COVID-19 Weekly Situation Report

<table>
<thead>
<tr>
<th># of Countries Reporting Cases</th>
<th>New Cases Reported in the Week</th>
<th>New Deaths Reported in the Week</th>
<th>Total Cases Reported</th>
<th>Total Deaths Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 out of 11</td>
<td>175 485</td>
<td>2 449</td>
<td>13 045 934</td>
<td>200 454</td>
</tr>
</tbody>
</table>

Highlights

- Global decline of new cases for four consecutive weeks (-16.5% last week compared with the previous week). Number of new deaths have been declining globally for the past two weeks
- Compared with previous week, WHO’s South-East Asia Region (SEAR) reported a 11.6% decrease of new cases; all countries but Maldives in SEAR, showed a decrease in number of new cases. Other WHO regions reported a decline ranging from -21.7% (AFRO) to -2.1% (EMRO)
- Seven countries in SEAR are currently providing COVID-19 vaccine: Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal and Sri Lanka
- Ongoing review of National Deployment and Vaccination Plans (NDVPs) by Regional Review Committee

Overview of situation (epidemiological week #5 for period between 2 - 7 February 2021)

- South-East Asia Region (SEAR) remains the third most affected WHO Region (~13 million cases), after the Americas Region (n=46.9 million cases) and European Region (n=35.5 million cases)
- Bangladesh and Indonesia continue to report ‘Community transmission’; India, Nepal, Maldives, Sri Lanka, Myanmar, Bhutan and Thailand reported ‘Clusters of cases’. Timor-Leste reported ‘Sporadic cases’ and DPR Korea continues to report ‘No Cases’
- In Maldives, reported cases show an increasing trend (11% increase, 942 new cases last week), with the largest concentration of cases in the Greater Male region and newer cases rising in the southern atolls; a new cluster has been quickly evolving in three islands in Seenu Atoll
- Thailand has reported a 13.1% decrease in new cases compared to previous week. The recent wave since 15 December 2020 spread into 63 provinces (90% of provinces); to date 11 provinces have reported >50 cases including Samut Sakhon (15,054), Bangkok (872), Chonburi (649), Rayong (580), Samut Prakan (361), Chanthaburi (221), Nonthaburi (168), Ang Thong (113), Pathum Thani (91), and Nakhon Pathom (79), Samut Songkhram (64). (ref: WHO Thailand situation report dated 7 Feb 2021)
- Sri Lanka started to report fewer new cases (9.4% decrease, 5 191 new cases) compared with that of previous week. Most cases continue to be reported from the Western province while the epicenter continues to be Colombo Municipal Corporation area. Numerous community-based clusters in Kandy, Rathnapura, Gampaha, Galle, Matara, Nuwara Eliya and Kaluthara continue with new clusters reported in Badulla during last week.
- In Bangladesh, cases and deaths continue to decline. New cases continue to be concentrated in Dhaka (approx. 70%) and Chattogram (approx. 13%). (ref: WHO Bangladesh situation report dated 7 Feb 2021)
- In Indonesia, there was a decrease (10.7% decrease, 79 523 new cases) in the number of new cases reported last week compared to the previous week. The Testing Positivity Rate (TPR) also showed a decline with last week TPR at 27.6% compared to previous weekly TPR of 30%
The recent political situation in Myanmar appears to have affected the COVID-19 response including more than 80% reduction of COVID-19 testing compared with that of the end of January 2021.

In the SEA Region, five countries have so far reported the SARS-CoV-2 Variant of Concern (VOC) 202012_01 (commonly referred as the UK variant) namely India, Thailand, Nepal, Sri Lanka and Bangladesh. The South African VOC (501Y.V2) is yet to be reported.

SARS CoV2-related seroprevalence data in the SEAR are compiled from online sources into a list that can be accessed at “link”. Kindly note that this is an ongoing work, and that the list is non-exhaustive.

<table>
<thead>
<tr>
<th>Country</th>
<th>Total cases</th>
<th>Total cases per 1 million pop</th>
<th>Total deaths</th>
<th>CFR</th>
<th>New cases (last 7 days)</th>
<th>% change in new cases*</th>
<th>TPR (last 7 DMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>10 826 363</td>
<td>7 845</td>
<td>154 996</td>
<td>1.4</td>
<td>80 180</td>
<td>-12.5</td>
<td>1.7</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1 157 837</td>
<td>4 233</td>
<td>31 556</td>
<td>2.7</td>
<td>79 523</td>
<td>-10.7</td>
<td>27.6</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>538 062</td>
<td>3 267</td>
<td>8 205</td>
<td>1.5</td>
<td>2 923</td>
<td>-12.5</td>
<td>3.0</td>
</tr>
<tr>
<td>Nepal</td>
<td>271 925</td>
<td>9 333</td>
<td>2 038</td>
<td>0.7</td>
<td>966</td>
<td>-36.0</td>
<td>4.4</td>
</tr>
<tr>
<td>Myanmar</td>
<td>141 304</td>
<td>2 597</td>
<td>3 168</td>
<td>2.2</td>
<td>1 159</td>
<td>-54.9</td>
<td>1.7</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>69 348</td>
<td>3 239</td>
<td>356</td>
<td>0.5</td>
<td>5 191</td>
<td>-9.4</td>
<td>5.5</td>
</tr>
<tr>
<td>Maldives</td>
<td>16 783</td>
<td>31 048</td>
<td>55</td>
<td>0.3</td>
<td>942</td>
<td>11.1</td>
<td>3.9</td>
</tr>
<tr>
<td>Thailand</td>
<td>23 371</td>
<td>335</td>
<td>79</td>
<td>0.3</td>
<td>4 589</td>
<td>-13.1</td>
<td>11.7</td>
</tr>
<tr>
<td>Bhutan</td>
<td>861</td>
<td>1 116</td>
<td>1</td>
<td>0.1</td>
<td>10</td>
<td>-50.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>80</td>
<td>61</td>
<td>10</td>
<td>0</td>
<td>233.3</td>
<td>-</td>
<td>3.3</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEAR total</td>
<td>13 045 934</td>
<td>6 454</td>
<td>200 454</td>
<td>-</td>
<td>175 485</td>
<td>-12.3</td>
<td>-</td>
</tr>
</tbody>
</table>

*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
Key Operational / Country Updates

Key operational updates

Risk communication and community engagement:
- Key findings from the weekly SEAR Infodemic intelligence reveals conversations around stigma, role of climate change playing a part on COVID-19 transmission, as well as symptoms of COVID-19. The highest volume of questions being asked on digital media continue to be on vaccines. WHO South-East Asia Regional Office (SEARO) is coordinating with UNICEF for communication around vaccines.

National laboratories:
- In depth discussions held with WHO Country Offices (WCOs) of Indonesia and Nepal on their comprehensive plan for strengthening strategic genome sequencing capacity for identification of COVID-19 variants of concern (VOC) and use the capacity for other high threat pathogens.
- Discussions were held with WHO HQ and SEARO focal points on the Regional plan of strengthening strategic genome sequencing capacity and the ways of potential support by WHO HQ and global centres of excellence.

Infection prevention and control:
- SEARO and WCOs jointly prepared the full list of infection prevention and control (IPC) trainings conducted in all Member States during the last year. The aim was to better understand which thematic areas have not received sufficient attention, so that additional trainings can be planned to address such under-focused areas.

Case management:
- SEARO participated in guidelines development on the use of Ivermectin, IL-6 R blockers, and Colchicine in the treatment of COVID-19.
- Based on the experience gathered from the training conducted in Myanmar, Timor Leste and Bangladesh (Cox’s Bazar) on the management of severe acute respiratory infections (SARI), SEARO revised the training program on the clinician’s role in reporting COVID-19 in clinical practice, infection prevention and control and response to the pandemic.

Operation support and logistics (cumulative supplies as of 10 February 2021):
- WHO SEARO has launched emergency outbreak response platform to propagate the optimal design of resilient supply chains to withstand pandemic challenges that can be accessed at “link”.
- Diagnostics: SEAR coordinated shipment and delivery of 1 936 700 tests of manual polymerase chain reaction (PCR), 260 000 tests of antigen-detecting rapid diagnostic tests (Ag RDTs), 2 268 950 swabs, and 1 886 166 of extraction kits since the start of the pandemic.
• Personnel Protective Equipment: 6,940,500 three-ply face masks, 2,125,500 gloves, 555,300 gowns, 604,495 respirators, 86,510 goggles, 371,836 face shields, 39,500 aprons and 30,000 biohazard bags have been shipped to the countries since the beginning of the pandemic
• Case management: 2,440 units of nasal canula, 106 units of Patient monitors, 769 units of oxygen concentrators, 250 units of pulse oximeter, 110 infrared thermometers and 610 venturi masks have been shipped since the onset of the COVID-19 pandemic.

Resource Mobilization
• The Government of Japan has allocated USD 2,772,727 from its supplementary budget to finance the project ‘COVID-19 vaccination in Indonesia and WHO provided technical assistance to address quality, equity and coverage gaps’

Key country updates
Bangladesh:
• Nationwide COVID-19 vaccination program started on 7 February 2021
• The Prime Minister has asked for easing the registration process for people and lowering the minimum age limit to 40 years from 55 years for COVID-19 vaccine, and urged teachers to get vaccinated in preparation to reopen the educational institutions
• The COVAX initiative for equitable global access to COVID-19 vaccines has announced that Bangladesh will receive 12.79 million doses of the Oxford University-AstraZeneca vaccine by June 2021

Bhutan:
• Random testing by antigen based rapid diagnostic (Ag RDT) of travellers from Paro and Thimphu to other districts of the country was conducted.
• The Prime Minister and Health Minister advocated extensively on COVID-19 vaccines. FAQs regarding COVID-19 vaccine were answered through social media posts.
• Online check post management system (CPMS) was established to monitor movement of people within country. All travelers to register with CPMS prior to travel

DPR Korea:
• No reported cases of COVID-19 as of 4 February 2021
• Surveillance is ongoing, samples are being tested for COVID-19 in 15 laboratories including 13 sub-national laboratories

India:
• The Health Minister emphasized that vaccination should not lead to complacency in following COVID appropriate behaviors, and all preventive measures should continue to be followed
• National Expert Group on Vaccine Administration for COVID-19 (NEGVAC) has been established with the aim of providing guidance on all aspects of COVID-19 vaccination
• Central government sends high level multidisciplinary team of experts to Kerala and Maharashtra to support public health interventions for COVID-19 management as both the states continue to report large number of cases despite other states showing declining trend
• National Backward Classes Finance and Development Corporation (NBCFDC) will provide training for COVID-19 vaccine administration to nurses, pharmacists, and medical and nursing students belonging to NBCFDC target group
• WHO continues to host radio programs across 10 States on COVID appropriate behaviors; with a reach of 24 million/week across public and private radio channels

Indonesia:
• The Government of Indonesia announced the start of the implementation of micro-level restrictions on community activities (pemberlakuan pembatasan kegiatan masyarakat (PPKM) skala mikro) across Java and Bali scheduled from 9 to 22 February 2021
• The Government extended the closure of borders to foreign nationals until 22 February 2021. Exceptions will be granted for long-term residents, foreigners coming from countries with travel corridor arrangements and special permission holders
• WHO facilitated a national workshop on COVID-19 vaccine safety surveillance in collaboration with the Ministry of Health (MoH) and the Indonesian National Committee on Adverse Events Following Immunization (AEFI)
WHO supported MoH in the development of the ‘SARS-CoV-2 PCR testing guideline for laboratory staff. The guideline aims to provide standardized knowledge to be used as reference materials for training of laboratory personnel to conduct SARS-CoV-2 testing.

WHO handed over 126,800 Viral Transport Media (VTMs) to the MoH Sub-Directorate of Surveillance on 2 February 2021.

Maldives:
- More than 12,934 persons have been vaccinated across the country since the launch of COVID-19 vaccination on 1 February 2021.
- The Health Protection Agency (HPA) announced a set of restrictive measures including prohibition of large gatherings and mandatory quarantine for all travellers following a spike in daily number of cases.
- Large-scale inspection campaigns announced by Health Protection Agency (HPA) last week have been expanded to all islands with active cases to ensure adherence to the HPA guidelines for COVID-19 by all public service providers. In addition, random sampling has been conducted for active surveillance and to ascertain extent of transmission.
- Health Emergency Operation Centre (HEOC) is coordinating with the Ministry of Islamic Affairs to ensure safety during congregational prayers and advocacy for COVID-19 vaccination for mosque attendees.
- WHO supported training for laboratory technicians on use of GeneXpert for COVID-19 diagnosis and Cephied training in 7 Regions.

Myanmar:
- Ministry of Health and Sports (MoHS) urged health workers to return to their duties and support the ongoing vaccination programme of COVID-19.
- Current events are affecting key surveillance activities, testing, case management, vaccine roll-out and routine health service delivery in general.
- National Health Laboratory and some public health laboratories stopped or decreased sample testing due to limited human resources.
- Nationwide curfew imposed from 08:00 PM to 04:00 AM and a ban on all gatherings of more than 5 people in public spaces, at any time of day.

Nepal:
- First phase of vaccination campaign has been completed across the country on 6 February 2021 (11th day of first phase) for front line health workers. The second phase of the campaign targeting frontline public servants and social workers to start soon.
- WHO provided technical support to estimate the expected COVID-19 caseload of Nepal for the first six months of 2021 based on results of the seroprevalence survey conducted in October 2020.
- WHO supported the Ministry of Health and Population (MoHP) to establish a testing strategy and to improve the gene sequencing capacity in Nepal for the COVID-19 variants.

Sri Lanka:
- As of 10 February 2021, more than 174,193 front line health workers and military personnel have been vaccinated since the launch of COVID-19 vaccination on 29 January 2021.
- WHO partnered with civil society organization- Sarvodaya to expand the current partnership on strengthening community engagement in addressing stigma and discrimination; and towards the control of COVID-19 transmission in 11 districts.

Thailand:
- The Bangkok Metropolitan Administration (BMA) announced the cancellation of the Lunar New Year Festival and suspension of marriage license registration on Valentine’s day.
- Most of the new cases recently reported were detected by the routine surveillance system and were linked to markets and infections reported in neighbouring provinces. 11 checkpoints continued operations in Samut Sakhon in the past week and screened between 13,000 – 21,000 travellers daily.
- The Centre for COVID-19 Situation Administration (CCSA) continues its large-scale active case finding. The intensity of active case finding was reduced from 10,000 people to 5,000 in Samut Sakhon and other high-risk areas.
- CCSA to arrange state/local quarantine facilities for high-risk contacts who face difficulties in self-quarantining at home.
- Ministry of Public Health (MoPH) in collaboration with WHO and partners conducted a survey on adherence to
COVID-19 public health and social measures (PHSM). The survey results show less adherence to PHSM on ease of restrictions during last week of January 2021 which dropped to same level as when restrictions were unlocked in the first wave

Timor-Leste:
- As part of the vaccine deployment plan in Timor-Leste, MoH with support from WHO started to roll-out a three-days training on Adverse Events Following Immunization (AEFI) to medical doctors
- The surveillance team, as per the national guideline is working on further investigation and contact tracing of close contacts of recently detected COVID-19 cases

**Cover Story**

The evolving landscape of international travel measures in the context of COVID-19

In 2020, most readers probably had fewer opportunities to travel than usual. In the context of the COVID-19 pandemic, countries across the globe have implemented various risk mitigation measures that have caused delays and interruptions to international travel. Such measures have been put in place by national authorities as a means to control the importation, exportation and subsequent onward transmission of SARS-CoV-2. Nonetheless, they have also had a substantial socio-economic impact. For example, world passenger traffic for the year 2020 is estimated to have suffered an overall reduction of 2,690 million passengers compared to 2019 data (a reduction of 60%) and resulted in an approximately USD 370 billion loss of gross passenger operating revenues for airlines.

In such context, following the advice of the 5th meeting of the IHR Emergency Committee for COVID-19 in October 2020, the WHO Director General issued temporary recommendations for State Parties to “regularly re-consider measures applied to international travel in compliance with Article 43 of the IHR (2005)” and “ensure that measures affecting international traffic are risk-based, evidence-based, coherent, proportionate and time limited”.

To support countries, WHO released an interim guidance on considerations to implement a risk-based approach to international travel in the context of the COVID-19 pandemic. The risk-based approach recognizes that travel-associated risks can be substantially mitigated with appropriate public health measures, but risks cannot be reduced to ‘zero’. Furthermore, the potential adverse socioeconomic consequences of travel measures, and their impact on equity and human rights, have to be carefully considered. Thus, public health measures in the context of international travel need to be context-specific, and regularly adjusted proportionally according to the level of risk.

The WHO interim guidance proposes a mixed-methods approach, combining quantitative and qualitative information, to assess the relative risk; estimate the additional burden presented by possible importation of COVID-19 cases; and decide on the risk mitigation measures to be implemented in the context of international travel on the basis of their relative effectiveness and impact, as well as the countries’ risk tolerance based on response capacities.

Countries in the WHO South-East Asia region had already been implementing risk-based approaches to inform decisions on non-essential international travel during the pandemic. For example, Thailand has developed its own framework to assess risks associated with importation of cases from other countries and implemented mandatory quarantine and COVID-19 testing for incoming travelers as its primary strategy to mitigate the risk of importations of COVID-19 cases. As of 15 December 2020, 7 465 689 people were screened at points of entry, 1252 cases of the total 4246 total cases were detected in quarantine. Such measures enabled Thailand to suppress local transmission to minimum for many months from May.

In Maldives, in an attempt to restart the tourism industry during the Pandemic, multi-sectoral teams undertook risk assessments and estimation of the expected number of imported cases among tourist arrivals. Based on the result of these assessments and infection prevention and control tools available, it was concluded that the Maldives was in a

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position to initiate safe tourism. The guidelines “Public Health Interventions to prevent COVID-19 transmission in the Tourism sector” were developed with WHO support. Tourism sector workers were trained, and arrangements were made in each resort to offer hospitality services in the new normal. Among other mitigating measures, the country also created safe corridors between the airport and island resorts to limit passengers’ contact with each other and people living in the community. The country resumed international tourism on 15 July 2020 and close to 550,000 tourists have arrived in the country by 10 February 2021.

At present, countries across the WHO South-East Asia region implement various mitigation measures to address COVID-19 risks related to international travel, with entry of non-essential travelers being largely restricted. Those allowed to enter are required to undergo a set of measures, including quarantine and COVID-19 testing (see the table below for country details, data as of 11 February 2021). A few countries, such as Indonesia, Maldives and Nepal, have recently reduced the duration of the quarantine requirement, based on their risk assessment. Countries have also adjusted travel measures following the global reports of variants of concern of SARS-CoV-2 from the United Kingdom, South Africa and other countries.

<table>
<thead>
<tr>
<th>Countries</th>
<th>On arrival quarantine</th>
<th>COVID-19 negative certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>14 days (home quarantine)</td>
<td>Within 72 hours before departure</td>
</tr>
<tr>
<td>Bhutan</td>
<td>21 days (facility quarantine)</td>
<td>Within 72 hours before departure</td>
</tr>
<tr>
<td>DPRK</td>
<td>30 days (facility quarantine)</td>
<td>NA</td>
</tr>
<tr>
<td>India</td>
<td>Self-monitoring with PCR (-) certificate; without PCR result, 7 days (facility quarantine) followed by 7 days (home quarantine)</td>
<td>Within 72 hours before departure</td>
</tr>
<tr>
<td>Indonesia</td>
<td>5 days (facility quarantine)</td>
<td>Within 72 hours before departure</td>
</tr>
<tr>
<td>Maldives</td>
<td>No quarantine for tourist 10 days (facility quarantine) for others</td>
<td>Within 96 hours (72 hours for tourists) before departure</td>
</tr>
<tr>
<td>Myanmar</td>
<td>14 days (facility quarantine)</td>
<td>Within 72 hours before departure</td>
</tr>
<tr>
<td>Nepal</td>
<td>10 days (home quarantine)</td>
<td>Within 72 hours before departure from first port</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>14 days (facility quarantine)</td>
<td>Within 72 hours before departure</td>
</tr>
<tr>
<td>Thailand</td>
<td>14 days (facility quarantine)</td>
<td>Within 72 hours before departure</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>14 days (facility quarantine)</td>
<td>Within 5 days before departure</td>
</tr>
</tbody>
</table>

COVID-19 vaccination may bring a new dimension to the risk management framework for international travel. However, at present, national authorities should not introduce requirements of proof of COVID-19 vaccination for international travel as a condition for departure or entry. This was the temporary recommendation issued by the WHO Director General, following the advice of the IHR Emergency Committee for COVID-19 after its 6th meeting held in January 2021. In the context of very limited supply of COVID-19 vaccines, “preferential vaccination of international travelers would counter the principle of equity”. Moreover, there is insufficient evidence to date regarding the efficacy of vaccination in reducing transmission. Proof of vaccination should not exempt international travellers from complying with other travel risk reduction measures. WHO recommendation will be reviewed and updated, as appropriate, as vaccine supply increases and more evidence become available.

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4 WHO Thailand Situation Report 100, 02 September 2020: https://www.who.int/docs/default-source/season/thailand/2020-09-02-tha-sitrep-100-covid19.pdf?sfvrsn=719c268d_0
<table>
<thead>
<tr>
<th>Member State</th>
<th>Stay at Home</th>
<th>Public transport (Inter province movement)</th>
<th>School measures</th>
<th>Public gathering</th>
<th>Mask use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>None</td>
<td>Resumed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>None</td>
<td>Resumed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPR Korea</td>
<td>None</td>
<td>Restricted* (Capital to provinces and inter-province movement restricted)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>Partial (Local authorities to decide on restrictions in areas other than containment zones)</td>
<td>Restricted* (Vary across provinces)</td>
<td>(Schools reopened for some/all grades and measures vary across States)</td>
<td>Allowed (States to decide on requirements for gatherings)</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Partial (Enforcement of public activity restrictions; Limited areas of quarantine of neighborhood or ward levels)</td>
<td>Restricted*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maldives (Emergency extended until 5 March 2021)</td>
<td>Partial (Curfew from 2300 to 0430 hrs. at Greater Male Region from 3 February)</td>
<td>Resumed (Vehicle movement banned between 2300 to 0430 hrs.) (Preschool and day care centers closed)</td>
<td></td>
<td></td>
<td>Mandatory</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Partial (Curfew imposed 0200 to 0400 hrs.)</td>
<td>Restricted*</td>
<td></td>
<td></td>
<td>Mandatory</td>
</tr>
<tr>
<td>Nepal</td>
<td>None</td>
<td>Resumed</td>
<td></td>
<td></td>
<td>Mandatory</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>None (Restrictions imposed in a few small areas - Grama Niladari divisions)</td>
<td>Resumed (Schools reopened across the country except in Western Province)</td>
<td></td>
<td></td>
<td>Mandatory</td>
</tr>
<tr>
<td>Thailand</td>
<td>Partial (Limiting movement in maximum controlled areas)</td>
<td>Restricted* (Ban on public transport in Samut Sakhon; Measures vary for other areas)</td>
<td>(Schools closed in Samut Sakhon &amp; some districts in Tak province; In highly controlled areas &lt;25 students/class allowed)</td>
<td></td>
<td>Mandatory</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>None</td>
<td>Resumed</td>
<td></td>
<td></td>
<td>Mandatory</td>
</tr>
</tbody>
</table>

* Public transport allowed with limited capacity, limited timings and/or limited routes – variations at Sub National level

<table>
<thead>
<tr>
<th>Red icons</th>
<th>Complete restriction (applied to all or most areas or populations nationwide)</th>
<th>Public transport – Bus, taxi/private vehicle, Train</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow icons</td>
<td>Partial restrictions (targeted to some areas or populations)</td>
<td>Waterways-boat</td>
</tr>
<tr>
<td>Green icons</td>
<td>No restrictions</td>
<td>Airways</td>
</tr>
</tbody>
</table>
**Update on Pandemic Vaccine Deployment**

- **Priority groups targeted for vaccination for the following countries are:**
  - **Bangladesh:** Frontline health care workers, staff of law and enforcement agencies, staff working at different ports of entry, unskilled wage earners, bank staff, immunocompromised patients, health care workers in Forcibly Displaced Myanmar Nationals (FDMN) camps in Cox's Bazar, journalists and media persons, elected public representatives, critical staff in essential service-providing departments, religious leaders, funeral service workers;
  - **India:** Health care workers, frontline workers, high risk population (aged 50yrs and above) and persons below 50yrs with comorbidities;
  - **Indonesia:** Frontline health workers, essential staff and marginalized poor and elderly (aged 60yrs years and above);
  - **Maldives:** Frontline health and social care workers;
  - **Myanmar:** All personnel supporting in COVID-19 control and management and routine health services, personnel involved in COVID 19 control and management activities at COVID-19 management centers, elderly people in highest transmission states/regions and in homes for the aged (aged 65 years and above) and essential public sector workers including union cabinet members and the officials of governing bodies of state/regional governments
  - **Nepal:** Frontline workers of health and social sector;
  - **Sri Lanka:** Health care workers and population above 60 years

- **All 10 Advance Market Commitment (AMC) countries of SEAR have submitted their National Deployment and Vaccine Plan (NDVP) on partners portal for review by Regional Review Committee**

- **Ongoing review of NDVP by the Regional Review Committee. Supported countries to implement the next steps to receive the COVAX-allocated vaccines including reviewing of national regulatory processes. This includes country feedback on draft agreements with manufacturers of COVAX-allocated vaccines**

- **Workshop on safety surveillance for COVID-19 vaccines for Indonesia was conducted on 8 January 2021. Participants were members of national AEFI committees, Ministry of Health staff from all levels, members of Indonesia Food and Drug Control Agency and WHO and UNICEF country staff involved with COVID-19 vaccine deployment. Objectives were:**
  - To provide clarity on the unique and different context in which vaccine safety surveillance will have to be implemented for COVID-19 vaccine(s)
  - To provide assistance on adapting global guidance tools on vaccine safety surveillance for use in countries, based on their context
  - To identify key activities for safety surveillance that need to be accomplished before, during and after COVID-19 vaccine deployment
  - To provide guidance on inclusion of comprehensive vaccine safety surveillance in national vaccine deployment and vaccination plans for COVID-19 Vaccines

The main themes presented and discussed in this workshop were: COVID-19 vaccines – characteristics and safety profile of vaccine candidates, reactogenicity data from Phase III trials of specific COVID-19 vaccines, assessment of COVID-19 vaccine related Adverse Effects Following Immunization (AEFI), specific measures of causality assessment for COVID-19 vaccines, COVID-19 vaccine related AESI definitions and surveillance methods, data management and e-systems for COVID-19 vaccine AEFI data management as well as Vaccine safety communication

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