COVID-19 mutations trigger new outbreaks across Southeast Asia

Mike Head
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The COVID-19 catastrophe in India is threatening to spread to Southeast and East Asia, including in locations such as Vietnam, Singapore and Taiwan, where lockdowns and other safety restrictions had previously kept infections low.

The outbreaks across the region are another stark warning of how quickly new waves of the pandemic, driven by more infectious variants like B.1.617, first identified in India, can get out of control and overwhelm chronically-underfunded and inadequate hospital and quarantine systems.

In the past month, B.1.617 has appeared in Cambodia, Indonesia, Malaysia, Singapore and Thailand, accelerating infections and deaths. In some countries, especially Cambodia, the British variant, known as B.1.1.7, has also taken hold.

This has been aided by the refusal of governments worldwide to implement effective lockdown and containment measures because that would affect corporate profits.

The emerging crisis has been worsened by "vaccine nationalism." Unconscionable delays in global vaccination programs, particularly for the billions of people living in the most impoverished parts of the world, caused by the mercenary interests of the wealthiest Western powers and the pharmaceutical giants, have allowed more transmissible and deadly mutations to develop.

With the exception of Singapore and Cambodia, less than 10 percent of the adult population in each country across the region has received a single vaccine dose.

Even according to official statistics, the regional toll is soaring, and it is almost certainly much higher, especially in rural areas, as reported recently by the Institute for Health Metrics and Evaluation, which calculated that COVID-19 deaths globally are twice the recorded figures.

* New reported cases in Malaysia have more than tripled in the past month, hitting 4,765 on May 12. This forced the government to introduce a four-week partial national shutdown, but it is still allowing factories and businesses to operate.

Malaysia had recorded over 470,000 cases with 1,902 deaths as of Sunday. It has the third highest infection rate in the region, behind Indonesia and the Philippines, despite Prime Minister Muhyiddin Yassin declaring a state of emergency in January, ostensibly to contain the pandemic.

"Our health care, with the increase in numbers, is becoming a bit overwhelmed," Malaysian Medical Association president Subramaniam Muniandy, told the *Economist* on May 15. "Frontliners are tired, exhausted."

The Malaysian government has said it aims to inoculate 80 percent of the country's 32 million people by December, but only around 1.2 million people have received at least one dose of a vaccine so far, according to health ministry data.

* Thailand's daily tally jumped from 50 in early April to more than 2,000 a month later. More than 10,000 cases have so far been revealed among the 310,000 prisoners in its 143 jails. Bangkok's hospitals are filling up, with 35,055 COVID-19 victims in the country's hospitals or field hospitals.

Thailand reported on Monday a daily record of 9,635 new coronavirus cases, bringing its total infections to 111,082. Thailand also announced 35 new deaths on Tuesday, taking its overall fatalities to 624. Only about 1.5 million of its 66 million people have received a single vaccine dose.

* Cambodia reported 350 cases on Sunday and three deaths, taking its fatalities to 150. Of its about 20,000 recorded infections, nearly 90 percent have occurred since the start of April. By mid-May, the B.1.1.7 outbreak had infected thousands of people and killed more than 100.

* In neighbouring Laos, the government reported 47 new cases on Monday. Of these, 38 were in Bokeo province, home to the Golden Triangle Special Economic Zone, which caters to tourists. As of Monday, Laos had confirmed 1,638 cases, with two deaths. The government only partially shut down the capital, Vientiane, in April and sealed the country's borders.

* Vietnam's Ministry of Health reported the country's 36th and 37th deaths on Saturday and Monday, the first since September. It reported 187 new confirmed cases on

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May 16 and 182 more on May 17. The country of 95 million people has confirmed a total of 4,359 cases, including 1,320 local transmissions since April 27.

At least eight hospitals in Vietnam have locked down since May 5 because of the virus. In a bid to divert responsibility, the Vietnamese government has blamed allegedly lax observation of quarantine by people arriving from China, India and Japan.

* On Monday, Indonesia recorded 4,295 new cases and 212 deaths. Detected cases had plateaued at around 5,000 a day, but now a sharp rise is feared after an estimated 1.5 million people left Jakarta alone in May to return to their home villages for Eid al-Fitr, a Muslim holiday.

With more than 1.7 million confirmed cases and 48,000 deaths since the pandemic began, Indonesia has been the worst-hit country in Southeast Asia. Some health experts have warned an Indian scenario is possible. Low testing and contact tracing, and a positivity rate consistently above 10 percent point to wider infections.

* The Philippines on Monday reported 5,979 fresh cases of COVID-19, pushing the country's total to 1,149,925, and 72 fatalities, bringing the death toll to 19,262. The new cases included the B.1.617 variant.

The Philippines suffered a surge in March, when new cases reached 10,000 a day. A limited lockdown brought that down by about half, but the proportion of tests coming back positive is still 15 percent, suggesting that many cases are escaping detection.

President Rodrigo Duterte's government says it is pushing to vaccinate at least 50 million people this year to achieve "herd immunity" against COVID-19. As of May 15, however, the government had fully vaccinated only 714,432 individuals.

* How fast the pandemic can resurge can be seen in Singapore. Last month, Bloomberg gave Singapore a gold star for pandemic management, ranking it in top spot ahead of New Zealand and Australia. It seemed to have mostly suppressed earlier clusters among migrant workers. Within a week, however, dozens of infections were revealed at Tan Tock Seng Hospital, the airport and port.

Over the past month, according to the government, Singapore has imported 271 COVID-19 cases from south Asia, with some infected with the B.1.617 strain. On Monday Singapore reported a total of 28 infections, including new B.1.617 cases. Four more cases were linked to the Changi Airport Terminal 3 cluster, currently the biggest outbreak, taking it to 78 people.

Last Friday the government reduced social gatherings, banned restaurant dining and reinstituted working from home for office workers. On Sunday Singapore's Education Minister Chan Chun Sing said the government would start vaccinating children younger than 16, after pupils at seven schools had to go back to home learning because 10 children tested positive.

Stocks fell on the Singapore Exchange on Friday as investors reacted to the introduction of even the limited mobility restrictions. Singapore Airlines shares closed down 5.7 percent, providing a glimpse of the hostility of the financial elite to any measures that impact on profits.

* Taiwan, also touted by the corporate media as a success story, reported 335 new cases on Monday—a record single-day rise—after earlier confirming about 2,000 infections and 12 deaths since the start of the pandemic. In response, the authorities imposed limited safety measures, closing bars, clubs and gyms, and restricting indoor gatherings in Taipei and the surrounding New Taipei City. The island has one of the lowest vaccination rates in the world, with less than 1 percent of its 23 million-strong population inoculated.

Most of the governments in these countries acted early last year to close borders, impose quarantine measures and trace the contacts of infected people, based on lessons from the SARS epidemic of 2003-04. These measures were helped by the fact that people widely complied with mask-wearing requirements.

Now, however, the arrival of new COVID-19 strains is threatening to expose their populations to new pandemic waves. The drive by all these governments to reopen borders and lift restrictions while their populations are unvaccinated has resulted in the predictable and possibly deadly surge of the virus.

This underscores the global character of the public health crisis and the necessity for the working class everywhere to unify its struggles, across national borders, and take control of the situation out of the hands of the ruling capitalist classes that have allowed this disaster to persist and intensify worldwide.

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