WHO South-East Asia Region
Epidemiological Bulletin

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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

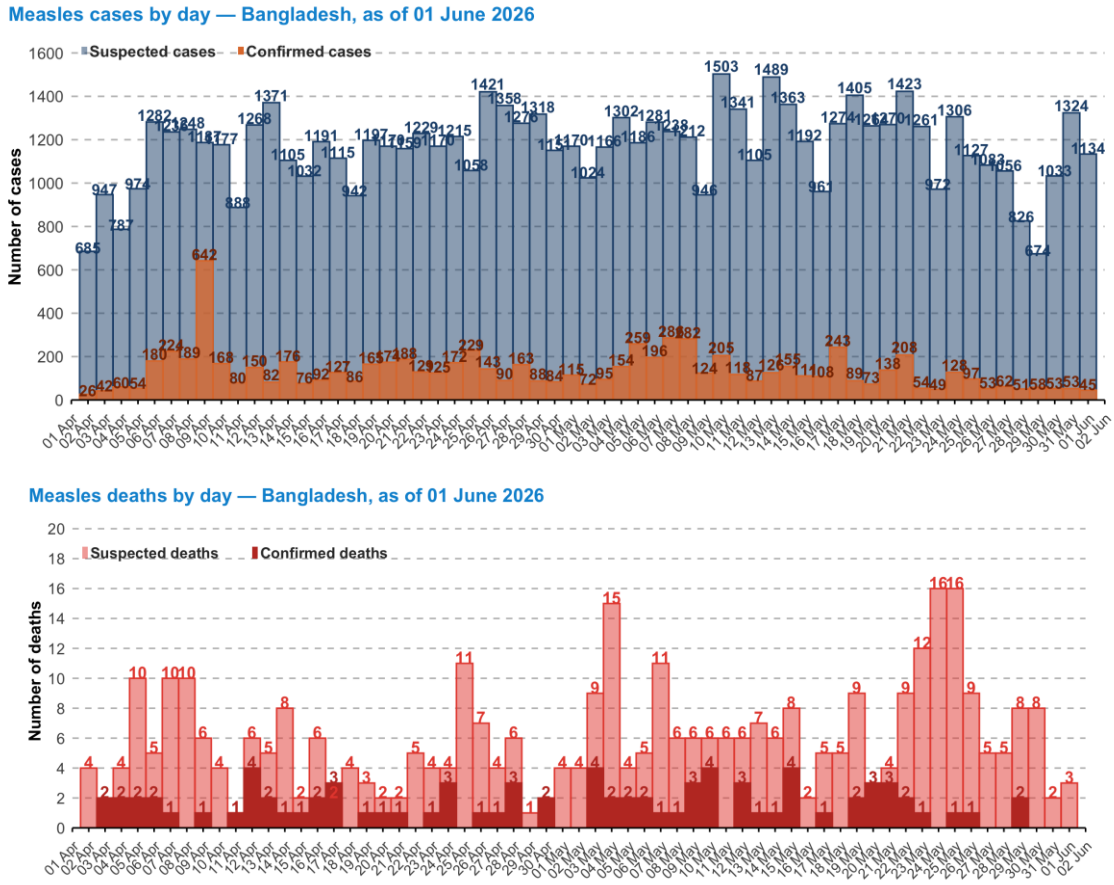
Bangladesh: Measles

Situation overview as of 02 June 2026 [1]

<u>According to the Ministry of Health and Family Welfare of Bangladesh</u>

- Measles cases, deaths and hospitalizations continued to be reported from Bangladesh.
  - In ISO week 22 (25 – 31 May 2026), an average of 1 018 suspected cases were reported per day, compared with 1 272 suspected cases per day in ISO week 21 (18 – 24 May 2026).
  - In ISO week 22, an average of 7.6 suspected deaths were reported per day, compared with 8.3 suspected deaths and 2.1 confirmed deaths per day in ISO week 21.
  - In ISO week 22, an average of 904 admissions were reported per day, compared with 1 126 admissions per day in ISO week 21.
- Geographically, in ISO week 22, Barishal division reported the highest suspected case incidence, at approximately 10 cases per 100 000 population per week, followed by Dhaka division at approximately 7.2 cases per 100 000 population per week.
  - Cumulatively, Sylhet division recorded the highest CFR at 1.72%, followed by Rajshahi at 1.35%.
- Since 15 March 2026:
  - 72 070 suspected measles cases and 9 094 laboratory-confirmed cases have been reported.
  - 498 suspected measles-related deaths (CFR= 0.7%) and 90 confirmed measles-related deaths (CFR= 1.0%) have been recorded.

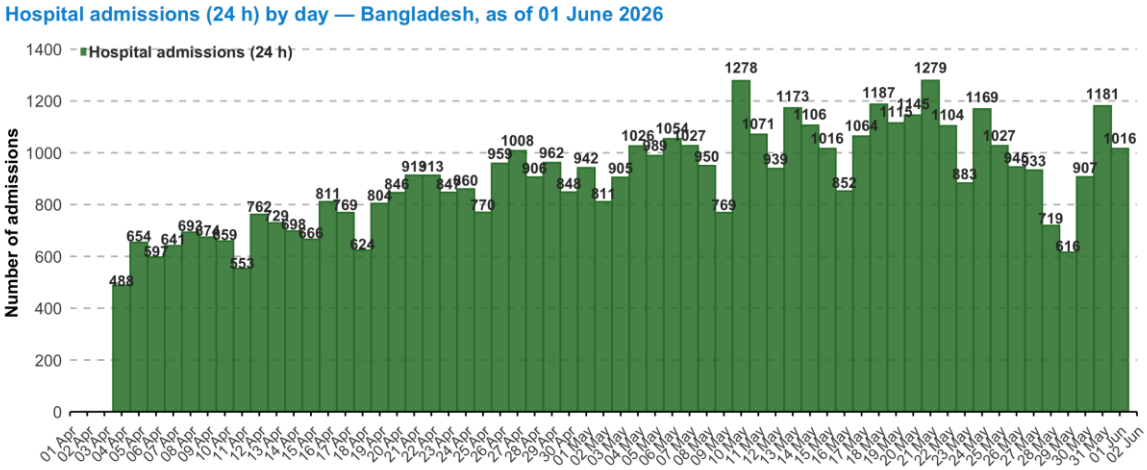
Figure 1. Daily number of confirmed and suspected measles cases and deaths in Bangladesh, 2 April - 1 June 2026



Source: DGHS, Bangladesh

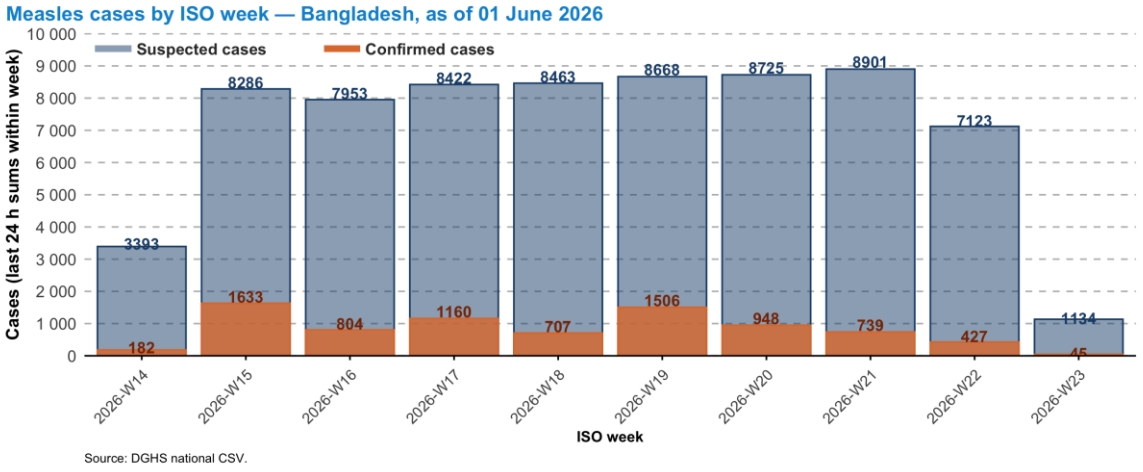
[1] Directorate General of Health Services (Bangladesh). Measles press release (01/06/2026) [Internet] [cited 2026 June 02]. Available from: https://tinyurl.com/4nudzykp

Figure 2. Daily hospital admissions of suspected measles cases in Bangladesh, 02 April-01 June 2026



Source: DGHS, Bangladesh

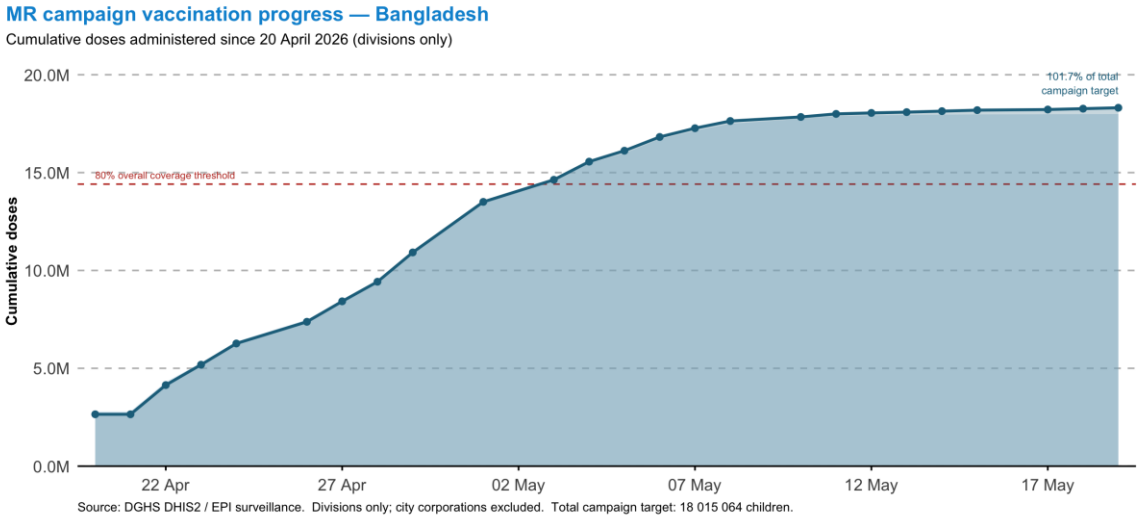
Figure 3. Weekly number of confirmed and suspected measles cases in Bangladesh (ISO Week)



Note: Data for epidemiological week 23 are provisional, as the week is still ongoing and the figures are not yet complete.

Source: DGHS, Bangladesh

Figure 4. Measles-Rubella vaccination campaign progress in Bangladesh (As of 1 June)



Source: DGHS, Bangladesh

Maldives: Measles

Situation overview as of 01 June 2026 [2]

<u>According to the Health Protection Agency</u>

- Since beginning of 2026, as of 01 June, 11 laboratory-confirmed measles cases had been reported, with an notable increase in May: 1 case each in January, February and April, and 8 cases in May.
- Most cases (10 out of 11 cases) are the residents of Malé city; seven cases are males.
- Of the 11 cases, four reported histories of recent international travel, including travel to India and Bangladesh, while the remaining cases had no travel history reported.

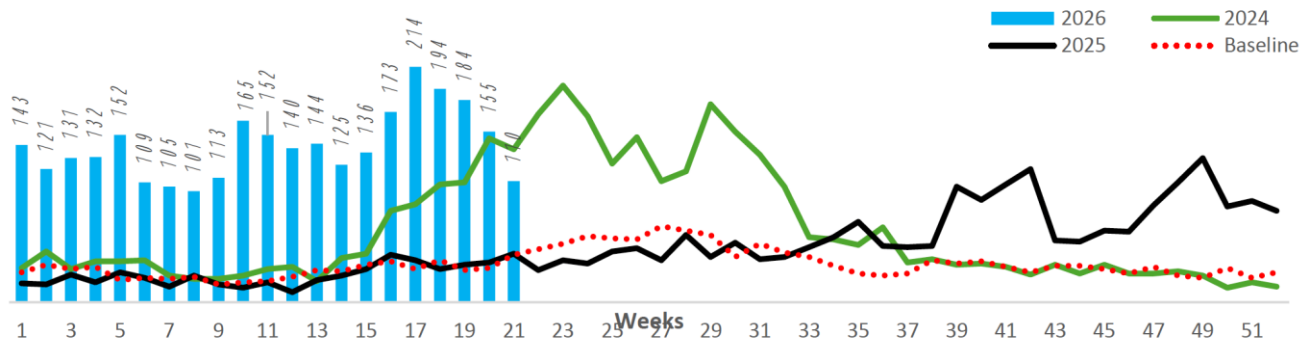
Maldives: Dengue

Situation overview as of 01 June 2026 [2]

<u>According to the Health Protection Agency</u>

- Since January 2026, dengue activity in Maldives has remained above the expected seasonal baseline.
- As of epidemiological week 21, a cumulative of approximately 2 969 dengue cases were reported in 2026.
- During epidemiological weeks 20 and 21, the Atolls reporting the highest number of cases were Raa (45 cases), Kaafu (28 cases) and Baa (24 cases).

Figure 5. National Weekly Dengue Trends in The Maldives, 2024-2026



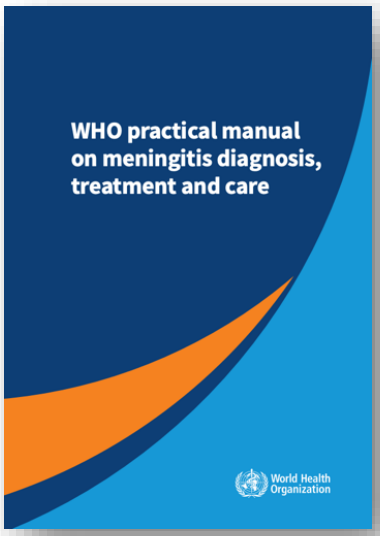
Source: Health Protection Agency, Maldives

[2] Health Protection Agency (HPA), Maldives. Dengue, Influenza and Measles Summary. 1 June 2026. Ministry of Health, Family and Welfare, Republic of Maldives.

New publication: Implementation of border health and international travel-related temporary recommendations issued by the Director-General of WHO to States Parties not sharing land borders with areas with documented Bundibugyo virus detection

- This technical note outlines considerations for implementing border health and international travel-related temporary recommendations issued by the Director-General of WHO following the declaration of the Ebola disease epidemic caused by Bundibugyo virus (BDBV) in the Democratic Republic of the Congo as a Public Health Emergency of International Concern under the International Health Regulations (2005).
- The document is intended for States Parties not sharing land borders with areas reporting documented BDBV detection and provides operational guidance for public health authorities, points of entry (PoE), conveyance operators and other stakeholders.
- It describes the epidemiological context of the epidemic, modes of transmission, current risk assessment and the absence of licensed vaccines or specific therapeutics for BDBV.
- The document presents key measures to support preparedness and response at points of entry, including provision of travel advice, development of contingency plans and standard operating procedures, staff training, infection prevention and control measures, management of suspected cases and identification and follow-up of contacts associated with international travel.
- It also addresses communication and coordination requirements between health authorities and transport sectors, environmental cleaning and disinfection procedures, and the use of traveller public health forms where appropriate.
- The document is available at https://www.who.int/publications/i/item/B09769

New publication: WHO practical manual on meningitis diagnosis, treatment and care



- 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 practical manual to support implementation activities and operationalize the recommendations included in the guidelines.
- This practical manual provides a variety of job aids – including evidence-based decision-making algorithms – to support clinical operations for diagnosing, treating and managing sequelae in people with suspected or confirmed acute meningitis.
- The document primarily focuses on acute bacterial meningitis in children aged over 1 month, adolescents and adults. However, because of shared clinical features and overlapping diagnostic and treatment strategies, this manual also includes initial guidance on and consideration of acute bacterial meningitis in neonates, viral meningitis, tuberculous (TB) meningitis, HIV-associated cryptococcal meningitis and cerebral malaria.
- The result is a comprehensive resource that provides easy access to initial recommendations on these conditions and directs readers to specialized documents for more detailed guidance when needed.
- The document is available at the following link: https://www.who.int/publications/i/item/9789240121027

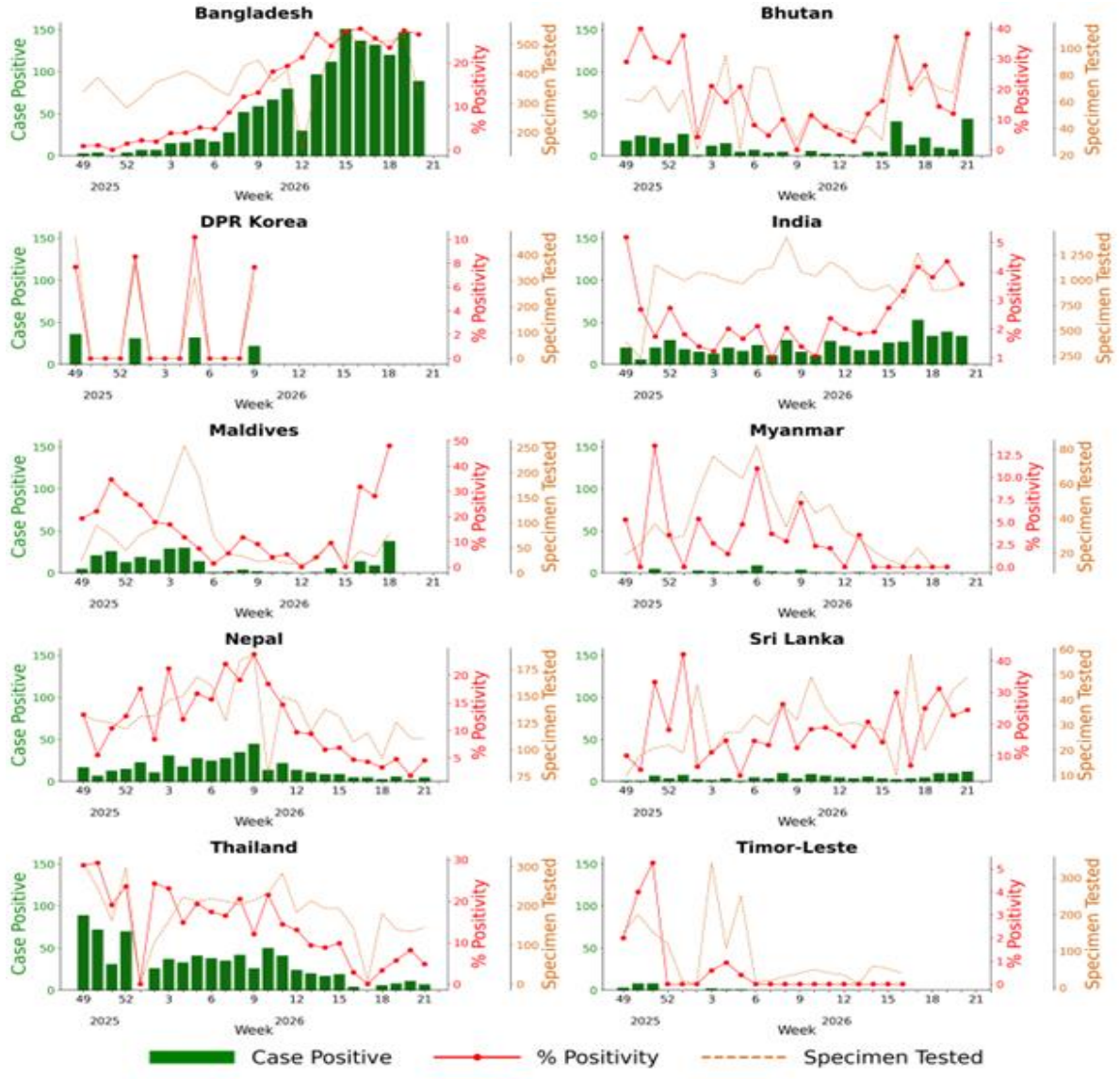
Influenza

Situation in the WHO South-East Asia Region

Situation as of 01 June 2026 [3]

- Figure 6 shows the influenza data from the WHO FluNet platform, accessed on 01 June 2026.
- In the WHO South-East Asia Region during weeks 20-22, there were 222 influenza positive samples, among 2 064 samples tested from six countries. The overall test positivity percentage was 11%.
  - The overall positivity percentage for the region was 11% (This is similar to the positivity percentage (11%) observed during the two-week period reported in the previous bulletin).
  - During this period, Bhutan, Bangladesh and Sri Lanka reported relatively high percentage test positivity in the region with 29%, 27% and 24%, respectively (Table 1). This was a 2.2 fold increase in Bhutan while in Bangladesh the positivity percentage was the same relative to the weeks 19-21.

Figure 6. 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 01 June 2026



Source: Respimart/FluNet

[3] World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 June 01]. 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 20 to 22 in 2026, as of 01 June 2026 [4]

- Table 1 shows distribution of influenza A virus subtypes and B lineages across ten countries in the WHO South-East Asia Region for weeks 20 to 22 of 2026, based on data extracted from WHO's RespiMart platforms on 01 June 2026. The last submission was on 18 May 2026 (Week 21).
  - DPR Korea, Maldives, Myanmar and Timor-Leste reported no samples tested during this period. One country in the region tested samples less than the WHO recommended minimum number (50 samples per week at the national level).
  - At the regional level the distribution of influenza A and B among tested samples were 79% and 21%. The same distribution was observed in the previous reporting period.
- The predominant Influenza A subtype detected in the region was A (H3), accounting for 42% of all influenza-positive samples. Influenza A(H1N1)pdm09 accounted for 34%. Among countries that reported influenza test positive results (10 or more positive samples):
  - A(H3) was the predominant strain in Bangladesh (100%), and A(H1N1)pdm09 predominated in Bhutan (100%) and India (56%).
  - In Sri Lanka (18%) of influenza positive samples were not-subtyped.
- Among countries that reported influenza test positive results (10 or more positive samples), influenza B predominated in Nepal (86%), Sri Lanka (82%) and Thailand (67%).
  - Influenza B (Victoria) lineage accounted for 12% among samples positive for influenza viruses in the region. The percentage positivity for B Victoria lineage in Thailand, Nepal and India was 67%, 43% and 35% respectively.
  - In Sri Lanka, the proportion of influenza B (lineage not determined) was 82%.

Table 1. Distribution of influenza A virus subtypes and B virus lineages in the WHO South-East Asia Region* (weeks 20 to 22, 2026), situation as of 01 June 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	2 064	222	11%	0%	42%	0%	34%	2%	0%	12%	9%
Bangladesh	335	89	27%	0%	100%	0%	0%	0%	0%	0%	0%
Bhutan	182	52	29%	0%	0%	0%	100%	0%	0%	0%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	954	34	4%	0%	9%	0%	56%	0%	0%	35%	0%
Maldives	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Myanmar	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nepal	221	7	3%	0%	0%	0%	14%	0%	0%	43%	43%
Sri Lanka	93	22	24%	0%	0%	0%	0%	18%	0%	0%	82%
Thailand	279	18	6%	0%	11%	0%	22%	0%	0%	67%	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 Jun 01]. Available from: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs

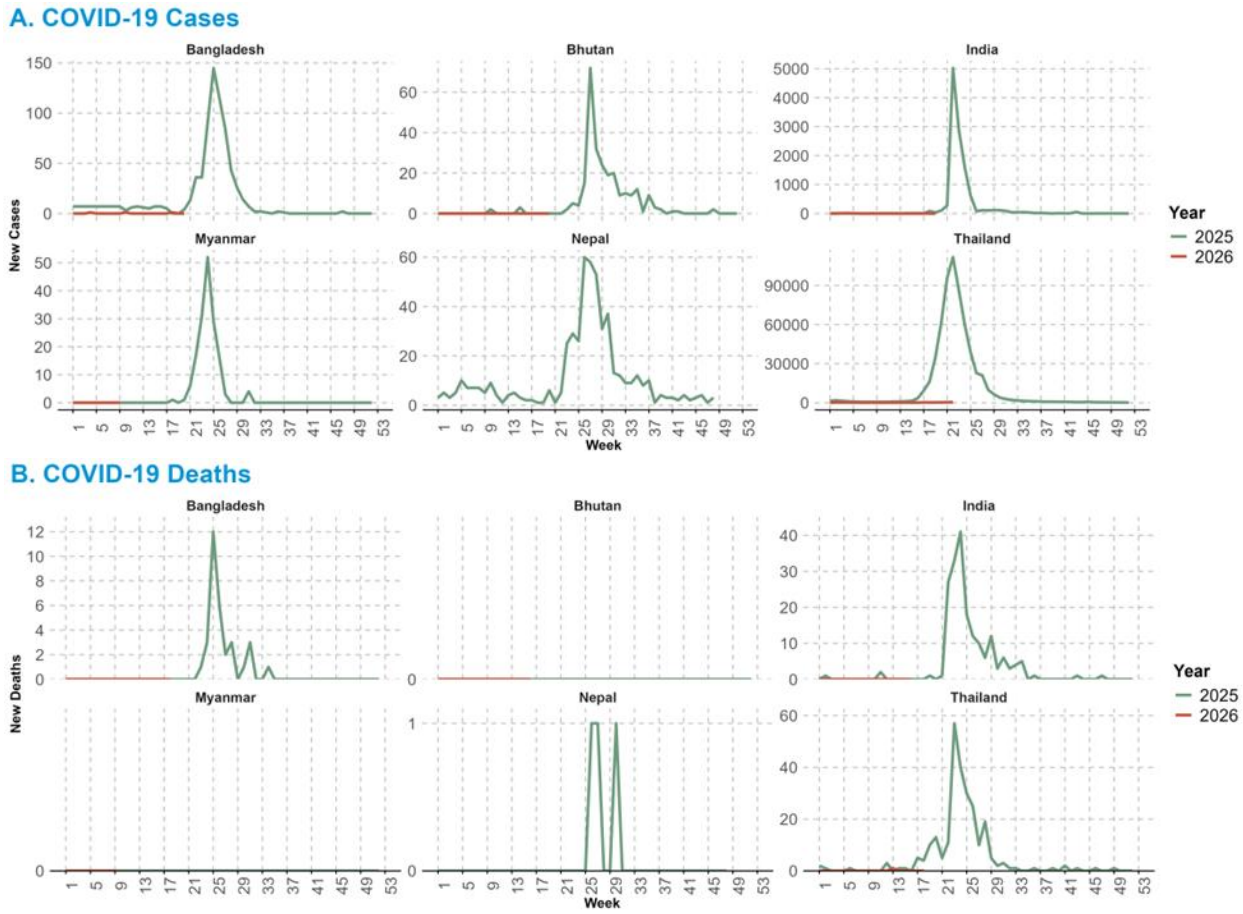
COVID-19

Situation in the WHO South-East Asia Region

Situation as of 31 May 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 7 **.
- Data of the most recent week (week 22) are available from Thailand.
- Please visit the WHO COVID-19 dashboard for the global situation of COVID-19.

Figure 7. Weekly comparisons of new COVID-19 cases (A) and deaths (B) reported from selected countries from week one of 2025 to week 22 in the WHO South-East Asia Region*

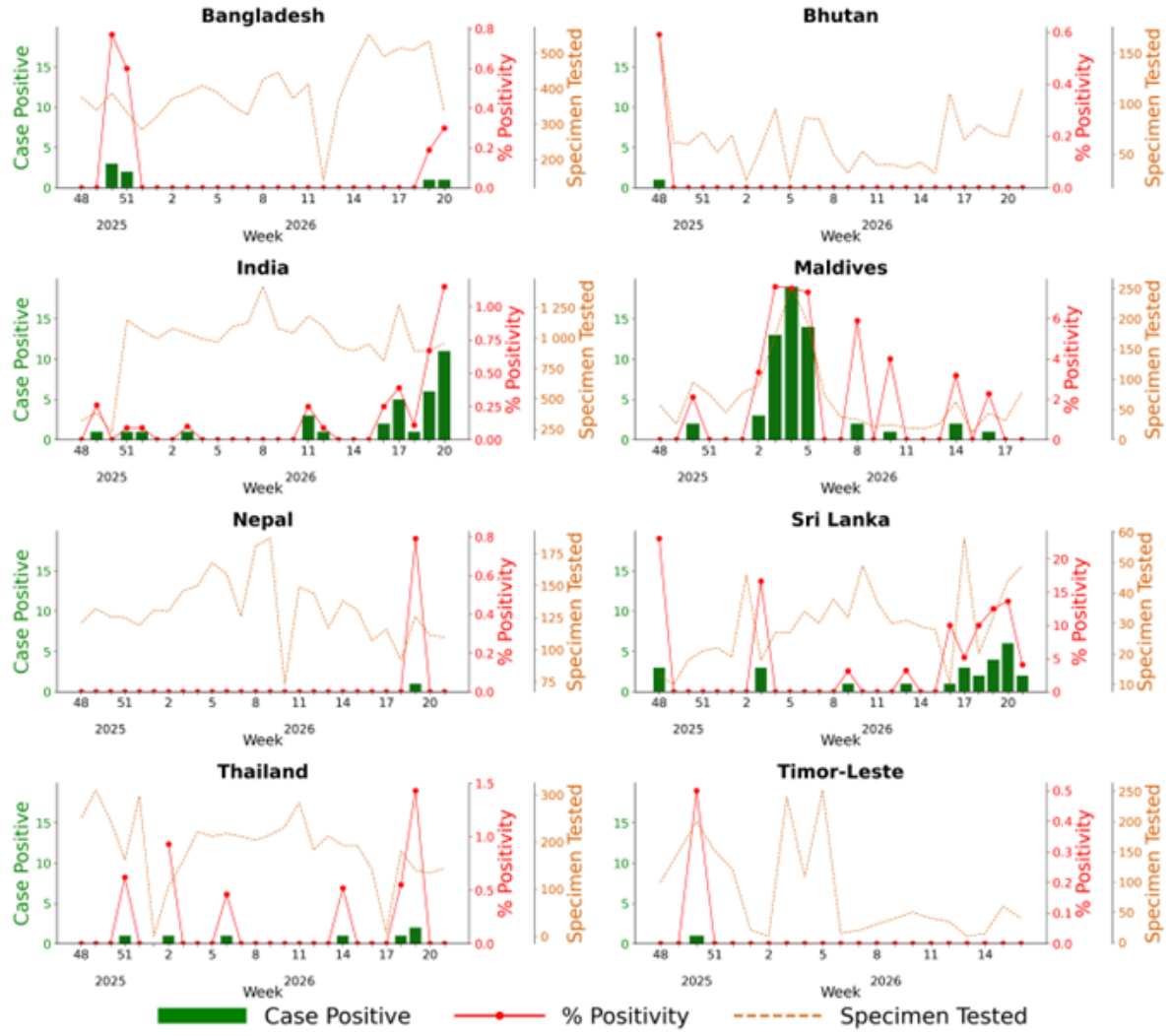


* Nepal data as of week 49 of 2025. India data as of week 6, Myanmar data as of week 9 and Bangladesh and Bhutan data as of week 20.
** Bangladesh, Bhutan, India and Myanmar data as of ISO Week. Nepal and Thailand data as of Epidemiological week.

[5] Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard [Internet]. 2026 [cited 2026 Jun 01]. 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 Jun 01]. 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 Jun 01]. 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 Jun 01]. Available from: https://www.mohs.gov.mm/
[9] Epidemiology and Disease Control Division Nepal. [Internet]. [cited 2026 Jun 01]. 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 Jun 01]. 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 8 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 8. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as of 01 June 2026)



Source: Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard

[11] Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard. [Internet]. [cited 2026 Jun 01]. Available from: Dashboard

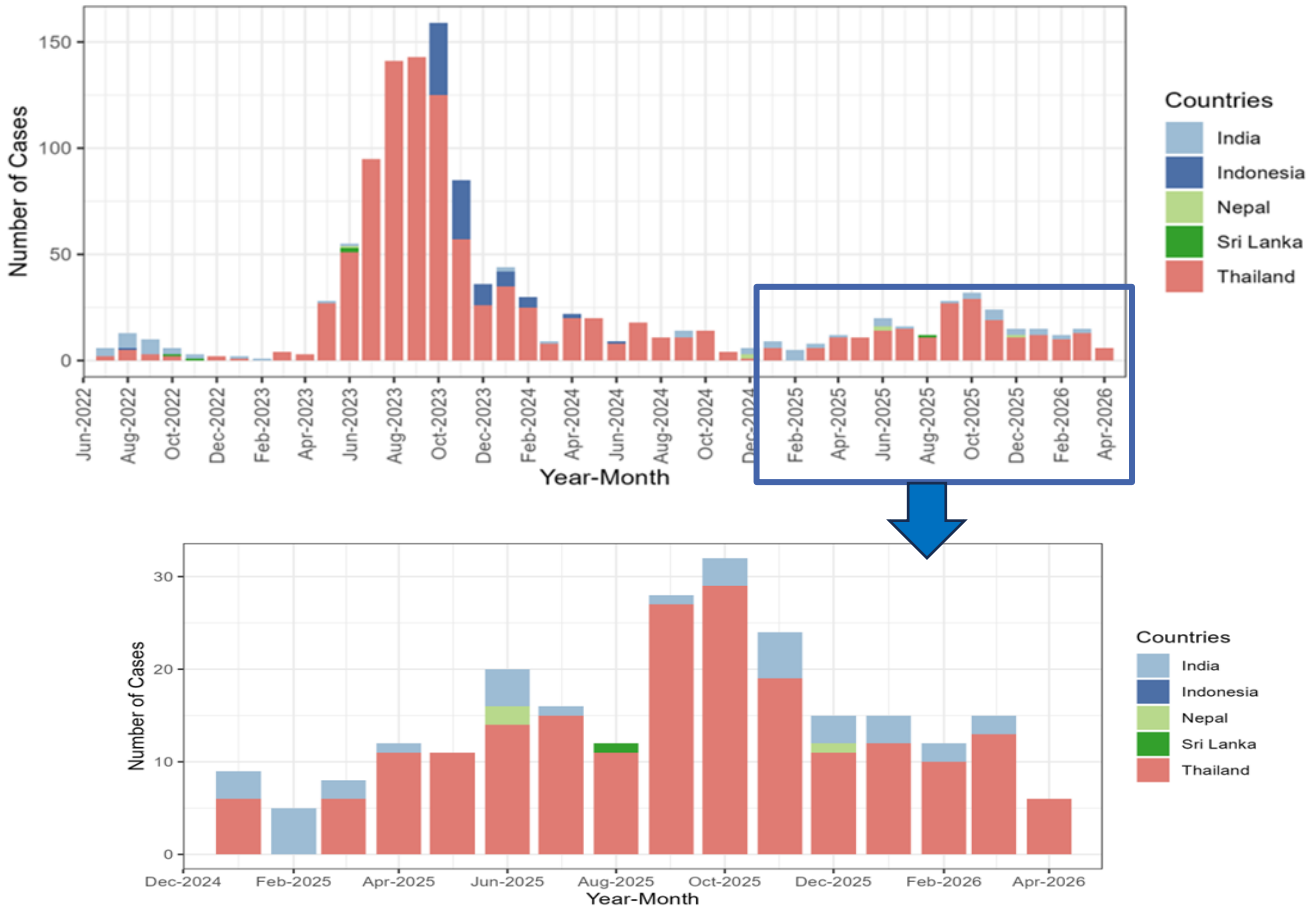
mpox

Situation in the WHO South-East Asia Region

Situation as of 31 May 2026

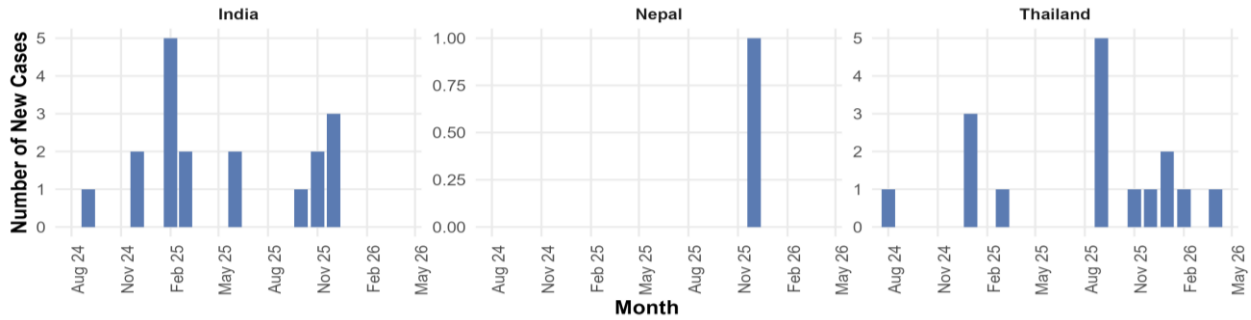
- In weeks 21 and 22 (18 to 31 May 2026), no new mpox cases were reported in the region.
- As of 31 May 2026, in the WHO South-East Asia Region, a total of 1 233 laboratory-confirmed mpox cases, including 16 deaths, have been reported since 14 July 2022.
- Thirty-five mpox virus (MPXV) clade Ib cases have been reported in the Region to date – 18 from India, 16 from Thailand and one from Nepal. Please see Figure 9 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 9. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (Upper, 14 July 2022 – 31 May 2026; lower 1 January 2025 – 31 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 10. Number of MPXV clade Ib cases reported in WHO South-East Asia Region by month of notification (as of 31 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 35 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 31 May 2026)*

	Category	Total (n = 35)
Country		
	India	18 (51.4%)
	Nepal	1 (2.9%)
	Thailand	16 (45.7%)
Recent international travel		
	Yes	31 (88.6%)
	No	4 (11.4%)
Age group (years)		
	18-29	11 (31.4%)
	30-39	15 (42.9%)
	40-49	8 (22.9%)
	50 and over	1 (2.9%)
Gender		
	Male	22 (62.9%)
	Female	13 (37.1%)

Notes: * One CRF is awaited from Nepal.

Dengue

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

- No data is made publicly available yet for May 2026. In April 2026, Sri Lanka reported 5 662 cases, India reported 2 918 cases and Thailand reported 1 661 cases (Figure 11).
- While Timor-Leste recorded 203 cases in April 2026, 74% decrease compared to March 2026 (780 cases), and 55% higher than April 2025 (131 cases).
- Maldives is experiencing a surge, with 601 cases in April 2026, 2% higher than March 2026 (591 cases), and 5 times higher than April 2025 (120 cases).

Figure 11. Monthly reported dengue cases by country, May 2025 – April 2026

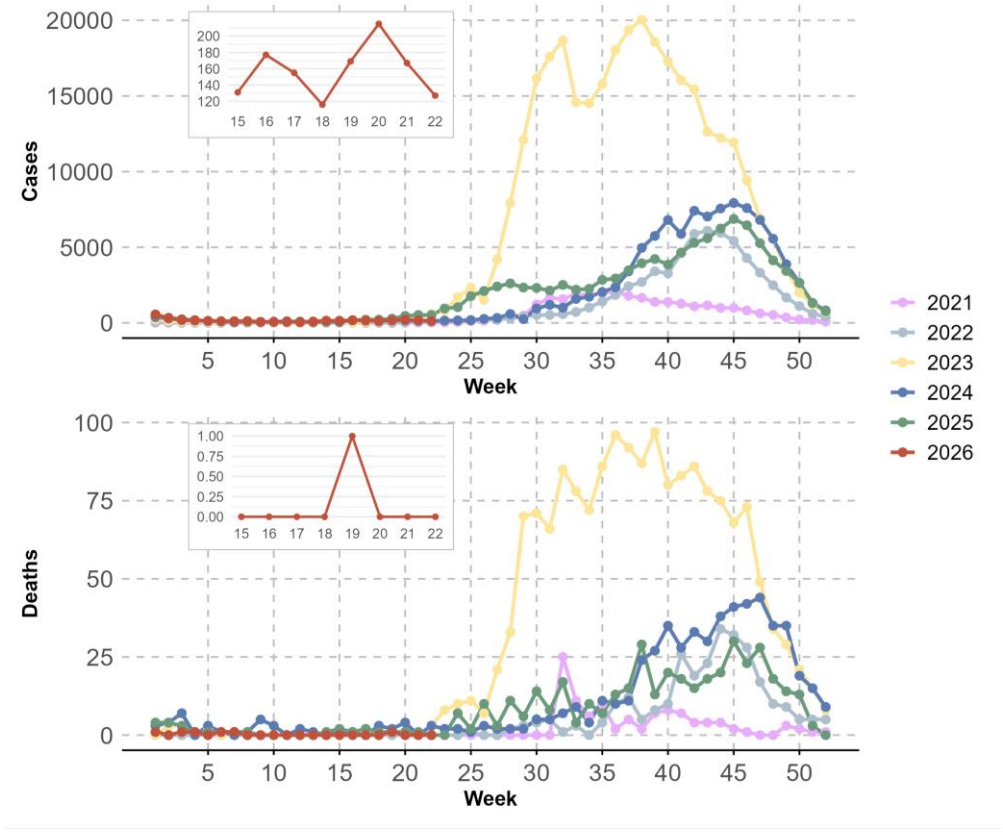
Notes:
Bangladesh, Bhutan, Indonesia, Myanmar, Thailand and Timor-Leste show confirmed cases.
Bangladesh reports only hospitalized cases.
The majority of Myanmar cases are hospitalized cases.

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

Bangladesh [13]

- In Bangladesh, during Week 22 of 2026, a total of 127 suspected dengue cases were reported, representing a 24% decrease compared with the 167 cases reported in Week 21. Compared with the same week in 2025, when 520 cases were reported, the Week 22 caseload in 2026 was 76% lower.
- During week 22, no new dengue deaths were reported in Bangladesh which compares to nil death reported in week 21.

Figure 12. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 22 of 2026

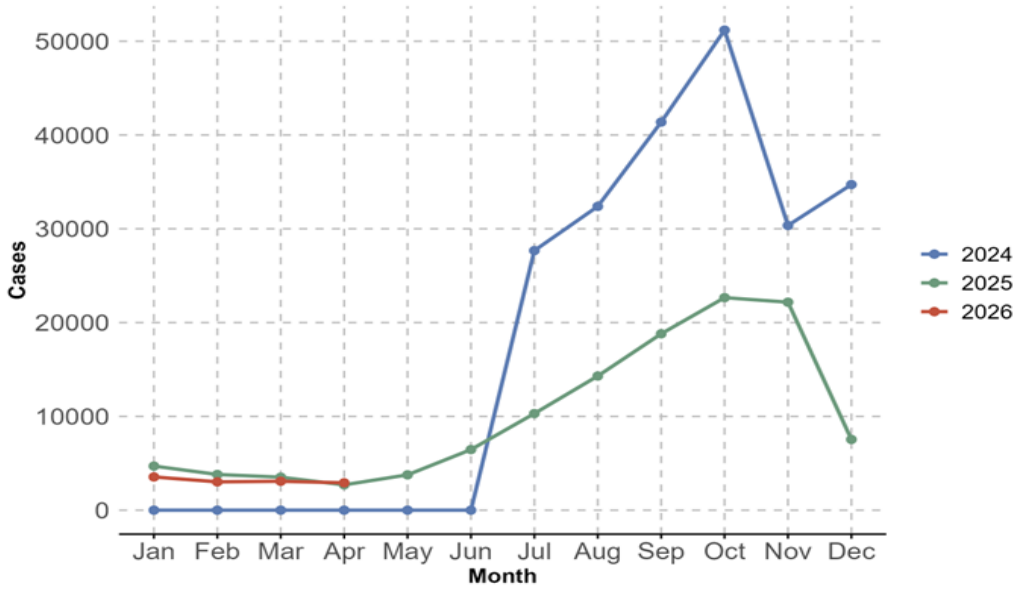


[13] Directorate General of Health Services (DGHS), Bangladesh. Daily Dengue Status Report [Internet]. 2026. Available from: https://old.dghs.gov.bd/index.php/bd/home/5200-daily-dengue-status-report

India

- No data is made publicly available yet for May 2026. During April 2026, a total of 2 918 cases of dengue were reported in India, a 5% decrease compared to March 2026 (n = 3 085).
- In 2026, as of April 2026, a total of 12 566 cases of dengue have been reported compared to 14 723 cases during the same period in 2025.

Figure 13. Number of new cases of dengue by month in India from January 2024 to April 2026



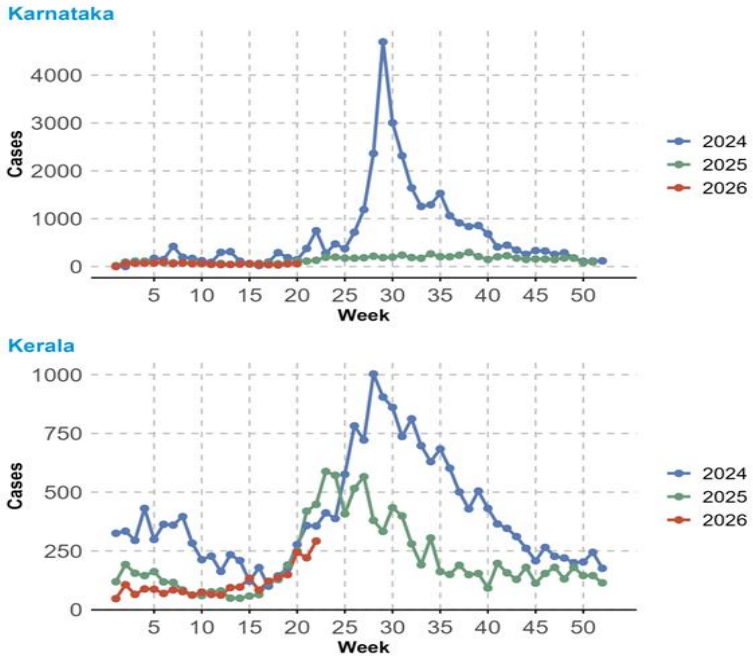
Karnataka[14]

- In Karnataka, during week 20, a total of 58 cases were reported, representing a 4% increase compared to 56 cases reported in week 19.

Kerala[15]

- 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.

Figure 14. Weekly number of new dengue cases in Karnataka and Kerala states from week 1 of 2024 to week 21 of 2026



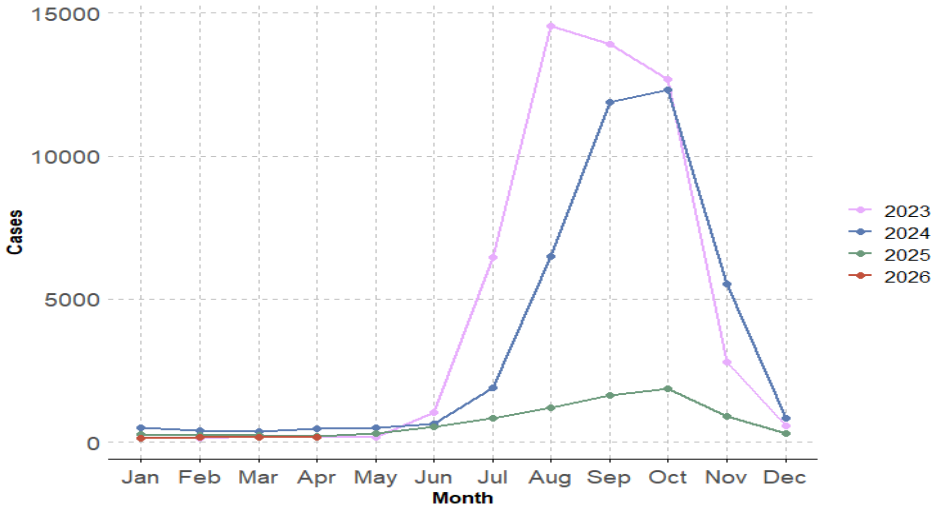
[14] Department of Health and Family Welfare, Government of Karnataka. PRISM H Disease Surveillance Dashboard [Internet]. 2026. Available from: Karnataka

[15] Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. 2026. Available from: Kerala

Nepal

- No data is made publicly available yet for May 2026. In April 2026, a total of 188 dengue cases were reported in Nepal, a 5.6% increase compared to March 2026 (n = 178).

Figure 15. Number of new cases of dengue by month in Nepal from January 2023 to April 2026

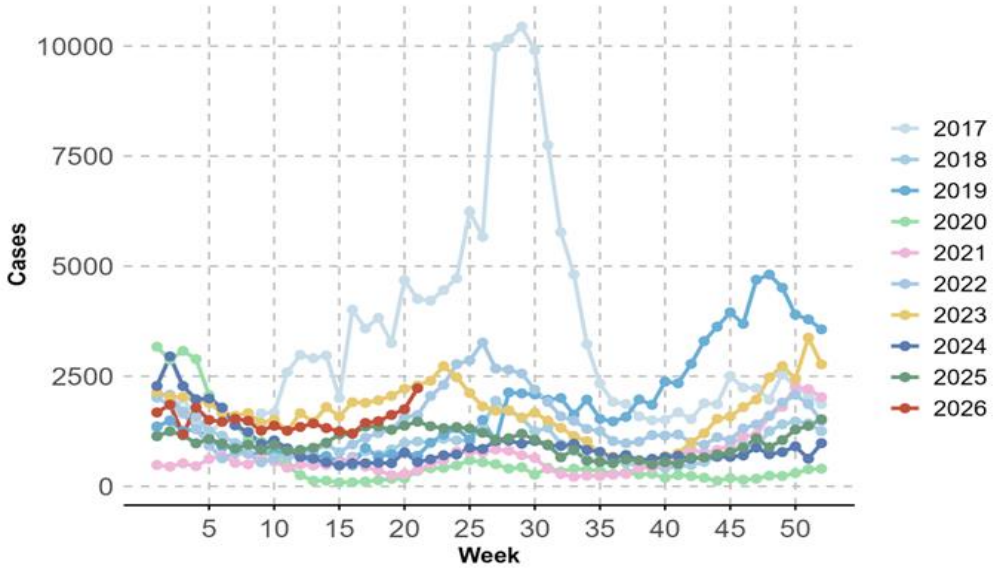


Source: WHO Global dengue surveillance

Sri Lanka [16]

- In Sri Lanka, during Week 21 of 2026, a total of 2 227 suspected dengue cases were reported, representing a 27% increase compared with the 1 751 cases reported in Week 20. Compared with the same week in 2025, when 1 468 cases were reported, the Week 21 caseload in 2026 was 52% higher.
- The Western Province accounted for 50.2% of total cases, with the Colombo Municipal Council (CMC) contributing 3.6%, the rest of Colombo District 19.4%.

Figure 16. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 21 of 2026



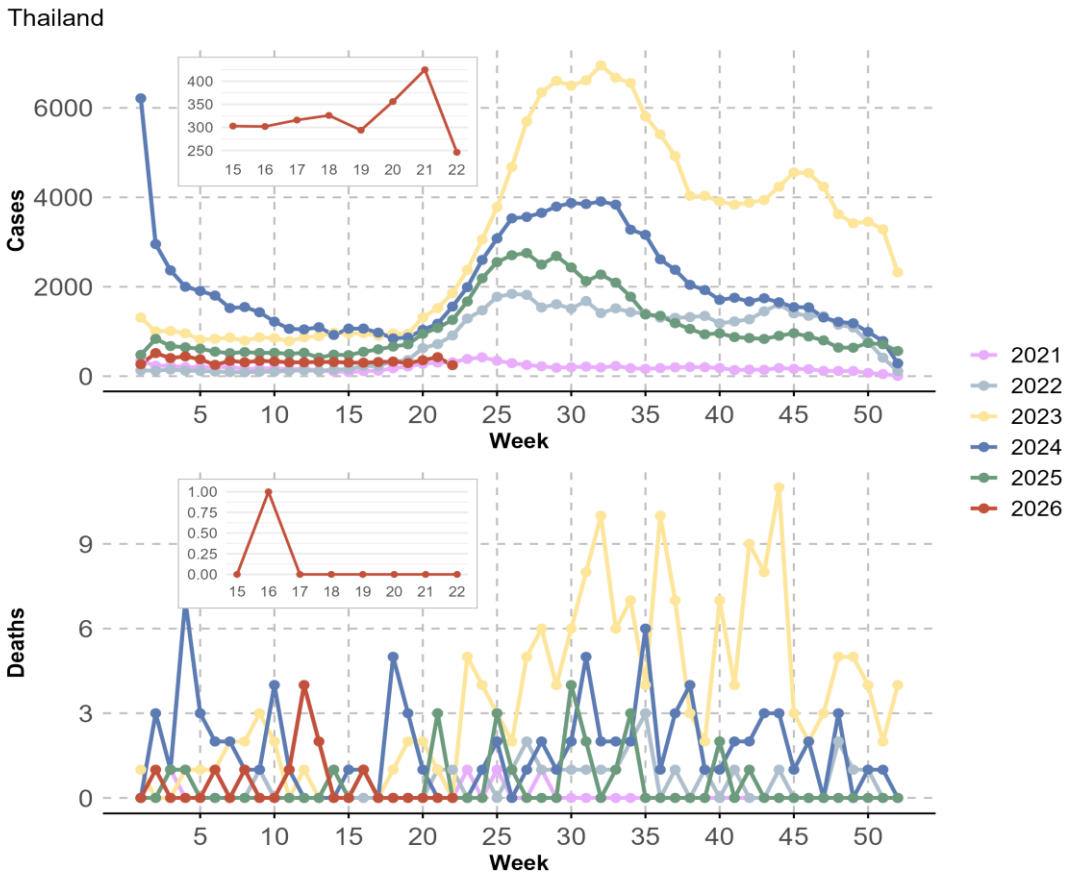
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - 2017 to 2020; 2021 to 2025

[16] National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2026 [cited 2026 June 01]. Available from: https://www.dengue.health.gov.lk/web/index.php/en/; Sri Lanka weekly Dengue update.

Thailand

- In Thailand, during Week 22 of 2026, a total of 246 suspected dengue cases were reported, representing a 42% decrease compared with the 425 cases reported in Week 21. Compared with the same week in 2025, when 1 259 cases were reported, the Week 22 caseload in 2026 was 80% lower.

Figure 17. Number of new cases of dengue by week in Thailand, from week one of 2021 to week 22 of 2026.



Source: [WHO Global dengue surveillance]