



COVID-19 and Mpox

Situational Report in the ASEAN Region

—— ASEAN BioDiaspora Virtual Center (ABVC)



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COVID-19: Highlights and Situation Overview

Global Update

- **Worldwide**, there have been over 684 million cases and over 6 million deaths attributed to COVID-19.
- The World Health Organization (WHO) in its weekly pandemic update reported that COVID-19 cases and deaths declined over the last month but added that levels are rising in 31% of countries. Over the last 28 days, COVID-19 cases have declined by 28% and deaths have dropped by 30% compared to the previous 4 weeks. However, the WHO noted that 74 countries reported rises of 20% or more during the same period. The increase in cases was reported from two regions, Southeast Asia, and the Eastern Mediterranean. In Southeast Asia, India reported the highest proportional rise with cases up by 680% compared to the previous 28 days and Indonesia reported a more modest rise of 69%. In the Eastern Mediterranean region, cases rose sharply in Iran and more modestly in Qatar and the United Arab Emirates. Meanwhile, in WHO's variant update, it reported that XBB.1.9 is its seventh variant under monitoring (VUM). It has spike mutations similar to XBB.1.5 and XBB.1.16, including those linked to immune escape and increased transmissibility. So far, more than 9,500 sequences have been reported from 68 countries. WHO added that globally, the proportion of XBB.1.5—currently the only variant of interest—continues to rise and is at 47.1% of cases. [\[Full report\]](#)
- The US Centers for Disease Control and Prevention (CDC) reported in its latest variant proportion estimates that the proportions of XBB.1.9, which the WHO just added as a VUM, are rising slowly and the XBB.1.5 still makes up most of Omicron cases in the United States.¹ CDC also reported that COVID-19-related deaths continue to rise, though cases and hospitalizations continue their gradual downward trends.¹ [\[Full report\]](#)
- The European Centre for Disease Prevention and Control (ECDC) released new guidelines on COVID-19 vaccination which encourages countries to conduct autumn booster campaigns targeting high-risk groups, including people ages 60 and older.² It said modeling suggests that high uptake in the age group could cut hospitalizations by 32% in the region.² [\[Full article\]](#)
- India's government requested its states to identify emergency hotspots and ramp up testing for COVID-19 after the country recorded its highest daily case count on April 7 since September.³ According to India's Union Health Ministry, the prevalence of XBB.1.16, classified as a variant of interest by the WHO has increased from 21.6% in February to 35.8% in March, adding that there was no evidence of an increase in hospitalizations or deaths.³ According to the ministry's data, India reported 5,880 new cases in 24 hours on April 10 (Monday) and the active cases in the country have increased to 35,199.³ [\[Full article\]](#)

Regional Update

- **Malaysia:** According to Education Minister Fadhlina Sidek, the recent sharp surge of COVID-19 instances involving the education cluster is still under control thanks to intervention efforts implemented by the Ministry of Education (KPM).⁹ Fadhlina stated that the ministry's response tactics include seclusion, notifying teachers and students of the dramatic increase in COVID-19 cases, and advising parents to examine their children's health before sending them to school.⁹ She noted that, in addition to warnings and monitoring, pupils will be screened at schools in accordance with the Ministry of Health's standards, needs, and advice.⁹ [\[Full article\]](#)



- **Philippines:** From April 3 to April 9, the Department of Health recorded 1,944 new COVID-19 cases, a 13% rise over the previous week's numbers.¹⁰ According to the agency, the average number of daily cases was 278 this week, with 30 confirmed deaths.¹⁰ It went on to say that 17 of the new infections were serious and life-threatening.¹⁰ 378 severe and critical patients are currently hospitalized, accounting for 10.2% of all COVID-19 admissions.¹⁰ [\[Full article\]](#)

Vaccine Update

- The **US Food and Drug Administration (FDA)** has issued an emergency use authorization (EUA) for a new monoclonal antibody treatment GOHIBIC (vilobelimab) from Germany-based InflaRx. The treatment, given by intravenous infusion, is indicated for adult patients who are hospitalized for COVID-19 infections. FDA said that based on the totality of scientific evidence available to the FDA, including data from the Phase 3 portion of the clinical trial, PANAMO (NCT04333420): a randomized, double-blind, placebo-controlled study to evaluate the safety and efficacy of GOHIBIC in adult (18 years old and above) patients with COVID-19 pneumonia who required invasive mechanical ventilation (IMV) or extracorporeal membrane oxygenation (ECMO), GOHIBIC was found to be effective for the treatment of COVID-19 in hospitalized adults when initiated within 48 hours of receiving IMV, or ECMO, as described in the Scope of Authorization, and when used under the conditions described in the EUA, the known and potential benefits of GOHIBIC outweigh the known and potential risks of such product. [\[Full report\]](#)

Research Update (Published and peer-reviewed studies)

- The study **SARS-CoV-2 During Omicron Variant Predominance Among Infants Born to People With SARS-CoV-2** led by researchers at the Centers for Disease Control and Prevention (CDC) found that the rate of US newborns with maternal-transmitted COVID-19 in the US was five times higher during Omicron variant predominance than before.⁴ Prior to Omicron predominance, 27,403 infants were born to mothers who tested positive for COVID-19, however, during the Omicron wave, 14,115 infants tested positive for COVID-19.⁴ In a sub-analysis limited to infants born to infected mothers pre-Omicron, the incidence rate ratio rose to 5.83.⁴ According to the researchers, the findings of this study align with other evidence of reduced protection against Omicron from previous infection with other variants, adding that the increased transmissibility of the Omicron variant to infants who are ineligible to receive COVID-19 vaccination, raises the importance of preventing SARS-CoV-2 transmission through other means, such as vaccination of pregnant and postpartum people.⁴ [\[Full text\]](#)
- On July 23, 2022, the World Health Organization declared monkeypox (mpox) a public health emergency of international concern, and on August 4, 2022, the US Department of Health and Human Services followed suit.⁶ Five days later, the US Food and Drug Administration authorized emergency use of the smallpox/mpox vaccine Jynneos (Bavarian Nordic) in an effort to contain this outbreak. With a severely constrained supply, the vaccine has been distributed by the Centers for Disease Control and Prevention to states' departments of public health.⁶ Notably, the accessibility of vaccine sites was a major obstacle for many who wished to be vaccinated.⁶ This cross-sectional study, **Availability and Accessibility of Live Nonreplicating Smallpox/Mpox Vaccine** described the availability and accessibility of vaccine administration sites, compared with the number of reported cases and allocated vaccines.⁶ By August 5, 2022, there were 247 designated vaccination sites in the 26 states and Washington, DC.⁶ The remaining 24 states distributed vaccines on a case-by-case basis. The number of cases was highly correlated with the number of vaccines shipped ($\rho = 0.95$; $P < .001$) but was less correlated with number of vaccine sites ($\rho = 0.63$; $P < .001$).⁶ Nationally, 46.5%



of White people (53 379 142) lived within 30 minutes of the nearest vaccination site, compared with 16.3% (18 776 162) of Black people and 24.0% (27 505 229) of Hispanic people.⁶ In the 5 states with the highest number of mpox cases, Black people consistently had worse geographic access compared with White and Hispanic people.⁶ There were significant racial disparities in mpox vaccine access across the US.⁶ Additionally, the number of vaccines shipped correlated with the number of mpox cases, but the number of vaccination sites did not, further raising concerns about vaccine accessibility.⁶ [\[Full text\]](#)

- This cohort study, ***Prevalence and Characteristics Associated with Post-COVID-19 Condition Among Non-Hospitalized Adolescents and Young Adults***, determined the point prevalence of Post COVID Condition (PCC) 6 months after the acute infection and risk of development of PCC.⁷ Participants included non-hospitalized individuals from 2 counties in Norway between ages 12 and 25 years who underwent RT-PCR testing.⁷ At the early convalescent stage and at 6-month follow-up, participants underwent a clinical examination; pulmonary, cardiac, and cognitive functional testing; immunological and organ injury biomarker analyses; and completion of a questionnaire.⁷ A total of 404 individuals testing positive for SARS-CoV-2 and 105 individuals testing negative were enrolled and 382 SARS-CoV-2-positive participants (mean [SD] age, 18.0 [3.7] years; 152 male [39.8%]) and 85 SARS-CoV-2-negative participants (mean [SD] age, 17.7 [3.2] years; 31 male [36.5%]) could be evaluated.⁷ The point prevalence of PCC at 6 months was 48.5% in the SARS-CoV-2-positive group and 47.1% in the control group (risk difference, 1.5%; 95% CI, -10.2% to 13.1%). SARS-CoV-2 positivity was not associated with the development of PCC (relative risk [RR], 1.06; 95% CI, 0.83 to 1.37; final multivariable model utilizing modified Poisson regression).⁷ The main risk factor for PCC was symptom severity at baseline (RR, 1.41; 95% CI, 1.27-1.56).⁷ Low physical activity (RR, 0.96; 95% CI, 0.92-1.00) and loneliness (RR, 1.01; 95% CI, 1.00-1.02) were also associated, while biological markers were not.⁷ Symptom severity correlated with personality traits.⁷ These findings raise questions about the utility of the World Health Organization case definition and has implications for the planning of health care services as well as for further research on PCC.⁷ [\[Full text\]](#)
- Little was known about the characteristics of Omicron variants in mainland China.⁸ This cohort study ***Transmission Characteristics and Inactivated Vaccine Effectiveness Against Transmission of SARS-CoV-2 Omicron BA.5 Variants in Urumqi, China*** evaluated transmission characteristics of Omicron BA.5 variants and the effectiveness of inactivated vaccine (mainly BBIBP-CorV) against their transmission.⁸ This was conducted using data from an Omicron-seeded COVID-19 outbreak in Urumqi from August 7 to September 7, 2022.⁸ Participants included all individuals with confirmed SARS-CoV-2 infections and their close contacts identified between August 7 and September 7, 2022, in Urumqi.⁸ A booster dose was compared vs 2 doses (reference level) of inactivated vaccine and risk factors were evaluated.⁸ Demographic characteristics, timeline records from exposure to laboratory testing outcomes, contact tracing history, and contact setting were obtained.⁸ The mean and variance of the key time-to-event intervals of transmission were estimated for individuals with known information.⁸ Transmission risks and contact patterns were assessed under different disease control measures and in different contact settings.⁸ The effectiveness of inactivated vaccine against the transmission of Omicron BA.5 was estimated using multivariate logistic regression models.⁸ Among 1,139 individuals diagnosed with COVID-19 and 51,323 close contacts who tested negative for COVID-19, the means of generation interval, viral shedding period, and incubation period were estimated at 2.8 days (95% credible interval [CrI], 2.4-3.5 days), 6.7 days (95% CrI, 6.4-7.1 days), and 5.7 days (95% CrI, 4.8-6.6 days), respectively.⁸ Despite contact tracing, intensive control measures, and high vaccine coverage (980 individuals with infections [86.0%] received ≥ 2 doses of vaccine), high transmission risks were found in household settings (secondary attack



rate, 14.7%; 95% CrI, 13.0%-16.5%) and younger (aged 0-15 years; secondary attack rate, 2.5%; 95% CrI, 1.9%-3.1%) and older age (aged >65 years; secondary attack rate, 2.2%; 95% CrI, 1.5%-3.0%) groups.⁸ Vaccine effectiveness against BA.5 variant transmission for the booster-dose vs 2 doses was 28.9% (95% CrI, 7.7%-45.2%) and 48.5% (95% CrI, 23.9%-61.4%) for 15-90 days after booster dose.⁸ No protective outcome was detected beyond 90 days after the booster dose.⁸ This cohort study revealed key transmission characteristics of SARS-CoV-2 as they evolved, as well as vaccine effectiveness against variants.⁸ [\[Full text\]](#)



Cases and Deaths as of 10 April 2023

- As of 10 April 2023 (1PM, GMT+7), worldwide, there were **684,977,220** confirmed cases, including **6,837,744** deaths. Globally, Case Fatality Rate (CFR) was **1.0%**.
- 35,716,931 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	30-Mar-23	283,345	-	225	-	64,053	450,404	445,929	338,987	99.3
	Cambodia	27 Jan 20	04-Apr-23	138,726	-	3,056	-	841	15,244,858	14,609,937	10,433,215	87.1
	Indonesia	02 Mar 20	10-Apr-23	6,751,309	141	161,052	-	2,490	203,657,535	172,693,321	67,952,274	62.7
	Lao PDR	24 Mar 20	01-Apr-23	218,037	-	758	-	3,041	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	03-Apr-23	5,052,337	-	36,982	-	15,788	28,125,245	27,536,657	17,056,957	81.1
	Myanmar	23 Mar 20	08-Apr-23	634,098	-	19,490	-	1,173	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	09-Apr-23	4,083,678	-	66,420	-	3,771	78,369,243	73,937,435	21,341,197	64.0
	Singapore	23 Jan 20	31-Mar-23	2,298,689	-	1,727	-	39,049	5,161,990	5,120,768	4,440,289	90.8
	Thailand	13 Jan 20	10-Apr-23	4,728,967	168	33,940	2	6,791	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	09-Apr-23	11,527,745	-	43,186	-	11,950	90,450,881	85,848,363	57,452,750	87.4
ASEAN COUNTRIES				35,716,931	309	366,836	2	148,946	519,131,616	466,446,242	213,386,451	

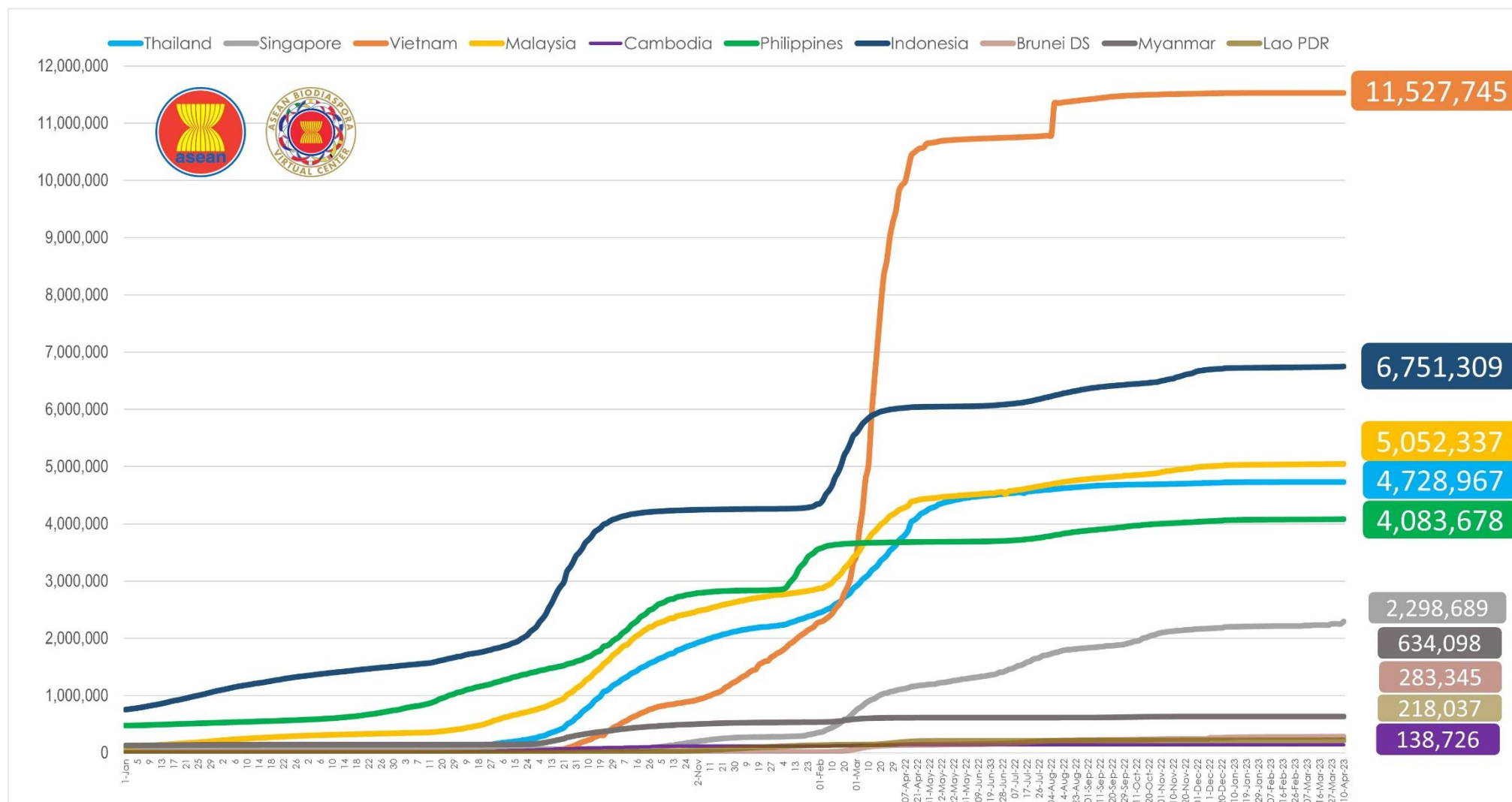
*There have been no tests reported in the last 14 days in the **ASEAN** Region.

REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS
ASIA	194,052,844	4,280	1,202,072	10
AFRICA	12,813,850	-	258,672	
AMERICAS	194,263,760	237	2,977,308	1
EUROPE	248,129,835	-	2,032,856	-
TOTAL	649,260,289	4,517	6,470,908	11



COVID-19 Epi curve among ASEAN Countries:

From January 1, 2022 to April 10, 2023



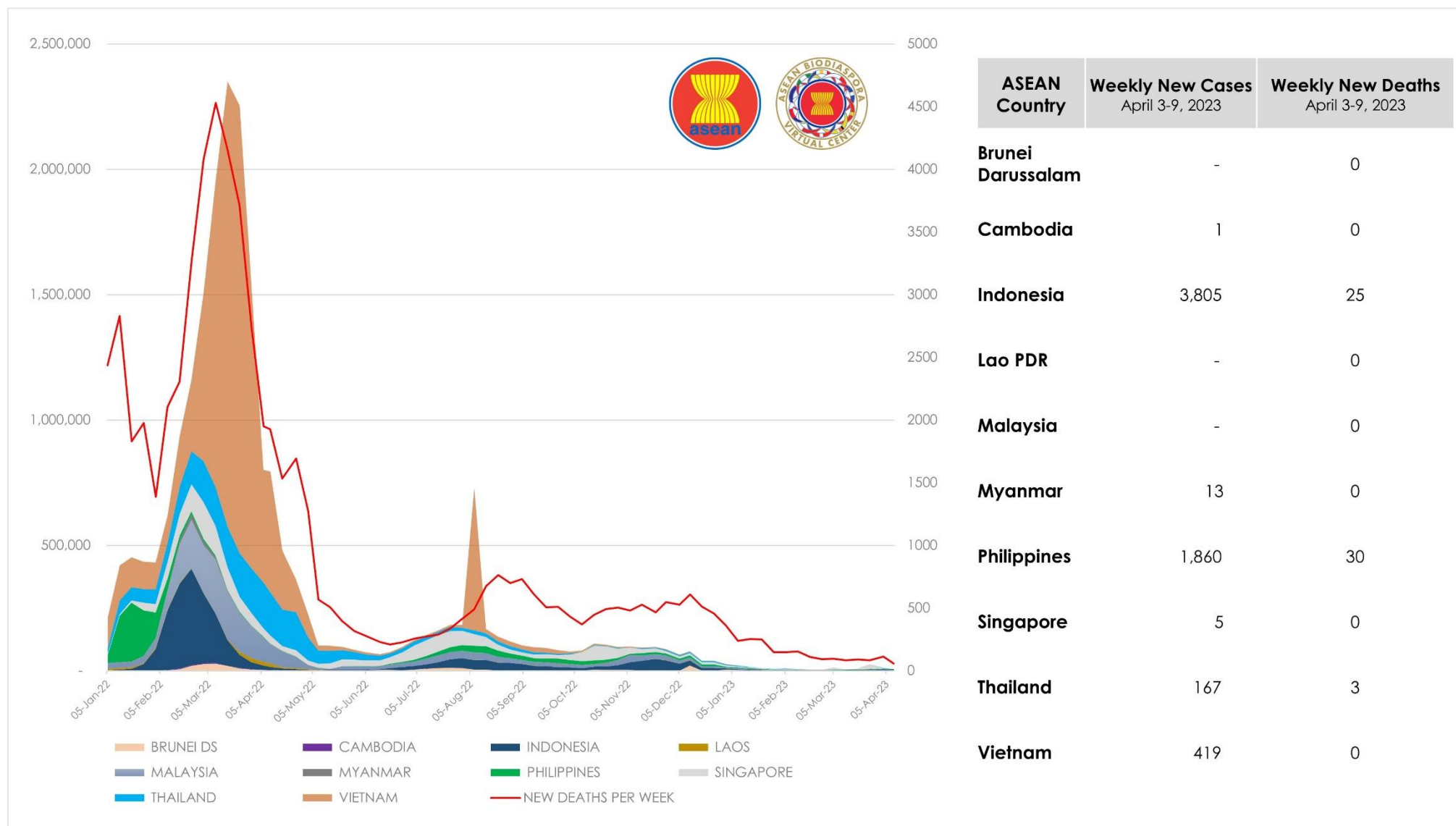
Cumulative cases of COVID-19 in the ASEAN Region as of April 10, 2023 (Report generated by ASEAN Biodiaspora Virtual Center)

*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.



ASEAN Weekly COVID-19 New Cases and New Deaths

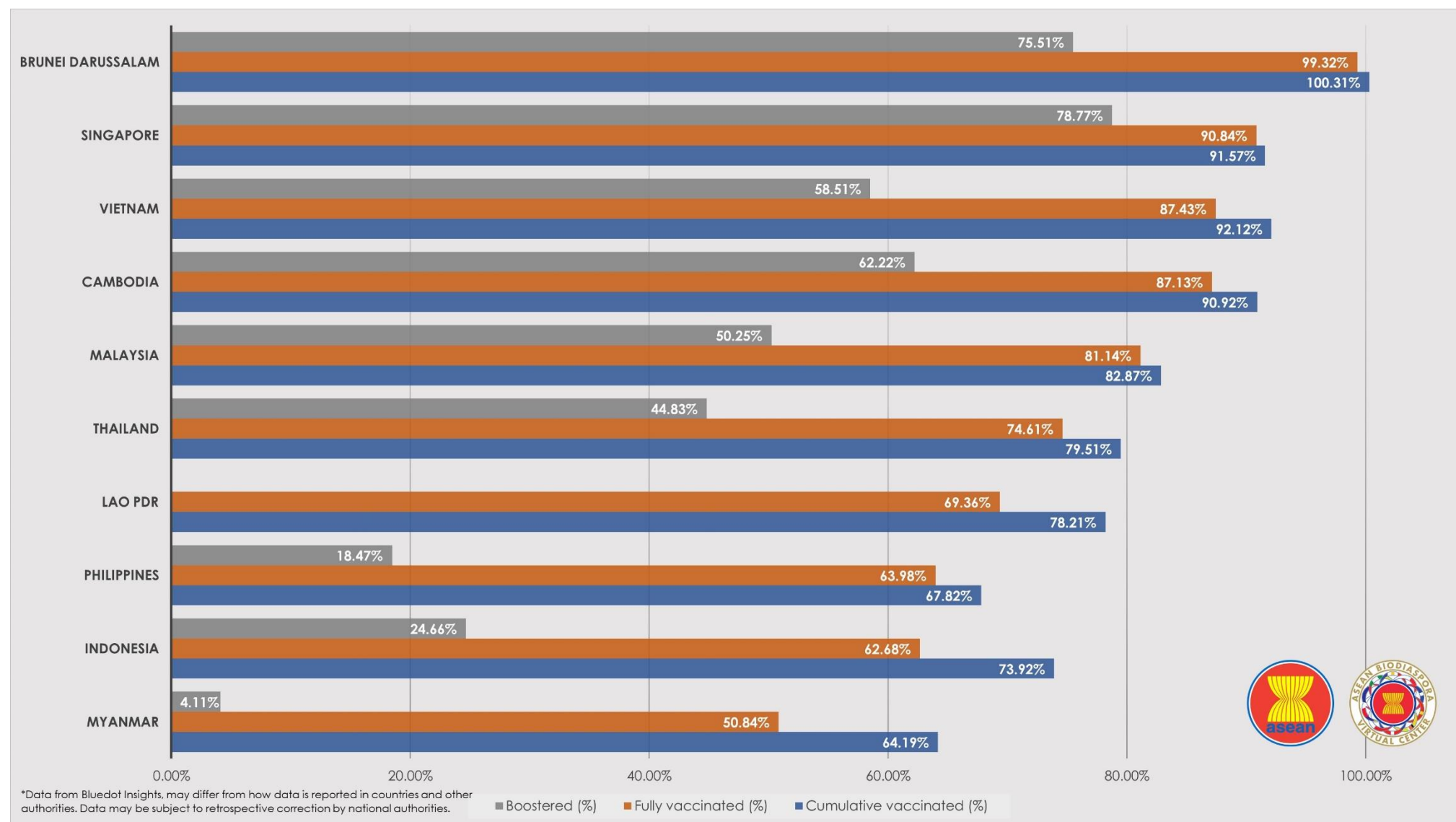
From January 1, 2022 to April 9, 2023





ASEAN COVID-19 Vaccination Status

as of 09 March 2023



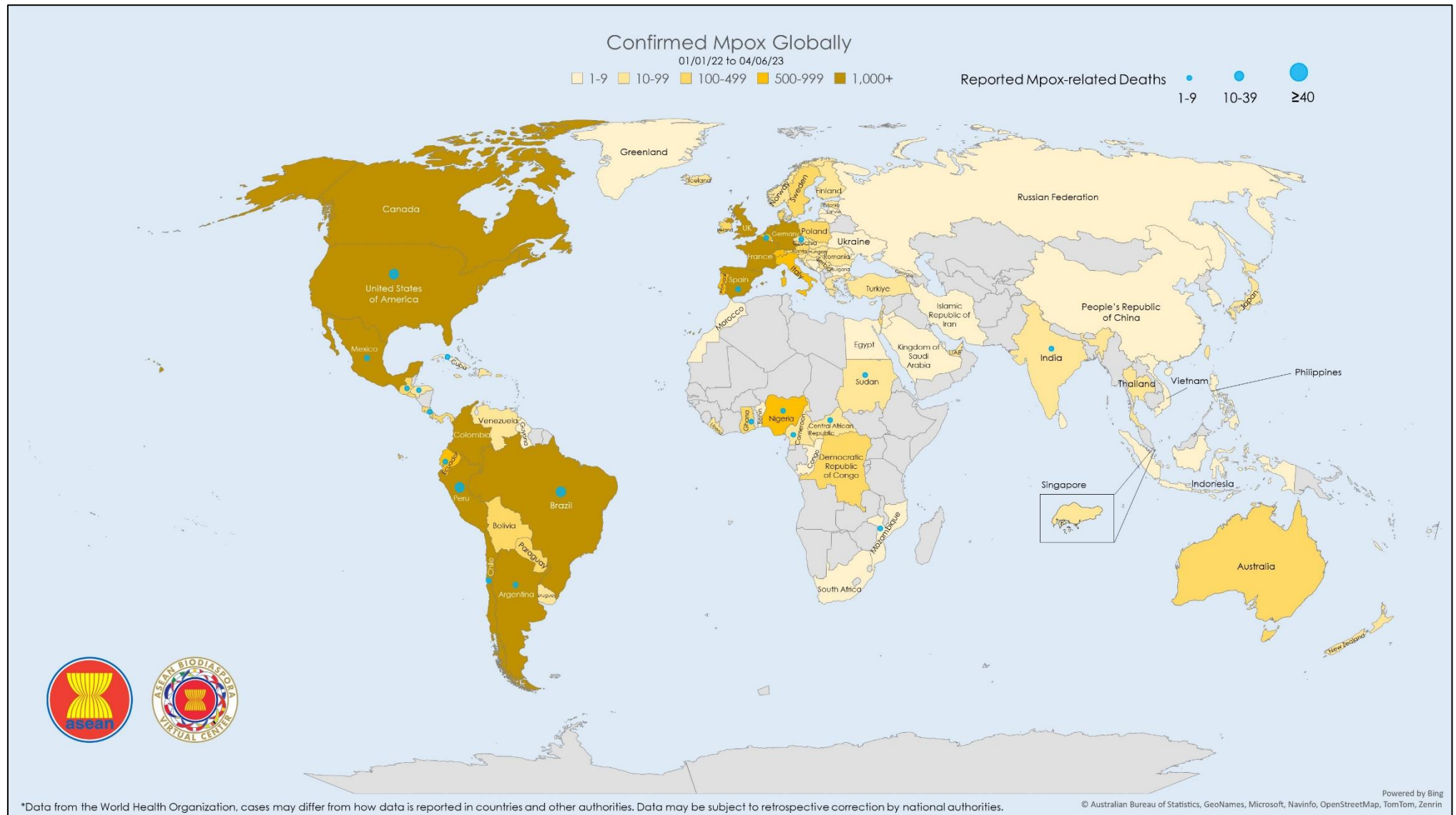
*Last update in COVID-19 vaccination status in ASEAN was on March 9, 2023.





Mpox (Monkeypox) Cases Reported Globally

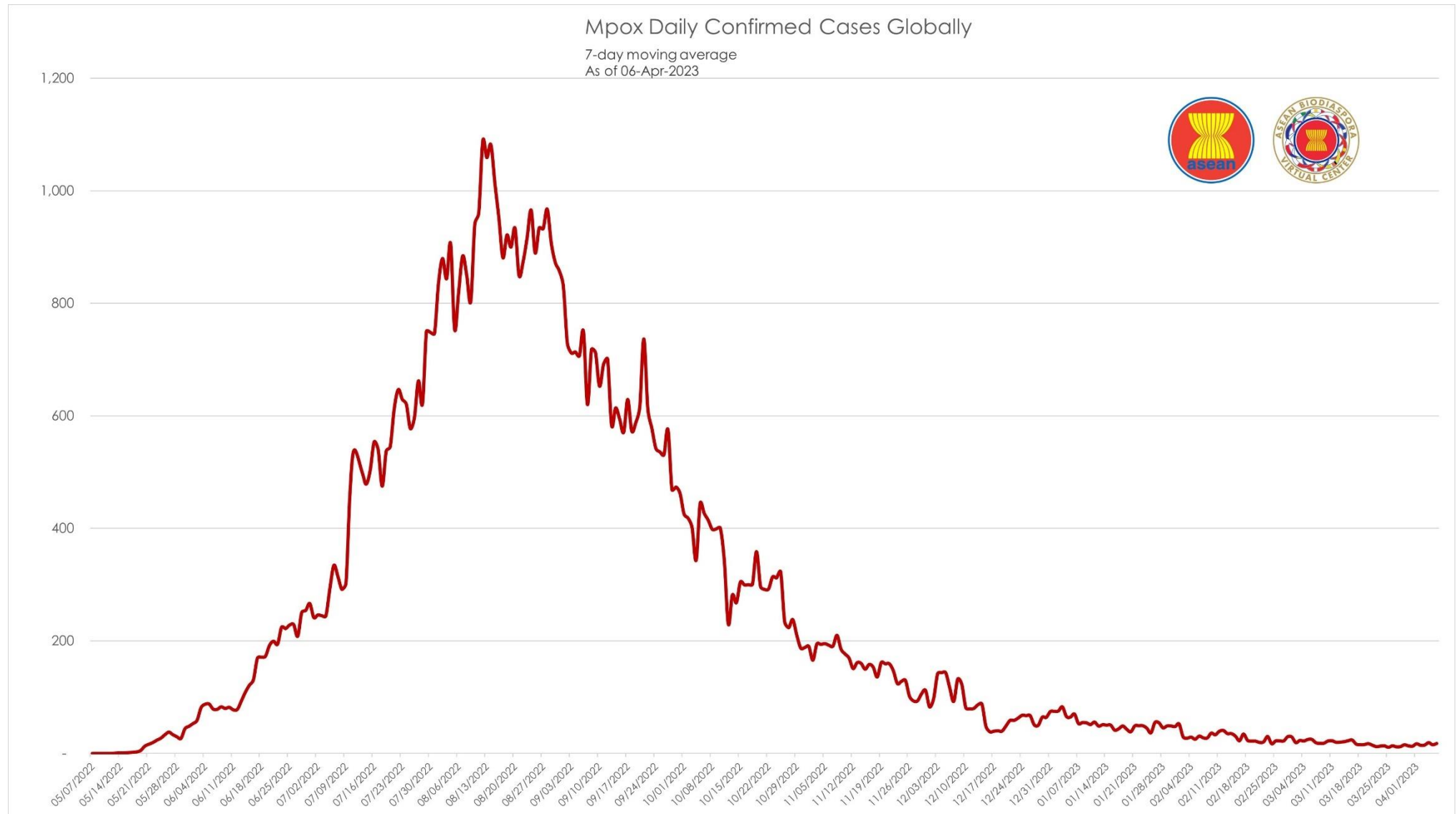
as of April 6, 2023





Mpox Daily Trend Globally

as of April 6, 2023





Mpox: Highlights and Situation Overview

- As of 06 April 2023 (1PM, GMT+7), worldwide, there were **86,900** confirmed cases, including **116** deaths. Globally, Case Fatality Rate (CFR) was **0.13%**.
- 48 confirmed cases** in the ASEAN region, with CFR of **0%**.
- 86,852 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	22	-	-	0.00%
Thailand	19	1	-	0.00%
Vietnam	2	-	-	0.00%
ASEAN Total	48	1	-	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	4.55%
Japan	95	13	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	41	-	-	0.00%
People's Republic of China*	24	-	-	0.00%
Republic of Korea*	5	-	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	334	13	1	0.30%

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

Top 5 countries with most mpox cases globally

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
United States of America	30,087	8	39	0.13%
Brazil	10,893	3	15	0.14%
Spain	7,549	3	3	0.04%
France	4,144	16	-	0.00%
Colombia	4,089	-	-	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	1,497	3	19	1.27%
AMERICAS	59,097	71	90	0.15%
ASEAN	48	1	-	0.00%
ASIA PACIFIC	334	13	1	0.30%
EUROPE	25,603	21	6	0.02%
MIDDLE EAST	321	-	-	0.00%
TOTAL	86,900	109	116	0.13%

Global Update

- The **European Centre for Disease Prevention and Control (ECDC)** and the **World Health Organization (WHO) European regional office** posted a joint update on mpox, which reported 28 new cases from 7 countries since the last update 4 weeks ago.⁵ Sixteen of the cases are part of the French cluster. Six were from Spain.⁵ Other countries reporting cases are Portugal, the Netherlands, Switzerland, Greece, and Malta. According to its surveillance summary, case-based data were reported for 25,763 cases from 41 countries and areas to ECDC and the WHO Regional Office for Europe through The European Surveillance System (TESSy), up to 04 April 2023.⁵ Of the 25,763 cases, 25,584 were laboratory confirmed. 489 were confirmed to belong to Clade II, formerly known as the West African Clade.⁵ The majority of cases presented with a rash and systemic symptom such as fever, fatigue, muscle pain, chills, or headache.⁵ There were 783 cases hospitalized (6%), of which 271 cases required clinical care. Eight cases were admitted to ICU, and six cases of mpox were reported to have died.⁵ [\[Full report\]](#)



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