

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 | 600 677 | 19 452 | 34 032 967 | 471 290 |

as of 20 June 2021

| # 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 | 340 023 062 | 267 508 410 | 72 514 652 | 13.1 |

as of 24 June 2021

Highlights

- South East Asia Region (SEAR) remains the third most affected WHO Region with 34 million cases, after the Americas Region (70.7 million cases) and European Region (55.3 million cases). Decline of new cases continue globally for the eighth week and there was a 5.2% decline between week 23 and 24. During this period, European and South East Asia Regions of WHO were reporting decline of new cases, while African Region reported a sharp increase of new cases. Americas, Western Pacific and Eastern Mediterranean Regions reported similar number of cases compared to the previous week.
- In the SEAR, there has been a decline in cases for sixth consecutive week, and between week 23 and 24, there was a 21.3% decline in new cases. Decline in cases is driven mainly by decline of new cases in India.
- More than 340 million doses of COVID-19 vaccine have been given by ten countries in the SEA Region with more than 276 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 #24 for the period between 14 June - 20 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 sixth consecutive week; between week 23 and 24 there was a 30% decrease in new cases (n=441 976). All major states in India reported decline of new states, although case incidence (per 100,000 population per week) remains high in Kerala (233), Puducherry (139) and some States in northeast - Mizoram (233), Manipur (132) and Sikkim (115). The test positivity rate (TPR) continues to decline further and is at 3.5% at the national level.
- Indonesia continues to report increasing trend and between week 23 and 24, there was a 42% increase in new cases (n=78 551). During the same period, 12 out of 24 provinces have reported more than 50% increase of new cases compared to previous week. The highest case incidence (per 100 000 population per week) were reported from DKI Jakarta (163), Riau Islands (85) and DI Yogyakarta (76). The TPR continues to increase and is at 19.2% at the national level with some provinces reporting >50%, namely West Java, Banten and South Sumatra. Ministry of Health reported that the Delta variant has been found circulating in six provinces across Java, Sumatra and Kalimantan.
- Bangladesh continues to report increase of cases for the fifth consecutive week; between week 23 and 24, there has been a 55.3% increase in new cases (n=24 746). All divisions in the country are reporting increase of new cases with Dhaka, Rangpur, and Mymensingh divisions reporting more than 50% increase. During the past week, of all new cases 33% were reported from Dhaka, 21% were reported from Khulna and 20% were reported from Rajshahi. The TPR is increasing and is at 16.2% at the national level with Khulna, Rajshahi and Rangpur divisions reporting TPR of higher than 25%.

- In Myanmar, the political situation since 1 February 2021 continues to negatively impact testing and care services and other response measures. Between week 23 and 24, there has been an 88.1% increase in new cases (n=2 419). From 16 to 22 June, the highest number of new cases were reported in Sagaing (762 cases), Chin (468 cases) and Yangon (380 cases) states, while Bago, Mandalay and Shan are reporting over 100% increase of new cases with more than 200 cases in the same period. The number of daily tests has increased, average of 3,781 daily tests reported in week 24 compared to average of 2,489 daily tests in week 23. The TPR has also increased from 6.4 to 9.1 at the national level between week 23 and 24.
- Sri Lanka continues to report decline in new cases and between week 23 and 24 there was a 12.3% decline (n=16 051). All provinces have reported decline except Northwestern and Southern provinces. Ampara district reported over 100% increase in new cases during the week 24 while Galle and Mannar Districts have reported over 40% increase in cases. During the same week Delta variant of SARS-CoV-2 have been detected from samples in Colombo. The TPR is declining and is at 12.6% at the national level.
- Maldives continues to report decline in new cases; between week 23 and 24, there was a 32.2% decline in new cases (n=1 595). Majority of the new cases continue to be reported from Greater Male region; cases outside Male and in atolls continue to decrease with currently over 1 703 active cases across 87 inhabited islands. TPR is declining and is at 5.1% at the national level.
- Thailand has reported 20.5% increase in new cases between week 23 and 24. New clusters continue to be detected in manufacturing factories, closed settings and prison facilities. The top 5 provinces with the highest case incidence were Bangkok, Samut Prakan, Chonburi, Songkhla and Samut Sakhon. During the past week 84 new clusters are being monitored in Bangkok metropolitan area and new clusters have also been identified in Samut Prakan and Samut Sakhon provinces. There is a marginal increase of TPR and is at 5.1% at the national level.
- Nepal continues to report a decline in new cases for fifth consecutive week and has reported 38.2% decrease in new cases (n=12 584) between week 23 and 24. In week 24, 45% of new cases were reported from Bagmati province, 20% from Province 1 and 18% from Gandaki province. The test positivity rate is declining but still high at 23.4% at the national level with varying levels of TPR ranging between 8.5% in Sudurpaschim province and 38.5% in Gandaki province.
- Bhutan has reported a 11.9% decline in new cases (n=111) between week 23 and 24. Active clusters are reported in Phuentsholing (n=324) and Samtse (n=137) and majority of the cases were detected among contacts. All the areas with active clusters share land borders with India. During last week, Ministry of Health, Bhutan announced that out of total samples sequenced 87% were Delta variant, 10% Beta variant and 3% Alpha variant.
- Timor Leste continues to report decline in new cases and between week 23 and 24 there has been a 22.6 % decline (n=422). The TPR declined from 9.7% in week 23 to 2.9% in week 24.

Figure 1: Cumulative reported number of COVID-19 cases and deaths and transmission classification in countries in SEAR from 1 January 2020 to 20 June 2021.

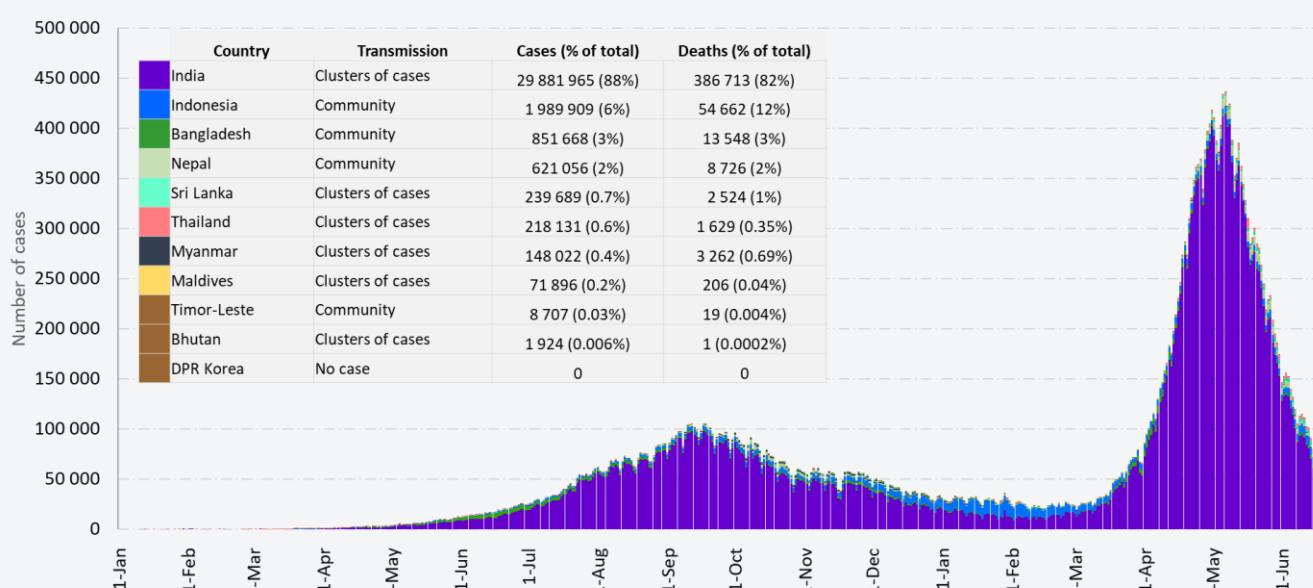


Table 1: Regional COVID-19 situation, as of 20 June 2021

| 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 |  | 29 881 965 | 21 654 | 386 713 | 1.3 | 441 976 | -29.9 | 3.5 |
| Indonesia |  | 1 989 909 | 7 275 | 54 662 | 2.7 | 78 551 | 42.0 | 19.2 |
| Bangladesh |  | 851 668 | 5 171 | 13 548 | 1.6 | 24 746 | 55.3 | 16.2 |
| Nepal |  | 621 056 | 21 315 | 8 726 | 1.4 | 12 584 | -38.2 | 23.4 |
| Sri Lanka |  | 239 689 | 11 193 | 2 524 | 1.1 | 16 051 | -12.3 | 12.6 |
| Thailand |  | 218 131 | 3 125 | 1 629 | 0.7 | 22 222 | 20.5 | 5.1 |
| Myanmar |  | 148 022 | 2 721 | 3 262 | 2.2 | 2 419 | 88.1 | 9.1 |
| Maldives |  | 71 896 | 133 007 | 206 | 0.3 | 1 595 | -32.2 | 5.1 |
| Timor-Leste |  | 8 707 | 6 604 | 19 | 0.2 | 422 | -22.6 | 4.9 |
| Bhutan |  | 1 924 | 2 493 | 1 | 0.1 | 111 | -11.9 | 0.3 |
| DPR Korea |  | 0 | | | | | | |
| SEAR total |  | 34 032 967 | 16 836 | 471 290 | - | 600 677 | -21.3 | - |

*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, continues to monitor the detection and reporting of SARS-CoV-2 variants of concern (VOCs) in the Region (Table 2)

Table 2: SARS-CoV-2 variants of concern (VOC) in SEAR, as of 22 June 2021

| Country | Alpha | Beta | Gamma | Delta |
|-------------|-------|------|-------|-------|
| Bangladesh | ● | ● | - | ● |
| Bhutan | ● | ● | - | ● |
| 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 (59 studies), Thailand (3 studies), Nepal (1 study), Bangladesh (1 study), Indonesia (1 study) and Sri Lanka (1 study).

As per available information at WHO SEARO, studies across the region started in 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 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.

Table 3: Key findings from recent publications on seroprevalence studies in the South-East Asia Region

| S. No | Country/Place of study | Publication Date | Prevalence Study- Title | Conducted By | Sero Prevalence | Sample Size | Reference URL |
|-------|--|------------------|--|---|---|-------------|---|
| 1 | India/Indore Municipal corporation, Madhya Pradesh | 8-Apr-21 | Seroprevalence of anti-SARS-CoV-2 antibodies in Indore, Madhya Pradesh: a community-based cross-sectional study, August 2020 | Maulana Azad Medical College | 7.75% | 7,103 | https://dx.doi.org/10.4103/jfmpc.jfmpc_2015_20 |
| 2 | India/290 health care facilities across all 30 districts of Karnataka | 21-May-21 | The burden of active infection and anti-SARS-CoV-2 IgG antibodies in the general population: Results from a statewide sentinel-based population survey in Karnataka, India | Indian Institute of Public Health | 27.7% (95% CI 26.1-29.3%) combined IgG and active infection; IgG Seroprevalence - 16.8%(95% CI 15.5-18.1) | 15,624 | http://dx.doi.org/10.1016/j.ijid.2021.05.043 |
| 3 | India/ All 37 districts of Tamil Nadu | 3-Apr-21 | SARS-CoV-2 Seroprevalence in Tamil Nadu in October-November 2020 | Government of Tamil Nadu | 31.60% | 26,135 | https://www.medrxiv.org/content/10.1101/2021.02.03.21250949v2 |
| 4 | India/ 5 selected sites namely AIIMS-New Delhi, AIIMS-Bhubaneswar, Odisha, AIIMS-Gorakhpur, Uttar Pradesh, JIPMER-Puducherry, Agartala Medical College | 16-Jun-21 | Serological prevalence of SARS-CoV-2 antibody among children and young age (between age 2-17 years) group in India: An interim result from a large multi-centric population-based sero-epidemiological study | All India Institute of Medical Sciences | <18 age group- 55.7% and >=18 age group- 63.5% | 4,509 | https://europepmc.org/article/PPR/PPR357490 |

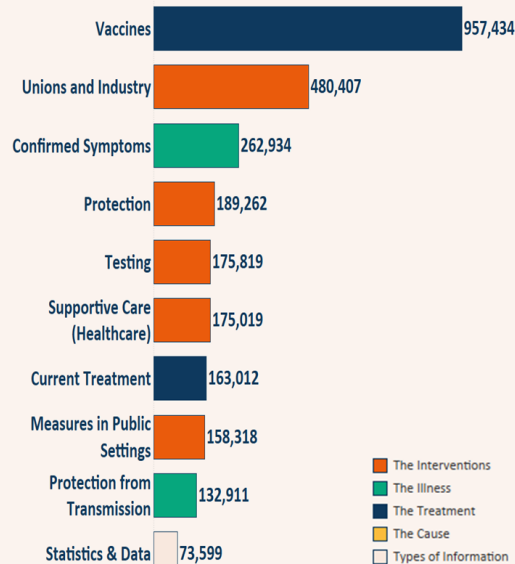
Key operational updates

Risk Communication and Community Engagement (RCCE)

- The SEARO COVID-19 infodemic intelligence report reveals that vaccines remain the largest topic of digital conversation, but concerns vary among countries. Digital media also expressed concern about the delta variant and perceptions about whether it is vaccine-resistant; lockdown and the impact on the economy; symptoms of COVID-19 including variants remained one of the most searched topics.
- The Regional Director’s remarks on public health and social media and vaccination were welcomed on digital media.
- Rumours and Misinformation Surveillance and Response System (RMSRS) reveals that the majority of rumours are on COVID-19 vaccines and cures. COVID-19 vaccine rumours have strong circulation in all countries of the Region, and include the lack of efficacy of vaccines, and the alleged impact on fertility and on menstruation.
- As part of risk communication coordination, the Asia Pacific Risk Communication and Community Engagement Working Group monthly meeting was held on 22 June 2021, and co-chaired by WHO, UNICEF and IFRC. This month’s meeting focused on socio-behavioural surveillance. Findings from WHO WPRO regional perception survey show awareness of protective measures is very high, and that people are more concerned about their loved one’s health than their own.

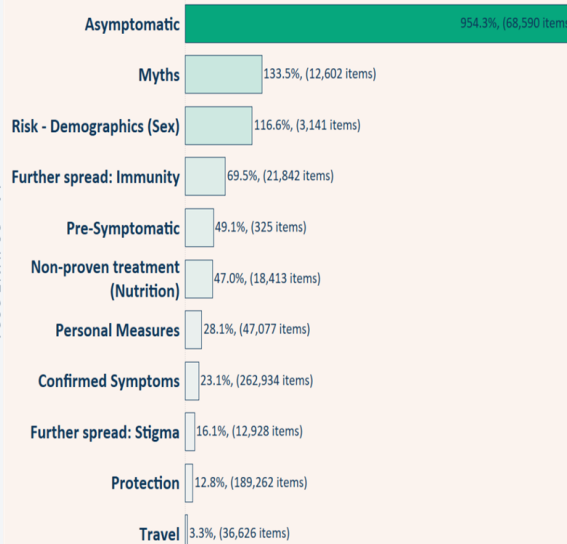
Top 10 topics by volume

Social media mentions of selected categories per taxonomy



Top rising topics

Based on % change of conversation volume from the previous week



Operation support and logistics:

- WHO is supporting Indonesia to procure 1.6 million antigen based rapid diagnostic tests (Ag.RDTs) kits to respond recent massive surge in COVID-19 cases.
- Provided six non communicable disease (NCD) kit to Sri Lanka on 21 June 2021. A NCD kit is a pre-packed set of essential medicines and medical devices to meet priority NCD health needs of 10 000 people for three months in emergencies.
- WHO supported procurement and shipment of 18 000 Cepheid GeneXpert cartridges to scale up the testing capacity in Maldives.
- WHO supported the shipment of eight ventilators, lab consumables and personal protective equipment to Myanmar that arrived on 26 June 2021, in spite of several logistical, operational and administrative challenges due to current political situation.

Key country updates

Bangladesh:

- Bangladesh started administering Pfizer-BioNTech COVID-19 vaccine on 21 June 2021.
- The Government resumed nationwide COVID-19 vaccination programme with Sinopharm vaccine on 19 June 2021 after 2 months of halting the initiative.
- The Directorate General of Health Services requested local administration to supplement COVID-19 testing with antigen based rapid diagnostic test (Ag. RDT).

Bhutan:

- The Government started second dose of COVID-19 vaccination only for people who needs to travel out of country for long term study and essential travel.
- In-country travels are monitored through check post management system (CPMS) for effective surveillance and contact tracing. Inter-district travelers need to register online through CPMS prior to their travel.
- Jingles and community influencer such as religious leader and social media influencer were used to advocate on COVID-19 prevention protocol.
- All passengers arriving Bhutan has to complete ongoing 21-days mandatory quarantine and only been released after negative test result.

DPR Korea:

- No case of COVID-19 has been reported as of 17 June 2021.
- Cumulatively 31 083 persons have been tested with reverse transcription polymerase chain reaction (RT-PCR) at an interval of 10 days (total samples: 61 892 and all were found negative for COVID-19. These include 735 persons who were tested during the period of 11 to 17 June 2021, of which 149 were people with influenza-like illness and/or severe acute respiratory infections.

India:

- The Prime Minister launched customized crash course programmes for COVID-19 frontline workers. The training will be imparted in six customised job roles namely Home Care Support, Basic Care Support, Advanced Care Support, Emergency Care Support, Sample Collection Support, and Medical Equipment Support to 100 000 frontline workers in 111 training centres spread over 26 states.
- The National Technical Advisory Group on Immunisation (NTAGI) reiterated that the decision to increase the gap between two COVISHIELD doses from 4-6 weeks to 12-16 weeks is based on scientific evidence.
- Ministry of Tourism has invited feedback/suggestions to finalize draft national strategy and roadmap for medical and wellness tourism to promote and develop medical tourism.

Indonesia:

- The Indonesian Medical Association reported an increasing trend of COVID-19 related deaths among health workers since April 2021. Of total 974 deaths reported, 17 are in May and 26 in June despite high vaccination coverage (95.7%) of targeted health workers as on 22 June 2021,
- Amid surge of cases and increasing bed occupancy rate in many referral hospitals, the national and sub-national governments restricted community activities and cancelled reopening of schools.

Maldives:

- The Government started easing out the restrictive measures in phased manner. Gyms reopened on appointment basis, travel between island reopened.
- The Office of the President again extended closure of government offices until 29 June 2021 and schools are closed until further notice.
- Random COVID-19 testing is ongoing in Greater Male Region. Daily 400-700 samples are collected to analyze extent of transmission.
- A special vaccination drive is planned for detainees in prisons across the country supported by Maldives Police Services.
- WHO is supporting 25 field workers to strengthen health emergency operation centre.

Myanmar:

- With increasing no of COVID-19 cases in Bago and Sagaing region, government imposed Stay at Home order for 8 townships in Bago, Chin and Sagaing region. Schools were temporarily closed in Etpeadan and Phyu Townships in Bago region.
- The Ministry of Health and Sports imposed 10-day quarantine for entry to Naypyidaw territory for people coming from townships under stay-at-home.
- Surveillance activities are further strengthened at the entry of Yangon. The drivers and passengers entering to Yangon will be undergone thermal screening and measuring of oxygen saturation with portable pulse oximeter
- WHO is supporting National Health Laboratory for shipment of COVID-19 samples to Thailand for genetic sequencing of the variant.

Nepal:

- The Ministry of Health and Population chaired high-level meeting with Ministry of Social Development, District and Municipal heads to discuss COVID-19 response highlighted the importance of public and social health measures, antigen testing at the community, activation of community-based groups.
- The Government had accelerated efforts to procure COVID-19 vaccine and decided to procure Sinopharm (BIBP) from China.
- After a long strict lockdown across the country, government is gradually releasing lockdown to revive social and economic activities.
- The Government has extended ongoing lockdown with a prohibit order in Kathmandu, Bhaktapur and Lalitpur until 28 June 2021.
- WHO supported renovation of unified COVID-19 hospital control room along with IT equipment to operationalize the control room and telemedicine.

Sri Lanka:

- The Government has issued the revised guidelines on public health and social measures. The island wide movement restrictions were relaxed with effect from 21 June until 05 July 2021, with strict adherence to social measures.
- Modelling of epidemiological and economic impact of mitigation measures for COVID-19 was conducted in collaboration with the Imperial College London, WHO, MOH and Sri Lankan academe/officials.
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Thailand:

- The Royal Thai Government has fully vaccinated 3.7% of the target i.e. 70% of the population.
- The Prime-minister reiterated the government's policy to reopen the country by October 2021 while managing COVID-19 and stressed importance of maintaining economic growth and allowing people to continue with their livelihoods.
- The Government approved Phuket sandbox tourism scheme, allowing fully vaccinated tourist without any quarantine restrictions.

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 all municipalities.
- The Council of Ministers approved imposition of sanitary fence limited to Baucau and Dilli until 30 June 2021 and lifted stay at home order in Dili on 16 June 2021.

COVID-19 – External quality assessment for SARS-CoV-2 laboratory diagnostics in the WHO South East Asia Region (SEAR): a status update

Reliable and timely laboratory diagnostics has been the cornerstone during COVID-19 pandemic response for effective detection and to support implementation of prevention and control measure as to curb the disease spread. Laboratory quality assurance is the vital component of laboratory diagnostics as it determines the reliability of any laboratory result. Laboratory quality assurance involves systematic activities and approaches, performed to ensure that any laboratory achieves and maintains accepted and high levels of accuracy and proficiency despite changes in testing methods and the volume of specimens tested. The COVID-19 pandemic has demonstrated the need for enhanced laboratory capacity, especially for the Real-time Reverse Transcription Polymerase Chain Reaction (rRT-PCR) for laboratory confirmation of the SARS-CoV-2 virus. The increased demands for testing at the country level has led to rapid expansion of laboratories to sub-national levels, with introduction of an array of testing kits and through the involvement of newly recruited/trained laboratory personnel. WHO interim guidance on diagnostic testing for SARS-CoV-2, underscores that “before introducing a new testing method, a new assay, new batches of materials, or a new PCR technician into the laboratory, validation or verification should be carried out, to ensure that the laboratory testing system is performing adequately”. It further encourages participation in external quality assessment programme (EQAP) or performing a result comparison of a subset of samples between laboratories. An EQAP involves the provision of blinded samples through a recognized provider to each participating laboratory with a view to measuring its performance.

In the background of rapid expansion of laboratories and increasing testing demands, the first round on EQAP on detection of SARS-CoV-2 for National laboratories was organized by the WHO's Global Influenza Programme (GIP) during 2020. In this round, ten SEAR Member States (MS) participated and achieved 100% concordance results. The second round of the EQAP is currently being organized for 2021, with confirmation from ten countries in SEAR for participation and shipments is currently underway.

Further, considering the rapid expansion of laboratories at the sub-national level, WHO-HQ organized a global EQAP for sub-national laboratories. Around 1 542 panels were distributed across nine SEAR MSs under this programme. Around 396 laboratories returned results within the deadline (one country received 1 100 panels and yet to return the results). Among the laboratories that have returned results, 296 (75%) laboratories have reported 100% concordance for all the specimens provided (n=5) and 50 (12.5%) laboratories had 100% concordance for the specimens that they reported (these laboratories did not report results for all specimens that were provided to them through the EQAP). The remaining 50 (12.5%) laboratories had at least one discordant result due to inconclusive results or wrong interpretation. Detailed recommendations were provided to respective countries of these laboratories for a comprehensive review of results and further liaising with laboratories to identify gaps and challenges for further strengthening the laboratory diagnostic activities. Currently, WHO SEARO is in the process of distributing certificates for all the participants. An additional set of panels (1100) is being organized currently for seven countries in the region, to support the recently established sub-national laboratories.

As a sustainable approach, technical assistance is provided to countries to establish their own national EQAP, where the national laboratories can prepare the panels for further evaluation of the respective sub-national laboratories. Three SEAR MSs have already implemented the national EQAP. Other mechanism of ensuring quality performance includes the comparison between laboratories of a subset of samples. This is also being practiced in some SEAR MSs as a quality assurance measure where a pre-determined proportion of negative and positive specimens are referred to a designated national laboratory for re-testing.

Lack of adequately competent human resources need for diverse use of laboratory diagnostic kits at the country level, overwhelming increase in workload with enormous pressure on human resources, and inefficient national specimen transport systems pose major challenges in the WHO-SEAR to maintain reliable quality for laboratory diagnostics, while the demands for laboratory services remain high. Thus, the national laboratories and authorities need to remain extremely vigilant in monitoring the quality of the laboratory diagnostics for SARS-CoV-2. Moreover, the interpretation of tests should continue to be a part of a stringent quality assurance scheme, with interpretation based on timing of sampling, sample type, test specifics, clinical data, and epidemiological data.

Table 4. Summary of Severity of Public Health and Social Measures (PHSM) implemented by countries in South-East Asia Region (16-22 June 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 [LINK to SEARO PHSM Dashboard](#) (please select PHSM tab).

- Ongoing support to countries for COVID-19 vaccine delivery, strengthening vaccine safety surveillance and reporting, and conducting vaccine effectiveness studies.
- 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 COVID-19 vaccination status in the countries of the Region and the vaccine utilization, as of 24 June 2021:

Table 5. Summary of vaccination status in the countries of the Region and the vaccine utilization (as of 24 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 | 10 096 525 | 5 820 015 | 4 276 510 | 3.4 | 2.5 | 98% | 22 Jun 21 |
| | Sinopharm | 25 May 21 | 22 276 | 22 276 | | | | 2.0% | |
| | Pfizer | | 240 | 240 | | | | 0.2% | |
| Bhutan | COVISHIELD | 27 Mar 21 | 484 751 | 484 751 | | 64.1 | - | 88% | 20 Jun 21 |
| India | COVISHIELD* | 16 Jan 21 | 276 255 304 | 225 282 826 | 50 972 478 | 15.9 | 3.6 | 100% | 19 Jun 21 |
| | Covaxin* | 16 Jan 21 | | | | | | 32% | |
| | Sputnik V | 14 May 21 | | | | | | 72% | |
| Indonesia | AZ-SKBIO | 13 Jan 21 | 5 922 560 | 5 452 990 | 469 570 | 8.8 | 4.6 | 15% | 22 Jun 21 |
| | Sinopharm | 23 Mar 21 | 149 875 | 112 738 | 37 137 | | | 81% | |
| | Sinovac | 18 May 21 | 30 596 172 | 18 512 351 | 12 083 821 | | | 112% | |
| Maldives | COVISHIELD | 01 Feb 21 | 350 067 | 228 653 | 121 414 | 57.7 | 33.7 | 62% | 21 Jun 21 |
| | Sinopharm | 22 Mar 21 | 142 224 | 83 580 | 58 644 | | | 97% | |
| | Pfizer | 13 Apr 21 | 5 676 | 2 925 | 2 751 | | | 86% | |
| Myanmar | COVISHIELD | 27 Jan 21 | 2 994 900 | 1 772 177 | 1 222 723 | 3.2 | 2.2 | 97% | 13 May 21 |
| Nepal | COVISHIELD | 27 Jan 21 | 2 269 857 | 1 828 484 | 441 373 | 8.3 | 2.4 | 53% | 18 Jun 21 |
| | Sinopharm | 07 Apr 21 | 962 747 | 671 712 | 291 035 | | | 103% | |
| Sri Lanka | COVISHIELD | 29 Jan 21 | 1 297 917 | 925 242 | 372 675 | 11.3 | 3.9 | 62% | 22 Jun 21 |
| | Sinopharm | 05 Apr 21 | 1 919 471 | 1 448 601 | 470 870 | | | 98% | |
| | Sputnik V | 06 May 21 | 127 777 | 113 454 | 14 323 | | | 41% | |
| Thailand | AZ-SKBIO, AZ-SianBio | 16 Mar 21 | 1 556,000 | 1 521 364 | 34 636 | 8.2 | 3.1 | 62% | 18 Jun 21 |
| | Sinovac | 28 Feb 21 | 4 632 124 | 3 010 550 | 1 621 574 | | | | |
| Timor-Leste | AZ (SKBIO, SII, AZ-AUS, AZ-ITA) | 07 Apr 21 | 189 266 | 166 148 | 23 118 | 12.6 | 1.8 | 97% | 22 Jun 21 |
| TOTAL | | | 340 023 062 | 267 508 410 | 72 514 652 | 13.1 | 3.6 | 94% | |

Source: Bangladesh: MISunit, 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: Epidemiologyunit, MoH; Thailand: DDC, MOPH; Timor-Leste: MoH

**doses received is considered equivalent to total doses administered