WHO South-East Asia Region
Epidemiological Bulletin

WHO Health Emergencies Programme
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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: Measles

Situation as of 5 April 2026 [1] [2] [3] [4] [5]

- According to the Ministry of Health and Family Welfare of Bangladesh, the country has been experiencing an unusual increase in measles cases.
- Since 15 March 2026 and as of 7 April:
  - 9 883 suspected measles cases and 1 398 laboratory-confirmed cases have been reported.
  - 128 suspected measles-related deaths (CFR= 1.3%) and 21 confirmed measles-related deaths (CFR= 1.5%) have been recorded.
  - 6 883 hospital admissions and 4 635 hospital discharges have also been reported.
  - Geographically, the highest cumulative numbers of suspected cases have been reported from Dhaka Division (4 160 cases), Rajshahi Division (1 750 cases) and Chattogram Division (1 415 cases).

Public Health Response

- On 5 April 2026, the Government of Bangladesh, with support from UNICEF, WHO and Gavi, the Vaccine Alliance, launched an emergency measles-rubella vaccination campaign targeting more than 1.2 million children aged 6 months to 5 years in 30 upazilas across 18 high-risk districts.
  - The campaign is being implemented in phases, with expansion to four city corporations from 12 April and nationwide scale-up planned from 3 May.
  - The campaign prioritizes children who have missed routine immunization and those at greatest risk of severe disease and complications.
  - In Dhaka and Cox's Bazar, efforts are being intensified to achieve high vaccination coverage in densely populated and high-risk settings.
- The Ministry of Health and Family Welfare is strengthening risk communication and community awareness on measles through public messaging on transmission, symptoms and population groups at highest risk, particularly unvaccinated young children.

[1] Directorate General of Health Services (Bangladesh). Government measles-rubella vaccination campaign [Internet] [cited 2026 Apr 6]. Available from: https://tinyurl.com/yajjrjxc

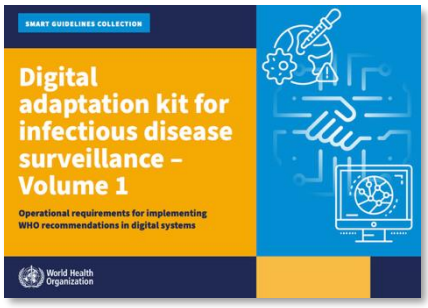
[2] Directorate General of Health Services (Bangladesh). Measles press release (07/04/2026) [Internet] [cited 2026 Apr 8]. Available from: https://tinyurl.com/y3f4p6ax

[3] Ministry of Health and Family Welfare (Bangladesh). Launch of emergency measles-rubella vaccination campaign [Facebook post] [cited 2026 Apr 6]. Available from: https://tinyurl.com/btzsmucn

[4] Ministry of Health and Family Welfare (Bangladesh). Risk communication [Facebook post] [cited 2026 Apr 6]. Available from: https://tinyurl.com/4hwn93r8

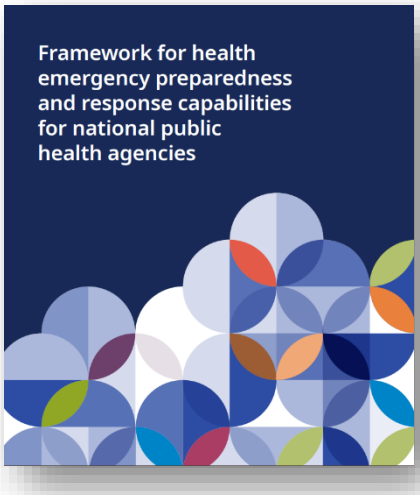
[5] UNICEF. Bangladesh launches emergency measles-rubella campaign [Internet] [cited 2026 Apr 6]. Available from: https://tinyurl.com/ycsrd5j4

New publication: Digital adaptation kit for infectious disease surveillance



- The digital adaptation kit for infectious disease surveillance – Volume 1: operational requirements for implementing WHO recommendations in digital systems was published.
- This digital adaptation kit provides content and data requirements to support the implementation of infectious disease surveillance systems.
- It provides both cross-cutting components and disease-specific content for cholera, measles, bacterial meningitis and yellow fever, with a focus on enabling surveillance systems that are interoperable with person-centered point-of-service systems while supporting alignment with the broader digital surveillance ecosystem.
- This package is intended to help harmonize digital surveillance implementations across countries and partners. It supports more consistent system specification, improves standardization, and enhances data quality, helping to ensure that digital surveillance systems more effectively serve public health decision-making.
- The full publication is available in the following links:
  - https://iris.who.int/items/ab1c9e2f-1a6f-4057-8975-c526b8cea9d2
  - https://smart.who.int/dak-srv/#l1-narrative-guidelines

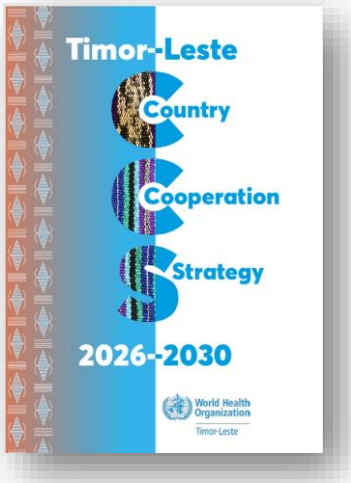
New publication: Framework for health emergency preparedness and response capabilities for national public health agencies



- On 23 March 2026, WHO published the Framework for Health Emergency Preparedness and Response (EPR) Capabilities for National Public Health Agencies (NPHAs).
- The document provides comprehensive guidance to help countries strengthen the institutions that lead and coordinate public health emergency functions.
- Developed through extensive global consultation with over 120 countries and partner organizations, the framework responds to Member States' request for clearer articulation of the essential roles NPHAs can play in preventing, preparing for, and responding to health emergencies.
- The framework recognizes that countries vary widely in how they structure EPR governance and in the mandates and autonomy of their NPHAs. It is designed to be adaptable across diverse institutional models — whether NPHAs lead, co-lead, or support national emergency functions.
  - Each capability is broken down into sub-capabilities and illustrative actions that countries can use to assess current arrangements, identify gaps, and prioritize investments.
- The full document is available at: https://www.who.int/publications/i/item/B09726

New publication: Timor-Leste country cooperation strategy 2026–2030

- On 26 March 2026, WHO published the Country Cooperation Strategy (CCS) 2026–2030 for Timor-Leste, outlining a strategic roadmap to advance Universal Health Coverage (UHC) and improve population health outcomes.
- The strategy is aligned with the WHO Fourteenth General Programme of Work (GPW14) and is built around its four pillars—Promote, Provide, Protect, and Perform—with clearly defined priorities and deliverables.
- It reflects WHO's commitment to supporting the Ministry of Health and strengthening partnerships with development stakeholders over the next five years.
- The CCS emphasizes a people-centered, bottom-up approach that aligns with national, regional and global health goals, while ensuring coordinated action.
- Its implementation will be jointly monitored and evaluated by WHO, the government, and development partners to track progress and ensure accountability,
- The full document is available at: https://www.who.int/publications/i/item/9789290222316



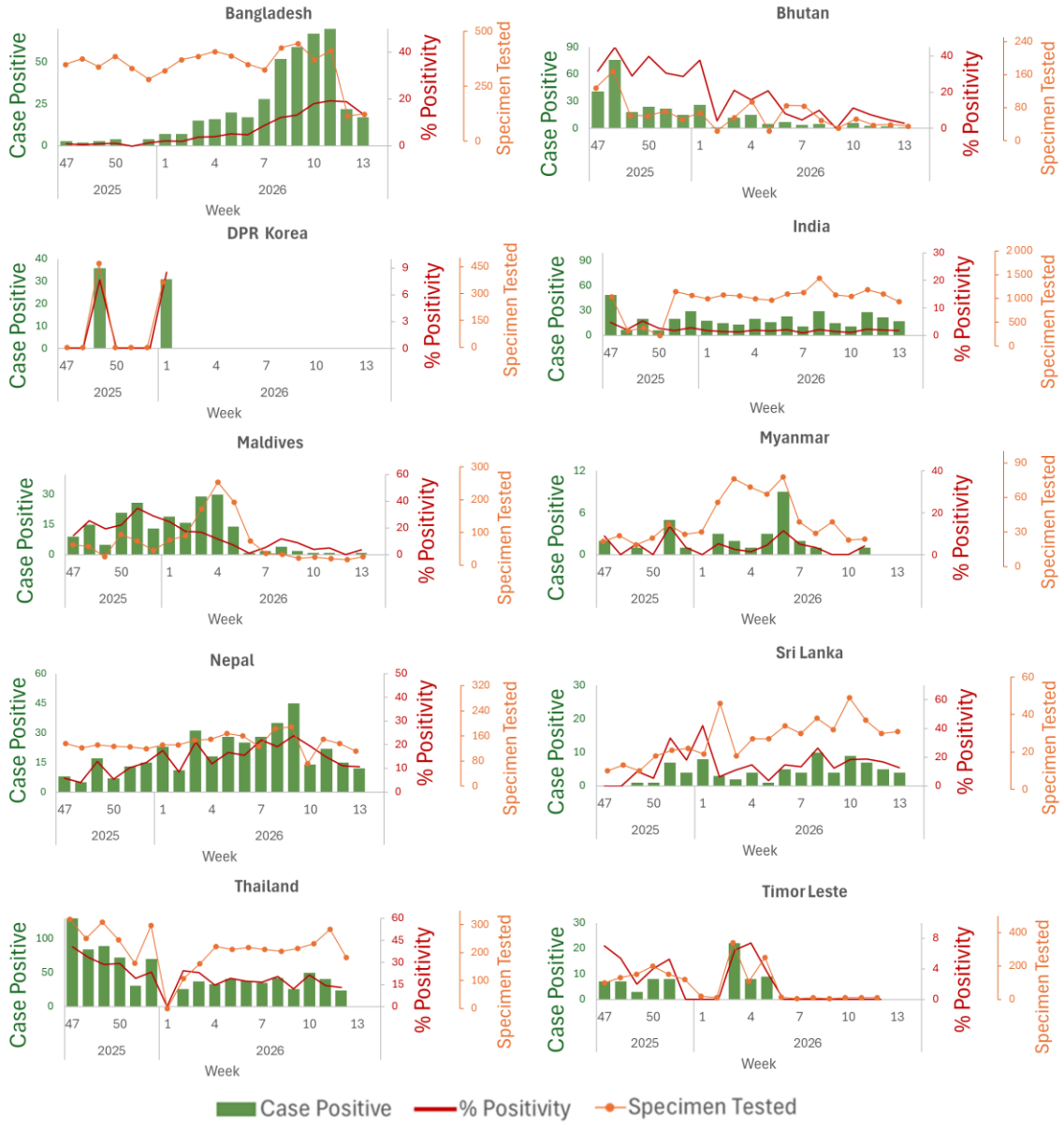
Influenza

Situation in the WHO South-East Asia Region

Situation as of 7 April 2026 [6]

- Figure 1 shows the influenza data from the WHO FluNet platform, accessed on 07 April 2026.
- In the WHO South-East Asia Region during weeks 12–14, there were 142 influenza positive samples, among 2 888 samples tested from eight countries. The overall positivity percentage was 5%.
- No countries reported high test positivity percentage in the region during the period of analysis (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 7 April 2026



Source: Respimart/FluNet

[6] World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 April 7]. 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 12 to 14 in 2026, as of 2 April 2026 [7]

- Table 1 shows influenza A virus subtypes and B lineages distribution across ten countries in the WHO South-East Asia Region for epidemiological weeks 12 to 14 of 2026, based on data extracted from WHO's RespiMart platforms on 31 March 2026.
  - The last submission was on 23 March 2026 (Week 13).
  - Bhutan, Maldives, Sri Lanka tested samples less than the WHO recommended minimum of 50 samples per week per a country.
- The predominant **influenza A** subtype detected in the region was A (H3), accounting for 35% of all influenza-positive samples.
  - Among countries that reported influenza test positive results (10 or more positive samples), A(H3) was the predominant strain in Bangladesh (100%).
  - The percentage of influenza A un-subtyped in SEAR was relatively low (7%). In Nepal, this accounted for 19 % of all influenza positive samples
- The overall proportion of **influenza B** in the region was 43%. Influenza B (Victoria) lineage accounted for 36% of detected viruses in the region.
  - Among countries that reported influenza test positive results (10 or more positive samples), B lineage predominated in India (67%) and Thailand (88%).
  - Similar to un-subtyped Influenza A, the lineage not determined Influenza B was relatively low in SEAR. In Nepal, 22% of influenza B positive samples was influenza B (lineage not determined)
- Bhutan, Maldives, and Sri Lanka had **less than 10 influenza positive samples** during this period.
  - Interestingly all positive samples for influenza (n=9) in Sri Lanka were Influenza A (un-subtyped) and Influenza B(lineage undetermined).
- DPR Korea and Myanmar 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 12 to 14, 2026), situation as of 7 April 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	2 888	142	5%	0%	35%	0%	15%	7%	0%	36%	7%
Bangladesh	242	39	16%	0%	100%	0%	0%	0%	0%	0%	0%
Bhutan	76	3	4%	0%	0%	0%	33%	0%	0%	67%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	2 024	39	2%	0%	13%	0%	21%	0%	0%	67%	0%
Maldives	44	1	2%	0%	100%	0%	0%	0%	0%	0%	0%
Myanmar	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nepal	248	27	11%	0%	7%	0%	44%	19%	0%	7%	22%
Sri Lanka	61	9	15%	0%	0%	0%	0%	56%	0%	0%	44%
Thailand	183	24	13%	0%	12%	0%	0%	0%	0%	88%	0%
Timor-Leste	10	0	0%	0%	0%	0%	0%	0%	0%	0%	0%

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

[7] World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 April 7]. Available from: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs

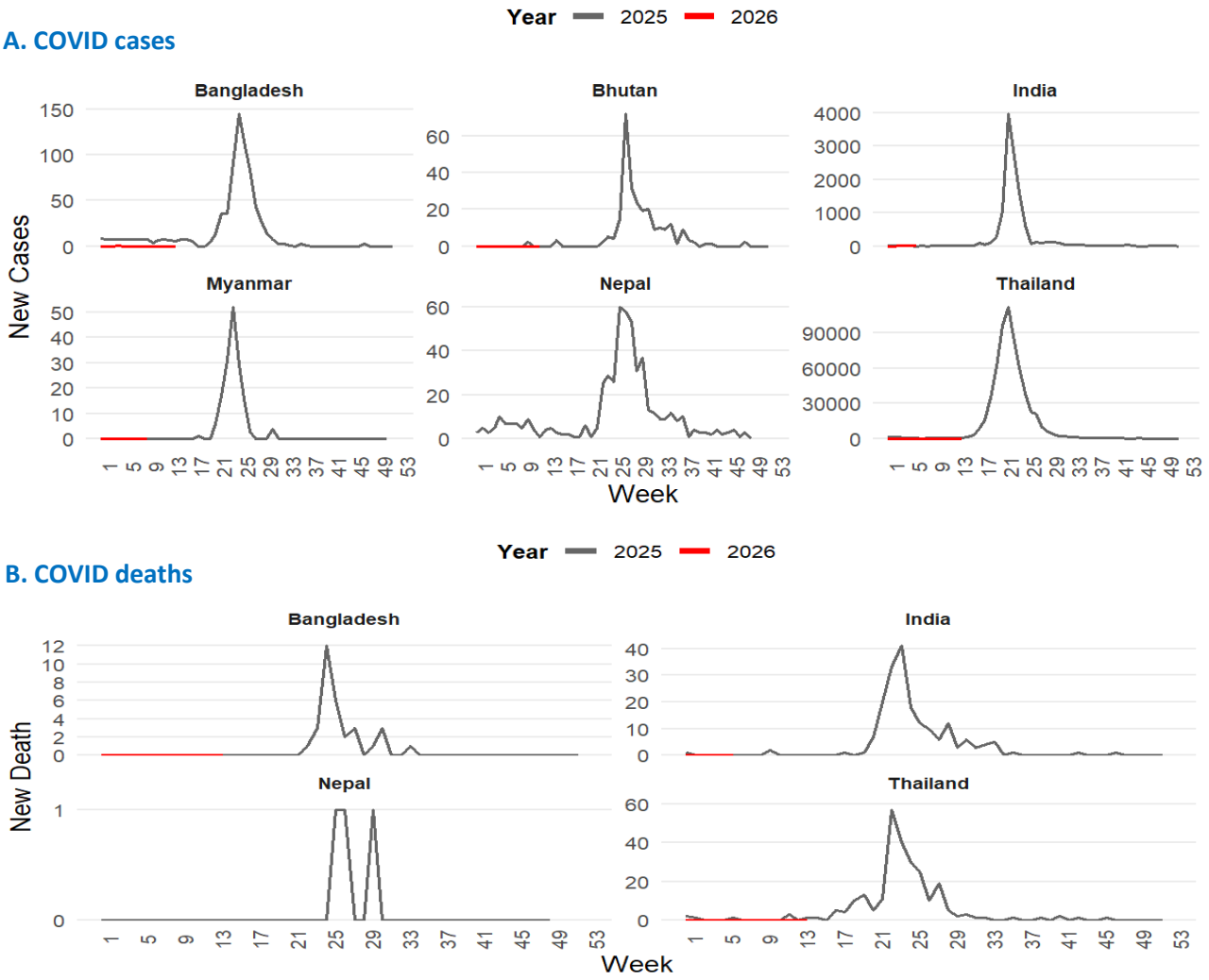
COVID-19

Situation in the WHO South-East Asia Region

Situation as of 05 April 2026

- The weekly number of COVID-19 cases reported on official websites, including Bangladesh[8], Bhutan[9], India[10], Myanmar[11], Nepal[12] and Thailand[13], are presented in Figure 2**.
- Data of the most recent week (week 14) are available from Bangladesh and Thailand.
- 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 14 in 2026 in the WHO South-East Asia Region*

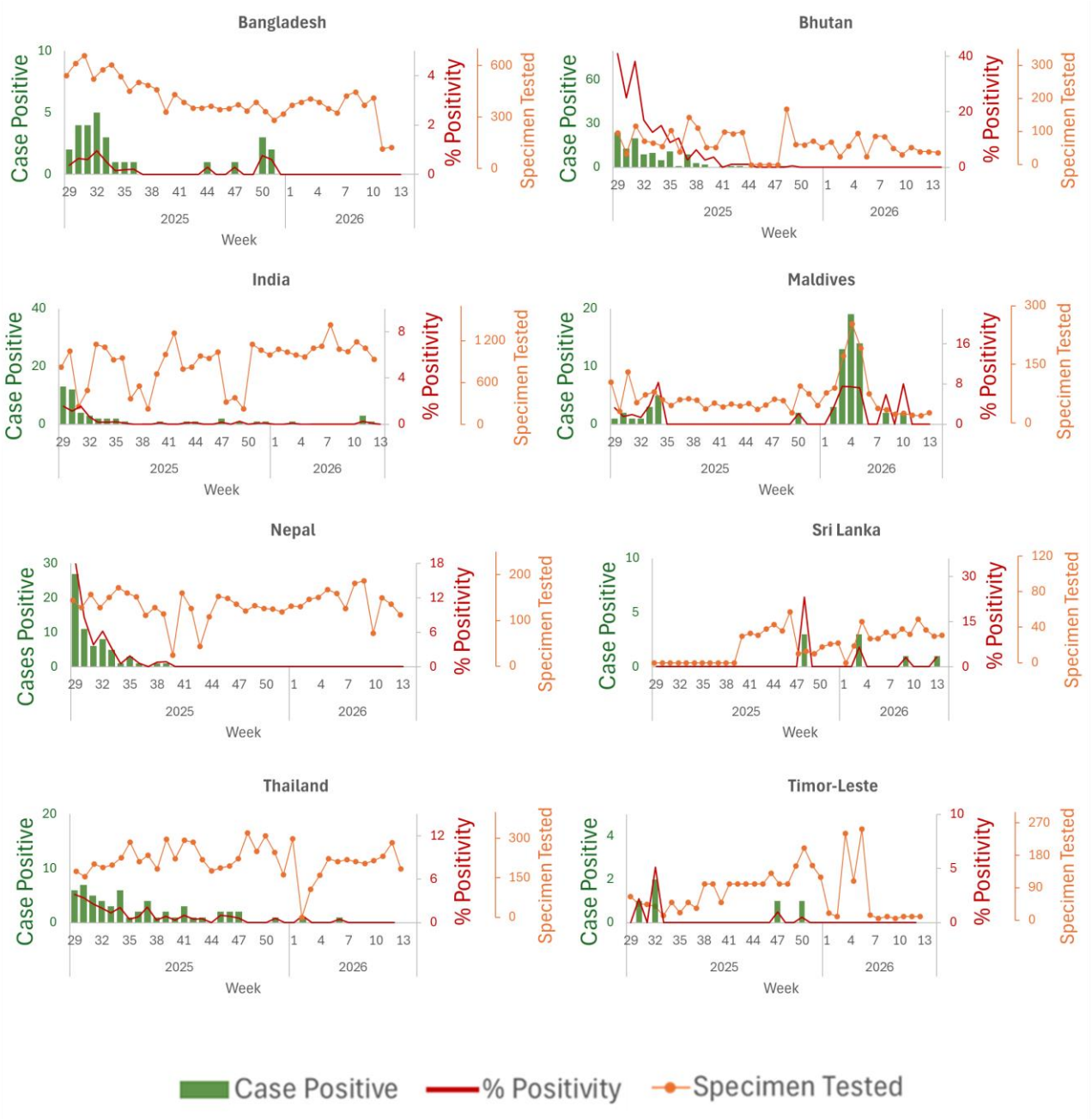


* Nepal data as of week 49 of 2025. India data as of week 6, Myanmar data as of week 9 and Bhutan data as of week 12.
** Bangladesh, Bhutan, India and Myanmar data as of ISO Week. Nepal and Thailand data as of Epidemiological week.

[8] Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard [Internet]. 2026 [cited 2026 Apr 07]. Available from: https://old.dghs.gov.bd/index.php/bd/component/content/article?layout=edit&id=5612
[9] Bhutan, Royal Centre for Disease Control. [Internet]. [cited 2026 Apr 07]. Available from: https://www.rcdc.gov.bt/web/
[10] Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard [Internet]. [cited 2026 Apr 07]. Available from: https://covid19dashboard.mohfw.gov.in/
[11] Ministry of Health, Republic of the Union of Myanmar. Ministry of Health official website [Internet]. 2026 [cited 2026 Apr 07]. Available from: https://www.mohs.gov.mm/
[12] Epidemiology and Disease Control Division Nepal. [Internet]. [cited 2026 Apr 07]. Available from: https://edcd.gov.np/newsroom/outbreak
[13] Department of Disease Control, Ministry of Public Health, Thailand. COVID-19 Surveillance Dashboard [Internet]. 2026 [cited 2026 Apr 07]. 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. [14]

Figure 3. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as of 7 April 2026)



Source: Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard

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

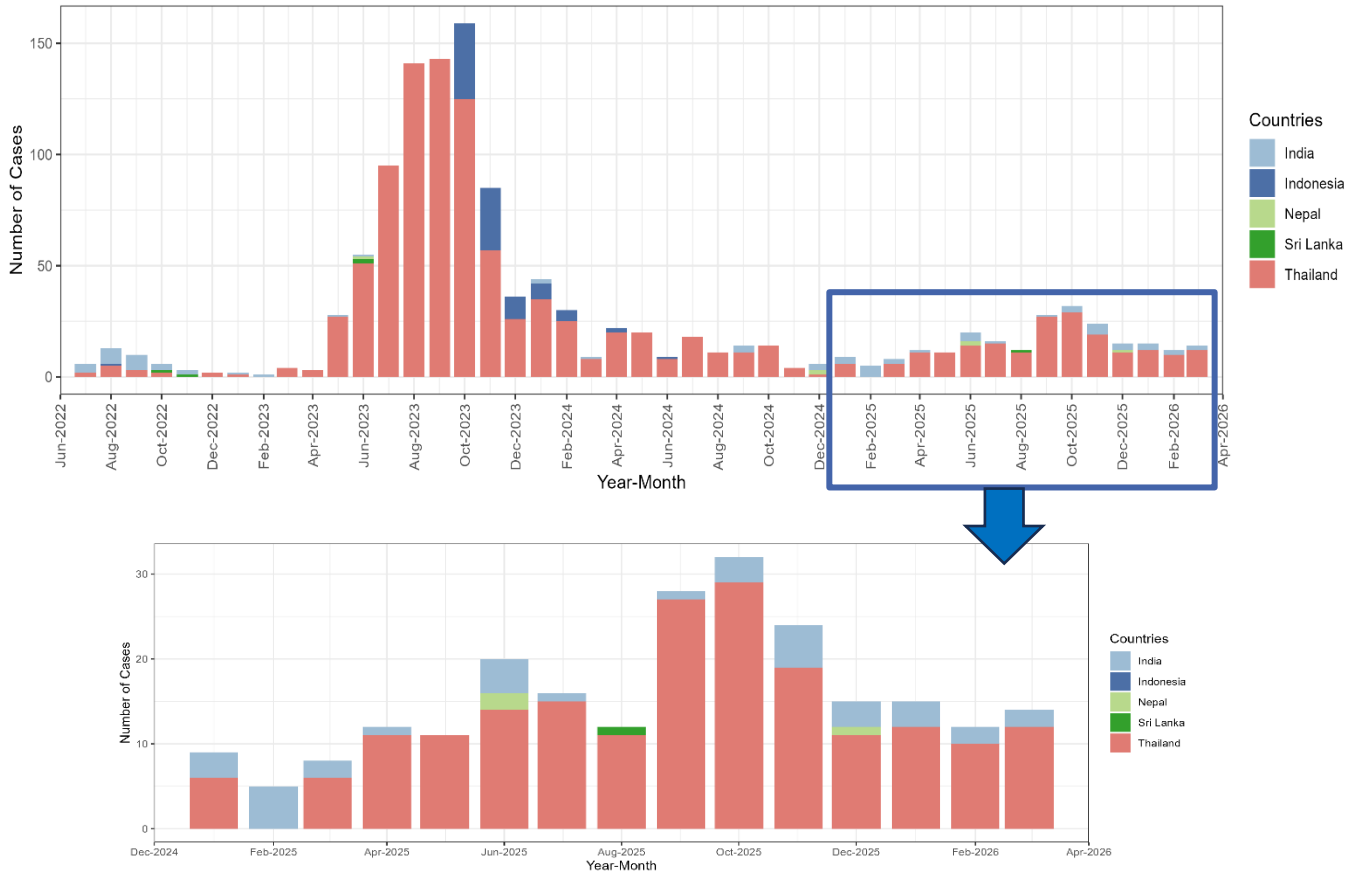
mpox

Situation in the WHO South-East Asia Region

Situation as of 05 April 2026

- In week 13 and 14 (23 March to 05 April 2026), one new mpox case was reported from India and three from Thailand.
- As of 05 April 2026, in the WHO South-East Asia Region, a total of 1 226 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 and Table 2 for the profile of the cases.
- 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 – 05 April 2026; lower 1 January 2025 – 05 April 2026).

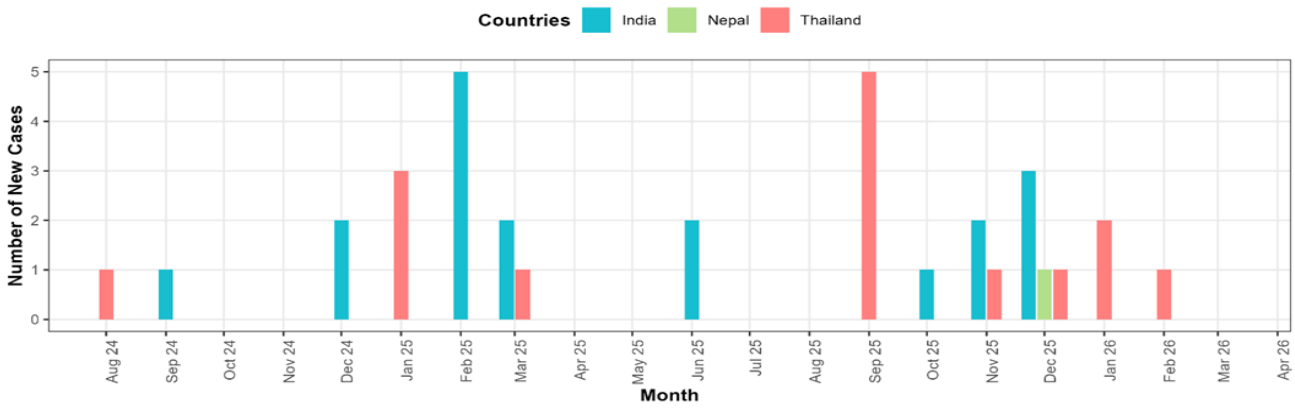


Notes:

* 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 05 April 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 7 April 2026)*

	Category	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)		
	18-29	10 (29.4%)
	30-39	15 (44.1%)
	40-49	8 (23.5%)
	50 and over	1 (2.9%)
Gender		
	Male	21 (61.8%)
	Female	13 (38.2%)

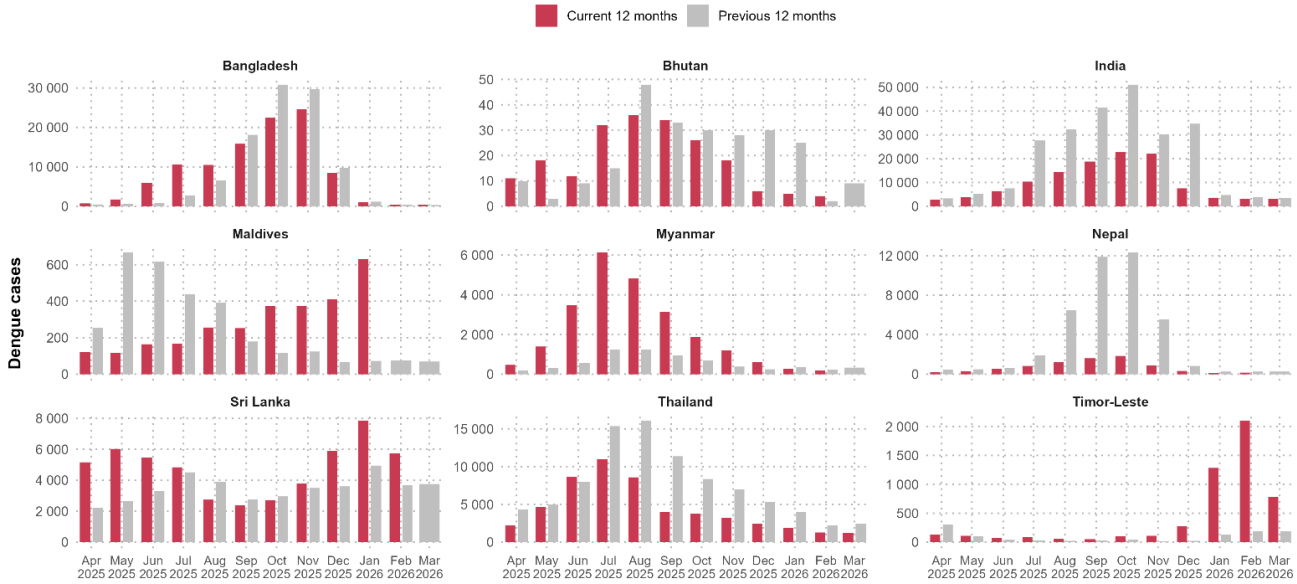
Notes:
* One CRF is awaited from Nepal.

Dengue

Situation in the WHO South-East Asia Region [15]

- In March 2026, Thailand reported 1 229 cases, Timor-Leste with 780 cases and Bangladesh with 353 cases (Figure 6). Data of March were not available yet for Bhutan, India, Maldives, Myanmar, Nepal and Sri Lanka.
- While Timor-Leste recorded a large number of dengue cases in January and February 2026, in March 780 cases was reported, 63% decrease compared to February 2026 (2 105 cases). This was still 4.1 times higher compared to March 2025 (192 cases).
- Maldives has also reported a large number of dengue cases – the number of cases has consistently higher compared to the same month of previous year since September 2025. However, the number of dengue cases in February and March 2026 has not been formally communicated to WHO.

Figure 6. Monthly reported dengue cases by country, April 2025 – March 2026



Notes:

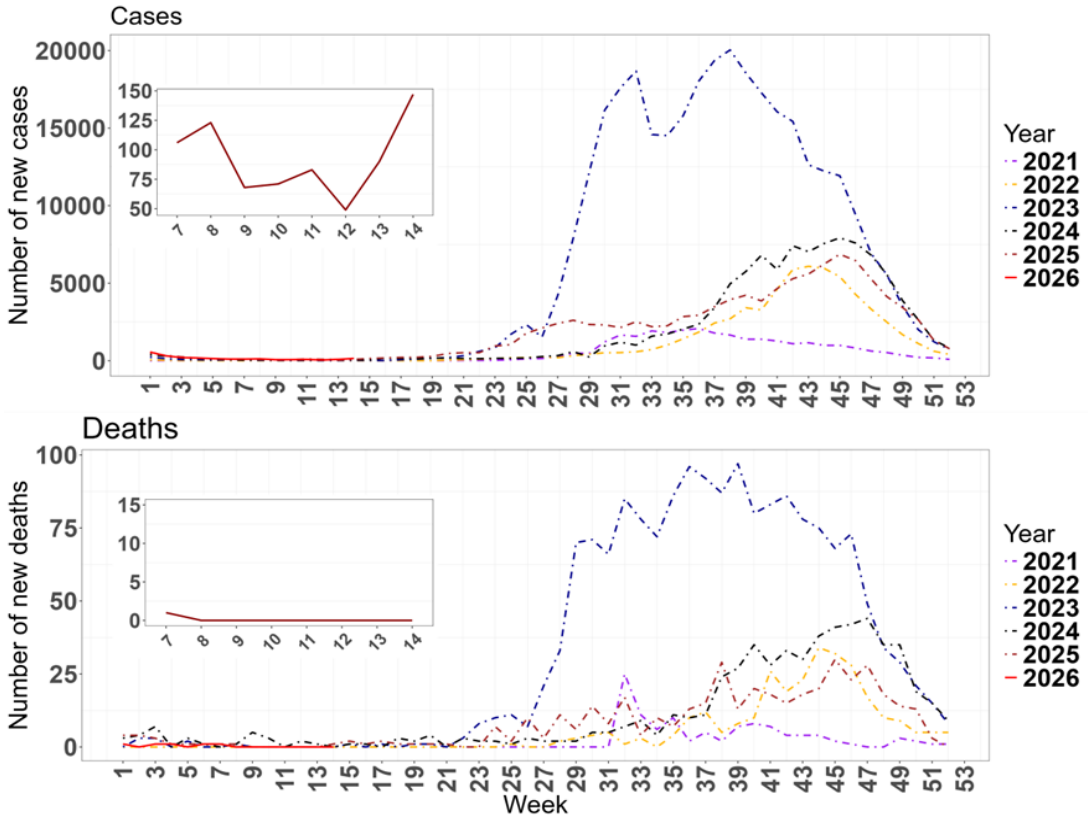
- Bangladesh, Bhutan, Indonesia, Myanmar, Thailand and Timor-Leste show confirmed cases.
- Bangladesh reports only hospitalized cases.
- The majority of Myanmar cases are hospitalized cases.

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

Bangladesh [16]

- During week 14 of 2026 (30 March to 05 April 2026), a total of 147 new dengue cases were reported in Bangladesh, a 63.3% increase compared to 90 cases reported during week 13 of 2026 (23 to 29 March 2026)
- During week 14, no new dengue deaths were reported in Bangladesh, compared to nil death reported during week 11 of 2026.
- In 2026, as of week 14, a total of 2 152 dengue cases and 5 dengue-related deaths have been reported. This is 104% of the number of cases (n= 2 152) and 29% of the number of deaths (n = 17) 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 14 of 2026.

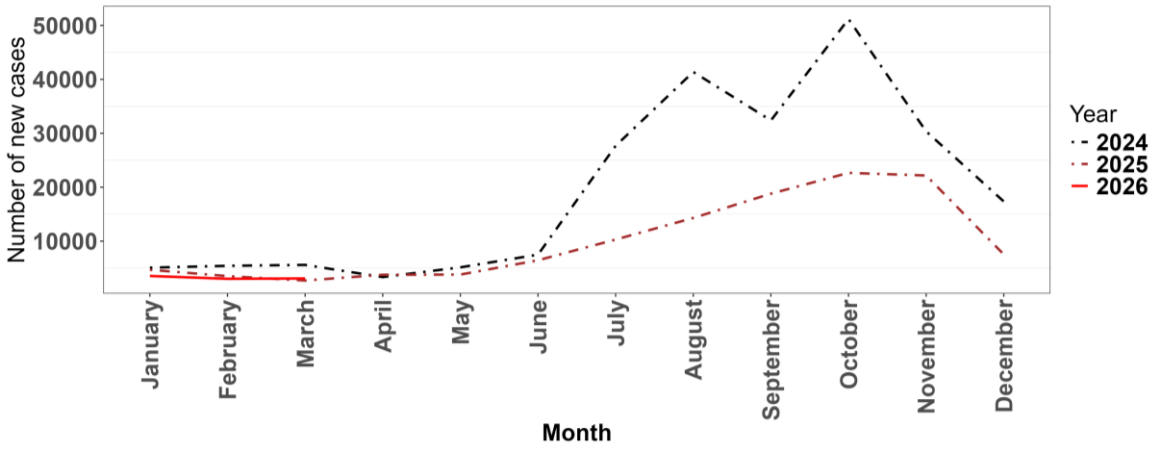


[16] Directorate General of Health Services (DGHS), Bangladesh. Daily Dengue Status Report [Internet]. 2026. Available from: https://old.dghs.gov.bd/index.php/bd/home/5200-daily-dengue-status-report

India

- During March 2026, a total of 3 085 cases of dengue were reported in India, a 2% increase compared to February 2026 (n = 3 019).
- In 2026, as of 31 March, a total of 9 648 cases of dengue have been reported compared to 10 917 cases during the same period in 2025.

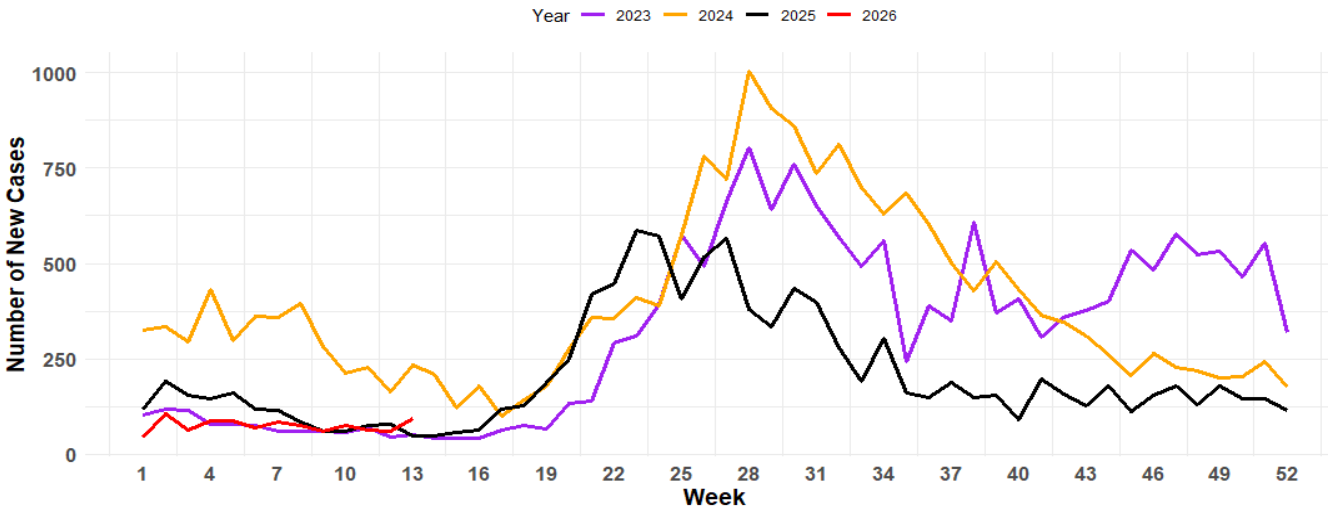
Figure 8. Number of new cases of dengue by month in India from January 2024 to March 2026



Kerala[17]

- 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 13 of 2026

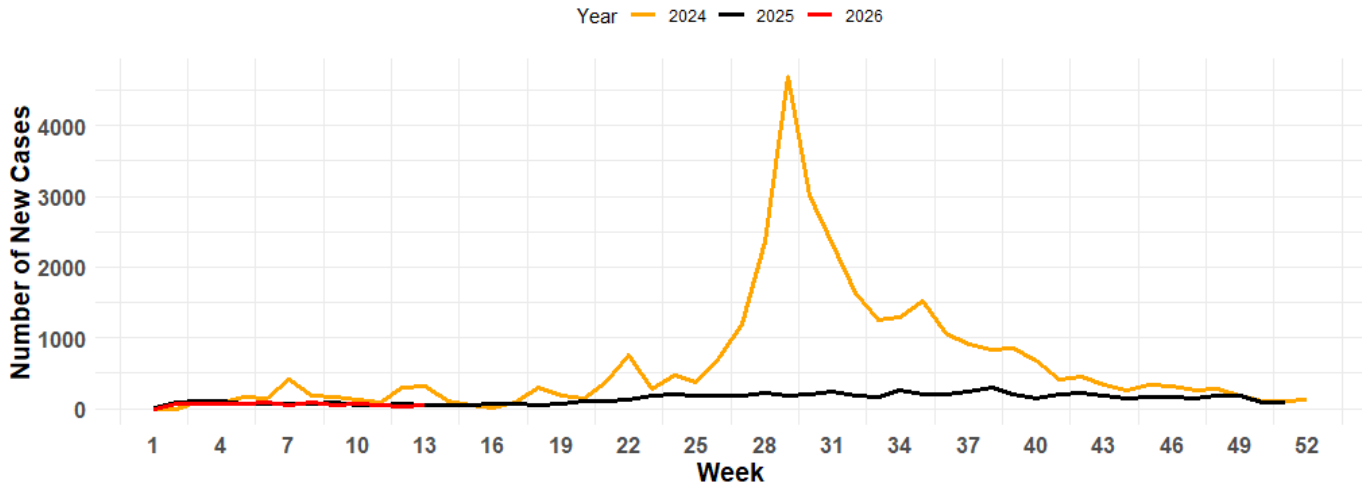


[17] Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. 2026. Available from: https://dashboard.kerala.gov.in/

Karnataka[18]

- In Karnataka, in 2024, dengue cases peaked at over 4 500 in week 29, while in 2026, case numbers remain low as of week 13.

Figure 10. Weekly number of new dengue cases in Karnataka state from week 1 of 2024 to week 13 of 2026

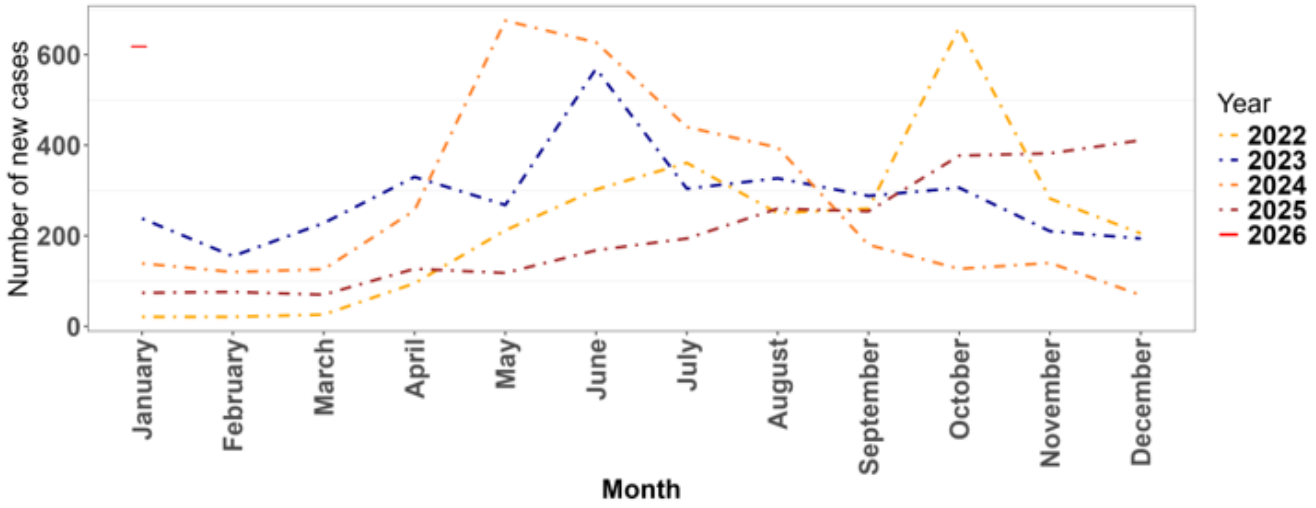


[18] Department of Health and Family Welfare, Government of Karnataka. PRISM H Disease Surveillance Dashboard [Internet]. 2026. Available from: https://hfwcom.karnataka.gov.in/info-4/Weekly%20Infectious%20Disease%20Report/en

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 is made publicly available yet for February and March 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, diverging from historical seasonal patterns.

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

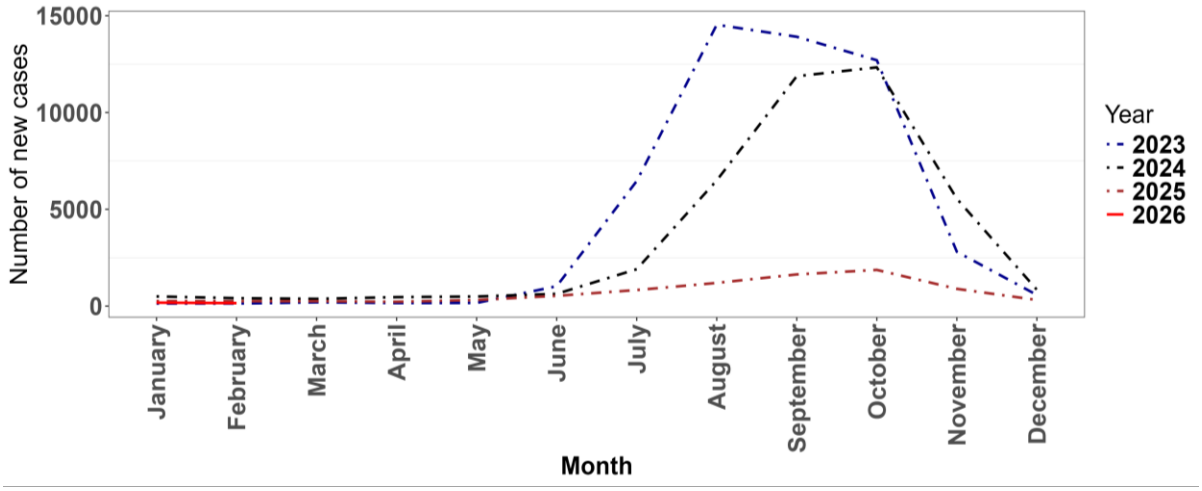


Source: WHO Global dengue surveillance

Nepal

- No data is made publicly available yet for March 2026. 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

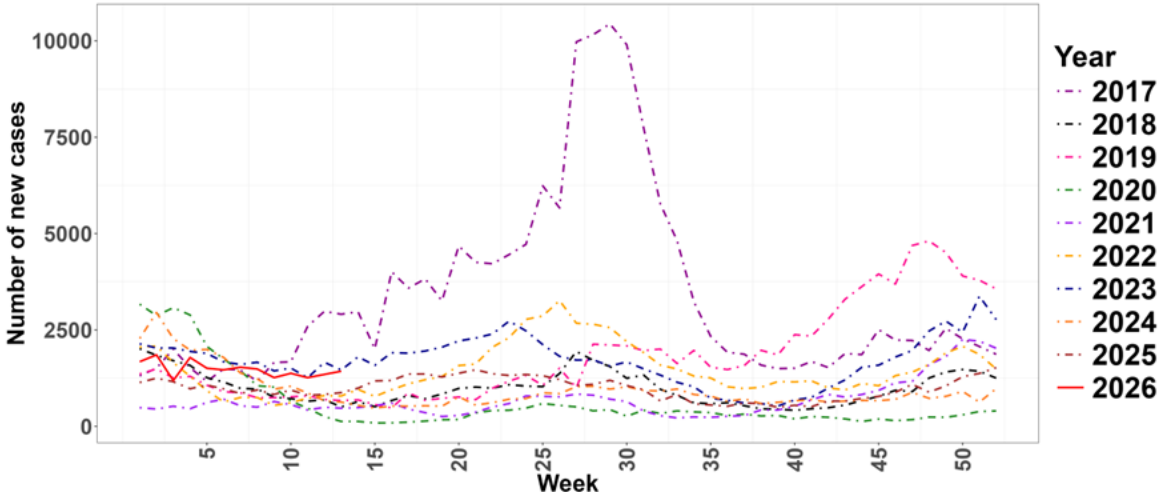


Source: WHO Global dengue surveillance

Sri Lanka [19]

- During week 13 (23 to 29 March 2026), a total of 1 430 new dengue cases were reported in Sri Lanka, a 6.2% increase compared to 1 347 cases reported during week 12 (16 to 22 March 2026).
- As of week 13 in 2026, a total of 19 174 cases were reported compared to 12 368 and 26 312 cases during the same period in 2025 and 2024, respectively.
- The Western Province accounted for 47.1% of total cases, with the Colombo Municipal Council (CMC) contributing 5.1%, the rest of Colombo District 19.4%.

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



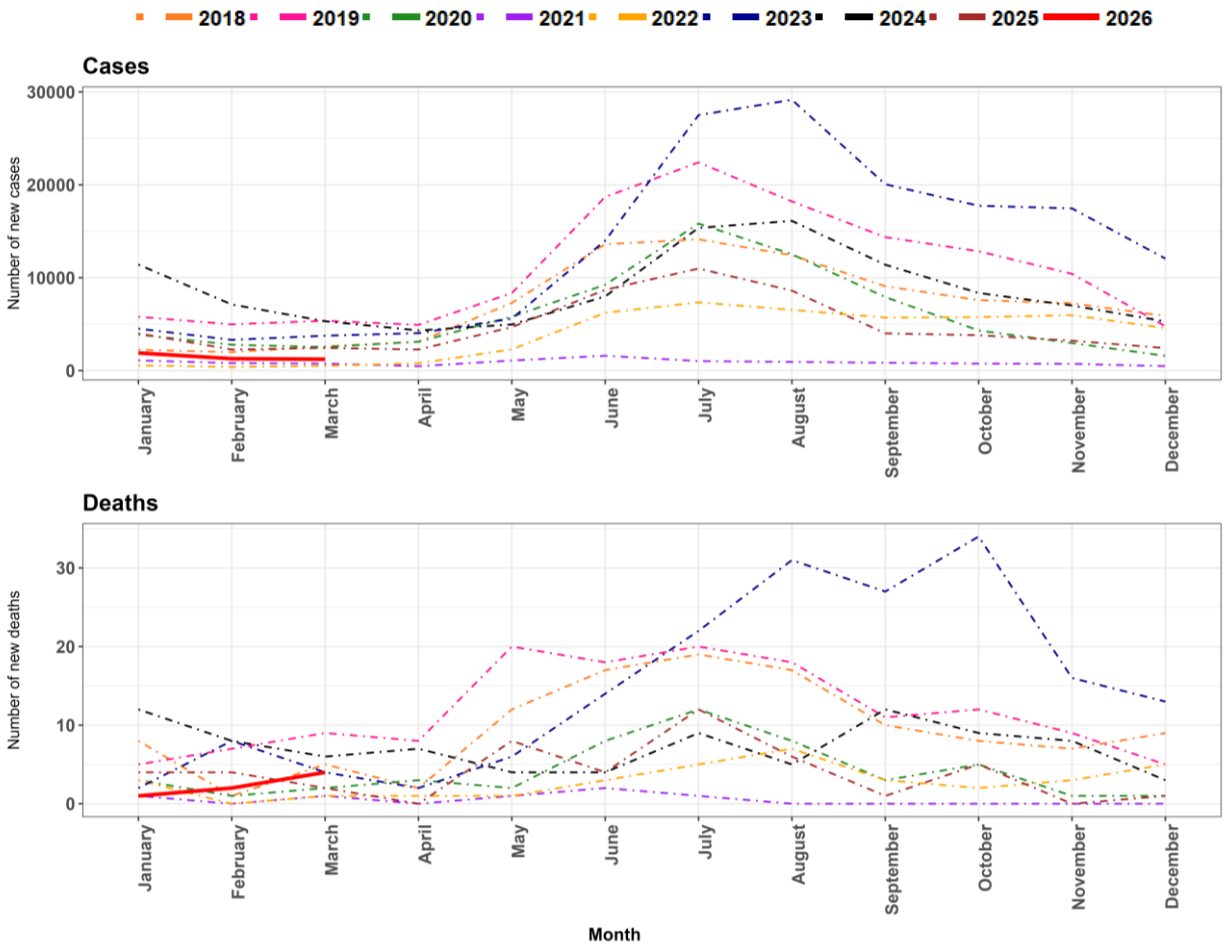
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - 2017 to 2020; 2021 to 2025

[19] National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2025 [cited 2026 Apr 07]. Available from: https://www.dengue.health.gov.lk/web/index.php/en/ ; Sri Lanka weekly Dengue update.

Thailand

- During March 2026, a total of 1 229 cases of dengue were reported in Thailand, a 5% decrease compared to February 2026 (n=1 288).
- During March 2026, four dengue deaths were reported, which compares to two deaths reported in February 2026.
- In 2026, as of 28 February, a total of 4 420 dengue cases and seven dengue-related death has been reported. This is 51% of the number of cases (n=8 721) and 70% of the number of deaths (n=10) 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