WHO South-East Asia Region
Epidemiological Bulletin

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HEALTH EMERGENCIES programme
World Health Organization
South-East Asia Region

This epidemiological bulletin aims to provide the situation of key infectious diseases in the WHO South-East Asia Region to inform risk assessments and responses. The bulletin uses information from publicly available sources and will be published every two weeks. For feedback or suggestions, please write to seoutbreak@who.int.

Key events and updates

Bangladesh: Nipah virus infection

Situation overview as of 4 February 2026

- On 3 February 2026, the National IHR Focal Point reported to WHO one confirmed case of Nipah Virus (NiV) infection in Naogaon District, Rajshahi Divison, northwestern Bangladesh. The patient is a female, aged between 40-50 years, residing in Naogaon District, Rajshahi Division.
- On 21 January, she developed symptoms consistent with NiV infection, including fever, headache, muscle cramps, loss of appetite (anorexia), weakness, and vomiting, followed by hypersalivation, disorientation, and convulsion. On 27 January, she became unconscious and was referred by a local physician to a tertiary hospital. On 28 January, she was admitted and the Nipah surveillance team collected throat swabs and blood samples. The patient died the same day. On 29 January, NiV was confirmed through Polymerase Chain Reaction (PCR) and Enzyme-Linked Immunosorbent Assay (ELISA) testing.
- The case reported repeated consumption of raw date palm sap between 5 and 20 January 2026.
- A total of 35 contact persons has been identified, including three household contact persons 14 community contact persons and 18 hospital contact persons. Samples were collected from six symptomatic contact persons, including three from household, two from communities and one from hospital. All six samples tested negative for NiV infection by PCR and anti-Nipah IgM antibody detection by ELISA.
- As of 3 February, no additional cases have been identified. Contact persons are under monitoring.
- Since the report of the first case in 2001, Bangladesh has documented human infection of NiV almost every year, with 348 NiV disease cases reported, including 250 deaths, corresponding to an overall case fatality rate of 72%, according to the Institute of Epidemiology Disease Control and Research (IEDCR),

Public Health Response

Several public health measures have been implemented by local authorities, including:

- On 30 January 2026, the Ministry of Health and Family Welfare (MoHFW), in collaboration with relevant sectors, initiated an outbreak investigation using a coordinated One Health approach.
- Active contact tracing was implemented to identify and monitor exposed individuals.
- Preparations were undertaken to conduct an advocacy meeting involving Civil Surgeons, Upazila Health Officers, Hospital Directors, and Superintendents from Nipah-endemic districts.
- Community awareness programmes are being planned with the involvement of field-level health workers.
- Audio-visual health education materials on NiV infection are being developed for point-of-entry staff and travellers.

The support provided by WHO includes:

- WHO is monitoring the situation closely, in coordination with the national and sub-national health authorities.
- WHO facilitated IHR event communication to notify the case.

For more information

1. IEDCR. Nipah virus transmission in Bangladesh. Available at: https://iedcr.gov.bd/pages/static-pages/6922dd6c933eb65569e14fc2
2. IEDCR. Nipah Virus Transmission Dashboard. Available at: https://iedcr.gov.bd/pages/static-pages/6922df4d933eb65569e211f1
3. IEDCR. Nipah virus transmission Report. Available at: https://objectstorage.ap-dcc-gazipur-1.oraclecloud15.com/n/axvjbnqprylg/b/V2Ministry/o/office-iedcr/2026/1/43f64134-3e52-4a80-8926-c30724b03dde.pdf
4. World Health Organization (6 February 2026). Disease Outbreak News; Nipah virus infection – Bangladesh. Available at: https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON594
5. World Health Organization, Regional Office for South-East Asia. Nipah virus infection. Available at: https://www.who.int/southeastasia/outbreaks-and-emergencies/nipah-virus
6. World Health Organization. Nipah virus Fact sheet. Available at: https://www.who.int/news-room/fact-sheets/detail/nipah-virus
7. World Health Organization, Regional Office for South-East Asia. Regional strategy for the prevention and control of Nipah virus infection: 2023–2030. New Delhi: WHO SEARO; 2023. Available at: https://www.who.int/publications/i/item/9789290210849

WHO SEARO Webinar on Nipah virus infection in India

Nipah Virus Infection in Focus: Expert Perspectives from a WHO SEARO Webinar

- Against the backdrop of two confirmed cases of Nipah virus (NiV) infection in West Bengal in India, reported to WHO on 26 January 2026, renewed interest in the epidemiology, clinical management, and public health response to the disease has emerged within the WHO South-East Asia Region and beyond.
- In response to this interest, the Community of Practice on Public Health Intelligence in the WHO South-East Asia Region, in collaboration with the Health Emergencies Programme at WHO South-East Asia Regional Office (SEARO), hosted a webinar on Nipah virus infection on 4th February 2026.
- On behalf of WHO SEARO, the webinar was opened by Dr Masaya Kato, Programme Area Manager for Health Information Management, and Dr Pushpa Ranjan Wijesinghe, Programme Area Manager for Pandemic and Epidemic Management.
- Dr Kato introduced the Community of Practice as a platform for continuous learning and collaboration on public health intelligence, including epidemic intelligence from open sources (EIOS).
- The webinar brought together scientific experts from India to provide a comprehensive overview of the Nipah virus event and the national response in the West Bengal.
- **Dr Dipankar Maji,** Director of Hospital Administration, Government of West Bengal, outlined the epidemiological situation and public health response following the detection of two RT-PCR-confirmed NiV infection cases among nurses.
- Building on this**, Dr Yogiraj Ray,** Associate Professor and Head of the Department of Infectious Diseases at IPGME&R, Kolkata, described the clinical course of the cases, including symptom progression, laboratory and imaging findings, and clinical management.
- Drawing on experience from previous outbreaks, **Prof. Anish TS** from the Kerala One Health Centre for Nipah Research and Resilience shared key lessons from Kerala, with a focus on One Health approaches, spillover risks linked to bat habitat disruption and observed seasonal patterns of the disease.
- **Dr Pragya D. Yadav**, Scientist at the Indian Council of Medical Research, provided scientific insights into transmission dynamics, animal surveillance, diagnostics, and viral sequencing.
- Highlighting WHO's strategic approach to the prevention and control of Nipah virus infection in the South-East Asia Region, **Dr Pushpa Ranjan Wijesinghe** explained why Nipah virus is considered a priority pathogen for WHO, how the 2019 expert consultation informed the development of the WHO's Regional Strategy for the prevention and control of Nipah virus infection, and outlined its key components as well as the regional challenges for Nipah virus prevention and control.
- Following the presentation by **Dr Masaya Kato** on WHO's rapid risk assessment and public health advice, the webinar concluded with a short question-and-answer session with the presenters.

For more information

1. World Health Organization, Regional Office for South-East Asia. Nipah Virus Infection in Focus: Expert Perspectives from a WHO SEARO Webinar. Available at https://www.who.int/southeastasia/news/detail/09-02-2026-nipah-expert-perspective
2. World Health Organization, Regional Office for South-East Asia. Nipah Virus Infection webinar (video) https://youtu.be/9LhWMWBDhXo
3. World Health Organization, Regional Office for South-East Asia. Nipah Virus Infection webinar (presentations) https://www.who.int/southeastasia/internal-publications-detail/whe090226-2
4. World Health Organization, Regional Office for South-East Asia. Nipah virus infection. Available at: https://www.who.int/southeastasia/outbreaks-and-emergencies/nipah-virus
5. World Health Organization (6 August 2025). Disease Outbreak News; Nipah virus infection – India. Available at: https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON577
6. World Health Organization. Nipah virus – Fact sheet. Geneva: WHO. Available from: https://www.who.int/news-room/fact-sheets/detail/nipah-virus

New publication: Considerations for strengthening international information sharing for tracing and managing infectious disease cases and contact persons: Interim guidance


Considerations for strengthening international information sharing for tracing and managing infectious disease cases and contact persons: Interim Guidance

9 February 2026

World Health Organization
South-East Asia Region

Summary

- This document aims to provide key considerations for countries when sharing information for tracing and managing infectious disease cases and contact persons who have travelled across international borders.
- Appropriate management of cases and contact persons is a critical public health measure for certain infectious diseases, especially for high-threat pathogens, and emerging diseases. When a case or contact person travels from one country to another, rapid sharing of information is needed for effective case management and contract tracing.
- The needs for contact tracing may depend on risk assessment, informed by the characteristics of the pathogen, nature of exposure, evolving epidemiological situation, country context and priority, and resource availability.
- Information sharing on cases and contact persons who travel internationally is usually conducted between the national International Health Regulations (IHR)(2005) Focal Points (IHR NFPs) of respective countries.
- Confidentiality and privacy of health information and/or personal details of an identifiable individual must be protected throughout the process of information sharing of cases and contact persons. Political, social and ethical implication of sharing individual information should also be considered.
- Procedures of information sharing should be adapted to different scenarios whether a case or a contact person had travelled internationally, and whether the country of departure or destination had detected the case or contact person.

Background

When an individual who is infected with an infectious pathogen (a case), or an individual who was exposed to an infectious pathogen (a contact person) travel internationally from one country to another country when they are still infectious or on treatment (case) or during their incubation period (contact person), their timely and effective tracing and management may help prevent or control further international spread of diseases.

To implement public health measures, including contact tracing, timely provision of information to the responsible authority or institution is critical. However, international information sharing often delays, due to various reasons. Even if the information on a case or a contact person are being shared, the information provided may not be sufficient to conduct investigation or trigger response measures. In sharing the information of cases or contact persons, confidentiality and privacy of personal information must be protected.

Article 44 of the International Health Regulations (IHR) (2005) (2) encourages countries to collaborate with each other in the detection, assessment of, preparedness for, and response to, public health events to the extent possible.

1

- On 9 February 2026, WHE/SEARO has published an interim guidance on strengthening international information sharing for tracing and managing infectious disease cases and contacts.
- This document aims to provide key considerations for countries when sharing information for tracing and managing infectious disease cases and contact persons who have travelled across international borders.
- Appropriate management of cases and contact persons is a critical public health measure for certain infectious diseases, especially for high-threat pathogens, and emerging diseases. When a case or contact person travels from one country to another, rapid sharing of information is needed for effective case management and contract tracing.
- The needs for contact tracing may depend on risk assessment, informed by the characteristics of the pathogen, nature of exposure, evolving epidemiological situation, country context and priority, and resource availability.
- Information sharing on cases and contact persons who travel internationally is usually conducted between the national International Health Regulations (IHR)(2005) Focal Points (IHR NFPs) of respective countries.
- Confidentiality and privacy of health information and/or personal details of an identifiable individual must be protected throughout the process of information sharing of cases and contact persons. Political, social and ethical implication of sharing individual information should also be considered.
- Procedures of information sharing should be adapted to different scenarios whether a case or a contact person had travelled internationally, and whether the country of departure or destination had detected the case or contact person.
- Available at: https://www.who.int/southeastasia/internal-publications-detail/sewhe09022601

Influenza

Situation in the WHO South-East Asia Region

Situation as of 10 February 2026[1]

- Figure 1 shows the influenza data from the WHO FluNet platform, accessed on 10 February 2026.
- In the SEA Region during week 4–6, there were 225 influenza positive samples, among 3 890 samples tested, the overall positivity percentage was 6%.
- No countries reported high test positivity percentage in the region (less than 25%) (Table 1).

Figure 1. Weekly trends of specimens tested at National Influenza Centers (NIC) and laboratory confirmed influenza cases in the WHO South-East Asia Region (2025), as of 10 February 2026

Source: Respimart/FluNet

[1] WHO. Influenza surveillance outputs [Internet]. Geneva: WHO; 2026 cited 2026]. Available from: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs

Influenza A subtypes and B lineages reported in the Region from week 4 to 6 in 2026, as of 10 February 2026 [2]

- Table 1 shows influenza virus A subtypes and B lineage distribution across ten countries in the WHO South-East Asia Region for epidemiological weeks 4 to 6 of 2026, based on data extracted from WHO's RespiMart platform on 10 February 2026. The last submission was on 26 January 2026.
- The predominant Influenza A subtype detected in the region was A (H3) (53%). Among countries that reported influenza test positive results (10 or more positive samples), it was the major influenza A subtype in Bhutan (95%), Maldives (49%), Nepal (32%) and Thailand (73%).
- While influenza virus A predominated in majority of countries in the region, influenza B was pre-dominant in India (61%). The overall test positivity percentage for Influenza B in the region was 24%.
- Also, it is noteworthy to observe that among the positive influenza samples, two samples were un-subtyped influenza A in Sri Lanka while the un-subtyped percentage in Nepal and Maldives was 16% and 5 % respectively. Also, two samples tested positive for influenza B viruses in Sri Lanka were lineage un-determined.
- Bangladesh, Myanmar and Sri Lanka had less than 10 influenza positive samples during this period.
- DPR Korea and Timor-Leste reported no samples tested during this period. During this period Myanmar had tested only 45 samples that was below the WHO recommended minimum of 50 samples per week.

Table 1. Distribution of influenza A virus subtypes and B virus lineages in the WHO South-East Asia Region (weeks 4 to 6 2026), situation as 10 February 2026*

Country	Total Samples Tested	Number of Influenza Positive	Positivity Rate %	A (H1) %	A (H3) %	A (H5) %	A (H1N1)pdm09 %	A (Unsubtype) %	B (Yamagata) %	B (Victoria) %	B (Lineage not Determined) %
All Country	3 890	225	6%	0%	53%	0%	14%	5%	0%	24%	4%
Bangladesh	581	3	0%	0%	100%	0%	0%	0%	0%	0%	0%
Bhutan	119	20	17%	0%	95%	0%	5%	0%	0%	0%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	1 959	36	2%	0%	25%	0%	14%	0%	0%	61%	0%
Maldives	446	43	10%	0%	49%	0%	37%	5%	0%	5%	5%
Myanmar	24	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nepal	273	44	16%	0%	32%	0%	16%	16%	0%	27%	9%
Sri Lanka	54	5	9%	0%	0%	0%	0%	40%	0%	20%	40%
Thailand	434	74	17%	0%	73%	0%	4%	0%	0%	23%	0%
Timor-Leste	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%

* Positivity proportion that less than 0.5 % are shown as 0%.

[2] WHO. Influenza surveillance outputs [Internet]. Geneva: WHO; 2026 [cited 2026]. Available from: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs

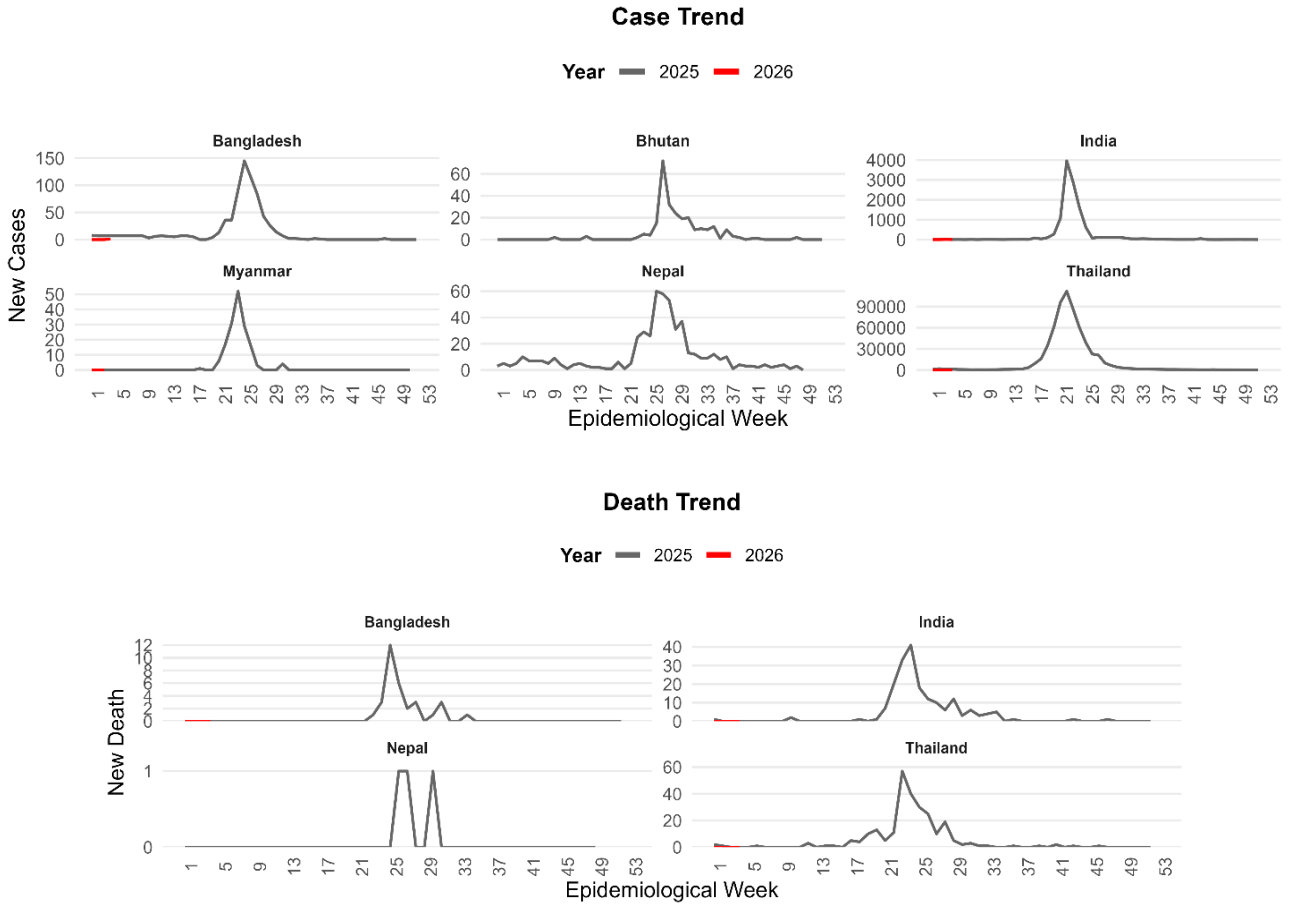
COVID-19

Situation in the WHO South-East Asia Region

Situation as of 08 February 2026

- The weekly number of COVID-19 cases reported on official websites, including Bangladesh[3], Bhutan[4], India[5], Myanmar[6], Nepal[7] and Thailand[8], are presented in Figure 2.
- Data of the most recent week (week 6) are not available from Bhutan and Nepal.
- Please visit the WHO COVID-19 dashboard for the global situation of COVID-19.

Figure 2. Weekly comparisons of new COVID-19 cases and deaths reported from selected countries since week one of 2025 to week 6 in 2026 in the WHO South-East Asia Region by year*

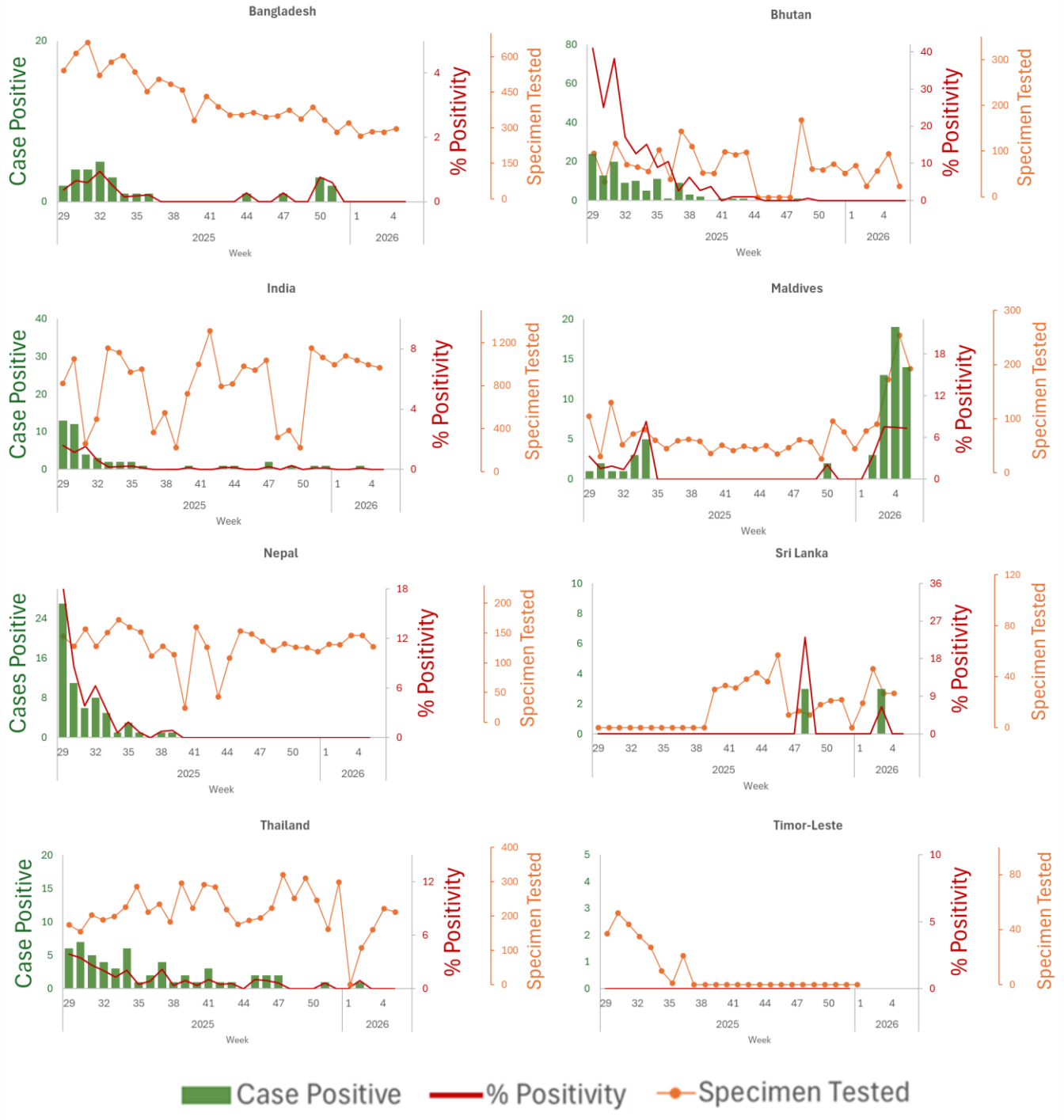


* Nepal data as of week 49.

[3] Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard [Internet]. Dhaka: Ministry of Health and Family Welfare; 2026 https://old.dghs.gov.bd/index.php/bd/component/content/article?layout=edit&id=5612
[4] Bhutan, Royal Centre for Disease Control https://www.rcdc.gov.bt/web/
[5] Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard [Internet]. New Delhi: Available from: https://covid19dashboard.mohfw.gov.in/
[6] Ministry of Health, Republic of the Union of Myanmar. Ministry of Health official website [Internet]. Nay Pyi Taw: MoH; 2026 Available from: https://www.mohs.gov.mm/
[7] Epidemiology and Disease Control Division Nepal. Available from: https://edcd.gov.np/newsroom/outbreak;
[8] Department of Disease Control, Ministry of Public Health, Thailand. COVID-19 Surveillance Dashboard [Internet]. Nonthaburi: DDC, MoPH; 2026 Available from: https://www.facebook.com/photo/?fbid=1176170881210400&set=a.309744487853048

- Based on data from the integrated influenza-SARS-CoV-2 sentinel surveillance system, Figure 3 summarizes weekly trends of COVID-19 cases in the eight countries—Bangladesh, Bhutan, India, Maldives, Nepal, Sri Lanka, Thailand and Timor-Leste - including the number of positive COVID-19 cases, the percentage positivity and the number of specimens tested. [9]

Figure 3. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as on 10 February 2026)



Source: Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard

[9] Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard. Available from: https://app.powerbi.com/view?r=eyJrIjoiNzdjZTVmY2YtNzY2NC00NTM0LTkzY2QtMWM0MzY0Mjg0YTZjIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9

Mpox

Situation in the WHO South-East Asia Region

Situation as of 09 February 2026

- In week 5 and 6 (26 January to 08 February 2026), four new mpox cases were reported from Thailand.
- As of 08 February 2026, in the WHO South-East Asia Region, a total of 1 200 laboratory-confirmed mpox cases including 14 deaths, have been reported since 14 July 2022 (Figure 4 and 5).
- In January 2026, two new monkeypox virus (MPXV) clade Ib cases were reported from Thailand.
- Thirty-three MPXV clade Ib cases have been reported in the Region to date – 18 from India, 14 from Thailand and one from Nepal. Please see Figure 6 for the trend of MPXV Ib cases detected in the Region.
- For information on global epidemiological situation of mpox, please see: WHO mpox surveillance dashboard

Figure 4. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (14 July 2022 – 08 February 2026)

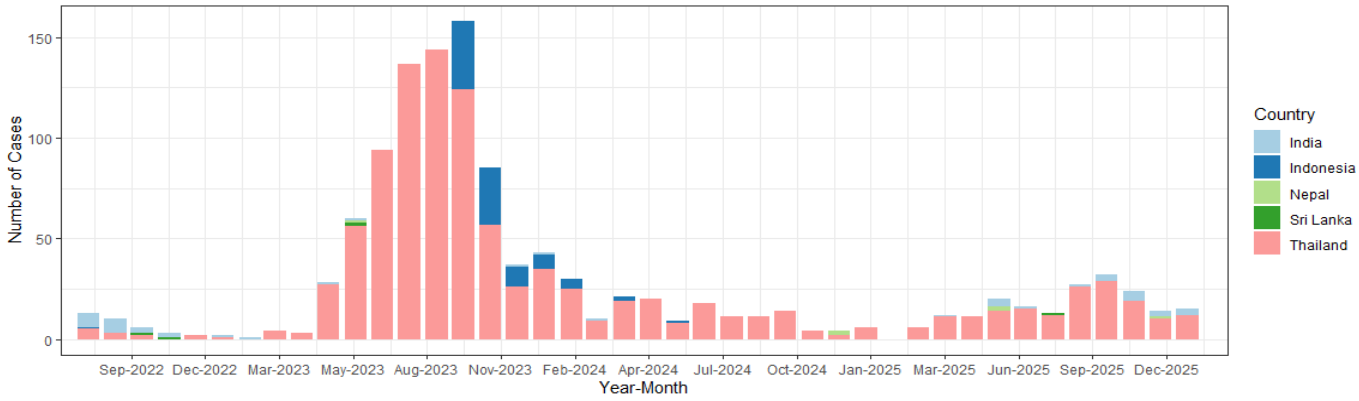
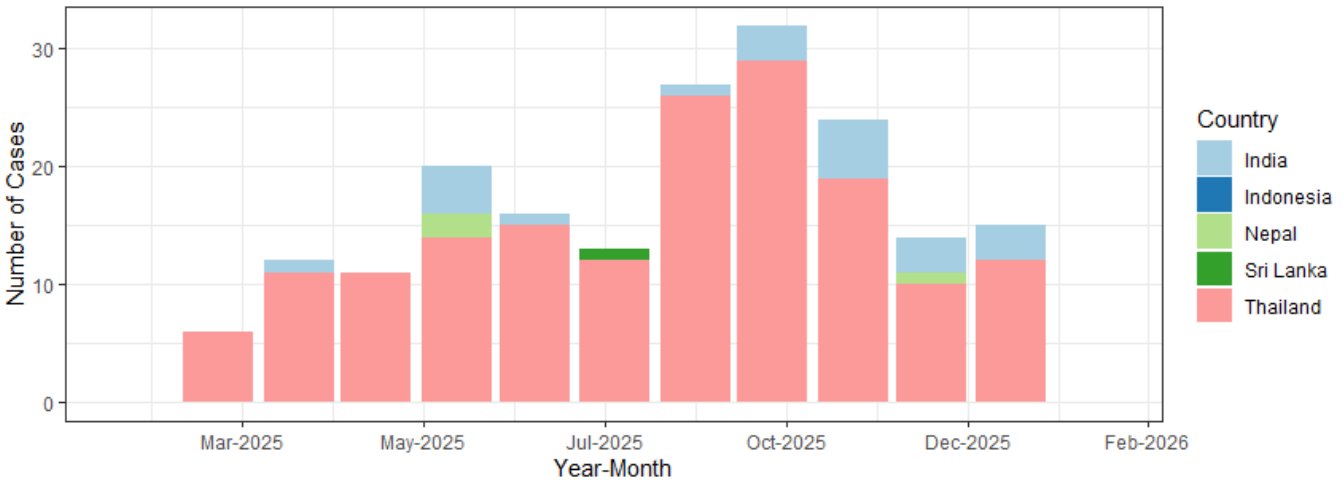
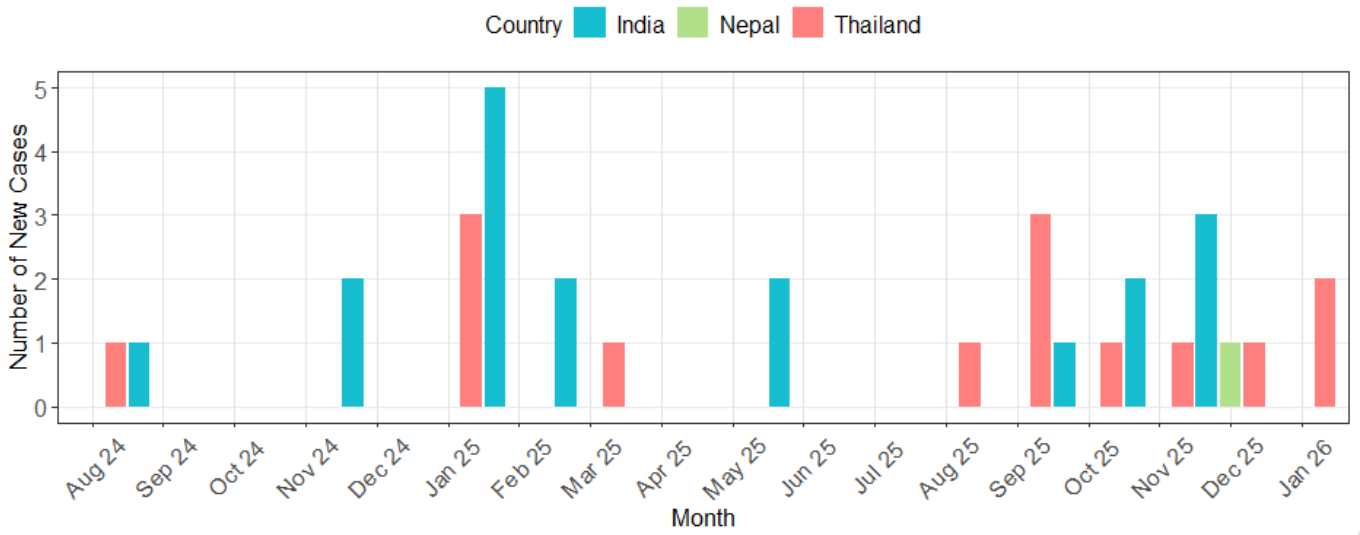


Figure 5. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (1 January 2025 – 08 February 2026)



* Cases are plotted per the month of notification - the date on which the case is notified to the public health authority.
** Where the date of notification is missing, this has been replaced with the date of diagnosis. Following the reassignment of Indonesia from the WHO South-East Asia Region to the WHO Western Pacific Region, data of Indonesia after 27 May 2025 will no longer be reflected in the graph.

Figure 6. Number of MPXV clade Ib cases reported in WHO South-East Asia Region by month of notification (as of 08 February 2026) *



* Cases are plotted as per the month of notification (based on the date on which the case was notified to the public health authority). For 10 cases in India of which the month of notification is missing, the month of diagnosis was used.

Table 2. Profile of the 33 confirmed MPXV clade Ib cases reported in the WHO South-East Asia Region, for which case-based information is available since August 2024 (as of 08 February 2026)*

	Total (N = 33)
Country	
India	18 (54.5%)
Nepal	1 (3.0%)
Thailand	14 (42.4%)
Recent International Travel	
Yes	30 (90.9%)
No	3 (9.1%)
Age group (years)	
Less than 18	0 (0.0%)
18-29	10 (30.3%)
30-39	15 (45.5%)
40-49	7 (21.2%)
50 and over	1 (3.0%)
Gender	
Female	13 (39.4%)
Male	20 (60.6%)

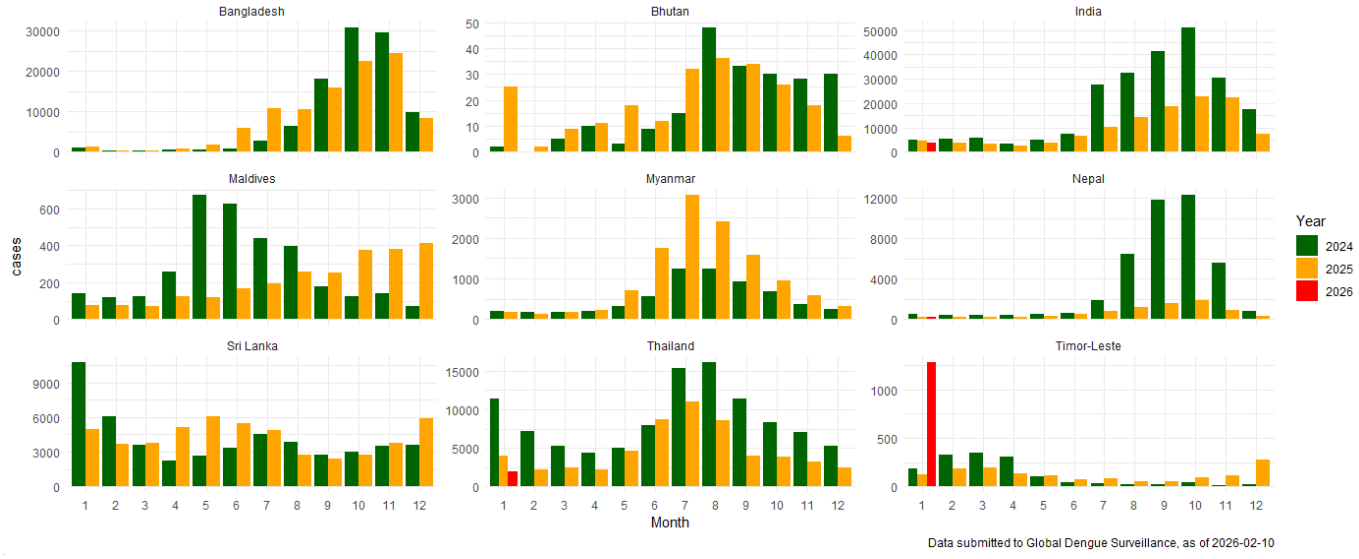
* One CRF is awaited from Nepal.

Dengue

Situation in the WHO South-East Asia Region [10]

- In January 2026, India reported 3 544 cases, followed by Thailand with 1 903 cases and Timor-Leste with 1 281 cases (Figure 6). Data were not available yet for Bangladesh, Bhutan, Maldives, Myanmar and Sri Lanka for the month of January.
- **Timor Leste** is showing an increasing trend of dengue reporting 1 281 cases in January (4.6 times increased compared to December 2025 (n=279), and 9.9 times higher than 130 cases reported in the same month in 2025).

Figure 6. Reported dengue cases by country, January 2024 – January 2026



Notes:

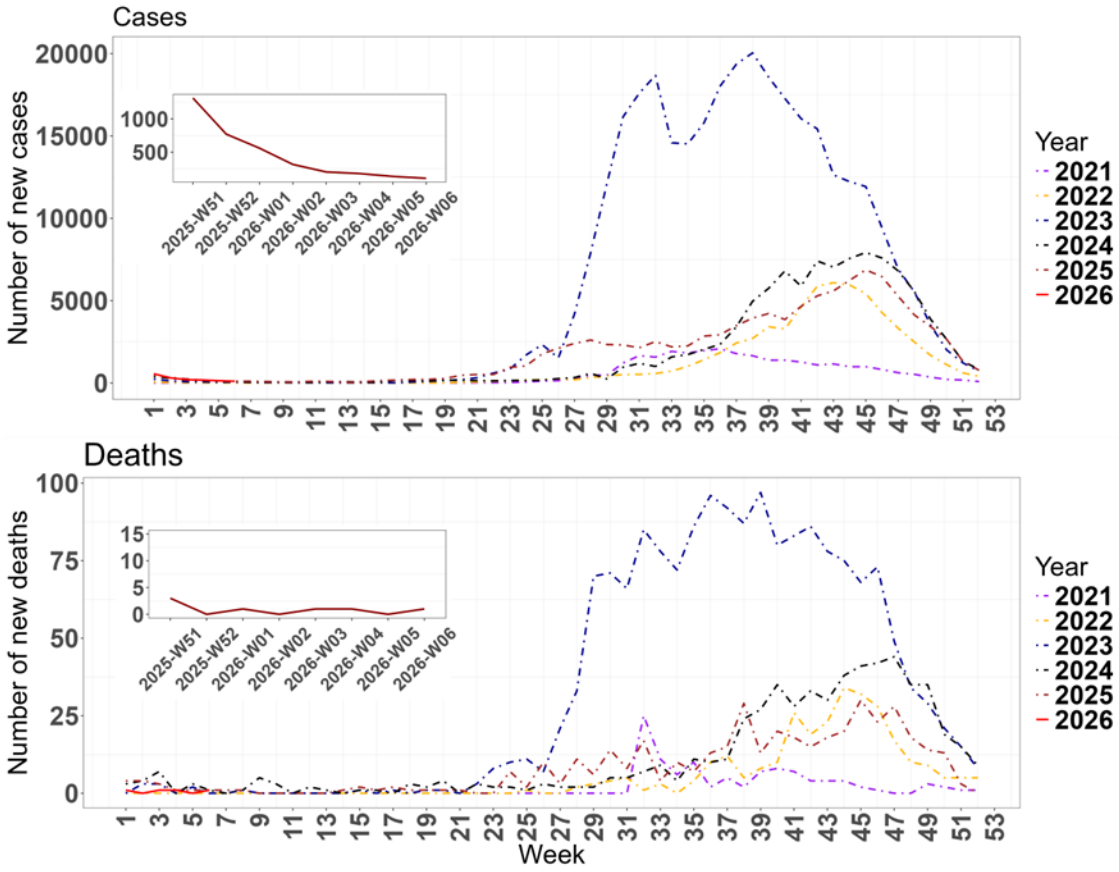
- Bangladesh, Bhutan, Indonesia, Myanmar, Thailand and Timor-Leste show confirmed cases.
- Bangladesh reports only hospitalized cases.
- The majority of Myanmar cases are hospitalized cases.

[10] World Health Organization. Global dengue surveillance. https://worldhealthorg.shinyapps.io/dengue_global/

Bangladesh [11]

- During week 6 of 2026 (02 to 08 February 2026), a total of 108 new dengue cases were reported in Bangladesh, a 20.6% decrease compared to 136 cases reported during week 5 of 2026 (26 January to 01 February 2026).
- During week 6, one new dengue death was reported in Bangladesh, compared to nil death reported during week 5 of 2026.
- In 2026, as of week 6, a total of 1 502 dengue cases and 4 dengue-related deaths have been reported. This is 99% of the number of cases (n= 1 493) and 29% of the number of deaths (n = 14) reported in 2025. A total of 105 276 cases and 2 440 deaths were reported during 2025.

Figure 7. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 6 of 2026.

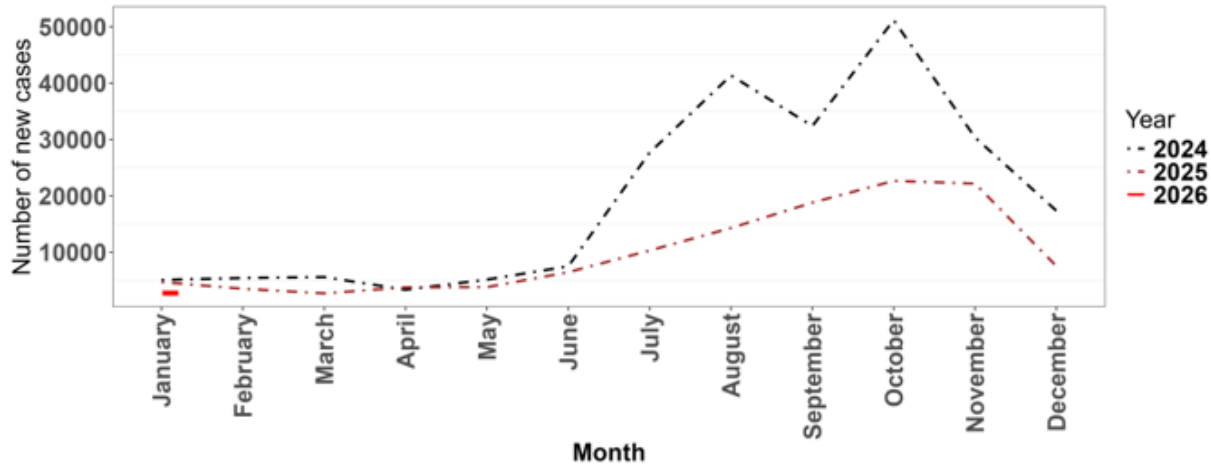


[11] Directorate General of Health Services (DGHS), Bangladesh. Daily Dengue Status Report [Internet]. Dhaka: DGHS; 2026 Available from: https://old.dghs.gov.bd/index.php/bd/home/5200-daily-dengue-status-report

India

- During January 2026, a total of 3 544 cases of dengue were reported in India, a 11% decrease compared to December 2025 (n = 3 995).
- In 2026, as of 31 January, a total of 3 544 cases of dengue have been reported compared to 4 700 cases during the same period in 2025.

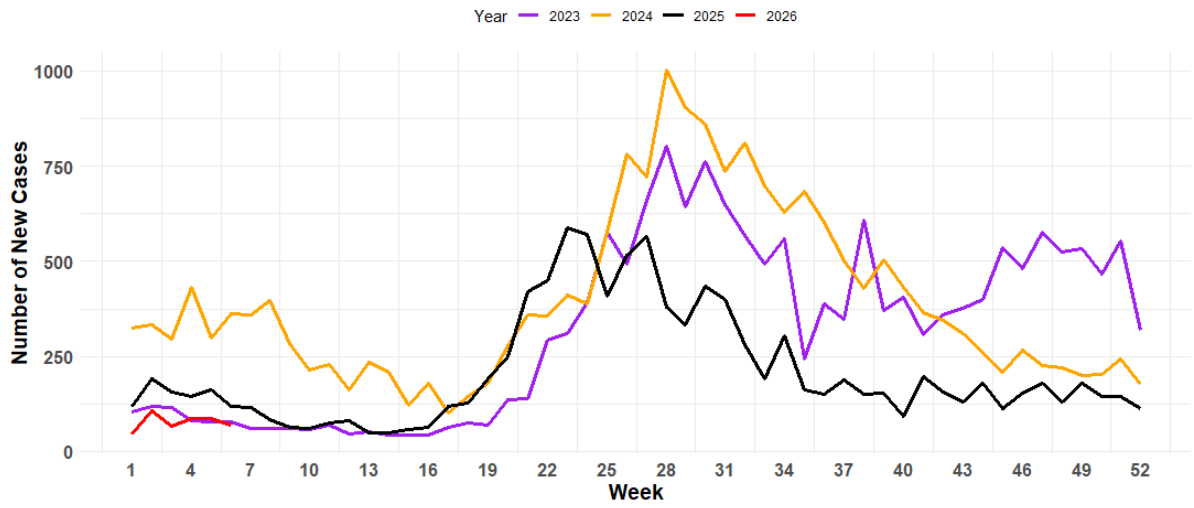
Figure 8. Number of new cases of dengue by month in India from January 2024 to January 2026



Kerala[12]

- In 2025, cases increased steadily from week 17, but the case number has declined since week 27.

Figure 9. Weekly number of new dengue cases in Kerala state from week 1 of 2023 to week 6 of 2026

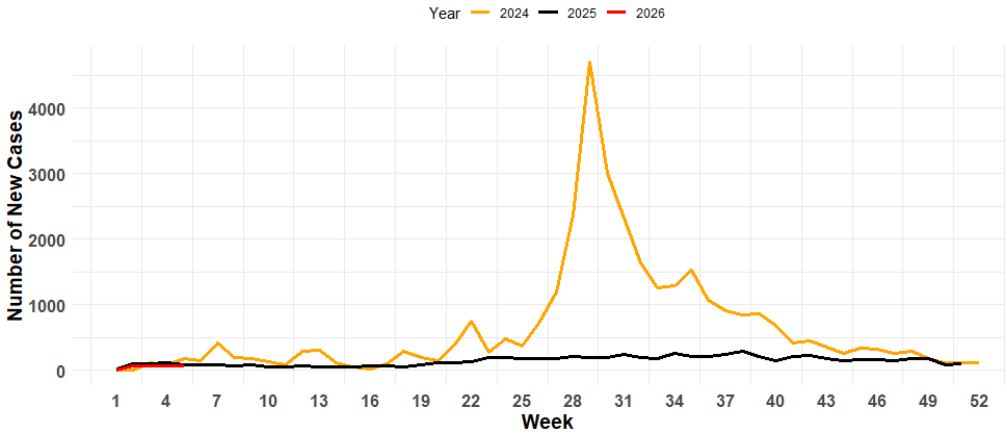


[12] Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. Thiruvananthapuram: DHS Kerala; 2026 Available from: https://dashboard.kerala.gov.in/

Karnataka[13]

- In Karnataka, in 2024, dengue cases peaked at over 4 500 in week 29, while in 2025, case number remains low as of week 51.

Figure 10. Weekly number of new dengue cases in Karnataka state from week 1 of 2024 to week 5 of 2026

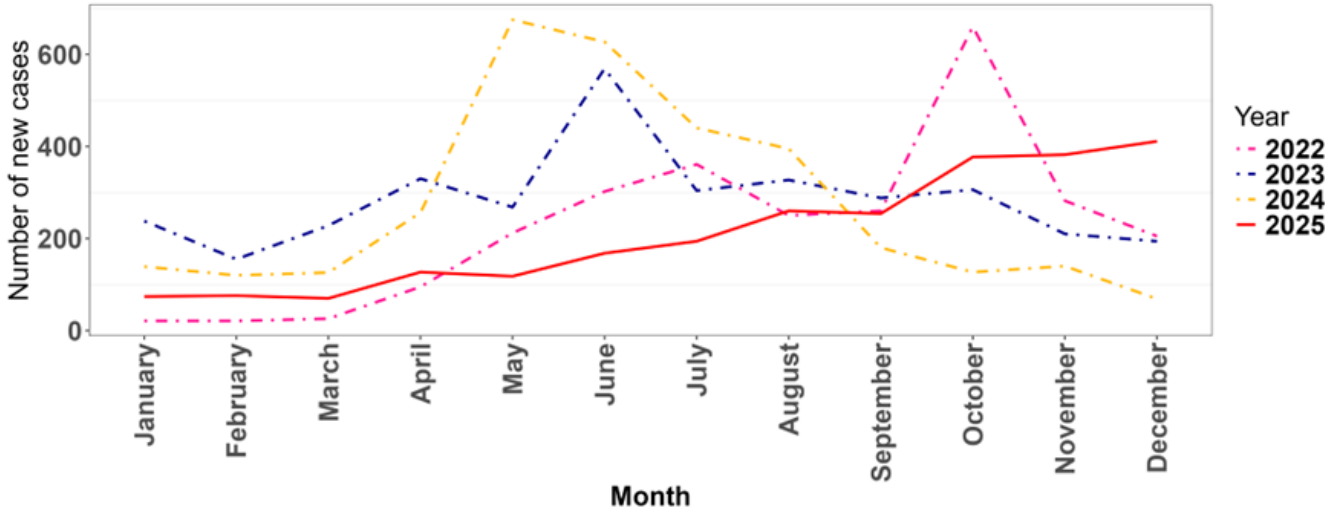


[13] Department of Health and Family Welfare, Government of Karnataka. PRISM-H Disease Surveillance Dashboard [Internet]. Bengaluru: DHFW-GoK; 2026 Available from: https://hfwcom.karnataka.gov.in/info-4/Weekly%20Infectious%20Disease%20Report/en

Maldives [14]

- No data made publicly available yet for January 2026. During December 2025, a total of 411 cases of dengue were reported in the Maldives, an 8% increase compared to November 2025 (n=382).

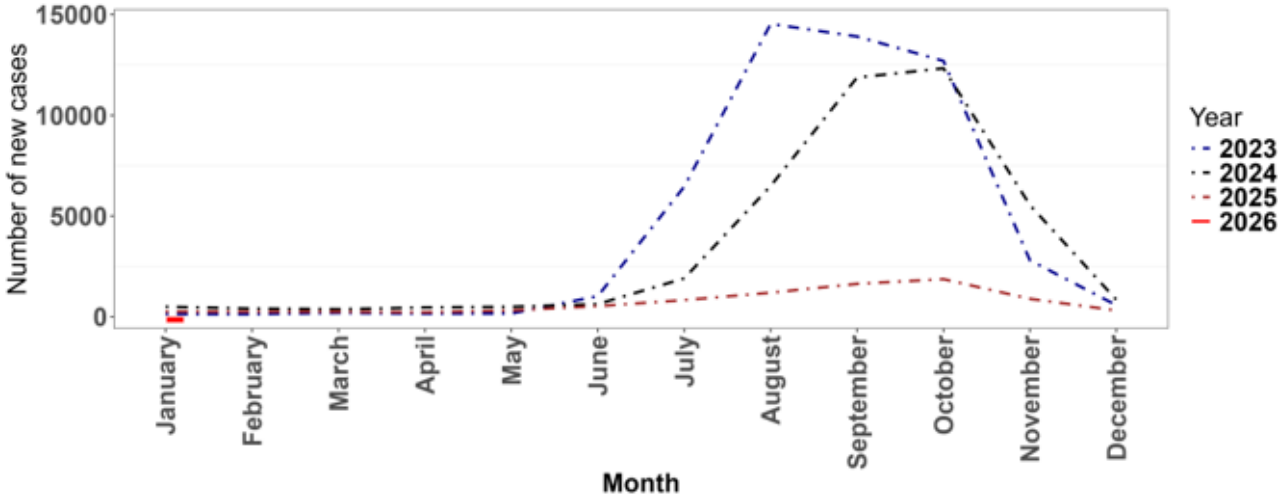
Figure 11. Number of new cases of dengue by month in Maldives from January 2022 to December 2025



Nepal [15]

- During January 2026, a total of 178 dengue cases were reported in Nepal, a 43.8% decrease compared to December 2025 (n = 317).
- In 2026, as of 31 January, a total of 178 cases of dengue have been reported compared to 259 cases during the same period in 2025. A total of 8 573 dengue cases were reported throughout 2025.

Figure 12. Number of new cases of dengue by month in Nepal from January 2023 to January 2026

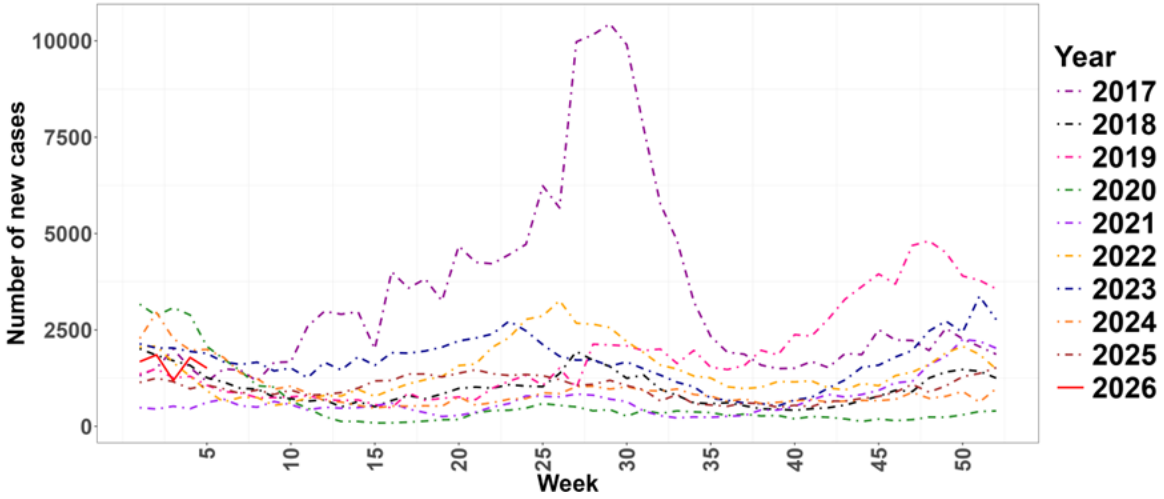


[14] World Health Organization. Global dengue surveillance. https://worldhealthorg.shinyapps.io/dengue_global/
[15] World Health Organization. Global dengue surveillance. https://worldhealthorg.shinyapps.io/dengue_global/

Sri Lanka [16]

- During week five (26 January to 01 February 2026), a total of 1 511 new dengue cases were reported in Sri Lanka, a 15.4% decrease compared to 1 785 cases reported during week one (19 to 25 January 2026).
- As of week five in 2026, a total of 8 014 cases were reported compared to 5 591 and 11 476 cases during the same period in 2025 and 2024, respectively.
- The Western Province accounted for 46.6% of total cases, with the Colombo Municipal Council (CMC) contributing 7.7%, the rest of Colombo District 20.2%.

Figure 13. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 5 of 2026.



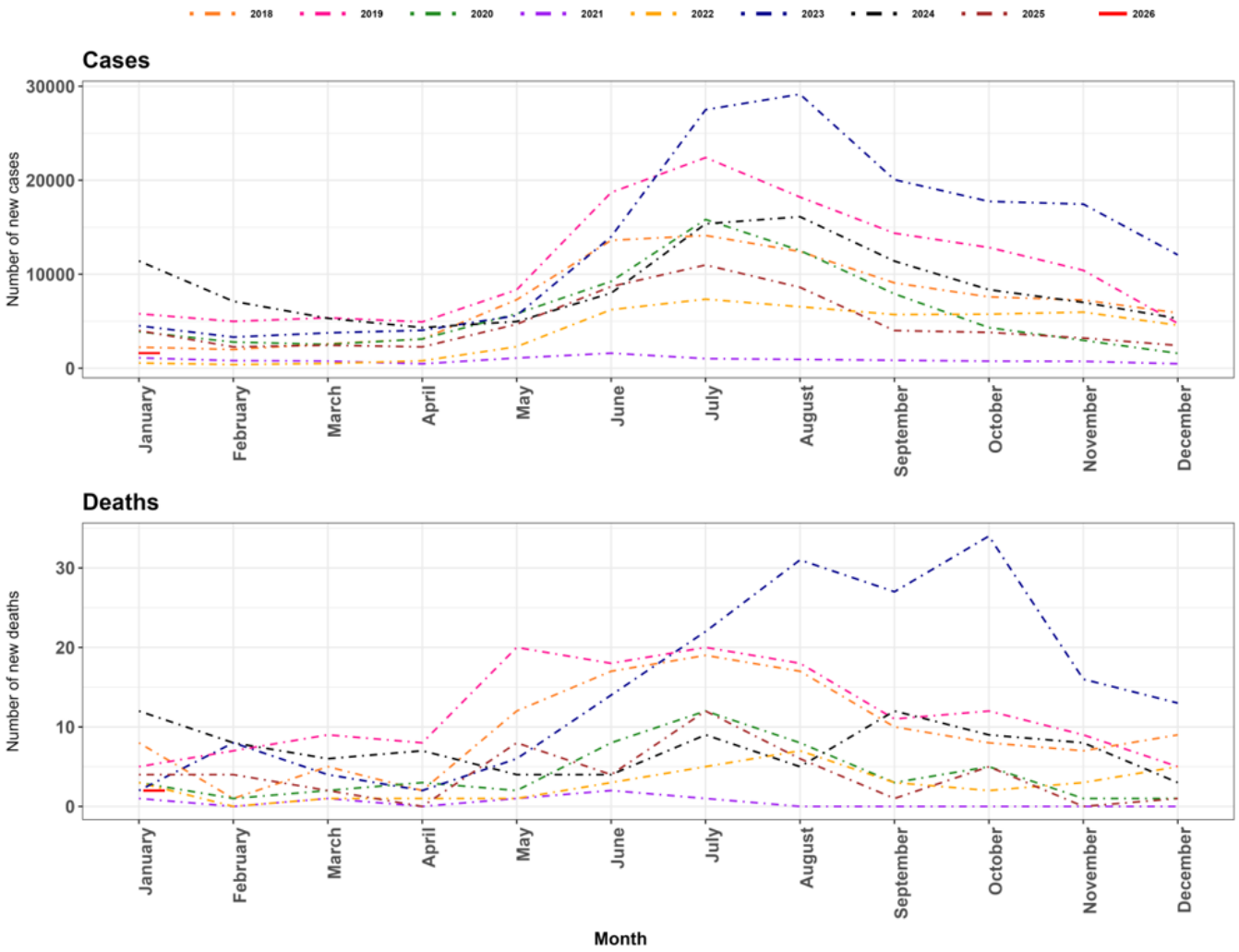
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - 2017 to 2020; 2021 to 2025

[16] National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. WCO Sri Lanka and Colombo: MoH; 2025 [cited 2026 February 25]. Available from: https://www.dengue.health.gov.lk/web/index.php/en/

Thailand [17]

- During January 2025, a total of 1 903 cases of dengue were reported in Thailand, a 22% decrease compared to December 2025 (n=2 427).
- During January 2025, one dengue death was reported, which compares to one death reported in December 2025.
- In 2026, as of 31 January, a total of 1 903 dengue cases and one dengue-related death has been reported. This is 48% of the number of cases (n=4 005) and 25% of the number of deaths (n=4) reported during the same period in 2025.

Figure 14. Number of new cases of dengue by month in Thailand from January 2018 to January 2026



[17] World Health Organization. Global dengue surveillance. https://worldhealthorg.shinyapps.io/dengue_global/