

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 out of 11	157 650	2 108	13 353 988	204 986

Highlights

- The global decline continues for six consecutive weeks (55% decline of weekly cases since the peak in week 1) and 10% decline of new cases between epidemiological week 6 and week 7
- The South-East Asia Region (SEAR) remains the third most affected WHO Region (~13.3 million cases), after the Americas Region (n=49.3 million cases) and European Region (n=37.6 million cases). Between weeks 6 and 7, there has been a 4.8% increase of new cases in SEAR. The increase in new cases is due to cases in India, Indonesia and Bangladesh
- SEAR Member States pursue emergency use authorization of allocated vaccines from the COVAX and seven countries have provided emergency use authorization for AstraZeneca COVID -19 vaccine

Overview of situation (epidemiological week #7 for period between 15 - 21 February 2021)

- Bangladesh and Indonesia continue to report 'community transmission; India, Nepal, Maldives, Sri Lanka, Myanmar, Bhutan and Thailand continue to report 'clusters of cases'. Timor-Leste reported 'sporadic cases' and DPR Korea continues to report 'no cases'
- In Myanmar, the current situation since 1 February 2021 continues to hamper detection and testing capacity
- Maldives reported 10% decrease in cases between week 6 and 7 but newer clusters continue to be reported outside Male in other Atolls
- In Thailand, confirmed cases in the new wave (since 15 December 2020) have been reported in 63 provinces. Downward trend of new cases was seen over 3 weeks; 30% decline of new cases was reported between week 6 and 7
- In Sri Lanka, there has been a sharp decline (31%) of new cases between week 6 and 7, owing to decrease of cases in Colombo, Gampaha, Kalutara, Ratnapura and Matara. Most cases continue to be reported in Western region, however, newer clusters have emerged in week 7 in Kandy and Killinochchi outside of the western region
- In Indonesia, there has been a 2.6 % increase in new cases between week 6 and 7. The Test Positivity Rate (TPR) has also increased to 31%
- After steady decline of new cases in India since the peak in mid-September 2020, there is a 10% increase in new cases between week 6 and 7 due to spikes of cases reported in Maharashtra, Kerala, Tamil Nadu, Karnataka, Gujarat and Chhattisgarh
- In Bangladesh, there is a 9.1% increase in new cases between weeks 6 and 7; 94% of the newer cases reported in week 7 are from Dhaka, Chattogram, Khulna and Rajshahi. TPR remains stable at 2.6% since week 6

Table1: SARS CoV2 Variants of Concern (VOC) reported in SEAR as of 23 February 2021

SARS CoV2- Variants of Concern	Countries reporting in SEAR
VOC 202012/01 (UK Variant)	Bangladesh, India, Nepal, Sri Lanka and Thailand
501Y.V2 (South African variant)	India, Thailand
P.1 (Brazil Variant)	India

Summary of published Seroprevalence studies in SEAR:

In the SEAR, so far 2 countries have published seroprevalence studies. Almost all of the studies published are from India and one study/publication from Thailand. Other countries in the region (e.g., Bangladesh, Indonesia, Sri Lanka) have conducted seroprevalence studies, results are still awaited.

With available compiled information at SEAR, studies started as early as April 2020 and were conducted as recent as December 2020 (as per published studies). The target populations in the studies ranges from hospital settings, slums, city, district, states to nationwide; the sample size ranges from 244 health care workers to around 29,000 samples from households at the community level.

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

Figure 1: Reported COVID-19 Cases and the Case Fatality Rate (CFR) in SEAR from 1 January 2020 to 21 February 2021

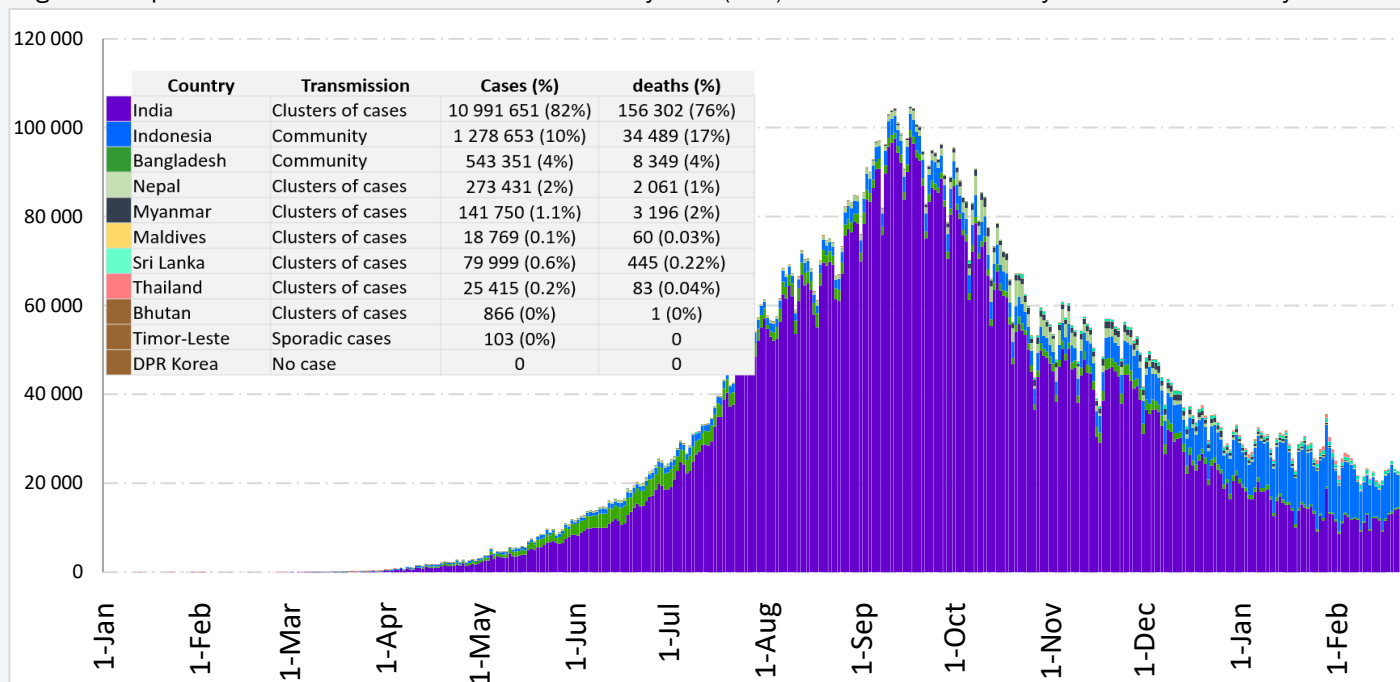


Figure 2: Regional COVID-19 Situation (21 February 2021)

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	10 991 651	7 965	156 302	1.4	86 711	10.4	1.8
Indonesia	1 278 653	4 675	34 489	2.7	61 185	2.6	31.2
Bangladesh	543 351	3 299	8 349	1.5	2 759	9.1	2.8
Nepal	273 431	9 384	2 061	0.8	713	-10.1	3.2
Myanmar	141 750	2 605	3 196	2.3	149	-49.8	2.2
Sri Lanka	79 999	3 736	445	0.6	4 345	-31.1	4.7
Maldives	18 769	34 723	60	0.3	941	-10.0	3.0
Thailand	25 415	364	83	0.3	844	-29.7	5.7
Bhutan	866	1 122	1	0.1	2	-33.3	0.0
Timor-Leste	103	78		0.0	1	-95.5	0.0
DPR Korea	0						
SEAR total	13 353 988	6 606	204 986	-	157 650	4.8	-

*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

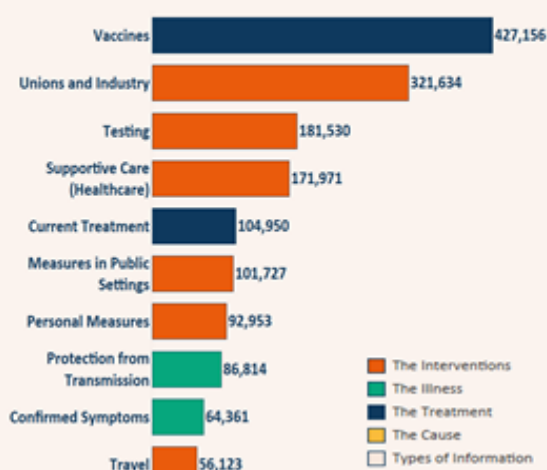
Key operational updates

Risk communication and community engagement:

- The weekly Infodemic intelligence (15-21 Feb 2021) on public concerns reveals that the key conversations are around the impact of COVID-19 on vulnerable communities, vaccines research and new vaccines, and vaccine hesitancy. WHO clarification that the organization did not review or certify the effectiveness of an ayurvedic drug for COVID-19 also received very high engagement. To address some of the concerns, WHO videos explaining the facts around the vaccines were disseminated by WHO SEARO social media.
- Rumours and misinformation that were viral or had the most engagement were around cures (driven by the claims of the ayurvedic drug for COVID-19, and WHO clarification that it did not review the drug), and around vaccines

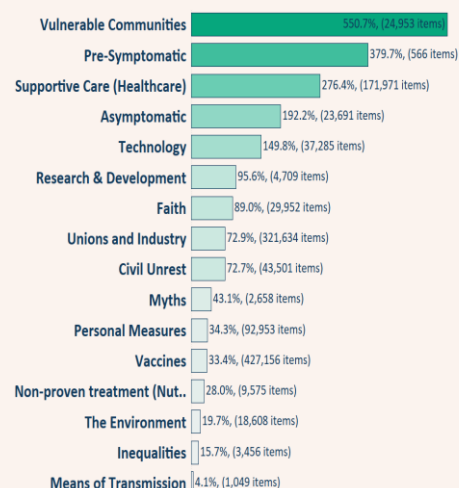
Top 10 topics by volume

Social media mentions of selected categories per



Top rising topics

Based on % change of conversation volume from the previous



15 - 21 FEBRUARY 2021

Infection prevention and control:

- WHO Health Emergencies and Health Systems & life Course units of SEARO jointly reviewed the draft guidelines on health care associated Infections (HAI) prevention and provided technical feedback in a joint call with the WHO Country Offices

Case management:

- WHO SEARO started online course on clinical management of SARI cases including COVID -19 for the trainers of trainers (ToT) from SEAR Member States on 24 February 2021. The course consists of 16 theoretical and practical sessions

Operation support and logistics (cumulative supplies as of 25 February 2021):

- Facilitation and coordination support were provided to Timor Leste for urgent request of PPE, PCR kits, GeneXpert cartridges, and laboratory consumables
- Ongoing facilitation of new request from Indonesia for additional 5 million antigen RDTs

COVID-19 essential cumulative supplies as of 25 February 2021					
Personal Protective Equipment		Laboratory		Bio-medical	
Mask 3 plies	6 940 500	Swab	2 142 050	Pulse Oximeter	250
Glove exam	2 125 500	Tests (Manual PCR)	2 408 970	Nasal Oxygen canula	2 440
Respirator	604 495	Extractions	1 856 166	Venturi Mask	1 710
Gown	555 300	RDT COVID-19 antigen test	440 000	Oxygen Mask	1 000
Face shield	371 836	Reactions	6 000	Oxygen concentrator	769
Goggles	86 510			Thermo-meter infrared	110
Apron disposable	39 500			Monitor	106
Bag biohazard	30 000			Ventilator	13

Key country updates

Bangladesh:

- The Prime Minister urged everyone to receive COVID-19 vaccine and to follow health guidelines of wearing masks and washing hands even after taking the vaccine
- Union Education Minister announced the reopening of universities following vaccination of teachers, employees and residential students of the universities on 24 May 2021
- The Government has launched the Surokkha application for COVID-19 vaccine providers, to help improve management and efficiency of the ongoing nationwide vaccination program
- Protocol on national seroprevalence study is being finalized by Institute of Epidemiology, Disease Control and Research (IEDCR)

Bhutan:

- The Ministry of Health (MoH) has scheduled to start training of health care workers on COVID-19 vaccine management for end of February 2021
- A mandatory quarantine period of 7 days continues for people travelling from high risk border areas followed by testing for COVID-19 before they travel to other part of the countries
- WHO in collaboration with the MoH will conduct an intra action review (IAR) for COVID-19 preparedness and response from 25 to 27 February 2021

DPR Korea:

- No reported cases of COVID-19 as of 18 February 2021
- Surveillance is ongoing, samples are being tested for COVID-19 in 15 laboratories including 13 sub-national laboratories

India:

- The Prime Minister addressed a workshop on “COVID-19 management: experience, good practices and way forward” with leaders, experts, and officials of ten neighbouring countries
- The Union Minister of Health and Family Welfare appealed to the medical community and frontline workers to take the COVID-19 vaccine
- The Central government wrote to states witnessing surge recommending an increase in the proportion of RT-PCR tests, and employment of strict and comprehensive surveillance measures
- The State Government of Maharashtra flagged off a multimedia exhibition van travelling to create awareness on vaccination for COVID-19. Maharashtra and other states are witnessing a surge in daily COVID-19 cases

Indonesia:

- The Government of Indonesia started its second phase of COVID-19 vaccination on 17 February, targeting public service workers and elderly citizens. Ministry of Health (MoH) to cooperate with the private sector for the distribution of the vaccines
- A number of positive cases were reported in ten flood evacuation sites in Jakarta, positive cases were directed to government-owned isolation facilities for COVID-19 management and care
- The Ministry of Finance announced allocation of around US\$ 12.3 billion (173.3 trillion rupiah) from the national state budget for COVID19 response and mitigation
- WHO continues to support the National Institute of Health Research and Development to conduct a seroepidemiological study for COVID-19 in Indonesia as a part of the WHO Unity Study
- WHO supported Wahana Visi Indonesia (WVI) to conduct a webinar on the role of vaccines in the COVID-19 response on 16 February 2021, attended by staff members of community health centres (puskesmas) and community health workers

Maldives:

- The Government of India donated second batch 100 000 doses of COVISHIELD last week totaling to 200 000 doses of vaccines
- The Health Emergency Operations Centre (HEOC) in partnership with police and city councils continue the mass inspection campaigns to confirm whether service providers are adhering to COVID-19 safety guidelines has been expanded to all islands with COVID-19 active cases
- The HEOC, Health Protection Agency (HPA) and Maldivian Red Crescent (MRC) starts registration of undocumented migrant workers for COVID-19 vaccination

Myanmar:

- A few public health laboratories, State and Regional hospital laboratories continue testing for COVID-19
- COVID-19 vaccination programme along with other essential health services has come to halt due to little or no workforce
- The government authorities are closely watching on border areas for preventive measures against the spread of COVID-19

Nepal:

- Nepal is to procure 2 million doses of COVISHIELD from Serum Institute of India (SII) as bilateral agreement, of which 1 million doses were delivered as first instalment on 21 February 2021
- Health Emergency Operations Centre (HEOC) is to expand assessment of oxygen status and critical care equipment to 16 hospitals with ICU facilities at Province 1 and 2 from 24 February 2021 following assessment of major hospitals in Kathmandu valley in December 2020
- WHO provided technical support for facilitating and organizing a virtual meeting of the National Influenza Surveillance Network (NISN) to expand the influenza surveillance network to provincial level laboratories and to integrate COVID-19 testing in the network
- WHO is providing technical guidance in drafting an operational protocol for national influenza-SARS-CoV-2 surveillance network

Sri Lanka:

- Government has decided to give the second dose of the AstraZeneca vaccine at an interval of 10 weeks after the first dose
- The target individuals for vaccination will be selected using the electoral register, with the micro planning undertaken at Grama Niladari level (lowest administrative level). Target individuals' will be informed on the time and place for vaccination
- Sri Lanka is to procure 1.5 million doses of COVISHIELD from Serum Institute of India (SII) as bilateral agreement, of which 500,000 doses were delivered as first instalment on 25 February 2021
- WHO hosted an interactive session at the National Youth Dialogue 2021 on "Well-being in the new normal" participated by more than 50 youth leaders

Thailand:

- Cases linked to the Pathum Thani cluster have been reported in 9 other provinces
- Active case finding was carried out in 8 fresh markets and a public transport hub between 9-20 February 2021. Of the 13 293 individuals tested, 422 (3.2%) tested positive for COVID-19. The majority of infections were reported from active case finding at Pornpat Market
- Centre for COVID-19 Situation Administration (CCSA) Ad Hoc committee plans to submit a COVID-19 vaccine distribution plan to CCSA
- The first batch of COVID-19 vaccines will arrive in Thailand on 24 February
- Thailand's COVID-19 vaccination programme aims to provide access to safe and effective vaccines for all individuals in the country including non-Thais and migrant workers living in Thailand

Timor-Leste

- The Ministry of Health (MoH) is conducting a mass COVID-19 screening in border municipalities and had detected few cases from aldeia Klauhalek, suku Belulik Leten from Covalima municipality
- After the Government endorsed the Oxford-AstraZeneca COVID-19 vaccine, the MoH, WHO and UNICEF conducted the first media interface on vaccine deployment
- The Government has placed a sanitary health fence in two border municipalities – Bobonaro and Covalima to put a check on the high number of illegal crossings in the two municipalities. Travel to and from both municipalities and others is prohibited from 16 February till 3 March 2021
- MoH, with technical support from WHO conducted training on adverse effect following immunization (AEFI) for the second batch of medical doctors and health workers from all community health centres across country

What are the Temporary Recommendations, and why it is are they so important? For the coordinated global response under International Health Regulations (2005)

International health regulations (IHR2005) require State Parties to strengthen and maintain core capacities for surveillance, response and points-of-entry. Such requirements provided strong foundations for countries' efforts to strengthen public health emergency preparedness.

On the other hand, how does IHR (2005) guide coordinated response when public health emergency for international concern (PHEIC) is declared? Article 15 of the IHR (2005) states that the WHO Director General shall issue temporary recommendations, which "may include health measures to be implemented by the State Party experiencing the PHEIC, or other State parties". For effective global response to the PHEIC to achieve purposes of IHR (2005), the implementation of the Temporary Recommendations by State Parties is therefore critically important.

The temporary recommendations are issued by the WHO Director General, but with advice of the IHR Emergency Committee. The Director General can establish an Emergency Committee to advise him or her on assessing the potential risk and impact of public health event and to provide temporary recommendations. The IHR Emergency Committee for COVID-19 held its first meeting on 22 and 23 January 2020. The committee comprises of 19 members and 12 advisors representing different geographical regions and expertise. On 30 January 2020, following its second meeting, the Director-General declared that the COVID-19 outbreak constituted a PHEIC, accepting the Committee's advice.

Since then, the Emergency Committee for COVID-19 repeated meetings with the interval less than three months. To date, six meetings were held, and temporary recommendations were issued following every meeting after PHEIC was declared. The temporary recommendations automatically expire after three months after their issuance; however, at the sixth meeting on 14 January 2021, the committee advised on extending the previous temporary recommendations (from the 5th meeting), noting that these recommendations remain relevant and had acquired additional urgency. In this article, we highlight below some selected temporary recommendations to the State Parties from the 5th and 6th meetings.

SARS-CoV-2 Variants

"Increase molecular testing and genetic sequencing and share sequences and meta-data with WHO and through publicly accessible databases to enhance global understanding of the virus evolution and inform response efforts"

One of the focuses of the sixth meeting of the committee was on variants of SARS-CoV-2 and their public health implications. Several new variants of SARS-CoV-2 have emerged in the fall of 2020 and have been reported in a number of countries (in WHO South-East Asia Region, Bangladesh, India, Nepal, Sri Lanka and Thailand reported the variants of concern to date). Evidence suggests that some newly identified variants of concern may have increased transmissibility as compared to previously circulating variants. WHO together with countries and partners routinely assesses if variants of SARS-CoV-2 result in changes in transmissibility, clinical presentation and severity, or if they impact on countermeasures, including diagnostics, therapeutics and vaccines. The recommendations also included:

"Increase investment in surveillance and sequencing capacities to detect and report early emergence of variants and assess abrupt changes in transmission or disease severity to increase understanding of the evolution of the pandemic."

Please see WHO [interim guidance](#) and [implementation guide](#) for the recommended approach in genomic sequencing. WHO SEARO has worked out a regional action plan to support countries to strengthen genomic sequencing as a part of response to COVID-19 pandemic and also to strengthen the relevant country capacities in the next two years. WHO SEARO also facilitate technical assistance to countries in need, in coordination with the global virus evolution working group.

COVID-19 Vaccines

"Prepare for COVID-19 vaccine introduction and post-introduction evaluation using the guidance, tools, and trainings for national/subnational focal points and health workers developed by the Access to COVID-19 Tools (ACT) Accelerator's Country Readiness and Delivery workstream"

Another important focus on the 6th meeting of the emergency committee was COVID-19 vaccines. The committee recognized the critical importance of careful planning and preparation for COVID-19 vaccine deployment and vaccination, as well as to evaluation of the impact of the introduction of the COVID-19 vaccine on the existing immunization system in a country (post-introduction evaluation).

Countries in the WHO South-East Region has made considerable progress, in close collaboration with WHO and other partners for vaccine introduction. As of 17 February 2021, seven countries in the Region has started vaccination for COVID-19. At the same time, we must continue to call for equitable distribution of vaccine across the countries, so that priority populations have access to life-saving vaccines regardless of the country resources. The committee's advice included:

“Engage in technology transfer to accelerate global production and deployment of COVID-19 vaccines and ancillary supplies.”

Evidence-Based Response Strategies

“Implement a dynamic risk management approach using appropriate indicators to inform time-limited, evidence-based public health and social measures”

While vaccines gradually become available, their supply are still limited, and it takes time for vaccination to achieve broad coverage. Moreover, it is still unknown how long the immunity may persist following vaccination, and whether vaccination can effectively reduce transmission of SARS-CoV-2. It is therefore crucial to continue applying public health and social measures (PHSM), which are proven to be effective in controlling SARS-CoV-2 transmission. PHSM, particularly broad and stringent measures (such as nation-wide lock-down) often result in enormous socio-economic disruption and costs and are not sustainable. Above recommendation advises countries to use evidence-based calibration of PHSM using careful situation assessment using appropriate indicators. WHO has released [updated interim guidance of PHSM](#). Countries in the Region are also strengthening more targeted and time-limited approach, learning from lessons. Effectiveness of PHSM is often compounded by limited adherence and pandemic fatigue. Evidence-based approach, combined with effective risk communication and community engagement, are thus essential for control of transmission.

Health Measures in Relation to International Traffic

“Implement coordinated, time-limited, risk-based, and evidence-based approaches for health measures in relation to international traffic in line with WHO guidance and IHR provisions.”
















































Countries in the Region have implemented international travel measures aiming to minimize or delay the importation and international spread of COVID-19, while making efforts to resume international travel with precautionary measures. [WHO's interim guidance on the risk-based approach to international travel](#) provides [approaches for risk assessment](#), set of risk mitigation measures depending on the level of risk, and risk communication activities in relation to international travel. In the context of vaccine introduction, the temporary recommendations also included:

“At the present time, do not introduce requirements of proof of vaccination or immunity for international travel as a condition of entry as there are still critical unknowns regarding the efficacy of vaccination in reducing transmission and limited availability of vaccines. Proof of vaccination should not exempt international travellers from complying with other travel risk reduction measures.”

As the supply of vaccines improves and more evidence becomes available, this recommendation will probably be revisited.

All the recommendations from the past meetings are available to the public on the [WHO website](#). The collective efforts by the State Parties, WHO and all the partners to implement the temporary recommendations will strengthen effectiveness of IHR (2005) in coordinating the global pandemic response to COVID-19 and to maximize the impact of our response to save lives.

Update on the Public Health and Social Measures (17-24 February 2021)

Member State	Stay at Home	Public transport (Inter province movement)	School measures	Public gathering	Mask use
Bangladesh	None 	Resumed 		 Ban	Mandatory
Bhutan	None 	Resumed 		 Ban >25	Mandatory
DPR Korea	None 	Restricted*  (Capital to provinces and inter-province movement restricted)		 Ban > 5	Mandatory
India	Partial  (Movement restricted in containment zones; Restrictions including night curfews in few areas in Maharashtra)	Resumed*  (Public transport operational hours limited in areas under curfew)	 (Schools reopened for some /all grades; Measures vary across States-; Schools closed in areas under curfew in Maharashtra)	 Allowed (States to decide on requirements for gatherings; Gatherings banned in Maharashtra)	Mandatory
Indonesia	Partial  (Implementation of micro-level restrictions on community activities (neighbourhood/ward) in Java and Bali)	Restricted* 	 (Vary across provinces)	 (Vary across Provinces)	Mandatory
Maldives (Emergency extended until 5 March 2021)	Partial  (Curfew from 2300 to 0430 hrs. at Greater Male Region)	Restricted*  (Vehicle movement banned between 2030 to 0430 hrs.)	 (Preschool and day care centres closed)	 Ban > 10	Mandatory
Myanmar	Partial  (Curfew imposed 0200 to 0400 hrs.)	Restricted* 		 Ban > 5	Mandatory
Nepal	None 	Resumed 		 Allowed	Mandatory
Sri Lanka	Partial  (Restrictions imposed in a few small areas)	Resumed 	 (Schools reopened across the country except in Western Province)	 Ban > 10	Mandatory
Thailand (Emergency extended until 28 February 2021)	None  (Restriction on movement in Samut Sakhon)	Resumed 	 (Schools closed in Samut Sakhon)	 (Samut Sakhon gatherings not allowed)	Mandatory
Timor-Leste (Emergency extended until 3 March 2021)	None 	Resumed 		 Allowed	Mandatory
* Public transport allowed with limited capacity, limited timings and/or limited routes – variations at Sub National level					
Red icons	Complete restriction (applied to all or most areas or populations nationwide)			Bus, taxi/ private vehicle, Train	
Yellow icons	Partial restrictions (targeted to some areas or populations)			Waterways- boat	
Green icons	No restrictions			Airways	

Update on Pandemic Vaccine Deployment

- Support to Member States (MS) to implement the next steps to receive the allocated COVAX vaccines, including completion of national regulatory processes as per the provision made in the letter send to the countries by COVAX facility
- Support to MS to develop and review of COVID-19 vaccination operational guidelines and finalize cold chain expansion applications
- Learning from COVID-19 vaccination in India: How to rapidly surface operational bottlenecks and solutions. Discussion help between SEARO, WCO India and HQ and other country participants
- Virtual meeting was on Next actions on COVID 19 vaccine deployment on 24 February 2021 with the participation of WHO Country Offices (WCOs) focal points and the WHO SEARO staff
- The following table is a summary of vaccinations in the countries that are currently offering COVID-19 vaccines in the Region:

Country	Start date	Vaccine name	Vaccine manufacturer	Priority groups targeted in first phase	Total doses administered*	Persons vaccinated with one dose	Persons vaccinated with two doses	Last update
Bangladesh	27 Jan 2021	COVISHIELD	Serum Institute of India (SII)	Health workers (government, private, including in Cox's Bazar; critical population groups; above 75 years	2 308 157	2 308 157		22 Feb 2021
India	16 Jan 2021	COVISHIELD/ COVAXIN	SII, Bharat Biotech	Health care workers; frontline workers	11 085 173	10 124 531	960 642	21 Feb 2021
Indonesia	13 Jan 2021	CORONAVAC	SINOVAC	Frontline health workers; essential staff and marginalized poor; elderly >60yrs	2 009 120	1 244 215	764 905	22 Feb 21
Maldives	01 Feb 2021	COVISHIELD	SII	Frontline health and social care workers; High risk of developing complications; adult populations other than those targeted earlier	75 013	75 013		21 Feb 2021
Myanmar	27 Jan 2021	COVISHIELD	SII	Healthcare workers; frontline Covid19 volunteers; government staff and members of parliament	104 865	104 865		04 Feb 2021
Nepal	27 Jan 2021	COVISHIELD	SII	Frontline workers including health and sanitation workers	428 924	428 924		22 Feb 2021
Sri Lanka	29 Jan 2021	COVISHIELD	SII	Health workers and key frontline workers	338 769	338 769		21 Feb 2021
SEARO	Total				16 350 021	14 624 474	1 725 547	