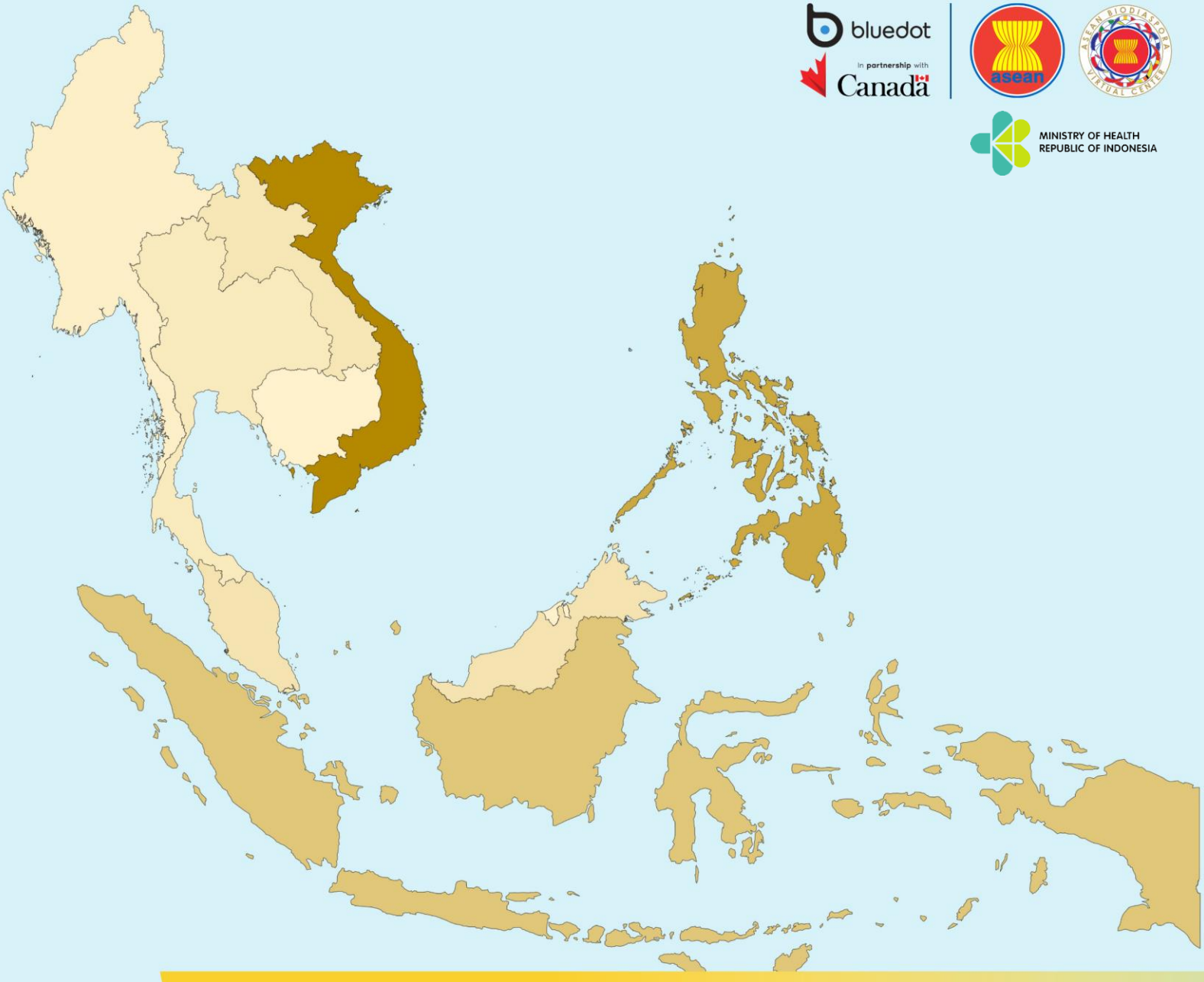

COVID-19, Mpox, and Travel Advisories

# Situational Report in the ASEAN Region

ASEAN BioDiaspora Virtual Center (ABVC)

February 17, 2023 | Issue No. 449

**ASSOCIATION OF SOUTHEAST ASIAN NATIONS**

**ASEAN BIODIASPORA VIRTUAL CENTER (ABVC)**

MINISTRY OF HEALTH
REPUBLIC OF INDONESIA

**GLOBAL PARTNERS**

In partnership with Canada

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World Health Organization
Regional Office for South-East Asia

World Health Organization
Western Pacific Region

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# COVID-19: Highlights and Situation Overview

## *Global Update*

- **Worldwide**, there have been over 663 million cases and over 6 million deaths attributed to COVID-19.
- The **World Health Organization (WHO)** has published a clinical case definition for post COVID-19 condition in children and adolescents by expert consensus to enable a shared understanding of this important problem between people affected by post COVID-19 condition, healthcare workers, researchers and other stakeholders. Domains the adult clinical case definition for post COVID-19 condition include history of SARS-CoV-2 infection, SARS-CoV-2 laboratory confirmation, minimum time period from onset of symptoms (or from date of positive test for asymptomatic) in 3 months, minimum duration of symptoms at least 2 months, symptoms and/or impairments, among the few. Domains for the clinical case definition for post COVID-19 condition in children and adolescents reached by consensus include history of SARS-CoV-2 infection, SARS-CoV-2 laboratory confirmation, minimum time period from onset of symptoms (or from date of positive test for asymptomatic) in 3 months, minimum duration of symptoms at least 2 months, symptoms and/or impairments and impact of everyday function. [Full report]

## *Regional Update*

- **Philippines:** According to infectious disease expert Dr. Edsel Salvaa, at the Laging Handa public briefing on February 16, the novel Omicron subvariant XBF is not predicted to generate a surge in COVID-19 cases in the country.[7] The expert still encouraged the public to follow the bare minimum of health precautions, such as wearing masks, to avoid the illness.[7] He also encouraged people to seek booster shots to improve their immunization status.[7] The health expert also emphasized the significance of using all available levels of protection to avoid an increase in COVID cases.[7] Previously, the Department of Health (DOH) announced the first case of Omicron subvariant XBF in the country.[7] [Full article]

## *Research Update (Published and peer-reviewed studies)*

- The study on ***Multi-organ impairment and long COVID: a 1-year prospective, longitudinal cohort study*** by British researchers assessed organ impairment in 536 long-COVID patients which reported extreme shortness of breath, brain fog, and poor health-related quality of life (HRQoL) 1 year after diagnosis.[1] Among all participants, 13% had been hospitalized at symptom onset, and 32% were healthcare workers.[1] Likewise, 29% had multi-organ impairment with lingering symptoms and impaired function at 6 and 12 months, while 59% of long-COVID patients had single-organ damage at 1 year.[1] Long-COVID symptoms declined from 6 to 12 months, with extreme shortness of breath dropping from 38% to 30% of patients, brain fog from 48% to 38%, and poor HRQoL from 57% to 45%.[1] According to the researcher, many healthcare workers were previously healthy, but 19 of 172 of them still had symptoms at 1 year and were unable to work for a median of 6 months.[1] Furthermore, he added that the impact on quality of life and time off work, particularly in healthcare workers, is a major concern for individuals, health systems and economies.[1] [Full text]
- The study ***Longitudinal Assessment of Chest CT Findings and Pulmonary Function in Patients after COVID-19*** by researcher from Wuhan, China monitored 144 COVID-19 pneumonia patients released from the hospital from Jan 15 to Mar 10, 2020, who underwent chest computed tomography (CT) scanning at admission and still had symptoms 2 years later.[2] Among all participants, 78% had severe COVID-19, 4.2% had

been critically ill, and 19% had developed acute respiratory distress syndrome.[2] At 2-year CT scanning, 39% of patients still had fibrotic (23%) or nonfibrotic (16%) interstitial lung abnormalities (ILAs) such as lung damage, thickening, or scarring.[2] The remaining 61% had complete resolution.[2] During the 2-year period, the incidence of ILAs continually declined, from 54% at 6 months to 42% at 12 months to 39% at 2 years, and lung function gradually improved.[2] At 2-year follow-up, the most common respiratory symptom was shortness of breath on exertion and mild or moderate pulmonary diffusion among 14% and 29% respectively.[2] [Full text]

- On June 18, 2022, the Advisory Committee on Immunization Practices (ACIP) issued interim recommendations for use of the 2-dose monovalent Moderna COVID-19 vaccine as a primary series for children aged 6 months–5 years and the 3-dose monovalent Pfizer-BioNTech COVID-19 vaccine as a primary series for children aged 6 months–4 years, based on safety, immune bridging, and limited efficacy data from clinical trials.[3] This report, ***Preliminary Estimates of Effectiveness of Monovalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection Among Children Aged 3–5 Years — Increasing Community Access to Testing Program, United States, July 2022–February 2023*** showed that post authorization estimates of COVID-19 VE against symptomatic infection in young children indicate that complete primary series vaccination with either monovalent Moderna or Pfizer-BioNTech provides protection for children aged 3–5 and 3–4 years, respectively, against symptomatic infection for at least the first 4 months after vaccination.[3] In this analysis, 1 dose of monovalent Moderna vaccine provided detectable protection against symptomatic infection in children aged 3–5 years from 2 weeks after dose to 1 month after the dose.[3] Significant protection was not observed in the 2 weeks to 1 month period after a single monovalent Pfizer-BioNTech vaccine dose.[3] However, 2 PfizerBioNTech doses (which is an incomplete primary series for this age group) provided detectable protection against symptomatic infection, indicating that children who are awaiting their third dose had VE during the interval between dose 2 and 3.[3] In the Pfizer-BioNTech clinical trial, the prespecified immunobridging criteria were met after dose 3 but not after dose 2 among children aged 2–5 years.[3] Receipt of a complete COVID-19 vaccination primary series is important to optimize vaccine-conferred protection in young children.[3] As of December 9, 2022, children aged 6 months–4 years receiving a Pfizer-BioNTech primary series are recommended to receive a monovalent vaccine for doses 1 and 2 and a bivalent vaccine as dose 3, and children aged 6 months–5 years who received the 2-dose Moderna primary series are recommended to receive a bivalent booster dose ≥2 months after completion of the primary series.[3] Children should stay up to date with COVID-19 vaccines, including completing the primary series; those who are eligible should receive a bivalent vaccine dose.[3] Continued vaccine effectiveness monitoring in young children is needed.[3] [Full text]

- COVID-19 vaccine booster doses are safe and maintain protection after receipt of a primary vaccination series and reduce the risk for serious COVID-19–related outcomes, including emergency department visits, hospitalization, and death.[4] CDC recommended an updated (bivalent) booster for adolescents aged 12–17 years and adults aged ≥18 years on September 1, 2022.[4] This report, ***COVID-19 Bivalent Booster Vaccination Coverage and Intent to Receive Booster Vaccination Among Adolescents and Adults — United States, November–December 2022***, showed that during November–December 2022, only 27.1% of adults and 18.5% of adolescents who had completed a COVID-19 primary series received a bivalent booster, and coverage was lower among Black and Hispanic persons.[4] An additional 39.4% of adults were open to booster vaccination, and an additional 52.0% of adolescents had parents who were open to booster vaccination for their children.[4] Those in rural areas had much lower primary series completion rate and up-to-date vaccination coverage.[4] Health care provider recommendations for booster vaccination, dissemination of information about

the safety of vaccine by trusted messengers, and reducing barriers to vaccination could improve COVID-19 booster vaccination coverage.[4] [Full text]

- Viral rebound after nirmatrelvir–ritonavir treatment has implications for the clinical management and isolation of patients with COVID-19.[5] This retrospective cohort study, ***Viral burden rebound in hospitalised patients with COVID-19 receiving oral antivirals in Hong Kong: a population-wide retrospective cohort study***, evaluated an unselected, population-wide cohort of hospitalised patients (age ≥18 years) with a confirmed diagnosis of COVID-19 in Hong Kong, China, February 26 to July 3, 2022 (during the omicron BA.2.2 variant wave), to identify the incidence of viral burden rebound and associated risk factors and clinical outcomes.[5] Included were patients with non-oxygen-dependent COVID-19 at baseline receiving either molnupiravir (800 mg twice a day for 5 days), nirmatrelvir–ritonavir (nirmatrelvir 300 mg with ritonavir 100 mg twice a day for 5 days), or no oral antiviral treatment (control group).[5] Viral burden rebound was defined as a reduction in cycle threshold (Ct) value (≥3) on quantitative RT-PCR test between two consecutive measurements, with such decrease sustained in an immediately subsequent Ct measurement (for those patients with ≥3 Ct measurements).[5] There were 4,592 hospitalised patients with non-oxygen-dependent COVID-19 (1,998 [43·5%] women and 2,594 [56·5%] men).[5] During the omicron BA.2.2 wave, viral burden rebound occurred in 16 of 242 patients (6·6% [95% CI 4·1–10·5]) receiving nirmatrelvir–ritonavir, 27 of 563 (4·8% [3·3–6·9]) receiving molnupiravir, and 170 of 3787 (4·5% [3·9–5·2]) in the control group.[5] The incidence of viral burden rebound did not differ significantly across the three groups.[5] Immunocompromised status was associated with increased odds of viral burden rebound, regardless of antiviral treatment (nirmatrelvir–ritonavir: odds ratio [OR] 7·37 [95% CI 2·56–21·26], p=0·0002; molnupiravir: 3·05 [1·28–7·25], p=0·012; control: 2·21 [1·50–3·27], p65 years; 3·09 [1·00–9·53], p=0·050), those with high comorbidity burden (score >6 on the Charlson Comorbidity Index; 6·02 [2·09–17·38], p=0·0009), and those concomitantly taking corticosteroids (7·51 [1·67–33·82], p=0·0086); whereas the odds were lower in those who were not fully vaccinated (0·16 [0·04–0·67], p=0·012).[5] In patients receiving molnupiravir, those aged 18–65 years (2·68 [1·09–6·58], p=0·032) or on concomitant corticosteroids (3·11 [1·23–7·82], p=0·016) had increased odds of viral burden rebound.[5] We found no association between viral burden rebound and occurrence of the composite clinical outcome from day 5 of follow-up (nirmatrelvir–ritonavir: adjusted OR 1·90 [0·48–7·59], p=0·36; molnupiravir: 1·05 [0·39–2·84], p=0·92; control: 1·27 [0·89–1·80], p=0·18).[5] Viral burden rebound rates were similar between patients with antiviral treatment and those without.[5] Importantly, viral burden rebound was not associated with adverse clinical outcomes.[5] [Full text]

## *Travel Update*

- **Cambodia:** According to Ministry of Health Mam Bun Heng, PCR COVID-19 testing and associated certifications will be accessible for $50 nationally beginning February 18 for Cambodians and tourists traveling overseas who may require them.[6] Bun Heng confirmed in a letter dated February 17 that laboratories in the capital and "provinces across the country" have been authorized to validate the findings of these COVID tests.[6] According to health ministry figures, as of February 16, 95.44% of Cambodia's estimated 16 million population had received at least one COVID-19 dose.[6] [Full article]

# *ASEAN Travel Advisories (new update/s)*

*as of 17 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 PeduliLindungi app 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 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** | February 13, 2023 | Yes | No | No | No | No | No | No |
| **Thailand** | January 14, 2023 | Yes | No | No | No | No | Foreign passengers arriving from China or India | No |



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|---|---|---|---|---|---|---|---|---|
| | | | | | | | must have insurance to cover COVID-19 expenses at least US$10,000. | |
| **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 17 February 2023

- As of 17 February 2023 (1PM, GMT+7), worldwide, there were **663,956,567*** confirmed cases, including **6,771,695** deaths. Globally, Case Fatality Rate (CFR) was **1.2%.**
- **35,589,586 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%.**

*Corrected cases from previous report

## *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 | 16-Feb-23 | 276,825 | - | 225 | - | 63,890 | 450,404 | 445,929 | 338,987 | 99.3 |
| | Cambodia | 27 Jan 20 | 16-Feb-23 | 138,705 | - | 3,056 | - | 841 | 15,244,858 | 14,609,937 | 10,433,215 | 87.1 |
| | Indonesia | 02 Mar 20 | 16-Feb-23 | 6,733,697 | 219 | 160,880 | 2 | 2,488 | 203,657,535 | 172,693,321 | 67,952,274 | 62.7 |
| | Lao PDR | 24 Mar 20 | 16-Feb-23 | 218,006 | 5 | 758 | - | 3,041 | 5,888,649 | 5,222,417 | | 69.4 |
| | Malaysia | 25 Jan 20 | 16-Feb-23 | 5,040,368 | 281 | 36,954 | - | 15,776 | 28,125,245 | 27,536,657 | 17,056,957 | 81.1 |
| | Myanmar | 23 Mar 20 | 16-Feb-23 | 633,875 | 5 | 19,490 | - | 1,173 | 34,777,314 | 27,545,329 | 2,227,351 | 50.8 |
| | Philippines | 30 Jan 20 | 16-Feb-23 | 4,075,073 | 24 | 65,999 | 14 | 3,769 | 78,369,243 | 73,937,435 | 21,341,197 | 64.0 |
| | Singapore | 23 Jan 20 | 16-Feb-23 | 2,218,623 | - | 1,722 | - | 38,899 | 5,161,990 | 5,120,768 | 4,440,289 | 90.8 |
| | Thailand | 13 Jan 20 | 16-Feb-23 | 4,727,628 | - | 33,894 | - | 6,790 | 57,005,497 | 53,486,086 | 32,143,431 | 74.6 |
| | Vietnam | 23 Jan 20 | 16-Feb-23 | 11,526,786 | 13 | 43,186 | - | 11,950 | 90,450,881 | 85,848,363 | 57,452,750 | 87.4 |
| | ASEAN COUNTRIES | | | **35,589,586** | **547** | **366,164** | **16** | **148,616** | **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-PACIFIC REGION | Afghanistan | 24-Feb-20 | 16-Feb-23 | 209,072 | 16 | 7,896 | - | 550 | 11,606,705 | 10,894,509 | | 26.5 |
| | Australia | 25-Jan-20 | 15-Feb-23 | 11,334,920 | - | 19,063 | - | 44,191 | 22,236,871 | 21,655,312 | 19,762,423 | 82.7 |
| | Bangladesh | 08-Mar-20 | 16-Feb-23 | 2,037,730 | 27 | 29,445 | - | 1,250 | 150,629,515 | 131,182,263 | 65,897,152 | 76.6 |
| | Bhutan | 05-Mar-20 | 14-Feb-23 | 62,611 | - | 21 | - | 8,205 | 699,116 | 677,669 | 634,641 | 86.6 |
| | People's Republic of China* | | 16-Feb-23 | 13,267,461 | 16,936 | 36,143 | 0 | 81,094 | 1,339,608,531 | 1,304,575,996 | 214,031,616 | 89.7 |
| | Cook Islands | 17-Feb-22 | 15-Feb-23 | 7,023 | - | 2 | - | 32,836 | 15,084 | 14,715 | 10,209 | 86.4 |
| | Fiji | 18-Mar-20 | 10-Feb-23 | 68,864 | - | 883 | - | 7,738 | 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 | 15-Feb-23 | 60,920 | - | 418 | - | 36,415 | 158,611 | 144,042 | | 85.5 |



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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **India** | 30-Jan-20 | 16-Feb-23 | 44,684,502 | 126 | 530,757 | 1 | 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 | 83.3 |
| | **Kiribati** | 25-Jan-22 | 15-Feb-23 | 5,012 | - | 18 | - | 4,262 | 96,184 | 73,888 | 23,419 | 56.3 |
| | **Maldives** | 07-Mar-20 | 14-Feb-23 | 185,723 | - | 311 | - | 34,979 | 399,151 | 385,081 | 167,187 | 73.5 |
| | **Marshall Islands** | 26-Oct-20 | 09-Feb-23 | 15,590 | - | 17 | - | 26,518 | 43,310 | 34,694 | | 44.6 |
| | **Micronesia** | 11-Jan-21 | 23-Jan-23 | 23,671 | - | 60 | - | 20,798 | 84,729 | 71,253 | | 69.6 |
| | **Mongolia** | 10-Mar-20 | 14-Feb-23 | 1,007,890 | - | 2,179 | - | 31,251 | 2,272,965 | 2,175,617 | 1,044,337 | 64.0 |
| | **Nepal** | 24-Jan-20 | 16-Feb-23 | 1,001,125 | 4 | 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 | 13-Feb-23 | 2,199,579 | - | 3,839 | - | 44,734 | 4,300,097 | 4,138,926 | 3,523,903 | 79.8 |
| | **Niue** | 03-Sep-21 | 12-Feb-23 | 749 | - | - | - | 34,580 | 1,636 | 1,634 | 1,224 | 83.7 |
| | **Northern Mariana Islands** | 28-Mar-20 | 10-Feb-23 | 13,582 | - | 41 | - | 23,738 | 46,567 | 43,873 | | 84.6 |
| | **Pakistan** | 26-Feb-20 | 16-Feb-23 | 1,576,604 | 31 | 30,641 | 1 | 728 | 154,665,740 | 131,368,973 | 49,551,181 | 55.7 |
| | **Palau** | 31-May-21 | 14-Feb-23 | 5,988 | - | 9 | - | 33,252 | 20,750 | 18,497 | | 85.9 |
| | **Papua New Guinea** | 21-Mar-20 | 15-Feb-23 | 46,792 | - | 670 | - | 533 | 369,998 | 310,717 | 32,384 | 3.1 |
| | **Samoa** | 18-Nov-20 | 14-Feb-23 | 16,402 | - | 29 | - | 8,322 | 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 | 16-Feb-23 | 30,397,220 | 12,519 | 33,816 | 28 | 58,785 | 44,867,046 | 44,448,105 | 41,325,954 | 85.8 |
| | **Sri Lanka** | 27-Jan-20 | 15-Feb-23 | 672,016 | - | 16,829 | - | 3,082 | 17,143,761 | 14,752,827 | 8,220,002 | 67.6 |
| | **Timor Leste** | 21-Mar-20 | 16-Feb-23 | 23,418 | 1 | 138 | - | 1,811 | 878,845 | 790,466 | 315,249 | 58.9 |
| | **Tonga** | 05-Nov-21 | 10-Feb-23 | 16,795 | - | 13 | - | 16,073 | 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** | **148,038,920** | **29,660** | **873,896** | **30** | **684,947** | **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

- **480,328,061 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** | 13,048,801 | 935 | 259,515 | - | 248,923 | 484,058,451 | 398,811,838 | 66,003,692 |
| **AMERICAS** | 193,091,783 | 1,774 | 2,960,818 | 18 | 1,241,634 | 835,447,892 | 731,893,384 | 495,237,137 |
| **EUROPE** | 251,476,451 | 39,838 | 2,071,551 | 422 | 2,111,021 | 569,620,774 | 541,040,894 | 383,756,585 |
| **MIDDLE EAST** | 22,711,026 | 1,140 | 239,751 | 10 | 216,045 | 144,725,560 | 130,012,483 | 60,203,464 |
| **TOTAL** | **480,328,061** | **43,687** | **5,531,635** | **450** | **3,817,623** | **2,033,852,677** | **1,801,758,599** | **1,005,200,878** |



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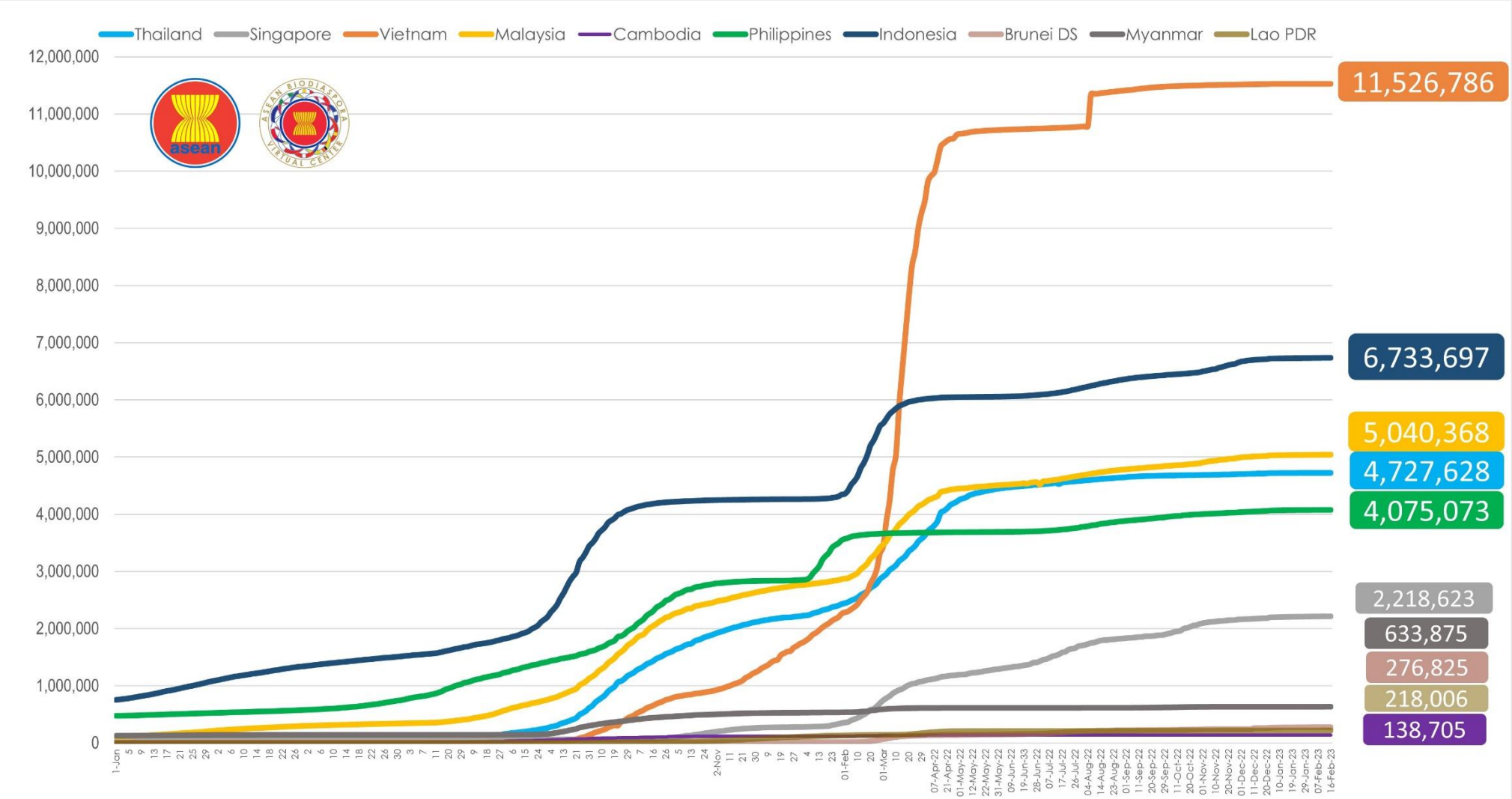
# COVID-19 Epi curve among ASEAN Countries

*From January 1, 2022 to February 16, 2023*




*Cumulative cases of COVID-19 in the ASEAN Region as of February 16, 2023 (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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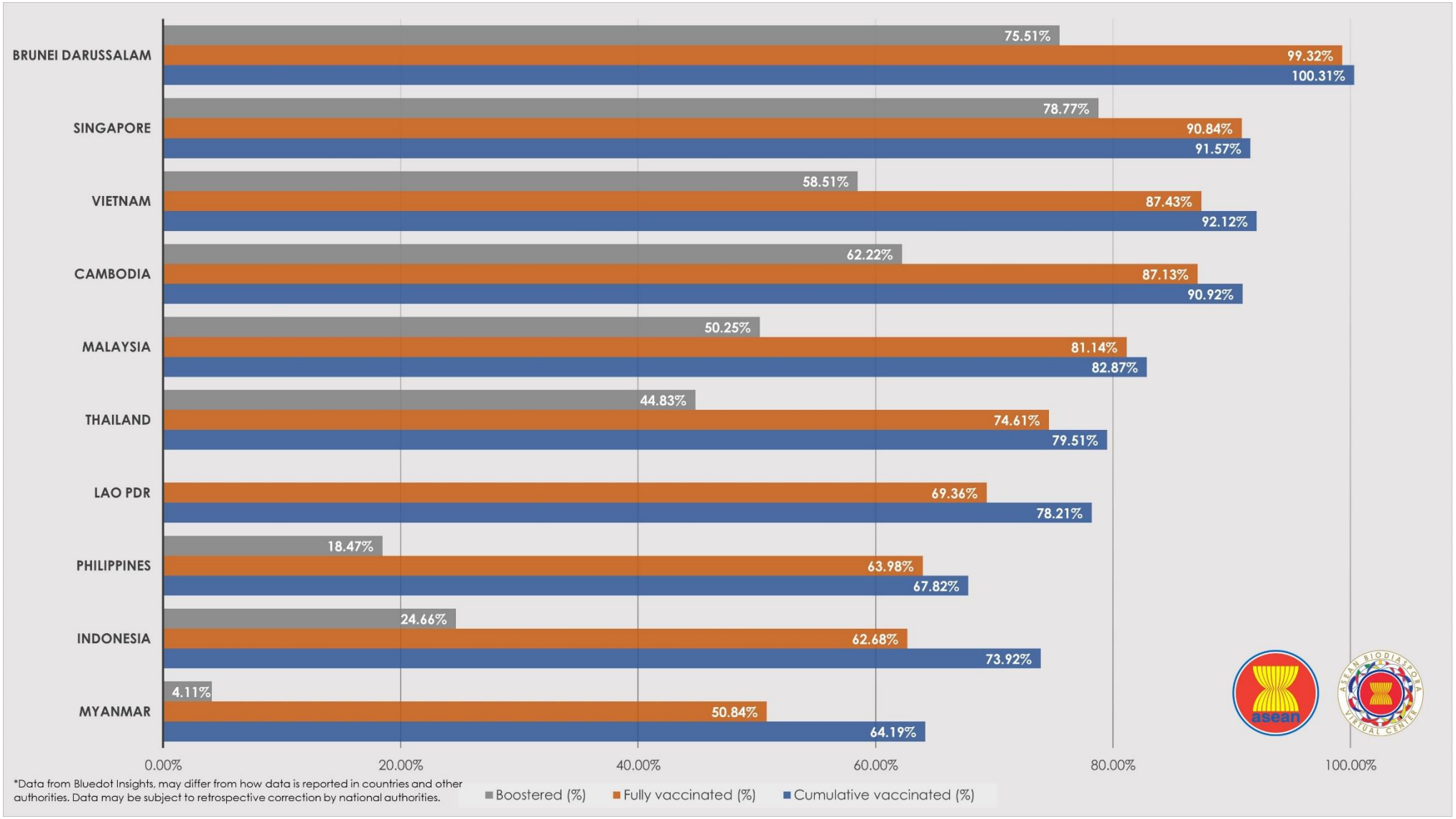
# COVID-19 Vaccination Status in ASEAN

*as of 16 February 2023*



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# ASEAN COVID-19 Outlook Assessment

*as of 16 February 2023*

| 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 | 24.99 | 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 | 0.02 | 61.6/100 |
| Malaysia | 84.5/50.3 | 0%/day | 0.69 | 51.8/100 |
| Myanmar | 52.1/4.1 | Unknown | 0.006 | 69.1/100 |
| Philippines | 71.6/18.5 | Unknown | 0.13 | 55.4/100 |
| Singapore | ≥90.0/78.8 | Unknown | 4.86 | 58.9/100 |
| Thailand | 77.7/44.8 | Unknown | 0.08 | 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.



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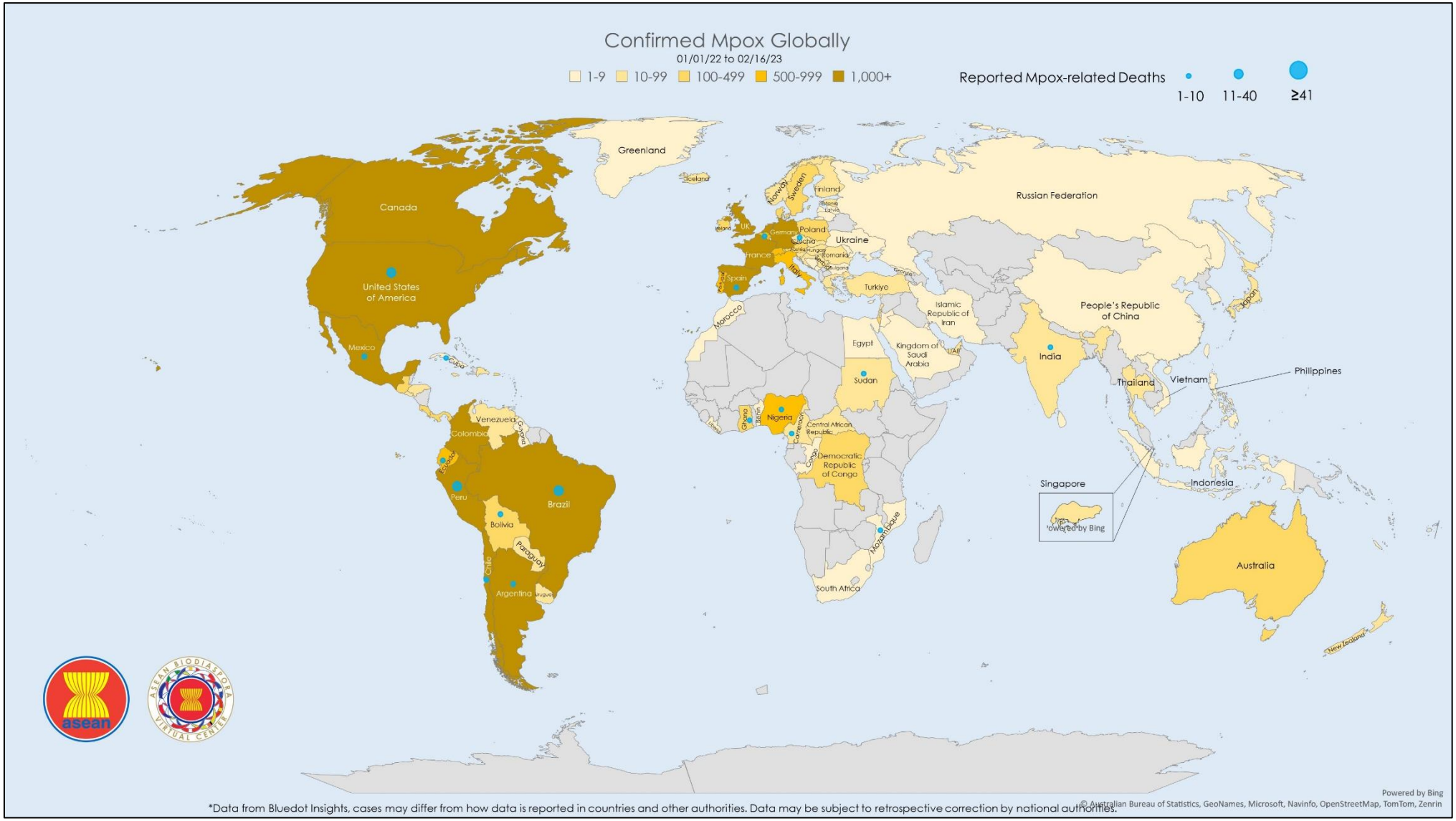
# Mpox (Monkeypox) Cases Reported Globally

*as of February 16, 2023*




*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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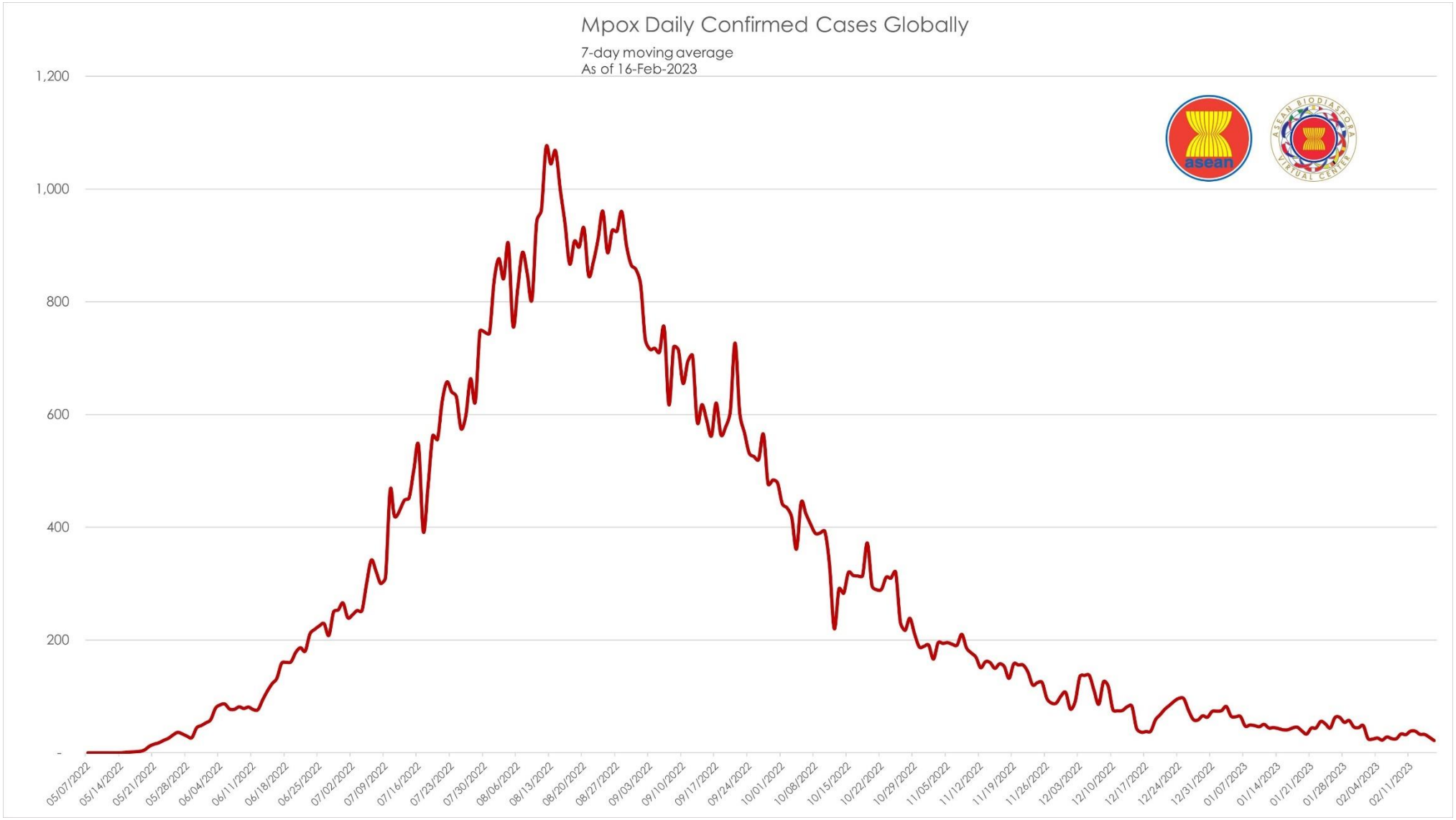
# Mpox Daily Trend Globally

*as of February 16, 2023*



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# Mpox: Highlights and Situation Overview

- As of 17 February 2023 (1PM, GMT+7), worldwide, there were **85,918** confirmed cases, including **92** deaths. Globally, Case Fatality Rate (CFR) was **0.11%.**
- **43 confirmed cases** in the ASEAN region, with CFR of **0%.**
- **85,875 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** | 15 | - | - | 0.00% |
| **Vietnam** | 2 | - | - | 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% |
| **India** | 22 | - | 1 | 5.00% |
| **Japan** | 20 | 1 | - | 0.00% |
| **New Caledonia** | 1 | - | - | 0.00% |
| **New Zealand** | 41 | - | - | 0.00% |
| **People's Republic of China*** | 7 | - | - | 0.00% |
| **Republic of Korea** | 4 | - | - | 0.00% |
| **Sri Lanka** | 2 | - | - | 0.00% |
| **Asia-Pacific Total** | **241** | **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** | 29,974 | - | 28 | 0.09% |
| **Brazil** | 10,808 | - | 15 | 0.14% |
| **Spain** | 7,538 | 5 | 3 | 0.04% |
| **France** | 4,128 | - | - | 0.00% |
| **Colombia** | 4,080 | 6 | - | 0.00% |



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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** | 1,374 | - | 17 | 1.24% |
| **AMERICAS** | 58,373 | 51 | 69* | 0.12% |
| **ASEAN** | 43 | - | - | 0.00% |
| **ASIA PACIFIC** | 241 | 1 | 1 | 0.41% |
| **EUROPE** | 25,566 | 7 | 5 | 0.02% |
| **MIDDLE EAST** | 321 | - | - | 0.00% |
| **TOTAL** | **85,918** | **59** | **92** | **0.11%** |

*Adjusted deaths



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