COVID-19, Mpox, and Travel Advisories

Situational Report in the ASEAN Region

ASEAN BioDiaspora Virtual Center (ABVC)

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ASSOCIATION OF SOUTHEAST ASIAN NATIONS

ASEAN BIODIASPORA VIRTUAL CENTER (ABVC)

GLOBAL PARTNERS

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COVID-19: Highlights and Situation Overview

Global Update

- **Worldwide**, there have been over 647 million cases and over 6 million deaths attributed to COVID-19.

- The **World Health Organization** said on December 14 (Wednesday) that the agency hoped that COVID-19 would no longer be a public health emergency in 2023.[7] The WHO's emergency committee on COVID-19 will discuss the criteria for declaring an end to the emergency phase when they next meet in January.[7] According to the WHO chief, Tedros Adhanom Ghebreyesus, the weekly COVID-19 death toll was now around a fifth of what it was a year ago, however, the number was still high.[7] WHO COVID-19 technical lead, Maria Van Kerkhove, also said that more than 13 billion vaccine doses have been administered globally,[7] however, around 30% of the world has not received a single dose.[7] In the statement, WHO also said that global COVID-19 cases remained steady for three consecutive weeks with nearly 650 million confirmed COVID-19 cases globally.[7] Yet, the number of deaths has increased in the Americas, especially in the United States.[7] [Full Article]

  The WHO reported through its updates on Omicron variants that the Omicron variant continues to diversify, and more than 540 descendent lineages and more than 61 recombinants, five are under monitoring due to notable genetic variation, increased prevalence, or impact on cases in more than one country.[8] It added that BQ.1 variants, which are BA.5 descendants, are one of the fastest growing; BQ.1 has spread to 90 countries, with Ecuador, Portugal, Spain, France, and Colombia reporting the highest percentages.[8] Other BA.5 variants with mutations under monitoring are also rapidly increasing, especially in South Africa, Costa Rica, Peru, Mexico, and Brazil, while XBB and BA.2.75 levels are rising slowly suggesting that they aren't driving new waves of infection.[8] [Full Report]

- A recent updated risk assessment of the variants by the United Kingdom Health Security Agency (HSA) said BQ.1 viruses, especially BQ.1.1, and XBB seem to have a growth advantage over BA.5. It added that the subvariants have an antigenic distance from each other and the vaccine, which could lead to increased community transmission that would probably vary by location due to season, behavior, and vaccine uptake. [Full Report]

Regional Update

- **Philippines:** The province administration of Negros Occidental has received funding from UNICEF and the United States Agency for International Development (USAID) in its ongoing efforts to enhance coronavirus disease 2019 (COVID-19) immunization among Negrenses.[5] Vaccination coverage among people aged 5 to 11 and over 60 has remained low, according to data from the Department of Health-Western Visayas (DOH-6).[5] Despite the fact that the number of fully vaccinated individuals in the 12 to 17 and 18 to 59 age groups has exceeded the target.[5] According to Dr. Ernell Tumimbang, provincial health officer, both UNICEF and USAID have been sending social mobilizers in areas with poor vaccination rates.[5] [Full Article]

- **Thailand:** Residents in the central region of Ratchaburi warn international tourists to use face masks while vacationing in Thailand because the COVID-19 situation is predicted to be worse during the High Season.[6] According to Channel 3, they received a complaint from villagers in Ratchaburi about foreign tourists wearing face masks.[6] According to locals, most Thai people still use face masks, while outsiders do not.[6]

Residents would like officials to encourage international tourists to wear masks. Residents are concerned that another COVID wave would hit Thailand now that restrictions have been loosened.[6] They worry that another coronavirus outbreak could have a negative impact on the economy.[6] Face masks are recommended by the government in congested public venues such as the Metro and BTS, however they are no longer required in Thailand.[6] Most Thais and business owners in the province believe it is acceptable for foreigners to remove their face masks.[6] [Full Article]

Research Update (Published and peer-reviewed studies)

- The 2022–23 influenza season shows an early rise in pediatric influenza-associated hospitalizations.[2] The current influenza season is the first with substantial co-circulation of influenza viruses and SARS-CoV-2.[2] Although both seasonal influenza viruses and SARS-CoV-2 can contribute to substantial pediatric morbidity, whether coinfection increases disease severity compared with that associated with infection with one virus alone is unknown.[2] This report, ***Prevalence of SARS-CoV-2 and Influenza Coinfection and Clinical Characteristics Among Children and Adolescents Aged<18 Years Who Were Hospitalized or Died with Influenza — United States, 2021–22 Influenza Season***, describes characteristics and prevalence of laboratory-confirmed influenza virus and SARS-CoV-2 coinfections among patients aged < 18 years who had been hospitalized or died with influenza as reported to three CDC surveillance platforms during the 2021–22 influenza season.[2] During this season, 6% of hospitalized pediatric influenza patients had SARS-CoV-2 coinfection; a higher percentage of patients with coinfection required invasive or noninvasive respiratory support compared with those with influenza only.[2] Among influenza-associated pediatric deaths, 16% had SARS-CoV-2 coinfection; only one coinfected decedent received influenza antivirals, and none had been fully vaccinated against influenza.[2] The public should adopt prevention strategies, including influenza and COVID-19 vaccination, and consider mask use during high respiratory virus circulation.[2] [Full Text]

- This review, ***Drug-induced liver injury in COVID-19 treatment: Incidence, mechanisms and clinical management***, summarizes the incidence of liver function abnormalities in COVID-19 patients caused by several antiviral drugs, including favipiravir, remdesivir, lopinavir/ ritonavir, and hydroxychloroquine, while also providing thorough speculation of the underlying mechanism and suggesting reasonable clinical management.[3] The cumulative incidence of liver injury among COVID-19 patients was alarmingly high at 23.7% (16.1%–33.1%).[3] The incidence of liver function abnormalities linked to favipiravir ranged from 6.8% to 44%, remdesivir from 1.7% to 46.2%, lopinavir-ritonavir from 1.1% to 63.4%, and hydroxychloroquine from 1.6% to 10.7%, according to our review of the data. Antiviral medicines have an inhibiting effect on cytochrome (CYP) enzymes and liver transport proteins, which may account for these elevated incidences.[3] Antiviral drugs inhibit CYP enzymes and hepatic transporter proteins, resulting in a buildup of reactive chemicals that initiate a cascade of biochemical stress reactions, finally resulting in hepatocyte necrosis and apoptosis.[3] [Full Text]

- COVID-19 is an acute respiratory disease often accompanied by neurological sequelae. Individuals with previous severe COVID-19 exhibit a 10-year average drop in their global cognitive performance, mimicking accelerated aging.[4] Complementary studies combining neuroimaging and cognitive screening implicate COVID-19-induced impairment of the frontal cortex.[4] This study, ***Severe COVID-19 is associated with molecular signatures of aging in the human brain***, presents molecular evidence of aging-like effects in the brain.[4] RNA-sequencing (RNA-seq) analysis of 54 postmortem frontal cortex samples was done for samples from 21 individuals with severe COVID-19 (previous neurological history was limited to Alzheimer's disease in one person and epilepsy in another) and 1 asymptomatic individual aged between 23 and 84 years old,

22 age-matched (±2 years) and sex-matched uninfected controls with no history of neurological or psychiatric disorders, an age-matched and sex-matched uninfected individual with Alzheimer's disease, and an additional independent control group of 9 uninfected individuals with history of intensive care unit (ICU) or ventilator treatment (22–85 years old).[4] The findings indicate that COVID-19 is associated with molecular signatures of brain aging.[4] [Full Article]

- The study **Associations of Physical Inactivity and COVID-19 Outcomes Among Subgroups** found adults who were more physically active before testing positive for COVID-19 were at lower risk for hospitalization, clinical deterioration, and death by 90 days.[9] The researchers used the electronic health records of 194,191 patients diagnosed as having COVID-19 from January 2020 to May 2021, before vaccines were widely available.[9] Participants completed at least three Exercise Vital Sign reports on their physical activity level before they tested positive.[9] A total of 15% of participants were categorized as always inactive, 43% were mostly inactive, 21.9% were somewhat active, 14.3% were consistently active, and 5.8% were always active.[9] A total of 6.3% of participants were hospitalized, 3.1% experienced clinical deterioration, and 2.8% died by 90 days.[9] Dose-response effects were robust except in those younger than 40, with patients in the somewhat active group having a higher likelihood of hospitalization, deterioration, and death than those in the consistently or always-active groups.[9] [Full Text]

ASEAN Travel Advisories (new update/s)

as of 16 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.

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			status on the HealthHub app or TraceTogether app or acceptance letter issued by the Safe Travel Office (STO) or SGAC acknowledgment email.		travelers born on or before December 31, 2009.				
Thailand	October 1, 2022	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 two-dose vaccine or 14 or 15 days from a single dose vaccine upon arrival.

COVID-19 Cases and Deaths as of 16 December 2022

- As of 16 December 2022 (2PM, GMT+8), worldwide, there were **647,937,292** confirmed cases, including **6,669,099** deaths. Globally, Case Fatality Rate (CFR) was **1.2%.**
- **35,443,700 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	15-Dec-22	261,440	-	225	-	60,339	450,404	445,929	338,987	99.3
	Cambodia	27 Jan 20	15-Dec-22	138,347	27	3,056	-	839	15,226,312	14,590,810	10,358,897	87.0
	Indonesia	02 Mar 20	15-Dec-22	6,706,053	1,785	160,335	24	2,478	203,715,848	174,119,714	66,624,569	63.2
	Lao PDR	24 Mar 20	15-Dec-22	217,332	43	758	-	3,031	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	15-Dec-22	5,014,885	1,161	36,787	3	15,696	28,117,401	27,528,452	16,877,358	81.1
	Myanmar	23 Mar 20	15-Dec-22	633,521	13	19,488	-	1,172	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	15-Dec-22	4,052,967	1,213	64,968	24	3,749	78,196,194	73,738,568	20,946,059	63.8
	Singapore	23 Jan 20	15-Dec-22	2,181,569	1,347	1,708	-	38,249	5,156,279	5,113,405	4,440,289	90.7
	Thailand	13 Jan 20	15-Dec-22	4,715,489	-	33,392	-	6,773	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	15-Dec-22	11,522,097	389	43,179	-	11,945	90,156,999	84,690,714	56,988,856	86.3
			ASEAN COUNTRIES	**35,443,700**	**5,978**	**363,896**	**51**	**144,271**	**518,690,897**	**466,481,424**	**210,945,797**	

*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	15-Dec-22	206,879	91	7,843	-	544	11,320,910	10,615,628		25.8
	Australia	25-Jan-20	13-Dec-22	10,861,411	-	16,438	-	42,345	22,235,551	21,656,364	19,613,644	82.7
	Bangladesh	08-Mar-20	15-Dec-22	2,036,881	15	29,437	-	1,249	149,138,275	125,670,627	60,611,619	73.4
	Bhutan	05-Mar-20	14-Dec-22	62,521	-	21	-	8,193	699,116	677,669	634,641	86.6
	People's Republic of China*		15-Dec-22	11,212,480	35,158	31,113		67,338	1,334,003,248	1,300,815,376	209,906,904	89.1
	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	13-Apr-26	68,451	-	878	-	7,692	711,429	640,282	169,174	68.9
	French Polynesia	12-Mar-20	13-Dec-22	77,646	-	649	-	27,802	190,765	186,059	112,237	60.8
	Guam	15-Mar-20	13-Dec-26	59,574	-	410	-	35,610	158,105	143,551		85.2
	India	30-Jan-20	15-Dec-22	44,675,447	200	530,663	5	3,270	1,027,087,217	950,909,151	221,686,727	67.1

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	Japan	16-Jan-20	19-Oct-22	21,858,528	-	46,014	-	17,312	104,463,749	103,036,970	150,730,081	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	13-Dec-22	185,651	-	311	-	34,966	399,146	385,076	167,176	73.5
	Marshall Islands	26-Oct-20	13-Sep-26	15,547	-	17	-	26,445	42,920	34,305		44.1
	Micronesia	11-Jan-21	31-Oct-22	22,203	-	55	-	19,508	83,562	70,339		68.7
	Mongolia	10-Mar-20	15-Dec-22	1,006,929	78	2,179	-	31,221	2,272,965	2,175,617	1,044,337	64.0
	Nepal	24-Jan-20	15-Dec-22	1,000,945	3	12,019	-	3,499	27,398,529	23,857,858	8,674,375	78.1
	New Caledonia	17-Mar-20	13-Dec-22	78,244	-	314	-	27,187	191,660	184,116	93,983	63.5
	New Zealand	28-Feb-20	13-Dec-26	2,019,685	-	3,371	-	41,076	4,299,152	4,137,155	3,479,861	79.8
	Niue	03-Sep-21	14-Dec-22	212	-	-	-	9,788	1,255	1,227	1,153	62.9
	Northern Mariana Islands	28-Mar-20	13-Jul-26	13,227	-	41	-	23,118	46,340	43,770		84.4
	Pakistan	26-Feb-20	15-Dec-22	1,575,532	31	30,635	-	728	139,644,465	132,317,738	48,935,695	56.1
	Palau	31-May-21	13-Dec-22	5,933	-	9	-	32,946	20,714	18,458		85.7
	Papua New Guinea	21-Mar-20	13-Dec-22	46,457	-	669	-	529	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	15-Dec-22	28,046,524	66,902	31,282	66	54,239	45,134,185	44,704,644	41,324,379	86.3
	Sri Lanka	27-Jan-20	15-Dec-22	671,793	17	16,812	3	3,081	17,143,761	14,752,827	8,220,002	67.6
	Timor Leste	21-Mar-20	15-Dec-22	23,376	1	138	-	1,808	872,617	779,475	291,233	58.1
	Tonga	05-Nov-21	06-Oct-26	16,182	-	12	-	15,486	91,949	77,464	38,331	72.5
	Türkiye	10-Mar-20	13-Dec-26	17,041,315	-	101,487	-	20,426	57,941,051	53,176,961	41,425,329	62.3
	Vanuatu	11-Nov-20	02-Dec-26	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	**142,952,647**	**102,496**	**863,034**	**74**	**610,695**	**2,946,796,125**	**2,792,069,917**	**817,352,767**	

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

- **469,540,945 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	12,989,315	1,509	259,236	20	247,135	456,803,234	371,428,151	59,674,628
AMERICAS	187,268,390	22,425	2,915,456	154	1,221,191	833,088,875	732,620,347	485,674,326
EUROPE	246,655,411	99,476	2,028,713	574	2,077,804	568,607,674	539,597,834	376,059,987
MIDDLE EAST	22,627,829	2,865	238,764	21	214,834	144,506,725	129,815,862	59,968,391
TOTAL	**469,540,945**	**126,275**	**5,442,169**	**769**	**3,760,965**	**2,003,006,508**	**1,773,462,194**	**981,377,332**

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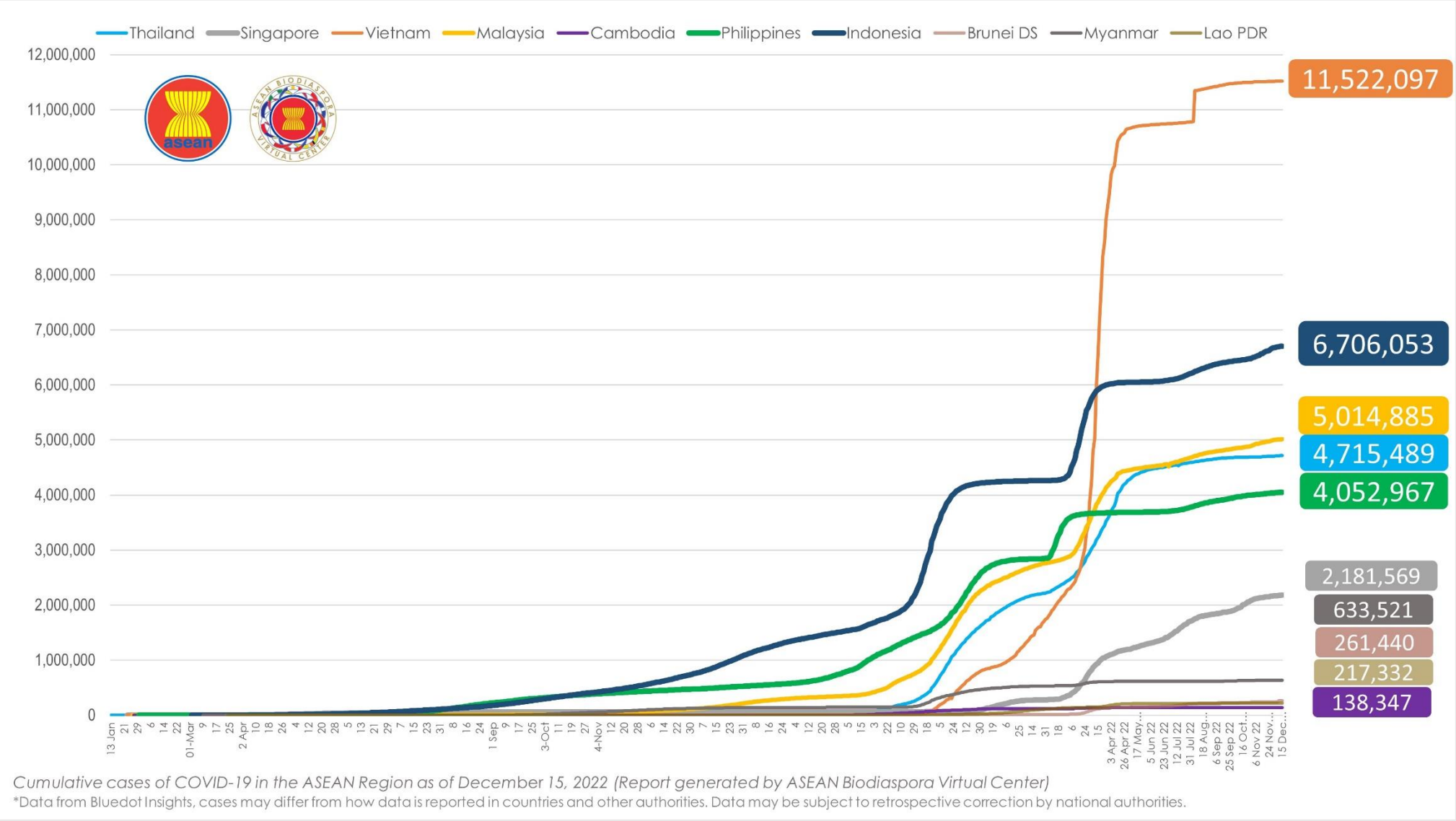
COVID-19 Epi curve among ASEAN Countries

From January 1, 2021 to December 15, 2022



Cumulative cases of COVID-19 in the ASEAN Region as of December 15, 2022 (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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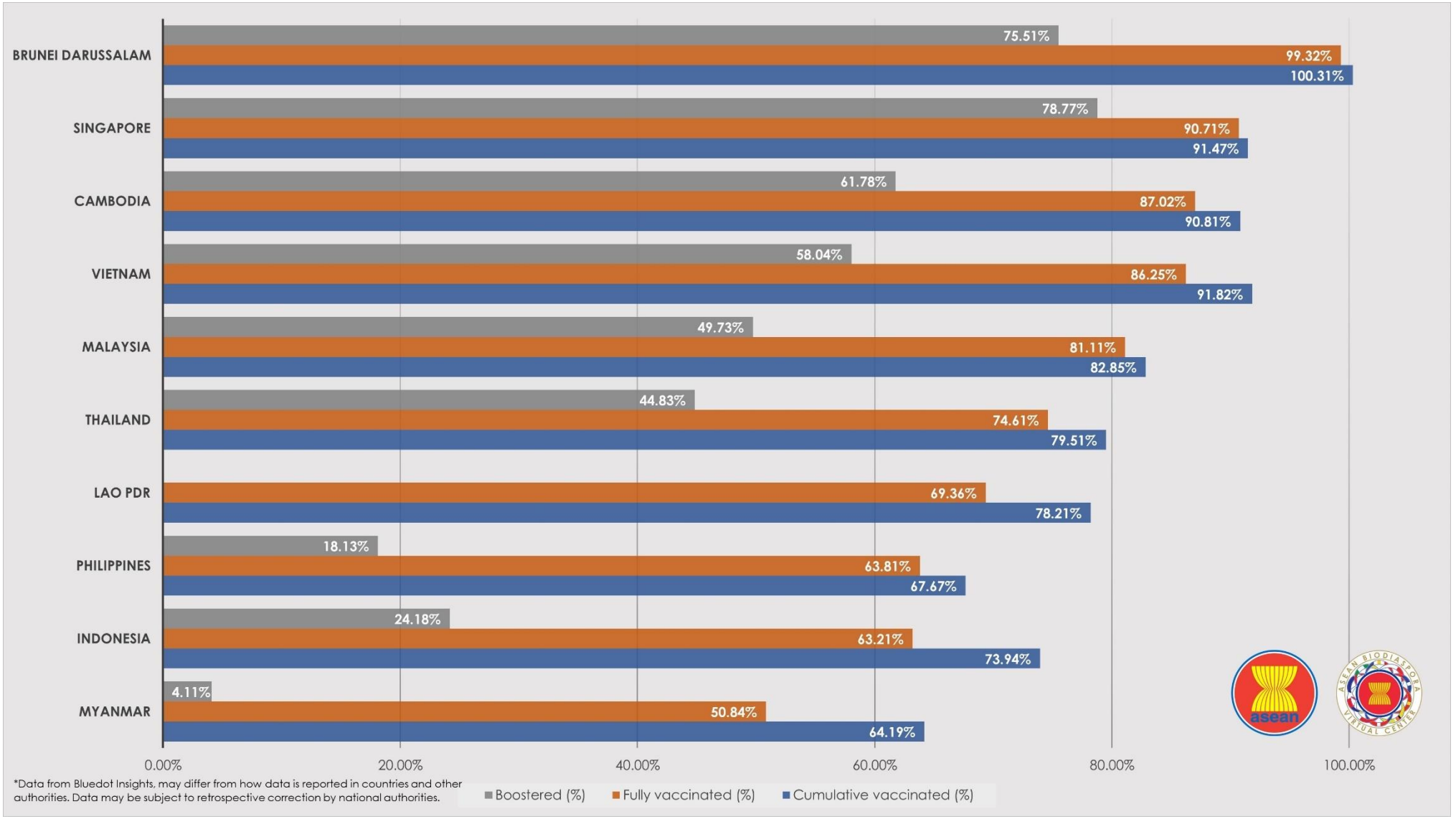
COVID-19 Vaccination Status in ASEAN

as of 15 December 2022



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ASEAN COVID-19 Outlook Assessment

as of 13 December 2022

ASEAN MEMBER STATE	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.		**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	672.47	31.0/100
Cambodia	≥90.0/61.8	Unknown	0.13	31.5/100
Indonesia	66.7/24.2	Unknown	0.72	54.2/100
Lao PDR	77.3/ND	Unknown	0.61	61.6/100
Malaysia	84.5/49.7	0%/day	3.60	51.8/100
Myanmar	52.1/4.1	Unknown	0.04	69.1/100
Philippines	71.4/18.1	Unknown	1.01	55.4/100
Singapore	≥90.0/78.8	Unknown	21.58	58.9/100
Thailand	77.7/44.8	Unknown	0.81	31.5/100
Vietnam	≥90.0/58.0	Unknown	0.38	43.5/100

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

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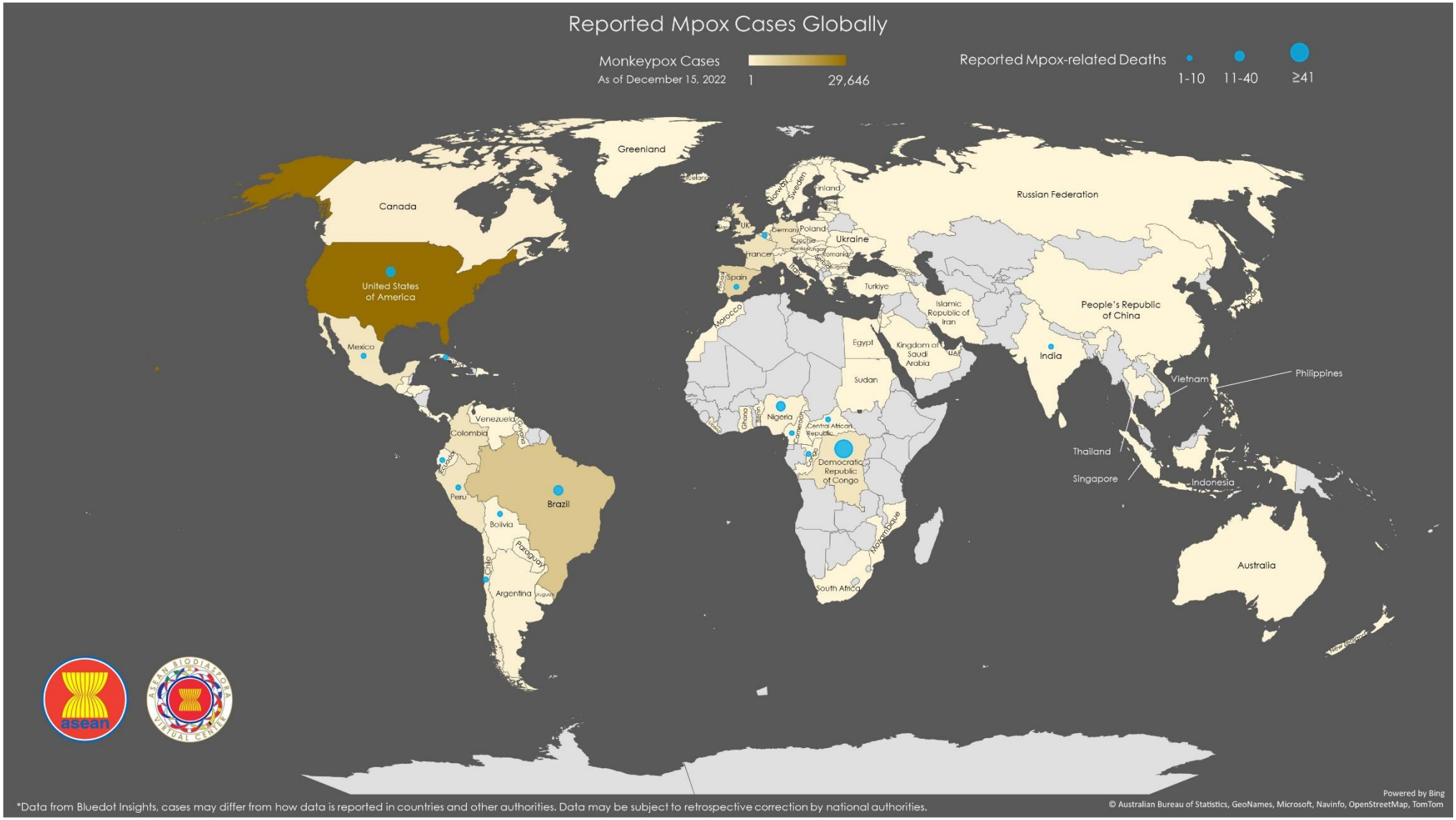
Mpox (Monkeypox) Cases Reported Globally

as of December 15, 2022



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Mpox: Highlights and Situation Overview

- As of 16 December 2022 (2PM, GMT+8), worldwide, there were **87,788** confirmed cases, including **213** deaths. Globally, Case Fatality Rate (CFR) was **0.24%.**
- **40 confirmed cases** in the ASEAN region, with CFR of **0%.**
- **87,748 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	144	-	-	0.00%
Hong Kong (SAR)	1	-	-	0.00%
India	23	-	1	5.00%
Japan	7	-	-	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	**231**	**-**	**1**	**0.45%**

*People's Republic of China – including Hong Kong (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	29,646*	-	20	0.07%
Brazil	10,252	17	14	0.14%
Spain	7,416	4	3	0.04%
France	4,110	-	-	0.00%
Colombia	3,908	28	-	0.00%

*Adjusted cases from previous report

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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	5,137	-	160	3.11%
AMERICAS	56,060	68	47	0.08%
ASEAN	40	-	-	0.00%
ASIA PACIFIC	231	-	1	0.43%
EUROPE	26,001	19	4	0.02%
MIDDLE EAST	319	-	-	0.00%
TOTAL	**87,788**	**87**	**213**	**0.24%**

Global Update

- **US CDC:** Early therapy is advised for persons with HIV and Mpox.[1] An examination of 57 individuals hospitalized with severe monkeypox discovered that men with HIV and monkeypox, particularly Black men, may have had worse outcomes due to delayed treatment.[1] It is advised that clinicians test all sexually active patients with probable mpox for HIV, unless they have already been diagnosed with HIV, and that those who test positive begin antiretroviral medication right once.[1] They recommended that immunocompromised people with probable mpox begin therapy even before test findings were available or serious symptoms appeared.[1] It is also recommended to extend tecovirimat medication beyond 14 days for patients who have significant or continuous symptoms despite treatment.[1] [Full Article]

Research Update (Published and peer-reviewed studies)

- A new study, **Viral dynamics in patients with monkeypox infection: a prospective cohort study in Spain**, based on 77 mpox patients from Spain shows that the time from symptom onset to viral clearance for 90% of cases was likely 41 days in skin lesions and 39 days in semen.[10] The median time from symptom onset to viral clearance was 25 days in the skin lesions, 16 days in the oropharynx, 16 days in the rectum, 13 days in semen, and 1 day in the blood.[10] The systemic illness lasted for a median of 5 days, local site rashes lasted for a median of 21 days, and distant rashes for a median of 12 days.[10] The findings of the study indicate that viral DNA detected by qPCR remains present in swab samples of skin lesions for a median period of 25 days from symptom onset and that most patients no longer have detectable viral DNA after 41 days The authors said that this study offers insight as to how and when semen may be able to transmit the virus.[10] [Full Text]

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