

COVID-19 and Monkeypox

Situational Report in the ASEAN+3 Region

— ASEAN BioDiaspora Virtual Center (ABVC)

COVID-19: Highlights and Situation Overview

Global Update

- **Worldwide**, there have been over 600 million cases and over 6 million deaths attributed to COVID-19.
- According to the **World Health Organization's (WHO)** Weekly Epidemiological Update, globally, there were about 5.3 million new cases recorded for the week of August 15 through August 21, 2022, a 9% reduction from the week before.¹ Over 14 000 fatalities were recorded, a 15% drop from the previous week in the number of new deaths. Globally, 6.4 million fatalities and 593 million confirmed cases have been recorded as of August 21, 2022.¹ [[Full Report](#)]

According to Tedros Adhanom Ghebreyesus, the director of the World Health Organization (WHO), there have been one million COVID-19 fatalities so far this year.⁴ This "tragic milestone" calls for more individuals to receive the illness vaccine.⁴ In an effort to immunize 70% of the world's population, he once more pleaded with all countries to intensify efforts to vaccinate all healthcare professionals, the elderly, and other groups at the greatest danger.⁴ [[Full Article](#)]

Research Update

- Gout patients admitted to the hospital with COVID-19 had greater mortality rates and were more likely to need respiratory assistance.³ A research that was published in Open Rheumatology suggests that recognized risk factors including age and comorbidities may contribute to this.² Data was taken from the COVID-19 Global Rheumatology Alliance (C19-GRA) registry between March 12, 2020, and October 25, 2021.³ The researchers concentrated on gout patients who were admitted to the hospital as a result of COVID-19 and gathered more data on them, such as their demographics, comorbidities, outcomes (such as oxygenation or ventilation support or mortality), and drug exposures.³ The study was made stronger by incorporating diagnoses of gout that were confirmed by a doctor and by including varied groups.³ Generalizability may be hampered by specific restrictions, and the C19-GRA registry may be biased towards rheumatic disorders including lupus, systemic sclerosis, and rheumatoid arthritis that are frequently treated with immunosuppressive medications.³ Additionally, primary care facilities manage the majority of gout patients. Patients who get rheumatologic treatment are more likely to have more severe conditions and more comorbidities.³ Doctors could have ignored patients who did not flare up during their COVID-19 infection, which raises the prospect of selection bias.³ Tophus and serum urate levels are two gout-specific characteristics that were left out of the registry.³ Secondary statistical modeling was constrained by the short cohort size.³ Finally, because the COVID-19 vaccination status was included later, researchers were unable to assess how it affected clinical outcomes.³ [[Full Article](#)]
- Separate mathematical fits of reported COVID-19 mortality and all-cause excess mortality in 185 countries and territories were made using a mathematical model of COVID-19 transmission and immunization.⁵ Estimating the additional lives that would have been lost if no immunization programs for COVID-19 had been implemented allowed researchers to gauge their effectiveness. The COVID-19 vaccine has significantly changed the pandemic's trajectory and saved tens of millions of lives worldwide.⁵ The necessity for universal vaccination equality and coverage is further reinforced by the fact that low-income nations' insufficient access to vaccines has reduced the impact in these environments.⁵ [[Full Text](#)]

- In a recent study published on *Brain microstructural changes and fatigue after COVID-19* in medRxiv preprint server, researchers investigate fatigue severity and brain microstructural abnormalities in patients who have recovered from mild to moderate COVID-19.¹² In the present study, researchers investigate changes in the thickness and volume of gray matter (GM) and white matter (WM) microstructural abnormalities.¹² A total of 56 COVID-19 patients and 37 healthy controls were included in the current study to assess and compare their cognitive capabilities and fatigue levels using magnetic resonance imaging (MRI).¹² COVID-19-positive patients between the ages of 18 and 60 were monitored for four weeks after their initial diagnosis.¹² Demographic and clinical data were collected through electronic forms for all study participants.¹² Additionally, all neurological, chemosensory, respiratory, and constitutional symptoms experienced during the acute and post-acute phases of COVID-19 were reported.¹² Cognition was assessed using Montreal Cognitive Assessment (MoCA) and Cambridge Neuropsychological Test Automated Battery (CANTAB).¹² Conversely, fatigue was assessed through the use of the Chalder Fatigue Scale (CFQ-11), with a pre-specified CFQ-11 cut-off of 16 segregated participants into no fatigue versus increased fatigue groups.¹² T1-weighted MRI scans were used to assess GM thickness and volume. Diffusion-weighted MRI (d-MRI) was used to extract fiber-specific apparent fiber density (FD), free water (FW) index, and diffusion tensor imaging (DTI) data to assess WM microstructural changes. Apparent fiber density (AFD) represents axonal degeneration, whereas DTI assesses WM integrity.¹² The COV+ group had WM microstructural changes at a mean follow-up of three months, as determined by d-MRI. These individuals also exhibited reduced fiber density in several WM tracts; however, no change in cortical thickness or limbic volume of GM was observed. The reduced FD in the COVID-19 positive group occurred in several bundles, thereby suggesting that axonal loss might be contributing to the pathological substrate for post-COVID-19 symptoms.¹² A correlation between brain microstructural changes and fatigue severity was observed in the test subjects.¹² More specifically, a negative correlation between fatigue intensity and axonal integrity measures in the cerebellar tracts and corpus callosum was reported.¹² The patient data provided insights into the mechanisms of post-infectious fatigue.¹² COVID-19 patients with fatigue and cognitive difficulties exhibited altered neurotransmission within the motor cortex and deficits in executive functions and attention.¹² [\[Full Text\]](#)
- According to a new study, Pfizer's COVID-19 pill appears to provide little or no benefit for younger adults, while still reducing the risk of hospitalization and death for high-risk seniors, according to a large study published on August 24 in the *New England Journal of Medicine (NEJM)*.¹³ The study on Nirmatrelvir Use and Severe COVID-19 Outcomes during the Omicron Surge found that Paxlovid has reduced hospitalizations among people 65 and older by roughly 75% when given shortly after infection.¹³ That's consistent with earlier results used to authorize the drug in the US and other nations but people between the ages of 40 and 65 saw no measurable benefit.¹³ The findings reflect the changing nature of the pandemic, in which the vast majority of people already have some protection against the virus due to vaccination or prior infection.¹³ For younger adults, in particular, that greatly reduces their risks of severe COVID-19 complications.¹³ The Centers for Disease Control and Prevention recently estimated that 95% of Americans 16 and older have acquired some level of immunity against the virus.¹³ The study, however, has limitations due to its design, which compiled data from a large Israeli health system rather than enrolling patients in a randomized study with a control group - the gold standard for medical research.¹³ [\[Full Text\]](#)

Regional Update

- **Cambodia:** The Asian Development Bank (ADB) commended Cambodia and the Ministry of Health for controlling the COVID-19 outbreak and for their effective

vaccination effort, with more than 94% of the population receiving at least two doses.⁶ On August 24, Mam Bun Heng, the minister of health, and Jyotsana Varma, the country director for Cambodia for the ADB, met to talk about their collaboration.⁶ Bun Heng greeted Varma and thanked her for carrying out her duties in Cambodia.⁶ He commended the ADB for supporting health initiatives in the larger Mekong sub-region financially and creditably since 2017 in general and for its work in response to COVID-19 in particular.⁶ [\[Full Article\]](#)

- **Indonesia:** The Coordinating Ministry for Human Development and Culture has urged residents to continue following health precautions, get immunized, and lead a clean and healthy lifestyle to help slow the spread of COVID-19.⁷ Because the COVID-19 epidemic is still ongoing, people still need to take action to stop its spread, ministry official Agus Suprpto told ANTARA here on August 23.⁷ Even if the pandemic situation has begun to settle, COVID-19 still poses a hazard to public health, he said.⁷ Thus, it is still necessary to make preventive efforts by supporting health protocols, vaccinations, and a clean and healthy lifestyle.⁷ He said that these three would be very successful in halting the spread of COVID-19.⁷ [\[Full Article\]](#)
- **Philippines:** The most severe and serious cases of the coronavirus disease 2019 (COVID-19) at their institutions are either largely or completely unvaccinated, according to the Private Hospitals Association of the Philippines, Inc. (PHAPI), which made the announcement on August 25.⁸ After Department of Health (DOH) officer in charge Maria Rosario Vergeire confirmed that the percentage of severe and critical Covid-19 cases in hospitals is rising but is still within the threshold, PHAPI president Dr. Rene de Grano said in a televised public briefing that the country's private intensive care units "can still cope with the (number) of patients."⁸ On August 22, the government stated that 811 instances, or 9.7% of all COVID-19 hospital admissions, were severe and critical.⁸ According to DOH data, more over 9% of hospital admissions during the previous four weeks were due to serious and dangerous infections.⁸ [\[Full Article\]](#)

Vaccine Update

- **Singapore's** Health Sciences Authority (HSA) has extended the authorization of Moderna's Spikevax COVID-19 vaccine via the Pandemic Special Access Route (PSAR) for the prevention of COVID-19 in people 6 months to 5 years old, administered as a course of two 25 microgram doses; 6 to 11 years old, administered as a course of two 50 microgram doses; and 12 to 17 years old, administered as a course of two 100 microgram doses.⁹ [\[Full Article\]](#)

Travel Update

- **Thailand:** As per Sojern, a digital marketing platform created for travel advertisers, international flight searches are up 164% compared to the start of 2022.¹⁰ Searches for hotels and flights to Thailand are increasing worldwide.¹⁰ Thailand has attracted around two million international tourists in the first six months of this year, a gradual resurgence after its tourism sector almost collapsed owing to the epidemic and more than 18 months of rigorous and costly entrance formalities.¹⁰ International airline and hotel searches have increased by 164% and 111%, respectively, since the year began as of August 6, 2022. In the weeks before Thailand's peak season, which begins in November, all worldwide areas show signs of improvement.¹⁰ In comparison to the beginning of 2022, Asia-Pacific has increased by 74%, EMEA by 67%, the US and Canada by 38%, the Caribbean by 27%, and Latin and Central America by 15%.¹⁰ Although there are still many unknowns in the travel sector, these encouraging figures show Thailand is on track to reach its target of up to USD 65 billion in predicted tourist earnings in 2020, an increase of USD 3 billion from the USD 62 billion pre-pandemic in 2019.¹⁰ [\[Full Article\]](#)

- **Japan:** Pre-departure Covid-19 testing for visitors who have received vaccinations are expected to be eliminated by the Japanese government, according to Reuters.¹¹ Japanese Prime Minister Fumio Kishida told reporters online that although the government is eliminating the necessity for travelers to take a test, the daily cap on passenger arrivals in the nation would still be in effect.¹¹ The news agency said that Prime Minister Fumio Kishida had said, "Starting on September 7, 2022, we will no longer need persons who have had three vaccinations to produce proof that they are not diseased.¹¹" Prior to this, the Japanese government required visitors to the nation to provide a negative Covid-19 test report obtained within 72 hours following their departure.¹¹ [[Full Article](#)]

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/ registration/ documents
Brunei	August 2, 2022	Yes	Yes – fully vaccinated* with booster dose certificate for 18 years old and above.	No	Yes – Subjected to a rapid antigen test upon arrival and an RT-PCR test on the day 3 at their own expense. Payment shall be done on this link .	Self-quarantine at a private residence or hotel for NOT fully vaccinated until a negative result of RT-PCR is released. No quarantine requirement for fully vaccinated	Minimum coverage: BN\$20,000	Must download and register on the BruHealth app before departure. Passengers must submit an “Arrival Declaration” form on the Travel Portal. The form must be completed online on www.pmo.gov.bn/travel-portal at most 24 hours before departure.
Cambodia	July 21, 2022	Yes	Yes – fully vaccinated* certificate.	No	Yes – Passengers are subject to a COVID-19 rapid antigen test upon arrival at their own expense.	No	No	No
Indonesia	June 16, 2022	Yes	Yes – fully vaccinated* certificate for 18 years old and above.	Maybe subjected to RT-PCR test upon arrival	Maybe subjected to RT-PCR test upon arrival	5-day quarantine for NOT fully vaccinated. No quarantine requirement for fully vaccinated	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	August 1, 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	Foreign travelers who are not fully vaccinated are not allowed to enter or transit Myanmar.	No	Required to obtain Myanmar Insurance	No

			48 hours before arrival.					
Philippines	August 1, 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	August 25, 2022	Yes	Yes – fully vaccinated* certificate for 13 years old and above and vaccination status on the HealthHub app or TraceTogether app or acceptance letter issued by the Safe Travel Office (STO) or SGAC acknowledgment email.	No	Yes – Negative RT-PCR test within 48 hours before departure for 13 years old and above.	No	No	Traveler is required to download and register at SG Arrival Card app before departure.
Thailand	July 1, 2022	Yes	Yes – fully vaccinated* certificate or certificate with at least one dose of COVID-19 vaccine for 18 years old and above.	No	Yes – Negative RT-PCR/rapid antigen test within 72 hours before departure for 18 years old above. Does not apply to travelers below 8 years old accompanied by fully vaccinated parents or guardian; passengers younger than 18 years with COVID-19 vaccination	No	No	No

					certificate with at least one dose.			
Vietnam	May 16, 2022	Yes	No	No	No	No	No	No
China	August 18, 2022	No	-	-	-	-	-	-
Hong Kong	August 22, 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 parent/guardian.	No	Yes – Negative RT-PCR test within 48 hours before departure.	Travelers are subject to medical screening upon arrival and quarantine for up to 3 nights.	No	No
Macao	August 12, 2022	Yes	Yes – fully vaccinated* certificate for 12 years old and above.	Yes – Negative RT-PCR test within 48 hours before departure.	Foreign travelers who are not fully vaccinated are not allowed to enter or transit Macao.	Travelers are subject to medical screening upon arrival and quarantine for up to 10 days.	No	No
Japan	August 15, 2022	Limited	No	Yes – Negative RT-PCR test within 72 hours before departure for 6 years old and above. Travelers could be subject to COVID-19 test upon arrival.	Yes – Negative RT-PCR test within 72 hours before departure for 6 years old and above. Travelers could be subject to COVID-19 test upon arrival.	Travelers could be subject to quarantine for 5 days.	No	Traveler is required to download and register at MySOS app before departure.

South Korea	August 8, 2022	Yes	No	<p>Yes – Negative RT-PCR test within 48 hours before departure or negative rapid antigen test within 24 hours before departure for 6 years old and above and certified in English or Korean translation and be uploaded at https://cov19ent.kdca.go.kr/ or be printed.</p> <p>Passengers are subject to a COVID-19 RT-PCR test within 1 day upon arrival.</p>	<p>Yes – Negative RT-PCR test within 48 hours before departure or negative rapid antigen test within 24 hours before departure for 6 years old and above and certified in English or Korean translation and be uploaded at https://cov19ent.kdca.go.kr/ or be printed.</p> <p>Passengers are subject to a COVID-19 RT-PCR test within 1 day upon arrival.</p>	No	No	<p>Passengers with an A-1 visa, an A-2 visa, or a Self-Isolation Exemption Certificate must install the 'self-check mobile app' found at http://ncov.mohw.go.kr/selfcheck before departure or upon arrival.</p>
Taiwan	August 15, 2022	Yes	No	<p>Travelers are subject to RT-PCR test upon arrival at their own expense.</p>	<p>Travelers are subject to RT-PCR test upon arrival at their own expense.</p>	<p>Travelers are subject to quarantine for 3 days. Travelers must have confirmed booking of quarantine facility or hotel.</p>	No	<p>Traveler is required to download and register at Quarantine System for Entry Form before departure.</p>

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

Cases and Deaths as of 26 August 2022

- As of 26 August 2022 (2PM, GMT+8), worldwide, there were **605,469,387** confirmed cases, including **6,495,961** deaths. Globally, Case Fatality Rate (CFR) was **1.1%**.
- 81,602,091 confirmed cases** of COVID-19 have been reported in the **ASEAN +3** countries including **34,014,645 cases** in the ASEAN region and **47,587,446 cases** in the PLUS THREE countries.
- The Case Fatality Rate in the **ASEAN +3** region is range between **0.1 to 3.2%**.
- There have been no tests reported in the last 14 days in the **ASEAN** Region.

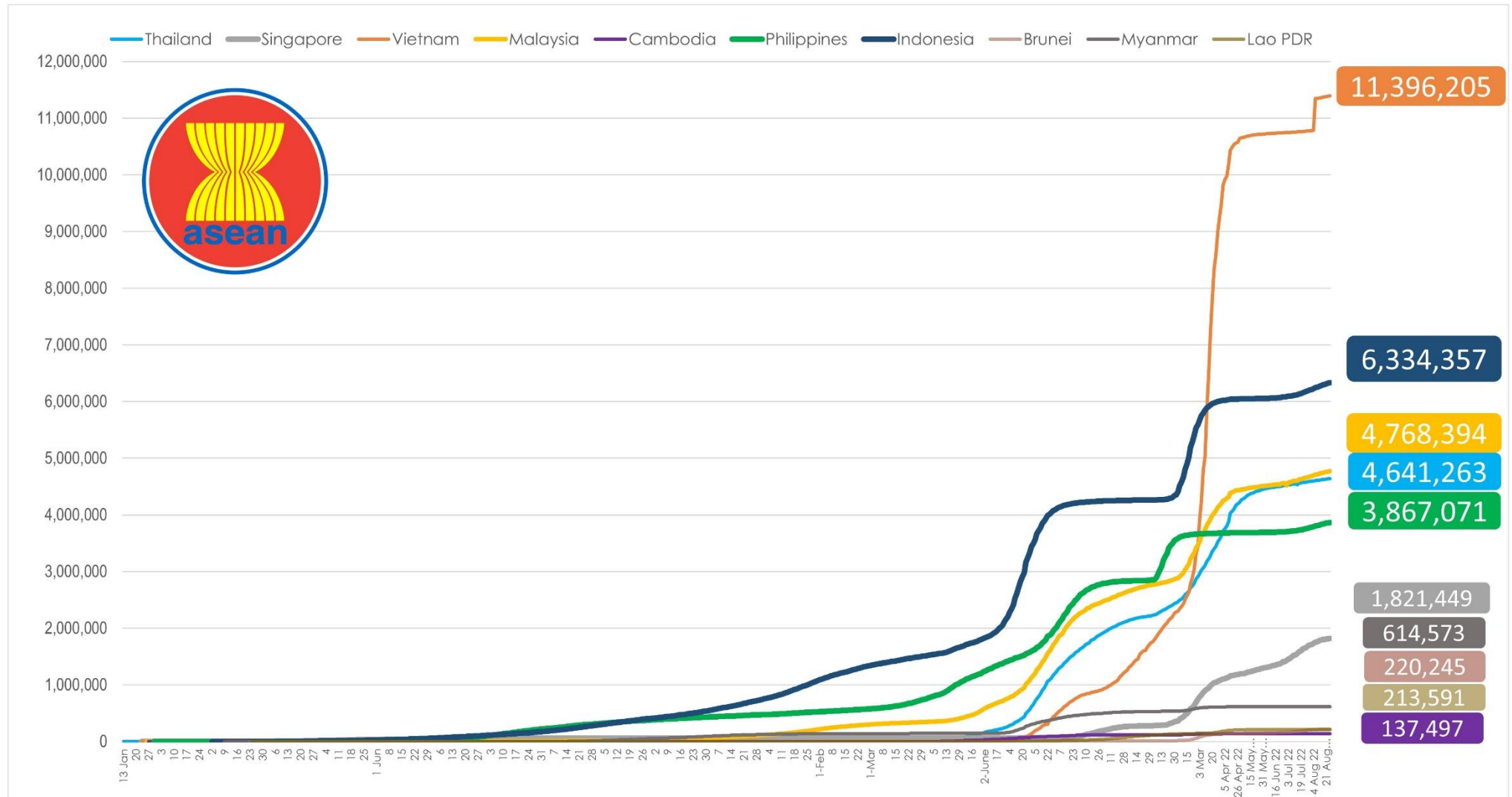
REGION	COUNTRY	FIRST CONFIRMED CASE(S)	LATEST REPORT ON CONFIRMED CASE(S)	TOTAL CONFIRMED CASES	NEW CASES	TOTAL DEATHS	NEW DEATHS	CUMULATIVE CASES/ 100,000	CUMULATIVE VACCINATED	CUMULATIVE FULLY VACCINATED	CUMULATIVE BOOSTERED	FULLY VACCINATED/ 100
ASEAN REGION	Brunei	10 Mar 20	25-Aug-22	220,245	-	225	-	50,831	445,849	436,027	307,711	97.9
	Cambodia	27 Jan 20	25-Aug-22	137,497	15	3,056	-	834	15,139,463	14,462,799	10,046,698	87.2
	Indonesia	02 Mar 20	25-Aug-22	6,334,357	5,214	157,457	19	2,341	203,037,880	170,558,244	58,929,057	62.3
	Lao PDR	24 Mar 20	25-Aug-22	213,591	89	757	-	2,979	5,888,649	5,222,417		70.3
	Malaysia	25 Jan 20	25-Aug-22	4,768,394	3,206	36,185	8	14,925	28,088,915	27,488,309	16,663,253	81.9
	Myanmar	23 Mar 20	25-Aug-22	614,573	-	19,437	-	1,137	34,777,314	27,545,329	2,227,351	51.2
	Philippines	30 Jan 20	25-Aug-22	3,867,071	3,037	61,519	43	3,577	76,521,354	71,840,130	16,487,534	63.1
	Singapore	23 Jan 20	25-Aug-22	1,821,449	2,645	1,586	2	31,935	5,023,722	5,002,239	4,278,693	91.7
	Thailand	13 Jan 20	25-Aug-22	4,641,263	2,002	32,141	29	6,666	56,921,800	53,339,327	31,532,751	74.5
	Vietnam	23 Jan 20	25-Aug-22	11,396,205	3,346	43,110	2	11,814	88,433,596	82,004,318	65,523,372	84.1
ASEAN COUNTRIES				34,014,645	19,554	355,473	103	127,039	514,278,542	457,899,139	205,996,420	
ASEAN PLUS THREE	South Korea	20-Jan-20	25-Aug-22	22,701,921	113,281	26,332	108	43,903	45,101,931	44,664,114	40,539,830	86.2
	Japan	16-Jan-20	25-Aug-22	18,013,444	220,955	37,884	296	14,266	104,060,582	102,649,968	104,692,583	82.4
	China	31-Dec-19	25-Aug-22	6,872,081	36,196	24,603	46	42,422	1,330,247,663	1,295,493,538	826,514,847	86.8
	PLUS THREE COUNTRIES				47,587,446	370,432	88,819	450	100,592	1,479,410,176	1,442,807,620	971,747,260
ASEAN +3				81,602,091	389,986	444,292	553	227,631	1,993,688,718	1,900,706,759	1,177,743,680	

- 523,867,296 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	12,842,856	639	258,260	1	247,113	384,071,468	302,496,472	45,910,845
AMERICAS	178,016,594	40,376	2,848,618	238	1,156,953	818,139,930	719,103,387	461,656,253
ASIA PACIFIC	84,622,811	15,560	746,348	72	459,060	1,437,595,060	1,322,689,929	300,699,829
EUROPE	226,111,061	143,627	1,961,653	610	1,951,846	562,792,222	534,888,506	342,867,589
MIDDLE EAST	22,273,974	11,819	236,790	76	208,577	142,998,663	128,336,279	56,455,151
TOTAL	523,867,296	212,021	6,051,669	997	4,023,548	3,345,597,343	3,007,514,573	1,207,589,667

COVID-19 Epi curve among ASEAN Countries:

From January 1, 2021 to August 25, 2022

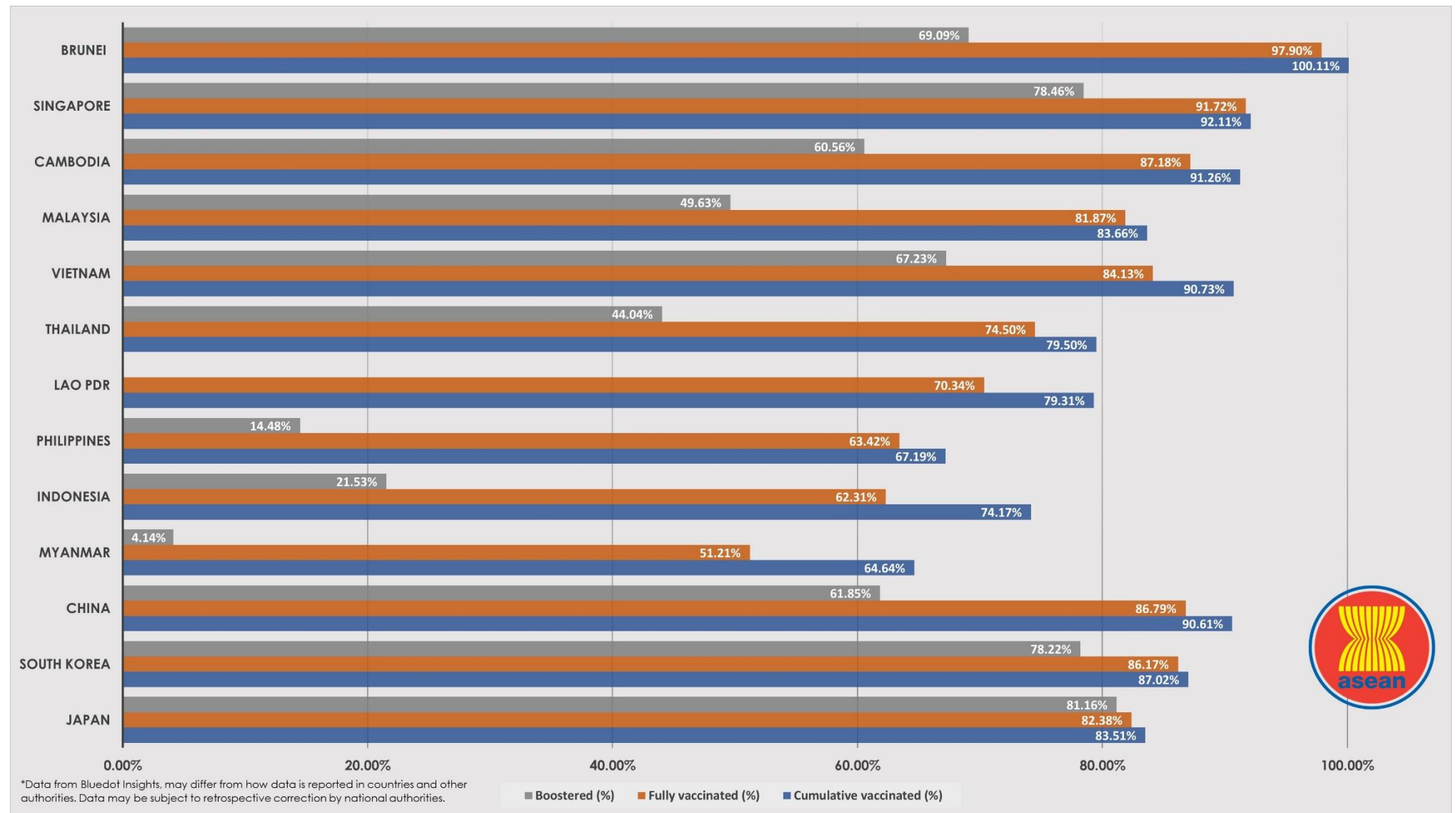


Cumulative cases of COVID-19 in the ASEAN Region as of August 25, 2022 (Report generated by ASEAN Biodiaspora Virtual Center)

*Data from BlueDot Insights, cases may differ from how data is reported in countries and other authorities. Data may be subject to retrospective correction by national authorities.


COVID-19 Vaccination Status

as of 25 August 2022



COVID-19 Outlook Assessment

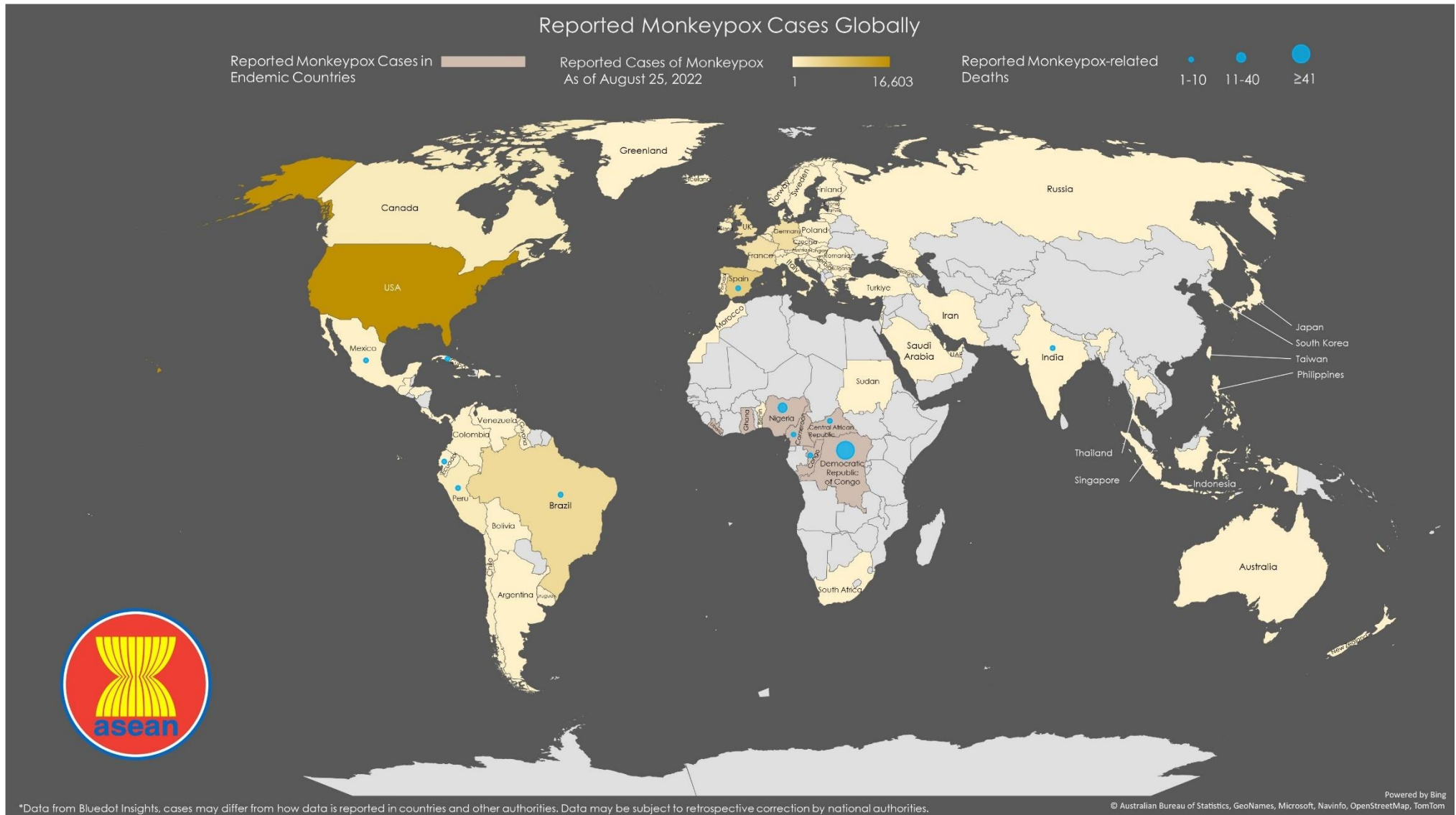
as of 23 August 2022

 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)	
		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)
Brunei	0%/day	≥90.0/69.1	Unknown	0.0	Unknown	31.0/100	undefined
Cambodia	0%/day	≥90.0/60.6	Unknown	0.13	Unknown	31.5/100	undefined
Indonesia	0%/day	65.3/21.5	Unknown	1.67	Unknown	54.2/100	undefined
Lao PDR	0%/day	77.3/ND	Unknown	1.47	Unknown	61.6/100	undefined
Malaysia	0%/day	84.4/49.6	0.01%/day	9.06	Unknown	51.8/100	undefined
Myanmar	0%/day	52.1/4.1	Unknown	0.03	Unknown	69.1/100	undefined
Philippines	0%/day	69.5/14.5	Unknown	3.05	Unknown	55.4/100	undefined
Singapore	0%/day	88.7/78.3	0%/day	50.72	Unknown	58.9/100	undefined
Thailand	0%/day	77.4/44.0	0.01%/day	2.71	Unknown	31.5/100	undefined
Vietnam	Unknown	88.5/67.2	Unknown	2.90	Unknown	43.5/100	undefined
Japan	0%/day	81.1/78.9	0%/day	154.55	Unknown	42.9/100	undefined
South Korea	0%/day	86.5/77.1	0%/day	241.35	Unknown	38.1/100	undefined
China	Unknown	≥90.0/56.3	Unknown	0.05	Unknown	84.5/100	undefined

All of the countries have achieved the estimated high-risk population fully vaccinated of ≥90.0% except China with 35.1%.

Monkeypox Cases Reported Globally

as of August 25, 2022



Monkeypox: Highlights and Situation Overview

- As of 26 August 2022 (2PM, GMT+8), worldwide, there were **48,769** confirmed cases, including **85** deaths. Globally, Case Fatality Rate (CFR) was **0.17%**.
- **34 confirmed cases** of Monkeypox have been reported in the **ASEAN+3** region composed of **26 cases** in the ASEAN region and **8 cases** in the PLUS THREE countries, with CFR of **0%**.
- **48,735 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	16	1	-	0.00%
ASEAN	Thailand	5	-	-	0.00%
ASEAN	Philippines	4	-	-	0.00%
Plus Three	Japan	4	-	-	0.00%
Plus Three	Taiwan	3	-	-	0.00%
ASEAN	Indonesia	1	-	-	0.00%
Plus Three	South Korea	1	-	-	0.00%
ASEAN+3 Total		34	1	-	0.00%

Top 5 countries with most monkeypox cases globally

Region	Country	Total Cases	New Cases	Deaths	Case Fatality Rate
Americas	USA	16,603	2,488	-	0.00%
Europe	Spain	6,283	163	2	0.03%
Americas	Brazil	3,450	694	1	0.03%
Europe	Germany	3,387	145	-	0.00%
Europe	United Kingdom	3,340	145	-	0.00%

Monkeypox cases per region other than ASEAN+3

REGION	TOTAL CONFIRMED CASES SINCE JANUARY 1, 2022	NEW CASES SINCE THE PREVIOUS REPORT	TOTAL DEATHS	CASE FATALITY RATE
AFRICA*	2,870	5	77	2.68%
AMERICAS	24,445	3,853	5	0.02%
ASIA PACIFIC	119	13	1	0.84%
EUROPE	20,315	737	2	0.01%
MIDDLE EAST	249	9	-	0.00%
TOTAL	48,735	4,617	85	0.17%

Global Update

- **World Health Organization:** Despite the fact that monkeypox cases worldwide decreased by more than 20% last week, intense monkeypox transmission is still occurring in the Americas region.⁴ The scenario has changed from the early stages of the outbreak, when the majority of cases were in Europe with a lesser percentage in the Americas.⁴ Less than 40% of recorded cases are now in Europe, while 60% are in the Americas.⁴ According to Tedros, there are indications that the pandemic is waning in Europe, where a mix of efficient public health initiatives, behavior modification, and vaccination are assisting in the prevention of transmission.⁴ However, he said, "in Latin America in particular, a lack of access to vaccinations combined with a lack of public health measures are combining to fan the fires of the outbreak."⁴ Tedros expressed gratitude to Bavarian Nordic, a vaccine producer, for signing a contract on August 24 with the WHO Regional Office for the Americas to assist the distribution of its monkeypox vaccine across Latin America and the Caribbean.⁴ He expressed optimism that the development will aid in controlling the epidemic in the area.⁴

Tedros emphasized that every location of the world—aside from Europe, where the danger is high—represents a moderate risk for monkeypox.¹⁷ "Even though I've declared a public health emergency of global concern, for the time being, this epidemic is mostly affecting males who have sex with men (MSM), particularly those who have had several sexual partners.¹⁷ This indicates that the epidemic may be prevented by using the appropriate tactics in the appropriate populations. A PHEIC was not advised by the WHO Emergency Committee, which voted 9–6 against it.¹⁷ Tedros still proclaimed one, claiming that monkeypox met the requirements for a PHEIC under the International Health Regulations.¹⁷ According to them, an epidemic must be an unusual occurrence that poses a risk to the public health of nations throughout the world and necessitates a worldwide response.¹⁷ Gostin is concerned that monkeypox may either turn into an endemic illness that mostly affects MSM or spread to the general populace and infect a large number of people. He advised nations that had found the sickness to take action right now.¹⁷ He declared, "The opportunity for controlling monkeypox is closing."¹⁷ According to calculations made by scientists at the Pasteur Institute, the monkeypox virus would have a basic reproduction number (R0) of 146-267 in an entirely susceptible population.¹⁷ The now-discontinued smallpox vaccination regimens did, however, certainly confer cross-protection on many individuals older than 50 years. The R0 for monkeypox in a population with 10–25% immunity is probably in the range of 1–2–4.¹⁷ [\[Full Text\]](#)

- **USA:** Experts are cautiously optimistic that the outbreak may have peaked in areas worst impacted by the virus since monkeypox instances in certain major U.S. cities appear to be dropping, mirroring trends found in Europe.¹⁵ However, some U.S. doctors think that the number of cases is beginning to fall, partly due to protection from earlier infections and a shift in behavior as the disease has become more well known.¹⁵ They emphasized that this does not imply that the sickness will be confined.¹⁵ The number of cases of monkeypox in the country since late May is close to 17,000 cases.¹⁵ A substantial portion of the pandemic, which has so far spread to 80 nations outside of Africa where the virus is prevalent, is spread by homosexual and bisexual males.¹⁵ [\[Full Article\]](#)
- **Italy:** In Italy, COVID-19, monkeypox, and HIV were all recently discovered in the same patient.¹⁶ A week or so after visiting Spain, he developed a fever, sore throat, and blistering rash. On vacation, the man engaged in unprotected intercourse with other males, adding to the mounting proof of sexual transmission.¹⁶ Later on, same day, a guy who had tested positive for COVID-19 developed a rash.¹⁶ According to a case report in the *Journal of Infection*, tests indicated he also had monkeypox and HIV.¹⁶ The 36-year-old patient, whose identity was withheld from publication, is the first person ever to test positive for all three viruses on the same day, according to the researchers.¹⁶ Nine days after his return from a vacation to Spain, the Italian guy claimed that he started experiencing headaches,

a sore throat, and a fever.¹⁶ On July 2, he was found to have COVID-19, and within hours, his symptoms worsened beyond what is expected for the virus.¹⁶ [[Full Article](#)]

Regional Update

- **Singapore:** According to statistics from the Ministry of Health (MOH), one additional instance of monkeypox has been discovered in Singapore, increasing the total number of cases to 16.¹⁴ An extra case of monkeypox was noted in the week of August 14–August 20 according to a weekly report on infectious illnesses that was posted to its website on Thursday, August 25.¹⁴ [[Full Article](#)]
- **Indonesia:** Following the identification of the first case of the illness in Indonesia, the Coordinating Ministry for Human Development and Culture warned the populace to be aware of monkeypox symptoms.¹⁷ According to him, the public's active participation will assist in attempts to stop the spread of monkeypox across the nation.¹⁷ Prior to this, Suprpto advised the populace to strengthen the use of health standards to stop the spread of monkeypox.¹⁷ In order to stop the transmission of monkeypox, health standards must be followed, including washing hands with soap, keeping a safe distance, and wearing a mask.¹⁷ [[Full Article](#)]
- **Malaysia:** Following monkeypox cases in Thailand, the Kedah health department is working with the Thai government to improve monitoring of the Malaysia-Thai border regions in the state.¹⁸ Dr. Hayati Othman, executive councillor for state health, stated that the action was taken to reduce the possibility of the virus spreading to the state, which borders Thailand.¹⁸ He said that the state health service continually tracks the disease's progression and gathers early data.¹⁸ [[Full Article](#)]
- **Philippines:** The province administration of Negros Occidental will coordinate its monkeypox response with this capital city to put in place standard procedures for the viral disease.¹⁵ Officials from the Bacolod City Health Office attended the meeting of the Provincial Health Office with the city and municipal health officers on August 25 to discuss the developments after a positive case was reported in the nearby city of Iloilo, according to Dr. Ernell Tumimbang, the provincial health officer.¹⁵ Tumimbang stated that the PHO will also ask an expert in infectious diseases to advise local health offices on how to carry out the health protocols for instances of monkeypox.¹⁵ According to the PHO chief, the northern health institution having a quarantine or isolation space for cases of monkeypox is Cadiz District Hospital.¹⁵ According to Tumimbang, the province will also schedule a meeting with concerned officials to discuss the rules at entrance points like the Bacolod-Silay Airport and the BREDCO port herey.¹⁵ [[Full Article](#)]

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