

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

The first case of the mpox Clade Ib in the WHO South-East Asia Region

Situation as of 29 August 2024 ^{1 2 3}

- On 21 August 2024, Ministry of Public Health (MoPH), Thailand issued a press release about suspected case of mpox (Clade I) has been identified in a 66-year-old European patient who recently traveled from Africa.
- On 22 August 2024, the MoPH announced the first laboratory-confirmed case of mpox virus clade Ib detected in Thailand, and notified WHO through the National International Health Regulations (IHR) Focal Point.
- A total of 43 individuals who had close contact have been identified. No contacts have been reported mpox infection so far.
- MoPH emphasizes infection prevention and control among healthcare workers who may need to work closely with the patient, ensuring adherence to the standard operating procedures for emerging infectious diseases.
- Public health authorities are urging anyone who has traveled from Africa to monitor for symptoms such as fever, rash or swollen lymph nodes for 21 days and to seek medical attention immediately if these symptoms occur.
- This is the second confirmed case of the mpox virus clade Ib, outside of Africa. The first case was reported from Sweden.⁴

Global mpox situation including the situation in African Region

- Please visit [WHO dashboard on global trend of mpox](#).

WHO global response

- On 14 August 2024, under the IHR(2005), the WHO Director General declared that the increase in mpox cases in the Democratic Republic of the Congo (DRC) and its expansion to neighboring countries constitutes a [Public Health Emergency of International Concern](#) (PHEIC).
- 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.
- The WHO Director-General's [standing recommendations](#) for mpox issued on 21 August 2023 were extended for another year to cover more general guidance for **all State Parties**.
- On 26 August, WHO published the [Global Strategic Preparedness and Response Plan \(SPRP\) for mpox \(draft\)](#), that covers the six-month period from September 2024 to February 2025, aiming to provide a framework for public health preparedness and response to the mpox emergency.
- 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](#).

¹ หน้าแรก | กรมควบคุมโรค (moph.go.th)

² [Official Press release](#)

³ [Official Press release](#)

⁴ [One case of mpox clade I reported in Sweden - The Public Health Agency of Sweden \(folkhalsomyndigheten.se\)](#)

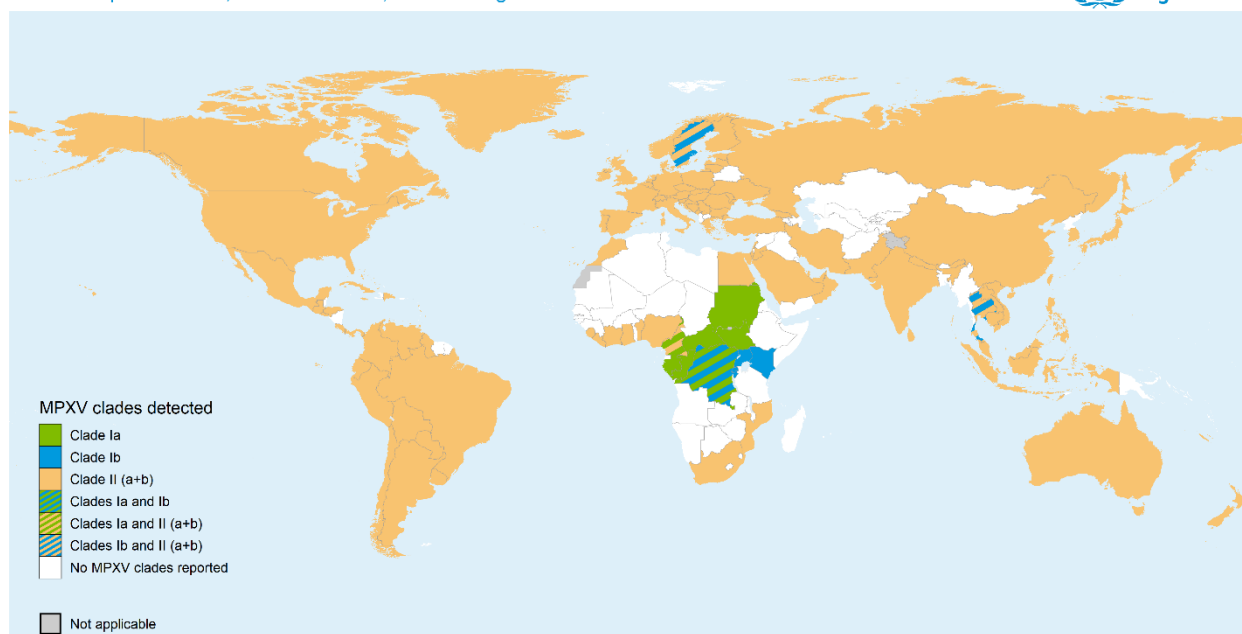
Genomic epidemiology

- MPXV genetic sequences are routinely shared within [NCBI GenBank](#) and [GISAID](#) databases. Based on mutations and phylogenetic clustering, MPXV is currently divided into two major clades, clade I (formally Congo Basin clade) and clade II (formally West Africa clade). Each of these clades is further subdivided into two subclades: subclades Ia and Ib within the clade I; and subclades IIa and IIb within clade II.
- **Clade Ia** circulates within multiple countries in Central Africa and is associated with regular spillover from an animal reservoir(s) with some onward person-to-person transmission. Clade Ia has been sampled in Cameroon, Central African Republic, Congo, DRC, Gabon, South Sudan and Sudan.
- **Clade Ib** has recently emerged in eastern regions of the DRC and is undergoing sustained person-to-person transmission. Recent cases of clade Ib have also been detected in Burundi, Kenya, Rwanda, Sweden, Thailand and Uganda ⁵.
- **Clade IIa** has rarely been isolated in humans with most available genetic sequences coming from animal species.
- **Clade IIb** has undergone sustained circulation within humans since at least 2016 and has caused a large ongoing outbreak from 2022 to present.

Figure 1. MPXV clades detected globally

MPXV clades detected globally

includes imported cases; from 1 Jan 2022, as of 25 Aug 2024



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
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Source: [WHO mpox dashboard](#)

⁵ Cases identified in Sweden and Thailand are those with recent travel history from the outbreak-affected areas in African region.

Risk assessment for WHO South-East Asia Region (for next three months)

- So far, mpox transmission has been concentrated in MSM populations in the Region. The cases were primarily reported from Indonesia and Thailand, peaking in 2023, but low level of transmission continues to be reported in 2024. It is understood that the Clade II has circulated in the Region.
- Mpox virus (MPXV) sub-clade Ib is now spreading in Eastern region of DRC and neighboring countries in Africa, and **there are many uncertainties regarding newly reported sub-clade Ib** (e.g., modes of transmission, transmission dynamics, risk factors, disease severity and case fatality rate for the different MPXV sub-clades).
 - The outbreak in South and North Kivu provinces in DRC, the areas affected by the sub-clade Ib, is initially driven by sexual contacts; however, it appears that other types of contact are increasingly contributing to the transmission.
 - While the sub-clade Ib appears to have potentially lower clinical severity and mortality compared to sub-clade Ia, caution is needed to interpret such data. The sub-clade Ib has the potential to cause significant morbidity if left uncontrolled, and can be particularly severe among immunocompromised individuals, including people living with uncontrolled HIV.
- On 22 August 2024, Thailand has reported the first detection a mpox case with MPXV sub-clade Ib. It is possible that additional travelers with MPXV Ib infection could travel to the Region. If potential exposure is not controlled, subsequent transmission could happen through sexual or other types of contacts.
- Based on these considerations, **overall risk for men who have sex with men (MSM), trans- and gender-diverse people and sex workers, especially in countries with historical mpox transmission in our Region, is assessed moderate** in the next three months (moderate level of confidence).
- **Among the general populations, overall risk is assessed low** in the next three months at the time of this assessment (moderate level of confidence). However, given the uncertainties related to the MPXV sub-clade Ib, possible spread beyond currently affected population (such as MSM) and travel-related cases cannot be ruled out. Moreover, those with underlying medical conditions, particularly individuals who are immunocompromised, may bear the higher disease severity.
- As such, **continued vigilance is critical** on epidemiological situation and emerging evidence to inform appropriate and timely readiness planning and response actions.
- The risk assessment will be updated as further information becomes available.

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](#)
 - [Standing recommendations for mpox issued by the Director-General of the World Health Organization \(WHO\) in accordance with the International Health Regulations \(2005\) \(IHR\)](#)
- **Strategic framework**
 - [Mpox global strategic preparedness and response plan](#) (26 August 2024)
- **General information on mpox**
 - [Mpox fact sheet:](#)
 - [Monkeypox outbreak page \(2022\)](#)
 - [Mpox \(monkeypox\) health topic page](#)
 - [Mpox \(monkeypox\) Q&A](#)
- **Epidemiological situation**
 - Dashboard: https://worldhealthorg.shinyapps.io/mpox_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)
 - Vaccine position paper: <https://iris.who.int/bitstream/handle/10665/378522/WER9934-eng-fre.pdf>
 - [Monkeypox vaccines technical documents](#)
 - SAGE on mpox vaccines (page 16): <https://iris.who.int/bitstream/handle/10665/376936/WER9922-285-306.pdf?sequence=1>
- **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](#)
 - [PAHO Webinar Monkeypox and Mass Gathering](#) (5 July 2022)

Bangladesh: Flood

Situation as of 4 September 2024^{1 2 3}

Situation overview

- Recent flash floods in Bangladesh, triggered by heavy rainfall and upstream water flows from India, have had a devastating impact on communities across 11 districts in the eastern regions of the country. Among them, Feni, Noakhali, Lakshmipur and Cumilla are most severely affected districts.
- According to the National Disaster Response Coordination Center (NDRCC) daily report on 3 September, some 5.02 million people in the northeastern and southeastern regions have been affected and more than 0.58 million families are in communities cut off by the flooding.
- A reported 285,996 people are displaced in 3,612 evacuation shelters.
- From 21 August to 03 September, there were a total of 26,367 cases of illness and injuries were recorded by the National Health Emergency Operations Centre and Control Room of Directorate General of Health Services (DGHS). This included 5,430 cases of diarrhea (21%).
- A total of related 71 deaths has been reported, with 39 of them (55%) due to drowning.
- There are significant shortages of medical supplies, including medicines, vaccines, and equipment needed for emergency care and disease prevention.
- The health facilities and services of these areas is greatly impacted. Sadar hospitals, Upazila Health Complexes and Community Clinics are submerged in some sub-districts. Furthermore, health facilities are struggling with a large number of patients seeking emergency care, including those with waterborne diseases and injuries related to the floods.

Public Health Response

- The DGHS has activated a total of 1 295 Mobile Medical Teams to address the health problems in the flood affected areas.
- The Institute of Epidemiology, Disease Control, and Research (IEDCR) has dispatched an outbreak investigation team to Feni district to determine the cause of the diarrheal disease outbreak.
- Sajida Foundation has deployed four mobile medical teams across Feni, Noakhali, Lakshmipur, and Cumilla to provide treatment to patients. Additionally, they are offering free ambulance services in Feni district.
- Bangladesh Red Crescent Society (BDRCS)/International Federation of Red Cross and Red Crescent Societies (IFRC) delivered 22,000 units of Normal Saline, 12,000 units of Dextrose Normal Saline (DNS) and 15,000 units to Chattogram Division.
- BDRCS has deployed a total of six Mobile Medical Teams (MMTs) in Noakhali (1), Cumilla (1), Feni (3), and Lakshmipur (1). In August 2024, 12,000 Dengue test kits were delivered to the Chattogram Division.
- Concern Worldwide will provide 5 doctors, 10 paramedics, and additional cleaning staff to assist in the response.
- The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR) has stationed a medical team in Feni district to manage cases of diarrhoea.
- Médecins Sans Frontières (MSF) will deploy a medical team to Noakhali district.
- Armed Forces Division is organising health camps at the most severely affected districts.
- UNICEF has delivered 350,000 ORS sachets and plans to supply an additional 300,000 ORS sachets, 100,000 Zinc tablets, 20,000 bottles of Azithromycin syrup, and 20,000 bottles of Amoxicillin syrup.
- The United Nations Population Fund (UNFPA) is establishing a Sexual and Reproductive Health (SRH) working group in Noakhali.

¹ [Bangladesh Ministry of Disaster Management and Relief – 2 September 2024](#)

² [Bangladesh Eastern Flash Flood Situation Report No. 2](#)

³ WHO Bangladesh Country Office

WHO response

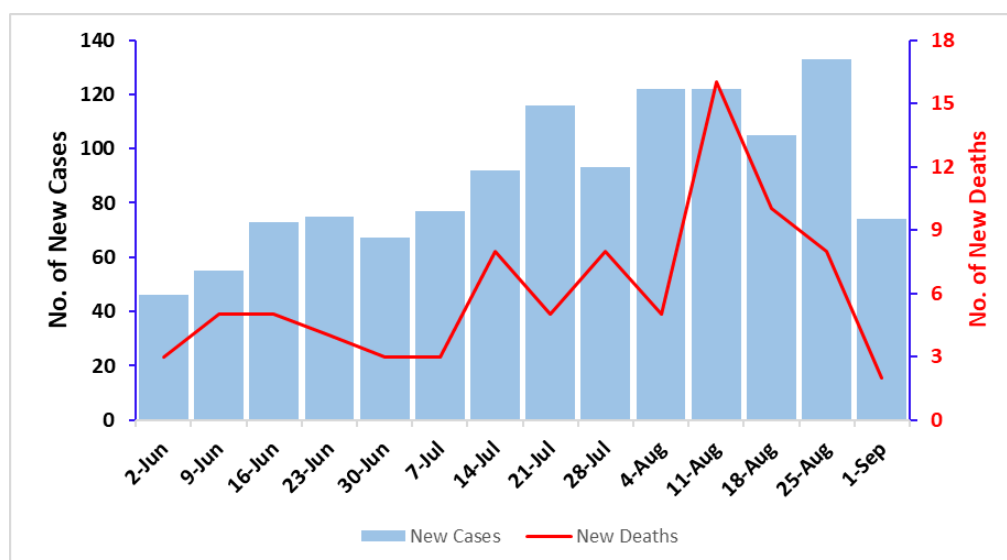
- WHO is leading health cluster coordination at the district level in collaboration with the Civil Surgeon's office. The Civil Surgeon Office, in collaboration of the WHO, conducted health cluster meetings at Feni, Noakhali and Lakshmipur on 1st, 2nd and 3rd September respectively at most severely affected districts. An additional meeting is scheduled on 5th September.
- WHO field staff have facilitated the establishment of outbreak control rooms at both district and Upazila levels to monitor and manage outbreaks effectively.
- An Outbreak Monitoring Cell has been set up to provide accurate and real-time data on disease status. This cell enables early warnings, alerts and coordinated responses. WHO has stationed two surveillance officers in Feni and Noakhali to support such efforts.
- WHO has supplied 35,000 tablets of Ciprofloxacin, 25,000 tablets of Azithromycin, 50,000 tablets of Zinc, 20,000 bottles of Azithromycin syrup, 40,000 bottles of Zinc syrup and 40,000 bottles of Amoxicillin syrup to the four most severely affected districts.
- WHO has also supported the fuel for the Civil Surgeon's office to ensure proper refrigeration and vaccine viability.

India: Leptospirosis

Situation overview (as of 1 September 2024) ⁴

- On 23 August 2024, informal media reported:
 - A significant rise in leptospirosis cases in Kerala has been observed in recent years.
 - In 2022, 2 482 cases including 121 deaths were reported.
 - In 2023, 831 cases including 39 deaths were reported.
 - In 2024 (as of August), there were 1 916 confirmed cases, 1 565 suspected cases, 121 confirmed deaths, and 102 suspected deaths. The number of deaths is at the highest level compared to previous years.
- According to Kerala's Integrated Disease Surveillance Programme (IDSP):
 - There have been 1 669 suspected cases including 107 suspected deaths.
 - A total of 2 068 confirmed cases including 126 confirmed deaths have been reported in 2024. The case-fatality rate is 6%.

Figure 2. Weekly trend of confirmed leptospirosis cases in Kerala state, India. 2 June-1 September 2024.



Public Health Response

- The National Programme for Prevention and Control of Leptospirosis (NPPCL) program operates in 10 States/Union Territories, covering 114 districts.
- The Ministry of Health and Family Welfare issued an advisory on preventive measures to minimize the spread of leptospirosis and ensure prompt and effective management of cases to affected states.

⁴ Integrated Disease Surveillance Programme Kerala, India – 1 September 2024

India: Chandipura virus infection

Situation Overview (as of 23 August 2024)

- On 23 August 2024, the Disease Outbreak News on Acute encephalitis syndrome due to Chandipura virus – India was published:
[Disease Outbreak News on Acute encephalitis syndrome due to Chandipura virus – India](#)
- Between early June and 15 August 2024, the Ministry of Health and Family Welfare of the Government of India reported 245 cases of acute encephalitis syndrome (AES) including 82 deaths (CFR 33%).
- Of these, 64 are confirmed cases of Chandipura virus (CHPV) infection. CHPV is endemic in India, with previous outbreaks occurring regularly.
- However, the current outbreak is the largest in the past 20 years.
- CHPV is a member of the Rhabdoviridae family and is known to cause sporadic cases and outbreaks of AES in western, central and southern parts of India, especially during the monsoon season.
- It is transmitted by vectors such as sandflies, mosquitoes and ticks.
- The case-fatality ratio from CHPV infection is high (56-75%), and there is no specific treatment or vaccine available. Survival can be increased with early access to care and intensive supportive care of patients.
- Although authorities are working to control CHPV transmission, further transmission of the virus is possible in the coming weeks, as the monsoon season is creating favorable conditions for vector populations in the affected areas.
- WHO recommends vector control, and protection against bites of sandflies, mosquitos, and ticks, to prevent further spread of CHPV.

WHO response

- WHO works closely with the Ministry of Health and Family Welfare (MoHFW), as a member of the Joint Monitoring Group, under the Director General of Health Services. The Group oversees the response efforts, and provides strategic guidance to ensure a coordinated and effective response.
- WHO field teams are actively engaged with local authorities, discussing and sharing technical information.
- Additionally, the WHO field team maintains constant communication with key local health officials and clinicians at health facilities to closely monitor the situation, and is supporting verification of signals generated from the event-based surveillance.

Myanmar: Acute Watery Diarrhea

Situation overview (as of 25 August 2024)

- [Myanmar Acute Watery Diarrhea/Cholera Outbreak External Situation Report – the second edition](#) was published on 28 August 2024.

Yangon

- As of 25 August 2024, according to the ministerial authorities for health, 3 421 hospitalized cases of acute watery diarrhea (AWD) including 160 cases with severe dehydration were reported in Yangon Region, since 24 June 2024.
- Since week 31 (starting on 28 July 2024) more than 400 hospitalized AWD cases have been reported every week, with a total of 464 hospitalized AWD cases reported in the week 34 (19 – 25 August 2024).
- A total of 2 451 847 doses of oral cholera vaccine (OCV) to implement a reactive vaccination campaign in 34 townships in Yangon region have been approved by the International Coordinating Group (ICG) on Vaccine Provision.

Rakhine

- According to the Early Warning and Response Systems (EWARS) supported by the Health Cluster in Myanmar, an increase of AWD cases has been observed in Sittwe in Rakhine State. A notable surge of cases, including those with severe dehydration, has been observed since late July. Cholera infection is confirmed in some of those AWD cases.
- According to the ministerial authorities for health, a total of 172 AWD cases including 63 cases with severe dehydration were reported between 4 and 25 August in Sittwe, Rakhine.

WHO response

- WHO has been supporting the response to the outbreak in collaboration with partners, including provision of the health commodities, such as oral rehydration salt (ORS), bleaching powder, water purification tablets and Interagency Emergency Health Kits.
- WHO will continue to support the response, through the implementation of WHO-UNICEF joint plan of action for AWD/cholera response, focusing on preparation and implementation of OCV campaign; capacity building of health care workers and volunteers; field visits to key public hospitals; and strengthening RCCE efforts to engage communities in the OCV campaign.

Bangladesh: Acute Watery Diarrhea / cholera in Cox's Bazar

Situation overview (as of 3 September 2024) ⁵

- From 23 June to 3 September, 176 cases were reported, including 154 culture-confirmed cases and 22 rapid diagnostic test positive acute watery diarrhea (AWD) cases.
- 92% (142 of the 154) of culture-confirmed cholera cases were reported are from Rohingya Refugee camps.
 - No confirmed cholera fatalities have been reported since the upsurge began in week 26 (23 June).
 - Confirmed cases among refugees were distributed in 23 out of 33 camps in Ukhiya and Teknaf.

⁵ Cox's Bazar sub-office, WCO Bangladesh

India: Cholera

Situation overview (as of 23 June 2024) ⁶

- According to the Integrated Disease Surveillance Programme, between January 2024 and 23 June 2024, there have been 5 275 suspected cholera cases including 205 confirmed cases and 23 deaths reported from 13 states.

Nepal: Cholera

Situation overview (as of 30 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 30 August 2024, there are 75 cases in 6 districts: Lalitpur (50), Kathmandu (10), Kailali (8), Pyuthan (2), Makawanpur (1), and Rolpa (4). No epidemiological link has been established between the districts. No deaths have been reported.
- A cluster of acute watery diarrhea cases was reported in Rolpa. Ten individuals reported gastrointestinal symptoms, of which 4 were culture-confirmed cholera cases.
- Lalitpur and Kathmandu continue reporting transmission.

Public health response

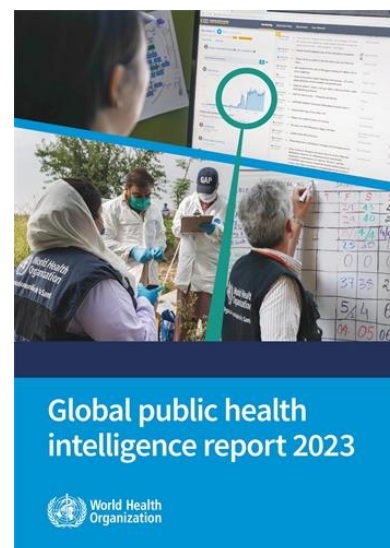
- EDCC is coordinating with provincial health directorates, public health emergency operations centers, district administrative offices, national and provincial laboratories, and health facilities daily for enhanced responses.
- EDCC is coordinating with the rapid response focal person from districts and local municipalities for active case finding and testing for laboratory confirmation. Alerts are investigated within 48 hours.
- Water, sanitation and hygiene (WASH) response are being implemented, including decontamination of probable sources, handwash activities, 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 activities for cholera awareness are carried out through local rapid response teams, district Offices and WASH cluster. Public Service Announcement were disseminated.

⁶ [IDSP India](#)

⁷ [EDCC Nepal – Cholera and dengue situation update 30 August 2024](#)

New Publication: Global Public Health Intelligence Report 2023

- WHO published the Global public health intelligence report 2023.
- This document serves as the third global report on the public health intelligence activities conducted by WHO in 2023.
- The focus of this report is on the public health intelligence (PHI) activities carried out by WHO in 2023. It emphasizes the various activities such as detection, verification, risk assessment, and dissemination of information conducted by WHO public health intelligence teams worldwide.
- Between 2004 and 2023, a total of 5 910 events were reported, averaging 296 events per year. Notably, half of these events took place in both the African Region (25%) and the Region of the Americas (22%).
- An increased number of requests for verification was observed in 2023 (422), compared to 2022 (351), indicating an improved sensitivity of the detection process.
- To disseminate information to alert Member States and the wider public health community about public health events, more than 125 event information site (EIS) bulletins or announcements and 68 disease outbreak news (DON) reports were published in 2023.
- From 2019 to 2023, the average time to detect events was 4 days, the average time to notify WHO was 2 days, and the average time to respond was 0 days.
- This report highlights the importance of public health intelligence globally. It emphasizes the key role of the IHR (2005) framework for engagement by WHO with States Parties for the detection, verification, risk assessment, and information sharing regarding events that may constitute a public health emergency of international concern (PHEIC).
- The report was published on 27 August 2024 and is available at the following link:
[Global public health intelligence report 2023](#)



Call for Experts: new WHO Technical Advisory Group on Laboratory Services, Systems and Diagnostics in Health Emergencies (TAG-LAB)

- The World Health Organization (WHO) is seeking experts to serve as members of the WHO Technical Advisory Group on Laboratory Services, Systems and Diagnostics in Health Emergencies (TAG-LAB).
- The TAG-LAB will be established to provide independent scientific and technical advice to support the development and implementation of a global strategy for laboratory services and diagnostics in health emergencies.
- The TAG-LAB will also work to advance the laboratory components of the health emergency prevention, preparedness, response and resilience (HEPR) ⁸ framework and World Health Assembly Resolution 74.7 on strengthening WHO preparedness and response to health emergencies ⁹.
- Expressions of interest is open until 30 September 2024.
- Please visit the following link for more details:
[Call for Experts - Technical Advisory Group on Laboratory Services, Systems and Diagnostics in Health Emergencies \(who.int\)](#)

⁸ [Strengthening the global architecture for health emergency prevention, preparedness, response and resilience](#)

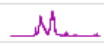
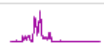
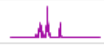
⁹ https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf

COVID-19

Situation overview as of 1 September 2024

- In the WHO South-East Asia Region, from 19 August to 1 September 2024, 1 426 new COVID-19 cases, a decrease of 13.9% and 8 deaths, a decrease of 27.3%, were reported, compared to the previous 14 days (Table 2).
 - From 19 August to 1 September 2024, only Myanmar (66 new cases, +69.2%) reported an increase in the number of new cases while Thailand (827 new cases, -13.3%), India (482 new cases, -15.7%), Bangladesh (17 new cases, -29.2%) and Indonesia (34 new cases, -55.3%) 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 61 316 790 COVID-19 cases, including 808 822 deaths (Table 1).
- During week 33 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 1.23% (Bangladesh) to 14.29% (Indonesia) (Figure 3).
- Please refer to the [WHO SEARO COVID-19 dashboard](#) for further information of COVID-19 in WHO South-East Asia Region.
- Globally, 776 007 137 COVID-19 cases, including 7 059 612 deaths have been cumulatively reported, as of 18 August ¹⁰. Please visit the [WHO COVID-19 dashboard](#) for the global situation of COVID-19.

Table 1. COVID-19 cases, deaths, and the weekly change in countries in the WHO South-East Asia Region in the week from 19 August to 1 September 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		4,800,961	827	-13.3	11.5	34,721	1	-80.0	0.0
India		45,042,802	482	-15.7	0.3	533,636	7	16.7	0.0
Bangladesh		2,051,389	17	-29.2	0.1	29,499	0	0.0	0.0
Myanmar		642,990	66	69.2	1.2	19,494	0	0.0	0.0
Indonesia		6,829,549	34	-55.3	0.1	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		61,316,790	1,426	-13.9	NA	808,822	8	-27.3	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.

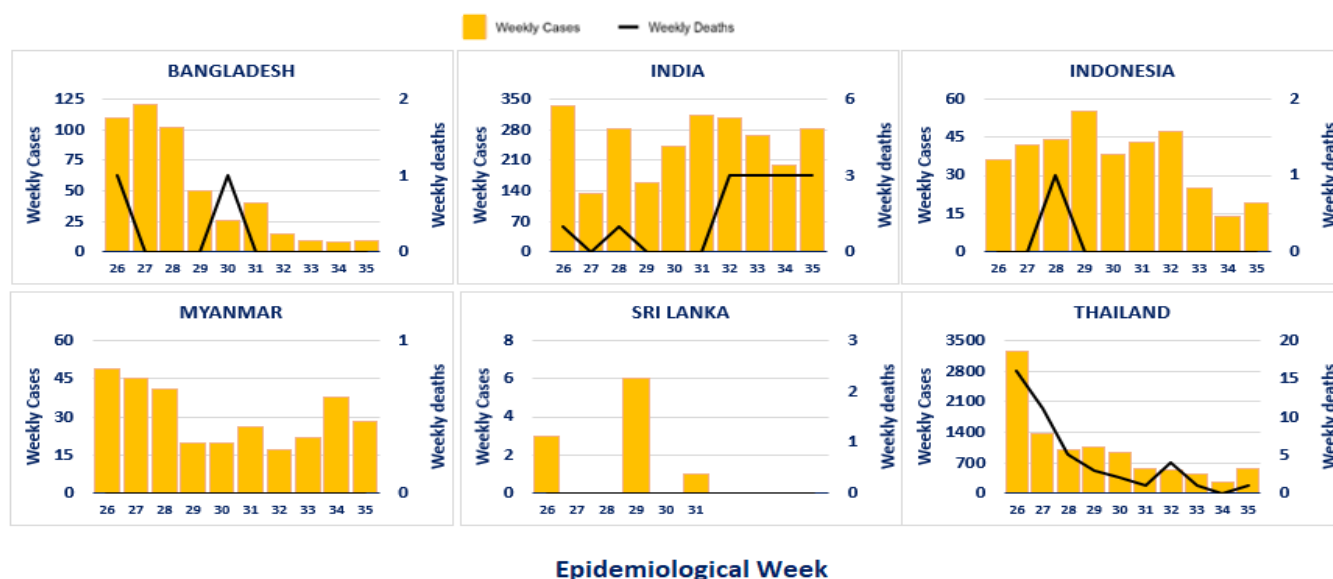
DPR Korea has not reported confirmed COVID-19 cases.

Indonesia and Thailand data were for the period from 18 to 31 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.

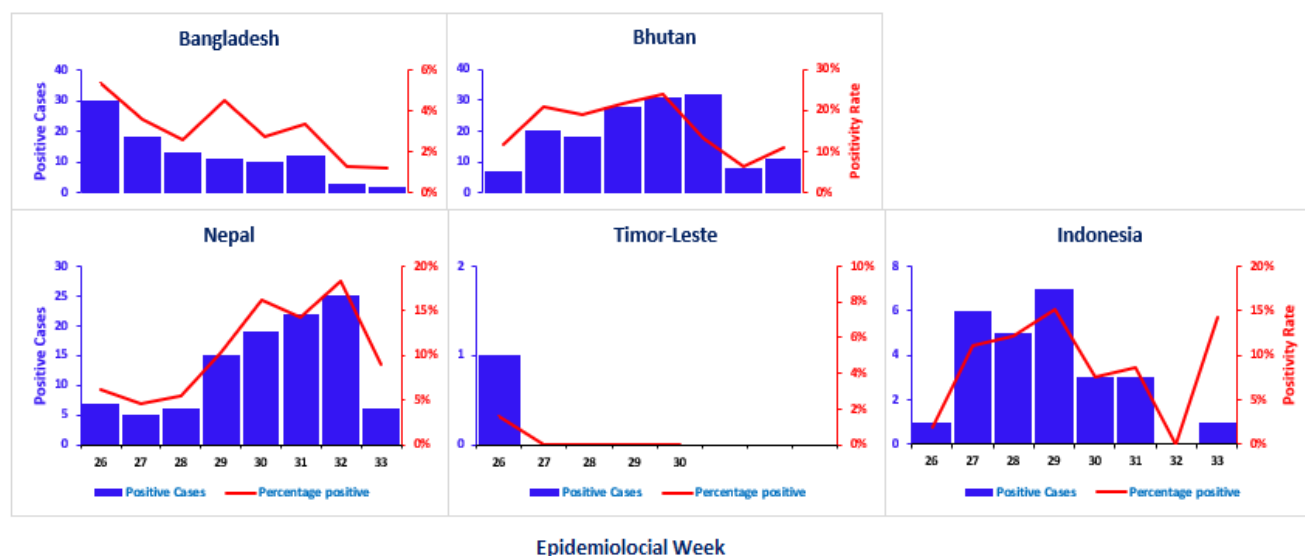
¹⁰ [Global Dashboard](#). Data as 18 August 2024

Figure 3. Weekly number of new COVID-19 cases reported during the previous ten weeks (as of 1 September 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 4. 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 1 September 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.

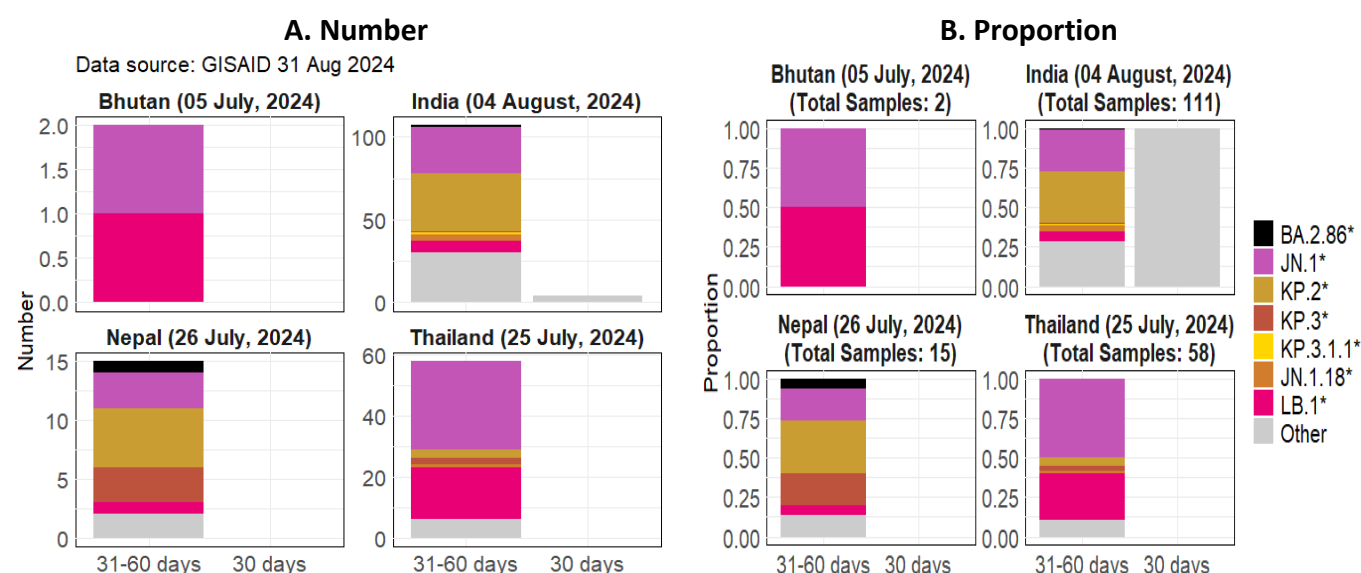
Global circulation of SARS-CoV-2 variants

- WHO is currently tracking several SARS-CoV-2 variants and their sub-lineages including ¹¹:
 - 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 ¹² by countries in the South-East Asia region in the past 60 days by date of collection are shown in Figure 5 (as of 31 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**, 2 genomic sequences were submitted one each with JN.1* and LB.1*.
 - In **India**, 111 genomic sequences were submitted with KP.2* accounting for 31.5% (n=35) followed by JN.1* (25.2%, n=28), LB.1* (6.3%, n=7), JN.1.18* (3.6%, n=4). One genomic sequences each with BA.2.86*, KP.3* and KP.3.1.1.* were also submitted.
 - In **Nepal**, 15 genomic sequences were submitted with KP.2* accounting for 33.3% (n=5) followed by JN.1* (20%, n=3) and KP.3* (20%, n=3). One genomic sequence each with BA.2.86* and LB.1* were also submitted.
 - In **Thailand**, 58 genomic sequences were submitted with JN.1* accounting for 50% (n=29) followed by LB.1* (29.3%, n=17), KP.2* (5.2%, n=3), KP.3* (3.4%, n=2). One genomic sequence with JN.1.18* were also submitted.
 - Other countries have not submitted genomic sequences recently to GISAID.

Figure 5. 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 31 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.

¹¹ <https://www.who.int/publications/m/item/covid-19-epidemiological-update-edition-170>

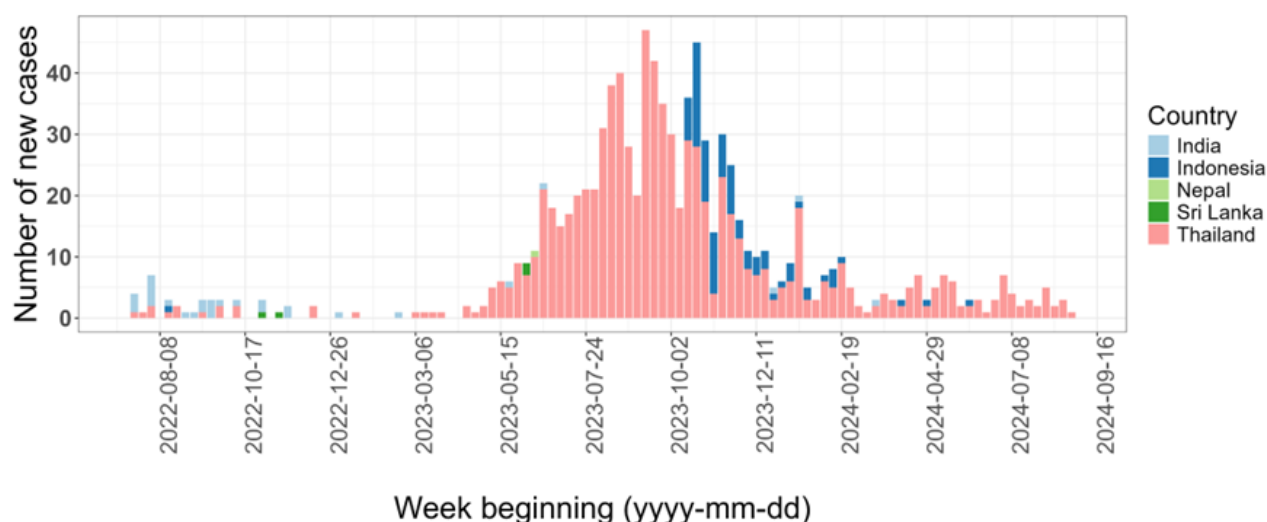
¹² <https://gisaid.org/>

mpox

Situation overview as of 1 September 2024

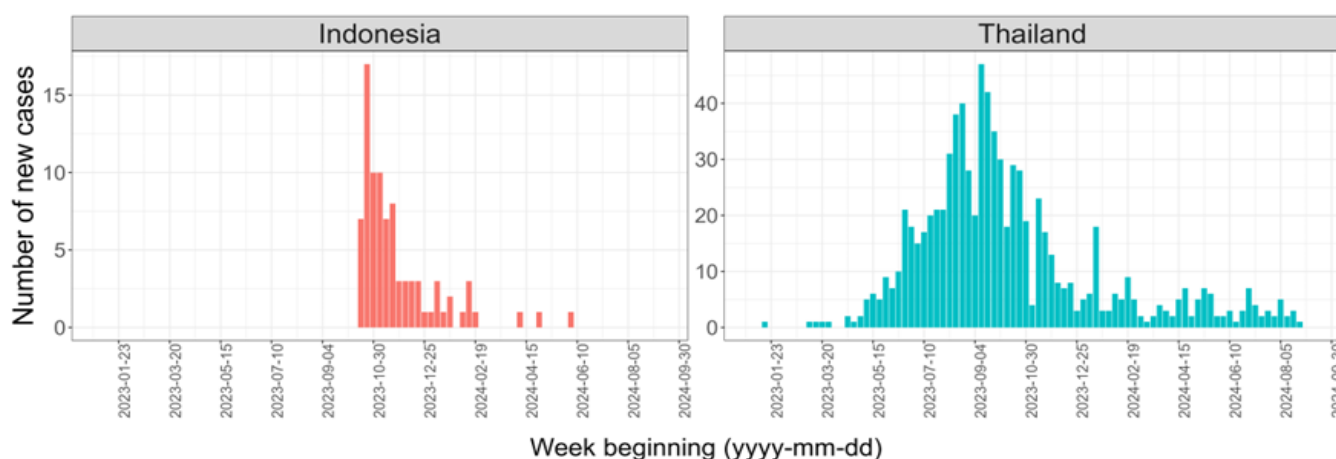
- In the WHO South-East Asia Region, a total of 956 laboratory-confirmed mpox cases, including 11 deaths, have been reported since 14 July 2022 (Figure 6).
- In epidemiological weeks 34 (19 August to 25 August 2024) and 35 (26 August to 01 September 2024), 4 new mpox cases were reported from Thailand¹³ (Figure 7).
- In epidemiological weeks 32 and 33, no new mpox cases were reported from Indonesia¹⁴ (Figure 7).
- For more information on the global situation of mpox outbreak, please visit the [global dashboard](#).

Figure 6. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (14 July 2022 – 1 September 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 7. Weekly number of mpox cases reported in Indonesia (n=87) and Thailand (n=819) since 1 January 2023 by date of notification* (as of 1 September 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.

¹³ [Thailand Mpox](#)

¹⁴ [Indonesia Mpox](#)

Table 2. Profile of the confirmed mpox cases reported in WHO South-East Asia Region in 2024 for which case-based information is available (as of 1 September 2024)

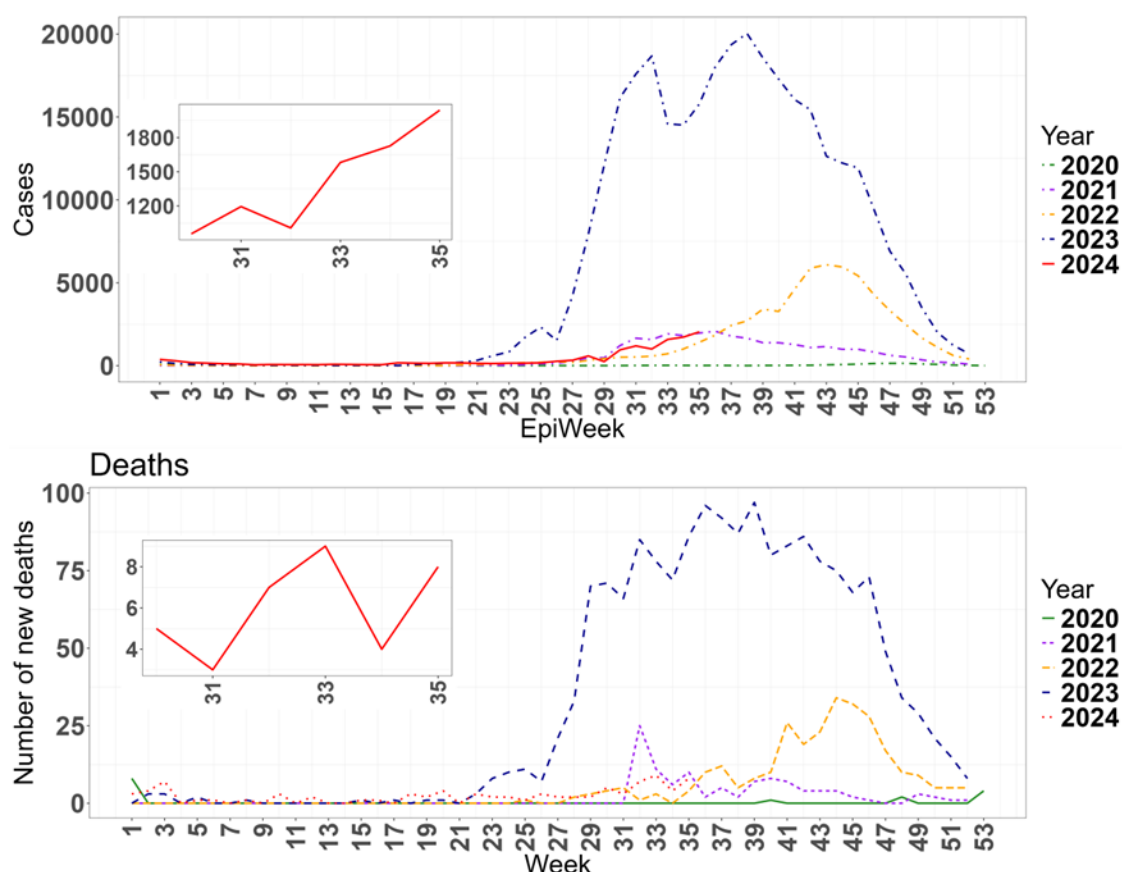
	Total (n = 923)	2024 (n=131)
Country		
India	27 (2.9%)	0 (0.0%)
Indonesia	88 (9.5%)	15 (11.5%)
Nepal	1 (0.1%)	0 (0.0%)
Sri Lanka	4 (0.4%)	0 (0.0%)
Thailand	803 (87.0%)	116 (88.5%)
Gender		
Female	36 (3.9%)	2 (1.5%)
Male	886 (96.0%)	129 (98.5%)
Transgender	1 (0.1%)	0 (0.0%)
Age group (years)		
Less than 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 35 of 2024 (26 August to 01 September 2024), a total of 2 041 new dengue cases were reported in Bangladesh, a 18.2% increase compared to 1 727 cases reported during week 34 of 2024 (19 to 25 August 2024).
- During week 35, a total of 8 new dengue deaths were reported in Bangladesh, a 100% increase compared to 4 deaths reported during week 32.
- In 2024, as of week 35, a total of 13 319 dengue cases and 86 dengue related deaths have been reported. This is 10% compared to the number of cases (n=130 261) and 14% compared to the number of deaths (n=634) reported at the same time (week 35) in 2023.

Figure 8. Number of new cases and deaths from dengue by week in Bangladesh from week 1 of 2020 to week 35 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](#)

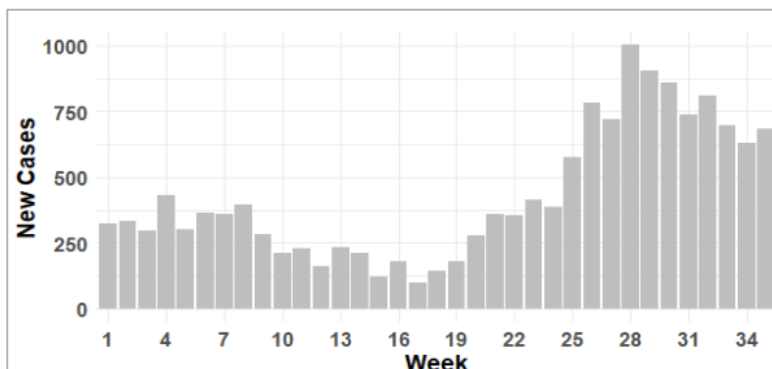
² [Bangladesh daily Dengue press release 1 September 2024](#)

India ³

Kerala ⁴

- During week 35 of 2024 (26 August to 1 September 2024), a total of 684 new dengue cases were reported in Kerala, a 9% increase compared to 630 cases reported during week 34 (19 to 25 August 2024).
- From the week one to week 35 in 2024, a total of 15 056 cases were reported.
- A total of 17 426 dengue cases were reported in the entirety of 2023.

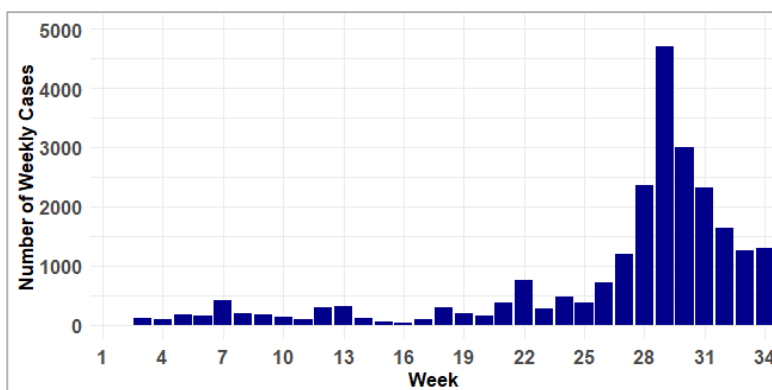
Figure 9. Number of new dengue cases by week in Kerala from week 1 to week 35 of 2024.



Karnataka ⁵

- During week 34 of 2024 (19 to 25 August 2024), a total of 1 291 new dengue cases were reported in Karnataka, a 2.8% increase compared to 1 256 cases reported during week 33 (12 to 18 August 2024).
- From the week one to week 34 in 2024, a total of 23 733 cases were reported.
- A total of 19 300 dengue cases were reported in the entirety of 2023.

Figure 10. Number of new dengue cases by week in Karnataka from week 1 to week 34 of 2024.



³ [NCVBDC](#)

⁴ [Kerala](#)

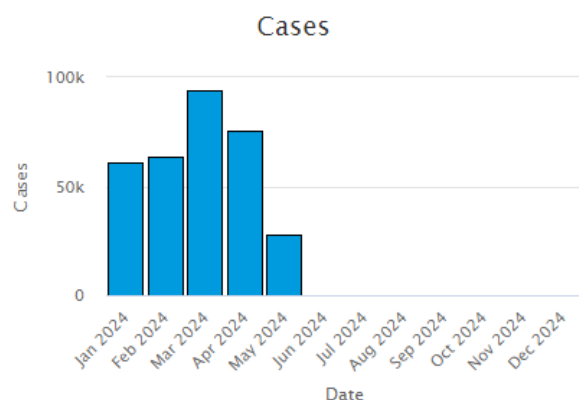
⁵ [Karnataka](#)

Indonesia ⁶

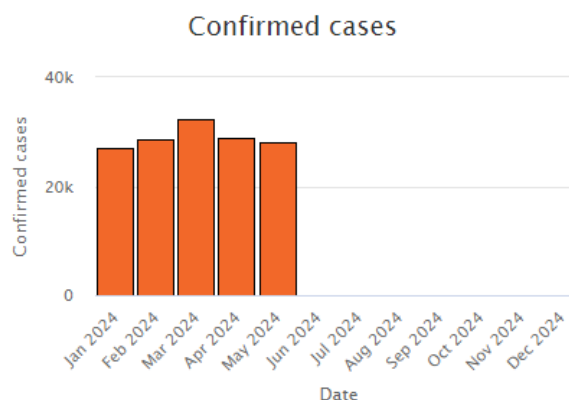
- No new data is available. Please find below the latest report from previous edition.
- From January to May 2024, total of 322 274 dengue cases, including 145 095 laboratory confirmed cases, were reported in Indonesia. In the same period, 874 deaths (confirmed and suspected) have been reported.

Figure 11. Number of new confirmed cases of dengue by month submitted to WHO Global Dengue Surveillance from January to May 2024.

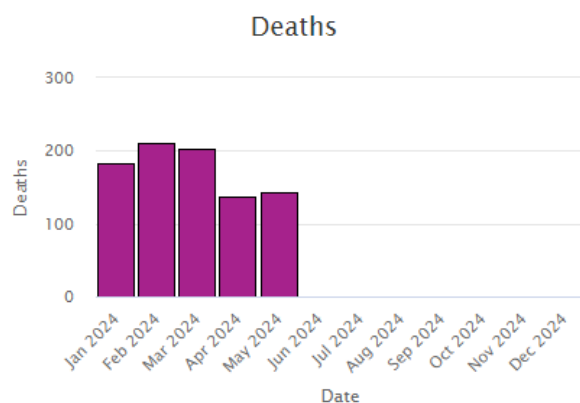
Total cases ⁱ



Confirmed cases ⁱ



Deaths ⁱ

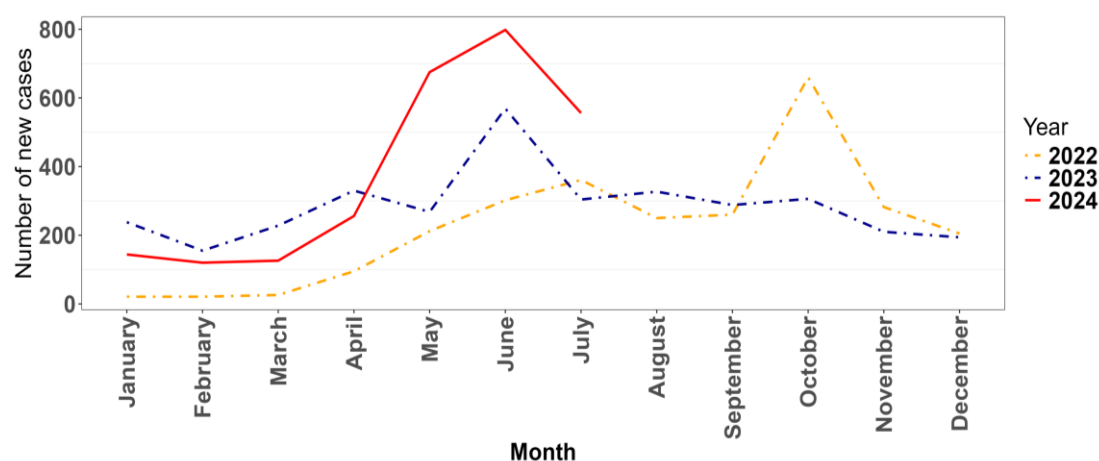


⁶ [WHO Global Dengue Surveillance](#)

Maldives ⁷

- No new data is available. Please find below the latest report from previous edition.
- 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.

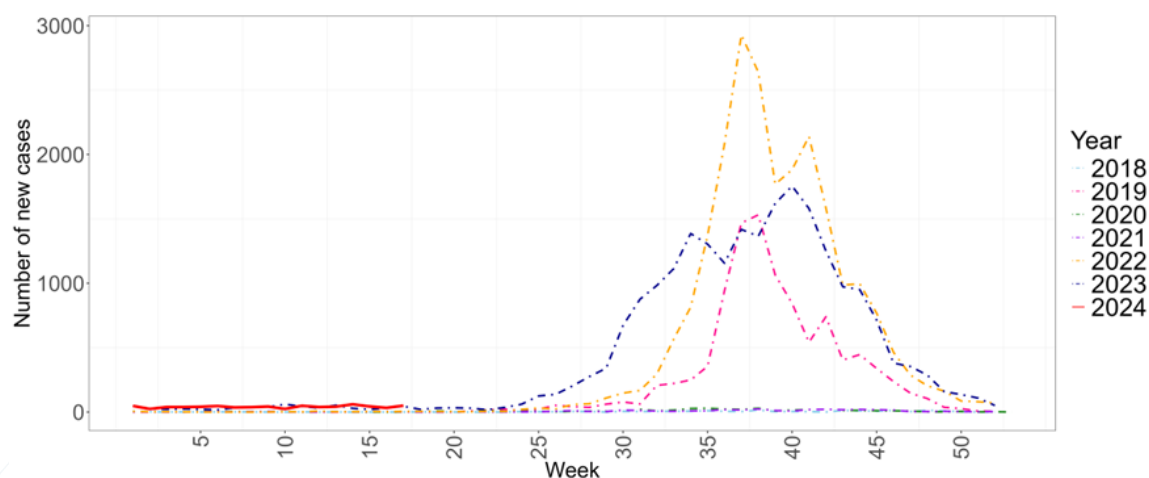
Figure 12. Number of new cases of dengue by month in Maldives from January 2022 to July 2024.



Nepal ⁸

- During week 33 (12 to 18 August 2024), a total of 721 new dengue cases were reported via the Early Warning and Reporting System (EWARS) in Nepal, a 57.4% increase compared to 458 cases reported during week 32 (05 to 11 August 2024).
- In 2024, a total of 3 374 dengue cases have been reported via EWARS compared to 5 534 and 1 549 during the same period in 2023 and 2022, respectively.

Figure 13. Number of new cases of dengue by week reported by the Early Warning and Reporting System (EWARS) in Nepal from week 1 to week 33 of 2024.



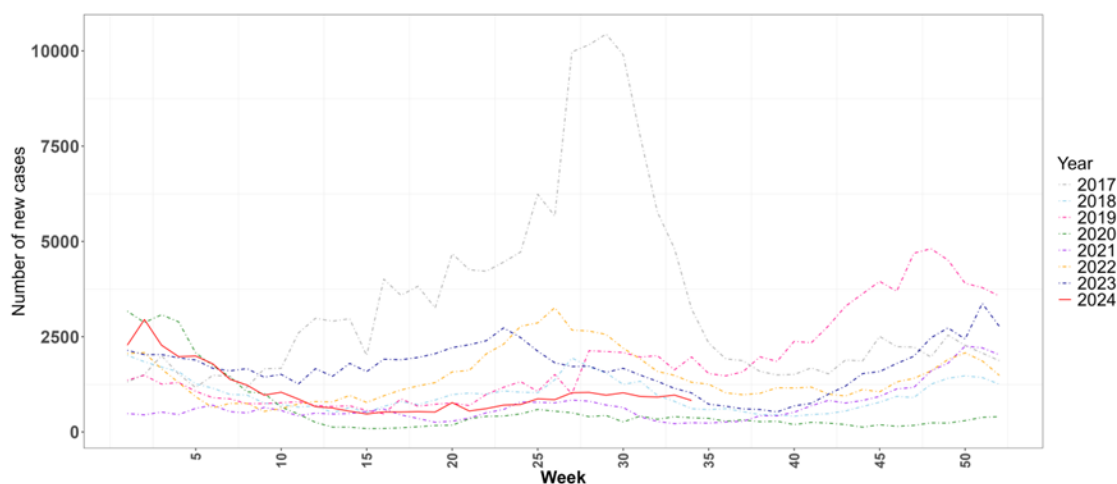
⁷ [Maldives Monthly Communicable Diseases Report \(July 2024\)](#)

⁸ [EWARS Weekly Bulletin](#)

Sri Lanka⁹

- During week 34 (19 August 2024 to 25 August 2024), a total of 826 new dengue cases were reported in Sri Lanka, a 14.7% decrease compared to 968 cases reported during week 33 (12 to 18 August 2024).
- From the week one to the week 34 in 2024, a total of 35 947 cases were reported compared to 61 216 and 52 731 during the same period in 2023 and 2022, respectively.

Figure 14. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 34 of 2024.



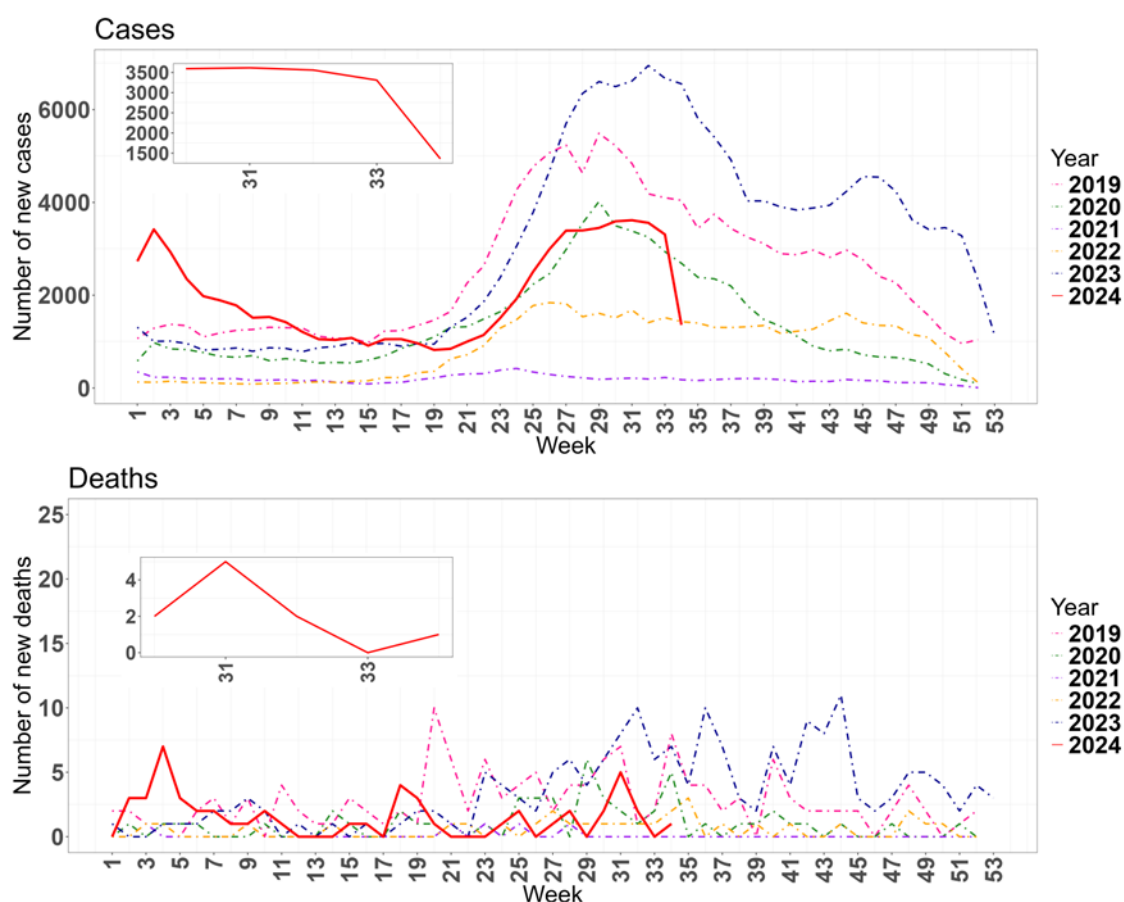
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2024](#)

⁹ Sri Lanka National Dengue Control Unit

Thailand^{10 11 12}

- During week 34 (26 August to 1 September 2024), a total of 1 361 new dengue cases were reported in Thailand, a 58.9% decrease compared to 3 310 cases reported during week 33 (19 to 25 August 2024).
- During week 34, one new dengue death was reported in Thailand, while no new dengue death was reported during week 33.
- In 2024, (as of week 34) a total of 68 329 cases including 51 deaths (CFR=0.07%) have been reported. This compares to 88 084 cases reported between week 1 and week 34 of 2023 including 88 deaths (CFR=0.10%).

Figure 15. Number of new dengue cases and deaths by week in Thailand from 2019 to week 34 of 2024.



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

¹⁰ [Thailand Ministry of Public Health](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/)

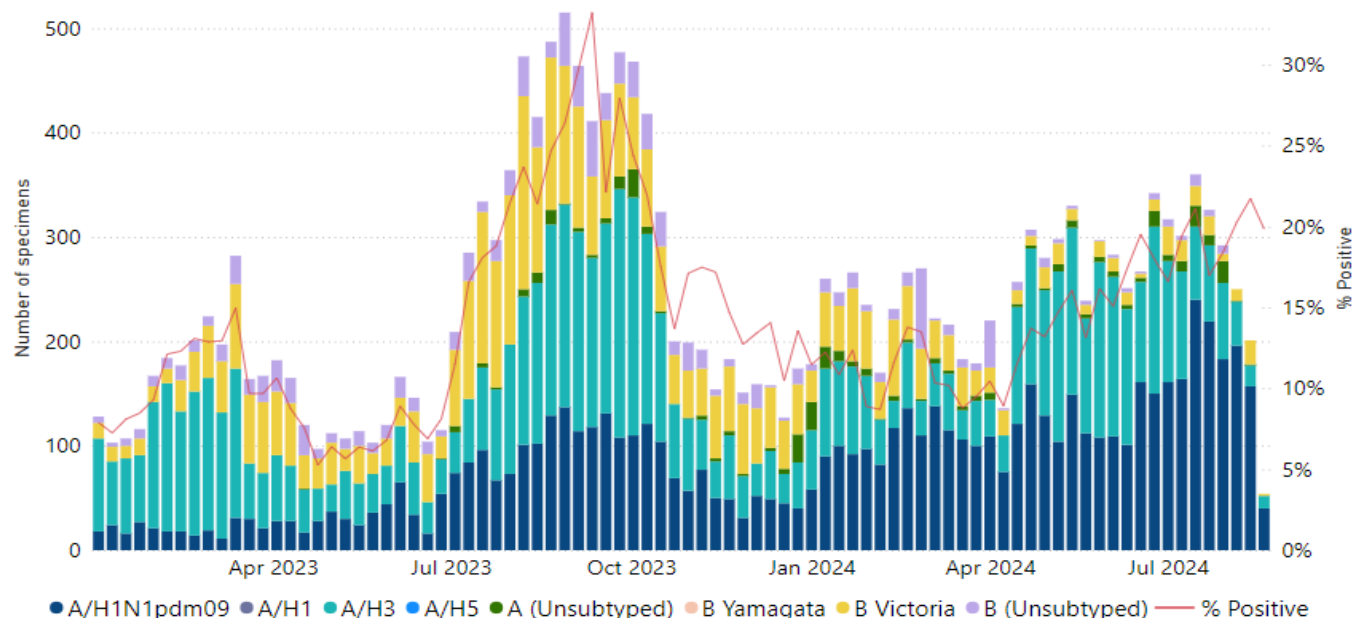
Influenza

WHO South-East Asia Region

Situation as of 1 September 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 34 in 2024 (19 to 25 August), the weekly test positivity was at 19.85% and the most frequently reported strains were influenza A(H1N1)pdm09, influenza A(H3) and influenza B Victoria (Figure 16).
- 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](#).

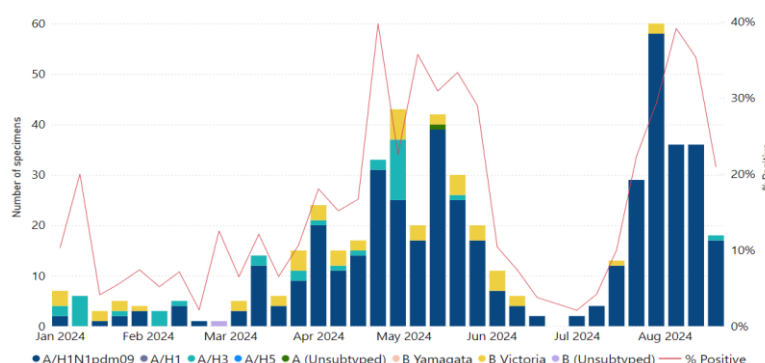
Figure 16. Number of specimens positive for influenza by subtypes and the influenza test positivity in WHO South-East Asia Region during 2023 and 2024 (as of week 34 2024).



Bhutan

- As of 25 August 2024, 86 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 34 (19 to 25 August 2024).
- 18 samples (20.9%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=18), 94.4% (n=17) were positive for A(H1N1)pdm09. One sample was found to be influenza A(H3).

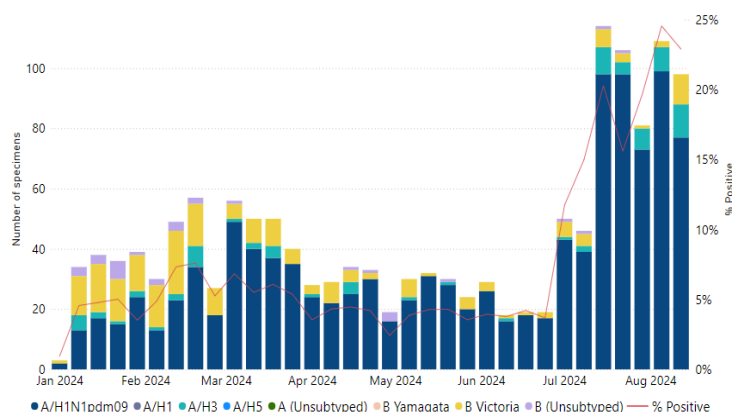
Figure 17. Number of specimens positive for influenza by subtypes and the influenza test positivity in Bhutan in 2024 (as of week 34, 2024).



India

- As of 18 August 2024, 428 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 33 (12 to 18 August 2024).
- 98 samples (22.9%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=98), 78.6% (n=77) were positive for A(H1N1)pdm09, 11.2% (n=11) for A(H3) and 10.2% (n=10) for B Victoria.

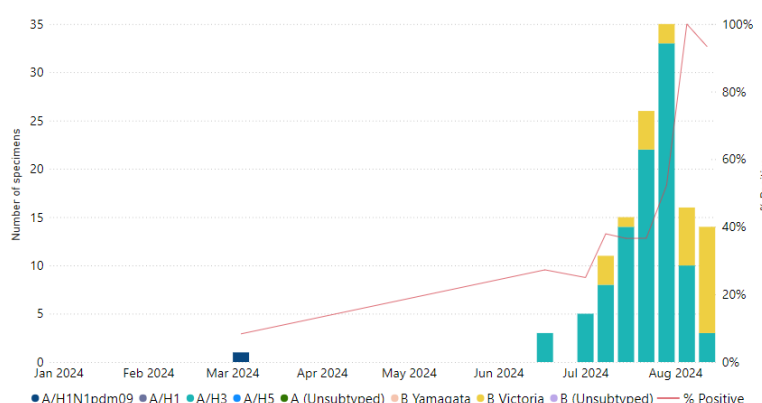
Figure 18. Number of specimens positive for influenza by subtypes and the influenza test positivity in India in 2024 (as of week 33, 2024).



Myanmar

- As of 25 August 2024, 15 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 34 (19 to 25 August 2024).
- 14 samples (93.3%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=14), 78.6% (n=11) were positive for influenza B Victoria. Three samples were found to be influenza A(H3).

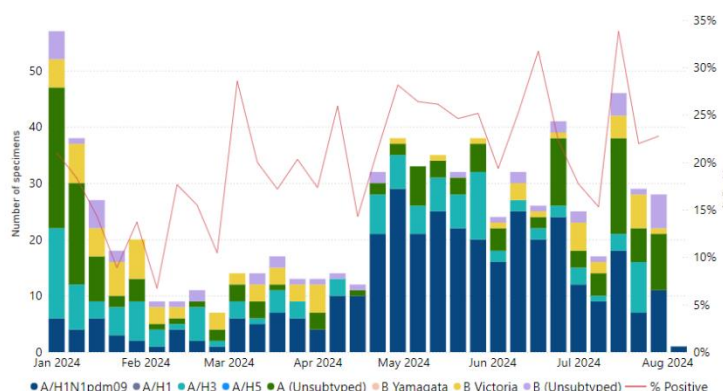
Figure 19. Number of specimens positive for influenza by subtypes and the influenza test positivity in Myanmar in 2024 (as of week 34 of 2024).



Sri Lanka

- As of 4 August 2024, 123 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 31 (29 July to 4 August 2024).
- 28 samples (22.8%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=28), 39.3% (n=11) were positive for A(H1N1)pdm09, 35.7% (n=10) for A(Unsubtyped) and 21.4% (n=6) for B(Unsubtyped).

Figure 20. Number of specimens positive for influenza by subtypes and the influenza test positivity in Sri Lanka in 2024 (as of week 31 of 2024).



Thailand

- As of 25 August 2024, 186 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 34 (19 to 25 August 2024).
- 36 samples (19.4%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=36), 63.9% (n=23) were positive for A(H1N1)pdm09 and 30.6% (n=11) for A(H3). Two samples were found to be influenza B Victoria.

Figure 21. Number of specimens positive for influenza by subtypes and the influenza test positivity in Thailand in 2024 (as of week 34 of 2024).

