

COVID-19, Mpox, and Travel Advisories Situational Report in the ASEAN Region

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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 662 million cases and over 6 million deaths attributed to COVID-19.
- The World Health Organization (WHO) said today in its weekly update that the pace of COVID-19 activity continues to drop, with deaths also falling at a slower rate. In the past week, the WHO has switched from reporting 7-day trends to reporting 28-day trends to more accurately portray whether COVID-19 activity is increasing or slowing down. Compared to the past 4 weeks, cases declined by 89%, and deaths were down by 8%. The previous 28-day period was dominated by China's surge, which has now shown a steady decline. Cases declined or held steady in all six WHO regions, with the sharpest drop in the Western Pacific and a small decrease in the Eastern Mediterranean. Although deaths have decreased in three regions, it has increased in three other regions including Eastern Mediterranean, Africa, and the Americas. Countries reporting the most cases over the past 28 days include China, Japan, the United States, South Korea, and Brazil, with all five of the countries reporting decreasing activity. The three countries reporting the most deaths were China, Japan, and the United States. [Full report]

WHO's variant update reported that Omicron BA.5 subvariant and its related lineages are still dominant globally, accounting for 53.9% of sequenced samples, down from 74.2% in the previous reporting period. BA.2 and its related subvariants remained stable, but recombinants—mostly XBB.1.5—have increased in proportion, from 8.8% to 24.6%. The WHO said that it is closely tracking four Omicron variants that seem to have a transmission edge or fitness advantage including BF.7, BQ.1, BA.2.75 (which includes CH.1.1), and XBB (which includes XBB.1.5).

• **UK:** The United Kingdom's National Health Service has adjusted its COVID-19 booster policies. After February 12, booster doses will no longer be offered for adults under 50 without underlying health conditions except for those who are at higher risk as recommended by the Joint Committee on Vaccination and Immunization (JCVI). The NHS has been reminding in the past weeks those individuals who never took up the offer of the third dose of vaccine to get vaccinated until February 12. [Full article]

Regional Update

- **Myanmar**'s Ministry of Health this week has reported 17 new cases of COVID-19 Omicron BA.5 and BA.2 subvariants. According to the health ministry, they detected new cases of Omicron subvariants from the people who were tested for COVID-19 on Monday including nine cases of Omicron BA.5 subvariant and eight cases of Omicron BA.2 subvariant. The ministry added that 14 of the cases are imported cases, while the remaining three are local cases.
- **Singapore**'s Ministry of Health has dropped its COVID-19 measures on mask-wearing. Masks will no longer be required to be worn on public transport as authorities lowered the disease outbreak response level to "green" from "yellow", indicating COVID-19 is not threatening. However, masks will still be mandatory in healthcare settings, where there is interaction with patients and in indoor patient-facing areas. According to the Health Minister, the public can also remove its COVID-19 contact-tracing apps, adding that the government will be deleting identifiable data from its servers and database.



Research Update (Published and peer-reviewed studies)

- In September 2022, CDC recommended an updated (bivalent) COVID-19 vaccine booster to help restore waning protection conferred by previous vaccination and broaden protection against emerging variants for persons aged ≥ 12 years.¹ This study, COVID-19 Incidence and Mortality Among Unvaccinated and Vaccinated Persons Aged \geq 12 Years by Receipt of Bivalent Booster Doses and Time Since Vaccination — 24 U.S. Jurisdictions, October 3, 2021-December 24, 2022, assessed the impact of original (monovalent) COVID-19 vaccines and bivalent boosters on case and mortality rate ratios (RRs) by comparing unvaccinated and vaccinated persons aged ≥ 12 years by overall receipt of and by time since booster vaccination (monovalent or bivalent) during Delta variant and Omicron sublineages predominance.¹ Receipt of bivalent booster added protection against infection and death for circulating Omicron BA.4/BA.5 sublineages.¹ When stratifying by time since vaccination, comparisons during the late BA.4/BA.5 period of monovalent and bivalent boosters found that bivalent boosters restored protection against mortality and provided similar protection against infection at 2 weeks through 2 months.¹ Although long-term protection could not yet be assessed, evidence of waning protection against infection 3 months after bivalent booster dose receipt was observed.¹ During the early BA.4/BA.5 period, waning protection against COVID-19-associated death was observed ≥ 6 months after receipt of monovalent boosters, although decreases were not always statistically significant.¹ This report presents evidence of the enhanced protection provided by bivalent COVID-19 boosters compared to monovalent vaccines against infection and death during the BA.4/BA.5 period and are consistent with other VE studies.¹ [Full text]
- The efficacy of a single dose of pegylated interferon lambda in preventing clinical events among outpatients with acute symptomatic COVID-19 is unclear.² This randomized, controlled, adaptive platform trial, Early Treatment with Pegylated Interferon Lambda for COVID-19, involved predominantly vaccinated adults with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in Brazil and Canada.² Outpatients who presented with an acute clinical condition consistent with Covid-19 within 7 days after the onset of symptoms received either pegylated interferon lambda (single subcutaneous injection, 180 µg) or placebo (single injection or oral) and were followed up for hospitalization (or transfer to a tertiary hospital) or an emergency department visit (observation for >6 hours) due to COVID-19 within 28 days after randomization.² A total of 931 patients received pegylated interferon lambda and 1018 were assigned to receive placebo.² Overall, 83% of the patients had been vaccinated, and during the trial, multiple SARS-CoV-2 variants had emerged.² A total of 25 of 931 patients (2.7%) in the interferon group had a primary-outcome event, as compared with 57 of 1018 (5.6%) in the placebo group, a difference of 51% (relative risk, 0.49; 95% Bayesian credible interval, 0.30 to 0.76; posterior probability of superiority to placebo, >99.9%).² Results were generally consistent in analyses of secondary outcomes, including time to hospitalization for COVID-19 (hazard ratio, 0.57; 95% Bayesian credible interval, 0.33 to 0.95) and COVID-19-related hospitalization or death (hazard ratio, 0.59; 95% Bayesian credible interval, 0.35 to 0.97).² The effects were consistent across dominant variants and independent of vaccination status.² Among patients with a high viral load at baseline, those who received pegylated interferon lambda had lower viral loads by day 7 than those who received placebo.² The incidence of adverse events was similar in the two groups.² Among predominantly vaccinated outpatients with COVID-19, the incidence of hospitalization or an emergency department visit (observation for >6 hours) was significantly lower among those who received a single dose of pegylated interferon lambda than among those who received placebo.² [Full text]
- The study on Maternal mRNA covid-19 vaccination during pregnancy and delta or omicron infection or hospital admission in infants: test negative design study found that



pregnant women can reduce their infant's risk of COVID-related hospitalization by receiving at least two doses of an mRNA vaccine, which are highly effective against maternal Delta variant infection and moderately effective against maternal and infant Omicron infection,³ The University of Toronto researchers used a test-negative design to estimate rates of maternal COVID-19 infection with the Delta or Omicron strains, infant Omicron infection, and infant Delta and Omicron hospitalization among vaccinated and unvaccinated pregnant women tested for infection in Ontario,³ Among the 99 Delta-infected infants, 29% were hospitalized, as were 22% of 1,501 Omicron-infected infants.³ The estimated two-dose COVID-19 vaccine effectiveness (VE) was 95% against maternal Delta infection and 97% against infant Delta hospitalization.³ VE was 45% against maternal Omicron infection and 53% against infant Omicron hospitalization.³ Three vaccine doses were 73% effective against maternal Omicron infection and 80% effective against infant Omicron hospitalization.³ Two-dose VE against infant Omicron infection waned from 57% from birth to 8 weeks to 40% after 16 weeks.³ Likewise, twodose VE against infant Omicron infection was higher when the second dose was given in the third trimester of pregnancy (53%) than in the first (47%) or second (37%) trimesters.³ According to the researchers, the findings of this study mean that the benefits of vaccination need to be weighed against the risks of delayed vaccination to the woman and fetus.³ [Full text]

In the study Characterisation of SARS-CoV-2 variants in Beijing during 2022: an epidemiological and phylogenetic analysis led by researchers from the Beijing Center for Disease Prevention and Control, there were no new SARS-CoV-2 variants that have emerged among the ensuing surge of new cases in Beijing since China ended its zero-COVID policies in early December 2022. According to the researchers, all genomes belonged to the existing 123 Pango lineage, demonstrating no persistently dominant variants or new strains.⁴ Omicron's sublineages BA.5.2 and BF.7 are currently dominant in Beijing, accounting for 90% of local cases since November 14, 2022.⁴ According to the researchers, the analysis of this study suggests two known Omicron sub-variants were mainly responsible for the current surge in Beijing, and likely China as a whole, however, with the ongoing large-scale circulation of COVID-19 in China, it is important that they continue to monitor the situation closely so that any new variants that might emerge are found as early as possible.⁴ [Full text]

Travel Update

• **Singapore**'s COVID-19 task force said on February 9 (Thursday) that the government will drop the requirement for travelers who are not fully vaccinated to show COVID test results or purchase COVID-19 travel insurance starting February 13.

ASEAN Travel Advisories (new update/s)

as of 10 February 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	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 <u>PeduliLindungi app</u> before departure.
Laos	December 29, 2022	Yes	No	No	No	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 <u>Myanmar</u> 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 <u>E-arrival card</u> at most 3 days before departure for those without visa.
Singapore	February 10, 2023	Yes Effective February 13, 2023, all COVID-19	Yes – fully vaccinated* certificate vaccination status on the <u>HealthHub app</u>	No	Yes – Negative COVID-19 test within 48 hours before departure for travelers born on or	No	No	Traveler is required to download and register at <u>SG Arrival Card app</u> before departure.

		entry regulations will be lifted.	or <u>TraceTogether</u> <u>app</u> or acceptance letter issued by the <u>Safe Travel</u> <u>Office (STO)</u> or <u>SGAC</u> acknowledgm ent email.		before January 2010.	1,		
ſhailand	January 1, 2023	Yes	No	No	No	No	Foreign passengers arriving from China or India must have insurance to cover COVID- 19 expenses at least US\$10,000.	No
/ietnam	May 16, 2022	Yes	No	No	No	No	No	No

Reference: <u>IATA Travel Centre</u>
*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 10 February 2023

- As of 10 February 2023 (1PM, GMT+7), worldwide, there were 662,848,845 confirmed cases, including 6,762,933 deaths. Globally, Case Fatality Rate (CFR) was 1.2%.
- 35,583,675 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	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTERED	FULLY VACCINATED/ 100
ASEAN	Brunei Darussalam	10 Mar 20	09-Feb-23	276,825	758	225	-	63,890	450,404	445,929	338,987	99.3
REGION	Cambodia	27 Jan 20	09-Feb-23	138,700	-	3,056	-	841	15,244,858	14,609,937	10,433,215	87.1
	Indonesia	02 Mar 20	09-Feb-23	6,732,179	220	160,855	3	2,488	203,657,535	172,693,321	67,952,274	62.7
	Lao PDR	24 Mar 20	09-Feb-23	217,996	4	758	-	3,041	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	09-Feb-23	5,038,812	269	36,946	-	15,771	28,125,245	27,536,657	17,056,957	81.1
	Myanmar	23 Mar 20	09-Feb-23	633,850	4	19,490	-	1,173	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	09-Feb-23	4,074,299	204	65,904	18	3,768	78,369,243	73,937,435	21,341,197	64.0
	Singapore	23 Jan 20	09-Feb-23	2,217,151	472	1,722	-	38,873	5,161,990	5,120,768	4,440,289	90.8
	Thailand	13 Jan 20	09-Feb-23	4,727,236	-	33,882	-	6,790	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	09-Feb-23	11,526,627	17	43,186	-	11,949	90,450,881	85,848,363	57,452,750	87.4
		ASI	EAN COUNTRIES	35,583,675	1,948	366,024	21	148,584	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	09-Feb-23	208,771	50	7,896	-	549	11,606,705	10,894,509		26.5
PACIFIC	Australia	25-Jan-20	08-Feb-23	11,315,226	-	18,828	-	44,114	22,236,871	21,655,312	19,762,423	82.7
REGION	Bangladesh	08-Mar-20	09-Feb-23	2,037,647	25	29,444	1	1,250	150,629,515	131,182,263	65,897,152	76.6
	Bhutan	05-Mar-20	07-Feb-23	62,608	-	21	-	8,205	699,116	677,669	634,641	86.6
	People's Republic of China*		09-Feb-23	13,141,082	21,220	35,694	0	80,541	1,339,608,531	1,304,575,996	214,031,616	89.7
	Cook Islands	17-Feb-22	09-Feb-23	7,021	1	2	-	32,827	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	08-Feb-23	60,866	-	416	-	36,383	158,611	144,042		85.5
	India	30-Jan-20	09-Feb-23	44,683,748	109	530,748	2	3,270	1,027,279,394	951,464,506	224,093,416	67.1



Japan	16-Jan-20	19-Oct-22	21,858,528	-	46,014	-	17,312	104,612,252	103,222,040	169,610,887	83.
Kiribati	25-Jan-22	31-Jan-23	5,008	-	18	-	4,258	96,184	73,888	23,419	56.
Maldives	07-Mar-20	07-Feb-23	185,721	-	311	-	34,979	399,151	385,081	167,187	73.
Marshall Islands	26-Oct-20	31-Jan-23	15,584	-	17	-	26,507	43,310	34,694		44.
Micronesia	11-Jan-21	21-Jan-23	22,676	-	58	-	19,924	84,729	71,253		69.
Mongolia	10-Mar-20	09-Feb-23	1,007,884	8	2,179	-	31,251	2,272,965	2,175,617	1,044,337	64
Nepal	24-Jan-20	09-Feb-23	1,001,110	1	12,020	-	3,499	27,678,479	24,159,118	8,951,403	79
New Caledonia	17-Mar-20	31-Jan-23	79,845	-	314	-	27,743	192,229	184,660	101,849	63
New Zealand	28-Feb-20	07-Feb-23	2,191,215	-	3,806	-	44,564	4,300,097	4,138,926	3,523,903	79
Niue	03-Sep-21	31-Jan-23	747	-	-	-	34,488	1,636	1,634	1,224	83
Northern Mariana Islands	28-Mar-20	03-Feb-23	13,531	-	41	-	23,649	46,567	43,873		84
Pakistan	26-Feb-20	09-Feb-23	1,576,444	17	30,640	-	728	154,665,740	131,368,973	49,551,181	55
Palau	31-May-21	07-Feb-23	5,987	-	9	-	33,246	20,750	18,497		85
Papua New Guinea	21-Mar-20	01-Feb-23	46,750	-	670	-	533	369,998	310,717	32,384	3
Samoa	18-Nov-20	06-Feb-23	16,109	-	29	-	8,173	191,171	177,741	79,360	79
Solomon Islands	03-Oct-20	24-Nov-22	24,575	-	153	-	3,669	343,821	254,352	27,783	35
Republic of Korea**	20-Jan-20	09-Feb-23	30,311,979	14,664	33,681	17	58,620	44,867,046	44,448,105	41,325,954	85
Sri Lanka	27-Jan-20	09-Feb-23	672,005	1	16,828	-	3,082	17,143,761	14,752,827	8,220,002	67
Timor Leste	21-Mar-20	07-Feb-23	23,416	-	138	-	1,811	878,845	790,466	315,249	58
Tonga	05-Nov-21	04-Feb-23	16,779	-	13	-	16,057	91,949	77,464	38,331	72
Türkiye	10-Mar-20	12-Dec-22	17,041,315	-	101,487	-	20,426	57,941,051	53,176,961	41,425,329	62
Vanuatu	11-Nov-20	06-Jan-23	12,014	-	14	-	4,006	144,824	131,697	16,996	40
Wallis et Futuna	17-Oct-20	31-Dec-22	3,427	-	7	-	21,385	7,150	6,803	3,766	58
		ASIA PACIFIC	147,796,423	36,096	873,028	20	682,697	2,969,529,983	2,801,441,170	849,172,870	

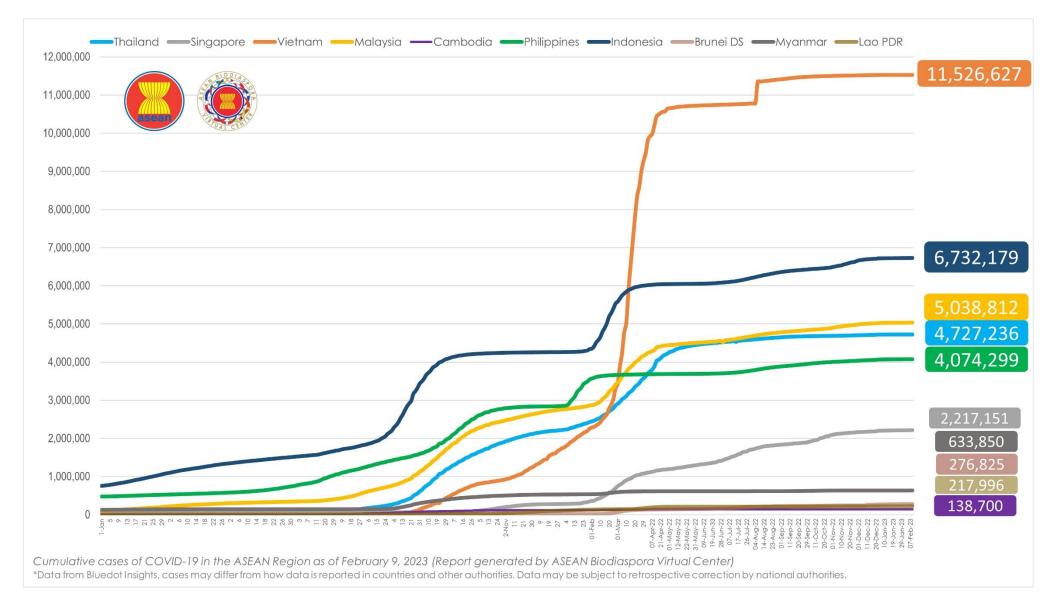
*Includes cases from Hong Kong (SAR), Macau (SAR), and Taiwan (Province of China) ** Republic of Korea – South Korea

• 479,468,747 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 BOOSTERED
AFRICA	13,039,535	768	259,476	6	248,772	484,058,451	398,811,838	66,003,692
AMERICAS	192,729,317	7,743	2,956,556	106	1,240,904	835,447,892	731,893,384	495,237,137
EUROPE	250,998,859	22,871	2,068,210	278	2,107,676	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	479,468,747	31,703	5,523,881	392	3,813,289	2,033,852,677	1,801,758,599	1,005,200,878

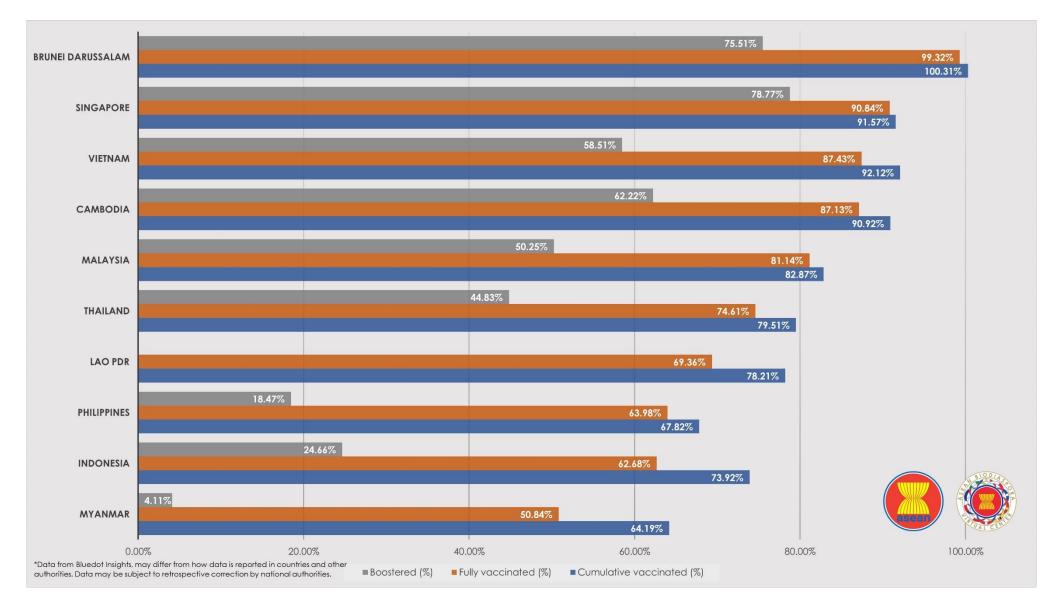
COVID-19 Epi curve among ASEAN Countries

From January 1, 2022 to February 9, 2023



COVID-19 Vaccination Status in ASEAN

as of 09 February 2023





ASEAN COVID-19 Outlook Assessment

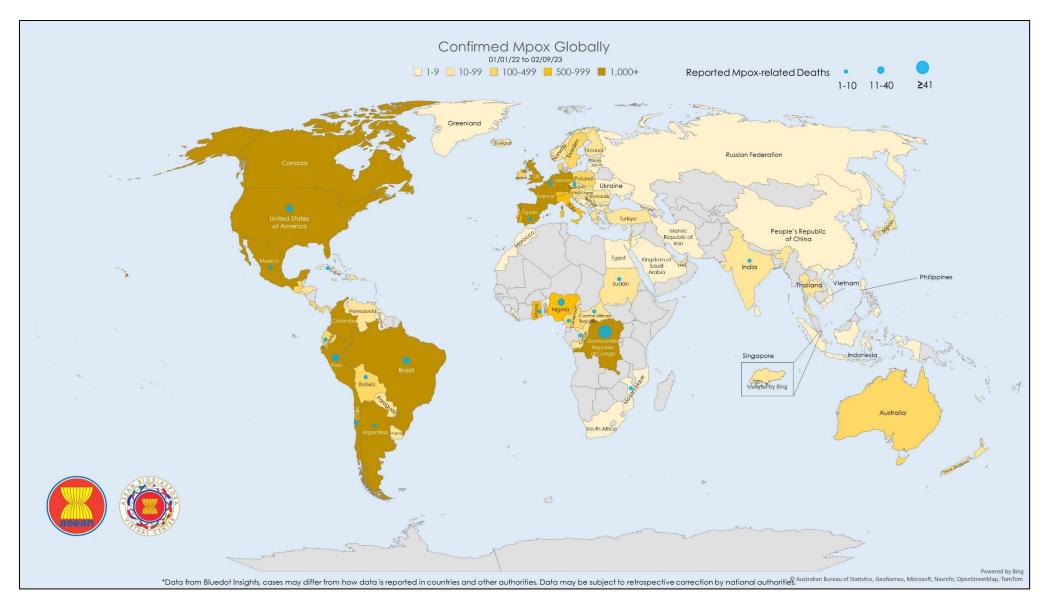
as of 07 February 2023

ASEAN MEMBER STATE	immunity to COVID-19; eith 19 or have been vaccinate	population has a level of ner 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

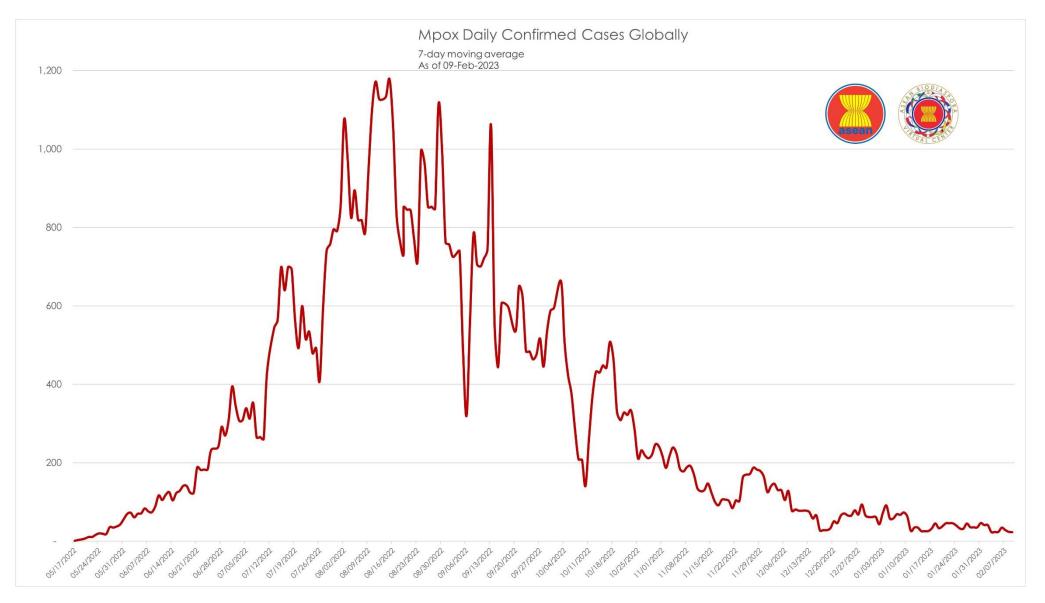
as of February 9, 2023





Mpox Daily Trend Globally

as of February 9, 2023





Mpox: Highlights and Situation Overview

- As of 10 February 2023 (1PM, GMT+7), worldwide, there were **92,028** confirmed cases, including **239** deaths. Globally, Case Fatality Rate (CFR) was **0.26%**.
- 46 confirmed cases in the ASEAN region, with CFR of 0%.
- **91,982 confirmed cases** of Mpox have been reported in other **5 regions** (other than ASEAN region):

			_ "	Case Fatality Rate
Country	Total Cases	New Cases	Deaths	(CFR)
Indonesia	1	-	-	0.00%
Philippines	4	-	-	0.00%
Singapore	21	-	-	0.00%
Thailand	16	2	-	0.00%
Vietnam	4	-	-	0.00%
ASEAN Total	46	2	-	0.00%

Mpox cases in ASEAN region

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	17	1	-	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	240	1	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	10,732	-	15	0.14%
Spain	7,532	-	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	215	72	0.12%
ASEAN	46	2	-	0.00%
ASIA PACIFIC	240	1	1	0.42%
EUROPE	26,216	-	5	0.02%
MIDDLE EAST	321	-	-	0.00%
TOTAL	92,028	218	239	0.26%



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