

COVID-19 Weekly Situation Report

# of Countries Reporting	New Cases Reported in the Week	New Deaths Reported in the Week	Total Cases Reported	Total Deaths Reported
11 out of 11	961 974	6 014	16 188 508	228 554

# of Countries introduced COVID-19 vaccine	Total number of doses administered	# of person received first dose	# of persons fully vaccinated	First COVID-19 dose per 100 population (of countries vaccinating)
10 out of 11	144 025 936	122 528 938	21 496 998	6.0

Highlights

- South East Asia (SEAR) remains the third most affected WHO Region with 16.1 million cases, after the Americas Region (n=58.5 million cases) and European Region (n=48.1 million cases). Between epidemiological weeks 13 and 14, there has been a 10.9% increase of cases globally. All WHO Regions, except Africa and European Regions have reported increase in new cases during this period
- In SEAR, there is a 63% increase of new cases (n=961 974) between week 13 and 14, which is highest percentage change across all WHO Regions. All affected countries in the Region except Indonesia, Maldives and Myanmar, reported increase of new cases
- More than 143 million doses of COVID-19 vaccine had been administered in ten countries in the SEAR with more than 117 million in India alone

Overview of situation (epidemiological week #14 for period between 5 April – 11 April 2021)

- Bangladesh and Indonesia continue to report 'community transmission'; India, Nepal, Maldives, Sri Lanka, Myanmar, Thailand and Timor Leste report 'clusters of cases'. Bhutan reports 'sporadic Cases' and DPR Korea continues to report 'no cases'
- India continues to report a steep increase of new cases for the eight-consecutive week. Between week 13 and 14 there is a 70% increase (n=873 296) of new cases. Ten states including Maharashtra, Chhattisgarh, Uttar Pradesh, Delhi, Karnataka, Kerala, Tamil Nadu, Gujarat, Madhya Pradesh and Rajasthan have shown a rise in the COVID-19 daily new cases and are contributing to 81% of new cases. There is also an increase in test positivity rate nationally which is 10.5% at end of week 14
- Bangladesh continues to report an increase in new cases since week 6. Between week 13 and 14, there is a 13.8% increase of new cases (n=47 392). Majority (78%) of new cases are reported in Dhaka Division and 61.5% are in Dhaka City. The test positivity rate in Bangladesh is 21.5% at end of week 14, which is highest in the Region
- Thailand has reported a 790.1% increase of new cases (n=3 498) between week 13 and 14. Majority of the new cases are linked to entertainment venue clusters and community markets in Bangkok and vicinity. Further increase in new cases is expected with scaled-up surveillance and active case finding
- Nepal continues to report an upsurge of cases for the past 4 weeks. Between week 13 and 14, there has been a 88.6% increase of new cases (n=2 084). The increase is mainly due to rapid upsurge of cases in Bagmati province with majority of cases reported in Kathmandu. The test positivity rate is increasing steadily and is at ~9% at the end of epidemiological week 14
- Sri Lanka has reported a 25.7% increase of new cases (n=1 695) between week 13 and 14, reversing the declining trend in the previous 7 weeks. The increase in new cases is due to two active sub clusters at Sapugaskanda oil refinery and markets in Jaffna

- Timor-Leste continues to report an increasing trend of new cases for past 7 weeks. Between week 13 and 14, there has been a 48.9% increase of new cases (n=793). The test positivity rate is also increasing and is 6.2% at end of week 14
- In Myanmar, the political situation since 1 February 2021 continues to challenge surveillance and testing
- Maldives has reported a 33.8% decline in new cases (n=834) between week 13 and 14. Majority of new cases continue to be reported in Greater Male' area
- Indonesia has reported a 14.2% decline in new cases (n=32 740) between week 13 and 14. During this period, provinces including Aceh, South Sulawesi and Bengkulu experienced more than 50% increase of new cases. The test positivity rate is still high at 11.4%
- WHO SEARO, in collaboration with WHO Country offices continues to monitor the detection and reporting of SARS-CoV-2 variants of concern (Table 1)

Table1: SARS CoV2 Variants reported in SEAR as of 15 April 2021

SARS CoV2- Variants	Countries reporting in SEAR
VOC 202012/01 (UK Variant) *	Bangladesh, India, Indonesia, Nepal, Sri Lanka and Thailand
501Y.V2 (South African variant) *	India, Sri Lanka, Thailand and Bangladesh
P.1 (Brazil Variant) *	India
E484K mutation (on UK variant)	Indonesia
Double Mutation- L452R, E484Q	India, Nepal

*Variants of Concern

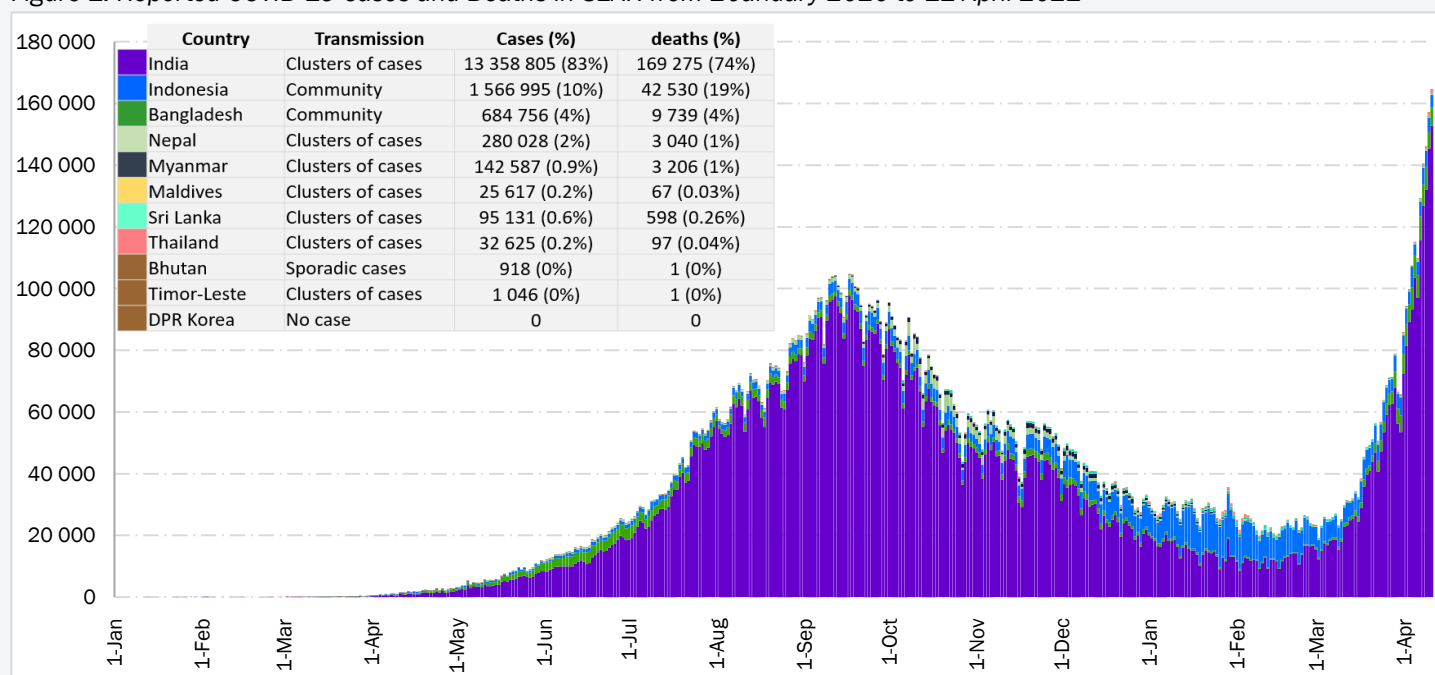
Summary of published Seroprevalence studies in SEAR:

So far, 3 countries in SEAR, have published results of seroprevalence studies including India (n=38 studies), Thailand (n=1 study) and Nepal (n=1 study). Other countries in the region (e.g., Bangladesh, Indonesia, Sri Lanka) have conducted seroprevalence studies, results are still awaited.

As per available information at SEARO, studies started as early as April 2020 and were conducted as recent as February 2021 (as per published studies). Targeted populations of these studies range from hospital settings, slums, city, district, states to nationwide while the sample size range from 244 health care workers to around 29 000 samples from households at the community level.

SARS CoV2-related seroprevalence data in SEAR are compiled from online sources into a list that can be accessed at '[published seroprevalence studies](#)' Please note that this is ongoing work, and the list is non-exhaustive.

Figure 1: Reported COVID-19 Cases and Deaths in SEAR from 1 January 2020 to 11 April 2021



*Note that the transmission classification is that of 04 April 2021

Table 2: Regional COVID-19 Situation (11 April 2021)

Country	Total cases	Total cases per 1 million pop	Total deaths	CFR	New cases (last 7 days)	% change in new cases*	TPR (last 7 DMA)
India	13 358 805	9 680	169 275	1.3	873 296	69.9	10.5
Indonesia	1 566 995	5 729	42 530	2.7	32 740	-14.2	11.4
Bangladesh	684 756	4 158	9 739	1.4	47 392	13.8	21.5
Nepal	280 028	9 611	3 040	1.1	2 084	88.6	9.1
Myanmar	142 587	2 621	3 206	2.2	76	-39.7	0.7
Sri Lanka	95 131	4 443	598	0.6	1 695	25.7	2.6
Maldives	25 617	47 391	67	0.3	834	-33.8	3.5
Thailand	32 625	467	97	0.3	3 498	790.1	2.4
Bhutan	918	1 190	1	0.1	27		0.4
Timor-Leste	1 046	793	1	0.1	332	48.9	6.2
DPR Korea	0						
SEAR total	16 188 508	8 009	228 554	-	961 974	60.8	-

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior.

CFR=Case Fatality Rate; DMA= Day Moving Average; TPR=Test Positivity Rate

Key Operational / Country Updates

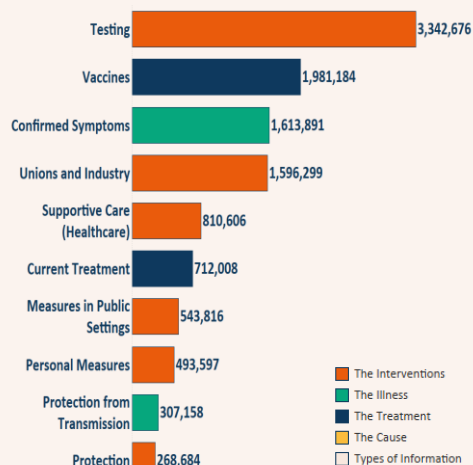
Key operational updates

Risk communication and community engagement:

- Weekly infodemic intelligence for COVID-19 shows that vaccines, testing and symptoms of COVID-19 remain the top public concerns in the Region
- To address these issues, material on to help the public identify symptoms of COVID-19 have been shared
- As Ramadan begins, SEARO has developed communication material for a safe and healthy Ramadan.

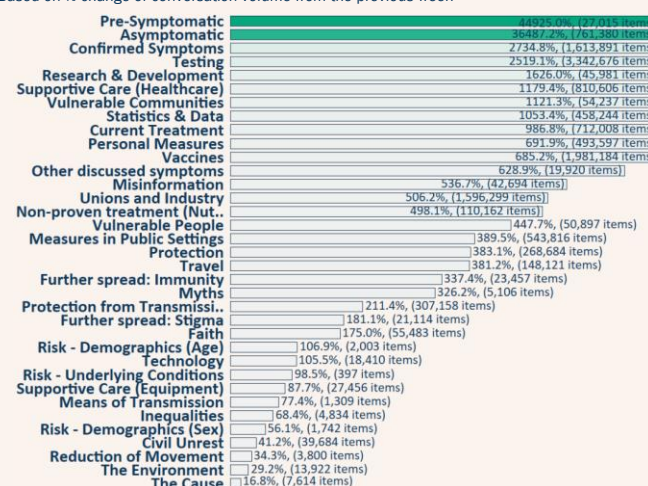
Top 10 topics by volume

Social media mentions of selected categories per taxonomy



Top rising topics

Based on % change of conversation volume from the previous week



Operation support and logistics:

- WHO Regional Office for South-East Asia (SEARO) is continuing to support Timor Leste flash flood response through coordination and provision of lifesaving medical supplies and equipment.
 - Personal protective (PPE) items from the Regional stockpiles in India have been dispatched to Kuala Lumpur (KL), which will be flown to Timor Leste on 21 April 2021 with the support of WFP
 - PPE, emergency tents, biomedical equipment ready for shipment from the Regional stockpiles in Dubai and WHO warehouses in Malaysia/China to Timor Leste via Kuala Lumpur/Singapore
- Five tonnes of emergency supplies including PPE and tents ready for shipment to Nepal from regional stockpiles in Dubai

- Six thousand five hundred swabs and viral transport fluid from WPRO Brisbane warehouse is expected to reach Timor Leste this week as in-kind support from WHO Western Pacific Regional Office (WPRO)

Key country updates

Bangladesh:

- The Civil Aviation Authority of Bangladesh (CAAB) suspended all international flights for a week starting from 14 April 2021 along with other stringent public health and social measures in the country
- Government of India has provided 100 000 doses of COVID-19 vaccine to further support the vaccine rollout in the country
- The Government has started administering the second dose of coronavirus vaccine on 8 April 2021 and decision has been made to continue vaccination during the ongoing 'lockdown', and the vaccination will be continued during Ramadan

Bhutan:

- Bhutan administered the first shot of the AstraZeneca-Oxford vaccine to 85% of its adult population within a week
- All people arriving Bhutan from outside the country have to undergo a mandatory quarantine of 21 days
- Ministry of Health (MoH) reviewed and revised COVID-19 case management guidelines
- WHO in collaboration with MOH has finalized the tool for conducting assessment on impact of COVID-19 pandemic on delivery of essential health services in country

DPR Korea:

- No case of COVID-19 has been reported as of 8 April 2021
- Cumulatively 23 826 persons have been tested with reverse transcription polymerase chain reaction (RT-PCR) at an interval of 10 days (total samples: 47 378) and all were found negative for COVID-19. These include 705 persons who were tested during the period of 2 April to 8 April 2021, of which 103 were people with influenza-like illness and/or severe acute respiratory infections

India:

- Prime Minister interacts with chief ministers of various states regarding COVID-19 situation and advised to focus on test, track, treat', COVID-19 appropriate behaviour and Management
- From 11 April 2021 all individuals above 45 years, employed formally at a workplace can be vaccinated at work place vaccination centers
- The Government prohibits exports of Injection Remdesivir and Remdesivir active pharmaceutical ingredients (API) till the COVID-19 situation in the country improves
- India becomes the fastest country to administer 100 million doses of COVID-19 vaccine in 85 days

Indonesia:

- The Ministry of Religious Affairs issued a Circular Letter on 8 April as a guideline for Ramadan and Eid al-Fitr, mosques and other places of worship are allowed to conduct prayers and other religious activities with maximum 50% capacity
- WHO supported the Ministry of Health (MoH) Directorate of Referral Health Services and the national working group on infection prevention and control (IPC) conducted national training of trainers to improve the capacity of IPC staff of health facilities to implement the eight core components of IPC
- WHO handed over 1 000 cold boxes worth USD 313 000 to the Ministry of Health (MoH) and the National Agency of Drug and Food Control to support the laboratory cold chain system

Maldives:

- Maldives has started Pfizer-BioNTech COVID-19 vaccine on 11 April 2021, for children of 16 & 17 years of age as well as adults above 60 years with comorbidities as well as persons on long term medication for chronic diseases
- Health Protection Agency (HPA) announced 57% of total eligible population has received first dose of COVID-19 vaccine

- Local council elections concluded on 10 April 2021 under strict guidance from Health Emergency Operation Centre (HEOC) and HPA

Myanmar:

- The Ministry of Foreign Affairs (MoFA) extended the effective period for temporary measures (temporary entry restrictions for visitors from all countries) until 30 April 2021 and extended the precautionary restriction measures relating to control of the COVID-19 pandemic until 30 April 2021
- Ministry of Health and Sports (MoHS) announced lifting of COVID-19 stay-at-home order on 10 April 2021. stay-at-home orders lifted in Yangon, Mandalay, Bago and Ayeyarwaddy Regions

Nepal:

- Government of Nepal administering Vero Cell COVID-19 vaccine received from Government of China to people between 40 – 59 years of age
- WHO supporting Ministry of Health and Population (MoHP) to prepare a guideline to strengthen surveillance and laboratory capacity targeting district and municipalities of selected districts with significant COVID-19 cases

Sri Lanka:

- Ministry of Health (MoH) has published guidelines on mandatory home quarantine of government officials undertaking official overseas visits and guidelines for returning nationals and foreign nationals serving UN and other diplomatic missions
- 24 laboratories assessed by WHO Global Round of laboratory proficiency testing for the detection of SARS-CoV-2 by PCR, 20 laboratories were assessed to be 100% concordant with the standards and rest was more than 75% concordant
- The Government received 600 000 doses of Sinopharm COVID-19 vaccines, and is awaiting approval from National Medicines Regulatory Authority (NMRA)

Thailand:

- Thailand received 1 million doses of Sinovac vaccines on 10 April 2021, currently under review by Department of Medical Sciences
- The government reiterates that it has no restrictions for the private sector to import vaccines. According to the original plan, the government can cover vaccination for 31 million of the Thai population (Sinovac and AstraZeneca), plus an additional 4 million that emerged for 'urgent use' during the new outbreak
- The Director-General of Department of Medical Sciences reiterated mandatory hospital admissions of all COVID-19 patients

Timor-Leste

- The Government extended COVID-19 vaccine campaign to municipalities of Bobonaro, Baucau, Liquica, Ermera and Viqueque targeting health workers, frontline workers and other essential services and support staff
- The National Health Laboratory (NHL) collecting samples through mass screenings in the affected municipalities

Scaling-up clinical management capacity of severe acute respiratory infections (SARI) in district hospital settings through establishing a regional core group of clinicians

The global influenza strategy (2019-2030) focuses on building stronger country capacities integrated within overall national health security planning and universal health coverage efforts. It calls for the establishment and strengthening of capacities to prevent, control and prepare for Influenza pandemics (as well as pandemics due to similar respiratory borne infectious diseases) at the global, regional and national levels. One of the expected high-level outcomes of the strategy is stronger country capacities in preparedness and response. In order to operationalize this, countries in WHO's South-East Asia Region (SEARO) have started updating their National Influenza Pandemic Preparedness Plans based on WHO's Pandemic Influenza Risk Management -2017(PIRM) guidance. Guidance on clinical management is among the PIRM recommendations. In addition, lessons learned documented in after-action reviews (AAR) following seasonal influenza outbreaks in SEAR have recommended improving clinical management aspect in Member States.


















































































Against this background, SEARO developed a regional training for severe acute respiratory infections (SARI) clinical management as a mortality and disability reduction measure for influenza pandemics and also a blueprint for same during pandemics of other respiratory infections. However, with the onset of the COVID 19 pandemic in 2020, the modules were quickly customized to focus on managing SARI patients of COVID-19 aetiology non-ICU settings in district hospitals. It provided countries with standardized training modules to train clinicians, especially in resource limited non-ICU settings in district hospitals with a view to reduce preventable mortality during COVID-19 pandemic. The partners of this initiative were IMCI-IMAI alliance and other relevant units and departments of SEARO.

The exercise involved development of six training modules and conducting a pilot training in Myanmar. These training modules were adapted to the national context and trainings were conducted in Myanmar, Timor Leste and Cox's Bazar in Bangladesh. The training modules focused on (1) quick check and training on managing the severely ill patient with Severe Respiratory Distress, (2) District Clinician Manuals on handling SARI patients (3) clinicians role in disease surveillance and infection control of influenza and other nationally important communicable diseases, (4) Course Director Guide for the training (5) mentoring, monitoring and evaluation.

Initially national trainings were facilitated in these few countries on request basis, However, given the inability to provide surge expert support in clinical management due to high demand in a pandemic, rising number of cases and deaths due to COVID in many SEAR MS with the widespread transmission, a sustainable, novel approach was required for rapid regional capacity development. Hence, SEARO decided to build regional capacity for clinical management of SARI cases by establishing a regional core group of Trainers of Trainers (ToT) and quickly mobilizing them for need based country support. The core group now undergoes the virtual regional SEARO training on SARI clinical management. The training is conducted by physicians-trainers from the IMAI-IMCI alliance together with five regional training facilitators from Nepal and Timor Leste who excelled in previous national trainings. The course consists of 16 virtual weekly training sessions. Thirty-eight practicing clinicians/physicians in general medicine or critical care medicine handling SARI patients preferably at district hospitals have been selected from seven SEAR Member States.

Additionally, eight doctors from four WHO country offices are undergoing the training. The participants have committed themselves to attend the standard training schedule of sixteen trainings sessions of a duration of three hours each. The trained core group of Trainers of Trainers (ToT) from SEAR Member States on Clinical Management of SARI cases are expected to train clinicians in their own countries and support another SEAR MS on. WHO's Health Emergency Programme at SEARO intends to conduct an evaluation of training activities performed by the core group in 6 months post-training and re-validate the trainers in two years' time after a refresher course. As an outcome of the training, SEAR will have a trained core group of trainers ready to roll out a standard regional clinical management training programme in their own and in regional countries strengthening solidarity in joint response to epidemics in the region.

Public Health and Social Measures in the South-East Asia Region (6 - 13 April 2021)

Member State	Stay at Home	Public transport (Inter province movement)	School measures	Public gathering	Mask use
Bangladesh	Partial  (Extends week-long lockdown from 14 April)	Restricted*    		 Ban	Mandatory
Bhutan	None 	Resumed    		 Ban >25	Mandatory
DPR Korea	None 	Restricted*     (Capital to provinces and inter-province movement restricted)		 Ban > 5	Mandatory
India	Partial  (Movement restricted in containment zones; restrictions including night curfews in some areas and weekend curfew at Maharashtra)	Resumed*     (Operational hours limited in areas under curfew)	 (Schools closed in some areas)	 (Vary across provinces)	Mandatory
Indonesia	Partial  (Implementation of micro-level restrictions on community activities (neighbourhood/ward) in Java and Bali)	Restricted*     (Vary across provinces)	 (Vary across provinces)	 (Vary across provinces)	Mandatory
Maldives (Emergency extended until 04 May 2021)	None 	Resumed    		 Ban > 5	Mandatory
Myanmar	Partial  (Curfew imposed from 0200 to 0400 hrs.)	Restricted*    		 Ban > 50	Mandatory
Nepal	None 	Resumed    		 Ban > 25	Mandatory
Sri Lanka	None 	Resumed    		 Ban > 10	Mandatory
Thailand (Emergency extended until 31 May 2021)	None 	Resumed    		 (Foam parties not allowed during the Songkran festival)	Mandatory
Timor-Leste (Emergency extended until 3 May 2021)	None 	Restricted*   		 Ban	Mandatory
* Public transport allowed with limited capacity, limited timings and/or limited routes/ variations at Sub National level					
Red icons	Complete restriction (applied to all or most areas or populations nationwide)		  	Bus, taxi/ private vehicle, Train	
Yellow icons	Partial restrictions (targeted to some areas or populations)			Waterways- boat	
Green icons	No restrictions			Airways	

Link to PHSM dashboard SEARO <https://experience.arcgis.com/experience/56d2642cb379485ebf78371e744b8c6a>

- On 7 April 2021, the COVID-19 subcommittee of the WHO Global Advisory Committee on Vaccine Safety (GACVS) has reviewed reports of rare cases of blood clots with low platelets following vaccination with the AstraZeneca COVID-19 vaccine (including Covishield), and noted the following:
 - Based on current information, a causal relationship between the vaccine and the occurrence of blood clots with low platelets is considered plausible but is not confirmed. Specialized studies are needed to fully understand the potential relationship between vaccination and possible risk factors.
 - The GACVS subcommittee is gathering and reviewing data and issue a further statement by end of the week.
 - It is important to note that whilst concerning, the events under assessment are very rare, with low numbers reported among the almost 200 million individuals who have received the AstraZeneca COVID-19 vaccine around the world.
 - Rare adverse events following immunizations should be assessed against the risk of deaths from COVID-19 disease and the potential of the vaccines to prevent infections and reduce deaths due to diseases. In this context, it should be noted that as of today, at least 2.6 million people have died of COVID-19 disease worldwide.
 - Side effects within two- or three-days following vaccination are expected and common. However, individuals who experience any severe symptoms – such as shortness of breath, chest pain, leg swelling, persistent abdominal pain, neurological symptoms, such as severe and persistent headaches or blurred vision, tiny blood spots under the skin beyond the site of the injection - from around four to 20 days following vaccination, should seek urgent medical attention. Clinicians should be aware of relevant case definitions and clinical guidance for patients presenting thrombosis and thrombocytopenia following COVID-19 vaccination¹. To this end, the GACVS subcommittee also suggested that a committee of clinical experts including haematologists and other specialists is convened, for advice on clinical diagnosis and case management.
 - Active surveillance, including sentinel site / hospital case-based investigations should be considered, to further characterize these rare events. WHO has developed template protocols that countries could adapt for such studies. The GACVS will be issuing further recommendations as relevant
- WHO and the European Medicines Agency continue to recommend use of the AstraZeneca/Oxford vaccine
- Ongoing support is continued to countries to strengthen vaccine safety surveillance and WHO and UNICEF joint follow-up calls with country focal points and other partners (including Gavi, World Bank and Asian Development Bank). Follow-up calls were held with following priority countries: Bangladesh, India, Indonesia, and Nepal
- The following table is a summary of vaccination status in the countries offering COVID-19 vaccines in the region

Country	Start date	Vaccine name	Last update	Total doses administered	Persons vaccinated with one dose	Persons vaccinated with two doses	First dose per100 total population	Source
Bangladesh	27-Jan-21	COVISHIELD	15-Apr-21	6 617 036	5 686 885	930 151	3.3	MIS unit DGHS
Bhutan	27-Mar-21	COVISHIELD	15-Apr-21	477 631	477 631		63.2	MoH
India	16-Jan-21	COVISHIELD/COVAXIN	15-Apr-21	117 096 037	102 239 248	14 856 789	7.2	https://pib.gov.in/PressRelease
Indonesia	13-Jan-21	CORONAVAC/AZ-SKBIO	15-Apr-21	16 112 861	10 505 334	5 607 527	3.9	https://www.kemkes.go.id/
Maldives	01 Feb 21	COVISHIELD/SINOPHARM/PFIZER	15-Apr-21	303 752	274 782	28 970	50.3	HPA COVID 19 update group
Myanmar	27-Jan-21	COVISHIELD	04-Feb-21	105 490	105 490		0.2	MoHS
Nepal	27-Jan-21	COVISHIELD/SINOPHARM	12-Apr-21	1 800 536	1 800 536		6.0	FWD. MoHP Nepal
Sri Lanka	29-Jan-21	COVISHIELD/SINOPHARM	10-Apr-21	927 711	927 711		4.2	Epidemiology unit MoH
Thailand	28-Feb-21	CORONAVAC/AZ-SKBIO	13-Apr-21	579 305	505 744	73 561	0.8	Department of Disease Control MOPH
Timor-Leste	07-Apr-21	AZ-SKBIO	15-Apr-21	5 577	5 577		0.4	MoH
TOTAL				144 025 936	122 528 938	21 496 998	6.0	

¹ <https://b-s-h.org.uk/about-us/news/guidance-produced-from-the-expert-haematology-panel-ehp-focussed-on-syndrome-of-thrombosis-and-thrombocytopenia-occurring-after-coronavirus-vaccination/>