2022	Yes	Yes – fully vaccinated* with booster dose certificate for 15 years old and above.	No	Yes – COVID-19 rapid antigen test taken at most 24 hours before departure or subject to a rapid test upon arrival.	No	No	Traveler is required to download and register at E-arrival card at most 3 days before departure for those without visa.
Singapore	September 27, 2022	Yes	Yes – fully vaccinated* certificate vaccination	No	Yes – Negative COVID-19 test within 48 hours before departure for	No	No	Traveler is required to download and register at SG Arrival Card app before departure.



			status on the HealthHub app or TraceTogether app or acceptance letter issued by the Safe Travel Office (STO) or SGAC acknowledgm ent email.	travelers born on or before December 31, 2009.					
Thailand	October 1, 2022	Yes	No	No	No	No	No	No	No
Vietnam	May 16, 2022	Yes	No	No	No	No	No	No	No

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



COVID-19 Cases and Deaths as of 09 December 2022

- As of 09 December 2022 (2PM, GMT+8), worldwide, there were **644,825,617** confirmed cases, including **6,657,793** deaths. Globally, Case Fatality Rate (CFR) was **1.2%**.
- 35,378,397 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	08-Dec-22	241,044	-	225	-	55,632	450,404	445,929	338,987	99.3
	Cambodia	27 Jan 20	08-Dec-22	138,202	14	3,056	-	838	15,226,312	14,590,810	10,358,897	87.0
	Indonesia	02 Mar 20	08-Dec-22	6,692,509	2,977	160,139	27	2,473	203,715,848	174,119,714	66,624,569	63.2
	Lao PDR	24 Mar 20	08-Dec-22	217,026	38	758	-	3,027	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	08-Dec-22	5,006,855	1,616	36,742	4	15,671	28,116,477	27,527,496	16,868,056	81.1
	Myanmar	23 Mar 20	08-Dec-22	633,381	40	19,488	-	1,172	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	08-Dec-22	4,045,358	1,358	64,820	26	3,742	78,196,194	73,738,568	20,946,059	63.8
	Singapore	23 Jan 20	08-Dec-22	2,172,955	1,349	1,707	1	38,098	5,156,279	5,113,405	4,440,289	90.7
	Thailand	13 Jan 20	08-Dec-22	4,711,528	-	33,285	-	6,767	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	08-Dec-22	11,519,539	528	43,178	-	11,942	90,156,999	84,690,714	56,988,856	86.3
ASEAN COUNTRIES				35,378,397	7,920	363,398	58	139,362	518,689,973	466,480,468	210,936,495	

*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-PACIFIC REGION	Afghanistan	24-Feb-20	08-Dec-22	206,465	51	7,839	2	543	11,320,910	10,615,628		25.8
	Australia	25-Jan-20	07-Dec-22	10,750,748	-	16,224	-	41,913	22,236,983	21,656,235	19,567,150	82.7
	Bangladesh	08-Mar-20	08-Dec-22	2,036,730	13	29,436	-	1,249	149,137,256	125,670,627	60,611,619	73.4
	Bhutan	05-Mar-20	06-Dec-22	62,512	-	21	-	8,192	699,116	677,669	634,641	86.6
	People's Republic of China*		08-Dec-22	10,986,131	33,749	30,717	0	65,448	1,333,997,555	1,300,802,788	209,884,069	89.0
	Cook Islands	17-Feb-22	14-Sep-22	6,389	-	1	-	29,872	15,084	14,715	10,209	86.4
	Fiji	18-Mar-20	04-Dec-22	68,451	-	878	-	7,692	711,429	640,282	169,174	68.9
	French Polynesia	12-Mar-20	07-Dec-22	77,275	-	649	-	27,669	190,765	186,059	112,237	60.8
	Guam	15-Mar-20	05-Dec-22	59,460	-	409	-	35,542	157,961	143,409		85.1
	India	30-Jan-20	08-Dec-22	44,674,190	241	530,647	9	3,269	1,027,071,309	950,851,902	221,576,933	67.1



Japan	16-Jan-20	19-Oct-22	21,858,528	-	46,014	-	17,312	104,445,211	103,018,268	147,240,699	83.1
Kiribati	25-Jan-22	25-Jul-22	3,430	-	13	-	2,917	96,184	73,888	23,419	56.3
Maldives	07-Mar-20	06-Dec-22	185,632	-	311	-	34,962	399,146	385,076	167,176	73.5
Marshall Islands	26-Oct-20	26-Nov-22	15,541	-	17	-	26,434	42,920	34,305		44.1
Micronesia	11-Jan-21	31-Oct-22	22,203	-	55	-	19,508	83,455	69,808		68.2
Mongolia	10-Mar-20	07-Dec-22	993,779	-	2,179	-	30,813	2,272,965	2,175,617	1,044,337	64.0
Nepal	24-Jan-20	08-Dec-22	1,000,924	3	12,019	-	3,499	27,398,529	23,857,858	8,674,375	78.1
New Caledonia	17-Mar-20	06-Dec-22	77,127	-	314	-	26,799	191,672	184,136	94,041	63.5
New Zealand	28-Feb-20	05-Dec-22	1,979,614	-	3,337	-	40,261	4,299,152	4,137,155	3,479,861	79.8
Niue	03-Sep-21	07-Dec-22	187	-	-	-	8,633	1,255	1,227	1,153	62.9
Northern Mariana Islands	28-Mar-20	07-Dec-22	13,227	-	41	-	23,118	46,340	43,770		84.4
Pakistan	26-Feb-20	08-Dec-22	1,575,407	52	30,634	2	727	139,642,573	132,312,946	48,880,692	56.1
Palau	31-May-21	06-Dec-22	5,896	-	7	-	32,741	20,699	18,445		85.7
Papua New Guinea	21-Mar-20	07-Dec-22	46,247	-	668	-	527	364,894	304,687	30,676	3.0
Samoa	18-Nov-20	25-Nov-22	15,967	-	29	-	8,101	231,546	215,077	79,061	96.7
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	08-Dec-22	27,595,642	62,711	30,959	67	53,367	45,133,068	44,703,372	41,319,519	86.3
Sri Lanka	27-Jan-20	08-Dec-22	671,742	23	16,807	1	3,081	17,143,761	14,752,827	8,220,002	67.6
Timor Leste	21-Mar-20	08-Dec-22	23,360	5	138	-	1,806	872,617	779,475	291,233	58.1
Tonga	05-Nov-21	06-Sep-22	16,182	-	12	-	15,486	91,949	77,464	38,331	72.5
Türkiye	10-Mar-20	23-Nov-22	17,004,130	-	101,395	-	20,381	57,941,051	53,176,961	41,425,329	62.3
Vanuatu	11-Nov-20	02-Nov-22	11,952	-	14	-	3,986	144,824	131,697	16,996	40.3
Wallis et Futuna	17-Oct-20	28-Jul-22	761	-	7	-	4,749	7,136	6,794	3,742	58.6
ASIA PACIFIC			142,070,404	96,848	861,944	81	604,266	2,946,753,136	2,791,974,519	813,624,457	

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

** Republic of Korea – South Korea

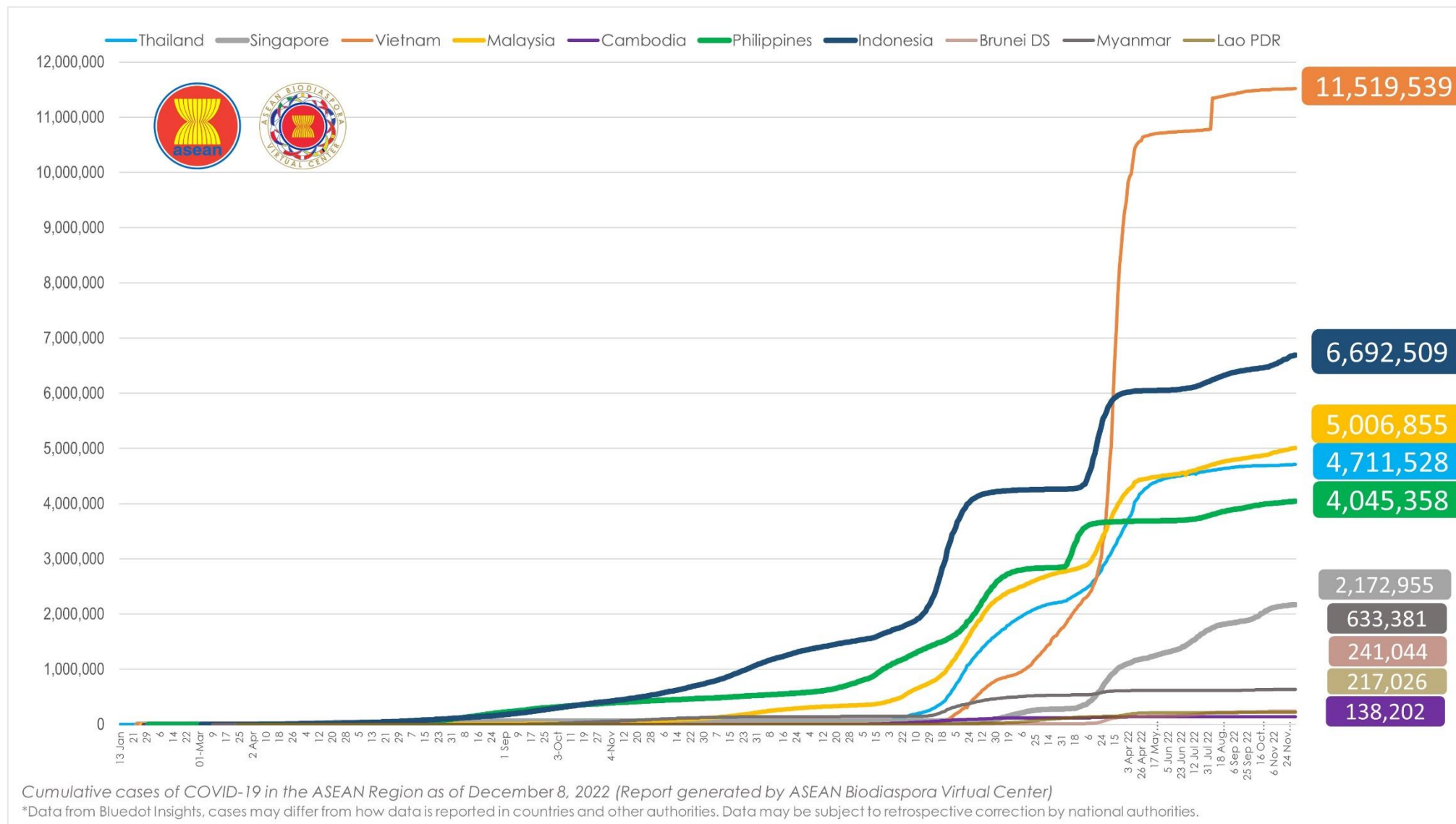
- **467,376,816 confirmed cases** of COVID-19 have been reported in other **4 regions** (other than ASEAN and Asia-Pacific countries):

REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTED
AFRICA	12,982,408	1,172	259,111	-	246,566	456,796,189	371,422,236	59,667,116
AMERICAS	186,223,508	18,131	2,910,567	122	1,217,478	832,696,912	732,334,233	485,149,309
EUROPE	245,559,956	113,716	2,024,080	427	2,070,833	568,567,704	539,554,930	375,652,365
MIDDLE EAST	22,610,944	721	238,693	5	214,544	144,506,578	129,815,699	59,956,888
TOTAL	467,376,816	133,740	5,432,451	554	3,749,421	2,002,567,383	1,773,127,098	980,425,678



COVID-19 Epi curve among ASEAN Countries

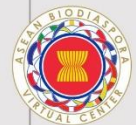
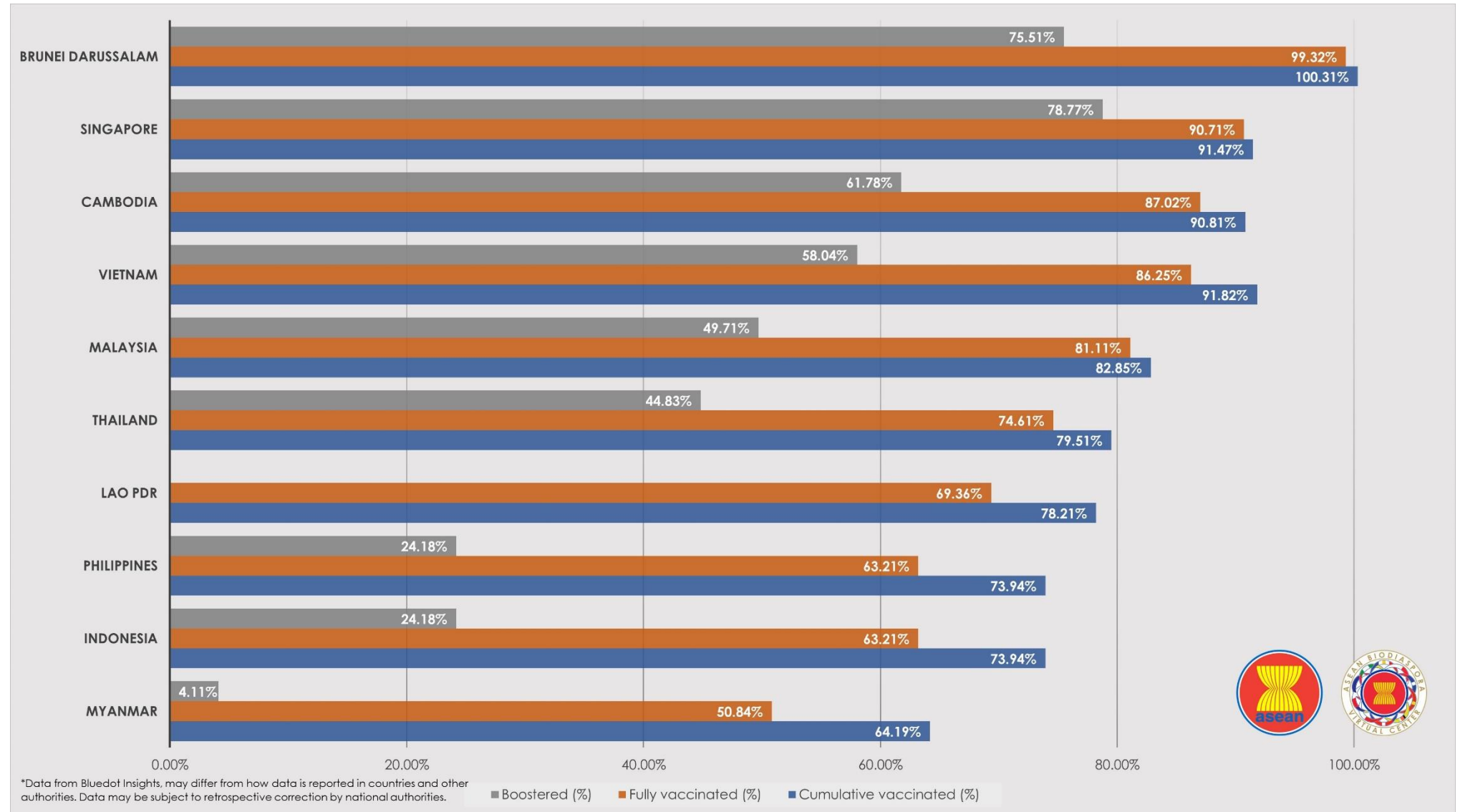
From January 1, 2021 to December 8, 2022





COVID-19 Vaccination Status in ASEAN

as of 08 December 2022





ASEAN COVID-19 Outlook Assessment

as of 07 November 2022

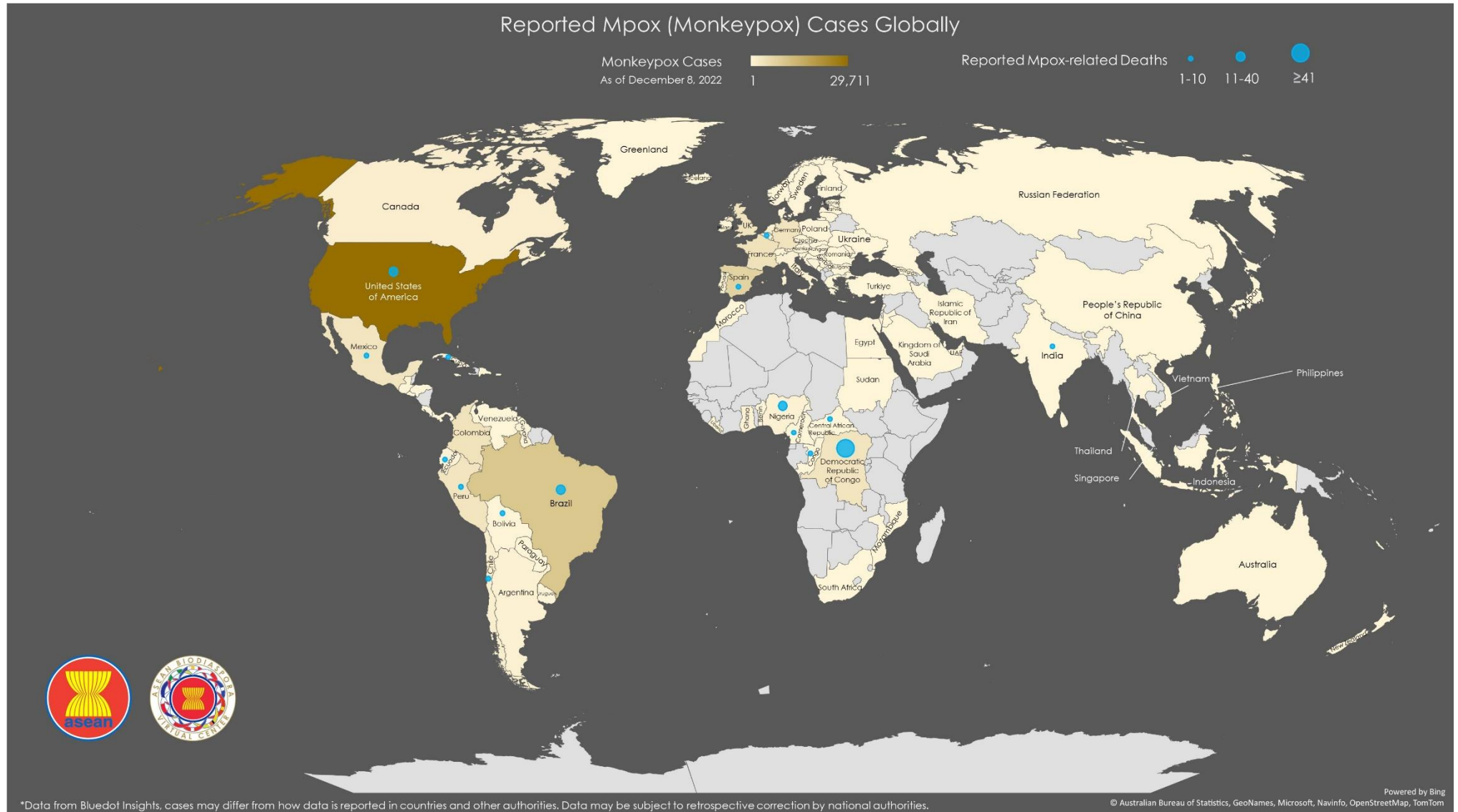
 ASEAN MEMBER STATE	<p>At least 65% of the total population has a level of immunity to COVID-19; either recovered from COVID-19 or have been vaccinated with at least one dose of a COVID-19 vaccine.</p> <p>Case levels are generally low (a 7-day rolling average number of daily new cases that is <10 cases per 100,000, with each day's past-14-day test positivity is consistently <5%).</p> <p>Government Policy on containment and health (strictness and comprehensiveness in COVID-19 related government policies)</p>			
	% 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	0.00	31.0/100
Cambodia	≥90.0/61.8	Unknown	0.08	31.5/100
Indonesia	66.7/24.2	Unknown	1.42	54.2/100
Lao PDR	77.3/ND	Unknown	0.52	61.6/100
Malaysia	84.5/49.7	0%/day	5.13	51.8/100
Myanmar	52.1/4.1	Unknown	0.03	69.1/100
Philippines	71.4/18.1	Unknown	0.98	55.4/100
Singapore	≥90.0/78.8	0%/day	21.25	58.9/100
Thailand	77.7/44.8	Unknown	0.88	31.5/100
Vietnam	≥90.0/58.0	Unknown	0.46	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 December 8, 2022





Mpox: Highlights and Situation Overview

- As of 09 December 2022 (2PM, GMT+8), worldwide, there were **87,400** confirmed cases, including **213** deaths. Globally, Case Fatality Rate (CFR) was **0.24%**.
- 40 confirmed cases** in the ASEAN region, with CFR of **0%**.
- 87,360 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	19	-	-	0.00%
Thailand	12	-	-	0.00%
Vietnam	4	-	-	0.00%
ASEAN Total	40	-	-	0.00%

Mpox cases in Asia-Pacific region

Country/Territory	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Australia	143	-	-	0.00%
Hong Kong (SAR)	1	-	-	0.00%
India	19**	-	1	5.00%
Japan	7	-	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	39	3	-	0.00%
People's Republic of China*	9	-	-	0.00%
Republic of Korea	4	-	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	225	3	1	0.45%

*People's Republic of China – Hong Kong (SAR), Macau (SAR), and Taiwan (Province of China),

**Cases adjusted

Top 5 countries with most mpox cases globally

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
United States of America	29,711	81	20	0.07%
Brazil	10,087	-	14	0.14%
Spain	7,408	-	3	0.04%
France	4,110	-	-	0.00%
Colombia	3,861	-	-	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	5,136	57	160	3.12%
AMERICAS	55,727	290	47	0.08%
ASEAN	40	-	-	0.00%
ASIA PACIFIC	225	-	1	0.44%
EUROPE	25,953	-	4	0.02%
MIDDLE EAST	319	-	-	0.00%
TOTAL	87,400	347	213	0.24%

Vaccine Update

- As of October 28, 2022, a total of 28,244 monkeypox (mpox) cases have been reported in the United States during an outbreak that has disproportionately affected gay, bisexual, and other men who have sex with men (MSM).¹ JYNNEOS vaccine (Modified Vaccinia Ankara vaccine, Bavarian Nordic), administered subcutaneously as a 2-dose (0.5 mL per dose) series (with doses administered 4 weeks apart), was approved by the Food and Drug Administration (FDA) in 2019 to prevent smallpox and mpox disease; an FDA Emergency Use Authorization issued on August 9, 2022, authorized intradermal administration of 0.1 mL per dose, increasing the number of persons who could be vaccinated with the available vaccine supply.¹ Among JYNNEOS vaccine-eligible men aged 18–49 years in 43 U.S. jurisdictions, mpox incidence among unvaccinated persons was 9.6 times as high as that among persons who had received 2 vaccine doses and 7.4 times as high as that among persons who had received only the first dose.¹ Preliminary evidence indicates no difference in protection between subcutaneous and intradermal administration routes.¹ [\[Full Article\]](#)



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