

COVID-19, Mpox, and Travel Advisories

Situational Report in the ASEAN Region

— ASEAN BioDiaspora Virtual Center (ABVC)



ASSOCIATION OF SOUTHEAST ASIAN NATIONS



ASEAN BIODIASPORA VIRTUAL CENTER (ABVC)



MINISTRY OF HEALTH
REPUBLIC OF INDONESIA

GLOBAL PARTNERS





Table of Contents

COVID-19	1
Highlights and Situation Overview	1
Global Update	1
Regional Update	1
Vaccine Update	1
Research Update	2
ASEAN Travel Advisories	4
COVID-19 Cases and Deaths Table	6
COVID-19 Cases in ASEAN Region Table	6
COVID-19 Cases in Asia-Pacific Region Table	6
Epi curve Among ASEAN Countries	8
Vaccination Status in ASEAN	9
ASEAN Outlook Assessment	10
Mpox	11
Mpox Cases Global Map	11
Mpox Daily Trend Globally	12
Highlights and Situation Overview	13
Mpox Cases in ASEAN Region Table	13
Mpox Cases in Asia-Pacific Region Table	13
Top 5 Countries with Most Mpox Cases Globally	13
Mpox Cases per Region	14
References	15



COVID-19: Highlights and Situation Overview

Global Update

- **Worldwide**, there have been over 666 million cases and over 6 million deaths attributed to COVID-19.
- The **World Health Organization (WHO)** reported in its latest weekly update on March 16 that COVID-19 cases globally have declined by 40% and deaths have dropped by 57% compared to the last 4-week period.¹ However, cases have increased modestly in Europe, the Middle East, and India. Russia, Germany, Austria, and India were among the countries reporting rising cases, while rises in the Mideast were partly driven by activity in Iran, and to a lesser extent, the United Arab Emirates.¹ Meanwhile, in WHO's variant activity report, the WHO said proportions of XBB and its related sublineages, including XBB.1.5, continue to rise and are now dominant in all regions except for the Western Pacific.² It said there are 25 descendent XBB lineages, 3 of which show a growth advantage: XBB.1.5, XBB.1.9 and XBB.1.9.1.² WHO also said that it has revised its variant reporting to better reflect the current landscape, independently evaluate the Omicron sublineages that are circulating, and clarify new variants when needed.² As Omicron viruses continue to evolve, expanding into multiple sublineages and accounting for 98% of sequences since February 2022, as such, the WHO said that it will consider Omicron sublineages independently as variants under monitoring (VUM), variants of interest (VOI), or variants of concern (VOC).² The Omicron parent lineage is classified as a VOC, but XBB.1.5 is classified as a VOI.² WHO emphasizes that these changes do not imply that the circulation of Omicron viruses no longer pose a threat to public health, but rather, these changes were made in order to better identify additional or new threats over and above those posed by the current Omicron viruses in circulation.² [Full report [1](#), [2](#)]

Regional Update

- **Philippines:** Even three years after the country's first coronavirus case, more than half of unvaccinated Filipinos are still afraid to undergo COVID-19 shots, according to a Social Weather Stations (SWS) poll released on March 16.⁷ According to the poll, which was conducted among 1,200 unvaccinated respondents from December 10 to 14, last year, 69% still do not want the vaccination, 12% are eager to have the doses, and 19% are still undecided.⁷ 44% of individuals who had received at least one dose of vaccination were unwilling to have their booster doses, while 32% were eager.⁷ Nevertheless, 55% of individuals who had their third dose were willing to have a second booster shot, while 32% were refused.⁷ The SWS also stated that while 87% of its respondents, or approximately 62.6 million people, have been vaccinated, records show that this percentage "hardly shifted" from April to December of last year.⁷ According to the Department of Health (DOH), vaccination waste might reach 50 million by the end of March.⁷ [Full article]

Vaccine Update

- The study **Estimation of COVID-19 mRNA Vaccine Effectiveness and COVID-19 Illness and Severity by Vaccination Status During Omicron BA.4 and BA.5 Sublineage Periods** found that vaccine effectiveness (VE) of three doses of the monovalent (single-strain) mRNA COVID-19 against hospitalization amid Omicron BA.4 and BA.5 subvariant predominance was 68% for up to 4 months but then fell to 36%.⁴ The test-negative study, led by researchers from the US Centers for Disease Control and Prevention (CDC) VISION Network, included 82,229 adult emergency department (ED) or urgent care (UC) visits and 21,007 hospitalizations for COVID-19 in 10 states from December 16, 2021, to August



20, 2022.⁴ Relative to no vaccination, two-dose VE against hospitalization was estimated at 25% at 150 days or more after receipt.⁴ Third-dose VE was 68% at 7 to 119 days and 36% thereafter.⁴ Fourth-dose VE among patients aged 65 years or older was 66% at 7 to 59 days and 57% thereafter.⁴ The researchers noted that, across all outcomes, estimated VE was lower than that reported during earlier Delta variant and Omicron BA.1 sublineage predominance.⁴ [\[Full text\]](#)

Research Update (Published and peer-reviewed studies)

- The study **Effectiveness of nirmatrelvir–ritonavir in preventing hospital admissions and deaths in people with COVID-19: a cohort study in a large US health-care system** found that the antiviral drug combination nirmatrelvir–ritonavir (Paxlovid) was estimated to be 54% effective against SARS-CoV-2 Omicron BA.2, BA.4, and BA.5 hospitalization or death but was 80% when taken within 5 days of symptom onset. Researchers analyzed the electronic health records of non-hospitalized patients aged 12 and older who tested positive for COVID-19 from April 8 to October 7, 2022, at Kaiser Permanente Southern California.³ Overall, 86% had received at least two doses of COVID-19 vaccine, and 61% had received at least three.³ A total of 12,574 patients received Paxlovid at any time during their illness, 10,038 Paxlovid recipients were tested within 5 days of symptom onset, 1,755 were tested after that timeframe, and 781 didn't have COVID-19 symptoms at the point of testing.³ Hospitalization or death within 30 days occurred in 51 (0.7%) of Paxlovid recipients and 695 (0.6%) nonrecipients.³ Paxlovid's estimated effectiveness in preventing hospitalization or death was 53.6% while the effectiveness rose to 79.6% when Paxlovid was received within 5 days of symptom onset.³ Among the patients who were tested within 5 days of symptom onset and received Paxlovid on the day of the test, the estimated effectiveness increased to 89.6% while it fell to 44% among patients given Paxlovid 6 or more days after symptom onset and those who didn't have COVID-19 symptoms.³ The authors said the findings show the benefit of early Paxlovid treatment among patients with mild to moderate COVID-19, regardless of vaccination status or age.³ [\[Full text\]](#)
- COVID-19 can lead to severe outcomes in children. Vaccination decreases risk for COVID-19 illness, severe disease, and death.⁵ On December 13, 2020, CDC recommended COVID-19 vaccination for persons aged ≥16 years, with expansion on May 12, 2021, to children and adolescents (children) aged 12–15 years, and on November 2, 2021, to children aged 5–11 years.⁵ As of March 8, 2023, COVID-19 vaccination coverage among school-aged children remained low nationwide, with 61.7% of children aged 12–17 years and approximately one third (32.7%) of those aged 5–11 years having completed the primary series.⁵ Intention to receive COVID-19 vaccine and vaccination coverage vary by demographic characteristics, including race and ethnicity and socioeconomic status.⁵ Seattle Public Schools (SPS) implemented a program to increase COVID-19 vaccination coverage during the 2021–22 school year, focusing on children aged 5–11 years during November 2021–June 2022, focusing on populations with low vaccine coverage during January 2022–June 2022.⁵ The program included strategic messaging, school-located vaccination clinics, and school-led community engagement.⁵ Vaccination data from the Washington State Immunization Information System (WIIIS) were analyzed to examine disparities in COVID-19 vaccination by demographic and school characteristics and trends over time.⁵ This study, **School-Based Interventions to Increase Student COVID-19 Vaccination Coverage in Public School Populations with Low Coverage — Seattle, Washington, December 2021–June 2022**, demonstrated that during December 2021–June 2022, completion of the primary COVID-19 vaccination series among Seattle Public Schools students aged 5–18 years increased from 56.5% to 80.3%.⁵ School health programs can provide critical information about and access to vaccinations.⁵ School health providers might also be



able to leverage community partners and relationships with families to increase vaccination coverage.⁵ [\[Full text\]](#)

- Antenatal stress is a significant risk factor for poor postpartum mental health.⁶ The association of pandemic-related stress with postpartum outcomes among mothers and infants is, however, less well understood.⁶ This cohort study, ***Association of Antenatal COVID-19–Related Stress with Postpartum Maternal Mental Health and Negative Affectivity in Infants***, examined the association of antenatal COVID-19–related stress with postpartum maternal mental health and infant outcomes.⁶ This study was conducted among participants in the COVID-19 Risks Across the Lifespan study, which took place in Australia, the UK, and the US.⁶ Eligible participants reported being pregnant at the first assessment wave between May 5 and September 30, 2020, and completed a follow-up assessment between October 28, 2021, and April 24, 2022.⁶ COVID-19–related stress was assessed with the Pandemic Anxiety Scale (score range, 0–4, with higher scores indicating greater COVID-19–related stress).⁶ At follow-up, postpartum distress was assessed with the 10-item Postpartum Distress Measure (score range, 0–3, with higher scores indicating greater postpartum distress), and infant outcomes (negative and positive affectivity and orienting behavior) were captured with the Infant Behavior Questionnaire (score range, 1–7, with higher scores indicating that the infant exhibited that affect/behavior more frequently).⁶ The study included 318 women (mean [SD] age, 32.0 [4.6] years) from Australia (88 [28%]), the US (94 [30%]), and the UK (136 [43%]).⁶ Antenatal COVID-19–related stress was significantly associated with maternal postpartum distress, depression, and generalized anxiety, as well as infant negative affectivity.⁶ The findings remained consistent across a range of sensitivity analyses.⁶ The findings of this cohort study suggest that targeting pandemic-related stressors in the antenatal period may improve maternal and infant outcomes.⁶ Pregnant individuals should be classified as a vulnerable group during pandemics and should be considered a public health priority, not only in terms of physical health but also mental health.⁶ [\[Full text\]](#)



ASEAN Travel Advisories (new update/s)

as of 17 March 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	March 6, 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 SatuSehat app (Android / iOS) 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	February 22, 2023	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	March 1, 2023	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 March 2023

- As of 16 March 2023 (1PM, GMT+7), worldwide, there were **666,339,735** confirmed cases, including **6,789,441** deaths. Globally, Case Fatality Rate (CFR) was **1.2%**.
- 35,625,987 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	16-Mar-23	280,790	1,129	225	-	64,053	450,404	445,929	338,987	99.3
	Cambodia	27 Jan 20	17-Mar-23	138,721	1	3,056	-	841	15,244,858	14,609,937	10,433,215	87.1
	Indonesia	02 Mar 20	16-Mar-23	6,740,404	373	160,963	7	2,490	203,657,535	172,693,321	67,952,274	62.7
	Lao PDR	24 Mar 20	16-Mar-23	218,026	2	758	-	3,041	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	13-Mar-23	5,045,192	-	36,967	-	15,788	28,125,245	27,536,657	17,056,957	81.1
	Myanmar	23 Mar 20	16-Mar-23	633,975	8	19,490	-	1,173	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	16-Mar-23	4,078,480	261	66,245	8	3,771	78,369,243	73,937,435	21,341,197	64.0
	Singapore	23 Jan 20	13-Mar-23	2,234,996	-	1,722	-	39,049	5,161,990	5,120,768	4,440,289	90.8
	Thailand	13 Jan 20	13-Mar-23	4,728,304	122	33,924	6	6,791	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	16-Mar-23	11,527,099	20	43,186	-	11,950	90,450,881	85,848,363	57,452,750	87.4
ASEAN COUNTRIES				35,625,987	1,916	366,536	21	148,946	519,131,616	466,446,242	213,386,451	

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-Mar-23	209,417	-	7,896	-	550	11,606,705	10,894,509		26.5
	Australia	25-Jan-20	08-Mar-23	11,385,534	-	19,470	-	44,388	22,236,871	21,655,312	19,762,423	82.7
	Bangladesh	08-Mar-20	09-Mar-23	2,037,836	42	29,445	-	1,250	150,629,515	131,182,263	65,897,152	76.6
	Bhutan	05-Mar-20	09-Mar-23	62,623	7	21	-	8,206	699,116	677,669	634,641	86.6
	People's Republic of China*		09-Mar-23	13,503,322	9,627	37,130	0	82,117	1,339,608,531	1,304,575,996	214,031,616	89.7
	Cook Islands	17-Feb-22	07-Mar-23	7,031	-	2	-	32,874	15,084	14,715	10,209	86.4
	Fiji	18-Mar-20	03-Mar-23	68,897	-	883	-	7,742	711,686	640,712	170,632	68.9
	French Polynesia	12-Mar-20	08-Mar-23	78,055	-	649	-	27,948	190,765	186,059	112,237	60.8
	Guam	15-Mar-20	08-Mar-23	61,006	-	419	-	36,466	158,611	144,042		85.5
	India	30-Jan-20	09-Mar-23	44,688,879	379	530,775	1	3,271	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	09-Mar-23	5,013	1	18	-	4,263	96,184	73,888	23,419	56.3
	Maldives	07-Mar-20	07-Mar-23	185,738	-	311	-	34,982	399,151	385,081	167,187	73.5
	Marshall Islands	26-Oct-20	09-Mar-23	15,649	31	17	-	26,618	43,310	34,694		44.6
	Micronesia	11-Jan-21	02-Mar-23	23,948	-	61	-	21,041	84,729	71,253		69.6
	Mongolia	10-Mar-20	09-Mar-23	1,007,899	3	2,179	-	31,251	2,272,965	2,175,617	1,044,337	64.0
	Nepal	24-Jan-20	09-Mar-23	1,001,151	4	12,020	-	3,499	27,678,479	24,159,118	8,951,403	79.1
	New Caledonia	17-Mar-20	28-Feb-23	79,881	-	314	-	27,756	192,229	184,660	101,849	63.7
	New Zealand	28-Feb-20	06-Mar-23	2,228,291	-	3,922	-	45,318	4,300,097	4,138,926	3,523,903	79.8
	Niue	03-Sep-21	08-Mar-23	792	-	-	-	36,565	1,636	1,634	1,224	83.7
	Northern Mariana Islands	28-Mar-20	03-Mar-23	13,666	-	41	-	23,885	46,567	43,873		84.6
	Pakistan	26-Feb-20	09-Mar-23	1,577,280	50	30,644	-	728	154,665,740	131,368,973	49,551,181	55.7
	Palau	31-May-21	09-Mar-23	5,991	2	9	-	33,269	20,750	18,497		85.9
	Papua New Guinea	21-Mar-20	08-Mar-23	46,825	-	670	-	534	369,998	310,717	32,384	3.1
	Samoa	18-Nov-20	22-Feb-23	16,607	-	29	-	8,426	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	09-Mar-23	30,594,342	10,890	34,061	16	59,166	44,867,046	44,448,105	41,325,954	85.8
	Sri Lanka	27-Jan-20	08-Mar-23	672,037	-	16,830	-	3,082	17,143,761	14,752,827	8,220,002	67.6
	Timor Leste	21-Mar-20	09-Mar-23	23,419	1	138	-	1,811	878,845	790,466	315,249	58.9
	Tonga	05-Nov-21	09-Mar-23	16,810	3	13	-	16,087	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			148,557,798	21,040	875,642	17	689,891	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

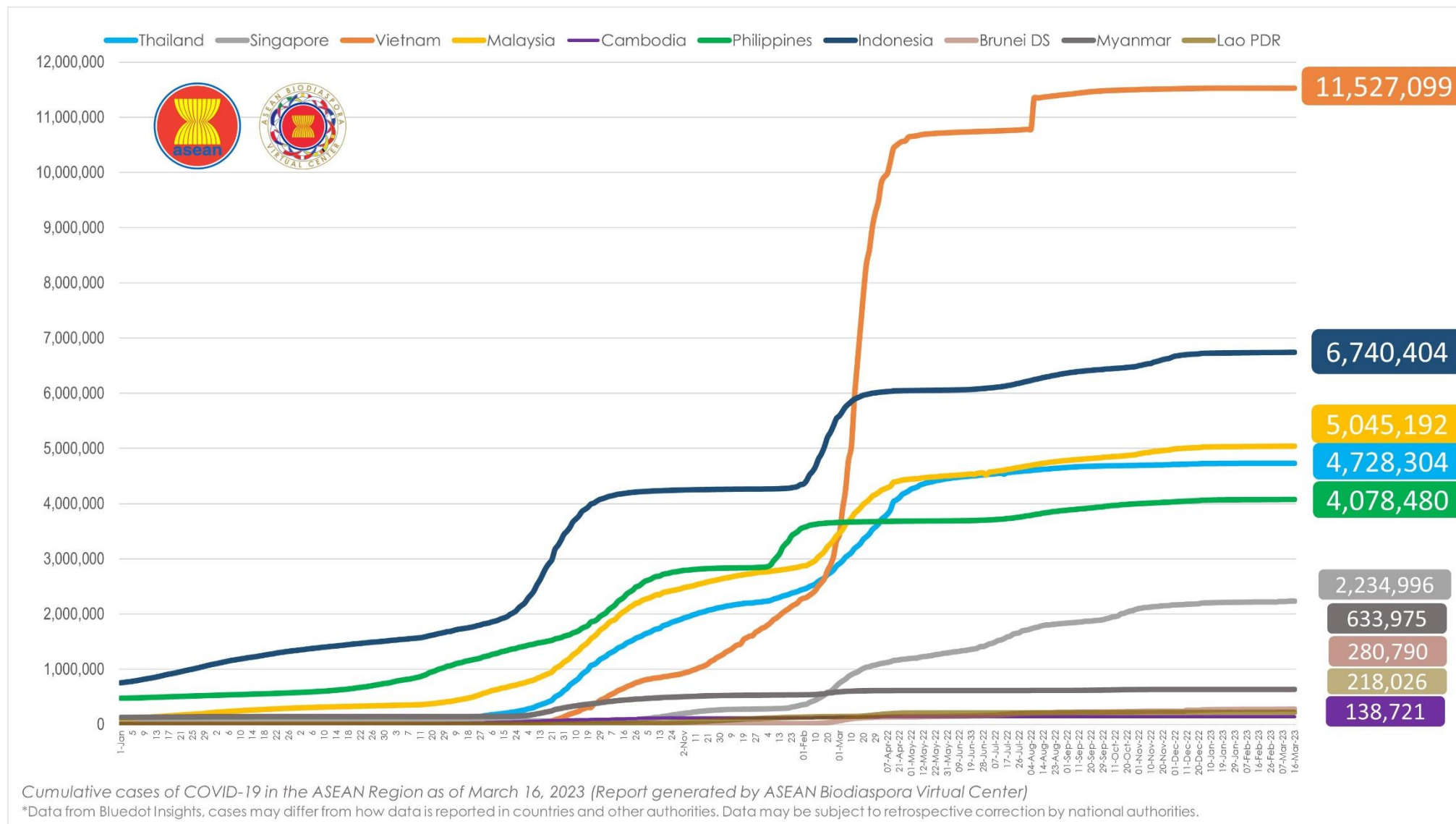
- **482,155,950 confirmed cases** of COVID-19 have been reported in other **4 regions** (other than ASEAN and Asia-Pacific countries):

REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTED
AFRICA	13,057,668	80	259,541	-	248,964	484,058,451	398,811,838	66,003,692
AMERICAS	193,947,099	8,660	2,969,774	78	1,243,252	835,447,892	731,893,384	495,237,137
EUROPE	252,412,212	25,421	2,077,977	109	2,116,302	569,620,774	541,040,894	383,756,585
MIDDLE EAST	22,738,971	986	239,971	1	216,792	144,725,560	130,012,483	60,203,464
TOTAL	482,155,950	35,147	5,547,263	188	3,825,310	2,033,852,677	1,801,758,599	1,005,200,878



COVID-19 Epi curve among ASEAN Countries

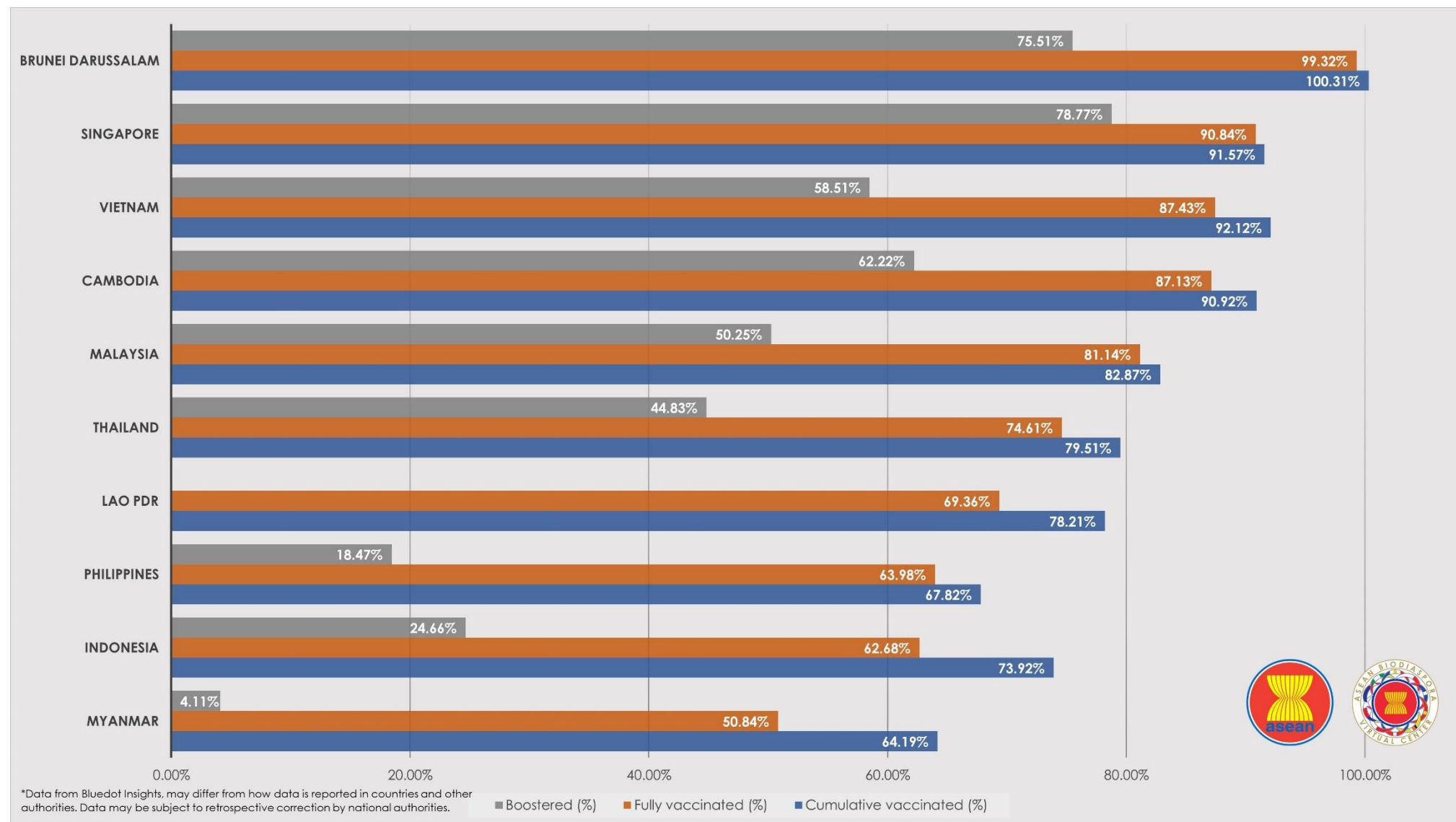
From January 1, 2022 to March 16, 2023





COVID-19 Vaccination Status in ASEAN

as of 16 March 2023





ASEAN COVID-19 Outlook Assessment

as of 14 March 2023

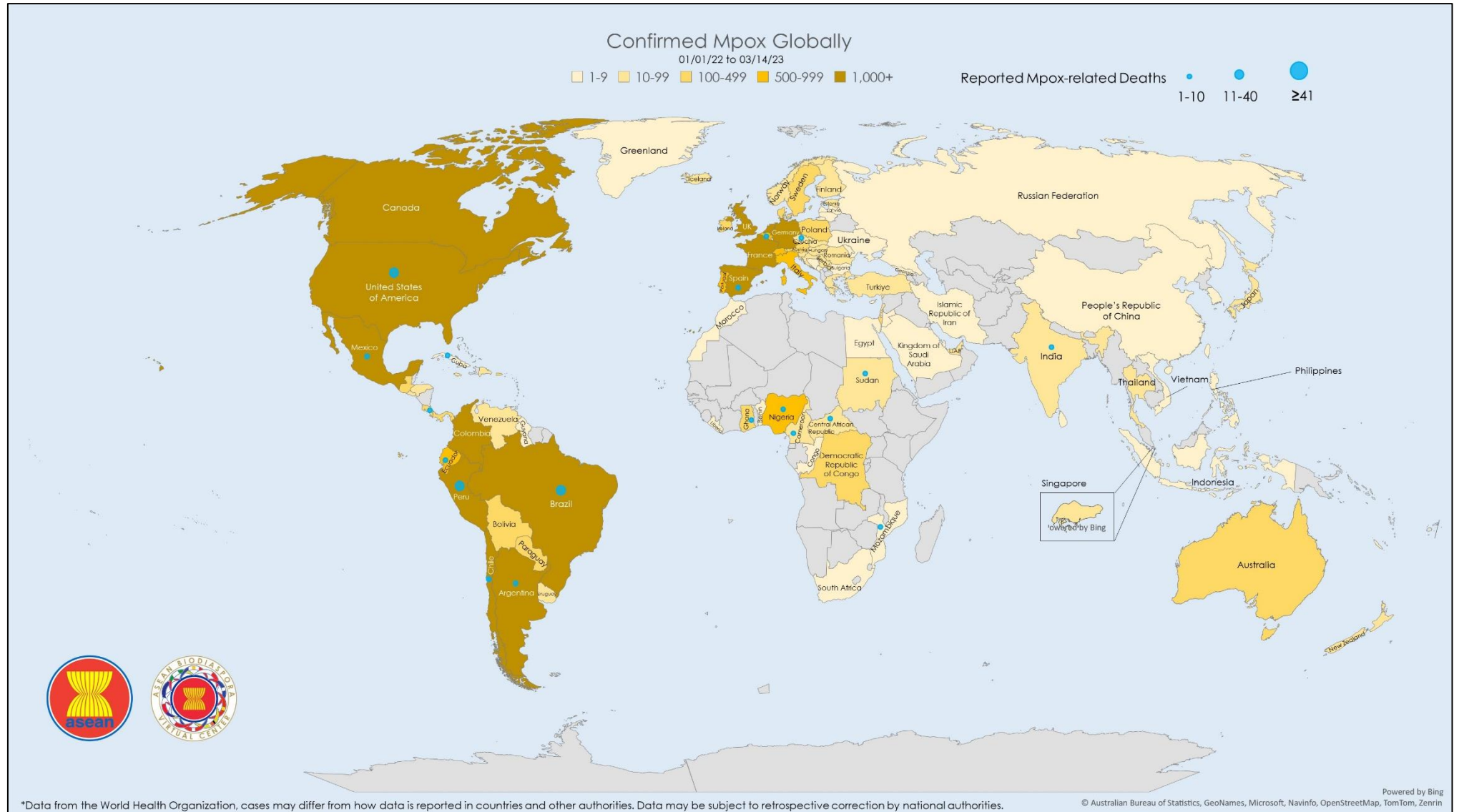
  ASEAN MEMBER STATE	<p>At least 65% of the total population has a level of immunity to COVID-19; either recovered from COVID-19 or have been vaccinated with at least one dose of a COVID-19 vaccine.</p>		<p>Case levels are generally low (a 7-day rolling average number of daily new cases that is <10 cases 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		Daily cases/ 100,000	Containment and health index score - Oxford COVID-19 Government Response Tracker (OxCGRT)
Brunei Darussalam	≥90.0	75.5	31.75	31.0/100
Cambodia	≥90.0	62.2	0.00	31.5/100
Indonesia	66.1	24.7	0.03	54.2/100
Lao PDR	77.3	ND	0.01	61.6/100
Malaysia	84.5	50.3	0.16	51.8/100
Myanmar	52.1	4.1	0.01	69.1/100
Philippines	71.6	18.5	0.04	55.4/100
Singapore	≥90.0	78.8	0.00	58.9/100
Thailand	77.7	44.8	0.00	31.5/100
Vietnam	≥90.0	58.5	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

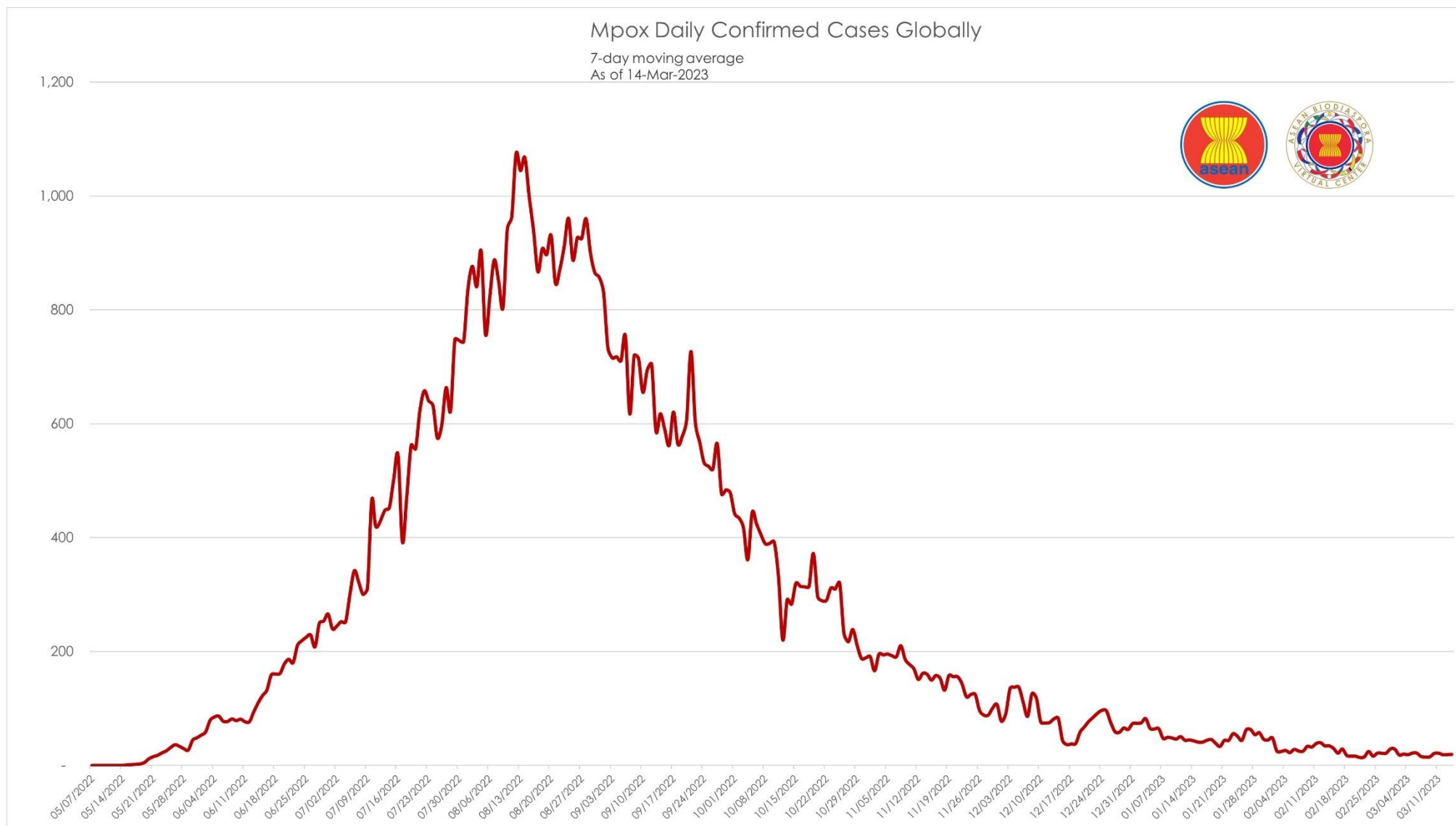
as of March 14, 2023





Mpox Daily Trend Globally

as of March 14, 2023





Mpox: Highlights and Situation Overview

- As of 16 March 2023 (1PM, GMT+7), worldwide, there were **86,516** confirmed cases, including **111** deaths. Globally, Case Fatality Rate (CFR) was **0.13%**.
- 44 confirmed cases** in the ASEAN region, with CFR of **0%**.
- 86,472 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	16	-	-	0.00%
Vietnam	2	-	-	0.00%
ASEAN Total	44	-	-	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	31	-	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	41	-	-	0.00%
People's Republic of China*	11	-	-	0.00%
Republic of Korea*	5	-	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	257	-	1	0.39%

*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	30,039	-	38	0.13%
Brazil	10,878	-	15	0.14%
Spain	7,543	-	3	0.04%
France	4,128	-	-	0.00%
Colombia	4,088	-	-	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	1,453	-	18	1.24%
AMERICAS	58,863	-	86	0.15%
ASEAN	44	-	-	0.00%
ASIA PACIFIC	257	-	1	0.39%
EUROPE	25,578	-	6	0.02%
MIDDLE EAST	321	-	-	0.00%
TOTAL	86,516	-	111	0.13%



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