

# 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	2 011 032	32 263	30 107 563	372 661

# of Countries introduced COVID-19 vaccine	Total number of doses administered	# of persons who received the first dose	# of persons fully vaccinated	First dose per 100 population (of countries vaccinating)
10 out of 11	247 349 440	186 388 743	60 960 697	9.13

## Highlights

- South East Asia Region (SEAR) remains the third most affected WHO Region with 30 million cases, after the Americas region (66 million cases) and European Region (53.8 million cases). Decline of new cases continue globally and there was a 12.9% decline between week 19 and 20 with all WHO regions reporting decline except Americas and African regions.
- For the fifth consecutive week, SEAR has reported more than 2 million cases per week, however there was a 20.4% decline of new cases between week 19 and 20. The decline is mainly due to decline of new cases in India.
- More than 247 million doses of COVID-19 vaccine have been given by ten countries in the SEAR with more than 200 million doses (81%) in India alone.
- Eight countries (Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand) are providing second dose of COVID-19 vaccine.
- Bangladesh, Bhutan, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor Leste have utilized almost all vaccines received to the country.

## Overview of situation (epidemiological week #20 for period between 17–23 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'.
- For second consecutive week, India has reported a decline of new cases; between week 19 and 20, there has been a 22.7% decline of new cases (n=1 846 055). Increase of new cases in comparison to previous week are reported in Tamil Nadu, Odisha, Assam, Arunachal Pradesh, Meghalaya, Manipur, Mizoram and Tripura. 78% of new cases reported in the last week are from 10 states namely Tamil Nadu, Karnataka, Kerala, Maharashtra, Andhra Pradesh, West Bengal, Odisha, Uttar Pradesh, Rajasthan and Assam. There is a steep decline of test positivity rate and is at 13% at end of week 20 (TPR was 20% last week)
- Sri Lanka continues to report an increase in number of new cases for the past 6 weeks; between week 19 and 20, there has been a 27.4% increase of new cases (n=21 455) and all nine provinces in the country have reported increase of new cases. The 'New year' clusters from Kurunegala and Puttalam districts in North Western Province and 'Maharagama and Pamunnuwa' cluster in Western Province are still evolving and with 63,508 associated cases have been reported (39.4% of all cases in the country) as of 22 May 2021. Cases linked to this cluster are being reported from across all provinces in the country.
- Maldives continues to report an increase in new cases and deaths, with 30.9% increase of new cases (n=11,401) between week 19 and 20. Majority of the cases continue to be reported in Greater Male Region, but cases in atolls are increasing with over 3,767 active cases across 122 inhabited islands outside Male as of 26 May 2021, which is highest ever number since beginning of the pandemic. The highest weekly number

of deaths (39 additional deaths) was reported, with the majority of deaths reported among persons above the age of 55, and mostly among those with no dose or a single dose of vaccination.

- Bangladesh has reported an increase in new cases in week 20 after reporting declining trend for five consecutive weeks. Between week 19 and 20 there has been a 34.2% increase of new cases (n=8,921) and the increase reported across all divisions. Dhaka division contributed to 48% of all new cases followed by Chattogram division contributing 21%.
- Indonesia has reported 36.1% increase of new cases in week 20, after many weeks of decline/plateauing of cases following the peak at the end of January 2021. Provinces namely North Kalimantan, South Sulawesi, Aceh, Gorontalo, North Maluku and Nusa Tenggara reported more than 100% increase of new cases in comparison to previous week. An increase of the hospital bed occupancy rate was reported in multiple provinces, with over 50% occupancy rate observed in North Sumatra, West Kalimantan, West Sumatra and Riau. There is an increased detection of B.1.617 lineage of SARS CoV2 in Indonesia and mostly associated with imported cases.
- Nepal has reported a 3% decrease of new cases between week 19 and 20, after having reported an increasing trend for nine consecutive weeks. All 7 provinces are experiencing community transmission. 77% of the new cases are reported only from three provinces namely Bagmati, Lumbini and Province 1. Test positivity rate has reduced compared to previous week, but at 39 % is still the highest in the region.
- Thailand for the seventh consecutive week has reported an increase of new cases; between week 19 and 20 there has been a 52.3% increase of new cases. Majority of the new cases are reported in Bangkok. Clusters have been reported in penitentiaries, construction sites, factories and surrounding settlements. B.1.617 lineage of SARS CoV-2 has been predominantly detected among construction site workers in Bangkok.
- Bhutan continues to report increase of new cases and between week 19 and 20, there has been a 66.2% increase of cases (n=108). 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 higher numbers in community testing. New clusters have been detected at Samdrup Jongkhar and Trashigang districts.
- Timor-Leste has reported 4.2% decrease of new cases (n=1 179) between week 19 and 20. Cases are reported across all 13 municipalities, but majority of cases from Dili and most of the cases detected without clear links with sources.

Figure 1: Reported COVID-19 cases, deaths and transmission classification in SEAR from 1 January 2020 to 23 May 2021

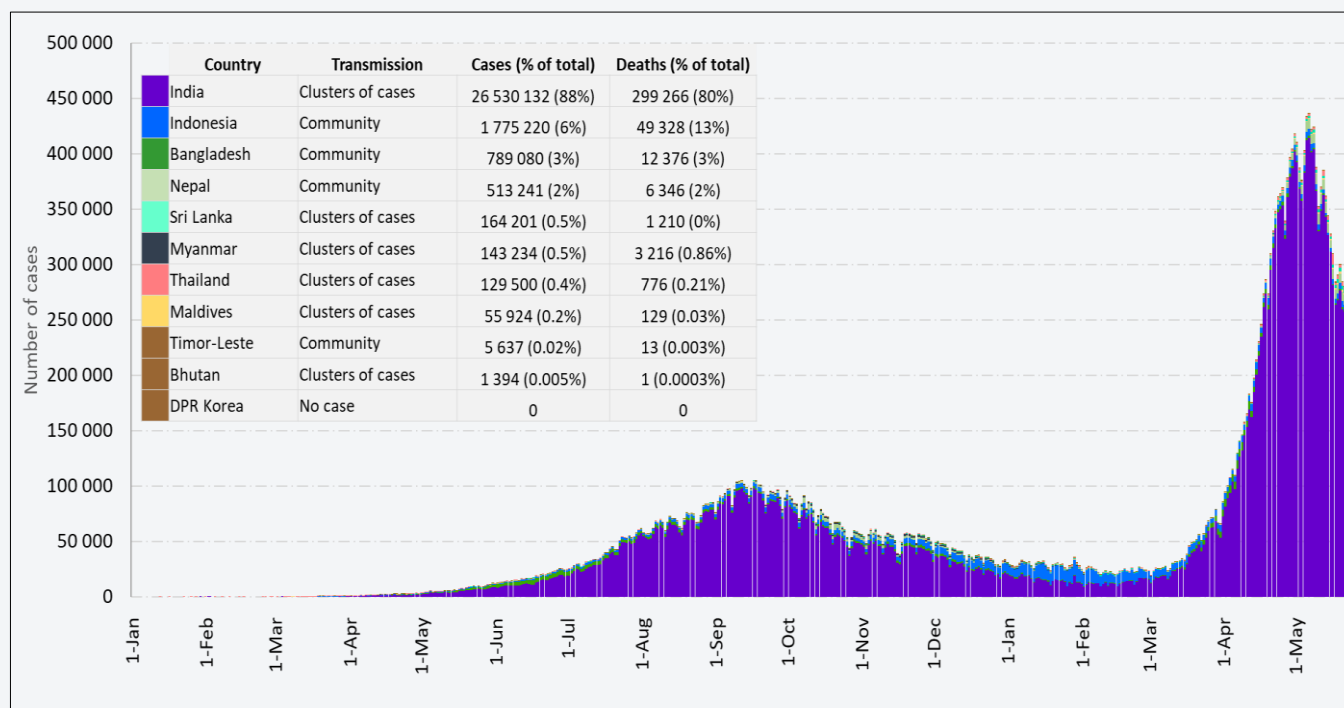
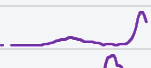
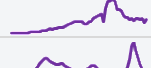
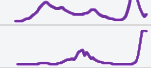
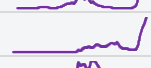

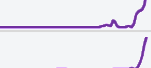




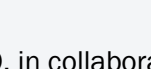
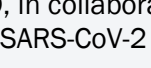


Table 1: Regional COVID-19 situation, as of 23 May 2021

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		26 530 132	19 225	299 266	1.1	1 846 055	-22.7	13.1
Indonesia		1 775 220	6 490	49 328	2.8	35 470	36.1	10.1
Bangladesh		789 080	4 791	12 376	1.6	8 921	34.2	7.6
Nepal		513 241	17 615	6 346	1.2	58 221	-3.5	39.2
Sri Lanka		164 201	7 668	1 210	0.7	21 455	27.4	13.2
Myanmar		143 234	2 633	3 216	2.2	169	52.3	1.8
Thailand		129 500	1 855	776	0.6	28 053	55.2	29.2
Maldives		55 924	103 459	129	0.2	11 401	30.9	30.9
Timor-Leste		5 637	4 276	13	0.2	1 179	-4.2	28.8
Bhutan		1 394	1 807	1	0.1	108	66.2	0.5
DPR Korea		0						
<b>SEAR total</b>		<b>30 107 563</b>	<b>14 895</b>	<b>372 661</b>	<b>-</b>	<b>2 011 032</b>	<b>-20.4</b>	<b>-</b>

- 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 25 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, 5 countries in SEAR, have published results of seroprevalence studies including India (52 studies), Thailand (3 studies), Nepal (1 study), Bangladesh (1 study) and Indonesia (1 study). Other countries in the region (e.g. 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 an ongoing work, and the list is non-exhaustive.

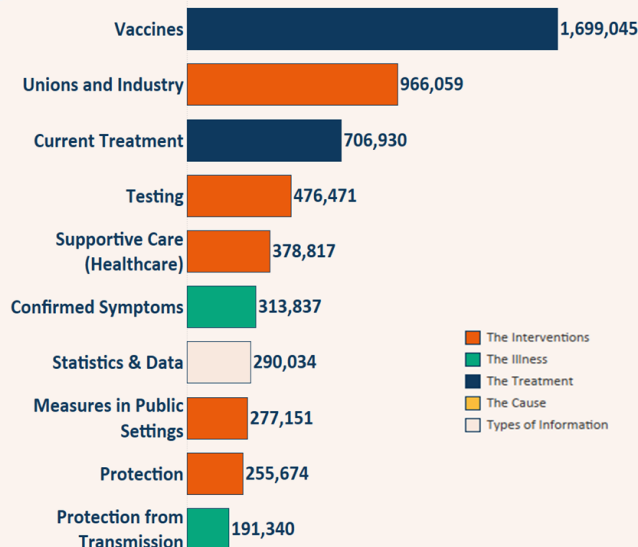
## Key operational updates

### Risk Communication and Community Engagement (RCCE)

- The SEARO weekly COVID-19 Infodemic Intelligence report covering 10 countries in 11 languages reveals that the key conversations remain around vaccines, with over 1.7 million conversations detected. Most discussed vaccine supplies and side effects. Also, of interest were public health measures and testing.
- The SEARO Rumour and Misinformation Surveillance and Response System for COVID-19 showed that the most engaged rumours were around vaccines, treatments and testing.
- A package on home care for COVID-19 patients was expanded to include a flyer and social media GIFS on what medicines to take (and not take, as well as on how to use an oximeter. To access or download the infographics click [here](#)

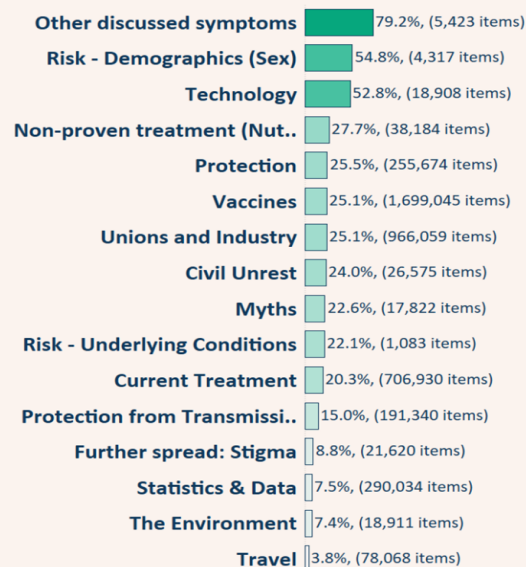
### Top 10 topics by volume

Social media mentions of selected categories per taxonomy



### Top rising topics

Based on % change of conversation volume from the previous week



17 – 23 MAY 2021

### Clinical Management:

- WHO SEARO conducted a webinar on ‘Deciding clinical interventions in South-East Asia Region’ covering - oxygen delivery and conservation strategies, respiratory support in COVID-19 and SEARO oxygen survey tools and guidance for health care professionals across Region on 26 May 2021.
- Clinical management pillar and Risk Communication and Community Engagement (RCCE) pillar developed infographics on home care bundle for benefit of the public including – information on mucormycosis, oximeter and use medicines in COVID-19.
- Supporting India to develop a case reporting form for Mucormycosis appropriate for generating locally and globally relevant evidence on the disease in the context of COVID-19

### Operation support and logistics:

- WHO has supported India with 400 000 real-time reverse transcription polymerase chain reaction (RT-PCR) tests that has arrived on 26 May 2021
- Supported supplies of 920 000 medical masks to Maldives on 25 May 2021.
- Ongoing discussions with partners and commercial airline operators for possible in-kind freight services for shipment of humanitarian supplies to Member States in the Region.
- WHO SEARO responded to the rapid surge in COVID-19 cases in the Region, provided over 340 metric ton of essential medical supplies and medicines to countries in South-East Asia Region - [Regional Director’s press release](#)

## Key country updates

### Bangladesh:

- The Government imposed lockdown in five Rohingya refugee camps and restricted gatherings and movement between camps.
- The Government has decided to reopen the primary, secondary and higher secondary educational institutions from 13 June 2021

### Bhutan:

- Ministry of Health (MoH) has intensified active surveillance, contact tracing and testing in high risk area along the border areas.
- MoH in collaboration with Khesar Gyalpo University of Medical Sciences conducted training of 300 Dessups (civil volunteers) for one week for basic COVID-19 management to manage quarantine and designated isolation facilities along with the health care workers.
- WHO is supporting MoH to develop COVID-19 action plan including financial costing of the activities

### DPR Korea:

- No case of COVID-19 has been reported as of 20 May 2021.
- Cumulatively 28 184 persons have been tested with reverse transcription polymerase chain reaction (RT-PCR) at an interval of 10 days (total samples: 56 094 and all were found negative for COVID-19. These include 738 persons who were tested during the period of 14 May to 20 May 2021, of which 153 were people with influenza-like illness and/or severe acute respiratory infections.

### India:

- In response to rise in cases of mucormycosis, Ministry of Health and Family Welfare (MoHFW) urged states to ensure robust practices of infection prevention and control in hospitals and health care facilities. Five additional manufactures were given license to manufacture Amphotericin-B, anti-fungal drug to treat mucormycosis disease to supplement the availability of the drug within the country.
- MoHFW updated clinical management protocol for adult cases of COVID-19
- To ramp up COVID-19 vaccination, MoHFW enabled on-site registration and appointment for 18-44 years age group on CoWIN (COVID Vaccine Intelligence Network) for Government COVID-19 vaccination centers
- MoHFW accepted recommendations of National Expert Group on Vaccine Administration for COVID-19 (NEGVAC) to defer COVID-19 vaccine by three months for those who had COVID-19 and recovering from the illness.

### Indonesia:

- Indonesia launches the third phase of its national COVID-19 vaccination programme in June 2021. The third phase of the vaccination will target vulnerable populations, including people with disabilities.
- The Ministry of Health (MoH) stated that the distribution of only one out of the forty batches of AstraZeneca COVID-19 vaccine from the COVAX Facility has been suspended and remaining batches are safe to be used. The National Agency of Drug and Food Control is conducting further tests of the vaccines from this batch to ensure safety before rollout can resume.
- MoH collaborated with the Ministry of Education, Culture, Research and Technology to mobilize university students of health-related programmes to be contact tracers to further strengthen contact tracing activities.
- WHO supported MoH to conduct contact tracing training for staff of community health centres in East Java

### Maldives:

- Ministry of Health announced extension of curfew imposed in Greater Male and extended curfew hours from 4:00 PM to 8:00 AM due to ongoing surge in daily number of cases.
- Contact tracing activities were limited to only high-risk contacts due to large number of COVID-19 cases in the Greater Male region.

### Myanmar:

- In Myanmar, the political situation since 1 February 2021 continues to hamper testing services.

#### Nepal:

- The Government of Nepal has issued COVID-19 crisis management ordinance to respond COVID-19 effectively.
- WHO supported recruitment of liaison officers to 13 major COVID-19 hospitals in Kathmandu valley for case management related activities.
- WHO is conducting virtual training of 100 doctors and nurses from COVID-19 designated hospitals in 5 batches starting 27 May 2021

#### Sri Lanka:

- Sri Lanka received 500 000 doses of Sinopharm COVID-19 vaccine from the Government of the People's Republic of China as a donation on 26 May 2021
- An island-wide movement restriction imposed earlier from 21-28 May 2021 has been extended until 7 June 2021 with daytime easing of restrictions for essential services on 25 May, 31 May and 4 June 2021.
- Risk communication and community engagement working group re-launched the 'Creative Vesak' campaign. Recorded messages from religious leaders were disseminated.
- All points of entry (PoE) remained closed from 21 to 31 May 2021. The Government decided to ban entry of travelers from India or who has a travel history to India in the past 14-days.
- The Ministry of Health has revised the case management guidelines to pilot integrated management of mildly symptomatic and asymptomatic COVID-19 positives cases.

#### Thailand:

- The Bangkok Metropolitan Administration (BMA) has strengthened public health measures against COVID-19 to implement active case finding at major or developing clusters, personal hygiene and infection prevention and control.
- The Government is planning to modify strategy for COVID-19 vaccination to target worst-hit areas and sectors where clusters are more likely to emerge.
- Domestic travelers travelling to Phuket need to present vaccination certificate or COVID-19 negative test results prior to boarding

#### Timor-Leste

- The Ministry of Health continues to proactively conduct door-to-door sensitization and advocacy at the community level for the second phase of COVID-19 vaccination with support from WHO and UNICEF and several other partners in Dili municipality.
- The Government extend sanitary fences (isolation zone restriction) in Dili, Baucau, Covalima municipalities



## SARS-CoV-2 variants: Current situation and Regional response

When viruses replicate, especially RNA viruses such as the SARS-CoV-2, changes (mutations) occur in the genome. Though most of these mutations are deleterious to the virus, some are associated with changes in the transmissibility and/or pathogenicity of the virus that could reduce the utility of medical countermeasures (diagnostics, vaccines and therapeutics). By following virus mutations over time and space we can track the spread of the pathogen and support an enhanced understanding of potential transmission routes and dynamics.

WHO has been routinely assessing different emerging variants of the SARS-CoV-2 for changes in transmissibility, clinical presentation, and severity, and even impact on diagnostics/therapeutics and public health and social measures (PHSM). Presently in circulation there are four variants of concern (VOCs) of global importance – B.1.1.7 (first detected in UK), B.1.351 (first detected in South Africa), B.1.1.28.1 or P.1 (first detected in Brazil) and the recently designated B.1.617 (first detected in India). As of 25 May 2021, B.1.1.7 has been reported most widely across the globe (in 155 countries), followed by B.1.617 (108 countries- including all sub-lineages), B.1.351 (111 countries) and P.1 (61 countries)<sup>1</sup>. In addition to the VOCs, WHO is also carrying out ongoing assessment of several emerging variants of interest (VOI) for their local importance or global tracking and prioritization<sup>2</sup>.

All countries in SEAR have reported the four VOCs. Although the VOCs have demonstrated increased transmissibility, other phenotypic changes may vary among different VOCs. For example, even though available evidence indicates increased risk of severe infection with B.1.351, similar evidence is limited or inconsistent for the other three VOCs. Similarly, an increase of risk of reinfection has been observed in B.1.351 and P.1 VOCs, whereas limited evidence is available for the other two VOCs. Concurrently, emerging evidence indicates limited impact on diagnostics performance only in case of B.1.1.7 and B.1.617. In terms of vaccine efficacy, protection against disease is reduced in case of infection with B.1.351 while unaffected following infection with B.1.1.7; current evidence is limited to draw inference in case of P.1 and B.1.617.

While B.1.1.7 continues to be most widely reported, transmission in different countries of the region is characterized by one or more of the four VOCs as dominant<sup>3</sup>. For example, behind the backdrop of the massive second wave in India, B.1.1.617 is reported as the dominant VOC. While the second wave in Bangladesh reported dominant presence of B.1.351. Similarly, B.1.1.7 likely contributed to the recent surge in Sri Lanka and Thailand whereas Nepal is witnessing surge against a backdrop of increased detection of B.1.617.

WHO has responded to the public health threat of SARS-CoV-2 variants through establishment of a COVID-19 Reference Laboratory Network that tracks SARS-CoV-2 mutations since the beginning of the pandemic. The WHO Virus Evolution Working Group (VEWG), established in June 2020, specifically assesses new variants. Under the guidance of VEWG, working definitions of variants of interest (VOIs) and variants of concern (VOCs) have been developed to enable reporting to national health authorities and to WHO. Critical actions required by Member States, reference laboratories, and WHO following detection of VOIs/VOCs have also been outlined<sup>4</sup>. A global risk monitoring framework to coordinate components of an international system for monitoring and assessing SARS-CoV-2 variants and their impact has been developed. Alongside, systems have been established to detect “signals” of potential variants of interest or concern, as well as unusual events potentially associated with a variant, and assessment of these based on the risk posed to global public health. Practical guidance for genomic sequencing strengthening to serve public health goals have also been provided which is being pursued through regional and country offices. WHO is now finalizing guidance for strategies for epidemiological surveillance for SARS-CoV-2 variants.

<sup>1</sup> Weekly epidemiological update on COVID-19 - 25 May 2021. Edition 41, published 25 May 2021 (number of countries reporting P.1 was adjusted to 61 by removing Bangladesh) <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---25-may-2021>

<sup>2</sup> While the number of countries reporting VOCs has been increasing, this could also be reflective of the limitations of ongoing surveillance, including differences between countries in sequencing capacity and which samples are prioritized for sequencing.

<sup>3</sup> Analysis for dominant strain(s) as per sequences submitted to GISAID, as on 25 May 2021.

<sup>4</sup> Weekly epidemiological update - 25 February 2021. WHO. Available at [who.int/publications/m/item/covid-19-weekly-epidemiological-update](https://www.who.int/publications/m/item/covid-19-weekly-epidemiological-update)

SEARO has been monitoring the circulation of VOCs/VOIs in the region and beyond through public health intelligence, event-based surveillance, weekly aggregated reporting through a variant tracker and reporting through National IHR Focal Points. This has allowed SEARO to guide member states in carrying out surveillance for variants that is standardized following the working definitions of VOIs/VOCs; strategies are adapted based on existing country capacities and surveillance objectives. Technical support is also being provided through sharing of knowledge on the latest discussions and guidance in global expert networks such as the global VEWG. Advice is also being provided for risk assessment, risk management, and risk communication to calibrate PHSMs in member states, especially following the detection of VOCs.

Limited genomic sequencing capacity in most member states in the region has been a major challenge in supporting surveillance of VOCs/VOIs. While specific proposal and requests from MS are being followed up, SEARO has facilitated timely referral of relevant samples from different member states for genomic sequencing and quality assurance, especially for countries with limited sequencing capacity. Additionally, webinars, experience and expertise sharing workshops have been organized to support member states to establish and scale up their capacity. As a strategic intervention, SEARO is also in the process of rolling out a need-based and context-specific three-year regional genomic sequencing capacity strengthening strategy. The short-term focus is SARS-CoV-2 which will be expanded to other high threat pathogens of regional importance as well in the medium-term. As part of this strategy, a technical advisory group of regional and global experts will be established to guide timely risk assessment, surveillance and monitoring of circulating and emerging SARS-CoV-2 variants in the region and guide implementation of the regional strategy.

Bearing in mind the limitations of the surveillance systems, that include limited genomic sequencing capacity in most member states, the region is thus prone to emergence and spread of SARS-CoV-2 variants. This further place the region at a higher risk of reduced effectiveness of PHSMs, medical countermeasures (including vaccines), and straining of the overburdened health systems. To respond to the rapidly emerging threat, WHO SEARO is working closely with global and regional centers of excellence to support Member States.

Table 3: Summary of Variants of Concern (VOCs), as of 25 May 2021

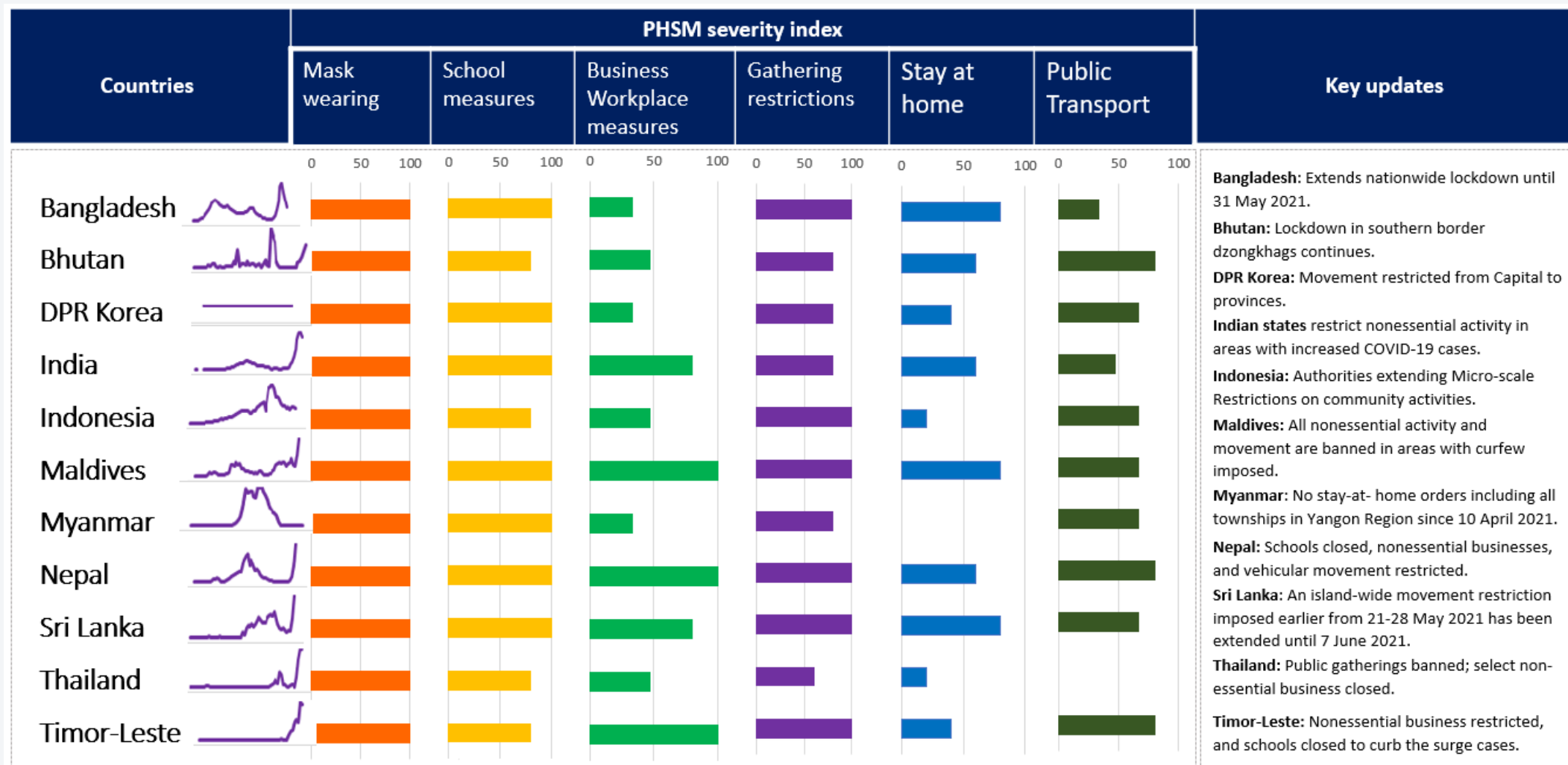
VOC (lineage)	VOC202012/01 (B.1.1.7)	501Y.V2 (B.1.351)	P.1	B.1.617 *
<b>First detected by</b>	United Kingdom	South Africa	Brazil	India
<b>First appearance</b>	Sep 2020	May 2020	Nov 2020	Oct 2020
<b>Countries reporting cases</b>	155	111	62	108
<b>Transmissibility</b>	Increased transmissibility, Increased secondary attack rate	Increased transmissibility	Increased transmissibility	Increased transmissibility
<b>Disease severity</b>	Not confirmed; possible increased risk of hospitalization, severity and mortality	Not confirmed, possible increased risk of in-hospital mortality	Not confirmed, possible increased risk of hospitalization	Under investigation
<b>Risk of reinfection</b>	Neutralizing activity retained; risk of reinfection remains similar	Reduction in neutralizing activity reported. T cell response elicited by D614G prototype virus remains effective against B.1.351	Moderate reduction in neutralizing activity reported	Under investigation, possible modest reduction in neutralization activity (B.1.617.1)
<b>Impacts on diagnostics</b>	Limited impact – S gene target failure (SGTF; no impact on overall result from multiple target RT-PCR, No impact on Ag RDTs observed.	No impact on RT-PCR or Ag RDTs observed <sup>16</sup>	None reported to date	None reported to date

\*B.1.617 lineage is divided in three sublineages (B.1.617.1, B.1.617.2 and B.1.617.3). Findings for sublineages B.1.617.1 and B.1.617.2 were mainly used to declare B.1.617 a global VOC. Once more information becomes available, specific sublineages may be declared as a global VOI/VOC.

Source: Weekly epidemiological update on COVID-19 - 25 May 2021. Edition 41, published 25 May 2021



Table 4. Summary of Severity of Public Health and Social Measures (PHSM) Implemented by Countries in South-East Asia Region (19 – 25 May 2021)



For more information on PHSM implementation in South-East Asia region, including the methods of calculating severity of PHSM, please visit SEARO COVID-19 dashboard at <https://experience.arcgis.com/experience/56d2642cb379485ebf78371e744b8c6a> (please select PHSM tab). Where the bar is blank, it indicates the index value is zero.

- Ongoing support to countries for COVID-19 vaccine delivery, strengthening vaccine safety surveillance, reporting and conducting vaccine effectiveness studies
- Four countries in the Region (Bangladesh, India, Indonesia and Maldives) are conducting evaluation of vaccine effectiveness (VE).
  - Bangladesh: Protocol is under development
  - India: The Indian Council of Medical Research (ICMR) has finalized protocol and initiated enrollment on 24 May 2021
  - Indonesia: The National Institute of Health Research and Development (NIHRD) has shared results from its VE studies conducted from 13 January to 18 March and that estimated the effectiveness of inactivated SARS-CoV2 vaccine (Coronavac) against symptomatic COVID-19 infection in health workers. The study shows vaccine effectiveness of; 94% in preventing symptomatic infections, 96% in preventing hospitalization and 94% in preventing deaths due to COVID-19.
  - Maldives: The Health Protection Agency, MoH Maldives, has developed the study protocol
- Ongoing collection, compilation and analysis is COVID-19 vaccination data. Real time information on COVID-19 vaccination in SEA Region 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 25 May 2021:

Table 5. Summary of vaccination status in the countries that are offering COVID-19 vaccines in South-East Asia Region, (as of 25 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	25-May-21	9 904 532	5 820 502	4 084 030	3.37	MIS unit DGHS
Bhutan	27-Mar-21	COVISHIELD	24-May-21	482 578	482 578		63.82	MoH
India	16-Jan-21	COVISHIELD/COVAXIN	25-May-21	200 494 991	156 999 310	43 495 681	11.05	<a href="https://pib.gov.in/PressRelease">https://pib.gov.in/PressRelease</a>
Indonesia	13-Jan-21	CORONAVAC/AZ-SKBIO	25-May-21	25 455 786	15 330 306	10 125 480	5.63	<a href="https://www.kemkes.go.id/">https://www.kemkes.go.id/</a>
Maldives	01 Feb 21	COVISHIELD/SINOPHARM/PfizerBioN	23-May-21	464 505	306 430	158 075	56.08	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	24-May-21	2 666 669	2 113 080	553 589	7.00	FWD. MoHP Nepal
Sri Lanka	29-Jan-21	COVISHIELD/SINOPHARM/SPUTNIK	24-May-21	1 797 413	1 456 485	340 928	6.61	Epidemiology unit MoH
Thailand	28-Feb-21	CORONAVAC/AZ-SKBIO	24-May-21	3 024 313	2 044 123	980 190	3.09	Department of Disease Control MOPH
Timor-Leste	07-Apr-21	AZ-SKBIO	25-May-21	63 753	63 752	1	4.84	MoH
<b>TOTAL</b>				<b>247 349 440</b>	<b>186 388 743</b>	<b>60 960 697</b>	<b>9.13</b>	