

COVID-19 and Monkeypox 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 640 million cases and over 6 million deaths attributed to COVID-19.
- **People's Republic of China:** On November 12, China recorded 14,878 new COVID-19 infections, including a record number of new cases each day in Beijing, the nation's capital, as well as in the manufacturing centers of Guangzhou and Zhengzhou. The new occurrences occur at a time when restrictions intended to contain epidemics have affected industrial activities in Guangzhou and Zhengzhou. The National Health Commission (NHC) said on November 13 that the number of daily cases in China increased from 11,950 on November 11. China reported 14,761 new local cases, up from 11,803 the previous day, excluding imported infections. Beijing, the nation's capital, reported a record 235 new cases per day, up from 116 the day before, according to local government data. With over 19 million residents, Guangzhou recorded 3,653 new locally transmitted cases, which is also a record high. From 3,180 cases the day prior, that number increased. Foxconn, an Apple supplier, has a facility in Zhengzhou city in the Henan region. This city reported a record 2,642 new cases each day.

Regional Update

- **Cambodia:** The ASEAN Summit and other meetings hosted by the Kingdom went off without a hitch, and preventive precautions were in place throughout the festivities, according to the Ministry of Health, which also noted that for nearly 10 days in a row, Cambodia had not discovered any new cases of COVID-19.⁹ As an illustration, officials pointed out that unlike at all previous summits, ASEAN leaders did not hold hands during group portraits.⁹ For group photos, the ASEAN leaders instead raised their right hands as a precaution against COVID-19 infection, according to Kung Phoak, secretary of state at the Ministry of Foreign Affairs and International Cooperation and spokesperson for the summit, who made this statement during a press briefing on November 11.⁹ [\[Full Article\]](#)
- **Lao PDR:** The Ministry of Health's Department of Hygiene and Health Promotion is debating how to work together to increase COVID-19 vaccine coverage in northern Laos as part of the CONNECT project (Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust).¹⁰ On June 1-2, in the province of Luang Prabang, deputy governors from Phongsaly, Luang Namtha, Oudomxay, Luang Prabang, and Xayaboury will meet with health officials from significant areas.¹⁰ Participants at the conference also discussed the development of an action plan to boost community involvement in initiatives to increase COVID-19 immunization coverage.¹⁰
- **Malaysia:** In the 45th Epidemiological Week (ME 45/2022) from Nov. 6 to Nov. 12, there were 23,045 new COVID-19 cases in the nation, down 13.4% from the 26,577 cases the week before.¹¹ In a statement released today, Tan Sri Dr. Noor Hisham Abdullah, the director-general of health, noted an increase in mortality of 82.8%, from 29 cases to 53.¹¹ According to him, recovery cases in ME 45 also went up by 38.5% from 20,718 the previous week to 28,704 cases.¹¹ [\[Full Article\]](#)
- **Philippines:** The Omicron subvariant has declined in several regions of the country, and the Department of Health (DOH) has confirmed that COVID-19 instances have continued to diminish.¹² The "worst" of the Omicron subvariant-fueled surge has faded in most areas of the country, according to infectious disease expert Dr. Rontgene Solante, who stated this in a briefing on November 10.¹² However, there is still a chance that



surges will return in 2023.¹² According to their observations, cases have begun to plateau in Mindanao while decreasing in the National Capital Region and Luzon, according to acting health secretary Maria Rosario Vergeire on November 11.¹² The Visayas, however, is seeing an increase in cases despite seeing a decline in recent weeks.¹² Despite the decline in cases, the situation in the country going into 2023 is still unstable because there could still be some increases because the virus that causes COVID-19 will still be around.¹² [\[Full Article\]](#)

- **Thailand:** According to Dr. Tares Krassanairawiwong, director-general of the Disease Control Department, COVID-19 infections in Thailand last week jumped 12.8% when compared to a week earlier, and it is expected that the number of patients needing hospitalization will likely rise in the upcoming 2-4 weeks.¹³ He described the increase in infections as a "small wave," adding that the situation was not unexpected given that COVID-19 was classified as a "communicable illness under surveillance" by Thailand on October 1st, despite the rise in more severe cases.¹³ He stated that more hospitalizations were being reported in Bangkok and the surrounding provinces, as well as in tourist-heavy provinces in the eastern and southern regions, and that more than half of the cases reported between November 6 and November 12 were either not fully or incompletely immunized, making them vulnerable.¹³ [\[Full Article\]](#)

Research Update

- The study **Early Adoption of Anti-SARS-CoV-2 Pharmacotherapies Among US Veterans with Mild to Moderate COVID-19, January and February 2022** described the factors associated with receipt of outpatient COVID-19 pharmacotherapies in the US Veterans Affairs (VA) health care system.¹ In this cohort study of 111,717 outpatient US veterans with clinical risk factors for severe COVID-19 who tested positive for SARS-CoV-2 during January and February 2022, only 4,233 (3.8%) received outpatient pharmacotherapy.¹ The supply of outpatient COVID-19 pharmacotherapies was limited and prescription of these pharmacotherapies was underused.¹ Black veterans and Hispanic veterans were less likely to receive treatment, whereas older veterans with a higher number of underlying conditions were more likely to receive treatment.¹ [\[Full Text\]](#)
- A cross sectional study **Long-lasting Symptoms After an Acute COVID-19 Infection and Factors Associated with Their Resolution** described the temporal dynamics of persistent symptoms after SARS-CoV-2 infection and the factors associated with their resolution.² Of the 56,063 individuals who participated in the first phase of the study and had interpretable serologic test results, 53,047 (94.6%) completed the follow-up questionnaire.² A total of 3972 participants had SARS-CoV-2-positive biological test results.² Overall, 2647 of the participants with a SARS-CoV-2 infection (66.6%) reported at least 1 symptom during the acute phase.² Among infected individuals with symptoms during the acute phase, 861 of 2647 (32.5%) reported at least 1 persistent symptom lasting 2 or more months after the acute phase.² The most frequent persistent symptoms were dyspnea (26.5%), articular pain (26.9%), anosmia or ageusia (27.0%), asthenia (20.6%), attention or concentration disorders (22.3%), memory loss (40.0%), and sleep disorders (36.6%).² The estimated proportion of participants with symptoms during the acute phase who had at least 1 persistent symptom was 18.4% at 6 months, 10.1% at 12 months, and 7.8% after 18 months.² Among individuals with acute symptomatic infection, the estimated proportion of those who had more than 5 symptoms was 33.6% at 1 week after the acute infection and 2.8% at 2 months after the acute infection. Time to resolution of each symptom varied; an estimated 97.5% of patients with asthenia, 94.2% of patients with attention or concentration disorders, and 77.5% of patients with memory loss experienced resolution of symptoms 1 year after the acute symptoms.² [\[Full Text\]](#)



- The study **Plasma Metabolome Alterations Discriminate between COVID-19 and non-COVID-19 Pneumonia** characterized the blood metabolome of patients with severe COVID-19 pneumonia and non-COVID-19 pneumonia.³ Plasma metabolome of 43 cases of COVID-19 pneumonia, 23 cases of non-COVID-19 pneumonia, and 26 controls were compared using a non-targeted approach.³ Metabolic alterations differentiating the three groups were detected. Plasma concentrations of amino acids were specifically altered in the COVID-19 pneumonia group such as aspartic acid, glycine, and serine.³ Glycine activates porphyrin metabolism, which is a key step for disease progression.³ Lactic acid levels were significantly increased in the COVID-19 pneumonia group indicative of a sepsis-induced inflammatory response.³ Significant changes in the levels of the essential amino acids viz. methionine, tyrosine, and isoleucine were observed in the non-COVID-19 pneumonia group; methionine and tyrosine are typical for pathogen metabolism and Isoleucine acts as a transcriptional regulator in bacterial pathogenesis.³ Higher urea levels in non-COVID-19 pneumonia individuals were observed which may be due to dehydration which results in increased reabsorption of urea by the kidney.³ Earlier studies have also reported an association of urea levels with mortality and the severity of non-COVID-19 pneumonia.³ [\[Full Text\]](#)
- The study on **A comparative characterization of SARS-CoV-2-specific T cells induced by mRNA or inactive virus COVID-19 vaccines** by the Duke-NUS Medical School found that inactivated virus vaccines such as Sinopharm and Sinovac, and mRNA vaccines – which include Pfizer-BioNTech's Comirnaty and Moderna's Spikevax – trigger different T-cell responses in fighting the SARS-CoV-2.¹⁴ The research team compared the T-cell immune response in about 500 blood samples from more than 130 people who received inactivated Sars-CoV-2 and spike mRNA vaccines.¹⁴ The mRNA vaccines can induce T-cells targeting SARS-CoV-2's spike protein, which contains numerous mutations in the Omicron variant, however, inactivated vaccines stimulated a broad T-cell response not only against the virus' spike protein but also the membrane and nucleoprotein, which have much fewer mutations in the Omicron variant.¹⁴ Unlike the mRNA vaccines, the inactivated vaccines did not seem to generate cytotoxic CD8 cells – T-cells known for their ability to kill virus-infected cells.¹⁴ Instead, they mainly stimulated a type of T-cell called CD4, or “helper” T-cells. When these helper cells recognize a viral antigen, they release cytokines – chemicals that help activate other types of immune cells.¹⁴ One of the authors said that the broader response provided by inactivated vaccines, in generating T-cell responses toward other viral proteins, could be beneficial.¹⁴ He added that larger studies are needed to clarify the impact of these T-cells' responses to better design vaccines for controlling severe COVID-19.¹⁴ [\[Full Text\]](#)
- In the study **Primary hypertension, anti-hypertensive medications and the risk of severe COVID-19 in UK Biobank**, more than 16,000 infected people in the United Kingdom, hypertension was found to be associated with 22% higher odds of severe COVID-19, though successfully reducing blood pressure through medication was linked with a corresponding risk reduction.¹⁵ The researchers analyzed the health records of 16,134 individuals who tested positive for COVID-19.¹⁵ They reported that hypertension was almost twice as prevalent in severe and fatal cases of COVID-19 than in COVID-19 cases overall.¹⁵ Of the individuals included in the study, 48% of severe or fatal COVID-19 cases had hypertension.¹⁵ The study findings also included that the risk increased for people with uncontrolled blood pressure despite treatment and that the odds of COVID-19 did not change based on the medication given to treat high blood pressure.¹⁵ The authors stated that even though the mortality rate due to COVID-19 has been hugely reduced over the last year due to mutation, vaccination, and effective treatments, this study highlights the importance of hypertension as a risk factor for COVID-19.¹⁵ [\[Full Text\]](#)



COVID-19 Cases and Deaths as of 14 November 2022

- As of 14 November 2022 (2PM, GMT+8), worldwide, there were **640,114,916** confirmed cases, including **6,622,534** deaths. Globally, Case Fatality Rate (CFR) was **1.2%**.
- 35,093,909 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	13-Nov-22	241,044	-	225	-	55,632	450,174	445,661	338,055	99.3
	Cambodia	27 Jan 20	13-Nov-22	137,996	-	3,056	-	837	15,215,773	14,576,435	10,298,823	86.9
	Indonesia	02 Mar 20	13-Nov-22	6,561,504	4,877	159,104	36	2,425	204,349,928	171,068,403	64,814,582	62.1
	Lao PDR	24 Mar 20	13-Nov-22	216,357	2	758	-	3,018	5,888,649	5,222,417		69.4
	Malaysia	25 Jan 20	13-Nov-22	4,948,817	5,116	36,548	22	15,489	28,111,797	27,522,335	16,803,158	81.1
	Myanmar	23 Mar 20	13-Nov-22	632,679	92	19,486	-	1,171	34,777,314	27,545,329	2,227,351	50.8
	Philippines	30 Jan 20	13-Nov-22	4,016,401	1,135	64,382	27	3,715	78,042,080	73,524,190	20,561,136	63.6
	Singapore	23 Jan 20	13-Nov-22	2,135,215	1,940	1,694	1	37,436	5,163,385	5,123,895	4,440,289	90.9
	Thailand	13 Jan 20	13-Nov-22	4,695,207	-	32,995	-	6,744	57,005,497	53,486,086	32,143,431	74.6
	Vietnam	23 Jan 20	13-Nov-22	11,508,689	242	43,166	-	11,931	90,063,216	84,448,184	56,525,745	86.0
ASEAN COUNTRIES				35,093,909	13,404	361,414	86	138,397	519,067,813	462,962,935	208,152,570	

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

COVID-19 cases in Asia-Pacific region

REGION	COUNTRY/ TERRITORY	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
ASIA-PACIFIC REGION	Afghanistan	24-Feb-20	13-Nov-22	204,510	93	7,829	-	538	11,196,779	10,489,783		25.5
	Australia	25-Jan-20	09-Nov-22	10,419,933	-	15,776	-	40,624	22,443,557	21,784,904	14,265,648	83.2
	Bangladesh	08-Mar-20	13-Nov-22	2,036,166	35	29,427	1	1,249	143,323,610	124,336,665	58,282,310	72.6
	Bhutan	05-Mar-20	08-Nov-22	62,430	-	21	-	8,181	699,116	677,669	634,641	86.6
	People's Republic of China*		13-Nov-22	10,293,264	26,883	29,320	0	60,859	1,333,137,426	1,300,083,872	209,250,586	87.8
	Cook Islands	17-Feb-22	14-Sep-22	6,389	-	1	-	29,872	15,084	14,708	10,206	86.4
	DPR Korea	24-Jul-20	11-Nov-22	68,287	-	878	-	7,673	710,767	639,428	168,323	68.8
	Fiji	18-Mar-20	09-Nov-22	76,797	-	649	-	27,498	190,155	185,643	111,840	60.6
	French Polynesia	12-Mar-20	10-Nov-22	58,990	-	406	-	35,261	157,602	143,085		84.9
	Guam	15-Mar-20	13-Nov-22	44,665,154	734	530,531	3	3,269	1,026,949,833	950,431,690	220,515,424	67.1



India	30-Jan-20	19-Oct-22	21,858,528	-	46,014	-	17,312	104,305,273	102,949,044	127,361,231	83.1
Japan	16-Jan-20	25-Jul-22	3,430	-	13	-	2,917	93,685	70,464	14,233	53.7
Kiribati	25-Jan-22	08-Nov-22	185,454	-	309	-	34,929	399,126	385,014	167,059	73.5
Maldives	07-Mar-20	19-Oct-22	15,389	-	17	-	26,176	42,917	34,305		44.1
Marshall Islands	26-Oct-20	31-Oct-22	22,203	-	55	-	19,508	82,148	69,104		67.5
Micronesia	11-Jan-21	10-Nov-22	986,599	-	2,179	-	30,591	2,272,965	2,175,617	1,044,337	64.0
Mongolia	10-Mar-20	13-Nov-22	1,000,806	14	12,019	-	3,498	27,316,278	23,616,893	8,498,167	77.3
Nepal	24-Jan-20	08-Nov-22	74,441	-	314	-	25,866	191,619	184,092	93,873	63.5
New Caledonia	17-Mar-20	07-Nov-22	1,872,459	-	3,144	-	38,081	4,298,557	4,135,113	3,409,421	79.8
New Zealand	28-Feb-20	12-Nov-22	87	-	-	-	4,017	1,650	1,436	1,094	73.6
Niue	03-Sep-21	29-Jul-22	4,772,814	-	74	-	18,596				
Northern Mariana Islands	28-Mar-20	01-Nov-22	13,212	-	41	-	23,091	46,279	43,742		84.4
Pakistan	26-Feb-20	13-Nov-22	1,574,639	42	30,629	-	727	139,573,757	132,138,764	47,555,819	56.0
Palau	31-May-21	08-Nov-22	5,530	-	7	-	30,709	20,673	18,430		85.6
Papua New Guinea	21-Mar-20	09-Nov-22	45,691	-	668	-	521	357,694	297,814	28,516	2.9
Republic of Korea	20-Jan-20	13-Nov-22	26,202,947	23,725	29,693	44	50,674	45,123,817	44,693,997	41,242,915	86.3
Samoa	18-Nov-20	19-Oct-22	15,946	-	29	-	8,090	191,130	177,651	78,912	79.9
Solomon Islands	03-Oct-20	11-Jun-22	21,544	-	153	-	3,216	343,821	254,352	27,783	35.1
Sri Lanka	27-Jan-20	13-Nov-22	671,417	11	16,784	-	3,079	17,143,761	14,752,827	8,220,002	67.6
Timor Leste	21-Mar-20	11-Nov-22	23,312	-	138	-	1,803	860,974	761,329	244,876	56.8
Tonga	05-Nov-21	06-Sep-22	16,182	-	12	-	15,486	90,881	76,800	38,082	71.9
Turkey	10-Mar-20	11-Nov-22	16,975,322	-	101,322	-	20,347	57,936,783	53,171,790	41,366,484	62.3
Vanuatu	11-Nov-20	02-Nov-22	11,952	-	14	-	3,986	144,824	131,697	16,996	40.3
Wallis et Futuna	17-Oct-20	28-Jul-22	761	-	7	-	4,749	7,136	6,794	3,742	58.6
ASIA PACIFIC			144,262,585	51,537	858,473	48	602,989	2,939,669,677	2,788,934,516	782,652,520	

*Includes cases from Hong Kong (SAR), Macau (SAR), and Republic of China (Taiwan).

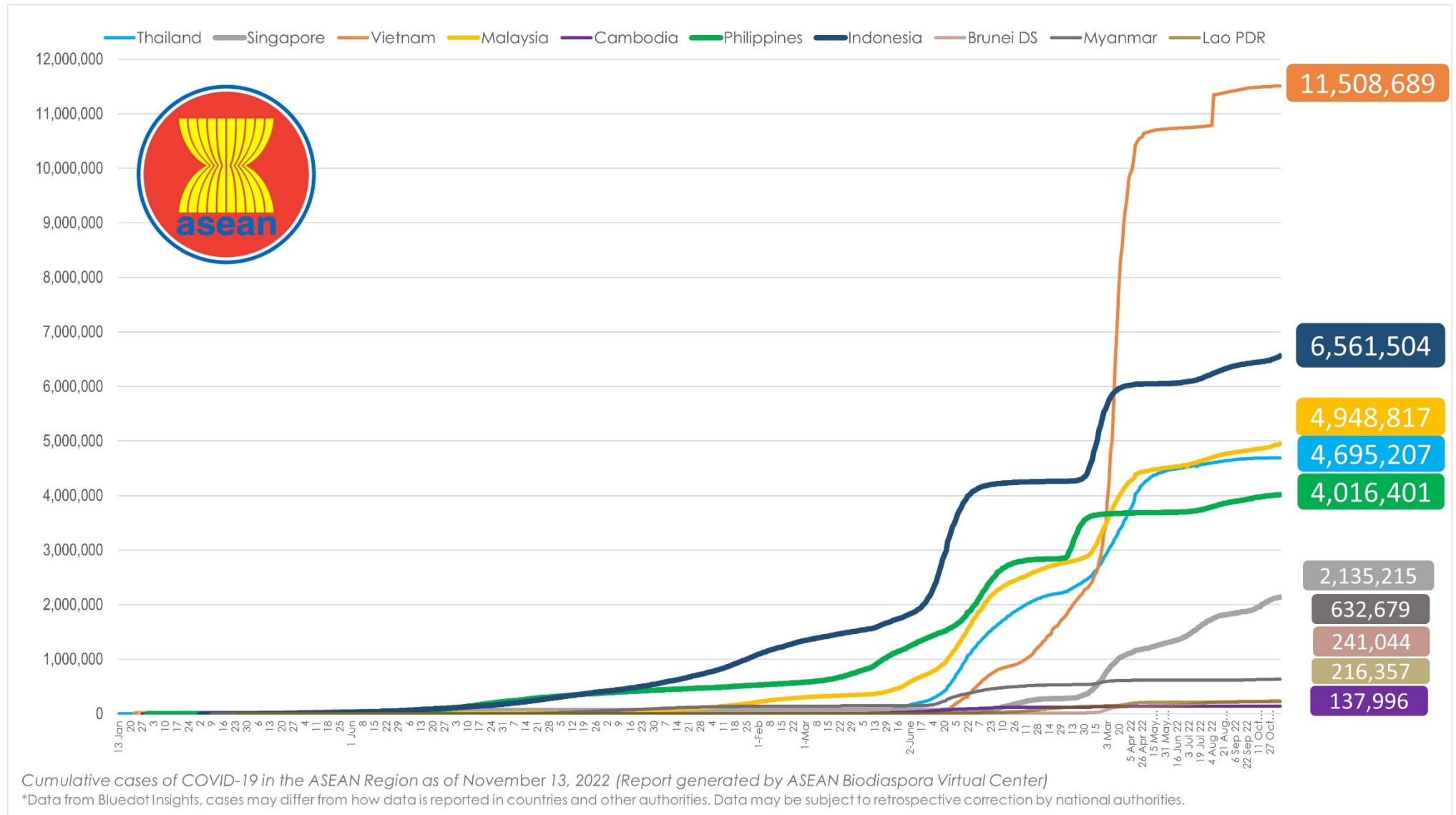
- **460,758,422 confirmed cases** of COVID-19 have been reported in other **4 regions** (other than ASEAN and Asia-Pacific countries):

REGION	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTERED
AFRICA	12,945,342	-	258,921	-	244,586	438,304,805	352,035,153	55,164,595
AMERICAS	183,983,362	8,448	2,897,293	26	1,208,568	828,857,676	727,949,812	489,960,146
EUROPE	241,286,819	12,431	2,007,995	105	2,044,236	567,290,883	539,190,689	369,015,248
MIDDLE EAST	22,542,899	-	238,438	-	213,377	144,257,781	129,622,054	59,475,907
TOTAL	460,758,422	20,879	5,402,647	131	3,710,768	1,978,711,145	1,748,797,708	973,615,896



COVID-19 Epi curve among ASEAN Countries:

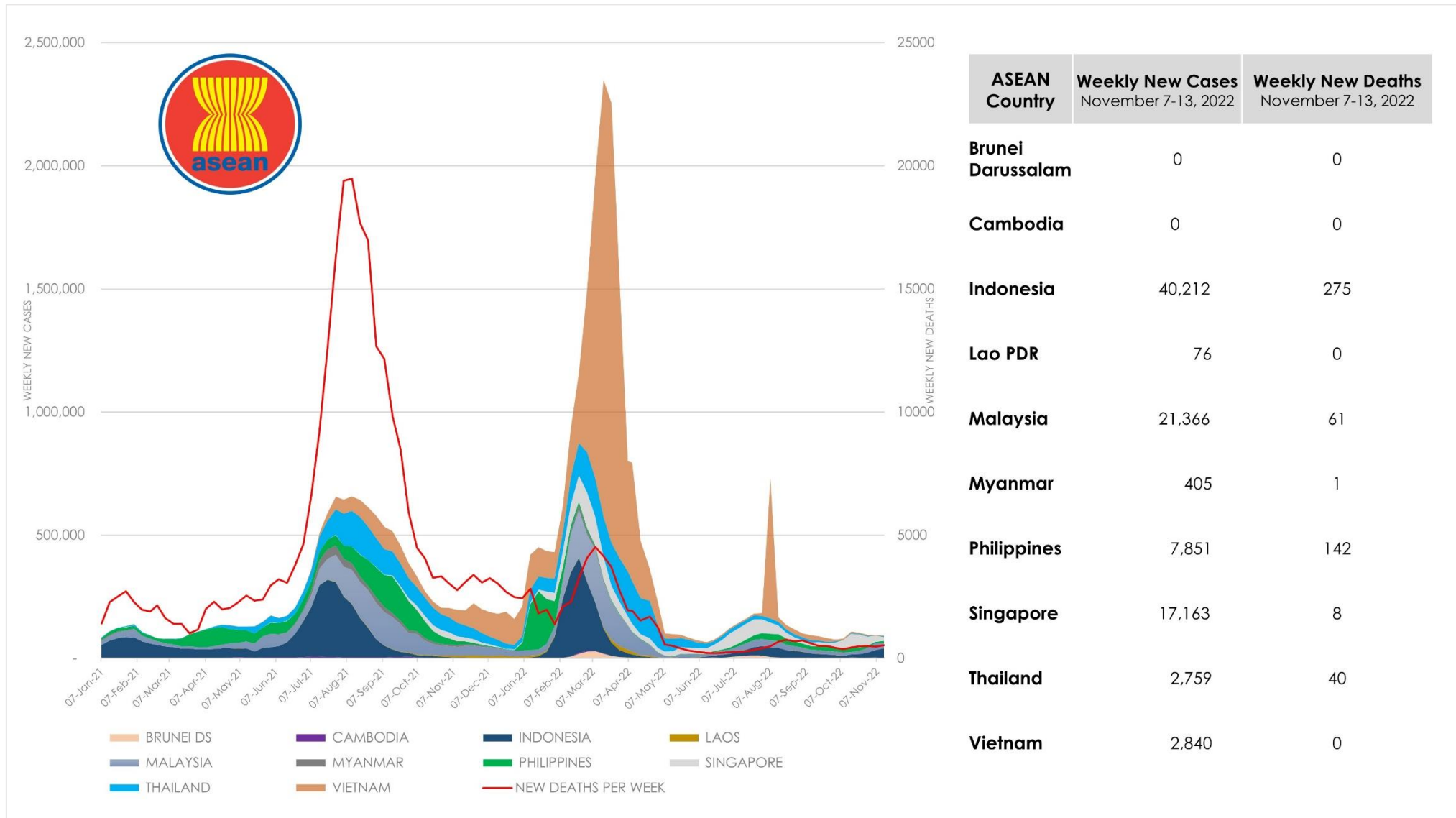
From January 1, 2021 to November 13, 2022





ASEAN Weekly COVID-19 New Cases and New Deaths

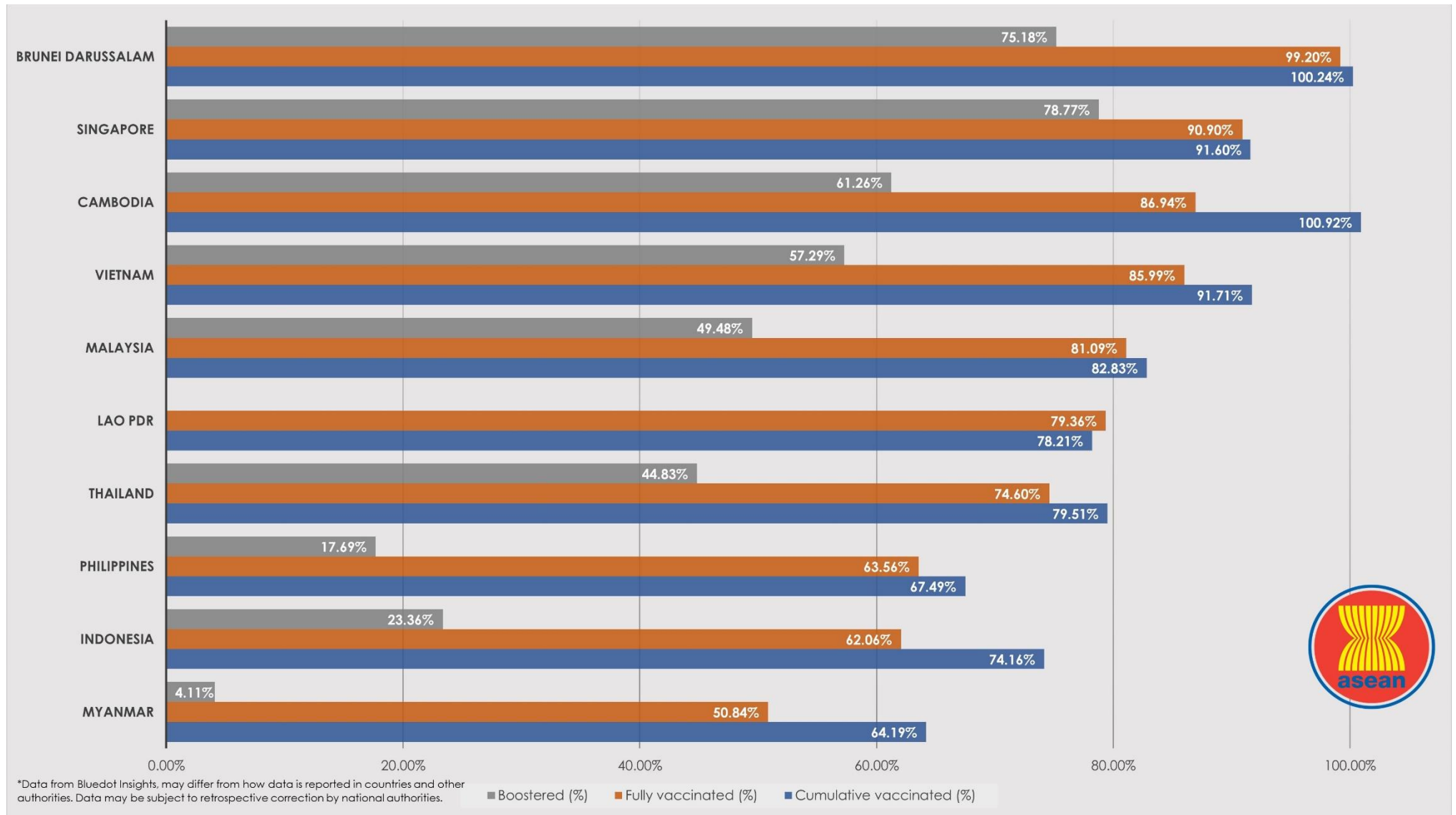
From January 1, 2021 to November 13, 2022





ASEAN COVID-19 Vaccination Status


as of 13 November 2022





ASEAN COVID-19 Outlook Assessment

as of 11 November 2022

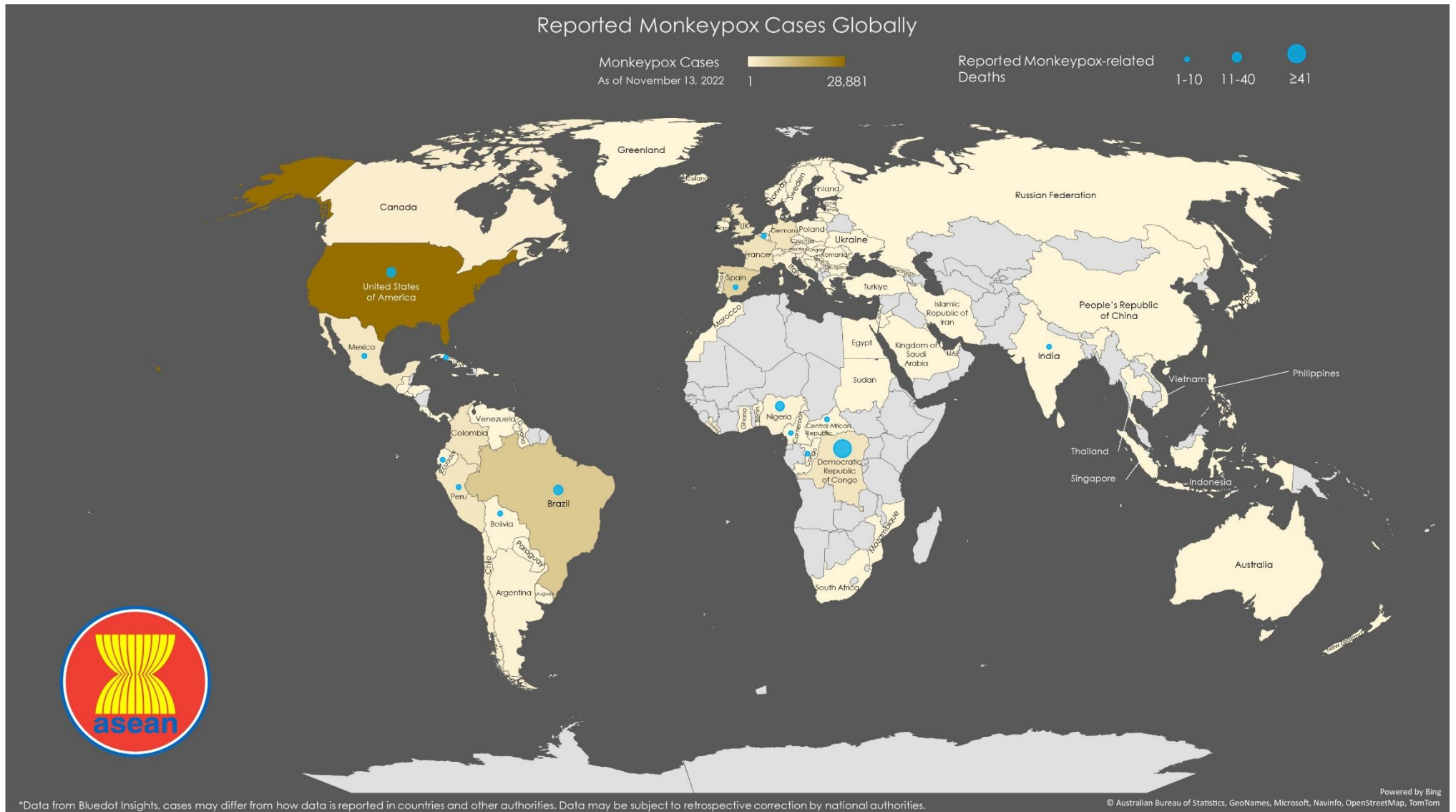
 ASEAN MEMBER STATE	At least 65% of the total population has a level of immunity to COVID-19; either recovered from COVID-19 or have been vaccinated with at least one dose of a COVID-19 vaccine.		Case levels are generally low (a 7-day rolling average number of daily new cases that is <10 cases per 100,000, with each day's past-14-day test positivity is consistently <5%).	Government Policy on containment and health (strictness and comprehensiveness in COVID-19 related government policies)
	% of Total population fully vaccinated / boosted	Population vaccinated/ day (7-day average)	Daily cases/ 100,000	Containment and health index score - Oxford COVID-19 Government Response Tracker (OxCGRT)
Brunei Darussalam	≥90.0/75.3	Unknown	0.00	31.0/100
Cambodia	≥90.0/61.4	Unknown	0.01	31.5/100
Indonesia	65.5/23.5	Unknown	2.12	54.2/100
Lao PDR	77.3/ND	Unknown	0.15	61.6/100
Malaysia	84.5/49.5	0%/day	9.55	51.8/100
Myanmar	52.1/4.1	Unknown	0.11	69.1/100
Philippines	71.2/17.8	Unknown	1..37	55.4/100
Singapore	≥90.0/78.8	0.01%/day	42.98	58.9/100
Thailand	77.7/44.8	0.01%/day	0.56	31.5/100
Vietnam	≥90.0/57.6	Unknown	0.42	43.5/100

All of the countries have achieved the Population vaccinated/ day (7-day average) except Vietnam.



Monkeypox Cases Reported Globally

as of November 13, 2022



*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.

*Monkeypox data is now automatically collected by Bluedot from Our World in Data. Adjustments were made to correct the data.



Monkeypox: Highlights and Situation Overview

- As of 14 November 2022 (2PM, GMT+8), worldwide, there were **83,936** confirmed cases, including **197** deaths. Globally, Case Fatality Rate (CFR) was **0.23%**.
- **40 confirmed cases** in the ASEAN region, with CFR of **0%**.
- **83,818 confirmed cases** of Monkeypox have been reported in other **5 regions** (other than ASEAN region):

Monkeypox cases in ASEAN region

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Indonesia	1	-	-	0.00%
Philippines	4	-	-	0.00%
Singapore	19	-	-	0.00%
Thailand	12	-	-	0.00%
Vietnam	4	-	-	0.00%
ASEAN Total	40	-	-	0.00%

Monkeypox cases in Asia-Pacific region

Country/Territory	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
Australia	141	-	-	0.00%
Hong Kong (SAR)	1	-	-	0.00%
India	20	-	1	5.00%
Japan	7	-	-	0.00%
New Caledonia	1	-	-	0.00%
New Zealand	33	-	-	0.00%
People's Republic of China*	5	-	-	0.00%
Republic of China*	4	-	-	0.00%
Republic of Korea*	3	-	-	0.00%
Sri Lanka	2	-	-	0.00%
Asia-Pacific Total	217	-	1	0.46%

*People's Republic of China – China, Republic of China – Taiwan, Republic of Korea – South Korea

Top 5 countries with most monkeypox cases globally

Country	Total Cases	New Cases	Deaths	Case Fatality Rate (CFR)
United States of America	28,881	84	11	0.04%
Brazil	9,541	-	11	0.12%
Spain	7,336	-	2	0.03%
France	4,097	-	-	0.00%
United Kingdom	3,701	-	-	0.00%



Monkeypox cases per region

REGION	TOTAL CONFIRMED CASES SINCE JANUARY 1, 2022	NEW CASES SINCE THE PREVIOUS REPORT	TOTAL DEATHS	CASE FATALITY RATE
AFRICA	4,796	-	160*	3.34%
AMERICAS	52,788	78**	32	0.06%
ASEAN	40	-	-	0.00%
ASIA PACIFIC	217	-	1	0.46%
EUROPE	25,782	-	4	0.02%
MIDDLE EAST	313	-	-	0.00%
TOTAL	83,936	78**	197	0.23%

*Corrected from previous report

**Some cases were reduced and corrected

Global Update

- WHO Africa:** Dr. Matshidiso Moeti, the WHO regional director for Africa, recently conducted a news conference where he discussed the condition of the monkeypox virus in seven African nations.⁵ According to him, cases of monkeypox have been documented in Cameroon, the Republic of Congo, the Central African Republic, the Democratic Republic of the Congo, Nigeria, Liberia, and Sierra Leone since the start of 2022.⁵ "WHO and allies are working together to identify the scope and origin of the global epidemic right away."⁵ As of now, there are no verified travel connections between reported cases and endemic regions.⁵ According to the information that is currently available, they have primarily, but not exclusively, been found in gay men who have sex with men (MSM) and seek treatment at general medical and sexual health clinics.⁵ [\[Full Article\]](#)
- US CDC:** According to epidemiologic data regarding the US monkeypox outbreak published today in Morbidity and Mortality Weekly Report, 70% of the 26,384 individuals with the virus who had their cases of the illness confirmed between May 17 and October 6 indicated recent male-to-male sexual contact.⁶ According to researchers from the Centers for Disease Control and Prevention (CDC), men account for 95% of cases in the US, and among the 21,211 cases (80%) in people with information on race and ethnicity, 6,879 (32%), 6,628 (31%), and 6,330 (30%) occurred in Black, Hispanic, and White people, respectively.⁶ 70% of those who had information on gender and recent close or sexual contact—among the 59% who did—reported recent male-to-male sexual interaction.⁶ Black men continue to see rising rates of disease dissemination, while Hispanic and Black individuals continue to be disproportionately affected.⁶ "The percentage of cases among Black persons increased 67%, from 21% to 35%, from May 17-July 17 to July 18-October 6, while the percentage of cases among Hispanic persons decreased 6%, from 33% to 31%, and among White persons, the percentage of cases decreased 28%, from 39% to 28%," the authors wrote.⁶ [\[Full Article\]](#)
- Costa Rica:** The WHO states that there is little risk of transmission from person to person, and smallpox vaccinations offer protection.⁷ The Costa Rican Department of Health confirmed the first likely case of monkeypox in the country on November 9 in a stable, confined 21-year-old Norwegian visitor.⁷ The young woman, along with six other people who are currently under quarantine, came in Costa Rica on May 22, according to Joselyn Chacon, minister of health.⁷ They passed through Puntarenas, Limón, San Carlos (north), and San José (Pacific).⁷ Additionally arrested were two Costa Ricans who interacted with the Norwegians.⁷ [\[Full Article\]](#)



- **Mexico:** The patient, who had a chronic immunological deficiency, was moved from the adjacent state of Quintana Roo to a major hospital in this city for better treatment, but he tragically passed suddenly there.⁸ The state agency reported that as of November 13, 108 cases of this virus have been confirmed in Yucatan, all males between the ages of 17 and 53, with 97 cases occurring in the municipality of Merida, 4 cases occurring in Kanasin, 2 cases occurring in Progreso, 1 case occurring in Baca, 3 cases occurring in Uman, and 1 case occurring in Zacatecas.⁸ 14 of the 108 positive cases are still open, and 94 have been successfully treated.⁸ Citizens are urged to maintain the preventative measures put in place by the Federal Government and the SSY, like constant hand washing and healthy distance, in order to help break the chain of transmission of this disease, which is spread through close physical contact with lesions, body secretions, respiratory droplets, as well as contaminated objects and surfaces.⁸ [[Full Article](#)]

Regional Update

- **Vietnam:** Monkeypox has been added to the list of Group B infectious diseases by the Vietnamese Ministry of Health along with other severe, contagious illnesses that might potentially be fatal and spread swiftly.⁴ Vietnam News Agency (VNA) claimed that the choice was based on the Department of Preventive Medicine's recommendation to the minister.⁴ Activities for disease prevention and control are carried out in accordance with the Law on the Prevention and Control of Infectious Diseases and in light of the danger, ease of transmission, and mortality rate of monkeypox.⁴ The global outbreak of monkeypox is still in a difficult state.⁴ Additionally, Vietnam has a number of instances of successful returns from abroad.⁴ [[Full Article](#)]



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