

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

Myanmar: Acute Watery Diarrhea (AWD)

Situation overview as of 25 August 2026

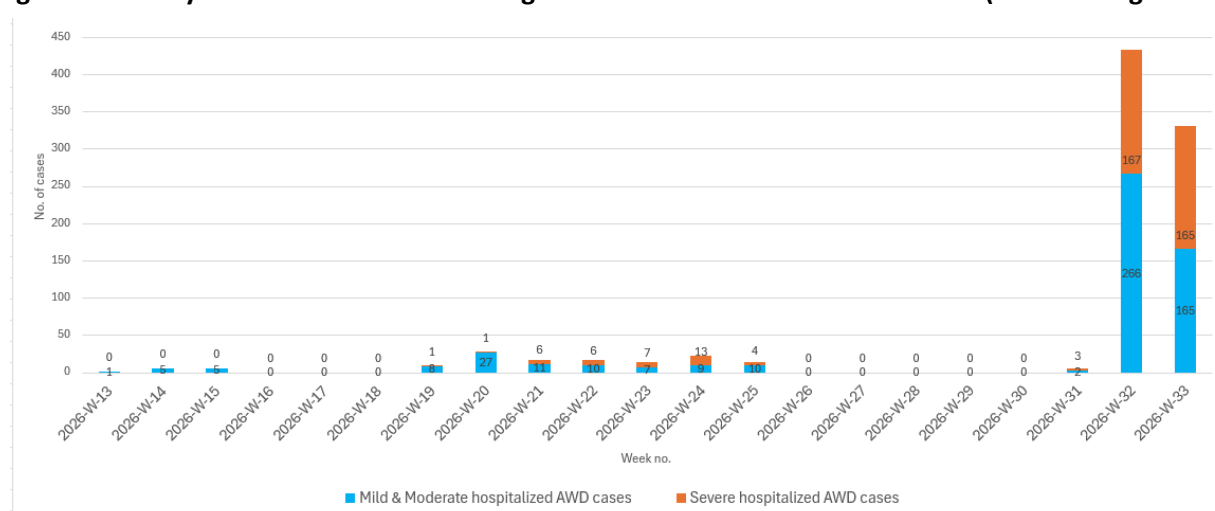
- National International Health Regulations (IHR) Focal Point of Myanmar notified WHO of the AWD (cholera) outbreak in Yangon Region. Ministry of Health (MOH) of the State Security and Peace Council (SSPC) also reports the weekly number of AWD cases on its website ¹.

According to the Ministry of Health (MOH) of SSPC

Yangon

- A rapid increase of acute watery diarrhoea (AWD) cases was reported in Yangon Region in epidemiological week 32, with 763 AWD cases reported from 8 to 22 August 2026 (Figure 1).
 - From 8 to 15 August 2026, a total of 433 AWD cases (266 mild AWD and 167 severe AWD cases) were hospitalized, and one associated death was reported.
 - In week 33 (from 15 to 22 August 2026), a total of 330 AWD cases were hospitalized (165 mild and 165 severe cases). This represents a 23.8% decrease compared with the previous reporting period.
 - Vibrio cholerae* has been laboratory-confirmed in some samples.

Figure 1. Weekly trend of AWD cases in Yangon from week 13 to week 33 of 2026 (as of 25 August 2026)



Rakhine (Sittwe)

- A total of 60 AWD cases (58 mild and 22 severe cases) and two deaths were reported in epidemiological week 32 (8-15 August 2026).
- From 15 to 22 August 2026, a total of 81 AWD cases (52 mild and 29 severe cases) including two new deaths were reported in week 33 (15-22 August), bringing the cumulative number of deaths to four.

Mon

- Two new severe AWD cases were reported in week 33, bringing the cumulative number of AWD cases to four. Two cases had travel history from Yangon, while other two appears acquired the disease locally.

Other States/Regions

- Severe AWD cases were also reported from Ayeyarwady, Mandalay and Bago Regions.

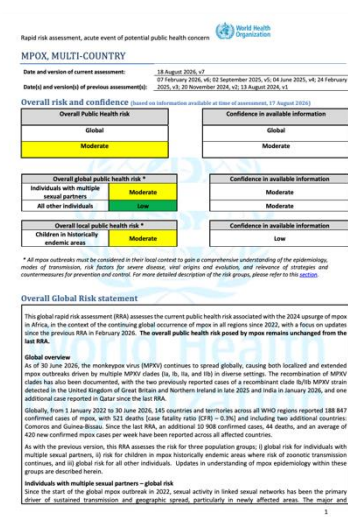
¹ https://www.moh.gov.mm/?page_id=131

Public health response

- Multi-sectoral outbreak investigation and response activities are implemented, involving health and WASH interventions.
- Local authorities in Yangon implemented water system chlorination, residence disinfection, food and water inspections, and a temporary suspension of high-risk street food sales.
- Surveillance, case investigation and laboratory testing have been enhanced. Rapid Response Teams (RRTs) conduct investigations and response activities.
- Public and private hospitals continue to provide cholera case management services.
- WASH partners continue distribution of water purification tablets, hygiene kits and AWD supplies, as well as water disinfection and sanitation activities in affected areas.
- Community education on AWD/cholera prevention, promoting safe water practices, water treatment, and hygiene preventive behaviors, particularly in hotspot downtown and peripheral areas

New publication: Mpox Global Rapid Risk Assessment ²

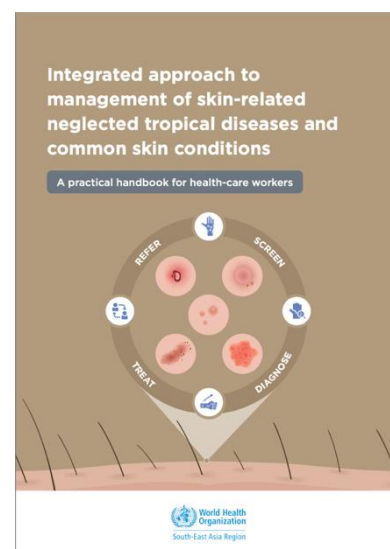
- This Rapid Risk Assessment (RRA) aims to assess the risk of mpox at the global level, considering the public health impact, the risk of geographical spread and the risk of insufficient control capacities with available resources.
- The outcomes of the WHO RRA published on this page are intended to promote transparency in the spirit of IHR provisions; to provide a resource to national authorities facing similar or comparable situations; and to foster a shared risk assessment culture among States Parties, as well as regional and global entities contributing to preparedness for and response to health emergencies.
- Mpox continues to pose a public health risk across all WHO regions, with the likelihood and impact varying by population group, transmission context, and local response capacity.
- The overall global public health risk is assessed as moderate, with moderate confidence in the available information.
- The global public health risk is assessed as
 - **moderate** for individuals with multiple sexual partners, with moderate confidence in the available information.
 - **low** for all other individuals, with moderate confidence in the available information.
 - **low** for children in historically endemic areas is assessed as moderate, with low confidence in the available information.
- The assessment is based on information available as of 17 August 2026.
- The information presented in this document is shared in accordance with Article 11 of the IHR (2005).
- The document is available at <https://www.who.int/publications/m/item/who-rapid-risk-assessment-mpox--global-v.7>



² <https://www.who.int/publications/m/item/who-rapid-risk-assessment-mpox--global-v.7>

New publication: Integrated approach to management of skin-related neglected tropical diseases and common skin conditions³

- To support countries in addressing neglected tropical diseases (NTDs) more effectively, WHO launched the Strategic Framework for Integrated Control and Management of Skin NTDs in 2022, promoting joint interventions, optimizing available resources and expanding access to care.
- Skin NTDs, including leprosy, yaws, lymphatic filariasis and scabies, disproportionately affect populations living in poverty, particularly in remote and underserved areas.
- This practical booklet supports implementation of the skin NTD framework and provides clear, practical guidance for front-line health-care workers to recognize and manage skin NTDs and other frequently encountered skin diseases.
- It uses a skin sign and symptom-based approach, starting from observable signs such as a lump, ulcer or itching to guide identification, management and referral.
- The integration of skin NTD services can benefit people affected by skin NTDs and other skin-related conditions, contributing to the broader vision of “skin health for all.”
- The document is available at <https://www.who.int/publications/i/item/9789292800024>



³ <https://www.who.int/publications/i/item/9789292800024>

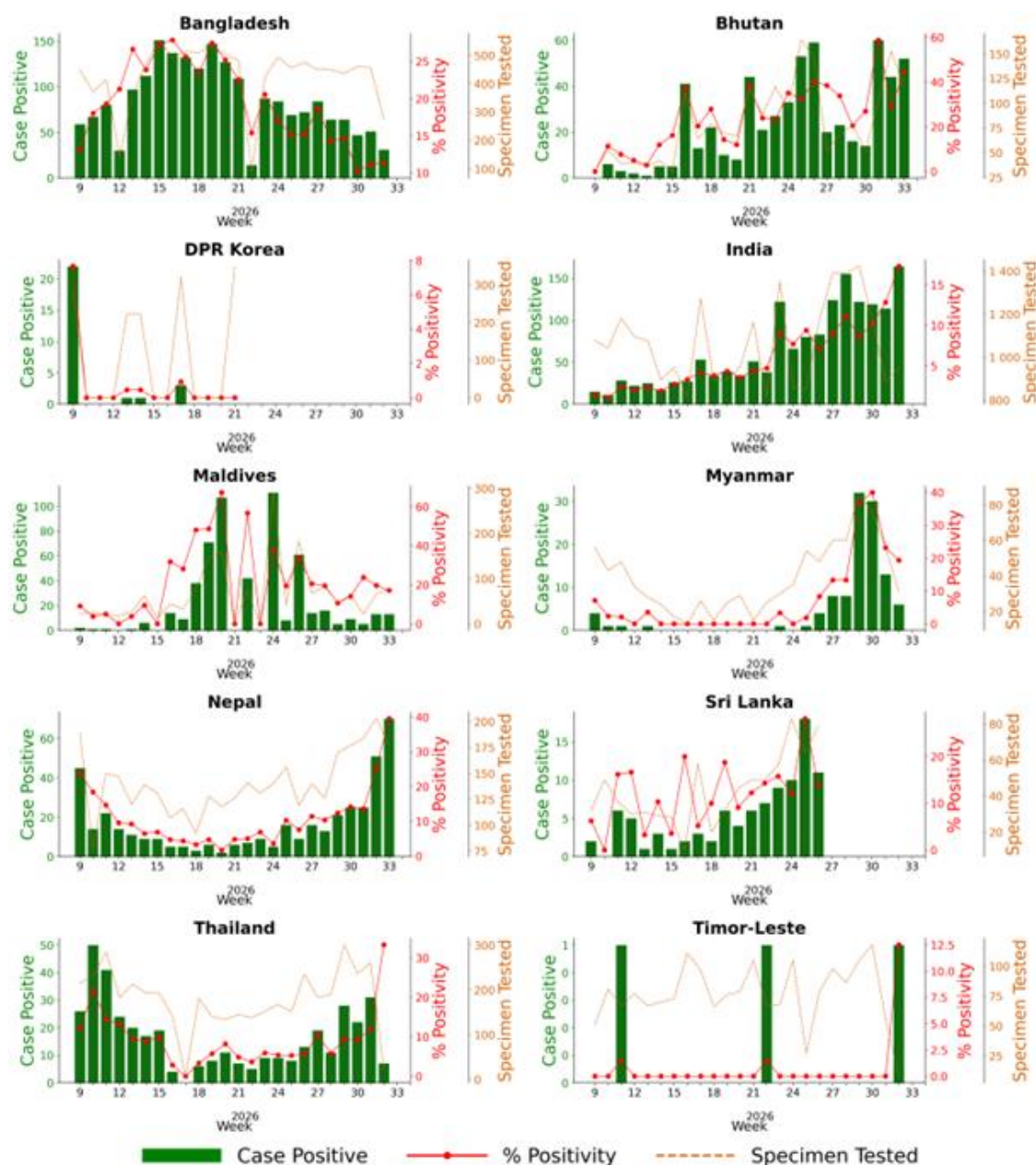
Influenza

Situation in the WHO South-East Asia Region

Situation as of 24 August 2026⁴

- Figure 1 shows the influenza data from the WHO FluNet platform, accessed on 24 August 2026.
- In the WHO South-East Asia Region, during weeks 32-33, there were 452 influenza positive samples.
- Among 2 073 samples tested from eight countries, the overall positivity was 22%.
- Bhutan reported relatively high percentage of test positivity in the region with 36% while Thailand reported 33% (Table 2).

Figure 1. Weekly trends of specimens tested at National Influenza Centers (NIC), positivity percentage and laboratory confirmed influenza cases in the WHO South-East Asia Region, as of 24 August 2026



Source: RespiMart/FluNet

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

Influenza A subtypes and B lineages reported in the Region from week 32 to 33 in 2026, as of 24 August 2026 ⁵

- Table 2 shows influenza A virus subtypes and B lineages distribution across ten countries in the WHO South-East Asia Region for weeks 32 to 33 of 2026, based on data extracted from WHO's RespiMart platform on 24 August 2026. The last submission was on 10 August 2026 (Week 33).
- DPR Korea and Sri Lanka reported "no samples tested" during this period. Three countries in the region tested samples less than the WHO recommended minimum (50 samples per week at the national level) for this 2-week period spanning weeks 32-33.
- The overall positivity percentage for the region was 22%. This was a 69% increase in the overall test positivity percentage relative to the value (13%) observed during the period reported in the previous bulletin.
- The positivity percentages were reported by Bhutan (36%; down from 48%) and Thailand (33%; up from 11%). Compared with the previous reporting period, influenza test positivity decreased by 25% in Bhutan while it increased by 200% in Thailand.
- At the regional level, influenza A and influenza B accounted for 86% and 14% of all influenza-positive samples, respectively. In the previous reporting period, the corresponding distribution was 89% for influenza A and 11% for influenza B.
- The predominant Influenza A subtype detected in the region was A (H1N1)pdm09, accounting for 65% of all influenza-positive samples.
 - Among countries that reported ≥ 10 positive samples, A(H3) was the predominant subtype in Bangladesh (94%).
 - The subtype A(H1N1)pdm09 was predominant in Bhutan (95%), India (68%), and Nepal (63%).
 - In Nepal (21%), positive samples were influenza A not subtyped.
- Influenza B (Victoria lineage) accounted for 13% of all influenza-positive samples in the region, compared with 10% in the previous reporting period - a 30% relative increase compared with the preceding period.
 - Among countries that reported ≥ 10 positive samples, B lineage predominated in Maldives (65%).
 - The proportion of influenza B (Lineage not Determined) was reported in Nepal (3%).

Table 2. Distribution of influenza A virus subtypes and B virus lineages in the WHO South-East Asia Region* (weeks 32 to 33, 2026), situation as of 24 August 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	2 073	452	22%	0%	15%	0%	65%	6%	0%	13%	1%
Bangladesh	274	31	11%	0%	94%	0%	6%	0%	0%	0%	0%
Bhutan	270	96	36%	0%	1%	0%	95%	0%	0%	4%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	947	164	17%	0%	12%	0%	68%	0%	0%	21%	0%
Maldives	142	26	18%	0%	4%	0%	31%	0%	0%	65%	0%
Myanmar	31	6	19%	0%	67%	0%	0%	0%	0%	33%	0%
Nepal	380	121	32%	0%	11%	0%	63%	21%	0%	2%	3%
Sri Lanka	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Thailand	21	7	33%	0%	0%	0%	86%	0%	0%	14%	0%
Timor-Leste	8	1	12%	0%	100%	0%	0%	0%	0%	0%	0%

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

⁵ World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 Aug 24]. Available from: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

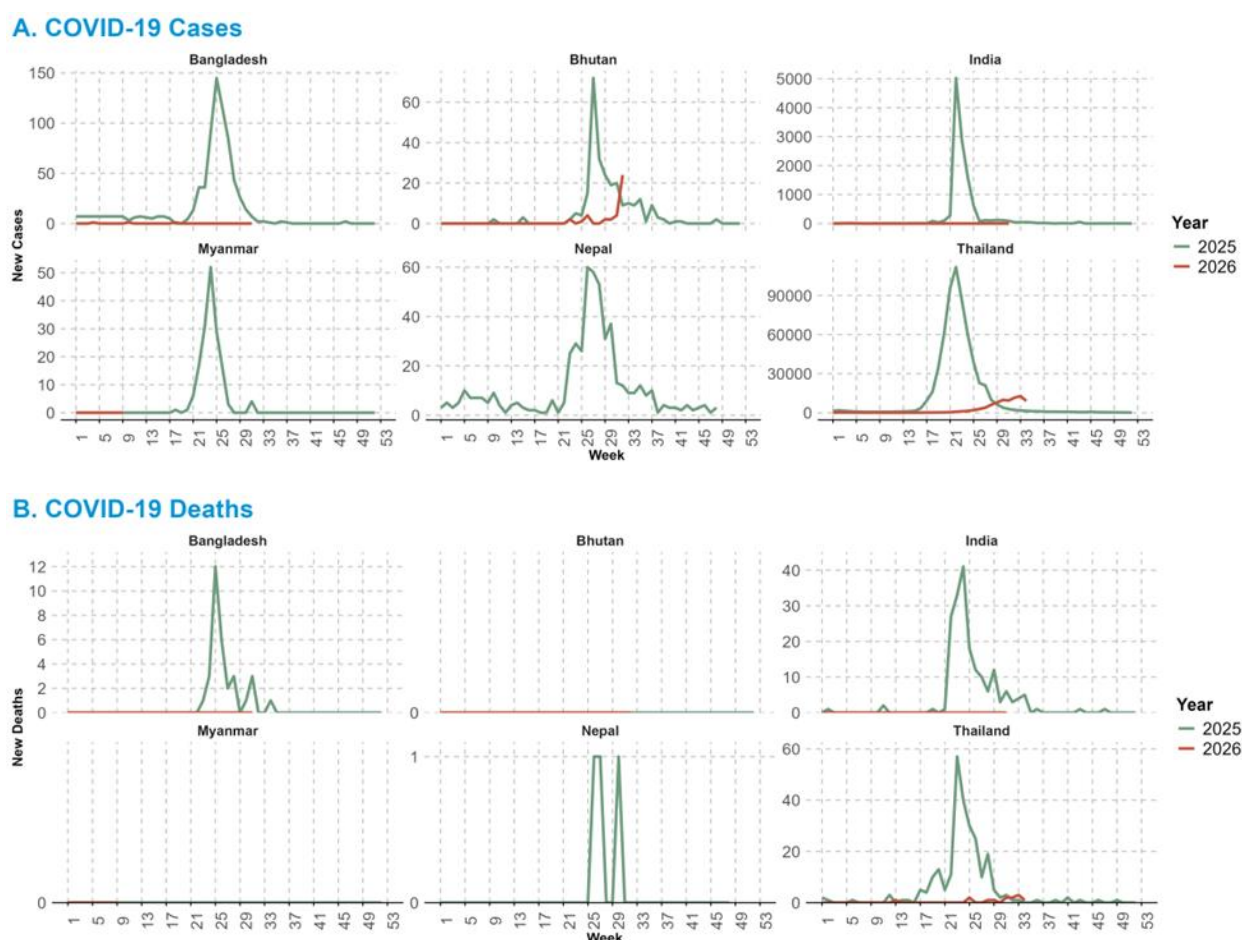
COVID-19

Situation in the WHO South-East Asia Region

Situation as of 24 August 2026

- The weekly number of COVID-19 cases reported on official websites, including Bangladesh⁶, Bhutan⁷, India⁸, Myanmar⁹, Nepal¹⁰ and Thailand¹¹, are presented in Figure 3**.
- Data of the most recent week (week 34) are available from Thailand.
- Please visit the [WHO COVID-19 dashboard](#) for the global situation of COVID-19.

Figure 3. Weekly comparisons of new COVID-19 cases (A) and deaths (B) reported from selected countries from week one of 2025 to week 34 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. Bangladesh data as of week 20 and Bhutan data as of week 32 of 2026.

** Bangladesh, Bhutan, India and Myanmar data are presented by ISO Week. Nepal and Thailand data are presented by Epidemiological week.

⁶ Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard [Internet]. 2026 [cited 2026 Aug 24]. Available from: <https://old.dghs.gov.bd/index.php/bd/component/content/article?layout=edit&id=5612>

⁷ Bhutan, Royal Centre for Disease Control. [Internet]. [cited 2026 Aug 24]. Available from: <https://www.rcdc.gov.bt/web/>

⁸ Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard [Internet]. [cited 2026 Aug 24]. Available from: <https://covid19dashboard.mohfw.gov.in/>

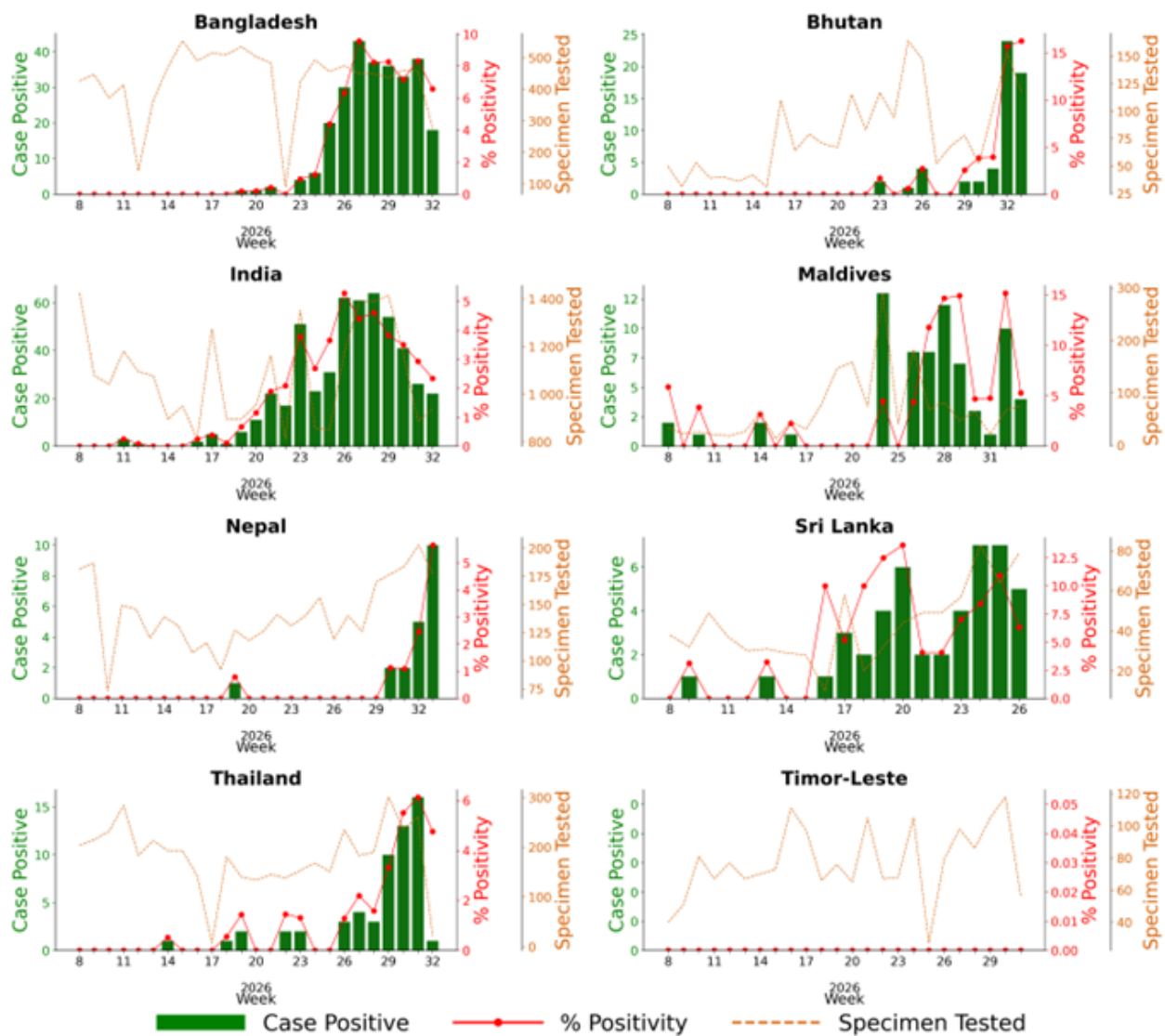
⁹ Ministry of Health, Republic of the Union of Myanmar. Ministry of Health official website [Internet]. 2026 [cited 2026 Aug 24]. Available from: <https://www.mohs.gov.mm/>

¹⁰ Epidemiology and Disease Control Division Nepal. [Internet]. [cited 2026 Aug 24]. Available from: <https://edcd.gov.np/newsroom/outbreak>

¹¹ Department of Disease Control, Ministry of Public Health, Thailand. COVID-19 Surveillance Dashboard [Internet]. 2026 [cited 2026 Aug 24]. Available from: <https://www.facebook.com/photo/?fbid=1176170881210400&set=a.309744487853048>

- Based on data from the integrated influenza-SARS-CoV-2 sentinel surveillance system, Figure 4 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.¹²

Figure 4. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as of 24 August 2026).



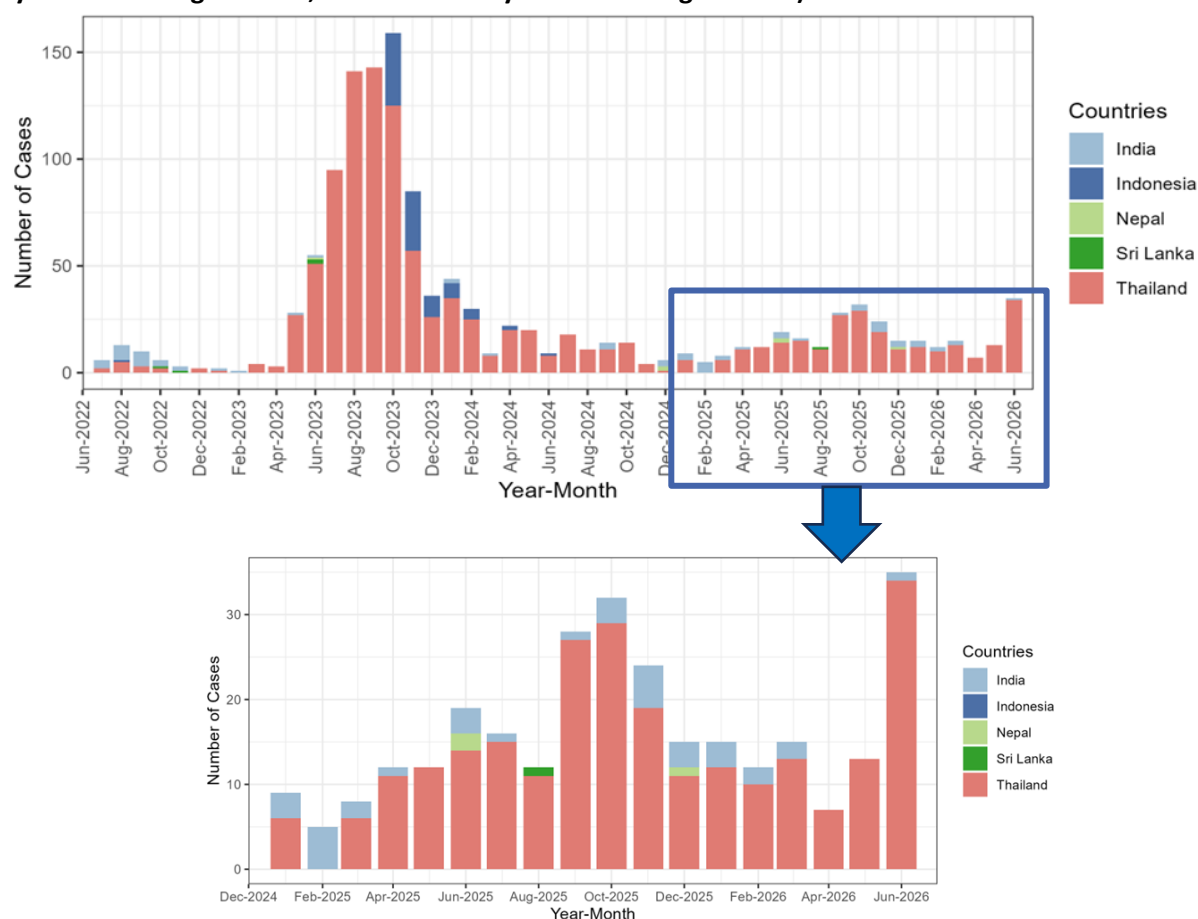
¹² Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard. [Internet]. [cited 2026 Aug 24]. Available from: [Dashboard](#)

Situation in the WHO South-East Asia Region

Situation as of 24 August 2026

- In week 33 and 34 (10 August to 23 August 2026), no new mpox cases were reported.
- As of 24 August 2026, in the WHO South-East Asia Region, a total of 1 282 laboratory-confirmed mpox cases, including 16 deaths, have been reported since 14 July 2022 (Figure 5).
- A total of 75 mpox virus (MPXV) clade Ib cases have been reported in the Region to date – 56 from Thailand, 18 from India and one from Nepal. Please see Figure 6 for the trend of MPXV Ib cases detected in the Region and Table 3 for the profile of the cases.
- For information on global epidemiological situation of mpox, please see: [WHO mpox surveillance dashboard](#)

Figure 5. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (Upper, 14 July 2022 – 24 August 2026; lower 1 January 2025 – 24 August 2026).

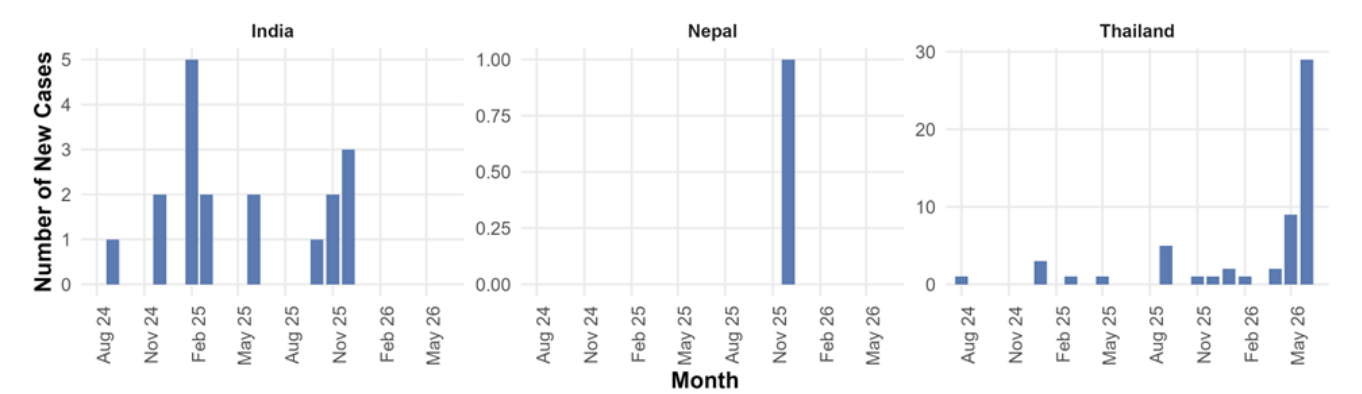


Notes:

* 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 6. Number of MPXV clade Ib cases reported in WHO South-East Asia Region by month of notification (as of 24 August 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 3. 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 24 August 2026)*.

	Category	Total (n = 75)
Country	India	18 (24.0%)
	Nepal	1 (1.3%)
	Thailand	56 (74.7%)
Recent international travel	Yes	32 (42.7%)
	No	43 (57.3%)
Age group (years)	18-29	23 (30.7%)
	30-39	33 (44.0%)
	40-49	18 (24.0%)
	50 and over	1 (1.3%)
Gender	Male	61 (81.3%)
	Female	14 (18.7%)

Notes: * One CRF is awaited from Nepal.

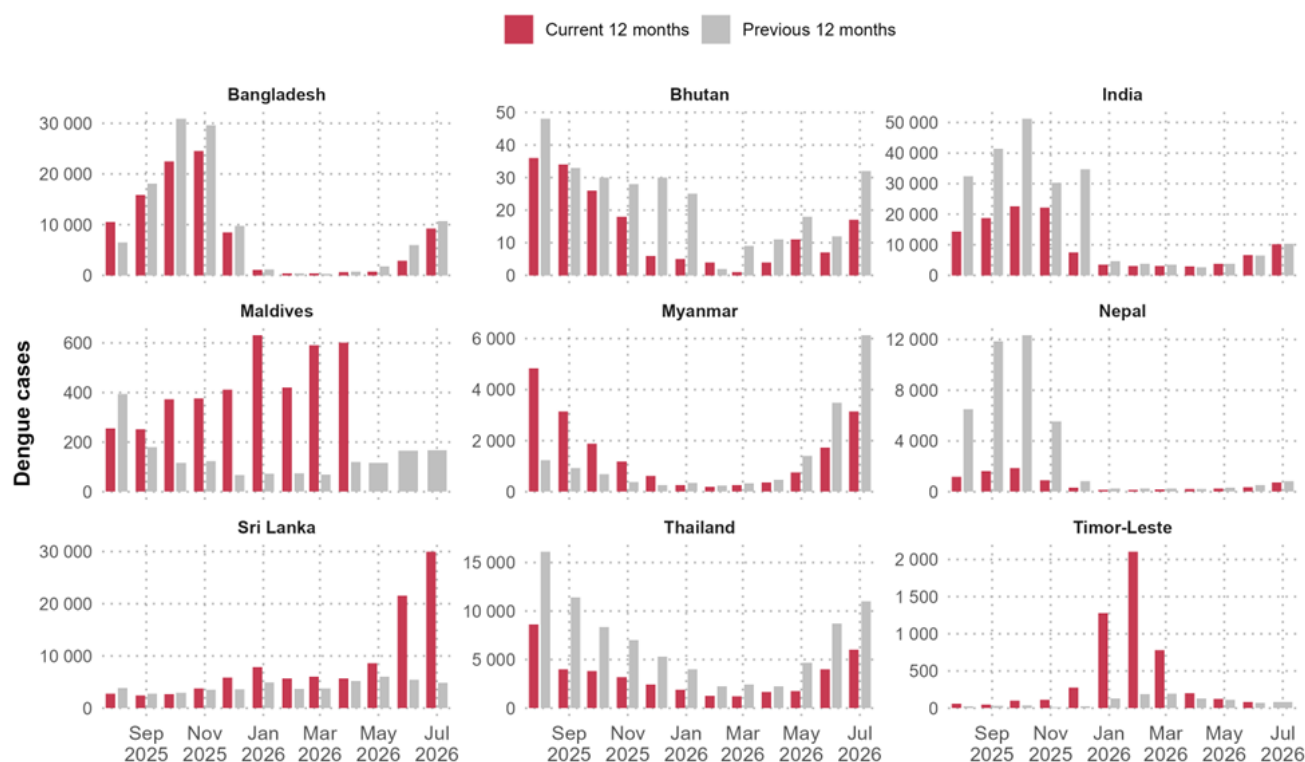
Dengue

Situation in the WHO South-East Asia Region ¹³

Situation as of 24 August 2026

- In July 2026, Sri Lanka reported 29 973 cases, India reported 10 122 cases and Bangladesh reported 9 206 cases (Figure 7). Data of July were not available yet for Maldives and Timor-Leste.

Figure 7. Monthly reported dengue cases by country, August 2025 – July 2026



Notes:

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

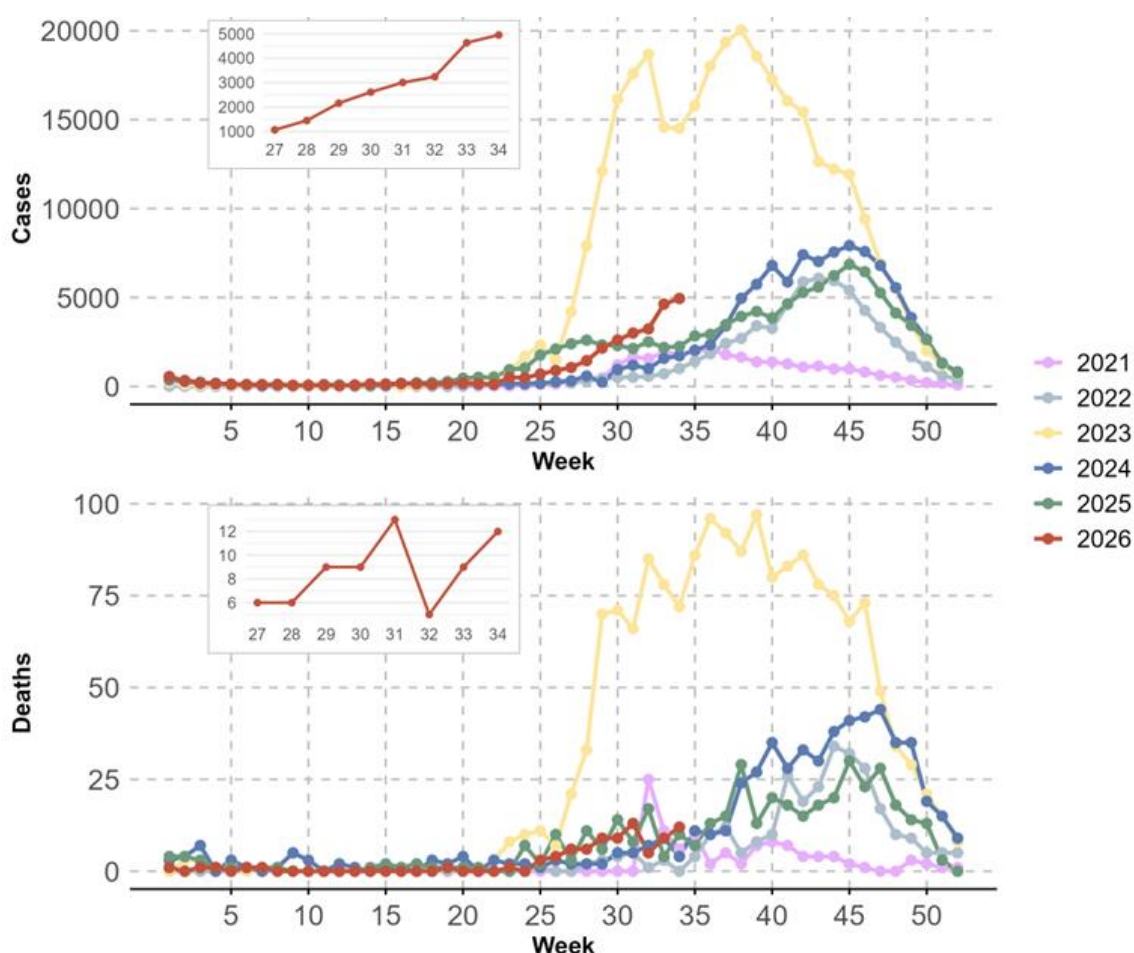
Bangladesh reports only hospitalized cases.

The majority of Myanmar cases are hospitalized cases.

¹³ World Health Organization. Global dengue surveillance [Internet]. Available from: https://worldhealthorg.shinyapps.io/dengue_global/

- In Bangladesh, during Week 34 of 2026, a total of 4 951 suspected dengue cases were reported, representing a 7% increase compared with the 4 633 cases reported in Week 33. Compared with the same week in 2025, when 2 254 cases were reported, the Week 34 caseload in 2026 was 1.2 times higher.
- During week 34, 12 new dengue deaths were reported in Bangladesh, representing a 33.3% increase compared to nine dengue deaths reported in Week 33.

Figure 8. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 34 of 2026.



¹⁴ 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>

- During July 2026, a total of 10 122 cases of dengue were reported in India, a 53% increase compared to June 2026 (n = 6 625).
- In 2026, as of July 2026, a total of 33 060 cases of dengue have been reported compared to 35 250 cases during the same period in 2025.

Figure 9. Number of new cases of dengue by month in India from January 2024 to July 2026

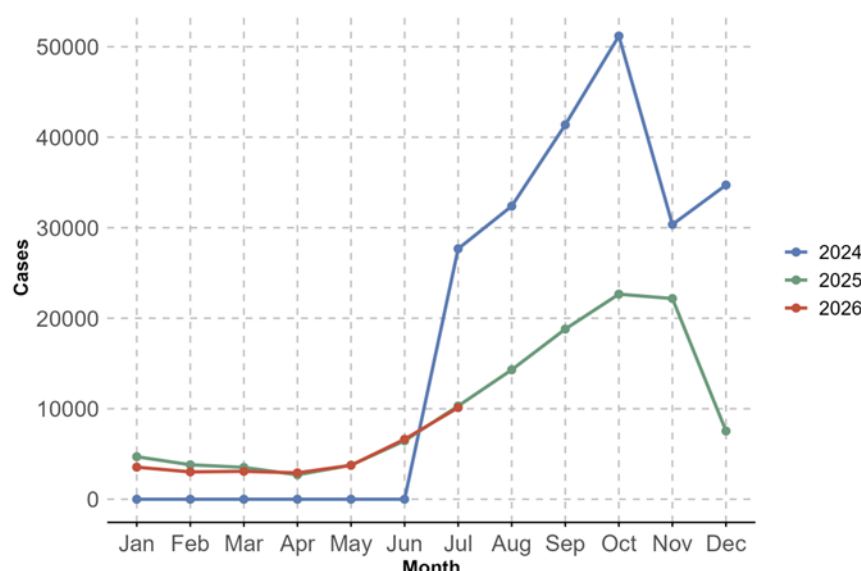
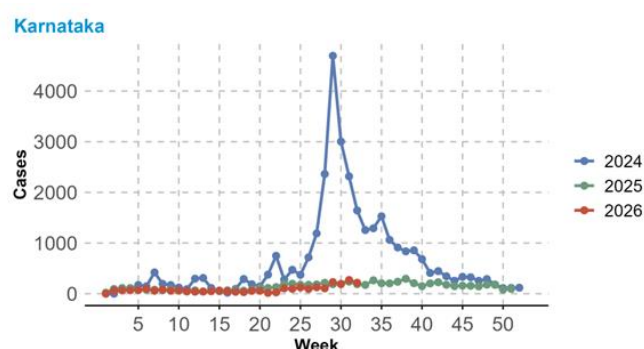


Figure 10. Weekly number of new dengue cases in Karnataka and Kerala states from week 1 of 2024 to week 34 of 2026*

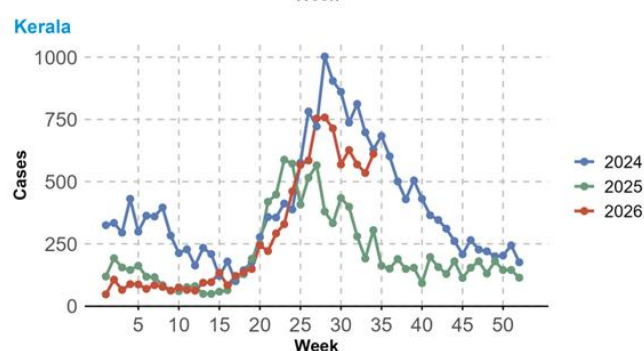
Karnataka¹⁵

- In Karnataka, during week 32, a total of 216 cases were reported, representing a 20% decrease compared to 270 cases reported in week 31.



Kerala¹⁶

- In 2025, cases increased steadily from week 17, but case numbers have declined since week 27.
- In 2026, again cases increased steadily from week 16 but started to decline from week 29.



* Karnataka data as of week 32.

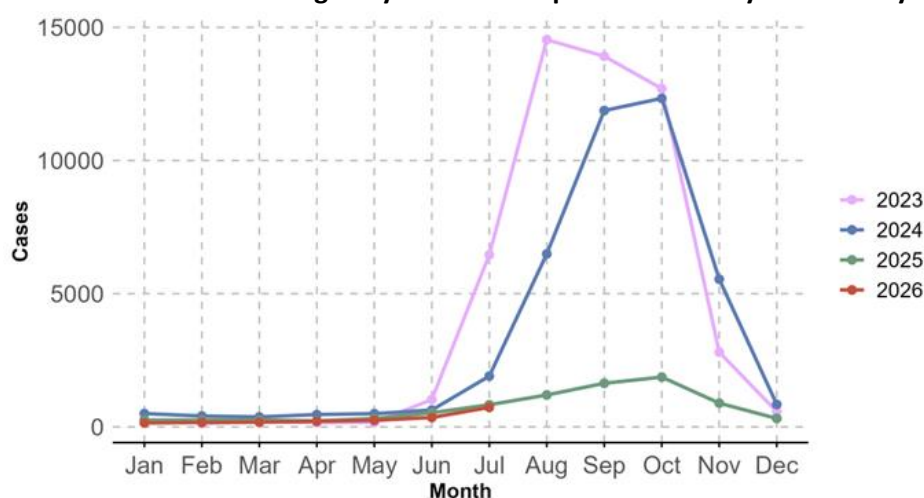
¹⁵ Department of Health and Family Welfare, Government of Karnataka. PRISM H Disease Surveillance Dashboard [Internet]. 2026. Available from: [Karnataka](#)

¹⁶ Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. 2026. Available from: [Kerala](#)

Nepal

- In July 2026, a total of 732 dengue cases were reported in Nepal, a 109% increase compared to June 2026 (n = 351).

Figure 11. Number of new cases of dengue by month in Nepal from January 2023 to July 2026

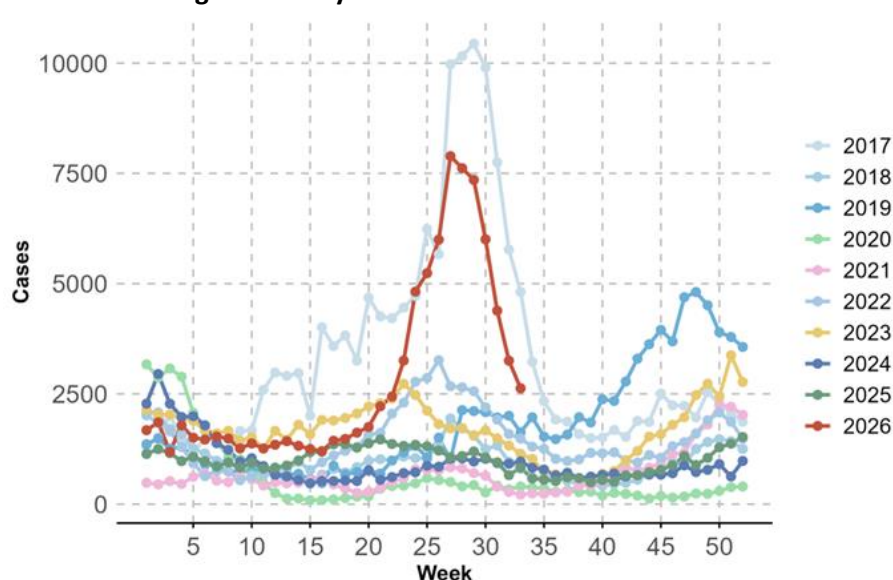


Source: [WHO Global dengue surveillance](#)

Sri Lanka¹⁷

- In Sri Lanka, during Week 33 of 2026, a total of 2 628 suspected dengue cases were reported, representing a 19% decrease compared with the 3 254 cases reported in Week 32. Compared with the same week in 2025, when 826 cases were reported, the Week 33 caseload in 2026 was 2.2 times higher.
- The Western Province accounted for 53.1% of total cases, with the Colombo Municipal Council (CMC) contributing with 3.1% of cases, and the rest of Colombo District with 20.6%.

Figure 12. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 33 of 2026

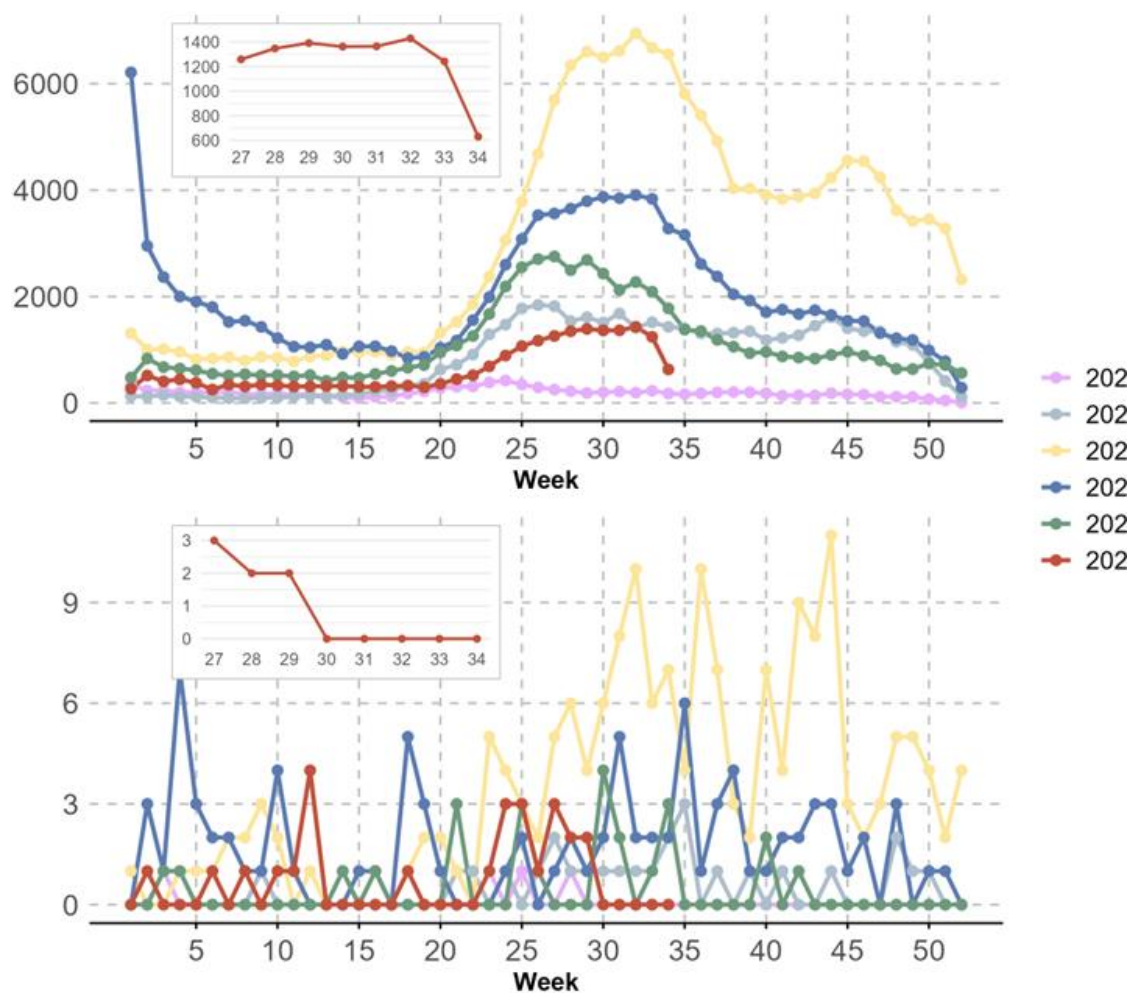


Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2025](#); [2026](#)

¹⁷ National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2026 [cited 2026 Aug 24]. Available from: <https://www.dengue.health.gov.lk/web/index.php/en/>; Sri Lanka weekly Dengue update.

- In Thailand, during Week 34 of 2026, a total of 630 suspected dengue cases were reported, representing a 49% decrease compared with the 1 243 cases reported in Week 33. Compared with the same week in 2025, when 1 777 cases were reported, the Week 34 caseload in 2026 was 65% lower.

Figure 13. Number of new cases of dengue by week in Thailand, from week one of 2021 to week 34 of 2026.



Source: [WHO Global dengue surveillance](#)