COVID-19 cases in ASEAN: Enhanced surveillance needed

Short Title: COVID-19 in ASEAN

Brief Description of letter

In ASEAN, the number of confirmed COVID-19 cases are reported with little information on the number of screening tests performed or criteria of who are tested. We highlight the need for enhanced surveillance and reporting of the number of people screened and screening criteria when testing capacity is limited.

Key Words – COVID-19, ASEAN, Confirmed cases, Screening

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None

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Not applicable

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The Association of South East Asian Nations (ASEAN) is a 10 member grouping of countries with a total population of over 650 million people. The first cases of COVID-19 were reported in Thailand and Singapore in January and then in other ASEAN countries, with the first death occurring outside China reported in the Philippines.

Table 1 shows the number of confirmed cases of COVID-19 for each ASEAN country as at 5 March 2020, with its population size, number of persons laboratory screened or number of tests done, and the criteria for persons to be tested. The number of confirmed cases of COVID-19 in each country was obtained from the World Health Organization. Information on laboratory testing performed/number of people tested or criteria for screening was gathered from the English language mainstream media for Singapore and Malaysia [1], Indonesia [2,3], Cambodia [4], Myanmar [5]; and from the Ministries of Health of Brunei, Cambodia, Laos and Thailand.

The number of COVID19 cases reported in a country is dependent on its surveillance sensitivity and laboratory testing capacity. The criteria for laboratory testing are also important. Countries usually screen “suspect cases” based on a history of travel to a relevant country, contact with confirmed cases or working in health care managing COVID-19 cases. It
is likely that in some ASEAN countries, cases of COVID-19 may be undetected because of restrictive case definitions of “suspect cases” that allow for laboratory testing or due to limited testing capability. However, as more test kits become available, more people will be tested. Some countries also have additional surveillance by performing laboratory tests for SARS-CoV-2 for patients with pneumonia, or screen selected community cases of influenza like illness.

Sharing of accurate data is important and should be expedited for COVID-19. To get a clearer sense of COVID-19 transmission intensity, countries need to move beyond case identification based on restrictive suspect case definitions and even clinical protocols, to triangulate the findings with enhanced surveillance, for example, via pneumonia and Influenza Like Illness/fever clinic screening, or population screening. Before such enhanced surveillance is available, in order to increase transparency, it might be useful to report not only the number of confirmed cases in a country, but also the number of people tested or tests performed, and the criteria for such testing.

References


Table 1. Confirmed Cases, Laboratory tests performed and criteria for screening in ASEAN countries (as at 5 March 2020)

<table>
<thead>
<tr>
<th>Country / Population (millions)</th>
<th>Confirmed cases (March 5 2020)</th>
<th>Tests done or persons tested</th>
<th>People who are tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singapore 5.8</td>
<td>117</td>
<td>By 25 Feb, &gt;1,300 tests [1]</td>
<td>Suspect cases + Additional surveillance for all pneumonia cases, and samples from Influenza Like Illness surveillance</td>
</tr>
<tr>
<td>Malaysia 32</td>
<td>55</td>
<td>By 25 Feb, ~1,000 tests [1]</td>
<td># Suspect cases only?</td>
</tr>
<tr>
<td>Thailand 69</td>
<td>47</td>
<td>3,680 tests Source: MOH, Thailand</td>
<td># Suspect cases only</td>
</tr>
<tr>
<td>Vietnam 97</td>
<td>16</td>
<td>?</td>
<td># Suspect cases only?</td>
</tr>
<tr>
<td>Philippines 109</td>
<td>3</td>
<td>?</td>
<td># Suspect cases only?</td>
</tr>
<tr>
<td>Indonesia 273</td>
<td>2</td>
<td>331 tests (As of 3 March, 2020) [2]</td>
<td>Tested those who show symptoms and have traveled to affected countries *238 symptomless Indonesians evacuated from Wuhan not tested but quarantined *Tested 188 Indonesian crew on World Dream, cruise ship quarantined in Hong Kong (in Feb 2020) As of March 4, testing criteria loosened – test symptomatic + relevant travel history, AND asymptomatic + contact with confirmed case [3]</td>
</tr>
<tr>
<td>Cambodia 16.7</td>
<td>1</td>
<td>227 tests As of 5 March Source: MOH, Cambodia</td>
<td>Suspect cases: specifically, those boarding Westerdam cruise ship + contact with confirmed cases [4] (Earlier only testing symptomatic passengers on the cruise ship Westerdam)</td>
</tr>
<tr>
<td>Myanmar 54</td>
<td>0</td>
<td>As of 29 Feb, 43 people tested, all negative [5]</td>
<td># Suspect cases only</td>
</tr>
<tr>
<td>Laos</td>
<td>0</td>
<td>54 tests</td>
<td># Suspect cases only</td>
</tr>
</tbody>
</table>

[1] Suspect cases + Additional surveillance for all pneumonia cases, and samples from Influenza Like Illness surveillance
[2] Tested those who show symptoms and have traveled to affected countries *238 symptomless Indonesians evacuated from Wuhan not tested but quarantined *Tested 188 Indonesian crew on World Dream, cruise ship quarantined in Hong Kong (in Feb 2020) As of March 4, testing criteria loosened – test symptomatic + relevant travel history, AND asymptomatic + contact with confirmed case [3]
[3] Suspect cases: specifically, those boarding Westerdam cruise ship + contact with confirmed cases [4] (Earlier only testing symptomatic passengers on the cruise ship Westerdam)
<table>
<thead>
<tr>
<th>7.2</th>
<th>0.43</th>
<th>Brunei</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>As of 5 March, Source: MOH, Laos</strong></td>
<td><strong>Suspect cases# + additional surveillance for those with severe/bilateral pneumonia</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>32 tests</strong></td>
<td><strong>As of 5 March, Source: MOH, Brunei</strong></td>
<td></td>
</tr>
</tbody>
</table>

# Suspect cases: Symptomatic + relevant travel history, or contact with confirmed cases