

COVID-19 and Other Infectious Diseases Situational Report in the ASEAN+3 Region

ASEAN BioDiaspora Virtual Center (ABVC)

as of May 25, 2022



Canada



COVID-19: Highlights and Situation Overview

Global Update

- Worldwide, there have been over 523 million cases and over 6 million deaths attributed to COVID-19.
- According to Bluedot's notable update, On May 12, 2022, the European Centre of Disease Prevention and Control (ECDC) reclassified Omicron sub-lineages BA.4 and BA.5 from variants of interest to variants of concern. This decision was made primarily due to early studies which point to large differences in the antigenic properties of BA.4 and BA.5 when compared to BA.1 and BA.2 and the strong increasing trend in variant proportions occurring in multiple countries. Both BA.4 and BA.5 were first detected in South Africa in early 2022. According to GISAID, as of May 16, there have been approximately 2,089 positive sequences detected worldwide in at least 24 countries. Of note, samples submitted to GISAID are a selective sample of the total number of cases, as such the sequences detected above do not represent the true prevalence of the sub-lineages in the population. The numbers reported on May 16, however, represent a 161% increase from the positive sequences GISAID reported approximately two weeks ago on May 4. This suggests a globally increasing prevalence of the BA.4 and BA.5 sub-lineages. It is believed that the growth advantage of BA.4 and BA.5 is primarily a result of their ability to evade immune protection provided by prior infection and/or vaccination. In a non-peer reviewed study, researchers showed that within the South African population, for individuals who received a booster vaccine, median BA.4 and BA.5 neutralizing antibody titers were 3.3-fold lower than median BA.1 neutralizing antibody titers. Among individuals who were fully vaccinated (two doses) and had a prior BA.1 or BA.2 infection, median BA.4 and BA.5 neutralizing antibody titers were 2.9-fold lower than median BA.1 neutralizing antibody titers. Having lower neutralizing antibody titers indicates that BA.4 and BA.5 have a greater ability to evade neutralization by the immune system in vaccinated individuals with and without a history of previous infection. In another study which has not been peer-reviewed, researchers highlight the key role of the L452R mutation, which is present in sub-lineages BA.4, BA.5, and the Delta variant. This study specifically showed that when using the sera of mRNA-vaccinated and boosted healthcare workers and patients with a prior BA.1 infection, the BA.4, BA.5, and BA.2.12.1 sub-lineages were more resistant to neutralization when compared with the BA.1 and BA.2 sub-lineages. However, when investigating the sera of Delta wave patients, BA.4, BA.5, and BA.2.12.1 sub-lineages were effectively neutralized. This emphasizes the importance of booster vaccinations and the fact that prior infection with BA.1 does not appear to induce strong immunity against infection with the BA.4 and BA.5 sub-lineages.
- North Korea said on May 24 there were no new deaths among fever patients in the country, the first time since it flagged a COVID-19 outbreak nearly two weeks ago, adding that it was seeing a "stable" downward trend in pandemic-related cases. The COVID-19 wave, which North Korea first declared on May 12, has fueled concerns over a lack of vaccines, inadequate medical infrastructure and a potential food crisis in the country of 25 million. But the North said it was reporting "successes" in stemming the spread of the virus, and that there was no new fever death reported as of Monday evening despite adding 134,510 new patients. It marked a third consecutive day the daily figure stayed below 200,000 and the first time for the North to report no new deaths since announcing the number of daily fever patients, according to the official KCNA news agency. Apparently deprived of testing supplies, North Korea has not confirmed the total number of people testing positive for the coronavirus, instead, reporting the number with fever symptoms. The total number of such cases, tallied since late April, rose to 2.95 million, while the death toll stood at 68, according to KCNA. "In a few days after the maximum emergency epidemic prevention system was activated, the nation-wide morbidity and mortality rates have drastically decreased and

the number of recovered persons increased, resulting in effectively curbing and controlling the spread of the pandemic disease and maintaining the clearly stable situation," KCNA said.

Regional Update

- The Brunei government on Tuesday said its Early Endemic Phase will end on May 31, and the guidelines for COVID-19 control measures will be updated beginning in June. As part of Brunei's National COVID-19 Recovery Framework, the country moved to the Early Endemic Phase in December last year, when local infections gradually dropped after the country imposed the strictest social distancing measures, including work from home and a curfew. According to Brunei's COVID-19 Steering Committee, some existing COVID-19 guidelines will be updated beginning June 1, when there will be no limitation on the capacity of mass gatherings at home or in halls, said Xinhua. All sporting activities including competitions or matches are allowed without limitation on the number of spectators. Food preparation for any event including buffet meals at any premises will be allowed. There will be no age restriction on all congregations at mosques to perform religious activities, and face masks should be worn in public buildings, as well as in crowded places outdoors. This move was made considering the stable COVID-19 situation, high vaccination rates, and low bed occupancy rates at isolation centers in the country, the committee said.
- As Cambodia marches relentlessly towards 'COVID Zero', no new cases were recorded for the 17th day running. Official daily new COVID case total (diagnosed by PCR test) on May 24 was 0, bringing the COVID case total to 136,262 cases. Cambodia also announced 0 new deaths, bringing the total to 3,056 direct deaths from COVID-19 in Cambodia. The Kingdom recorded 0 new community and 0 new imported cases of the new variant. Cambodia has now recorded 15,821 cases of Omicron – 1362 imported and 14420 community cases. There are now 0 (see note above) active COVID cases (diagnosed by PCR test) in The Kingdom. This unprecedented run of 17 zero cases days – the first no case days since the start of the 'February 20th incident' in 2021 – means that Cambodia is now inching closer to a state of 'COVID Zero', placing the country in the top ranks of countries that have recovered from the pandemic. The Prime Minister has previously stressed that Cambodia will fall into the COVID-19 trap if the right measures are not taken and the people do not participate. The Prime Minister has also reiterated the importance of vaccination, stressing that it will help ensure the sustainability of the recovery process, thus boosting the economic growth, improving people's living standard and alleviating poverty. With that in mind, the fifth dose of COVID-19 vaccine as an added booster dose will begin to be administered from June, Prime Minister Hun Sen said in a voice message late on Friday night.
- Indonesia: Epidemiologist and biostatistics expert from Airlangga University's (UNAIR) Public Health Faculty, Windhu Purnomo, stated that Indonesians' immune system is relatively high, proven by a seroprevalence survey conducted by the government in tandem with a number of universities. The survey was held from November to December 2021 in a bid to see the percentage of the population who had immunity against the coronavirus that caused COVID-19. "The result shows that almost 86.6 percent of the Indonesian population already obtained immunity due to vaccination and infection," said Windhu as quoted from UNAIR's official website on Tuesday, May 24, 2022. In March 2022, he said, another seroprevalence survey was carried out specifically in Java Island. The result showed that as many as 99.2 percent of the population had developed immunity. Those results obviously explained why the epidemiological conditions in Indonesia are very good and that used by the government as the basis to relax the mask mandate outdoors. "But, is it [enforced] at the right moment? In my opinion, the trend of case surge can be cleared to see four weeks after Lebaran (Eid al-Fitr) or

long holidays," he argued. Windhu, therefore said the government should have waited four weeks to observe whether there will be a spike in positive cases. However, he predicted that the COVID-19 condition will continue to improve and no significant spike in infections will occur.

- Philippines: The Department of Health (DOH) on Tuesday said new coronavirus subvariant cases in the country has yet to result in "sustained, large case increases or hospital admissions." The Philippines had experienced rising infections not just this month but as early as when it started opening its borders, Dr. Alethea de Guzman, officer-in-charge of the agency's Epidemiology Bureau, told a news briefing. "Since we started reopening our borders, we've monitored a gradual increase in cases," she said in Filipino. Dr. De Guzman said it's hard to say whether the recent uptick in cases had been caused by the BA.4 or other emerging coronavirus disease 2019 (COVID-19) variants. The DOH posted 17 Omicron subvariant BA.2.12.1 cases last week, while the first case of the Omicron subvariant BA.4, which authorities see as a "variant of concern," was reported at the weekend. There were 1,214 new infections and six new deaths from May 16 to 22, it said on Monday. The Philippines had fully vaccinated nearly 69 million people as of May 23, while 13.8 million booster shots have been injected.
- Thailand: Mandatory mask-wearing will be limited to people with underlying illnesses, the elderly and pregnant women. The easing of pandemic restrictions will come into effect in mid-June, according to the permanent secretary for public health. The compulsory wearing of face masks will still apply to people in poorly ventilated places and crowded areas, Dr. Kiattiphum Wongrajit said in Surat Thani province on May 24. The Covid-19 situation was improving faster than expected and the disease would become endemic in the country as planned, Dr. Kiattiphum said, referring to the Public Health Ministry's plan to declare COVID-19 an endemic disease on July 1. Local health officials will offer advice to people on how to safely live with COVID-19, he said. The government made wearing a face mask in public mandatory early last year and also set a fine for violations, to help limit the spread of COVID-19, he added. A recent survey found people had become more lenient with mask-wearing. Thailand registered 36 more COVID-19 fatalities and 4,144 new cases during the previous 24 hours, the Centre for COVID-19 Situation Administration (CCSA) announced on May 24.
- South Korea will issue a call this week at the World Economic Forum for COVID-19 vaccines and other medical help for North Korea, even if that means exemptions from U.N. sanctions imposed over its nuclear program, a senior official said on May 24. Secretive North Korea went for more than two years insisting it had no COVID but it confirmed its first outbreak nearly two weeks ago. It has since reported some 2.95 million people showing fever symptoms - it has limited testing capacity for COVID - and 68 deaths, and has imposed a sweeping lockdown and other anti-virus measures. "Sending vaccines is a priority as the vaccination rate is believed to be near zero in the North," Na Kyung-won, a special envoy of the South Korean president, told Reuters shortly before leaving for the forum in Davos, Switzerland, where she will lead South Korea's delegation. Na said she would discuss help for North Korea with Peter Maurer, president of the International Committee of the Red Cross (ICRC), and Seth Berkley, chief executive of Gavi, the global vaccine alliance that operates a vaccine-sharing program, as well as other political and economic leaders.
- China: Tougher and more thorough coronavirus measures have been pledged for China's capital Beijing after a monthlong stalemate in its push to reach "dynamic zero". The city reported 48 new local infections on Tuesday, including seven people who are yet to show symptoms. A day earlier, the city recorded a new peak in infections for the month with 99 infections, including asymptomatic cases. Vice-Premier Sun Chunlan, who has overseen responses to serious outbreaks in China in the past two years, started to supervise Beijing's epidemic control work on Monday and urged the Beijing government to realize zero Covid outside the controlled area with more thorough and tougher measures. On May 23, the entire Youyi neighborhood in Haidian district - more than 1,800 residents - were sent to

Zhangjiakou in Hebei province for at least seven days of isolation after 19 infections were found in the area. Sun deployed the same measure of sending residents to a neighbouring province when she supervised Shanghai during its ongoing COVID-19 crisis. The Haidian district government said its residents would stay at hotels that had hosted international sports events. Some elderly people and students who were expected to sit college or high school entrance exams were allowed to stay home. Beijing has upgraded its community-level prevention measures to have 24-hour checkpoints in each residential area, neighborhood and hutong. People need to have their temperature checked, show negative test results and scan their health code to enter these areas. Workers in all districts in downtown Beijing, except the Dongcheng and Xicheng districts where most central and city government agencies are located, have been ordered to work from home. More than 100 subway stations are closed and Fangshan, Shunyi, Fengtai districts and some parts of the Chaoyang district have been put under an "electronic barrier" off-limits to taxis and Uber-like services. In some districts, such as Haidian and Fengtai, all shops and shopping malls are closed except for essential services such as supermarkets.

Vaccine Update

- Malaysia: A total of 1,131,326 or 31.9% of children aged five to 11 in the country have been fully vaccinated under the COVID-19 National Immunisation Programme for Children (PICKids) as of Tuesday (May 24). According to the CovidNow website, a total of 1,683,567 children or 47.5% of the group have received at least one dose of vaccine. The deadline for children to get their first dose of COVID-19 vaccine under PICKids is May 31. For adolescents aged 12 to 17 years, a total of 2,910,553 or 93.5% are fully vaccinated while 3,007,101 or 96.6% of the same group have received at least one dose of vaccine. Meanwhile, a total of 16,084,603 or 68.4% of adults have received a booster dose while 22,973,173 or 97.6% have completed two doses and 23,249,459 or 98.8% had received at least one dose of COVID-19 vaccine. As for daily doses, a total of 9,883 doses of COVID-19 vaccine were administered yesterday involving 3,809 first doses, 3,945 second doses and 2,129 booster doses, bringing cumulative total vaccine dose administration through the National Covid-19 Immunisation Program (PICK) to 70,826,089. Meanwhile, the Health Ministry's Github portal reported two deaths due to COVID-19 in the country yesterday, namely in Johor.

Travel Advisories (new update/s)

- Singapore tourism numbers have been climbing since it re-opened its borders to foreign visitors earlier this year with Indians making the largest number of visitors by country of origin. The island city-state now accepts all fully vaccinated travellers from around the world without any need for testing or quarantine. Looking around the tourist areas, one can see signs of tourists returning and various businesses gearing up for more visitors from abroad. Popular tourist services like open top tour buses and trishaws (three-wheeler bicycles with a seat by the side) have suddenly made an appearance in Suntec City and Rochor Road respectively. A sight last seen pre-COVID. Indeed, April saw tourist arrivals more than double from March's figure of 121,200 to 294,200. This is based on numbers published by the Singapore Tourism Board. However, this is still a far cry from the 1.638 million average monthly visitors Singapore received in the last pre-COVID year in 2019. Over 300,000 of these came from China, Singapore largest tourism source pre-pandemic, which is still largely closed to travel. Until recently, there was a restriction on the number of migrant workers allowed to leave their dormitories for recreation. This was due to fears of an uncontrolled outbreak within the small quarters the workers live in. During the early phase of the pandemic, Singapore had a

vast outbreak within the worker dormitories which dominated the COVID cases on the island for a period and led to criticism that the government acted too slowly. However, this and other restrictions were lifted as the island city grew in confidence in its ability to cope with the coronavirus as more than 90 percent of its residents are now fully vaccinated and 75 percent have received a booster. COVID cases are now hovering between 2,000 and 3,000 after spiking to almost 20,000 in February. Hospitalizations rates are low - well below 100 cases for a population of around 5.6 million.

Cases and Deaths as of 25 May 2022

- As of 25 May 2022 (2PM, GMT+8), worldwide, there were **529,813,676** confirmed cases, including **6,312,282** deaths. Globally, Case Fatality Rate (CFR) was **1.2**.
- 61,289,234 confirmed cases** of COVID-19 have been reported in the **ASEAN +3** countries including **31,743,645 cases** in the ASEAN region and **29,545,589 cases** in the PLUS THREE countries, with CFR of **0.7**.

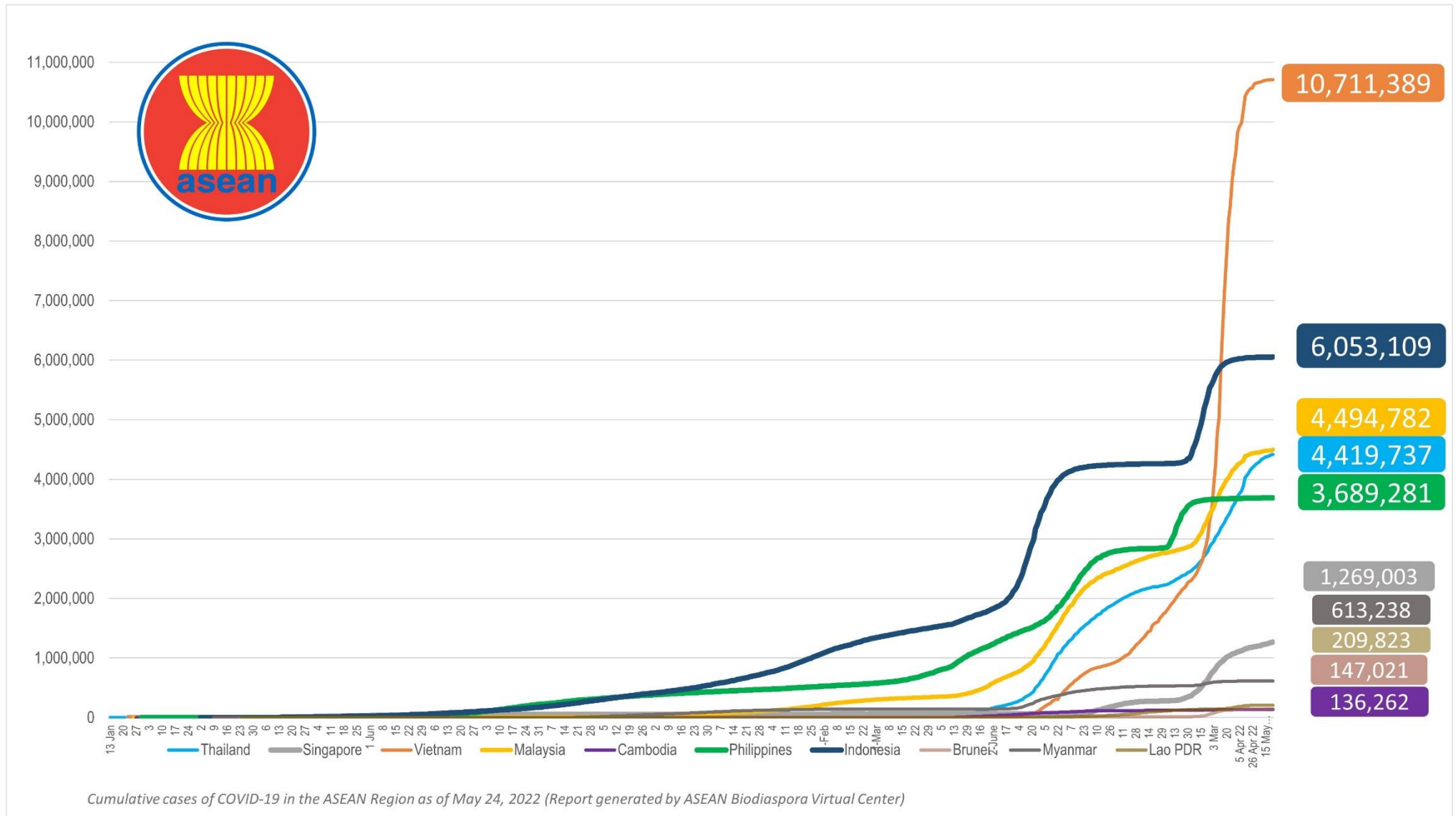
REGION	COUNTRY	FIRST CONFIRMED CASE(S)	LATEST REPORT ON CONFIRMED CASE(S)	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CASE FATALITY RATE	CUMULATIVE CASES/ 100,000	NUMBER OF TESTS LAST 14 DAYS/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTERED	FULLY VACCINATED / 100
ASEAN REGION	Brunei	10 Mar 20	24-May-22	147,021	246	222	-	0.2%	33,932		432,057	409,091	282,887	92.7
	Cambodia	27 Jan 20	24-May-22	136,262	-	3,056	-	2.2%	827	66	14,958,188	14,217,963	8,604,242	83.9
	Indonesia	02 Mar 20	24-May-22	6,053,109	345	156,548	14	2.6%	2,237	-	199,917,330	166,911,457	37,458,813	60.4
	Lao PDR	24 Mar 20	24-May-22	209,823	79	754	-	0.4%	2,927	25	5,795,828	5,008,225		67.9
	Malaysia	25 Jan 20	24-May-22	4,494,782	1,918	35,647	2	0.8%	14,068	1,435	27,935,333	27,009,117	16,082,337	82.4
	Myanmar	23 Mar 20	24-May-22	613,238	11	19,434	-	3.2%	1,135	181	30,994,375	24,329,862	1,665,569	44.4
	Philippines	30 Jan 20	24-May-22	3,689,281	149	60,455	-	1.6%	3,412	-	70,173,137	68,912,256	13,770,466	62.1
	Singapore	23 Jan 20	24-May-22	1,269,003	2,751	1,377	2	0.1%	22,249		5,014,460	4,985,869	4,055,577	91.4
	Thailand	13 Jan 20	24-May-22	4,419,737	4,144	29,814	36	0.7%	6,348	-	56,396,618	52,138,434	27,367,023	74.5
	Vietnam	23 Jan 20	24-May-22	10,711,389	1,323	43,076	-	0.4%	11,104	8	83,821,858	78,738,898	56,559,097	80.2
ASEAN COUNTRIES				31,743,645	10,966	350,383	54	1.1%			495,439,184	442,661,172	165,846,011	
ASEAN PLUS THREE	South Korea	20-Jan-20	24-May-22	17,993,985	26,313	24,006	19	0.1%	34,798	2,885	45,049,534	44,570,419	37,121,682	86.9
	Japan	16-Jan-20	24-May-22	8,648,179	32,382	30,200	43	0.3%	6,849	1,175	103,493,020	101,958,798	73,311,443	80.9
	China	31-Dec-19	24-May-22	2,903,425	82,785	16,072	43	0.6%	22,574	4,994	1,316,422,610	1,280,640,675	790,497,097	84.1
	PLUS THREE COUNTRIES				29,545,589	141,480	70,278	105	0.2%			1,464,965,164	1,427,169,892	900,930,222
ASEAN +3				61,289,234	152,446	420,661	159	0.7%			1,960,404,348	1,869,831,064	1,066,776,233	

- 468,524,442 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	CASE FATALITY RATE	CUMULATIVE CASES/ 100,000	NUMBER OF TESTS LAST 14 DAYS/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTERED
AFRICA	12,334,932	4,794	255,645	54	1.0	231,642	15,547	307,352,333	234,764,539	23,804,738
AMERICAS	158,692,930	37,592	2,773,098	162	0.8	1,002,840	54,782	800,359,544	705,963,272	376,934,250
ASIA PACIFIC	75,699,372	187,219	734,120	120	0.2	347,111	32,781	1,409,478,554	1,245,681,021	120,419,286
EUROPE	200,949,859	159,718	1,895,562	671	0.6	1,763,100	79,527	557,989,659	529,985,279	314,604,700
MIDDLE EAST	20,847,349	5,117	233,196	13	0.3	190,270	47,743	141,333,398	126,716,761	55,134,672
TOTAL	468,524,442	394,440	5,891,621	1,020	1.3%			3,216,513,488	2,843,110,872	890,897,646

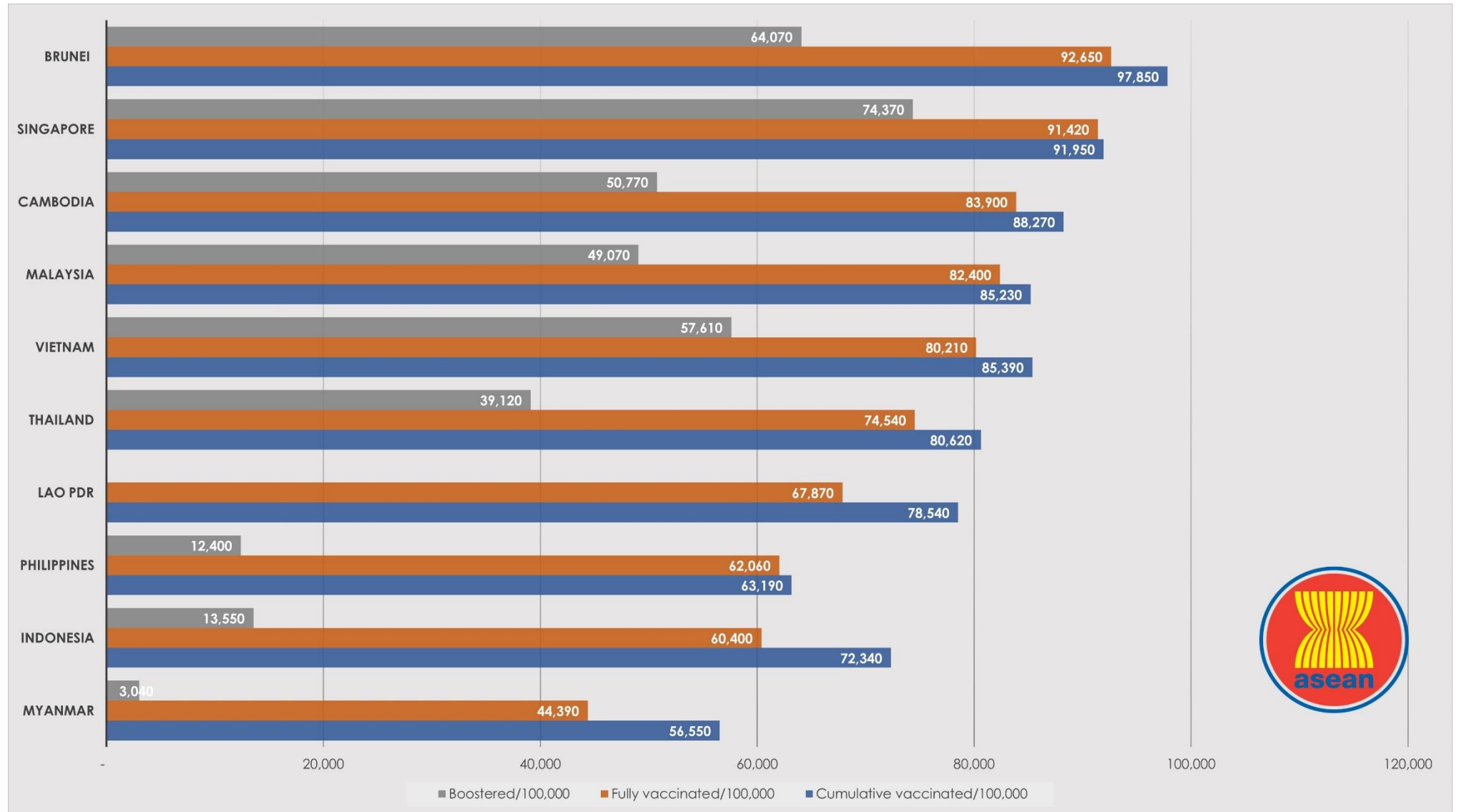
COVID-19 Epi curve among ASEAN Countries:

From January 1, 2021 to May 24, 2022




COVID-19 Vaccination Status

as of 24 May 2022



COVID-19 Outlook Assessment

as of 22 May 2022

 ASEAN MEMBER STATE	REQUIREMENT							
	At least 80% of the high-risk population has been vaccinated with at least one dose of a COVID-19 vaccine.		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 High risk population fully vaccinated	Population vaccinated/day (7-day average)	% of Total population fully vaccinated / boosted	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)	Change over the past 30 days
Brunei	≥90.0	Unknown	≥90.0/64.1	Unknown	59.97	Unknown	65.5/100	0.0
Cambodia	≥90.0	0%/day	≥90.0/50.7	Unknown	0.00	0.7	31.3/100	0.0
Indonesia	≥90.0	0%/day	63.9/13.6	0.04%/day	0.10	Unknown	57.7/100	+4.8
Lao PDR	≥90.0	0%/day	74.1/ND	0.45%/day	0.61	46.3	62.9/100	0.0
Malaysia	≥90.0	0%/day	82.9/49.1	0.03%/day	5.83	4.5	64.0/100	+6.0
Myanmar	≥90.0	0%/day	46.0/3.0	Unknown	0.02	0.1	65.5/100	+2.4
Philippines	≥90.0	0%/day	66.7/12.4	Unknown	0.15	Unknown	62.8/100	0.0
Singapore	≥90.0	0%/day	88.4/74.4	0.05%/day	67.0	Unknown	58.9/100	-11.9
Thailand	≥90.0	0%/day	75.7/39.0	0.07%/day	7.50	Unknown	56.3/100	+8.3
Vietnam	89.0	Unknown	84.9/56.4	0.01%/day	1.76	100	43.5/100	-12.5

Infectious Diseases Other than COVID-19 in ASEAN+3

May 18 to 24, 2022

Regional Updates

Vietnam

- HFMD: Vietnam's southern Ho Chi Minh City has seen numbers of cases of hand, foot and mouth disease and dengue fever in children increasing sharply, with six deaths of dengue having been recorded, the municipal Center for Disease Control (HCDC) reported on Friday. During the first four months of 2022, the city recorded 1,599 hand-foot-mouth disease cases, with 96 percent being children aged one to five years old. The number of hand-foot-mouth cases has increased alarmingly in most districts, including District 8, Binh Tan, Tan Phu, and Binh Chanh, and Thu Duc City. Notably, from May 6 to May 12 only, 628 patients were recorded, nearly three times higher than the average of the previous four weeks. Numbers of cases increased both in hospital treatment and outpatient examination across the city, the HCDC reported. To actively prevent the disease, it is necessary for both children and their caregivers to wash hands frequently with soap several times a day.
- Dengue: From January 1 to May 19, officials in Vietnam have reported 8,248 cases of dengue fever in Ho Chi Minh City, an increase of 33.3% over the same period last year, according to a Sai Gon Giai Phong (SGGP) report Friday. Deputy Executive Director of the city Center for Disease Control Nguyen Hong Tam said that dengue fever in the southern metropolis prompts red alerts. The number of severe cases reached 175 cases, an increase of 500% over the same period. The number of deaths was 6 people, up 300%. Nationally, Vietnam has reported a total of 25,694 cases of dengue, including 13 deaths.

Myanmar

- Cases of dengue continue to be reported in Myanmar in 2022. Dengue is endemic in Myanmar with peak transmission during July and August. Most cases this year have been reported in the southern regions situated near the Gulf of Martaban, including Yangon district, Ayeyarwady district, and Mon state. Media reports are raising concerns over barriers to treatment, such as a lack of medical supplies, healthcare professionals, and difficulties with transportation/access to displaced populations in surrounding regions.

Malaysia

- HFMD: The number of hand-foot-and-mouth-disease (HFMD) cases in the country had increased at a worrying rate of 20 fold with 47,209 cases reported as of May 21 this year compared to only 2,237 cases in the corresponding period last year. Health director-general Tan Sri Dr Noor Hisham Abdullah said 15,548 cases were recorded nationwide in the 20th epidemiology week ending May 21, which is an increase of 106.6 per cent from only 7,526 cases recorded in the previous week. Dr Noor Hisham also reminded the public, especially parents with small children, not to take their children to places where there is a risk of infection, such as public playgrounds. The public is

also advised to report HFMD cases occurring in their children's nurseries, kindergartens and schools to the nearest district health office for control action.

Singapore

- Dengue: The number of weekly reported dengue cases has been rising sharply, even before Singapore reaches the traditional peak dengue season from June to October. 1,323 dengue cases were reported in the week ending 14 May 2022, 470 cases more than in the previous week. As of 17 May 2022, there are 300 active dengue clusters, with 68 dengue clusters with red color alert (i.e. cluster with 10 or more cases). Dengue virus serotype 3 (DENV-3) has been detected in 57 of the 68 dengue clusters with red color alert. In April 2022, the *Aedes aegypti* mosquito population (the primary dengue vector) remained high in Singapore, and was about 22% higher than in the same period last year (April 2021).

Japan

- A case of typhoid fever has been confirmed in Japan. According to officially available information, the affected is a 20-year-old female in the city of Yokkaichi, located in Mie Prefecture, within the Kansai region in Japan. The information indicates that the case presented with high fever and diarrhea and is isolated at a local hospital since May 20. This is the first case of typhoid fever in the city and prefecture in 2022. Imported cases in non-tropical countries (e.g., the United States and Japan) have been documented mostly among returning travelers, and cases attributable to domestic origin in these countries are rare given the improvements in hygiene in the past decades. The last reported outbreak of typhoid fever in Japan occurred in 1998 when 26 people with no travel history to an endemic country were diagnosed with typhoid fever due to *S. enterica* Paratyphi A after food exposure at a public restaurant. Although approximately 100 cases of sporadic typhoid fever occur yearly in Japan, no outbreaks have been reported since 1998.

Macao (SAR)

- Cases of scrub typhus (also known as Tsutsugamushi disease) continue to be reported in Macao in 2022. The Health Bureau of Macao has reported on two affected individuals, a 67-year-old, and a 61-year-old, who were diagnosed after both developed symptoms on May 4, 2022. Both patients are local residents and are believed to have contracted the disease while carrying out personal and work activities at the Mong-Ha Hill Municipal Park. Scrub typhus is endemic to the region and is spread to humans through the bites of infected chiggers. Health authorities advise the public to maintain good personal hygiene by showering and washing clothes after engaging in outdoor activities, to wear long sleeves, to use insect repellent containing DEET, and to seek medical attention if symptoms are suspected.

Taiwan

- Enterovirus 71: The Central Epidemic Command Center indicated in a statement that since the beginning of 2022 there has been an upward trend in new cases of infection with Enterovirus 71 (EV-71). In addition, the statement indicates that of the total new cases, there

are currently 12 severe cases of infection among children in China, including 5 cases of encephalitis. EV-71 is the leading cause of hand, foot, and mouth disease (HFMD) in many Asian countries (including China) where it remains an important public health problem. HFMD is a viral illness mostly seen among children under five years old in the West Pacific, that causes mild symptoms including fever, erythema, vesiculation, and inappetence. However, some symptoms are severe and involve neurological complications, such as encephalitis, and can even lead to death. HFMD has been categorized as a class C notifiable disease in China since May 2, 2008. By the end of 2015, over 13 million HFMD cases were reported, including 123,261 severe cases and 3322 deaths in mainland China. Laboratory surveillance results showed that the causes of HFMD are EV-71 and coxsackievirus A16 (CV-A16) in most individuals. Moreover, EV-71 is the most frequently identified serotype among both severe and fatal cases. Health authorities are raising awareness among the population to seek healthcare in a timely manner to prevent complications of the disease.

China

- Cases of scrub typhus have been reported in China since the beginning of 2022. Officially available information indicates that the first case is a 67-year-old woman who developed symptoms on May 4. The second case is a 61-year-old woman, within a neighborhood of the first case who developed a high fever on May 10 and required hospitalization at Kiang Wu Hospital. Scrub typhus, also called tsutsugamushi disease, is a vector-borne infectious disease primarily endemic to a region called the Asian-Pacific "tsutsugamushi triangle" (South Asia, Southeast Asia, East Asia, the Pacific Islands, and Northern Australia) with occasional case reports from Africa, the Middle East, and South America. Accurate incidence data would most likely increase the current estimates of more than two billion people living in scrub typhus-endemic areas and the global occurrence of one million cases of the disease annually. Furthermore, the incidence in all known endemic regions has begun to rise over the last decade.

Infectious Diseases other than COVID-19 in ASEAN+3 Region

From May 18 to 24, 2022



ASEAN +3

Infectious diseases other than COVID-19
in ASEAN+3 countries,
May 18-24, 2022

Singapore
Dengue – 1,073 cases



Myanmar
Dengue – 1,516 cases

China
Scrub typhus – 2 cases

Taiwan
Mumps – 2 cases
Leptospirosis – 1 case
Enterovirus 71 – 256 cases
Scrub typhus – 8 cases
Legionellosis – 2 cases
Listeria – 1 case
Unknown encephalitis – 12 cases

Japan
Typhoid – 1 case
Unknown hepatitis – 17 cases

Hong Kong (SAR)



Macao (SAR)



Macao (SAR)
Scrub typhus – 2 cases

Vietnam
Dengue – 7,095 cases, 2 deaths
HFMD – 4,609 cases, 1 death

Malaysia
HFMD – 3,941 cases

Indonesia
Unknown hepatitis – 2 cases

- Enlarged country
- Enlarged territory/ special administrative region

Special Report: Monkeypox cases reported in non-endemic areas

- According to the World Health Organization (WHO), cases of monkeypox have been reported from 12 Member States that are not endemic for monkeypox virus across three WHO regions.¹ Centers for Disease Control and Prevention (CDC) described that the symptoms of monkeypox are similar to but milder than the symptoms of smallpox. Monkeypox begins with fever, headache, muscle aches, and exhaustion. The main difference between symptoms of smallpox and monkeypox is that monkeypox causes lymph nodes to swell (lymphadenopathy) while smallpox does not. The incubation period is usually 7–14 days but can range from 5–21 days. The patient also develops a rash, often beginning on the face then spreading to other parts of the body within 1 to 3 days after the appearance of fever.² Monkeypox does not spread easily between people and human-to-human transmission occurs through close contact with infectious material from skin lesions of an infected person, through respiratory droplets in prolonged face-to-face contact, and through fomites. In the current outbreak of the diagnosed human cases are predominantly reported among men having sex with men, and the nature of the presenting lesions in some cases, suggest transmission occurred during sexual intercourse, however, reported cases only presented with mild disease symptoms. Treatment is mainly symptomatic and supportive, including prevention and treatment of secondary bacterial infections. Smallpox vaccine can be considered for post-exposure prophylaxis of close contacts at increased risk for severe disease.³ Monkeypox which was first reported in the Democratic Republic of the Congo (DRC) in the 1970's, is endemic in central and west Africa and presents an ongoing risk for local outbreaks and exportation events. As the unprecedented multi-country monkeypox outbreak continues to expand, available information suggests that human-to-human transmission is occurring among people in close physical contact with cases who are symptomatic.
- The World Health Organization said on May 24 (Tuesday) that a recent outbreak of monkeypox cases in non-endemic countries is “containable,” even as it continues to confound health experts. The WHO said it was currently unclear whether the spike in cases was the “tip of the iceberg” or whether a peak in transmission had already been reached.

Countries reporting confirmed case/s of Monkeypox

United Kingdom

- On May 7, 2022, the United Kingdom Health Security Agency (UKHSA) confirmed a monkeypox case in England. According to officially available data, the affected individual has a recent history of travel to Nigeria, where monkeypox is endemic and cases are detected regularly after a major outbreak. In addition, the case has been admitted in the infectious disease department at the Guy's and St Thomas' NHS Foundation Trust, London. Monkeypox cases are reported mainly in central and west African countries. Confirmed cases in the U.K. are a rare event, and usually the result of an imported event. The U.K. had two imported cases in 2021; one was a close contact of the index case, thus a locally acquired case. UKHSA have indicated that the risk of further spread in the U.K remains low, and are working closely to identify all possible close contacts with the individual to provide information and health advice. On May 14, UKHSA reported two additional monkeypox cases in London. The two new cases are from the same household and unlinked to the previously confirmed index case reported on May 7. On May 16, 4 additional cases of monkeypox were reported (3 in London and one linked case

in the North East of England). The 4 new cases do not have known connections with the previous confirmed cases announced on 14 May and the case announced on 7 May. The UKHSA has noted that all four patients have self-identified as gay, bisexual, or men who have sex with other men. The UKHSA also noted that the patients have been infected with the West African clade of the monkeypox virus, which is considered mild when compared to the Central African clade. On May 18, 2 additional cases of monkeypox (one in London and one in the South East of England) have been reported where cases have no travel links to a country where monkeypox is endemic. UKHSA added that cases have possibly acquired the infection through community transmission. In England, 11 and 49 additional monkeypox cases were reported on May 18 and May 23, respectively. From May 7 to May 24, the United Kingdom reported a total of 71 monkeypox cases.

United States

- Massachusetts public health officials have just confirmed the first case of monkeypox in the United States this year. The Department of Public Health also indicated in a statement that the affected individual is an adult man who had recently travelled to Canada, where at least a dozen persons are under investigation for monkeypox in the province of Quebec.

Spain

- On May 18, health authorities in Spain issued an alert over a possible outbreak of monkeypox after eight men showed symptoms compatible with the disease. This alert comes after similar cases were identified in the United Kingdom on May 14 and May 16 without a recent history of travel to monkeypox endemic countries. All four of the most recent cases are men who identify as gay or bisexual or other men who have sex with men. In addition, in Spain's official statement, health officials cautioned that the eight suspected cases – all in the Madrid region – had yet to be confirmed, and laboratory samples are underway at the National Microbiology Centre for final diagnosis. However, this nationwide alert had been issued to guarantee a swift, coordinated and timely response to the ongoing outbreak.

Portugal

- On May 17, the Directorate-General of Health of Portugal (DGS), reported suspected and confirmed cases of monkeypox in Portugal. Health authorities report that suspected cases have been identified in the Lisbon and Tagus Valley region, located in central Portugal, while confirmed cases are reported from the Lisbon region. The affected individuals with confirmed infection are described as being mostly young, all male, and presented to a sexually transmitted infection clinic with lesions on the skin. All patients are reported to have experienced mild symptoms, and none required hospitalization. It is unknown if the patients have a history of travel to Africa, or links to any of the recent cases reported from the U.K. The DGS has issued a health alert to health professionals to draw attention to identifying and reporting any suspected cases. Portuguese health authorities advise residents to seek medical attention if symptoms are suspected.

Canada

- Health officials in Quebec are investigating over a dozen cases of possible monkeypox after individuals presented with compatible illnesses to three different clinics specializing in sexually-transmitted infections. Furthermore, another case has just been confirmed in Massachusetts, the USA in a man with a recent history of travel to Quebec, Canada. At this time, laboratory confirmation of the cases under investigation is pending and expected to be announced soon. Further investigation is underway to determine if cases are linked to travel from west or central Africa or other international clusters. On May 22, Toronto Public Health Unit indicated that the first suspected case of monkeypox is under investigation in Ontario. Officially available information indicates that the affected individual is a man in his 40s who had close contact with someone who has a recent history of travel to Montreal, Quebec where at least 17 cases have been reported of which five have received laboratory confirmation.

Sweden

- The Swedish Public Health Agency has confirmed the first case of monkeypox in the Stockholm region of Sweden on May 19. There are limited details available regarding the patient's demographics, however, a statement from the agency indicated that the affected individual was not seriously ill and received treatment. It has not been specified if the patient required hospitalization. Additionally, it is currently unknown how the individual acquired the infection and their travel history remains unknown as well. Swedish health authorities report that an investigation is currently underway together with regional infection control centers to establish if more cases are present in Sweden.

Italy

- The first case of monkeypox has been confirmed in Italy on May 19. The man was diagnosed at the Spallanzani hospital in Rome after seeking care at the emergency room and is currently being isolated. The patient has recent travel history to the Canary Islands in Spain, where a possible outbreak is under investigation for monkeypox in a separate locality. Two additional suspected cases have been identified at the hospital.

Germany

- The first case of monkeypox has been identified in Germany on May 19. The Bundeswehr Institute for Microbiology in Munich received laboratory confirmation of the virus in a patient who presented skin changes on May 19 at the Bundeswehr Medical Services. There are limited details available regarding the patient's demographics or if the patient required hospitalization. It is also currently unknown how the individual acquired the infection.

France

- The first suspected case of monkeypox has been detected by health authorities in France. According to available information, the affected individual has been identified at a local hospital in Île-de-France region in north-central France. There are limited details available regarding the patient's demographics or if the patient required hospitalization. It is also currently unknown how the individual acquired the infection.

Netherlands

- Several cases under-investigation of monkeypox have been identified in the Netherlands. According to the country's National Institute for Public Health and the Environment, one case has been confirmed via PCR testing. Limited details are available regarding the patient's demographics, current health status, and travel history.

Israel

- The first case of monkeypox has been identified in Israel. The 30-year-old man was identified at a hospital in Tel Aviv after seeking care from the emergency room and is currently being isolated. Additionally, the patient has recent travel history to Western Europe with the exact location unspecified. Monkeypox is a neglected tropical disease endemic to west and central African countries. It is considered to spread primarily through animal contact in endemic regions but can also spread between people through direct contact with skin lesions and/or exposure to infectious respiratory droplets. This event is noteworthy not only because of the number of cases reported in a short timeframe across multiple countries, but also because some cases in the current outbreak may have been associated with travel to the UK where community transmission of monkeypox is suspected.

Belgium

- The first cases of monkeypox have been confirmed in Belgium on May 19 in the city of Antwerp, in the Flemish Region, while the second case has been confirmed on May 20 in a man from the province of Flemish Brabant. Additional information indicates that both affected patients had attended the same party in an undisclosed location, and are now isolated and in good condition. As of May 23, available information indicates that health authorities in Belgium are requesting a 21-day isolation period for all positive confirmed monkeypox cases. However, this measure is not yet specific to those classified as close contacts of a confirmed case. Close contacts are encouraged to remain vigilant, especially if in contact with vulnerable people. Belgium became the first country to set up isolation measures to avoid the further spread of monkeypox as cases continue to emerge globally.

Australia

- The first case of monkeypox has been identified in Australia on May 20. According to officially available information, the affected individual is a man in his 40s who has been placed under isolation at home. In addition, information indicates that the individual has a recent history of travel to the United Kingdom where an ongoing outbreak has been confirmed with the probability of community transmission identified.

Switzerland

- The first case of monkeypox has been confirmed in Switzerland on May 21. There is limited information on the demographics of the affected individual, however, the official statement indicates that the source of the infection is from an unspecified location abroad. In addition, the affected individual consulted with a physician due to fever and a rash. A close contact of the affected individual has also been contacted.

Norway

- The first case of monkeypox has been reported in Norway on May 23. According to the country's National Institute of Public Health (FHI), a foreigner who visited the city of Oslo, Norway's capital, between May 6-10, has received laboratory confirmation of monkeypox after returning to their country of origin. There is limited information on the demographics of the affected individual and their country of origin has not been disclosed.

Austria

- The first case of monkeypox was reported in Austria on May 22. According to officially available information, the affected individual is a 35-year-old man from Vienna who sought medical attention at a local hospital with a low-grade fever and a rash on his face. There is no available information on the individual's recent travel history to any of the countries that have reported monkeypox cases and no information of a known close contact. On May 24 (Tuesday), Austria's Ministry of Health published a set of guidelines, including a three-week quarantine for close contacts of positive cases that are showing symptoms. The isolation period can be completed at home or at hospital, depending on the state of health of the patient. Furthermore, contacts of a positive case will be treated as either Type I or Type II in a move similar to the management of COVID-19 contacts. Type I contacts are considered as high-risk and include those who have had direct contact with skin lesions of an infected person, such as sexual partners, but also close passengers on planes, buses or trains for a period of at least eight hours. High-risk contacts do not have to isolate themselves straight away but must monitor their condition for 21 days through a daily phone call with the health authorities. If symptoms occur, then the person has to be quarantined for three weeks and a PCR test has to be carried out. Type II contacts are short social contacts, such as work colleagues (not in the same office), or fleeting contacts in gyms, saunas or bathrooms. These contacts must monitor their health for 21 days.

Denmark

- The Ministry of Health of Denmark has confirmed its first case of monkeypox on May 23. The man displayed symptoms of the disease after travelling to Spain and has since been in contact with the University Hospital in Roskilde and Copenhagen's Rigshospitalet. According to the Danish infectious disease control agency State Serum Institute (SSI), the man who tested positive in Denmark recently visited Gran Canaria.

United Arab Emirates

- The Ministry of Health and Community Protection in the United Arab Emirates (UAE) has confirmed the country's first case of monkeypox on May 24. The Ministry reports that the case is a 29-year-old woman visiting the UAE from a country in West Africa and is currently receiving treatment. The ministry statement described the patient as a visitor to the UAE. News media quotes the Ministry stating that necessary measures are being implemented to investigate and monitor all close contacts of the case.

Slovenia

- Slovenia's health authorities have confirmed the Alpine country's first case of monkeypox infection on May 24 in a traveler who had returned from the Canary Islands in Spain. The man was not admitted to a hospital because he was infected by a mild version of the West African strain of the viral disease. The head of the national Centre for Infectious Diseases said that the chain of transmission in Slovenia would be stopped quickly, adding that people who have been in contact with an infected person should be on alert for the next 21 days.

Czech Republic

- The Czech Republic detected its first case of monkeypox on Tuesday (May 24) in a woman returning from a festival in Belgium. The head of the Czech Infectious Medicine Society (SIL) said that a patient is being treated at Prague's Central Military Hospital.

References:

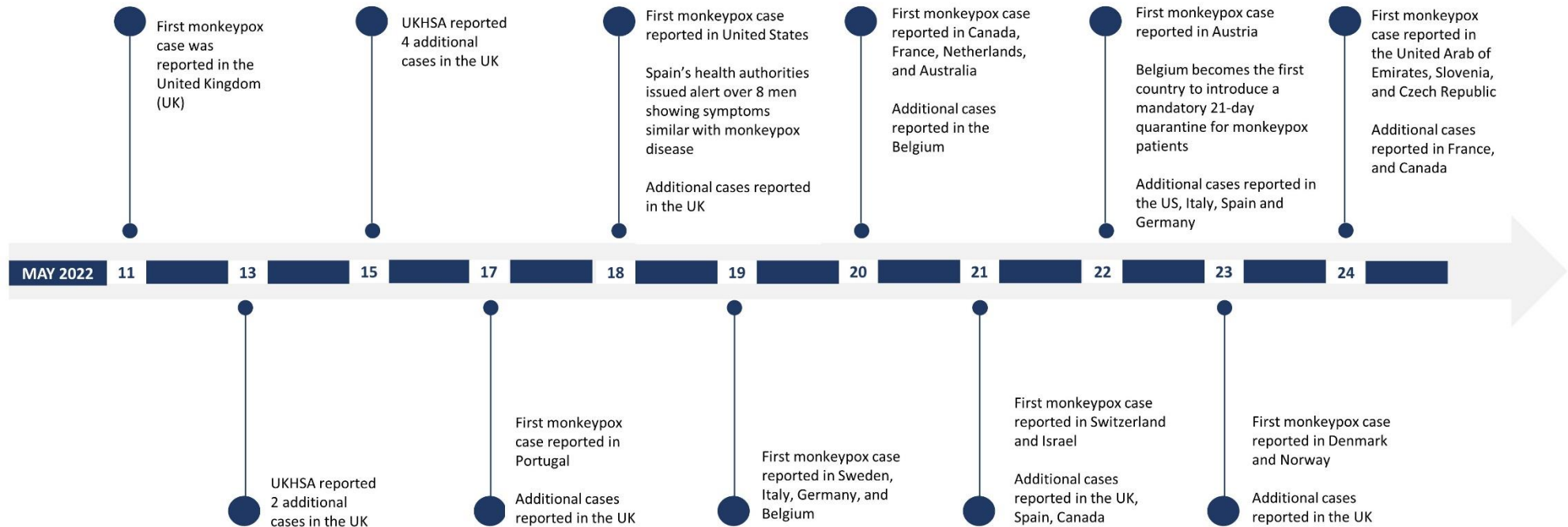
1 <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON385>

2 <https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>

3 <https://www.ecdc.europa.eu/en/publications-data/risk-assessment-monkeypox-multi-country-outbreak>

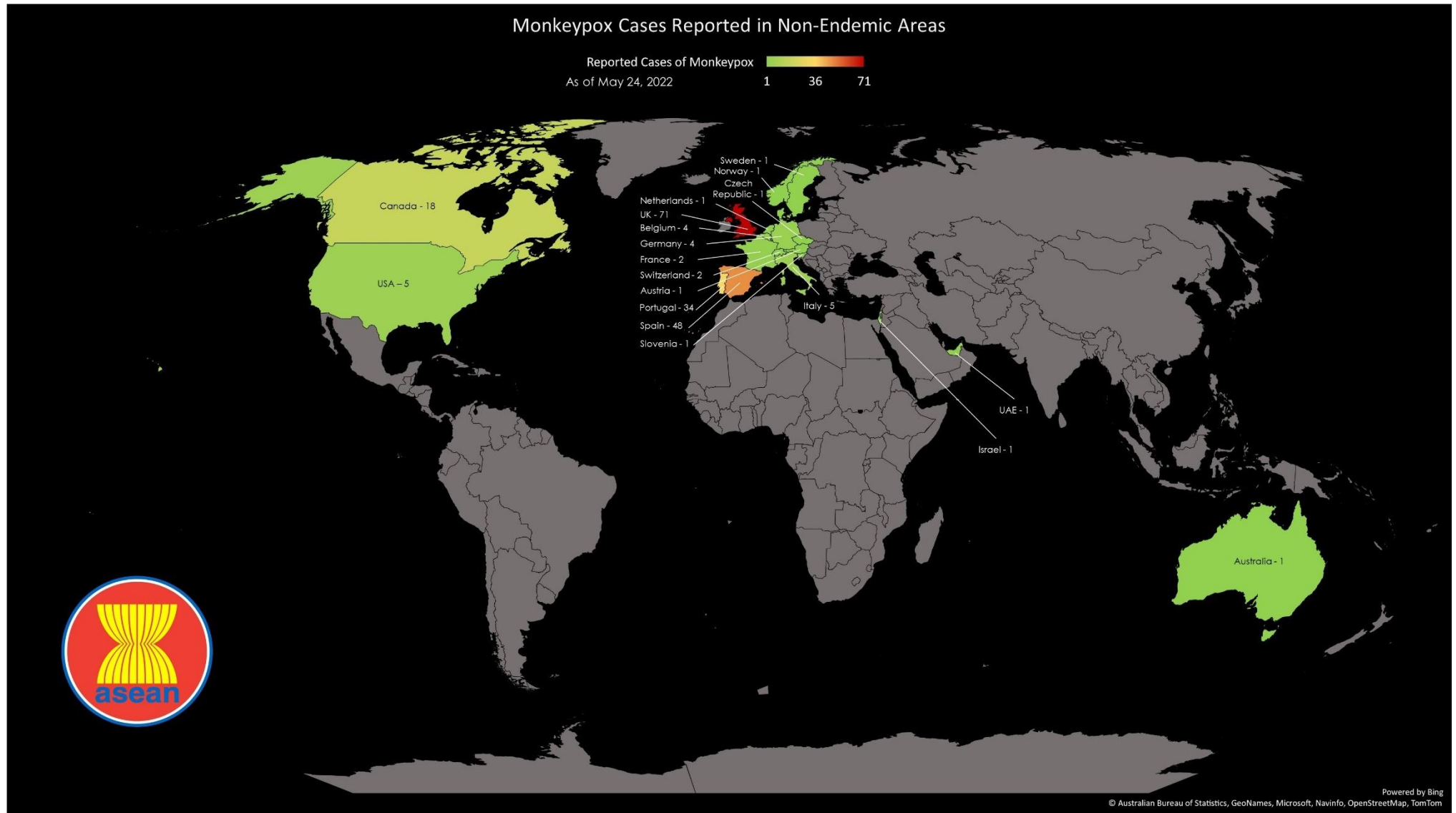
Timeline of Monkeypox Cases Reported in Non-Endemic Areas

As of May 24, 2022



Confirmed Monkeypox Cases Reported in Non-Endemic Areas

As of May 24, 2022





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ASEAN Biodiaspora Virtual Center (ABVC)
in collaboration with **Bluedot Inc.**
Email: support@biodiaspora.org

