

# COVID-19 and Monkeypox Situational Report in the ASEAN+3 Region

-ASEAN BioDiaspora Virtual Center (ABVC)

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## COVID-19: Highlights and Situation Overview

### Global Update

- **Worldwide**, there have been over 627 million cases and over 6 million deaths attributed to COVID-19.
- World Health Organization: Over 2.8 million new cases were recorded during the week
  of October 3 to October 9, a 10% drop from the previous week's total number of new
  weekly cases worldwide. With roughly 9000 reported fatalities, the number of new
  weekly deaths remained steady (-1%) from the previous week. 618 million confirmed
  cases and 6.5 million fatalities had been recorded globally as of October 9, 2022. [Full
  Report]

## **Regional Update**

- Cambodia: As soon as the coronavirus is effectively contained in Cambodia, Cambodia Post will stop supplying antigen test kits. The Kingdom's decision to remove the necessity for travelers to provide their COVID-19 immunization certificates and to waive predeparture COVID-19 testing also contributed to the decision. Since July 2021, Cambodia Post has offered fast test kits for \$2 apiece, among the lowest prices in town. Public health expert Dr. Mengly Quach claimed that there were other factors at play when Cambodia Post made the decision to discontinue supplying COVID-19 quick test kits. [Full Article]
- Malaysia: As the nation prepares for national elections, a rise in COVID-19 instances in neighboring Singapore brought on by a new COVID-19 subvariant may necessitate that the populace exercise caution and take preventive action, according to health experts.<sup>8</sup> In order to safeguard the weak and prevent an increase in instances, particularly during an anticipated flood, they recommended that standard operating procedure be implemented throughout the elections.<sup>8</sup> The XBB COVID-19 strain, commonly known as BA.2.10, is an Omicron subvariant that was discovered in numerous Asian nations (Bangladesh, India, Japan, Singapore) after being discovered for the first time on August 13.<sup>8</sup> The variety is a mixture of two Omicron variants, BA.2.75, which was previously discovered in Malaysia, and BJ.1, according to virologist Dr. Kumitaa Theva Das.<sup>8</sup> [Full Article]
- **Philippines:** The Department of Health reported on October 13 that the novel Omicron subvariant XBB has not yet been identified in the Philippines. The XBB is a recombinant of the BJ.1 (sublineage of the BA.2.10.1 variant) and BM.1.1.1 (sublineage of the BA.2.75 variant), the agency noted in a message to reporters. A recombinant evolves when two variants combine their genetic material, according to the US Centers for Disease Control and Prevention. The DOH also noted that initial studies indicate that the new variant "has the potential to cause serious illness." [Full Article]
- Japan: Japan updated its advice on clinic visits for COVID patients. The Japanese government announced on October 13 (Thursday) that people between the ages of 12 and 64 with a low risk of developing severe COVID-19 symptoms should refrain from going to so-called fever clinics, as it is preparing for a "twindemic" scenario. The Health Minister said that the government is preparing for the possibility that there will be up to 450,000 people infected with COVID-19 per day and 300,000 infected with the flu based on the figure on the number of cases per 100,000 people in Okinawa Prefecture, where the spread of infection overwhelmed local hospitals this summer, and applied it nationwide and the flu cases during the 2018-2019 season, which saw the largest number of infections reported in the past five years. The plan is for medical resources to



be focused on high-risk people, namely those aged 65 and older, as well as elementary school children aged 12 and younger. Those who are pregnant or have an underlying illness are encouraged to seek medical treatment regardless of age. But if the patient is aged 12 to 64, the government will ask them to take a COVID-19 self-test kit and stay home to recover if they test positive. If patients test positive, they can register with follow-up health centers, while if tested negative, they can be tested for the flu and be treated accordingly.

## **Vaccine Update**

- Indonesia: To lessen Indonesia's reliance on imported vaccinations, the country's president on October 13 administered the first locally produced COVID-19 injection.<sup>6</sup> Indonesia is the fourth most populated country in the world. The primary series vaccinations, booster vaccines, and children's vaccines, which have been in development since November 2021, will be manufactured by the vaccine brand, IndoVac, according to President Joko Widodo.<sup>6</sup> [Full Article]
- **Singapore:** On October 14, the first day that Singaporean residents could get Moderna's improved Spikevax vaccine, local vaccination clinics were once more a hive of activity. The Straits Times visited the Kaki Bukit Joint Testing and Vaccination Centre (JTVC) at 10:15am, when more than 50 individuals, largely elders, were waiting to receive the bivalent vaccine shot. Around 11 am, the center started to get busier, but the line moved quickly, just like it had during prior COVID-19 vaccination drills. [Full Article]
- **Thailand:** On October 12, Thailand's Ministry of Public Health began a program to immunize kids between the ages of 6 months and 1 year old using a slightly diluted dosage of the Pfizer vaccine.<sup>11</sup> About 300,000 parents of kids in this age range have signed up for the first shots thus far.<sup>11</sup> Dr. Opas Karnkawinpong, the Permanent Secretary for Public Health, said that vaccinations given to kids between the ages of 5 and 11 have stopped COVID-19 outbreaks in schools.<sup>11</sup>
- 13 October 2022 (Asharq AL Awsat) Pfizer and its German partner BioNTech said their COVID-19 vaccine booster, adapted for the BA.4 and the BA.5 subvariants of Omicron, generated a strong immune response and was well-tolerated in testing on humans. With the results, which the companies described as consistent with preclinical data, the partners are following up with human trial data that had previously been missing from their successful filings for regulatory approval. In a joint statement on Thursday, the companies said data from roughly 80 adult patients showed the booster dose led to a substantial increase in neutralizing antibody levels against the BA.4/BA.5 variants after one week. They did not disclose the levels of antibodies generated in the preliminary analysis of the study. Omicron-tailored shots made by Pfizer and Moderna Inc have already been given the green light by several countries, including in the United States for adults and, more recently, for children as young as 5 years. Healthcare regulators for the European Union and the United States had already approved the upgraded shot last month, even though trial data from testing on humans had at the time not been available. But they felt sufficiently encouraged from human study results on a similar shot targeting the BA.1 subvariant and on the established vaccine based on the original virus detected in China in late 2019. "While we expect more mature immune response data from the clinical trial of our Omicron BA.4/BA.5-adapted bivalent vaccine in the coming weeks, we are pleased to see encouraging responses just one week after vaccination in younger and older adults," said Pfizer Chief Executive Albert Bourla. While the European Medicines Agency has also cleared shots that address the BA.1 subvariant, the US Food and Drug Administration has focused its response for immunity against the fast-spreading Omicron variant only on BA.4/5-adapted shots. The preliminary data on Thursday also showed that, in the age group of adults older than 55, the new bivalent



shot triggered a better neutralizing antibody response against the Omicron BA.4/5 subvariant than the established shot based on the initial form of the virus.

## Research Update

- The study **Post-acute sequelae of covid-19 six to 12 months after infection: population-based study** published on October 13 in BMJ finds a considerable burden of long-COVID symptoms, especially fatigue and neurocognitive impairment ("brain fog"), at 6 to 12 months among young and middle-aged adults who had mild infections. A team led by Ulm University researchers parsed responses to a mailed survey from 11,710 adults aged 18 to 65 years living in southwestern Germany who tested positive for COVID-19 from October 1, 2020, to April 1, 2021. Respondents reported fatigue (37.2%) and brain fog (31.3%), a symptom cluster that the researchers said contributed most to reduced health recovery and working capacity. Other symptoms contributing to reduced work capacity included chest symptoms (30.2%), impaired taste or smell (23.6%), and anxiety and depression (21.1%). [Full Text]
- The study on Cardiovascular Drua Interactions With Nirmatrelvir/Ritonavir in Patients With **COVID-19** found that common medications for heart disease, including some statins, may have dangerous interactions if patients use Paxlovid to treat viral symptoms arising from a COVID-19 infection.2 The researchers highlighted five of the most important cardiovascular drug interactions with Paxlovid of which to be aware: antiarrhythmic agents; antiplatelet agents and anticoagulants; certain statins; ranolazine, used to treat chronic stable angina, and immunosuppressive agents prescribed for heart transplant patients.<sup>2</sup> The scientists warned in a news release that simvastatin and lovastatin should be halted before taking Paxlovid, since the combination can lead to increased plasma levels and subsequent muscle weakness, called myopathy, and rhabdomyolysis, a condition in which the breakdown of muscle tissue releases a damaging protein into the bloodstream.<sup>2</sup> Researchers added that it would be reasonable to reduce the dose of atorvastatin and rosuvastatin when they are administered with Paxlovid and that the other statins are considered safe when given alongside the antiviral drug.<sup>2</sup> Researchers also recommend to temporarily discontinue ranolazine if Paxlovid is prescribed, and considering alternative COVID-19 therapies for heart transplant recipients because temporarily reducing the dosing of immunosuppressive drugs would require intensive monitoring.<sup>2</sup> [Full Text]
- The study on Estimated Global Proportions of Individuals With Persistent Fatigue, Cognitive, and Respiratory Symptom Clusters Following Symptomatic COVID-19 in 2020 and 2021 shows that by combining information from 54 studies and two medical record databases with information on 1.2 million people (from 22 countries) who had symptomatic SARS-CoV-2 infection, researchers were able to estimate the percentage of males and females with COVID-19, younger or older than 20 years of age, who had Long COVID symptoms in 2020 and 2021. They also evaluated the severity of their symptoms and the anticipated duration of their Long COVID symptoms.<sup>3</sup> [Full Text]
- In the study Adverse Childhood Experiences During the COVID-19 Pandemic and Associations with Poor Mental Health and Suicidal Behaviors Among High School Students Adolescent Behaviors and Experiences Survey, United States, January–June 2021, adolescents who reported four or more adverse childhood experiences (ACEs) during the COVID-19 pandemic were four and 25 times more likely than those without ACEs to have poor present mental health and to have attempted suicide in the previous year. Higher prevalence of poor mental health and suicidal behaviors were linked to exposure to certain ACE categories, such as emotional abuse. [Full Text]
- In the study Misrepresentation and Nonadherence Regarding COVID-19 Public Health Measures nearly half of the participants in this nationwide survey research of 1,733 US



individuals experienced misrepresentation and/or nonadherence to COVID-19 public health measures.<sup>5</sup> The most frequent justifications included a need for a sense of normalcy in life and a desire for individual independence.<sup>5</sup> These results imply that misrepresentation and non-adherence to COVID-19 public health measures pose a significant threat to public health.<sup>5</sup> [Full Text]

## Travel Advisories (new update/s)

ASEAN+3 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/ documents
Brunei	September 15, 2022	Yes	No	No	No	No	Minimum coverage: BN\$20,000	No
Cambodia	October 6, 2022	Yes	No	No	No	No	No	No
Indonesia	September 14, 2022	Yes	Yes – fully vaccinated* certificate for 18 years old and above.	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 RT-PCR test upon arrival	No	No	Traveler is required to download and register at PeduliLindungi app before departure.
Laos	August 9, 2022	Yes	Yes – fully vaccinated* certificate for 12 years old and above.	No	Yes-Negative rapid antigen test within 48 hours before departure for 12 years old and above.	No	No	No
Malaysia	August 2, 2022	Yes	No	No	No	No	No	No
Myanmar	October 14, 2022	Yes	Yes – fully vaccinated* certificate for 12 years old and above.	Yes – printed negative COVID-19 antigen test result for 12 years old and above taken within 48 hours before arrival.	Foreign travelers who are not fully vaccinated are not allowed to enter or transit Myanmar.	No	Required to obtain <u>Myanmar</u> <u>Insurance</u>	No
Philippines	October 12, 2022	Yes	Yes – fully vaccinated* with booster dose certificate for 12 years old and above.	No	Yes – Negative RT-PCR test within 48 hours before departure or negative rapid antigen test within 24 hours before departure for 3 years old and above.	No	No	Traveler is required to download and register at One Health Pass app before departure for those without visa.

Singapore	September 27, 2022	Yes	Yes – fully vaccinated* certificate vaccination status on the HealthHub app or IraceTogether app or acceptance letter issued by the Safe Iravel Office (STO) or SGAC acknowledgment email.	No	Yes – Negative COVID-19 test within 48 hours before departure for travelers born on or before December 31, 2009.	No	No	Traveler is required to download and register at SG Arrival Card app before departure.
Thailand	October 1, 2022	Yes	No	No	No	No	No	No
Vietnam	May 16, 2022	Yes	No	No	No	No	No	No
China	August 31, 2022	No	-	-	-	-	-	-
Hong Kong	October 12, 2022	Yes	Yes – fully vaccinated* certificate for 18 years old and above. Passengers between 12 and 17 years old with COVID-19 vaccination certificate with at least one dose of Pfizer at least 14 days before arrival. Passengers younger than 12 years accompanied by a fully vaccinated	Yes – Negative rapid antigen test or RT-PCR test within 24 hours before departure and uploaded at https://www.chp.gov.hk/hdf/ Subject to COVID-19 test upon arrival.	Foreign travelers who are not fully vaccinated are not allowed to enter or transit Hong Kong.	Travelers are subject to medical screening for 3 days.	No	No

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Масао	October 13, 2022	Yes	No	Yes – Negative RT-PCR test within 48 hours before departure.  Subject to COVID-19 test upon arrival.	Yes – Negative RT-PCR test within 48 hours before departure.  Subject to COVID-19 test upon arrival.	Travelers must have a hotel reservation quarantine for 7 days.	No	No
Japan	October 10, 2022	Yes	Yes – fully vaccinated with booster dose* certificate for 18 years old and above.	No	Yes – Negative RT-PCR test within 72 hours before departure for 6 or 7 years old and above, depending on the school starting age in the country where they reside.	No	No	Traveler is required to download and register at MySOS app before departure.
South Korea	October 12, 2022	Yes	No	No	No	No	No	Passengers must present a completed Q-code form upon arrival.
Taiwan	October 13, 2022	Yes	No	No	No	Travelers are subject to medical screening for 7 days.	No	No

- Reference: IATA Travel Centre
- \*Fully vaccinated at least 14 days from 2<sup>nd</sup> dose for two-dose vaccine or 14 days from a single dose vaccine upon arrival.

## Cases and Deaths as of 14 October 2022

- As of 14 October 2022 (2PM, GMT+8), worldwide, there were **627,914,631** confirmed cases, including **6,573,129** deaths. Globally, Case Fatality Rate (CFR) was **1.1%**.
- 89,892,387 confirmed cases of COVID-19 have been reported in the ASEAN +3 countries including 34,636,451 cases in the ASEAN region and 55,255,936 cases in the PLUS THREE countries.
- The Case Fatality Rate in the **ASEAN +3** region is range between **0.1 to 3.1%**.
- There have been no tests reported in the last 14 days in the **ASEAN** Region.

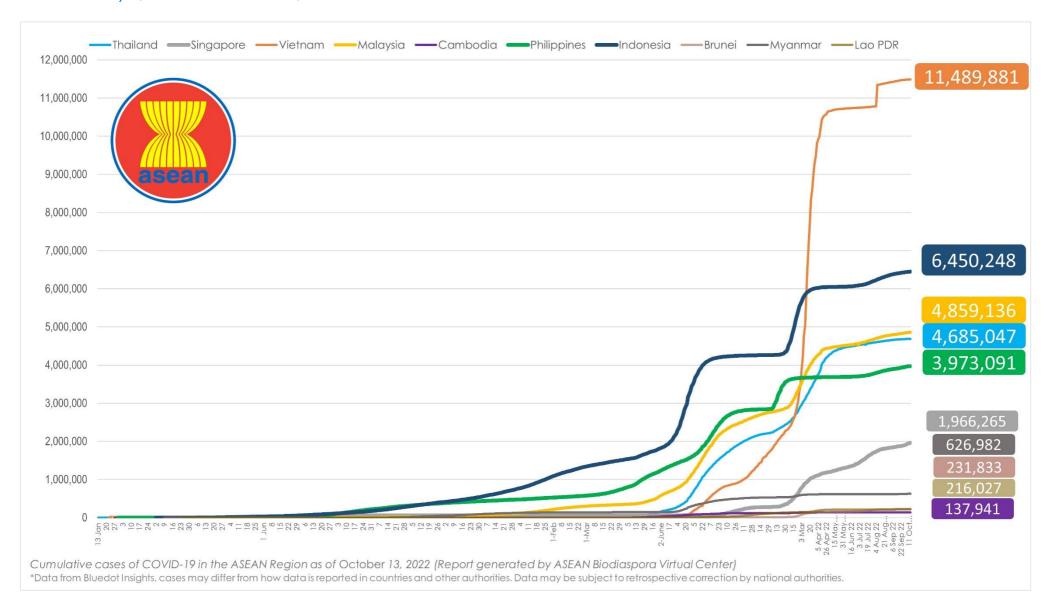
REGION	COUNTRY	FIRST CONFIRMED CASE(S)	LATEST REPORT ON CONFIRMED CASE(S)	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTERED	FULLY VACCINATED/ 100
ASEAN	Brunei	10 Mar 20	12-Oct-22	231,833	-	225	-	53,506	449,769	444,757	335,738	99.9
REGION	Cambodia	27 Jan 20	12-Oct-22	137,941	-	3,056	-	837	15,191,537	14,543,659	10,164,757	87.7
	Indonesia	02 Mar 20	12-Oct-22	6,450,248	-	158,249	-	2,383	204,187,550	170,774,653	63,398,160	62.4
	Lao PDR	24 Mar 20	12-Oct-22	216,027	-	758	-	3,013	5,888,649	5,222,417		70.3
	Malaysia	25 Jan 20	12-Oct-22	4,859,136	-	36,407	-	15,209	28,105,028	27,513,332	16,752,837	82.0
	Myanmar	23 Mar 20	12-Oct-22	626,982	-	19,467	-	1,160	34,777,314	27,545,329	2,227,351	51.2
	Philippines	30 Jan 20	12-Oct-22	3,973,091	-	63,363	-	3,675	77,569,580	72,976,259	19,110,988	64.1
	Singapore	23 Jan 20	12-Oct-22	1,966,265	-	1,634	1	34,474	5,161,644	5,121,063	4,418,394	93.9
	Thailand	13 Jan 20	12-Oct-22	4,685,047	-	32,829	-	6,729	57,005,497	53,486,086	32,143,431	74.7
	Vietnam	23 Jan 20	12-Oct-22	11,489,881	-	43,155	-	11,911	89,975,153	84,234,230	69,805,302	86.4
		AS	SEAN COUNTRIES	34,636,451	-	359,143	-	132,897	518,311,721	461,861,785	218,356,958	
ASEAN	South Korea	20-Jan-20	12-Oct-22	25,025,749	-	28,723	-	48,397	45,115,681	44,682,740	41,094,108	86.2
PLUS	Japan	16-Jan-20	12-Oct-22	21,161,401	-	44,576	-	16,760	104,241,457	102,883,746	119,125,202	82.6
THREE	China	31-Dec-19	12-Oct-22	9,068,786	-	27,135	-	54,170	1,332,020,054	1,299,125,835	833,504,554	87.9
		PLUS T	HREE COUNTRIES	55,255,936	-	100,434	-	119,327	1,481,377,192	1,446,692,321	993,723,864	
			ASEAN +3	89,892,387	-	459,577		252,224	1,999,688,913	1,908,554,106	1,212,080,822	

• 538,022,244 confirmed cases of COVID-19 have been reported in 5 continents (other than ASEAN +3 countries):

CONTINENT	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTERED
AFRICA	12,913,790	661	258,641	1	241,567	408,639,101	324,909,541	52,200,551
AMERICAS	181,998,580	12,833	2,880,060	158	1,184,925	825,101,281	723,345,465	477,758,628
ASIA PACIFIC	85,507,264	2,792	750,764	10	474,741	1,445,337,659	1,337,388,096	393,167,602
EUROPE	235,131,354	181,930	1,985,941	471	2,010,859	566,209,405	537,461,306	358,194,369
MIDDLE EAST	22,471,256	4,128	238,146	14	211,927	144,036,840	129,388,330	59,384,539
TOTAL	538,022,244	202,344	6,113,552	654	4,124,019	3,389,324,286	3,052,492,738	1,340,705,689

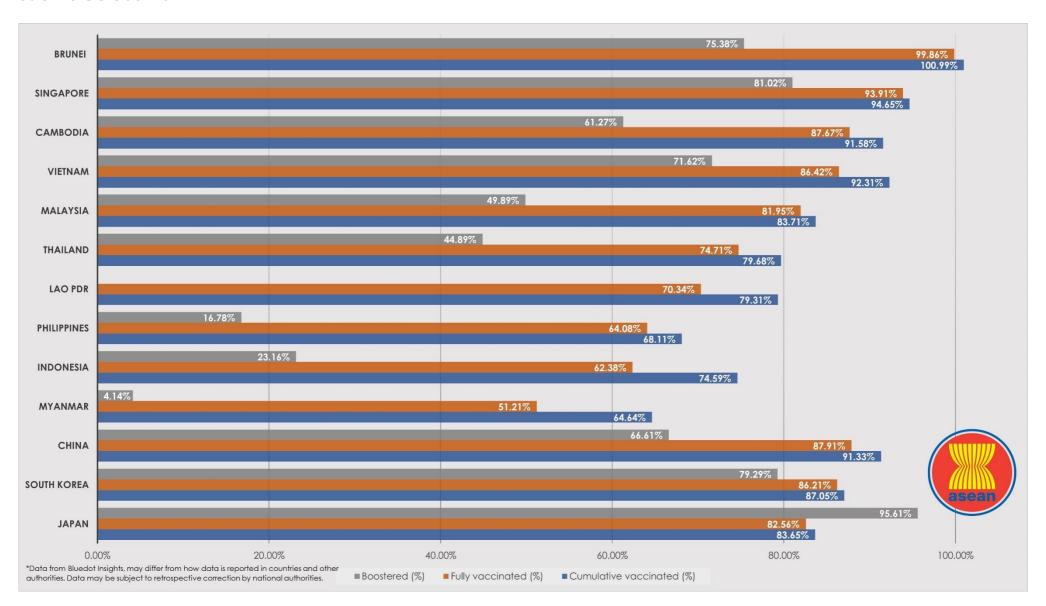
# **COVID-19 Epi curve among ASEAN Countries:**

From January 1, 2021 to October 13, 2022



## **COVID-19 Vaccination Status**

as of 13 October 2022



# **COVID-19 Outlook Assessment**

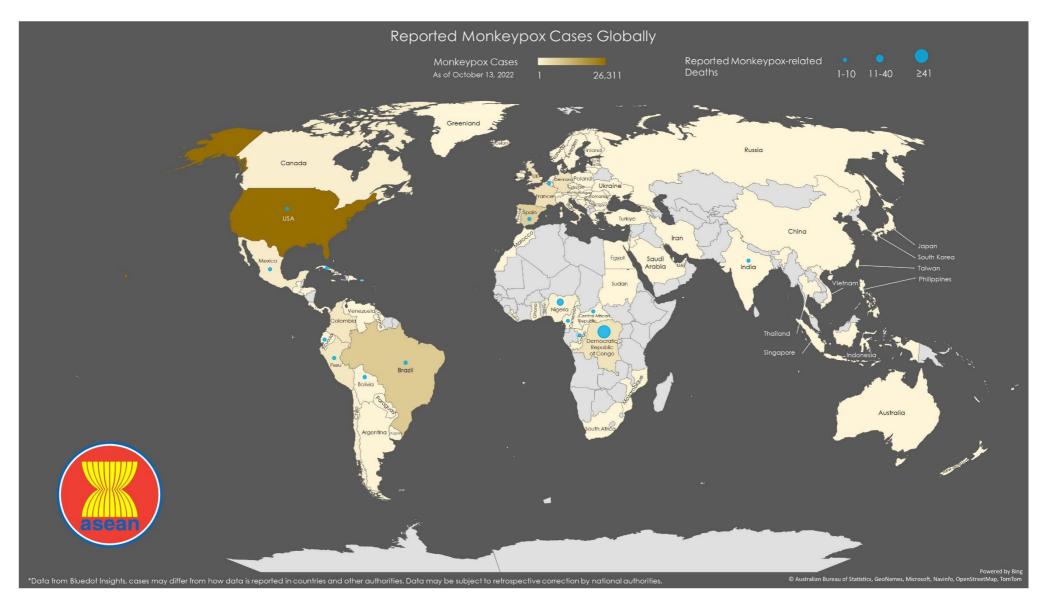
as of 11 October 2022

ASEAN MEMBER	At least 65% of the to level of immunity to recovered from COV vaccinated with at COVID-19	o COVID-19; either /ID-19 or have been least one dose of a	Case levels are general average number of <10 cases per 100,000 14-day test positivit	Government Policy on containment and health (strictness and comprehensiveness in COVID-19 related government policies)	
STATE	% of Total population fully vaccinated / boostered	Population vaccinated/ day (7-day average)	Daily cases/ 100,000	Test positivity last 14 days	Containment and health index score -Oxford COVID-19 Government Response Tracker (OxCGRT)
Brunei	≥90.0/75.4	Unknown	62.94	Unknown	31.0/100
Cambodia	≥90.0/61.3	Unknown	0.04	Unknown	31.5/100
Indonesia	65.4/23.2	Unknown	0.55	Unknown	54.2/100
Lao PDR	77.3/ND	Unknown	0.20	Unknown	61.6/100
Malaysia	84.4/49.9	0%/day	4.88	Unknown	51.8/100
Myanmar	52.1/4.1	Unknown	0.71	Unknown	69.1/100
Philippines	70.6/16.8	Unknown	1.89	Unknown	55.4/100
Singapore	≥90.0/81.0	0%/day	102.50	Unknown	58.9/100
Thailand	77.7/44.9	0.01%/day	0.59	Unknown	31.5/100
Vietnam	≥90.0/71.6	Unknown	0.94	Unknown	43.5/100
Japan	81.3/≥95.4 0%/day		0.00	Unknown	42.9/100
South Korea	86.5/79.3	0%/day	40.62	Unknown	38.1/100
China	≥90.0/56.6	Unknown	0.028	Unknown	84.5/100

All of the countries have achieved the estimated high-risk population fully vaccinated of ≥90.0% except China with 35.3%. All of the countries have achieved the Population vaccinated/ day (7-day average) except Vietnam.

# **Monkeypox Cases Reported Globally**

as of October 13, 2022



## Monkeypox: Highlights and Situation Overview

- As of 14 October 2022 (2PM, GMT+8), worldwide, there were **75,700** confirmed cases, including **179** deaths. Globally, Case Fatality Rate (CFR) was **0.24%**.
- **54 confirmed cases** of Monkeypox have been reported in the **ASEAN+3** region composed of **35 cases** in the ASEAN region and **19 cases** in the PLUS THREE countries, with CFR of **0%**.
- **75,645 confirmed cases** of Monkeypox have been reported in other **5 regions** (other than ASEAN +3 countries):

## Monkeypox cases in ASEAN+3 region

Region	Country	Total Cases	New Cases	Deaths	Case Fatality Rate
ASEAN	Singapore	19	-	-	0.00%
ASEAN	Thailand	10	-	-	0.00%
Plus Three	Japan	6	-	-	0.00%
Plus Three	China	5	-	-	0.00%
ASEAN	Philippines	4	=	-	0.00%
Plus Three	Taiwan	4	-	-	0.00%
Plus Three	South Korea	3	-	-	0.00%
ASEAN	Indonesia	1	-	-	0.00%
ASEAN	Vietnam	1	-	-	0.00%
Plus Three	Hong Kong (SAR)	1	-	-	0.00%
ASEAN+3 Total		54	-	-	0.00%

### Top 5 countries with most monkeypox cases globally

Region	Country	Total Cases	New Cases	Deaths	Case Fatality Rate
Americas	USA	26,311	0	2	0.01%
Americas	Brazil	8,340	481	4	0.05%
Europe	Spain	7,209	0	3	0.04%
Europe	France	4,043	44	-	0.00%
Europe	United Kingdom	3,654	0	-	0.00%

#### Monkeypox cases per region other than ASEAN+3

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REGION	TOTAL CONFIRMED CASES SINCE JANUARY 1, 2022	NEW CASES SINCE THE PREVIOUS REPORT	TOTAL DEATHS	CASE FATALITY RATE
AFRICA	4,795	14	160	3.34%
AMERICAS	45,687	1,432	13	0.03%
ASIA PACIFIC	177	11	1	0.56%
EUROPE	24,685	112	5	0.02%
MIDDLE EAST	301	3	-	0.00%
TOTAL	75,645	1,572	179	0.24%

#### Global Update

- WHO: The World Health Organization said on October 12 that the number of monkeypox infections worldwide has now surpassed 70,000, but cautioned that people should not let their guard down despite a decline in new cases. <sup>13</sup> As it emphasized that a global pause in new infections might be the "most hazardous" period in the outbreak, the United Nations health agency said this week that case counts were increasing in certain countries in the Americas. <sup>13</sup> More than 70,000 cases and 26 fatalities have been recorded to the UN health agency this year, according to WHO Director-General Tedros Adhanom Ghebreyesus. <sup>13</sup> Tedros said that the WHO was assisting nations in boosting their testing capability and keeping an eye on trends. <sup>13</sup> [Full Article]
- **USA:** Since symptoms can take up to three weeks to manifest after infection, the most recent total is probably going to rise a little bit, although the rate of new cases has reduced but not halted. If In recent weeks, new notifications have been slowly added to the official record one at a time, bringing the epidemic total as of Wednesday to 431. If it is a speed at which the U.S. Monkeypox activity nationally is much, far less vigorous now than it was only a few months ago, but the Centers for Disease Control and Prevention recently stated that it believes will be there for a long time, indicating in a technical paper that "low-level transmission might persist indefinitely. If Records from the CDC show that on August 1st, the country's seven-day moving average of new cases reached 583, but by October 12th, it had decreased to only 63. Locally, the number of cases peaked the week of August 8 at 57, then dropped to the teens by late September, and finally to 4 last week. If However, following an initial surge in demand when outbreaks started in the spring, vaccination progress has been sluggish. If Out of an estimated 1.7 million males judged to be at the highest risk of infection, the CDC reports that around 615,000 Americans have gotten at least one dose of the JYNNEOS vaccine. If [Full Article]
- Cameroon: Health officials in Cameroon report that a monkeypox epidemic has been detected in the town of Mbonge, but armed separatists are preventing personnel from looking into any cases. 15 According to representatives of the Cameroonian government, health personnel have been sent to the Kumba and Mbonge districts to warn hundreds of citizens who are believed to have monkeypox illnesses to immediately isolate themselves and avoid contact with other people and animals, including pets. 15 Civilians are receiving education after a probable monkeypox infection was identified in Kumba, according to Emmanuel Lenya Nefenda, the highest senior Cameroonian public health official in Kumba. 15 According to him, the epidemic of monkeypox in Bole Bakundu, a community in Mbonge, was confirmed by Cameroonian public health officials after the case was reported. 15 [Full Article]
- **UKHSA:** People who are sick can shed the monkeypox virus into the environment, especially in skin shed particles and in waste from monkeypox skin sores and scabs. 16 The virus is reasonably resilient and, given the right circumstances, can remain contagious on surfaces for weeks, posing a risk of transmission to other people. 16 The UK Health Security Agency (UKHSA) advises that patients with monkeypox who have severe illness necessitating hospital admission be treated in isolation rooms, with infection prevention and control (IPC) measures that aim to contain potentially contagious virus within the room and protect staff who enter. 16 To yet, it hasn't been obvious if these precautions are enough given the hazards of viral exposure. 16 In the isolation rooms, the patients' viral DNA was discovered on several surfaces (56 (93%) of 60 samples tested positive by PCR for viral DNA).16 DNA from the monkeypox virus was also discovered in the anterooms where healthcare personnel who were caring for these patients removed their personal protective equipment (PPE).<sup>16</sup> DNA from the monkeypox virus was also found in five of the twenty air samples collected within these isolation rooms. 16 Changing the sheets was a task that was significantly linked to the air sample results from the room containing monkeypox virus DNA.<sup>16</sup> This implies that when bed sheets are changed, virus particles, likely in shed skin particles, can get suspended in the air. 16 Two of the four PCR-positive samples chosen for



viral isolation contained monkeypox virus, which was able to replicate in cells under laboratory conditions (a sign that the virus may infect other individuals). <sup>16</sup> This includes any air samples taken when changing the bed linens. <sup>16</sup> [Full Article]

### **Regional Update**

• **Vietnam:** After three weeks of therapy, the first monkeypox patient in Vietnam has been released from a hospital in HCMC.<sup>12</sup> The unidentified woman, who received care at the Ho Chi Minh City Hospital for Tropical Diseases, is now well and her skin injuries have healed.<sup>12</sup> Her close associates have not displayed any infection symptoms.<sup>12</sup> The 35-year-old lady began exhibiting symptoms on September 18 while traveling in Dubai, including exhaustion, chills, muscular pains, headaches, coughing, and rashes on various body regions.<sup>12</sup> She returned on September 22 and was diagnosed with monkeypox in Ho Chi Minh City.<sup>12</sup> She had a form of monkeypox that has been circulating across the world since this year's beginning, according to viral genome sequencing.<sup>12</sup> [Full Article]

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