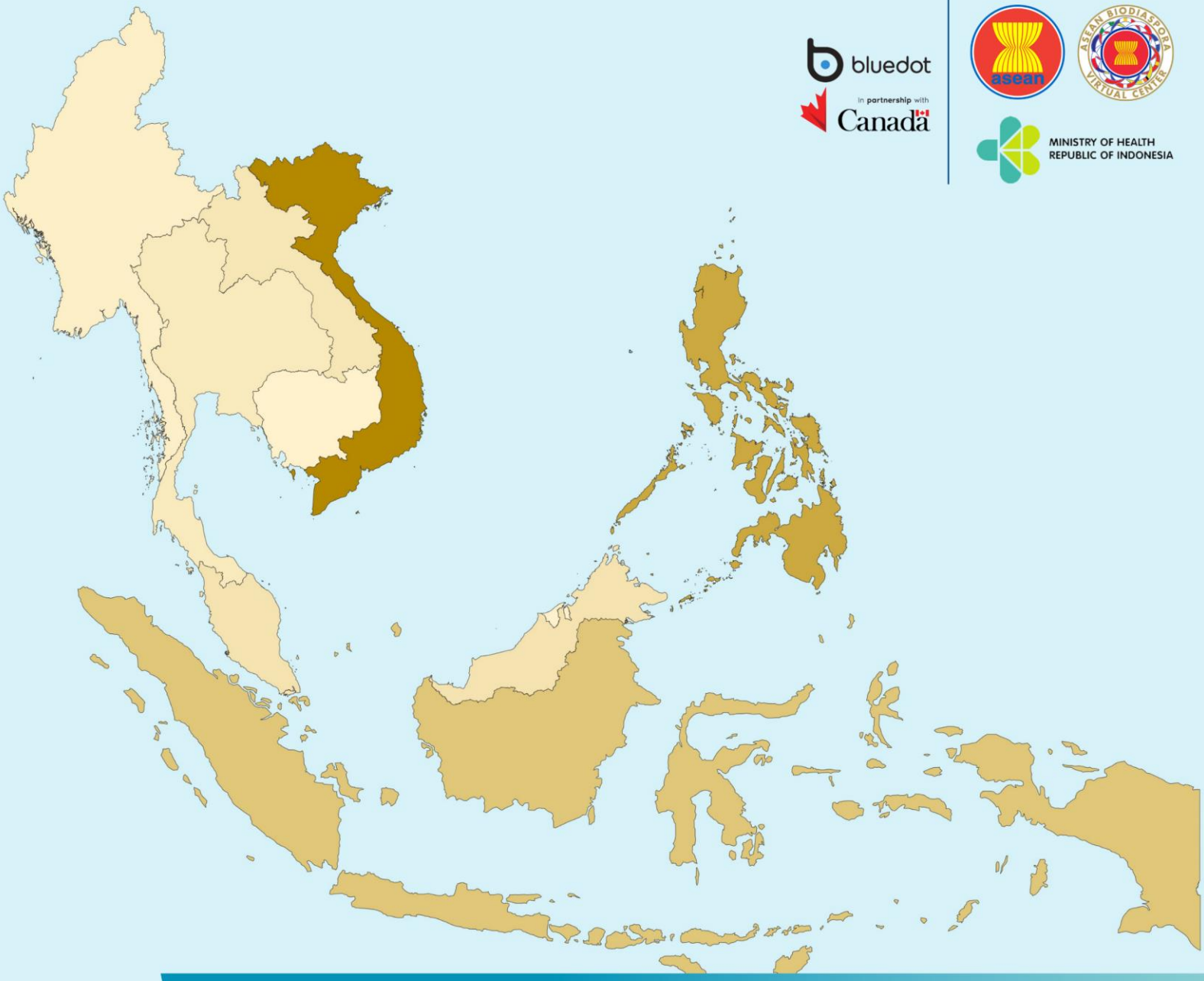

Situational Report in the ASEAN Region

ASEAN BioDiaspora Virtual Center (ABVC)

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ASSOCIATION OF SOUTHEAST ASIAN NATIONS

ASEAN BIODIASPORA VIRTUAL CENTER

MINISTRY OF HEALTH
REPUBLIC OF INDONESIA

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Table of Contents

COVID-19: Highlights and Situation Overview

Global Update

- **Worldwide**, over 690 million cases and over 6 million deaths have been attributed to COVID-19.
- The **Centers for Disease Control and Prevention (CDC)** said in updates yesterday that both of its main measures for tracking virus trends declined: The hospital admission rate for COVID declined 6.2% over the past week, and Texas is the only state that has a few counties in the red zone (US CDC, 2023a). Deaths from the virus dropped 14.3% over the past week. Early indicators also declined, including test positivity, which nationally is at 4.2%. So far, there are no major differences in test positivity among the US regions. Emergency department visits for COVID declined 1.4% compared to the week before. And over the past 7 days, only a few wastewater testing locations showed virus levels in the high range. The CDC also posted its latest variant proportion estimates, which show that the level of XBB.1.5 has declined from 54.4% to 39.9% (US CDC, 2023b). A group of other Omicron XBB subvariants continue to gain ground, including XBB.1.16, XBB.1.9.1, XBB.1.16.1, XBB.1.9.2, and XBB.2.3. Federal health officials are closely watching the variant shifts, especially ahead of a Food and Drug Administration (FDA) vaccine advisory committee meeting on Jun 15 to select the strains to include in COVID vaccines for fall immunization. [Full report a, b)

Research Update (Published and peer-reviewed studies)

- This study, ***Association of COVID-19 Government-Instituted Mask Mandates with Incidence of Mask Use Among Children in Alberta, Canada***, determined the association between government mask mandates and mask use among children in Alberta, Canada (Hahn et al., 2023). A cohort of children from Alberta, Canada, was recruited to examine longitudinal SARS-CoV-2 serologic factors. Parents were prospectively asked about their child's mask use in public places every 3 months (5-point Likert scale: never to always) from August 14, 2020, to June 24, 2022. A multivariable logistic generalized estimating equation was used to examine government mandatory masking mandates and child mask use. Child mask use was operationalized into a single composite dichotomous outcome by grouping parents who reported their child often or always wore a mask vs those who reported their child never, rarely, or occasionally wore a mask. A total of 939 children participated (467 female [49.7%]; mean [SD] age, 10.61 [1.6] years). The odds of parents' reporting of child mask use (often or always) were 18.3 times higher (95%CI, 5.7-58.6; $P < .001$; risk ratio, 1.7; 95%CI, 1.5-1.8; $P < .001$) with the mask mandate compared with the mask mandate off. There was no significant change in mask use over the course of the mask mandate due to time. In contrast, each day with the mask mandate off was associated with a 1.6% decrease in mask use (odds ratio, 0.98; 95%CI, 0.98-0.99; $P < .001$). The results of this study suggest that government-mandated mask use and providing the public with up-to-date health information (eg, case counts) is associated with increased parent-reported child mask use while increasing time without a mask mandate is associated with decreased mask use. [Full text]
- The utility of universal admission testing has been questioned due to resource constraints, care delays, and sparse data demonstrating it reduces nosocomial infections. England and Scotland stopped requiring hospitals to test all admitted patients starting August 31, 2022, and September 28, 2022, respectively (Pak et al., 2023). This study, ***Discontinuation of Universal Admission Testing for SARS-CoV-2 and Hospital-Onset COVID-19 Infections in England and Scotland*** determined whether this discontinuation was associated with increases in hospital-onset SARS-CoV-2infections This time series analysis used public

data sets from Public Health Scotland (Hospital OnsetCOVID-19Cases in Scotland) and National Health Service England (COVID-19 Hospital Activity) to obtain weekly counts of hospital-onset cases of SARS-CoV-2 infections, defined as newly positive SARS CoV-2 tests more than 7 days after admission between July 1, 2021, and December 16, 2022. Polymerase chain reaction testing was recommended for admission testing during most of the study period. During the study period, there were 46,517 COVID-19–related admissions (34,183 community-onset, 12,334 hospital-onset cases) in Scotland, and 518,379 COVID-19–related admissions (398,264 community-onset, 120,115 hospital-onset cases) in England. The mean (SD) weekly rate of new hospital-onset SARS-CoV-2 infections per 1000 estimated community infections in Scotland increased from 0.78 (0.37) during the Delta dominance period, to 0.99 (0.21) during Omicron dominance, to 1.64(0.37) after universal admission testing ended. The immediate level change was statistically significant after admission testing ended (41%relative increase; 95%CI, 6%-76%) but not after the Delta-to-Omicron transition. Stopping universal admission testing in the national health systems of 2 countries (England and Scotland) was associated with significant increases in hospital-onset SARS-CoV-2 infections relative to community-onset infections. Potential mechanisms include more unrecognized present-on-admission infections causing transmissions to other patients and health care workers, who in turn infected other patients. [Full text]

- This was a retrospective, population-based cohort study, ***A population-based assessment of avoidable hospitalizations and resource use of non-vaccinated patients with COVID-19***, evaluated the potential for preventable hospitalizations and avoidable resource use among eligible non-vaccinated persons hospitalized for COVID-19 had these persons have been vaccinated (Bagshaw et al., 2023). The population-at-risk were persons aged ≥ 12 years in Alberta (mid-year 2021 population ~ 4.4 million). The primary exposure was vaccination status. The primary outcome was hospitalization with confirmed SARS-CoV-2, and secondary outcomes included avoidable hospitalizations, avoidable hospital bed days, and the potential cost avoidance related to COVID-19. The study inception period was from 27 September 2021 to 25 January 2022. Data on COVID-19 hospitalizations, vaccination status, health services, and costs were obtained from the Government of Alberta and from the Discharge Abstract Database. Hospitalizations occurred in 3,835, 1,907, and 481 persons who were non-vaccinated, fully vaccinated, and boosted (risk of hospitalization /100,000 population: 886, 92, and 43), respectively. For non-vaccinated persons compared with fully vaccinated and boosted persons, the risk ratios (95%CI) of hospitalization were 9.7 (7.9–11.8) and 20.6 (17.9–23.6), respectively. For non-vaccinated persons, estimates of avoidable hospitalizations and bed days used were 3,439 and 36,331 if fully vaccinated and 3764 and 40,185 if boosted. Estimates of cost avoidance for non-vaccinated persons were $101.46 million if fully vaccinated and $110.24 million if boosted. Eligible non-vaccinated persons with COVID-19 had tenfold and 21-fold higher risks of hospitalization relative to whether they had been fully vaccinated or boosted, resulting in considerable avoidable hospital bed days and costs. [Full text]

- In the study titled **Systems genetics identifies miRNA-mediated Regulation of host response in COVID-19** published in the journal Human Genomics, the research team presents the results of the analysis of multiple omics datasets-; genotypes, miRNA, and mRNA expression of patients at the time of hospital admission combined with phenotypes from electronic health records (Gjorgjieva et al., 2023). The researchers investigated the association between microRNAs, a class of small RNA molecules that regulate genes, and COVID-19 severity among 259 unvaccinated COVID-19 patients living in Abu Dhabi by identifying microRNAs that are associated with a weakened immune response and admission to ICU. During this process, they created the first genomic picture of the architecture of blood microRNAs in unvaccinated COVID-19 patients from the Middle East, North Africa, and South Asia regions whose populations

are consistently underrepresented in genomics research. The researchers identified changes in microRNAs at the early stages of infection that are associated with specific blood traits and immune cell death, allowing the virus to evade the immune system and proliferate. The results of the system's genetics study demonstrate that a patient's genetic makeup affects immune function and disease severity, offering new insights into how patient prognosis and treatment can be improved. Given the diversity of the sample, there is a promise that these findings can be applied to approximately thirty percent of the world's population who reside in the MENA region and South Asia. According to the researchers, the findings of this study can improve our understanding of why some patients withstand COVID-19 better than others. This study demonstrates that microRNAs are promising biomarkers for disease severity, more broadly, and targets for therapeutic interventions. The methods of this study can be applied to other populations to further our understanding of how gene regulation can serve as a core mechanism that impacts COVID-19 and, potentially, the severity of other infections. [Full text]

Cases and Deaths as of 12 June 2023

- As of 12 June 2023 (1PM, GMT+7), worldwide, there were **690,151,447** confirmed cases, including **6,890,197** deaths. Globally, Case Fatality Rate (CFR) was **1.0%.**
- **36,218,719 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 BOOSTED	FULLY VACCINATED/ 100
ASEAN REGION	**Brunei Darussalam**	10 Mar 20	08-Jun-23	307,686	-	225	-	64,053	450,404	445,929	338,987	99.3
	Cambodia	27 Jan 20	11-Jun-23	138,842		3,056	-	841	15,244,858	14,609,937	10,433,215	87.1
	Indonesia	02 Mar 20	12-Jun-23	6,810,144	25	161,821		2,490	203,657,535	172,693,321	67,952,274	62.7
	Lao PDR	24 Mar 20	12-Jun-23	218,321	2	758	-	3,041	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	04-Jun-23	5,104,772		37,100		15,788	28,125,245	27,536,657	17,056,957	81.1
	Myanmar	23 Mar 20	11-Jun-23	639,662	-	19,494	-	1,173	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	11-Jun-23	4,155,031		66,481	-	3,771	78,369,243	73,937,435	21,341,197	64.0
	Singapore	23 Jan 20	06-Jun-23	2,481,404	-	1,727	-	39,049	5,161,990	5,120,768	4,440,289	90.8
	Thailand	13 Jan 20	05-Jun-23	4,745,043	-	34,163	-	6,791	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	11-Jun-23	11,617,814		43,206	-	11,950	90,450,881	85,848,363	57,452,750	87.4
			ASEAN COUNTRIES	**36,218,719**	**27**	**368,031**	**-**	**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.

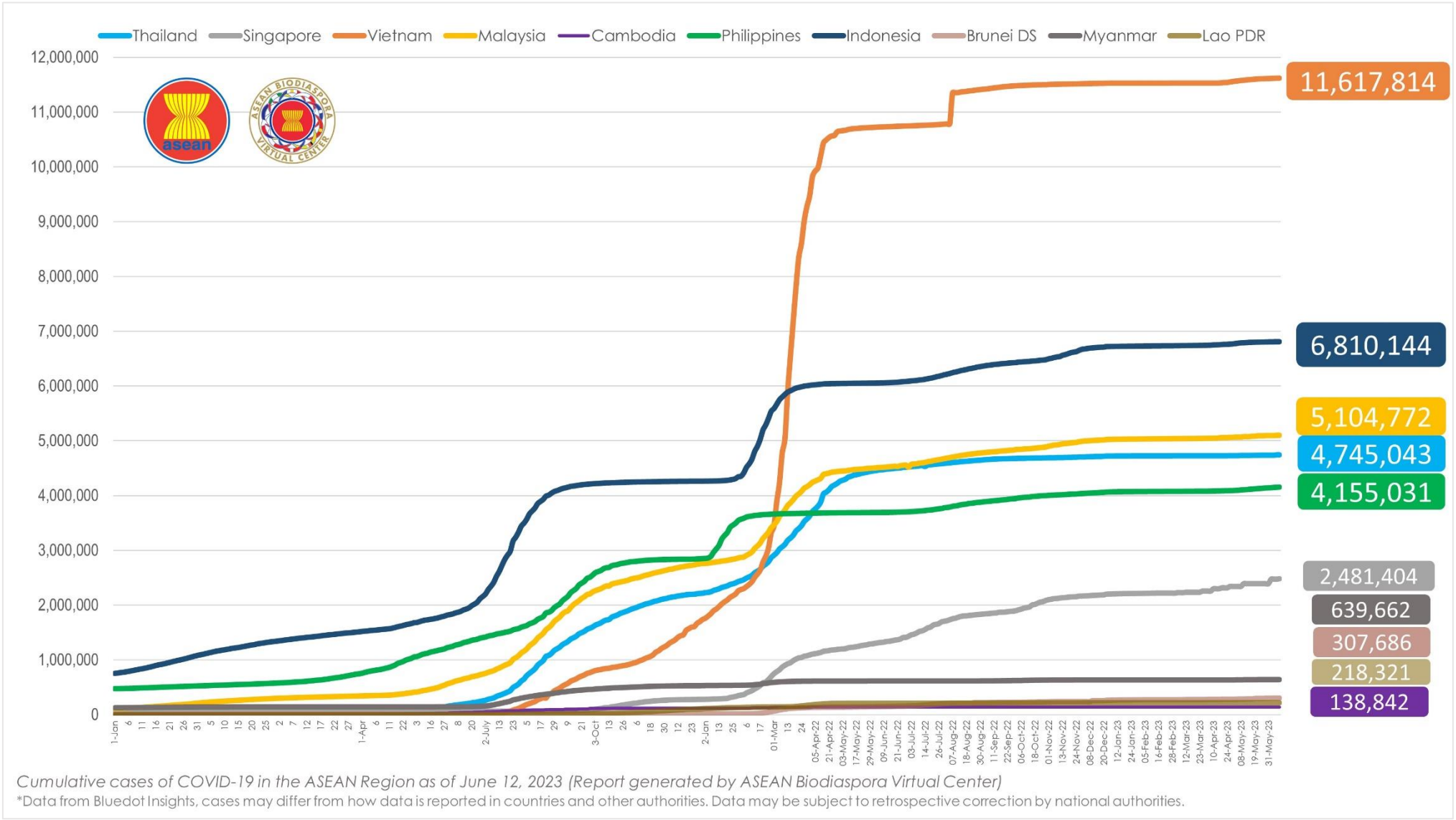
REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS
ASIA	195,974,686	2	1,207,490	
AFRICA	12,825,767		258,782	
AMERICAS	195,590,629		2,992,073	
EUROPE	249,541,646		2,063,821	
TOTAL	**653,932,728**	**2**	**6,522,166**	**-**

**Data References: Andra Farm, Worldometer, DOH Philippines, and the WHO

Return to table of contents

COVID-19 Epi curve among ASEAN Countries:

From January 1, 2022 to June 12, 2023



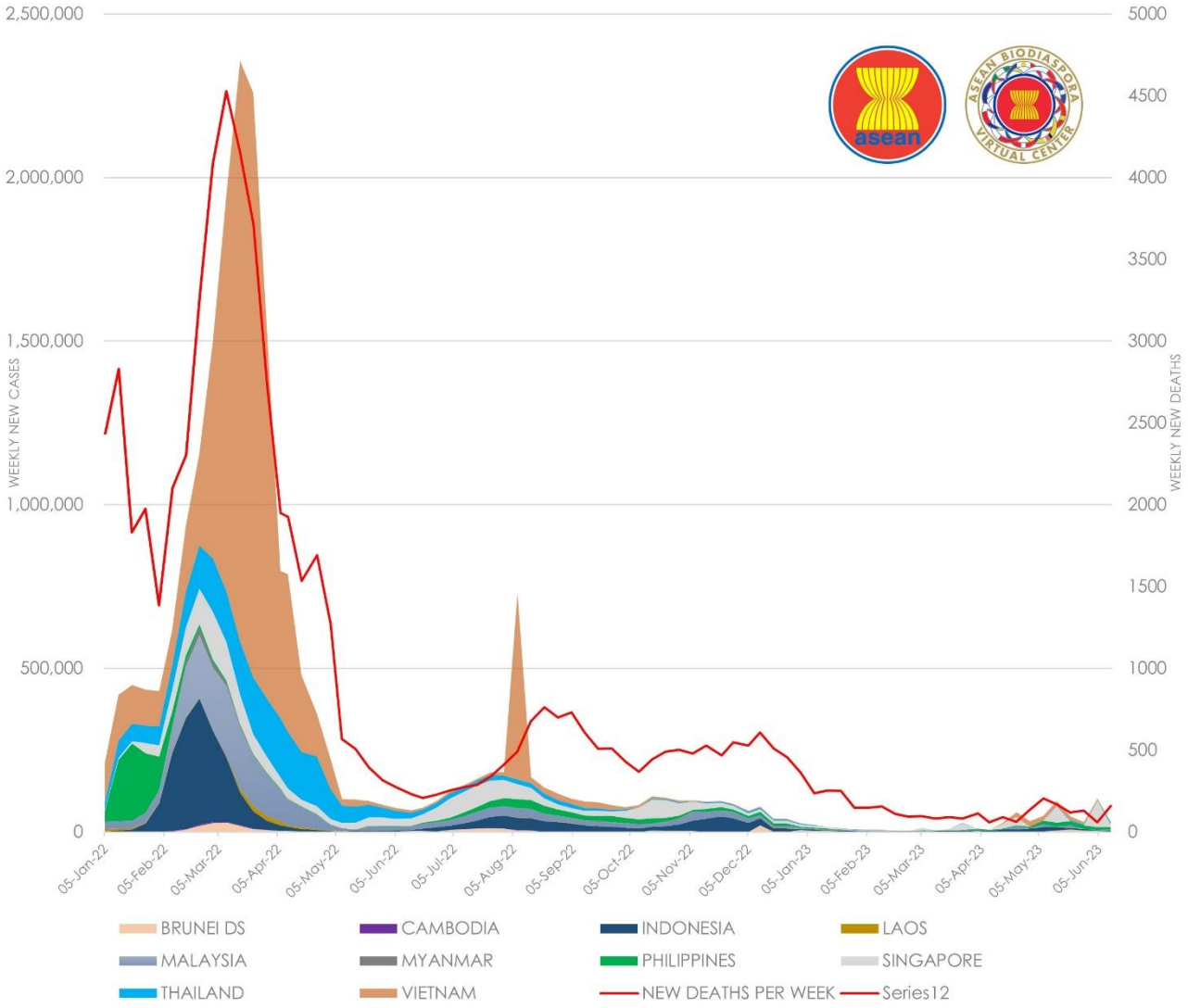
Cumulative cases of COVID-19 in the ASEAN Region as of June 12, 2023 (Report generated by ASEAN Biodiaspora Virtual Center)

*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.

Return to table of contents

ASEAN Weekly COVID-19 New Cases and Deaths

From January 1, 2022 to June 11, 2023



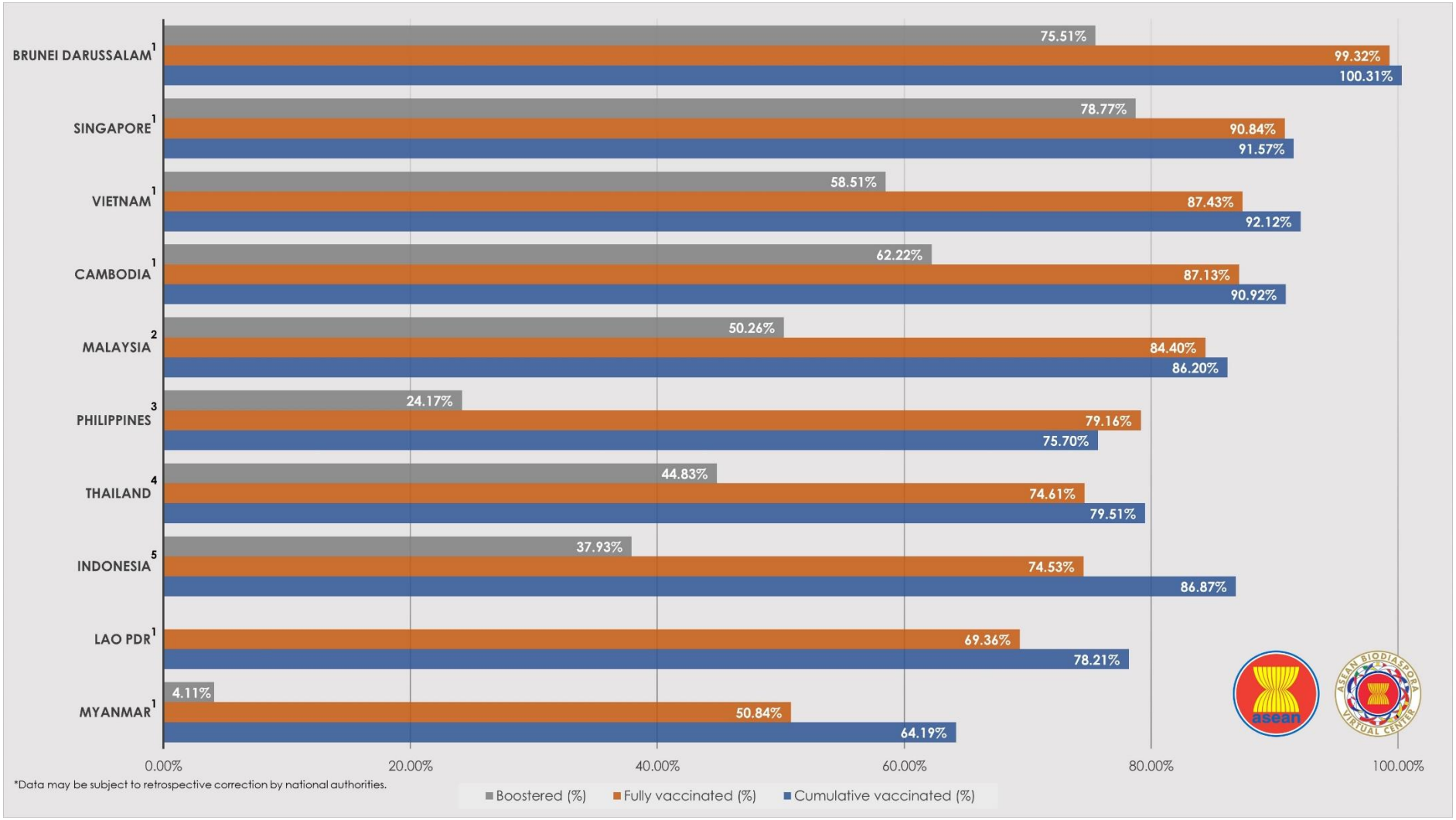
ASEAN Country	Weekly New Cases June 5-11, 2023	Weekly Deaths June 5-11, 2023
Brunei Darussalam	1,353	0
Cambodia	39	0
Indonesia	1,582	32
Lao PDR	60	0
Malaysia	4,523	13
Myanmar	0	0
Philippines	6,630	5
Singapore	8,531	0
Thailand	6,055	110
Vietnam	2,763	0

BlueDot Developer Portal, accessed June 12, 2023, https://developer-portal.bluedot.global/.

Return to table of contents

ASEAN COVID-19 Vaccination Status

as of 12 June 2023



1. BlueDot Developer Portal, accessed June 12, 2023, https://developer-portal.bluedot.global/.
2. Ministry of Health Malaysia, COVID-19 vaccination, June 12, 2023, https://data.moh.gov.my/covid-vaccination.
3. Department of Health Philippines, National COVID-19 vaccination dashboard, accessed June 12, 2023, https://doh.gov.ph/covid19-vaccination-dashboard.
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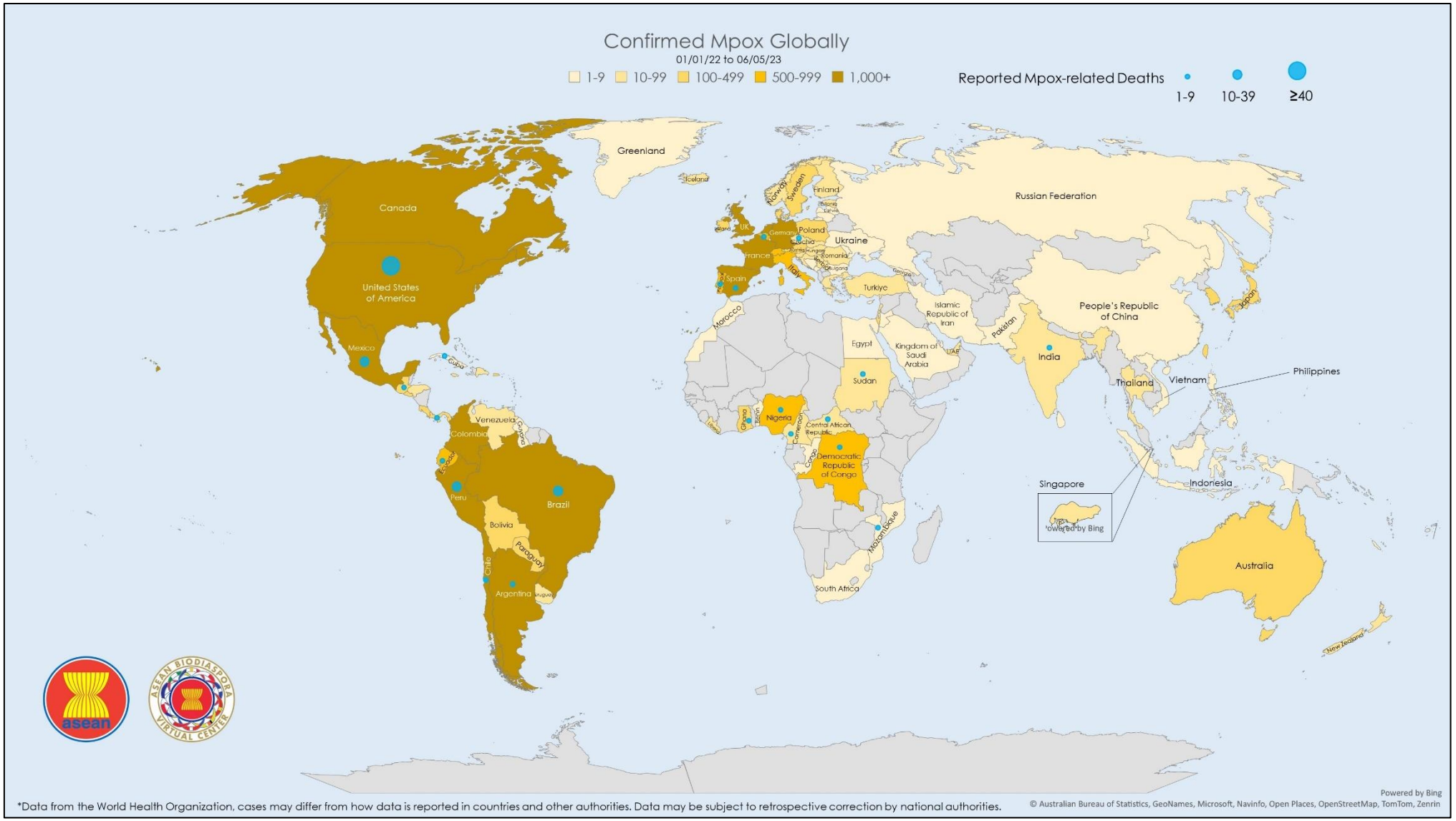
Return to table of contents

Mpox Cases Reported Globally

as of June 5, 2023

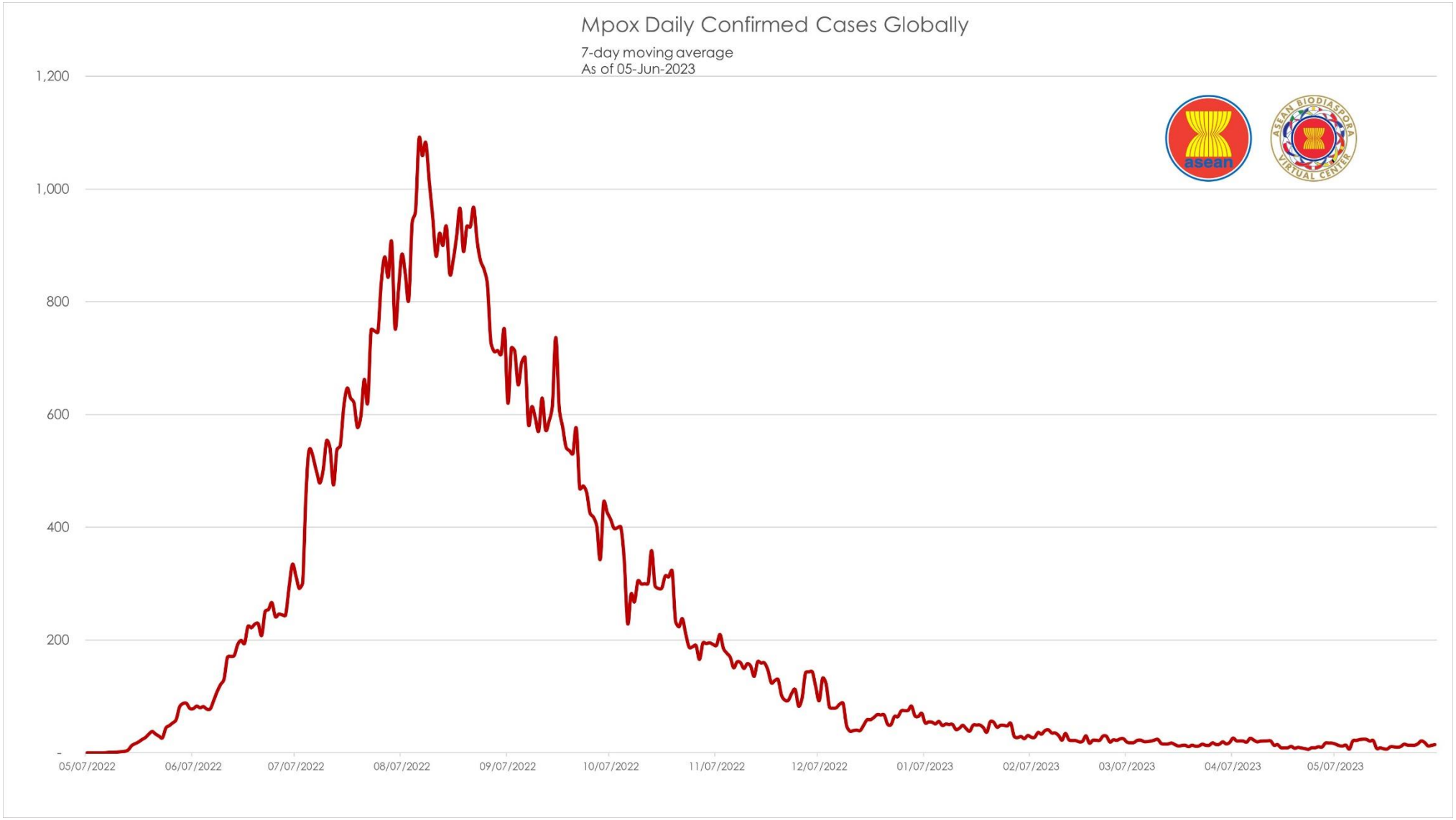


Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, June 12, 2022, https://ourworldindata.org/monkeypox.

Return to table of contents

Mpox Daily Trend Globally

as of June 5, 2023



Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, June 12, 2022, https://ourworldindata.org/monkeypox.

Return to table of contents

Mpox: Highlights and Situation Overview

- As of 05 June 2023 (1PM, GMT+7), there were **87,928** confirmed cases worldwide, including **146** deaths. Globally, the Case Fatality Rate (CFR) was **0.17%.**
- **76 confirmed cases** in the ASEAN region, with a CFR of **0%.**
- **87,852 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	43	-	-	0.00%
Vietnam	2	-	-	0.00%
ASEAN Total	**76**	**-**	**-**	**0.00%**

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	169	-	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	41	-	-	0.00%
People's Republic of China*	137	-	-	0.00%
The Republic of Korea	102	-	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	**619**	**-**	**1**	**0.16%**

*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	30,243	-	42	0.14%
Brazil	10,948	-	16	0.15%
Spain	7,556	-	3	0.04%
France	4,146	-	-	0.00%
Colombia	4,090	-	-	0.00%

Return to table of contents

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	-	21	1.15%
AMERICAS	59,371	-	117	0.20%
ASEAN	76	-	-	0.00%
ASIA PACIFIC	619	-	1	0.17%
EUROPE	25,632	-	7	0.03%
MIDDLE EAST	327	-	-	0.00%
TOTAL	**87,928**	**-**	**146**	**0.17%**

Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, June 12, 2022, https://ourworldindata.org/monkeypox.

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