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# Weekly Situation Report in the ASEAN Region

COVID-19 and Mpox

July 20, 2023 | WSR 23-003



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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.

### Regional Update

- **Singapore** will distribute six antigen rapid test (ART) kits to each household from July 17 to September 30 (Tham, 2023). This marks the fifth nationwide distribution of ART kits, with the previous round in November 2022 providing each household with 12 ART kits. As Singapore shifts towards COVID-19 endemicity, the Ministry of Health (MOH) urges Singaporeans to take proactive measures to safeguard themselves and their families, especially seniors and those with medical vulnerabilities. If a person tests positive with an ART test, MOH advises them to consider themselves as potentially infected with COVID-19 and to avoid close contact with others while symptomatic. They may return to normal activities once their symptoms resolve. However, if it's necessary to go out while still symptomatic, wearing a mask, minimizing social interactions, and avoiding crowded places is strongly recommended. [\[Full article\]](#)

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

- The study **Relative effectiveness of monovalent and bivalent mRNA boosters in preventing severe COVID-19 due to omicron BA.5 infection up to 4 months post-administration in people aged 60 years or older in Italy: a retrospective matched cohort study** found that the estimated relative vaccine effectiveness (rVE) was 49.3% for the bivalent booster and 26.9% for the monovalent booster (Mateo-Urdiales et al., 2023). Notably, the protection provided by the bivalent booster was observed to last for at least 4 months, while the monovalent booster showed rapid waning of protection over time. These results shed light on the varying degrees of effectiveness and duration of protection offered by the two booster options. The study used data from the Italian vaccination registry and SARS-CoV-2 surveillance system, analyzing confirmed infections between September 12, 2022, and January 7, 2023, among persons aged 60 years or older who received a second booster at least 120 days after the first booster. The study included 2,129,559 matched pairs. The bivalent COVID-19 booster showed a relative vaccine effectiveness (rVE) of 50.6% against severe COVID-19 between 14 to 118 days post-administration. The bivalent original/BA.1 mRNA vaccines had an rVE of 49.3%, while the monovalent mRNA vaccines had an rVE of 26.9%. All boosters demonstrated waning protection, with peak effectiveness observed at 2 to 4 weeks after injection. [\[Full text\]](#)
- The study **Incidence and Characteristics in Children with Post-COVID-19 Condition in Sweden** analyzed registry data from 162,383 children aged 6 to 17 years living in the two largest Swedish regions who were infected with SARS-CoV-2 from January 31, 2020, to February 9, 2022, with follow-up until November 30, 2022 (Bygdell et al., 2023). The average participant age was 12.0 years, 50.4% were boys, 0.3% had been hospitalized for COVID-19, and none of the 326 children with long COVID (0.2%) had been admitted to an intensive care unit (ICU). Children at highest risk of long COVID included girls (incidence per 100 person-years, 0.19 vs 0.12 in boys), older youth (0.19 in those aged 12 to 17 years vs 0.11 in younger youth), those with underlying illnesses (0.16 with vs 0.11 with none), and hospitalized patients (1.25 vs 0.15 in outpatients). The incidence of long COVID was higher among girls than boys and similar across parental education levels. Children diagnosed as having MIS-C (63) had a higher incidence of long COVID than those without the condition. The incidence of long COVID was six times higher if a parent also had long COVID. [\[Full text\]](#)



- Despite advances in the treatment and mitigation of critical illness caused by infection with SARS-CoV-2, millions of survivors have a devastating, post-acute infection syndrome known as long COVID (Pandharipande et al., 2023). A large proportion of patients with long COVID have nervous system dysfunction, which is also seen in the distinct but overlapping condition of post intensive care syndrome (PICS), putting survivors of COVID-19-related critical illness at high risk of long-lasting morbidity affecting multiple organ systems and, as a result, engendering measurable deficits in quality of life and productivity. This paper, ***Mitigating neurological, cognitive, and psychiatric sequelae of COVID-19-related critical illness***, described neurological, cognitive, and psychiatric sequelae in patients who have survived critical illness due to COVID-19, the current knowledge of the epidemiology and pathophysiology of persistent neuropsychological impairments, and outline potential preventive strategies based on safe, evidence-based approaches to the management of pain, agitation, delirium, anticoagulation, and ventilator weaning during critical illness. Priorities for current and future research, including possible therapeutic approaches, and offer considerations for health services to address the escalating health burden of long COVID are highlighted. Studies to understand the phenotypic subtypes, natural history, and biomarker profiles of long COVID and neuro-LC will need to go hand in hand with research efforts to develop targeted preventive and therapeutic interventions to reduce the burden of neuro-LC in survivors of COVID-19-related critical illness. [[Full text](#)]

### Travel Update

- **Republic of Korea** has lifted all quarantine management zones related to COVID-19 and mpox since July 15, allowing travelers to register their health information (Jun, 2023). The decision was made due to the stabilization of cases and death rates for these diseases. Since July 2020, all countries worldwide were designated as quarantine management zones due to COVID-19, with 47 countries designated as quarantine management zones for mpox (monkeypox). The KDCA stated that the number of deaths from COVID-19 remains low, but there was a 25% increase in the daily average of new infections for the first week of July. Despite this, the number of mpox patients worldwide has decreased, and most patients have shown mild symptoms. The Q-Code system will continue to be mandatory for other infectious diseases, such as Ebola virus disease, and will continue to be mandatory for these diseases. [[Full article](#)]



## ASEAN Travel Advisories (new update/s) as of 20 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
<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>	June 10, 2023	Yes	No	No	No	No	No	No
<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>	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.
<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 20 July 2023

- As of 20 July 2023 (5PM, GMT+7), worldwide, there were **691,748,366** confirmed cases, including **6,901,518** deaths. Globally, Case Fatality Rate (CFR) was **1.0%**.
- 36,290,130 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	03-Jul-23	309,561	-	225	-	65,870	451,032	446,630	340,379	95.0
	Cambodia	27-Jan-20	17-Jul-23	138,936	4	3,056	-	793	15,301,258	14,674,372	10,716,594	83.8
	Indonesia	02-Mar-20	17-Jul-23	6,812,426	299	161,879	-	2,518	203,868,764	174,938,333	69,095,100	64.7
	Lao PDR	24-Mar-20	17-Jul-23	218,649	30	758	-	2,886	6,324,678	5,691,962	2,451,034	75.1
	Malaysia	25-Jan-20	17-Jul-23	5,118,689	336	37,152	-	15,644	28,134,784	27,550,446	16,336,861	84.2
	Myanmar	23-Mar-20	18-Jul-23	640,912	61	19,494	-	1,136	40,354,937	35,196,377	13,903,599	62.4
	Philippines	30-Jan-20	11-Jul-23	4,169,947	-	66,499	26	3,820	82,684,774	79,164,840	24,178,325	72.5
	Singapore	23-Jan-20	17-Jul-23	2,505,435	5,632	1,841	-	42,901	5,285,826	5,247,569	4,756,481	89.9
	Thailand	13-Jan-20	15-Jul-23	4,754,228	613	34,410	14	6,793	57,658,679	54,173,539	27,369,493	77.4
	Vietnam	23-Jan-20	17-Jul-23	11,621,347	155	43,206	-	11,356	90,270,583	85,958,364	57,958,886	84.0
ASEAN COUNTRIES				<b>36,290,130</b>	<b>7,130</b>	<b>368,520</b>	<b>40</b>	<b>153,542</b>	<b>530,335,315</b>	<b>483,042,432</b>	<b>227,106,752</b>	<b>78.9</b>

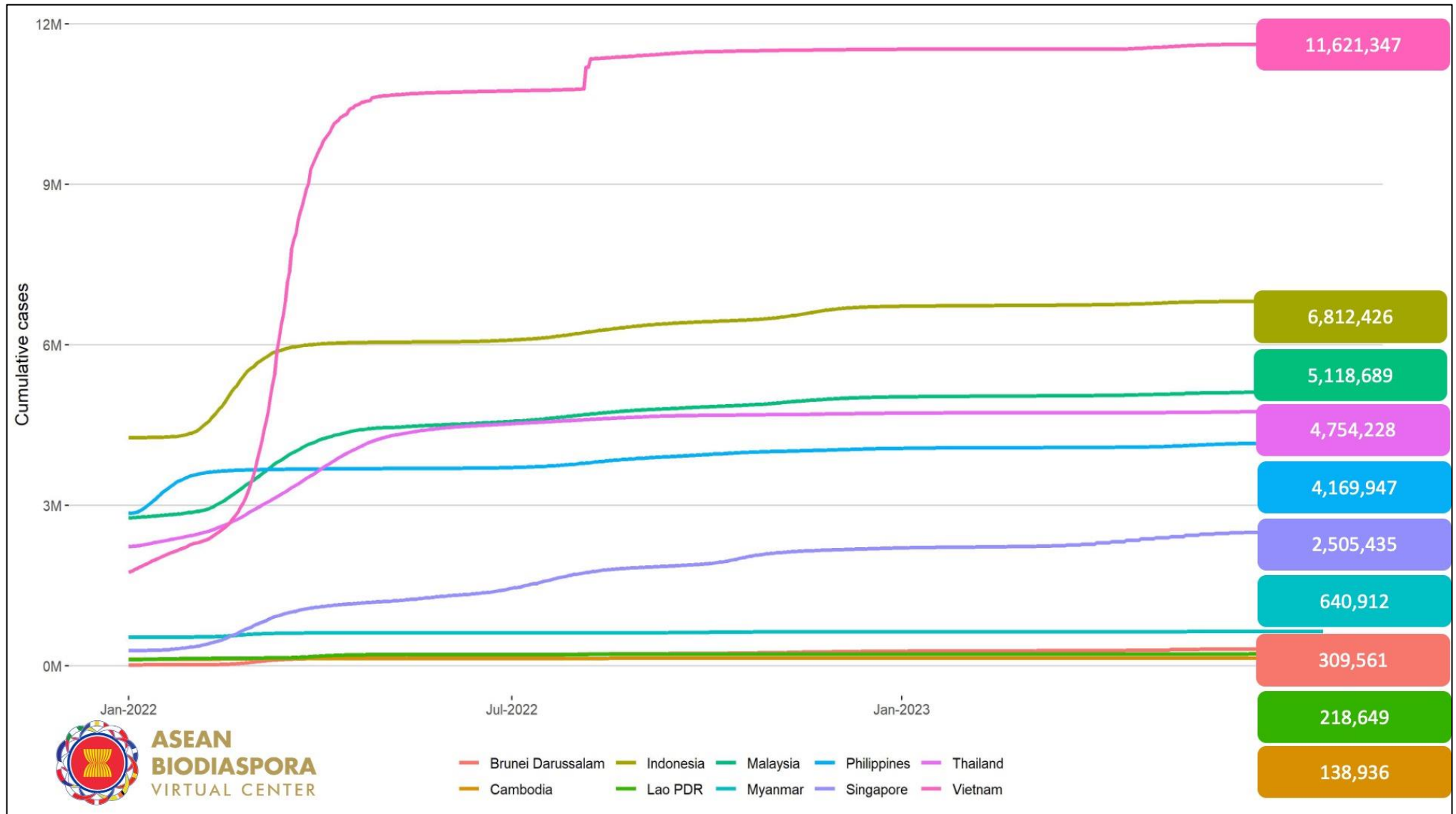
REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS
ASIA	196,946,929	925	1,208,989	14
AFRICA	12,833,572	178	258,815	2
AMERICAS	195,972,340	5,944	2,996,369	23
EUROPE	249,704,658	134	2,068,040	2
TOTAL	<b>655,457,499</b>	<b>7,181</b>	<b>6,532,213</b>	<b>41</b>

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



# COVID-19 Epidemic curve among ASEAN Countries:

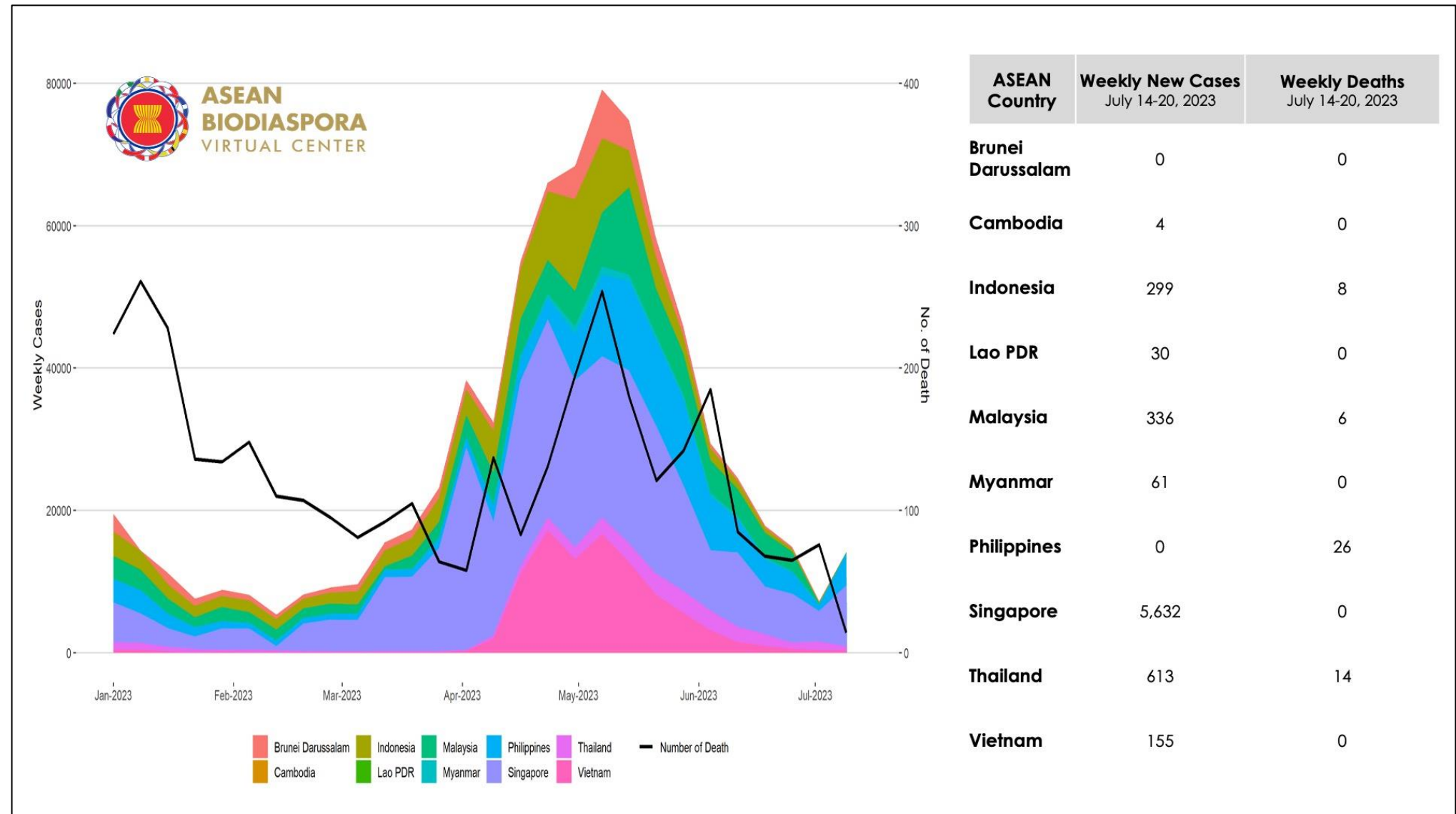
From January 1, 2022 to July 20, 2023





# ASEAN Weekly COVID-19 New Cases and Deaths

From January 1, 2023 to July 20, 2023

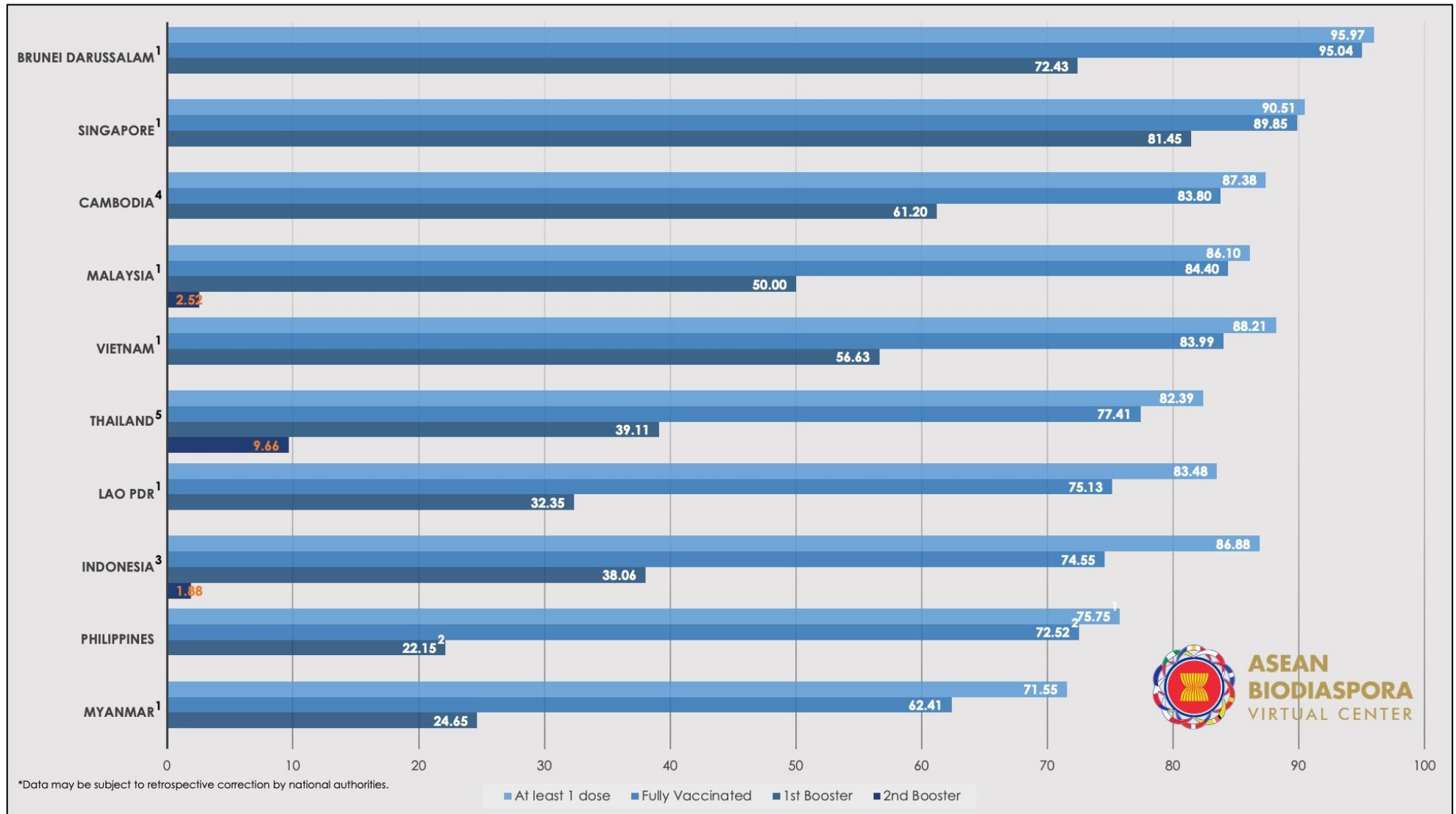


\*\*Data References: [Andra Farm](#), [Worldometer](#), and the [WHO](#)



# ASEAN COVID-19 Vaccination Status

as of 20 July 2023



1. World Health Organization, Coronavirus (COVID-19) Dashboard, accessed July 20, 2023 <https://covid19.who.int/>
2. Department of Health Philippines, National COVID-19 vaccination dashboard accessed July 20, 2023, <https://doh.gov.ph/covid19-vaccination-dashboard>
3. Ministry of Health Indonesia, "Vaccine Dashboard, July 20, 2023, <https://vaksin.kemkes.go.id/#/vaccines>
4. Ministry of Health Malaysia, COVID-19 vaccination, accessed July 20, 2023, <https://data.moh.gov.my/covid-vaccination>
5. Ministry of Public Health Thailand, COVID-19 Vaccination Infographic, accessed July 20, 2023, <https://dashboard-vaccine.moph.go.th/>

# MPOX



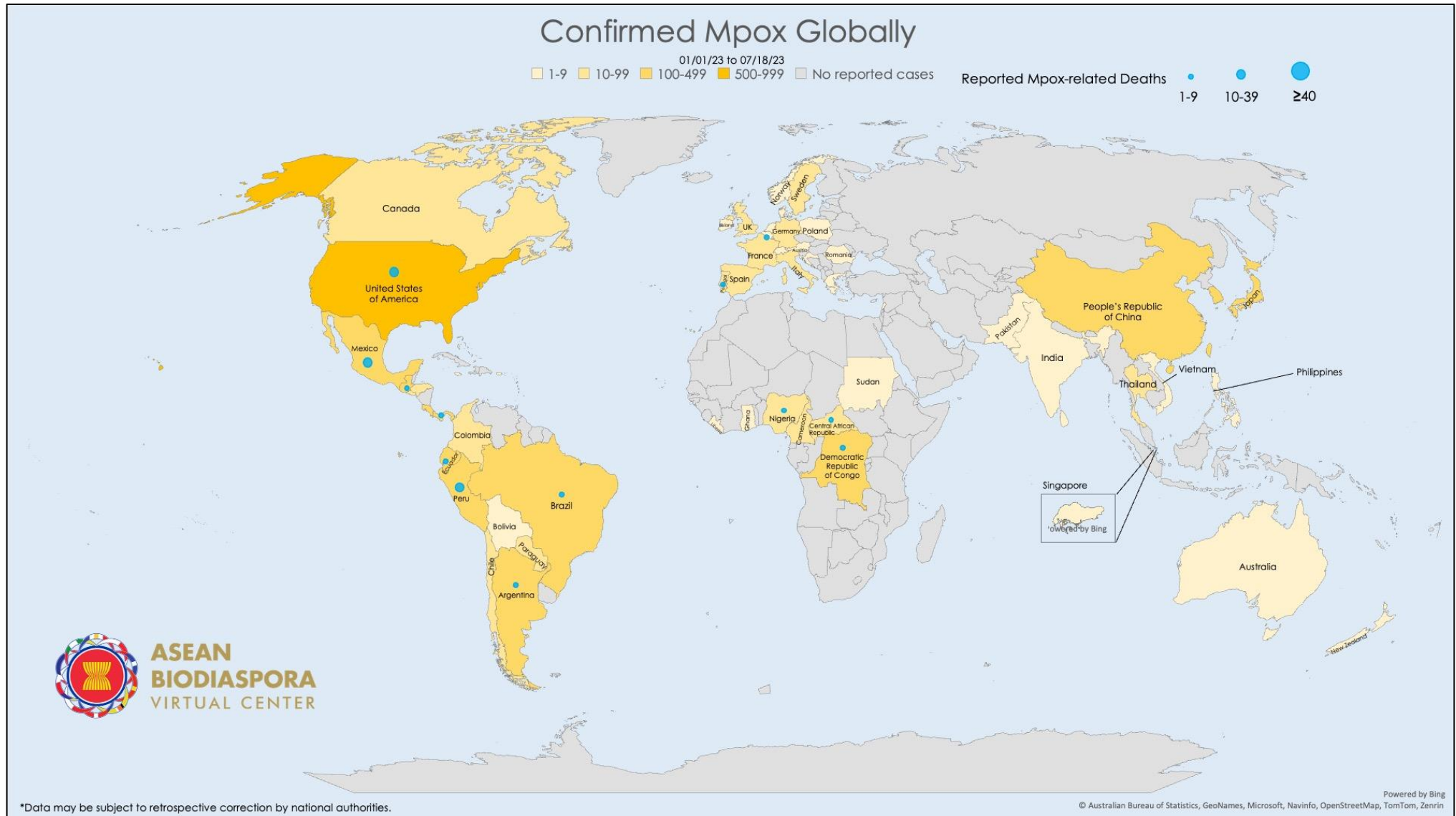
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# Mpox Cases Reported Globally

as of July 18, 2023



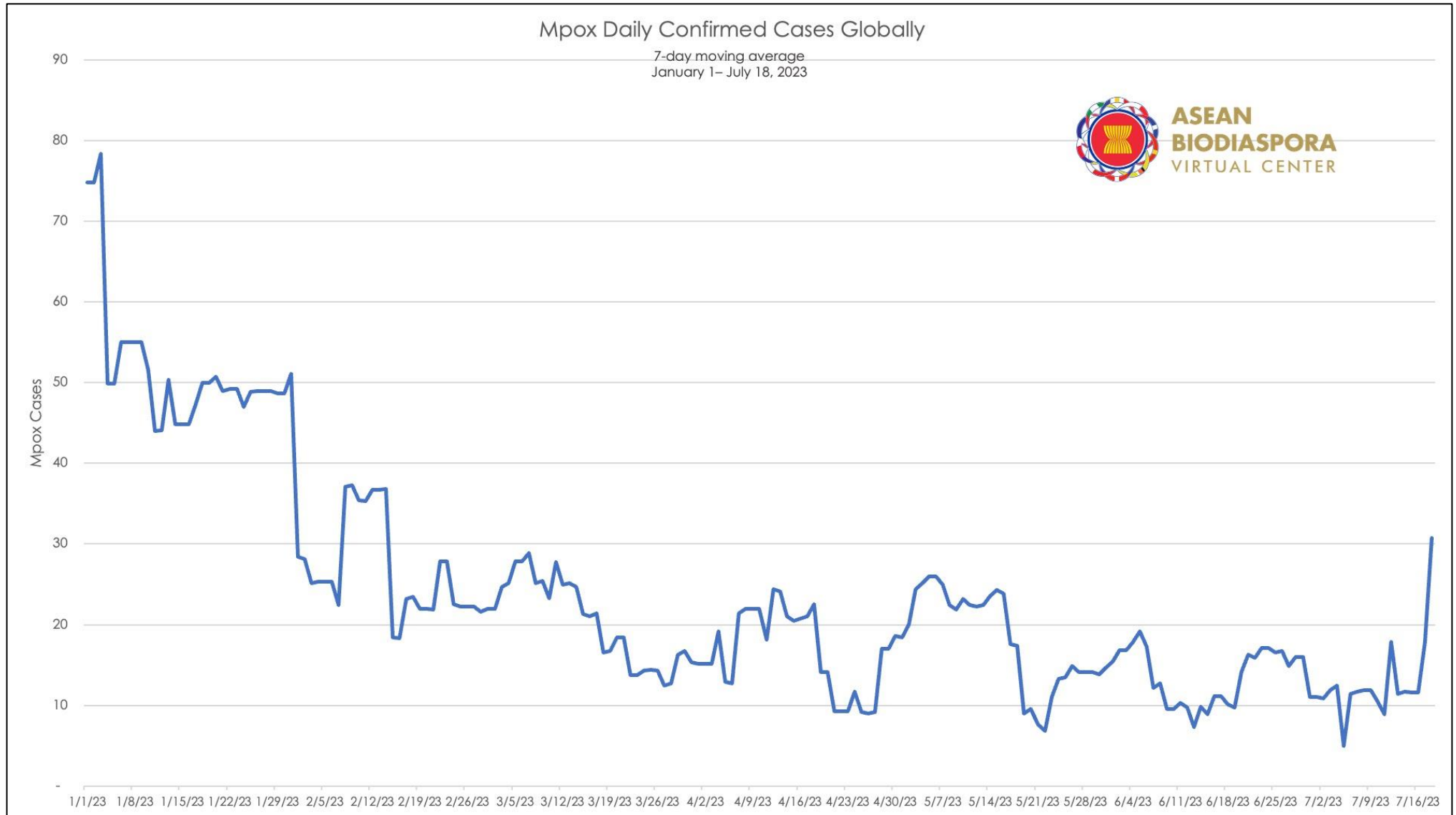
Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, accessed July 20, 2023, <https://ourworldindata.org/monkeypox>.





## Mpox Daily Trend Globally

January 1 – July 18, 2023



Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, accessed July 20, 2023, <https://ourworldindata.org/monkeypox>.



## Mpox: Highlights and Situation Overview

- As of 20 July 2023 (1PM, GMT+7), there were **4,386** confirmed cases worldwide in 2023, including **76** deaths. Globally, the Case Fatality Rate (CFR) was **1.73%**.
- 115 confirmed cases** in the ASEAN region in 2023, with a CFR of **0%**.
- 4,271 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	28	-	0.00%
Vietnam	1	1	-	0.00%
<b>ASEAN Total</b>	<b>115</b>	<b>29</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	1	-	-	0.00%
India	2	-	-	0.00%
Japan	183	3	-	0.00%
Nepal	1	-	-	0.00%
New Zealand	1	-	-	0.00%
People's Republic of China*	349	109	-	0.00%
The Republic of Korea	120	4	-	0.00%
Sri Lanka	2	-	-	0.00%
<b>Asia-Pacific Total</b>	<b>658</b>	<b>116</b>	<b>-</b>	<b>0.00%</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	750	29	23	3.07%
Brazil	456	6	2	0.44%
Democratic Republic of Congo	455	-	3	0.66%
Mexico	402	8	26	6.47%
People's Republic of China*	349	109	-	0.00%

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



## 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	-	6	1.02%
AMERICAS	2,729	68	68	2.43%
ASEAN	115	29	-	0.00%
ASIA PACIFIC	542	116	-	0.00%
EUROPE	220	-	2	0.91%
MIDDLE EAST	10	-	-	0.00%
<b>TOTAL</b>	<b>4,386</b>	<b>213</b>	<b>76</b>	<b>1.73%</b>

Edouard Mathieu et al., "Mpox (Monkeypox)," Our World in Data, accessed July 20, 2023, <https://ourworldindata.org/monkeypox>.

## Global Update

- World Health Organization:** From January 1 to July 11, 2023, 88,288 laboratory-confirmed cases of mpox were reported to WHO from 112 countries across six WHO Regions (WHO, 2023). Since the last situation report, there have been 316 new cases and two new deaths. The Western Pacific Region has reported the largest proportion of cases, followed by the Americas and African and South-East Asia regions. As of July 11, 2023, 17 of the 112 affected countries reported new cases within the last 21 days. The most common symptom reported is any rash, followed by fever (55.2%) and systemic rash or genital rash (53.9%). The age and sex distribution of cases remain stable, with 1.4% aged 0-17 years and 0.4% aged 0-4 years. [\[Full report\]](#)



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