

WHO South-East Asia Region Epidemiological Bulletin

WHO Health Emergencies Programme
WHO Regional Office for South-East Asia
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Reporting period: 07 to 20 September 2026



This epidemiological bulletin aims to provide the situation of key infectious diseases in the WHO South-East Asia Region to inform risk assessments and responses. The bulletin uses information from publicly available sources and will be published every two weeks. For feedback or suggestions, please write to seoutbreak@who.int.

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Key events and updates

Bangladesh: Dengue ^{1, 2}

Situation update as of 22 September 2026

- Bangladesh has reported a rapid increase of dengue cases since early July 2026 (please see the page 15 for the epidemiological curve). The weekly case count has been higher than the corresponding period in 2022, 2024 2025 and the five-year average but lower than the levels observed in 2023 for the same place and time.
- In ISO Week 38 (14 – 20 September 2026), a total of 10,135 suspected dengue cases were reported, which represented a 10% increase compared to Week 37 (9,247 cases), and is 1.6 times higher than the 3,940 cases reported in the same week of 2025.
- The number of weekly deaths continues to increase this week with a total of 35 dengue-related deaths reported, a 9.3% increase over the 32 deaths recorded in Week 37.
- Dhaka, Khulna, Chattogram and Barishal remain the highest-burden divisions, while smaller Rangpur and Sylhet divisions are seeing the steep relative increases, suggesting ongoing geographic spread.

Public health response

- The Government of Bangladesh, led by the Prime Minister, launched a three-month nationwide dengue prevention campaign on 12 September, emphasizing public awareness, elimination of Aedes breeding sites, environmental cleanliness, and coordinated engagement across government, private-sector and community partners. Activities are being implemented at national, district and upazila levels through 12 December ³.
- Dhaka North City Corporation has intensified local enforcement of vector-control measures, including inspections that identified instances of Aedes larvae in households; corrective actions were taken in accordance with municipal regulations ⁴.
- Institute of Epidemiology, Disease Control and Research (IEDCR) has highlighted the potential for continued transmission in the coming week and identified 15 districts warranting closer monitoring: Dhaka, Khulna, Chattogram, Gazipur, Mymensingh, Pirojpur, Narayanganj, Jhalokathi, Cox's Bazar, Sirajganj, Cumilla, Barishal, Barguna, Bandarban and Patuakhali ⁵.
- Intensified Aedes source reduction, larvicide, adult mosquito control/fogging and environmental clean-up, including weekly nationwide cleanliness drives.
- Expanded dengue awareness through IEC materials, miking, community and door-to-door activities, and engagement of religious institutions.
- Dengue Corners and dedicated beds/wards established in government hospitals; essential supplies and equipment provided; severity-based admission and referral reinforced.

¹ DGHS Health Emergency Operation Center & Control Room, Dengue Dynamic Dashboard
https://dashboard.dghs.gov.bd/pages/heoc_dengue_v1.php

² WHO Bangladesh Country Office

³ <https://www.bssnews.net/news-flash/423627>

⁴ <https://www.bssnews.net/others/424192>

⁵ <https://www.tbsnews.net/bangla/bangladesh/news-details-538566>

Situation overview as of 21 September 2026

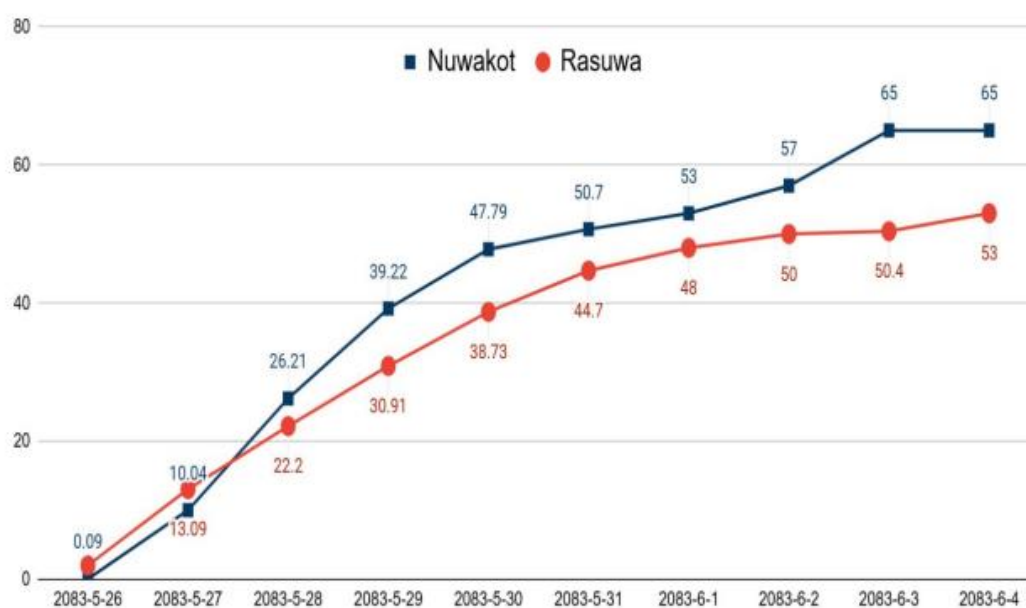
- On 26 August 2026, a flash flood triggered by a Glacial Lake Outburst Flood (GLOF) caused widespread flooding in five districts — Rasuwa, Nuwakot, Dhading, Tanahun and Gorkha. As of 20 September 2026, 1,410 deaths, 344 injured, and 5,786 missing people have been reported ⁶.
- Out of seven affected health facilities, four are fully damaged and all 3 are partially damaged. In Rasuwa district, Syafrubesi Health Post, Timmure Health Post, Mailung Community Health Unit and Timmure Health Desk have been fully damaged. In Dhading district, Baireni Hospital, Charaudi Basic Health Service Center and Baireni Ayurved Center have been partially damaged. Dhading Hospital and Trishuli Hospital are currently inaccessible due to the disruption of access routes ⁷.

Public health response

According to WHO Nepal, Rasuwa Flood Health Update ⁸

- Vaccination: As of 21 September, 66,888 people received Oral Cholera Vaccine (OCV) and 832+ frontline workers received Tetanus Toxoid-containing Vaccine; Rapid Convenience Monitoring (RCM) is ongoing.
- Surveillance: Syndromic surveillance has been implemented at the Bidur Municipality settlement camp (Nuwakot) with support from WHO, the Armed Police Force Nepal's medical team and the Ayurveda and Alternative Hospital.
- Essential health services: WHO supported continuity of care at the Ayurveda and Alternative Hospital.
- WASH: Two Water Quality Officers engaged for three months across Nuwakot, Dhading and Rasuwa for water testing, chlorination and National Water, Sanitation and Hygiene (NWASH) system data entry.

Figure 2. Cumulative OCV Vaccination Coverage Trend (%) – Nuwakot and Rasuwa (Till 21 September) ⁹



⁶ National Disaster Risk Reduction and Management Authority (NDRRMA), Ministry of Home Affairs, Situation Update, 20 September 2026

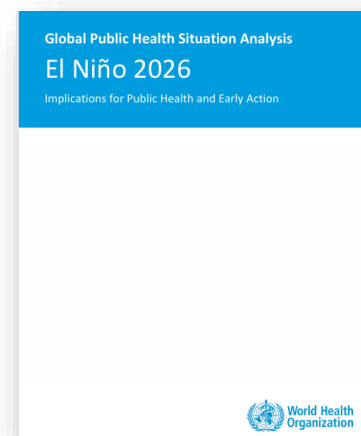
⁷ HEOC SitRep #26, Ministry of Health and Food Safety, 20 September 2026.

⁸ WHO Nepal, Rasuwa Flood Health Update — Internal Situation Update #16 (21 Sep 2026)

⁹ <https://heoc.mohp.gov.np/flashflood/rasuwa-flash-flood-2026>

Global Public Health Situation Analysis - El Niño 2026, Implications for Public Health and Early Action

- WHO's **Global Public Health Situation Analysis – El Niño 2026** assesses the evolving health risks associated with the developing El Niño event and supports country- and region-specific preparedness and anticipatory action.
- El Niño is expected to alter rainfall patterns and increase temperatures, contributing to drought, floods, heatwaves and other extreme weather events. These conditions can increase risks of malnutrition, cholera and other waterborne diseases, dengue and other vector-borne diseases, malaria, respiratory illness, heat-related illness and disruption of essential health services.
- Impacts will vary considerably by location and will be greatest where climate hazards coincide with vulnerable populations and fragile health systems.
- The analysis emphasizes early risk assessment, strengthened surveillance, health-system readiness, protection of essential services and targeted anticipatory action before climate-related hazards develop into health emergencies. The document advocates awareness and the importance of early action.
- The document is available at <https://www.who.int/publications/m/item/global-public-health-situation-analysis-el-nino-2026>

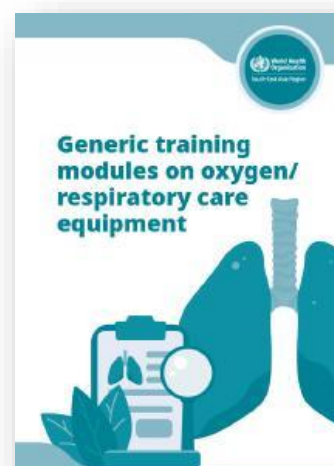


Call for expression of interest: Guideline development panels for WHO clinical guidelines on sepsis, diphtheria and viral respiratory disease.

- The World Health Organization (WHO) is seeking approximately 20 individuals for each of three new clinical guideline development processes covering sepsis, diphtheria, and viral respiratory diseases. Selected individuals will serve on the respective Guideline Development Groups (GDGs), which are responsible for formulating recommendations based on the best available evidence presented during the guideline development process.
- Each clinical area will constitute an independent WHO guideline process and result in a separate publication. The guidelines will incorporate living recommendations, which are continuously reviewed and updated to ensure they remain relevant and aligned with emerging evidence.
- This call provides information on the guideline development and expression of interest processes. WHO is committed to assembling GDGs that collectively reflect a broad diversity of geographical representation, professional expertise, and experience. In addition to clinical, ethics, and health systems experts, applications are encouraged from individuals with lived experience of these diseases, including patients and patient advocates.
- Applicants will be required to complete an online form ([click here](#)) and upload the required supporting documents. Applications must be submitted by **Monday 19 October 2026 at 23:59 Geneva time**.
- This Call for expression of interest is available at: https://www.who.int/news-room/articles-detail/call-for-expression-of-interest--guideline-development-panels-for-who-clinical-guidelines-on-sepsis--diphtheria-and-viral-respiratory-disease?utm_source=chatgpt.com

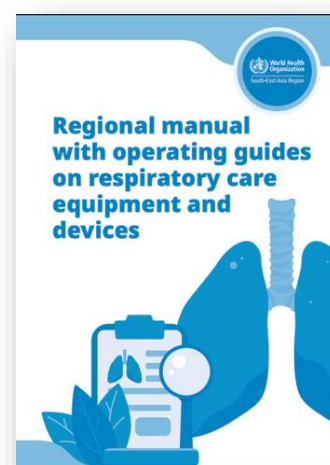
New publication: Generic training modules on oxygen/respiratory care equipment

- WHO has released **Generic training modules on oxygen/respiratory care equipment**, a practical resource designed to strengthen the capacity of biomedical engineers, technicians and other health-care personnel to safely operate and maintain essential respiratory care equipment.
- The modules respond to challenges highlighted during public health emergencies, including COVID-19, when critical equipment was sometimes underutilized because of limited user knowledge and technical skills.
- The publication supports competency development in equipment operation, basic troubleshooting and safe handling, while emphasizing the importance of regular training as medical technologies evolve.
- It can help health facilities strengthen equipment readiness and ensure reliable access to life-saving respiratory care.
- The document is available at:
<https://www.who.int/publications/i/item/9789292800062>



New publication: Regional manual with operating guides on respiratory care equipment and devices

- WHO has published the **Regional manual with operating guides on respiratory care equipment and devices** to strengthen the safe, efficient and standardized management of essential respiratory care equipment across the South-East Asia Region.
- The manual provides foundational guidance on the biomedical aspects of installing, operating and maintaining respiratory care devices, including the level of technical expertise and frequency of maintenance required.
- Designed primarily for biomedical engineers and technicians, it is also relevant to health facility managers, electricians, plumbers, mechanics and other personnel involved in equipment management.
- By supporting routine maintenance, quality standards and standardized processes, the manual can help improve equipment reliability and readiness, contributing to more resilient health services and preparedness for respiratory disease outbreaks and other public health emergencies.
- The document is available at
<https://www.who.int/publications/i/item/9789292800055>.



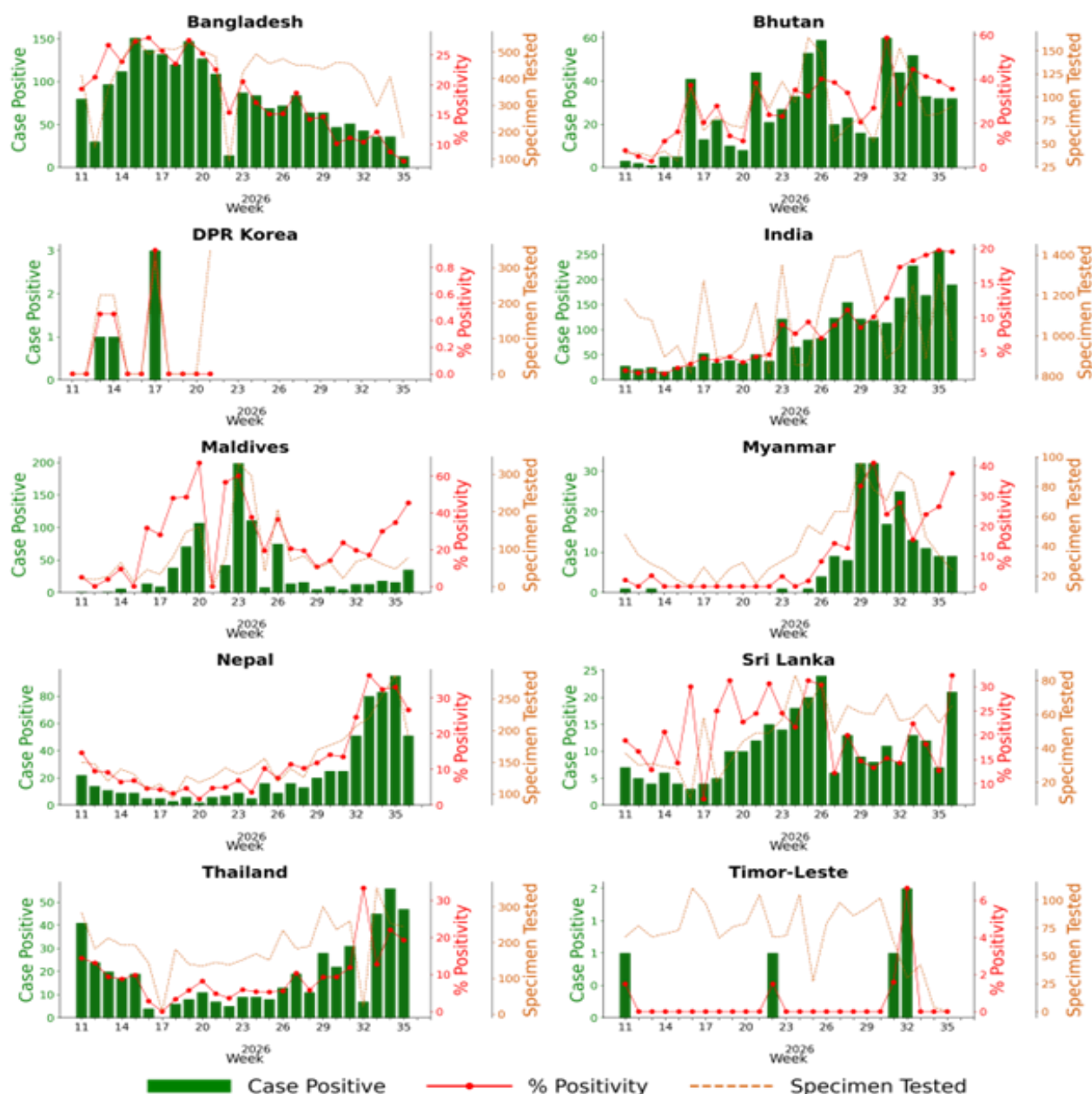
Influenza

Situation in the WHO South-East Asia Region

Situation as of 21 September 2026¹⁰

- Figure 4 shows the influenza data from the WHO FluNet platform, accessed on 21 September 2026.
- In the WHO South-East Asia Region, during weeks 36-37, there were 817 influenza positive samples.
- Among 3 632 samples tested from eight countries, the overall positivity was 22%.
- Maldives reported relatively high percentage of test positivity in the region with 46% while Myanmar reported 38% (Table 2).

Figure 5. 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 21 September 2026.



Source: RespiMart/FluNet

¹⁰ World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 Sep 21]. 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 36 to 37 in 2026, as of 21 September 2026¹¹

- Table 1 shows influenza A virus subtypes and B lineages distribution across ten countries in the WHO South-East Asia Region for weeks 36 to 37 of 2026, based on data extracted from WHO's RespiMart platform on 21 September 2026. The last submission was on 07 September 2026 (Week 37).
- DPR Korea and Timor-Leste reported "no samples tested" during this period. One country 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 36-37.
- The overall positivity percentage for the region was 22%. This was a 5% increase in the overall test positivity percentage relative to the value (21%) observed during the period reported in the previous bulletin.
- The highest test positivity percentages were reported by Maldives (46%; up from 32%) and Myanmar (38%; up from 25%). Compared with the previous reporting period, influenza test positivity increased by 44% in Maldives while it increased by 52% in Myanmar.
- 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 50% of all influenza-positive samples.
 - Among countries that reported ≥ 10 positive samples, A(H3) was the predominant subtype in Bangladesh (93%) and Maldives (49%).
 - The subtype A(H1N1)pdm09 was predominant in Bhutan (97%), India (75%), and Thailand (74%).
 - In Maldives (2%), Nepal (88%), and Sri Lanka (32%), positive samples were influenza A not subtyped.
- Influenza B (Victoria lineage) accounted for 14% of all influenza-positive samples in the region, compared with 13% in the previous reporting period - a 8% relative increase compared with the preceding period.
 - The proportion of influenza B (Lineage not Determined) was reported in Maldives (1%), Nepal (10%), and Sri Lanka (16%).

Table 1. Distribution of influenza A virus subtypes and B virus lineages in the WHO South-East Asia Region* (weeks 36 to 37, 2026), situation as of 21 September 2026.

Country	Total Samples Tested	Number of Influenza Positive	Positivity Rate %	A (H1) %	A (H3) %	A (H5) %	A (H1N1)pdm09 %	A (Unsubtyped) %	B (Yamagata) %	B (Victoria) %	B (Lineage not Determined) %
All Countries	3 632	817	22%	0%	18%	0%	50%	15%	0%	14%	2%
Bangladesh	211	15	7%	0%	93%	0%	7%	0%	0%	0%	0%
Bhutan	186	58	31%	0%	0%	0%	97%	0%	0%	3%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	1 844	340	18%	0%	8%	0%	75%	0%	0%	17%	0%
Maldives	294	134	46%	0%	49%	0%	14%	2%	0%	34%	1%
Myanmar	24	9	38%	0%	78%	0%	0%	0%	0%	22%	0%
Nepal	400	126	32%	0%	1%	0%	1%	88%	0%	0%	10%
Sri Lanka	134	37	28%	0%	19%	0%	22%	32%	0%	11%	16%
Thailand	539	98	18%	0%	23%	0%	74%	0%	0%	2%	0%
Timor-Leste	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%

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

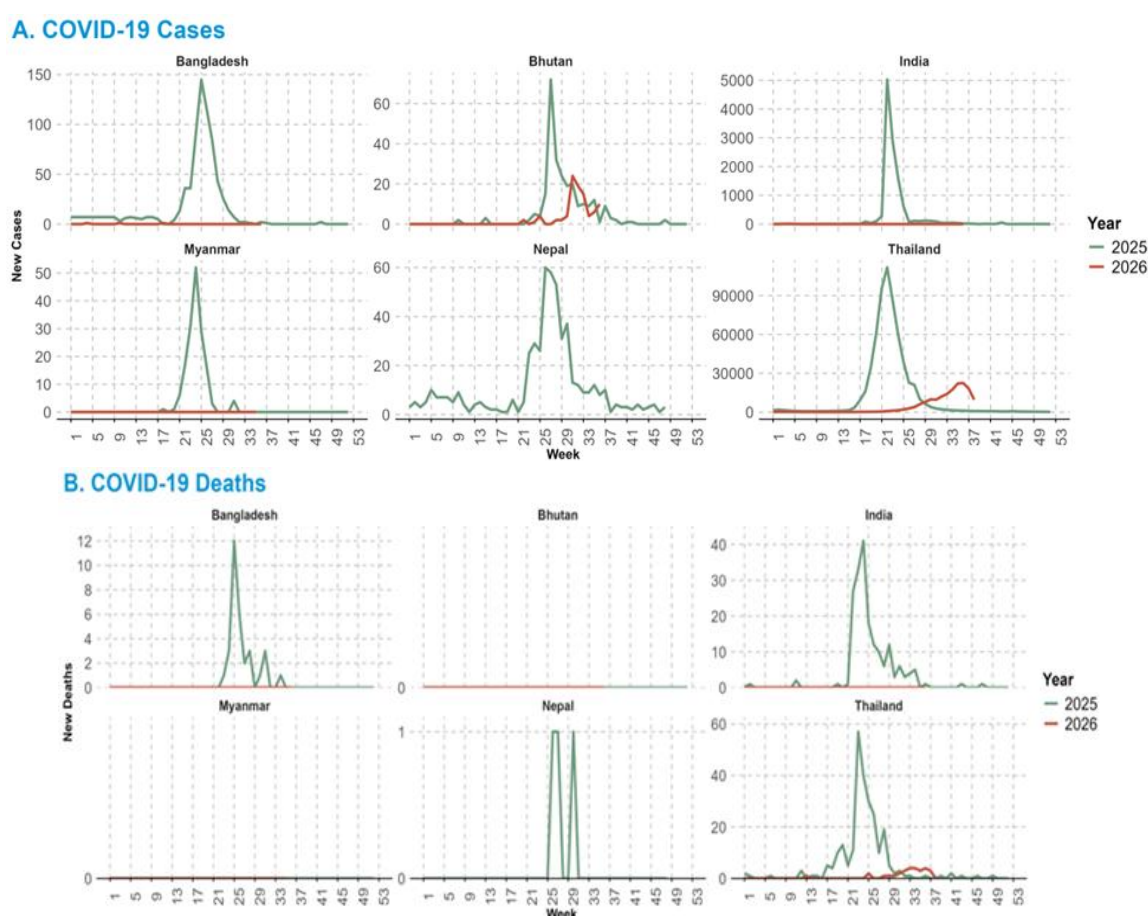
¹¹ World Health Organization. Influenza surveillance outputs [Internet]. 2026 [cited 2026 Sep 21]. Available from: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

Situation in the WHO South-East Asia Region

Situation as of 21 September 2026

- The weekly number of COVID-19 cases reported on official websites, including Bangladesh¹², Bhutan¹³, India¹⁴, Myanmar¹⁵, Nepal¹⁶ and Thailand¹⁷, are presented in Figure 6**.
- Data of the most recent week (week 38) are available from Thailand.
- Bhutan has reported an increasing trend in case from weeks 30 to 32.
- Thailand has also reported an increasing trend of cases since week 24 with an average of around 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 38 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 36 of 2026. ** Bangladesh, Bhutan, India and Myanmar data are presented by ISO Week. Nepal and Thailand data are presented by Epidemiological week.

¹² Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard [Internet]. 2026 [cited 2026 Sep 21]. Available from: <https://old.dghs.gov.bd/index.php/bd/component/content/article?layout=edit&id=5612>

¹³ Bhutan, Royal Centre for Disease Control. [Internet]. [cited 2026 Sep 21]. Available from: <https://www.rcdc.gov.bt/web/>

¹⁴ Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard [Internet]. [cited 2026 Sep 21]. Available from: <https://covid19dashboard.mohfw.gov.in/>

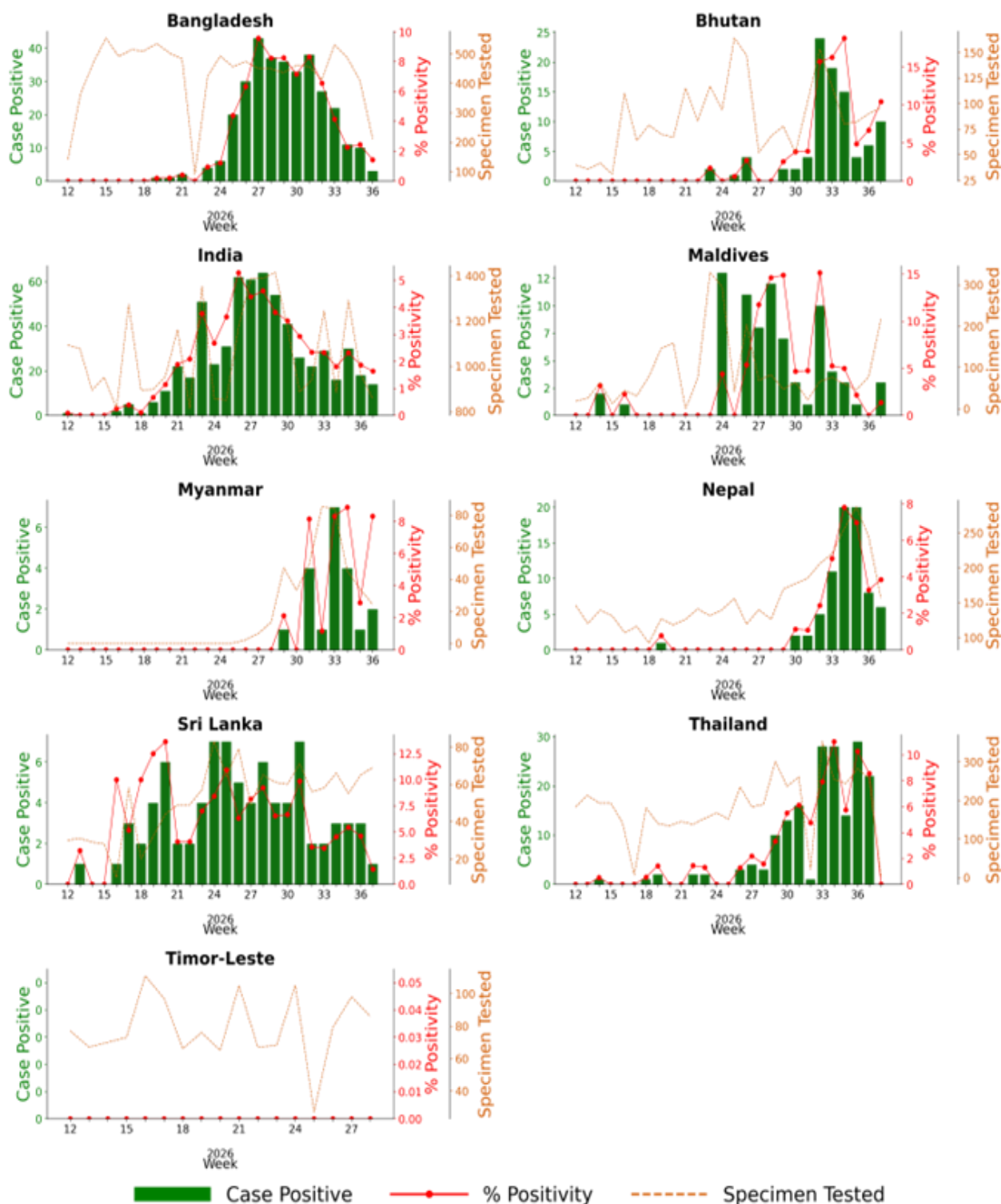
¹⁵ Ministry of Health, Republic of the Union of Myanmar. Ministry of Health official website [Internet]. 2026 [cited 2026 Sep 21]. Available from: <https://www.mohs.gov.mm/>

¹⁶ Epidemiology and Disease Control Division Nepal. [Internet]. [cited 2026 Sep 21]. Available from: <https://edcd.gov.np/newsroom/outbreak>

¹⁷ Department of Disease Control, Ministry of Public Health, Thailand. COVID-19 Surveillance Dashboard [Internet]. 2026 [cited 2026 Sep 21]. 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.¹⁸

Figure 7. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as of 21 September 2026)



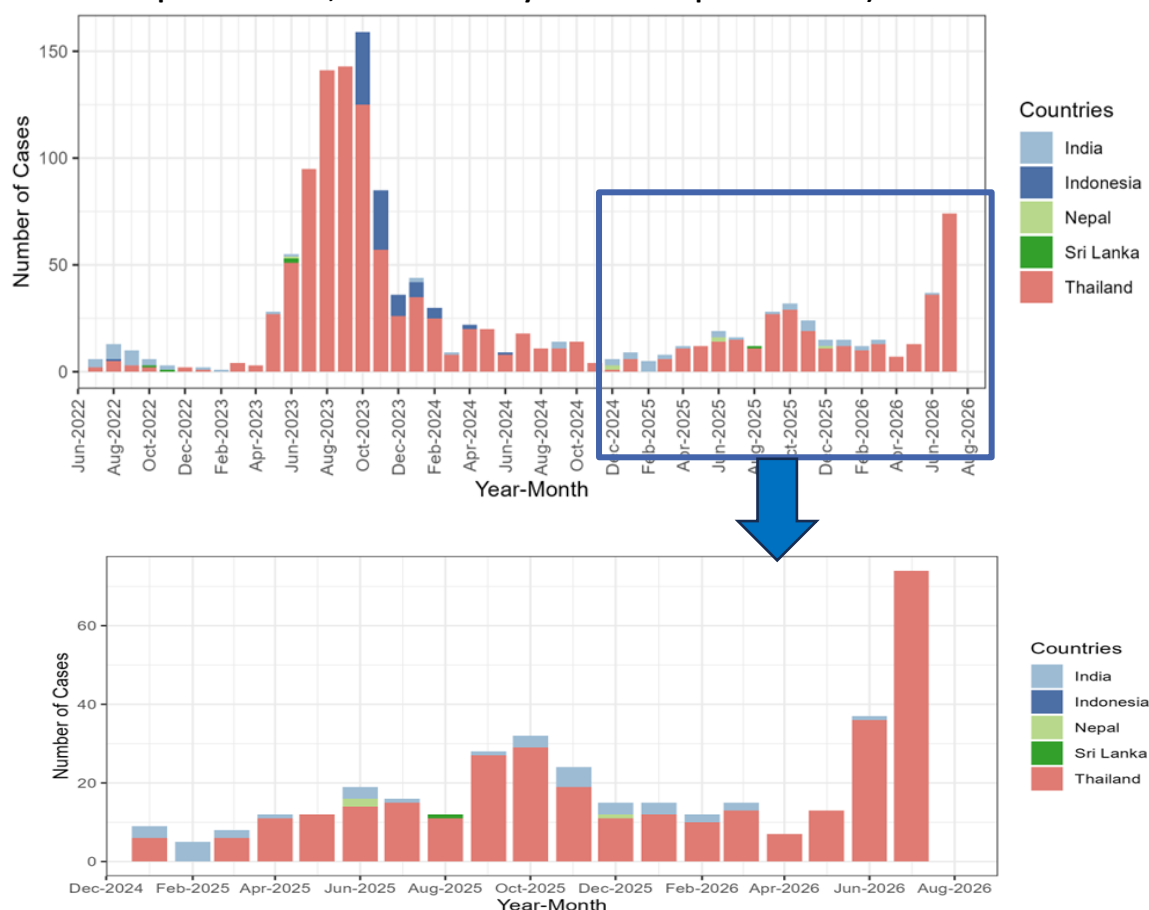
¹⁸ Integrated Influenza and Other Respiratory Viruses Surveillance Output Dashboard. [Internet]. [cited 2026 Sep 21]. Available from: [Dashboard](#)

Situation in the WHO South-East Asia Region

Situation as of 20 September 2026

- In week 37 and 38 (07 to 20 September 2026), no new mpox cases were reported.
- As of 20 September 2026, in the WHO South-East Asia Region, a total of 1 499 laboratory-confirmed mpox cases, including 16 deaths, have been reported since 14 July 2022 (Figure 8).
- Thailand reported a total of 54 Clade Ib cases between 24 August and 06 September, of which detailed CRFs are awaited.
- A total of 279 mpox virus (MPXV) clade Ib cases have been reported in the Region to date – 260 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 – 20 September 2026; lower 1 January 2025 – 20 September 2026).

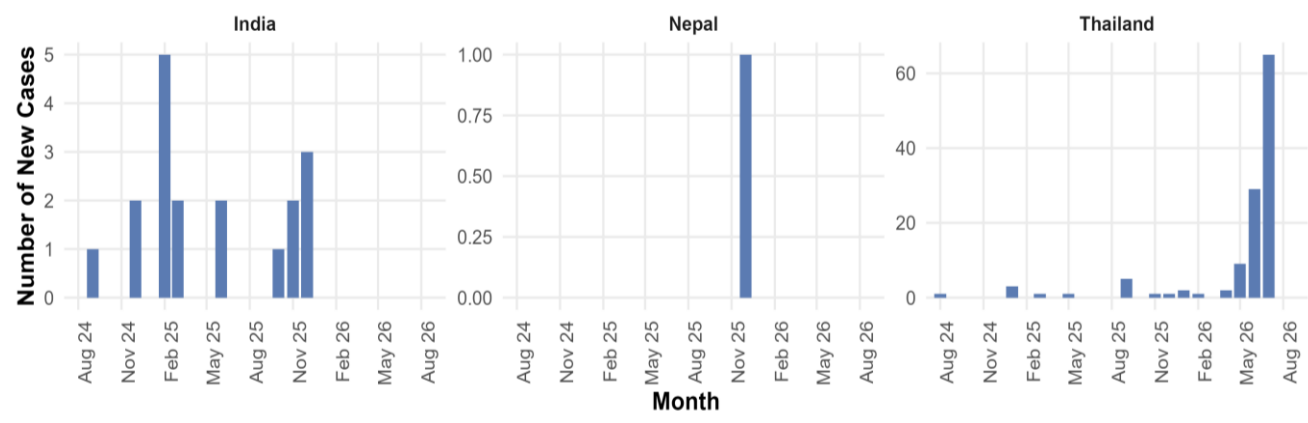


Notes:

* Cases are plotted per month of notification - the date on which the case is notified to the public health authority. **A total of 141 mpox cases were reported from Thailand between 01 August to 06 September 2026, of which case based information are 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, for which case-based information is available by month of notification (as of 20 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 139 mpox clade Ib cases were reported from Thailand between 01 August to 06 September 2026, of which case based information are not available yet.**

Table 2. Profile of the 140 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 20 September 2026)*

	Category	Total (n = 140)
Country	India	18 (12.9%)
	Nepal	1 (0.7%)
	Thailand	121 (86.4%)
Recent international travel	Yes	35 (25.0%)
	No	104 (74.3%)
	Unknown	1 (0.7%)
Age group (years)	18-29	40 (28.6%)
	30-39	57 (40.7%)
	40-49	35 (25.0%)
	50 and over	8 (5.7%)
Gender	Male	126 (90.0%)
	Female	14 (10.0%)

* One CRF is awaited from Nepal.

Dengue

Situation in the WHO South-East Asia Region ¹⁹

Situation as of 07 September 2026

- In August 2026, Bangladesh reported 20 536 cases, India reported 13 610 cases and Sri Lanka reported 10 155 cases (Figure 10). Data of August were not available yet for Myanmar and Timor-Leste.

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.

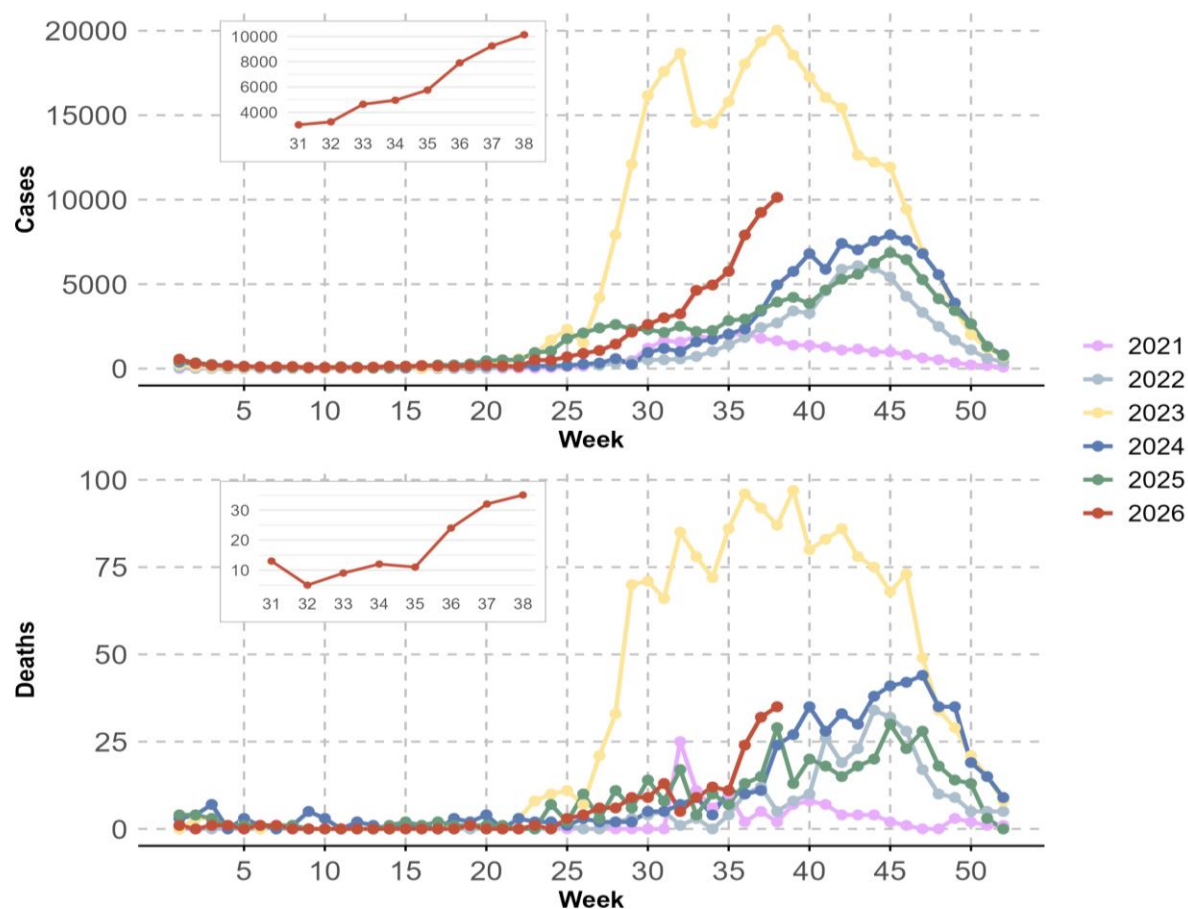
The majority of Myanmar cases are hospitalized cases.

¹⁹ World Health Organization. Global dengue surveillance [Internet]. Available from: https://worldhealthorg.shinyapps.io/dengue_global/

Situation update as of 22 September 2026²¹

- In Bangladesh, during Week 38 of 2026, a total of 10 135 suspected dengue cases were reported, representing a 10% increase compared with the 9 247 cases reported in Week 37. Compared with the same week in 2025, when 3 940 cases were reported, the Week 38 caseload in 2026 was 1.6 times higher.
- During week 38, 35 new dengue deaths were reported in Bangladesh, representing a 9.3% increase compared to 32 dengue deaths reported in Week 37.

Figure 11. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 38 of 2026.



²⁰ 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>

²¹ https://dashboard.dghs.gov.bd/pages/heoc_dengue_v1.php

- During August 2026, a total of 13 610 cases of dengue were reported in India, a 34% increase compared to July 2026 (n = 10 122).
- In 2026, as of August 2026, a total of 46 670 cases of dengue have been reported compared to 49 553 cases during the same period in 2025.

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

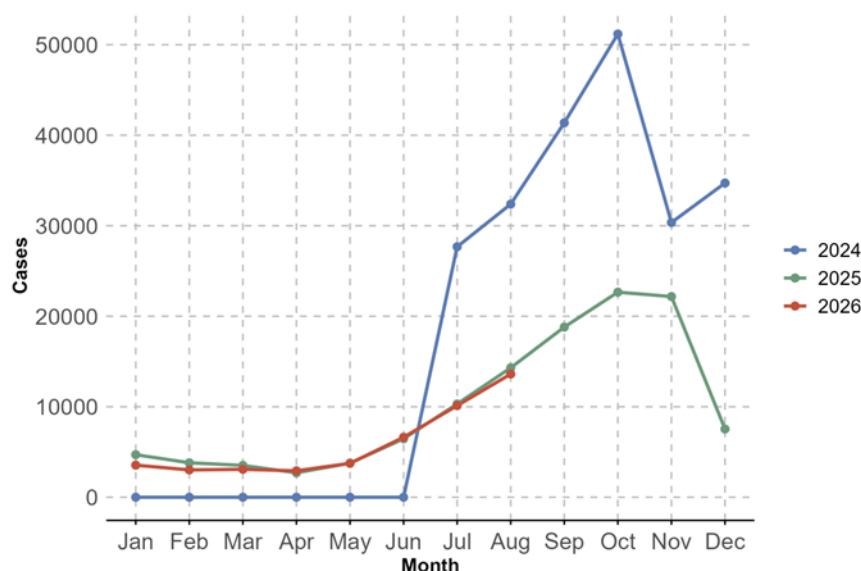
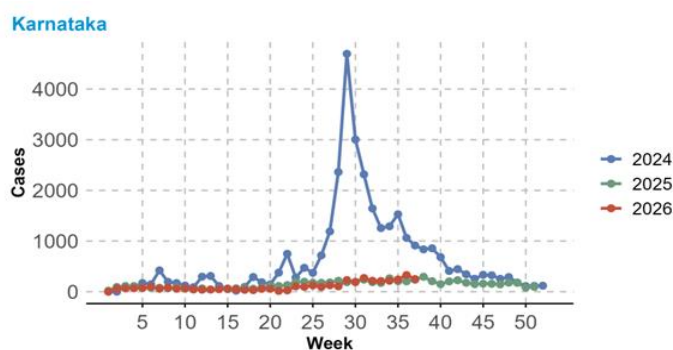


Figure 12. Weekly number of new dengue cases in Karnataka and Kerala states from week 1 of 2024 to week 37 of 2026*

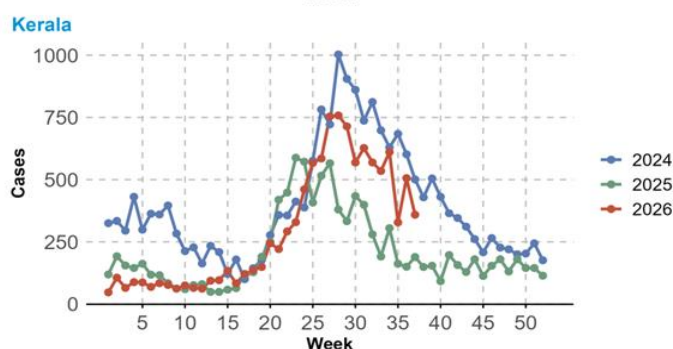
Karnataka²²

- In Karnataka, during week 37, a total of 249 cases were reported, representing a 24% decrease compared to 328 cases reported in week 36.



Kerala²³

- 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.



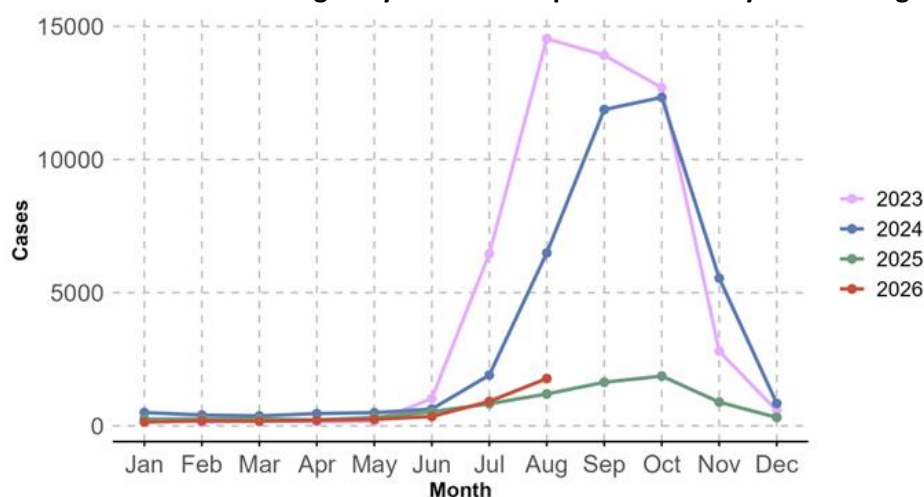
²² Department of Health and Family Welfare, Government of Karnataka. PRISM H Disease Surveillance Dashboard [Internet]. 2026. Available from: [Karnataka](#)

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

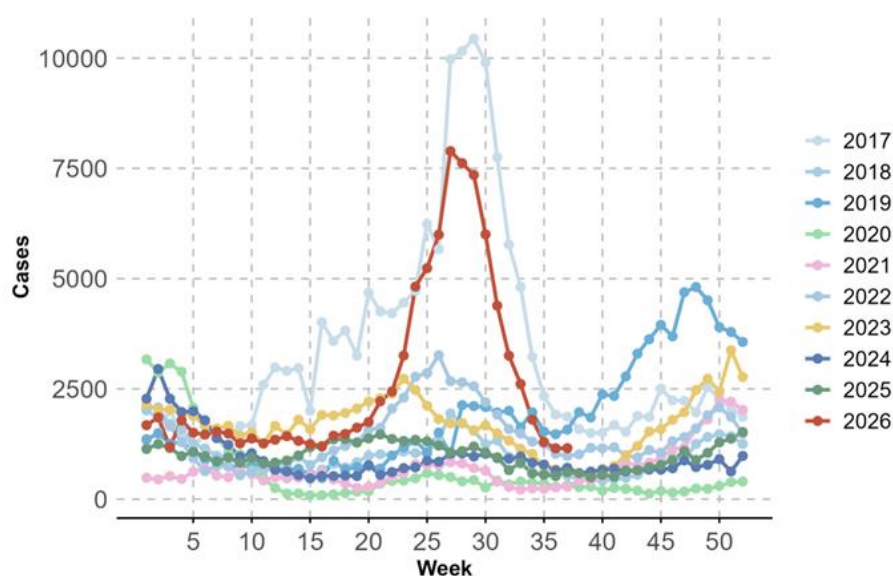


Source: [WHO Global dengue surveillance](#)

Sri Lanka²⁴

- In Sri Lanka, during Week 37 of 2026, a total of 1 156 suspected dengue cases were reported, representing a 0% increase compared with the 1 152 cases reported in Week 36. Compared with the same week in 2025, when 608 cases were reported, Week 37 caseload in 2026 was 90% higher.
- The Western Province accounted for 43.1% of total cases, with the Colombo Municipal Council (CMC) contributing with 3.2% of cases, and the rest of Colombo District with 14.7%.

Figure 14. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 37 of 2026

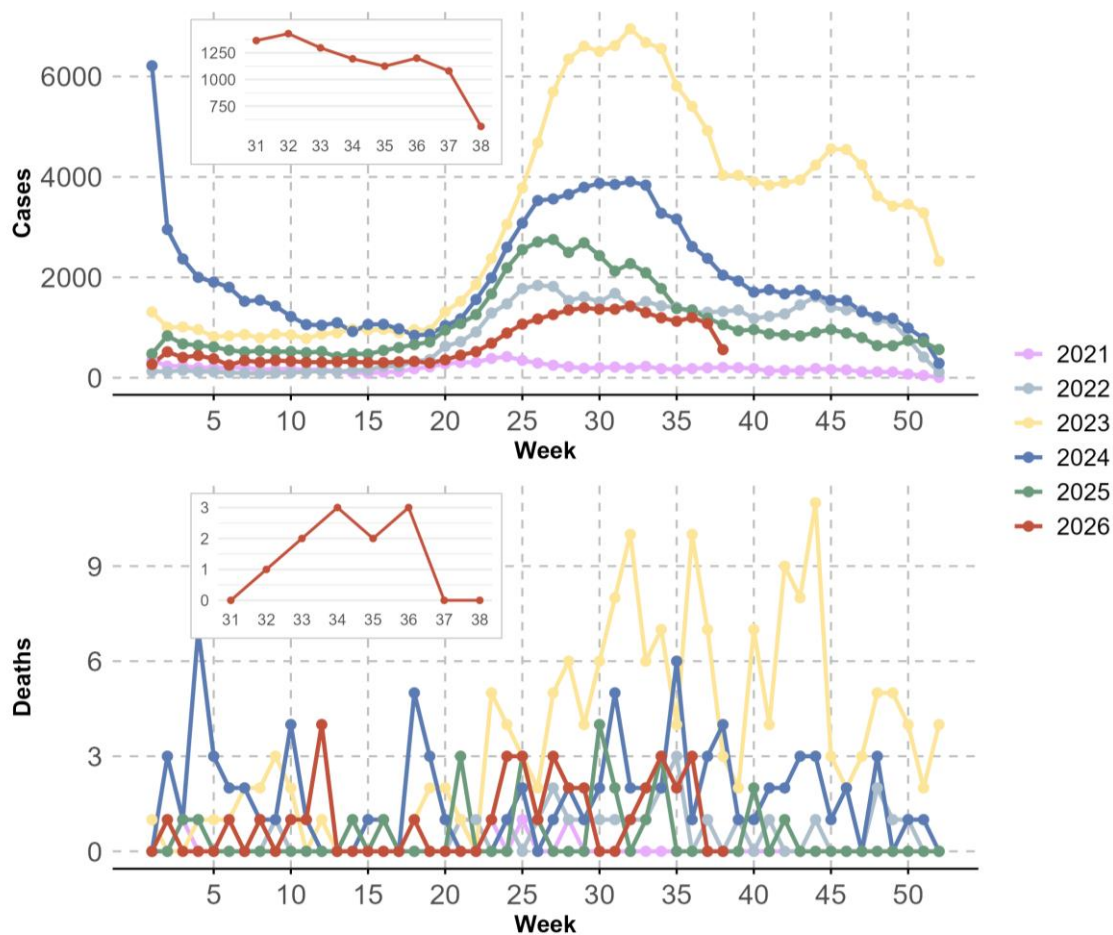


Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2025](#); [2026](#)

²⁴ National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2026 [cited 2026 Sep 21]. Available from: <https://www.dengue.health.gov.lk/web/index.php/en/>; Sri Lanka weekly Dengue update.

- In Thailand, during Week 38 of 2026, a total of 560 suspected dengue cases were reported, representing a 48% decrease compared with the 1 080 cases reported in Week 37. Compared with the same week in 2025, when 1 057 cases were reported, the Week 38 caseload in 2026 was 47% lower.

Figure 15. Number of new cases of dengue by week in Thailand, from week one of 2021 to week 38 of 2026.



Source: [WHO Global dengue surveillance](#)