

# 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](mailto:seoutbreak@who.int).

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## Key events and updates

### Nepal: Flash floods

#### Situation overview as of 8 September 2026

- On 26 August, a massive flash flood triggered by Glacial Lake Outburst Flood travelled down the Bhote Koshi River and resulted in widespread flooding in five districts (Rasuwa, Nuwakot, Dhading, Gorkha and Tanahun). Five districts and 15 local levels have been declared by the Government of Nepal as disaster crisis-affected areas for a period of three months.
- Two weeks after the floods, operations are shifting from search and rescue to relief and recovery, though rescues continue.

#### According to NDRRMA Situation Report #8 (8 September 2026, 19:00 Hrs)<sup>1</sup>

- A total of 1 358 deaths, 5428 missing persons, and 7037 injuries were reported across the affected districts;
- 329 injured individuals were treated in 19 health facilities, including four deaths during treatment.
- A total of 13 583 people were rescued through 1 157 air operations, 21 146 security personnel were deployed, and 3 328 people remained in 34 holding centres.

#### According to the Ministry of Foreign Affairs<sup>2</sup>

- International rescue teams from India, China, South Korea, the UAE, and Malaysia continue supporting search-and-rescue operations.
- Drones and specialized rescue equipment are being deployed in flood-affected areas and damaged hydropower sites.
- Nepal has requested additional support, including advanced rescue equipment, Bailey bridges, DNA testing kits, and epidemic-prevention supplies.

#### **WHO response<sup>3</sup>**

WHO is providing support for the following activities.

- Disease surveillance and outbreak preparedness continue in affected areas and displacement centres. Monitoring of flood-related public health events. 24/7 EDCC call center operations, deployment of a Field Medical Officer to Rasuwa, multi-agency surveillance coordination, and daily syndromic surveillance at the Chandrajyoti Holding Centre.
- Continuity of essential health services. Assessed Reproductive, Maternal, Newborn, Child and Adolescent Health service continuity, supported TB response planning and drug stock verification, and monitored health conditions in detention facilities.
- Training of Nepal Police on safe disinfection and infection prevention and control (IPC). Supported decontamination of Gosaikunda Isolation Centre, and deployed teams for body management and environmental decontamination. Coordination of IPC supplies and response planning.
- Provision of diagnostic kits (dengue, malaria, scrub typhus, influenza, leptospirosis) to the Department of Health Services for affected districts and continued operational and travel support for field activities.
- Orientation session to ensure Protection from Sexual Exploitation and Abuse (PSEA) for the deployed personnel to refresh their knowledge and remind them of their responsibilities during field engagement.

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<sup>1</sup> <https://ndrrma.gov.np/nepal/situation-report/410>

<sup>2</sup> <https://mofa.gov.np/content/1879/daily-update-07-september-bhote-koshi-flood/>

<sup>3</sup> WHO Nepal Situation Report #06, as of 3 September 2026 at 17:00 hrs

## Myanmar: Acute Watery Diarrhea (AWD)

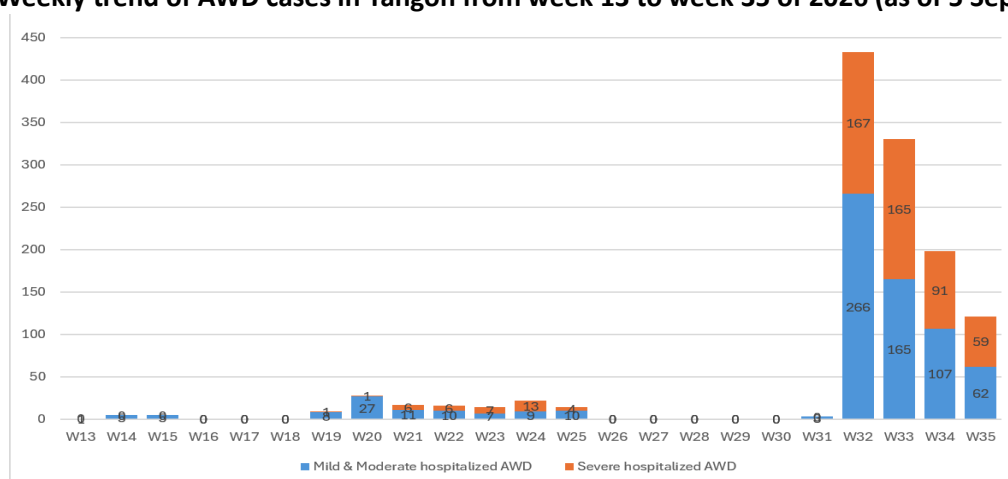
### Situation overview as of 8 September 2026

According to the Ministry of Health (MOH) of the State Security and Peace Commission (SSPC) <sup>4</sup>

#### Yangon

- In epidemiological week 35 (29 August to 5 September 2026), Yangon reported 121 hospitalized AWD cases, consisting of 62 cases with mild/moderate dehydration and 59 cases with severe dehydration. The total hospitalized AWD case number represents a 39% decrease compared with 198 cases in epidemiological week 34 (107 mild/moderate and 91 severe dehydration). No deaths have been reported in week 35 in Yangon.

**Figure 1. Weekly trend of AWD cases in Yangon from week 13 to week 35 of 2026 (as of 5 September 2026)**



#### Rakhine (Sittwe)

- In Sittwe in Rakhine State, in epidemiological week 35, a total of 23 hospitalized AWD cases were reported, consisting of 15 cases with mild/moderate dehydration and 8 cases with severe dehydration. The total hospitalized AWD case number represents a 74% reduction compared with week 34.

#### Other States/Regions

- In epidemiological week 35, Sagaing and Ayeyarwady reported 2 and 1 hospitalized AWD cases with severe dehydration respectively. No AWD cases with mild/moderate dehydration or deaths were reported.

### 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.

<sup>4</sup> [https://www.moh.gov.mm/?page\\_id=131](https://www.moh.gov.mm/?page_id=131)

### Situation overview as of 02 September 2026

- On 1 September 2026, the Thailand Ministry of Public Health issued a press release regarding the rapid increase of mpox cases <sup>5</sup>.
- Thailand has reported a rapid increase of mpox cases, driven mostly by the monkeypox virus (MPXV) clade Ib.
- As of 23 August 2026, Thailand reported 254 confirmed mpox cases nationwide, including 193 Clade Ib and 58 Clade II cases, with three cases pending clade classification. Clade Ib became predominant in 2026, overtaking Clade II.
- Reported cases have accelerated since June, with 90 cases reported between 1 January and 30 June, while 164 cases reported between 1 July and 23 August.
- Cases are concentrated in Bangkok and surrounding areas, major cities, and tourist provinces.

### WHO validates Bhutan for eliminating dog-transmitted human rabies

- WHO has validated Bhutan's elimination of dog-transmitted human rabies as a public health problem <sup>6</sup>.
- Bhutan is the first country in the WHO South-East Asia Region to achieve this milestone.
- Bhutan has maintained zero human deaths from dog-mediated rabies since June 2023.
- The achievement follows more than a decade of sustained investment in a One Health approach, integrating human, animal and environmental health.
- Key interventions included mass dog vaccination, dog population management, integrated human–animal surveillance, community engagement and awareness, universal and free access to post-exposure prophylaxis (PEP).
- Human and animal health authorities collaborate on joint investigations of suspected rabies cases and potential exposures.
- WHO's validation followed a two-phase assessment, including a desk review of Bhutan's dossier and a field mission conducted on 17–22 August 2026.
- The assessment included visits to health facilities and laboratories, review of programme records and information systems, and consultation with multisectoral stakeholders.
- Bhutan will continue mass dog vaccination, dog population management, integrated surveillance and community engagement to sustain elimination.
- Cross-border coordination with adjacent Indian states will be strengthened to prevent reintroduction.
- Bhutan's achievement contributes to the global "Zero by 30" goal to end human deaths from dog-mediated rabies by 2030.

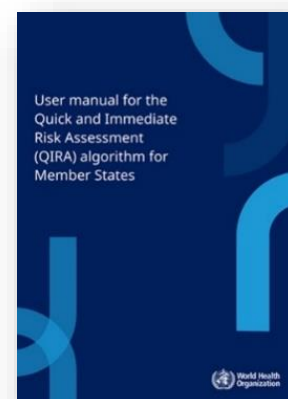
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<sup>5</sup> [https://ddc.moph.go.th/brc/news.php?news=59967&deptcode=brc&news\\_views=56](https://ddc.moph.go.th/brc/news.php?news=59967&deptcode=brc&news_views=56)

<sup>6</sup> <https://www.who.int/news/item/04-09-2026-who-validates-bhutan-for-eliminating-dog-transmitted-human-rabies>

## New publication: User manual for the Quick and Immediate Risk Assessment (QIRA) algorithm for Member States

- This user manual provides guidance on the application of the World Health Organization's Quick and Immediate Risk Assessment (QIRA) algorithm, a practical tool developed to support Member States in conducting rapid assessments of acute public health events within routine public health intelligence activities.
- Using an all-hazards approach, the manual explains how to apply the algorithm step by step to determine the immediate level of risk associated with verified signals or events and to identify appropriate initial response actions.
- It describes the algorithm's structure, including its domains, risk classification, predefined actions, confidence assessment and documentation requirements, and clarifies its relationship with other WHO risk assessment tools and the International Health Regulations (2005).
- Intended for public health professionals responsible for national and subnational public health intelligence activities, the manual also addresses key considerations for adapting the algorithm to different contexts, outlines its methodological limitations and provides practical resources, including a results recording form, a worked example and comparisons with other WHO risk assessment guidance.
- The publication aims to strengthen timely, systematic and transparent risk assessment to support informed decision-making and effective emergency response.
- The document is available at <https://iris.who.int/items/775ea82a-6863-4767-b82d-5d8f04379ce3>



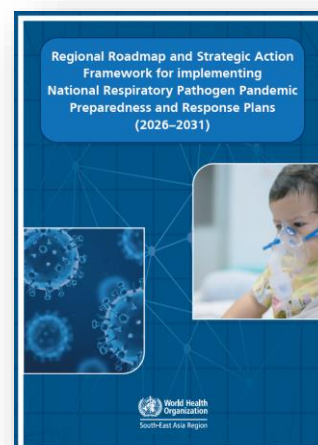
## New publication: User manual for the Member State Rapid Risk Assessment (MS-RRA) tool

- The Member State Rapid Risk Assessment (MS-RRA) tool supports Member States in conducting systematic and timely risk assessments during acute public health events at national and subnational levels.
- Designed for an all-hazards approach and adaptable to national contexts, response modalities and resources, the tool supports more in-depth assessment of events requiring extensive information and multidisciplinary expertise. It enables teams to characterize risk by systematically considering the hazard, exposure and context, including response capacities, and to assess likelihood and impact, document information gaps and uncertainties, assign confidence levels, and develop event-specific recommendations to support defensible decision-making and response.
- This user manual provides step-by-step guidance on applying the MS-RRA tool within public health intelligence workflows. It explains when to initiate an assessment and how to complete the Worksheet and Output sheet, which can be used and adapted by Member States.
- Supporting annexes provide guiding questions, criteria for interpreting assessments and assigning confidence levels, comparisons with other risk assessment approaches, and an example of the tool's application during an outbreak scenario.
- The document is available at <https://iris.who.int/items/2c43486e-6398-4e38-9a46-da823b19bedb>



## New Publication: Regional Roadmap and Strategic Action Framework for implementing National Respiratory Pathogen Pandemic Preparedness and Response Plans (2026–2031)

- WHO Regional Office for South-East Asia released the **Regional Roadmap and Strategic Action Framework for implementing National Respiratory Pathogen Pandemic Preparedness and Response Plans (2026–2031)** to strengthen preparedness for future respiratory pathogen pandemics across the South-East Asia Region. The roadmap was in close consultation with Member States and partners,
- Building on lessons from COVID-19 and other respiratory disease threats, the framework supports Member States in moving from predominantly pathogen-specific approaches towards integrated, transmission-based and multi-pathogen preparedness, in line with WHO's **Preparedness and Resilience for Emerging Threats (PRET)** initiative.
- The roadmap provides strategic direction for strengthening national planning, governance and multisectoral coordination, while reinforcing essential preparedness and response capacities, including surveillance, risk assessment, laboratories, clinical management, infection prevention and control, risk communication and community engagement.
- It also emphasizes regular exercises, monitoring and updating of national plans. By 2031, the roadmap aims to ensure that all Member States have operational, regularly tested and updated national respiratory pathogen pandemic preparedness and response plans.
- The document is available at <https://iris.who.int/items/ce0c29d0-de37-469b-86b2-8c984924c7e2> .



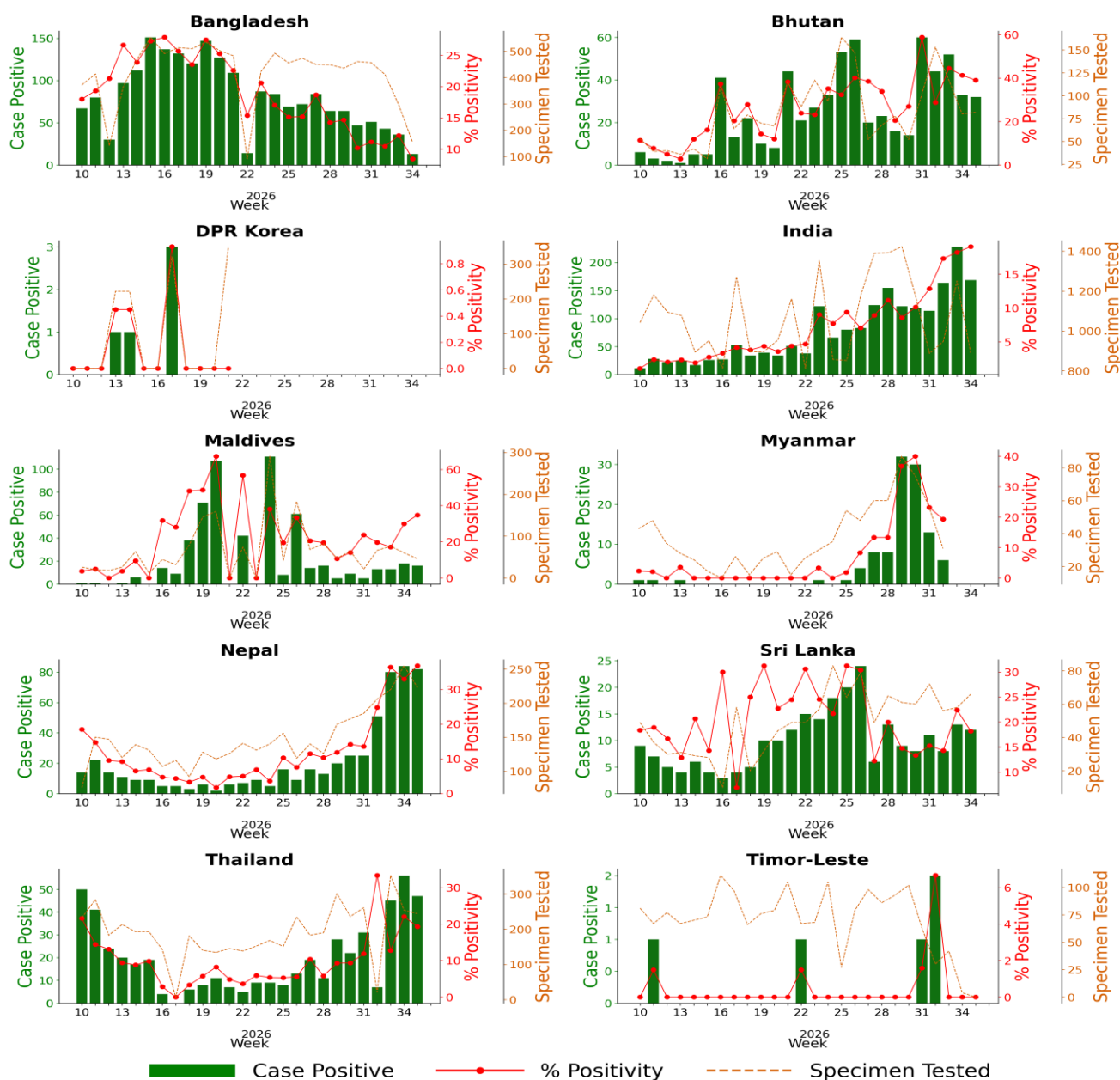
# Influenza

## Situation in the WHO South-East Asia Region

### Situation as of 07 September 2026 <sup>7</sup>

- Figure 2 shows the influenza data from the WHO FluNet platform, accessed on 07 September 2026.
- In the WHO South-East Asia Region, during weeks 34-35, there were 562 influenza positive samples.
- Among 2 354 samples tested from eight countries, the overall positivity was 24%.
- Bhutan reported relatively high percentage of test positivity in the region with 40% while Nepal and Maldives reported 35% and 32% respectively (Table 2).

**Figure 2. 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 07 September 2026.**



Source: RespiMart/FluNet

<sup>7</sup> World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 Sep 07]. 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 34 to 35 in 2026, as of 07 September 2026<sup>8</sup>

- Table 1 shows influenza A virus subtypes and B lineages distribution across ten countries in the WHO South-East Asia Region for weeks 34 to 35 of 2026, based on data extracted from WHO's RespiMart platform on 07 September 2026. The last submission was on 24 August 2026 (Week 35).
- DPR Korea and Myanmar reported "no samples tested" during this period. Two 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 34-35.
- The overall positivity percentage for the region was 24%. This was a 26% increase in the overall test positivity percentage relative to the value (19%) observed during the period reported in the previous bulletin.
- The highest test positivity percentages were reported by Bhutan (40%; up from 36%) and Nepal (35%; up from 31%). Compared with the previous reporting period, influenza test positivity increased by 11% in Bhutan while it increased by 13% in Nepal.
- At the regional level, influenza A and influenza B accounted for 84% and 16% of all influenza-positive samples, respectively. In the previous reporting period, the corresponding distribution was 84% for influenza A and 16% 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  $\geq 10$  positive samples, A(H3) was the predominant subtype in Bangladesh (100%).
  - The subtype A(H1N1)pdm09 was predominant in Bhutan (95%), India (76%), Nepal (48%), and Thailand (81%).
  - In Nepal (33%) and Sri Lanka (25%), positive samples were influenza A not subtyped.
- Influenza B (Victoria lineage) accounted for 12% of all influenza-positive samples in the region, compared with 14% in the previous reporting period - a 14% relative reduction compared with the preceding period.
  - Among countries that reported  $\geq 10$  positive samples, B lineage predominated in Maldives (71%) and Sri Lanka (58%).
  - The proportion of influenza B (Lineage not Determined) was reported in Nepal (13%) and Sri Lanka (8%).

**Table 1. Distribution of influenza A virus subtypes and B virus lineages in the WHO South-East Asia Region\* (weeks 34 to 35, 2026), situation as of 07 September 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 | 2 354                | 562                          | 24%               | 0%       | 9%       | 0%       | 65%             | 10%             | 0%             | 12%            | 4%                           |
| Bangladesh    | 154                  | 13                           | 8%                | 0%       | 100%     | 0%       | 0%              | 0%              | 0%             | 0%             | 0%                           |
| Bhutan        | 162                  | 65                           | 40%               | 0%       | 0%       | 0%       | 95%             | 0%              | 0%             | 5%             | 0%                           |
| DPR Korea     | 0                    | 0                            | 0%                | 0%       | 0%       | 0%       | 0%              | 0%              | 0%             | 0%             | 0%                           |
| India         | 886                  | 169                          | 19%               | 0%       | 6%       | 0%       | 76%             | 0%              | 0%             | 18%            | 0%                           |
| Maldives      | 106                  | 34                           | 32%               | 0%       | 0%       | 0%       | 29%             | 0%              | 0%             | 71%            | 0%                           |
| Myanmar       | 0                    | 0                            | 0%                | 0%       | 0%       | 0%       | 0%              | 0%              | 0%             | 0%             | 0%                           |
| Nepal         | 478                  | 166                          | 35%               | 0%       | 5%       | 0%       | 48%             | 33%             | 0%             | 1%             | 13%                          |
| Sri Lanka     | 66                   | 12                           | 18%               | 0%       | 17%      | 0%       | 0%              | 25%             | 0%             | 50%            | 8%                           |
| Thailand      | 498                  | 103                          | 21%               | 0%       | 15%      | 0%       | 81%             | 0%              | 0%             | 5%             | 0%                           |
| Timor-Leste   | 4                    | 0                            | 0%                | 0%       | 0%       | 0%       | 0%              | 0%              | 0%             | 0%             | 0%                           |

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

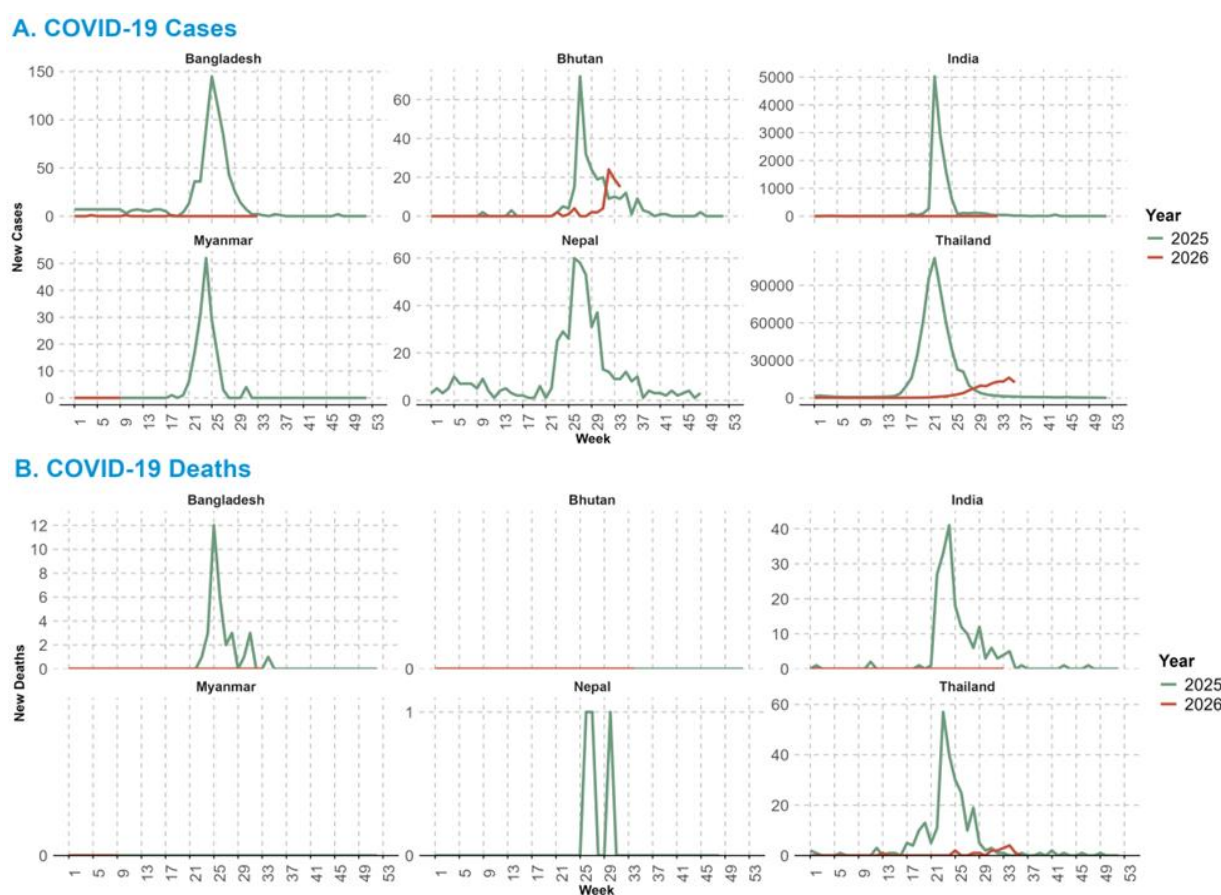
<sup>8</sup> World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 Sep 07]. Available from: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

## Situation in the WHO South-East Asia Region

### Situation as of 07 September 2026

- The weekly number of COVID-19 cases reported on official websites, including Bangladesh<sup>9</sup>, Bhutan<sup>10</sup>, India<sup>11</sup>, Myanmar<sup>12</sup>, Nepal<sup>13</sup> and Thailand<sup>14</sup>, are presented in Figure 6\*\*.
- Data of the most recent week (week 36) are available from Thailand.
- Bhutan reporting an increasing trend in case from weeks 30 to 32.
- Thailand also reporting increasing trend in cases since week 24 with an average of 13 000 cases per week.
- Please visit the [WHO COVID-19 dashboard](#) for the global situation of COVID-19.

**Figure 6. Weekly comparisons of new COVID-19 cases (A) and deaths (B) reported from selected countries from week one of 2025 to week 36 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 34 of 2026.

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

<sup>9</sup> Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard [Internet]. 2026 [cited 2026 Sep 07]. Available from: <https://old.dghs.gov.bd/index.php/bd/component/content/article?layout=edit&id=5612>

<sup>10</sup> Bhutan, Royal Centre for Disease Control. [Internet]. [cited 2026 Sep 07]. Available from: <https://www.rcdc.gov.bt/web/>

<sup>11</sup> Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard [Internet]. [cited 2026 Sep 07]. Available from: <https://covid19dashboard.mohfw.gov.in/>

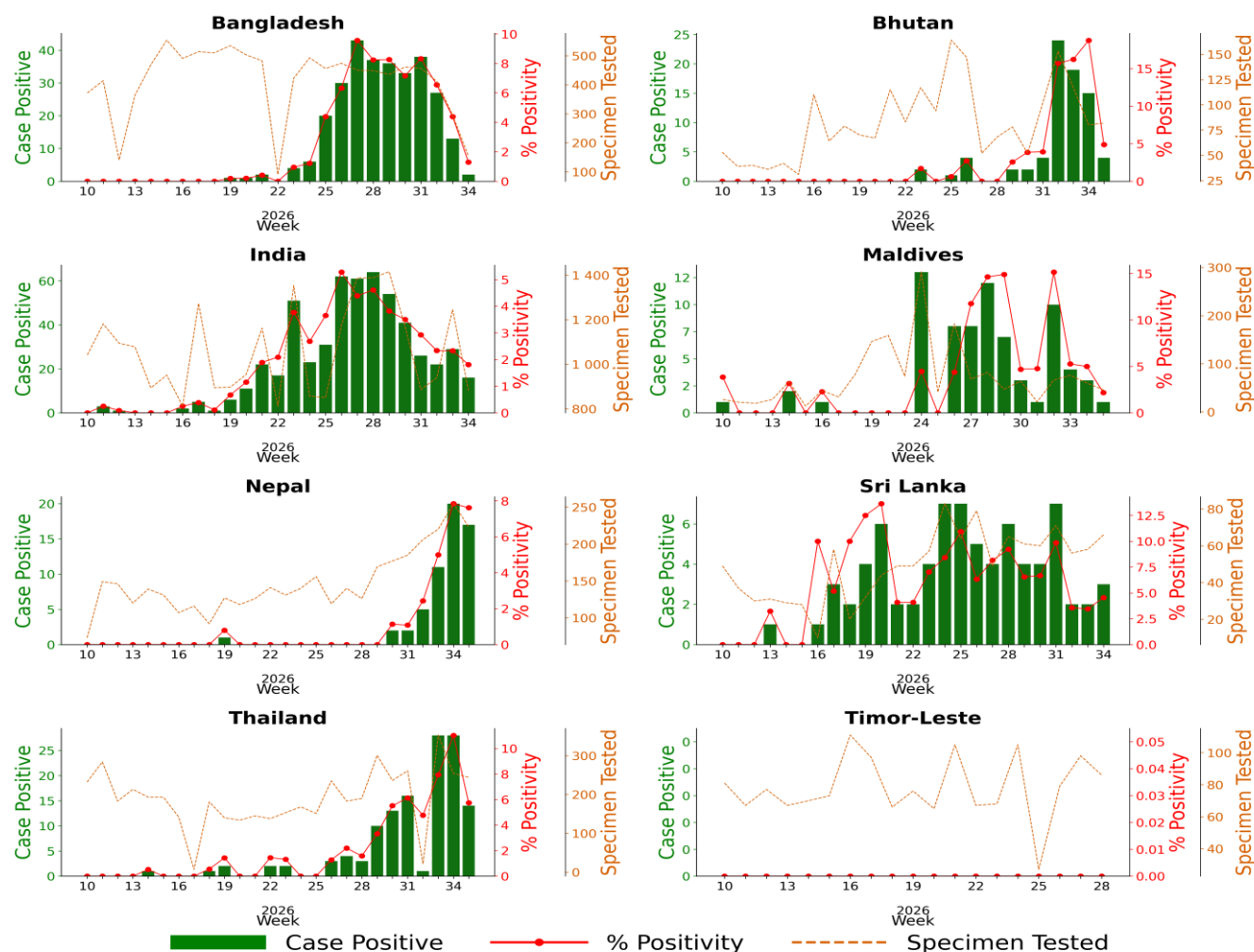
<sup>12</sup> Ministry of Health, Republic of the Union of Myanmar. Ministry of Health official website [Internet]. 2026 [cited 2026 Sep 07]. Available from: <https://www.mohs.gov.mm/>

<sup>13</sup> Epidemiology and Disease Control Division Nepal. [Internet]. [cited 2026 Sep 07]. Available from: <https://edcd.gov.np/newsroom/outbreak>

<sup>14</sup> Department of Disease Control, Ministry of Public Health, Thailand. COVID-19 Surveillance Dashboard [Internet]. 2026 [cited 2026 Sep 07]. Available from: <https://www.facebook.com/photo/?fbid=1176170881210400&set=a.309744487853048>

- Based on data from the integrated influenza-SARS-CoV-2 sentinel surveillance system, Figure 7 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.<sup>15</sup>

**Figure 7. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as of 07 September 2026).**



<sup>15</sup> Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard. [Internet]. [cited 2026 Sep 07]. Available from: [Dashboard](#)

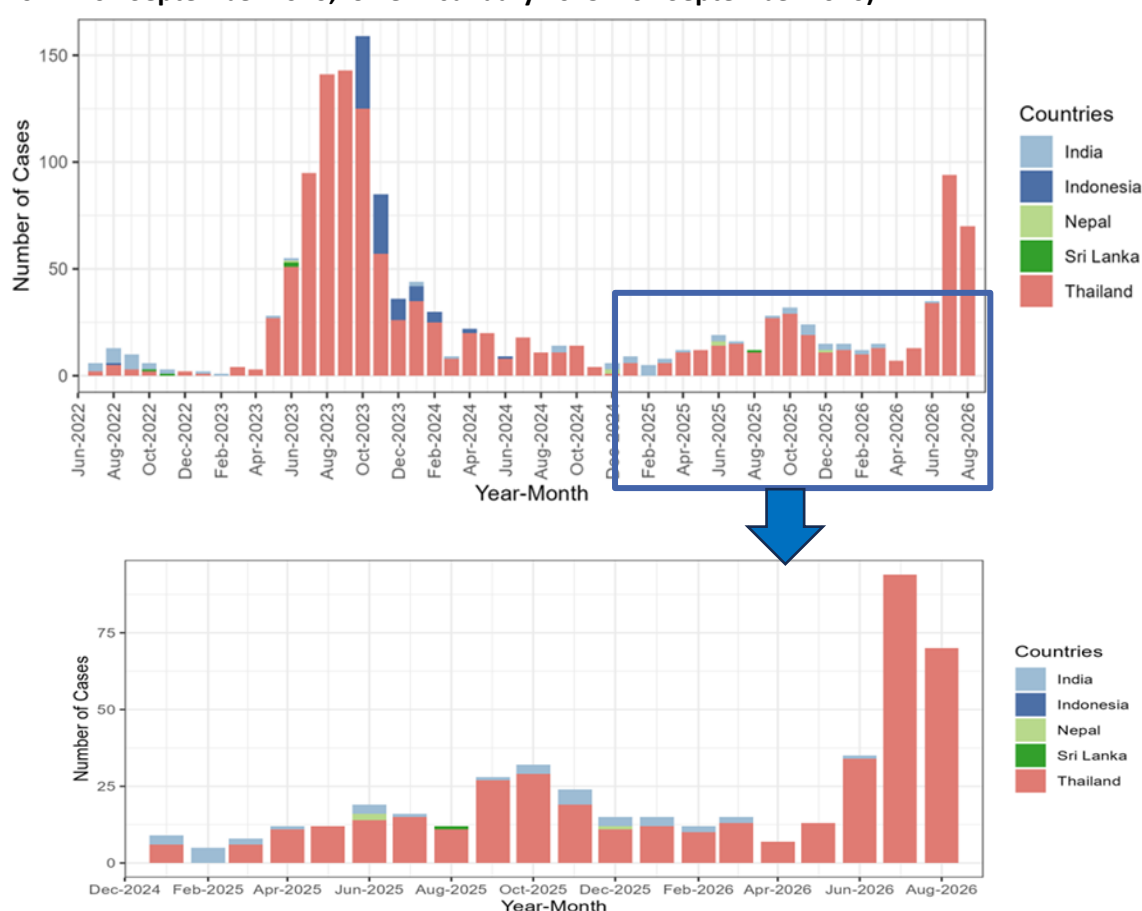
## Situation in the WHO South-East Asia Region

### Situation as of 07 September 2026

- In week 35 and 36 (24 August to 06 September 2026), no new mpox cases were reported.
- As of 07 September 2026, in the WHO South-East Asia Region, a total of 1 446 laboratory-confirmed mpox cases, including 16 deaths, have been reported since 14 July 2022 (Figure 8).
- A total of 255 mpox virus (MPXV) clade Ib cases have been reported in the Region to date – 206 from Thailand, 18 from India and one from Nepal. Please see Figure 9 for the trend of MPXV Ib cases detected in the Region and Table 3 for the profile of the cases.
- One Clade Ib–IIb recombinant case has been reported in the Region, detected in India, and was travel-related.
- For information on global epidemiological situation of mpox, please see:

[WHO mpox surveillance dashboard](#)

**Figure 8. Number of mpox cases reported in WHO South-East Asia Region by date of notification\* (Upper, 14 July 2022 – 07 September 2026; lower 1 January 2025 – 07 September 2026).**

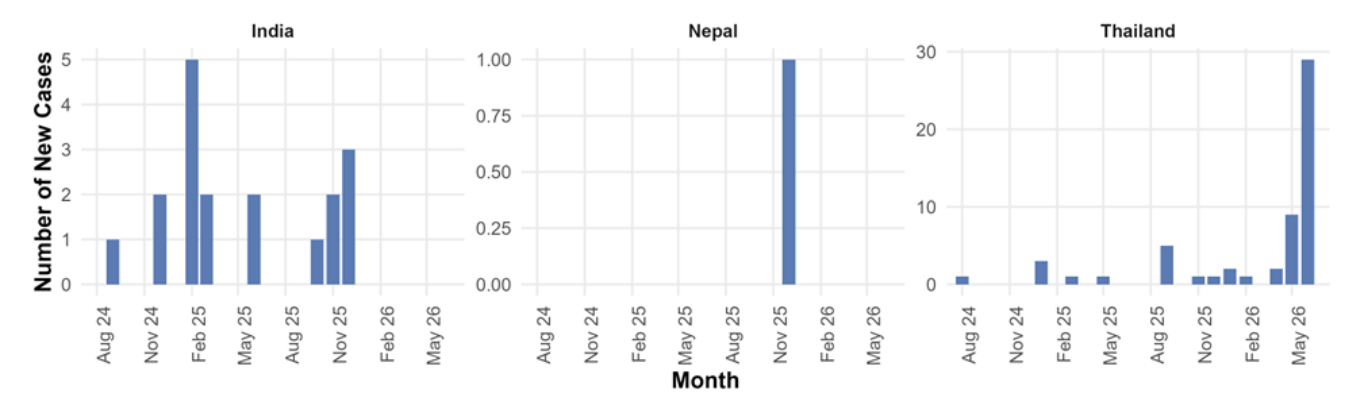


#### Notes:

\* Cases are plotted per month of notification - the date on which the case is notified to the public health authority. **A total of 164 mpox cases were reported from Thailand from 1 July to 23 August 2026, of which case based information is not available yet.**

\*\* 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 9. Number of MPXV clade Ib cases reported in WHO South-East Asia Region by month of notification (as of 07 September 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. **A total of 150 mpox clade Ib cases were reported from Thailand from 1 July to 23 August 2026, of which case based information are not available yet.**

Table 2. Profile of the 75 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 07 September 2026)\*.

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

\* One CRF is awaited from Nepal.

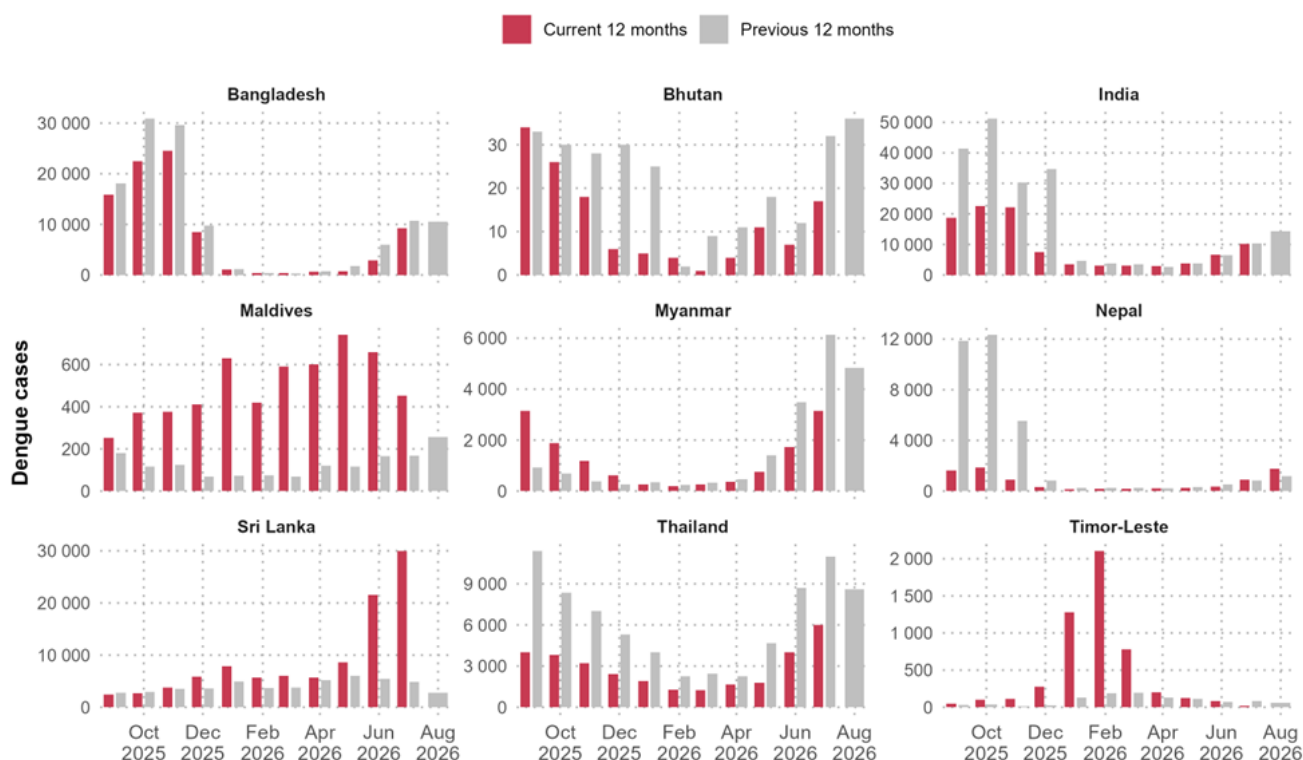
# Dengue

## Situation in the WHO South-East Asia Region <sup>16</sup>

### Situation as of 07 September 2026

- In August 2026, Nepal reported 1 776 cases (Figure 10). Data of August were not available yet for other countries.

**Figure 10. Monthly reported dengue cases by country, September 2025 – August 2026**



#### Notes:

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

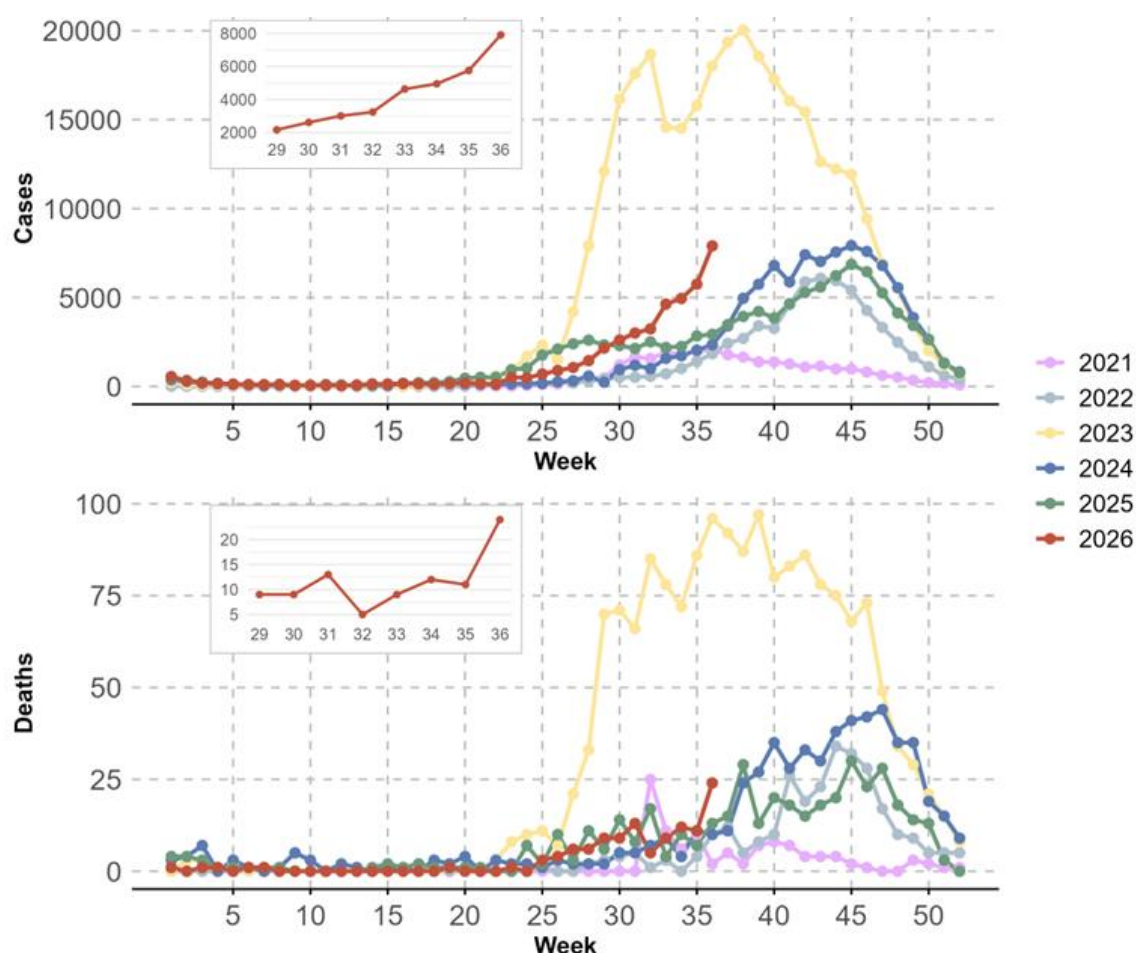
Bangladesh reports only hospitalized cases.

The majority of Myanmar cases are hospitalized cases.

<sup>16</sup> World Health Organization. Global dengue surveillance [Internet]. Available from: [https://worldhealthorg.shinyapps.io/dengue\\_global/](https://worldhealthorg.shinyapps.io/dengue_global/)

- In Bangladesh, during Week 36 of 2026, a total of 7 907 suspected dengue cases were reported, representing a 37% increase compared with the 5 754 cases reported in Week 35. Compared with the same week in 2025, when 2 935 cases were reported, the Week 36 caseload in 2026 was 1.7 times higher.
- During week 36, 24 new dengue deaths were reported in Bangladesh, representing a 45.8% increase compared to 11 dengue deaths reported in Week 35.

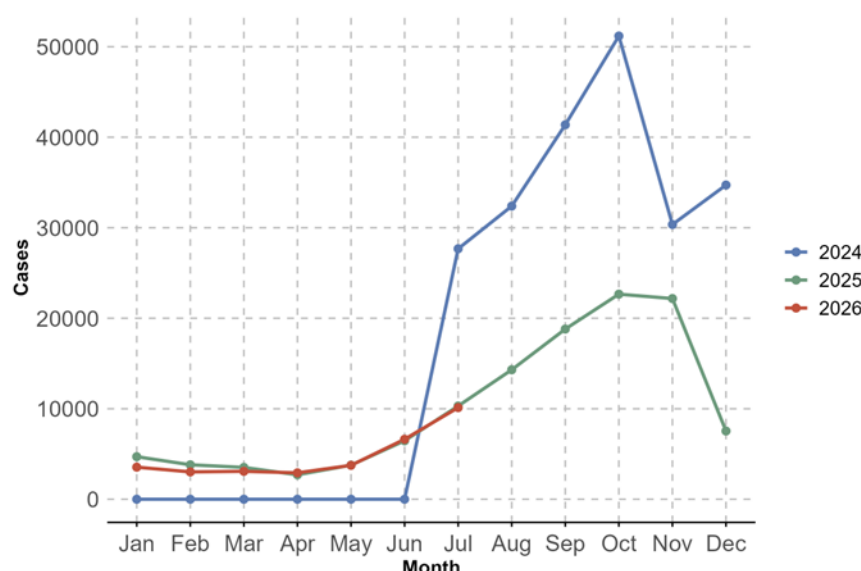
**Figure 11. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 36 of 2026.**



<sup>17</sup> 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 made publicly available yet for the month of August. 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.

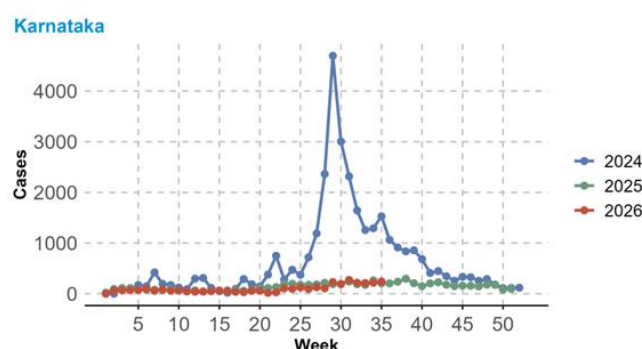
**Figure 12. Number of new cases of dengue by month in India from January 2024 to July 2026**



**Figure 13. Weekly number of new dengue cases in Karnataka and Kerala states from week 1 of 2024 to week 36 of 2026\***

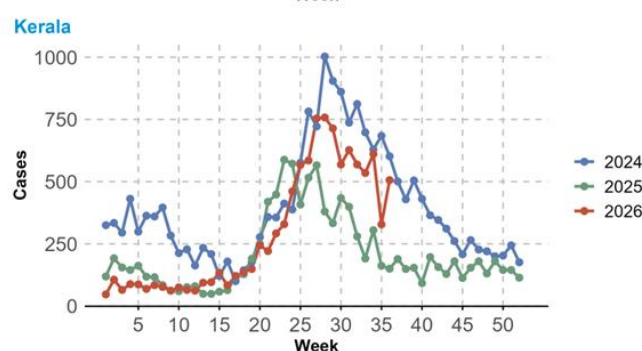
### Karnataka<sup>18</sup>

- In Karnataka, during week 35, a total of 241 cases were reported, representing a 12% increase compared to 216 cases reported in week 34.



### Kerala<sup>19</sup>

- 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 35.

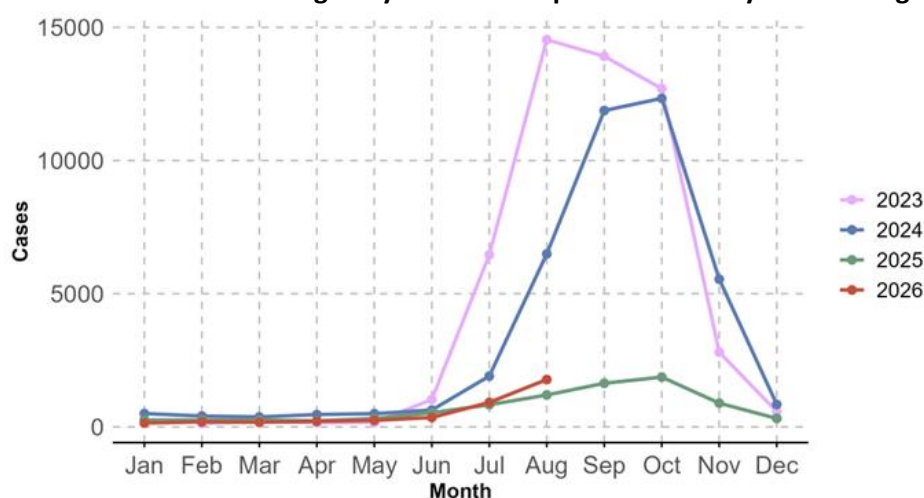
<sup>18</sup> Department of Health and Family Welfare, Government of Karnataka. PRISM H Disease Surveillance Dashboard [Internet]. 2026. Available from: [Karnataka](#)

<sup>19</sup> Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. 2026. Available from: [Kerala](#)

## Nepal

- In August 2026, a total of 1 776 dengue cases were reported in Nepal, a 93.5% increase compared to July 2026 (n = 918).

**Figure 14. Number of new cases of dengue by month in Nepal from January 2023 to August 2026**

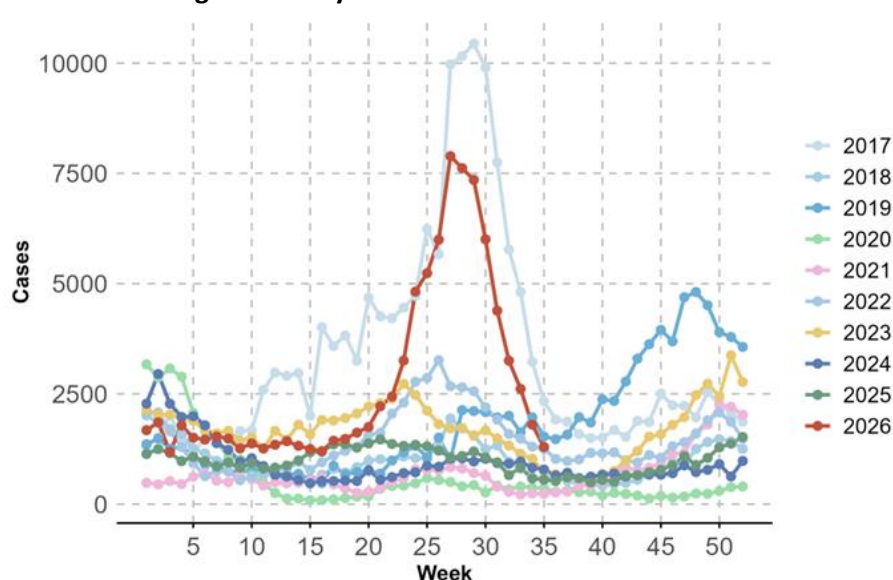


Source: [WHO Global dengue surveillance](#)

## Sri Lanka<sup>20</sup>

- In Sri Lanka, during Week 35 of 2026, a total of 1 296 suspected dengue cases were reported, representing a 28% decrease compared with the 1 802 cases reported in Week 34. Compared with the same week in 2025, when 553 cases were reported, the Week 35 caseload in 2026 was 1.3 times higher.
- The Western Province accounted for 50.9% of total cases, with the Colombo Municipal Council (CMC) contributing with 3.5% of cases, and the rest of Colombo District with 19.3%.

**Figure 15. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 35 of 2026**

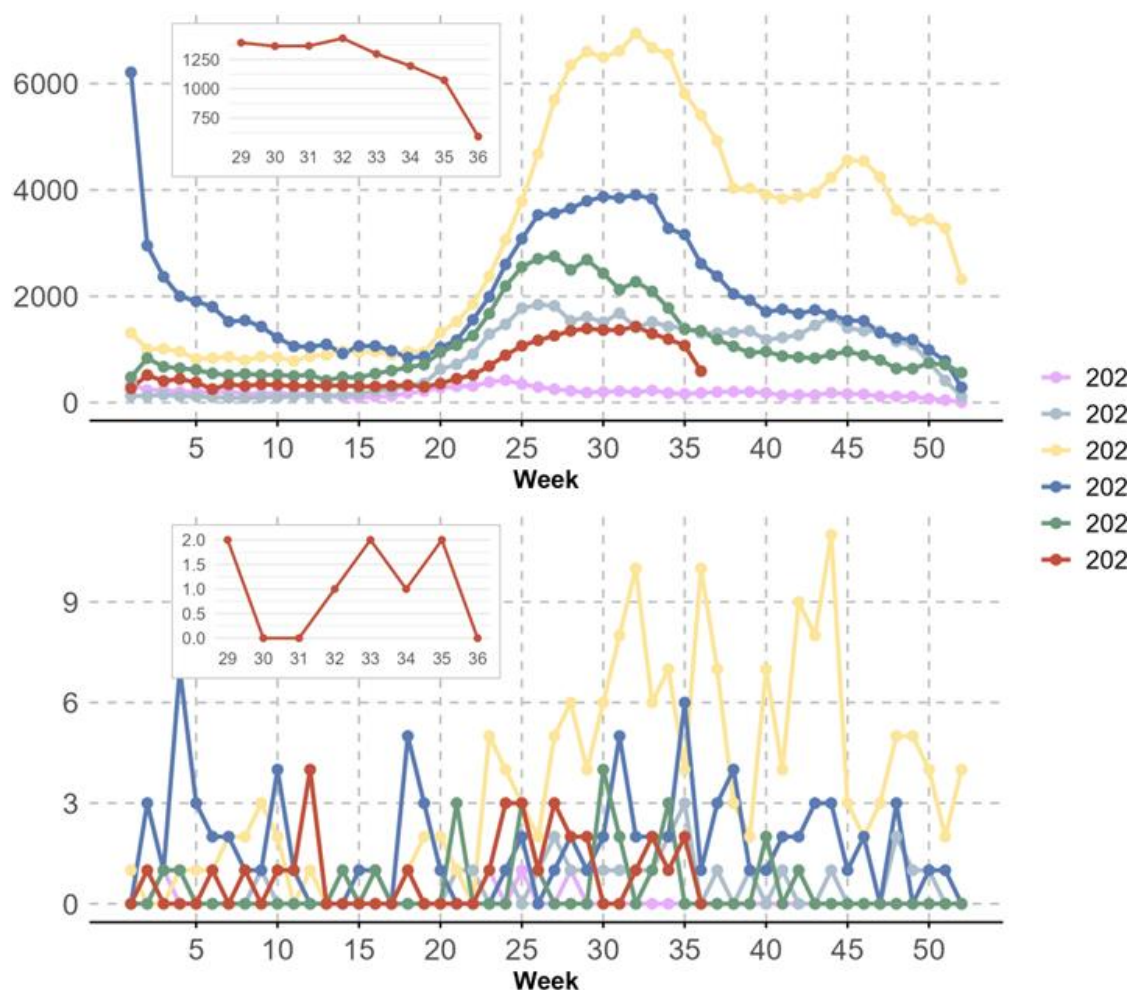


Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2025](#); [2026](#)

<sup>20</sup> National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2026 [cited 2026 Sep 07]. Available from: <https://www.dengue.health.gov.lk/web/index.php/en/>; Sri Lanka weekly Dengue update.

- In Thailand, during Week 36 of 2026, a total of 591 suspected dengue cases were reported, representing a 45% decrease compared with the 1 072 cases reported in Week 35. Compared with the same week in 2025, when 1 351 cases were reported, the Week 36 caseload in 2026 was 56% lower.

**Figure 16. Number of new cases of dengue by week in Thailand, from week one of 2021 to week 36 of 2026.**



Source: [WHO Global dengue surveillance](https://www.who.int/dengue-surveillance)