

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	2 525 755	30 870	28 096 531	340 398

# 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	229 149 404	171 003 383	58 187 939	8.37

Highlights

- South East Asia Region (SEAR) remains the third most affected WHO Region with 28.1 million cases, after the Americas Region (64.7 million cases) and European Region (53.5 million cases). There was a 12.1% decrease of new cases globally during this period between week 18 and 19, with all WHO regions except Western Pacific Region reporting decrease in new cases.
- SEAR for the fourth week in a row has reported more than two million new cases. Between epidemiological week 18 and 19, there has been a 12% decrease in new cases.
- More than 229 million doses of COVID-19 vaccine have been given by ten countries in the SEA Region with more than 185 million doses in India alone.
- Eight countries (Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand) are providing second dose of COVID-19 vaccine.

Overview of situation (epidemiological week #19 for period between 10 May – 16 May 2021)

- Bangladesh, Indonesia, Nepal and Timor-Leste are reporting 'community transmission'; Bhutan, India, Maldives, Sri Lanka, Myanmar and Thailand are reporting 'clusters of cases'; DPR Korea continues to report 'no cases'.
- India has reported a 13% decrease of new cases (n=2 387 663) between week 18 and 19, after reporting increase in new cases for 12 consecutive weeks. 75% of the new cases are reported from 10 states namely Karnataka, Maharashtra, Tamil Nadu, Kerala, Andhra Pradesh, West Bengal, Rajasthan, Uttar Pradesh, Odisha and Haryana. From among these states, declining trend of new cases is observed in Maharashtra, Karnataka, Kerala, Uttar Pradesh, Rajasthan and Haryana. During this period, there has been a 4% increase of new deaths. The test positivity rate is reducing but still high at 20%.
- Nepal continues to report an increase of new cases for the ninth consecutive week. Between week 18 and 19, there has been a 3% increase of new cases (n=60 353). Surge of new cases have been reported from across all provinces with nearly half of the new cases (49%) are reported from Bagmati province. Test positivity rate remains very high at 44%, which is highest in the region. The B.1.617.2 lineage of SARS CoV-2 has been found to be the dominant variant in samples (34 out of 35 samples) that underwent genomic sequencing.
- Sri Lanka continues to report an increase in number of new cases for the past 5 weeks. Between week 18 and 19, there has been a 19% increase (n=16 840). Puttlam, Ratnapura, Jaffna and Mullaitivu Districts have reported over 100% increase in cases. The 'New year' clusters from Kurunegala and Puttalam districts in North Western Province and 'Maharagama and Pamunnuwa' cluster in Western Province are predominantly driven by B.1.1.7 lineage of SARS CoV-2. Cases linked to these clusters are now being reported across all provinces.
- Maldives continues to report an increase in new cases and deaths, with 72% increase of new cases (n=8 708) between week 18 and 19. Majority of the cases continue to be reported in Greater Male Region, but cases in atolls are increasing with currently over 3 080 active cases across 100 islands outside Male (out of 18 222 active cases) as of 19 May. The highest ever test positivity was observed, reaching 40% on the same day.

- Thailand continues to report an increase in number of new cases for the past six weeks. Between week 18 and 19, there has been a 26% increase of new cases (n=18 072). Majority of the cases in the current wave continue to be reported in Bangkok and its vicinity. The cluster of cases linked to entertainment venues in Bangkok and vicinity are under control and most new cases are detected among close family contacts in close community settings in Bangkok. On May 17, a major cluster of cases were reported in prison settings, the situation is still evolving, and already > 10 000 cases have been detected from prisons.
- Timor-Leste has reported a 57% increase of new cases (n=1 231) between week 18 and 19. Majority of the cases are reported in Dili but spreading to other districts and more cases are detected without clear links with source. The TPR is also increasing and is currently at 13% at the national level.
- Bhutan has reported a 41% decrease in new cases (n= 65) between week 18 and 19, after reporting increase of new cases for 4 consecutive weeks. Locally transmitted cases continue to be reported in Phuentsholing, a southern area bordering India (outbreak since 16 April 2021), with majority of the cases in this outbreak detected among contacts followed by frontline workers.
- Bangladesh continues a declining trend of new cases for past five weeks, reporting a 43% decrease of new cases (n=6 646) between week 18 and 19. Decrease of new cases have been reported across all Divisions of the country, with Dhaka and Mymensingh divisions reporting more than 50% decline of new cases. Just over half of the new cases (52%) are reported from Dhaka division, and nearly one fourth (24%) of new cases are reported from Chattogram division.
- Indonesia has reported a 28% decrease in new cases (n= 26 066) between week 18 and 19. The TPR is hovering around at 12-13% at the national level.
- In Myanmar, the political situation since 1 February 2021 continues to hamper testing services.

Figure 1: Reported COVID-19 Cases, deaths and transmission classification in SEAR between 1 January 2020 to 16 May 2021

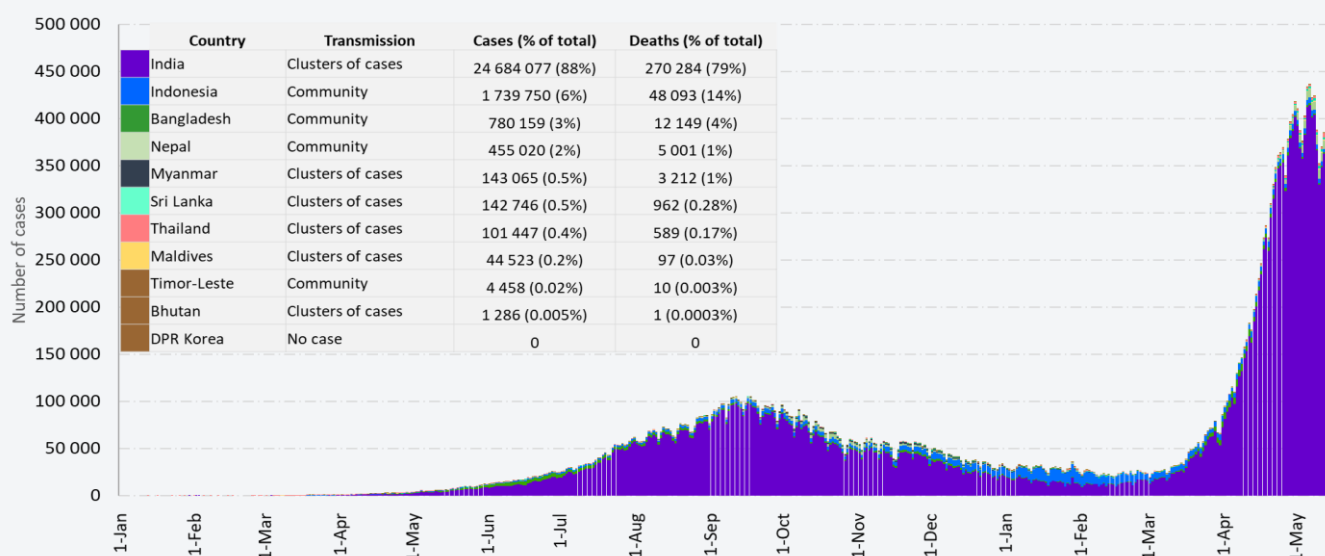


Table 2: Regional COVID-19 Situation (16 May 2021)

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	24 684 077	17 887	270 284	1.1	2 387 663	-12.8	20.0
Indonesia	1 739 750	6 361	48 093	2.8	26 066	-28.4	13.2
Bangladesh	780 159	4 737	12 149	1.6	6 646	-42.6	11.3
Nepal	455 020	15 617	5 001	1.1	60 353	2.9	44.4
Myanmar	143 065	2 629	3 212	2.2	111	-4.3	1.0
Sri Lanka	142 746	6 666	962	0.7	16 840	19.0	9.8
Thailand	101 447	1 453	589	0.6	18 072	25.6	18.4
Maldives	44 523	82 367	97	0.2	8 708	71.8	26.8
Timor-Leste	4 458	3 381	10	0.2	1 231	57.2	13.0
Bhutan	1 286	1 667	1	0.1	65	-40.9	5.1
DPR Korea	0						
SEAR total	28 096 531	13 900	340 398	-	2 525 755	-12.3	-

*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

WHO SEARO, in collaboration with WHO Country offices, SEARO continues to monitor the detection and reporting of SARS-CoV-2 variants of concerns (VOCs) in the region (Table 2)

Table 2: SARS-CoV-2 variants of concern (VOC) in SEAR, as of 19 May 2021

Next strain clade	Pango lineage	First detected in	Countries reporting in SEAR
20I/501Y.V1	B.1.1.7	United Kingdom	Bangladesh, India, Indonesia, Nepal, Sri Lanka and Thailand
20H/501Y.V2	B.1.351	South Africa	India, Sri Lanka, Thailand*, Bangladesh and Indonesia
20J/501Y.V3	B.1.1.28.1, alias P.1	Brazil	India* and Thailand*
-	B.1.617	India	India, Bangladesh, Nepal, Thailand*, Indonesia and Sri Lanka

*Only in incoming travelers under quarantine

Summary of published Seroprevalence Studies in SEAR:

So far, 4 countries in SEAR, have published results of seroprevalence studies including India (50 studies), Thailand (3 studies), Nepal (1 study) and Bangladesh (1 study). Other countries in the region (e.g. Indonesia, Sri Lanka) have conducted seroprevalence studies, while results are still awaited.

As per available information at WHO SEARO, studies started in as early as April 2020 and were conducted till as recent as February 2021 (as per published studies). Targeted populations of these studies ranged from those in hospital settings, slums, cities, districts, states to the nationwide populations while the sample size ranges from 244 health care workers to around 29,000 household samples at the community level.

SARS-CoV-2-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.

Key Operational / Country Updates

Key operational updates

Risk communication and community engagement:

- The weekly SEARO infodemic intelligence report on COVID-19 reveals that vaccines remain the key public concern, particularly vaccine access, price, and mixing of vaccines for different doses. Conversations also revolved around the use of masks, livelihoods lost due to lockdown vs the danger of COVID-19, and lockdown preventing crowds and spread during religious gatherings.
- The SEAR COVID-19 Rumour and Misinformation Surveillance and Response System (RMSRS) reveals that the most engaged rumours around protection and cure. Rumours of cow dung for COVID-19 treatment have spread to more than one country. The most engaged rumour was that steam inhalation prevents COVID-19.
- A focused group discussion on COVID-19 perceptions was held with the SEAR youth network, in collaboration with the Child and Adolescent Health Unit, on Wednesday 19 May 2021 to understand youth knowledge and perceptions on COVID-19 protective measures. The members of the youth network will amplify WHO messages, especially around wearing masks properly.
- SEARO co-chaired the Asia-Pacific Risk Communication and Community Engagement Working Group meeting on Tuesday 18 May 2021. The session discussed the situation around vaccines in the Region, and effective communication to address those. The meeting also discussed pandemic fatigue and highlighted a tool on pandemic fatigue by IFRC.

Clinical management:

- Mucormycosis/black fungus and COVID-19 has acquired global significance given its manifestation in India. WHO SEARO conducted initial discussions with WHO country office in India to identify possible risk factors or associated factors for mucormycosis in COVID-19 patients. Additionally, SEARO intends to engage with WHO headquarters to conduct a literature review of mucormycosis among COVID-19 and focus on collecting clinical data for clinical-epidemiological characterization of mucormycosis among COVID-19.
- Facilitated technical assistance to WHO country offices in Bangladesh, DPR Korea, Sri Lanka and Timor-Leste on queries related to supply and access of oxygen supply for therapeutic purposes

Operation support and logistics:

- WHO shipped 200 metric ton of emergency supplies worth USD 10 million to India including 4 000 oxygen concentrators, equipment for mobile hospital including 424 medical beds, 120 multipurpose tents of different sizes and shadow nets.
- WHO SEARO coordinated donation of 100 sets of cholera kits (1 kit is sufficient to cater 100 cases) worth USD 350 000 to support ongoing acute waterborne disease (AWD) outbreak in Bangladesh.
- WHO SEARO facilitated horizontal collaboration with WHO Regional Office for Western Pacific (WPRO) to support Bangladesh with donation of personal protective equipment worth USD 200 000 from Asia-Europe Foundation (ASEF) and in-kind shipping support.
- Facilitated support to WHO country Office in Nepal with personal protective equipment and tents worth USD 100 000
- Planning to provide 1 million respirator mask in coordination with WHO headquarters worth USD 500 000 to Nepal and Bangladesh

Key country updates

Bangladesh:

- The Government extended ongoing lockdown till 23 May 2021.
- Bangladesh received 500 000 doses of Sinopharm COVID-19 vaccine from the People's Republic of China which is manufactured by the Beijing Institute of Biological Products Co., Limited (BIBP), a subsidiary of the China National Biotec Group (CNBG)

Bhutan:

- Ministry of Health (MoH) has revised COVID-19 protocol for non-hospital isolation facilities.
- MoH conducted sensitization sessions for all health professional from districts on testing strategy, non-hospital isolation facilities and worst-case scenarios to enhances COVID-19 preparedness and response in the country.
- The King of Bhutan visited high risk area in southern Dzongkhags to oversee containment measures during lockdown due to COVID-19.
- Risk communication at the highest level carried out on daily basis by Prime Minister office and Health Minister through different media channels

DPR Korea:

- No case of COVID-19 has been reported as of 13 May 2021
- Cumulatively 27 446 persons have been tested with reverse transcription polymerase chain reaction (RT-PCR) at an interval of 10 days (total samples: 54 618 and all were found negative for COVID-19. These include 726 persons who were tested during the period of 7 May to 13 May 2021, of which 148 were people with influenza-like illness and/or severe acute respiratory infections

India:

- The Ministry of Health and Family Welfare extended the gap between two doses of COVISHIELD COVID-19 vaccine from 6-8 weeks to 12-16 weeks based on recommendation of COVID-19 working group.
- The Prime Minister interacted with State and District officials regarding COVID-19 situation and urged them to share best practices for it to be used in other parts of the country.

- The Drugs Controller General of India approved phase II/III clinical trial of COVAXIN COVID-19 vaccine manufactured by Bharat Biotech Ltd in the age group of 2-18 years.
- The Ministry of Defence and MoHFW launched new anti COVID-19 therapeutic drug 2-deoxy-D-glucose (2-DG). Drug to reduce average recovery time by 2.5 days and oxygen demand by 40% as reported by MoHFW.
- MOHFW revised clinical guidance for management of adult COVID-19 patients and removed convalescent plasma from the management protocol.

Indonesia:

- The Government has suspended use of specific batch of AstraZeneca COVID-19 vaccine following death of a recipient in Jakarta
- The Government is conducting random COVID-19 tests for travelers returning home after Aidilfitri (Eid) holidays

Maldives:

- Ministry of Health announced extension of curfew imposed in Greater Male from 4:00 PM to 4:00 AM until 25 May 2021
- Maldives Food and Drug Authority has approved Sputnik V COVID-19 vaccine for restricted use in emergency situations for individuals over 18 years of age.
- The Government extended the gap for second dose of COVISHIELD COVID-19 vaccine to 16 weeks.
- Congregational prayers have been temporarily stopped in Greater Male region, Addu and Fuvah Mulak City

Myanmar:

- United Nations system-wide COVID-19 Vaccination Programme is activated in Myanmar with WHO sponsoring six international health NGOs
- WHO and UNICEF have submitted a proposal to GAVI for revitalization of immunization services in 37 hard to reach townships with some level of implementation capacity

Nepal:

- The Government initiated second dose of Vero cell COVID-19 vaccine from 16 May 2021 in 4 districts of Bagmati province. Vaccination are being conducted in municipal ward offices as these districts are under lockdown following surge of cases.
- Ministry of Health and Population (MoHP) has designated high-level officials to coordinate oxygen supply chain system and to liaison with COVID-19 designated hospitals in Kathmandu valley. WHO has provided additional human resource to each of these hospital and at MoHP to facilitate oxygen supply and case management.
- WHO with MoHP and Nepal Medical Association planned to conduct a critical care management online training course to orient doctors on current best practices who are involving COVID case management
- WHO provided and supported setting-up tents in Civil Hospital (COVID-19 designated hospital in Bagmati province) and Health Emergency Operations Centre (HEOC) to facilitate day-to-day operations.

Sri Lanka:

- An island-wide movement restriction was implemented during the long weekend from 14–17 May 2021 from 11:00 PM to 4:00 AM. Next travel restriction is planned from 21-28 May 2021 from 4:00 AM to 11:00 PM with exception on 25 May 2021.
- All points of entry (PoE) will be closed from 21 to 31 May 2021. The surveillance at POEs were enhanced due to more positive cases being detected during the week
- The Ministry of Health is in the process of revising the case management strategy to accommodate supervised home-based care.
- Directorate General of Health Services through an internal circular requested repurposing of all trained intensive care unit (ICU) medical and nursing officers for managing COVID-19.
- The Government initiated administering Sinopharm COVID-19 vaccine to Sri Lankan nationals following WHO's approval to use under emergency use listing on 11 May 2021

Thailand:

- The Thailand's Food and Drug Administration (FDA) has granted the Moderna COVID-19 vaccine emergency use authorization, valid for one year from 13 May 2021.
- Restaurants and eateries can re-open for dine-in customers restricted to 25% of the capacity in the maximum-controlled and strictly-enforced zone.
- The Government increased its target from 100 to 150 million vaccines to cover two doses for every person in the country including foreign residents.

Timor-Leste

- The Ministry of Health (MoH) has granted permission for home isolation for some cases
- The MoH is proactively carrying out door to door sensitization and advocacy for the second phase of COVID-19 vaccine with support from WHO and UNICEF in Dili municipality

Feature Story

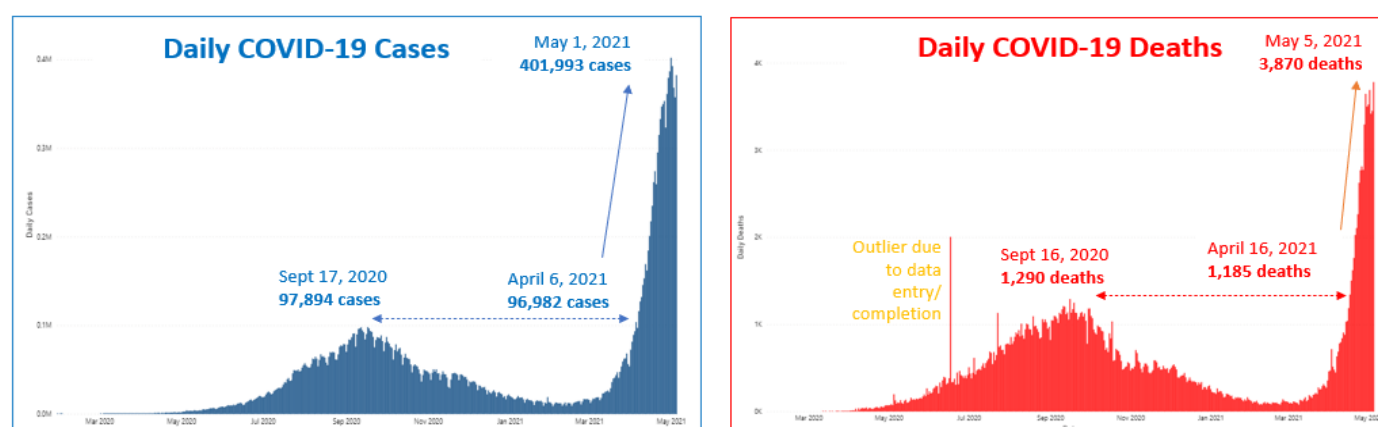
India's response to COVID-19

Situation and key insights

On May 2021, the South-East Asia Region reported marked increases in both case and death incidences of COVID-19 with India accounting for nearly 90% of this increase in April and May 2021.

Following gradual decline starting in mid-September 2020, COVID-19 incident cases started increasing rapidly in the second week of March 2021. The number of cumulative cases in India doubled between February beginning with the number of daily cases increasing from around 11,500 per day to around 400,000 per day at the beginning of May 2021; while the incident deaths increased from around 100 to around 3600 per day during the same period (Figure 1). In the past month, despite increased testing, the test positivity rate has increased from around 2% to 20%, which is much higher than any previous point in the country's outbreak, suggesting that the burden may be higher than officially reported numbers, and putting further strain on the healthcare system. Following lockdown in many parts of the country, daily cases have shown a decrease to 281,000 on 16 May 2021.

Figure 1: Epi curve of confirmed COVID-19 cases and deaths in India March 2020 to May 2021



Source: WHO India Internal Dashboard using data MoHFW Bulletins as on 5 May 2021

The rapid surge in the number of cases, increased hospitalisation, and deaths has put severe strain on the country's under capacitated health care system with widespread reports of oxygen shortages, hospital beds, and care staff. As ICU beds may be occupied for an extended period, and cases continue to rise throughout the country, the need for ICU beds is expected to continue to increase.

Seroprevalence data from India remains heterogeneous - ranging from 6.6% to 46.2% depending on the context. Overall, much of the population remains vulnerable to infection particularly considering the slow vaccine rollout (only 2% are fully vaccinated) and reported shortages of vaccine for the expanded vaccination eligibility. Furthermore, all four SARS-CoV-2 variants of concern (VOCs), including B.1.617, have been reported in India, with an observed heterogeneity in geographic distribution. Preliminary modelling by the WHO Headquarters in Geneva based on sequences submitted to GISAID suggest that B.1.617 has a higher growth rate than other circulating variants in India. However, this needs to be interpreted in light of the sequencing strategy and reporting.

Several mass gathering events, including religious festivals and political rallies, with poor observed compliance of PSHM between February and mid-April 2021, likely contributing to the acceleration in spread. Additionally, the resurgence in cases has coincided with an increase in the proportion of cases of SARS-CoV-2 variants B.1.1.7 and B.1.617, which have an increased transmissibility. However, the impact of the variants on the acceleration and high case numbers remains unclear.

Targeted geographical lockdown measures from the last week April 2021 have started to show a slowing of the increase in cases. There are concerns about the economic impact of longer lockdowns.

Response to COVID-19

The Government of India continues to lead the fight against the COVID-19 pandemic through a “Whole of Government” approach. The health infrastructure of several states and union territories has been overwhelmed by the very high number of daily cases and increased mortality. The global community has extended a helping hand with medical equipment, medicines, oxygen concentrators, ventilators etc. A streamlined and systematic mechanism for allocation of the support supplies received by India has been put into place.

The surge in cases has led to an unusual spike in demand for oxygen concentrators. Funds have been allocated for the installation of 500 Medical Oxygen plants across the country within three months.

Testing-tracking-tracing, isolation and home-based treatment of positive patients are now the key measures to curb transmission of SARS-CoV-2. As of May 2021, India has a total of 2,506 molecular testing laboratories, including RT-PCR, TrueNat, CB-NAAT and other platforms. The total daily national testing capacity is close to 1.5 million tests considering a three-shift operationalization of the existing laboratory network. The extraordinary case load and as well as staff getting infected with COVID-19 have affected laboratories. However, it is imperative to optimize the RT-PCR testing and simultaneously increase the access and availability of testing to all citizens of the country.

Phase 3 of COVID-19 vaccination started from 1 May 2021, which makes those above 18 years eligible for vaccination. The Government of India has so far provided nearly 182 million doses of vaccines. Overall vaccination coverage is very low and needs to be accelerated.

Overall, currently 96% of Indians live in states with >500 cases per million/week (averaged for the past two weeks), compared to the first week of May 2021. The Health systems are rapidly becoming overwhelmed by the demand/rising case burden. Therefore, external additional measures are needed to protect the health system capacity throughout the country. There is a rush to overcome oxygen, beds, and ventilator shortages across the country. Ensuring availability of beds/ICUs/oxygen/essential medicines is a priority. India's outbreak is an enormous tragedy not only for the country, but also for the rest of the world, which needs urgent attention. With the help of many partners, WHO has mobilized essential supplies like oxygen concentrators, laboratory kits, PPEs and auxiliary health facilities to support the ongoing response at different levels.

Table 3 Summary of International Travel Measures Implemented by Countries in the SEAR (as of 18 May 2021)

Country	Entry and Visa Restrictions	Quarantine upon Arrival	COVID-19 Testing Requirement	Proof of Vaccination
Bangladesh	Some restriction on entry and/or visa	14-day facility/ home quarantine depending on countries of departure	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
Bhutan	Entry ban	21-day facility quarantine	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
DPR Korea	Entry ban	30-day facility quarantine	Not applicable	Not applicable
India	Some restriction on entry and/or visa	14-day self-monitoring (except travellers from Brazil, South Africa and United Kingdom who will undergo 7-day home quarantine and 7-day self-monitoring)	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
Indonesia	Entry ban	5-day facility quarantine	RT-PCR based COVID-19 negative test result within 48 hours prior to departure	Not applicable
Maldives	Entry ban on South Asian Countries	No quarantine (tourist) 10-day facility quarantine (non-tourist)	RT-PCR based COVID-19 negative test result within 96 hours prior to departure	Not applicable
Myanmar	Entry ban	14-day facility quarantine	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
Nepal	Entry ban except bubble with India and ground crossing	10-day facility quarantine	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
Sri Lanka	Entry ban on India	14-day facility quarantine	RT-PCR based COVID-19 negative test result within 96 hours prior to departure	Not applicable
Thailand	Some restriction on entry and/or visa	14-day facility quarantine	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
Timor Leste	Entry ban	14-day facility quarantine	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable

- Ongoing support to countries for COVID-19 vaccine delivery, strengthening vaccine safety surveillance, reporting and conducting vaccine effectiveness studies.
- Regional Working Group of immunization subcommittee on COVID-19 vaccination met on 19 May 2021. Gavi, IFRC, CDC Atlanta, UNDP, Rotary, UNICEF/EAPRO, UNICEF/ROSA and WHO-SEARO participated in the meeting. Partners discussed current situation of COVID-19 vaccine deployment and agreed follow up actions on country support to mobilize vaccines and resources for vaccination, strengthen data management and country level partner coordination.
- Ongoing collection, compilation and analysis of COVID-19 vaccination data. Real time information on COVID-19 vaccination in SEAR is available at <https://www.who.int/southeastasia/health-topics/immunization/covid-19-vaccination>. The following table is a summary of vaccination status in the countries that are offering COVID-19 vaccines in the region, as of 19 May 2021:

Table 4. Summary of vaccination status in the countries that are offering COVID-19 vaccines in South-East Asia Region, (as of 19 May 2021)

Country	Start date	Vaccine name	Last update	Total doses administered	Persons vaccinated with one dose	Persons vaccinated with two doses	First dose per 100 total population	Source
Bangladesh	27-Jan-21	COVISHIELD	18-May-21	9 641 312	5 819 912	3 821 400	3.37	MIS unit DGHS
Bhutan	27-Mar-21	COVISHIELD	15-May-21	482 038	482 038		63.75	MoH
India	16-Jan-21	COVISHIELD/COVAXIN	18-May-21	185 766 518	143 550 681	42 215 837	10.10	https://pib.gov.in/PressRelease
Indonesia	13-Jan-21	CORONAVAC/AZ-SKBIO	18-May-21	23 262 139	13 985 952	9 276 187	5.14	https://www.kemkes.go.id/
Maldives	01 Feb 21	COVISHIELD/SINOPHARM/PfizerBioN	17-May-21	451 601	303 919	147 682	55.62	HPA COVID 19 update group
Myanmar	27-Jan-21	COVISHIELD	13-May-21	2 994 900	1 772 177	1 222 723	3.22	WHO Country office based on MoHS website
Nepal	27-Jan-21	COVISHIELD/SINOPHARM	17-May-21	2 502 337	2 154 998	389 257	7.14	FWD. MoHP Nepal
Sri Lanka	29-Jan-21	COVISHIELD/SINOPHARM/SPUTNIK	17-May-21	1 659 656	1 364 764	294 892	6.19	Epidemiology unit MoH
Thailand	28-Feb-21	CORONAVAC/AZ-SKBIO	17-May-21	2 340 995	1 521 034	819 961	2.30	Department of Disease Control MOPH
Timor-Leste	07-Apr-21	AZ-SKBIO	18-May-21	47 908	47 908		3.64	MoH
TOTAL				229 149 404	171 003 383	58 187 939	8.37	