

WHO South-East Asia Region Epidemiological Bulletin

WHO Health Emergencies Programme
WHO Regional Office for South-East Asia
9th edition (2026), 05 May 2026
Reporting period: 20 April to 03 May 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

Bangladesh: Measles

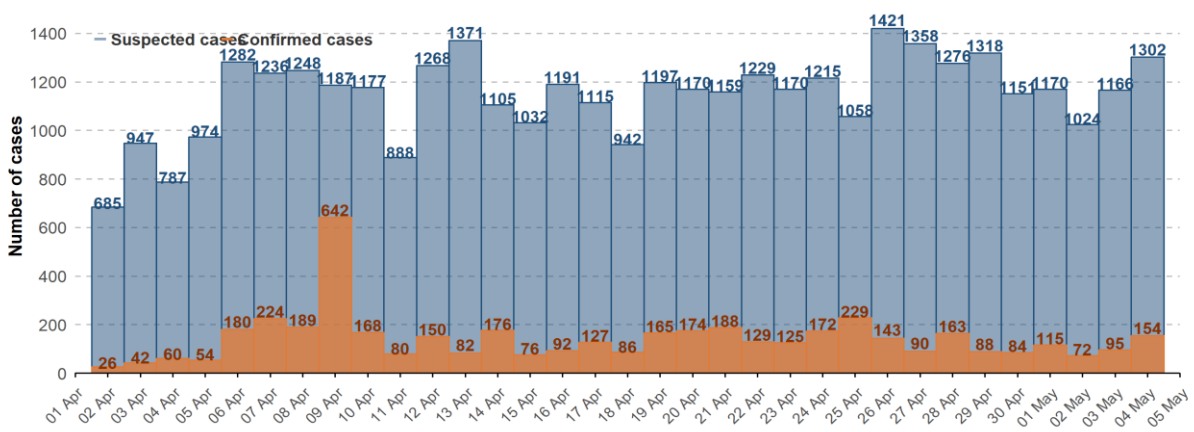
Situation overview as of 04 May 2026 ¹

According to the Ministry of Health and Family Welfare of Bangladesh

- The outbreak remains active and geographically widespread, with no clear signs of decline. In ISO week 18, an average of 1 201 suspected and 110 confirmed measles cases were reported per day, compared with 1 230 suspected and 154 confirmed cases per day in ISO week 17.
- Dhaka remains the principal focus of transmission and mortality, followed by Rajshahi and Chattogram.
- Since 15 March 2026 and as of 04 May:
 - 41 793 suspected measles cases and 5 467 laboratory-confirmed cases have been reported.
 - 259 suspected measles-related deaths (CFR= 0.6%) and 52 confirmed measles-related deaths (CFR= 0.9%) have been recorded.
- Since 5 April 2026, a total of 15 560 222 children have been vaccinated, equivalent to 86.4% of the overall campaign target population of 18 012 803 children.

Figure 1. Daily number of confirmed and suspected measles cases in Bangladesh, 02 April-04 May 2026

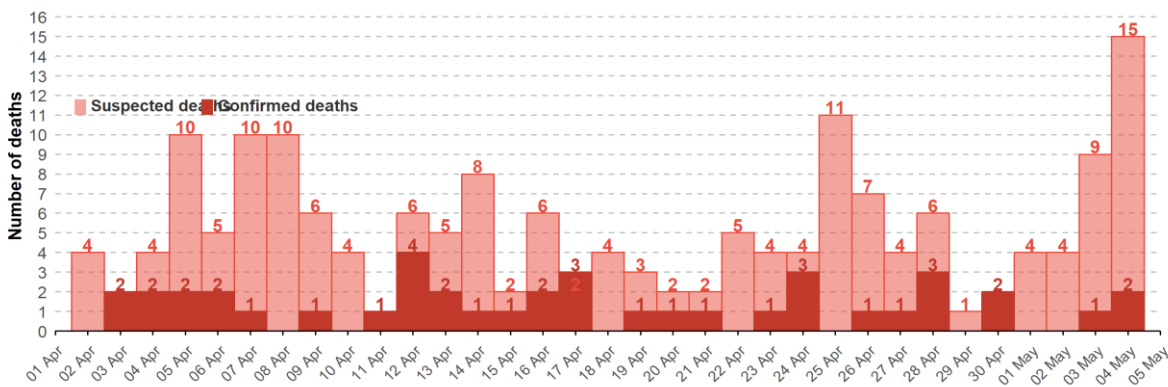
Measles cases by day — Bangladesh, as of 04 May 2026



Source: [DGHS, Bangladesh](#)

Figure 2. Daily number of confirmed and suspected measles deaths in Bangladesh, 02 April-04 May 2026

Measles deaths by day — Bangladesh, as of 04 May 2026



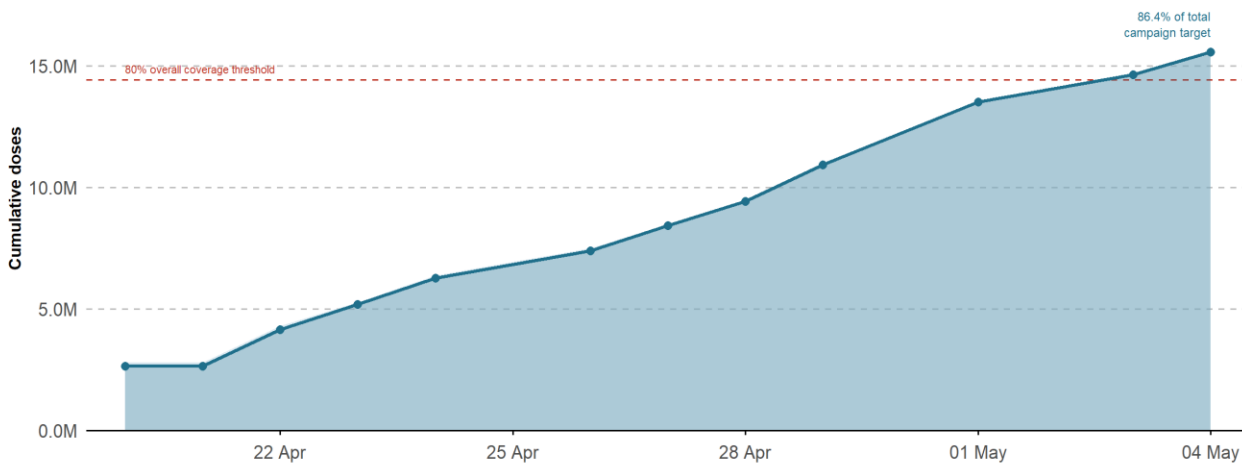
Source: [DGHS, Bangladesh](#)

¹ Directorate General of Health Services (Bangladesh). Measles press release (04/05/2026) [Internet] [cited 2026 May 05]. Available from: <https://tinyurl.com/yweb9dkx>

Figure 3. Measles-Rubella vaccination campaign progress in Bangladesh (As of 04 May)

MR campaign vaccination progress — Bangladesh

Cumulative doses administered since 20 April 2026 (divisions only)



Situation overview as of 04 May 2026 ²

According to Timor-Leste WHO Country Office

- On 25 February 2026, Timor-Leste confirmed a diphtheria case in a five-year-old girl from Bidau-Santana, Dili Municipality, following PCR testing at a reference laboratory in Darwin, Australia.
- On 13 February, the case was admitted to Hospital Nacional Guido Valadares with fever, bilateral neck swelling, difficulty swallowing and other symptoms consistent with diphtheria. Despite antibiotic treatment and supportive care, she died three days later.
- This was Timor-Leste's first laboratory-confirmed diphtheria detection in more than five years. No additional cases were detected in the weeks following the response.
- The child had received routine vaccines up to nine months of age but had missed the Diphtheria, Pertussis, Tetanus (DPT) booster scheduled at 18 months due to disruptions during the COVID-19 pandemic. She had no history of overseas travel.

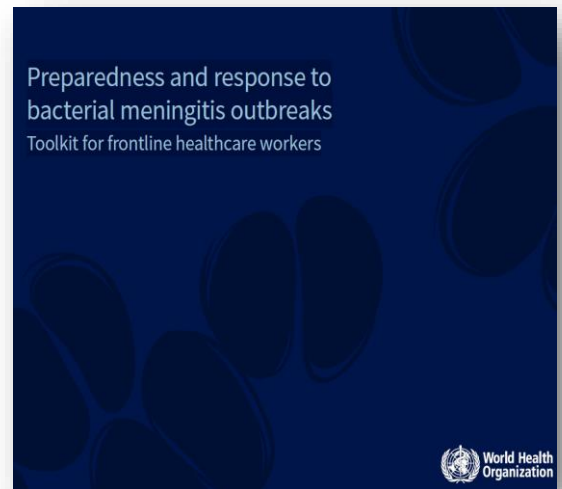
Public Health Response

- On 13 February and within hours of notification, the Ministry of Health, with WHO support, convened health emergency, surveillance, immunization and disease prevention teams, together with Dili municipal health authorities and the municipal rapid response team.
- Response priorities included contact tracing, antibiotic prophylaxis, vaccination of people at risk and risk communication.
- At Hospital Nacional Guido Valadares, clinical teams in pediatric and emergency departments were briefed.
 - As a precaution, 19 health workers received tetanus-diphtheria booster vaccination and 15 received antibiotic prophylaxis.
- In the child's community, investigation teams engaged the family and local leaders, with support from the Chefe Suco (community leaders), using a sensitive and community-centred approach.
- At Sacrojes Pre-School in Becora, where the child had been a student, WHO and the Ministry of Health held an information session with parents and teachers on 25 March.
- Following consent from the school and caregivers, the Becora Rapid Response Team, supported by Dili Municipality, the Ministry of Health and WHO, provided diphtheria-containing vaccines and azithromycin prophylaxis to 91 students and several teachers.

² WHO. Timor-Leste contains diphtheria case through coordinated response and community engagement [Internet]. Dili: World Health Organization; 2026 May 4 [cited 2026 May 6]. Available from: <https://www.who.int/timorleste/news/detail/04-05-2026-timor-leste-contains-diphtheria-case-through-coordinated-response-and-community-engagement>

New publication: Preparedness and response to bacterial meningitis outbreaks - Toolkit for frontline healthcare workers

- The global burden of acute bacterial meningitis remains high, particularly in low- and middle-income countries and resource-limited settings. Following the publication of the [guidelines on meningitis diagnosis, treatment and care](#), the World Health Organization has developed a toolkit to translate evidence-based recommendations into practical implementation guidance for use at the point of care.
- Designed as a suite of job aids on acute bacterial meningitis, this document serves as a resource for frontline healthcare professionals globally, including in settings where the risk of outbreaks and excess mortality is highest.
- With a primary focus on acute bacterial meningitis in children aged over 1 month, adolescents and adults, the toolkit provides clinical guidance on the causative pathogens, clinical manifestations, diagnostic investigations, antibiotic therapy, adjunctive treatment, supportive care, post-exposure antibiotic prophylaxis, and infection prevention and control in healthcare settings.
- The full report is available at the following link: <https://www.who.int/publications/i/item/B09660>



Unusual Weather Events

India: Heatwave

Situation overview as of 6 May 2026

According to Press Information Bureau, Ministry of Earth Sciences (25 April 2026)³

- India is experiencing widespread heatwave conditions, with temperatures ranging from 40°C to 44°C and anomalies up to +5°C above normal.
- Heatwave conditions are expected to persist over northwest and central India, with additional hot and humid conditions in eastern and coastal regions.
- The April–June 2026 outlook indicates above-normal heatwave days, suggesting a prolonged period of elevated heat risk.
- The India Meteorological Department (IMD) continues to issue advisories promoting hydration, reduced sun exposure, and limited outdoor activity.
- The situation is under continuous monitoring, with a focus on protecting vulnerable populations and minimizing heat-related health impacts.

According to National Weather Forecasting Centre (NWFC), India Meteorological Department (IMD), Ministry of Earth Sciences (MoES), Government of India as on 5 May 2026⁴

Week 1 (1–7 May 2026):

- Heatwave likely in Vidarbha (30 Apr–1 May) and West Rajasthan (2–3 May). Hot and humid conditions expected in Odisha, Tamil Nadu, Puducherry, Coastal Andhra Pradesh, Rayalaseema and Coastal Karnataka.
- Temperatures likely to remain 3–5°C above normal in parts of Rajasthan and Gujarat; 1.6–3°C above normal along west/east coasts and adjoining central India.
- Below-normal temperatures expected in Bihar, Jharkhand, Gangetic West Bengal, and Northeast India.

Week 2 (8–14 May 2026):

- Low probability of heatwave conditions over Rajasthan, Vidarbha, southern Madhya Pradesh, and Chhattisgarh.
- Above-normal temperatures likely across Rajasthan, Gujarat, west coast, Odisha, and Coastal Andhra Pradesh; below-normal conditions may persist in Bihar, Jharkhand, and Gangetic West Bengal.

³ <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2255487®=3&lang=1>

⁴ https://mausam.imd.gov.in/responsive/heatwave_guidance.php

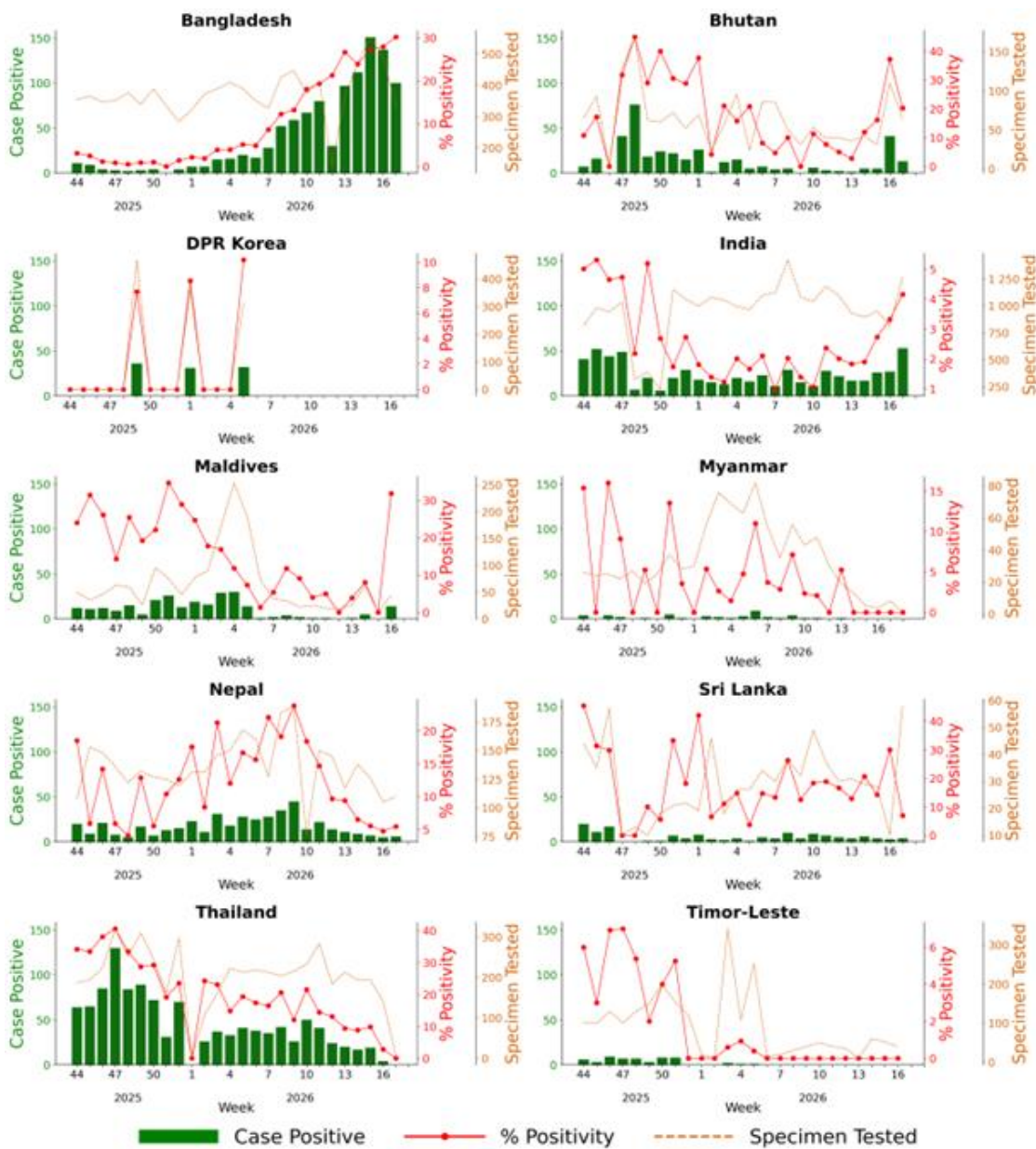
Influenza

Situation in the WHO South-East Asia Region

Situation as of 05 May 2026 ⁵

- Figure 4 shows the influenza data from the WHO FluNet platform, accessed on 05 May 2026.
- In the WHO South-East Asia Region during weeks 16–18, there were 407 influenza positive samples, among 3 611 samples tested from nine countries. The overall positivity percentage was 11%.
- Maldives, Bhutan, and Bangladesh reported relatively high test positivity percentages in the region with 32%, 31%, and 29%, respectively (Table 1).

Figure 4. 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 05 May 2026



Source: RespiMart/FluNet

⁵ World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 May 05]. 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 16 to 18 in 2026, as of 05 May 2026 ⁶

- Table 1 shows distribution of influenza A virus subtypes and B lineages across ten countries in the WHO South-East Asia Region for weeks 16 to 18 of 2026, based on data extracted from WHO's RespiMart platforms on 05 May 2026. The last submission was on 27 April 2026 (Week 18).
 - Myanmar, Maldives, Sri Lanka and Timor Leste tested samples less than the WHO recommended essential minimal number which is 50 samples per week per country at the national level (at least 100 samples for the two weeks period from 16 to 18 week).
 - In the region, the overall distribution of influenza A sub-types and B lineages were 88% and 12% respectively.
- The predominant **influenza A** subtype detected in the region was Influenza A(H3), accounting for 63% of all influenza-positive samples while 24% of positive samples were Influenza A(H1N1)pdm09.
 - Among countries that reported influenza test positive results (10 or more positive samples), Influenza A(H3) was the predominant strain in Bangladesh (100%) and Maldives (93%).
 - In contrast, A(H1N1)pdm09 accounted for 98% and 51% of influenza positive samples in Bhutan and India, respectively.
 - In Nepal (18%), positive samples were influenza A not subtyped.
- The overall proportion of **influenza B viruses** in the region was 12%. Influenza B (Victoria) lineage accounted for 10% of detected viruses in the region.
 - Among countries that reported influenza test positive results (10 or more positive samples), B lineage predominated in Nepal (55%), out of which a half (27%) was due to Influenza B(Victoria).
 - In India, B Victoria lineage accounted for 41% among all positive influenza samples.
 - While the overall proportion of Influenza B (lineage not determined) was low (2%) in the region, in Maldives and Nepal, the proportion was 7% and 27% respectively.
- DPR Korea 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 16 to 18, 2026), situation as of 05 May 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	3 611	407	11%	0%	63%	0%	24%	1%	0%	10%	2%
Bangladesh	822	237	29%	0%	100%	0%	0%	0%	0%	0%	0%
Bhutan	174	54	31%	0%	0%	0%	98%	0%	0%	2%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	2 086	80	4%	0%	8%	0%	51%	0%	0%	41%	0%
Maldives	44	14	32%	0%	93%	0%	0%	0%	0%	0%	7%
Myanmar	13	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nepal	215	11	5%	0%	9%	0%	18%	18%	0%	27%	27%
Sri Lanka	68	7	10%	0%	0%	0%	0%	14%	0%	0%	86%
Thailand	149	4	3%	0%	0%	0%	0%	0%	0%	100%	0%
Timor-Leste	40	0	0%	0%	0%	0%	0%	0%	0%	0%	0%

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

⁶ World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 May 05]. Available from: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

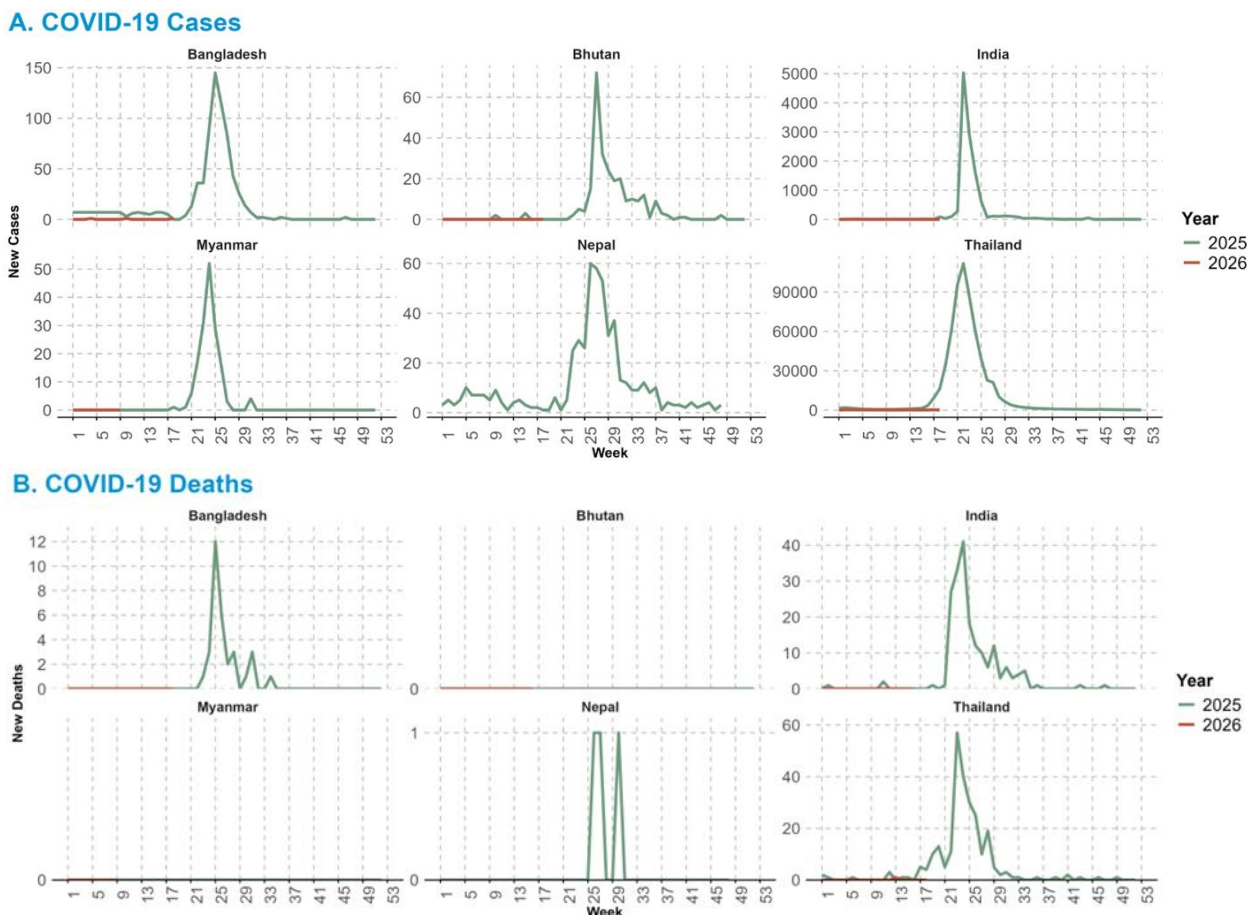
COVID-19

Situation in the WHO South-East Asia Region

Situation as of 03 May 2026

- The weekly number of COVID-19 cases reported on official websites, including Bangladesh⁷, Bhutan⁸, India⁹, Myanmar¹⁰, Nepal¹¹ and Thailand¹², are presented in Figure 5**.
- Data of the most recent week (week 18) are available from Bangladesh and Thailand.
- Please visit the [WHO COVID-19 dashboard](#) for the global situation of COVID-19.

Figure 5. Weekly comparisons of new COVID-19 cases (A) and deaths (B) reported from Thailand selected countries since week one of 2025 to week 18 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.

⁷ Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard [Internet]. 2026 [cited 2026 May 05]. Available from: <https://old.dghs.gov.bd/index.php/bd/component/content/article?layout=edit&id=5612>

⁸ Bhutan, Royal Centre for Disease Control. [Internet]. [cited 2026 May 05]. Available from: <https://www.rcdc.gov.bt/web/>

⁹ Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard [Internet]. [cited 2026 May 05]. Available from: <https://covid19dashboard.mohfw.gov.in/>

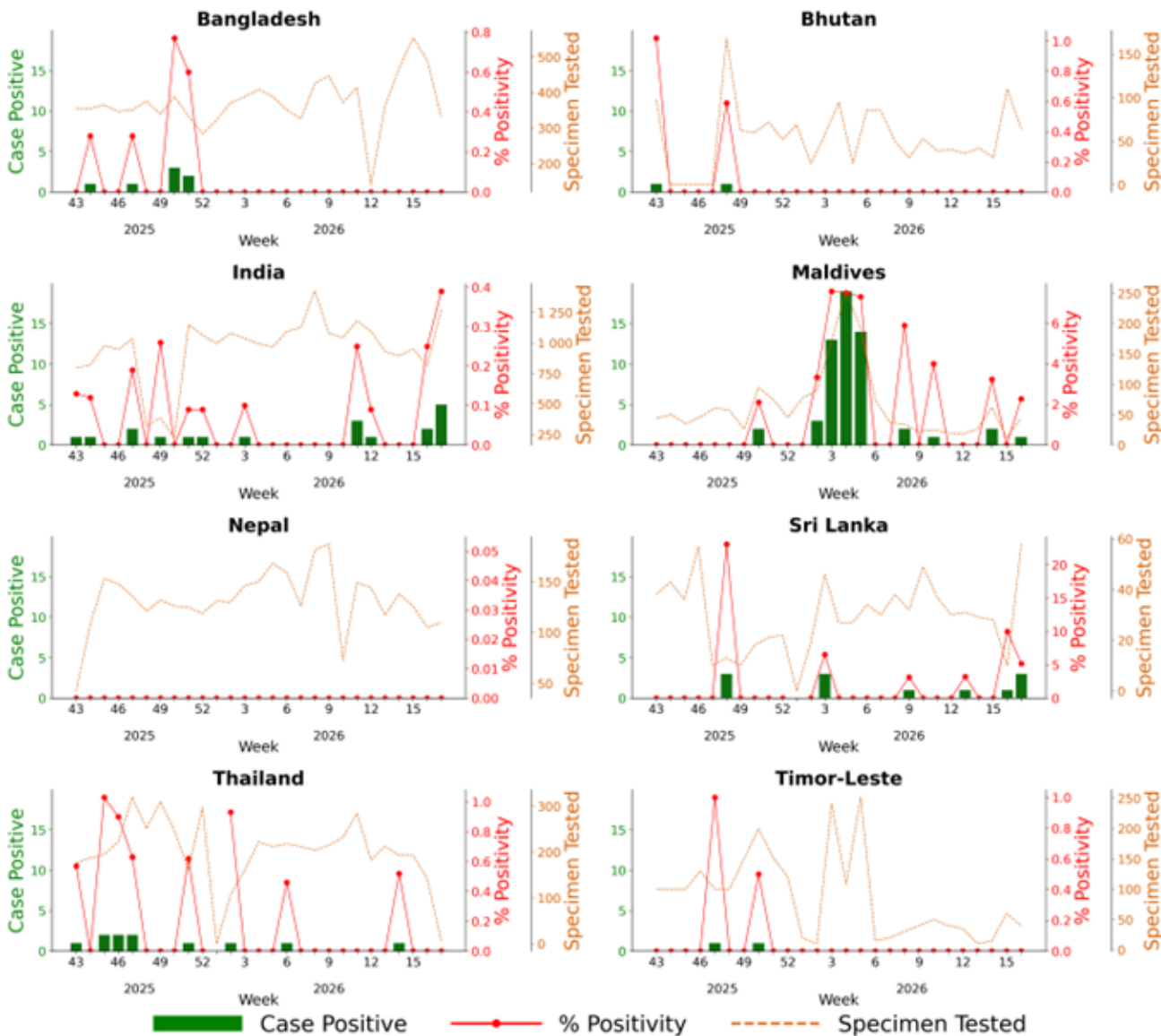
¹⁰ Ministry of Health, Republic of the Union of Myanmar. Ministry of Health official website [Internet]. 2026 [cited 2026 May 05]. Available from: <https://www.mohs.gov.mm/>

¹¹ Epidemiology and Disease Control Division Nepal. [Internet]. [cited 2026 May 05]. Available from: <https://edcd.gov.np/newsroom/outbreak>

¹² Department of Disease Control, Ministry of Public Health, Thailand. COVID-19 Surveillance Dashboard [Internet]. 2026 [cited 2026 May 05]. 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 6 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.¹³

Figure 6. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as of 28 April 2026)



Source: Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard

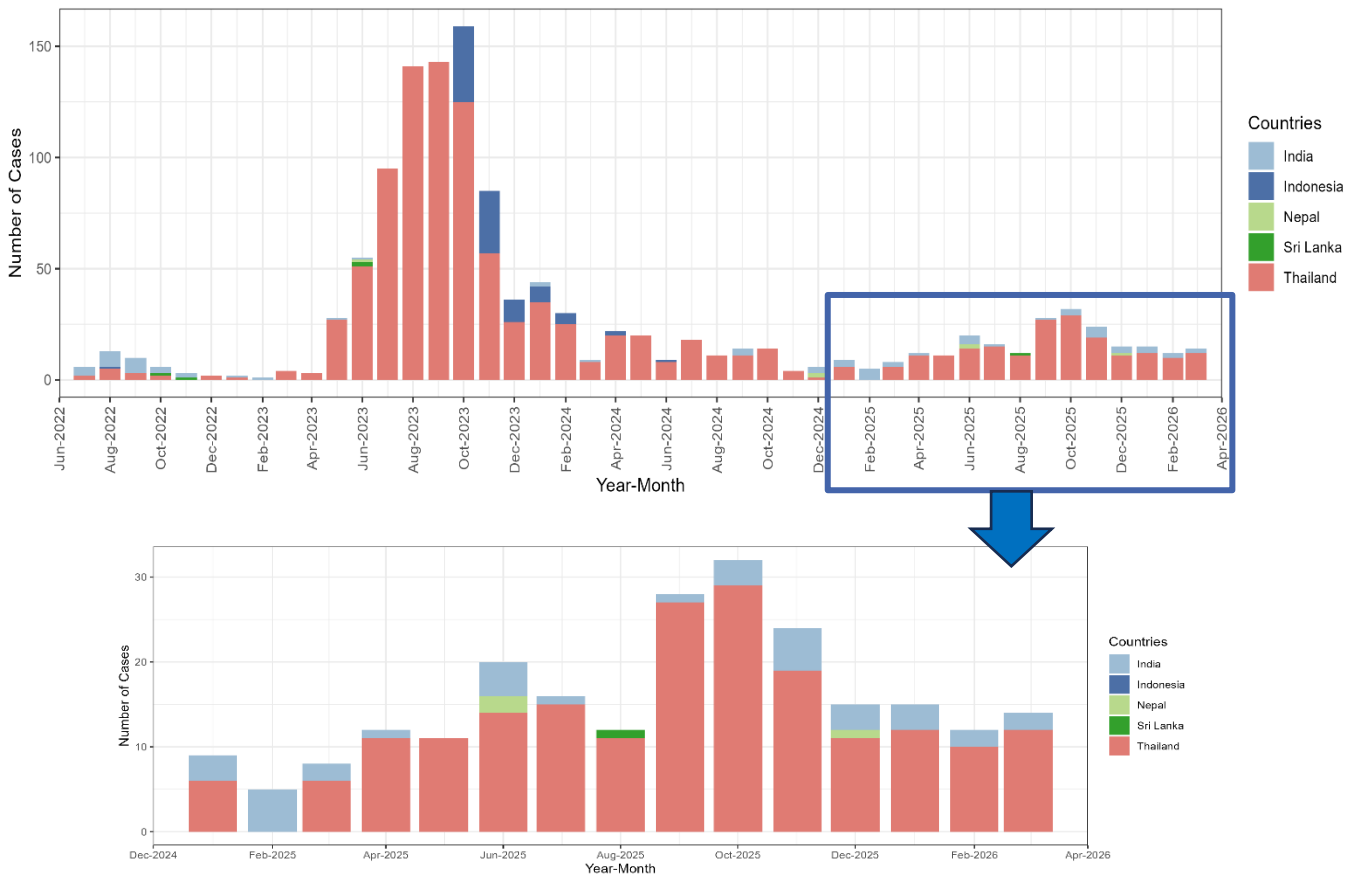
¹³ Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard. [Internet]. [cited 2026 May 05]. Available from: <https://app.powerbi.com/view?r=eyJrIjoiNzdiZTVmY2YtNzY2NC00NTMOLTMkzY2QtMWM0MzY0Mjg0YTZiIiwidCI6ImY2MTBjMGI3LWJkMjg0ZTNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsmMiOjh9>

Situation in the WHO South-East Asia Region

Situation as of 03 May 2026

- In week 17 and 18 (20 April to 03 May 2026), no new mpox cases were reported.
- As of 03 May 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.
- Thirty-four mpox 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 7 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](#)

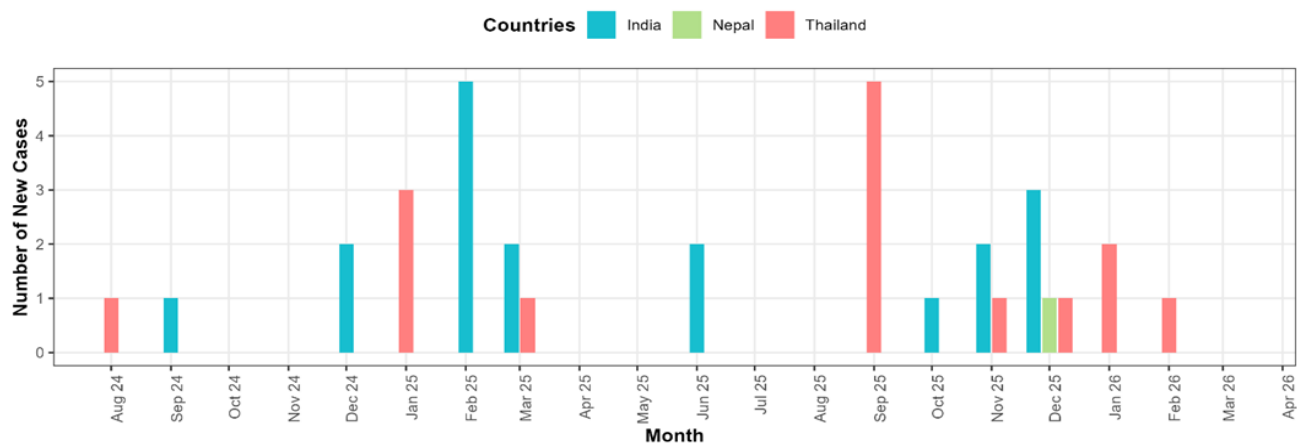
Figure 7. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (Upper, 14 July 2022 – 03 May 2026; lower 1 January 2025 – 03 May 2026).



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 8. Number of MPXV clade Ib cases reported in WHO South-East Asia Region by month of notification (as of 03 May 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 03 May 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 ¹⁴

- In April 2026, Nepal reported 188 cases (Figure 9). Data of April were not available yet for Bangladesh, Bhutan, India, Maldives, Myanmar, Sri Lanka, Thailand and Timor-Leste.
- While Timor-Leste recorded a large number of dengue cases in January and February 2026, in March, 780 cases were reported, 63% decrease compared to February 2026 (2 105 cases). This is 4.1 times higher compared to March 2025 (192 cases).
- Maldives is experiencing a surge in dengue cases, with 591 cases reported in March 2026—41% higher than February 2026 (420 cases) and approximately 8.6 times higher than March 2025 (69 cases).

Figure 9. Monthly reported dengue cases by country, May 2025 – April 2026



Notes:

Bangladesh, Bhutan, Indonesia, Myanmar, Thailand and Timor-Leste show confirmed cases.

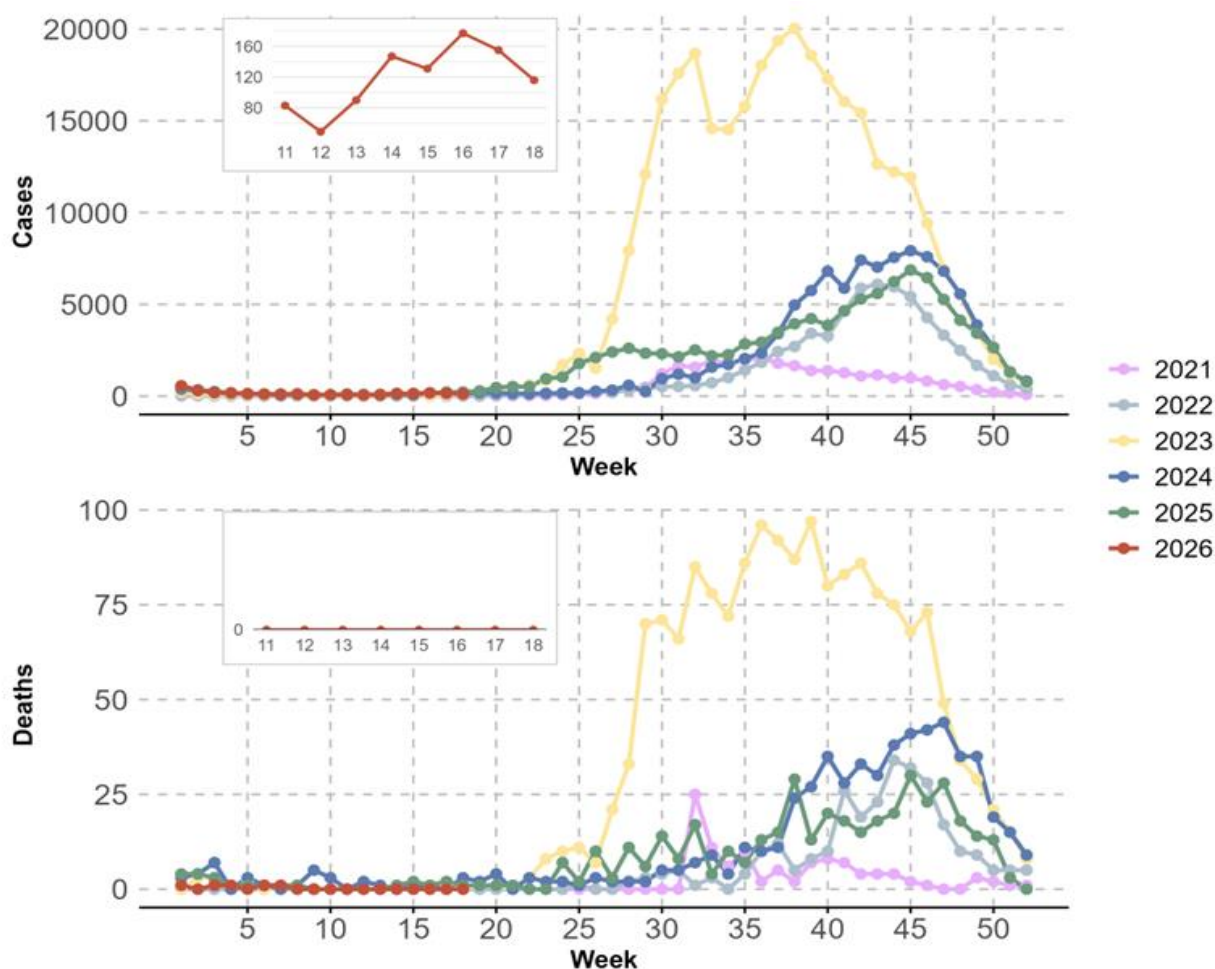
Bangladesh reports only hospitalized cases.

The majority of Myanmar cases are hospitalized cases.

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

- In Bangladesh, during Week 18 of 2026, a total of 116 suspected dengue cases were reported, representing a 25% decrease compared with the 155 cases reported in Week 17. Compared with the same week in 2025, when 218 cases were reported, the Week 18 caseload in 2026 was 47% lower.
- During week 18, no new dengue deaths were reported in Bangladesh.

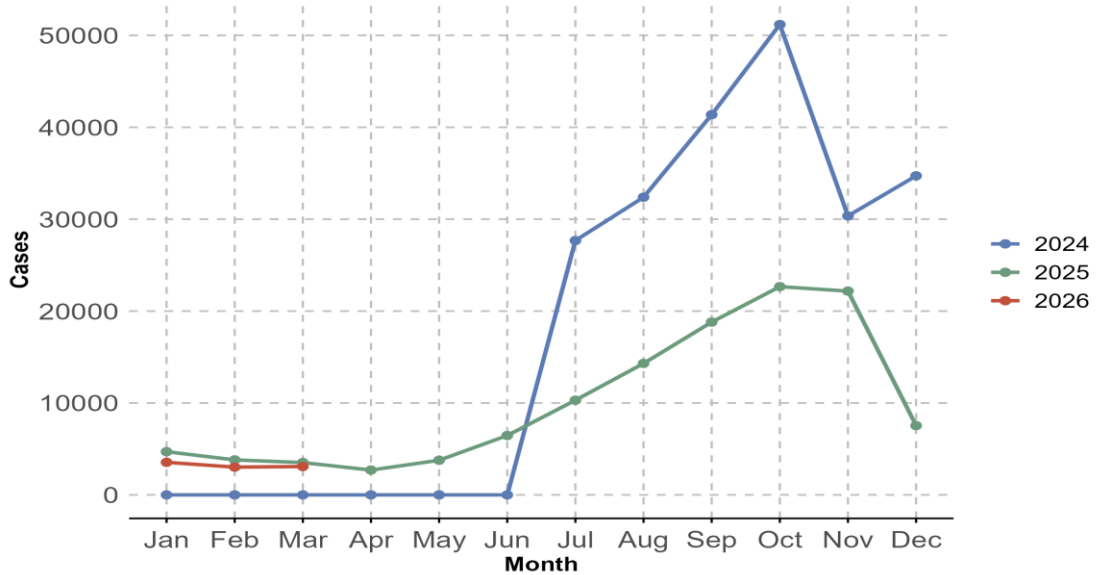
Figure 10. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 18 of 2026.



¹⁵ 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>

- No data is made publicly available yet for April 2026. 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 12 023 cases during the same period in 2025.

Figure 11. Number of new cases of dengue by month in India from January 2024 to March 2026



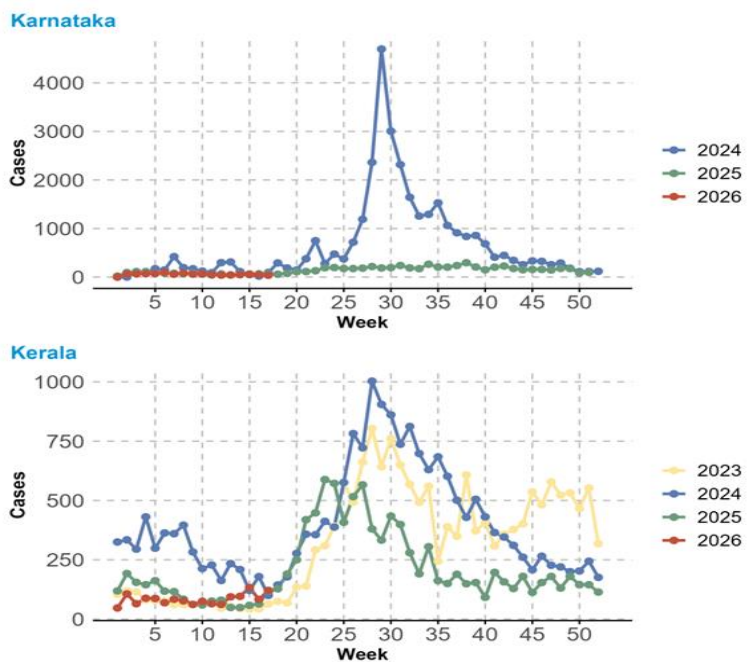
Kerala¹⁶

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

Karnataka¹⁷

- In Karnataka, in 2024, dengue cases peaked at over 4 500 in week 29, while in 2026, case numbers remain low as of week 17.

Figure 12. Weekly number of new dengue cases in Karnataka and Kerala states from week 1 of 2024 to week 17 of 2026



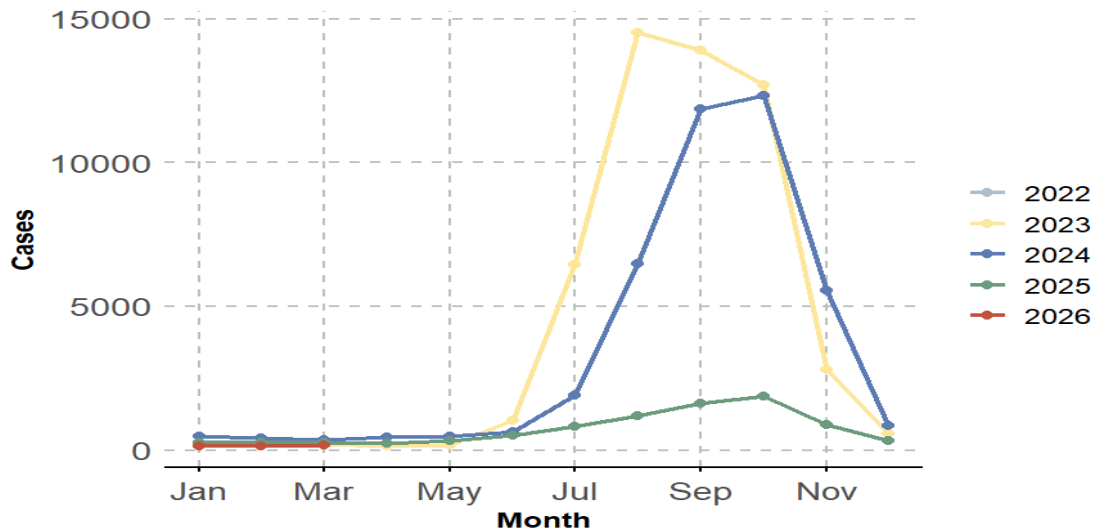
¹⁶ Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. 2026. Available from: <https://dashboard.kerala.gov.in/>

¹⁷ 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>

Nepal

- No data is made publicly available yet for April 2026. In March 2026, a total of 174 dengue cases were reported in Nepal, a 12% increase compared to February 2026 (n = 156).

Figure 13. Number of new cases of dengue by month in Nepal from January 2023 to March 2026

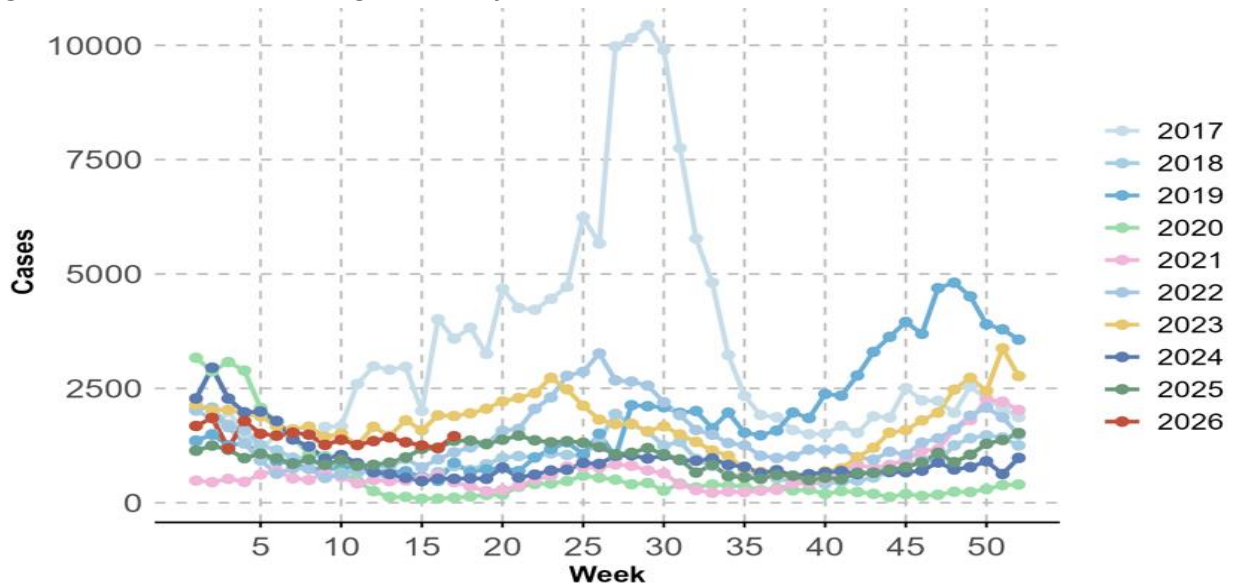


Source: [WHO Global dengue surveillance](#)

Sri Lanka¹⁸

- In Sri Lanka, during Week 17 of 2026, a total of 1 453 suspected dengue cases were reported, representing a 21% increase compared with the 1 202 cases reported in Week 16. Compared with the same week in 2025, when 1 356 cases were reported, the Week 17 caseload in 2026 was 7% higher.
- The Western Province accounted for 52.9% of total cases, with the Colombo Municipal Council (CMC) contributing 3.5%, the rest of Colombo District 22%.

Figure 14. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 17 of 2026.



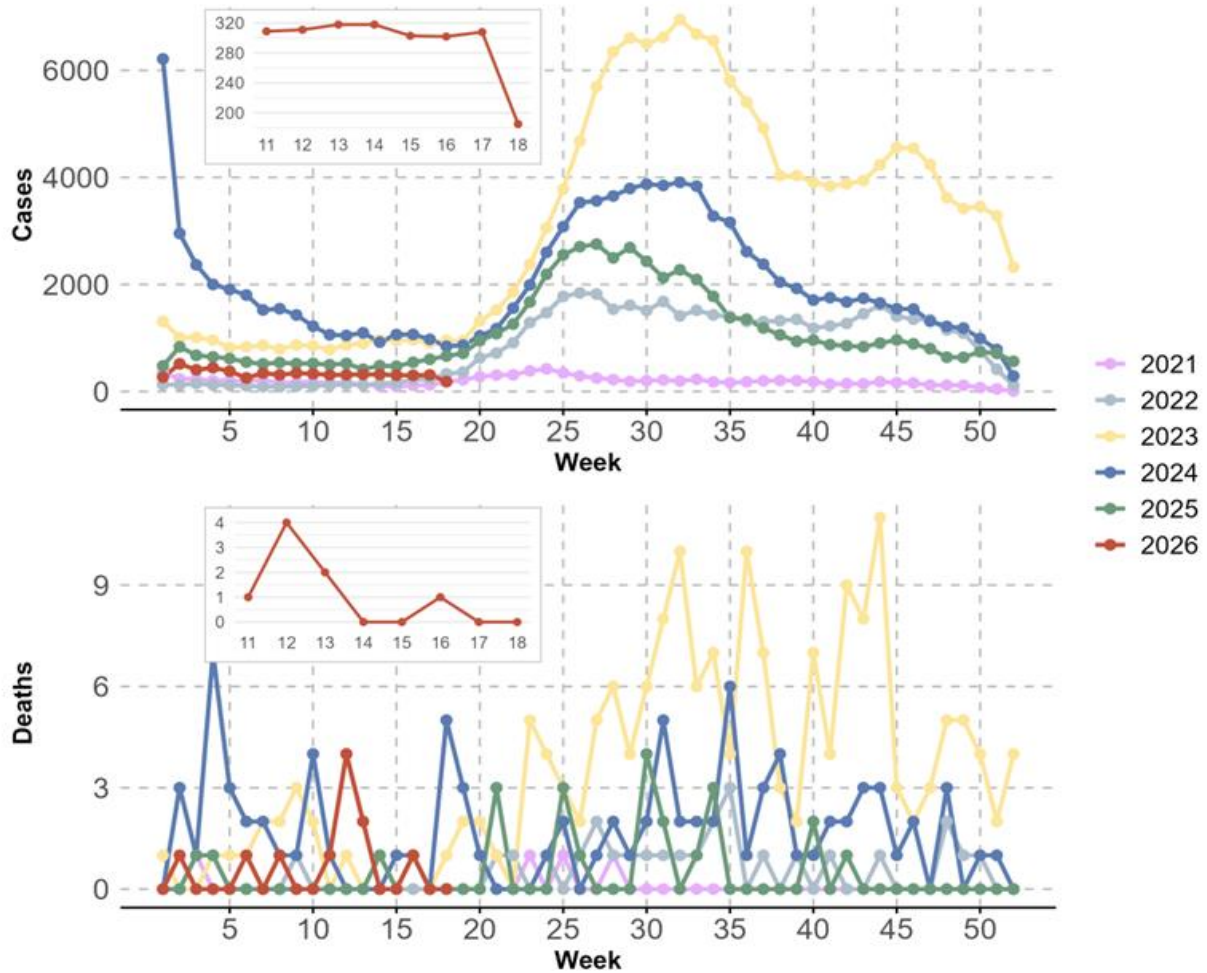
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2025](#)

¹⁸ National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2026 [cited 2026 May 05]. Available from: <https://www.dengue.health.gov.lk/web/index.php/en/>; Sri Lanka weekly Dengue update.

Thailand

- In Thailand, during Week 18 of 2026, a total of 185 suspected dengue cases were reported, representing a 40% decrease compared with the 308 cases reported in Week 17. Compared with the same week in 2025, when 662 cases were reported, the Week 18 caseload in 2026 was 72% lower.

Figure 15. Number of new cases of dengue by week in Thailand, from week one of 2021 to week 18 of 2026.



Source: [WHO Global dengue surveillance](#)