

WHO South-East Asia Region Epidemiological Bulletin

WHO Health Emergencies Programme

WHO Regional Office for South-East Asia

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This epidemiological bulletin aims to provide the situation of key infectious diseases in the WHO South-East Asia Region to inform risk assessments and responses. The bulletin uses information from publicly available sources and will be published every two weeks. For feedback or suggestions, please write to seoutbreak@who.int.

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Key events and updates

Upsurge of mpox as a public health emergency of international concern

Key messages

- WHO Director-General has determined that the upsurge of mpox in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa constitutes a Public Health Emergency of International Concern (PHEIC), concurring with the advice offered by the International Health Regulations (IHR)(2005) Emergency Committee.
- The detection and rapid spread of a new strain of mpox (Clade 1b) in eastern DRC, its detection in neighboring countries that had not previously reported mpox, and the potential for further spread within Africa and beyond are the major concerns.

Situation overview (as of 17 August 2024)^{1 2 3 4}

- **Growing outbreaks in the DRC:** Since the beginning of this year, the **DRC has been experiencing a severe outbreak of mpox**, with more than 15 600 reported suspected (clinically compatible) cases and 537 related deaths.
 - This represents a 160% increase from the same period last year in DRC.
 - The increased case reporting is driven by two concomitant outbreaks, including (1) outbreaks in historically endemic parts of the DRC, affecting primarily children, and (2) a rapidly expanding outbreak of a new strain of MPXV clade I (clade 1b) which appears to be spreading predominantly through sexual networks, expanding geographically in DRC's eastern provinces, and affecting neighboring countries.
- **New countries affected in Africa:** Four countries neighboring the DRC reported their first mpox cases in the past one month: Burundi, Kenya, Rwanda and Uganda. In total, 12 countries in Africa have reported mpox this year, with 9 countries with active outbreaks.
- **New virus strain behind recent cases:** The current outbreak in the Eastern DRC is triggered by a new variant of the Clade I, called clade 1b.
 - Clade I (Clade 1a) has been historically circulated in DRC, while Clade II was responsible for the global outbreak that began in 2022.
 - Clade I is known to cause more severe disease than clade II. It is unknown if the two clade I variants, clade 1a and 1b, differ in disease severity.
 - Clade 1b is spreading among people, driven by sexual contact but also involving other type of contact.
 - Clade 1b has now been detected in countries in East and Central Africa (i.e. DRC, Burundi, Kenya, Rwanda and Uganda) and Sweden.
 - There are many scientific uncertainties and evidence gaps (e.g., modes of disease transmission, transmission dynamics, risk factors, and disease severity associated with the different mpox virus clades).
- **Continued spread of mpox globally:** mpox remains a global public health concern, with cases and outbreaks still being reported worldwide. In June 2024, 26 countries reported over 930 cases and 4 deaths globally. Please see regular mpox section where mpox situation in WHO South-East Asia Region is summarized.
- **The first case of the mpox Clade 1b outside Africa:** On August 15, the Public Health Agency of Sweden reported the first case of the mpox Clade 1b outside Africa.^{5 6}
 - The infected individual has travel history to Central Africa, where a mpox outbreak is ongoing.

¹ [mpox HQ dashboard](#)

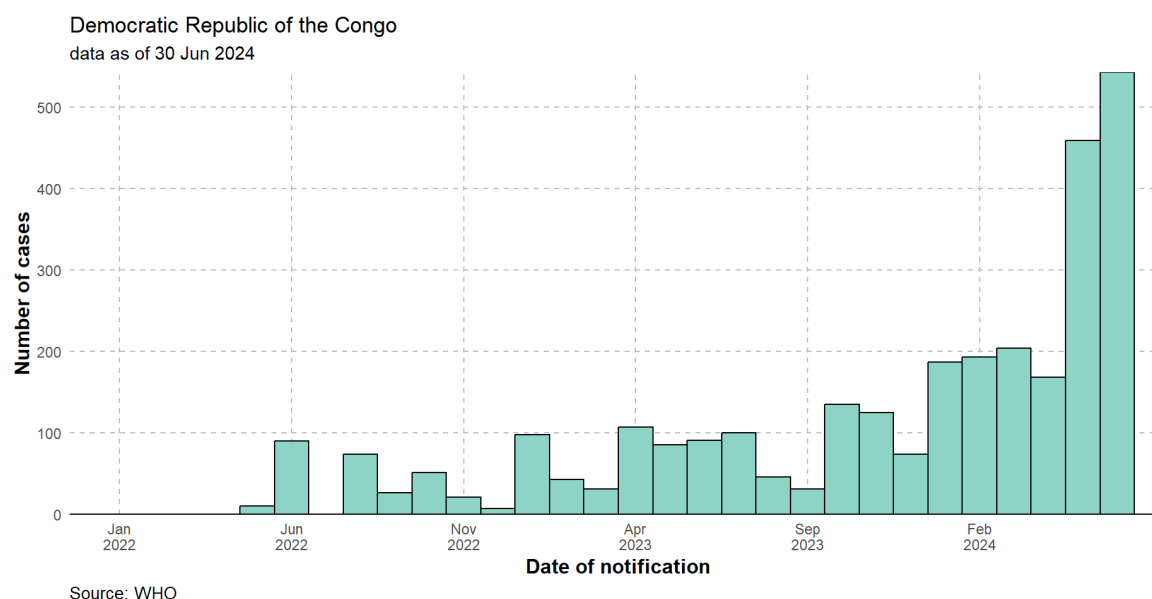
² [UN news](#)

³ [WHO Director-General declares mpox outbreak a public health emergency of international concern](#)

⁴ <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report-35--12-august-2024>

⁵ [One case of mpox clade I reported in Sweden - The Public Health Agency of Sweden \(folkhalsomyndigheten.se\)](#)

⁶ [First case of more dangerous mpox found outside Africa \(bbc.com\)](#)

Figure 1. Number of mpox cases reported in DRC.**Table 1. Number of cumulative laboratory-confirmed mpox cases and deaths reported to WHO, by WHO Region, from 1 January 2022 through 30 June 2024.**

WHO Region	Total confirmed cases	Total deaths among confirmed cases	New cases reported in May	New cases reported in June	Monthly change in cases (%)
Region of the Americas	62 904	141	215	175	-19.0
European Region	27 529	10	141	100	-29.0
African Region	4 232	35	465	567	22.0
Western Pacific Region	3 491	10	120	81	-32.0
South-East Asia Region	925	11	22	11	-50.0
Eastern Mediterranean Region	95	1	0	0	-
Total	99 176	208	963	934	-3.0

NB: The number of reports for previous months include retroactively assigned case reports received since the report for May

WHO response

- WHO Director General determined that the upsurge of mpox in the DRC and a growing number of countries constitutes a **public health emergency of international concern (PHEIC)** on 14 August, with the advice offered by the IHR Emergency Committee on the same day.
- In relation to PHEIC determination, [temporary recommendations](#) are issued to States Parties experiencing the upsurge of mpox, including, but not limited to, the DRC, Burundi, Kenya, Rwanda, and Uganda. They are intended to be implemented by those State Parties in addition to the standing recommendations for mpox (see below).
- The WHO Director-General's [standing recommendations](#) for mpox issued on 21 Aug 2023 are being extended for another year to cover more general guidance for [all State Parties](#) to address the chronic risk of mpox.
- WHO has regraded the global mpox multi-country event to an acute grade 3 emergency in accordance with the WHO Emergency Response Framework and issued an information posting to WHO Member States;
- The WHO Director-General has triggered the process towards Emergency Use Listing for mpox vaccines;
- Funds are being released from the WHO Contingency Fund for Emergencies (CFE) to scale up the response in the African Region;

WHO resources on mpox

All current WHO interim technical guidance can be accessed on [this page](#) of the WHO website. WHO evidence-based guidance has been and will continue to be updated in line with the evolving situation and updated scientific evidence. The selected publications are listed below for easy reference, together with other relevant resources.

- **IHR Emergency Committee, Temporary Recommendations and Standing Recommendations**
 - [First meeting of the International Health Regulations \(2005\) Emergency Committee regarding the upsurge of mpox 2024](#)
- **Strategic framework**
 - [Strategic framework for enhancing prevention and control of mpox- 2024-2027](#) (24 May 2024)
- **General information on mpox**
 - [Monkeypox outbreak page \(2022\)](#)
 - [Mpox \(monkeypox\) health topic page](#)
 - [Mpox \(monkeypox\) Q&A](#)
- **Epidemiological situation**
 - Dashboard: https://worldhealthorg.shinyapps.io/mpx_global/
 - [Multi-country outbreak of mpox, External situation report#35- 12 August 2024 \(who.int\)](#)
 - [Genomic epidemiology of monkeypox virus](#) (Nextstrain)
- **Technical documents**
 - [Diagnostic testing for the monkeypox virus \(MPXV\): interim guidance](#) (10 May 2024)
 - [Risk communication and community engagement readiness and response toolkit: mpox](#) (23 April 2024)
 - [Surveillance, case investigation and contact tracing for mpox \(monkeypox\): Interim guidance](#) (20 March 2024)
 - [Clinical characterization of mpox including monitoring the use of therapeutic interventions: statistical analysis plan](#) (13 October 2023)
 - [Monkeypox vaccines technical documents](#)
 - SAGE on mpox vaccines (page 16): <https://iris.who.int/bitstream/handle/10665/376936/WER9922-285-306.pdf?sequence=1>
 - [Responding to the global mpox outbreak: ethics issues and considerations: a policy brief](#) (19 July 2023)
- **Data collection tools**
 - Case report form: [Word](#)
 - Case investigation form: [PDF](#)
- **Mass gathering**
 - [Public health advice for gatherings during the current monkeypox outbreak](#)
 - [Interim advice for public health authorities on summer events during the monkeypox outbreak in Europe, 2022](#)
 - [Holding mass and large gathering events during the multi-country mpox outbreak in the WHO European Region: Lessons identified for future mass gathering preparedness](#) (22 February 2023)
 - [Catalogue of resources on mpox mass and large gathering event preparedness](#)

Myanmar: Acute Watery Diarrhea

Situation overview (as of 9 August 2024)

- [Myanmar Acute Watery Diarrhea/ Cholera Outbreak External Situation Report – the first edition](#) was published on 14 August 2024. The key points are summarized as follows.

Yangon

- According to the ministerial authorities for health, a total of 2 261 hospitalized cases of acute watery diarrhea (AWD) and 161 hospitalized cases of AWD with severe dehydration were reported from 44 townships of Yangon region as of 8 August 2024. Among them, 15 cases have died, however, the cause of death is unknown. Cholera infection is confirmed in some of those AWD cases.
- Most affected townships were Thaketa, Hlaingtharyar, Botahtaung, Dawbon, and Thingangyun.
- WHO is supporting the response to the outbreak in collaboration with partners.

Rakhine

- Starting from mid-June, AWD cases increased in Sittwe in Rakhine State, with a notable surge of the cases, including those with severe dehydration, in late July. Cholera infection is confirmed in some of those AWD cases.

Nepal: Cholera

Situation overview (as of 19 August 2024) ⁷

- According to an official situation report from the Nepal Ministry of Health and Population, clusters of cholera cases have been reported in several districts across the country since 19 July 2024.
- ***Vibrio cholerae* O1 Ogawa** serotype has been confirmed in stool samples. All confirmed cholera cases have been confirmed by culture.
- As of 19 August 2024, there are **58 cases** in 4 districts: **Lalitpur** (41), **Kathmandu** (7), **Kailali** (8), and **Pyuthan** (2). No epidemiological link has been established between the districts. No deaths have been reported.
- Individuals aged 15-24 years old represent the majority of cases (26%), followed by those aged 25-34 years old (21%).

Public health response

- EDCCD is coordinating with all three provincial health directorates, PHEOCs, District Administrative offices, provincial public health labs, National reference laboratory and health facilities daily for enhanced responses.
- Weekly coordination meeting is held to discuss and strategize the cholera response.
- Initiation on discussion on use of reactive vaccination campaign.
- EDCCD is coordinating with the Rapid Response focal person from districts and local municipalities for active case finding and testing for laboratory confirmation. Alerts are investigated within 48 hours.
- All health facilities (n=144) have been alerted by the provincial and district offices to prepare for case management and referral services. Cases are managed at Sukraraj Tropical & Infectious Disease Hospital and Seti Hospital.
- Water, sanitation and hygiene (WASH) response: Decontamination of probable sources. Handwash activities being carried out. Chlorination of drinking water sources. Dissemination of WASH and cholera-related messages through social media platforms such as Facebook and Instagram.
- Risk communication and community engagement (RCCE): Cholera awareness brochures were distributed by local rapid response teams and district Offices. Public Service Announcement have been developed and disseminated. Health Directorate in the provinces rolling out RCCE activities by activating WASH cluster.

⁷ [EDCCD Nepal – Cholera and dengue situation update 19 August 2024](#)

New Publication: Global guidance on monitoring public health and social measures policies during health emergencies

- This global guidance aims to facilitate systematic and harmonized data collection about, and monitoring of, public health and social measures (PHSM) policies implemented by governments during health emergencies.
- The guidance is intended for policy-makers, health authorities, responders and researchers in multiple sectors and at various levels responsible for responding to public health emergencies and developing PHSM policies, and provides key actions for PHSM policy monitoring in both preparedness and response.
- The guidance details standardized approaches and actionable steps for establishing and maintaining a robust PHSM monitoring system, a taxonomy of PHSM categories for coherent and comparable policy monitoring, and a process for consistent and transparent data collection.
- The guidance facilitates the availability of context-specific and real-time PHSM data alongside other key data sets drawn on during public health events for PHSM decision making. This guidance will be accompanied by flexible and customizable online tools.
- The guidance was published on 16 August 2024 and is available at the following link:
<https://www.who.int/publications/i/item/9789240094444>



COVID-19

Situation overview as of 18 August 2024

- In the WHO South-East Asia Region, from 5 to 18 August 2024, 1 665 new COVID-19 cases, a decrease of 25.4% and 11 deaths, an increase of 175%, were reported, compared to the previous 14 days (Table 2).
 - From 5 to 18 August 2024, India (572 new cases, +2.9%) reported an increase in the number of new cases, while Thailand (954 new cases, -35.9%), Bangladesh (24 new cases, -63.6%) and Myanmar (39 new cases, -15.2%) and Indonesia (76 new cases, -11.6%) reported a decrease in the number of new cases, compared to the previous 14 days.
 - Data were not available from Bhutan, Maldives, Nepal, Sri Lanka and Timor-Leste for this period.
- The Region has recorded a cumulative total of 61 315 364 COVID-19 cases, including 808 814 deaths (Table 1).
- During week 30 in 2024, the proportion of respiratory samples collected at influenza sentinel surveillance sites in the selected countries that tested positive for COVID-19 ranged from 1.52% (Bangladesh) to 13.06% (Bhutan) (Figure 3).
- Please refer to the [WHO SEARO COVID-19 dashboard](#) for further information of COVID-19 in WHO South-East Asia Region.
- Globally, 775 867 547 COVID-19 cases, including 7 057 145 deaths have been cumulatively reported, as of 4 August ⁸. Please visit the [WHO COVID-19 dashboard](#) for the global situation of COVID-19.

Table 2. COVID-19 cases, deaths, and the weekly change in countries in the WHO South-East Asia Region in the week from 5 to 18 August 2024.

Country		Cumulative cases	New cases (last 14 days)	% change in new cases	New cases per 1M pop	Cumulative deaths	New deaths (last 14 days)	% change in new deaths	New deaths per 1M pop
Thailand		4,800,134	954	-35.9	13.3	34,720	5	66.7	0.1
India		45,042,320	572	2.9	0.4	533,629	6	100.0	0.0
Bangladesh		2,051,372	24	-63.6	0.1	29,499	0	-100.0	0.0
Myanmar		642,924	39	-15.2	0.7	19,494	0	0.0	0.0
Indonesia		6,829,515	76	-11.6	0.3	162,059	0	0.0	0.0
Sri Lanka		672,798	NA	NA	NA	16,907	NA	NA	NA
Bhutan		62,697	NA	NA	NA	21	NA	NA	NA
Maldives		186,694	NA	NA	NA	316	NA	NA	NA
Nepal		1,003,450	NA	NA	NA	12,031	NA	NA	NA
Timor-Leste		23,460	NA	NA	NA	138	NA	NA	NA
SEAR Total		61,315,364	1,665	-25.4	NA	808,814	11	175.0	NA

Notes:

Percent change in the number of newly confirmed cases/deaths in past 14 days, compared to the previous 14 days.

NA = data not available.

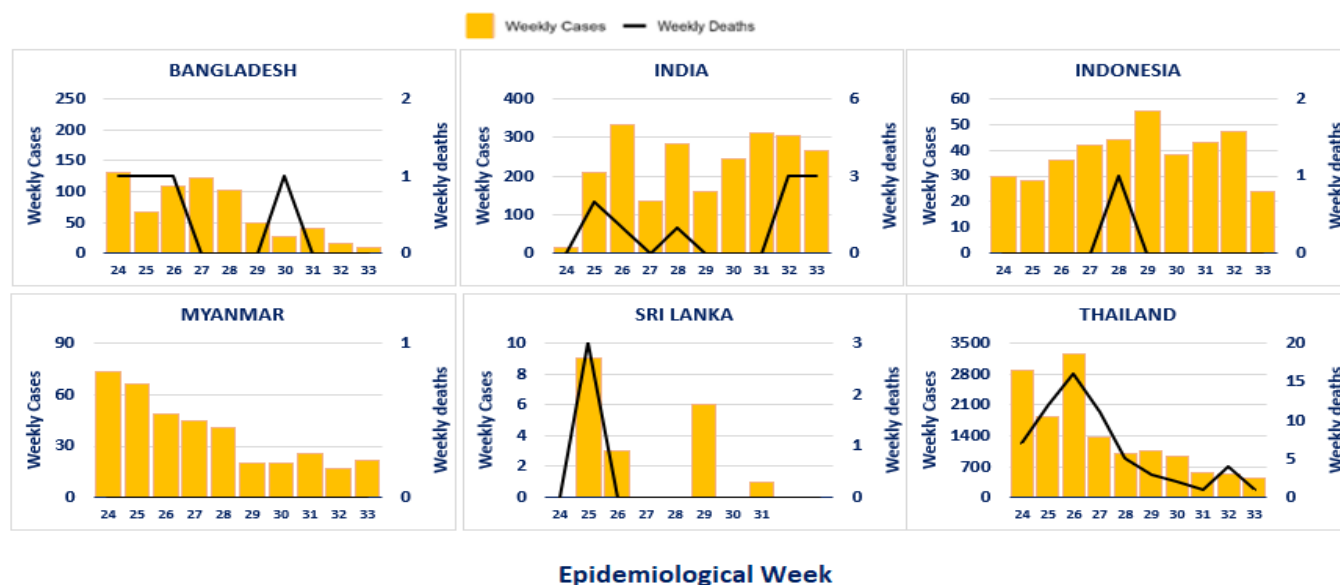
DPR Korea has not reported confirmed COVID-19 cases.

Indonesia and Thailand data were for the period from 4 to 17 August 2024 in comparison to the preceding 14 days.

As for cumulative numbers, Maldives data are as of 5 August 2023, Timor-Leste data as of 11 August 2023, Bhutan data as of 8 October 2023, Nepal data as of 20 October 2023 and Sri Lanka data as of 31 July 2024.

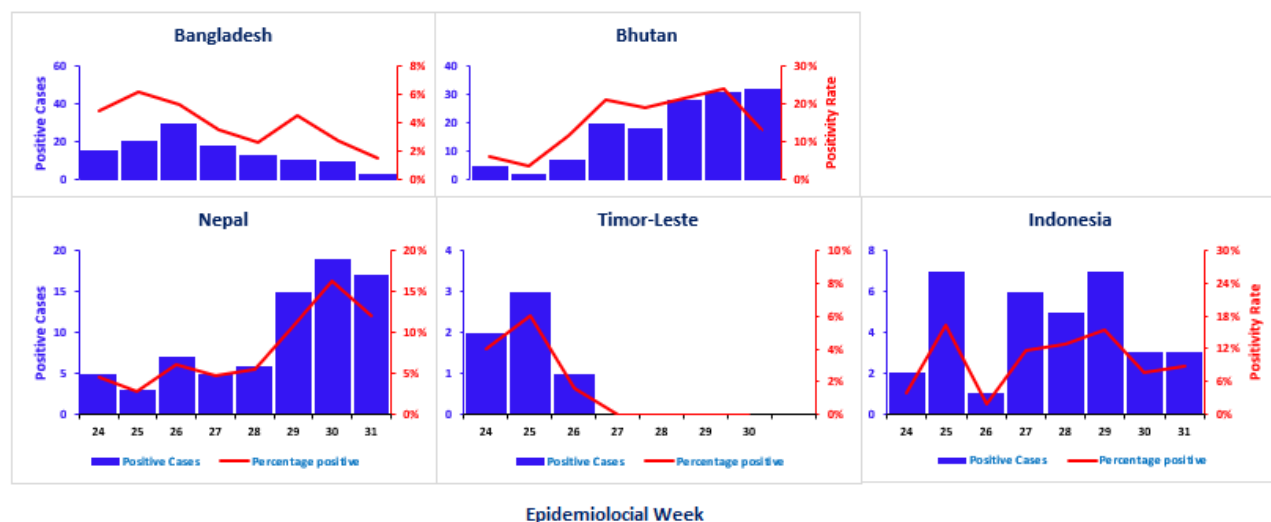
⁸ [Global Dashboard](#) Data as 4 August 2024

Figure 2. Weekly number of new COVID-19 cases reported during the previous ten weeks (as of 18 August 2024) in the WHO South-East Asia Region*.



* Data for Maldives, Bhutan, Nepal, and Timor-Leste are not available. Sri Lanka data were as of 31 July.

Figure 3. Weekly number of SARS-CoV-2 positive samples and test positivity from integrated influenza-SARS-CoV-2 sentinel surveillance systems in the previous eight weeks in selected countries* (as of 18 August 2024).



* Countries routinely conducting SARS-CoV-2 testing of the samples collected through influenza sentinel surveillance sites (Bangladesh, Bhutan, Indonesia, Nepal, and Timor-Leste). Timor-Leste data is as of 28 July 2024.

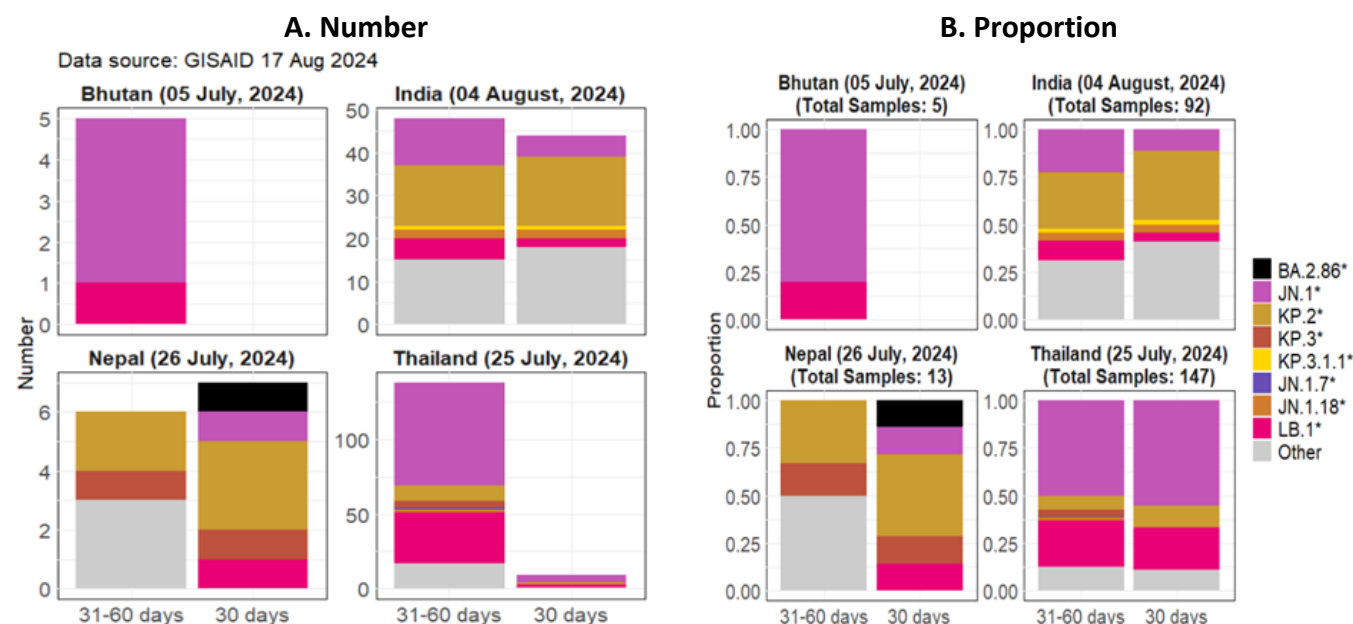
Global circulation of SARS-CoV-2 variants

- WHO is currently tracking several SARS-CoV-2 variants and their sub-lineages including ⁹:
 - Two variants of interest (VOIs): BA.2.86 and JN.1
 - Six variants under monitoring (VUMs): JN.1.7; KP.2; KP.3; KP.3.1.1; JN.1.18 and LB.1
- Information on the current status of the global SARS-CoV-2 variants can be found from [the WHO COVID-19 dashboard](https://covid19.who.int/).

SARS-CoV-2 variants in the South-East Asia Region

- The genomic sequence data submitted to GISAID ¹⁰ by countries in the South-East Asia region in the past 60 days by date of collection are shown in Figure 4 (as of 17 August 2024). Only a small number of genomic sequences have been submitted from countries and therefore the data should be interpreted with caution.
- In the last 60 days:
 - In **Bhutan**, 5 genomic sequences were submitted with JN.1* accounting for 80% (n=4). One genomic sequence with LB.1* were also submitted.
 - In **India**, 92 genomic sequences were submitted with KP.2* accounting for 32.6% (n=30) followed by JN.1* (17.4%, n=16), LB.1* (7.6%, n=7), JN.1.18* (4.3%, n=4) and KP.3.1.1.* (2.2%, n=2).
 - In **Nepal**, 13 genomic sequences were submitted with KP.2* accounting for 38.5% (n=5) followed by KP.3* (15.4%, n=2). One genomic sequence each with BA.2.86*, JN.1* and LB.1* were also submitted.
 - In **Thailand**, 147 genomic sequences were submitted with JN.1* accounting for 50.3% (n=74) followed by LB.1* (24.5%, n=36), KP.2* (7.5%, n=11), KP.3* (3.4%, n=5) and JN.1.18* (1.4%, n=2). One genomic sequence with JN.1.7* were also submitted.
 - Other countries have not submitted genomic sequences recently to GISAID.

Figure 4. Number (A) and proportion (B) of SARS-CoV-2 VOI and VUM sequences submitted to GISAID within the past 30 days and 31-60 days as of 17 August by date of collection (countries in South-East Asia Region, with recent submissions) [†]:



Other countries in the region have not submitted genomic sequences to GISAID in the past 60 days.

* indicates the sub-lineage of each variant.

[†] The date next to the country name indicates the latest date of sample collection for sequence submission to GISAID.

XBB* excludes XBB.1.16*, XBB.1.5*, XBB.1.9.1*, and XBB.2.3*.

Source: GISAID (<https://gisaid.org/>), as of 17 August 2024.

⁹ <https://www.who.int/publications/m/item/covid-19-epidemiological-update-edition-170>

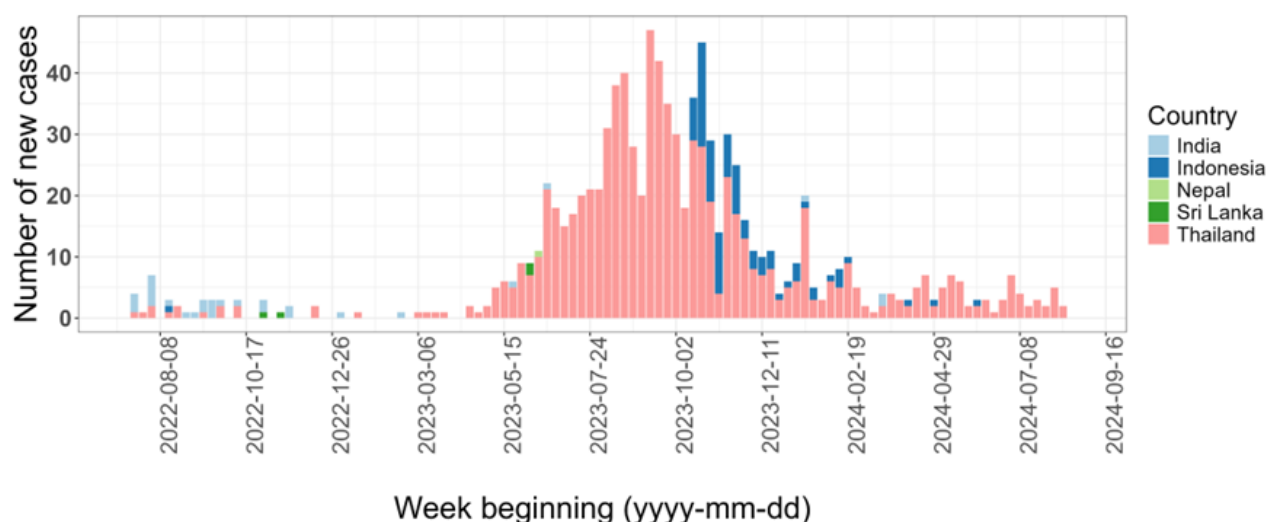
¹⁰ <https://gisaid.org/>

mpox

Situation overview as of 18 August 2024

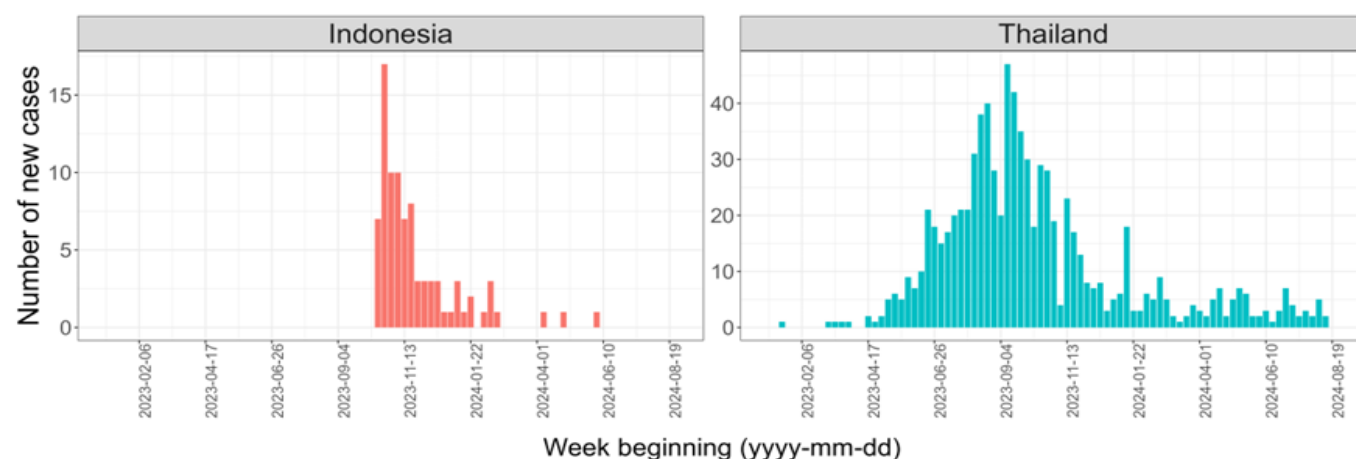
- In the WHO South-East Asia Region, a total of 952 laboratory-confirmed mpox cases, including 11 deaths, have been reported since 14 July 2022 (Figure 5).
- In epidemiological weeks 32 (05 to 11 August 2024) and 33 (12 to 18 August 2024), 7 new mpox cases were reported from Thailand ¹¹ (Figure 6).
- In epidemiological weeks 32 and 33, no new mpox cases were reported from Indonesia ¹² (Figure 6).
- For more information on the global situation of mpox outbreak, please visit the [global dashboard](#).

Figure 5. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (14 July 2022 – 18 August 2024).



* Cases are plotted as per the week of notification (based on the date on which the case was notified to the public health authority). For 87 cases in Indonesia for which the date of notification is missing, the date of diagnosis was used.

Figure 6. Weekly number of mpox cases reported in Indonesia (n=87) and Thailand (n=815) since 1 January 2023 by date of notification* (as of 18 August 2024).



* Cases are plotted as per the week of notification (based on the date on which the case was notified to the public health authority). Where the date of notification is missing for cases in Indonesia, this was replaced with the date of diagnosis.

¹¹ [Thailand Mpox](#)

¹² [Indonesia Mpox](#)

Table 3. Profile of the confirmed mpox cases reported in WHO South-East Asia Region in 2024 for which case-based information is available (as of 18 August 2024).

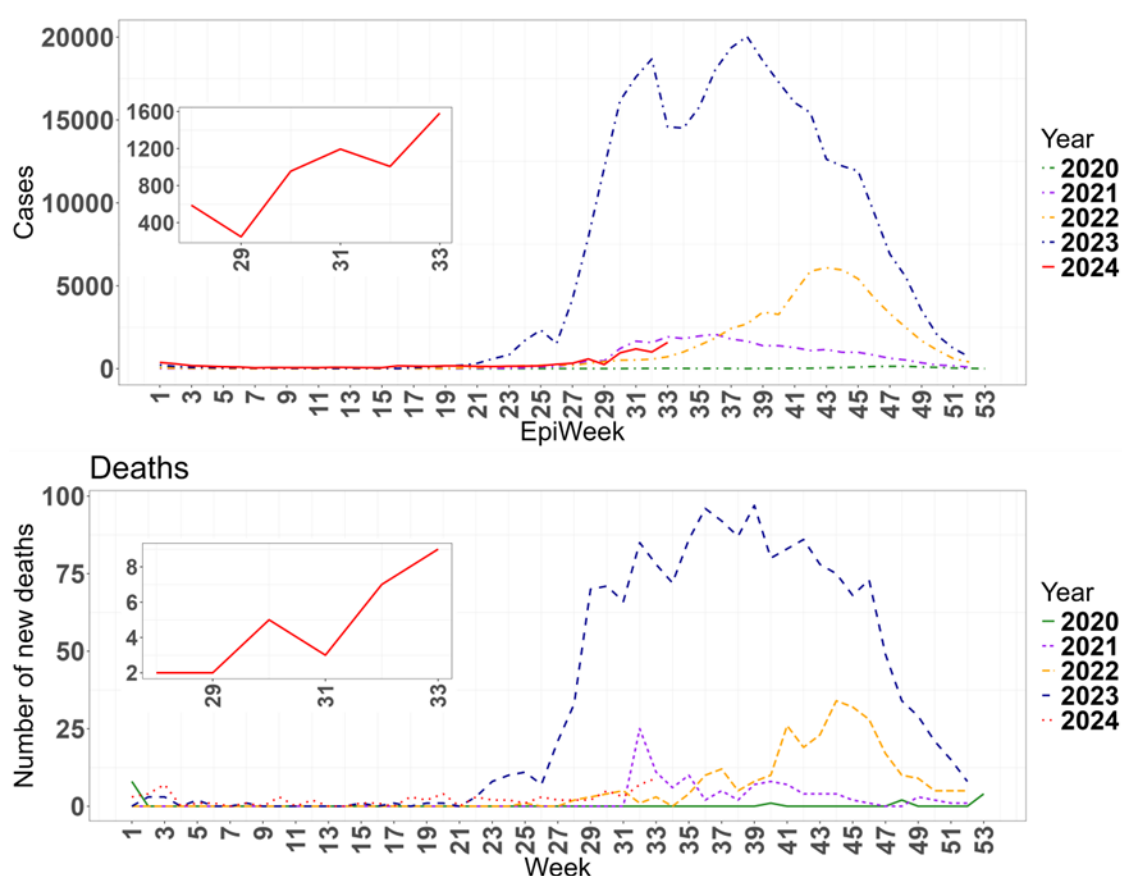
	Total (n = 923)	2024 (n=131)
Country		
India	27 (2.9%)	0 (0.0%)
Indonesia	88 (9.5%)	15 (11.5%)
Nepal	1 (0.1%)	0 (0.0%)
Sri Lanka	4 (0.4%)	0 (0.0%)
Thailand	803 (87.0%)	116 (88.5%)
Gender		
Female	36 (3.9%)	2 (1.5%)
Male	886 (96.0%)	129 (98.5%)
Transgender	1 (0.1%)	0 (0.0%)
Age group (years)		
Less than 18	4 (0.4%)	0 (0.0%)
18-29	315 (34.1%)	48 (36.6%)
30-39	389 (42.1%)	49 (37.4%)
40-49	179 (19.4%)	28 (21.4%)
50 and over	36 (3.9%)	6 (4.6%)
Sexual orientation		
Heterosexual	64 (6.9%)	7 (5.3%)
Men who have sex with men (MSM)	751 (81.4%)	110 (84.0%)
Bisexual	21 (2.3%)	8 (6.1%)
Other	26 (2.8%)	3 (2.3%)
Unknown	61 (6.6%)	3 (2.3%)
Recent travel		
Yes	45 (4.9%)	0 (0.0%)
No	870 (94.3%)	131 (100.0%)
Unknown	8 (0.9%)	0 (0.0%)

Dengue

Bangladesh^{1,2}

- During week 33 2024 (12 to 18 August 2024), a total of 1 582 new dengue cases were reported in Bangladesh, a 57.1% increase compared to 1 007 cases reported during week 32 of 2024 (05 to 11 August 2024).
- During week 33, a total of 9 new dengue deaths were reported in Bangladesh, a 28.6% increase compared to 7 deaths reported during week 32.
- During 2024 (as of 18 August 2024), a total of 9 562 dengue cases and 74 dengue related deaths have been reported. This is 10% compared to the number of cases (n=99 953) and 16% compared to the number of deaths (n=476) reported during the same period in 2023.

Figure 7. Number of new cases and deaths from dengue by week in Bangladesh from week 1 of 2020 to week 33 of 2024.



Source: Health Emergency Operation Center and Control Room, DGHS Reported Monthly Dengue cases & Dengue Deaths in Bangladesh.
Available at: <https://old.dghs.gov.bd/index.php/bd/home/5200-daily-dengue-status-report>

¹ [Bangladesh Dengue press releases](#)

² [Bangladesh daily Dengue press release 18-August 2024](#)

India ³

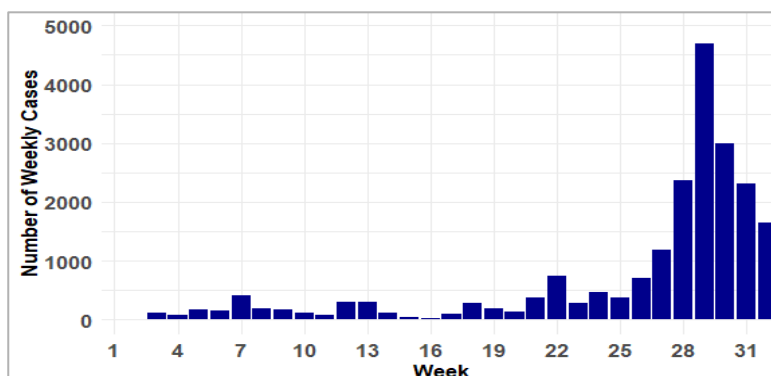
Kerala ⁴

- During week 32 of 2024 (05 August to 11 August 2024), a total of 812 new dengue cases were reported in Kerala, a 10.2% increase compared to 737 cases reported during week 31 (29 July to 4 August 2024).
- From the week one to week 32 in 2024, a total of 13 044 cases were reported.
- A total of 17 426 dengue cases were reported in the entirety of 2023.

Karnataka ⁵

- During week 32 of 2024 (05 August to 11 August 2024), a total of 1 643 new dengue cases were reported in Karnataka, a 29% decrease compared to 2 316 cases reported during week 31 (29 July to 4 August 2024).
- From the week one to week 32 in 2024, a total of 21 186 cases were reported.
- A total of 19 300 dengue cases were reported in the entirety of 2023.

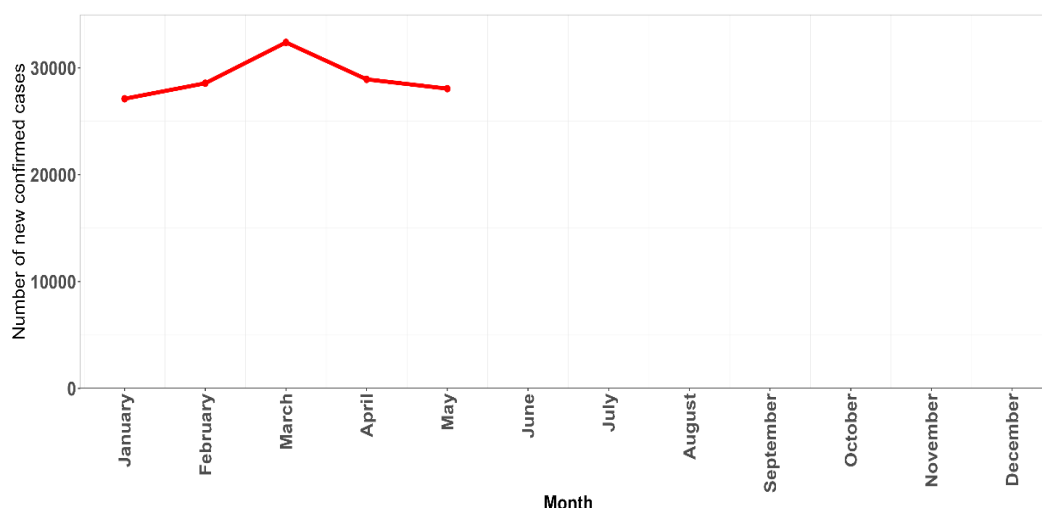
Figure 9. Number of new dengue cases by week in Karnataka from week 1 to week 32 of 2024.



Indonesia ^{6 7}

- Between January and May 2024, total of 322 274 confirmed cases were reported in Indonesia.
- According to Ministry of Health, the total number of suspected dengue cases that were reported in the Early Warning, Alert, and Response System (EWARS) reached 373 528, as of week 22 in 2024.

Figure 10. Number of new confirmed cases of dengue by month submitted to WHO Global Dengue Surveillance from January to May 2024.



³ [NCVBDC](#)

⁴ [Kerala](#)

⁵ [Karnataka](#)

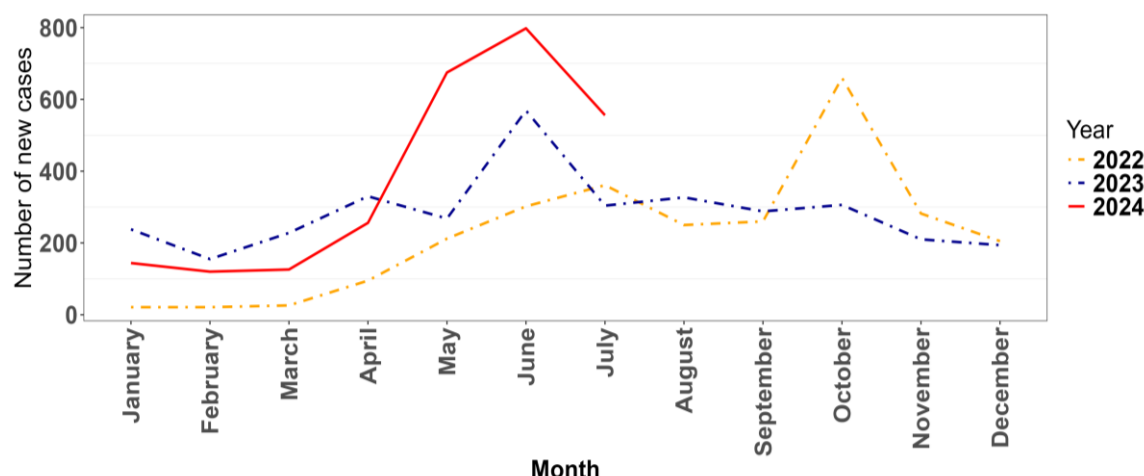
⁶ [WHO Global Dengue Surveillance](#)

⁷ [202405 – WHE Monthly Report – Eng 2 \(who.int\)](#)

Maldives⁸

- During July 2024, a total of 556 cases of dengue were reported in Maldives, a 30.3% decrease compared to June 2024 (n=798).
- During 2024, a total of 2 675 cases of dengue have been reported compared to 2 092 cases during the same period in 2023. A total of 3 417 cases were reported in the entirety of 2023.

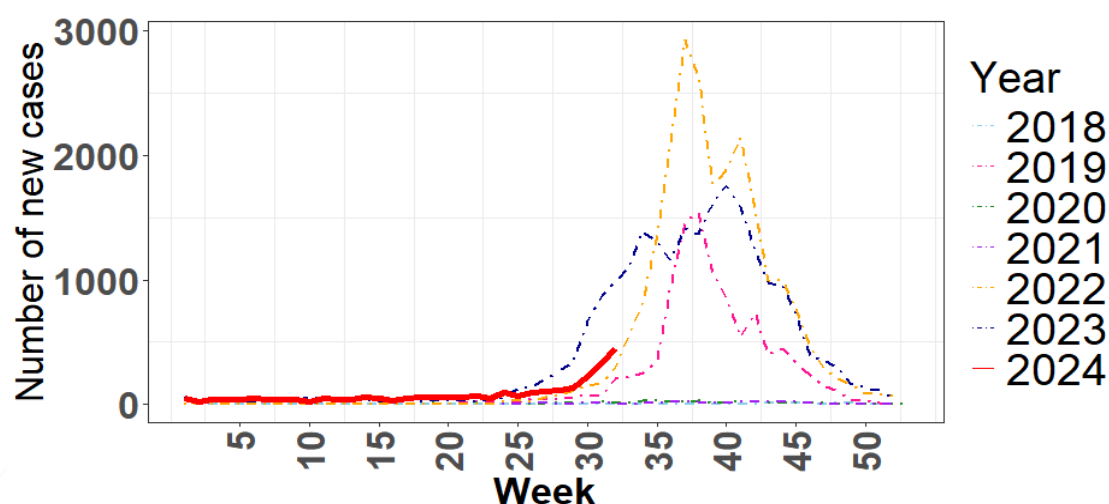
Figure 11. Number of new cases of dengue by month in Maldives from January 2022 to July 2024.



Nepal⁹

- During week 32 (05 August to 11 August 2024), a total of 450 new dengue cases were reported via the Early Warning and Reporting System (EWARS) in Nepal, a 34.3% increase compared to 335 cases reported during week 31 (29 July to 04 August 2024).
- In 2024, a total of 2 645 dengue cases have been reported via EWARS compared to 4 420 and 982 during the same period in 2023 and 2022, respectively.

Figure 12. Number of new cases of dengue by week reported by the Early Warning and Reporting System (EWARS) in Nepal from week 1 to week 32 of 2024.



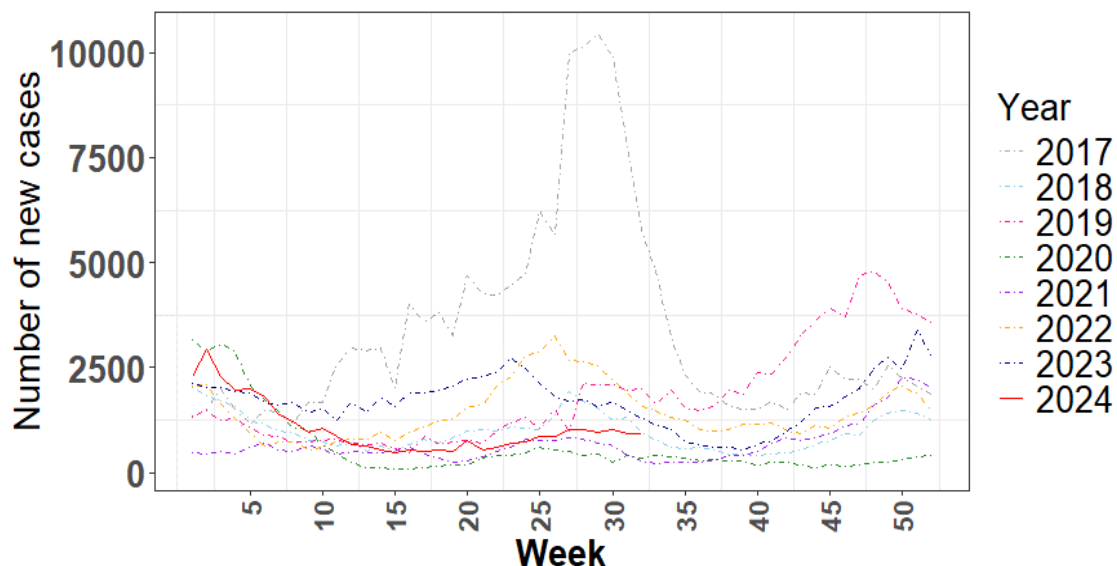
⁸ [Maldives Monthly Communicable Diseases Report \(July 2024\)](#)

⁹ [EWARS Weekly Bulletin](#)

Sri Lanka¹⁰

- During week 32 (05 August to 11 August 2024), a total of 917 new dengue cases were reported in Sri Lanka, a 1.6% decrease compared to 932 cases reported during week 31 (29 July to 04 August 2024).
- From the week one to the week 32 in 2024, a total of 34 153 cases were reported compared to 59 048 and 49 941 during the same period in 2023 and 2022, respectively.

Figure 13. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 32 of 2024.



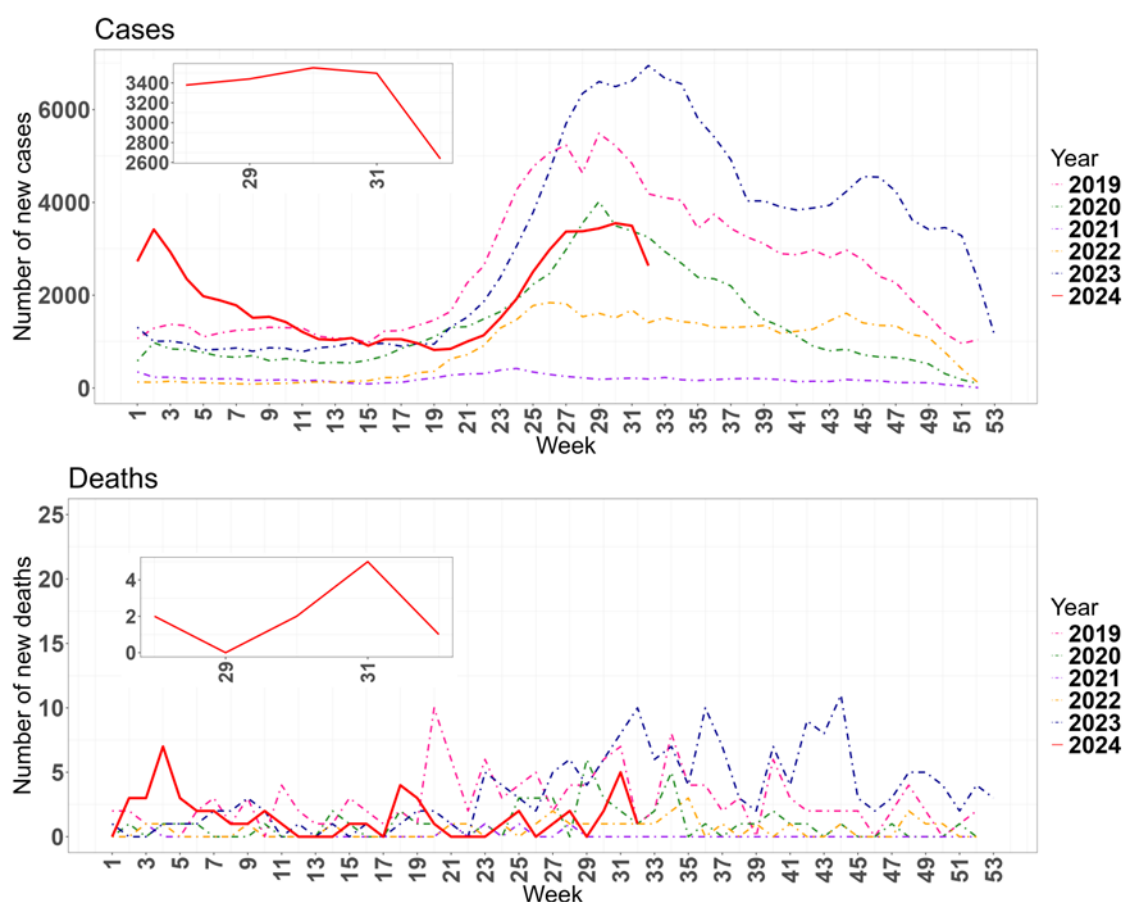
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2024](#)

¹⁰ Sri Lanka National Dengue Control Unit

Thailand^{11 12 13}

- During week 32 (05 August to 11 August 2024), a total of 2 637 new dengue cases were reported in Thailand, a 24.6% decrease compared to 3 497 cases reported during week 31 (29 July to 04 August 2024).
- During week 32, one new dengue death was reported in Thailand, a 80% decrease compared to 5 deaths reported during week 31 (29 July to 04 August 2024).
- In 2024, (as of week 32) a total of 62 487 cases including 49 deaths (CFR=0.08%) have been reported. This compares to 74 852 cases reported between week 1 and week 32 of 2023 including 75 deaths (CFR=0.10%).

Figure 14. Number of new dengue cases and deaths by week in Thailand from 2019 to week 32 of 2024.



Source: [Ministry of Public Health, Thailand](https://www.moph.go.th/)

¹¹ [Thailand Ministry of Public Health](https://www.moph.go.th/)

¹² [Thailand Ministry of Public Health](https://www.moph.go.th/)

¹³ [Thailand Ministry of Public Health](https://www.moph.go.th/)

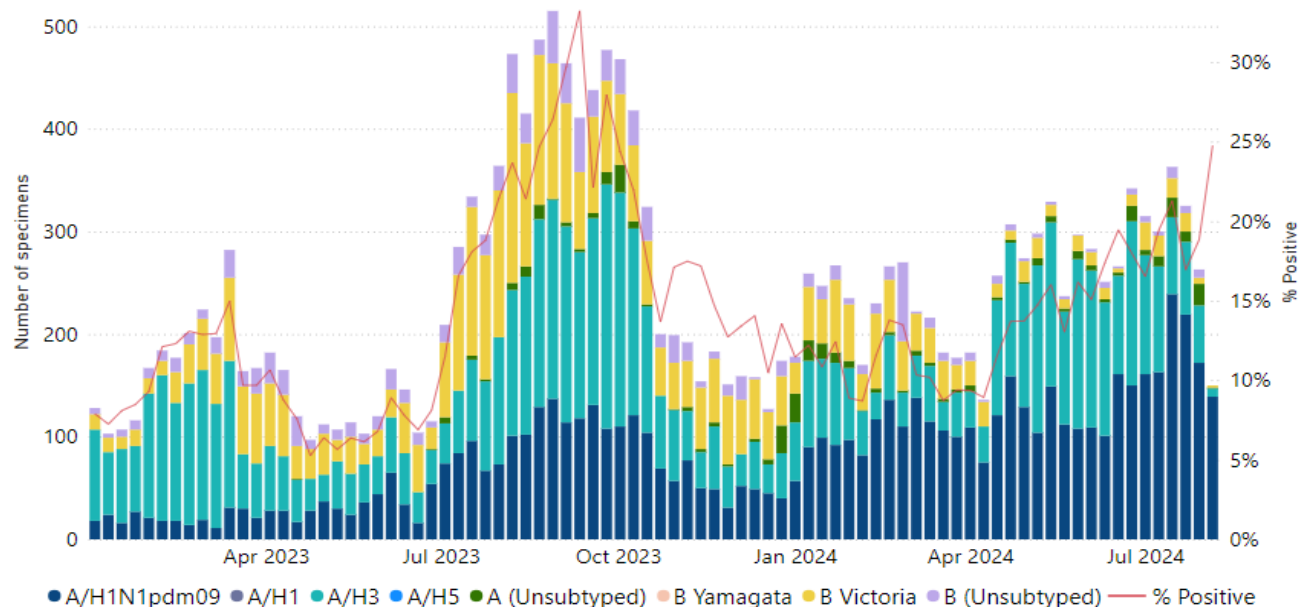
Influenza

WHO South-East Asia Region

Situation as of 18 August 2024

- According to the data submitted to the FluMart of the Global Influenza Surveillance and Response system (GISRS), in the WHO South-East Asia Region, in epidemiological week 32 in 2024 (5 to 11 August), the weekly test positivity was at 24.8% and the most frequently reported strains were influenza A(H1N1)pdm09, influenza A(H3) and influenza B Victoria (Figure 15).
- Data sources and information on influenza, including updates of integrated surveillance of SARS-CoV-2 using influenza sentinel surveillance systems, are available at [WHO SEARO Influenza dashboard](#) and [WHO SEARO monthly updates](#).

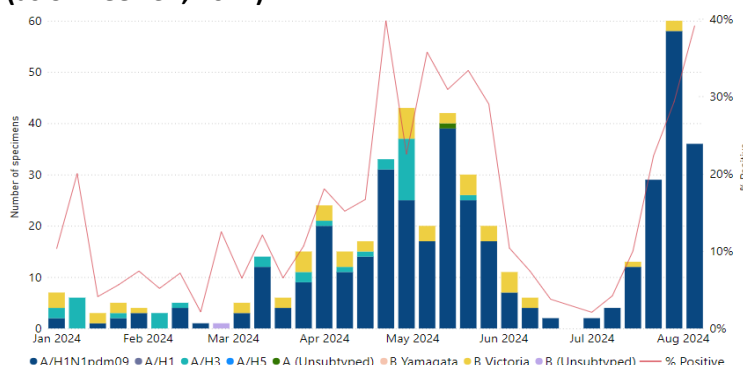
Figure 15. Number of specimens positive for influenza by subtypes and the influenza test positivity in WHO South-East Asia Region during 2023 and 2024 (as of week 32 2024):



Bhutan

- As of 11 August 2024, 92 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 32 (05 to 11 August 2024).
- 36 samples (39.1%) were tested positive for influenza.
- All the positive samples were of influenza A(H1N1)pdm09.

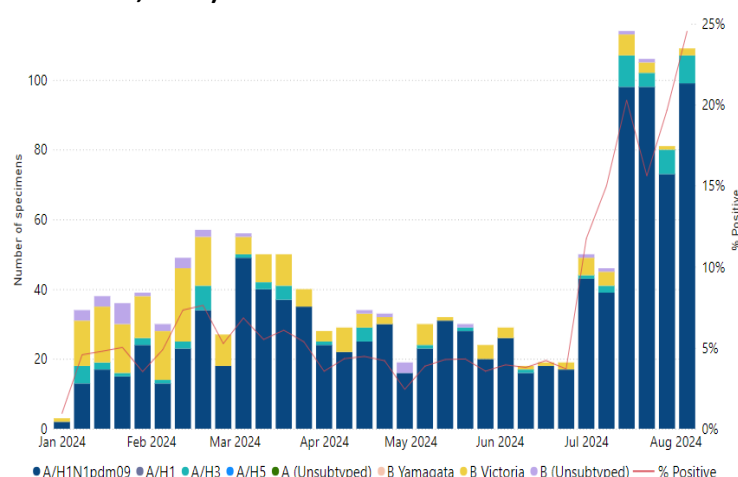
Figure 16. Number of specimens positive for influenza by subtypes and the influenza test positivity in Bhutan in 2024 (as of week 32, 2024).



India

- As of 11 August 2024, 444 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 32 (05 to 11 August 2024).
- 109 samples (24.6%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=109), 90.8% (n=99) were positive for A(H1N1)pdm09 and 7.3% (n=8) for A(H3).
- Two samples were found to be influenza B Victoria and one sample was found to be Influenza B (unsubtyped).

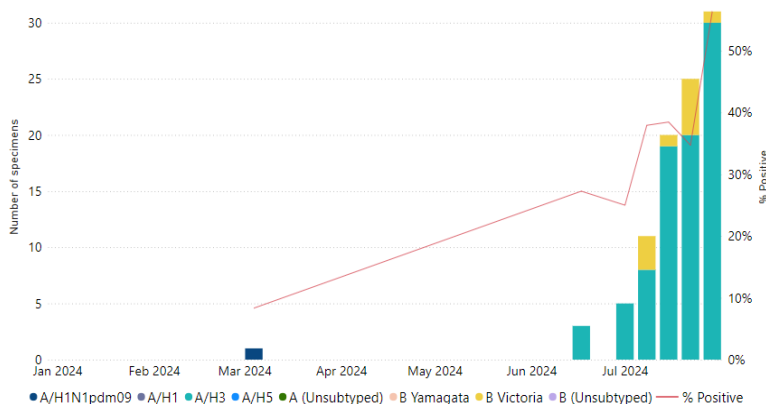
Figure 17. Number of specimens positive for influenza by subtypes and the influenza test positivity in India in 2024 (as of week 32, 2024).



Myanmar

- As of 4 August 2024, 55 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 31 (29 July to 4 August 2024).
- 31 samples (56.4%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=31), 96.8% (n=30) were positive for influenza A(H3). One sample was tested positive for influenza B Victoria.

Figure 18. Number of specimens positive for influenza by subtypes and the influenza test positivity in Myanmar in 2024 (as of week 31 of 2024).



Thailand

- As of 4 August 2024, 151 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 31 (29 July to 4 August 2024).
- 23 samples (15.2%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=23), 65.2% (n=15) were positive for A(H1N1)pdm09 and 34.8% (n=8) for A(H3).

Figure 19. Number of specimens positive for influenza by subtypes and the influenza test positivity in Thailand in 2024 (as of week 31 of 2024).

