

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	763 305	26 324	33 432 290	451 838

# 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	319 993 630	250 532 295	69 461 335	12.3

Highlights

- South East Asia Region (SEAR) remains the third most affected WHO Region with 33.4 million cases, after the Americas Region (69.5 million cases) and European Region (55.0 million cases). Decline of new cases continue globally for the seventh week. There was a 12% decrease between epidemiological week 22 and 23, with reported new cases decreasing in five WHO regions and only the Africa Region reporting an increase.
- In SEAR, there has been a decline of new cases for the fifth consecutive week. Between week 22 and 23 there was a 30.8% decline which was driven mainly by decreasing trend in India.
- More than 319 million doses of COVID-19 vaccine have been administered by ten countries in the SEA Region with more than 261 million doses in India alone.
- Nine countries (Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste) are providing second doses of COVID-19 vaccine.

Overview of situation (epidemiological week #23 for the period between 07 June – 13 June 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 decline of new cases for the fifth consecutive week; between week 22 and 23 there was a 31% decrease in new cases (n=630 650). All states in India except Mizoram (7.6% increase) have reported decrease of new cases. Higher case incidence is observed in South, East and North-East States of India. The test positivity rate (TPR) shows a declining trend in most states and is at 5.1% at the national level.
- Indonesia has reported a 38.3% increase in new cases (n=55 320) between week 22 and 23. 12 out of 34 Provinces - namely South-East Sulawesi, DKI Jakarta, South Sulawesi, Maluku, North Maluku, Central Java, Gorontalo, Banten, DI Yogyakarta, Jambi and East Java have reported more than 50% increase of new cases over the previous week. There has been an increase of TPR over the last week which is at 12.8% at the national level.
- Bangladesh continues to report increase of cases for the fourth consecutive week; between week 22 and 23, there has been a 31% increase in new cases (n=15 932). Divisions bordering West Bengal state of India, namely Khulna, Rajshahi and Rangpur continue to report more than 50% increase in new cases over previous week. Rajshahi and Khulna divisions together contribute to 50% of new cases reported in week 23 and Dhaka contributed to 24% of new cases during this period and has been reporting similar number of cases compared to previous week. There is an increase of TPR which is at 12.6% at the national level. However, some districts in the Western divisions bordering India have reported very high TPR in the past week including Satkhira (45%), Jashore (41.5%), Naogaon (49%) and Joypurhat (55%).

- In Myanmar, the political situation since 1 February 2021 continues to negatively impact testing and care services and other response measures. There has been a 72.4% increase in new cases (n=1 286) between week 22 and 23. New cases continue to be reported in Chin and Sagaing states which border the Indian states of Mizoram, Manipur, Nagaland and Arunachal Pradesh. Variants of concern Alpha (n=2) and Delta (n=5) and Variant of Interest Kappa (n=4) were reported from five States in Myanmar on 16 June 2021. Out of 11 cases from whom VOC or VOI was detected, only one case is imported, and the remaining are locally transmitted cases.
- Sri Lanka has reported a 16.3% decrease in new cases between week 22 and 23 (n=18 305). The Southern province has reported a 21% decline, Uva province has reported a 7% decline and North Central province has reported a 6% decline of new cases. All provinces except the Western Province have reported an increase in new cases compared to previous week. The districts of Vavunia, Batticaloa, Kalmunai and Kegalle have reported over 100% increase in cases between week 22 and 23.
- Maldives continues to report a decline in new cases; between week 22 and 23, there has been a 45% decline in new cases (n=2 351). Majority of the cases continue to be reported from Greater Malé region; cases outside Malé and in atolls have started to decrease. Raa atoll Alifushi is reporting an emerging cluster with more than 100 cases. There has been a sharp decline of TPR which is at 8.8% at the national level.
- Thailand continues to report a decline in new cases for the third consecutive week; there has been a 20.4% decline in new cases (n=18 442) between week 22 and 23. New clusters continue to be detected in factories across several provinces. Alpha variant of SARS-CoV-2 has been reported across 63 provinces (out of 77 total provinces in Thailand), and Delta variant was reported in 11 provinces, while Beta variant was reported only in Narathiwat province bordering Malaysia.
- Nepal continues to report a decline in new cases for the fourth consecutive week and has reported 34.4% decrease in new cases (n=20 348) between week 22 and 23. In week 23, 47% of new cases were reported from Bagmati province, 17% from Province 1 and 12% from Gandaki province. The test positivity rate at the national level is declining but still high at 28% and ranges between 21-49% across different provinces.
- Bhutan has reported a 68% increase in new cases (n=126) between week 22 and 23. Active clusters are reported in Phuentsholing (n=290), Samdrup Jongkhar (n=203) and Samtse (n=78) with the majority of the cases detected among contacts. All the areas with active clusters share land borders with India.
- Timor Leste continues to report a decline in new cases and between week 22 and 23 there has been a 35.3 % drop (n=545). Cases are reported across all municipalities, but the majority (85%) of the new cases are reported from Dili the capital, followed by Baucau, Covalima, Bobonaro, Viqueque.

Figure 1: Cumulative reported number of COVID-19 cases and deaths and transmission classification in countries in SEAR from 1 January 2020 to 13 June 2021

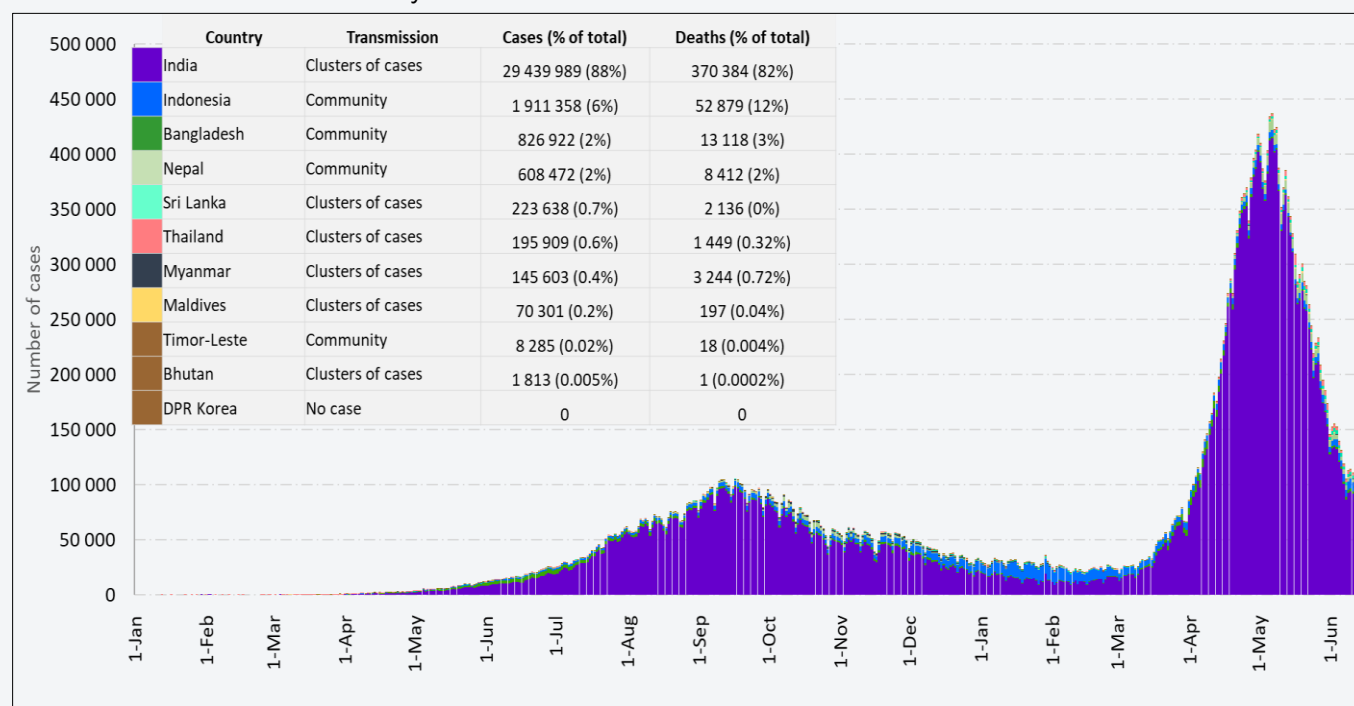


Table 1: Regional COVID-19 situation, as of 13 June 2021

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	29 439 989	21 333	370 384	1.3	630 650	-31.0	5.1
Indonesia	1 911 358	6 988	52 879	2.8	55 320	38.3	12.8
Bangladesh	826 922	5 021	13 118	1.6	15 932	31.0	12.6
Nepal	608 472	20 883	8 412	1.4	20 348	-34.4	28.1
Sri Lanka	223 638	10 444	2 136	1.0	18 305	-16.3	14.7
Thailand	195 909	2 807	1 449	0.7	18 442	-20.4	4.7
Myanmar	145 603	2 676	3 244	2.2	1 286	72.4	6.4
Maldives	70 301	130 056	197	0.3	2 351	-44.9	8.8
Timor-Leste	8 285	6 284	18	0.2	545	-35.3	9.7
Bhutan	1 813	2 350	1	0.1	126	68.0	0.4
DPR Korea	0						
SEAR total	33 432 290	16 539	451 838	-	763 305	-27.2	-

*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, 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 17 June 2021

Country	Alpha	Beta	Gamma	Delta
Bangladesh	●	●	-	●
India	●	●	●**	●
Indonesia	●	●	-	●
Maldives	●	-	-	●
Nepal	●	-	-	●
Sri Lanka	●	●	-	●
Thailand	●	●	●**	●
Timor-Leste	●**	-	-	-
Myanmar	●	-	-	●

** detection of VOCs only in incoming travelers under quarantine

Summary of published Seroprevalence Studies in SEAR:

To date, five 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 across the region started as early as April 2020 and were conducted until February 2021 (as per published studies). Targeted populations of these studies ranged from those in hospital settings, slums, cities, districts, and states to nationwide populations with sample sizes ranging from 244 health care workers to around 29 000 households at the community level.

SARS-CoV-2-related seroprevalence data in SEAR are being 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.

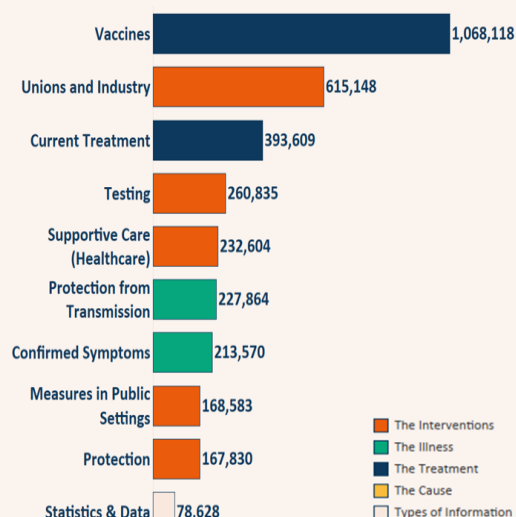
Key operational updates

Risk communication and community engagement:

- The SEARO weekly COVID-19 Infodemic Intelligence report covering 10 countries in 11 languages reveals that the key conversations across the Region remain around vaccines, including questions on vaccines and side effects, as well as concern about unequal access. In many countries, employment issues in the face of public health and social measures in place are a major concern. Lockdowns generated both concern and support.
- The SEARO Rumour and Misinformation Surveillance and Response System for COVID-19 showed that the most engaged rumours continue to be around vaccines.
- WHO SEARO continues to work with civil society organizations (CSOs) to create awareness about COVID-19 prevention measures in vulnerable populations.

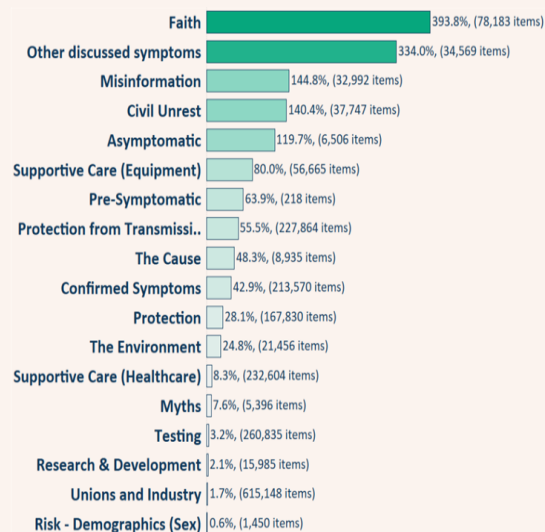
Top 10 topics by volume

Social media mentions of selected categories per taxonomy



Top rising topics

Based on % change of conversation volume from the previous week



Case management:

- WHO SEARO organized a webinar on epidemiology, clinical picture, diagnosis, treatment and preventive measures against mucormycosis in the context of COVID-19. SEARO facilitated participation of regional experts from India in an information sharing session on mucormycosis for the clinicians in the global clinician's network.
- In collaboration with IMAI-IMCI alliance, 17 virtual training sessions for regional master trainers on clinical management of SARI cases including those due to COVID-19 at district level was completed last week. An evaluation is planned to assess their performance in conducting clinical management training in their respective countries after 6 months.

Operation support and logistics:

- WHO is supporting Nepal with Inter-Agency Health Kits (contains essential medicines and devices to cater 10 000 person for 3 months) and Cholera kits (contains essential medicines and devices to cater 100 cases for 1 months) to respond to recent flash floods and landslides on 15 June 2021 from regional stockpile.
- WHO facilitated the shipment of the first lot of consumables for 4 000 oxygen concentrators to India in May 2021 arrived on 13 June 2021 and delivered to the end user.
- The first of several shipments carrying medical supplies of personal protective equipment (PPE) items has arrived in Nepal and Bangladesh as part of WHO's partnership with USAID - US Agency for International Development.
- WHO facilitated the procurement and shipment of COVID-19 diagnostics kits including MagMAX Viral and Pathogen Nucleic Acid Isolation Kits to Timor Leste via Kuala Lumpur, which reached the country on 16 June 2021.

Key country updates

Bangladesh:

- The Ministry of Health and Family Welfare has conducted training and preparatory activities for Pfizer-BioNTech and Sinopharm COVID-19 vaccine.
- The Institute of Epidemiology, Disease Control and Research (IEDCR) has found that 80% of a randomly selected sample of 50 COVID-19 patients were infected with the Delta variant.

Bhutan:

- The flu clinic services are further intensified to test for COVID-19 in strategic locations in the capital city, Phuntsholing and Samdrupjongkhar district, five mobile-flu clinics have been deployed in these areas.
- The Ministry of Health continues active surveillance and contact tracing at high risk border areas. Random testing of school children for early detection and mitigation measures is being conducted.
- Routine fortnightly COVID-19 testing of health workers is still ongoing

DPR Korea:

- No case of COVID-19 has been reported as of 10 June 2021.
- Cumulatively 30 348 persons have been tested with reverse transcription polymerase chain reaction (RT-PCR) at an interval of 10 days (total samples: 60 422 and all were found negative for COVID-19. These include 733 persons who were tested during the period of 04 to 10 June 2021, of which 149 were people with influenza-like illness and/or severe acute respiratory infections.

India:

- The Ministry of Health and Family Welfare emphasized on sharing of real time data of genetic sequencing of SARS-CoV-2 in detection of variants of concerns with relevant States/UTs by Indian SARS-CoV-2 Genetics Consortium (INSACOG).
- A 500-bed COVID-19 hospital has been operationalized in Srinagar by Defence Research and Development Organisation.
- The National Institution for Transforming India (NITI Aayog) asserts that there is no need for immediate change in COVISHIELD dosage interval.
- Council of Scientific & Industrial Research and Laxai Life Sciences Pvt. Ltd. received regulatory approval to undertake clinical trial to assess efficacy of Colchicine in improvement of clinical outcomes during treatment of COVID-19.

Indonesia:

- Indonesia reported drastic increase in bed occupancy rates this week in Kudus, Central Java and Bangkalan, East Java. The Ministry of Health (MoH) distributed around 50 000 doses of COVID-19 vaccines to accelerate vaccination roll out in Kudus.
- Indonesia received an additional 1.5 million doses of AstraZeneca COVID-19 vaccine, which was part of the 11.7 million doses of the vaccine allocated from the COVAX Facility.
- MoH approved DKI Jakarta provincial government's request to start vaccinating residents aged 18 years and older to accelerate the national COVID-19 vaccination roll out.
- WHO continues to support MoH in the development of the national influenza pandemic contingency plan, which incorporates lessons learned from the COVID-19 pandemic response.

Maldives:

- The Government started easing out the restrictive measures in a phased manner. Mosque and salons reopened with strict guidelines.
- The President extended closure of government offices until 23 June 2021. Schools are closed until 26 June 2021 for onsite learning, online classes to continue.
- A new hotline number was introduced by Health Protection Agency for COVID-19 related emergencies.
- WHO handed over 1 500 GeneXpert cartridges for uninterrupted COVID-19 testing to Ministry of Health.

Myanmar:

- The hospital immunization program for routine immunization services has resumed from June 2021.
- WHO is supporting National Health Laboratory for shipment of COVID-19 samples to Thailand for genetic sequencing of the variants.

Nepal:

- The Ministry of Health and Population chaired high-level meetings with Ministry of Social Development, District and Municipal heads to discuss COVID-19 response highlighting importance of contact tracing and use of antigen based rapid diagnostic tests for COVID-19.
- The Government of Nepal has received medical equipment, supplies and health commodities from donor agencies and various countries.
- The Government has extended ongoing lockdown with a prohibit order in Kathmandu, Bhaktapur and Lalitpur until 21 June 2021
- WHO supported virtual training session on uploading SARS-CoV-2 genetic sequence data on Global Initiative on Sharing All Influenza Data (GISAID) and other national portals.

Sri Lanka:

- An island-wide movement restriction imposed on 21 May 2021 has been extended until 21 June 2021.
- Modelling of epidemiological and economic impact of mitigation measures for COVID-19 is being conducted in collaboration with the Imperial College London, Monash University, University of Colombo, WHO and national modelers.
- The Ministry of Health revised and disseminated testing strategy for COVID-19 on 10 June 2021
- WHO supported regional epidemiological units with required infrastructure support to update data on surveillance and vaccination.

Thailand:

- Thailand have fully vaccinated 2% of the population as of 10 June 2021.
- The Centre for COVID-19 Situation Administration has announced re-opening of schools for the new school year from 14 June 2021.
- The Ministry of Education has divided all provinces in three categories of risk – Maroon, Red and Orange. On site learning is only allowed under orange on receipt of necessary approvals.

Timor-Leste

- The Government launched the National COVID-19 Immunization Programme of the second dose of COVID-19 vaccines with 76 800 doses from the COVAX facility and 24 000 doses from the Government of New Zealand under the COVAX vaccine sharing initiative.

COVID-19 response in a humanitarian setting – the Cox's Bazar experience

Enhancing preparedness while ensuring the best clinical care in a refugee camp setting

Refugee populations in humanitarian settings are often particularly susceptible to the spread of infectious diseases such as COVID-19 due to congestion, inadequate and poor sanitation, and limited access to information. In addition, caring for COVID-19 patients can be challenging in the complex setting of a refugee camp. The impact of the pandemic was expected to vastly overwhelm the capacity of the existing health services in the Rohingya refugee camp in Cox's Bazar, Bangladesh, compromising important health outcomes achieved since the beginning of the humanitarian response to the influx in 2017.

Months before the first case of COVID-19 was reported in the Rohingya refugee camps on 15 May 2020, the WHO Cox's Bazar Emergency Sub-Office initiated joint efforts with key partners to rapidly implement decisive preparedness and response readiness measures to slow the spread of the virus and to mitigate its impact. Under the guidance of the Government of Bangladesh, a multi-sectoral and pillar-based response plan for Cox's Bazar was designed in line with the WHO COVID-19 Strategic Preparedness and Response Plan framework to protect the 884 000 refugees living in the camps and the 472 000-host population in the vicinity of the camps. In 2021, the COVID-19 response was integrated into the Joint Response Plan for the Rohingya Humanitarian Crisis of the Government of Bangladesh and humanitarian partners.

Coordination, Planning and Monitoring

Responding to health needs of vulnerable populations in the world's largest refugee camp requires collective and joint action. Under the leadership of the Government of Bangladesh, WHO has been coordinating the COVID-19 emergency response of over 80 health partners through an integrated and multisectoral approach. To this end, several technical working groups operate under the umbrella of the Health Sector: Sexual Reproductive Health (SRH) led by UNFPA; Community Health led by UNHCR and Medair; Mental Health and Psychosocial Support (MHPSS) led by IOM and UNHCR; Emergency Preparedness and Response (EPR) led by WHO and IOM; Epidemiology led by WHO; and Clinical Case Management also led by WHO.

District Laboratory

To prioritize testing, a sentinel surveillance system was rapidly established with all samples being processed at the Cox's Bazar Institute of Epidemiology, Disease Control and Research (IEDCR) Field Laboratory. Since April 2020, WHO has been supporting the Lab through human resources, procurement and operational support to scale-up testing capacity for COVID-19, including the purchase of two additional PCR machines. While the initial COVID-19 capacity testing for the Rohingya and host community population at the Cox's Bazar IEDCR Field Lab was initially limited to 30 test per day, the daily capacity rose to 1500 PCR tests, with results available in 24-48 hours meeting global standards.

Clinical Case Management

Under the leadership and technical expertise of WHO, Health Sector partners established 14 Severe Acute Respiratory Infection Isolation and Treatment Centers (SARI ITCs) with a capacity of nearly 1200 beds to provide treatment for mild, moderate and severe cases of COVID-19, including access to a secure oxygen supply 24 hours a day. Considering the limited feasibility in the refugee camp to self-isolate, these SARI ITCs become instrumental in reducing the community transmission. Since October 2020, a total of 6566 patients have been admitted to these partner-led health centers which coordinate efforts with the existing government facilities to ensure early access to life-saving treatment. A well-established referral pathway enables the transfer of critical COVID-19 patients to the ICU/HDU at Cox's Bazar district Sadar Hospital, established months ago with the support of Government, UNHCR and WHO with a capacity of 10 ICU beds with ventilators, 8 high dependency beds and 20 Severe Care Unit (SCU) beds.

Surveillance, Case Investigation and Contact Tracing

Under the overall supervision and coordination of WHO, camp-wise Rapid Investigation and Response Teams (RIRTs) have been responding to alerts within 24 hours and referring COVID-19 patients to SARI ITCs with the help of the Dispatch and Referral Unit (DRU), in an effort that has been instrumental to slow down the spread of the virus in the camps. Since the RIRTs were established, a total of 1045 COVID-19 confirmed cases have been investigated. Out of the total of confirmed cases, 4 608 contacts have been identified through contact tracing from preliminary field investigation, with an average of 4.4 contacts per case. Additionally, in support to the pandemic response, Go.Data

–an outbreak investigation tool for field data collection during public health emergencies– was adjusted to the COVID-19 outbreak scenario in the Rohingya refugee camps in May 2020. Since then, 2605 contacts have been traced and registered in the software by contact tracing supervisors, of which 1918 (73.6%) have completed the follow-up. COVID-19 situation updates of Cox's Bazar District have been regularly issued through online platforms and a COVID-19 dashboard to support the dissemination of key public health information was launched.

Infection Prevention and Control (IPC)

Together with Government and partners, WHO has led the creation of a model Infection Prevention and Control (IPC) network which is currently being replicated at district level. This newly established IPC network –which did not exist in the country before– includes IPC structures, dedicated IPC focal persons, committees and a technical working group to reduce the risk of exposure to infections in healthcare centers. Further to this, the network is supported by an IPC organogram with clearly defined terms of reference to guide human resource capacities at facility level. IPC guidelines, comprehensive daily IPC checklist and monthly score cards combined with monthly monitoring and quarterly supportive supervision by WHO specialists help monitor progress and equip healthcare workers with new strategies against further spread of the virus. So far, 119 (87%) health facilities in the camps – including 91 health posts, 27 primary health care centers and one Field hospital– have created IPC structures based on WHO guidance. Since early 2020, over 3600 healthcare workers from Government and partner-led facilities have been trained on IPC in Cox's Bazar, including 43 qualified COVID-19 IPC master trainers.

Risk Communication and Community Engagement (RCCE)

As elsewhere in the world, fears of being infected have impacted Rohingya refugee's health care seeking behavior. In collaboration with the RCCE working group, WHO and key partners have been engaging communities, health partners and stakeholders to create awareness among the population about risk factors and protective measures for COVID-19 and dispel rumors and misconceptions. Key community members and religious leaders, as well as Community Health Workers (CHWs) have played a critical role within this multichannel strategy.

Points of Entry (PoE)

In 2020, WHO coordinated the establishment of 19 Points of Entry (PoE) to proactively identify those who may be sick and refer them to health care, and to provide health education on COVID-19 prevention. At screening points temperature checks were carried out, and handwashing was encouraged, while messages on COVID-19 prevention were disseminated by staff and through Information Education and Communication (IEC) materials. A total of 1 124 677 Individuals were screened at these designated entry points in 2020.

Operational Support and Logistics (OSL)

WHO health emergency operations, with the support of health sector partners, ensured timely availability of quality and adequate supplies, equipment and consumables, including 300 oxygen concentrators, 6 oxygen generators and 1.7 million Personal Protective Equipment (PPE). In addition, WHO has been providing continuous logistic support to the IEDCR Field Lab with two vehicles providing transportation of COVID-19 sample collection in the camps.

Essential Health Services

A Minimum Package of Essential Health Services for Primary Health Care (PHC) was agreed with the Government to ensure minimum standards for the continuous delivery of quality essential services during the pandemic. WHO and partners undertake daily efforts to ensure that health services such as routine immunization, sexual and reproductive health (SRH), gender-based violence (GBV), and mental health and psychosocial support (MHPSS) are able to be continued despite constraints imposed by the COVID-19 pandemic. Health facilities put in place adjustments to the COVID-19 context comprising the establishment of screening, triage and waiting areas for screening, isolation and referral of suspected patients to SARI ITCs.

Table 3: Summary of International Travel Measures Implemented by Countries in the SEAR (as of 15 June 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- or 14-day facility quarantine depending on countries of departure	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	10-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, Viet Nam, South Africa, South American countries	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

- On 15 June 2012, SAGE published updated Interim recommendations for use of the Pfizer–BioNTech COVID-19 vaccine, BNT162b2, under Emergency Use Listing. The interim recommendations are available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-vaccines-SAGE_recommendation-BNT162b2-2021.1.
- Ongoing support to countries for COVID-19 vaccine delivery, strengthening vaccine safety surveillance and reporting, conducting vaccine effectiveness studies, and conducting Post-introduction Evaluation (PIE) of COVID-19 vaccines.
- 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 15 June 2021:

Table 4. Summary of vaccination status in the countries that are offering COVID-19 vaccines in South-East Asia Region, (as of 15 June 2021)

Country	Vaccine name	Start date	Total doses administered	Persons vaccinated with one dose	Persons vaccinated with two doses	First dose per 100 total population	Second dose per 100 total population	Utilization rate	Last update
Bangladesh	COVISHIELD	27 Jan 21	10 077 514	5 820 015	4 257 499	3.4	2.5	98%	15 Jun 21
	Sinopharm	25 May 21	2 162	2 162				0.2%	
Bhutan	COVISHIELD	27 Mar 21	483 699	483 699		64.0	-	88%	13 Jun 21
India	COVISHIELD*	16 Jan 21	261 740 273	212 477 080	49 263 193	15.0	3.5	100%	15 Jun 21
	Covaxin*	16 Jan 21							
	Sputnik V	14 May 21						18%	
Indonesia	AZ-SKBIO	13 Jan 21	4 246 302	3 941 160	305 142	7.7	4.3	52%	15 Jun 21
	Sinopharm	23 Mar 21	91 852	78 486	13 366			9%	
	Sinovac	18 May 21	27 454 726	16 201 120	11 253 606			73%	
Maldives	COVISHIELD	01 Feb 21	349 499	228 653	120 846	57.5	32.8	112%	14 Jun 21
	Sinopharm	22 Mar 21	137 060	81 991	55 069			60%	
	Pfizer	13 Apr 21	5 190	2 921	2 269			89%	
Myanmar	COVISHIELD	27Jan21	2 994 900	1 772 177	1 222 723	3.2	2.2	86%	13 May 21
Nepal	COVISHIELD	27 Jan21	2 234 669	1 823 663	411 006	8.2	2.3	95%	15 Jun 21
	Sinopharm	07 Apr 21	918 750	638 262	280 488			51%	
Sri Lanka	COVISHIELD	29 Jan 21	1 280 917	925 242	355 675	10.5	2.8	101%	14 Jun 21
	Sinopharm	05 Apr 21	1 580 619	1 326 784	253 835			51%	
	Sputnik V	06 May 21	68 676	64 986	3 690			53%	
Thailand	AZ-SKBIO	16 Mar 21	1 556 000	1 521 364	34 636	6.8	2.5	72%	13 Jun 21
	Sinovac	28 Feb 21	4 632 124	3 010 550	1 621 574			62%	
Timor-Leste	AZ (SKBIO, SII, AZ-AUS, AZ-ITA)	07 Apr21	110 531	103 813	6 718	7.9	0.5	56%	15 Jun 21
TOTAL			319 993 630	250 532 295	69 461 335	12.3	3.4	93%	

Source: Bangladesh: MIS unit, DGHS; Bhutan: MoH; India: <https://pib.gov.in/PressRelease>; Indonesia: <https://www.kemkes.go.id/>; Maldives: HPA COVID19 update group; Myanmar: MoHS; Nepal: FWD. MoHP Nepal; Sri Lanka: Epidemiology unit, MoH; Thailand: DDC, MOPH; Timor-Leste: MoH

**doses received is considered equivalent to total doses administered