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Commentary

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Rapid rise of COVID-19 second wave in Myanmar and implications for the Western Pacific region

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Myanmar reported its first case of COVID-19 on 23 March. Myanmar was late in reporting its first case despite sharing a long and porous border with China. In the first wave, there were only 374 cases and six deaths and the last local transmission was found on 16 July.[1] The second wave started on 16 August in Rakhine State, after almost a month without local transmissions. To date, there are a total of 32,351 cases with 14,706 recoveries and765 fatalities.[1] Myanmar has seen a dramatic increase in the number of cases in the second wave compared to the first wave. Rakhine State is located on the border with Bangladesh and the state now has more than 2000 new local transmissions. Bangladesh is home to the world's largest refugee camp and some of the refugees who returned to Myanmar tested positive for the virus.[1] Rakhine State also has internally displaced people (IDPs) fleeing from an ongoing conflict and covid-19 has been reported in an IDP camp. The IDP population is growing and they live in very crowded camps. Social distancing is impossible in these camps and IDPs are lacking food and other necessary medical supplies.The United Nations (UN) reported that the recent surge in COVID-19 cases in Rakhine complicates the provision of humanitarian assistance to more than 670 000 vulnerable people.[2] The second wave started in Rakhine State but the virus has spread to all the states and regions. From March to May, more than 150 000 migrant workers returned to their home towns and villages.[3] The migrant workers are still returning through both official and unofficial border checkpoints. Furthermore, Myanmar citizens from all over the world are returning by relief flights and there is a shortage of quarantine facilities.

The government has banned international flights, closed the schools and ordered half of the country's workforce to work from home. Stay-at-home orders have been issued in cities across the country. Health workers have carried out door-to-door health checks in Yangon, the country's largest city. Yangon has become a major epicenter in the second wave and deaths have tripled and cases have risen by more than 700%.[4] The high positivity rate in Yangon indicates that the virus is widespread in the community. Hospitals are facing overcapacity and health workers from other parts of the country had to be called in to reinforce the health workers in Yangon. Fever clinics and hospitals are using faster, less expensive antigen test kits to test suspected patients. This new strategy is employed to supplement the Real-Time Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR) tests and to reduce the burden on the laboratories. The laboratories have reached their maximum testing capacities, and they cannot keep up with the surging cases. Truck drivers have been tested with the rapid antigen test kits and health workers, police, volunteers and factory workers also need to be tested weekly. At first, Myanmar had to send the samples to Thailand for testing but now, the government is setting up new laboratories and they have tested 464,557 samples.[1] Decades of neglect by the previous military government have left the healthcare system with only 6.7 doctors per 10 000 people and 0.71 intensive care unit beds per 100 000 population and 0.46 ventilators per 100 000 population.[5,6]

The health personnel are unable to identify the source of infection in many cases. Since Myanmar has one of the lowest testing rates in the region, the government should conduct a nationwide serological survey to estimate the extent of the infection. Starting from 5-year-olds, 1000 randomly selected people from the capital cities of all the states and regions should be tested for antibodies. . Testing the sewage for the coronavirus is another option. Myanmar has been providing cash and food aid to vulnerable populations such as pregnant women, people with disabilities and the elderly. Providing aid is crucial because it can help the people to follow the stay-at-home order. Hospitals should stockpile oxygen tanks, ventilators, dialysis machines, anti-coagulants, and corticosteroids.Simple public health measures such as hand washing, physical distancing

and wearing masks, have to be strictly enforced because they can also help suppress influenza in the flu season.

A more infectious strain with G614 mutation is found in Myanmar. The country now has the fourth-highest number of cases and the third-highest number of deaths in the Association of Southeast Asian Nations (ASEAN). ASEAN countries are highly interconnected to each other and the rest of the world through trade and migration. ASEAN countries are divided into the South-East Asia Region (SEARO) and Western Pacific Region (WPRO) by the World Health Organization (WHO). The WHO South East Asia Region has the highest rise in new cases while new cases have declined in the Western Pacific Region.[7] There are calls to form an ASEAN Centre for Disease Prevention and Control (CDC), similar to the European Centre for Disease Prevention and Control (ECDC).[8] ASEAN CDC can collaborate sharing of real-time surveillance data and best practices, eliminating wildlife trade, maintaining supply chains, combating disinformation and vaccine development. The organization can act as the permanent regional body to combat the current and future pandemics. Moreover, ASEAN CDC can enhance inter-regional collaboration between the SEARO and WPRO regions. Myanmar is situated next to India and Bangladesh, countries with very high COVID-19 burdens, and it is a gateway to the Western Pacific Region. In addition, Myanmar, Cambodia, Indonesia, Laos, the Philippines and Timor Leste are listed as vulnerable because of weak health systems by the UN.[9] A full-blown outbreak can quickly overwhelm the country's healthcare system and it can spread to the Western Pacific countries. Thus, the COVID-19 outbreak in Myanmar can pose a threat to the western pacific region.

Conflict of interest. None declared.

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