

WHO South-East Asia Region Epidemiological Bulletin

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WHO Regional Office for South-East Asia
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Reporting period: 21 September to 04 October 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 5 October 2026

- Bangladesh has reported a rapid increase in dengue cases since early July 2026 (see page 12 for the epidemiological curve). Weekly case counts have been higher than in the same period of 2022, 2024 and 2025 and above the five-year average, but lower than the levels observed in 2023.
- As of 5 October 2026, a total of 86 458 cases and 262 deaths have been reported so far this year. September accounted for approximately 51% of cases and 57% of deaths.
- In week 40 (28 September – 4 October 2026), 12 764 cases were reported, an 8.9% increase from the 11 722 cases reported in week 39. This is 3.3 times the caseload reported in the same week of 2025 (3 856 cases).
- Weekly deaths decreased in week 40, with 37 dengue-related deaths reported, a 9.8% decrease from the 41 deaths recorded in week 39.

Public health response

- Building on the on-going nationwide prevention campaign, national health authorities are further expanding hospital capacity, with additional wards being arranged at facilities facing increased patient loads, alongside a continued emphasis on vector control ³.
- As transmission increases outside Dhaka, capacity is being scaled up at district and upazila levels. This includes dedicated dengue wards at major hospitals in Chattogram and Mymensingh, dedicated beds at upazila hospitals in Khulna, and referral arrangements to redistribute patients between facilities.
- Local authorities in Chattogram are intensifying targeted mosquito control in urban areas that are reporting higher case numbers ⁴.
- The dengue surge in Bangladesh is occurring alongside an ongoing large-scale measles outbreak, with both placing simultaneous demand on clinical staff, diagnostics, hospital space and supplies. Maintaining routine immunization and other essential health services while scaling up dengue care remains a key challenge ⁵.

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.tbsnews.net/bangladesh/health/dengue-surges-beyond-dhaka-hospitals-struggle-rising-cases-1563901>

⁴ <https://www.mzamin.com/article/46034>

⁵ <https://www.devdiscourse.com/article/health/3985005-bangladeshs-deadliest-dengue-month-exposes-the-cost-of-gaps-in-prevention-and-hospital-capacity>

Thailand: Floods

Situation overview as of 6 October 2026^{6 7 8 9}

- Nationwide, since 16 September, widespread flooding has affected 47 provinces and Bangkok, impacting approximately 1.46 million households (4.1 million people) and resulting in 31 fatalities.
 - As of 5 October (0600 hrs, UTC+7), flooding remained ongoing in 26 provinces and Bangkok, affecting an estimated 1.27 million households (3.5 million people).
 - Water levels continue to rise in six provinces along the lower Chao Phraya Basin and in Chachoengsao, while conditions are improving in most other affected areas, including Bangkok.
 - The Department of Disaster Prevention and Mitigation (DDPM) and partner agencies continue to monitor the situation and provide assistance to affected populations.
- In Bangkok and surrounding areas, heavy rainfall resulted in widespread flooding, with around 329 000 households and 700 000 people affected. The flooding caused disruptions to transportation networks, access to essential services, school operations and airport activities.

Public health response

- On 1 October 2026, the Thai Cabinet approved 14 urgent measures to strengthen flood preparedness, response, relief, and recovery efforts amid forecasts of continued heavy rainfall. National and provincial authorities remain engaged in flood mitigation and assistance operations.
- The Bangkok Metropolitan Administration, the Department of Disaster Prevention and Mitigation, the Drainage Department, district offices, military units in the area, police officers, local administrative organizations, volunteers, disaster relief volunteers, foundations, and other relevant agencies facilitated flood mitigation and drainage activities, disaster relief and support services in affected communities.

Myanmar: Floods

Situation overview as of 6 October 2026¹⁰

- Heavy rainfall associated with a Low-Pressure Area triggered flooding across multiple townships in Tanintharyi Region, including Bokepyin, Dawei, Thayetchaung, Launglon, Palaw, and Yebyu townships.
- As of 29 September 2026, the Department of Disaster Management reported that approximately 19 000 people (1 700 households) had been affected.
- The flooding impacted around 2 600 houses and 56 schools.
- Humanitarian assistance has been mobilized and is being delivered to affected communities by government authorities and humanitarian partners.

⁶ <https://ahacentre.org/weekly-disaster-update/weekly-disaster-update-28-september-4-october-2026/>

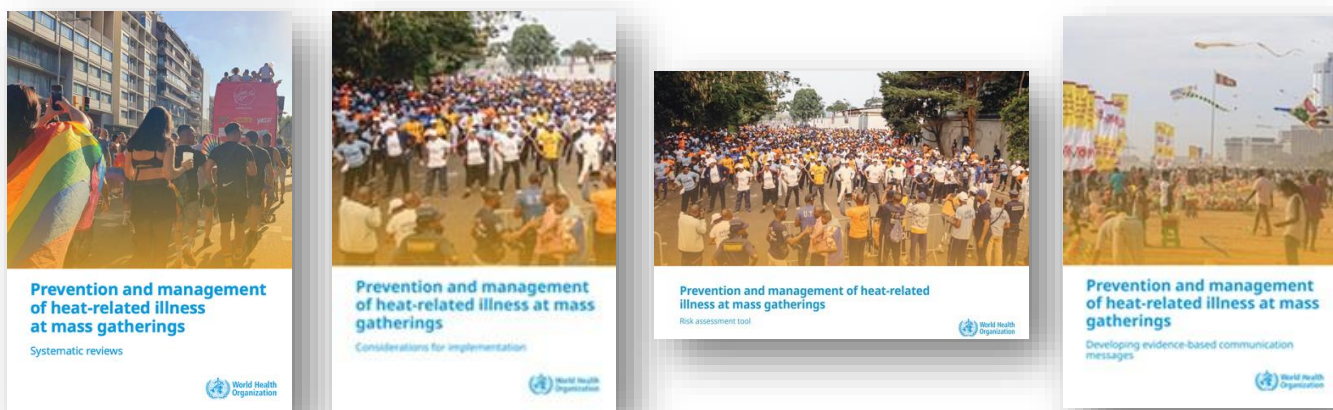
⁷ <https://thainews.prd.go.th/nbtworld/news/view/2376351/?bid=>

⁸ <https://thainews.prd.go.th/nbtworld/news/view/2381597/?bid=1>

⁹ <https://direct.disaster.go.th/directing/cms/8728?id=165403>

¹⁰ <https://ahacentre.org/weekly-disaster-update/weekly-disaster-update-28-september-4-october-2026/>

New publication: Prevention and management of heat-related illness at mass gatherings



- Extreme heat is an increasingly important threat to health and operational continuity during mass gatherings. Climate change is increasing the frequency, duration and intensity of heat exposure, while high crowd density, prolonged outdoor activity, restricted movement, inadequate access to cooling areas or safe water, and diverse population vulnerabilities can amplify risk in event settings, particularly in urban contexts.

Systematic reviews¹¹

- The report synthesizes findings from three systematic reviews, which examined: cooling infrastructure, cool rest zones, cooling breaks and hydration practices; integrated early warning, crowd and capacity management, mobile applications and dynamic heat sensing; and visitors' knowledge and perception, behaviour, vulnerability identification and wearable alerts.
- This report provides an important evidence base to inform future World Health Organization guidance and support governments, health authorities and event organizers in reducing heat-related risk in a warming world.

Consideration for implementation and risk assessment tool^{12 13}

- These documents provide a practical heat-health risk management package for mass gatherings. The 'consideration for implementation' document explains the "why" and "what" (evidence, principles, framework), and the Risk Assessment Tool is a standalone spreadsheet tool designed to support rapid, structured and repeatable assessment of heat-related risks before and during an event, delivering the "how" (the operational aspect).
- The guidance provided in the two publications should be applied across the full mass gathering event lifecycle and across the three phases used in World Health Organization health risk management: preparation, impact mitigation and recovery.

Developing evidence-based communication messages¹⁴

- This document provides standardized, evidence-informed content for communication messages to help prevent heat-related illnesses and injuries and mitigate heat stress during major sport events and other mass gatherings (for example, religious events, cultural events and festivals).
- The message content is intended to support event organizers and partners to reduce harmful heat exposure for attendees (e.g. pilgrims, spectators) as well as event organizers and staff, enable early action when heat risk increases (e.g. when forecasts or local heat alerts indicate higher risk) and strengthen on-site preparedness and response through clear, consistent public messages and staff briefings.

¹¹ <https://www.who.int/publications/i/item/B09849>

¹² <https://www.who.int/publications/i/item/9789240124332>

¹³ <https://www.who.int/publications/i/item/B09844>

¹⁴ <https://www.who.int/publications/i/item/9789240124257>

- On 21 September 2026, the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO), the World Organisation for Animal Health (WOAH) and the Convention on the Conservation of Migratory Species of Wild Animals (CMS) published a global framework for strengthening a coordinated One Health response to avian influenza.
- Avian influenza is increasingly affecting not only poultry and wild birds, but also mammalian species, with wider implications for human health, biodiversity, food security and livelihoods.
- The framework provides a shared basis for strengthening collaboration across the human, animal and environmental sectors.
- It aims to support countries in strengthening prevention, surveillance, early detection, preparedness and rapid response, while improving risk communication and information sharing.
- The framework also promotes multidisciplinary research and coordinated risk assessment to better understand and address the evolving avian influenza landscape.
- Building on existing mandates and mechanisms, the framework seeks to strengthen coherence, reduce duplication and support integrated, country-led action.
- The publication provides a useful reference for countries and partners working to strengthen One Health preparedness and response to avian influenza.
- The document is available at <https://www.who.int/publications/i/item/9789240125445> .



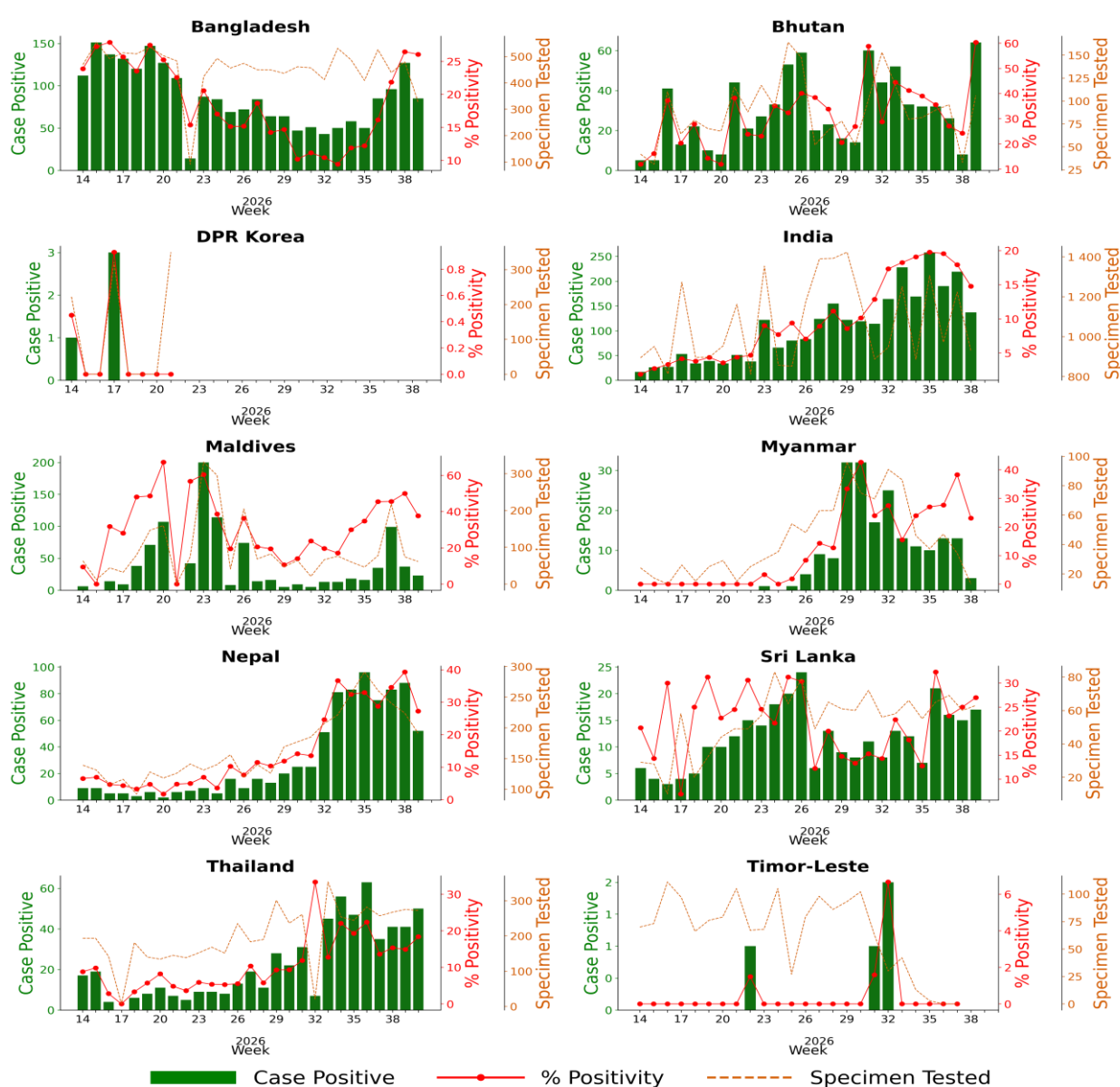
¹⁵ <https://www.who.int/publications/i/item/9789240125445>

Situation in the WHO South-East Asia Region

Situation as of 05 October 2026¹⁶

- Figure 1 shows the influenza data from the WHO FluNet platform, accessed on 06 October 2026.
- In the WHO South-East Asia Region during weeks 38-39, there were 738 influenza positive samples
- Among 3 101 samples tested from eight countries, the overall positivity was 24%.
- Bhutan reported relatively high test positivity percentage in the region with 52% while Maldives reported 44% (Table 1).

Figure 1. Weekly trends of specimens tested at National Influenza Centers (NIC), test positivity percentage and laboratory-confirmed influenza cases in the WHO South-East Asia Region, as of 06 October 2026



¹⁶ World Health Organization. *Influenza surveillance outputs* [Internet]. 2026 [cited 2026 October 05]. 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 38 to 39 in 2026, as of 06 October 2026¹⁷

- Table 1 shows influenza A virus subtypes and B lineages distribution across ten countries in the WHO South-East Asia Region for weeks 38 to 39 of 2026, based on data extracted from WHO's RespiMart platform on 06 October 2026. The last submission was on 21 September 2026 (Week 39).
- 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 38-39.
- The overall positivity percentage for the region was 24%. This was a 9% increase in the overall test positivity percentage relative to the value (22%) observed during the period reported in the previous bulletin.
- The highest test positivity percentages were reported by Bhutan (52%; up from 31%) and Maldives (44%; down from 46%). Compared with the previous reporting period, influenza test positivity increased by 66% in Bhutan while it decreased by 3% in Maldives.
- At the regional level, influenza A and influenza B accounted for 82% and 18% of all influenza-positive samples, respectively. In the previous reporting period, the corresponding distribution was 86% for influenza A and 14% for influenza B.
- The predominant Influenza A subtype detected in the region was A (H1N1)pdm09, accounting for 54% of all influenza-positive samples.
 - The subtype A(H1N1)pdm09 was predominant in Bangladesh (65%), Bhutan (62%), India (70%), Sri Lanka (47%), and Thailand (71%).
 - In Maldives (2%), Nepal (61%), and Sri Lanka (19%), positive samples were influenza A not subtyped.
- Influenza B (Victoria lineage) accounted for 14% of all influenza-positive samples in the region, compared with 12% in the previous reporting period - a 17% relative increase compared with the preceding period.
 - Among countries that reported ≥10 positive samples, B lineage predominated in Maldives (62%).
 - The proportion of influenza B (Lineage not Determined) was reported in Nepal (15%) and Sri Lanka (9%).

Table 1: Distribution of influenza A virus subtypes and B virus lineages in the WHO South-East Asia Region* (weeks 38 to 39, 2026), situation as of 05 October 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	3 101	738	24%	0%	16%	0%	54%	13%	0%	14%	3%
Bangladesh	806	212	26%	0%	35%	0%	65%	0%	0%	0%	0%
Bhutan	139	72	52%	0%	0%	0%	62%	0%	0%	38%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	928	137	15%	0%	6%	0%	70%	0%	0%	24%	0%
Maldives	135	60	44%	0%	2%	0%	35%	2%	0%	62%	0%
Myanmar	13	3	23%	0%	67%	0%	33%	0%	0%	0%	0%
Nepal	415	140	34%	0%	6%	0%	17%	61%	0%	0%	15%
Sri Lanka	123	32	26%	0%	9%	0%	47%	19%	0%	16%	9%
Thailand	542	82	15%	0%	23%	0%	71%	0%	0%	6%	0%
Timor-Leste	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%

Notes: * Positivity proportions below 0.5% are shown as 0%.

¹⁷ World Health Organization. *Influenza surveillance outputs* [Internet]. 2026 [cited 2026 October 06]. Available from: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

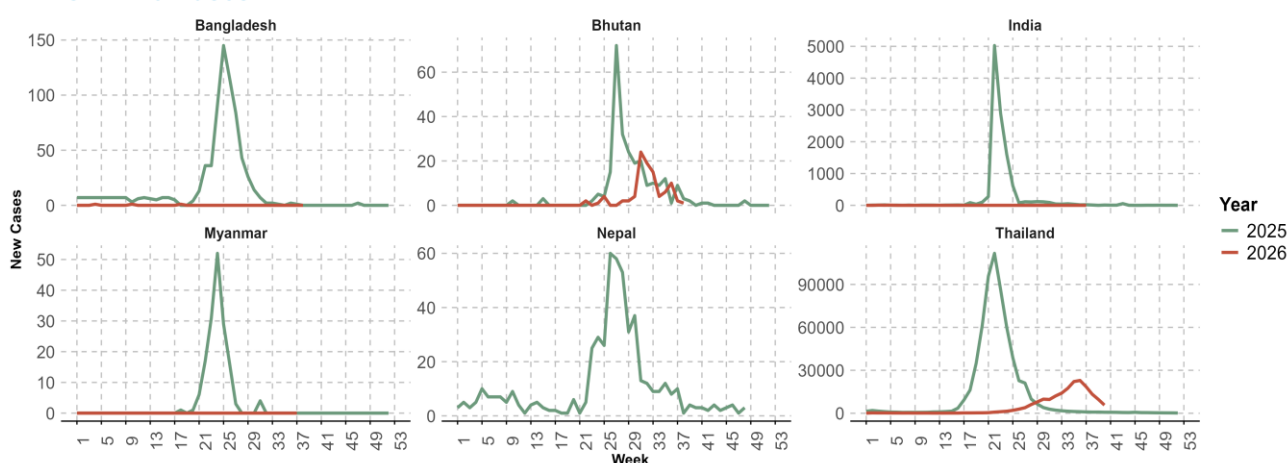
Situation in the WHO South-East Asia Region

Situation as of 05 October 2026

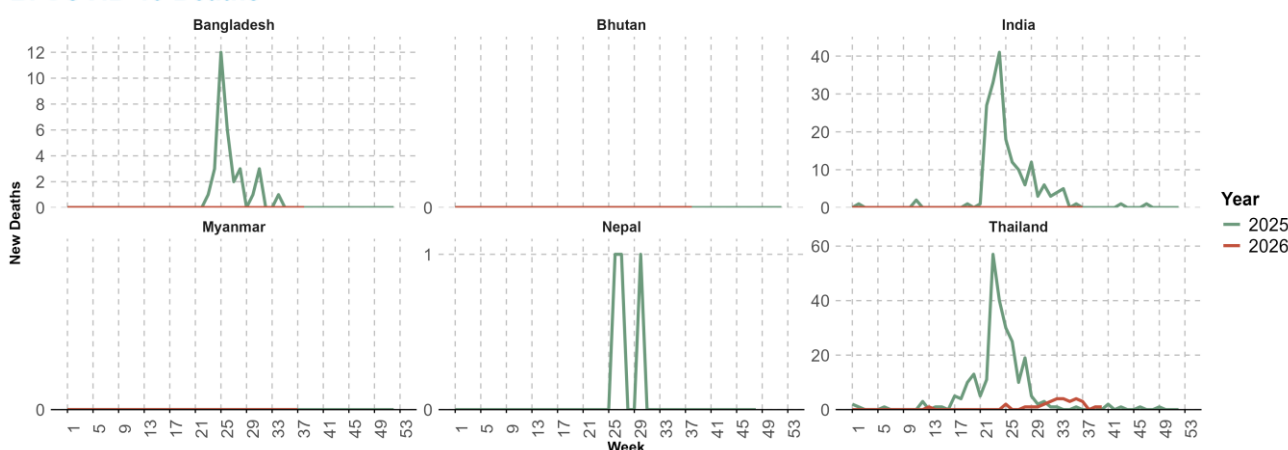
- The weekly numbers of COVID-19 cases reported on official websites for Bangladesh¹⁸, Bhutan¹⁹, India²⁰, Myanmar²¹, Nepal²², and Thailand²³ are presented in Figure 2.
- Data for the most recent week (week 40) are available from Thailand.
- Please visit the [WHO COVID-19 dashboard](#) for the global situation of COVID-19.
- Based on data from the integrated influenza-SARS-CoV-2 sentinel surveillance system, Figure 3 summarizes weekly trends of COVID-19 cases in nine countries—Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste—including the number of positive COVID-19 cases, the percentage positivity, and the number of specimens tested.

Figure 2. Weekly comparisons of new COVID-19 cases (A) and deaths (B) reported from selected countries since week one of 2025 to week 40 in 2026 in the WHO South-East Asia Region*

A. COVID-19 Cases



B. COVID-19 Deaths



¹⁸ Directorate General of Health Services (DGHS), Bangladesh. COVID-19 Dashboard. <https://old.dghs.gov.bd/index.php/bd/component/content/article?layout=edit&id=5612>

¹⁹ Bhutan, Royal Centre for Disease Control. <https://www.rcdc.gov.bt/web/>

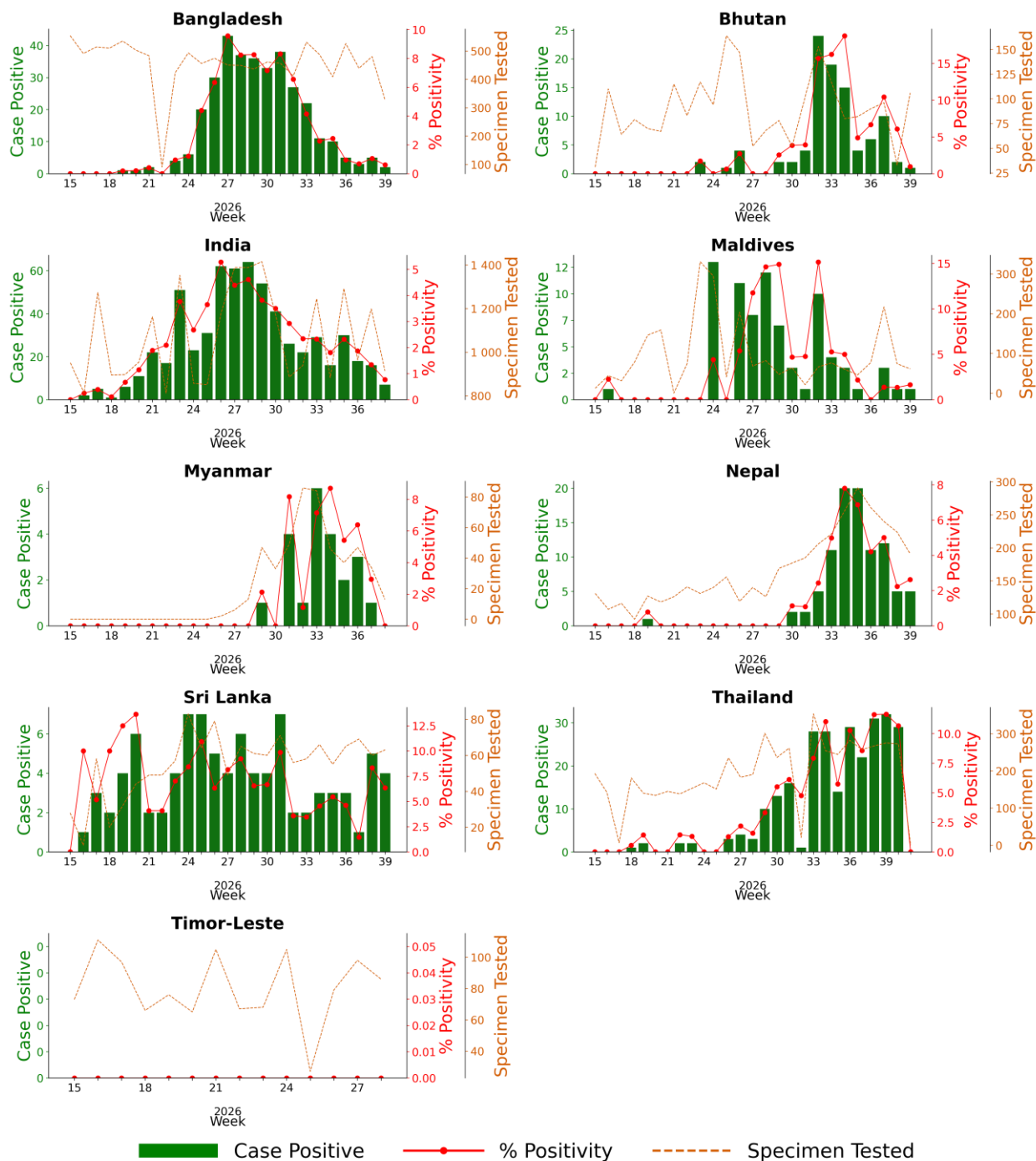
²⁰ Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard. <https://covid19dashboard.mohfw.gov.in/>

²¹ Ministry of Health, Myanmar. <https://www.mohs.gov.mm/>

²² Epidemiology and Disease Control Division, Nepal. <https://edcd.gov.np/newsroom/outbreak>

²³ Department of Disease Control, Thailand. COVID-19 Surveillance Dashboard. <https://www.facebook.com/photo/?fbid=1176170881210400&set=a.309744487853048>

Figure 3. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as of 06 October 2026).

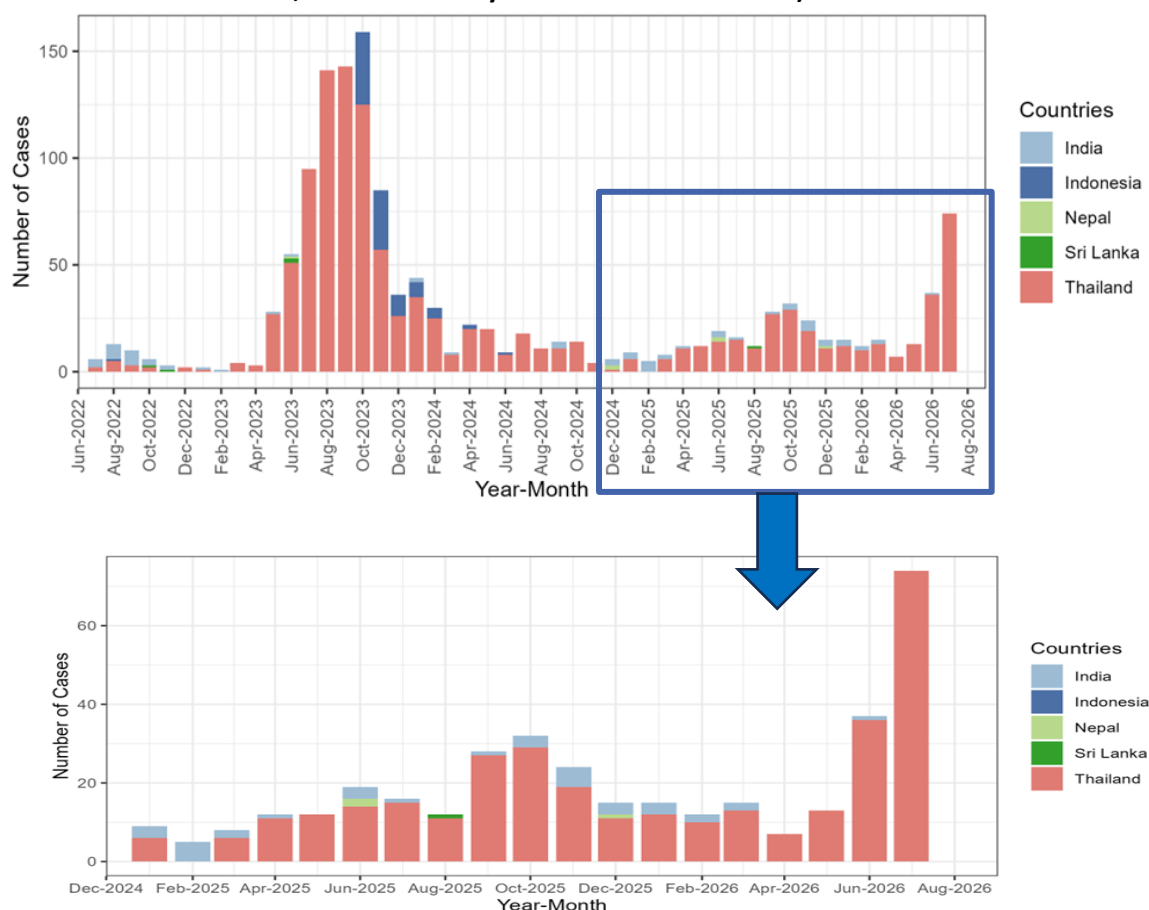


Situation in the WHO South-East Asia Region

Situation as of 04 October 2026

- In week 39 and 40 (21 September to 04 October 2026), no new mpox cases were reported.
- As of 04 October 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 4).
- Thailand reported a total of 54 Clade Ib cases between 24 August and 06 September, of which detailed case reporting forms 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 5 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 4. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (Upper, 14 July 2022 – 04 October 2026; lower 1 January 2025 – 04 October 2026).

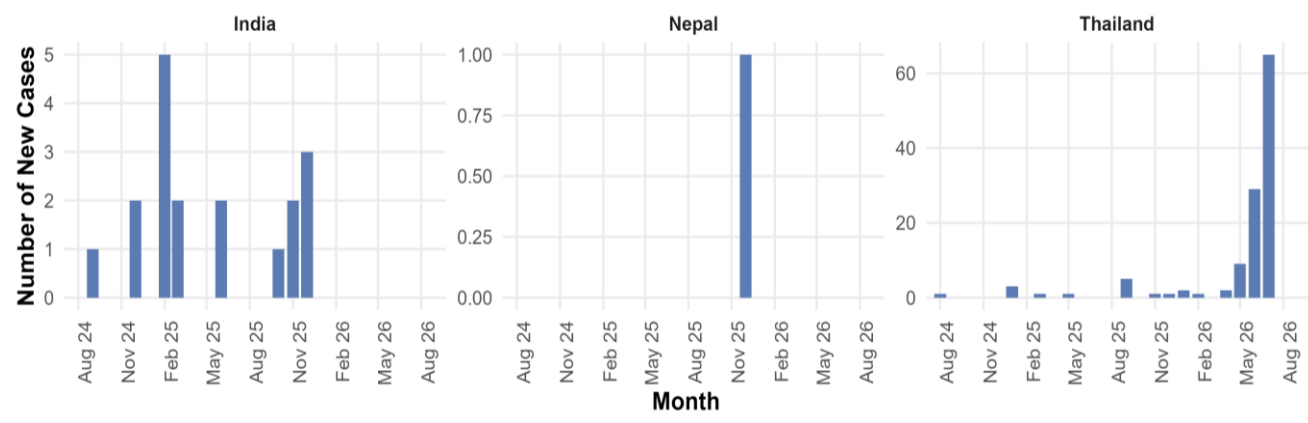


Notes:

* 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 5. 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 04 October 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 05 October 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.

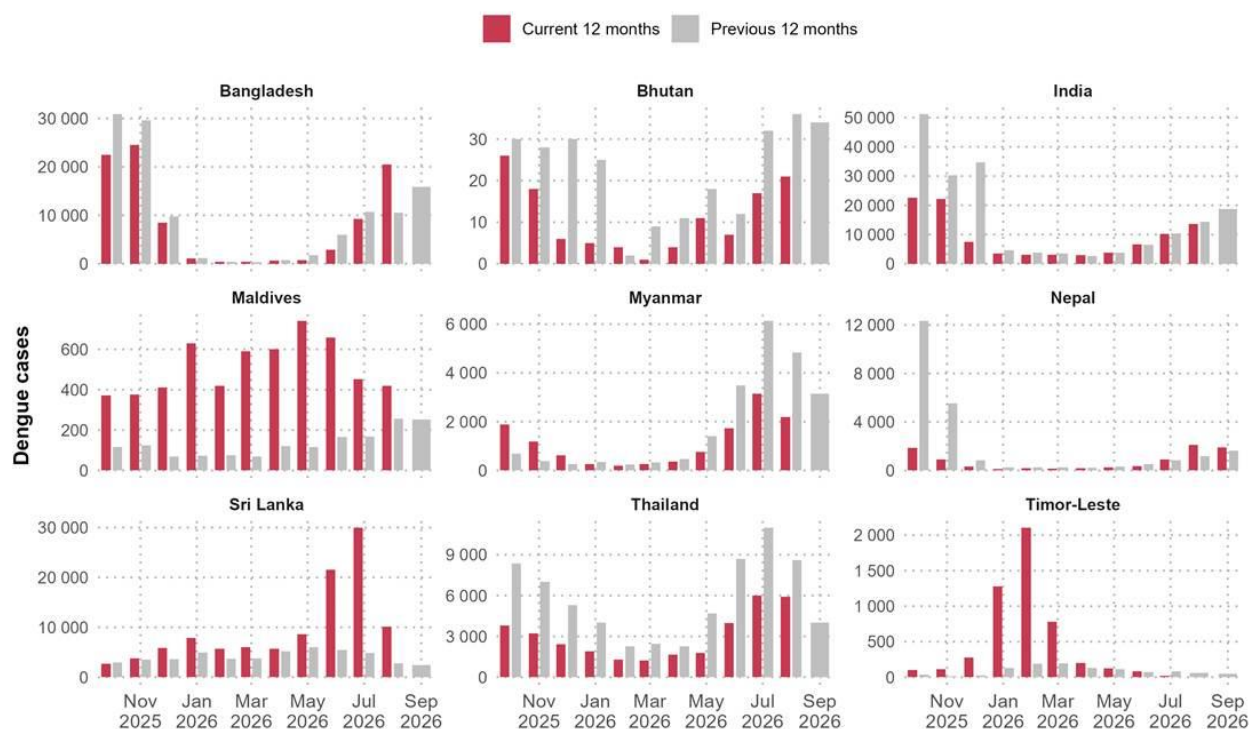
Dengue

Situation in the WHO South-East Asia Region

Situation as of 05 October 2026

- In September 2026, Nepal reported 1 908 cases (Figure 6). Data for September were not available yet for other countries.

Figure 6. Monthly reported dengue cases by country, October 2025 – September 2026



Notes:

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

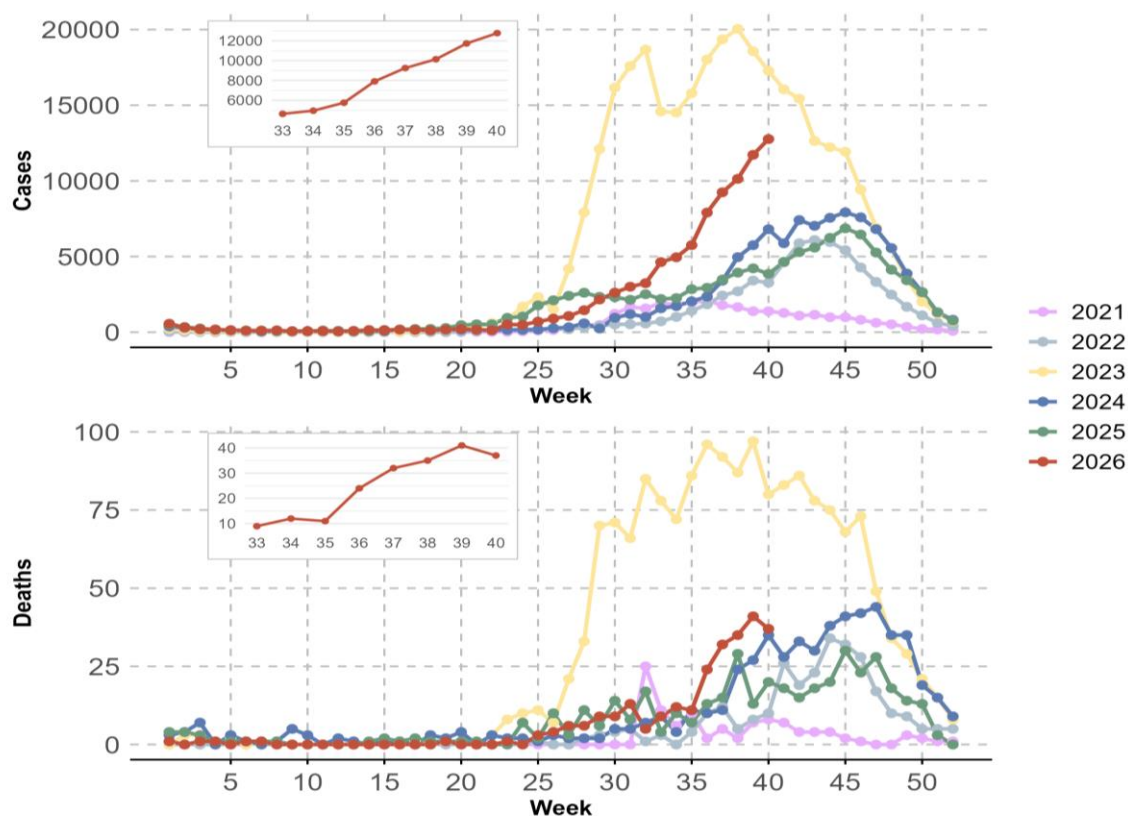
Bangladesh reports only hospitalized cases.

The majority of cases reported in Myanmar are hospitalized cases.

Situation as of 05 October 2026

- In Bangladesh, during Week 40 of 2026, a total of 12 764 suspected dengue cases were reported, representing a 9% increase compared with the 11 722 cases reported in Week 39. Compared with the same week in 2025, when 3 856 cases were reported, the Week 40 caseload in 2026 was 2.3 times higher.
- During Week 40 of 2026, 37 new dengue deaths were reported in Bangladesh, representing a 9.8% decrease compared with Week 39 of 2026, when 41 new dengue deaths were reported.

Figure 7. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 40 of 2026

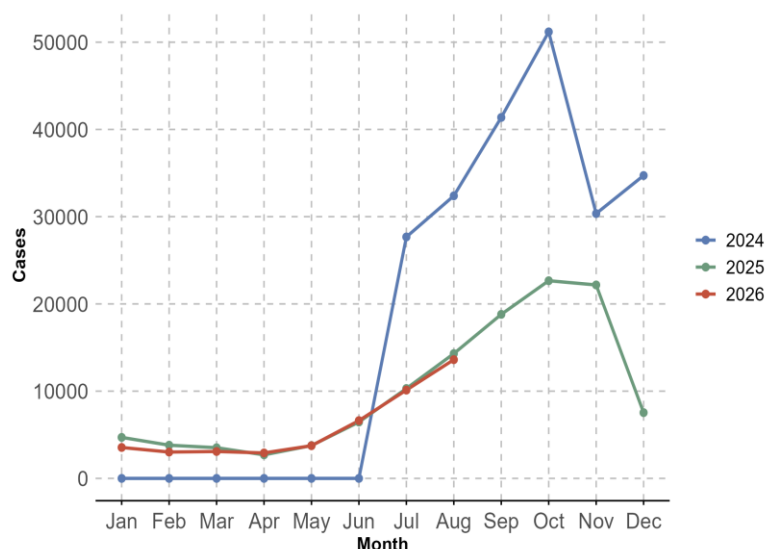


²⁴ Directorate General of Health Services (DGHS), Bangladesh. Daily Dengue Status Report [Internet]. 2026. Available from: <https://old.dghs.gov.bd/index.php/bd/home/5200-daily-dengue-status-report>

Situation as of 05 October 2026

- Data for September was not available publicly yet. 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.

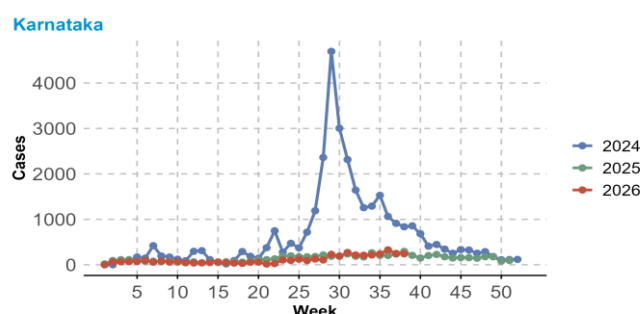
Figure 8. Number of new cases of dengue by month in India from January 2024 to August 2026



Karnataka²⁵

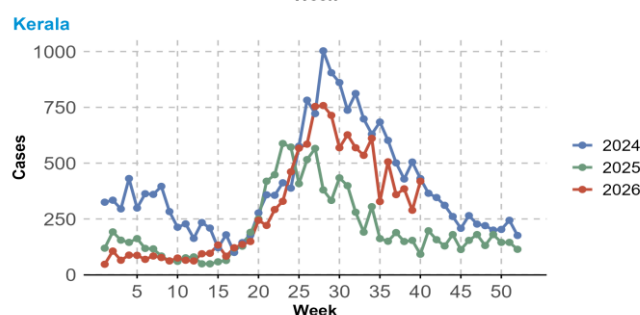
- In Karnataka, during week 38, a total of 241 cases were reported, representing a 3% decrease compared to 249 cases reported in week 37.

Figure 9. Number of new cases of dengue by week one to week 40 in Kerala and Karnataka*



Kerala²⁶

- In 2025, Kerala reported cases increased steadily from week 1, but case numbers have declined since week 23. In 2026, case numbers have continued to fluctuate.



* Karnataka data as of week 38.

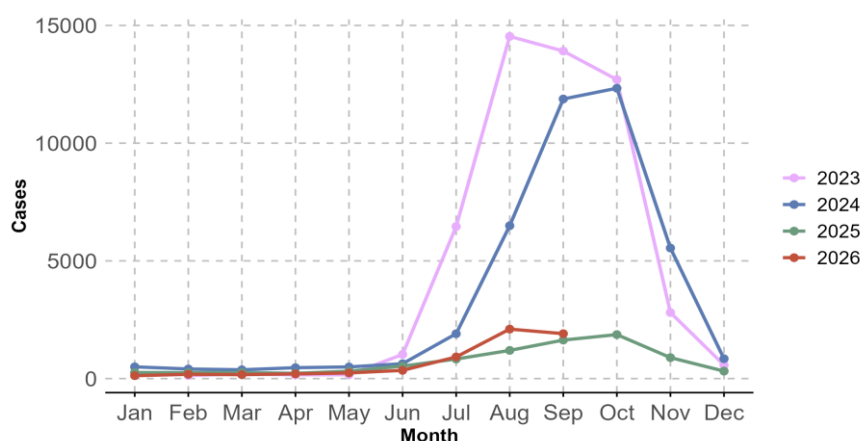
²⁵ Department of Health and Family Welfare, Government of Karnataka. PRISM-H Disease Surveillance Dashboard [Internet]. Bengaluru: DHFW-GoK; 2026. Available from: <https://hfwcom.karnataka.gov.in/info-4/Weekly%20Infectious%20Disease%20Report/en>

²⁶ Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. Thiruvananthapuram: DHS Kerala; 2026. Available from: <https://dashboard.kerala.gov.in/>

Situation as of 05 October 2026

- Nepal is experiencing a surge, with 1 908 cases in September 2026, 9% decrease compared to August 2026 (2 102 cases), and 17% higher than September 2025 (1 636 cases).

Figure 10. Monthly reported dengue cases in Nepal, January 2023 – September 2026

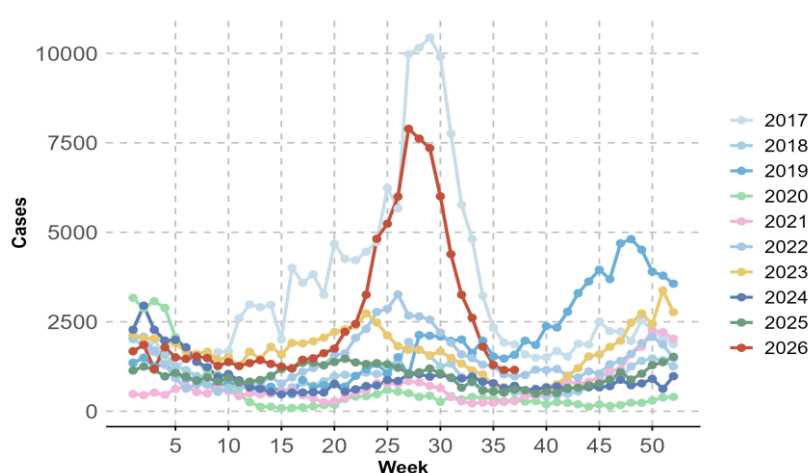


Sri Lanka ²⁸

Situation as of 05 October 2026

- No update made publicly available since week 38 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, the 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 11. Number of new cases of dengue by month in India from January 2024 to August 2026.



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

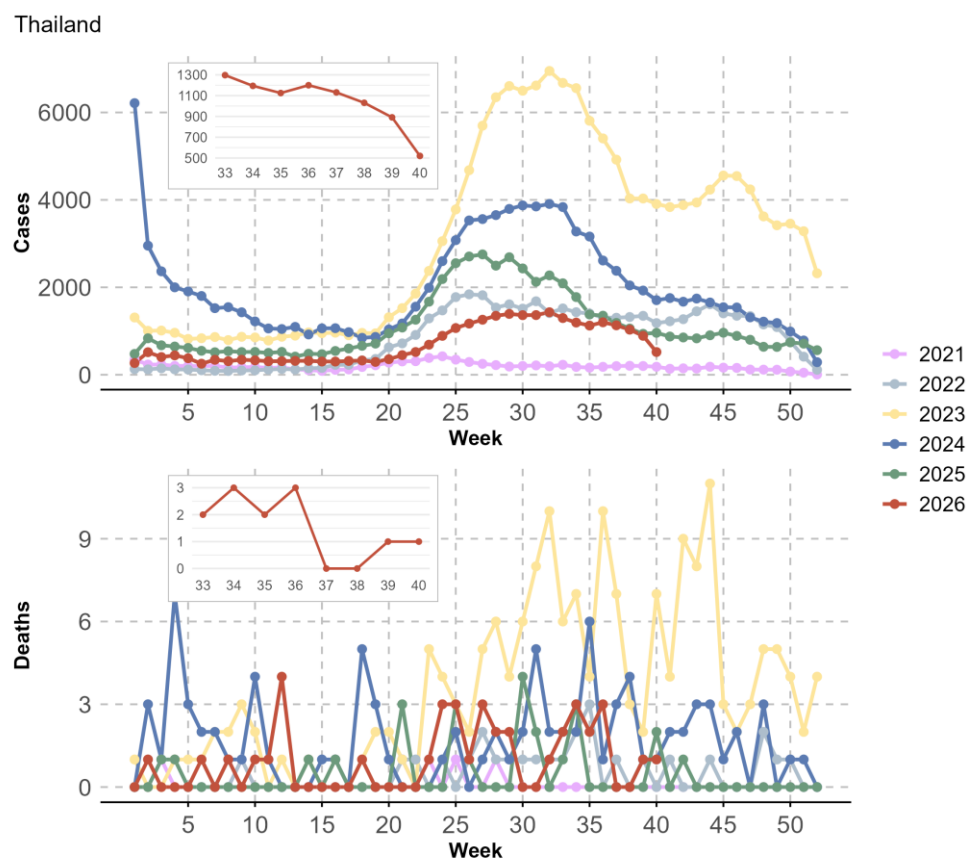
²⁷ World Health Organization. Global dengue surveillance [Internet]. Available from: https://worldhealthorg.shinyapps.io/dengue_global/

²⁸ National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2026 [cited 2026 Oct 05]. Available from: <https://www.dengue.health.gov.lk/web/index.php/en/>; Sri Lanka weekly Dengue update.

Situation as of 05 October 2026

- In Thailand, during Week 40 of 2026, a total of 520 suspected dengue cases were reported, representing a 42% decrease compared with the 891 cases reported in Week 39. Compared with the same week in 2025, when 959 cases were reported, the Week 40 caseload in 2026 was 46% lower.
- During Week 40 of 2026, one new dengue death was reported in Thailand compared to one death reported in Week 39 of 2026.

Figure 12. Number of new dengue cases and deaths by week in Thailand from week 1 of 2021 to week 40 of 2026.



²⁹ World Health Organization. Global dengue surveillance [Internet]. Available from: https://worldhealthorg.shinyapps.io/dengue_global/