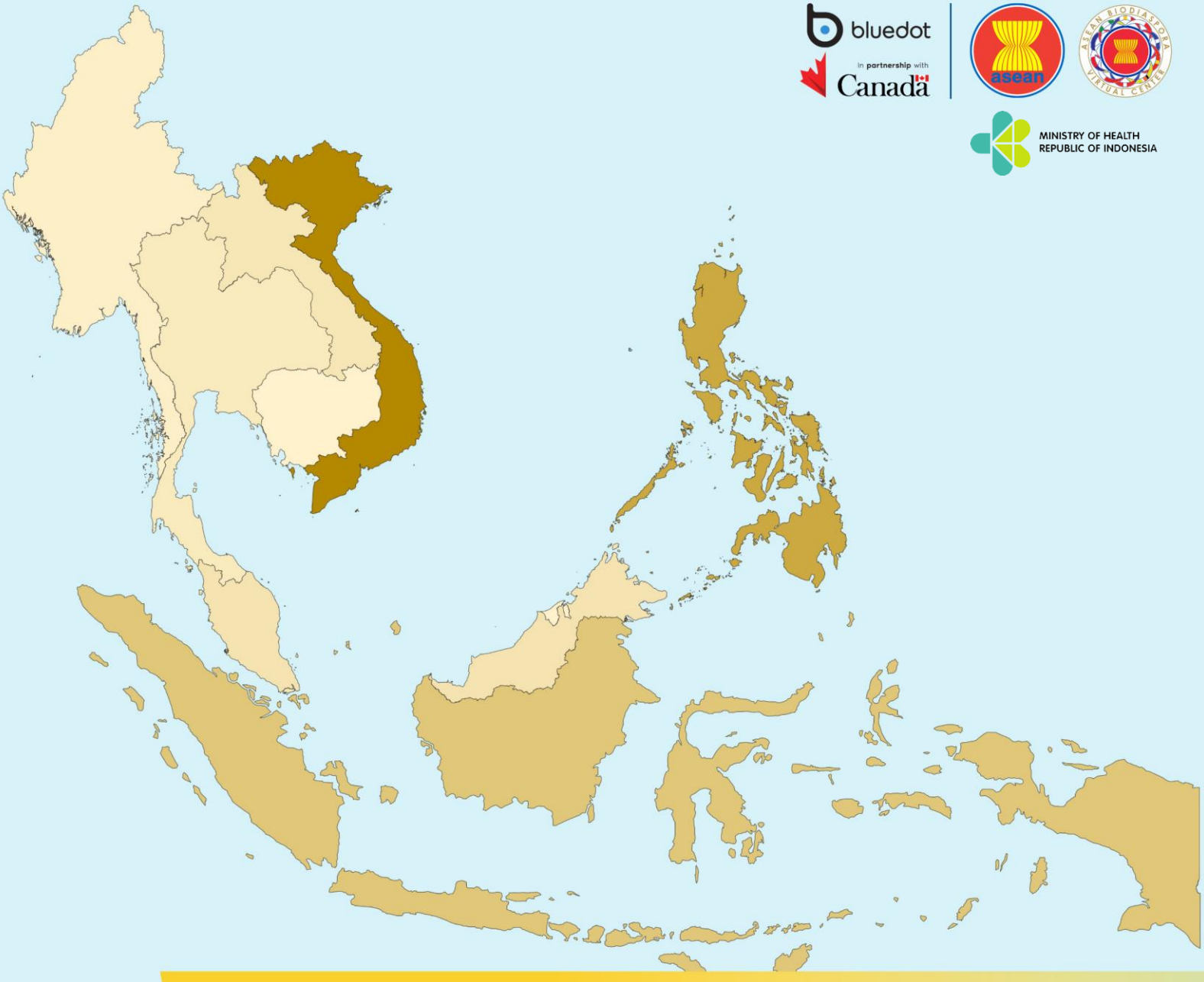

COVID-19, Mpox, and Travel Advisories

# Situational Report in the ASEAN Region

ASEAN BioDiaspora Virtual Center (ABVC)

February 24, 2023 | Issue No. 452

**ASSOCIATION OF SOUTHEAST ASIAN NATIONS**

**ASEAN BIODIASPORA VIRTUAL CENTER (ABVC)**

MINISTRY OF HEALTH
REPUBLIC OF INDONESIA

**GLOBAL PARTNERS**

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World Health Organization
Western Pacific Region

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# COVID-19: Highlights and Situation Overview

## *Global Update*

- **Worldwide**, there have been over 664 million cases and over 6 million deaths attributed to COVID-19.
- The **World Health Organization (WHO)** reported in its latest pandemic update that the monthly averages for new COVID-19 cases and deaths continue to steadily decline. COVID-19 cases were down by 89% compared to 28 days ago, with the declines seen across all six world regions. Deaths were likewise down by 62% during the same period, with declines seen in all world regions except for the Eastern Mediterranean. The five countries reporting the most cases are the United States, Japan, China, South Korea, and Germany. All of them, however, reported drops in cases over the past month. Meanwhile, according to the WHO's variant update, BA.5 Omicron subvariant levels continue to decline, offset by rises in recombinant subvariants, with XBB.1.5 the most common one at 29.6% and up from 26.1% the previous week. The XBF, which was recently added as a subvariant under WHO monitoring which makes up 1.8% of sequences, up from 1.2% the week before. [Full report]
- **China** halted some classes amid school COVID-19 clusters and cases caused by other pathogens ranging from flu to the norovirus. Hangzhou's local education authorities suspended their class for four days starting this week after ten second-graders in the same classroom tested positive for COVID-19 on rapid antigen tests. Shanghai likewise suspended in-person teaching in an elementary school class after four students were diagnosed with the flu and others developed similar symptoms. Flu cases and subsequent class suspensions were also reported in other schools across Zhejiang province, Chinese capital Beijing and nearby city Tianjin.
- **Taiwan**'s Central Epidemic Command Center (CECC) said on February 23 (Thursday) that it would run a COVID-19 vaccination campaign from March 6 to April 30 to increase the inoculation rate ahead of a greater easing of pandemic measures. According to the CECC, those who have not received at least two shots of a COVID-19 vaccine, as well as those aged six and older who have not had a bivalent vaccine booster shot, are encouraged to take advantage of the offerings. Those who have had COVID-19, however, should wait at least 84 days from the time of a negative test to receive a vaccine, adding that 84 days should also pass after a second dose before receiving a booster shot. According to Deputy Minister of Health and Welfare Victor Wang, who heads the CECC, COVID-19 vaccines will continue to be publicly funded this year.

## *Regional Update*

- **Philippines:** The Food and Drug Administration (FDA) has formed a task force to simplify the process of developing safe and effective COVID-19 medications for the Philippine market.[9] FDA Director General Samuel Zacate stated in a statement that the specialist team, dubbed "Task Force Fleming," will streamline the approval and review of COVID-19 medications without sacrificing efficacy, quality, or safety.[9] Task Force Fleming was named after Dr. Alexander Fleming, a British physician best known for accidently finding the first efficient antibiotic medication penicillin, which substantially aided in the fight against disease.[9] According to Zarate, the group will also assist the government in shifting its attention from COVID-19 crisis management to focusing on a more robust recovery of the country's economy.[9] [Full article]



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

- This cohort study, ***Hospital Outcomes of Community-Acquired SARS-CoV-2 Omicron Variant Infection Compared with Influenza Infection in Switzerland***, compared the in-hospital outcomes of patients hospitalized with the SARS-CoV-2 Omicron variant with patients with influenza based on a national COVID-19 and influenza registry.[1] Hospitalized patients aged 18 years and older with community-acquired SARSCoV-2 Omicron variant infection who were admitted between January 15 and March 15, 2022 (when B.1.1.529 Omicron predominance was >95%), and hospitalized patients with influenza A or B infection from January 1, 2018, to March 15, 2022, the study was conducted at 15 hospitals in Switzerland.[1] Of 5,212 patients included from 15 hospitals, 3,066 (58.8%) had SARS-CoV-2 Omicron variant infection in 14 centers and 2,146 patients (41.2%) had influenza A or B in 14 centers.[1] Patients with the SARS-CoV-2 Omicron variant were younger (median [IQR] age, 71 [53-82] years) than those with influenza (median [IQR] age, 74 [59-83] years; P < .001).[1] Overall, 214 patients with the SARS-CoV-2 Omicron variant (7.0%) died during hospitalization vs 95 patients with influenza (4.4%; P < .001).[1] The final adjusted subdistribution hazard ratio (sdHR) for in-hospital death for SARS-CoV-2 Omicron variant vs influenza was 1.54 (95% CI, 1.18-2.01; P = .002).[1] Overall, 250 patients with the SARS-CoV-2 Omicron variant (8.6%) vs 169 patients with influenza (8.3%) were admitted to the ICU (P = .79).[1] After adjustment, the SARS-CoV-2 Omicron variant was not significantly associated with increased ICU admission vs influenza (sdHR, 1.08; 95% CI, 0.88-1.32; P = .50).[1] These findings suggest that, despite virus evolution and improved management strategies, patients with the SARS-CoV-2 Omicron variant had a higher risk of in-hospital mortality than those with influenza.[1] [Full text]

- Beginning December 6, 2021, all international air passengers boarding flights to the United States were required to show either a negative result from a SARS-CoV-2 viral test taken ≤1 day before departure or proof of recovery from COVID-19 within the preceding 90 days.[2] As of June 12, 2022, predeparture testing was no longer mandatory but remained recommended by CDC.[2] Various modeling studies have estimated that predeparture testing the day before or the day of air travel reduces transmission or importation of SARS-CoV-2 by 31%–76%.[2] In this study, ***Effect of Predeparture Testing on Postarrival SARS-CoV-2–Positive Test Results Among International Travelers — CDC Traveler-Based Genomic Surveillance Program, Four U.S. Airports, March–September 2022***, post arrival SARS-CoV-2 pooled testing data from CDC's Traveler-based Genomic Surveillance program were used to compare SARS-CoV-2 test results among volunteer travelers arriving at four U.S. airports during two 12-week periods: March 20–June 11, 2022, when predeparture testing was required, and June 12–September 3, 2022, when predeparture testing was not required.[2] Among 3,049 pooled (28,056 individual) samples collected during March 20–September 3, 2022, the predeparture testing requirement was associated with 52% lower post arrival SARS-CoV-2 positivity.[2] Predeparture testing can reduce SARS-CoV-2 transmission risk during or after travel by reducing the number of infectious travelers.[2] These results can help guide decisions for future outbreaks.[2] [Full text]

- The SARS-CoV-2 Omicron XBB.1.5 variant, a recombinant variant of Omicron BA.2.75 and BA.2.10, was first detected in New York City (NYC) in October 2022.[3] As of January 7, 2023, XBB.1.5 was the predominant variant in NYC, accounting for 81% of sequenced specimens; at that time, only 26% of sequenced specimens nationwide were XBB.1.5.[3] In December 2022, only 5% of sequenced genomes in the rest of New York were XBB.1.5, suggesting that NYC was likely the epicenter of XBB.1.5's emergence in the United States.[3] The World Health Organization has noted that XBB.1.5 does not carry any mutation known to be associated with a potential change in severity, however, there are currently limited data available about disease severity in human populations.[3] This study, Epidemiologic ***Characteristics of SARS-CoV-2 Recombinant Variant XBB.1.5—New***

***York City, November 1, 2022–January 4, 2023,*** described SARS-CoV-2 Omicron XBB.1.5 variant cases as to characteristics and outcomes.[3] During November–December 2022, the percentage of sequenced SARS-CoV-2 isolates in NYC identified as XBB.1.5 increased eightfold, from 8% to 72%.[3] Compared with patients infected with BQ.1 ($p<0.0001$) those with XBB.1.5 infections tended to be younger (median age = 41 years [XBB.1.5] versus 44 years [BQ.1]), Hispanic or Latino or non-Hispanic Black or African American (Black) (68.1% versus 61.5%), and residents of the Bronx, Brooklyn, or Queens (82.6% versus 76.1%); a higher percentage lived in high- or very high–poverty neighborhoods (43.2% versus 41.9%).[3] The percentage who had received a primary COVID-19 vaccination series and ≥1 dose of monovalent vaccine booster was lower among patients with XBB.1.5 infections (41.1%) than among those with BQ.1 infections (46.0%).[3] The percentages of XBB.1.5 and BQ.1 patients whose specimen was collected ≥90 days after a previous collection of a specimen with a SARS-CoV-2–positive test result, which could suggest possible reinfection, were similar (25.2% [XBB.1.5]; 25.4% [BQ.1]).[3] No difference in the proportion of patients hospitalized or those who died was observed, suggesting no significant difference in disease severity.[3] [Full text]

- Because SARS-CoV-2 can be detected in feces and urine of some infected persons, wastewater surveillance in airports and on aircraft has been proposed by the global public health community as a low-cost mechanism to monitor SARS-CoV-2 variants entering the United States.[4] Sampling wastewater directly from aircraft can be used to link SARS-CoV-2 lineage data with flight origin countries without active engagement of travelers.[4] This study, ***Aircraft Wastewater Surveillance for Early Detection of SARS-CoV-2 Variants — John F. Kennedy International Airport, New York City, August–September 2022***, evaluated the feasibility of SARS-CoV-2 variant detection in aircraft wastewater from incoming international flights.[4] Aircraft wastewater samples were collected from selected flights from the United Kingdom, Netherlands, and France arriving at John F. Kennedy International Airport in New York City. Wastewater (approximately 0.25 gal [1 L]) was collected from each plane during normal maintenance using a device that attaches to the lavatory service panel port and the lavatory service truck hose.[4] During August 1–September 9, 2022, one sample was collected from each of 88 flights.[4] Eighty samples were tested for SARS-CoV-2.[4] Overall, 65 samples (81%) were positive; the percentage that were positive was similar among the three flight origin countries sampled (Netherlands: 81% [22 of 27]; France: 81% [22 of 27]; and United Kingdom: 81% [21 of 26]).[4] Twenty seven SARS-CoV-2 genomes were detected in 25 wastewater samples; sequencing quality control criteria were not met for the remaining 40 positive samples.[4] All identified genomes were Omicron sublineages (United Kingdom: 12 BA.5 and one BA.4.6; France: eight BA.5; and Netherlands: five BA.5 and one BA.2.75).[4] In each of 23 samples, single SARS-CoV-2 genomes were identified and assigned to the BA.5 (21), BA.4.6 (one), and BA.2.75 (one) sublineages.[4] In each of two additional samples, two distinct SARS-CoV-2 genomes were identified and assigned to different BA.5 sublineages.[4] The SARS-CoV-2 genomes identified in aircraft lavatory wastewater were consistent with Western European sequences uploaded to the Global Initiative on Sharing Avian Influenza Data (GISAID) at the time (approximately 90% BA.5).[4] This investigation demonstrated the feasibility of aircraft wastewater surveillance as a low-resource approach compared with individual testing to monitor SARS-CoV-2 variants without direct traveler involvement or disruption to airport operations.[4] [Full text]

- In the study ***Reported rates of all-cause serious adverse events following immunization with BNT-162b in 5–17-year-old children in the United States***, researchers evaluated the COVID-19 vaccine-associated composite serious adverse events following immunization (sAEFI) among five- to 17-year-old children in the United States to determine the complex reported risk associated with vaccination.[5] During the study period, 467,890,599 SARS-CoV-2 vaccines were provided to five- to 65-year-old U.S. residents, with 180,581,278 who had received more than two vaccine doses.[5] A total of 177,679 AEFI

were documented by the vaccine adverse event reporting system (VAERS), 18% of which were serious.[5] The rates of emergency department visits per 100,000 vaccinees were 2.6 among individuals aged five to 11 years, 18 among those aged 12 to 17 years, and 34 among those aged 18 to 65 years.[5] The corresponding rates of hospital admissions among every 100,000 vaccinees were 1.1, 6.8, and 8.2, respectively, and of fatal events per 100,000 vaccinees were 0.1, 1.2, and 3.0, respectively.[5] Mortality rates among the corresponding groups for every 100,000 vaccinees were 0.03, 0.1, and 0.8, respectively.[5] The overall sAEFI rates among children receiving BNT-162b vaccines were very low.[5] In comparison to adults, those between 12 and 17 years of age had greater rates of hospitalizations and emergency department visits.[5] In conclusion, the rates of reported sAEFIs among individuals between five and 17 years of age were significantly lower than among those reported in individuals between 18 and 65 years of age, thus supporting the administration of COVID-19 vaccines to children.[5] [Full text]

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

*as of 24 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 23 February 2023

- As of 23 February 2023 (1PM, GMT+7), worldwide, there were **664,596,105** confirmed cases, including **6,776,790** deaths. Globally, Case Fatality Rate (CFR) was **1.2%.**
- **35,592,313 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 | 23-Feb-23 | 276,825 | - | 225 | - | 63,890 | 450,404 | 445,929 | 338,987 | 99.3 |
| | Cambodia | 27 Jan 20 | 23-Feb-23 | 138,712 | - | 3,056 | - | 841 | 15,244,858 | 14,609,937 | 10,433,215 | 87.1 |
| | Indonesia | 02 Mar 20 | 23-Feb-23 | 6,734,606 | - | 160,892 | - | 2,489 | 203,657,535 | 172,693,321 | 67,952,274 | 62.7 |
| | Lao PDR | 24 Mar 20 | 23-Feb-23 | 218,012 | - | 758 | - | 3,041 | 5,888,649 | 5,222,417 | | 69.4 |
| | Malaysia | 25 Jan 20 | 23-Feb-23 | 5,041,587 | 229 | 36,957 | - | 15,780 | 28,125,245 | 27,536,657 | 17,056,957 | 81.1 |
| | Myanmar | 23 Mar 20 | 23-Feb-23 | 633,901 | - | 19,490 | - | 1,173 | 34,777,314 | 27,545,329 | 2,227,351 | 50.8 |
| | Philippines | 30 Jan 20 | 23-Feb-23 | 4,075,757 | 146 | 66,051 | 12 | 3,770 | 78,369,243 | 73,937,435 | 21,341,197 | 64.0 |
| | Singapore | 23 Jan 20 | 23-Feb-23 | 2,218,623 | - | 1,722 | - | 38,899 | 5,161,990 | 5,120,768 | 4,440,289 | 90.8 |
| | Thailand | 13 Jan 20 | 23-Feb-23 | 4,727,831 | - | 33,902 | - | 6,790 | 57,005,497 | 53,486,086 | 32,143,431 | 74.6 |
| | Vietnam | 23 Jan 20 | 23-Feb-23 | 11,526,834 | - | 43,186 | - | 11,950 | 90,450,881 | 85,848,363 | 57,452,750 | 87.4 |
| | **ASEAN COUNTRIES** | | | **35,592,688** | **375** | **366,239** | **12** | **148,622** | **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 | 21-Feb-23 | 209,181 | - | 7,896 | - | 550 | 11,606,705 | 10,894,509 | | 26.5 |
| | Australia | 25-Jan-20 | 22-Feb-23 | 11,352,771 | 17,851 | 19,265 | 202 | 44,260 | 22,236,871 | 21,655,312 | 19,762,423 | 82.7 |
| | Bangladesh | 08-Mar-20 | 18-Feb-23 | 2,037,738 | - | 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* | | 23-Feb-23 | 13,343,824 | - | 36,446 | - | 81,427 | 1,339,608,531 | 1,304,575,996 | 214,031,616 | 89.7 |
| | Cook Islands | 17-Feb-22 | 17-Feb-23 | 7,025 | - | 2 | - | 32,846 | 15,084 | 14,715 | 10,209 | 86.4 |
| | Fiji | 18-Mar-20 | 17-Feb-23 | 68,876 | - | 883 | - | 7,739 | 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 | 20-Feb-23 | 60,947 | - | 419 | - | 36,431 | 158,611 | 144,042 | | 85.5 |
| | India | 30-Jan-20 | 22-Feb-23 | 44,685,257 | 125 | 530,762 | 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 |



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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Kiribati** | 25-Jan-22 | 15-Feb-23 | 5,012 | - | 18 | - | 4,262 | 96,184 | 73,888 | 23,419 | 56.3 |
| | **Maldives** | 07-Mar-20 | 21-Feb-23 | 185,729 | - | 311 | - | 34,980 | 399,151 | 385,081 | 167,187 | 73.5 |
| | **Marshall Islands** | 26-Oct-20 | 17-Feb-23 | 15,598 | - | 17 | - | 26,531 | 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 | 17-Feb-23 | 1,007,895 | - | 2,179 | - | 31,251 | 2,272,965 | 2,175,617 | 1,044,337 | 64.0 |
| | **Nepal** | 24-Jan-20 | 20-Feb-23 | 1,001,135 | - | 12,020 | - | 3,499 | 27,678,479 | 24,159,118 | 8,951,403 | 79.1 |
| | **New Caledonia** | 17-Mar-20 | 21-Feb-23 | 79,871 | - | 314 | - | 27,752 | 192,229 | 184,660 | 101,849 | 63.7 |
| | **New Zealand** | 28-Feb-20 | 20-Feb-23 | 2,207,775 | - | 3,864 | - | 44,901 | 4,300,097 | 4,138,926 | 3,523,903 | 79.8 |
| | **Niue** | 03-Sep-21 | 21-Feb-23 | 783 | - | - | - | 36,150 | 1,636 | 1,634 | 1,224 | 83.7 |
| | **Northern Mariana Islands** | 28-Mar-20 | 17-Feb-23 | 13,605 | - | 41 | - | 23,778 | 46,567 | 43,873 | | 84.6 |
| | **Pakistan** | 26-Feb-20 | 21-Feb-23 | 1,576,737 | - | 30,641 | - | 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 | 19-Feb-23 | 16,594 | - | 29 | - | 8,419 | 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 | 22-Feb-23 | 30,458,857 | 13,082 | 33,893 | 20 | 58,904 | 44,867,046 | 44,448,105 | 41,325,954 | 85.8 |
| | **Sri Lanka** | 27-Jan-20 | 22-Feb-23 | 672,024 | 1 | 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 | - | 138 | - | 1,811 | 878,845 | 790,466 | 315,249 | 58.9 |
| | **Tonga** | 05-Nov-21 | 17-Feb-23 | 16,801 | - | 13 | - | 16,078 | 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** | **148,204,331** | **31,059** | **874,509** | **223** | **687,400** | **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

- **480,799,086 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** | 13,049,098 | 207 | 259,515 | - | 248,923 | 484,058,451 | 398,811,838 | 66,003,692 |
| **AMERICAS** | 193,252,991 | 5,495 | 2,962,813 | 210 | 1,241,905 | 835,447,892 | 731,893,384 | 495,237,137 |
| **EUROPE** | 251,784,072 | 107,397 | 2,073,941 | 752 | 2,112,410 | 569,620,774 | 541,040,894 | 383,756,585 |
| **MIDDLE EAST** | 22,712,925 | 677 | 239,773 | 16 | 216,065 | 144,725,560 | 130,012,483 | 60,203,464 |
| **TOTAL** | **480,799,086** | **113,776** | **5,536,042** | **978** | **3,819,303** | **2,033,852,677** | **1,801,758,599** | **1,005,200,878** |



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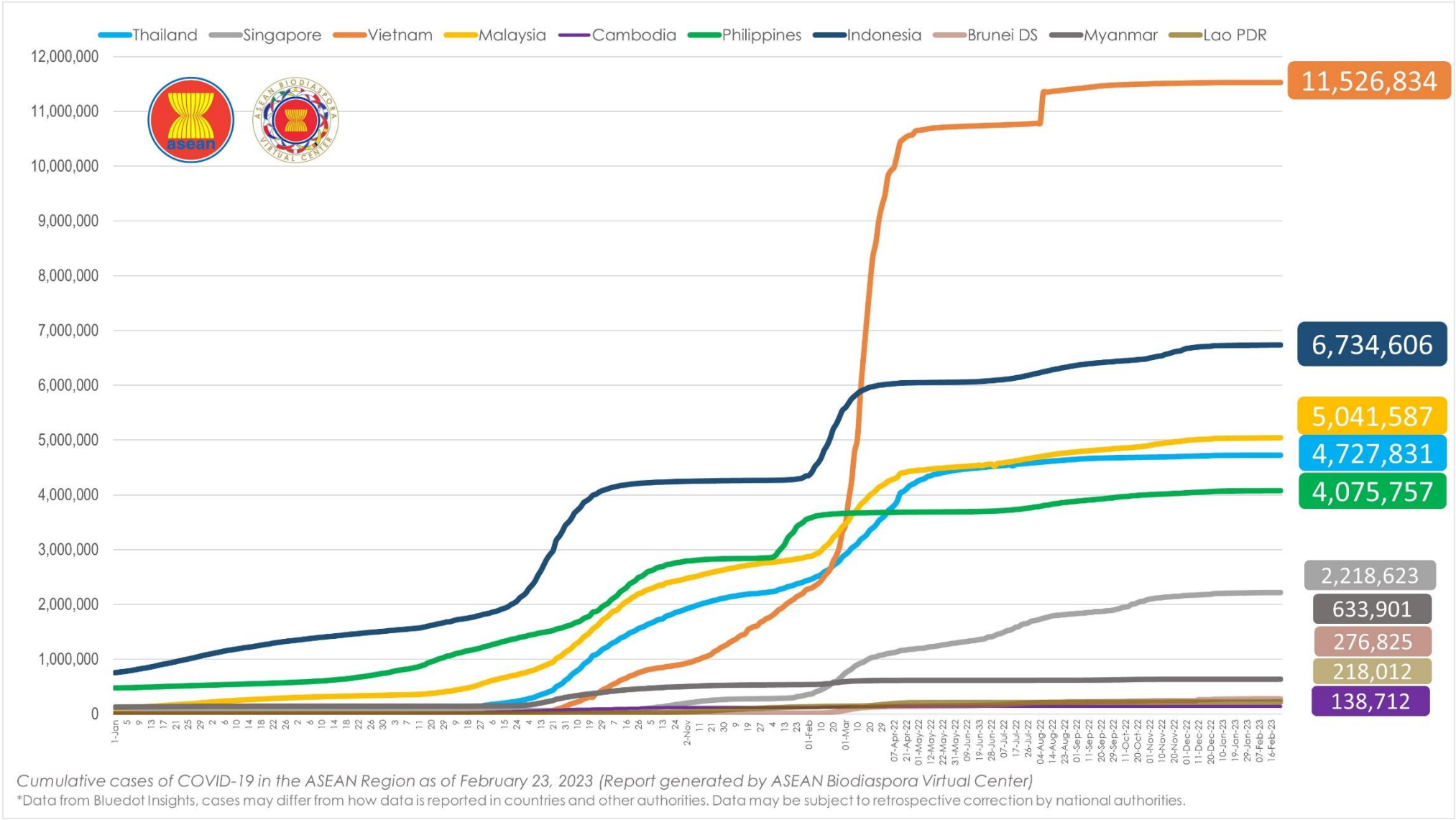
# COVID-19 Epi curve among ASEAN Countries

*From January 1, 2022 to February 23, 2023*




*Cumulative cases of COVID-19 in the ASEAN Region as of February 23, 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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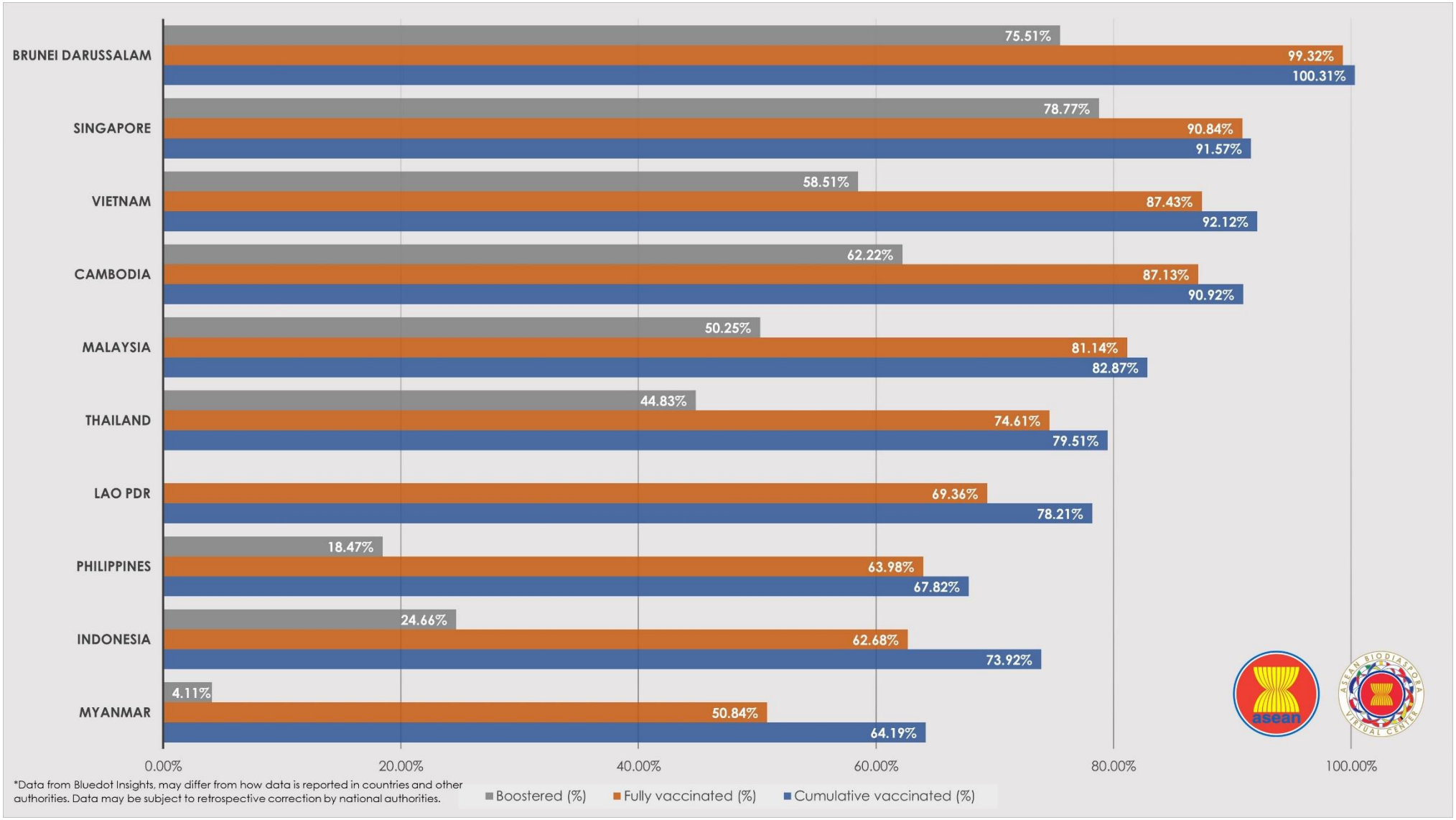
# COVID-19 Vaccination Status in ASEAN

*as of 23 February 2023*



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# ASEAN COVID-19 Outlook Assessment

*as of 21 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 | | Daily cases/ 100,000 | Containment and health index score - *Oxford COVID-19 Government Response Tracker (OxCGRT)* |
| Brunei Darussalam | ≥90.0 | 75.5 | 0.00 | 31.0/100 |
| Cambodia | ≥90.0 | 62.2 | 0.01 | 31.5/100 |
| Indonesia | 66.1 | 24.7 | 0.07 | 54.2/100 |
| Lao PDR | 77.3 | ND | 0.02 | 61.6/100 |
| Malaysia | 84.5 | 50.3 | 0.67 | 51.8/100 |
| Myanmar | 52.1 | 4.1 | 0.01 | 69.1/100 |
| Philippines | 71.6 | 18.5 | 0.10 | 55.4/100 |
| Singapore | ≥90.0 | 78.8 | 0.00 | 58.9/100 |
| Thailand | 77.7 | 44.8 | 0.04 | 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.



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# Special Report on Notable Diseases

## *Avian Influenza H5N1*

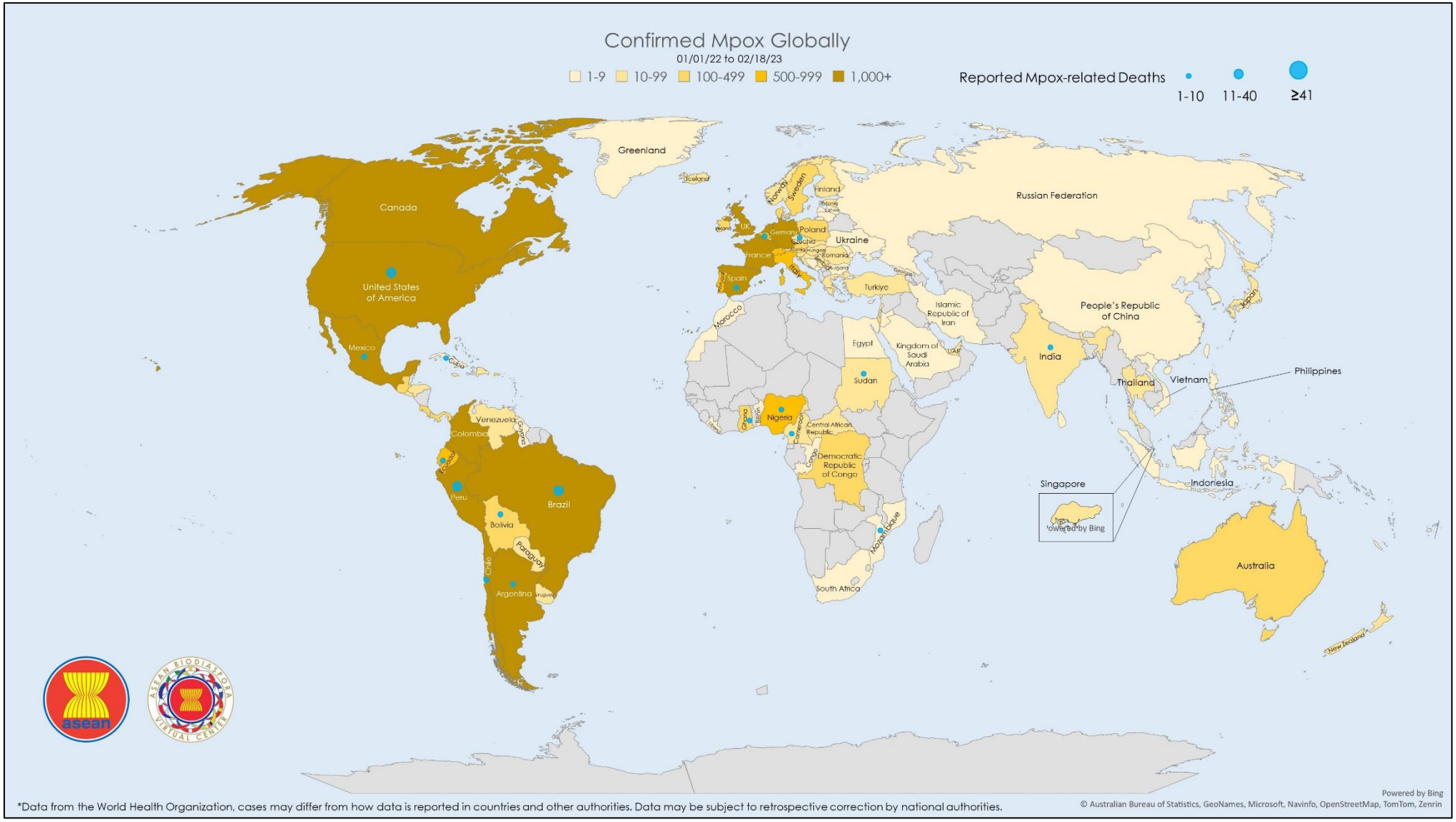
- **Cambodia**: Feb 24 (Reuters) - Cambodia reported an 11-year-old girl from a province east of the capital Phnom Penh died after being infected by the H5N1 strain of avian influenza, commonly known as bird flu.[7] It was the first known human infection with the H5N1 strain in the Southeast Asian country since 2014, Minister of Health Mam Bunheng said in a statement on Feb 23.[7] The girl from Prey Veng province was diagnosed with bird flu after falling sick with a high fever and cough on Feb. 16, the statement said.[7] When her condition deteriorated, she was transferred to the National Children's Hospital in Phnom Penh for treatment, but died on Feb 22, the ministry of health said.[7] Since early last year, bird flu has ravaged farms around the world, leading to the deaths of more than 200 million birds because of the disease or mass culls, the World Organization for Animal Health (WOAH) recently told Reuters.[7] The World Health Organization (WHO) earlier this month noted the spread to mammals of H5N1 influenza, but said the risk to humans remained low.[7] H5N1 had spread among poultry and wild birds for 25 years, WHO Director-General Tedros Adhanom Ghebreyesus told a briefing, but recent reports of infections in mink, otters and sealions "need to be monitored closely".[7] Cambodian health authorities urged people not to handle dead or sick animals and birds, and to contact a hotline if anyone suspected they had been infected by the disease.[7] [Full article]

## *Does bird flu pose a risk to humans?*

- From 2020 through 2022 there were only nine confirmed human cases, including one in the US and one in the UK, according to the World Health Organization.[8] (One case was reported in Ecuador in January this year and another in Cambodia in February.[8]) Most often they involved a person who was in direct contact with sick birds.[8] The viruses currently circulating do not have genetic changes that have been previously tied to infecting people more easily or causing severe illness, according to the CDC.[8] For example, they cannot bind easily to human respiratory tract receptors.[8] Even in an outbreak last year at a Spanish mink farm, where more than 50,000 animals were culled, there was no sign of infection among nearly a dozen workers.[8] An expert report published by the European Food Safety Authority in January put the risk for the general population at low, as has the WHO, while urging continued close monitoring.[8] [Full article]

# Mpox (Monkeypox) Cases Reported Globally

*as of February 18, 2023*



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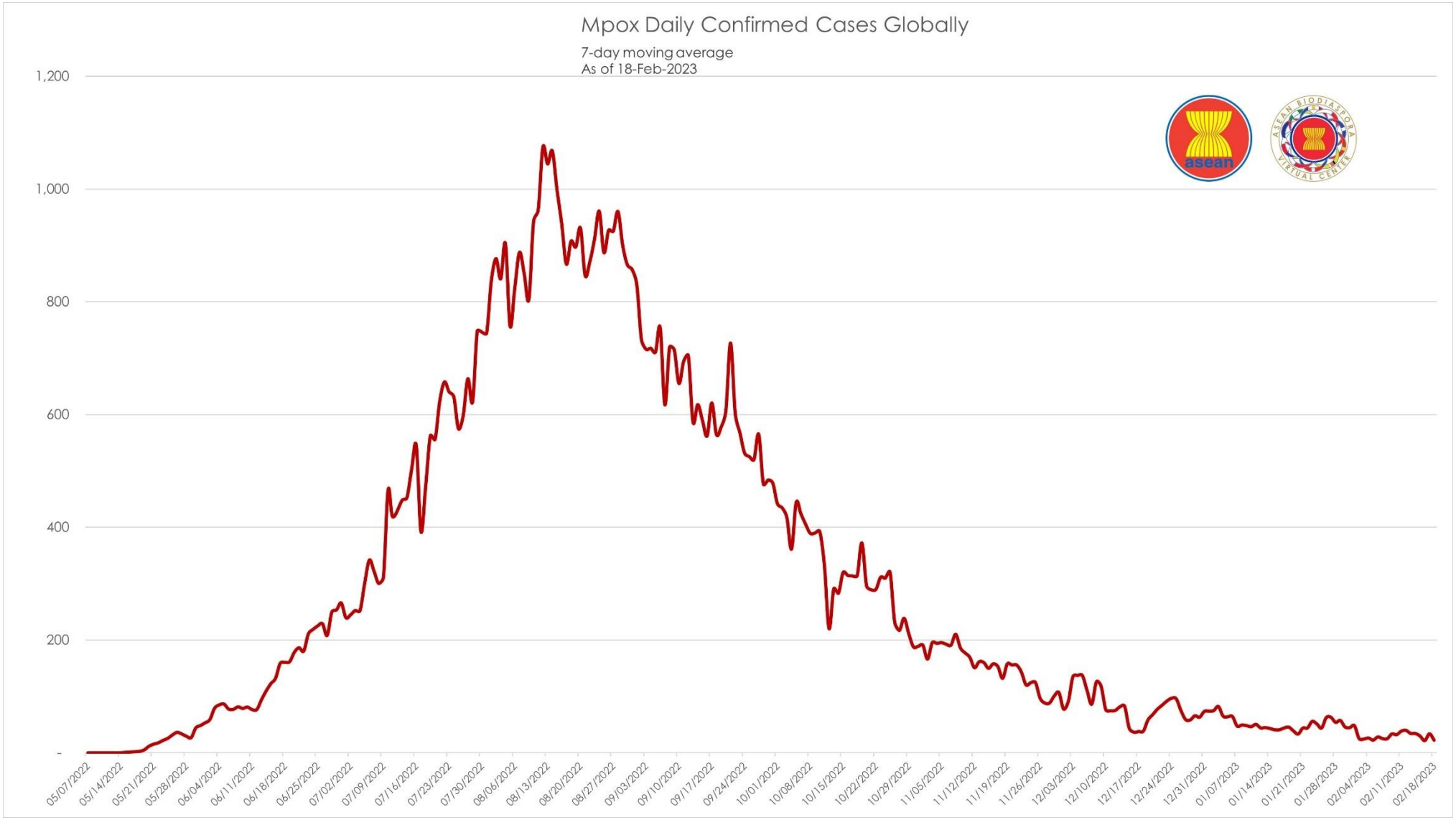
# Mpox Daily Trend Globally

*as of February 18, 2023*



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# Mpox: Highlights and Situation Overview

- As of 23 February 2023 (1PM, GMT+7), worldwide, there were **86,019** confirmed cases, including **96** deaths. Globally, Case Fatality Rate (CFR) was **0.11%.**
- **43 confirmed cases** in the ASEAN region, with CFR of **0%.**
- **85,976 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 | - | - | 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** | **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** | 29,987 | - | 32 | 0.11% |
| **Brazil** | 10,808 | - | 15 | 0.14% |
| **Spain** | 7,538 | - | 3 | 0.04% |
| **France** | 4,128 | - | - | 0.00% |
| **Colombia** | 4,080 | - | - | 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** | 1,412 | - | 17 | 1.20% |
| **AMERICAS** | 58,373 | - | 73 | 0.12% |
| **ASEAN** | 43 | - | - | 0.00% |
| **ASIA PACIFIC** | 241 | - | 1 | 0.41% |
| **EUROPE** | 25,567 | - | 5 | 0.02% |
| **MIDDLE EAST** | 320 | - | - | 0.00% |
| **TOTAL** | **86,019** | **0** | **96** | **0.11%** |

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

- In the study ***Mpox in people with advanced HIV infection: a global case series***, clinicians have identified a severe, flesh-eating form of mpox with a 15% death rate in HIV patients who have suppressed immune systems according to a global case series.[6] A network of clinicians from 19 countries evaluated 382 adult mpox patients who also had advanced HIV, including 27 of the 60 people globally who died by the end of the study on January 18, 2023.[6] Participants included 367 cisgender men, 4 cisgender women, and 10 transgender women.[6] The median participant age was 35 years.[6] At mpox diagnoses, 349 (91%) of 382 participants had HIV, 228 of 349 (65%) were adherent to antiretroviral therapy (ART), and 32 of 382 (8%) also had an additional infection related to their suppressed immune system.[6] Only 26 of the study participants (7%) had received the Jynneos mpox vaccine. Sixteen (4%) had been vaccinated before 2022, presumably for smallpox. Severe complications were more common in patients with a CD4 count less than 100 cells/mm$^3$ than in those with more than 300 cells/mm3 and included necrotizing (flesh-eating) skin lesions (54% vs 7%), lung dysfunction sometimes accompanied by nodules (29% vs 0%), and secondary infections and sepsis (44% vs 9%).[6] A total of 107 patients (28%) were hospitalized, and 27 (25%) of them died.[6] All deaths were among patients with CD4 counts of less than 200 cells/mm3; most occurred in those with a high HIV viral load.[6] The clinicians suspected an inflammatory immune reaction to mpox in 21 (25%) of 85 people who started or restarted on ART, 12 (57%) of whom died.[6] Sixty-two of 382 patients (16%) received the Tpoxx smallpox/mpox drug (tecovirimat), and 7 (2%) were given other antivirals (cidofovir or brincidofovir).[6] Three cases of tecovirimat resistance were identified.[6] According to the lead author, a severe form of mpox affecting mostly young men who have sex with men resulted in death in 15% of people with advanced HIV.[6] Thereby, health authorities should prioritize the vaccination of people living with HIV, particularly in countries with low levels of diagnosis or without universal free access to antiretroviral treatment.[6] [Full text]

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