

WHO South-East Asia Region Epidemiological Bulletin

WHO Health Emergencies Programme
WHO Regional Office for South-East Asia
5th edition (2026), 11 March 2026
Reporting period: 23 February to 08 March 2026

HEALTH
EMERGENCIES
programme



World Health Organization
South-East Asia Region



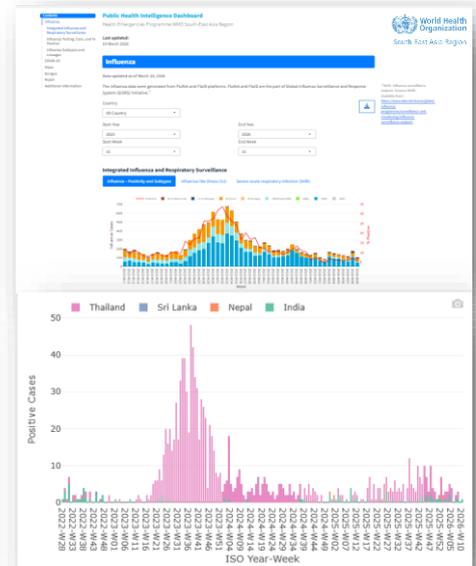
This epidemiological bulletin aims to provide the situation of key infectious diseases in the WHO South-East Asia Region to inform risk assessments and responses. The bulletin uses information from publicly available sources and will be published every two weeks. For feedback or suggestions, please write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

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Key events and updates

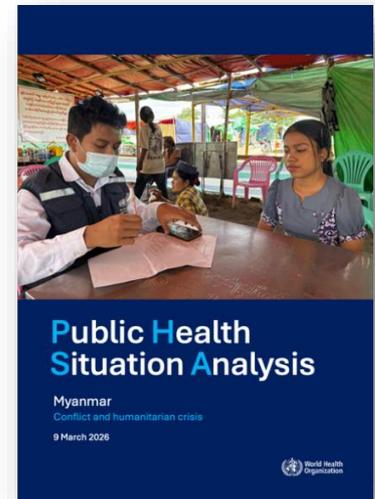
New release: WHO South-East Asia Region Public Health Intelligence Dashboard

- WHO Health Emergencies Programme at WHO Regional Office for South-East Asia (SEARO) launched the Public Health Intelligence (PHI) Dashboard for the WHO South-East Asia Region, which is now available online:
https://worldhealthorg.shinyapps.io/sear_phi/
- The dashboard aims to serve as the one stop site to provide routine epidemiological updates and situational awareness on priority diseases that pose threats to public health in the Region. At present, the dashboard covers Influenza, COVID-19, mpox, dengue and Nipah. The contents will be adjusted as the situation evolves.
- This dashboard replaces SEARO's previous dashboard for COVID-19.
- Development of this dashboard was made possible with support from the Pandemic Fund Round 2 grant.



New publication: Public Health Situation Analysis – Myanmar: Conflict and humanitarian crisis

- On 9 March 2026, the Public Health Situation Analysis (PHSA) was published, summarizing the health situation, health risks, health system needs, and humanitarian health response.
- Myanmar's humanitarian crisis continues to worsen due to conflict, natural disasters, and economic collapse. In early 2025, Myanmar ranked second globally for conflict intensity, with over half the population exposed to conflict.
- Access to basic health services is severely limited in several conflict-affected states. Disease outbreaks are increasing due to unsafe water, poor sanitation, and disruptions to routine health services.
- Around 1.5 million children under five have missed basic vaccinations since 2018, increasing the risk of vaccine-preventable diseases.
- A major earthquake in March 2025 damaged agricultural areas, homes, infrastructure, and nearly 70 health facilities, further disrupting services.
- The full report is available at:



<https://www.who.int/southeastasia/publications/m/item/mmrphsa00109032026>

New publication: Global Rapid Risk Assessment – Nipah virus infection

- On 6 March 2026, the WHO Rapid Risk Assessment (RRA) on Nipah virus infection was published.
- The RRA evaluates the global public health risk posed by Nipah virus (NiV), taking into account its epidemiology in enzootic countries with recurrent zoonotic spillover and limited human-to-human transmission, as well as the risk in non-enzootic regions linked to infected travellers or imported livestock.
- The overall global public health risk is assessed as low, with moderate confidence in the available information.
- In enzootic countries, the overall risk of Nipah virus infection remains low but persistent where sporadic spillover from bats may occur, with limited human-to-human transmission mainly among close contacts.
- Risk in non-enzootic regions is primarily associated with an infected traveller or, exceptionally, imported livestock, with onward transmission considered unlikely due to the need for close and prolonged contact.
- Risk to travellers is considered very low but not zero, particularly for those with direct exposure to bats, contaminated food products, or infected animals in affected areas.
- The RRA notes that Nipah virus remains geographically limited, with human cases reported mainly in Bangladesh and India, and that although the virus has a high case-fatality ratio (40–75%), it has not demonstrated sustained community or international transmission.
- The report emphasizes that the outcomes of the WHO RRA are intended to promote transparency in the spirit of the International Health Regulations (2005), support national authorities facing similar situations, and foster a shared risk assessment culture among States Parties and partners contributing to preparedness and response.
- The report is available here: [WHO Rapid Risk Assessment – Nipah virus infection](#).

NIPAH VIRUS INFECTION - GLOBAL	
Date and version of current assessment:	06 March 2026, v1
Date(s) and version(s) of previous assessment(s):	
Overall Global risk and confidence	
Overall risk	Confidence ¹ in available information
Global	Global
Low	Moderate

Risk Distances

The Rapid Risk Assessment (RRA) evaluates the global public health risk posed by Nipah virus (NiV), considering the distinct epidemiological profiles of enzootic countries, where recurrent zoonotic spillover and limited human-to-human transmission continue to occur, and non-enzootic regions, where the risk remains primarily associated with infected travellers or importation of infected livestock. The assessment considers the ecological and reservoir drivers of spillover, the conventional efficiency of human-to-human transmission, and the capacity of health and community systems to detect, confirm, and rapidly contain outbreaks. Given that NiV has not demonstrated sustained transmission beyond outbreak settings and no human cases have ever been reported outside Asia, the global risk is largely determined by localized outbreaks in endemic areas and the very low likelihood of onward transmission following importation.

NiV activity remains geographically limited, with human cases occurring primarily in the South-East Asia Region with limited outbreaks in the Western Pacific Region. The epidemiological profile of NiV is characterized by low frequency, localized outbreaks, occurring predominantly in Bangladesh and India, with additional historical events reported in Malaysia, Singapore, and the Philippines. Bangladesh has reported sporadic cases almost annually since 2002, largely associated with consumption of raw date palm sap, following a well-defined seasonal pattern between December and April, including its first outbreak in 2002 and has documented near-annual cases in Kerala since 2018 with sporadic cases reported in West Bengal in 2023, eight laboratory-confirmed cases were detected across Bangladesh (Dhaka and India (Durgu)), as of March 2026, three sporadic cases have been reported in the two countries, two in India and one in Bangladesh. Malaysia (1998–1999), Singapore (1998), and the Philippines (2014) experienced outbreaks previously but have not reported any additional NiV events since.

Although NiV has a high case-fatality ratio (40–75%), transmission remains limited in scope, typically arising from zoonotic spillover events linked to fruit bats, contaminated fruits or fruit products, or occasionally infected livestock. Human-to-human transmission has been documented, particularly in Bangladesh and India. However, sustained community transmission or multi-country spread has never been observed.

KEY RISK FACTORS

1. Risk to Enzootic Countries

- Sporadic zoonotic spillover events occur due to contact with infected bats or consumption of contaminated fruits or fruit products.
- Ecological evidence of NiV circulation beyond affected areas in Bangladesh and India (Kerala and West Bengal), suggest that spillover could potentially occur in other areas where infected bats are present.
- Human-to-human transmission, although documented, is limited to close contacts and has not resulted in widespread community transmission.
- This case-fatality ratio is high; however, the total number of reported cases remains low.
- Health care settings may amplify transmission, when infection prevention and control (IPC) measures are insufficient.
- Spillover from other susceptible animal hosts (e.g., horses) cannot be ruled out, nor the risk of importation through infected livestock, though probably very low.

2. Risk to Non-Enzootic Regions (e.g., the Americas, Europe, the Eastern Mediterranean)

- Risk is primarily associated with an infected traveller.
- No human NiV transmission has ever been reported outside affected Asian countries.
- In settings without established animal reservoirs or intermediate hosts, onward transmission following importation is unlikely and would require close, prolonged contact.

¹ Confidence refers to the level of confidence in the data/information or the quality of the evidence available at the time the RRA is conducted. Poor quality information may increase the overall perceived risk due to the incubation in the assessment.

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New publication: Nipah Virus Infection – West Bengal State, India (2026) – Questions and Answers

- SEARO Community of Practice (CoP), in collaboration with the WHO Health Emergencies (WHE) Programme, hosted a webinar on Nipah virus infection on 4 February 2026. A number of questions were raised by participants during the session. This document aims to address the key questions submitted during the webinar and provide clarifications based on the discussions.
- The Q&A aims to support Member States and health professionals with technical information for preparedness and response to Nipah virus events.
- The document is available here: [Nipah Virus Infection – West Bengal State, India \(2026\) – Questions and Answers](#).



South East Asia Region

Nipah Virus Infection – West Bengal State, India (2026)

Questions and answers

Following the publication of two laboratory-confirmed cases of Nipah virus (NiV) infection in West Bengal State, India, the International Health Regulations (IHR) Risk Team for Asia, the WHO South East Asia Region (SEAR) conducted a webinar on 4 February 2026 (available from [South Bengal 2026](#)). The objective of the webinar was to provide an update on the epidemiology, clinical management, and the public health response related to health authorities in India.

After the webinar, there was continued interest in several aspects of the disease, leading participants to raise several technical questions to WHO. This document provides a summary of the responses prepared by the WHO Health Emergencies Programme (HEP), SEAR, to the key questions submitted by webinar participants.

Disclaimer:

Current evidence on Nipah virus infection is based on a limited number of case series (detailed reports of small groups of patients). With regard to medical countermeasures and public health interventions, the level of high-level, scientific evidence has limited the ability to make specific therapeutic recommendations. The overall quality of evidence related to Nipah virus infection is considered to have moderate to high confidence, as there are no clear and consistent epidemiological data emerging over time, current information may evolve and research is ongoing to refine the risk profile.

While WHO has used its best efforts in preparing this document, conformity to conditions and answers related to Nipah virus infection, it makes no representation or warranty regarding the accuracy or completeness of the contents. The advice and strategies contained herein may require adaptation to the specific context in which they are applied.

Users are encouraged to make use of existing national mechanisms, where appropriate, to ensure that the relevant strategies, recommendations, and guidance are appropriately adapted to the prevention and control of Nipah virus infection in their respective settings. WHO has published the [2023 WHO South East Asia Regional Strategy for the prevention and control of Nipah virus infection 2023–2028](#) in partnership with Member States.

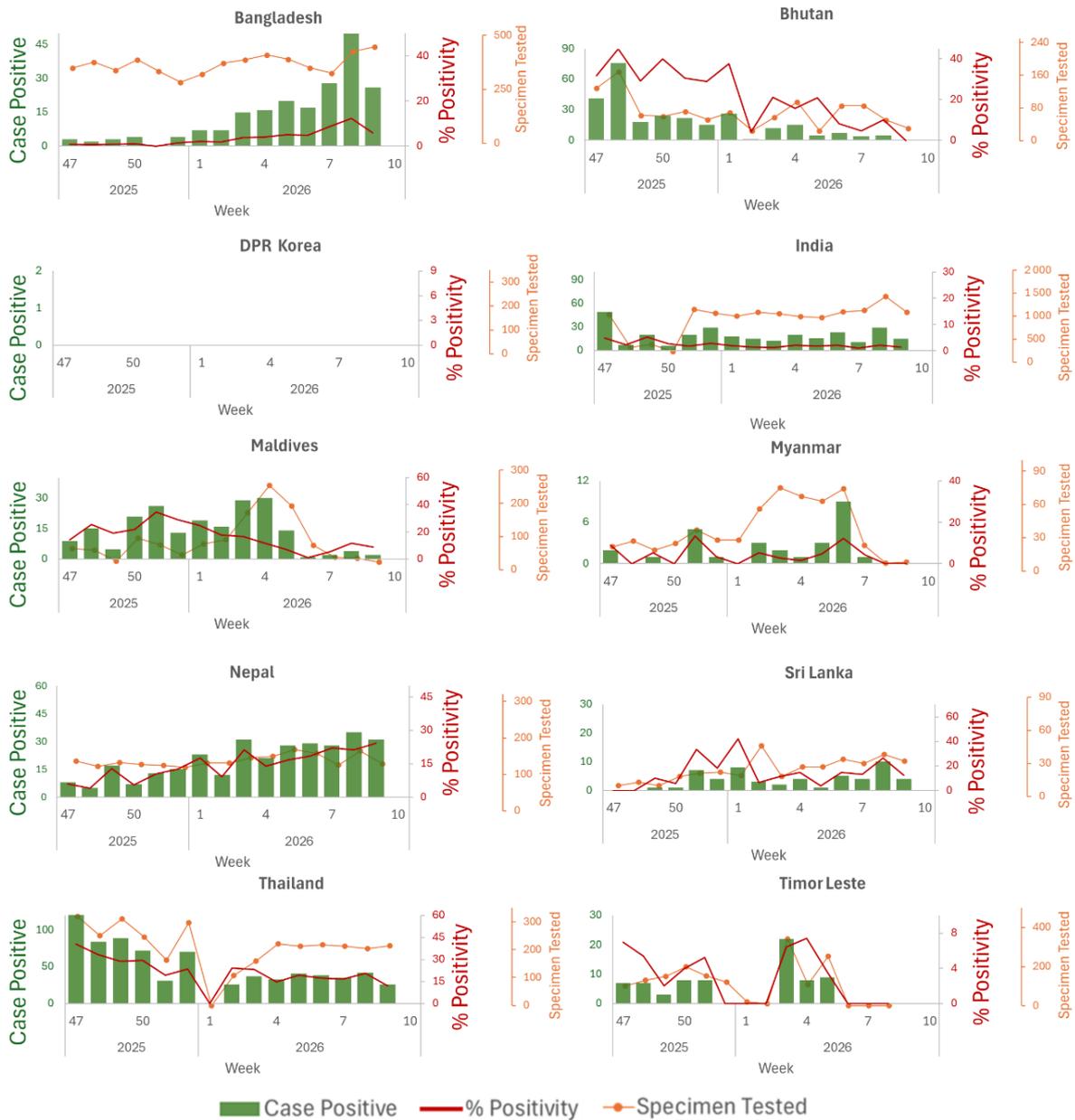
Influenza

Situation in the WHO South-East Asia Region

Situation as of 10 March 2026 ¹

- Figure 1 shows the influenza data from the WHO FluNet platform, accessed on 10 March 2026.
- In the WHO South-East Asia Region, during weeks 8–10, there were 281 influenza positive samples, among 4310 samples tested, with the overall positivity percentage at 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 10 March 2026



Source: RespiSmart/FluNet

¹ 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 8 to 10 in 2026, as of 10 March 2026 ²

- Table 1 shows influenza A virus subtypes and B lineage distribution across ten countries in the WHO South-East Asia Region for epidemiological weeks 8 to 10 of 2026, based on data extracted from WHO's RespiMart platforms on 10 March 2026. The last submission was on 23 February 2026 (Week 9).
- The predominant Influenza A subtype detected in the region was A(H3) (54%). Among countries that reported influenza test positive results (10 or more positive samples), A(H3) was the major Influenza A subtype in Bangladesh (99%) and Thailand (60%).
- The overall proportion of influenza B (Victoria) detected in the region was 23%, with higher percentages observed in India (61%), Bhutan (60%), Thailand (37%) and Sri Lanka (36%).
- Among the positive influenza samples, 100% of samples from Maldives were reported as Influenza A unsubtype. In Sri Lanka (36%) and Nepal (20%), positive samples were reported as B (Lineage Not Determined).
- Myanmar had fewer than 10 influenza positive samples during this period.
- DPR Korea 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 8 to 10, 2026), situation as 10 March 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	4 310	281	6%	0%	54%	0%	10%	7%	0%	23%	6%
Bangladesh	873	78	9%	0%	99%	0%	1%	0%	0%	0%	0%
Bhutan	81	5	6%	0%	40%	0%	0%	0%	0%	60%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	2 504	44	2%	0%	34%	0%	5%	0%	0%	61%	0%
Maldives	56	6	11%	0%	0%	0%	0%	100%	0%	0%	0%
Myanmar	15	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nepal	292	66	23%	0%	20%	0%	32%	21%	0%	8%	20%
Sri Lanka	70	14	20%	0%	21%	0%	7%	0%	0%	36%	36%
Thailand	419	68	16%	0%	60%	0%	3%	0%	0%	37%	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%.

² 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>

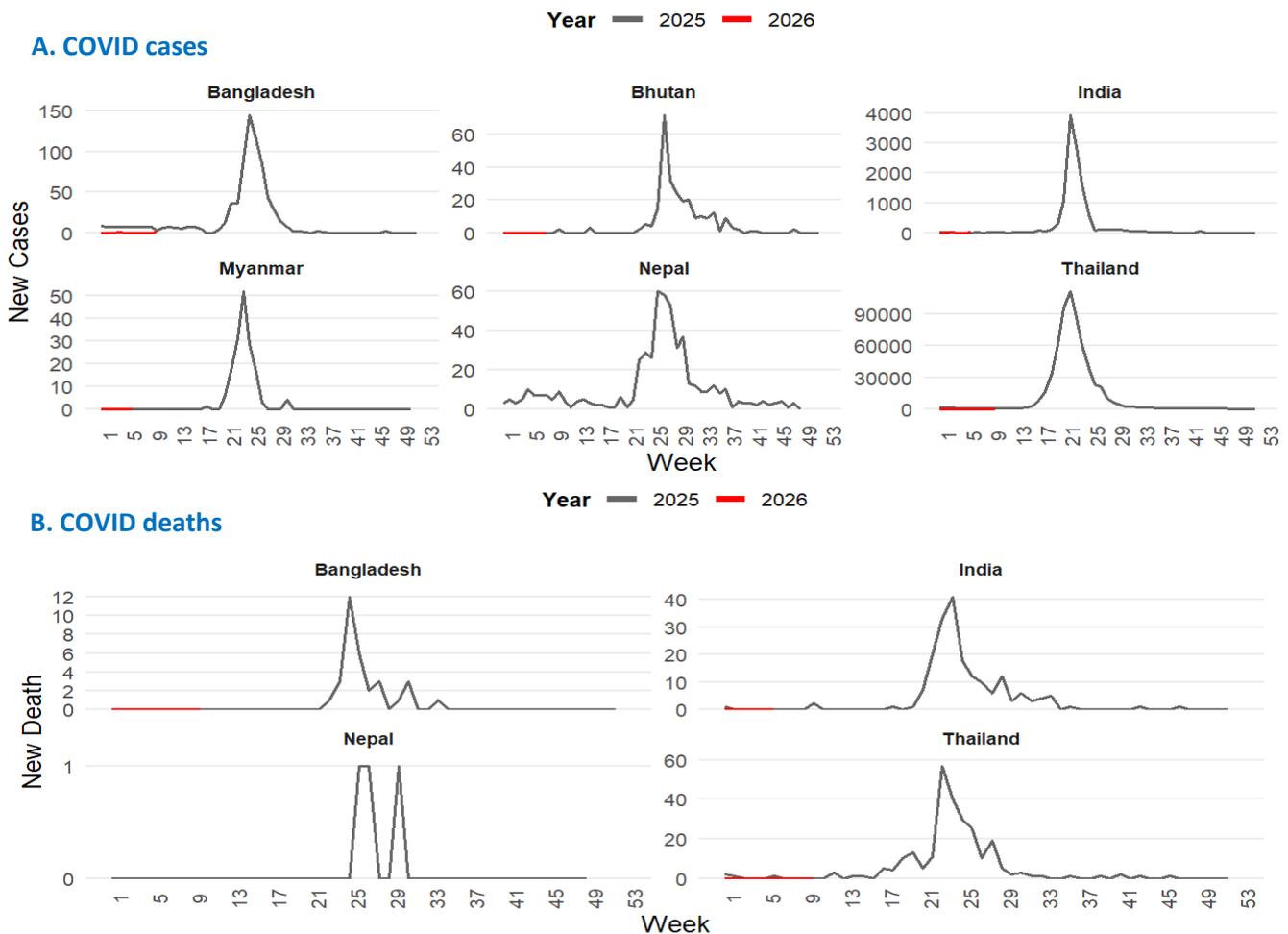
COVID-19

Situation in the WHO South-East Asia Region

Situation as of 08 March 2026

- The weekly number of COVID-19 cases reported on official websites, including Bangladesh³, Bhutan⁴, India⁵, Myanmar⁶, Nepal⁷ and Thailand⁸, are presented in Figure 2**.
- Data of the most recent week (week 10) 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 10 in 2026 in the WHO South-East Asia Region by year*



* Nepal data as of week 49 of 2025. India and Myanmar data as of week 6. Bhutan data as of week 8.
 ** Bangladesh, Bhutan, India and Myanmar data as of ISO Week. Nepal and Thailand data as of Epidemiological week.

³ Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard [Internet]. 2026 [cited 2026 Mar 10]. Available from: <https://old.dghs.gov.bd/index.php/bd/component/content/article?layout=edit&id=5612>

⁴ Bhutan, Royal Centre for Disease Control. [Internet]. [cited 2026 Mar 10]. Available from: <https://www.rcdc.gov.bt/web/>

⁵ Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard [Internet]. [cited 2026 Mar 10]. Available from: <https://covid19dashboard.mohfw.gov.in/>

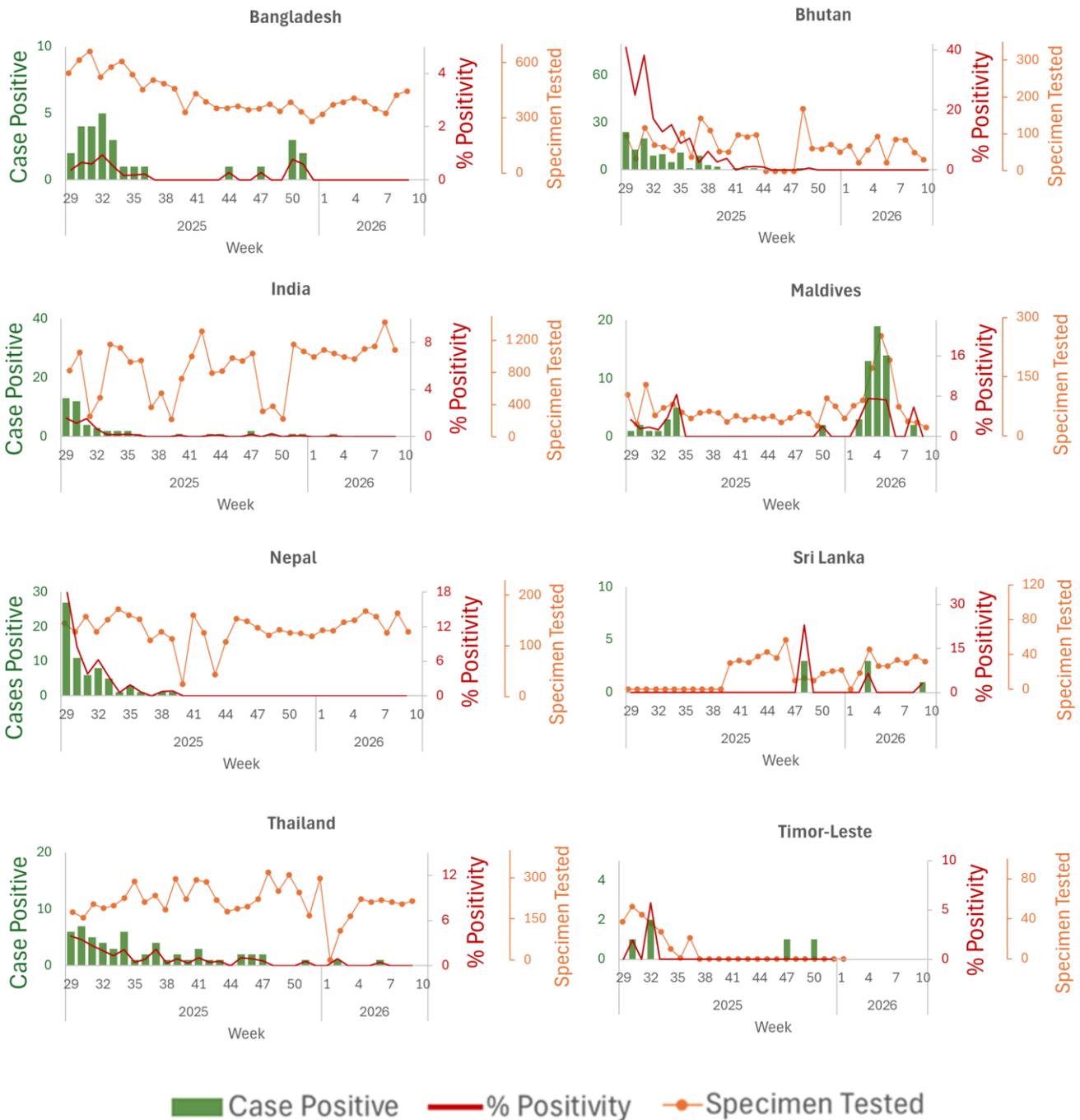
⁶ Ministry of Health, Republic of the Union of Myanmar. Ministry of Health official website [Internet]. 2026 [cited 2026 Mar 10]. Available from: <https://www.mohs.gov.mm/>

⁷ Epidemiology and Disease Control Division Nepal. [Internet]. [cited 2026 Mar 10]. Available from: <https://edcd.gov.np/newsroom/outbreak>

⁸ Department of Disease Control, Ministry of Public Health, Thailand. COVID-19 Surveillance Dashboard [Internet]. 2026 [cited 2026 Mar 10]. 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 March 2026)



Source: Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard

⁹ Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard. [Internet]. [cited 2026 Feb 24].

Available from:

<https://app.powerbi.com/view?r=eyJrIjoiNzdiZTVmY2YtNzY2NC00NTM0LTkzY2QtMWM0MzY0Mjg0YTZiIiwidCI6ImY2MTBjMGI3LWJkMjQtNGl3OS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>

Situation in the WHO South-East Asia Region

Situation as of 08 March 2026

- In week 9 and 10 (23 February to 08 March 2026), one new mpox case was reported from India.
- As of 08 March 2026, in the WHO South-East Asia Region, a total of 1 206 laboratory-confirmed mpox cases including 15 deaths, have been reported since 14 July 2022 (Figure 4).
- 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 5 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](#)

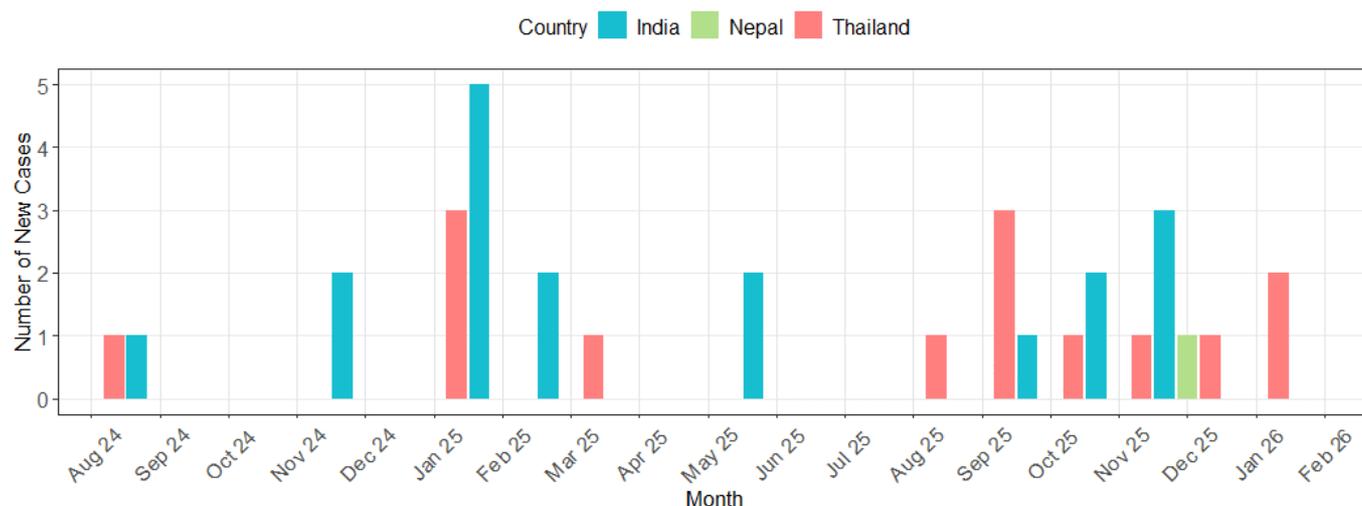
Figure 4. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (Upper, 14 July 2022 – 08 March 2026; lower 1 January 2025 – 08 March 2026).



Notes:

- * Cases are plotted per 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%)

Notes:

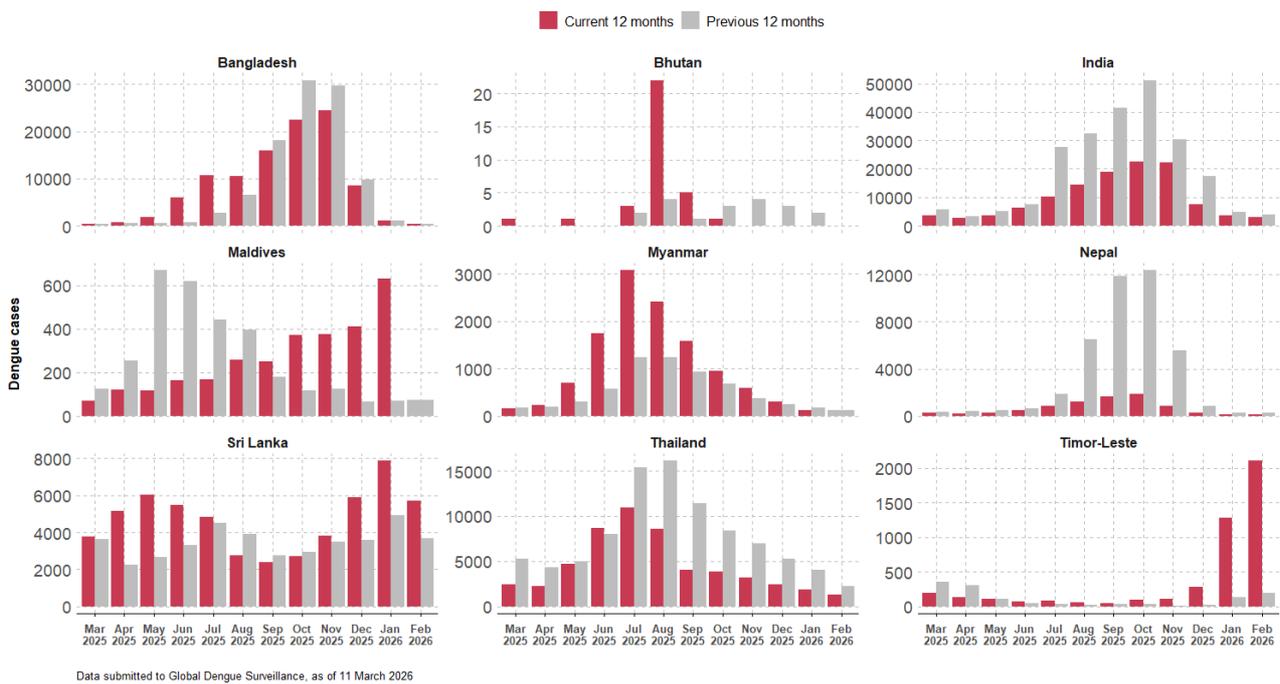
* One CRF is awaited from Nepal.

Dengue

Situation in the WHO South-East Asia Region ¹⁰

- In February 2026, Sri Lanka reported 5 724 cases, followed by India with 3 019 cases, Timor-Leste with 2 105 cases and Thailand with 1 288 cases (Figure 6). Data of February were not available yet for Bangladesh, Bhutan, Maldives, Myanmar and Nepal.
- **Timor-Leste** is experiencing one of the largest dengue outbreaks, with 2 105 cases in February, 0.6 times increase compared to January 2026 (1 281 cases), and 10 times higher the number reported in February 2025 (189 cases).

Figure 6. Monthly reported dengue cases by country, March 2024 – February 2026



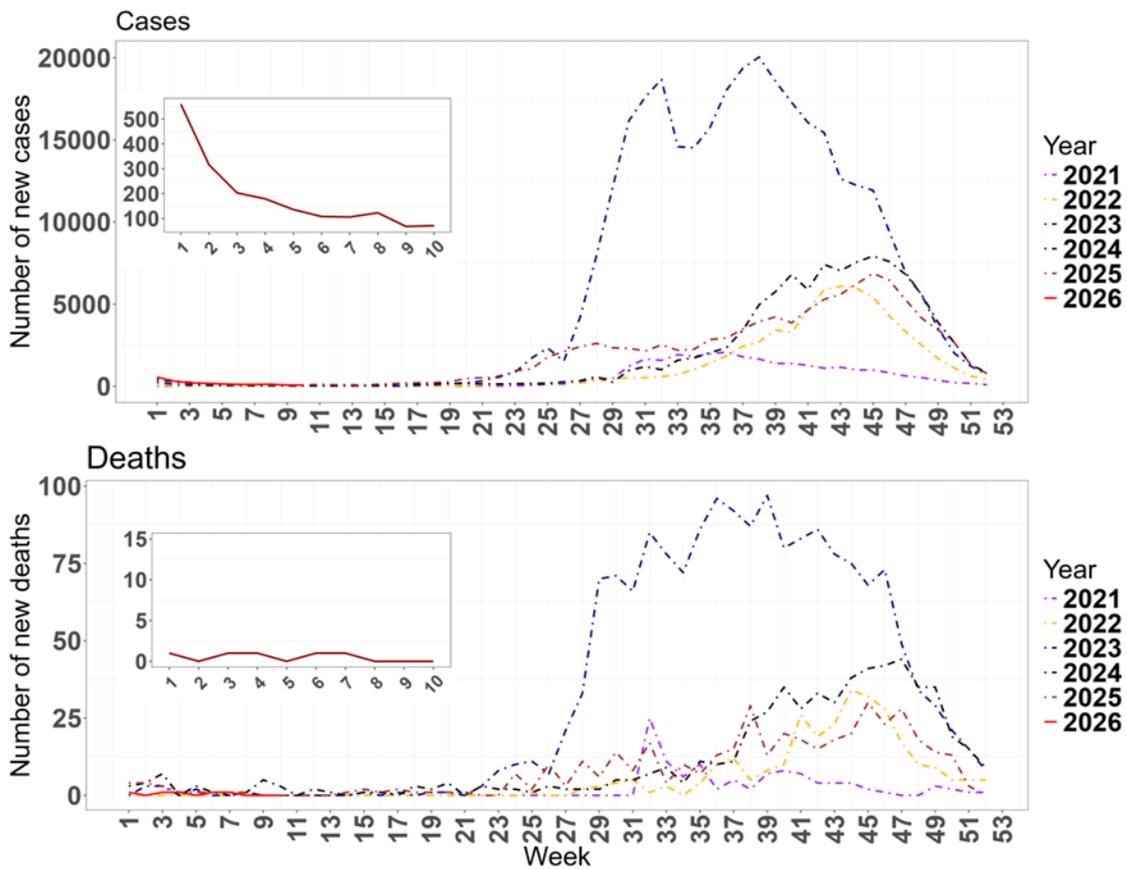
Notes:

- 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 [Internet]. Available from: https://worldhealthorg.shinyapps.io/dengue_global/

- During week 10 of 2026 (02 to 08 March 2026), a total of 71 new dengue cases were reported in Bangladesh, a 4.4% increase compared to 68 cases reported during week 9 of 2026 (23 February to 01 March 2026).
- During week 10, no new dengue deaths were reported in Bangladesh, compared to nil death reported during week 9 of 2026.
- In 2026, as of week 10, a total of 1 870 dengue cases and 5 dengue-related deaths have been reported. This is 103% of the number of cases (n= 1 822) 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.

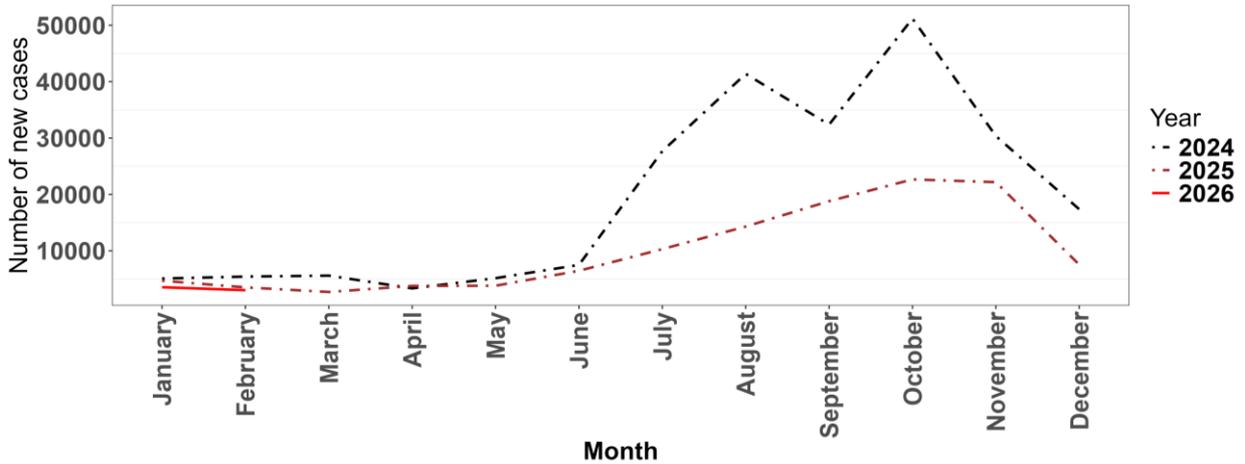
Figure 7. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 10 of 2026.



¹¹ 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 February 2026, a total of 3 019 cases of dengue were reported in India, a 15% decrease compared to January 2026 (n = 3 544).
- In 2026, as of 28 February, a total of 6 563 cases of dengue have been reported compared to 8 217 cases during the same period in 2025.

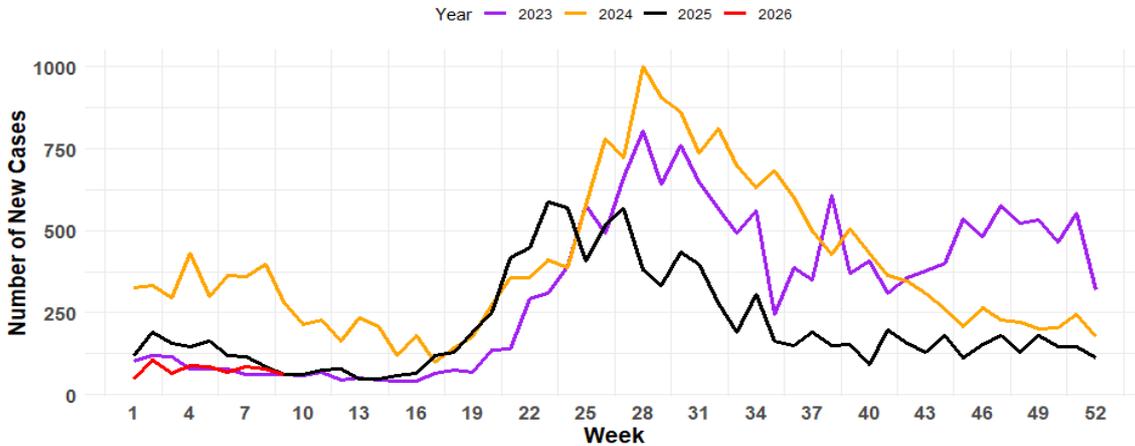
Figure 8. Number of new cases of dengue by month in India from January 2024 to February 2026



Kerala¹²

- 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 9 of 2026

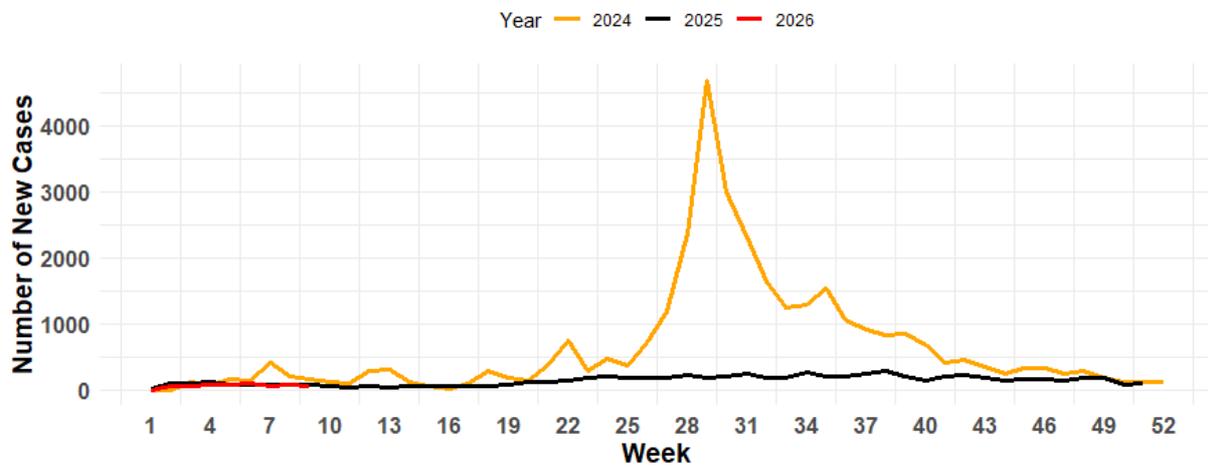


¹² Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. 2026. Available from: <https://dashboard.kerala.gov.in/>

Karnataka¹³

- In Karnataka, in 2024, dengue cases peaked at over 4 500 in week 29, while in 2026, case number remains low as of week 9.

Figure 10. Weekly number of new dengue cases in Karnataka state from week 1 of 2024 to week 9 of 2026

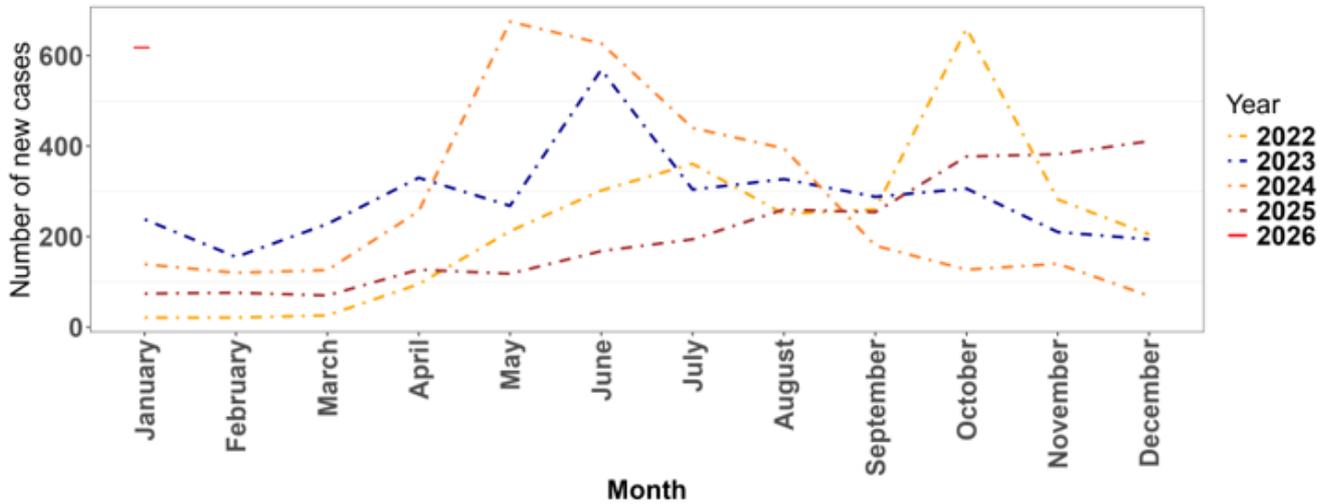


¹³ Department of Health and Family Welfare, Government of Karnataka. PRISM H Disease Surveillance Dashboard [Internet]. 2026. Available from: <https://hfwcom.karnataka.gov.in/info-4/Weekly%20Infectious%20Disease%20Report/en>

Maldives

- No data are made publicly available yet for February 2026. During January 2026, a total of 646 cases of dengue were reported in the Maldives, a 57% increase compared to December 2025 (n=411).

Figure 11. Number of new cases of dengue by month in Maldives from January 2022 to January 2026

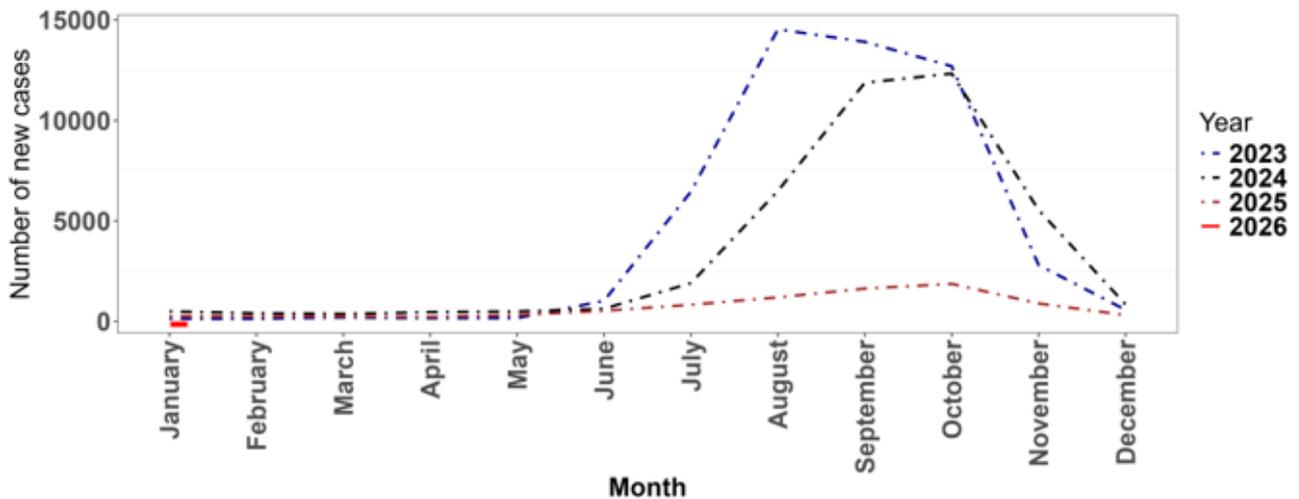


Source: [WHO Global dengue surveillance](#)

Nepal

- No data are made publicly available yet for February 2026. 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.

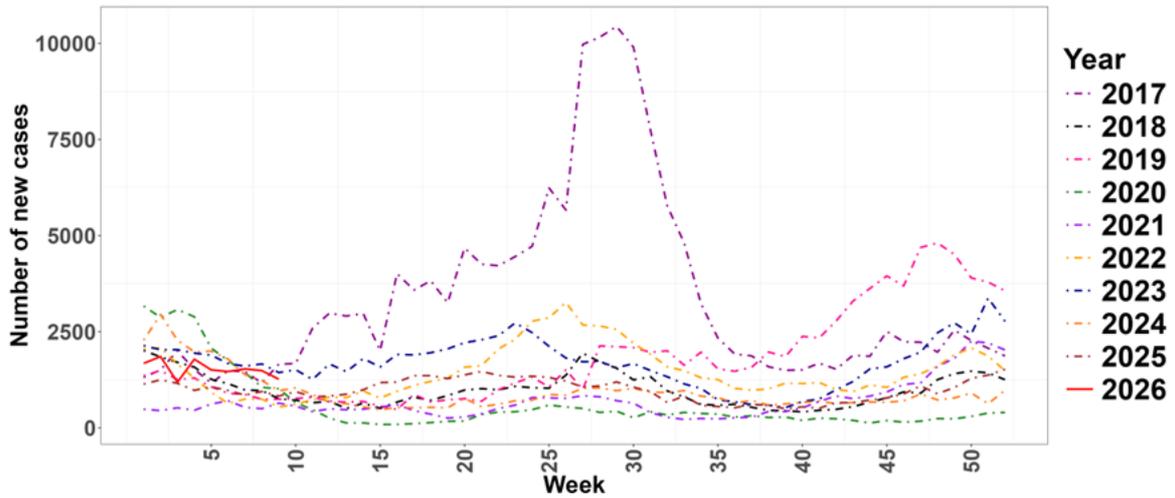
Figure 12. Number of new cases of dengue by month in Nepal from January 2023 to January 2026



Source: [WHO Global dengue surveillance](#)

- During week eight (23 February to 01 March 2026), a total of 1 265 new dengue cases were reported in Sri Lanka, a 14.9% decrease compared to 1 487 cases reported during week eight (16 to 22 February 2026).
- As of week nine in 2026, a total of 13 760 cases were reported compared to 9 187 and 16 840 cases during the same period in 2025 and 2024, respectively.
- The Western Province accounted for 50.8% of total cases, with the Colombo Municipal Council (CMC) contributing 6.5%, the rest of Colombo District 21.9%.

Figure 13. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 9 of 2026.

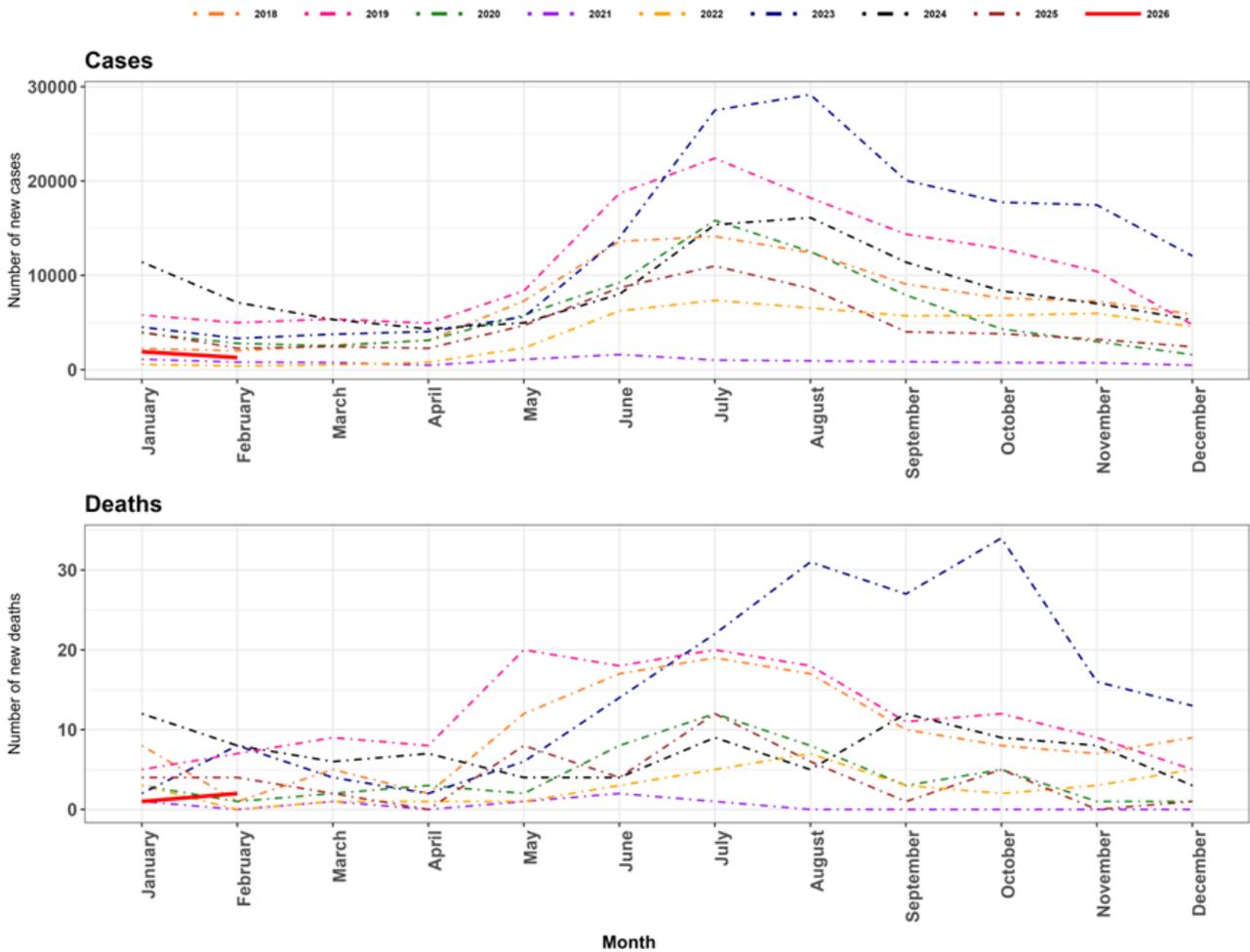


Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2025](#)

¹⁴ National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2025 [cited 2026 Mar 09]. Available from: <https://www.dengue.health.gov.lk/web/index.php/en/> ; Sri Lanka weekly Dengue update.

- During February 2026, a total of 1 288 cases of dengue were reported in Thailand, a 32% decrease compared to January 2026 (n=1 903).
- During February 2026, two dengue deaths were reported, which compares to one death reported in January 2026.
- In 2026, as of 28 February, a total of 3 191 dengue cases and three dengue-related death has been reported. This is 51% of the number of cases (n=6 274) and 38% of the number of deaths (n=8) reported during the same period in 2025.

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



Source: [WHO Global dengue surveillance](#)