



COVID-19 Weekly Situation Report

# of Countries Reporting Cases	New Cases Reported in the Week	New Deaths Reported in the Week	Total Cases Reported	Total Deaths Reported
10	98 021	2 643	44 737 006	714 303

as of 12 December 2021

# of Countries introduced COVID-19 vaccine	Total number of doses administered	# of persons received at least one dose	# of persons fully vaccinated	Fully vaccinated persons per 100 population
10 out of 11	1 893 608 332	1 131 726 207	755 016 662	36.55

as of 15 December 2021

Highlights

- With 44.7 million cases, WHO South East Asia Region (SEAR) remains the third most affected WHO Region, after the Americas Region (98.7 million cases) and European Region (91.9 million cases).
- Globally, the number of new cases (n=4 000 817) has reduced by 4.9% compared to the previous week. In week 49, the African Region reported a 110.9% increase in weekly new cases, and Western Pacific region reported a 7.2% increase in new cases compared to the previous week. For the same period, all the remaining regions reported a decline in weekly new cases as compared to the previous week.
- In the South-East Asia Region during the week 49, there was a 10% decrease in new cases (n=98 021) compared to the previous week. All the countries in the Region reported a decline of COVID-19 cases in the past week, except Bangladesh, Maldives, and Sri Lanka.
- Seven countries in SEAR detected Omicron (B.1.1.529) as per notifications to WHO or public announcement as of 16 December 2021.
- More than 1.89 billion doses of COVID-19 vaccine have been administered by ten countries in the SEA Region with more than 1.34 billion doses in India alone.

Overview of the situation (epidemiological week #49 for the period between 6 - 12 December 2021)

- India reported a 5.7% decline in new cases (n=57 255) in the week 49 compared to the previous week. A majority (51%) of the newly reported cases in the week 49 was reported in Kerala (n=29 357). The weekly case incidence at the national level is 5.6 cases per 100 000 population. The test positivity rate (TPR) has decreased relative to the previous week and is at 0.7% at the national level.
- Thailand reported a 20.4% decline in new cases (n=27 405) in the week 49 as compared to the previous week. The severe cases are steadily declining. The weekly case incidence at the national level is 51.8 cases per 100 000 population. A higher case incidence (>150 cases per 100 000 population) continues to be reported in the southern provinces, including Nakhon Si Thammarat, Satun, Pattani, Yala, and Songkla, but the number of new cases is declining in these provinces. The TPR is 7% at the national level and has decreased compared to the previous week.
- Sri Lanka reported a 1.1% increase in new cases (n=5 220) in the week 49, compared to the previous week. Three out of nine provinces reported an increased number of new cases, namely Western Province, Sabaragamuwa province, and Southern province. The weekly case incidence is 41.8 cases per 100 000 population at the national level. The TPR is at 10.1% and is at the similar level compared to the previous week.

- Myanmar reported a 20.8% decrease in new cases (n=2 254) in the week 49 compared to the previous week. In the past week, all the states/regions reported a decrease in new cases except Kayin, Tanintharyi, Kachin, Kayah and Ayeyarwady state/region. The weekly case incidence is 4.9 cases per 100 000 population at the national level. The TPR continues to decline and is at 2.0% at the national level.
- Indonesia continues to report a decline in new cases. In the week 49, there was a 16.6% decline in new cases (n=1 458) compared to the previous week. The weekly case incidence is 0.7 cases per 100 000 population. The TPR is at 0.1% at the national level and has decreased from the previous week. For the past eleven weeks, the TPR at the national level has remained less than 2%.
- Nepal reported a 4.9% decrease in the number of new cases (n=1 630) in the week 49 compared to the previous week. The weekly case incidence is 8.1 cases per 100 000 population at the national level. The TPR is at 3.0% at the national level and has reduced relative to the previous week.
- Bangladesh reported a 13.4% increase in new cases (n=1 882) in the week 49 compared to the previous week. Four out of eight divisions reported an increase in new cases compared to the previous week namely Dhaka, Chattogram, Rajshahi, and Rangpur. Dhaka division contributed to 80% of the new cases in the last week. The weekly case incidence is 1.7 case per 100 000 population at the national level. The TPR at the national level is 1.3% and is at the similar level compared to the previous week.
- Maldives reported a 21.6% increase in new cases (n=908) in the week 49 compared to the previous week. The majority of the new cases continues to be reported in the Atolls outside the Greater Male Region (GMR). The highest number of new cases outside of the GMR was reported in Kudahuvadhoo island of Dhaalu Atoll. The weekly case incidence is 195.9 cases per 100 000 population at the national level. The TPR is 3.5% at the national level and has increased as compared to the previous week. The TPR at the atolls outside GMR is 10%.
- Timor-Leste reported only one new case in the week 49, and it amounted to a 83.3% decrease compared to the previous week. The weekly case incidence is 0.1 case per 100 000 population at the national level. The TPR has decreased relative to the previous week and is at 0.1% at the national level.
- In Bhutan, eight new cases were reported in the week 49; all of them were detected among incoming travelers. For the past seventeen consecutive weeks, no locally acquired case was reported. The weekly case incidence is 0.9 case per 100 000 population at the national level.

Figure 1: The COVID-19 epidemiological curve for the WHO South-East Asia Region from 1 January 2020 to 12 December 2021

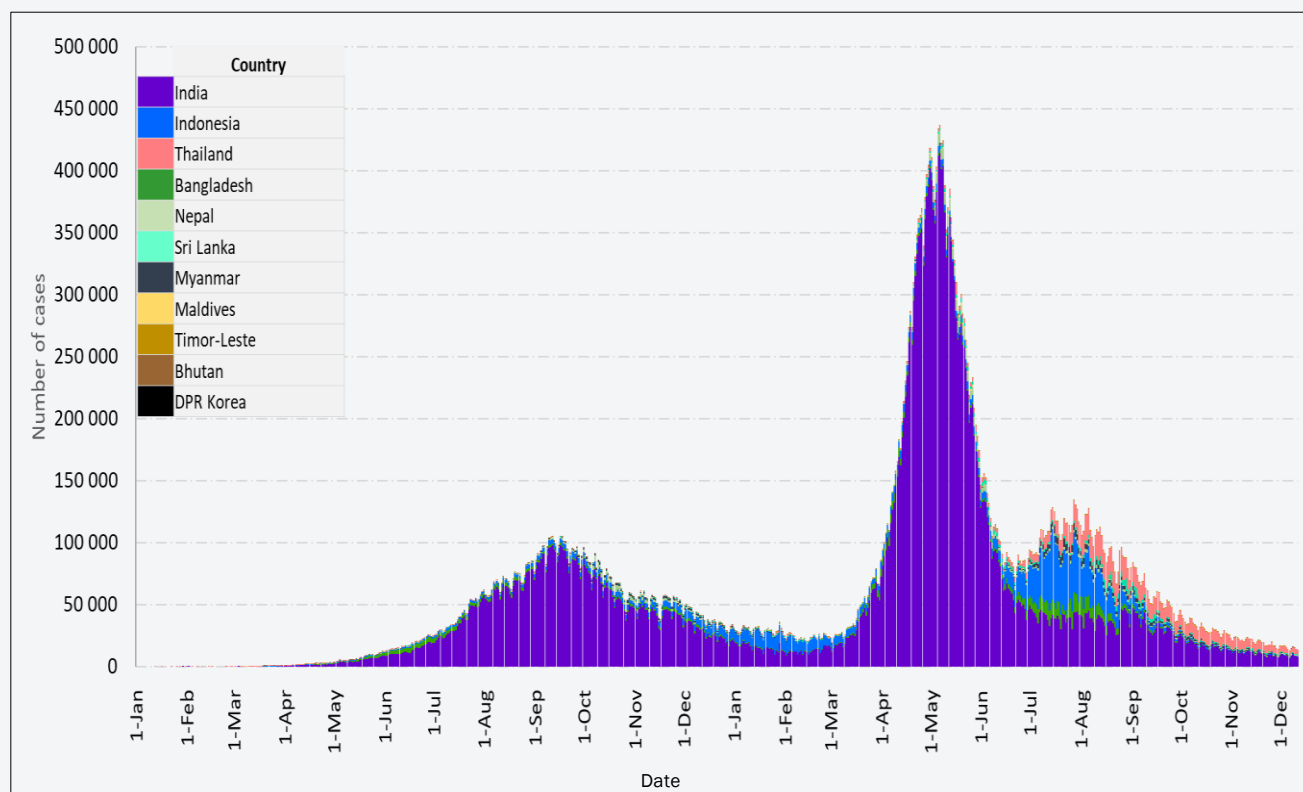


Table 1: Regional COVID-19 situation, as of 12 December 2021

Country		Total cases	Total cases per 1 million pop	Total deaths	CFR (%)	New cases (last 7 days)	% change in new cases* (last 7 days)	TPR (last 7 DMA)	Average test per 1000 population per week
India		34 690 510	25 138	475 434	1.4	57 255	-5.7	0.7	5.9
Indonesia		4 259 143	15 571	143 936	3.4	1 458	-16.6	0.1	6.0
Thailand		2 168 646	31 069	21 171	1.0	27 405	-20.4	7.0	3.8
Bangladesh		1 579 325	9 590	28 028	1.8	1 882	13.4	1.3	0.9
Nepal		824 222	28 288	11 554	1.4	1 630	-4.9	3.0	1.8
Sri Lanka		572 902	26 755	14 614	2.6	5 220	1.1	10.1	2.5
Myanmar		526 661	9 680	19 183	3.6	2 254	-20.8	2.0	2.0
Maldives		93 119	172 270	258	0.3	908	21.6	3.5	52.1
Timor-Leste		19 829	15 040	122	0.6	1	-83.3	0.1	1.2
Bhutan		2 649	3 433	3	0.1	8		0.1	12.6
DPR Korea		0							
SEAR total		44 737 006	22 132	714 303	-	98 021	-10.1	-	-

*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

Note: CFR, TPR and average test per 1000 population are not calculated at SEAR level, due to a large variation in the size of denominator across the countries.

Updates on Omicron variant situation as of 16 December 2021

- Seven countries in SEA Region detected Omicron cases and notified WHO via National IHR Focal Point (IHR NFP) of the first detection or have made public announcement. Please see table 3 for the first cases with Omicron infection in respective countries.
- WHO has released updated technical brief on 10 December 2021 and is available at [link](#).

Table 2: The first cases of Omicron reported in SEAR, as of 16 December 2021

Country	The first detection of Omicron case(s)		Detection only in incoming travelers under quarantine
	Date of public announcement	Date of national IHR focal point's notification to WHO	
Bangladesh	11-Dec-21	13-Dec-21	Yes
India	2-Dec-21	7-Dec-21	
Indonesia	16-Dec-21	16-Dec-21	
Maldives	5-Dec-21	6-Dec-21	Yes
Nepal	6-Dec-21	6-Dec-21	
Sri Lanka	3-Dec-21	15-Dec-21	Yes
Thailand	6-Dec-21	7-Dec-21	Yes

Priority actions for countries

Based on currently available information and risk assessment, the following priority actions are recommended to enhance readiness for the Omicron. Please also see WHO [global](#) and [regional](#) documents for further details.

- Continue to accelerate the vaccination, especially among at-risk populations who remain unvaccinated or not yet fully vaccinated.
 - Older adults, health care workers, and other high-risk populations (see the [link](#))
 - Depending on product availability, WHO SAGE supports a flexible approach to homologous (single platform) or heterologous (mix and match) vaccination schedules (see the [link](#)).
- Continue to implement effective public health and social measures to reduce COVID-19 introduction and circulation
 - A risk-based approach to adjust international travel measures in a timely manner is recommended. (See the [link](#))
 - The use of well-fitted masks, physical distancing, hand hygiene, and avoiding crowded and poorly ventilated indoor spaces remain key to reducing transmission of SARS CoV-2.

- Enhance surveillance and sequencing efforts to better understand circulating SARS-CoV-2 variants, including Omicron.
 - Ensure early warning system is in place to timely adjust the public health and social measures.
 - Strengthen event-based surveillance to detect unusual signals.
 - Where capacity exists, perform field investigations and laboratory assessments to improve understanding of the potential impacts of the Omicron.
 - Strengthen timely sequencing efforts, combining routine random sampling and targeted sampling (see the [link](#)). Proposed benchmarks are 0.5% of total confirmed cases and turn-around time of less than 21 days.
 - S gene target failure (SGTF) can be used as the marker for this variant, which may lead to efficient detection and monitoring of Omicron.
 - Ensure availability of diagnostics tests and consumables including Ag RDTs
- Report to WHO initial cases/clusters related to Omicron infection through the IHR mechanism.
 - Thereafter, countries are encouraged to report (publicly or through IHR) the weekly relative prevalence of Omicron or SGTF (see the [link](#)).
- Enhance readiness of health care systems
 - In anticipation of pressure on the health system, ensure mitigation plans are in place to maintain essential health services and necessary health care resources are in place to respond to potential surges.
- Ensure timely and transparent risk communication and community engagement
 - The authority should regularly communicate evidence-based information on the Omicron and potential implication for the public in timely and transparent manner, including what is known, what is unknown and what is being done by responsible authorities.

Resources that can be useful to enhance readiness for Omicron

- [Classification of Omicron \(B.1.1.529\): SARS-CoV-2 Variant of Concern](#) on 26 November 2021
- [Update on Omicron](#) on 28 November 2021
- [SEARO Technical Brief: Enhancing Readiness for Omicron \(B.1.1.529\) in the WHO South-East Asia Region](#) on 27 November 2021
- [WHO Enhancing Readiness for Omicron \(B.1.1.529\): Technical Brief and Priority Actions for Member States](#) on 10 December 2021
- [WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant \(B.1.1.529\)](#) on 30 November 2021
- [Guidance for surveillance of SARS-CoV-2 variants Interim guidance](#) on 9 August 2021
- [Interim recommendations for heterologous COVID-19 vaccine schedules](#) on 16 December 2021

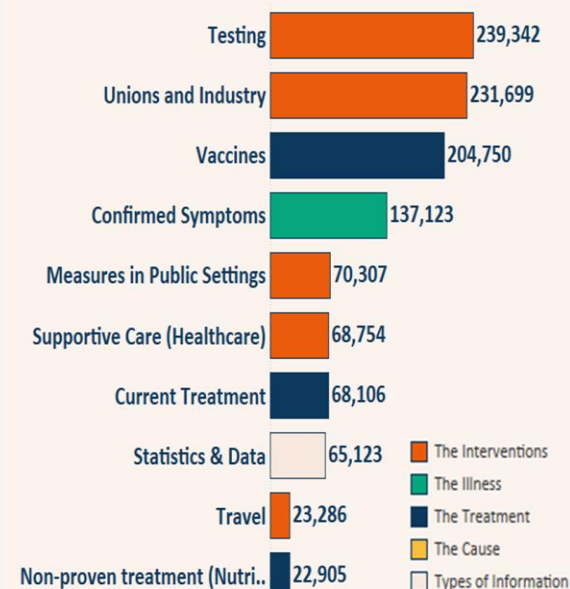
Key operational updates

Risk communication and community engagement

- The SEARO COVID-19 infodemic report reveals that the topics of testing, and unions and industries featured top in key findings.
- The WHO Regional Office has developed social media materials on the recommended government actions for better understanding of variants of concern with Omicron.

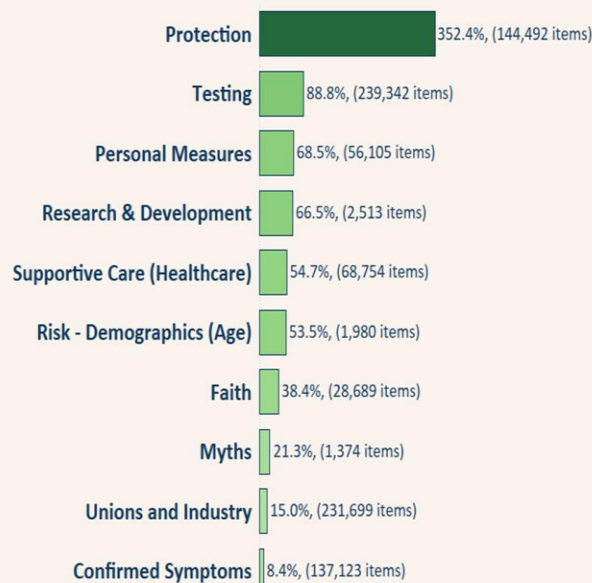
Top 10 topics by volume

Social media mentions of selected categories per taxonomy



Top rising topics

Based on % change of conversation volume from the previous week



06 - 12 DEC 2021

Key country updates

Bangladesh:

- On 11 December 2021, Bangladesh reported its first cases of Omicron variant (B.1.1.529) of SARS-CoV-2 virus in two Bangladeshi women cricketers who returned to Bangladesh from Zimbabwe on 1 December 2021. Other members of the team are negative.
- Bangladesh started COVID-19 vaccination with Sinovac COVID-19 vaccine from 12 December 2021.
- Government imposed 14-days mandatory institution quarantine for all incoming passengers originated /transited /visited Botswana, Eswatini, Ghana, Lesotho, Namibia, South Africa, and Zimbabwe.

Bhutan:

- The Ministry of Health has announced to start the third booster dose of COVID-19 vaccine to priority groups from 24-31 December 2021. The priority group identified are all adults residing in high-risk areas, elderly population above 65 years of age, health workers, and outbound travelers.
- People travelling from high-risk border area still need to be in quarantine for 7 days followed by undergoing a COVID-19 test before being released.

DPR Korea:

- No case of COVID-19 has been reported as of 9 December 2021.
- Cumulatively 48 449 persons were tested with reverse transcription polymerase chain reaction (RT-PCR) at an interval of 10 days (total samples: 96 624 and all were found negative for COVID-19. These include 739 persons who were tested during the period of 2 - 9 December 2021, of which 151 were people with influenza-like illness or severe acute respiratory infections and 588 were health care workers.

India:

- The Ministry of Health and Family Welfare (MoHFW) conducted a review meeting with all States/UTs on commissioning, installation, and assessing functional status of oxygen supply equipment. States were encouraged to conduct mock drills to ensure full functionality of all oxygen equipment.
- The MoHFW has issued frequently asked questions on new variant of COVID-19.
- States and UTs were urged to enhance testing and focus on surveillance to ensure early identification and to ensure availability of reverse transcription –polymerase chain reaction (RT-PCR) testing in all districts in view of Omicron variant of COVID-19.

Indonesia

- The government has extended implementation of restrictions on community activities in Java and Bali from 14 December 2021 to 3 January 2022.
- The government has issued a regulation on [prevention and control of COVID-19 during Christmas and new year holidays](#). This regulation will be implemented from 24 December 2021 until 2 January 2022.
- Indonesia received 1 759 965 doses of Pfizer-BioNTech COVID-19 vaccine donated by the United States Government through the COVAX facility on 14 December 2021.
- WHO in collaboration with the Demographic Institute of University of Indonesia (LDUI), supported the Ministry of Health to conduct a risk and impact assessment of COVID-19 in long-term care facilities (LTCFs) for older persons. The assessment highlighted that not all LTCFs have conducted COVID-19 testing, comorbidities examinations, and vaccinations.

Maldives:

- The government has expanded the third/booster dose COVID-19 vaccine to all persons above 50 years of age from 5 December 2021 apart from specific priority groups announced earlier.
- Maldives and Singapore have established a Vaccinated Travel Lane (VTL), which will allow passengers who have received two doses of COVID-19 vaccine to travel from Maldives to Singapore without being subject to quarantine.
- The Health Protection Agency (HPA) announced the first case of Omicron variant in Maldives on 6 December 2021 in a tourist staying in a resort.

Myanmar:

- The Government temporarily suspended the issuance of visas for all incoming travelers arriving from or having visited Botswana and South Africa in the past 14 days. Myanmar nationals shall be subjected to 14 days quarantine on their return from Botswana and South Africa and to undergo RT-PCR test three times.
- As of 15 December 2021, four townships remain under “Stay-at-home” orders and 13 townships under special investigation¹ for the COVID-19 response.

Nepal:

- The Ministry of Health and Population (MoHP) announced the first case of Omicron variant through a press release on 6 December 2021.
- WHO handed over 7 000 vials of Liposomal Amphotericin-B for COVID-19 associated mucormycosis treatment, to the MoHP on 7 December 2021

Sri Lanka:

- The Ministry of Health (MoH) has updated an exit strategy for COVID-19 patients and contacts.
- The government has lifted the travel ban imposed earlier for travelers from South Africa, Namibia, Botswana, Lesotho, Zimbabwe, and Eswatini.
- Two laboratories under the aegis of MoH have initiated genetic sequencing of SARS-CoV-2 through nanopore gene sequencing technology.

Thailand:

- The Center for COVID-19 Situation Administration (CCSA) has approved shortening the period of the third dose, or booster dose, in view of COVID-19 Omicron variant.
- The Ministry of Public Health has announced issuing free of charge e-Vaccine Passport for those who have been vaccinated in Thailand from 1 to 31 December 2021.

Timor-Leste

- The Ministry of Health (MoH) in collaboration with partners conducted two-days training-of-trainers for Pfizer-BioNTech COVID-19 vaccine roll out in 12 municipalities. More than 80 participants consisted of doctors, nurses, mid-wives and representatives from partners joined the training.

Key challenges in the Region

- The detection of new variant of concern (Omicron) and potential implications of substantial uncertainty regarding its transmissibility, immune escape potential, severity of disease, and response to available countermeasures (example: diagnostics, vaccines, therapeutics).
- Ensuring precautionary measures such as use of masks, physical distancing, hand hygiene, and improving ventilation of indoor spaces remain key challenges of the Region. This is further complicated in the context of emerging variants and upcoming mass gathering events including religious festivals, Christmas and New Year holidays.
- Insufficient supply of COVID-19 vaccines to meet the needs of some Member States continues to be a challenge.
- Monitoring delivery of multiple COVID-19 vaccines to different target groups and managing vaccine preference by beneficiaries have been cited as challenges specific to COVID-19 vaccine deployment in the region.

Cover story

One jab and one click at a time How Timor-Leste is employing digital innovation to manage COVID-19 vaccination



When the youngest country of Asia sets its sight on rolling out COVID-19 vaccination, it had a few choices to make and challenges to circumvent. Besides the impact of the disease itself, the pandemic has affected every component of the health system including health information management.

¹ For special investigation townships, all incoming travelers have to undergo COVID-19 testing at entry or check-points if they don't have documents for COVID-19 test and results.

Unlike for children, the entire adult population which would ultimately be the target group for COVID-19 vaccination, has no pre-existing vaccination records in the country. In addition, relying only on manual maintenance of vaccination records precluded real-time data collation from 13 municipal divisions with about 72 community health centres (CHCs) each of which cover hundreds of COVID-19 vaccination posts to aid efficient management of the vaccination campaign. The solution to address this problem had to be economically viable, efficient, and simple enough to be made universally operational in the context of a low-income country as Timor-Leste

Fortunately, such challenges tend to bring out the best of innovations. In Timor-Leste's case, the Ministry of Health, with technical support from WHO, launched the COVID-19 Immunization Tracker (CIT), designed and integrated into the existing Timor-Leste Health Information System (TLHIS). TLHIS-CIT is a District Health Information System-2 (DHIS) based system that will capture both individual level and aggregated data of the COVID-19 vaccination campaign. The CIT can also be used as a monitoring and evaluation tool to assess the progress and efficiency of vaccine deployment. The CIT has pre-registered data of the target population. It records and updates tracking of the person that receives the COVID-19 vaccination in real-time. The CIT is also designed to record any adverse events following immunization (AEFI).

Daily at 10:00 AM, a detailed report of the previous day and cumulative COVID-19 vaccination coverage are reviewed jointly by the Minister of Health, and the Director General of Health Services, and other key government officials to take stock of the campaign's progress and decide on required course corrections.

"The design and integration of the CIT into the existing TLHIS system is an efficient idea; the centrality of the data is maintained without the need to create a separate and new design and platform," said Minister of Health, H.E Dr. Odete Maria Freitas Belo.

"In an increasingly digitized health system in use globally, it is crucial that Timor-Leste keeps up and finds efficient ways of handling and recording such critical data", said Dr Arvind Mathur, WHO Representative to Timor-Leste.

The CIT was launched by President of the National Parliament, Sr Aniceto Guterres Lopes, in the presence of Prime Minister Sr Taur Matan Ruak on 7 April 2021, on the day the country commenced the COVID-19 vaccination drive, which coincides with the World Health Day.

Table 4: Summary of International Travel Measures Implemented by Countries in SEAR (as of 14 December 2021)

Country	Entry and Visa Restrictions	Quarantine upon Arrival	COVID-19 Testing Requirement	Proof of vaccination or Recovery from Infection
Bangladesh	Some restriction on entry and/or visa	14 day facility quarantine & testing on Days 7 and 14, or 14 day home quarantine (depending on countries of departure and vaccination status)	RT-PCR based COVID-19 negative test result within 72 hours prior to departure RT-PCR on days 7 and 14 for those arriving from 6 African countries	Facility quarantine requirement exempted with proof of full vaccination for some countries
Bhutan	Some restriction on entry and/or visa	21 day facility quarantine (14 day facility quarantine for those fully vaccinated)	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Mandatory 14 day facility quarantine for fully vaccinated travellers (reduced from 21 days)
India	Some restriction on entry and/or visa	14 day self-monitoring (travellers from specified countries at risk are required to undergo 7 day home quarantine and 7 day self-monitoring)	RT-PCR based COVID-19 negative test result within 72 hours prior to departure Additional on-arrival self-paid PCR test for travellers from certain countries Random PCR on 2 % of travellers	
Indonesia	Some restriction on entry and/or visa	10 day facility quarantine (14 day facility quarantine for countries at risk)	RT-PCR based COVID-19 negative test result within 72 hours prior to departure PCR test on arrival and 9 or 13 days after arrival	Proof of vaccination required for entry
Maldives	Some restriction on entry and/or visa	No quarantine (tourists) 14 day facility quarantine (other travellers)	RT-PCR based COVID-19 negative test result within 72 hours prior to departure and PCR test at 14 days after arrival	Quarantine requirement (non-tourist) exempted with proof of full vaccination or history of past infection within 60 days
Myanmar	Some restriction on entry and/or visa	10 day facility quarantine (14 day facility quarantine for countries at risk)	RT-PCR based COVID-19 negative test result within 72 hours prior to departure PCR test on days 3 and 7	Quarantine requirement reduced to 7 days with proof of full vaccination
Nepal	Some restriction on entry and/or visa	10-day facility quarantine with PCR test on day 11 for those not fully vaccinated No quarantine for the fully vaccinated	RT-PCR based COVID-19 negative test result within 72 hours prior to departure; RT-PCR based COVID-19 on 7 or 11 days after arrival	Facility quarantine requirement exempted with proof of full vaccination
Sri Lanka	No restriction on entry and visa	7 day facility quarantine. Diplomatic/ UN staffs and family from unrestricted countries can opt for home quarantine.	RT-PCR based COVID-19 negative test result within 72 hours prior to departure; Unvaccinated children of 12-18 years released with their parents who are exempted for quarantine should undergo PCR test on day 1. Exit PCR for the unvaccinated on day 7.	Quarantine requirement exempted with proof of full vaccination or history of past infection within 90 days and received at least one dose of vaccine
Thailand	Some restriction on entry and/or visa	Test and Go: Exempt quarantine for fully vaccinated travelers from 63 countries The blue zone: Exempt quarantine for fully vaccinated travellers, while requiring to stay in the one of the sandbox destinations for 7 days. Alternative quarantine: 7 day facility quarantine for those fully vaccinated and 10-14 day quarantine for those not fully vaccinated	RT-PCR based COVID-19 negative test result within 72 hours prior to departure Test and Go <ul style="list-style-type: none">On arrival PCR test Sandbox travellers <ul style="list-style-type: none">On arrival PCR testAntigen self- test on Day 6-7 Alternative quarantine <ul style="list-style-type: none">PCR test on Day 6-7 (air, sea arrival) / Day 8-9 (land arrival)	No quarantine if on arrival RT PCR test negative for fully vaccinated travellers from 63 countries
Timor-Leste	Some restriction on entry and visa	14 day facility quarantine for those not fully vaccinated; 2 day facility quarantine for those fully vaccinated	RT-PCR based COVID-19 negative test result within 72 hours prior to departure PCR test within 48 hours of arrival for those fully vaccinated	Quarantine requirement reduced to 2 days with proof of full vaccination

- Ongoing support for development of proposals for COVID-19 Vaccine delivery (CDS) needs-based financing in AMC countries, optimizing COVID-19 vaccine delivery, enhancing vaccine safety surveillance and reporting, conducting vaccine effectiveness studies and COVID-19 vaccine post-introduction evaluations (cPIE)
- COVID-19 mini/classic PIEs currently completed in Bhutan, Maldives and Sri-Lanka and started in Indonesia
- Real time information on COVID-19 vaccination in WHO's SEA Region is available at <https://www.who.int/southeastasia/health-topics/immunization/covid-19-vaccination>.

Table 5. Summary of vaccination status and vaccine utilization in WHO SEAR countries (as of 15 December 2021)

Country	Vaccine name	Start date	Total doses administered	Persons vaccinated with one dose	Persons fully vaccinated	Additional dose	At least one dose per 100 total population	Fully vaccinated per 100 total population	Utilization rate	Last update
Bangladesh	AstraZeneca	27 Jan 21	20 178 884	13 088 298	7 090 586		39.04	25.56	58%	14-Dec-21
	Sinopharm	25 May 21	81 215 964	47 996 737	33 219 227				87%	
	Pfizer	21 Jun 21	4 837 328	3 614 868	1 222 460				42%	
	Moderna	13 Jul 21	5 346 034	2 715 612	2 630 422				67%	
	Sinovac	11 Dec 21	54 534	54 534					1%	
Bhutan	AstraZeneca	27 Mar 21	1 154 546	589 622	564 924		77.98	74.71	68%	12-Dec-21
	Pfizer	22-Jul-21								
	Moderna	20 Jul 21								
	Sinopharm	20-Jul-21								
India	AstraZeneca*	16 Jan 21	1 354 347 951	819 171 870	526 176 081		57.65	37.03	100%	14-Dec-21
	Covaxin*	16 Jan 21								
	Sputnik V	14 May 21								
Indonesia	AstraZeneca	13 Jan 21	30 928 220	20 488 102	10 439 383	735	54.34	38.23	102%	14-Dec-21
	Sinopharm	23 Mar 21	3 207 078	1 747 005	1 460 006	67			39%	
	Sinovac	18 May 21	188 888 400	106 965 534	81 906 508	16 358			97%	
	Moderna	25 Jul 21	6 996 734	3 420 081	2 345 843	1 230 810			68%	
	Pfizer	23 Aug 21	22 380 937	14 806 966	7 562 934	11 037			106%	
	Janssen	28 Oct 21	143 521	143 521	143 521				29%	
Maldives	AstraZeneca	01 Feb 21	492 175	257 583	234 592		72.52	66.93	43%	11-Dec-21
	Sinopharm	22 Mar 21	189 836	97 573	92 263				76%	
	Pfizer	13 Apr 21	99 065	41 006	38 627	19 432			40%	
Myanmar	AstraZeneca	27 Jan 21	3 337 710	1 810 426	1 527 284		34.23	23.69	74%	11-Dec-21
	Sinopharm	June 21	28 521 326	17 018 833	11 502 493				93%	
Nepal	AstraZeneca	27 Jan 21	5 928 316	3 722 338	2 205 978		38.51	31.01	67%	12-Dec-21
	Sinopharm	07 Apr 21	12 929 3691	7 526 026	5 403 343				75%	
	Janssen	19 July 21	1 609 680	1 609 680	1 609 680				102%	
	Pfizer	14 Nov 21	53 836	53 836					54%	
Sri Lanka	AstraZeneca	29 Jan 21	2 898 224	1 479 631	1 418 593		75.43	65.47	107%	13-Dec-21
	Sinopharm	05 Apr 21	22 921 697	11 956 994	10 964 703				89%	
	Sputnik V	06 May 21	314 922	159 110	155 812				95%	
	Pfizer	07 Jul 21	3 464 997	1 557 544	466 748	1 440 705			53%	
	Moderna	18 Jul 21	1 592 162	804 801	787 361				106%	
Thailand	AstraZeneca	16 Mar 21	43 153 554	13 189 125	27 373 398	2 591 031	74.23	64.09	196%	12-Dec-21
	Sinovac	28 Feb 21	26 296 236	22 730 497	3 565 739				95%	
	Sinopharm	25 Jun 21	14 314 570	7 377 058	6 937 512				95%	
	Pfizer	6 Aug 21	12 607 757	6 192 972	5 282 194	1 132 591			111%	
	Moderna	8 Nov 21	1 031 000	433 624	174 679	422 697			35%	
Timor-Leste	AstraZeneca	07 Apr 21	1 017 019	575 693	441 326		49.93	38.99	100%	14-Dec-21
	Sinovac	8 Jun 21	91 666	47 189	44 477				92%	
	Pfizer	27 Oct 21	63 084	35 119	27 965				63%	
TOTAL			1 893 608 332	1 131 726 207	755 016 662	6 865 463	54.80	36.55	96%	

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. Democratic Peoples' Republic of Korea: No information
 *doses received is considered equivalent to total doses administered; ** AZ/Moderna given as second dose