SUMMARY

2nd virtual Technical Expert and Advisory (TEA) Panel meeting

30th August 2021

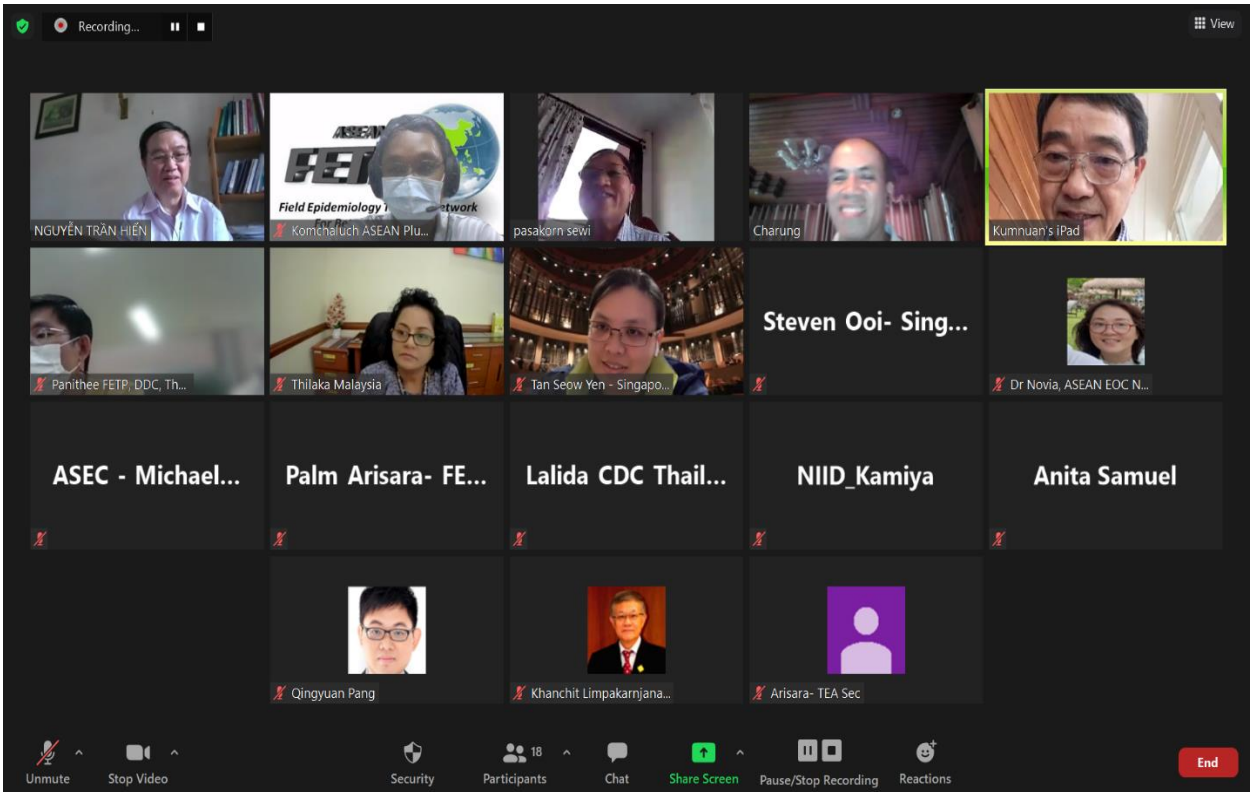
Referring to the 11th ASEAN + 3 FETN steering committee meeting held on 13-14 January 2021 hosted by the ASEAN + 3 FETN Coordinating Office virtually. All ASEAN + 3 FETN steering committees agreed to establish a Technical Expert and Advisory (TEA) Panel for strengthening the expertise of field epidemiology capacity in the ASEAN + 3 region. The TEA concept note got the concurrence on 4th June 2021 by applying the silent procedure.

Accordingly, the 2nd virtual Technical Expert and Advisory (TEA) Panel meeting was held on 30th August 2021, 01:00-02:00 PM Bangkok time (GMT+7).

Present: 21 valuables participants from Vietnam, Thailand, Malaysia, Japan, Lao PDR, Singapore, ASEAN Secretariat, ASEAN Risk Assessment and Risk Communication Centre (ARARC) of the ASEAN EOC Network, TUC, and ASEAN Plus Foundation. Technical support was provided by ASEAN Plus FETN Foundation, Department of Disease Control, Ministry of Public Health, Thailand. The web conference software, "Zoom", was used. The meeting started at 01:00 PM.

Agenda Item 1: Opening TEA meeting, Overview of the meeting, and Adoption of Agenda

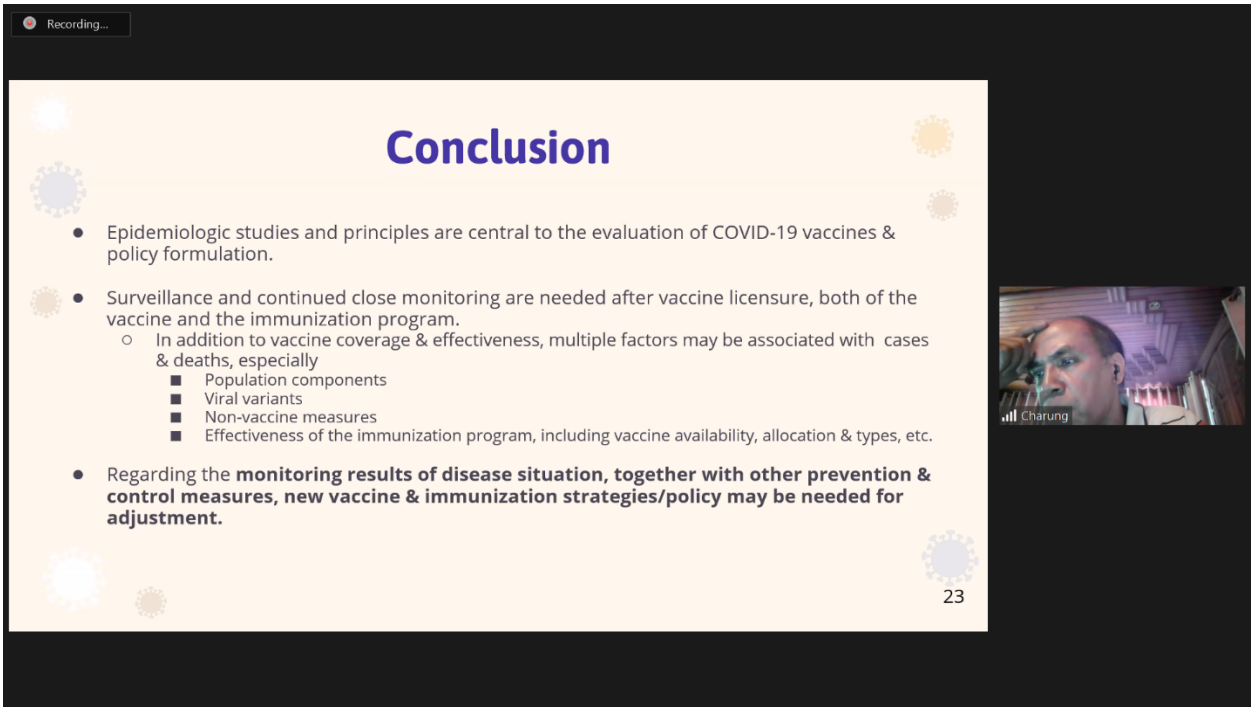
1. Dr. Rattanaxay Phetsouvanh, Chair of ASEAN + 3 FETN, allowed Dr. Pasakorn Akarasewi, the head of TEA Secretariat to be acting chair because of an urgent meeting with the minister. The acting chair officially started with an overview of the first TEA meeting and welcomed all participants. The agenda was adopted by the meeting. All participants introduced themselves by name, position, and country. See the meeting agenda in Annex 1.



Agenda Item 2: Discussion on the first issue "What is the probability of/could vaccine stop/end an ongoing pandemic COVID-19 in ASEAN Plus 3 countries?"

2. Dr. Charung Muangchana introduced some situations on vaccine coverage and disease situations. The vaccine was the most cost-effective measure in disease prevent and control. He emphasized the roles of epidemiology for the evaluation of newly developed candidate vaccines against infectious diseases closely after licensure. Thus, surveillance for vaccine coverage and disease incidence are essential benchmarks for program evaluation. There are still had many questions regarding COVID-19 vaccination. For example, will COVID-19 vaccination could increase herd immunity to slow/end the pandemic. Many factors influenced vaccine accessibility. Three mains of the COVID-19 approach and immune responses were described. He also compared the pros and cons of different vaccine approaches. Vaccine prioritization was really essential. About 40% of the world's population received at least one dose. In ASEAN Plus 3 countries, there were three countries above the average compared to the global average. He referred to the scientific study that increasing 8-16 % vaccine coverage, the Case Fatality Rate (CFR) decreased significantly. Vaccine coverage should target the high-risk group according to the SAGE guideline. The Delta variant was the most threatening variant in ASEAN Plus 3 countries, although most vaccines could reduce the mortality rate. The vaccine effectiveness may be different by country environment and context. In conclusion, Dr. Charung highlighted three

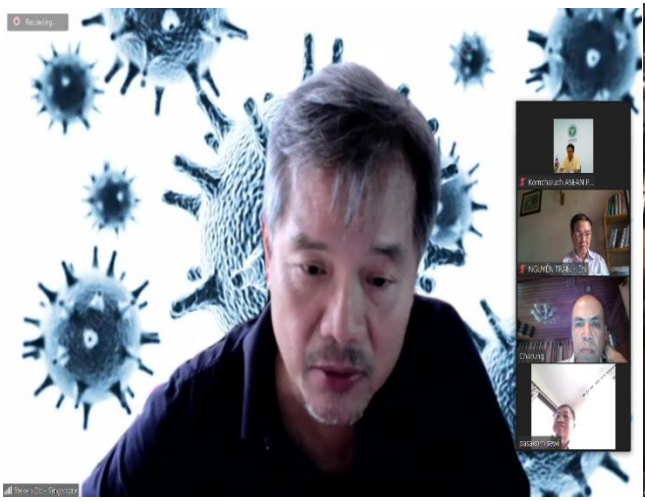
keynotes as follows; 1) Important epidemiologic studies and principles were central to the evaluation of COVID-19 vaccines & policy formulation, 2) surveillance and close monitoring were needed after vaccine licensure, and 3) monitoring results of disease situation with other prevention control measures, the new vaccine, immunization strategies and policy may be needed for adjustment. See more detail in Annex 2.



Agenda Item 3: Panel discussion facilitated by Dr. Pasakorn Akarasewi

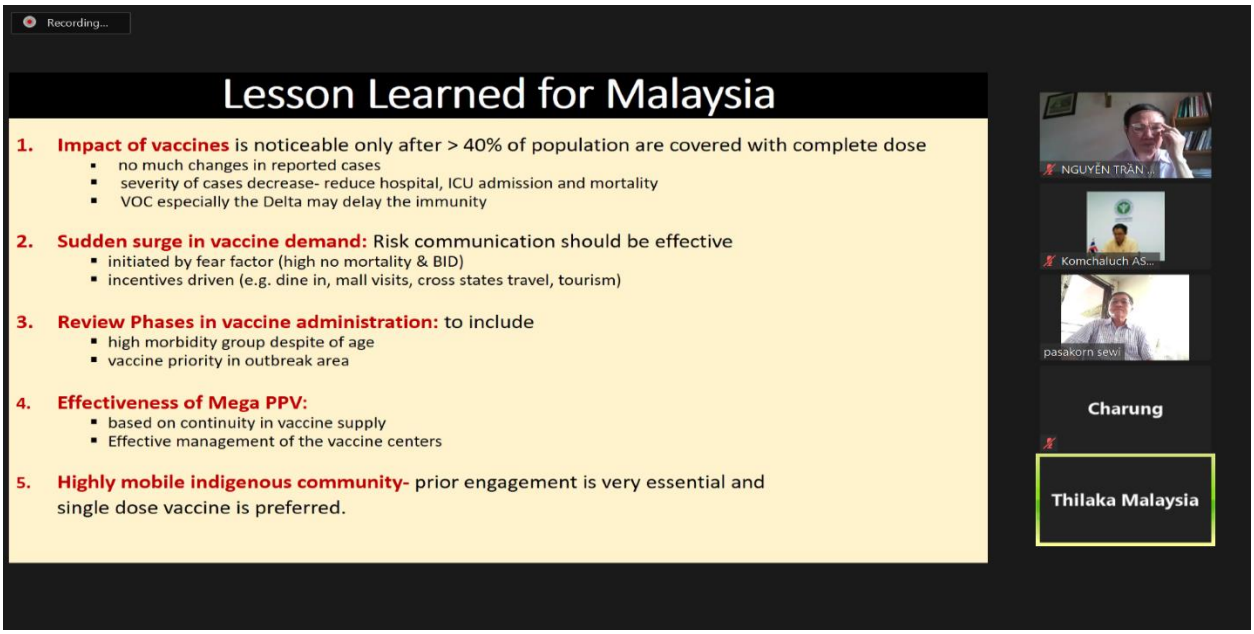
3. Dr. Pasakorn Akarasewi invited the first speaker, Dr. Steven Ooi from Singapore, to share the Covid-19 experience in Singapore, which had one of the highest country vaccine coverage. He mentioned that National Centre for Infectious Diseases (NCID)'s National Public Health Laboratory had confirmed all clinical samples in the current surge were positive for Delta variant using viral culture and phylogenetic approach. This virus posed a challenge to existing prevention and control measures because of its short incubation period (might be less than two days), contagiousness (within minutes), high reproduction number, making super-spreading events common in a crowded urban center like Singapore. Singapore monitors and tracks Delta variant mutations from clinical samples and performs phylogenetic analysis and molecular epidemiology. It conducts wastewater testing with a collective sampling of discharges in residential estates, wet markets, and food centers. Sentinel surveillance has been applied in high-risk areas of Singapore. Dr. Tan Seow Yen shared her clinical perspective on the Delta variant, and that vaccinated cases who were infected showed somewhat high viral loads. It is becoming clear that while the vaccine

could help prevent severe outcomes in many of these cases, vaccination may not be effective enough to prevent the spread of the infection to their close contacts. Appropriate Personal Protective Equipment (PPE) was essential to protect against infections in the hospitals. In the community struggle between lives and livelihoods, Singapore must reopen. Contact tracing and quarantine in Singapore were expected to be less effective in the future because the intense vaccination program had rendered many cases asymptomatic in Singapore.



4. Dr. Pasakorn Akarasewi invited the next speaker, Dr. Thilaka Chinayah from EIP-Malaysia, to share three topics as follows; 1) vaccine rollout, 2) effectiveness of vaccine program, and 3) lesson learned. Five vaccines were approved in Malaysia. The immunization program was free for all and targeted 70% (23.6 million) of the Malaysian population, which will be completed in 1 year, February 2021. The vaccination program was implemented in the government hospital, private hospitals, clinics, public or industry or mega positive pressure ventilation (PPV) places, Drive-Tru Vaccination Center, Mobile Vaccination truck, and Out-reach for home bounded. Monitor and surveillance program for vaccination composed of vaccine coverage, vaccine utilization, Adverse Events Following Immunization (AEFI), and seroprevalence study. There were differences in vaccine coverage by states. The interesting finding was that 40% complete vaccination coverage in the population could decrease cumulative COVID-19 infected cases. Nevertheless, one state reached 40 % of vaccine coverage, but the number of cases was still going up. It resulted from the highest COVID-19 variant, especially for the Delta variant, which may delay the immunity. There were five categories of cases for monitoring and management, which category 4 and 5 needed oxygen supply and ICU care admission. By monitoring, complete vaccination could reduce the number of newly infected cases. The clinical audit data analysis on the "breakthrough death" showed that among the overall 12,993 deaths recorded, 80 cases had been partially vaccinated (0.6%), and four cases had been full vaccinated (0.03%). 5 Lessons learned were shared with all participants. First, the impact of vaccines is noticeable only after >

40% of the population is covered with a complete dose. Second, Risk communication should be effective during the sudden surge of vaccination demand. Third, vaccine administration needed to be prioritized in the high morbidity group and the outbreak area. Fourth, Mega PPV could increase the number of vaccinated people and vaccination management effectively. Lastly, a highly mobile indigenous community was essential for engagement. See more detail in Annex 3.



Agenda Item 4: Floor discussion

5. Dr. Pasakorn Akarasewi invited all participates in providing the comment and points of view. The expert from Vietnam mentioned the vaccine might not have enough potential to stop the pandemic COVID-19 because it could not prevent infection and transmission. The good news was vaccines could prevent severe cases and herd immunity. Seroprevalence study needed to be applied to monitor the vaccine effectiveness and new variant in the future. An epidemiology study should be conducted in the future to measure the effectiveness of the vaccine. The expert from Japan asked Singapore to elaborate more on changing the definition of close contact time and distance. For reasons of practicality, Singapore retains the traditional criteria to define close contact but notes that many exposures leading to infection may not be picked up. There is a rising number of unlinked community cases. Singapore is also prepared to be declared COVID-19 endemic in the future. It recognizes we are dealing with a highly versatile Delta variant and is making efforts to study local super spreading events to better understand preventable risk factors and reduce transmissibility of the Delta variant. The expert from Thailand proposed using mortality rate instead of morbidity rate to reflect the impact of the diseases by country in the ASEAN region. If we agreed to use the mortality rate for monitoring, we might easily mobilize

the vaccine more productively. The expert from Thailand commented TEA was an excellent platform to exchange experience, which was beneficial for all. We could modify what we have learned and help each other in vaccine distribution in the ASEAN region. Finally, ASEAN Secretariat responded to comments from participants by sharing the joint statement agreement of the health minister on vaccination and urgent needs such as Biongenomic surveillance led by Malaysia, COVID-19 respond fund (1,000,000 procurement of vaccine per member state funded by UNICEF), and vaccine supply. See more detail in Annex 4.

Closing

6. The Acting chair thanked TEA members and all participants for their fully active participation and fruitful discussion throughout the meeting period. The Acting chair also encouraged the TEA member to nominate more experts or suggested the potential TEA member to the TEA Secretariat. The third virtual Technical Expert and Advisory (TEA) Panel meeting will be held on September 2021. The TEA secretariat is responsible for the preparation and invitation process. The video conference ended at 02:34 PM (Bangkok time).

The meeting was held in the traditional spirit of ASEAN cooperation and genuineness.