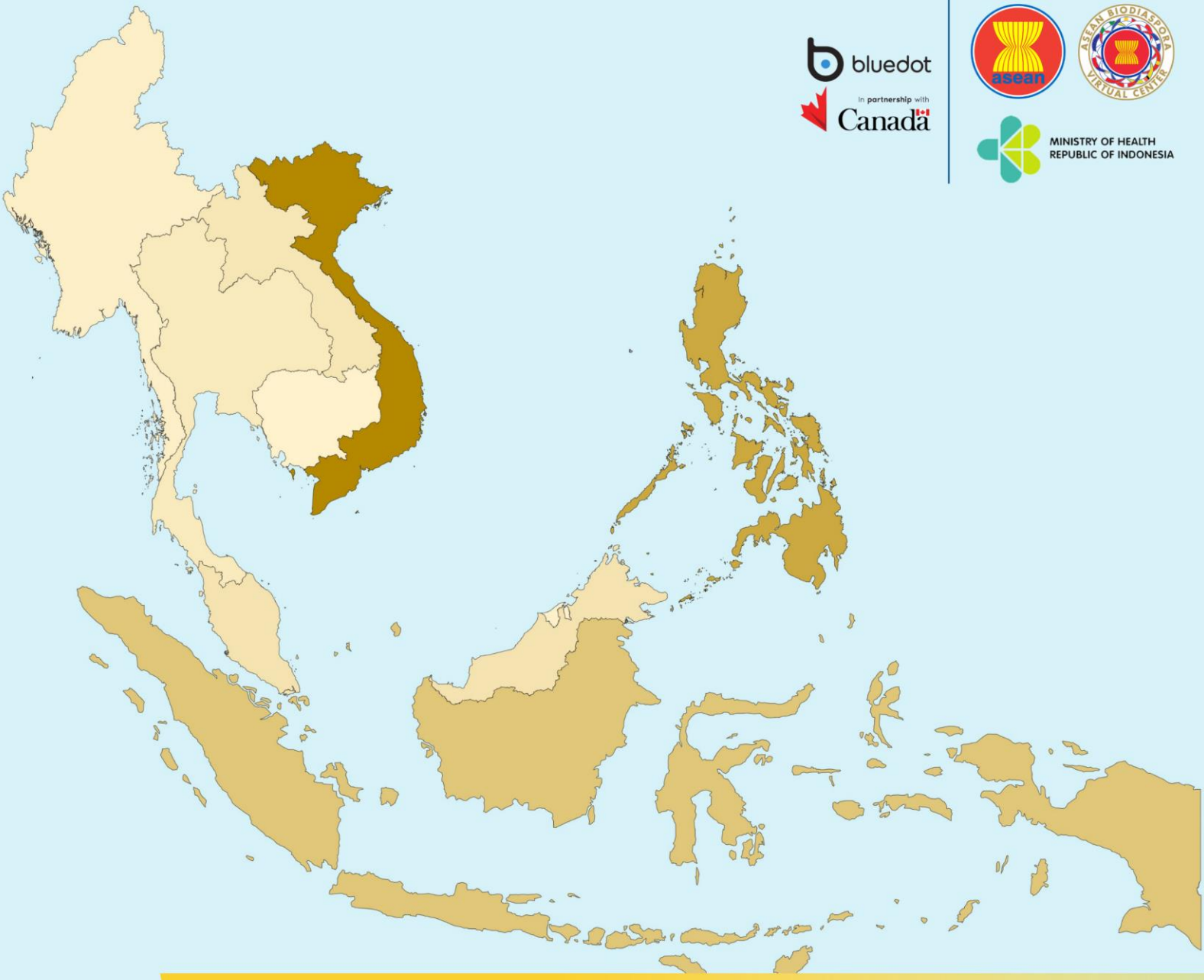

Situational Report in the ASEAN Region

ASEAN BioDiaspora Virtual Center (ABVC)

May 26, 2023 | Issue No. 488

ASSOCIATION OF SOUTHEAST ASIAN NATIONS

ASEAN BIODIASPORA VIRTUAL CENTER

MINISTRY OF HEALTH
REPUBLIC OF INDONESIA

GLOBAL PARTNERS

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World Health Organization

Korea Disease Control and Prevention Agency

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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 global COVID-19 activity continues to show a mixed picture.[1] Cases have declined by 21% over the past 4 weeks, but deaths are up in four world regions: Africa, the Americas, South-East Asia, and the Western Pacific.[1] In the Western Pacific region, cases rose by 38%, with Mongolia, Papua New Guinea, and Brunei Darussalam reporting the biggest proportional increases, with more modest rises reported by South Korea and Australia.[1] The WHO noted however that reported cases are underestimated due to reduced testing and delays in reporting.[1] Omicron subvariant proportions continue to shift.[1] Over most of April and into the first week of May, the level of XBB.1.5 declined from 50.4% to 41.6%, while the level of XBB.1.16 rose from 6.9% to 13.2%. Levels of other XBB-lineage subvariants also showed rises, including XBB.1.9.1 and XBB.1.9.2.[1] [Full report]
- The **US Food and Drug Administration (FDA)** announced full approval for Paxlovid (nirmaltrelvir and ritonavir tablets), the first oral antiviral for treating COVID to receive the designation.[2] The FDA's approval is for mild-to-moderate COVID illness in adults who are at risk for severe disease.[2] In its announcement, the FDA said Paxlovid which was made and packaged under the emergency use authorization will still be available for adults and eligible children ages 12 to 18 who aren't included in today's approval.[2] [Full article]

Research Update (Published and peer-reviewed studies)

- The study ***Development of a Definition of Postacute Sequelae of SARS-CoV-2 Infection*** analyzed observational, prospective data from 9,764 adults surveyed about persistent symptoms and their severity at 85 sites in 33 states, Puerto Rico, and Washington, DC, participating in the Researching COVID to Enhance Recovery (RECOVER) trial by April 10, 2023, and developed a preliminary definition of long COVID based on 12 symptoms that affect infected patients more often than uninfected people 6 months or more after a positive SARS-CoV-2 test.[3] Of 2,231 participants first infected with COVID-19 on or after December 1, 2021, and enrolled in the NIH-sponsored study within 30 days of infection, 10% met the criteria for long COVID at 6 months.[3] The odds of experiencing 37 symptoms were at least 50% higher among COVID-19 survivors than among uninfected participants (prevalence 2.5% or higher).[3] Hallmark long-COVID symptoms were, decreasing frequency, post-exertion malaise, fatigue, brain fog, dizziness, gastrointestinal (GI) symptoms, heart palpitations, changes in sexual desire or capacity, loss of or change in smell or taste, thirst, chronic cough, chest pain, and abnormal body movement.[3] The proportion with a qualifying long-COVID score was 23% among infected participants and 3.7% among uninfected adults.[3] Among participants with long COVID, the most common symptoms were post-exertion fatigue (87%), fatigue (85%), brain fog (64%), dizziness (62%), GI symptoms (59%), and heart palpitations (57%).[3] Higher scores were linked to worse self-reported physical, mental, and social health.[3] Researchers said that this study found that long-term symptoms associated with SARS-CoV-2 infection spanned multiple organ systems and the diversity of symptoms may be related to persistent viral reservoirs, autoimmunity, or direct differential organ injury.[3] [Full text]
- Bivalent mRNA COVID-19 vaccines help provide protection against medically attended COVID-19–associated illness.[4] However, the durability of this protection is uncertain.[4] In this multistate analysis of 85,075 hospitalizations of persons with COVID-19–like illness,

Estimates of Bivalent mRNA Vaccine Durability in Preventing COVID-19– Associated Hospitalization and Critical Illness Among Adults with and Without Immunocompromising Conditions — VISION Network, September 2022–April 2023, bivalent doses were 62% effective among adults without immunocompromising conditions, and 28% effective in those with immunocompromising conditions in preventing COVID-19–associated hospitalization during the first 7–59 days after vaccination. Waning was evident in adults without immunocompromising conditions from 60–179 days (2–6 months) after vaccination.[4] VE was more sustained against critical illness (50% at 120–179 days after vaccination) in adults without immunocompromising conditions, which suggests that bivalent vaccines provide durable protection against the most severe outcomes from COVID-19.[4] Adults should stay up to date with recommended COVID-19 vaccines.[4] Optional additional bivalent vaccine doses are available for older adults and persons with immunocompromising conditions.[4] [Full text]

ASEAN Travel Advisories (new update/s)

as of 26 May 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	May 3, 2023	Yes	Yes – fully vaccinated* certificate 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 (Android/ iOS) before departure.
Laos	December 29, 2022	Yes	No	No	No	No	No	No
Malaysia	August 2, 2022	Yes	No	No	No	No	No	No
Myanmar	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.
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 26 May 2023

- As of 26 May 2023 (1PM, GMT+7), worldwide, there were **689,274,015** confirmed cases, including **6,882,693** deaths. Globally, the Case Fatality Rate (CFR) was **1.0%.**
- **36,065,926 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	16-May-23	299,505	-	225	-	64,053	450,404	445,929	338,987	99.3
	Cambodia	27 Jan 20	25-May-23	138,750	-	3,056	-	841	15,244,858	14,609,937	10,433,215	87.1
	Indonesia	02 Mar 20	26-May-23	6,805,044	135	161,724	3	2,490	203,657,535	172,693,321	67,952,274	62.7
	Lao PDR	24 Mar 20	26-May-23	218,223	2	758	-	3,041	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	21-May-23	5,094,448		37,070		15,788	28,125,245	27,536,657	17,056,957	81.1
	Myanmar	23 Mar 20	25-May-23	638,422	-	19,494	-	1,173	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	25-May-23	4,133,644	-	66,466	-	3,771	78,369,243	73,937,435	21,341,197	64.0
	Singapore	23 Jan 20	07-May-23	2,391,248	-	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	25-May-23	11,607,654	-	43,206	-	11,950	90,450,881	85,848,363	57,452,750	87.4
	ASEAN COUNTRIES			**36,065,926**	**137**	**367,779**	**3**	**148,946**	**519,131,616**	**466,446,242**	**213,386,451**	

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

REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS
ASIA	195,661,268	17,947	1,206,552	15
AFRICA	12,823,412		258,765	
AMERICAS	195,406,520		2,989,113	
EUROPE	249,316,889		2,060,484	-
TOTAL	**653,208,089**	**17,947**	**6,514,914**	**15**

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

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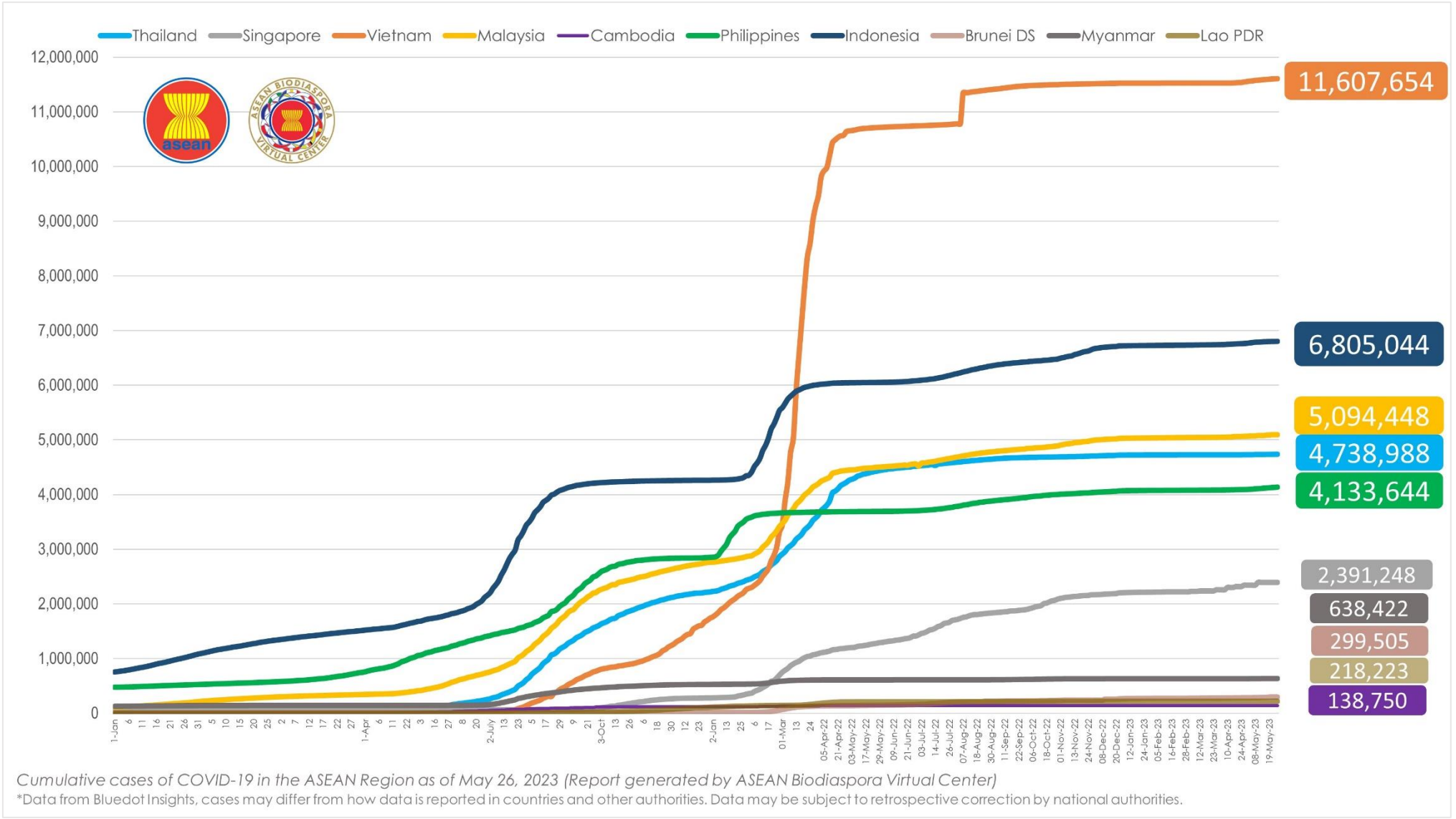
COVID-19 Epi curve among ASEAN Countries

From January 1, 2022, to May 26, 2023



Cumulative cases of COVID-19 in the ASEAN Region as of May 26, 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.

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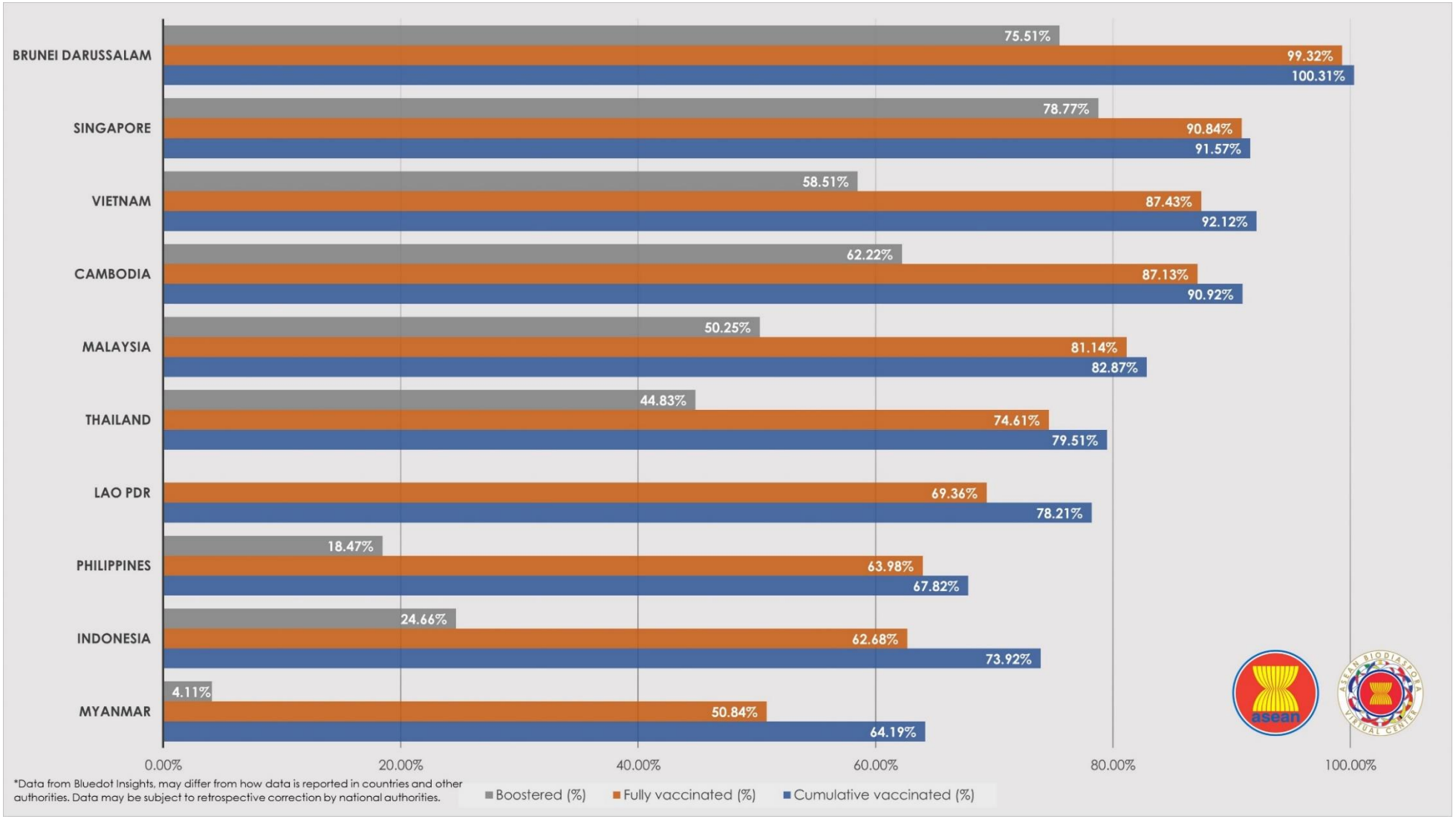
COVID-19 Vaccination Status in ASEAN

as of 09 March 2023



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

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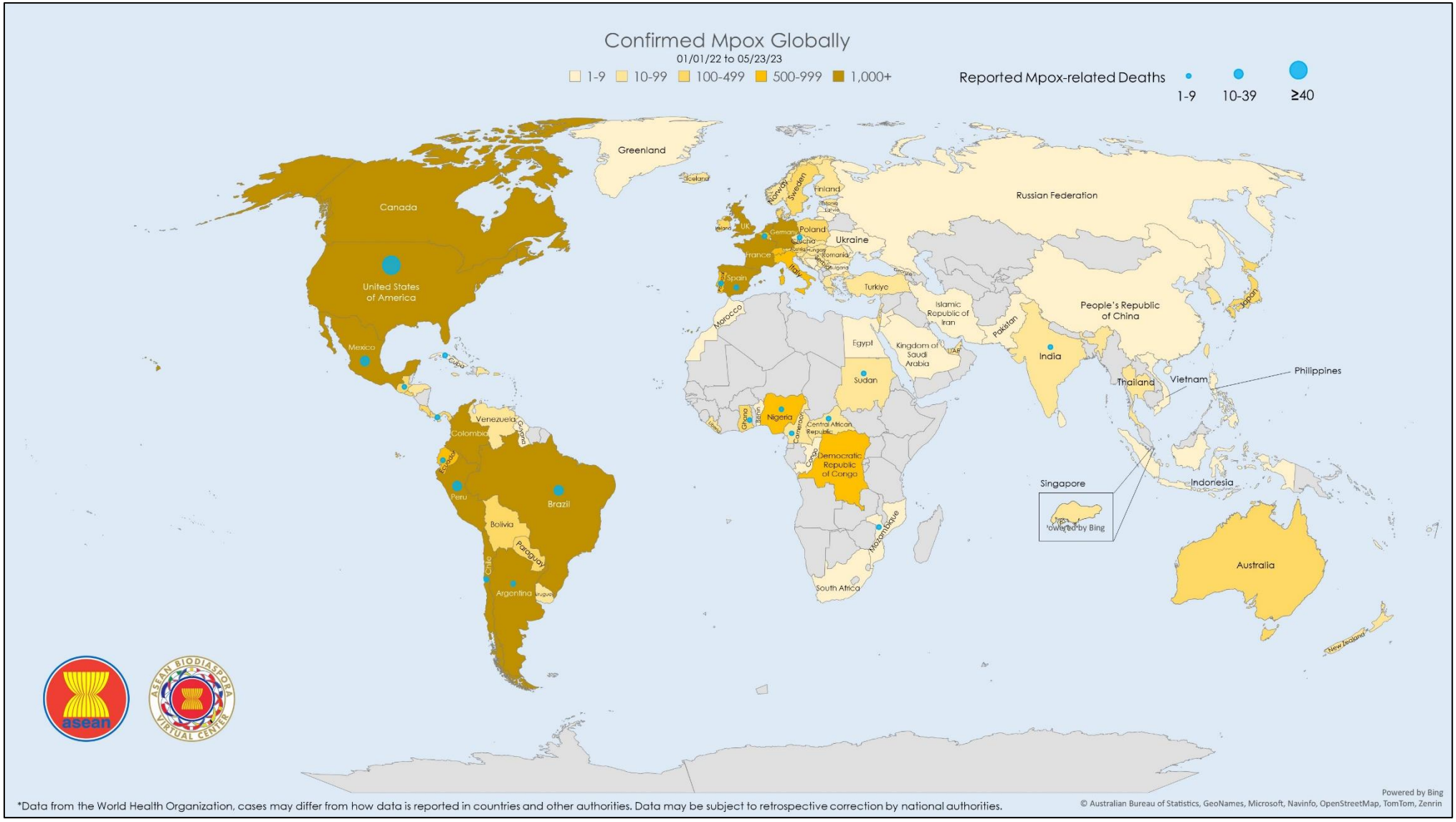
Mpox Cases Reported Globally

as of May 23, 2023



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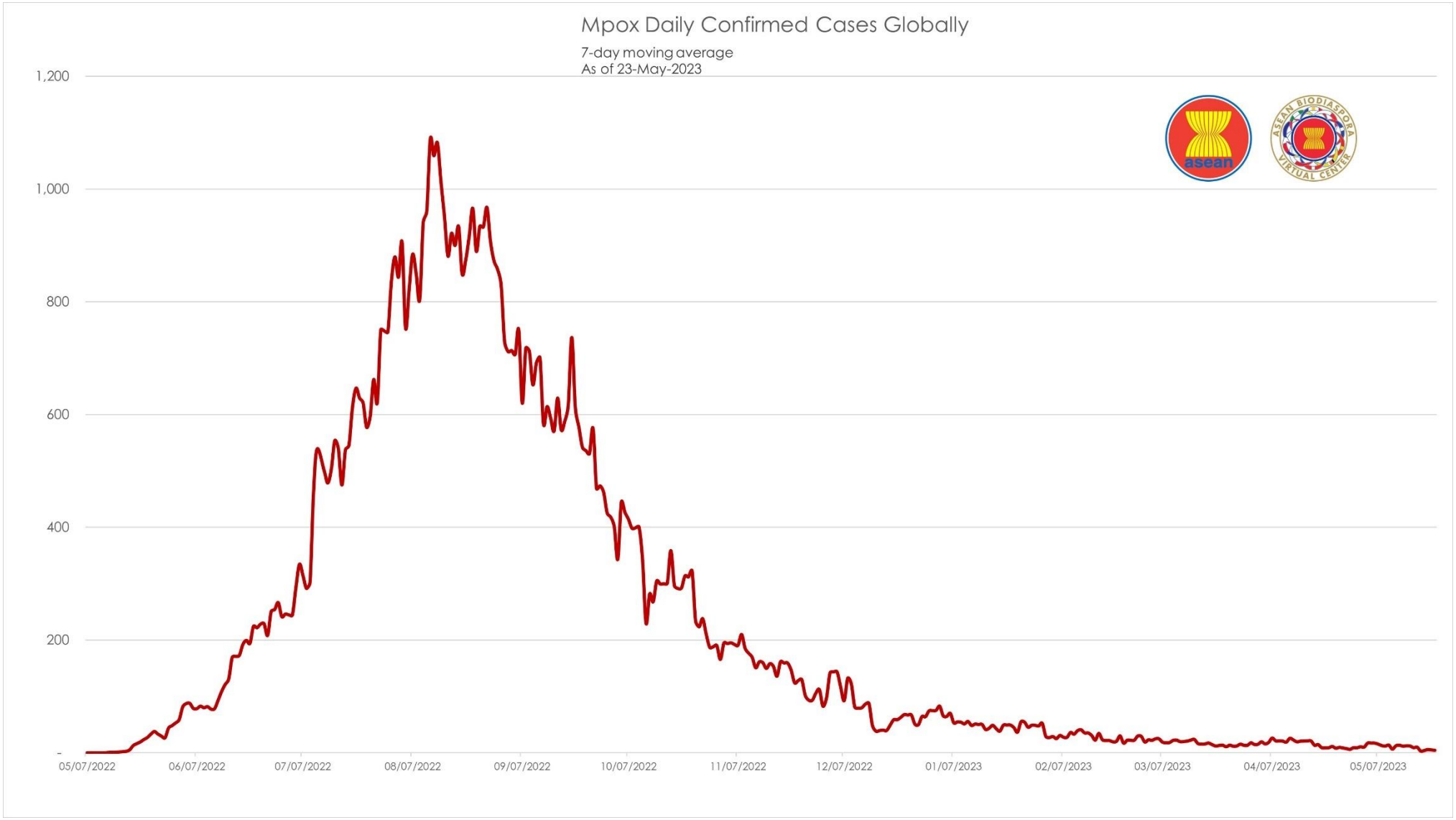
Mpox Daily Trend Globally

as of May 23, 2023



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Mpox: Highlights and Situation Overview

- As of 23 May 2023 (1PM, GMT+7), there were 87,515 confirmed cases worldwide, including **141** deaths. Globally, the Case Fatality Rate (CFR) was **0.16%.**
- **59 confirmed cases** in the ASEAN region, with a CFR of **0%.**
- **87,456 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%
ASEAN Total	**59**	**-**	**-**	**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	135	-	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	41	-	-	0.00%
People's Republic of China*	91	4	-	0.00%
The Republic of Korea	80	5	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	**517**	**9**	**1**	**0.19%**

*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	30,194	40	42	0.14%
Brazil	10,941	21	16	0.15%
Spain	7,551	-	3	0.04%
France	4,146	-	-	0.00%
Colombia	4,090	-	-	0.00%

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Mpox cases per region

REGION	TOTAL CONFIRMED CASES SINCE JANUARY 1, 2022	NEW CASES SINCE THE PREVIOUS REPORT	TOTAL DEATHS	CASE FATALITY RATE
AFRICA	1,626	-	19	1.17%
AMERICAS	59,371	77	114	0.19%
ASEAN	59	-	-	0.00%
ASIA PACIFIC	517	9	1	0.19%
EUROPE	25,617	-	7	0.03%
MIDDLE EAST	325	-	-	0.00%
TOTAL	**87,515**	**86**	**141**	**0.16%**

Research Update (Published and peer-reviewed studies)

- Mpox has disproportionately affected gay, bisexual, and other men who have sex with men (MSM); the percentage of MSM with immunity due to vaccination or infection varies among jurisdictions.[5] CDC simulated dynamic network models representing sexual behavior among MSM and published this report, ***Potential for Recurrent Mpox Outbreaks Among Gay, Bisexual, and Other Men Who Have Sex with Men — United States, 2023***, that estimated the risk for and potential size of recurrent mpox outbreaks at the jurisdiction level for 2023 and evaluated the benefits of vaccination for preparedness against mpox reintroduction.[5] The risk for outbreak recurrence after mpox reintroduction is linearly (inversely) related to the proportion of MSM who have some form of protective immunity: the higher the population prevalence of immunity (from vaccination or natural infection), the lower the likelihood of recurrence in that jurisdiction across all immunity levels modeled.[5] In contrast, the size of a potential recurrent outbreak might have thresholds: very small recurrences are predicted for jurisdictions with mpox immunity of 50%–100%; exponentially increasing sizes of recurrences are predicted for jurisdictions with 25%–50% immunity; and linearly increasing sizes of recurrences are predicted for jurisdictions with < 25% immunity.[5] Among the 50 jurisdictions examined, 15 are predicted to be at minimal risk for recurrence because of their high levels of population immunity.[5] Mathematical modeling suggests that the risk for future outbreaks depends linearly on the level of immunity in the population at risk; cumulative incidence, on the other hand, has multiple thresholds.[5] More than 592,000 MSM live in jurisdictions with risk for mpox recurrences capable of sustained transmission if a cluster of infectious cases were reintroduced.[5] This analysis, which highlights the association between population mpox immunity and the risk for outbreak recurrence, underscores the need for accessible and sustained mpox vaccination services, particularly in communities with low vaccination coverage and among MSM at the highest risk.[5] [Full text]

- Monkeypox (mpox) has disproportionately affected gay, bisexual, and other men who have sex with men (MSM). Information on urbanicity of mpox cases during the 2022 outbreak is limited.[6] During May–December 2022, the overall incidence of mpox in the United States was 13.5 per 100,000 persons aged 15–64 years and peaked in August in both urban and rural areas.[6] This report, ***Urban and Rural Mpox Incidence Among Persons Aged 15–64 Years — United States, May 10–December 31, 2022***, describes urban-rural differences in mpox incidence (cases per 100,000 population) among persons aged 15–64 years, by gender and race and ethnicity.[6] Urbanicity was assessed using the 2013 National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties.[6] Substantial differences in incidence by urbanicity, gender, race, and ethnicity were observed; most (71.0%) cases occurred in persons residing in large central urban areas.[6] Among the cases

in large central urban areas, most (95.7%) were cisgender men.[6] Among cisgender men, the incidence in rural areas was approximately 4%, that in large central urban areas (risk ratio [RR] = 0.04).[6] Among cisgender women, the incidence in rural areas was approximately 11%, that in large central urban areas (RR = 0.11).[6] In both urban and rural areas, incidence among non-Hispanic Black or African American (Black) and Hispanic or Latino (Hispanic) persons was consistently higher than that among non-Hispanic White (White) persons; RRs between Black and White persons were highest in rural areas.[6] Support and maintenance of mpox surveillance and prevention efforts including vaccinations should focus on urban areas with the highest incidence of mpox during the 2022 outbreak; however, surveillance and prevention efforts should include all genders, persons of color, and persons residing in both urban and rural areas who are at increased risk for mpox.[6] [Full text]

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