ASEAN BIODIASPORA VIRTUAL CENTER

Weekly Situation Report in the ASEAN Region

COVID-19 and Mpox

July 13, 2023 | WSR 23-002

ASSOCIATION OF SOUTHEAST ASIAN NATIONS

ASEAN BIODIASPORA VIRTUAL CENTER

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Editorial

PUBLISHER
ASEAN Biodiaspora Virtual Center

EDITORIAL ADDRESS
ASEAN Biodiaspora Virtual Center, 2/F Ministry of Health, Jl. H.R. Rasuna Said, Blok X5, Kav. 4-9, Jakarta Selatan, Jakarta, Indonesia

E-mail: support@biodiaspora.org
Weekly Issue

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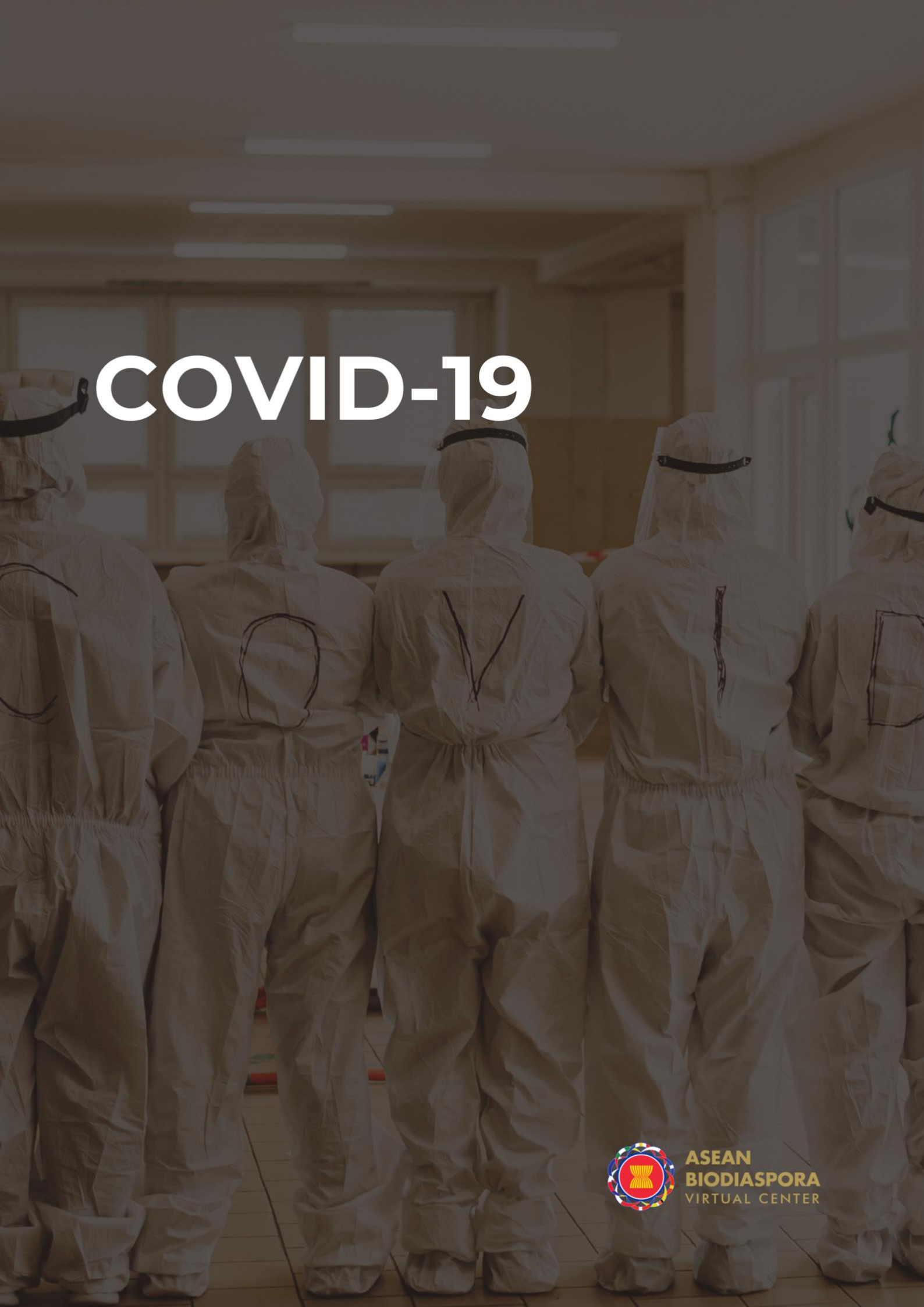
COVID-19



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COVID-19: Highlights and Situation Overview

Global Update

- **Worldwide**, over 691 million cases and over 6 million deaths have been attributed to COVID-19.

Research Update (Published and peer-reviewed studies)

- Prospective online survey study: **Long COVID prevalence and impact on quality of life 2 years after acute COVID-19** (Kim et al., 2023). A study conducted in South Korea between February 13 and March 13, 2020. This study was conducted in adults previously diagnosed with coronavirus disease 2019 (COVID-19). Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) is the causative agent of COVID-19, which is often linked to long-term symptoms called long COVID. Long COVID is defined as the continuation or development of new symptoms 3 months after the initial SARS-CoV-2 infection, lasting for at least 2 months without any other explanation. Neuropsychiatric symptoms can persist for more than 6-12 months after acute COVID-19, which is a significant concern due to similarities between brain changes during and after COVID-19 and those seen in human neurodegenerative diseases. Long COVID is associated with poor health-related quality of life, both in patients with moderate or severe COVID-19 and those with mild or asymptomatic COVID-19. A population-representative survey in the United States reported a high incidence of long COVID within the past 1-6 months. In this study found that 94 (71.2%) of 132 participants experienced symptoms of long COVID, including fatigue, amnesia, concentration difficulties, insomnia, and depression. No significant differences were found in the incidence of long COVID at 24 months in terms of vaccinations received. Although the neuropsychiatric quality of life improved over time, it continued to affect 32.7% of participants. Symptoms of long COVID, particularly neuropsychiatric symptoms, tend to persist over time, and COVID-19 vaccination or vaccination number may not significantly affect the incidence of long COVID. [Full text]

- A systematic review**: Guillain-Barre syndrome associated with COVID-19** (Pimentel et al., 2023). This study presented a collection of literature related to the link between GBS and SARS-CoV-2 infection. A significant number of studies reported common characteristics between these two conditions. There is possibly an interrelationship between GBS, age and sex by showing that the mean age of the patients was 61,38 years and that most were male. In addition, we highlighted the major related symptoms for GBS and COVID-19. Regarding GBS, the main manifestations included generalized weakness, reflex reduction, facial paresis/paralysis, hypoesthesia and paresthesia. As expected, the most common feature in CSF analysis was albuminocytological dissociation. Regarding electrodiagnostic results, AIDP was the most frequent subtype of GBS in the present study. The present study reported a high prevalence of hospitalizations and ICU admissions, conjecturing a correlation between the development of GBS and the severity of COVID-19. The results presented in this systematic review can serve as the basis for studies on the influence of SARS-CoV-2 infection on the peripheral nervous system and can be used in clinical practice to assist the medical team in describing clinical GBS findings in patients with COVID-19 manifestations. Recent COVID-19 variants, such as Omicron, whose consequences are still unknown, are occurring worldwide. Thus, in the present scenario, more studies are necessary to investigate the possible permanent neurological impacts due to SARS-CoV-2 infection. [Full text]

- Pre-exposure prophylaxis with neutralizing SARS-CoV-2 monoclonal antibodies (mAbs PrEP) prevents infection and reduces hospitalizations and the duration thereof for COVID-19 and death among high-risk individuals (Popping et al., 2023). This economic evaluation, ***Health Outcomes and Cost-effectiveness of Monoclonal SARS-CoV-2***

Antibodies as Pre-exposure Prophylaxis, assessed the cost-effectiveness of mAbs PrEP as COVID-19 PrEP. A decision analytic model was developed and parameterized with health care outcome and utilization data from individuals with high risk for COVID-19. The SARS-CoV-2 infection probability, mAbs PrEP effectiveness, and drug pricing were varied. All costs were collected from a third-party payer perspective. Data were analyzed from September 2021 to December 2022. The clinical cohort consisted of 636 individuals with COVID-19 (mean [SD] age 63 [18] years; 341 [54%] male). Most individuals were at high risk for severe COVID-19, including 137 (21%) with a body mass index of 30 or higher, 60 (9.4%) with hematological malignant neoplasm, 108 (17%) post-transplantation, and 152 (23.9%) who used immunosuppressive medication before COVID-19. Within the context of a high (18%) SARS-CoV-2 infection probability and low (25%) effectiveness the model calculated a short-term reduction of 42% ward admissions, 31% intensive care unit (ICU) admissions, and 34% deaths. Cost-saving scenarios were obtained with drug prices of $275 and 75% or higher effectiveness. With a 100% effectiveness mAbs PrEP can reduce ward admissions by 70%, ICU admissions by 97%, and deaths by 92%. Drug prices, however, need to reduce to $550 for cost-effectiveness ratios less than $22 000 per QALY gained per death averted and to $2200 for ratios between $22 000 and $88 000. In this study, use of mAbs PrEP for preventing SARS-CoV-2 infections was cost-saving at the beginning of an epidemic wave (high infection probability) with 75% or higher effectiveness and drug price of $275. These results are timely and relevant for decision makers involved in mAbs PrEP implementation. [Full text]

- This retrospective cohort study, ***Outcomes Among Patients Hospitalized With Non–COVID-19 Conditions Before and During the COVID-19 Pandemic in Alberta and Ontario, Canada***, determined whether 30-day mortality and length of stay (LOS) for patients hospitalized with non–COVID-19 medical conditions differed (1) before and during the pandemic and (2) across COVID-19 caseloads (McAlister et al., 2023). Patient hospitalizations were compared between April 1, 2018, and September 30, 2019 (prepandemic), vs between April 1, 2020, and September 30, 2021 (during the pandemic), in 235 acute care hospitals in Alberta and Ontario, Canada. All adults hospitalized for heart failure (HF), chronic obstructive pulmonary disease (COPD) or asthma, urinary tract infection or urosepsis, acute coronary syndrome, or stroke were included. The primary study outcome was 30-day all-cause mortality after hospital admission for the 5 selected conditions or COVID-19 as measured by hierarchical multivariable regression models. Length of stay was the secondary outcome. Between April 2018 and September 2019, 132,240 patients (mean [SD] age, 71.8 [14.8] years; 61, 493 female [46.5%] and 70,747 male [53.5%]) were hospitalized for the selected medical conditions as their most responsible diagnosis compared with 115,225 (mean [SD] age, 71.9 [14.7] years, 52,058 female [45.2%] and 63,167 male [54.8%]) between April 2020 and September 2021 (114 414 [99.3%] of whom had negative SARS-CoV-2 test results). Patients admitted during the pandemic with any of the selected conditions and concomitant SARS-CoV-2 infection exhibited a much longer LOS (mean [SD], 8.6 [7.1] days or a median of 6 days longer [range, 1-22 days]) and greater mortality (varying across diagnoses, but with a mean [SD] absolute increase at 30 days of 4.7% [3.1%]) than those without coinfection. Patients hospitalized with any of the selected conditions without concomitant SARS-CoV-2 infection had similar LOSs during the pandemic as before the pandemic, and only patients with HF (adjusted odds ratio [AOR], 1.16; 95% CI, 1.09-1.24) and COPD or asthma (AOR, 1.41; 95% CI, 1.30-1.53) had a higher risk-adjusted 30-day mortality during the pandemic. As hospitals experienced COVID-19 surges, LOS and risk-adjusted mortality remained stable for patients with the selected conditions but were higher in patients with COVID-19. Once capacity reached above the 99th percentile, patients' 30-day mortality AOR was 1.80 (95% CI, 1.24- 2.61) vs when the surge index was below the 75th percentile. This cohort study found that during surges in COVID-19 caseloads, mortality rates were significantly higher only for hospitalized patients with COVID-19. However, most patients hospitalized with non–COVID-19

conditions and negative SARS-CoV-2 test results (except those with HF or with COPD or asthma) exhibited similar risk-adjusted outcomes during the pandemic as before the pandemic, even during COVID-19 caseload surges, suggesting resiliency in the event of regional or hospital-specific occupancy strains. [Full text]

- Mental health (MH) conditions worsened during the COVID-19 pandemic (Villas-Boas et al., 2023). This cross-sectional study, ***Patterns of US Mental Health–Related Emergency Department Visits During the COVID-19 Pandemic***, described patient visits to emergency departments (EDs) in 10 US Department of Health and Human Services (HHS) regions (Boston, New York, Philadelphia, Atlanta, Chicago, Dallas, Kansas City, Denver, San Francisco, and Seattle) for non-MH and MH conditions during the pandemic. Weekly trends in total ED visits, mean MH-related ED visits, and proportion of ED visits for MH conditions were investigated. Pre pandemic baseline levels were established from 2019 data, and time trends of these patterns were examined in the corresponding weeks of 2020 and 2021. There were 1,570 total observations for January 1, 2019, to December 31, 2021, mean total ED visits decreased more than the proportion of ED visits for MH conditions during the weeks after the pandemic was declared in 2020 compared with the corresponding weeks in 2019. The mean proportion of MH-related ED visits increased from 8% in 2019 to 9% in 2020 and then decreased to 7%in 2021, when mean total ED visits rebounded more than MH related visits. The finding that ED visits for MH decreased less than visits for other reasons during the pandemic suggests that patients with non-MH conditions may have greater flexibility during public health emergencies, whereas there may be fewer alternatives for MH care. [Full text]

ASEAN Travel Advisories (new update/s)

as of 13 July 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	June 10, 2023	Yes	No	No	No	No	No	No
Laos	December 29, 2022	Yes	No	No	No	No	No	No
Malaysia	August 2, 2022	Yes	No	No	No	No	No	No
Myanmar	July 3, 2023	Yes	No	Passengers are subject to medical screening and could be subject to a test upon arrival.	No	No	Printed COVID-19 medical insurance.	Passengers must present a Health Declaration Form upon arrival.
Philippines	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 E-arrival card at most 3 days before departure for those without a visa.
Singapore	February 13, 2023	Yes	No	No	No	No	No	No
Thailand	March 1, 2023	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 a two-dose vaccine or 14 or 15 days from a single-dose vaccine upon arrival.

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Cases and Deaths as of 13 July 2023

- As of 13 July 2023 (5PM, GMT+7), worldwide, there were **691,435,895** confirmed cases, including **6,899,169** deaths. Globally, Case Fatality Rate (CFR) was **1.0%.**
- **36,284,209 confirmed cases** of COVID-19 have been reported in the **ASEAN Region**.
- The Case Fatality Rate in the **ASEAN** Region was **1.02%.**

COVID-19 cases in ASEAN region

REGION	COUNTRY	FIRST CONFIRMED CASES	LATEST REPORT ON CONFIRMED	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTED	FULLY VACCINATED PER 100
ASEAN REGION	Brunei Darussalam	10-Mar-20	14-Jun-23	308,777	-	225	-	65,703	451,032	446,630	340,379	95.0
	Cambodia	27-Jan-20	10-Jul-23	138,932	1	3,056	-	793	15,290,443	14,663,743	10,663,964	83.7
	Indonesia	02-Mar-20	08-Jul-23	6,812,127	-	161,879	-	2,518	203,868,252	174,937,119	69,079,657	74.6
	Lao PDR	24-Mar-20	09-Jul-23	218,619	21	758	-	2,886	6,324,678	5,691,962	2,451,034	75.1
	Malaysia	25-Jan-20	07-Jul-23	5,117,487	1,222	37,152	6	15,640	28,134,784	27,550,446	16,336,861	84.2
	Myanmar	23-Mar-20	11-Jul-23	640,496	129	19,494	-	1,136	40,354,937	35,196,377	13,903,599	62.4
	Philippines	30-Jan-20	10-Jul-23	4,168,722	2,510	66,499	-	3,819	82,684,774	79,164,840	24,178,325	72.5
	Singapore	23-Jan-20	10-Jul-23	2,505,435	8,544	1,841	-	42,901	5,285,826	5,247,569	4,756,481	89.9
	Thailand	13-Jan-20	08-Jul-23	4,752,422	1,193	34,371	25	6,791	57,658,679	54,173,539	27,369,493	77.4
	Vietnam	23-Jan-20	10-Jul-23	11,621,192	224	43,206	-	11,356	90,270,583	85,958,364	57,958,886	84.0
			ASEAN COUNTRIES	**36,284,209**	**13,844**	**368,481**	**31**	**153,542**	**530,323,988**	**483,030,589**	**227,038,679**	**79.9**

REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS
ASIA	196,727,351	173,523	1,208,771	**126**
AFRICA	12,832,629	1,136	258,806	**-**
AMERICAS	195,898,808	32,867	2,995,841	**389**
EUROPE	249,692,898	6,012	2,067,270	**144**
TOTAL	**655,151,686**	**213,538**	**6,530,688**	**659**

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

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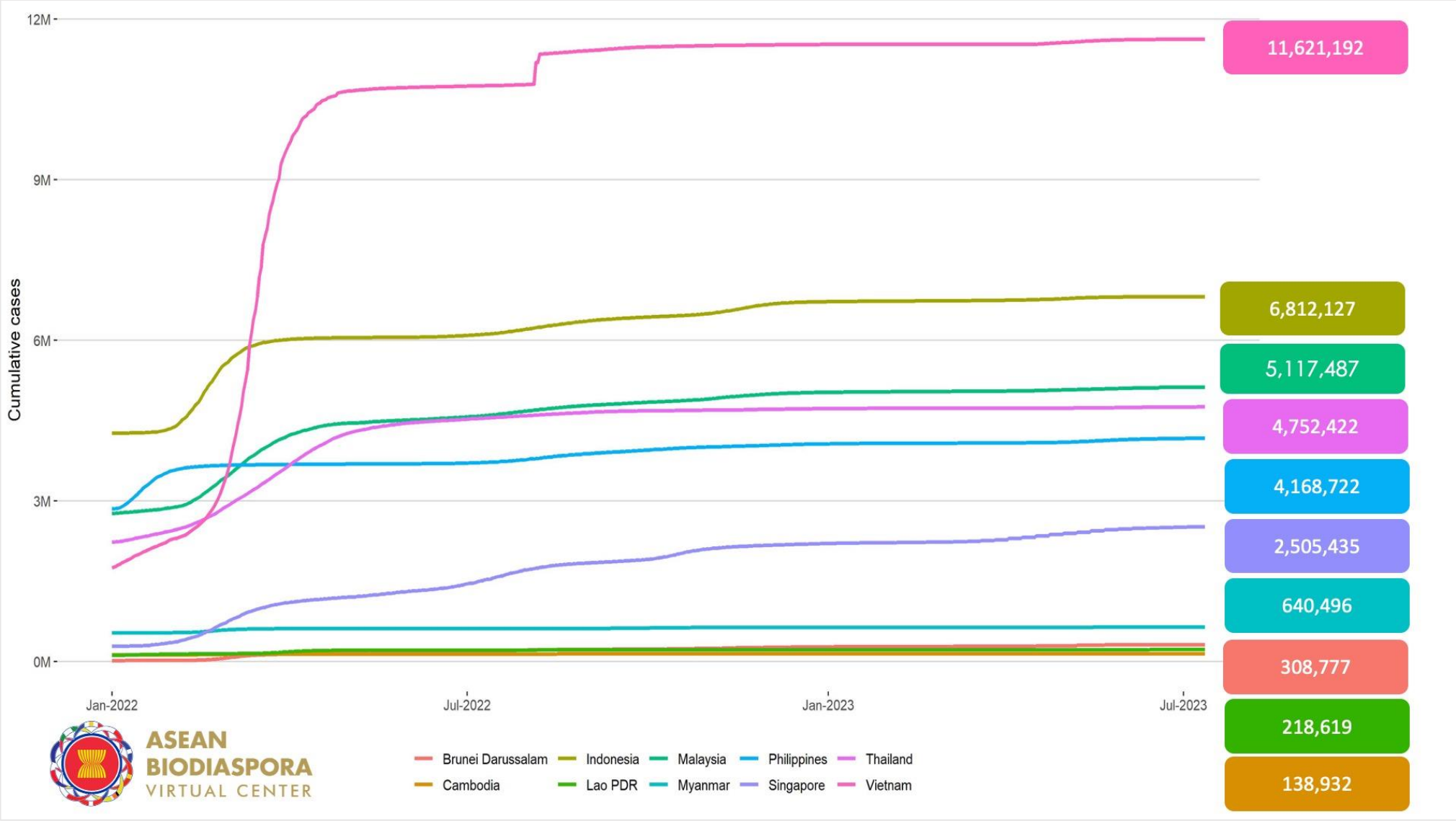
COVID-19 Epi curve among ASEAN Countries:

From January 1, 2022 to July 13, 2023



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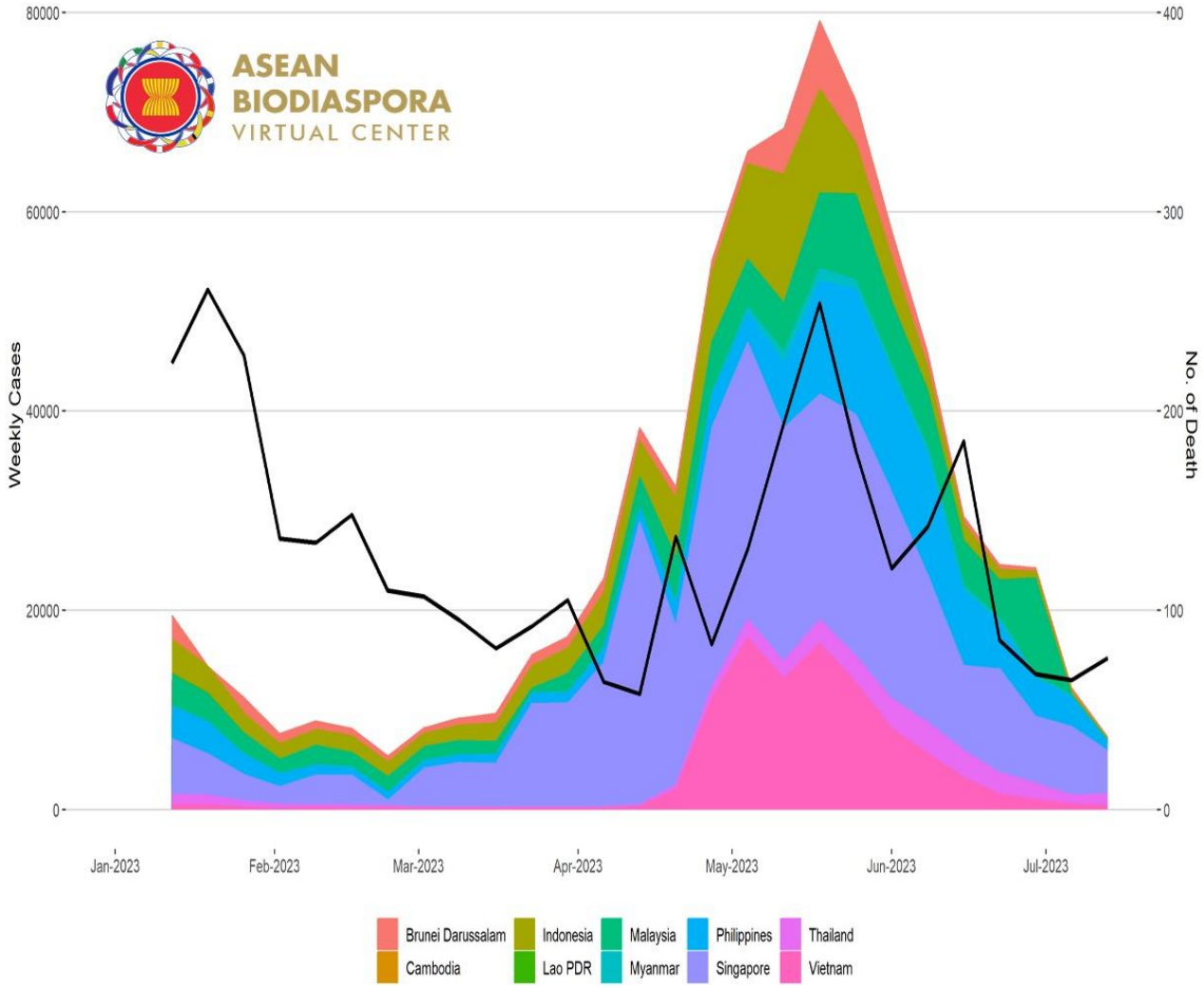
ASEAN Weekly COVID-19 New Cases and Deaths

From January 1, 2023 to July 12, 2023



ASEAN Country	Weekly New Cases July 7-13, 2023	Weekly Deaths July 7-13, 2023
Brunei Darussalam	0	0
Cambodia	1	0
Indonesia	0	8
Lao PDR	21	0
Malaysia	1,222	6
Myanmar	129	0
Philippines	2,510	0
Singapore	8,544	0
Thailand	1,193	25
Vietnam	224	0

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

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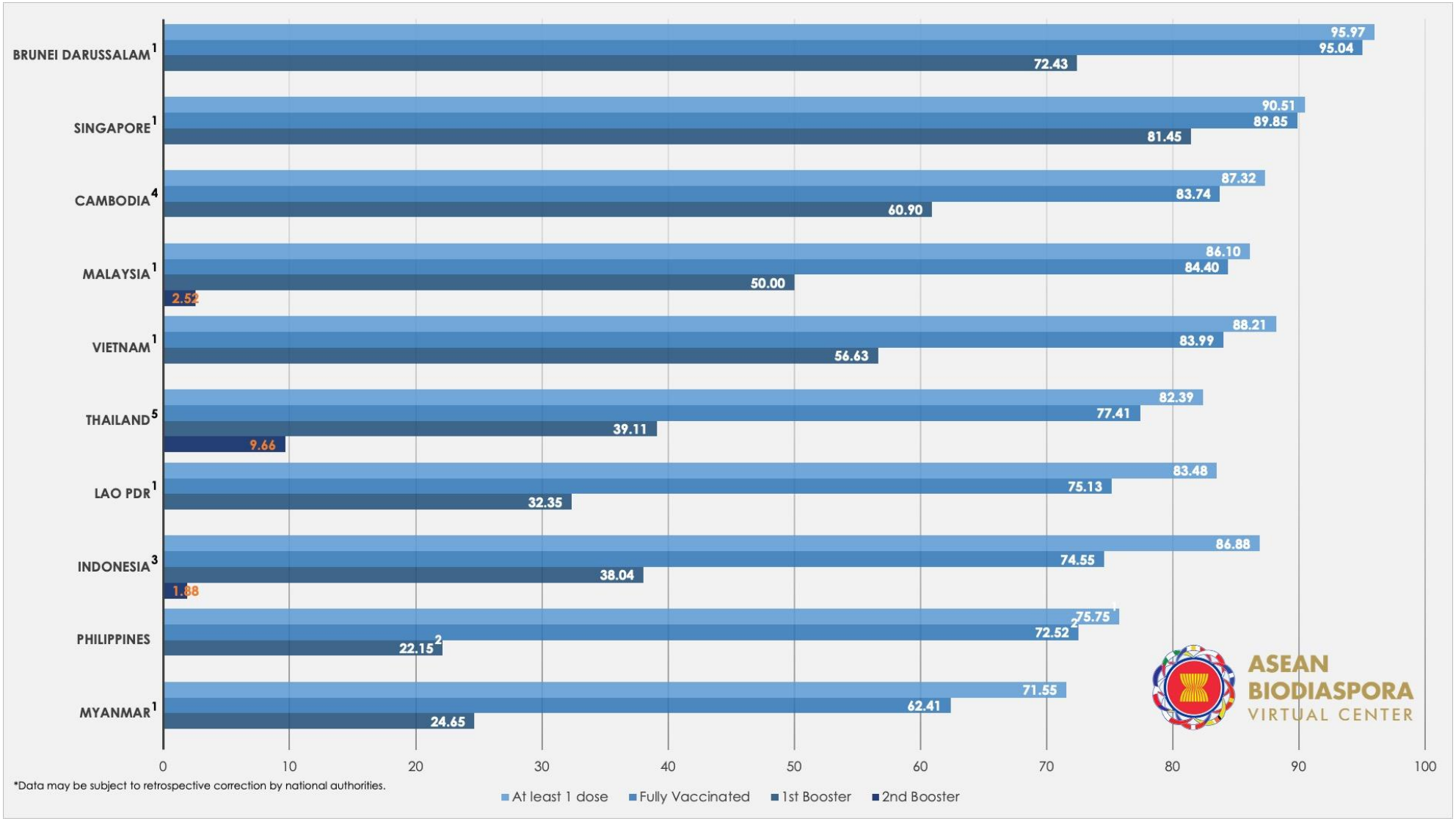
ASEAN COVID-19 Vaccination Status

as of 13 July 2023



1. World Health Organization, Coronavirus (COVID-19) Dashboard, accessed July 13, 2023 https://covid19.who.int/
2. Department of Health Philippines, National COVID-19 vaccination dashboard accessed July 13, 2023, https://doh.gov.ph/covid19-vaccination-dashboard
3. Ministry of Health Indonesia, "Vaccine Dashboard, July 13, 2023, https://vaksin.kemkes.go.id/#/vaccines
4. Ministry of Health Malaysia, COVID-19 vaccination, accessed July 13, 2023, https://data.moh.gov.my/covid-vaccination
5. Ministry of Public Health Thailand, COVID-19 Vaccination Infographic, accessed July 13, 2023, https://dashboard-vaccine.moph.go.th/

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MPOX

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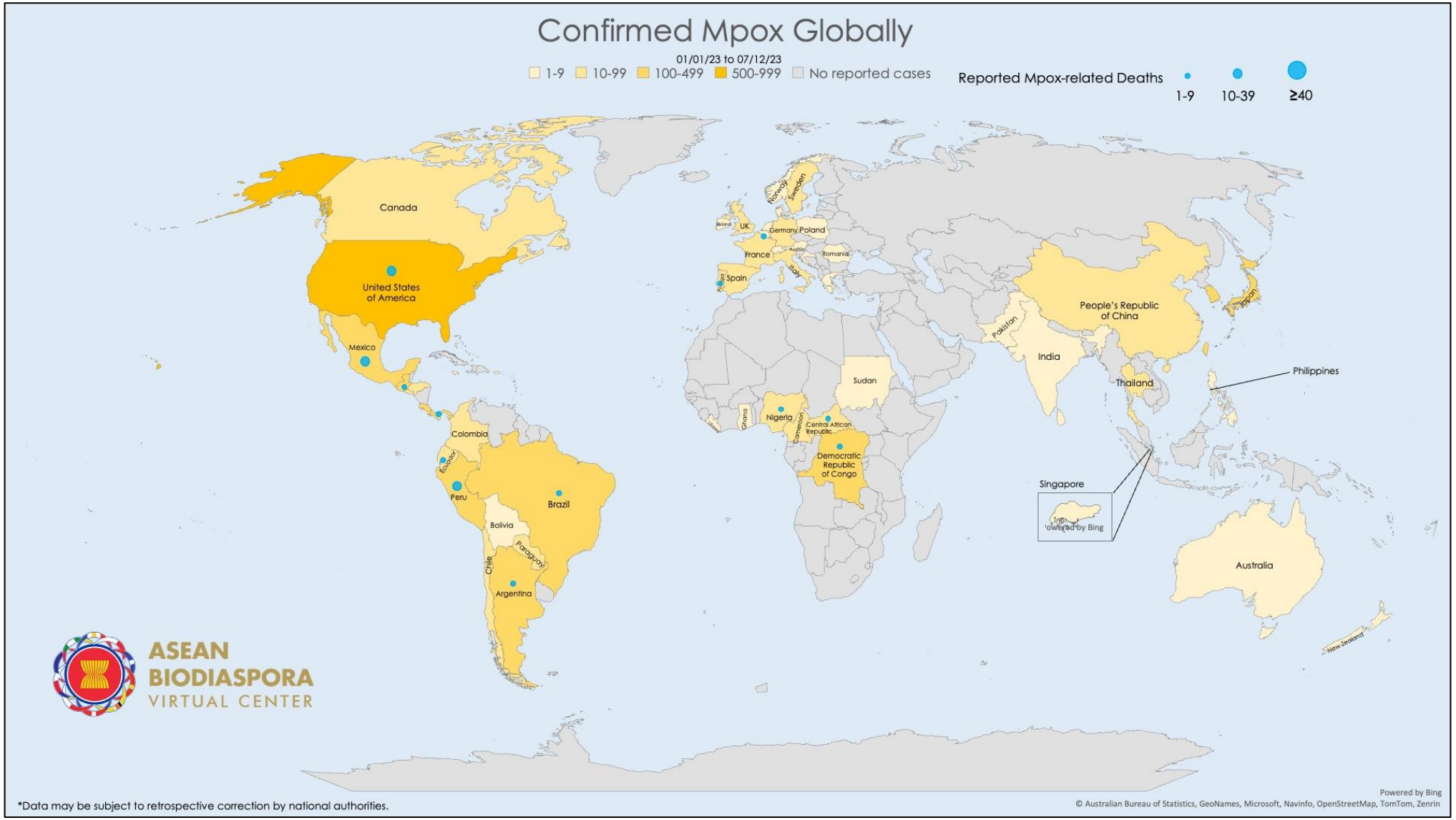
Mpox Cases Reported Globally

as of July 12, 2023



Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, accessed July 13, 2023, https://ourworldindata.org/monkeypox.

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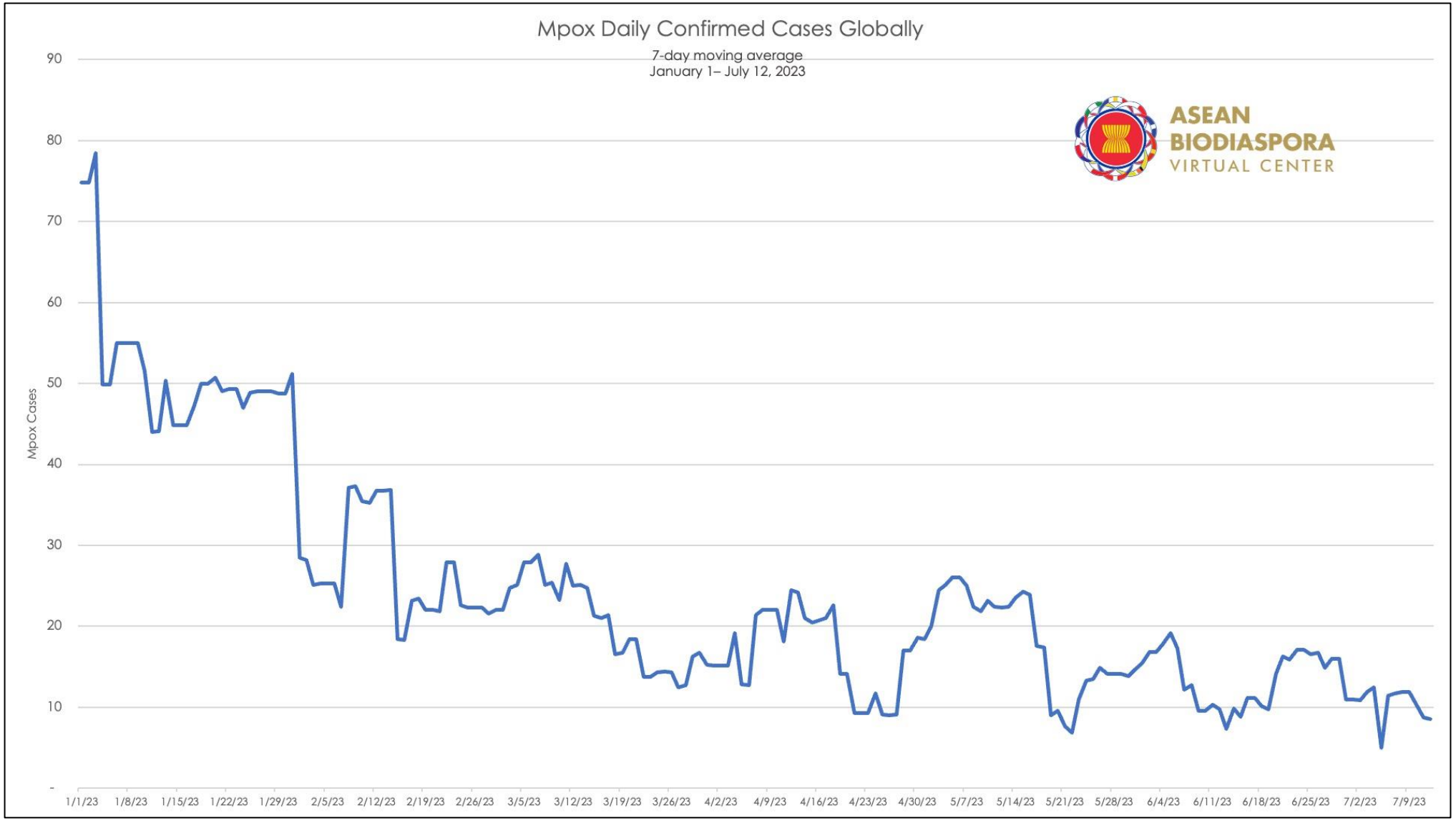
Mpox Daily Trend Globally

January 1 – July 12, 2023



Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, accessed July 13, 2023, https://ourworldindata.org/monkeypox.

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Mpox: Highlights and Situation Overview

- As of 13 July 2023 (1PM, GMT+7), there were **4,173** confirmed cases worldwide in 2023, including **75** deaths. Globally, the Case Fatality Rate (CFR) was **1.80%.**
- **86 confirmed cases** in the ASEAN region in 2023**,** with a CFR of **0%.**
- **4,087 confirmed cases** of Mpox have been reported in other **5 regions** in 2023 (other than the ASEAN region):

Mpox cases in the ASEAN region

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Philippines	1	-	-	0.00%
Singapore	6	-	-	0.00%
Thailand	79	35	-	0.00%
ASEAN Total	**86**	**35**	**-**	**0.00%**

Mpox cases in the Asia-Pacific region

Country/Territory	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Australia	1	-	-	0.00%
India	2	-	-	0.00%
Japan	180	3	-	0.00%
Nepal	1	-	-	0.00%
New Zealand	1	-	-	0.00%
People's Republic of China*	240	52	-	0.00%
The Republic of Korea	116	3	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	**542**	**58**	**-**	**0.00%**

*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	721	26	23	3.19%
Brazil	450	11	2	0.44%
Democratic Republic of Congo	455	59	3	0.66%
Mexico	394	5	26	6.60%
People's Republic of China*	240	52	-	0.00%

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

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Mpox cases per region

REGION	TOTAL CONFIRMED CASES SINCE JANUARY 1, 2023	NEW CASES SINCE THE PREVIOUS REPORT	TOTAL DEATHS	CASE FATALITY RATE
AFRICA	586	60	6	1.02%
AMERICAS	2,729	54	67	2.46%
ASEAN	86	35	-	0.00%
ASIA PACIFIC	542	58	-	0.00%
EUROPE	220	20	2	0.91%
MIDDLE EAST	10	1	-	0.00%
TOTAL	**4,087**	**-**	**75**	**1.80%**

Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, accessed July 13, 2023, https://ourworldindata.org/monkeypox.

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References

Kim, Y., Bae, S., Chang, H.-H., & Kim, S.-W. (2023). Long covid prevalence and impact on quality of life 2 years after Acute Covid-19. *Scientific Reports*, *13*(1). https://doi.org/10.1038/s41598-023-36995-4

McAlister, F. A., Chu, A., Qiu, F., Dong, Y., van Diepen, S., Youngson, E., Yu, A. Y., de Mestral, C., Ross, H. J., Austin, P. C., Lee, D. S., Kadri, S. S., Wijeysundera, H. C., Abdel-Qadir, H., Austin, P. C., Bainey, K., Bakal, J., de Mestral, C., Ezekowitz, J., … Yu, A. (2023). Outcomes among patients hospitalized with non–COVID-19 conditions before and during the COVID-19 pandemic in Alberta and Ontario, Canada. *JAMA Network Open*, 6(7). https://doi.org/10.1001/jamanetworkopen.2023.23035

Pimentel, V., Luchsinger, V. W., Carvalho, G. L., Alcará, A. M., Esper, N. B., Marinowic, D., Zanirati, G., & da Costa, J. C. (2023). Guillain–barré syndrome associated with covid-19: A systematic review. *Brain, Behavior, & Immunity - Health*, *28*, 100578. https://doi.org/10.1016/j.bbih.2022.100578

Popping, S., Nichols, B. E., Appelman, B., Biemond, J. J., Vergouwe, M., Rosendaal, F. R., van der Valk, M., de Bree, G. J., Wiersinga, W. J., Birnie, E., Schinkel, M., Welkers, M. R. A., Zaaijer, H. L., Ittersum van, F. J., Schim van der Loeff, M. F., Bomers, M. K., Kersten, M. J., Hazenberg, M. D., Heijmans, J., … van Nieuwkoop, C. (2023). Health Outcomes and cost-effectiveness of monoclonal SARS-COV-2 antibodies as pre-exposure prophylaxis. *JAMA Network Open*, 6(7). https://doi.org/10.1001/jamanetworkopen.2023.21985

Villas-Boas, S., Kaplan, S., White, J. S., & Hsia, R. Y. (2023). Patterns of US mental health–related emergency department visits during the COVID-19 pandemic. *JAMA Network Open*, 6(7). https://doi.org/10.1001/jamanetworkopen.2023.22720

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