

WHO South-East Asia Region Epidemiological Bulletin

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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

India: Nipah Virus Infection

Situation overview as of 15 June 2026^{1 2 3}

- On 12 June 2026, the Kerala Health Department confirmed one case of Nipah virus (NiV) infection in Kozhikode district, Kerala State, India.
- The Nipah virus infection was confirmed by both the State Virology Laboratory, Kerala, and the National Institute of Virology (NIV), Pune.
- The case is a 43-year-old male resident of Kerala State.
- He is currently undergoing treatment in the Intensive Care Unit (ICU) at the Government Medical College Hospital (GMCH), Kozhikode. The patient received a second dose of monoclonal antibody in line with ICMR guidelines and remains under ventilator support.
- Preliminary testing for Nipah virus (NiV) was positive. The diagnosis was subsequently confirmed by RT-PCR at the National Institute of Virology (NIV), Pune.

Public Health Response

- Preventive measures were initiated immediately upon receipt of positive results from the State Virology Laboratory and the Kozhikode Microbiology Laboratory, ahead of confirmation from NIV Pune.
- As of 15 June 2026, the total number of contacts under monitoring is 103 people, including 4 very high-risk, 14 high-risk, and 85 low-risk contacts. Among all contacts, 45 are health workers. All identified contacts are being monitored closely, with control room officials conducting follow-up calls twice daily to assess their health status.
- An isolation ward has been established at GMCH, Kozhikode, and a special block has been set up within the Medical College for quarantine facilities.
- A meeting of the Rapid Response Team was convened in Ramanattukara Municipality. Personal protective equipment (PPE kits, gloves, and masks) has been made available, with no current shortage of medicines; additional stocks are being arranged as a precaution.
- The District Collector, Kozhikode, convened multiple review meetings, and the State Health Minister reviewed the situation and addressed the media.
- The situation is under constant monitoring by State and Central health authorities.

¹ [Kerala govt press release](#)

² [Kerala govt press release](#)

³ [Kerala govt press release](#)

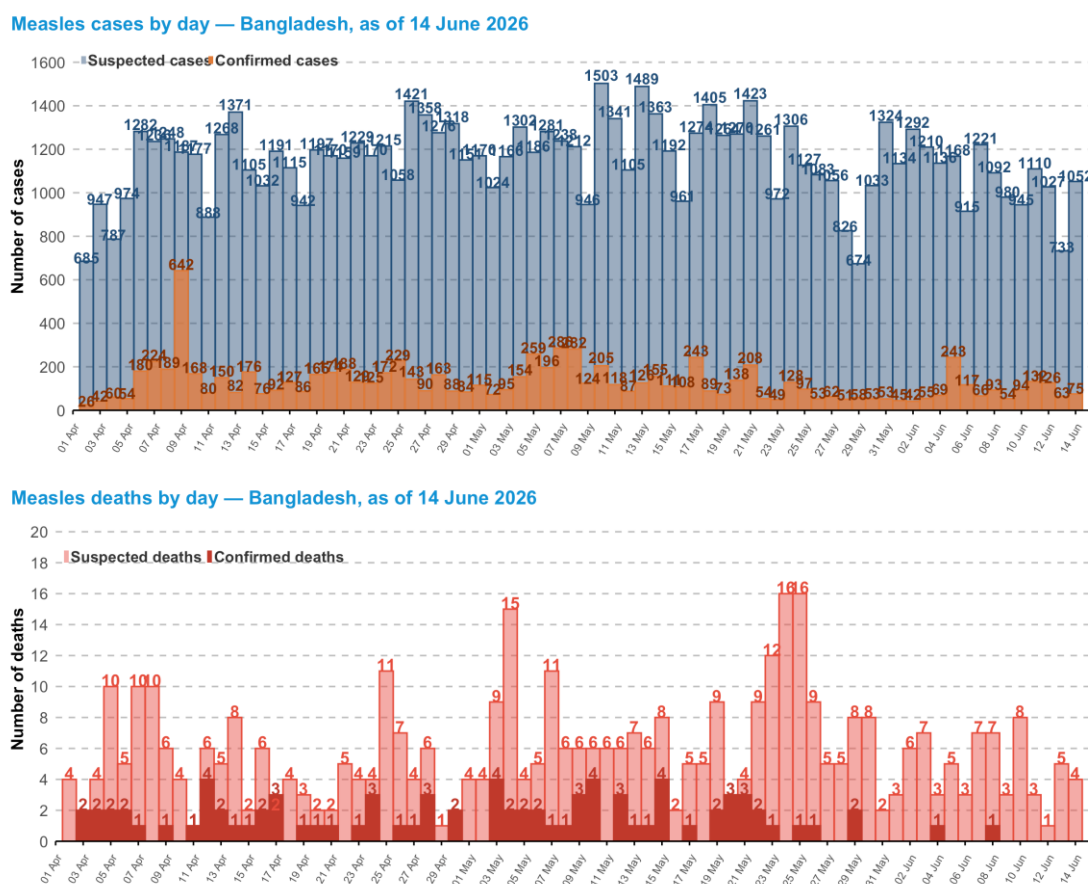
Bangladesh: Measles

Situation overview as of 14 June 2026⁴

According to the Ministry of Health and Family Welfare of Bangladesh

- Measles cases, deaths and hospitalizations continued to be reported from Bangladesh.
 - In ISO week 24 (08 – 14 June 2026), an average of 991 suspected cases were reported per day, compared with 1 154 suspected cases per day in ISO week 23 (01 – 07 June 2026).
 - In ISO week 24, an average of 4.4 suspected deaths were reported per day, compared with 4.9 suspected deaths per day in ISO week 23.
 - In ISO week 24, an average of 902 admissions were reported per day, compared with 1 054 admissions per day in ISO week 23.
- Geographically, in ISO week 24, Barishal division reported the highest suspected case incidence, at approximately 9.4 cases per 100 000 population per week, followed by Dhaka division at approximately 6.5 cases per 100 000 population per week.
 - Cumulatively, Sylhet division recorded the highest CFR at 1.57%, followed by Rajshahi at 1.22%.
- Since 15 March 2026:
 - 85 951 suspected measles cases and 10 323 laboratory-confirmed cases have been reported.
 - 560 suspected measles-related deaths (CFR= 0.7%) and 92 confirmed measles-related deaths (CFR= 0.9%) have been recorded.

Figure 1. Daily number of confirmed and suspected measles cases and deaths in Bangladesh, 2 April - 14 June 2026

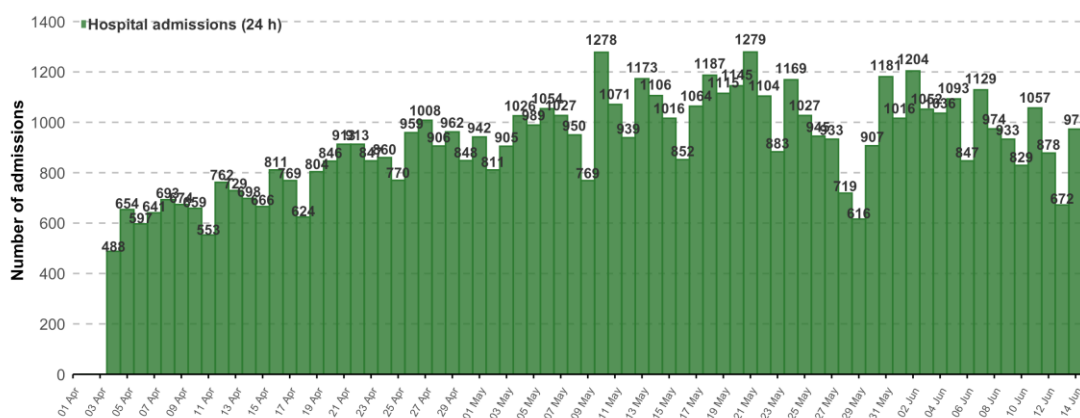


Source: [DGHS, Bangladesh](https://dghs.gov.bd)

Figure 2. Daily hospital admissions of suspected measles cases in Bangladesh, 02 April-14 June 2026

⁴ Directorate General of Health Services (Bangladesh). Measles press release (14/06/2026) [Internet] [cited 2026 June 15]. Available from: <https://dghs.gov.bd/pages/press-releases/6a2e7b774b0cb0ed96fc0a8e>

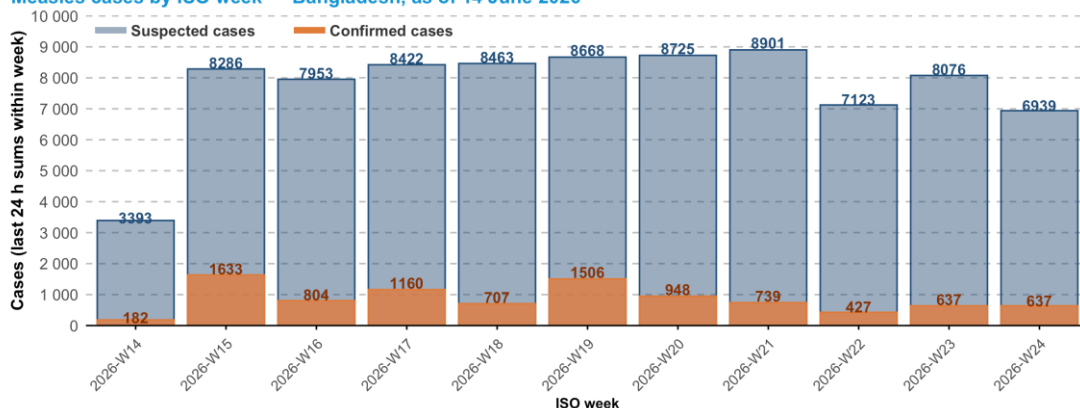
Hospital admissions (24 h) by day — Bangladesh, as of 14 June 2026



Source: [DGHS, Bangladesh](#)

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

Measles cases by ISO week — Bangladesh, as of 14 June 2026



Source: DGHS national CSV.

Source: [DGHS, Bangladesh](#)

New publication: WHO guidelines for the clinical management of filovirus disease

- This WHO guideline provides evidence-based recommendations for the clinical management of filovirus disease, including disease caused by Ebola, Sudan, Bundibugyo, Tai Forest and Marburg viruses.
- Developed in accordance with WHO guideline development standards and the GRADE methodology, it expands previous disease-specific guidance to establish a harmonized approach applicable across filovirus outbreaks.
- The guideline is intended for clinicians providing care in often resource-constrained settings and focuses on clinical interventions that may reduce mortality and improve patient outcomes.
- The document presents recommendations on systematic clinical and laboratory monitoring, oral and intravenous fluid therapy, management of shock, use of vasopressors, treatment of suspected bacterial co-infection, management of haemorrhagic complications, and post-discharge follow-up of survivors. Recommendations are informed by systematic reviews and evidence-to-decision frameworks that consider benefits and harms, certainty of evidence, patient values, feasibility, resource use, equity and acceptability. Emphasizing patient-centred supportive care, the guideline highlights the importance of timely assessment, individualized treatment, and integration with infection prevention and control measures and related WHO guidance to strengthen the quality of care and improve outcomes during filovirus disease outbreaks
- The document is available at <https://www.who.int/publications/i/item/B09774>



WHO guidelines for the clinical management of filovirus disease

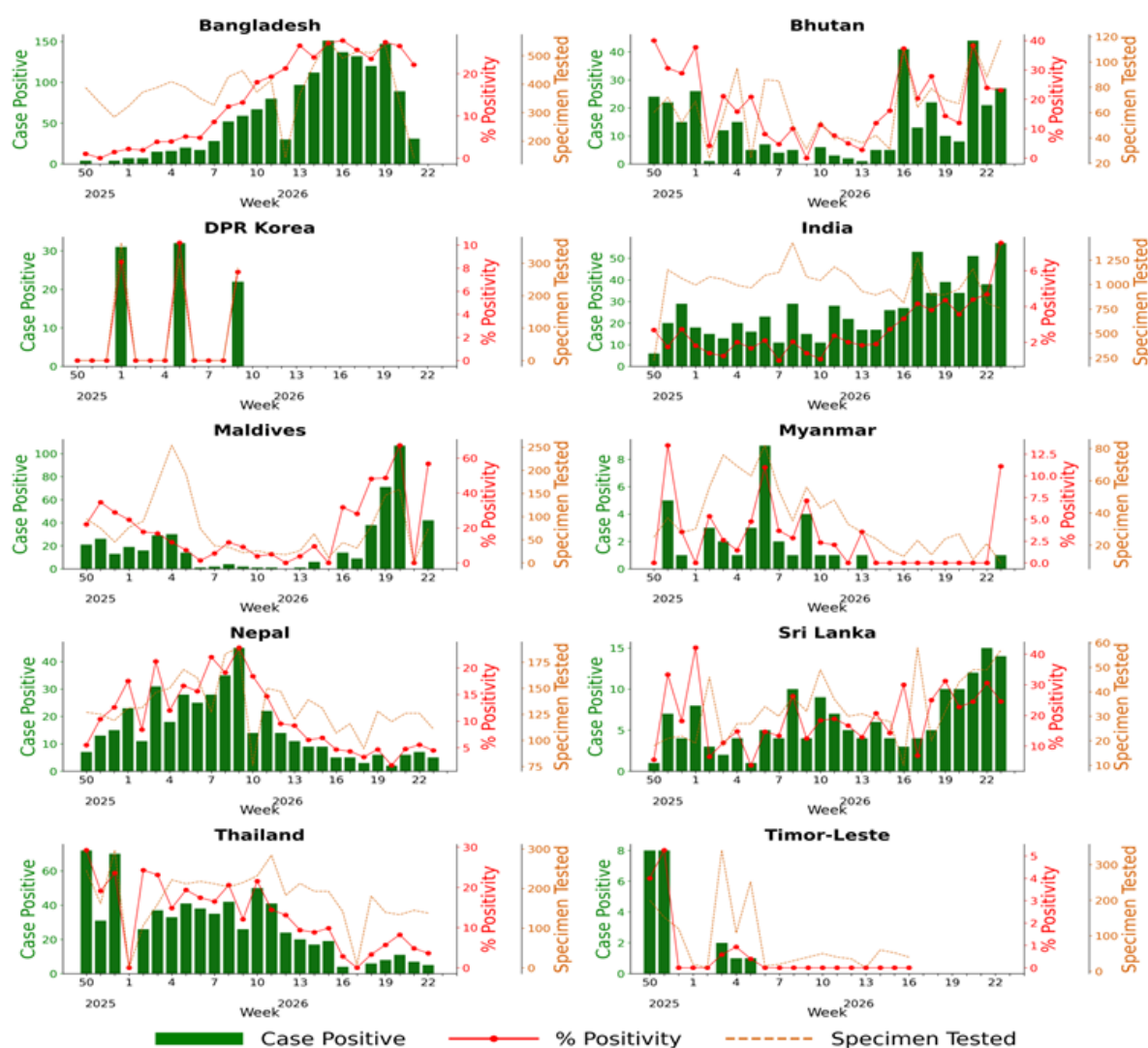


Situation in the WHO South-East Asia Region

Situation as of 15 June 2026⁵

- Figure 4 shows the influenza data from the WHO FluNet platform, accessed on 25 June 2026.
- In the WHO South-East Asia Region during weeks 22–24, there were 232 influenza positive samples, among 357 samples tested from seven countries, the overall test positivity percentage was 10%.
- Maldives, Sri Lanka and Bhutan reported relatively high percentage test positivity in the region with 57%, 27% and 23% 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 15 June 2026



Source: RespiMart/FluNet

⁵ World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 June 15]. 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 22 to 24 in 2026, as of 15 June 2026⁶

- Table 1 shows influenza A virus subtypes and B lineages distribution across ten countries in the WHO South-East Asia Region for weeks 22 to 24 of 2026, based on data extracted from WHO's RespiMart platforms on 15 June 2026. The last submission was on 01 June 2026 (Week 23).
- Bangladesh, DPR Korea and Timor-Leste reported no samples tested during this period. Two countries in the region tested samples less than the WHO recommended minimum number (50 samples per week at the national level) for this two week period spanning from 22-24 weeks.
- The overall positivity percentage for the region was 10% (This is an increase of 25% in test positivity percentage relative to the value (8%) observed during the two weeks period reported in the previous bulletin). The higher positivity percentages were observed in Maldives (57%), Sri Lanka (27%) and Bhutan (23%) respectively. Relative to the test positivity percentage observed in the previous reporting period, there was a 3.5% and 28% reduction in the test positivity percentage in Sri Lanka and Bhutan respectively. In the previous reporting period Maldives had not performed influenza testing (0).
- At the regional level the distribution of influenza A and B among tested samples were 81% and 19 %. The same in the previous reporting period was 73% : 27%.
- The predominant Influenza A subtype detected in the region was A (H1N1)pdm09, accounting for 50% of all influenza-positive samples. A(H3) accounted for 27%.
- Among countries that reported influenza test positive results (10 or more positive samples), A(H3) was the predominant strain in Maldives (100%).
- A(H1N1)pdm 09 was predominant in Bhutan(96%); India (67%)
- In Nepal and Sri Lanka, 25% and 17% samples among those positive for Influenza viruses were not subtyped.
- Influenza B (Victoria) lineage accounted for 16% among all samples positive for influenza viruses in the region.
- Among countries that reported influenza test positive results (10 or more positive samples), B lineage predominated in Nepal (41%) and Sri Lanka (65%).
- Among the samples that tested positive for Influenza, the proportion of influenza B (Lineage not Determined) was 8% in Nepal and 24% in Sri Lanka.

Table 1. Distribution of influenza A virus subtypes and B virus lineages in the WHO South-East Asia Region* (weeks 22 to 24, 2026), situation as of 15 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	2 357	232	10%	0%	27%	0%	50%	3%	0%	16%	3%
Bangladesh	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Bhutan	205	48	23%	0%	4%	0%	96%	0%	0%	0%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	1 567	95	6%	0%	15%	0%	67%	0%	0%	18%	0%
Maldives	74	42	57%	0%	100%	0%	0%	0%	0%	0%	0%
Myanmar	30	1	3%	0%	100%	0%	0%	0%	0%	0%	0%
Nepal	237	12	5%	0%	0%	0%	33%	25%	0%	33%	8%
Sri Lanka	106	29	27%	0%	10%	0%	7%	17%	0%	41%	24%
Thailand	138	5	4%	0%	0%	0%	0%	0%	0%	100%	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%

⁶ World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 Jun 15]. Available from: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

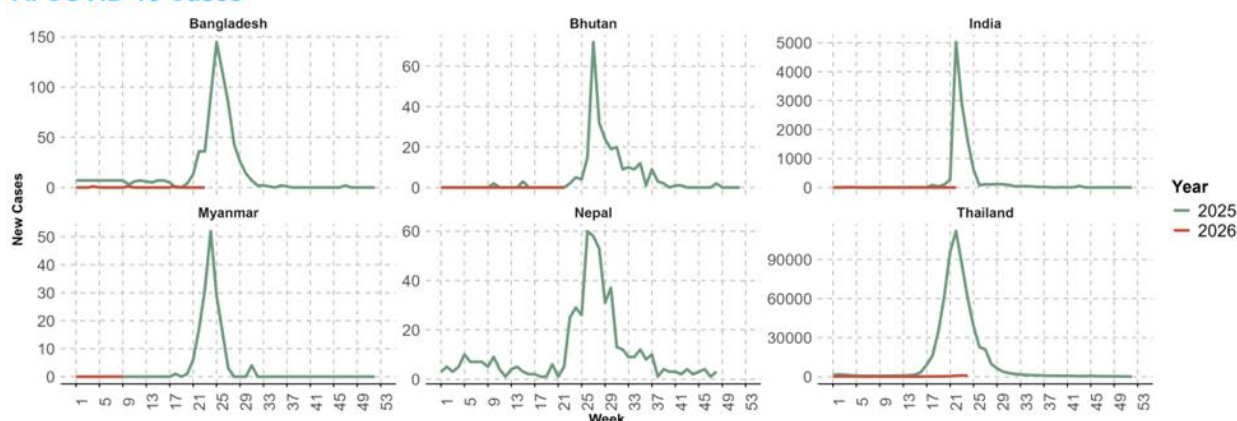
Situation in the WHO South-East Asia Region

Situation as of 15 June 2026

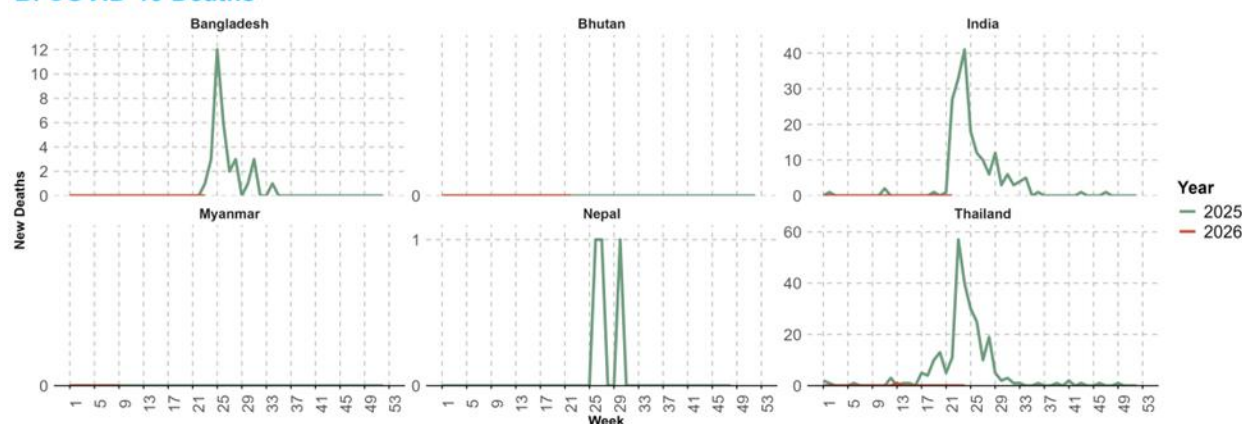
- The weekly number of COVID-19 cases reported on official websites, including Bangladesh⁷, Bhutan⁸, India⁹, Myanmar¹⁰, Nepal¹¹ and Thailand¹², are presented in Figure 5 **.
- Data of the most recent week (week 24) are available from Thailand.
- Please visit the [WHO COVID-19 dashboard](#) for the global situation of COVID-19.

Figure 5. Weekly comparisons of new COVID-19 cases (A) and deaths (B) reported from selected countries from week one of 2025 to week 24 in 2026 in the WHO South-East Asia Region*

A. COVID-19 Cases



B. COVID-19 Deaths



* 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.

- 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,

⁷ Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard [Internet]. 2026 [cited 2026 Jun 15]. 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 Jun 15]. 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 Jun 15]. Available from: <https://covid19dashboard.mohfw.gov.in/>

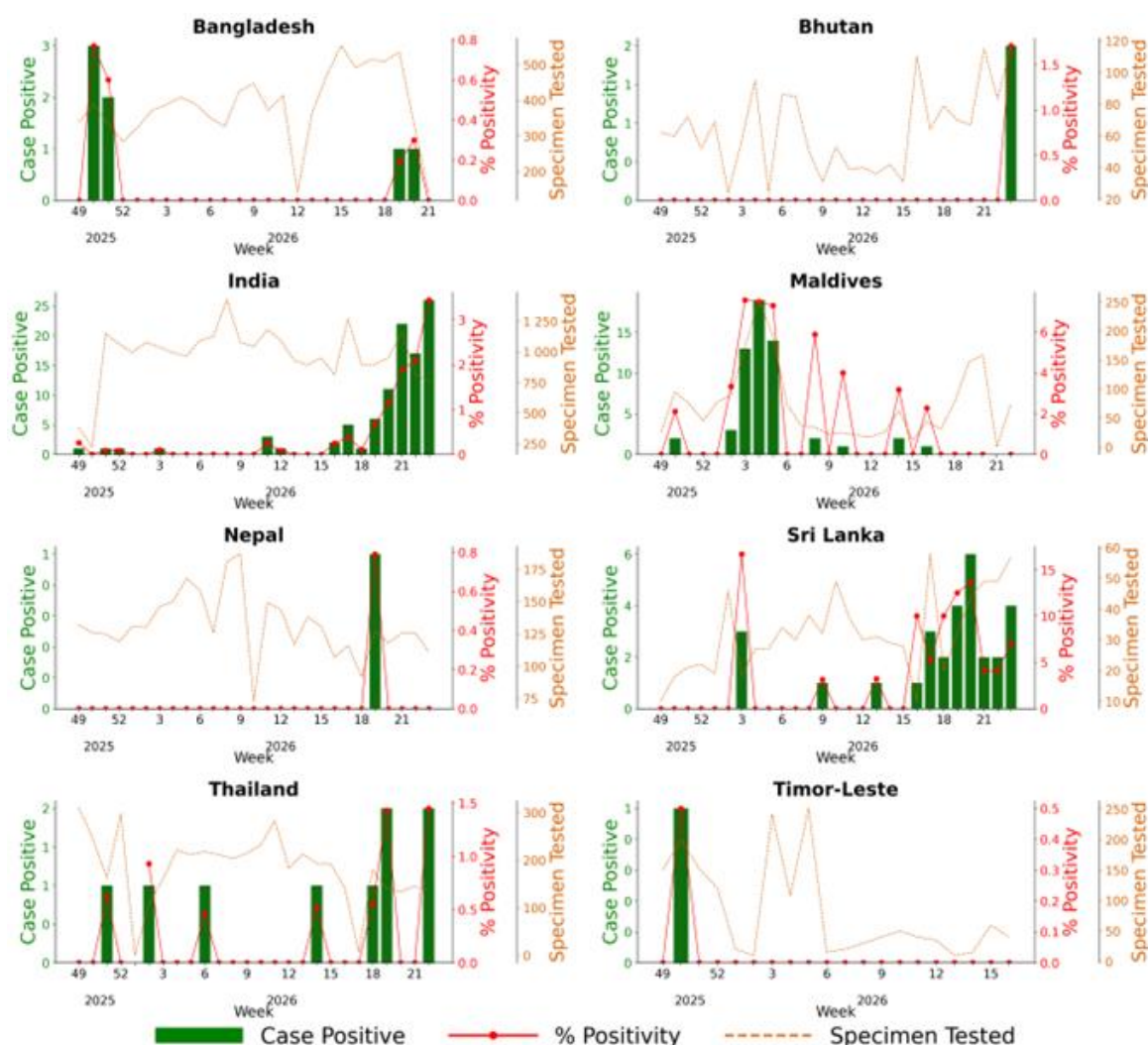
¹⁰ Ministry of Health, Republic of the Union of Myanmar. Ministry of Health official website [Internet]. 2026 [cited 2026 Jun 15]. Available from: <https://www.mohs.gov.mm/>

¹¹ Epidemiology and Disease Control Division Nepal. [Internet]. [cited 2026 Jun 15]. 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 Jun 15]. Available from: <https://www.facebook.com/photo/?fbid=1176170881210400&set=a.309744487853048>

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 15 June 2026).



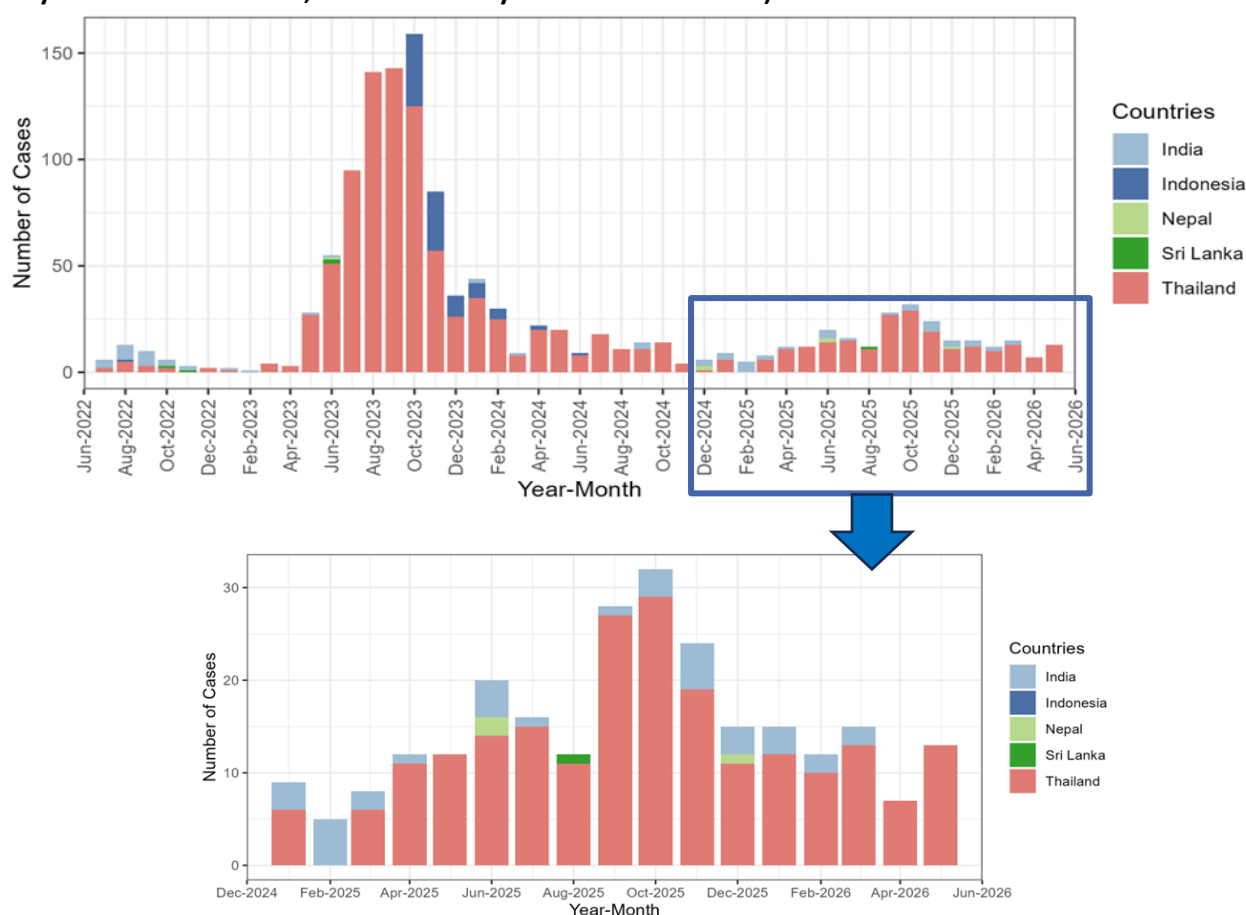
¹³ Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard. [Internet]. [cited 2026 Jun 15]. Available from: [Dashboard](#)

Situation in the WHO South-East Asia Region

Situation as of 15 June 2026

- In weeks 23 and 24 (01 June to 14 June 2026), no new mpox were reported in the region.
- As of 15 June, 2026, in the WHO South-East Asia Region, a total of 1 248 laboratory-confirmed mpox cases, including 16 deaths, have been reported since 14 July 2022.
- In May, Thailand reported 11 new clade Ib cases (one travel related to Saudi Arabia). According to WHO classification, Thailand is currently classified as experiencing community transmission reported.
- Forty-six mpox virus (MPXV) clade Ib cases have been reported in the Region to date – 18 from India, 27 from Thailand and one from Nepal. Please see Figure 8 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 – 15 June 2026; lower 1 January 2025 – 15 June 2026).

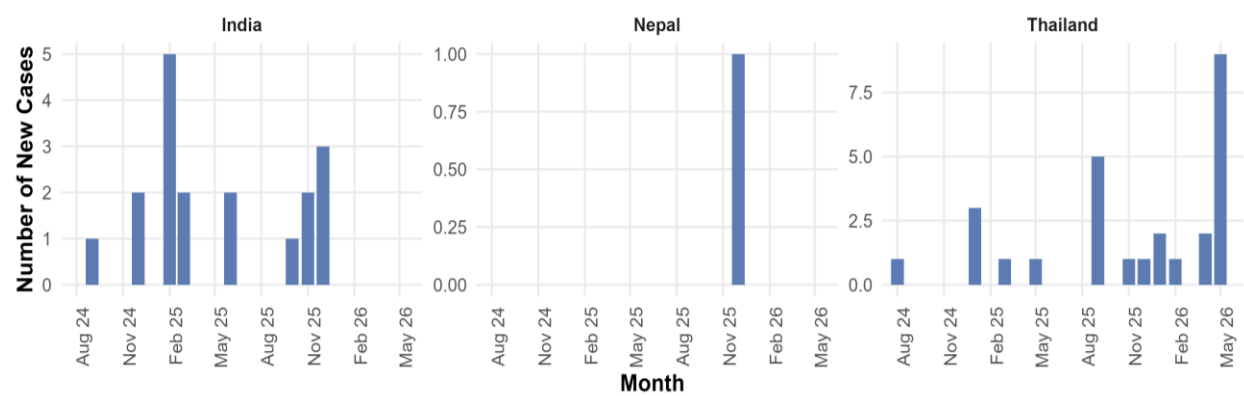


Notes:

* 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 15 June 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 46 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 15 June 2026)*.

	Category	Total (n = 46)
Country		
	India	18 (39.1%)
	Nepal	1 (2.2%)
	Thailand	27 (58.7%)
Recent international travel		
	Yes	32 (69.6%)
	No	14 (30.4%)
Age group (years)		
	18-29	13 (28.3%)
	30-39	22 (47.8%)
	40-49	10 (21.7%)
	50 and over	1 (2.2%)
Gender		
	Male	33 (71.7%)
	Female	13 (28.3%)

Notes: * One CRF is awaited from Nepal.

Dengue

Situation in the WHO South-East Asia Region ¹⁴

- In May 2026, Sri Lanka reported 8 602 cases, India reported 3 747 cases and Thailand reported 1 782 cases (Figure 9). Data of May were not available yet for Myanmar (Figure 11).
- While Timor-Leste recorded 126 cases in May 2026, 38% decrease compared to April 2026 (203 cases), and 14% higher than May 2025 (111 cases).

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



Notes:

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

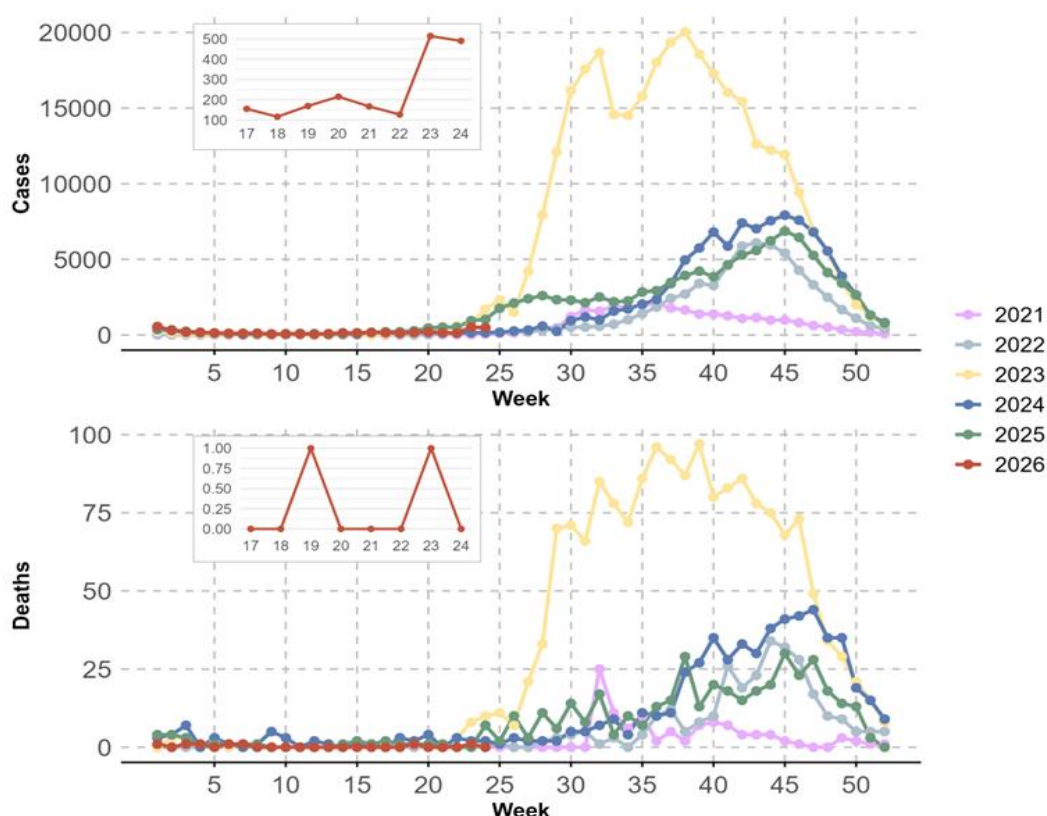
Bangladesh reports only hospitalized cases.

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 24 of 2026, a total of 490 suspected dengue cases were reported, representing a 5% decrease compared with the 514 cases reported in Week 23. Compared with the same week in 2025, when 1 039 cases were reported, the Week 24 caseload in 2026 was 53% lower.
- During week 24, one new dengue deaths were reported in Bangladesh which compares to nil death reported in week 23.

Figure 10. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 24 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 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). During May 2026, a total of 3 747 cases of dengue were reported in India, a 28% increase compared to April 2026 (n = 2 918).
- In 2026, as of May 2026, a total of 16 313 cases of dengue have been reported compared to 18 489 cases during the same period in 2025.

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

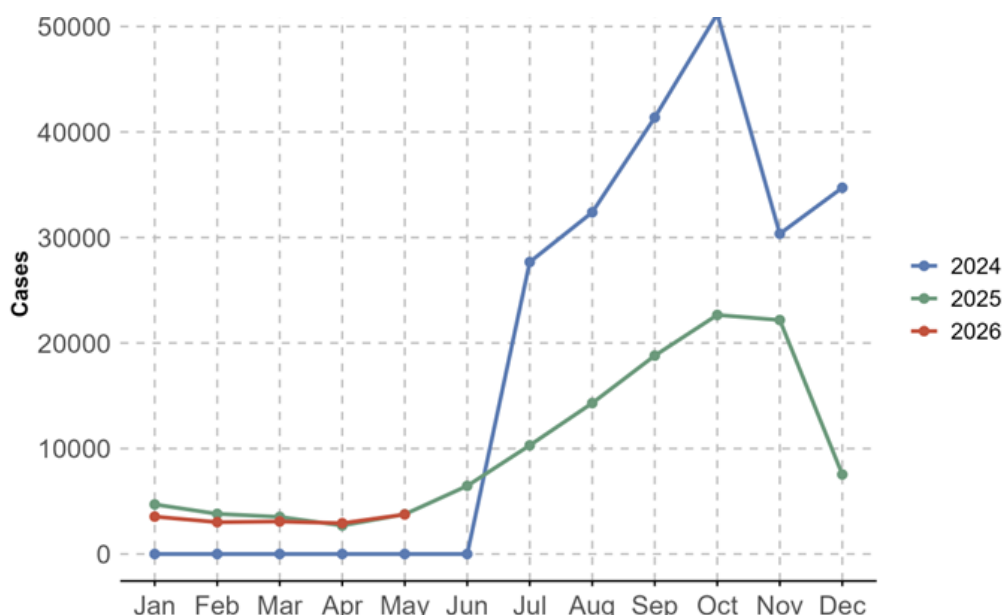
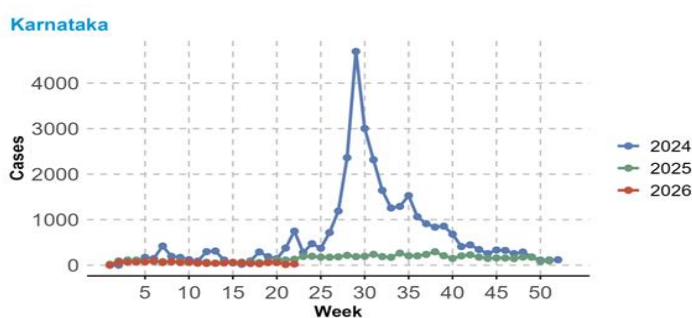


Figure 12. Weekly number of new dengue cases in Karnataka and Kerala states from week 1 of 2024 to week 24 of 2026

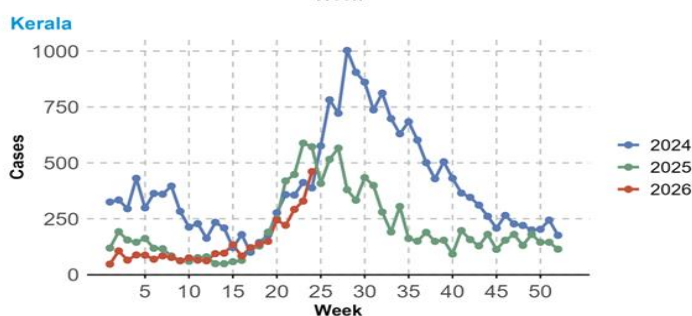
Karnataka¹⁶

- In Karnataka, during week 22, a total of 26 cases were reported, representing a 62% increase compared to 16 cases reported in week 21.



Kerala¹⁷

- 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. But from week 16, it is again showing some increasing trend.



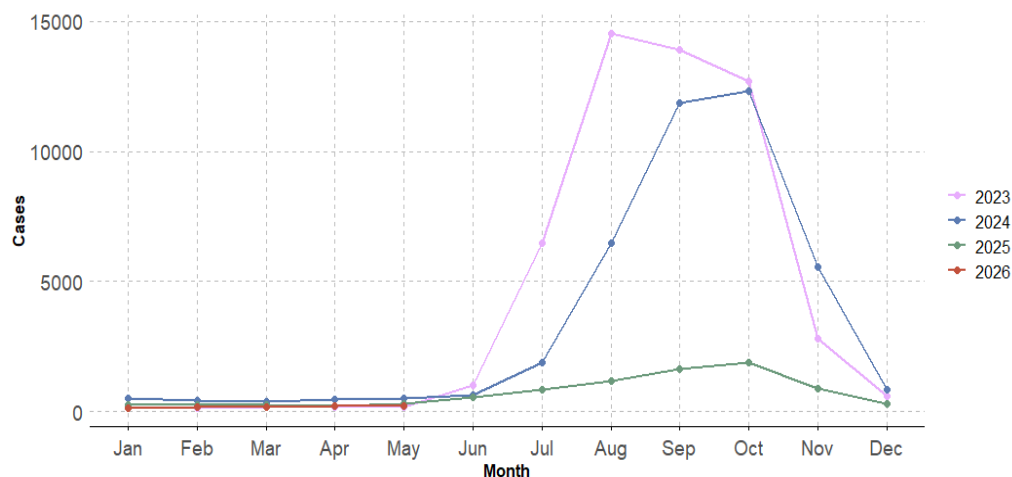
¹⁶ Department of Health and Family Welfare, Government of Karnataka. PRISM H Disease Surveillance Dashboard [Internet]. 2026. Available from: [Karnataka](#)

¹⁷ Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. 2026. Available from: [Kerala](#)

Nepal

- In May 2026, a total of 216 dengue cases were reported in Nepal, a 0.5% decrease compared to April 2026 (n = 217).

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

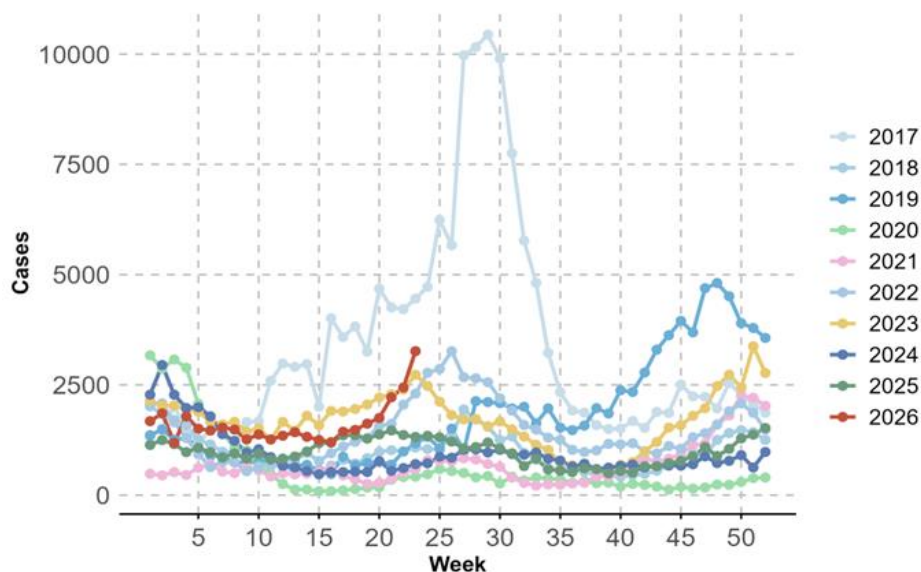


Source: [WHO Global dengue surveillance](#)

Sri Lanka¹⁸

- In Sri Lanka, during Week 23 of 2026, a total of 3 265 suspected dengue cases were reported, representing a 34% increase compared with the 2 441 cases reported in Week 22. Compared with the same week in 2025, when 1 320 cases were reported, the Week 23 caseload in 2026 was 1.5 times higher.
- The Western Province accounted for 52.2% of total cases, with the Colombo Municipal Council (CMC) contributing 2.7%, the rest of Colombo District 19.7%.

Figure 14. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 23 of 2026



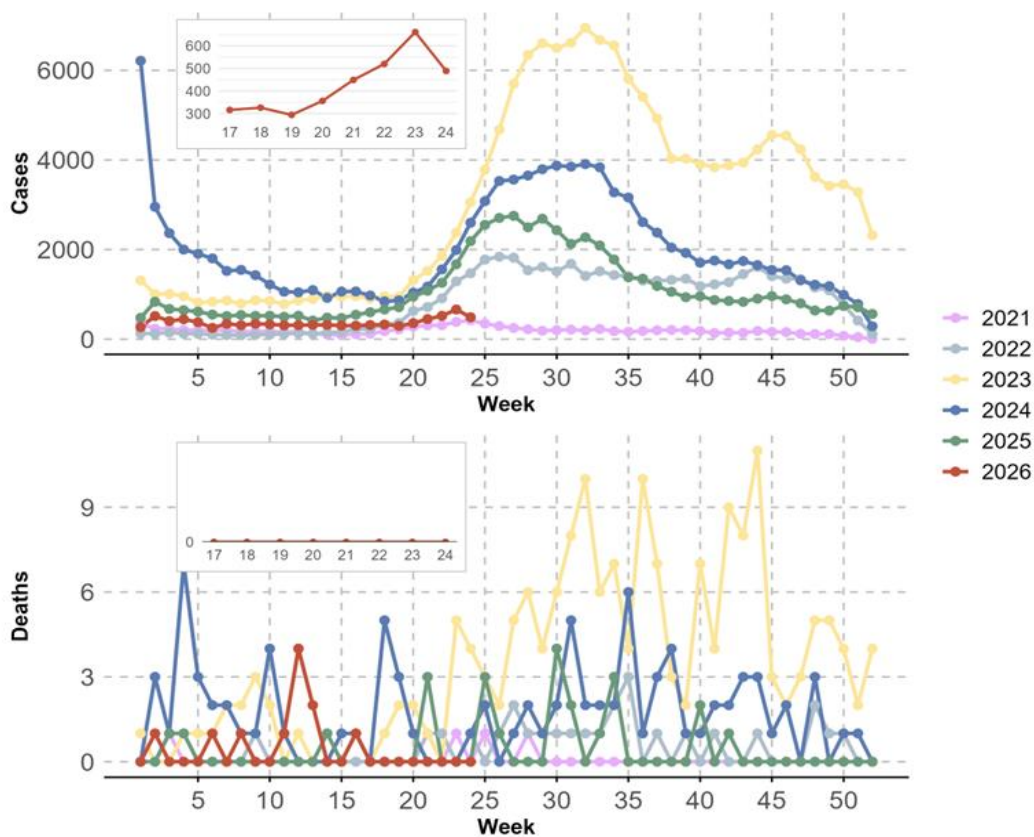
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2025](#)

¹⁸ National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2026 [cited 2026 June 15]. Available from: <https://www.dengue.health.gov.lk/web/index.php/en/>; Sri Lanka weekly Dengue update.

Thailand

- In Thailand, during Week 24 of 2026, a total of 489 suspected dengue cases were reported, representing a 26% decrease compared with the 661 cases reported in Week 23. Compared with the same week in 2025, when 2 189 cases were reported, the Week 24 caseload in 2026 was 78% lower.

Figure 15. Number of new cases of dengue by week in Thailand, from week one of 2021 to week 24 of 2026.



Source: [WHO Global dengue surveillance](#)