

# Situational Report in the ASEAN Region

— ASEAN BioDiaspora Virtual Center (ABVC)



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## COVID-19: Highlights and Situation Overview

### Global Update

- **Worldwide**, over 689 million cases and over 6 million deaths have been attributed to COVID-19.
- The **World Health Organization (WHO)** reported in its latest weekly update that COVID-19 cases and deaths continued to decline globally over the past 4 weeks, with hot spots reported in a few countries as XBB Omicron variant proportions continue to shift. However, activity is up in two regions: the Western Pacific by 10% and Africa by 3%. Deaths declined or were stable in all six regions. In the Western Pacific, Mongolia, Palau, and the Philippines reported the highest proportional rises, with cases up modestly in South Korea and Australia. WHO urged caution in interpreting trends, due to reduced testing and delays in reporting. Still, it said cases over the past 28 days were down 30% and deaths over the same period were down 39% compared to the previous weeks. The proportion of Omicron XBB.1.5 sequences fell from 49% in the middle of April to 34% in the middle of May. Meanwhile, over the past month the proportion of XBB.1.16—reported from 61 countries—rose from 8.8% to 16.3%. Of the variants under monitoring, four showed an increase including XBB.1.9.1, XBB.1.9.2, XBB, and XBB.2.3. [\[Full report\]](#)

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

- The study on **Recovery and symptom trajectories up to two years after SARS-CoV-2 infection: population-based, longitudinal cohort study** found that up to 18% of unvaccinated COVID-19 survivors have persistent symptoms as long as 2 years after infection.<sup>1</sup> The University of Zurich researchers who led the observational study made a comparison of 1,106 unvaccinated adults 6, 12, 18, and 24 months after COVID-19 infection with 628 uninfected controls. The team surveyed participants at eight time points about 23 long-COVID symptoms, their severity, and their perceived relevance to their infection.<sup>1</sup> Of all participants, 55.3% reported a return to health within 1 month after infection, and 17.6% said they had recovered within 1 to 3 months.<sup>1</sup> At 6 months, 22.9% of participants said they hadn't recovered, declining to 18.5% at 12 months and 17.2% at 24 months.<sup>1</sup> Those reporting symptoms at 6 months said their symptoms had mild (16.2%), moderate (3.6%), or severe (2.7%) effects on their health.<sup>1</sup> At 24 months, the severity of health impairment declined, with 10.4% reporting mild, 3.9% reporting moderate, and 1.9% experiencing severe health impairment.<sup>1</sup> Most participants reported that they continued to recover (68.4%) or had better overall health (13.5%) over time.<sup>1</sup> But 5.2% said their health worsened, and 4.4% had periods of both recovery and regression.<sup>1</sup> A total of 8.9% of participants said they had symptoms at all four follow-up times, and 12.5% reported alternating symptomatic and symptom-free periods.<sup>1</sup> Participants who reported symptoms or worsened symptoms at all follow-up points tended to be 65 or older (45.7% vs 34.1%) or have underlying medical conditions (58.8% vs 27.5%).<sup>1</sup> Relative to participants with unchanged or worse health status, a higher proportion of those who improved were younger than 65 years (55.6% vs 40.1%), and a lower percentage had post-exertion malaise (27.3% vs 40.6%) at 6 months.<sup>1</sup> According to the authors, the findings of this study have highlighted the value of infection prevention and underscored the need for effective treatments to reduce the burden on long-COVID patients and the healthcare system and for solidly designed future trials.<sup>1</sup> [\[Full text\]](#)
- SARS-CoV-2 hybrid immunity (immunity derived from both previous infection and vaccination) has been reported to provide better protection than that from infection or vaccination alone.<sup>2</sup> Since July 2020, SARS-CoV-2 seroprevalence in the United States has been estimated by testing blood donations.<sup>2</sup> This report, **Estimates of SARS-CoV-2**



**Seroprevalence and Incidence of Primary SARS-CoV-2 Infections Among Blood Donors, by COVID-19 Vaccination Status — United States, April 2021–September 2022**, estimated the incidence of infection and the prevalence of infection- or vaccination-induced antibodies (or both) using data from a nationwide, longitudinal cohort of blood donors.<sup>2</sup> During the second quarter of 2021 (April–June), an estimated 68.4% of persons aged ≥16 years had infection- or vaccination-induced SARS-CoV-2 antibodies, including 47.5% from vaccination alone, 12.0% from infection alone, and 8.9% from both.<sup>2</sup> By the third quarter of 2022, an estimated 96.4% of persons aged ≥16 years in this longitudinal blood donor cohort had SARS-CoV-2 antibodies from previous infection or vaccination, including 22.6% from infection alone and 26.1% from vaccination alone; 47.7% had hybrid immunity.<sup>2</sup> Hybrid immunity prevalence was lowest among adults aged ≥65 years.<sup>2</sup> Low prevalence of infection-induced and hybrid immunity among older adults, who are at increased risk for severe disease if infected, reflects the success of public health infection prevention efforts while also highlighting the importance of this group staying up to date with recommended COVID-19 vaccination, including at least 1 bivalent dose.<sup>2</sup> [\[Full text\]](#)

- This prospective cohort study, **Multidimensional Sleep Health Prior to SARS-CoV-2 Infection and Risk of Post-COVID-19 Condition**, determined whether multidimensional sleep health before and during the COVID-19 pandemic, prior to SARS-CoV-2 infection, was associated with the risk of PCC. Nurses' Health Study II participants who reported testing positive (n = 2303) for SARS-CoV-2 infection in a substudy series of COVID-19–related surveys (n = 32 249) between April 2020 and November 2021 were included.<sup>3</sup> After exclusion for incomplete information about sleep health and nonresponse to a question about PCC, 1979 women were included in the analysis.<sup>3</sup> Sleep health was measured both before (June 1, 2015, to May 31, 2017) and early (April 1 to August 31, 2020) in the COVID-19 pandemic. SARS-CoV-2 infection and PCC (≥ 4 weeks of symptoms) were self-reported during 1 year of follow-up.<sup>3</sup> Comparisons were examined between June 8, 2022, and January 9, 2023, using Poisson regression models.<sup>3</sup> Of the 1979 participants reporting SARS-CoV-2 infection (mean [SD] age, 64.7 [4.6] years; 845 (42.7%) were frontline health care workers, and 870 (44.0%) developed PCC.<sup>3</sup> Compared with women who had a prepandemic sleep score of 0 or 1 (least healthy), those who scored 5 (most healthy) had a 30% lower risk of developing PCC (multivariable-adjusted relative risk, 0.70; 95%CI, 0.52-0.94; P for trend <.001).<sup>3</sup> Associations did not differ by health careworker status.<sup>3</sup> No or little daytime dysfunction prepandemic and good sleep quality during the pandemic were independently associated with a lower risk of PCC (relative risk, 0.83 [95%CI, 0.71-0.98] and 0.82 [95%CI, 0.69-0.99], respectively).<sup>3</sup> Results were similar when PCC was defined as having 8 or more weeks of symptoms or as having ongoing symptoms at the time of PCC assessment.<sup>3</sup> The findings indicate that healthy sleep measured prior to SARS-CoV-2 infection, both before and during the COVID-19 pandemic, may be protective against PCC.<sup>3</sup> [\[Full text\]](#)
- This retrospective cohort study, **Mortality Among US Veterans Admitted to Community vs Veterans Health Administration Hospitals for COVID-19**, compared outcomes among veterans admitted for COVID-19 in VHA vs community hospitals.<sup>4</sup> The investigators used VHA and Medicare data from March 1, 2020, to December 31, 2021, on hospitalizations for COVID-19 in 121 VHA and 4369 community hospitals in the US among a national cohort of veterans (aged 65 years) enrolled in both the VHA and Medicare with VHA care in the year prior to hospitalization for COVID-19 based on the primary diagnosis code.<sup>4</sup> The main outcomes were 30-day mortality and 30-day readmission.<sup>4</sup> There were 64,856 veterans (mean [SD] age, 77.6 [8.0] years; 63 562 men [98.0%]) dually enrolled in the VHA and Medicare who were hospitalized for COVID-19.<sup>4</sup> Most (47 821 [73.7%]) were admitted to community hospitals (36 362 [56.1%] admitted to community hospitals via Medicare, 11 459 [17.7%] admitted to community hospitals reimbursed via VHA's Care in the Community program, and 17 035 [26.3%] admitted to VHA hospitals).<sup>4</sup> Admission





to community hospitals was associated with higher unadjusted and risk-adjusted 30-day mortality compared with admission to VHA hospitals (27.1% vs 17.7%;  $P < .001$ ); risk-adjusted odds ratio, 1.37 [95% CI, 1.21-1.55];  $P < .001$ ).<sup>4</sup> Readmission within 30 days was less common after admission to community compared with VHA hospitals (12.7% vs 14.0%); risk-adjusted hazard ratio, 0.89 [95% CI, 0.86-0.92];  $P < .001$ ).<sup>4</sup> This study found that most hospitalizations for COVID-19 among VHA enrollees aged 65 years or older were in community hospitals and that veterans experienced higher mortality in community hospitals than in VHA hospitals.<sup>4</sup> [\[Full text\]](#)

- This retrospective cohort study, ***Patterns in Use and Transplant Outcomes Among Adult Recipients of Kidneys from Deceased Donors With COVID-19***, evaluated the patterns in kidney use and KT outcomes among adult recipients of kidneys from deceased donors with active or resolved COVID-19.<sup>5</sup> This study was used national US transplant registry data from 35,851 deceased donors (71334 kidneys) and 45,912 adult patients who received KTs from March 1, 2020, to March 30, 2023.<sup>5</sup> The exposure was donor SARS-CoV-2 nucleic acid amplification test (NAT) results, with positive NAT results within 7 days before procurement defined as active COVID-19 and positive NAT results 1 week (>7 days) before procurement defined as resolved.<sup>5</sup> Primary outcomes were kidney nonuse, all-cause kidney graft failure, and all-cause patient death.<sup>5</sup> Secondary outcomes were acute rejection (i.e., rejection in the first 6 months after KT), transplant hospitalization length of stay (LOS), and delayed graft function (DGF).<sup>5</sup> Among 35,851 deceased donors, the mean (SD) age was 42.5 (15.3) years; 62.3% were men and 66.9% were White.<sup>5</sup> Among 45,912 recipients, the mean (SD) age was 54.3 (13.2) years; 60.9% were men and 33.4% were Black.<sup>5</sup> The likelihood of nonuse of kidneys from active or resolved COVID-19–positive donors decreased over time.<sup>5</sup> Overall, kidneys from active COVID-19–positive donors (adjusted odds ratio [AOR], 1.55; 95% CI, 1.38-1.76) and kidneys from resolved COVID-19–positive donors (AOR, 1.31; 95% CI, 1.16-1.48) had a higher likelihood of nonuse compared with kidneys from COVID-19–negative donors.<sup>5</sup> From 2020 to 2022, kidneys from active COVID-19–positive donors (2020: AOR, 11.26 [95% CI, 2.29-55.38]; 2021: AOR, 2.09 [95% CI, 1.58-2.79]; 2022: AOR, 1.47 [95% CI, 1.28-1.70]) had a higher likelihood of nonuse compared with kidneys from donors without COVID-19.<sup>5</sup> Kidneys from resolved COVID-19–positive donors had a higher likelihood of nonuse in 2020 (AOR, 3.87; 95% CI, 1.26-11.90) and 2021 (AOR, 1.94; 95% CI, 1.54-2.45) but not in 2022 (AOR, 1.09; 95% CI, 0.94-1.28).<sup>5</sup> In 2023, kidneys from both active COVID-19–positive donors (AOR, 1.07; 95% CI, 0.75-1.63) and resolved COVID-19–positive donors (AOR, 1.18; 95% CI, 0.80-1.73) were not associated with higher odds of nonuse.<sup>5</sup> No higher risk of graft failure or death was found in patients receiving kidneys from active COVID-19–positive donors (graft failure: adjusted hazard ratio [AHR], 1.03 [95% CI, 0.78-1.37]; patient death: AHR, 1.17 [95% CI, 0.84-1.66]) or resolved COVID-19–positive donors (graft failure: AHR, 1.10 [95% CI, 0.88-1.39]; patient death: AHR, 0.95 [95% CI, 0.70-1.28]).<sup>5</sup> Donor COVID-19 positivity was not associated with longer LOS, higher risk of acute rejection, or higher risk of DGF.<sup>5</sup> In this cohort study, the likelihood of nonuse of kidneys from COVID-19–positive donors decreased over time, and donor COVID-19 positivity was not associated with worse KT outcomes within 2 years after transplant.<sup>5</sup> These findings suggest that the use of kidneys from donors with active or resolved COVID-19 is safe in the medium term.<sup>5</sup> [\[Full text\]](#)



## ASEAN Travel Advisories (new update/s)

as of 02 June 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
<b>Brunei Darussalam</b>	December 1, 2022	Yes	No	No	No	No	No	No
<b>Cambodia</b>	October 6, 2022	Yes	No	No	No	No	No	No
<b>Indonesia</b>	May 3, 2023	Yes	Yes – fully vaccinated* for 18 years old and above for non-Indonesian nationals.	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 an RT-PCR test upon arrival	No	No	Traveler is required to download and register at the SatuSehat app ( <a href="#">Android</a> / <a href="#">iOS</a> ) before departure.
<b>Laos</b>	December 29, 2022	Yes	No	No	No	No	No	No
<b>Malaysia</b>	August 2, 2022	Yes	No	No	No	No	No	No
<b>Myanmar</b>	April 3, 2023	Yes	Yes – printed fully vaccinated* certificate for 12 years old and above.	Passengers are subject to medical screening and could be subject to a test upon arrival.	Printed negative COVID-19 RT-PCR test result in English, issued at most 48 hours before arrival.	No	Printed COVID-19 medical insurance.	Passengers must present a Health Declaration Form upon arrival.
<b>Philippines</b>	March 30, 2023	Yes	Yes – fully vaccinated* with booster dose certificate for 15 years old and above.	No	Yes – COVID-19 rapid antigen test upon arrival.	No	No	Traveler is required to download and register an <a href="#">E-arrival card</a> at most 3 days before departure for those without a visa.
<b>Singapore</b>	February 13, 2023	Yes	No	No	No	No	No	No
<b>Thailand</b>	March 1, 2023	Yes	No	No	No	No	No	No
<b>Vietnam</b>	May 16, 2022	Yes	No	No	No	No	No	No

• Reference: [IATA Travel Centre](#)

• \*Fully vaccinated – at least 14 or 15 days from 2<sup>nd</sup> dose for a two-dose vaccine or 14 or 15 days from a single-dose vaccine upon arrival.



## Cases and Deaths as of 02 June 2023

- As of 02 June 2023 (1PM, GMT+7), worldwide, there were **689,748,022** confirmed cases, including **6,885,482** deaths. Globally, Case Fatality Rate (CFR) was **1.0%**.
- 36,208,128 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	31-May-23	306,333	-	225	-	64,053	450,404	445,929	338,987	99.3
	Cambodia	27 Jan 20	31-May-23	138,781	-	3,056	-	841	15,244,858	14,609,937	10,433,215	87.1
	Indonesia	02 Mar 20	02-Jun-23	6,835,767	27,889	161,831	58	2,490	203,657,535	172,693,321	67,952,274	62.7
	Lao PDR	24 Mar 20	01-Jun-23	218,247	-	758	-	3,041	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	28-May-23	5,100,249		37,087		15,788	28,125,245	27,536,657	17,056,957	81.1
	Myanmar	23 Mar 20	01-Jun-23	638,980	-	19,494	-	1,173	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	02-Jun-23	4,144,351	-	66,466	-	3,771	78,369,243	73,937,435	21,341,197	64.0
	Singapore	23 Jan 20	30-May-23	2,472,873	-	1,727	-	39,049	5,161,990	5,120,768	4,440,289	90.8
	Thailand	13 Jan 20	22-May-23	4,738,988	-	34,053	-	6,791	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	01-Jun-23	11,613,559	-	43,206	-	11,950	90,450,881	85,848,363	57,452,750	87.4
ASEAN COUNTRIES				36,208,128	27,889	367,903	58	148,946	519,131,616	466,446,242	213,386,451	

\*There have been no tests reported in the last 14 days in the **ASEAN** Region.

REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS
ASIA	195,813,067	19,724	1,206,888	11
AFRICA	12,823,876		258,777	
AMERICAS	195,490,887		2,990,264	
EUROPE	249,412,064		2,061,650	-
TOTAL	653,539,894	19,724	6,517,579	11

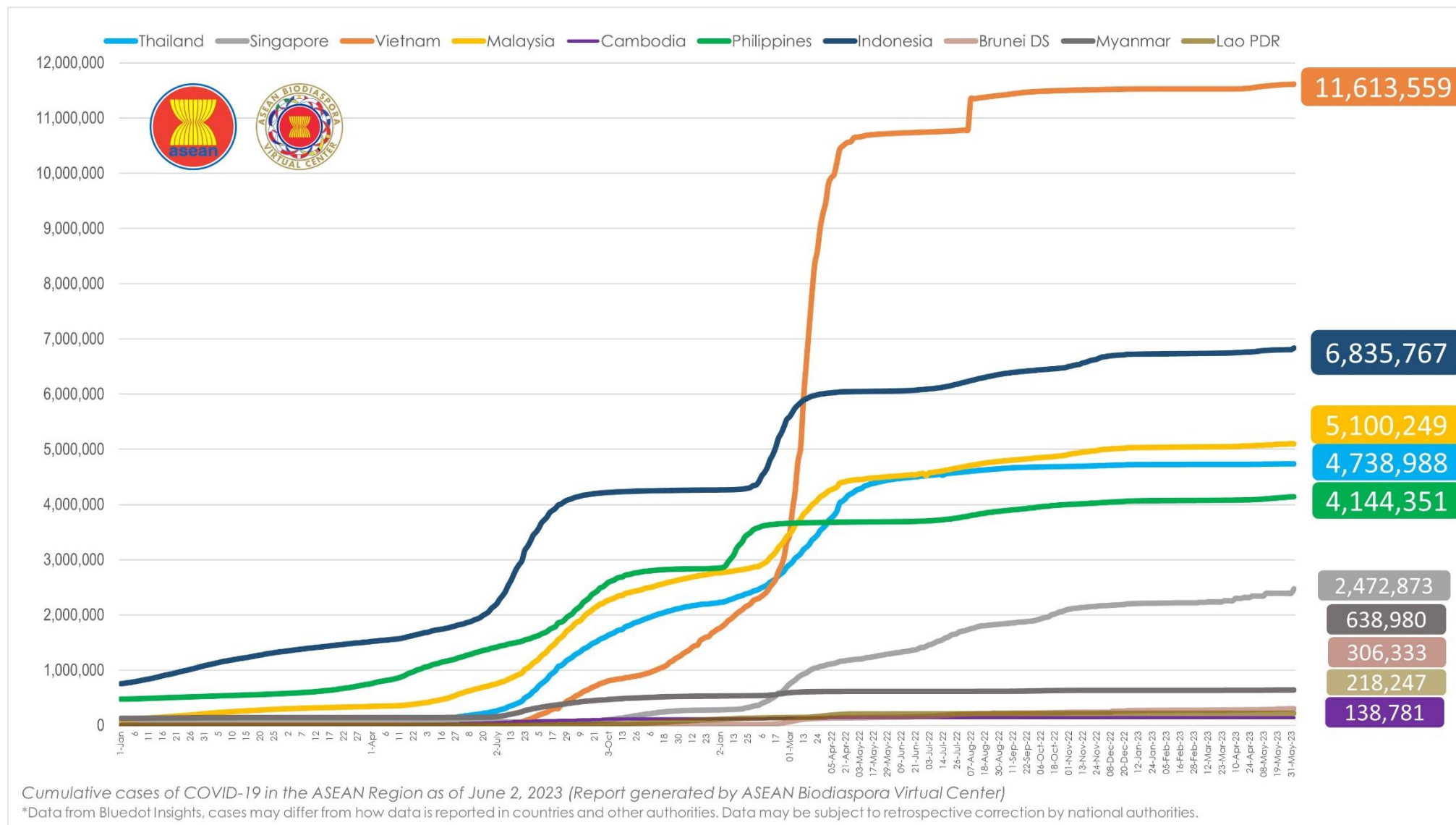
\*\*Data References: [Andra Farm](#), [Worldometer](#), [DOH Philippines](#), and the [WHO](#)





# COVID-19 Epi curve among ASEAN Countries

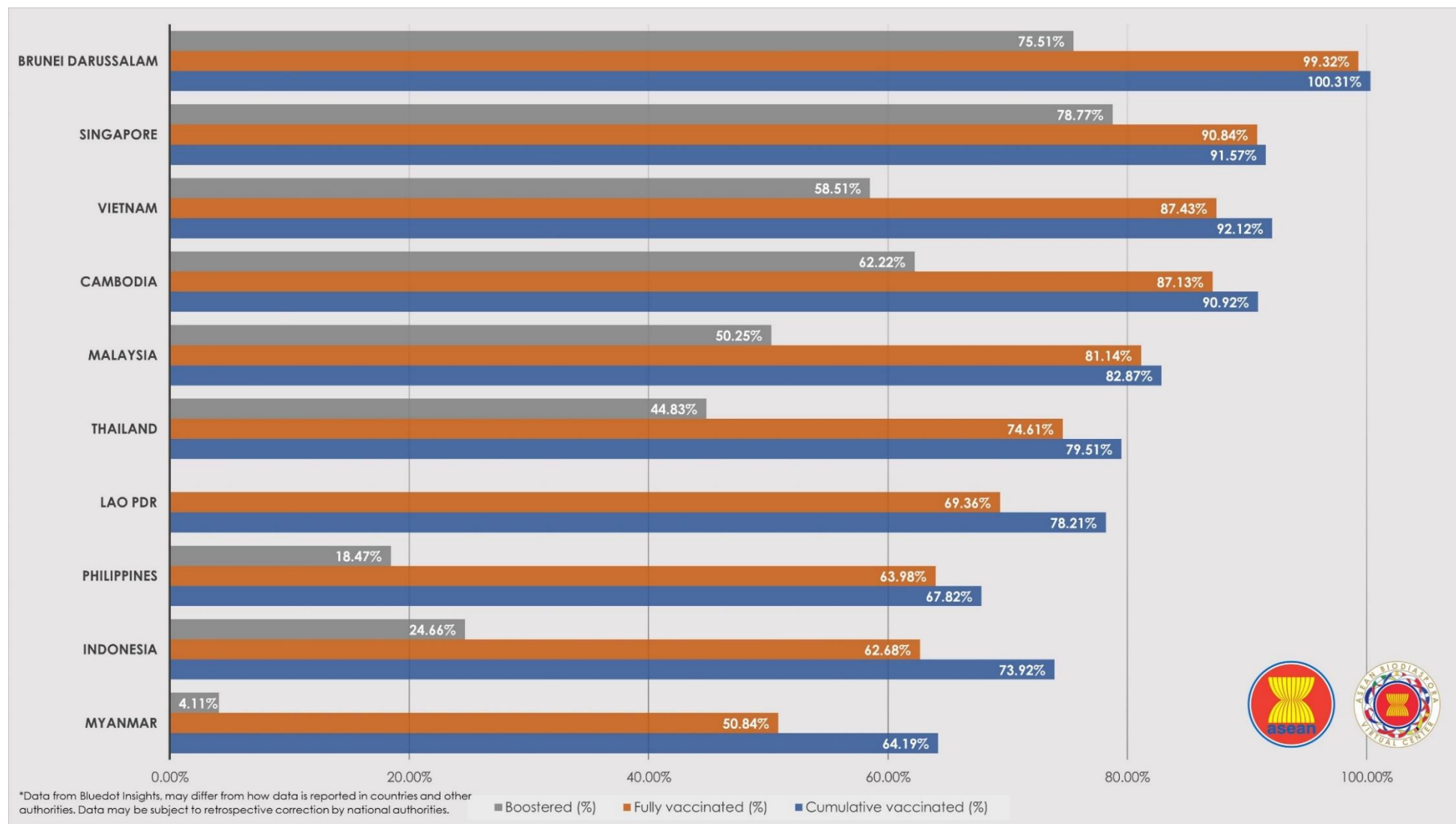
From January 1, 2022, to June 2, 2023





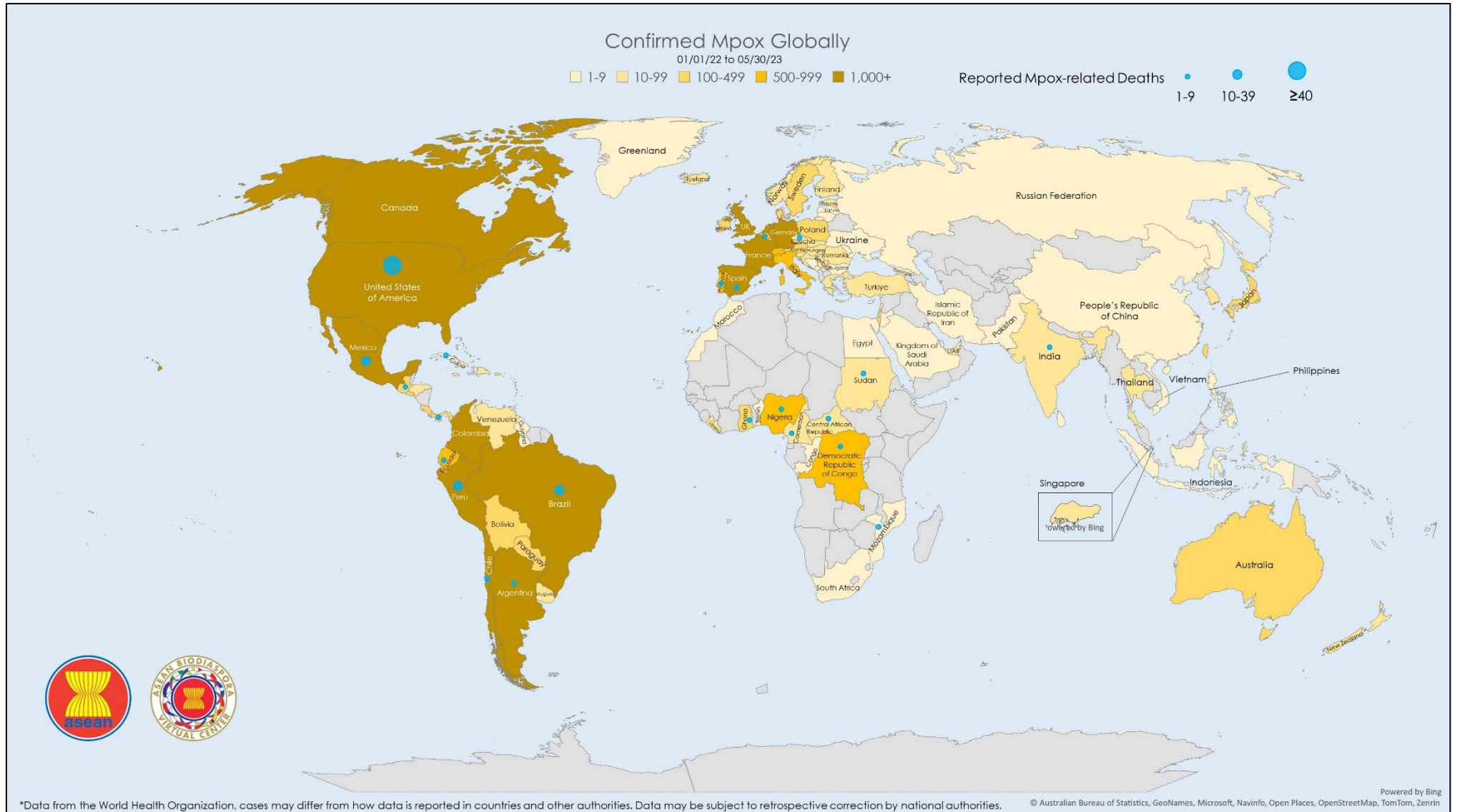
# COVID-19 Vaccination Status in ASEAN

as of 09 March 2023



\*Last update on COVID-19 vaccination status in ASEAN was on March 9, 2023.

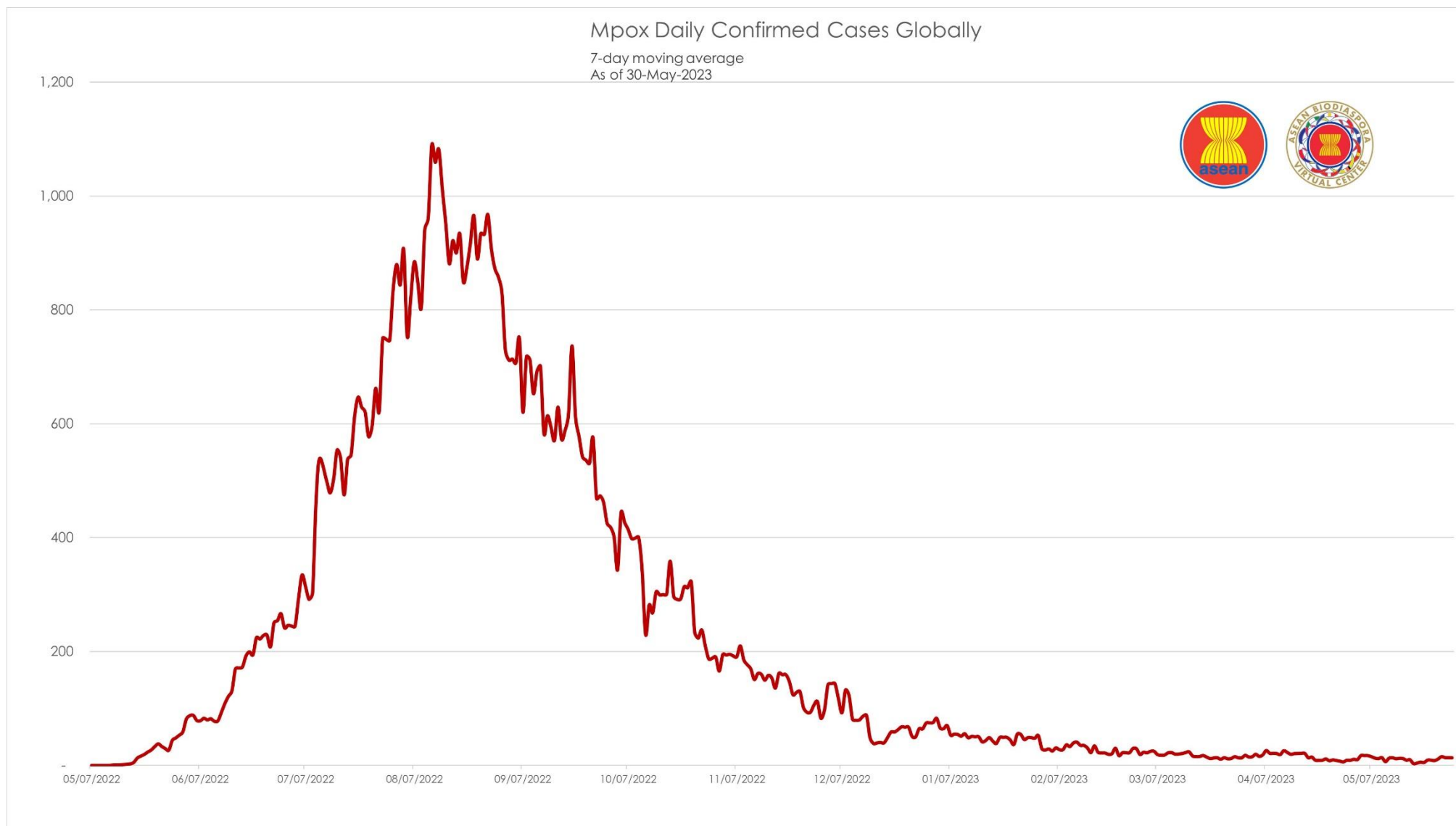
as of May 30, 2023





## Mpox Daily Trend Globally

as of May 30, 2023





## Mpox: Highlights and Situation Overview

- As of 30 May 2023 (1PM, GMT+7), there were **87,858** confirmed cases worldwide, including **143** deaths. Globally, the Case Fatality Rate (CFR) was **0.16%**.
- 59 confirmed cases** in the ASEAN region, with a CFR of **0%**.
- 87,799 confirmed cases** of Mpox have been reported in other **5 regions** (other than the ASEAN region):

### Mpox cases in the ASEAN region

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Indonesia	1	-	-	0.00%
Philippines	5	-	-	0.00%
Singapore	25	-	-	0.00%
Thailand	26	-	-	0.00%
Vietnam	2	-	-	0.00%
<b>ASEAN Total</b>	<b>59</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>

### Mpox cases in the Asia-Pacific region

Country/Territory	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Australia	145	-	-	0.00%
India	22	-	1	4.55%
Japan	163	28	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	41	-	-	0.00%
People's Republic of China*	136	45	-	0.00%
The Republic of Korea	89	9	-	0.00%
Sri Lanka	2	-	-	0.00%
<b>Asia-Pacific Total</b>	<b>599</b>	<b>82</b>	<b>1</b>	<b>0.19%</b>

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

### Top 5 countries with the most mpox cases globally

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
United States of America	30,225	31	42	0.14%
Brazil	10,941	-	16	0.15%
Spain	7,555	4	3	0.04%
France	4,146	-	-	0.00%
Colombia	4,090	-	-	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	1,828	202	21	1.15%
AMERICAS	59,371	43	114	0.19%
ASEAN	59	-	-	0.00%
ASIA PACIFIC	599	82	1	0.17%
EUROPE	25,617	14	7	0.03%
MIDDLE EAST	327	2	-	0.00%
<b>TOTAL</b>	<b>87,858</b>	<b>343</b>	<b>143</b>	<b>0.16%</b>





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