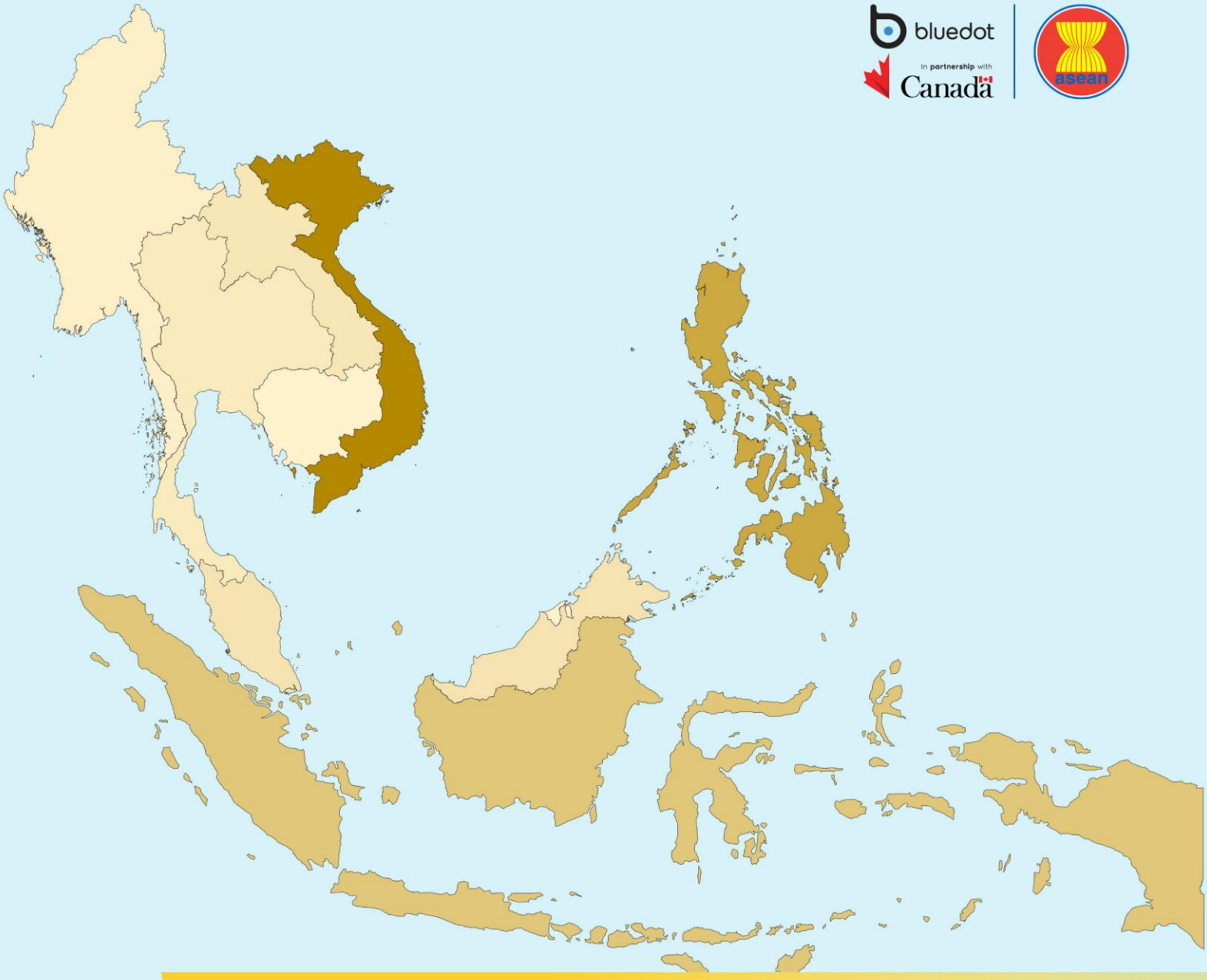


COVID-19, Monkeypox, and Travel Advisories

Situational Report in the ASEAN Region

ASEAN BioDiaspora Virtual Center (ABVC)

November 18, 2022 | Issue No. 415

Table of Contents

COVID-19: Highlights and Situation Overview

Global Update

- **Worldwide**, there have been over 641 million cases and over 6 million deaths attributed to COVID-19.

- **China:** Guangzhou, in southern China, is establishing makeshift hospitals and quarantine camps with a capacity of roughly 250,000 beds for COVID-19 infections, officials said on Nov. 17, as cases in the country reached their highest level since April.[5] China is fighting coronavirus breakouts in a number of major cities, including Chongqing and the capital Beijing, while attempting to alleviate the burden of its rigorous zero-COVID policy, which has resulted in serious economic damage and public frustration nearly three years into the pandemic.[5] Authorities in Zhengzhou, China's hard-hit central city, said they will investigate the death of a 4-month-old girl whose father said she was denied urgent care while they were in central quarantine, the latest such instance to elicit online outrage.[5] Guangzhou, a manufacturing powerhouse with a population of 19 million people, is presently fighting China's largest, most recent outbreak, with new COVID-19 infections reaching 8,761 a day, prompting fears that it will reach the scale of Shanghai's outbreak earlier this year.[5] [Full Article]

- **European CDC:** Infections from some antibiotic-resistant organisms known as superbugs have more than doubled in European health care institutions, according to an EU agency on Nov. 14, providing fresh evidence of the COVID-19 pandemic's broader impact.[6] According to a report from the European Centre for Disease Prevention and Control, recorded cases of two extremely drug-resistant bacteria surged in 2020, the first year of the COVID-19 pandemic, then significantly escalated in 2021.[6] According to ECDC official Dominique Monnet, the rise was caused by outbreaks in intensive care units of hospitals and in European Union countries where antimicrobial-resistant diseases were already prevalent.[6] Some researchers attribute the spike in hospital-acquired superbug infections during the pandemic to increased antibiotic prescriptions for COVID-19 and other bacterial illnesses during protracted hospital stays.[6] Monnet called that "the most reasonable hypothesis," but his agency has yet to conduct a complete investigation.[6] The European report is consistent with a trend observed in the United States last year, when government data showed that deaths from drug-resistant infections increased by 15% in 2020.[6] [Full Article]

- Two new omicron subvariants have overtaken BA.5 as the prevailing variants of COVID-19 in the United States of America.[12] Weekly data from the Centers for Disease Control and Prevention (CDC) ending November 12 showed that 44% of new COVID-19 infections were sequenced as BQ.1.1 and BQ.1, whereas subvariants BA.5 make up just 30% of the cases.[12] With the holidays approaching, some virologists anticipate that the U.S. could see a fresh wave of cases as more people travel and gather indoors.[12] The BQ.1.1 and BQ.1 cases are also rising in the United Kingdom and elsewhere in Europe.[13] The two subvariants made up around 18% of new infections in the European Union from October 17-30, and the European CDC expects that the rise of these subvariants cases may jump to more than 50% this month or the coming month.[13]

- **New South Wales (NSW)** Ministry of Health is recommending the public to wear masks on public transport and in indoor public areas as COVID-19 weekly cases ending November 12 rose to 52.8% compared to the previous week.[14] A total of 22,672 cases were reported last week in NSW.[14] Likewise, the seven-day rolling average of daily hospital admissions with COVID-19 has increased to 63 admissions by the end of the week compared with 55 admissions the previous week.[14] As such, the NSW Ministry of Health is urging the public

to wear masks in indoor public spaces, especially where physical distance is not possible, and on public transport.[14] [Full Article]

- **Japan**'s Tokyo Metropolitan Government on November 17 (Thursday) raised its COVID-19 alert to the second-highest level on its four-tier scale.[15] As of Thursday, the seven-day average of new cases in Tokyo is 8,276, a 25% increase from a week before.[15] According to experts' case prediction, the seven-day average could reach 12,300 by the end of November if new COVID-19 infections increase at the current pace.[15] The metropolitan government pledged that it will boost the capital's medical capacity in the event that COVID-19 and influenza spread simultaneously, and will prepare to treat up to 127,000 outpatients with fever each day.[15] The authority said that it will also strengthen the capabilities of its infection registration center to handle as many as 41,000 individuals daily who are registering themselves as COVID-19 carriers using self-test kits.[15] [Full Article]

Regional Update

- **Malaysia:** On November 17, Malaysian Health Minister Khairy Jamaluddin stated that the outbreak of COVID-19 infections, including the Omicron XBB subtype, is under control.[7] He stated that there was a 13.4% decline in new COVID-19 cases last week compared to the prior week.[7] However, he urged everyone to be cautious, particularly during ceramah programs in the final days of the general election campaign.[7] According to Khairy, the health ministry detected 40 instances of COVID-19 associated with the XBB variant between November 11 and 17, bringing the total number of occurrences of the variant to 60.[7] [Full Article]

Vaccine Update

- **Indonesia:** On November 16, Chinese President Xi Jinping and Indonesian President Joko Widodo conducted formal discussions on the Indonesian island of Bali, pledging stronger cooperation on the development of COVID-19 vaccines.[1] According to a readout issued by the Chinese foreign ministry, Xi informed Widodo that China will push cooperative vaccine research and development and will continue to support Indonesia in the establishment of a regional vaccine production center.[1] Since the beginning of the epidemic, Indonesia has been a major user of Chinese-made COVID-19 vaccines, administering hundreds of millions of doses supplied by China's Sinovac Biotech.[1] In September, Indonesia announced that it has granted emergency use approval to a Chinese company's mRNA COVID-19 vaccine, making it the first country to do so, ahead of even China.[1] [Full Article]

Research Update

- In the study, ***The Seroprevalence of SARS-CoV-2 in Children During Early COVID-19 Pandemic in Korea: A Nationwide, Population-Based Study***, the seroprevalence of SARS-CoV-2 infection in children in Korea was determined.[8] Between December 2020 and March 2021, 1,887 serum samples from children aged 0–18 years in 17 different regions across the country were collected and were tested for SARS-CoV-2 antibody using an electro-chemiluminescence immunoassay (ECLIA) to detect the antibodies against nucleocapsid antigens of SARS-CoV-2.[8] Samples that tested positive were reflexed to an additional plaque reduction neutralization test (PRNT) for SARS-CoV-2.[8] Two samples (0.11%) were positive for the antibodies against nucleocapsid antigens of SARS-CoV-2.[8] Thus, after 1 year since the start of COVID-19 pandemic, the seroprevalence of SARSCoV-2 among Korean children was 0.11%, which was lower than the adults (0.52%) in another study conducted during a similar period.[8] [Full Text]

- This retrospective study, ***Patients with allergic asthma have lower risk of severe COVID-19 outcomes than patients with nonallergic asthma***, compared COVID19 outcomes in

real-world cohorts in the United States among patients with asthma, with or without evidence of allergy.[9] From the COVID-19 Optum electronic health record dataset (February 20, 2020– January 28, 2021), patients diagnosed with COVID-19 with a history of moderate-to-severe asthma were divided into 2 cohorts: those with evidence of allergic asthma and those without (nonallergic asthma). 1:1 propensity score matching was done and COVID-19 outcomes were compared between cohorts.[9] From a COVID-19 population of 591,198 patients, 1595 patients with allergic asthma and 8204 patients with nonallergic asthma were identified.[9] Risk of death from any cause after COVID-19 diagnosis was significantly lower for patients with allergic vs nonallergic asthma (hazard ratio, 0.48; 95% CI 0.28–0.83; P=0.0087), and a smaller proportion of patients with allergic vs. nonallergic asthma was hospitalized within−7 to+30 days of COVID-19 diagnosis (13.8% [n=217] vs. 18.3% [n=289]; P=0.0005).[9] Among hospitalized patients, there were no significant differences between patients with allergic or nonallergic asthma in need for intensive care unit admission, respiratory support, or COVID-19 treatment.[9] [Full Text]

- This digital prospective observational cohort study of fully immune individuals, ***Participatory disease surveillance for a mass gathering — a prospective cohort study on COVID-19, Germany 2021***, evaluated a web-based participatory disease surveillance tool to detect COVID-19 infections at and after an outdoor mass gathering (MG) by collecting self-reported COVID-19 symptoms and tests.[10] A total of 2,808 of 9,242 (30.4%) attendees of the sports festival that took place from September 2 to 5, 2021 in Saxony-Anhalt, Germany participated in the study.[10] Participants used the study app to report demographic data, COVID-19 tests, symptoms, and their contact behavior for the full "study period" (08/12/2021 – 10/31/2021) and within the 14-day "surveillance period" during and after the MG.[10] Within the study period, 776 individual symptoms and 5,255 COVID-19 tests were reported.[10] During the 14-day surveillance period around and after the MG, seven probable and seven PCR-confirmed COVID-19 cases were detected.[10] The confirmed cases translated to an estimated seven-day incidence of 125 per 100,000 participants (95% CI [67.7/100,000, 223/100,000]), which was comparable to the average age-matched incidence in Germany during same period.[10] COVID-19 cases attributable to the mass gathering were comparable to the Germany-wide age-matched incidence, implicating that the active participatory disease surveillance tool was able to detect MG-related infections.[10] [Full Text]

- In this study, ***Symptom Clusters Seen in Adult COVID-19 Recovery Clinic Care Seekers***, the authors described the constellation of post-acute sequelae of COVID-19 (PASC) symptoms.[11] Data from a cohort of 441 adult patients seeking COVID-19 recovery clinic care between November 15, 2020, and July 31, 2021, with laboratory-confirmed mild (not hospitalized), moderate (hospitalized), or severe (hospitalized with critical care) COVID-19 were assessed.[11] It was observed that PASC symptoms clustered into two distinct groups: neuropsychiatric (N = 186) (e.g., subjective cognitive dysfunction) and pulmonary (N = 255) (e.g., dyspnea, cough).[11] The neuropsychiatric cluster had significantly higher incidences of otolaryngologic ($X2 = 14.3$, $p < 0.001$), gastrointestinal ($X2 = 6.90$, $p = 0.009$), neurologic ($X2 = 441$, $p < 0.001$), and psychiatric sequelae ($X2 = 40.6$, $p < 0.001$) with more female ($X2 = 5.44$, $p = 0.020$) and younger age ($t = 2.39$, $p = 0.017$) patients experiencing longer durations of PASC symptoms before seeking care ($t = 2.44$, $p = 0.015$).[11] Patients in the pulmonary cluster were more often hospitalized for COVID-19 ($X2 = 3.98$, $p = 0.046$) and had significantly higher comorbidity burden ($U = 20800$, $p = 0.019$) and pulmonary sequelae ($X2 = 13.2$, $p < 0.001$).[11] These findings can inform machine learning algorithms, primary care management, and selection of patients for earlier COVID-19 recovery referral.[11] [Full Text]

- The study **Incidence of Epilepsy and Seizures Over the First 6 Months After a COVID-19 Diagnosis: A Retrospective Cohort Study** retrospectively analyzed the data of over 300,000 individuals showed that a diagnosis of COVID-19 was associated with a greater risk of both seizures and epilepsy as compared to those diagnosed with influenza

infection.[16] The six-month incidence of seizures or epilepsy was greater in the COVID-19 cohort as compared to the influenza cohort at 0.94% and 0.60%, respectively.[16] When considered separately, the risk of seizures due to COVID-19 and influenza was 0.81% and 0.51%, respectively, whereas the risk of epilepsy was 0.30% and 0.17%, respectively.[16] Children diagnosed with COVID-19 had a 1.34% risk of seizures or epilepsy as compared to a 0.69% risk when diagnosed with influenza.[16] Conversely, adults had a 0.84% and 0.54% risk of seizures and epilepsy when diagnosed with COVID-19 or influenza, respectively.[16] The study also reported that non-hospitalized COVID-19 patients were more likely to experience seizures or epilepsy as compared to hospitalized patients.[16] The peak risk of seizures or epilepsy due to COVID-19 and influenza infection was about 23 days.[16] In adults, this peak risk was 21 days, whereas the risk was greatest at 50 days following COVID-19 infection in children.[16] Furthermore, at 50 days post-infection, children diagnosed with COVID-19 were three times more likely to experience seizures or epilepsy than at the same time after influenza infection.[16] [Full Text]

ASEAN Travel Advisories (new update/s)

as of 18 November 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	September 15, 2022	Yes	No	No	No	No	Minimum coverage: BN$20,000	No
Cambodia	October 6, 2022	Yes	No	No	No	No	No	No
Indonesia	September 14, 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	October 14, 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	November 4, 2022	Yes	Yes – fully vaccinated* with booster dose certificate for 12 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	No	Yes – Negative COVID-19 test within 48 hours before	No	No	Traveler is required to download and register at

Return to table of contents

			vaccination status on the HealthHub app or TraceTogether app or acceptance letter issued by the Safe Travel Office (STO) or SGAC acknowledgment email.		departure for travelers born on or before December 31, 2009.				SG Arrival Card app before departure.
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.

Return to table of contents

COVID-19 Cases and Deaths as of 18 November 2022

- As of 18 November 2022 (2PM, GMT+8), worldwide, there were **641,389,781** confirmed cases, including **6,628,362** deaths. Globally, Case Fatality Rate (CFR) was **1.2%.**
- **35,149,492 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	17-Nov-22	241,044	-	225	-	55,632	450,174	445,661	338,055	99.3
	Cambodia	27 Jan 20	17-Nov-22	138,010	3	3,056	-	837	15,215,773	14,576,435	10,298,823	86.9
	Indonesia	02 Mar 20	17-Nov-22	6,590,113	7,822	159,291	38	2,435	204,349,928	171,068,403	64,814,582	62.1
	Lao PDR	24 Mar 20	17-Nov-22	216,431	34	758	-	3,019	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	17-Nov-22	4,956,722	-	36,574	-	15,514	28,112,552	27,522,946	16,816,694	81.1
	Myanmar	23 Mar 20	17-Nov-22	632,865	60	19,486	-	1,171	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	17-Nov-22	4,022,127	1,887	64,441	21	3,720	78,042,080	73,524,190	20,561,136	63.6
	Singapore	23 Jan 20	17-Nov-22	2,143,323	2,184	1,698	1	37,579	5,163,385	5,123,895	4,440,289	90.9
	Thailand	13 Jan 20	17-Nov-22	4,698,373	-	33,037	-	6,748	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	17-Nov-22	11,510,484	509	43,167	-	11,933	90,063,216	84,448,184	56,525,745	86.0
			ASEAN COUNTRIES	**35,149,492**	**12,499**	**361,733**	**60**	**138,587**	**519,068,568**	**462,963,546**	**208,166,106**	

*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	17-Nov-22	204,982	162	7,830	-	539	11,196,779	10,489,783		25.5
	Australia	25-Jan-20	16-Nov-22	10,480,131	-	15,863	-	40,858	22,443,557	21,784,904	14,265,648	83.2
	Bangladesh	08-Mar-20	17-Nov-22	2,036,306	38	29,430	-	1,249	143,323,610	124,336,665	58,282,310	72.6
	Bhutan	05-Mar-20	15-Nov-22	62,460	-	21	-	8,185	699,116	677,669	634,641	86.6
	People's Republic of China*		17-Nov-22	10,405,339	30,556	29,592	0	61,547	1,333,142,317	1,300,095,567	209,266,565	87.9
	Cook Islands	17-Feb-22	14-Sep-22	6,389	-	1	-	29,872	15,084	14,708	10,206	86.4
	Fiji	18-Mar-20	11-Nov-22	68,287	-	878	-	7,673	710,832	639,535	168,675	68.8
	French Polynesia	12-Mar-20	16-Nov-22	76,827	-	649	-	27,508	190,155	185,643	111,840	60.6
	Guam	15-Mar-20	14-Nov-22	59,039	-	406	-	35,291	157,602	143,085		84.9
	India	30-Jan-20	17-Nov-22	44,667,311	635	530,546	11	3,269	1,026,969,241	950,512,662	220,744,509	67.1

Return to table of contents

	Japan	16-Jan-20	19-Oct-22	21,858,528	-	46,014	-	17,312	104,323,897	102,961,975	128,633,897	83.1
	Kiribati	25-Jan-22	25-Jul-22	3,430	-	13	-	2,917	93,685	70,464	18,774	53.7
	Maldives	07-Mar-20	15-Nov-22	185,549	-	311	-	34,946	399,126	385,014	167,059	73.5
	Marshall Islands	26-Oct-20	19-Oct-22	15,389	-	17	-	26,176	42,917	34,305		44.1
	Micronesia	11-Jan-21	31-Oct-22	22,203	-	55	-	19,508	82,148	69,104		67.5
	Mongolia	10-Mar-20	17-Nov-22	988,303	249	2,179	-	30,643	2,272,965	2,175,617	1,044,337	64.0
	Nepal	24-Jan-20	17-Nov-22	1,000,838	4	12,019	-	3,498	27,316,278	23,616,893	8,498,167	77.3
	New Caledonia	17-Mar-20	15-Nov-22	74,682	-	314	-	25,949	191,637	184,099	93,895	63.5
	New Zealand	28-Feb-20	14-Nov-22	1,894,029	-	3,199	-	38,520	4,298,557	4,135,113	3,409,421	79.8
	Niue	03-Sep-21	16-Nov-22	93	-	-	-	4,294	1,650	1,436	1,094	73.6
	DPR Korea**	24-Jul-20	29-Jul-22	4,772,814	-	74	-	18,596				
	Northern Mariana Islands	28-Mar-20	01-Nov-22	13,212	-	41	-	23,091	46,279	43,742		84.4
	Pakistan	26-Feb-20	17-Nov-22	1,574,801	57	30,630	1	727	139,581,997	132,160,621	47,744,657	56.0
	Palau	31-May-21	14-Nov-22	5,572	-	7	-	30,942	20,673	18,430		85.6
	Papua New Guinea	21-Mar-20	16-Nov-22	45,773	-	668	-	522	359,043	299,124	29,053	3.0
	Samoa	18-Nov-20	19-Oct-22	15,946	-	29	-	8,090	191,130	177,651	78,912	79.9
	Solomon Islands	03-Oct-20	11-Jun-22	21,544	-	153	-	3,216	343,821	254,352	27,783	35.1
	Republic of Korea**	20-Jan-20	17-Nov-22	26,447,154	89,690	29,909	114	51,146	45,125,587	44,695,985	41,263,521	86.3
	Sri Lanka	27-Jan-20	17-Nov-22	671,481	26	16,788	4	3,080	17,143,761	14,752,827	8,220,002	67.6
	Timor Leste	21-Mar-20	17-Nov-22	23,318	1	138	-	1,803	860,974	761,329	244,876	56.8
	Tonga	05-Nov-21	06-Sep-22	16,182	-	12	-	15,486	90,837	76,825	38,137	71.9
	Türkiye	10-Mar-20	11-Nov-22	16,975,322	-	101,322	-	20,347	57,936,783	53,171,790	41,366,484	62.3
	Vanuatu	11-Nov-20	02-Nov-22	11,952	-	14	-	3,986	144,824	131,697	16,996	40.3
	Wallis et Futuna	17-Oct-20	28-Jul-22	761	-	7	-	4,749	7,136	6,794	3,742	58.6
			ASIA PACIFIC	**144,705,947**	**121,418**	**859,129**	**130**	**605,535**	**2,939,723,998**	**2,789,065,408**	**784,385,201**	

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

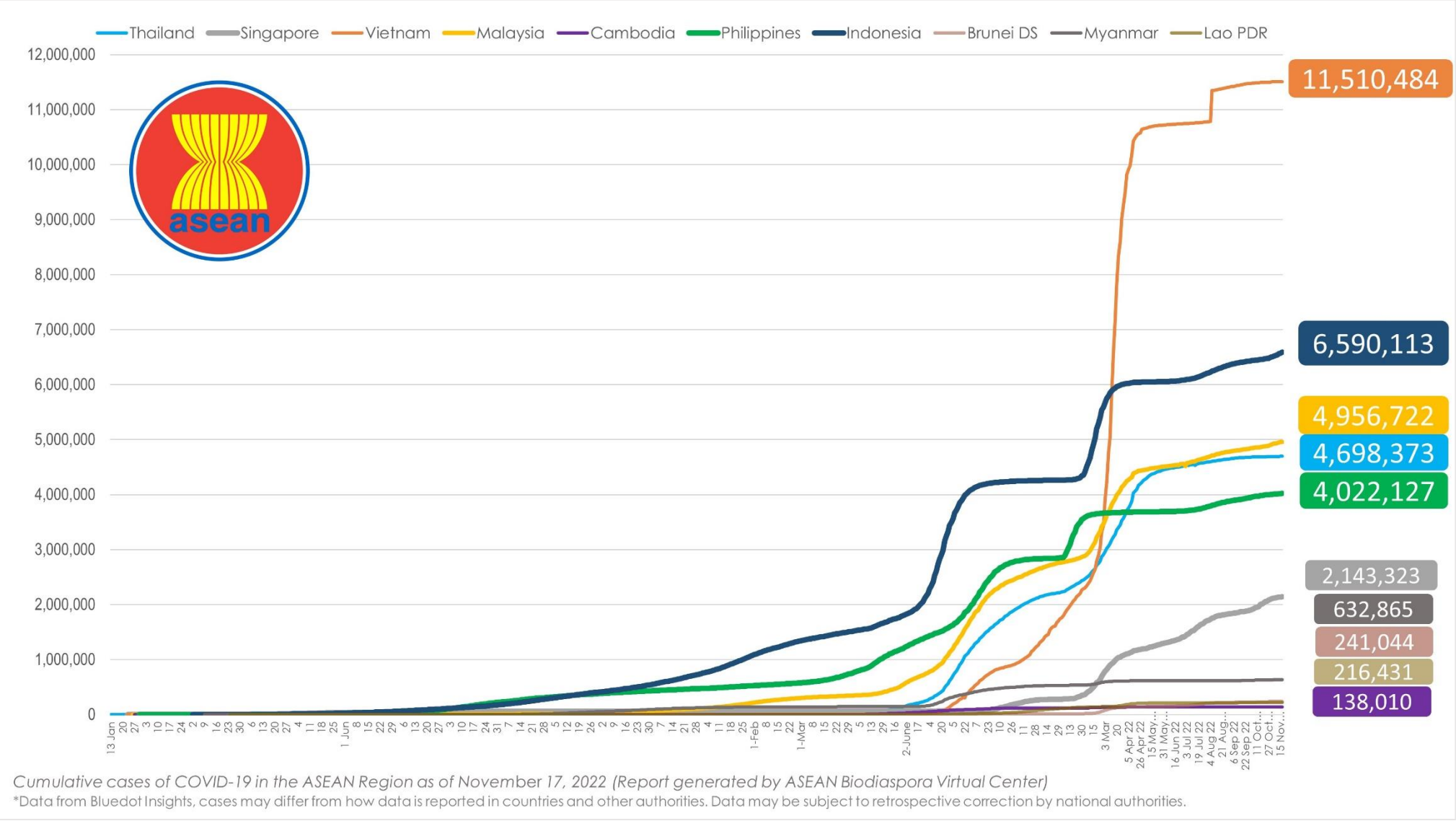
- **461,534,342 confirmed cases** of COVID-19 have been reported in other **4 regions** (other than ASEAN and Asia-Pacific countries):

REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTERED
AFRICA	12,955,740	152	258,952	-	244,886	441,614,982	354,309,699	55,611,103
AMERICAS	184,229,456	10,245	2,899,270	67	1,209,793	829,328,278	728,338,283	490,691,631
EUROPE	241,790,313	86,465	2,010,787	565	2,047,829	567,293,967	539,193,615	367,942,506
MIDDLE EAST	22,558,833	1,167	238,491	4	213,694	144,299,187	129,648,857	59,510,854
TOTAL	**461,534,342**	**98,029**	**5,407,500**	**636**	**3,716,202**	**1,982,536,414**	**1,751,490,454**	**973,756,094**

Return to table of contents

COVID-19 Epi curve among ASEAN Countries

From January 1, 2021 to November 17, 2022



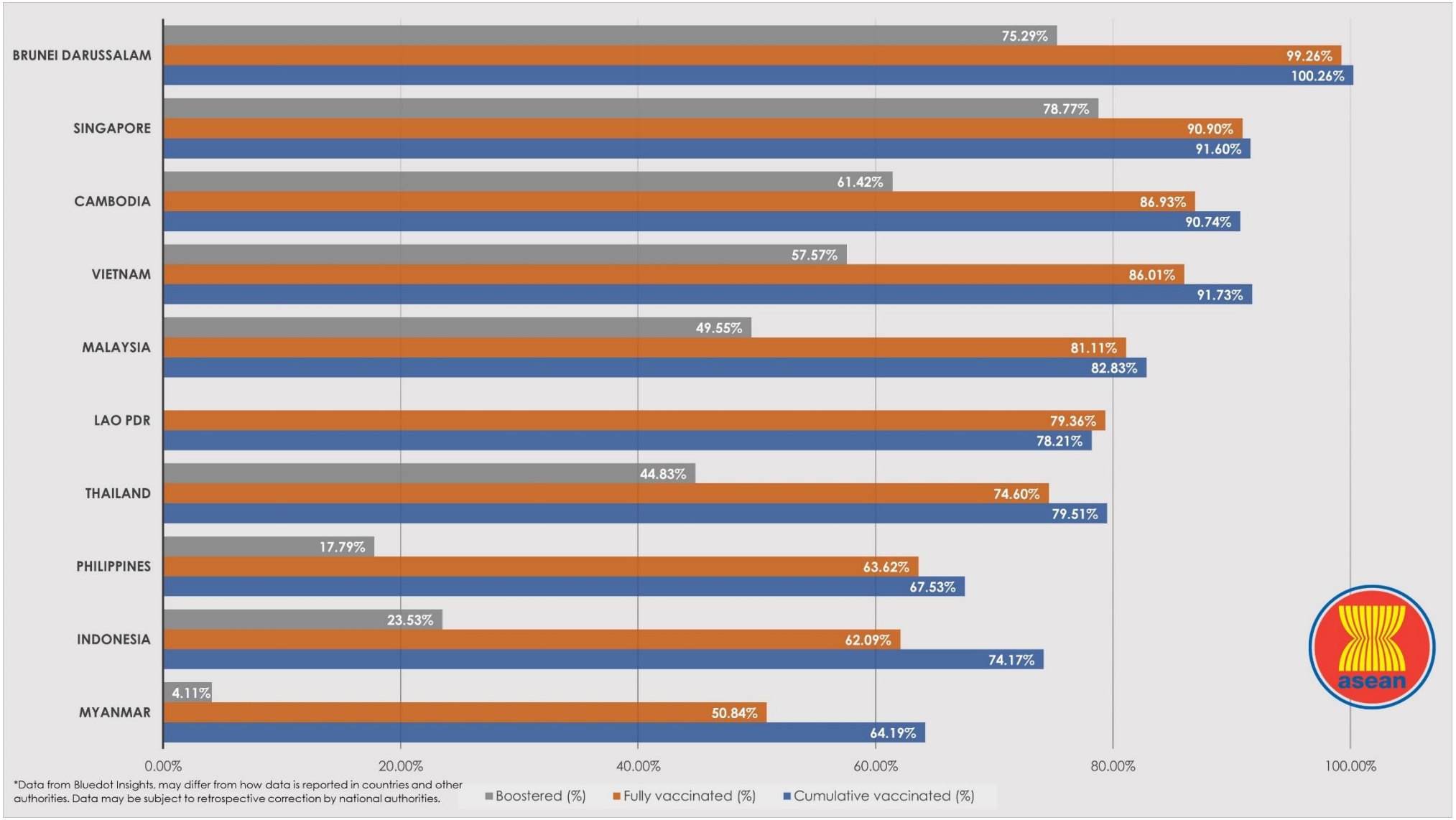
Cumulative cases of COVID-19 in the ASEAN Region as of November 17, 2022 (Report generated by ASEAN Biodiaspora Virtual Center)

*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.

Return to table of contents

COVID-19 Vaccination Status in ASEAN

as of 17 November 2022



Return to table of contents

ASEAN COVID-19 Outlook Assessment

as of 15 November 2022

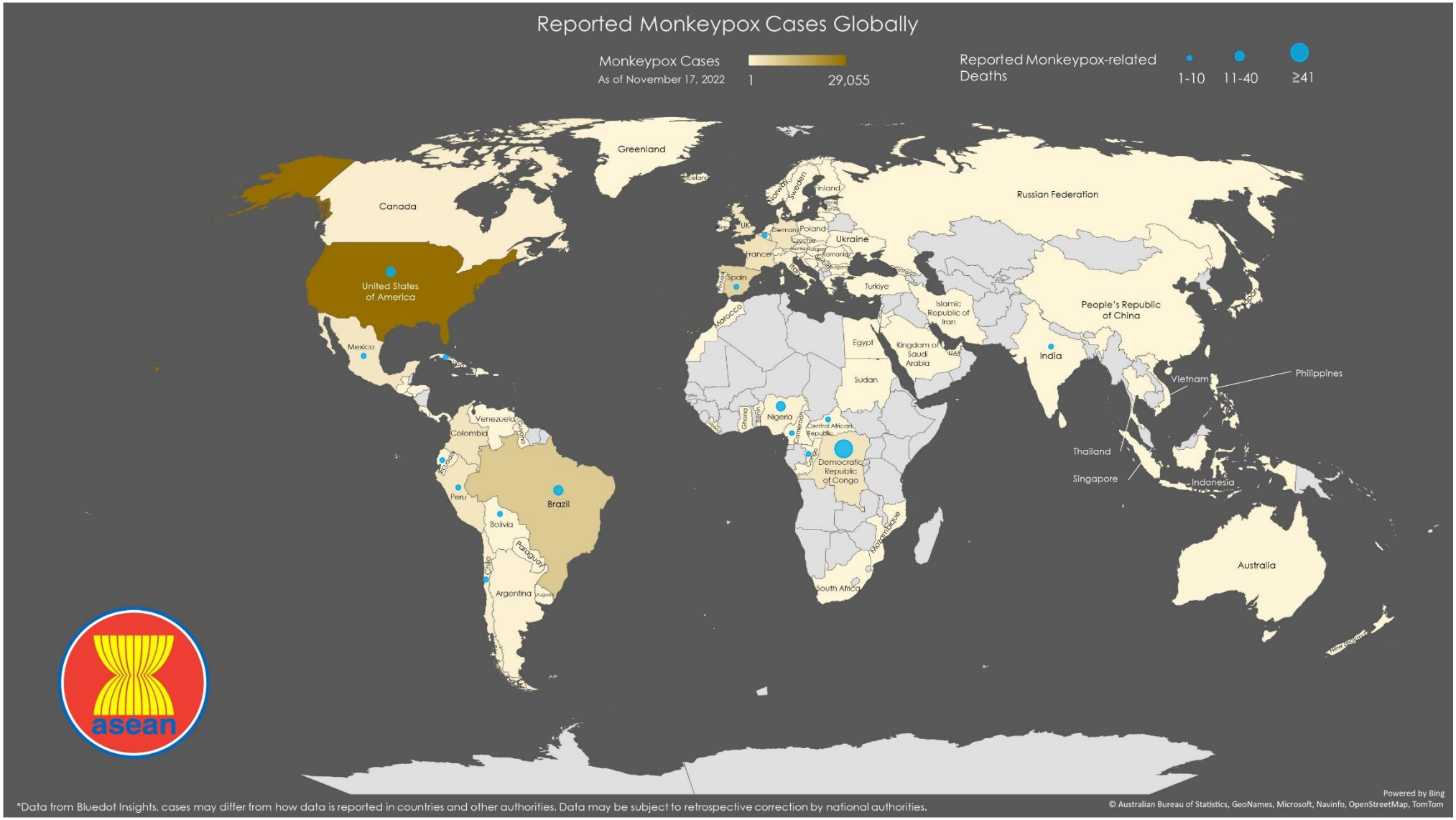
ASEAN MEMBER STATE	At least **65% of the total population has a level of immunity** to COVID-19; either recovered from COVID-19 or have been vaccinated with at least one dose of a COVID-19 vaccine.		**Case levels are generally low** (a 7-day rolling average number of daily new cases that is <10 cases 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 / boostered	Population vaccinated/ day *(7-day average)*	Daily cases/ 100,000	Containment and health index score - *Oxford COVID-19 Government Response Tracker (OxCGRT)*
Brunei Darussalam	≥90.0/75.3	Unknown	0.00	31.0/100
Cambodia	≥90.0/61.4	Unknown	0.010	31.5/100
Indonesia	65.5/23.5	Unknown	2.34	54.2/100
Lao PDR	77.3/ND	Unknown	0.19	61.6/100
Malaysia	84.5/49.5	0%/day	8.81	51.8/100
Myanmar	52.1/4.1	Unknown	0.10	69.1/100
Philippines	71.2/17.8	Unknown	1.14	55.4/100
Singapore	≥90.0/78.8	Unknown	39.95	58.9/100
Thailand	77.7/44.8	0.01%/day	0.65	31.5/100
Vietnam	≥90.0/57.6	Unknown	0.42	43.5/100

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

Return to table of contents

Monkeypox Cases Reported Globally

as of November 17, 2022



Return to table of contents

Monkeypox: Highlights and Situation Overview

- As of 18 November 2022 (2PM, GMT+8), worldwide, there were **84,359** confirmed cases, including **198** deaths. Globally, Case Fatality Rate (CFR) was **0.23%.**
- **40 confirmed cases** in the ASEAN region, with CFR of **0%.**
- **84,319 confirmed cases** of Monkeypox have been reported in other **5 regions** (other than ASEAN region):

Monkeypox 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%**

Monkeypox cases in Asia-Pacific region

Country/Territory	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Australia	141	-	-	0.00%
Hong Kong (SAR)	1	-	-	0.00%
India	20	-	1	5.00%
Japan	7	-	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	33	-	-	0.00%
People's Republic of China*	9	-	-	0.00%
Republic of Korea*	3	-	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	**217**	**-**	**1**	**0.46%**

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

Top 5 countries with most monkeypox cases globally

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
United States of America	29,055	108	11	0.04%
Brazil	9,541	-	11	0.12%
Spain	7,336	-	2	0.03%
France	4,097	-	-	0.00%
United Kingdom	3,701	-	-	0.00%

Monkeypox cases per region

REGION	TOTAL CONFIRMED CASES SINCE JANUARY 1, 2022	NEW CASES SINCE THE PREVIOUS REPORT	TOTAL DEATHS	CASE FATALITY RATE
AFRICA	4,796	-	160	3.34%
AMERICAS	53,210	422	32	0.06%
ASEAN	40	-	-	0.00%
ASIA PACIFIC	217	-	1	0.46%
EUROPE	25,783	-	4	0.02%
MIDDLE EAST	313	-	-	0.00%
TOTAL	**84,359**	**422**	**198**	**0.23%**

Global Update

- **Chile:** The Ministry of Health revealed on Nov. 16 that Chile had recorded its first monkeypox fatality, that of an old man with underlying diseases who was detected on Sept. 29.[2] The government explained in a statement that the man had pre-existing medical issues and a weakened immune system.[2] After finding its first instance of the sickness on June 17, the South American country declared a health warning on June 24 to strengthen surveillance and control of the condition.[2] Furthermore, on October 19, it began vaccination against monkeypox, making it the first Latin American country to do so.[2] [Full Article]
- **USA:** On Nov. 15, the US Food and Drug Administration granted an emergency use license to Roche's (ROG.S) test for the identification of DNA from monkeypox virus in swab specimens obtained from patients suspected of being infected with the virus.[3] The tests will be carried out using the Swiss company's cobas equipment, which can detect HIV, hepatitis B and C infections.[3] According to the Food and Drug Administration, testing will be confined to laboratories that can execute moderate or high complexity tests.[3]

Vaccine Update

- **World Health Organization has released Annexes to the Vaccines and immunization for monkeypox interim guidance** as of November 16. [Full Report]
- **EU:** The European Union said on November 17 that it has obtained a two-year supply of up to 2 million doses of a monkeypox vaccine from the Danish business Bavarian Nordic (BAVA.CO). The vaccine will be purchased through a joint procurement by 14 countries, including EU member states, Western Balkan countries, and those in the European Economic Area. In 2023, around 700,000 doses are scheduled to be provided. Since the outbreak began earlier this year, over 80,000 cases of monkeypox have been documented in approximately 100 countries.

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