

WHO South-East Asia Region Epidemiological Bulletin

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HEALTH
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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.

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Key events and updates

Thailand: mpox

Situation overview as of 18 February 2026^{1 2}

- On 14 February 2026, the Department of Disease Control, Thailand Ministry of Public Health, reported one confirmed mpox-related death in a 44-year-old male inmate with underlying conditions including HIV, hepatitis B and C, and syphilis, resulting in severe immunosuppression and increased disease severity. He entered prison on 20 January 2026 with a wound on his leg and later developed fever and a rash with blisters on his body. He was hospitalized but died on 11 February 2026. Laboratory testing confirmed detection of monkeypox virus clade II. It is suspected that the patient may have been infected before entering prison, and the immunodeficiency resulting from a lack of HIV antiretroviral medication exacerbated the disease progression.
- On 18 February 2026, the Department of Disease Control, Thailand Ministry of Public Health, reported that, following investigation, 49 high-risk contacts were identified, including inmates and prison health volunteers involved in caring for the patient who died. Among these, two prison health volunteers were laboratory-confirmed with mpox. Both cases presented mild symptoms, including small pustular lesions and were admitted for treatment. Transmission was limited to one prison unit (Zone 6), with no evidence of spread to other areas.

Public Health Response

- Authorities implemented isolation and monitoring of contacts for 21 days, including twice-daily health checks, environmental cleaning, restriction of inmate movement, strengthened infection prevention and control measures, including modification of prison visitation practices.
- Post-exposure vaccination was provided to 25 high-risk individuals (21 inmates and four healthcare workers), and an additional 20 healthcare workers vaccinated as a preventive measure.
- Antiviral treatment (Tecovirimat) was prepared for confirmed patients with immunodeficiency and severe symptoms.
- Health education materials on mpox were developed and disseminated to raise awareness and address concern.

Myanmar: Skin infection

Situation overview as of 30 January 2026³

- An increase in preventable skin infections has been observed, particularly in Kayah State, Tanintharyi Region, Rakhine State, and Magway Region.
- This increase is associated with overcrowding, inadequate hygiene, and deteriorating humanitarian conditions.
- Since 2024, outbreaks of skin infections have been frequently reported in conflict-affected area, with the majority of the reported outbreaks involving scabies complicated by secondary bacterial infections, including cases of post-streptococcal acute glomerulonephritis (PSGN).

¹ Department of Disease Control (Thailand). Press release [Internet]. 14 February 2026 [cited 24 February 2026]. Available from: https://www.ddc.moph.go.th/brc/news.php?news=58599&deptcode=brc&news_views=124

² Department of Disease Control (Thailand). Press release [Internet]. 18 February 2026 [cited 24 February 2026]. Available from: https://ddc.moph.go.th/brc/news.php?news=58669&deptcode=brc&news_views=158

³ WHO Health Cluster. Myanmar Health Cluster Bulletin, January 2026 [Internet]. 2 February 2026 [cited 24 February 2026]. Available from: <https://healthcluster.who.int/publications/m/item/myanmar-health-cluster-bulletin-january-2026>

Bhutan: Avian influenza A(H5N1) in poultry

Situation overview as of 13 February 2026⁴⁵

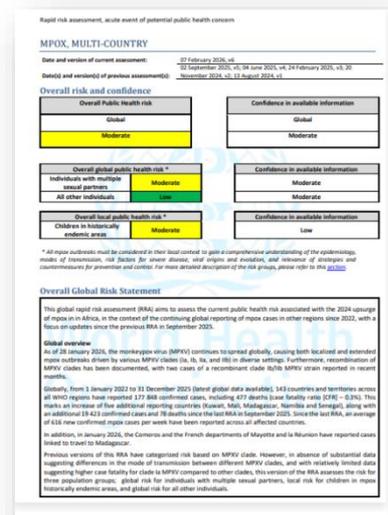
- On 13 February 2026, Bhutan national authorities issued a public notification regarding an outbreak of avian influenza A(H5N1) in poultry in Pangkhar and Trong sub-districts, Zhemgang district, Bhutan.
- The outbreak, confirmed by laboratory through RT-PCR, occurred in backyard native poultry, and 23 birds across four households died.
- According to World Animal Health Information System (WAHIS), there were 49 susceptible birds in Pangkhar and 11 in Trong sub-districts.

Public Health Response

- Advisory provided for all poultry farmers nationwide to strengthen farm biosecurity measures.
- Request for the public to refrain from illegal importation of live poultry and poultry products.
- Advisory provided for households rearing backyard poultry to keep birds under confinement and adopt good poultry husbandry practices to reduce transmission risk.

New publication: Global Rapid Risk Assessment – mpox⁶

- On 17 February 2026, the WHO Rapid Risk Assessment (RRA) on mpox – Global was published.
- The RRA evaluates the global risk of mpox, taking into account its public health impact, potential for geographical spread, and the risk of insufficient control capacities with available resources.
- The overall global public health risk is assessed as moderate.
 - Risk is assessed as **moderate** for individuals with multiple sexual partners.
 - Risk is assessed as **moderate** for young children in historically endemic areas.
 - Risk is assessed as **low** for all other individuals.
- The outcomes of the WHO RRA published on this site are intended to promote transparency in the spirit of IHR provisions; to provide a resource to national authorities facing similar or comparable situations; and to foster a shared risk assessment culture among States Parties, as well as regional and global entities contributing to preparedness for and response to health emergencies. The information presented on this page is shared in accordance with Article 11 of the IHR (2005).
- The report is available from <https://www.who.int/publications/m/item/who-rapid-risk-assessment---mpox--global-v.6>



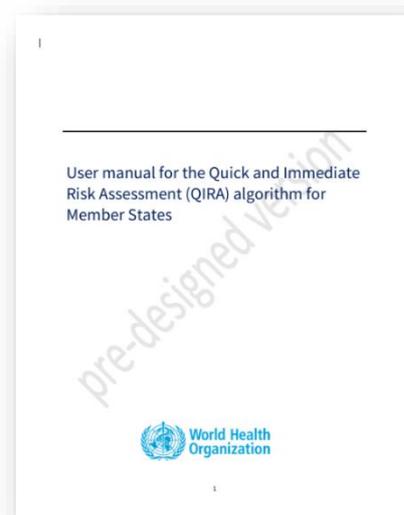
⁴ Royal Government of Bhutan. Public notification [Internet]. 2026 Feb 13 [cited 2026 Feb 24]. Available from: <https://www.facebook.com/photo/?fbid=1304873704798792&set=a.370886904864148>

⁵ World Organisation for Animal Health (WOAH). WAHIS event report [Internet]. [cited 2026 Feb 24]. Available from: <https://wahis.woah.org/#/in-review/7262?fromPage=event-dashboard-url>

⁶ WHO Rapid Risk Assessment – Mpox, Global v.6. World Health Organization; 17 February 2026. Available from: <https://www.who.int/publications/m/item/who-rapid-risk-assessment---mpox--global-v.6>

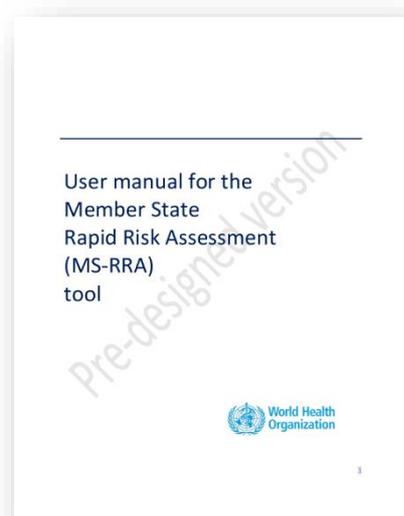
New publication: User manual for the Quick and Immediate Risk Assessment (QIRA) algorithm for Member States ⁷

- The Quick and Immediate Risk Assessment (QIRA) algorithm is a practical and systematic tool designed to support Member States in rapidly determining the level of risk posed by a public health signal or event affecting a given population at the time of assessment.
- It is embedded within routine public health intelligence activities and is intended for immediate use by teams responsible for event detection and verification at national and subnational levels.
- QIRA provides early orientation on the level of risk associated with an event and links this assessment to predefined immediate actions, enabling timely and proportionate decision-making during rapidly evolving situations.
- In urgent circumstances, the algorithm may be applied even before full event verification, and it can be updated iteratively as new epidemiological or contextual information becomes available.
- The assessment is conducted across five core domains: (i) high-threat hazard, (ii) exposure, (iii) severity, (iv) potential spread and scale, and (v) capacity (including vulnerabilities). Using an all-hazards approach, QIRA applies to signals and events caused by infectious, zoonotic, chemical, radiological or other public health hazards.



New publication: User manual for the Member State Rapid Risk Assessment (MS-RRA) tool ⁸

- The Member State Rapid Risk Assessment (MS-RRA) tool supports countries in conducting structured, timely and evidence-informed risk assessments during acute public health events.
- Designed for use at national and subnational levels, the tool adopts an all-hazards approach to assess the likelihood and potential impact of health threats by systematically considering the hazard, exposure, contextual factors, and existing response capacities.
- The MS-RRA enables multidisciplinary teams to generate actionable recommendations, document key uncertainties, and communicate confidence in the assessment, thereby supporting defensible decision-making and proportionate response measures.
- This document is organized into three chapters.
 - Chapter 1 (Introduction) provides an overview of risk analysis, the risk analysis package for Member States initiative, and the toolkit developed as part of this initiative.
 - Chapter 2 (How to complete the MS-RRA tool) offers step-by-step guidance on completing the Worksheet and Output sheet, supporting consistent and practical application of the tool.
 - Chapter 3 (The MS-RRA tool) contains the Worksheet and Output sheet themselves, which can be directly used and adapted by Member States to conduct rapid risk assessments during evolving public health events.



⁷ WHO. User manual for the Quick and Immediate Risk Assessment (QIRA) algorithm for Member States ; 25 February 2025. Available from: <https://www.who.int/southeastasia/internal-publications-detail/WHE2602261>

⁸ WHO. User manual for the Member State Rapid Risk Assessment (MS-RRA) tool ; 25 February 2026. Available from: <https://www.who.int/southeastasia/internal-publications-detail/WHE2602262>

New online course: Foundations of Public Health Intelligence⁹

- WHO Academy has launched a new online course “foundation of public health intelligence (PHI)” to strengthen global workforce capabilities in early detection and response to health threats.
- The course introduces learners to a structured set of modules covering the foundations of PHI, including the evolution and purpose of PHI, legal and ethical frameworks, sources of information, core PHI processes, implementation considerations, epidemiological principles, PHI during public health emergencies, and approaches to stakeholder engagement and communication.
- The course is available online, self-paced, and delivered through [WHO Academy’s digital learning platform](#).
- It is grounded in the recently published [Public Health Intelligence Competency Framework](#) and [Curriculum](#), ensuring alignment with the evolving needs of today’s public health workforce.
- The course can be accessed at: https://whoacademy.org/coursewares/course-v1:WHOA+0073_PHIF_EN+2025



⁹ *Foundations of Public Health Intelligence: Lead, Implement and Practice*. WHO Academy; February 2026. Available from: https://whoacademy.org/coursewares/course-v1:WHOA+0073_PHIF_EN+2025

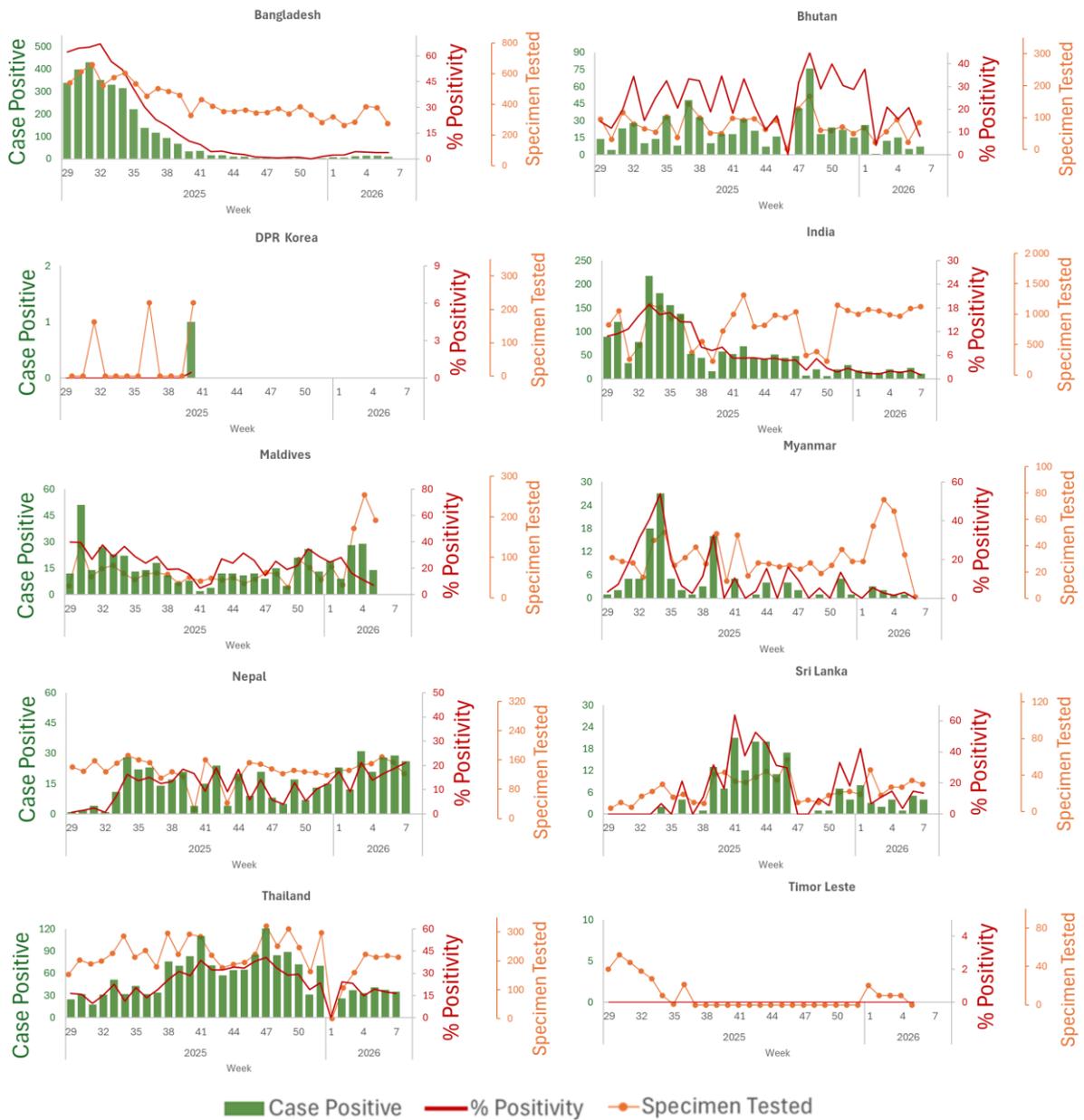
Influenza

Situation in the WHO South-East Asia Region

Situation as of 24 February 2026¹⁰

- Figure 1 shows the influenza data from the WHO’s RespiMart platforms, accessed on 24 February 2026.
- In the WHO South-East Asia Region during weeks 6–8, there were 188 influenza positive samples, among 3 354 samples tested, with the overall positivity percentage at 5.6%.

Figure 1. Weekly trends of specimens tested at National Influenza Centers (NIC), positivity percentage and laboratory confirmed influenza cases in the WHO South-East Asia Region, as of 24 February 2026



Source: RespiMart/FluNet

¹⁰ World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 Feb 24]. 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 6 to 8 in 2026, as of 24 February 2026 ¹¹

- Table 1 shows influenza virus subtypes and lineage distribution across ten countries in the WHO South-East Asia Region for epidemiological weeks 6 to 8 of 2026, based on data extracted from WHO's RespiMart platforms on 24 February 2026. The last submission was on 09 Feb 2026.
- The predominant Influenza A subtype detected in the region was A (H3) (39%). Among countries that reported influenza test positive results (10 or more positive samples), it was the major influenza A subtype in Bangladesh (100%) and Thailand (51%).
- The overall test positivity percentage for Influenza B(Victoria) in the region was 34%, and influenza B(Victoria) was pre-dominant in India (47%).
- Among the positive influenza samples, 8 samples (15%) and 5 samples (56%) were 'B lineage not determined' in Nepal and Sri Lanka respectively, while 11% was the 'un-subtyped A' in Sri Lanka.
- Bhutan, Myanmar and Sri Lanka had less than 10 influenza positive samples during this period.
- DPR Korea, Maldives and Timor-Leste reported no samples tested during this period.

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 24 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	3 354	188	6%	0%	39%	0%	17%	3%	0%	34%	7%
Bangladesh	279	10	4%	0%	100%	0%	0%	0%	0%	0%	0%
Bhutan	86	7	8%	0%	14%	0%	43%	0%	0%	43%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	2 218	34	2%	0%	32%	0%	21%	0%	0%	47%	0%
Maldives	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Myanmar	1	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nepal	276	55	20%	0%	25%	0%	38%	9%	0%	13%	15%
Sri Lanka	64	9	14%	0%	11%	0%	0%	11%	0%	22%	56%
Thailand	430	73	17%	0%	51%	0%	1%	0%	0%	48%	0%
Timor-Leste	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%

Notes:

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

¹¹ World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 Feb 24]. Available from: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

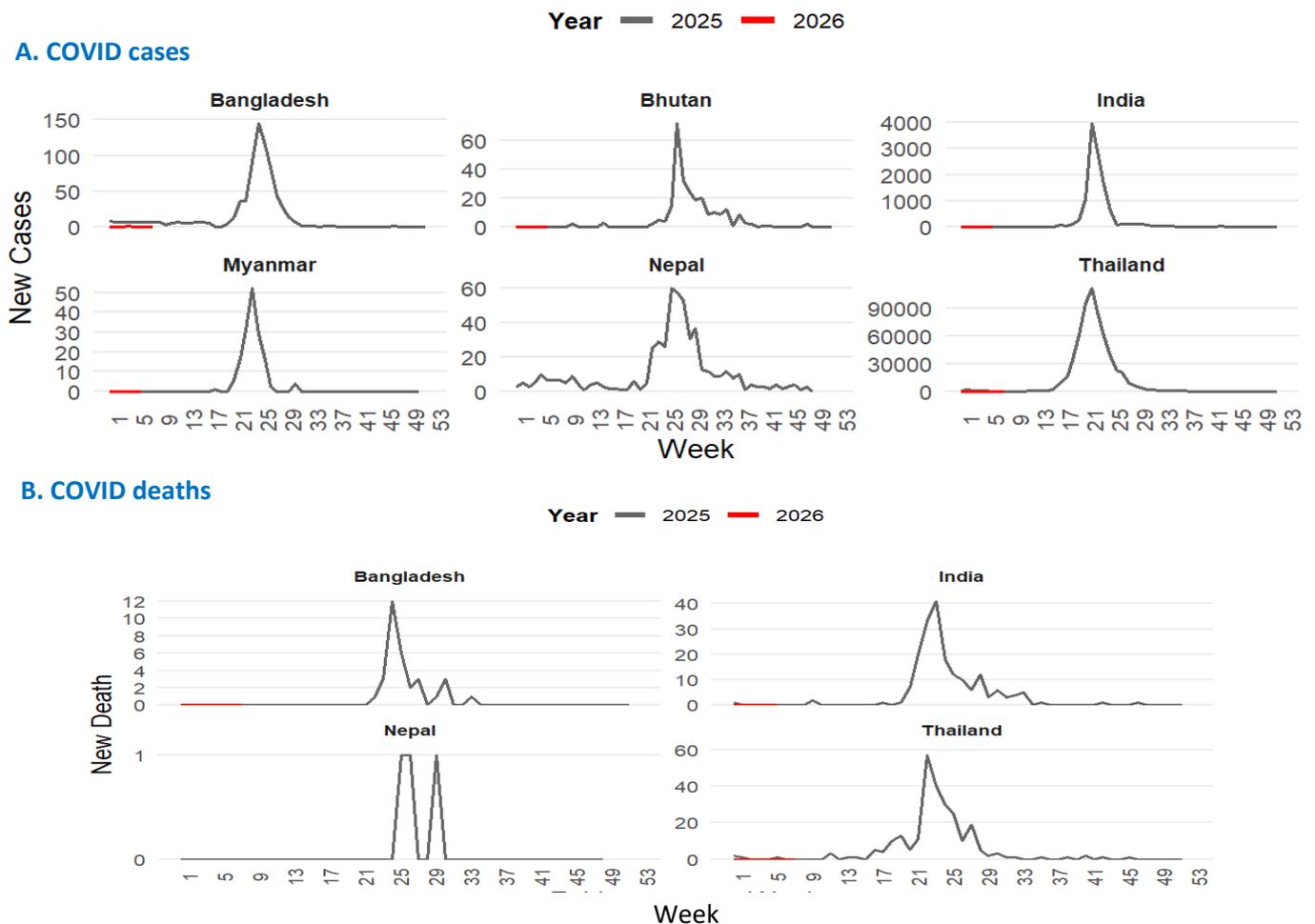
COVID-19

Situation in the WHO South-East Asia Region

Situation as of 22 February 2026

- The weekly number of COVID-19 cases reported on official websites, including Bangladesh¹², Bhutan¹³, India¹⁴, Myanmar¹⁵, Nepal¹⁶ and Thailand¹⁷, are presented in Figure 2**.
- Data of the most recent week (week 8) are not available from Bhutan, Myanmar, India 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 (A) and deaths (B) 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 of 2025. Bhutan, India and Myanmar data as of week 6.

** Bangladesh, Bhutan, India and Myanmar data as of ISO Week. Nepal and Thailand data as of Epidemiological week.

¹² Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard [Internet]. 2026 [cited 2026 Feb 24]. Available from: <https://old.dghs.gov.bd/index.php/bd/component/content/article?layout=edit&id=5612>

¹³ Bhutan, Royal Centre for Disease Control. [Internet]. [cited 2026 Feb 24]. Available from: <https://www.rcdc.gov.bt/web/>

¹⁴ Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard [Internet]. [cited 2026 Feb 24]. Available from: <https://covid19dashboard.mohfw.gov.in/>

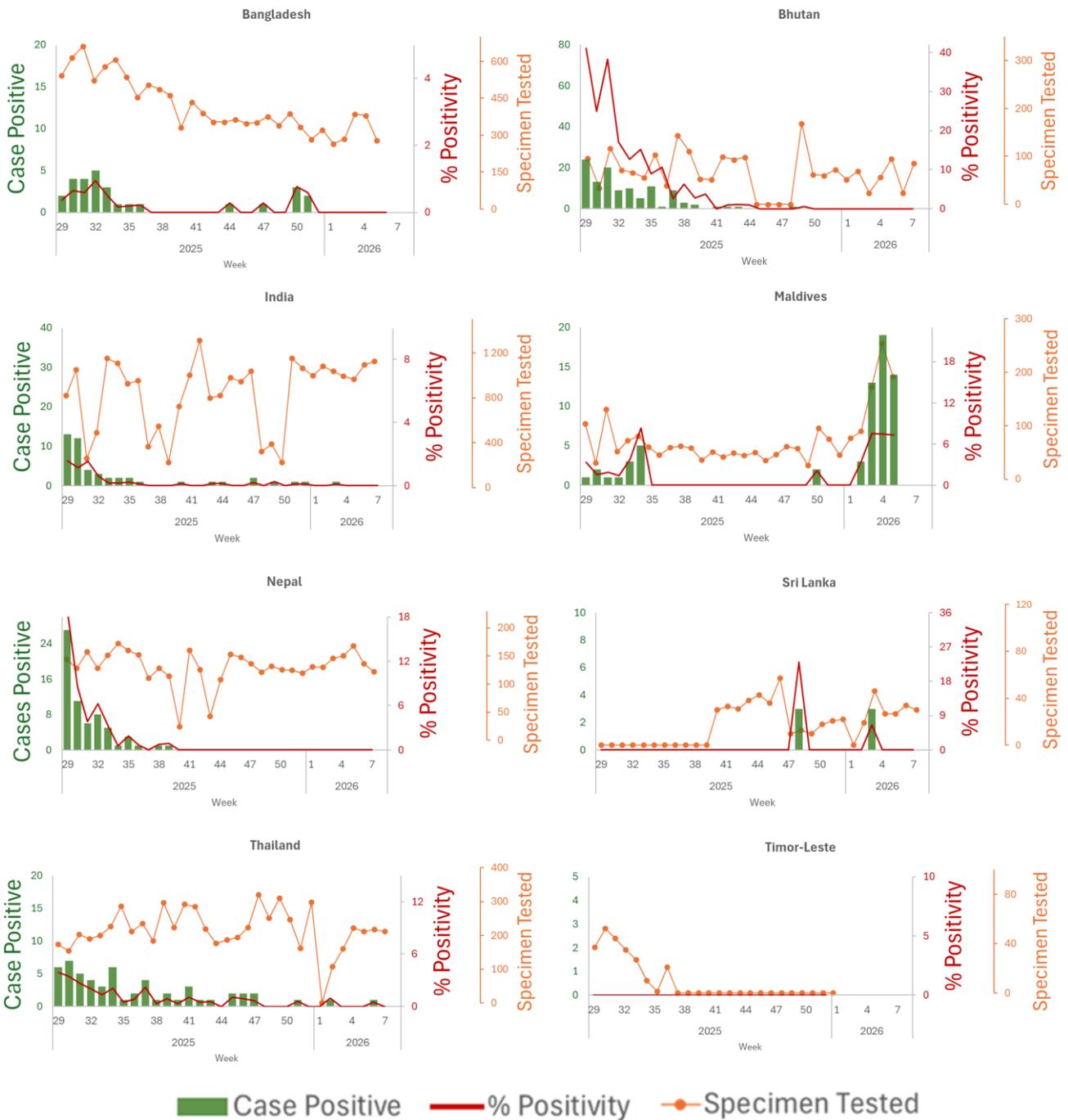
¹⁵ Ministry of Health, Republic of the Union of Myanmar. Ministry of Health official website [Internet]. 2026 [cited 2026 Feb 24]. Available from: <https://www.mohs.gov.mm/>

¹⁶ Epidemiology and Disease Control Division Nepal. [Internet]. [cited 2026 Feb 24]. Available from: <https://edcd.gov.np/newsroom/outbreak>

¹⁷ Department of Disease Control, Ministry of Public Health, Thailand. COVID-19 Surveillance Dashboard [Internet]. 2026 [cited 2026 Feb 24]. 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.¹⁸

Figure 3. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as on 24 February 2026)



Source: Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard

¹⁸ Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard. [Internet]. [cited 2026 Feb 24].

Available from:

<https://app.powerbi.com/view?r=eyJrIjoiNzdiZTVmY2YtNzY2NC00NTM0LTkzY2QtMWM0MzY0Mjg0YTZiIiwidCI6ImY2MTBjMGI3LWJkMjQ0NGl3OS04MTBiLTNkYzI4MGFmYjU5MCIiImMiOiJh9>

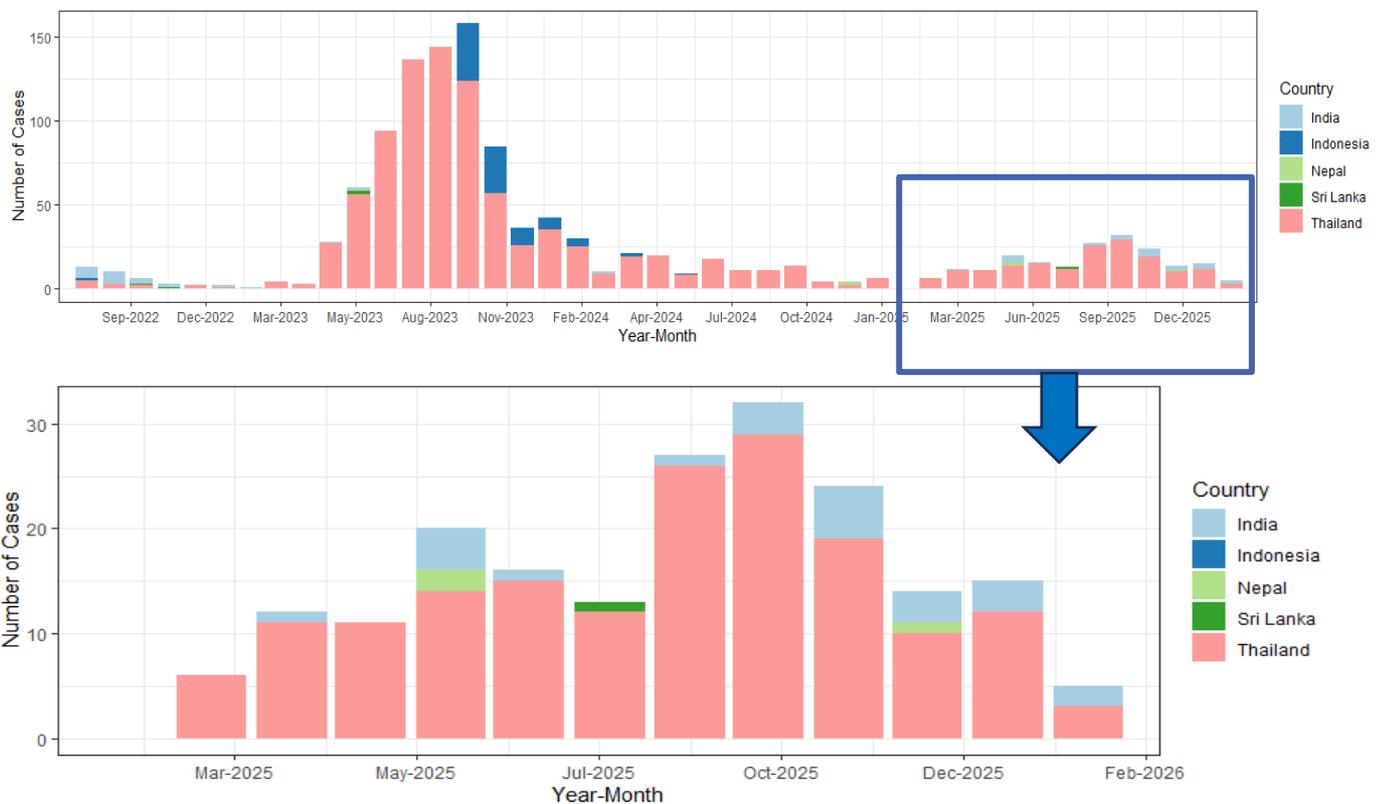
Mpox

Situation in the WHO South-East Asia Region

Situation as of 22 February 2026

- In week 7 and 8 (09 to 22 February 2026), five new mpox cases were reported in the region, three from Thailand and two from India.
- As of 22 February 2026, in the WHO South-East Asia Region, a total of 1 205 laboratory-confirmed mpox cases including 14 deaths, have been reported since 14 July 2022 (Figure 4 and 5).
- Thirty-three monkeypox virus (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](#)

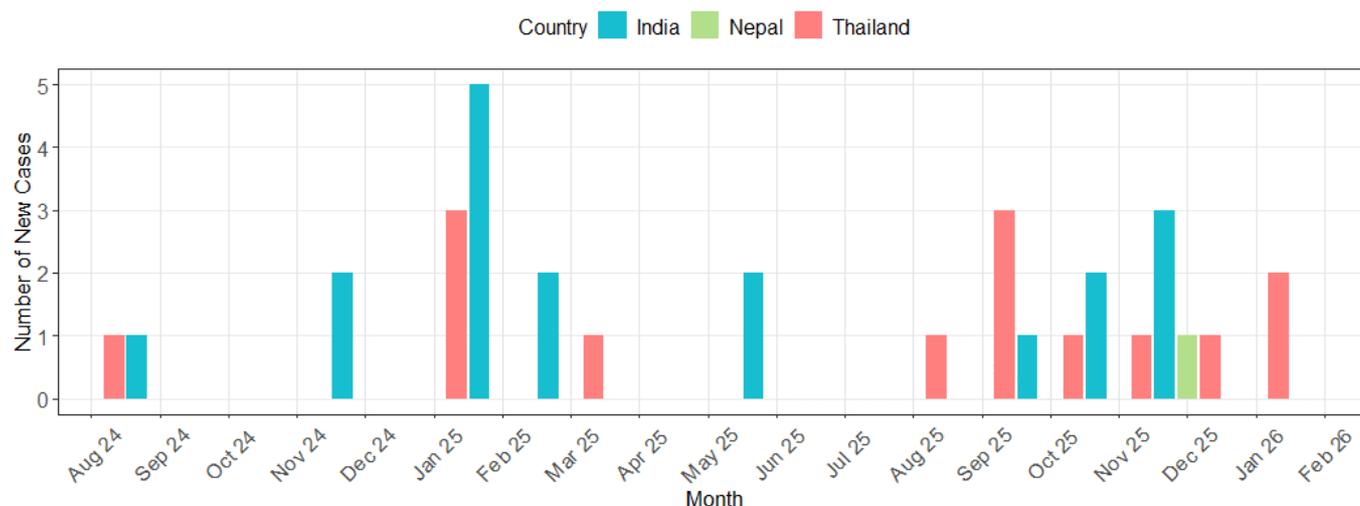
Figure 4. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (Upper, 14 July 2022 – 22 February 2026; lower 1 January 2025 – 22 February 2026).



* 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 5. Number of MPXV clade Ib cases reported in WHO South-East Asia Region by month of notification (as of 22 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 22 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%)

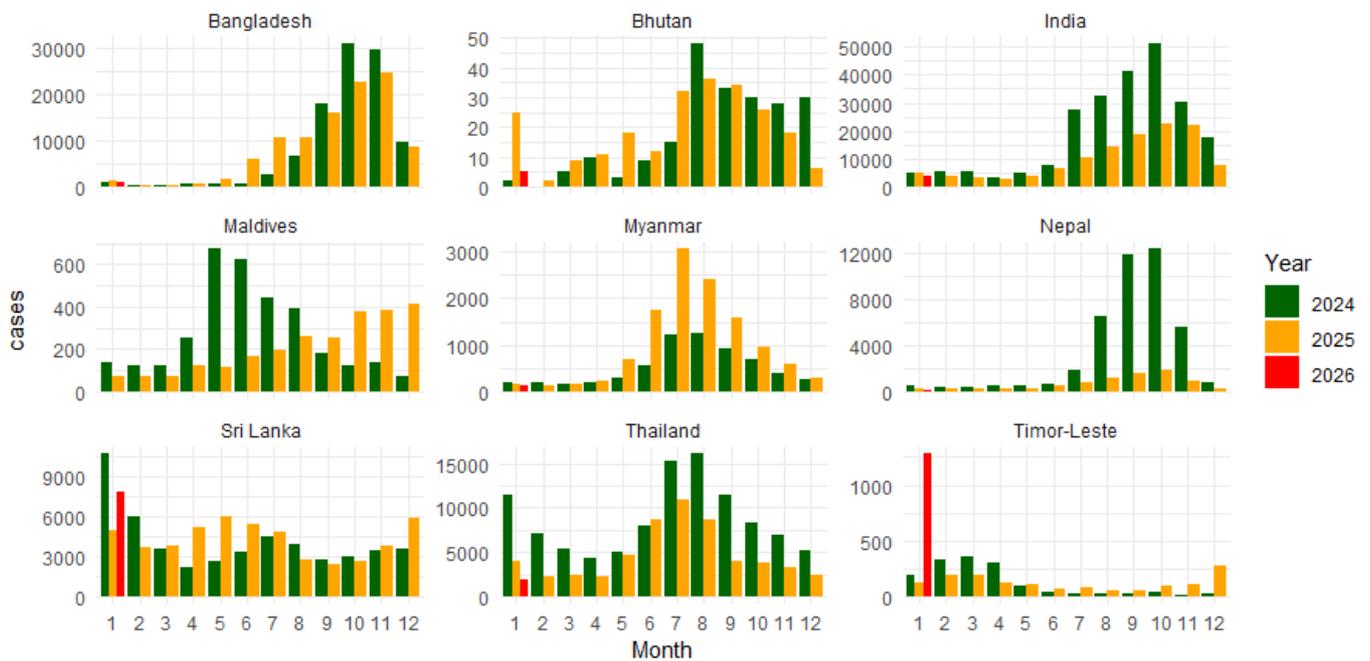
* One CRF is awaited from Nepal.

Dengue

Situation in the WHO South-East Asia Region ¹⁹

- In January 2026, Sri Lanka reported 7 868 cases, followed by India with 3 544 cases, Thailand with 1 903 cases and Timor-Leste with 1 281 cases (Figure 6). Data were not available yet for Maldives 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



Data submitted to Global Dengue Surveillance, as of 2026-02-23

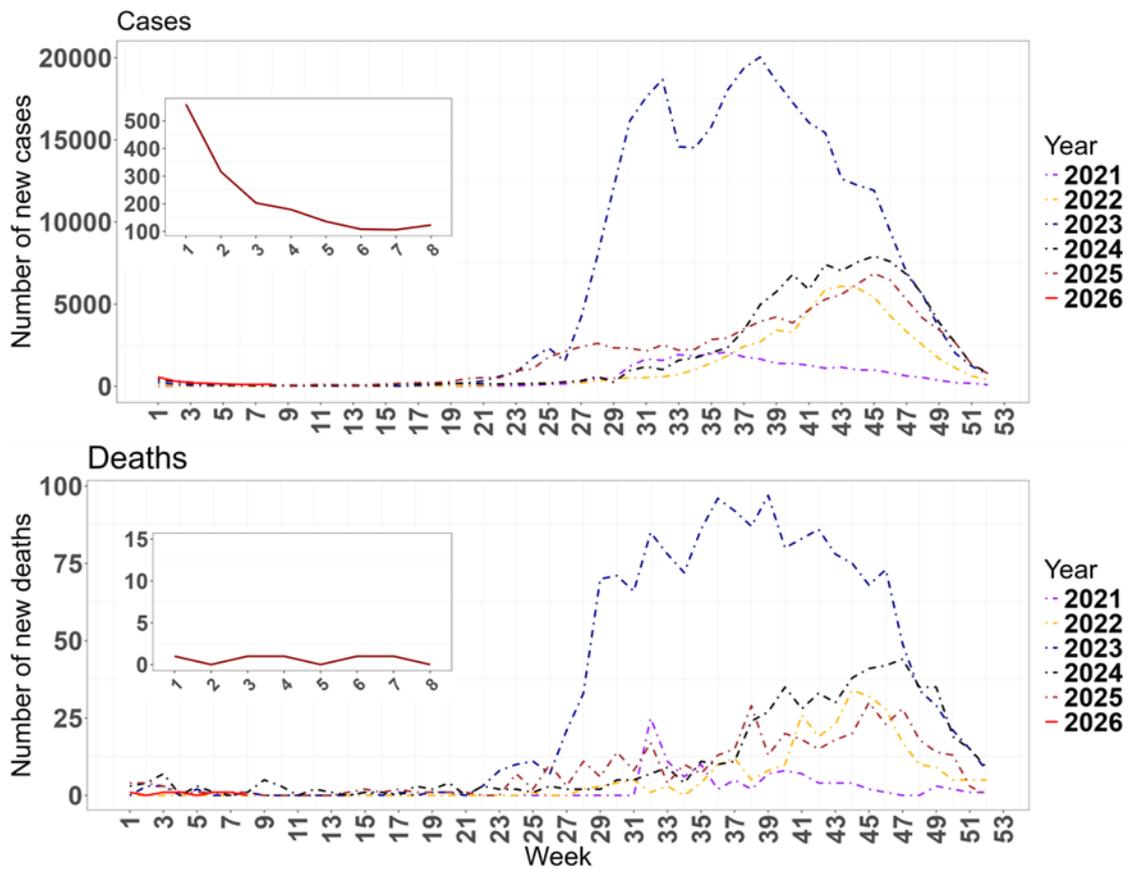
Notes:

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

¹⁹ World Health Organization. Global dengue surveillance [Internet]. Available from: https://worldhealthorg.shinyapps.io/dengue_global/

- During week 8 of 2026 (16 to 22 February 2026), a total of 123 new dengue cases were reported in Bangladesh, a 16% increase compared to 106 cases reported during week 7 of 2026 (09 to 15 February 2026).
- During week 8, no new dengue death was reported in Bangladesh, compared to one death reported during week 7 of 2026.
- In 2026, as of week 8, a total of 1 731 dengue cases and 5 dengue-related deaths have been reported. This is 102% of the number of cases (n= 1 690) and 31% of the number of deaths (n = 16) reported in 2025. A total of 105 276 cases and 2 440 deaths were reported during 2025.

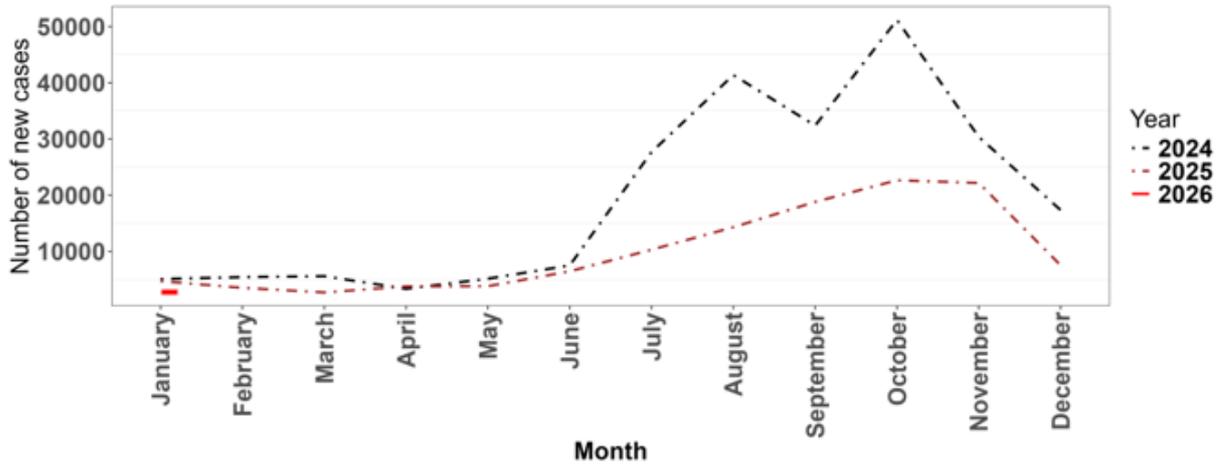
Figure 7. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 8 of 2026.



²⁰ Directorate General of Health Services (DGHS), Bangladesh. Daily Dengue Status Report [Internet]. 2026. Available from: <https://old.dghs.gov.bd/index.php/bd/home/5200-daily-dengue-status-report>

- 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.

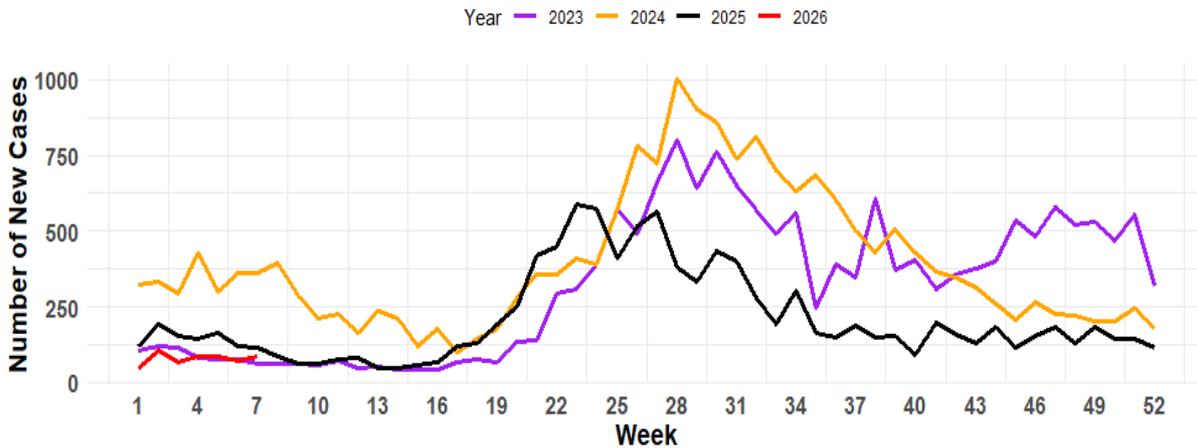
Figure 8. Number of new cases of dengue by month in India from January 2024 to January 2026



Kerala²¹

- 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 7 of 2026

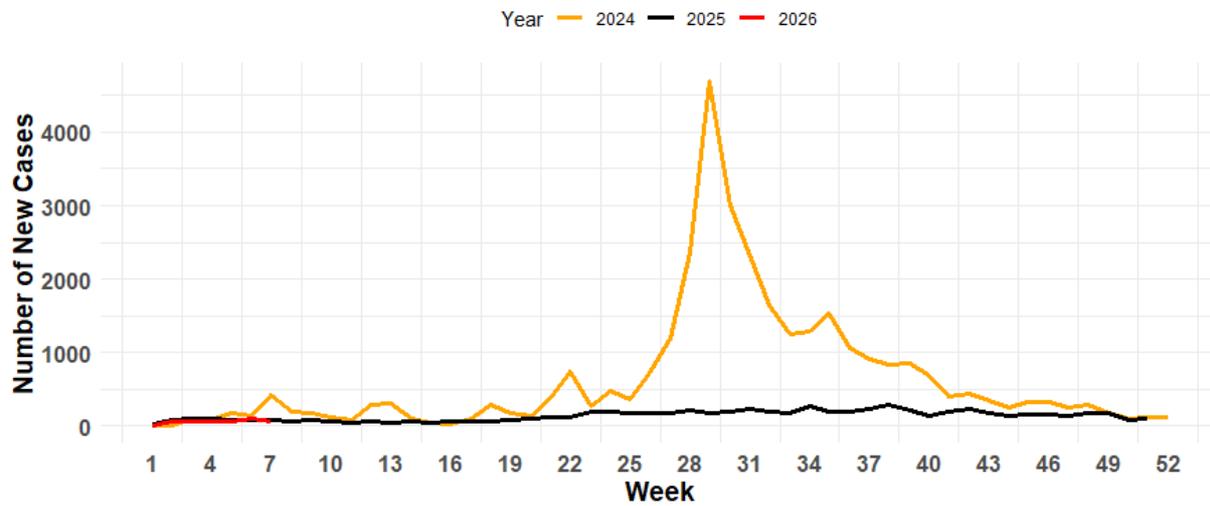


²¹ Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. 2026. Available from: <https://dashboard.kerala.gov.in/>

Karnataka²²

- 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 8 of 2026

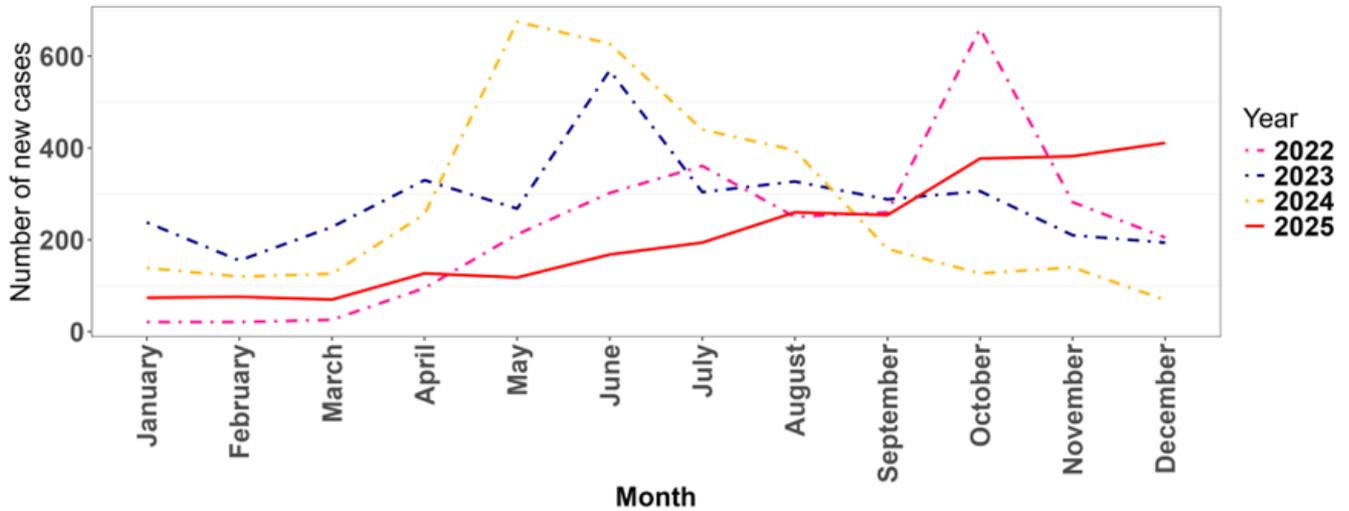


²² Department of Health and Family Welfare, Government of Karnataka. PRISM H Disease Surveillance Dashboard [Internet]. 2026. Available from: <https://hfwcom.karnataka.gov.in/info-4/Weekly%20Infectious%20Disease%20Report/en>

Maldives

- No data are 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

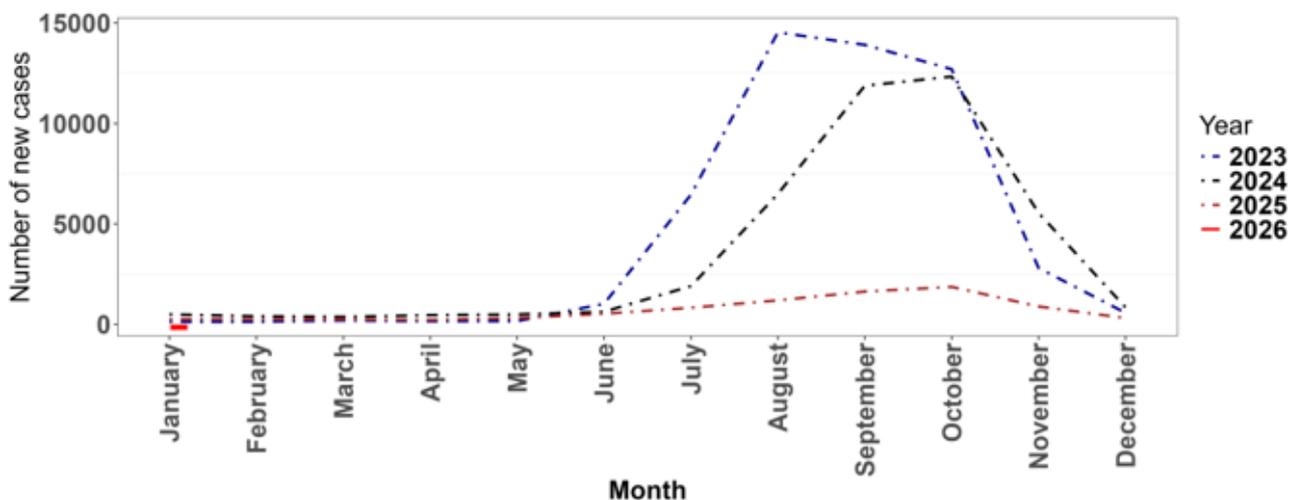


Source: [WHO Global dengue surveillance](#)

Nepal

- 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.

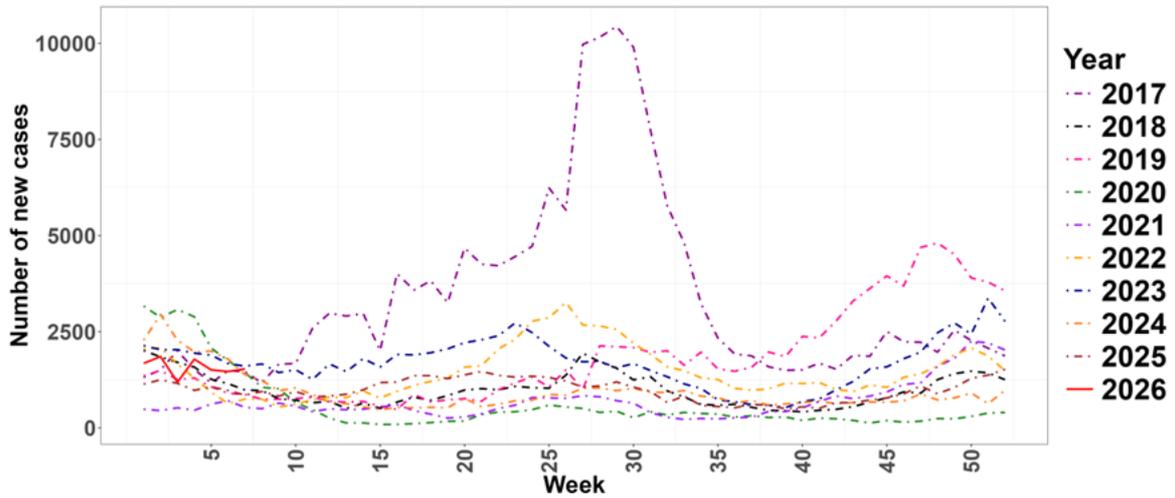
Figure 12. Number of new cases of dengue by month in Nepal from January 2023 to January 2026



Source: [WHO Global dengue surveillance](#)

- During week seven (09 to 15 February 2026), a total of 1 533 new dengue cases were reported in Sri Lanka, a 4.6% increase compared to 1 465 cases reported during week six (02 to 08 February 2026).
- As of week seven in 2026, a total of 11 008 cases were reported compared to 7 414 and 14 646 cases during the same period in 2025 and 2024, respectively.
- The Western Province accounted for 48.3% of total cases, with the Colombo Municipal Council (CMC) contributing 8%, the rest of Colombo District 20%.

Figure 13. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 7 of 2026.



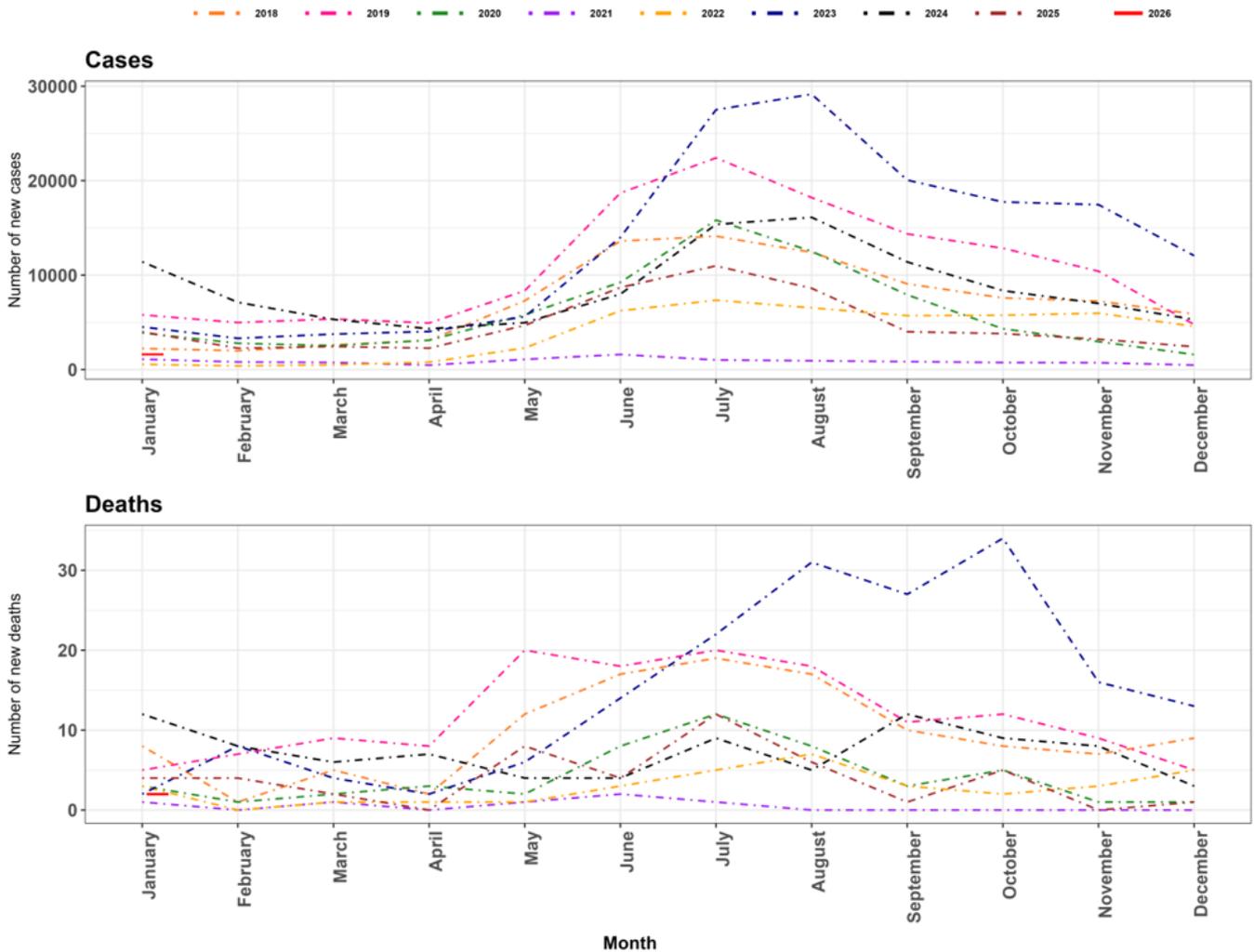
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2025](#)

²³ National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2025 [cited 2026 Feb 25]. Available from: <https://www.dengue.health.gov.lk/web/index.php/en/>

Thailand

- 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



Source: [WHO Global dengue surveillance](#)