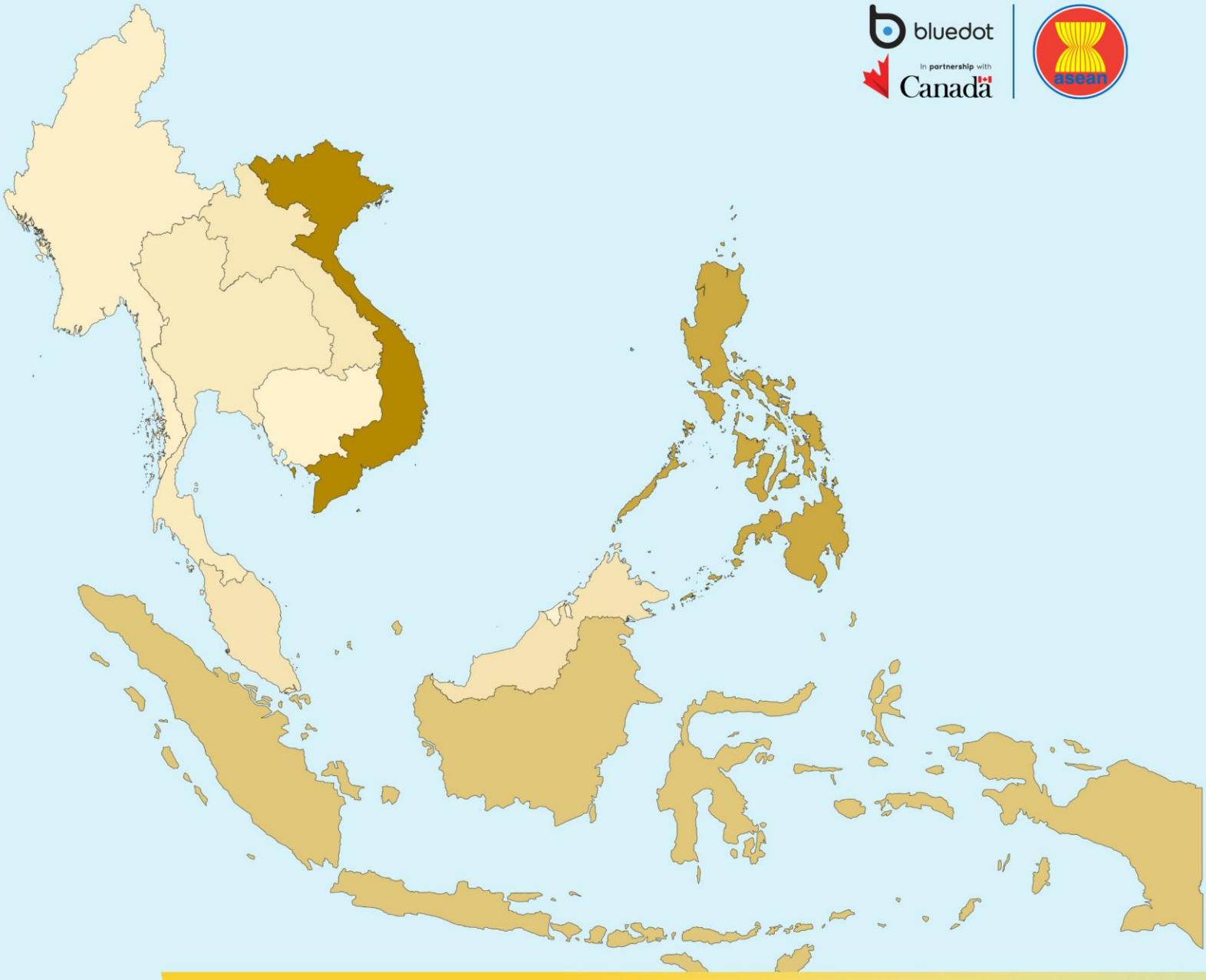

COVID-19, Monkeypox, and Travel Advisories

Situational Report in the ASEAN Region

ASEAN BioDiaspora Virtual Center (ABVC)

November 25, 2022 | Issue No. 418

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COVID-19: Highlights and Situation Overview

Global Update

- **Worldwide**, there have been over 638 million cases and over 6 million deaths attributed to COVID-19.
- **Republic of Korea:** The number of new COVID-19 cases in Korea surpassed 50,000 on November 25, continuing the slight upswing from the previous week, as the virus wave begins to take grip with the arrival of winter.[11] According to the Korea Disease Control and Prevention Agency (KDCA), the country recorded 53,698 new COVID-19 infections, including 39 cases from other countries, bringing the overall caseload to 26,837,840.[11] The amount for November 25 is down from 59,089 the previous day, but up by roughly 4,200 from a week ago, confirming the virus's gradual rising trend.[11] The COVID-19 infection reproduction index, which measures the potential of a coronavirus or other disease to spread, has remained over one for the previous five weeks, indicating that instances are on the rise.[11] [Full Article]

Regional Update

- **Philippines:** The majority of COVID-19 cases in the education sector are medical or medical-allied students, according to Dr. Michelle Schlosser, spokesperson for the Davao City COVID-19 Task Force, on November 23.[12] According to Schlosser, colleges and institutions continue to demand medical and medical-allied students to submit a health declaration and an RT-PCR test in order to monitor the COVID-19 status of their student population.[12] She further stated that incidences of proven COVID-19 positive students occur at higher education levels rather than secondary and basic levels.[12] 15 medical students tested positive for asymptomatic to mild symptoms in September.[12] The students, according to Schlosser, came from a face-to-face community immersion, but the source of transmission was not validated.[12] [Full Article]

Vaccine Update

- The first-in-human study of ***intranasal COVID-19 vaccination with an adenovirusvector vaccine*** did not induce a consistent mucosal antibody response or a strong systemic response.[1] The first part of the phase 1 trial included 30 healthy adults who had never received a SARS-CoV-2 vaccine.[1] The intranasal (IN) vaccination tested in the trial used the existing formulation of the ChAdOx1 nCoV-19 intramuscular (IM) vaccine developed by University of Oxford/ AstraZeneca.[1] Participants received either a low dose, mid dose, or high dose of the IN vaccine. The volunteers were then randomly assigned to receive 1 dose or 2 doses.[1] The 2-dose group received their second IN vaccination 28 days later.[1] A second phase of the study investigated IN vaccination as a booster.[1] Twelve participants received a single high dose IN vaccination after receiving 2 IM doses of either ChAdOx1 nCoV-19 or BNT162b2 (Pfizer/BioNTech) at least 12 weeks previously.[1] The IN vaccine had an acceptable safety and tolerability profile, but immune responses were weak and inconsistent, according to results reported in eBioMedicine. Antigen-specific mucosal antibody responses were detected in only a minority of participants, rarely exceeding levels seen after SARS-CoV-2 infection.[1] Systemic responses to intranasal vaccination were typically weaker than after IM vaccination.[1] IN vaccination also did not have a clear boosting effect among previously vaccinated participants.[1] Seven out of 42 participants developed symptomatic SARSCoV-2 infection.[1] The IN vaccination evaluated in the current study does not merit further clinical development, but results from other trials of IN vaccination are eagerly awaited, according to the authors.[1] [Full Text]

- **Indonesia:** Jakarta's head of the epidemiology surveillance and immunization unit, Ngabila Salama, said on November 24 (Thursday) that a second booster of the COVID-19 vaccine for the elderly is available in all vaccination services in the capital city. Vaccination centers will open every day until the end of this year, December 31. The Health Ministry's Circular Number HK.02.02/C/5565/2022 stipulated that the second booster dose for the elderly or people aged 60 years and over could be administered in November 2022, six months after having the first booster dose.

- **Philippines:** The Department of Health (DOH) announced on Nov 25 that 1.1 billion dollars in COVID-19 vaccines purchased by the national government had expired.[12] According to the DOH, over 31 million doses of COVID-19 vaccinations worth around $15.6 billion have gone to waste in the country, with the majority of them purchased by the private sector and local government units (LGUs).[12] According to the report, the expired shots account for 12% of the 250.38 million doses received by the government. In terms of doses, she stated that this is 1.75% of the entire 24 million expired injections.[12] According to the DOH, another 7 million doses were thrown away owing to variables such as temperature, natural disasters, and opened vials.[12] According to Vergeire, local governments and the commercial sector procured approximately 70% of the expired doses, while 10% to 15% were donated.[12] The DOH official recognized that some aspects of the immunization program should have been improved, particularly in terms of logistics and delivery, as well as frequent inventory of stock.[12] She stated that the government will continue to secure supplies from various sources in order to ensure that the entire population is protected against the disease.[12] [Full Article]

Research Update (Published and peer-reviewed studies)

- Although COVID-19 vaccines are safe and effective, administrative data reported to CDC indicate that COVID-19 vaccination coverage among children aged < 5 years is low.[2] This study, ***Sociodemographic Variation in Early Uptake of COVID-19 Vaccine and Parental Intent and Attitudes Toward Vaccination of Children Aged 6 Months–4 Years — United States, July 1–29, 2022***, showed that 4% of children aged 6 months–4 years had received ≥1 doses of COVID-19 vaccine based on interviews conducted during July 2022; 59% were unvaccinated, but the parent was open to vaccinating their child; and 37% were unvaccinated and the parent was reluctant to vaccinate.[2] Among parents open to vaccination, 25% reported receiving a provider recommendation, and 57% were confident of the vaccine's safety; confidence of vaccine safety varied by race or ethnicity and household income.[2] There is need for recommendations and assurances of COVID-19 vaccine safety by trusted persons to increase vaccination coverage among young children.[2] [Full Text]

- During June–July 2022, many U.S. counties experienced high COVID-19 transmission levels.[3] This report on ***Perception of Local COVID-19 Transmission and Use of Preventive Behaviors Among Adults with Recent SARS-CoV-2 Infection — Illinois and Michigan, June 1–July 31, 2022***, showed that one half of adults surveyed during June–July 2022 who had a positive SARS-CoV-2 test result in metropolitan Detroit, Michigan and DuPage County, Illinois perceived local COVID-19 transmission, when surveyed, to be low or moderate, despite documented sustained high transmission.[3] Higher perceived local COVID-19 transmission was associated with more use of preventive behaviors, overall and in response to high local COVID-19 transmission.[2] There is need for continued monitoring of public perceptions of local COVID-19 levels, and further understanding their impact on use of preventive behaviors, can guide pandemic-related communication strategies and policymaking.[3] [Full Text]

- ***An Observational Study on Unique High Resolution Computed Tomography Pattern of Post-COVID Pulmonary Fibrosis*** was conducted for a period of 6 months in the departments of Respiratory Medicine and Radiodiagnosis at King George's Medical

University, Lucknow, India, to describe the radiological findings that were frequently observed in post COVID-19 patients.[4] The radiological findings on high resolution CT thorax of 56 consecutive patients who reported to the Department of Respiratory Medicine after recovering from COVID-19, and were previously reverse transcriptase-PCR-positive or serologically confirmed, were studied.[4] Ground glass opacities, reticulations, and consolidation are fairly common in patients with pulmonary sequelae of COVID-19.[3] It has a peculiar predilection for involvement of subpleural space with cupola or band-shaped fibrosis.[4] [Full Text]

- This study, ***Return on Investment of the COVID-19 Vaccination Campaign in New York City,*** estimated the ROI of the New York City COVID-19 vaccination campaign by estimating the tangible direct and indirect costs from a societal perspective.[5] A decision analytical model of disease transmission was calibrated to confirmed and probable cases of COVID-19 in New York City between December 14, 2020, and January 31, 2022.[5] This simulation model was validated with observed patterns of reported hospitalizations and deaths during the same period.[5] An agent-based counterfactual scenario without vaccination was simulated using the calibrated model.[5] Costs of health care and deaths were estimated in the actual pandemic trajectory with vaccination and in the counterfactual scenario without vaccination.[5] The savings achieved by vaccination, which were associated with fewer outpatient visits, emergency department visits, emergency medical services, hospitalizations, and intensive care unit admissions, were also estimated.[5] The value of a statistical life (VSL) lost due to COVID-19 death and the productivity loss from illness were accounted for in calculating the ROI.[5] During the study period, the vaccination campaign averted an estimated $27.96 (95% credible interval [CrI], $26.19-$29.84) billion in health care expenditures and 315,724 (95% CrI, 292 143-340 420) potential years of life lost, averting VSL loss of $26.27 (95% CrI, $24.39-$28.21) billion.[5] The estimated net savings attributable to vaccination were $51.77 (95% CrI, $48.50-$55.85) billion.[5] Every $1 invested in vaccination yielded estimated savings of $10.19 (95% CrI, $9.39-$10.87) in direct and indirect costs of health outcomes that would have been incurred without vaccination.[5] This modeling study showed an association of the New York City COVID-19 vaccination campaign with reduction in severe outcomes and avoidance of substantial economic losses.[5] This significant ROI supports continued investment in improving vaccine uptake during the ongoing pandemic.[5] [Full Text]

- A new study **Vaccine effectiveness against SARS-CoV-2 reinfection during periods of Alpha, Delta, or Omicron dominance: A Danish nationwide study** suggests that COVID-19 vaccines offer good protection against reinfection in people who had already acquired the COVID-19, for up to 9 months.[6] The study population included more than 700,000 people with prior SARS-CoV-2 infection who were identified in national Danish registries from January 1, 2020, to January 31, 2022.[6] The researchers estimated the vaccine effectiveness (VE) for different variant periods, and by time since vaccination using unvaccinated citizens as the reference.[6] VE against reinfection following any COVID-19 vaccine type administered in Denmark peaked at 71% at 104 days or more after vaccination during the Alpha period, 94% in 14 to 43 days after vaccination during the Delta period, and 60% in 14 to 43 days after vaccination during the Omicron period.[6] According to the researchers, this study shows that completing a primary vaccination series by previously infected individuals was associated with significant protection against SARS-CoV-2 reinfection compared to those with no vaccination.[6] [Full Text]

- A new study **Effectiveness of Bivalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection — Increasing Community Access to Testing Program, United States** found that the vaccine effectiveness (VE) of the new bivalent mRNA COVID-19 boosters estimates that they confer 28% to 56% more protection against symptomatic infections than two to four doses of the original mRNA vaccines.[8] The CDC researchers assessed bivalent booster VE using the national Increasing Community Access to Testing program, which included data from 360,626 COVID-19 nucleic acid amplification tests

(NAATs) performed from September 14 to November 11 at 9,995 retail pharmacies in adults who had COVID-19 symptoms but no immunocompromising conditions.[8] Most tests or 81% were conducted during Omicron BA.4/BA.5 predominance.[8] Of the 360,626 NAATs, 34% were positive for COVID-19.[8] Among the case patients, 24% were unvaccinated, 72% had received two to four monovalent vaccine doses but no bivalent booster dose, and 5% had received a bivalent dose.[8] Among the 238,939 uninfected controls, 30% were unvaccinated, 63% had received two to four monovalent vaccine doses but no bivalent booster dose, and 7% had gotten a bivalent booster dose.[8] VE of a bivalent booster dose relative to that of two or more monovalent doses 2 to 3 or 8 months earlier was 30% and 56%, respectively, among 18- to 49-year-olds, 31% and 48% among those aged 50 to 64, and 28% and 43% among those 65 years and older.[8] The study authors said the results of this study were the first published VE estimates for the bivalent booster vaccines.[8] [Full Text]

- A new study on **Paxlovid Associated with Decreased Hospitalization Rate Among Adults with COVID-19 — United States** found that COVID-19 patients in the US who received the antiviral drug Paxlovid within 5 days after diagnosis had a 51% lower hospitalization rate than nonrecipients.[9] Researchers from the Centers for Disease Control and Prevention (CDC) and Epic Research in Verona, Wisconsin, analyzed the electronic health records of 699,848 high-risk COVID-19 outpatients eligible to receive nirmatrelvir-ritonavir (Paxlovid) from April 1 to August 31, 2022.[9] In 30 days after diagnosis, 0.75% were hospitalized wherein 63.3% of them were individuals aged 65 and older.[9] Of the 198,927 Paxlovid recipients, 0.47% were hospitalized, compared with 0.86% of 500,921 nonrecipients.[9] Researchers suggested that Paxlovid should be offered to eligible adults irrespective of vaccination status, especially in groups with the highest risk for severe COVID-19 outcomes, such as older adults and those with multiple underlying health conditions.[9] [Full Text]

ASEAN Travel Advisories (new update/s)

as of 25 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

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			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.

COVID-19 Cases and Deaths as of 25 November 2022

- As of 25 November 2022 (2PM, GMT+8), worldwide, there were **638,144,428** confirmed cases, including **6,634,458** deaths. Globally, Case Fatality Rate (CFR) was **1.2%.**
- **35,228,537 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	24-Nov-22	241,044	-	225	-	55,632	450,287	445,786	338,532	99.3
	Cambodia	27 Jan 20	24-Nov-22	138,039	4	3,056	-	837	15,220,136	14,582,552	10,322,948	87.0
	Indonesia	02 Mar 20	24-Nov-22	6,627,538	7,221	159,524	51	2,449	205,272,373	172,133,110	65,807,127	62.5
	Lao PDR	24 Mar 20	24-Nov-22	216,529	37	758	-	3,020	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	24-Nov-22	4,975,473	3,537	36,628	8	15,573	28,113,595	27,524,105	16,831,870	81.1
	Myanmar	23 Mar 20	24-Nov-22	633,075	-	19,487	-	1,171	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	24-Nov-22	4,028,187	718	64,504	4	3,726	78,102,787	73,615,441	20,724,926	63.7
	Singapore	23 Jan 20	24-Nov-22	2,153,638	2,388	1,701	1	37,759	5,168,670	5,127,291	4,440,289	91.0
	Thailand	13 Jan 20	24-Nov-22	4,702,330	-	33,106	-	6,754	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	24-Nov-22	11,512,684	546	43,169	-	11,935	90,067,653	84,467,885	56,731,860	86.0
			ASEAN COUNTRIES	**35,228,537**	**14,451**	**362,158**	**64**	**138,856**	**520,066,961**	**464,150,002**	**209,568,334**	

*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	24-Nov-22	205,391	67	7,833	-	540	11,223,064	10,517,707		25.6
	Australia	25-Jan-20	24-Nov-22	10,550,316	70,185	15,953	90	41,132	22,443,557	21,784,904	14,268,128	83.2
	Bangladesh	08-Mar-20	24-Nov-22	2,036,449	33	29,431	-	1,249	146,831,906	124,751,844	58,669,048	72.8
	Bhutan	05-Mar-20	22-Nov-22	62,488	-	21	-	8,189	699,116	677,669	634,641	86.6
	People's Republic of China*		24-Nov-22	10,564,350	28,587	29,931	0	62,585	1,333,151,918	1,300,120,077	209,307,553	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	18-Nov-22	68,307	-	878	-	7,675	710,906	639,535	168,965	68.8
	French Polynesia	12-Mar-20	16-Nov-22	76,827	-	649	-	27,508	190,765	186,059	112,237	60.6
	Guam	15-Mar-20	18-Nov-22	59,148	-	407	-	35,356	157,742	143,211		85.0
	India	30-Jan-20	24-Nov-22	44,670,075	360	530,596	5	3,269	1,027,007,584	950,630,587	221,058,758	67.1

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	Japan	16-Jan-20	19-Oct-22	21,858,528	-	46,014	-	17,312	104,354,825	102,976,416	136,051,506	83.1
	Kiribati	25-Jan-22	25-Jul-22	3,430	-	13	-	2,917	96,184	73,888	18,774	53.7
	Maldives	07-Mar-20	22-Nov-22	185,584	-	311	-	34,953	399,143	385,060	167,145	73.5
	Marshall Islands	26-Oct-20	20-Nov-22	15,501	-	17	-	26,366	42,919	34,305		44.1
	Micronesia	11-Jan-21	31-Oct-22	22,203	-	55	-	19,508	82,154	69,110		67.5
	Mongolia	10-Mar-20	24-Nov-22	990,731	1,018	2,179	-	30,719	2,272,965	2,175,617	1,044,337	64.0
	Nepal	24-Jan-20	24-Nov-22	1,000,863	4	12,019	-	3,498	27,356,497	23,737,019	8,579,192	77.7
	New Caledonia	17-Mar-20	22-Nov-22	75,122	-	314	-	26,102	191,651	184,113	93,941	63.5
	New Zealand	28-Feb-20	21-Nov-22	1,918,070	-	3,239	-	39,009	4,298,557	4,135,113	3,409,421	79.8
	Niue	03-Sep-21	22-Nov-22	104	-	-	-	4,801	1,650	1,436	1,094	73.6
	Northern Mariana Islands	28-Mar-20	1-Nov-22	13,212	-	41	-	23,091	46,279	43,743		84.4
	Pakistan	26-Feb-20	24-Nov-22	1,574,966	27	30,630	-	727	139,599,826	132,208,520	47,898,137	56.1
	Palau	31-May-21	19-Nov-22	5,684	-	7	-	31,564	20,682	18,435		85.6
	Papua New Guinea	21-Mar-20	24-Nov-22	45,819	46	668	-	522	361,900	301,769	29,855	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	24-Nov-22	26,768,756	59,059	30,207	59	51,768	45,127,596	44,698,081	41,283,670	86.3
	Sri Lanka	27-Jan-20	24-Nov-22	671,586	40	16,796	1	3,080	17,143,761	14,752,827	8,220,002	67.6
	Timor Leste	21-Mar-20	22-Nov-22	23,327	-	138	-	1,804	864,858	766,980	258,263	57.2
	Tonga	05-Nov-21	6-Sep-22	16,182	-	12	-	15,486	90,837	76,825	38,137	71.9
	Türkiye	10-Mar-20	24-Nov-22	17,004,130	28,808	101,395	73	20,381	57,936,783	53,171,790	41,366,484	62.3
	Vanuatu	11-Nov-20	2-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	**140,543,741**	**188,234**	**859,958**	**228**	**591,025**	**2,943,407,620**	**2,789,847,842**	**792,816,927**	

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

- **462,372,150 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	12,960,324	133	258,990	-	244,997	450,980,062	360,639,030	57,521,457
AMERICAS	184,586,570	25,347	2,902,322	376	1,190,051	830,184,515	728,999,949	493,080,675
EUROPE	242,253,709	11,256	2,012,496	105	2,049,889	567,338,736	539,222,834	363,046,539
MIDDLE EAST	22,571,547	2,356	238,534	4	213,889	144,339,191	129,679,627	59,647,313
TOTAL	**462,372,150**	**39,092**	**5,412,342**	**485**	**3,698,827**	**1,992,842,504**	**1,758,541,440**	**973,295,984**

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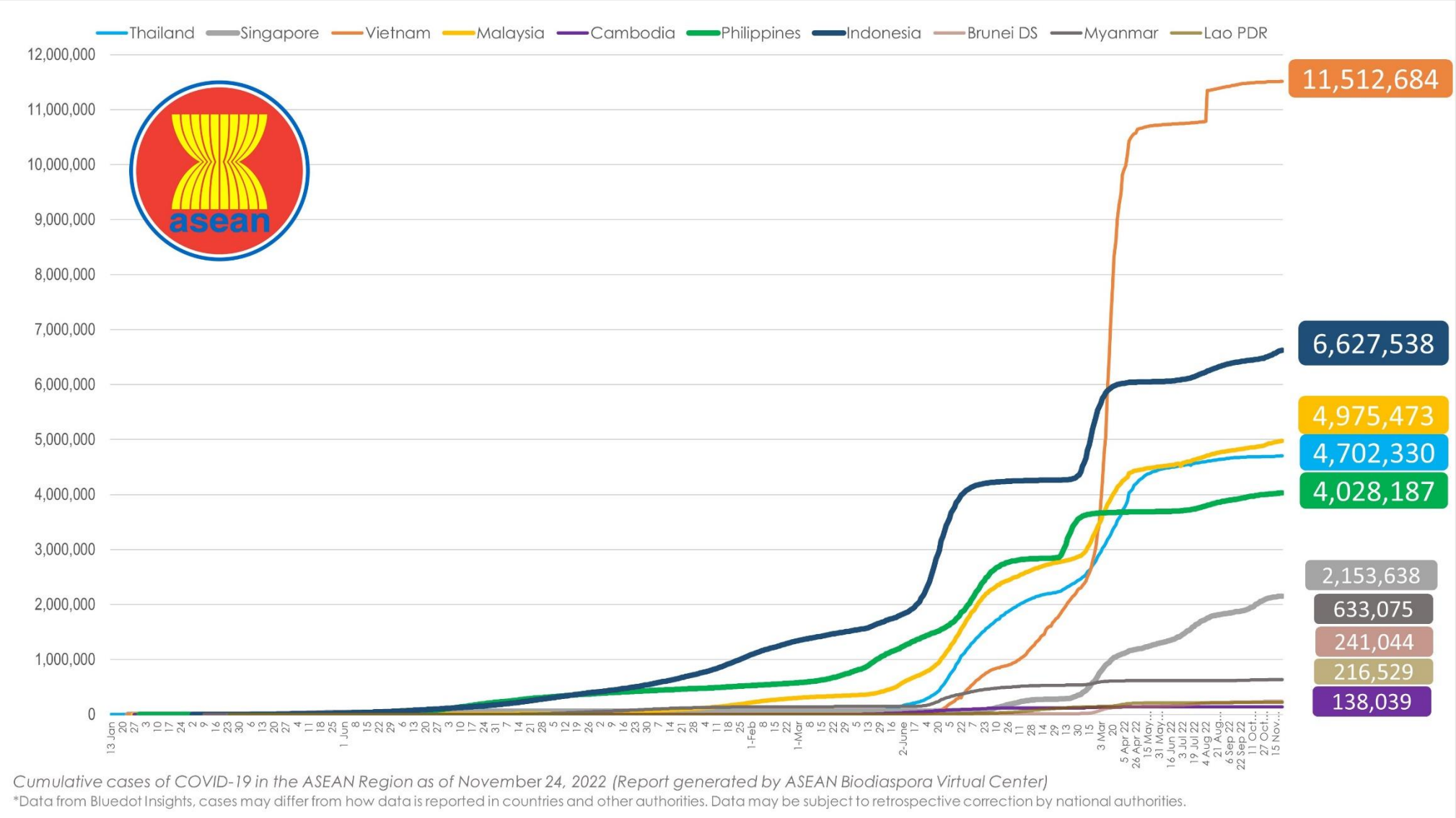
COVID-19 Epi curve among ASEAN Countries

From January 1, 2021 to November 24, 2022



Cumulative cases of COVID-19 in the ASEAN Region as of November 24, 2022 (Report generated by ASEAN Biodiaspora Virtual Center)

*Data from Bluedot Insights, cases may differ from how data is reported in countries and other authorities. Data may be subject to retrospective correction by national authorities.

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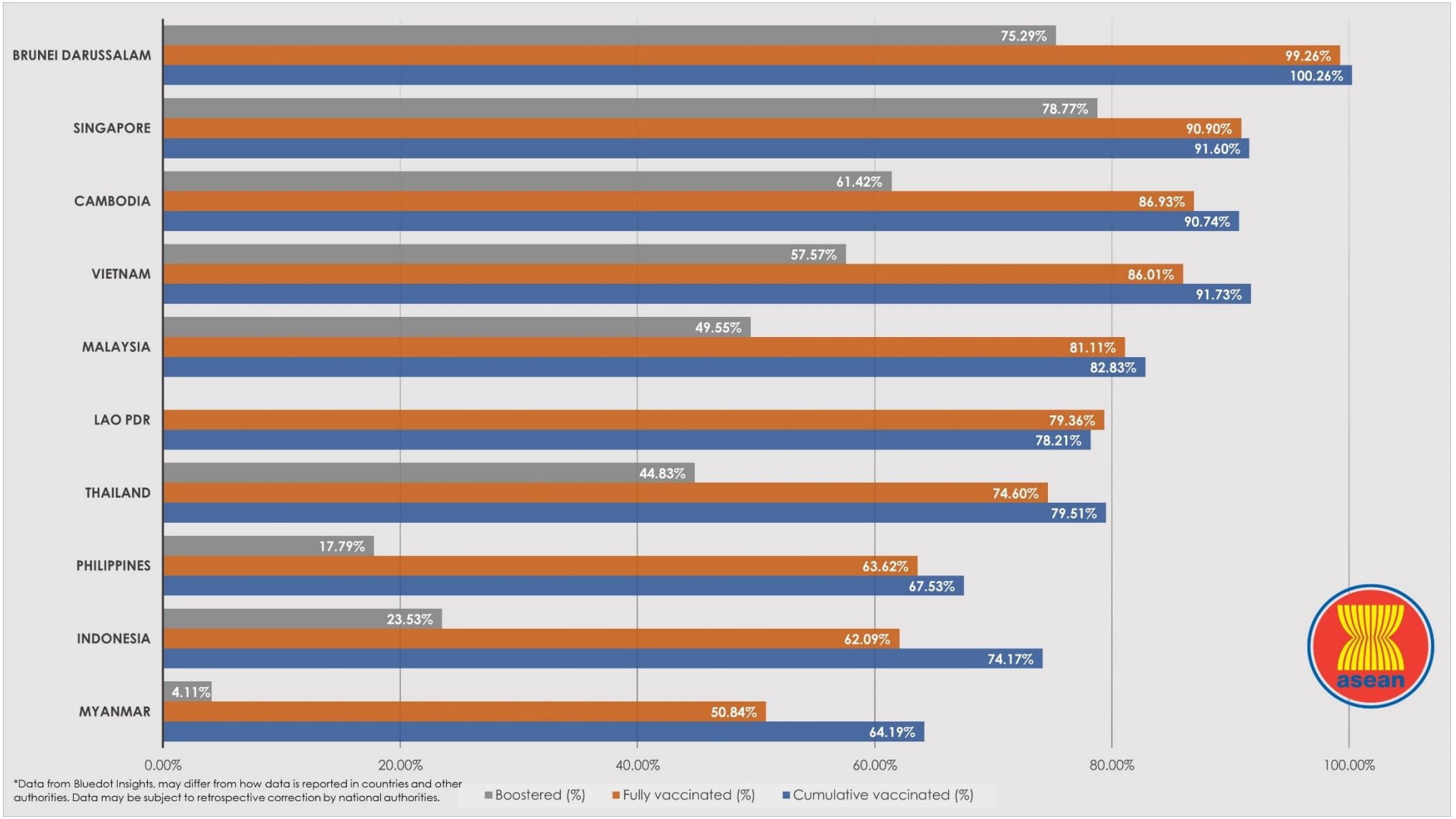
COVID-19 Vaccination Status in ASEAN

as of 24 November 2022



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ASEAN COVID-19 Outlook Assessment

as of 22 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.

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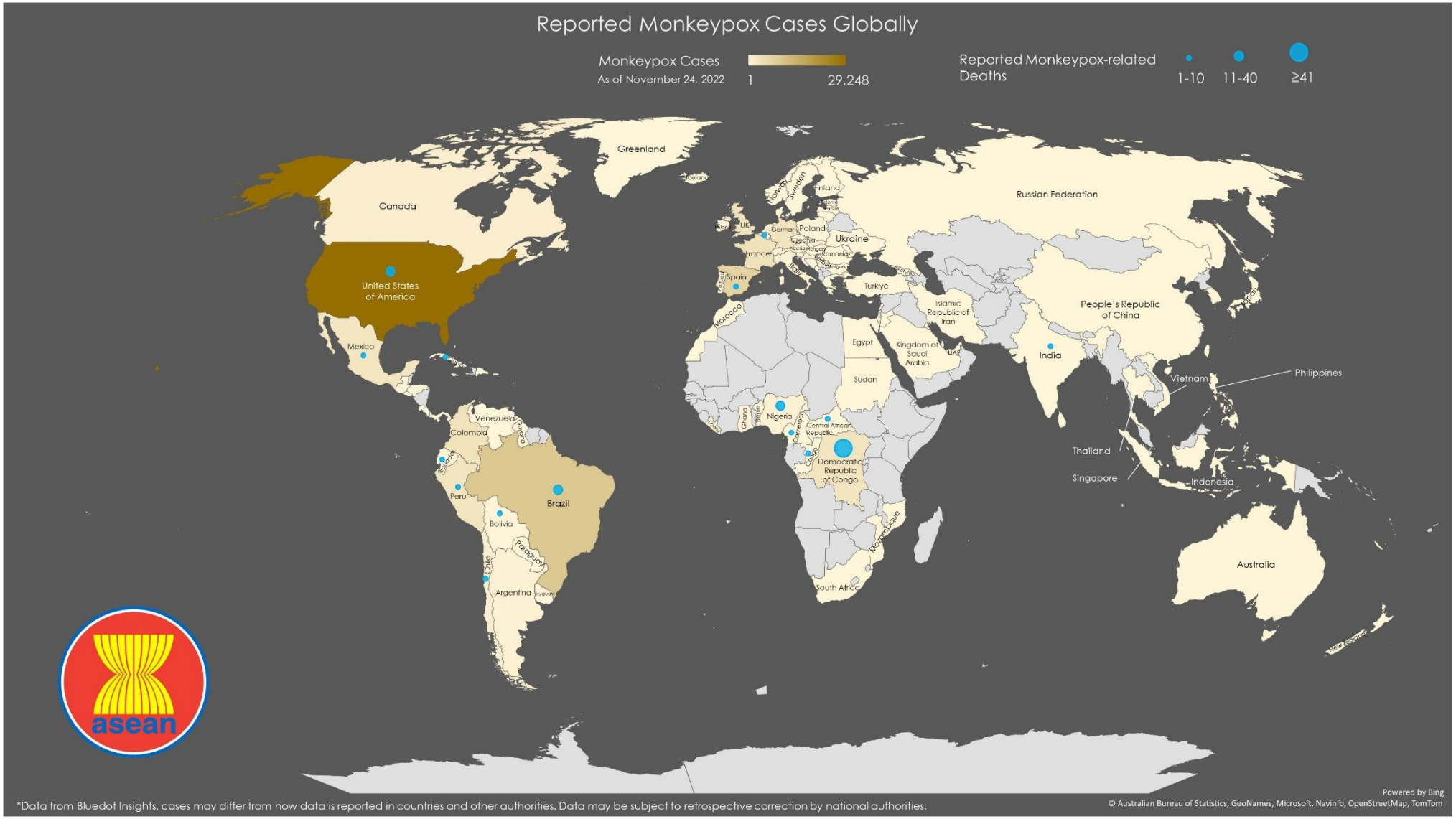
Monkeypox Cases Reported Globally

as of November 24, 2022



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Monkeypox: Highlights and Situation Overview

- As of 25 November 2022 (2PM, GMT+8), worldwide, there were **85,343** confirmed cases, including **202** deaths. Globally, Case Fatality Rate (CFR) was **0.24%.**
- **40 confirmed cases** in the ASEAN region, with CFR of **0%.**
- **85,303 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*	4	-	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	**218**	**-**	**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	29,248	115	14	0.05%
Brazil	9,675	-	12	0.12%
Spain	7,336	-	2	0.03%
France	4,097	-	-	0.00%
Colombia*	3,803	173	-	0.00%

*Colombia surpassed UK in the top 5 countries with most monkeypox cases globally

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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	54,193	660	36	0.07%
ASEAN	40	-	-	0.00%
ASIA PACIFIC	218	-	1	0.46%
EUROPE	25,783	-	4	0.02%
MIDDLE EAST	313	-	-	0.00%
TOTAL	**85,343**	**660**	**202**	**0.24%**

Vaccine Update

- **UKHSA:** According to a new study conducted by the UK Health Security Agency (UKHSA), one dosage of a monkeypox vaccination provides a high level of protection.[7] The study used monkeypox case and vaccine uptake data from July 4 to November 3, 2022, to evaluate the vaccine's efficiency among the gay, bisexual, and men who have sex with men cohort in the United Kingdom who were eligible for immunization.[7] The study discovered that one shot was around 78% effective at preventing infection 14 days after administration.[7] Given the scarcity of monkeypox vaccination, delaying or omitting the second dose might effectively quadruple the number of persons who are protected.[7] [Full Article]

- **China:** According to a recent study published by the China National Biotec Group (CNBG) under Chinese state-owned Sinopharm, monkeypox-specific mRNA vaccines developed in China have proven highly effective in protecting mice from a lethal dose of the virus, making them a potential candidate to help prepare the world for future monkeypox outbreaks.[10] The study, posted on preprint platform bioRxiv on Nov 22 by a research team led by Yang Xiaoming, chairman of CNBG, is considered to be the world's first released study of monkeypox-specific mRNA vaccines, according to a story on Thursday (Nov 24) by Chinese government mouthpiece Global Times (GT).[10] The researchers evaluated three mRNA vaccines in the study, notably VGPox 1-3, which encoded monkeypox proteins M1R and A35R, as well as A35R-M1R fusions (VGPox 1 and VGPox 2) and a combination of encapsulated full-length mRNAs for A35R and M1R (VGPox 3).[10] According to the study, the novel mRNA vaccines expressing a fusion protein made of a shortened form of A35R and a full-length M1R can give high immunity and protection against the poxvirus.[10] All three vaccines elicited anti-A35R total IgGs as early as day seven after a single vaccination.[10] [Full Article]

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