WHO South-East Asia Region
Epidemiological Bulletin

WHO Health Emergencies Programme
WHO Regional Office for South-East Asia
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Reporting period: 09 March to 22 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.

Key events and updates

Nepal: Avian influenza A(H5N1) in birds

Situation overview as of 23 March 2026[1] [2]

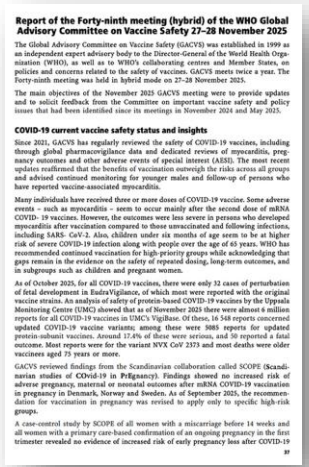
- According to the World Animal Health Information System (WAHIS), outbreaks of A(H5N1) have been reported among poultry in Katahari, Sundarharaicha, and Uralabari municipalities in Morang district and Itahari municipality in Sunsari district in Koshi province.
- On 15 March 2026, one shed experienced a sudden mortality event with about 100 commercial layers dying acutely. Since then, increased mortality has been occurring across all sheds. Based on the investigation, outbreaks across locations began on 10 March with laboratory confirmation on 20 March 2026.
- A total of 10 316 cases (all fatal resulting in 10 316 deaths) were recorded. Overall, 37 660 birds have been culled and disposed of thus far.

Public Health Response:

- Activation of national avian influenza control measures and quarantine in affected areas, culling of infected and at-risk poultry, biosecurity measures on farms.
- The Ministry of Agriculture and Livestock Development declared the affected areas avian influenza-affected zones.

New publication: Report of the 49th meeting of the WHO Global Advisory Committee on Vaccine Safety (GACVS)

- The 49th WHO GACVS meeting reviewed emerging global vaccine safety evidence and policy issues in November 2025.
- Meeting highlights include:
  - COVID-19 vaccines continue to have a favourable benefit–risk profile, with no new major safety concerns identified.
  - There is no credible evidence linking vaccines, thiomersal, or aluminium adjuvants with autism spectrum disorder.
  - The GACVS members emphasized the importance of stronger vaccine safety monitoring, especially in low- and middle-income countries, including work on background rates of adverse events and maternal immunization safety.
  - Continued review for newer vaccines, including chikungunya and dengue vaccines, is needed to rapidly detect and assess any emerging safety signals. The full report is available at: https://www.who.int/publications/i/item/who-wer1019-10-37-42



Report of the Forty-ninth meeting (hybrid) of the WHO Global Advisory Committee on Vaccine Safety 27–28 November 2025

The Global Advisory Committee on Vaccine Safety (GACVS) was established in 1999 as an independent expert advisory body to the Director-General of the World Health Organization (WHO), as well as to WHO's collaborating centres and Member States, on policies and concerns related to the safety of vaccines. GACVS meets twice a year. The Forty-ninth meeting was held in hybrid mode on 27–28 November 2025.

The main objectives of the November 2025 GACVS meeting were to provide updates and to solicit feedback from the Committee on important vaccine safety and policy issues that had been identified since its meetings in November 2024 and May 2025.

COVID-19 current vaccine safety status and insights

Since 2021, GACVS has regularly reviewed the safety of COVID-19 vaccines, including through global pharmacovigilance data and dedicated reviews of myocarditis, pregnancy outcomes and other adverse events of special interest (AESI). The most recent updates reaffirmed that the benefits of vaccination outweigh the risks across all groups and advised continued monitoring for younger males and follow-up of persons who have reported vaccine-associated myocarditis.

Many individuals have received three or more doses of COVID-19 vaccine. Some adverse events – such as myocarditis – seem to occur mainly after the second dose of mRNA COVID- 19 vaccines. However, the outcomes were less severe in persons who developed myocarditis after vaccination compared to those unvaccinated and following infections, including SARS- CoV-2. Also, children under six months of age seem to be at higher risk of severe COVID-19 infection along with people over the age of 65 years. WHO has recommended continued vaccination for high-priority groups while acknowledging that gaps remain in the evidence on the safety of repeated dosing, long-term outcomes, and in subgroups such as children and pregnant women.

As of October 2025, for all COVID-19 vaccines, there were only 32 cases of perturbation of fetal development in EudraVigilance, of which most were reported with the original vaccine strains. An analysis of safety of protein-based COVID-19 vaccines by the Uppsala Monitoring Centre (UMC) showed that as of November 2025 there were almost 6 million reports for all COVID-19 vaccines in UMC's VigiBase. Of these, 16 568 reports concerned updated COVID-19 vaccine variants; among these were 3085 reports for updated protein-subunit vaccines. Around 17.4% of these were serious, and 30 reported a fatal outcome. Most reports were for the variant NVX CoV 2373 and most deaths were older vaccinees aged 75 years or more.

GACVS reviewed findings from the Scandinavian collaboration called SCOPE (Scandinavian studies of COvid-19 in PEgnancy). Findings showed no increased risk of adverse pregnancy, maternal or neonatal outcomes after mRNA COVID-19 vaccination in pregnancy in Denmark, Norway and Sweden. As of September 2025, the recommendation for vaccination in pregnancy was revised to apply only to specific high-risk groups.

A case-control study by SCOPE of all women with a miscarriage before 14 weeks and all women with a primary care-based confirmation of an ongoing pregnancy in the first trimester revealed no evidence of increased risk of early pregnancy loss after COVID-19

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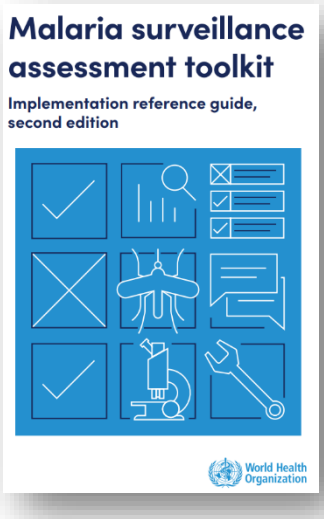
[1] World Organisation for Animal Health (WOAH). WAHIS event report [Internet]. Available from: https://wahis.woah.org/#/in-review/7386

[2] Ministry of Agriculture and Livestock Development. Department of Livestock Services, Nepal. Press release regarding Avian Influenza control [Internet]. Available from: https://dls.gov.np/

New publication: Malaria surveillance assessment toolkit - Implementation reference guide

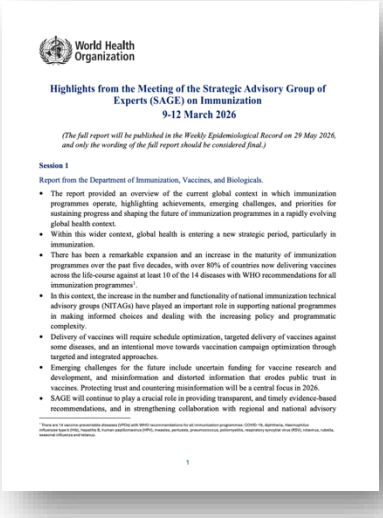
- On 12 March 2026, WHO published the malaria surveillance assessment toolkit – Implementation reference guide, second edition.
- It provides a comprehensive but adaptable Assessment Framework and an associated standardized package of tools: guidance materials, data collection and analysis tools and report documents.
- The toolkit also aligns and adapts available tools into a single set of standardized tools, which can be used to conduct malaria surveillance assessments across all transmission settings. Use of these standardized tools allows comparison of results between countries and within the same country over time, enabling countries to track their progress towards surveillance system strengthening.
- The full guide is available at:



https://www.who.int/southeastasia/publications/m/item/mmrphsa00109032026https://www.who.int/publications/i/item/9789240110977

New publication: Highlights from the Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization 9-16 March 2026

- The report summarizes discussions across six sessions, covering global immunization priorities, strategies, and policy guidance.
- The initial sessions highlight the current global immunization landscape, including key progress, challenges and emerging risks.
- The following sessions present updated recommendations and insights on priority vaccines and diseases, including typhoid, COVID-19, and polio.
- The document is available here: Highlights from the Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization 9-16 March 2026 https://www.who.int/southeastasia/internal-publications-detail/whe090326-1
- Please note that the full report will be published in the Weekly Epidemiological Record on 29 May 2026, and only the wording of the full report should be considered final.


World Health Organization

Highlights from the Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization
9-12 March 2026

(The full report will be published in the Weekly Epidemiological Record on 29 May 2026, and only the wording of the full report should be considered final.)

Session 1

Report from the Department of Immunization, Vaccines, and Biologicals.

- The report provided an overview of the current global context in which immunization programmes operate, highlighting achievements, emerging challenges, and priorities for sustaining progress and shaping the future of immunization programmes in a rapidly evolving global health context.
- Within this wider context, global health is entering a new strategic period, particularly in immunization.
- There has been a remarkable expansion and an increase in the maturity of immunization programmes over the past five decades, with over 80% of countries now delivering vaccines across the life-course against at least 10 of the 14 diseases with WHO recommendations for all immunization programmes[1].
- In this context, the increase in the number and functionality of national immunization technical advisory groups (NITAGs) have played an important role in supporting national programmes in making informed choices and dealing with the increasing policy and programmatic complexity.
- Delivery of vaccines will require schedule optimization, targeted delivery of vaccines against some diseases, and an intentional move towards vaccination campaign optimization through targeted and integrated approaches.
- Emerging challenges for the future include uncertain funding for vaccine research and development, and misinformation and distorted information that erodes public trust in vaccines. Protecting trust and countering misinformation will be a central focus in 2026.
- SAGE will continue to play a crucial role in providing transparent, and timely evidence-based recommendations, and in strengthening collaboration with regional and national advisory

[1] There are 14 vaccine-preventable diseases (VPDs) with WHO recommendations for all immunization programmes: COVID-19, diphtheria, Haemophilus influenzae type b (Hib), hepatitis B, human papillomavirus (HPV), measles, pertussis, pneumococcus, poliomyelitis, respiratory syncytial virus (RSV), rotavirus, rubella, maternal influenza and tetanus.

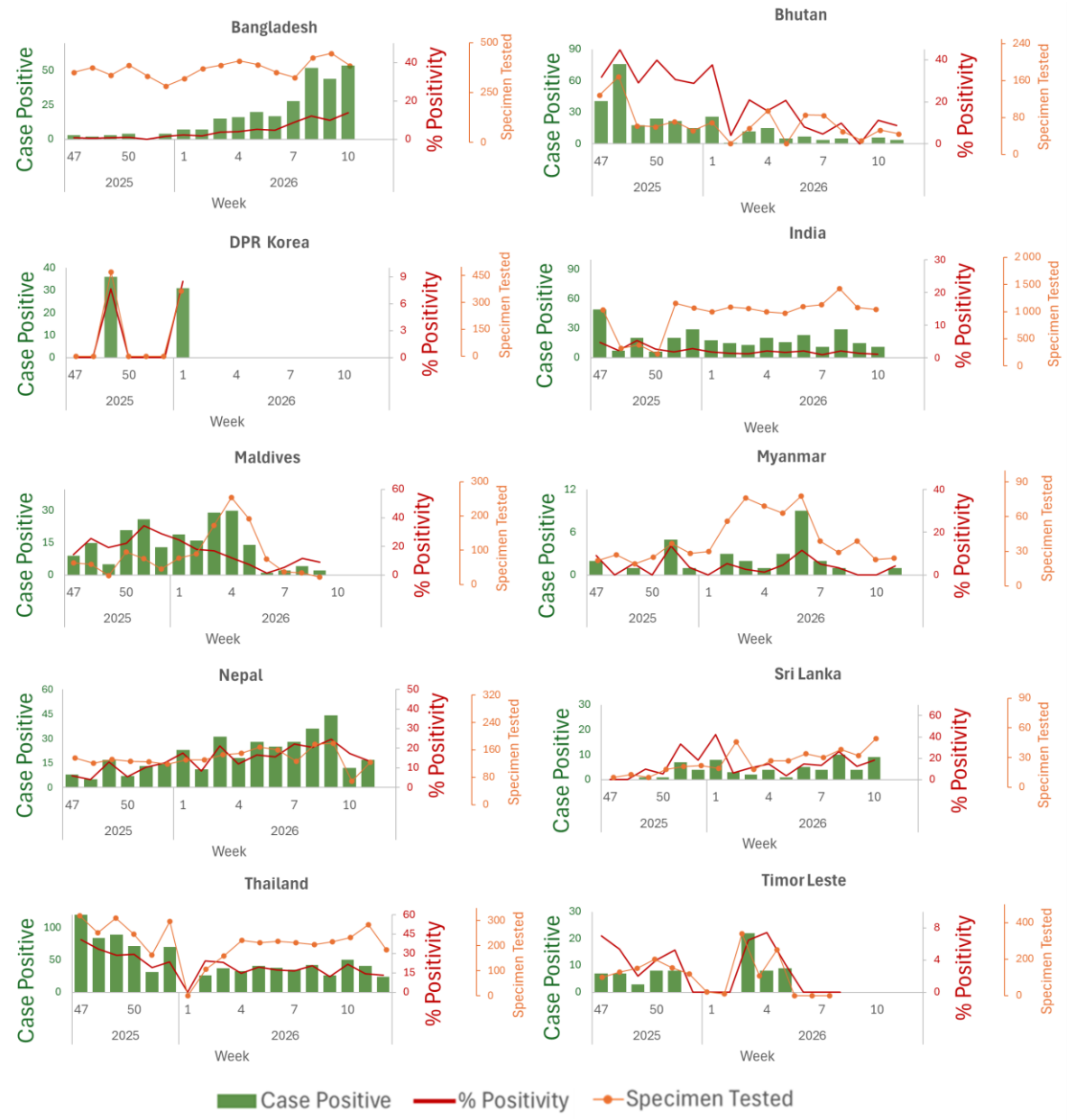
Influenza

Situation in the WHO South-East Asia Region

Situation as of 24 March 2026 [3]

- Figure 1 shows the influenza data from the WHO FluNet platform, accessed on 24 March 2026.
- In the WHO South-East Asia Region during weeks 10–12, there were 257 influenza positive samples, among 3 695 samples tested, the overall positivity was 7%.
- No countries reported high test positivity percentage in the region (Table 1).

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 March 2026



Source: Respimart/FluNet

[3] World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 Mar 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 10 to 12 in 2026, as of 24 March 2026 [4]

- Table 1 shows influenza A virus subtypes and B lineages distribution across ten countries in the WHO South-East Asia Region for epidemiological weeks 10 to 12 of 2026, based on data extracted from WHO's RespiMart platform on 24 March 2026. The last submission was on 16 March 2026 (Week 12).
- The predominant **influenza A** subtype detected in the region was A (H3) (43%).
  - Among countries that reported influenza test positive results (10 or more positive samples), A(H3) sub-type is the predominant strain in Bangladesh (98%), and A(H1N1) was the major influenza A subtype in Bhutan (60%) and Nepal (45%).
  - In Sri Lanka and Nepal, the proportion of un-subtyped influenza A viruses were 11% and 3% respectively,
- The overall proportion of **influenza B** in the region was 45%. Influenza B (Victoria) lineage comprised 39% of detected influenza viruses in the region.
  - Among countries that reported influenza test positive results (10 or more positive samples), B (Victoria) lineage predominated in India (62%) and Thailand (62%).
  - In Sri Lanka and Nepal the proportion of influenza B (Lineage not Determined) was 67% and 31% respectively.
- Myanmar and Sri Lanka had less than 10 influenza positive samples during this period with the total samples tested during the weeks 10-12 was below the minimum number of specimens recommended by WHO to be tested (50 samples per week).
- 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 10 to 12, 2026), situation as 24 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 Countries	3 695	257	7%	0%	43%	0%	11%	1%	0%	39%	6%
Bangladesh	386	54	14%	0%	98%	0%	2%	0%	0%	0%	0%
Bhutan	98	10	10%	0%	0%	0%	60%	0%	0%	40%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	2 223	39	2%	0%	31%	0%	8%	0%	0%	62%	0%
Maldives	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Myanmar	47	1	2%	0%	100%	0%	0%	0%	0%	0%	0%
Nepal	193	29	15%	0%	14%	0%	45%	3%	0%	7%	31%
Sri Lanka	49	9	18%	0%	0%	0%	22%	11%	0%	0%	67%
Thailand	699	115	16%	0%	36%	0%	3%	0%	0%	62%	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%.

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

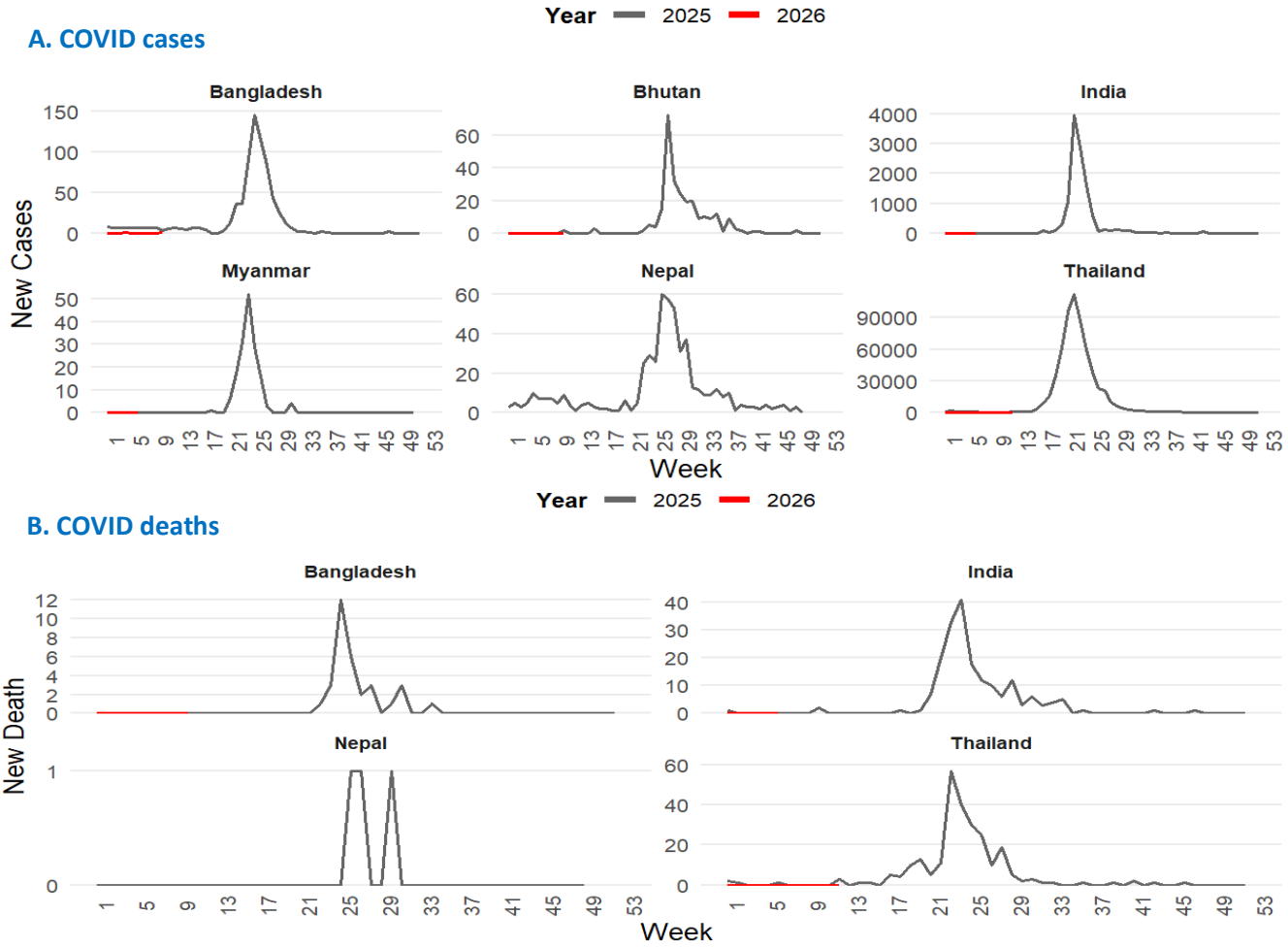
COVID-19

Situation in the WHO South-East Asia Region

Situation as of 22 March 2026

- The weekly number of COVID-19 cases reported on official websites, including Bangladesh[5], Bhutan[6], India[7], Myanmar[8], Nepal[9] and Thailand[10], 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 12 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. Bangladesh and Bhutan data as of week 10.

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

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

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

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

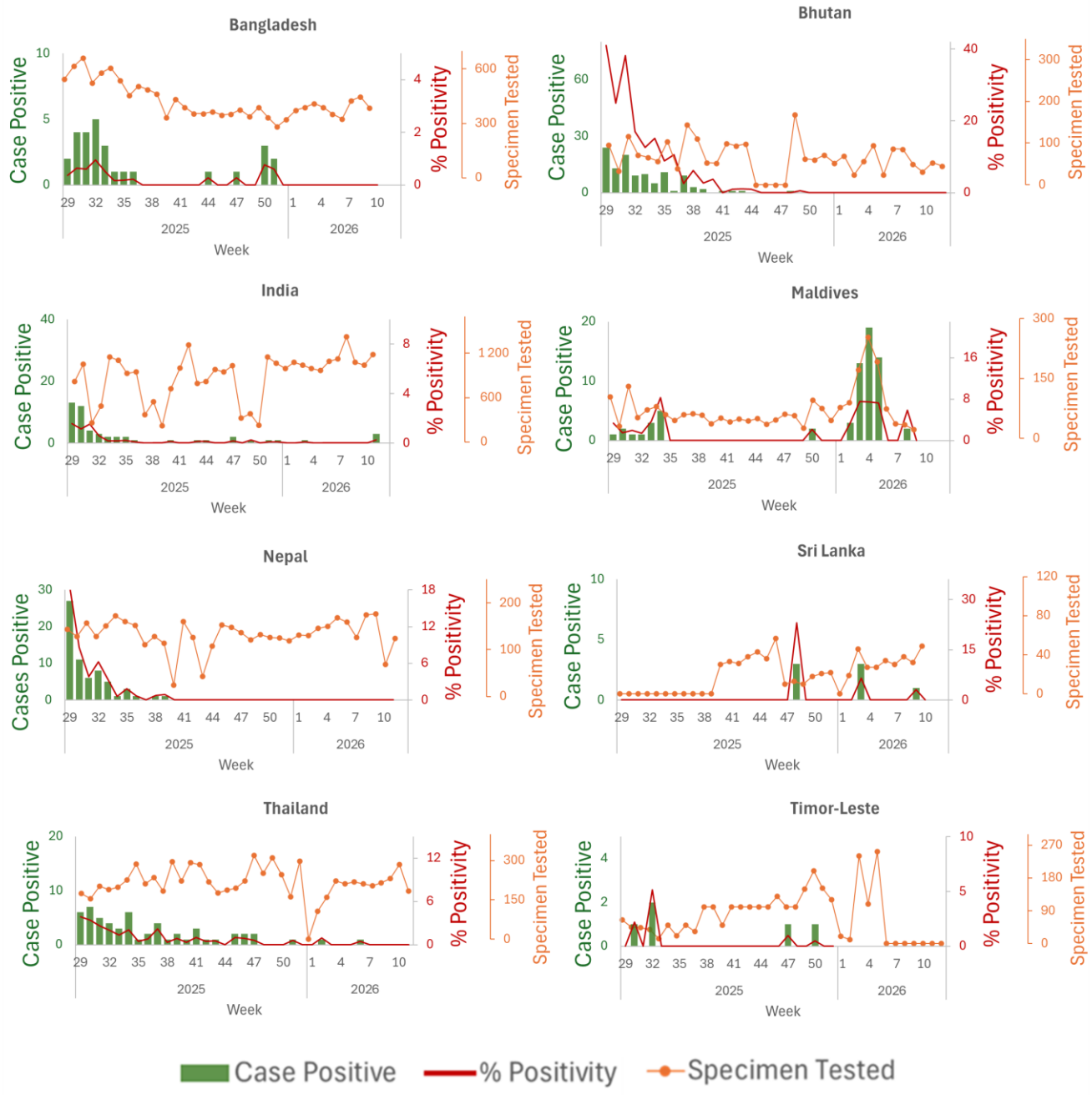
[8] Ministry of Health, Republic of the Union of Myanmar. Ministry of Health official website [Internet]. 2026 [cited 2026 Mar 24]. Available from: https://www.mohs.gov.mm/

[9] Epidemiology and Disease Control Division Nepal. [Internet]. [cited 2026 Mar 24]. Available from: https://edcd.gov.np/newsroom/outbreak

[10] Department of Disease Control, Ministry of Public Health, Thailand. COVID-19 Surveillance Dashboard [Internet]. 2026 [cited 2026 Mar 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. [11]

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 March 2026)



Source: Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard

[11] Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard. [Internet]. [cited 2026 Feb 24]. Available from: https://app.powerbi.com/view?r=eyJrIjoiNzdjZTVmY2YtNzY2NC00NTM0LTkzY2QtMWM0MzY0Mjg0YTZjIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9

mpox

Situation in the WHO South-East Asia Region

Situation as of 22 March 2026

- In week 11 and 12 (09 March to 22 March 2026), no new mpox case was reported in the Region.
- As of 22 March 2026, in the WHO South-East Asia Region, a total of 1 213 laboratory-confirmed mpox cases including 15 deaths, have been reported since 14 July 2022 (Figure 4).
- Thirty-four monkeypox virus (MPXV) clade Ib cases have been reported in the Region to date – 18 from India, 15 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

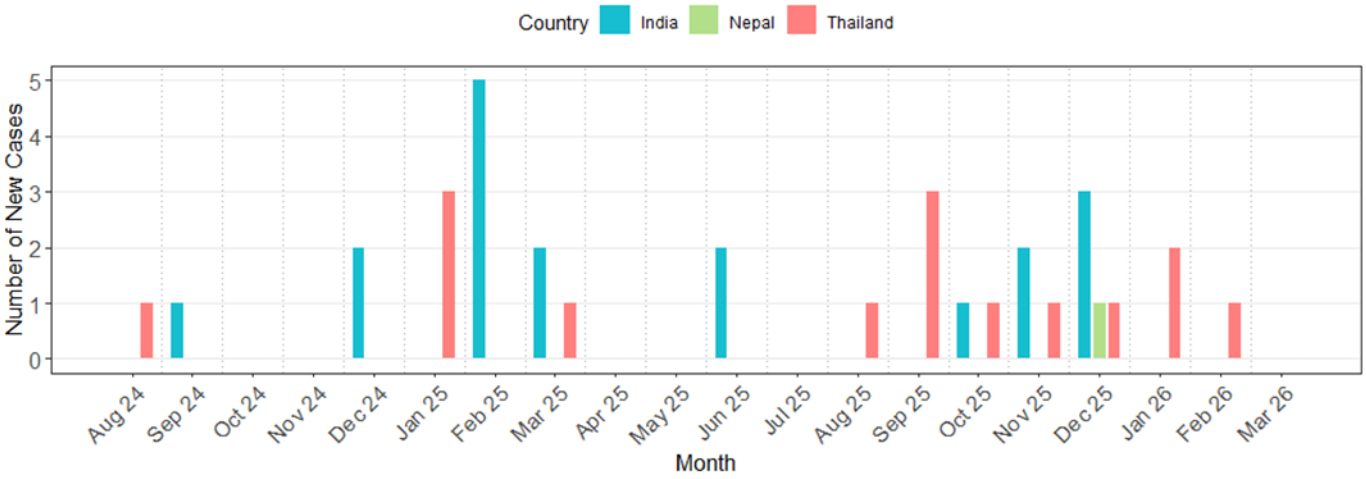
Figure 4. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (Upper, 14 July 2022 – 22 March 2026; lower 1 January 2025 – 22 March 2026).

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 March 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 cases in India of which the month of notification is missing, the month of diagnosis was used.

Table 2. Profile of the 34 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 March 2026)*

	Total (n = 34)
Country	
India	18 (52.9%)
Nepal	1 (2.9%)
Thailand	15 (44.1%)
Recent International travel	
Yes	30 (88.2%)
No	4 (11.8%)
Age group (years)	
Less than 18	0 (0.0%)
18-29	10 (29.4%)
30-39	15 (44.1%)
40-49	8 (23.5%)
50 and over	1 (2.9%)
Gender	
Female	13 (38.2%)
Male	21 (61.8%)

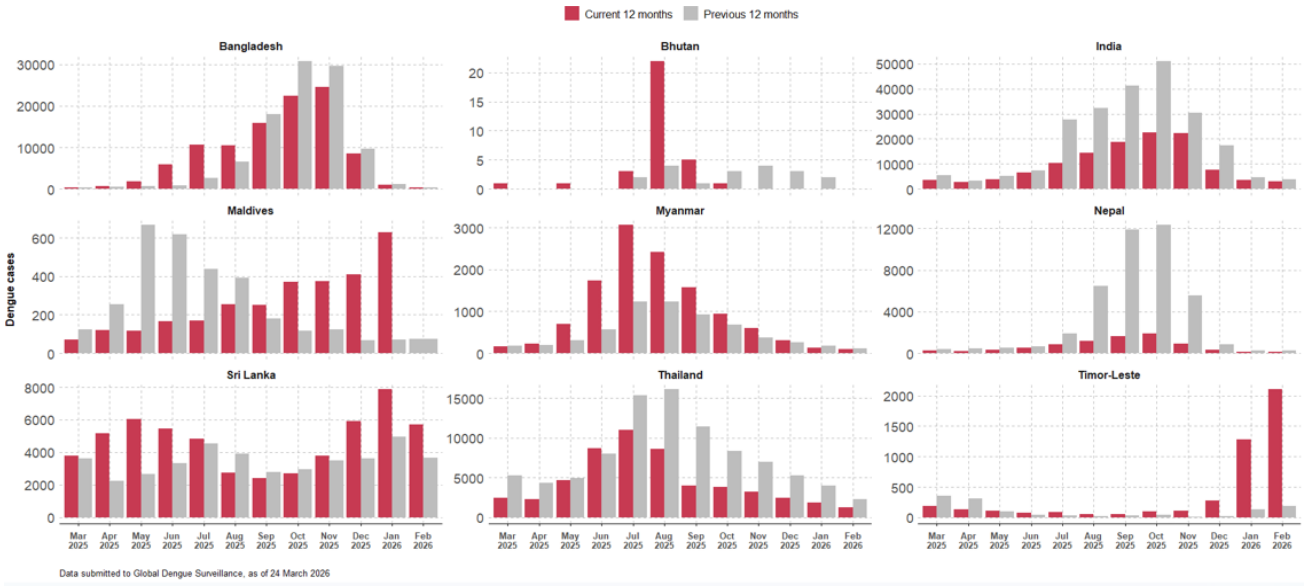
Notes:
* One CRF is awaited from Nepal.

Dengue

Situation in the WHO South-East Asia Region [12]

- 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 for February were not yet available for Maldives.
- **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).
- **Maldives** has also shown an increasing trend of dengue cases, rising steadily since June 2025 reaching over 600 cases in January 2026. This represents an approximately 8.8-fold increase compared to the 74 cases reported in January 2025.
- **Sri Lanka** shows higher transmission compared with the previous year since November 2025, although a decline in reported cases is observed in February 2026.

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



Notes:

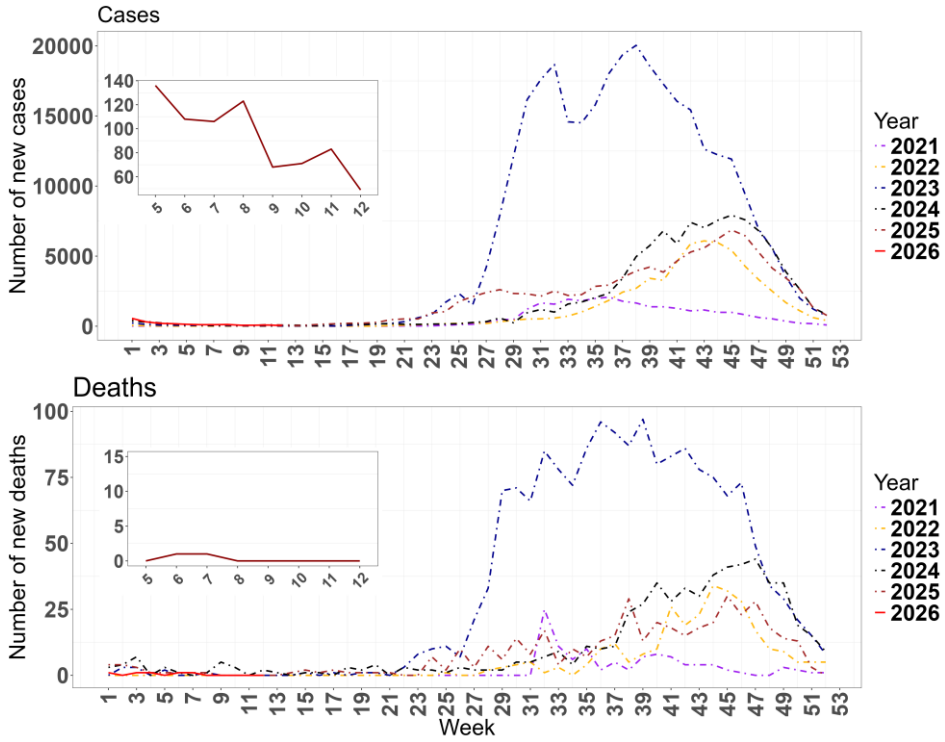
- Bangladesh, Bhutan, Indonesia, Myanmar, Thailand and Timor-Leste show confirmed cases.
- Bangladesh reports only hospitalized cases.
- The majority of Myanmar cases are hospitalized cases.

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

Bangladesh [13]

- During week 12 of 2026 (16 to 22 March 2026), a total of 49 new dengue cases were reported in Bangladesh, a 41% decrease compared to 83 cases reported during week 11 of 2026 (09 to 15 March 2026).
- During week 12, no new dengue deaths were reported in Bangladesh, compared to nil death reported during week 11 of 2026.
- In 2026, as of week 12, a total of 2 002 dengue cases and 5 dengue-related deaths have been reported. This is 99% of the number of cases (n= 2 021) 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 12 of 2026.

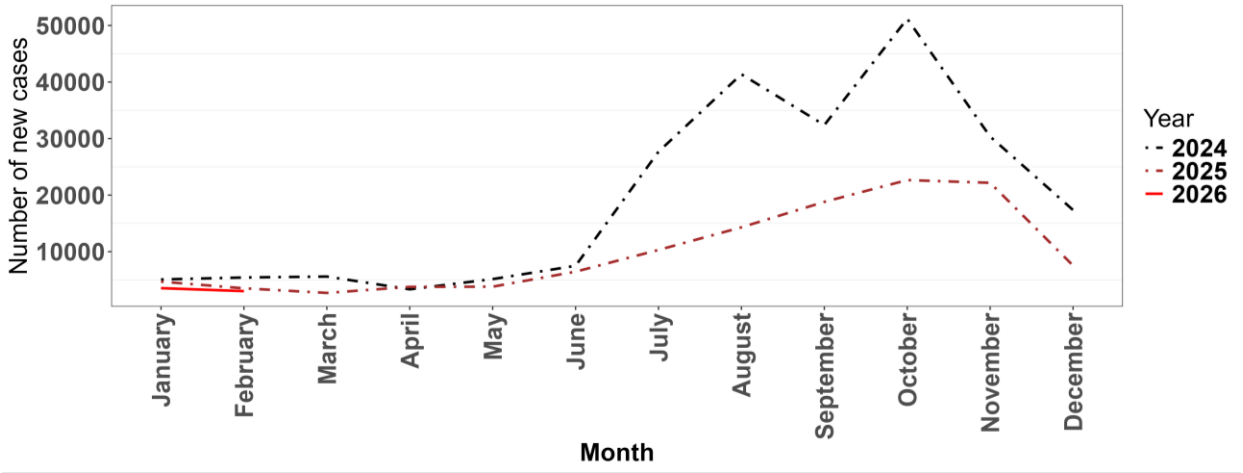


[13] Directorate General of Health Services (DGHS), Bangladesh. Daily Dengue Status Report [Internet]. 2026. Available from: https://old.dghs.gov.bd/index.php/bd/home/5200-daily-dengue-status-report

India

- 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.

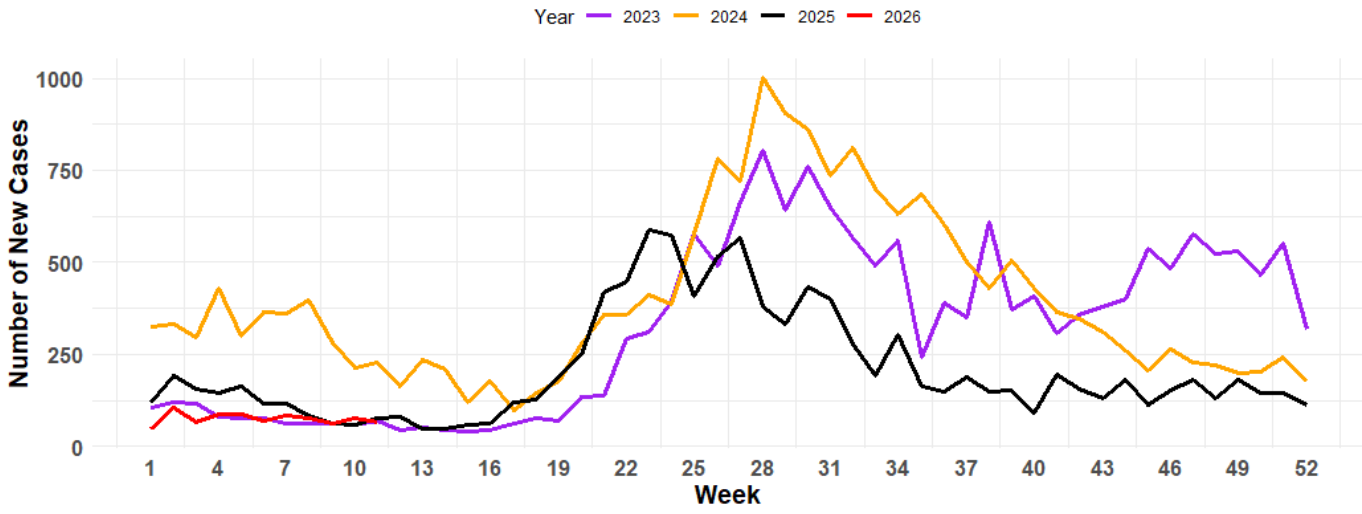
Figure 8. Number of new cases of dengue by month in India from January 2024 to February 2026



Kerala[14]

- In 2025, cases increased steadily from week 17, but case numbers have declined since week 27. In 2026, the trend has remained consistently low since the start of the year.

Figure 9. Weekly number of new dengue cases in Kerala state from week 1 of 2023 to week 11 of 2026

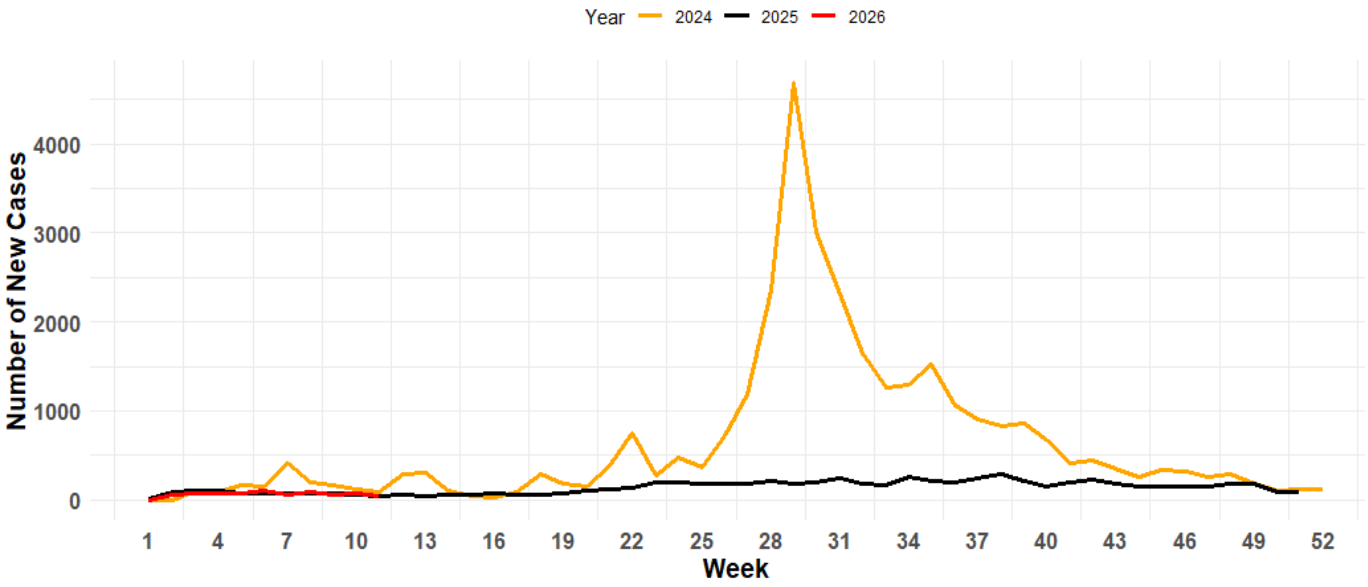


[14] Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. 2026. Available from: https://dashboard.kerala.gov.in/

Karnataka[15]

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

Figure 10. Weekly number of new dengue cases in Karnataka state from week 1 of 2024 to week 11 of 2026

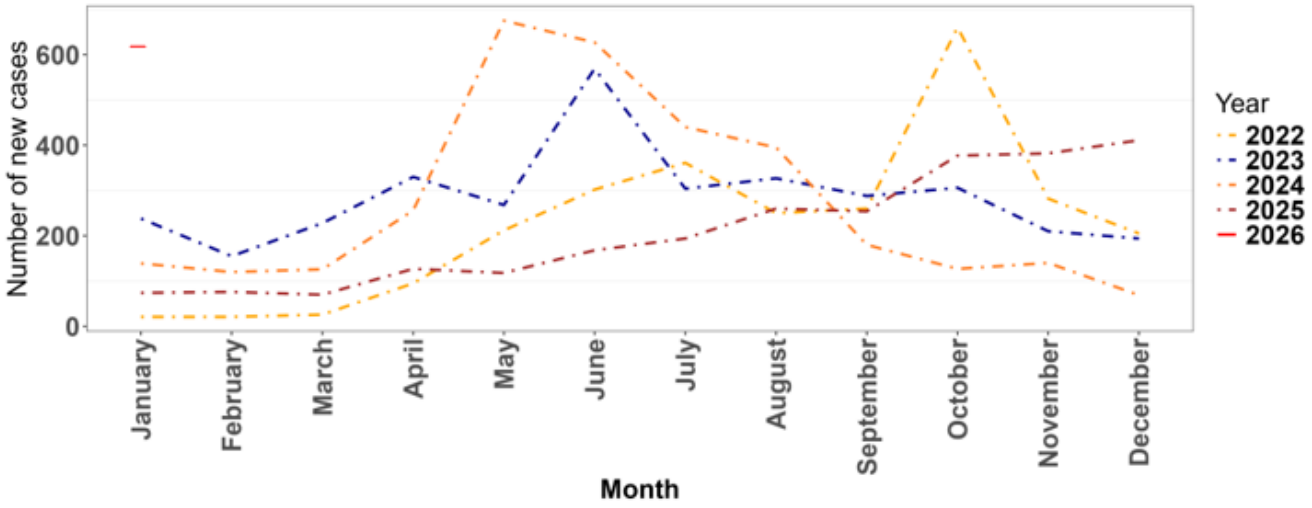


[15] Department of Health and Family Welfare, Government of Karnataka. PRISM H Disease Surveillance Dashboard [Internet]. 2026. Available from: https://hfwcom.karnataka.gov.in/info-4/Weekly%20Infectious%20Disease%20Report/en

Maldives

- Maldives has also shown an increasing trend of dengue cases, rising steadily since June 2025 reaching over 600 cases in January 2026. This represents an approximately 8.8-fold increase compared to January 2025.
- No data are made publicly available yet for February 2026.
- Of note, while dengue cases occur throughout the year in the Maldives, historically, the peak is during monsoon season (June through August) with a secondary surge in April-May. Dengue cases have increased steadily since June 2025, with an atypical peak in Dec–Jan, diverging from historical seasonal patterns.

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

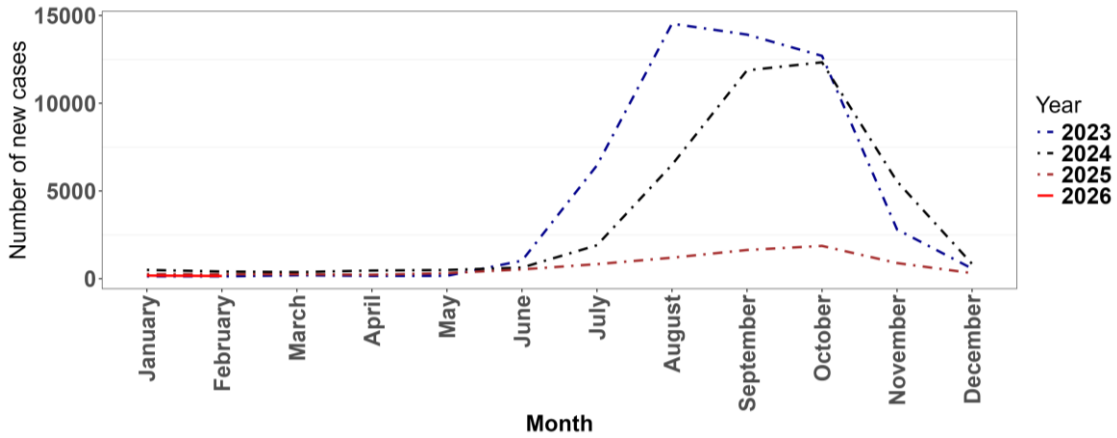


Source: WHO Global dengue surveillance

Nepal

- During February 2026, a total of 153 dengue cases were reported in Nepal, a 14% decrease compared to January 2026 (n = 178).
- In 2026, as of 28 February, a total of 331 cases of dengue have been reported compared to 511 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 February 2026

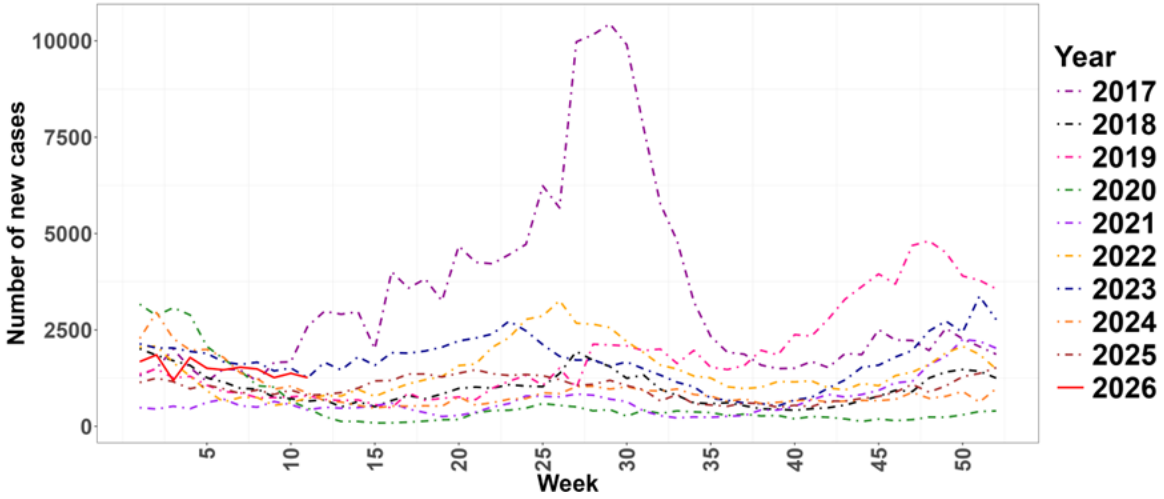


Source: WHO Global dengue surveillance

Sri Lanka [16]

- During week 11 (09 to 15 March 2026), a total of 1 263 new dengue cases were reported in Sri Lanka, a 8.1% decrease compared to 1 385 cases reported during week 10 (02 to 08 March 2026).
- As of week 11 in 2026, a total of 16 397 cases were reported compared to 10 935 and 18 745 cases during the same period in 2025 and 2024, respectively.
- The Western Province accounted for 44.9% of total cases, with the Colombo Municipal Council (CMC) contributing 4.6%, the rest of Colombo District 19.3%.

Figure 13. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 11 of 2026.



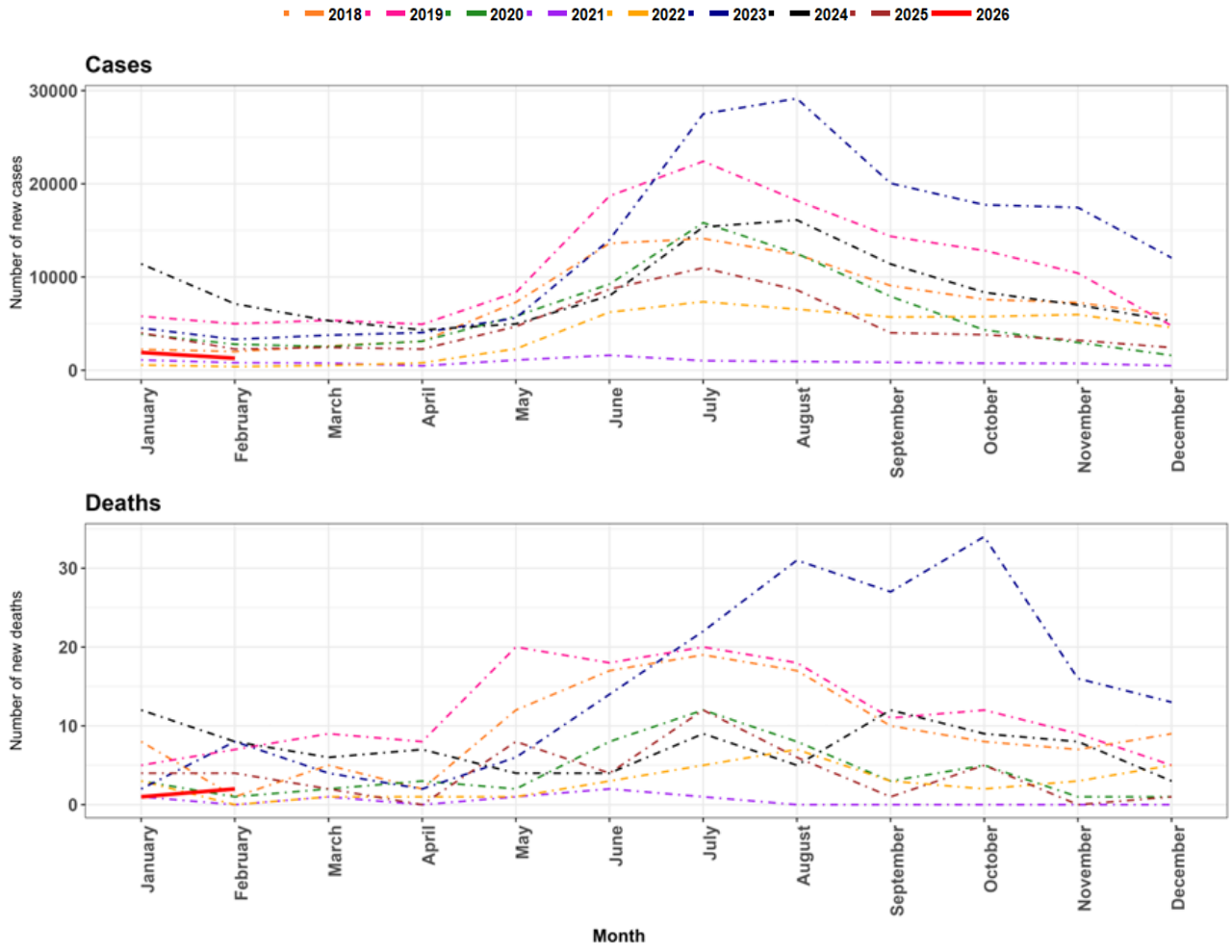
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - 2017 to 2020; 2021 to 2025

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

Thailand

- 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