

# WHO South-East Asia Region Epidemiological Bulletin

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WHO Regional Office for South-East Asia  
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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

## Bangladesh: Measles

### Situation overview as of 18 October 2026<sup>1</sup>

- Bangladesh continues to experience a widespread outbreak of measles, over seven months since March 2026. Approximately 1 000 to 1 300 suspected cases have been reported daily since early September, with no steady decline.
- In ISO Week 42 (12 – 18 October 2026), a total of 8 216 suspected cases and seven suspected deaths were reported, and a total of 701 confirmed cases and no new confirmed deaths were reported during the week. Hospital admissions in Week 42 totaled 7 437. Admissions accounted for 91% of reported suspected cases, similar to the previous week.
- In ISO Week 42, Dhaka accounted for 37% of suspected cases (3 038) and 64% of confirmed cases (449), followed by Chattogram with 1 716 suspected and 192 confirmed cases. Barishal (964) overtook Sylhet (908) as the third-highest division. Dhaka also recorded 14 of the 34 suspected deaths this week.
- Between 15 March and 18 October 2026, Bangladesh reported 213 244 suspected measles cases, including 23 122 confirmed cases, with 189 484 patients admitted to hospital. A total of 1 092 suspected deaths (case fatality rate, CFR, at 0.51% among suspected cases) and 104 confirmed deaths (CFR at 0.45% among confirmed cases) were reported. Cumulative admissions reached 189 484.

### Public health response

- According to DGHS, the national measles-rubella vaccination campaign has administered 21 041 131 doses as of 18 October, 116.8% of the 18 015 064 target. All divisions have exceeded 100%, with Chattogram (119.5%) the highest and Sylhet (111.1%) the lowest.

Figure 1. Daily suspected measles cases. March-18 October 2026.

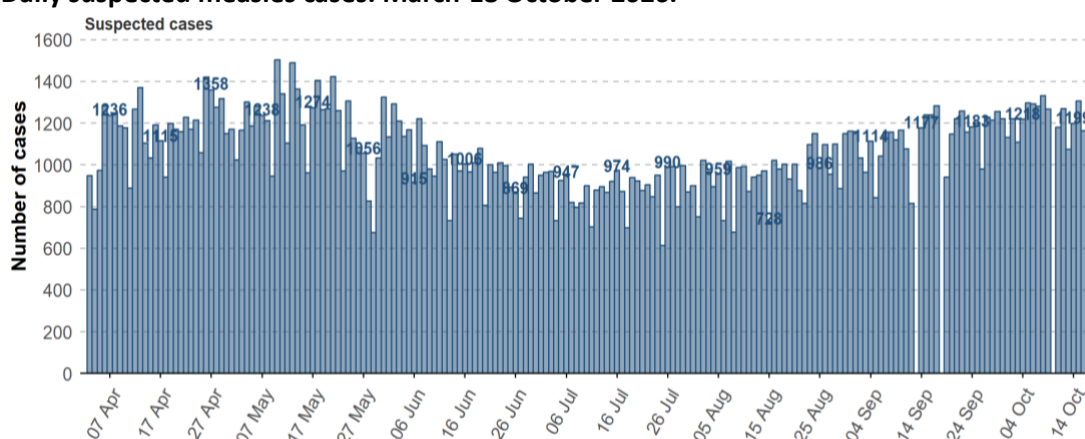
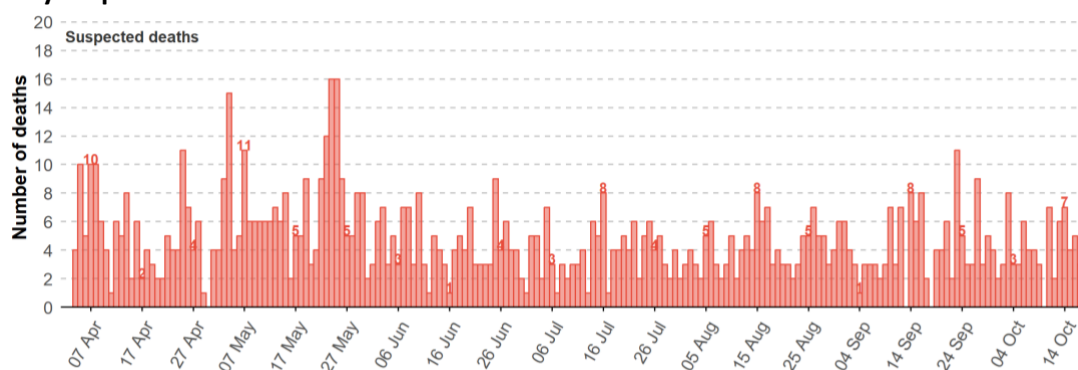


Figure 2. Daily suspected measles death. March – 18 October 2026



<sup>1</sup> <https://dghs.gov.bd/pages/press-releases/>

### Situation update as of 19 October 2026

- Bangladesh has reported a rapid increase in dengue cases since early July 2026 (see page 13 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 19 October 2026, a total of 114 251 cases and 352 deaths have been reported so far this year. September accounted for approximately 51% of cases and 57% of deaths.
- In week 42 (12 – 18 October 2026), 13 125 cases were reported, a 2% increase from the 12 817 cases reported in week 41. This is 1.5 times the caseload reported in the same week of 2025 (5 290 cases).
- Weekly deaths increased in week 42, with 45 dengue-related deaths reported, a 9.8% decrease from the 41 deaths recorded in week 41.

## Bangladesh: Cox's Bazar Rohingya response – dengue, measles and cholera

### Situation update as of 30 September 2026

- On 19 October 2026, WHO Cox's Bazar published its *Situation Report: September 2026 – Rohingya Emergency Response*, reporting that cholera cases increasing, measles still circulating, and dengue cases declining after the August peak.
- The report is available at: <https://reliefweb.int/report/bangladesh/situation-report-september-2026-who-coxs-bazar-rohingya-emergency-response>

#### Cholera

- Cholera transmission increased in September, with 14 culture-confirmed cases (10 in Rohingya camps, four in host communities), plus two August cases reported late. A cumulative 32 culture-confirmed cases and no deaths have been reported in 2026.
- The icddr,b-supported cholera assessment (risk factors, OCV coverage, outbreak prediction modelling) is complete and policy briefs are in development. Surveillance and joint health–WASH response continue in high-risk locations.

#### Measles

- Suspected measles cases and admissions fluctuated through September. The burden is increasing among children aged 5–10 and 10–15 years, who are prioritized for the planned second round of the measles-rubella campaign, subject to funding.
- Since January 2026, 2 939 suspected measles cases have been reported, including 351 laboratory-confirmed, 1 940 epidemiologically linked and 53 clinically confirmed cases, and 12 measles-related deaths (CFR 0.4%). Among suspected cases, 35 were laboratory-confirmed rubella.

#### Dengue

- There were 604 RDT-positive dengue cases in September, about half the 1 218 reported in August. Weekly cases fell by 16.5% (137 vs 164 cases), indicating continued decline after the monsoon-season peak in August.
- Cumulatively, 3 217 RDT-positive cases have been reported in 2026 (88% in Rohingya camps, 12% in host communities). Two deaths were reported in September (seven in August), bringing the 2026 total to 12, all in the camps.
- All five samples serotyped were DENV-3, consistent with national findings and a shift from the DENV-2 predominance in 2025.

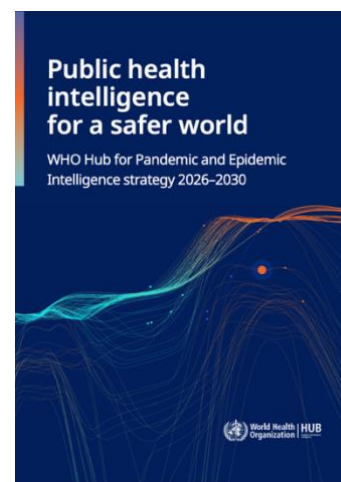


<sup>2</sup> DGHS Health Emergency Operation Center & Control Room, Dengue Dynamic Dashboard [https://dashboard.dghs.gov.bd/pages/heoc\\_dengue\\_v1.php](https://dashboard.dghs.gov.bd/pages/heoc_dengue_v1.php)

<sup>3</sup> WHO Bangladesh Country Office

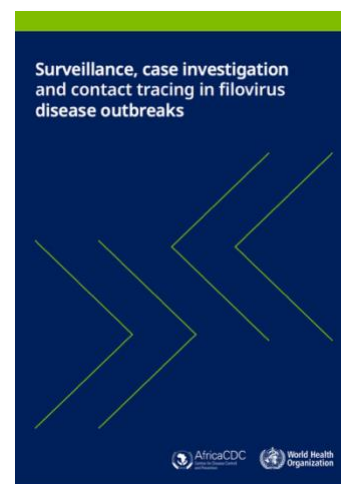
## New publication: Public health intelligence for a safer world: WHO Hub for Pandemic and Epidemic Intelligence strategy 2026–2030

- On 10 October 2026, WHO published *Public health intelligence for a safer world: WHO Hub for Pandemic and Epidemic Intelligence strategy 2026–2030*, setting out a vision to detect and understand emerging health threats within 24 hours of their emergence.
- It outlines four strategic objectives: strengthening surveillance systems, accelerating detection through innovation, improving decision-making through analytics and knowledge translation, and building trusted digital foundations.
- Five interconnected initiatives will advance these objectives, spanning surveillance, open-source intelligence, analytical collaboration, pathogen surveillance, and digital capabilities.
- The WHO Hub, established in Berlin in 2021, works with more than 160 Member States and 190 partner organizations and networks to strengthen global capacity to detect, understand, and respond to health threats.
- The document is available at: <https://www.who.int/publications/i/item/B09930>



## New publication: Surveillance, case investigation and contact tracing in filovirus disease outbreaks

- On 9 October 2026, WHO published updated operational guidance to help countries detect filovirus disease outbreaks early, identify cases, interrupt transmission and use data to guide response efforts. It covers Ebola virus disease (caused by Ebola, Sudan, Bundibugyo and Taï Forest viruses), as well as Marburg virus disease.
- The guidance covers five key functions: routine surveillance in humans and wildlife; early warning and alert systems; outbreak investigation and contact tracing, including across borders and at mass gatherings; epidemiological analysis; and community engagement throughout the response.
- It updates WHO's 2015 Ebola contact-tracing guidance, incorporating revised case definitions based on recent outbreak evidence, a simplified exposure-based definition of contacts, and practical tools covering response team roles, digital data standards and International Health Regulations provisions.
- It is intended for public health practitioners, epidemiologists, surveillance officers, laboratory staff and field responders. It supports, but does not replace, national protocols.
- The document is available at: <https://www.who.int/publications/i/item/387838>.

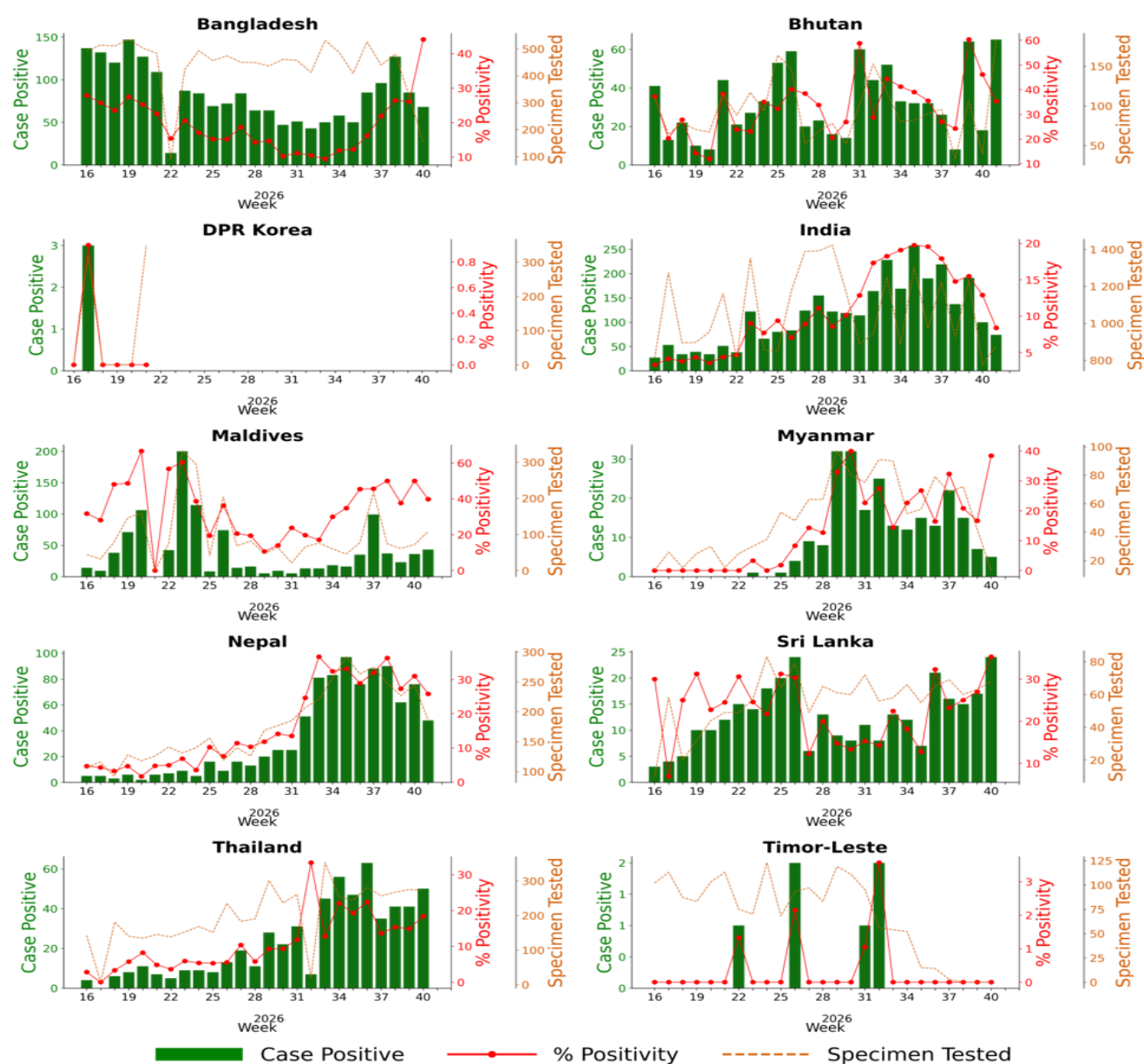


## Situation in the WHO South-East Asia Region

### Situation as of 19 October 2026<sup>4</sup>

- Figure 3 shows the influenza data from the WHO FluNet platform, accessed on 19 October 2026.
- In the WHO South-East Asia Region during weeks 40-41, there were 607 influenza-positive samples
- Among 2 998 samples tested from eight countries; the overall positivity was 20%.
- Bangladesh and Maldives reported high test positivity proportion in the Region – both at 44% (Table 1).

**Figure 3. 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 19 October 2026**



<sup>4</sup> World Health Organization. *Influenza surveillance outputs* [Internet]. 2026 [cited 2026 October 19]. 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 40 to 41 in 2026, as of 19 October 2026<sup>5</sup>

- Table 1 shows influenza A virus subtypes and B lineages distribution across ten countries in the WHO South-East Asia Region for weeks 40 to 41 of 2026, based on data extracted from WHO's RespiMart platform on 19 October 2026. The last submission was on 05 October 2026 (Week 41).
- 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 40-41.
- The overall positivity percentage for the region was 20%. This was a 5% reduction 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 Bangladesh (44%; up from 26%) and Maldives (44%; down from 44%). Compared with the previous reporting period, influenza test positivity increased by 68% in Bangladesh while it decreased by 1% in Maldives.
- At the regional level, influenza A and influenza B accounted for 76% and 24% of all influenza-positive samples, respectively. In the previous reporting period, the corresponding distribution was 79% for influenza A and 21% for influenza B.
- The predominant Influenza A subtype detected in the region was A (H1N1)pdm09, accounting for 60% of all influenza-positive samples.
  - The subtype A(H1N1)pdm09 was predominant in Bangladesh (79%), Bhutan (76%), India (55%), Maldives (63%), Nepal (35%), Sri Lanka (67%), and Thailand (78%).
  - In Nepal (32%) and Sri Lanka (8%), positive samples were influenza A not subtyped.
- Influenza B (Victoria lineage) accounted for 19% of all influenza-positive samples in the region, compared with 19% in the previous reporting period - a 0% relative no change compared with the preceding period.
  - The proportion of influenza B (Lineage not Determined) was reported in Nepal (24%).

**Table 1: Distribution of influenza A virus subtypes and B virus lineages in the WHO South-East Asia Region\* (weeks 40 to 41, 2026), situation as of 19 October 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 | 2 998                | 607                          | 20%               | 0%       | 9%       | 0%       | 60%             | 7%              | 0%             | 19%            | 5%                           |
| Bangladesh    | 154                  | 68                           | 44%               | 0%       | 21%      | 0%       | 79%             | 0%              | 0%             | 0%             | 0%                           |
| Bhutan        | 223                  | 83                           | 37%               | 0%       | 0%       | 0%       | 76%             | 0%              | 0%             | 24%            | 0%                           |
| DPR Korea     | 0                    | 0                            | 0%                | 0%       | 0%       | 0%       | 0%              | 0%              | 0%             | 0%             | 0%                           |
| India         | 1 657                | 174                          | 10%               | 0%       | 9%       | 0%       | 55%             | 0%              | 0%             | 36%            | 0%                           |
| Maldives      | 180                  | 79                           | 44%               | 0%       | 0%       | 0%       | 63%             | 0%              | 0%             | 37%            | 0%                           |
| Myanmar       | 13                   | 5                            | 38%               | 0%       | 40%      | 0%       | 0%              | 0%              | 0%             | 60%            | 0%                           |
| Nepal         | 431                  | 124                          | 29%               | 0%       | 7%       | 0%       | 35%             | 32%             | 0%             | 1%             | 24%                          |
| Sri Lanka     | 68                   | 24                           | 35%               | 0%       | 25%      | 0%       | 67%             | 8%              | 0%             | 0%             | 0%                           |
| Thailand      | 272                  | 50                           | 18%               | 0%       | 18%      | 0%       | 78%             | 0%              | 0%             | 4%             | 0%                           |
| Timor-Leste   | 0                    | 0                            | 0%                | 0%       | 0%       | 0%       | 0%              | 0%              | 0%             | 0%             | 0%                           |

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

<sup>5</sup> World Health Organization. *Influenza surveillance outputs* [Internet]. 2026 [cited 2026 October 19]. Available from: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

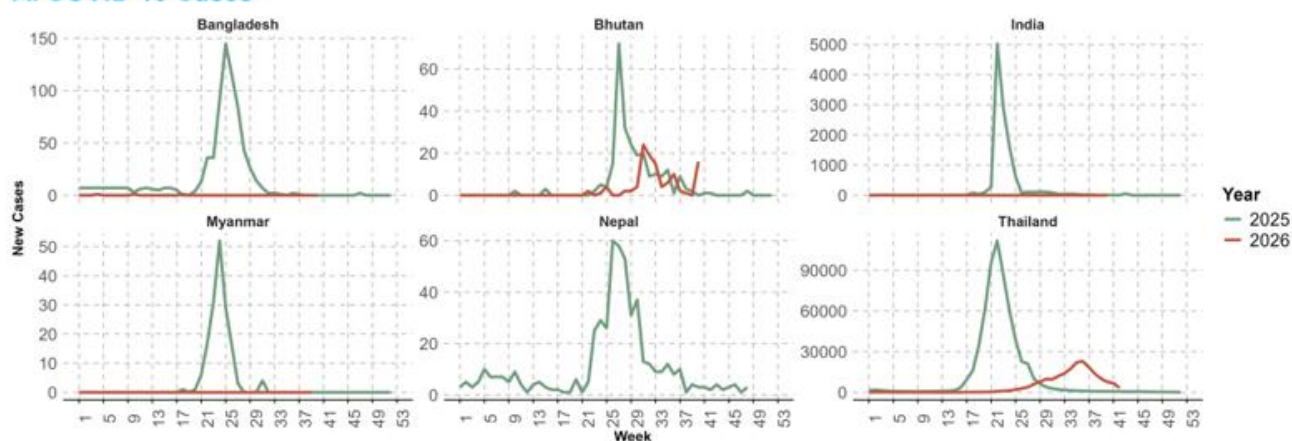
## Situation in the WHO South-East Asia Region

### Situation as of 19 October 2026

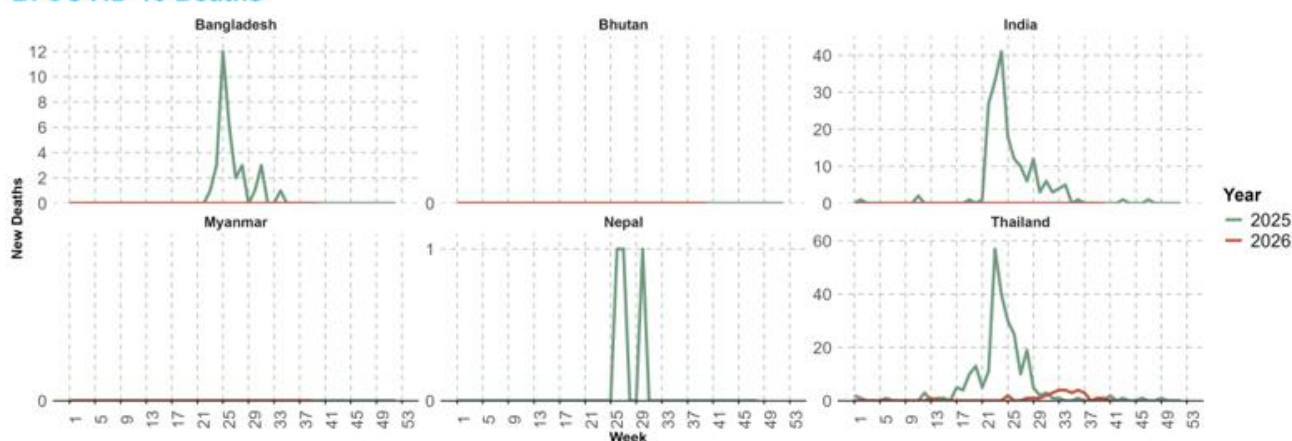
- The weekly numbers of COVID-19 cases reported on official websites for Bangladesh<sup>6</sup>, Bhutan<sup>7</sup>, India<sup>8</sup>, Myanmar<sup>9</sup>, Nepal<sup>10</sup>, and Thailand<sup>11</sup> are presented in Figure 4.
- Data for the most recent week (week 42) are available from Thailand.
- 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 4. Weekly comparisons of new COVID-19 cases (A) and deaths (B) reported from selected countries since week one of 2025 to week 42 in 2026 in the WHO South-East Asia Region\***

#### A. COVID-19 Cases



#### B. COVID-19 Deaths



<sup>6</sup> 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>

<sup>7</sup> Bhutan, Royal Centre for Disease Control. <https://www.rcdc.gov.bt/web/>

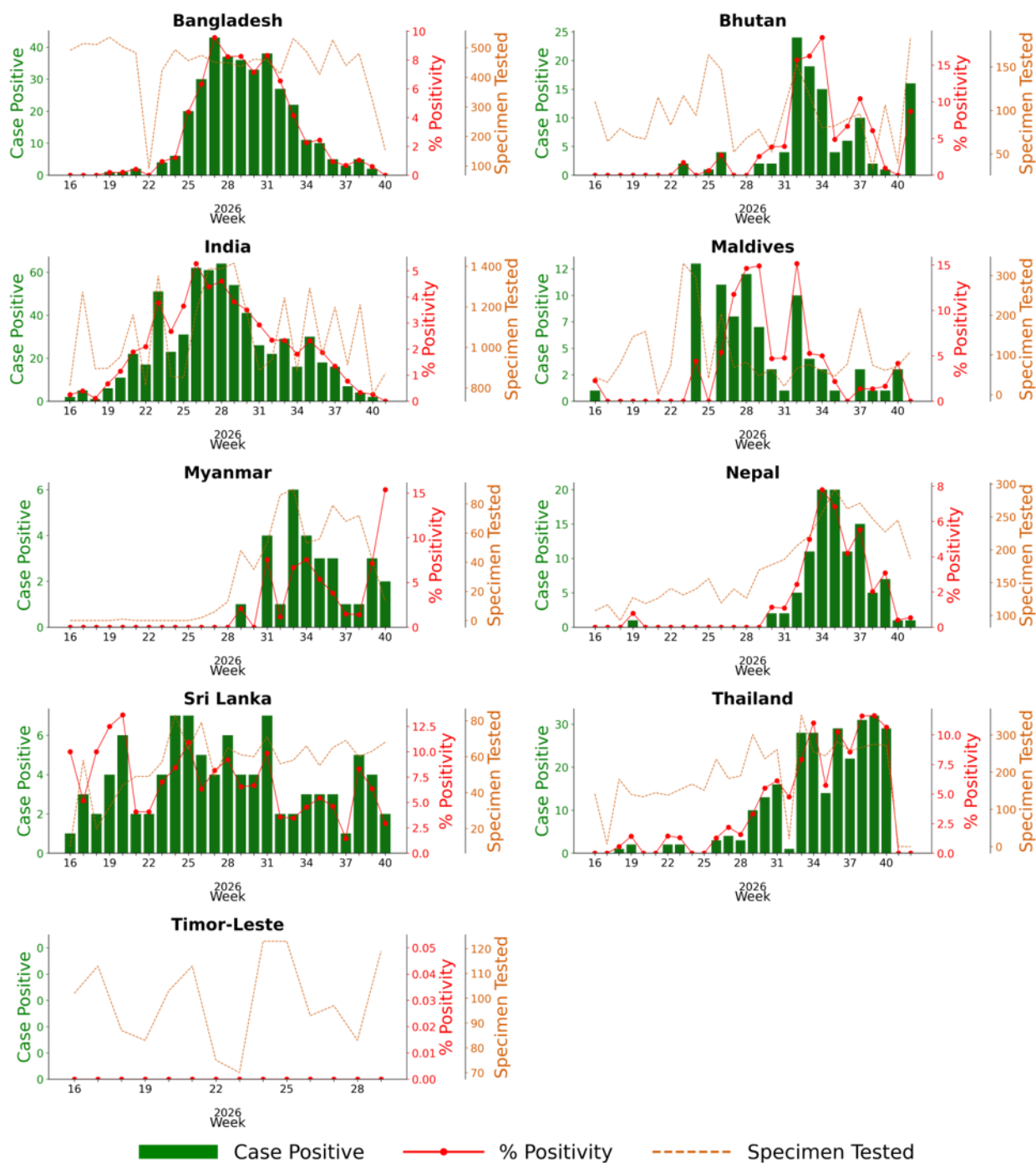
<sup>8</sup> Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard. <https://covid19dashboard.mohfw.gov.in/>

<sup>9</sup> Ministry of Health, Myanmar. <https://www.mohs.gov.mm/>

<sup>10</sup> Epidemiology and Disease Control Division, Nepal. <https://edcd.gov.np/newsroom/outbreak>

<sup>11</sup> Department of Disease Control, Thailand. COVID-19 Surveillance Dashboard. <https://www.facebook.com/photo/?fbid=1176170881210400&set=a.309744487853048>

**Figure 5. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as of 19 October 2026).**

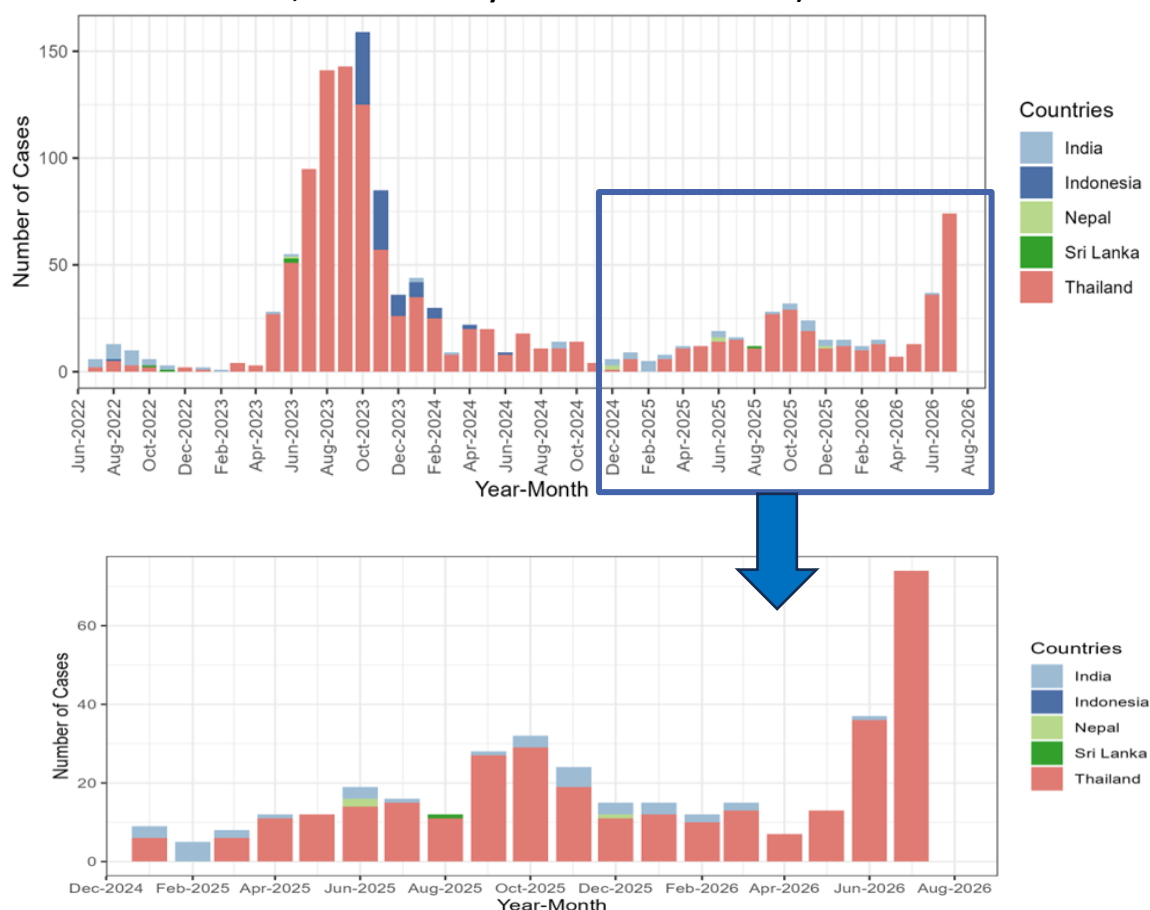


## Situation in the WHO South-East Asia Region

### Situation as of 18 October 2026

- In week 41 and 42 (05 to 18 October 2026), no new mpox cases were reported.
- As of 18 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 6).
- Thailand reported a total of 54 Clade Ib cases between 24 August and 06 September.
- 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 7 for the trend of MPXV Ib cases detected in the Region and Table 2 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 6. Number of mpox cases reported in WHO South-East Asia Region by date of notification\* (Upper, 14 July 2022 – 18 October 2026; lower 1 January 2025 – 18 October 2026).**

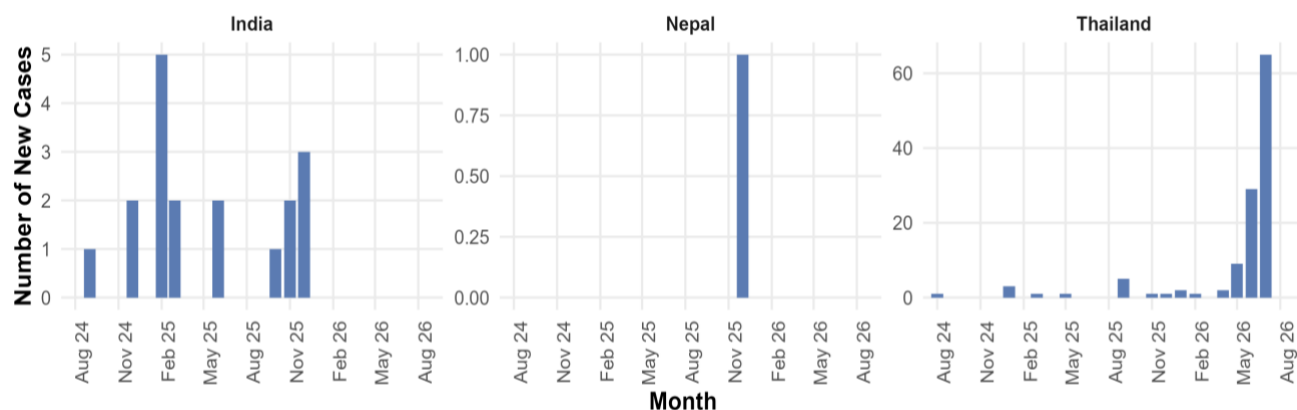


#### Notes:

\* 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 7. 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 18 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 18 October 2026)\***

|                                    | Category    | Total (n = 140) |
|------------------------------------|-------------|-----------------|
| <b>Country</b>                     |             |                 |
|                                    | India       | 18 (12.9%)      |
|                                    | Nepal       | 1 (0.7%)        |
|                                    | Thailand    | 121 (86.4%)     |
| <b>Recent international travel</b> |             |                 |
|                                    | Yes         | 35 (25.0%)      |
|                                    | No          | 104 (74.3%)     |
|                                    | Unknown     | 1 (0.7%)        |
| <b>Age group (years)</b>           |             |                 |
|                                    | 18-29       | 40 (28.6%)      |
|                                    | 30-39       | 57 (40.7%)      |
|                                    | 40-49       | 35 (25.0%)      |
|                                    | 50 and over | 8 (5.7%)        |
| <b>Gender</b>                      |             |                 |
|                                    | 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 19 October 2026

- In September 2026, Bangladesh reported 43 774 cases, India reported 23 470 cases and Nepal reported 1 908 cases (Figure 8). Data of September were not available yet for Bhutan, Maldives, Myanmar, Sri Lanka, Thailand and Timor-Leste.

**Figure 8. Monthly reported dengue cases by country, October 2025-September 2026**



#### Notes:

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

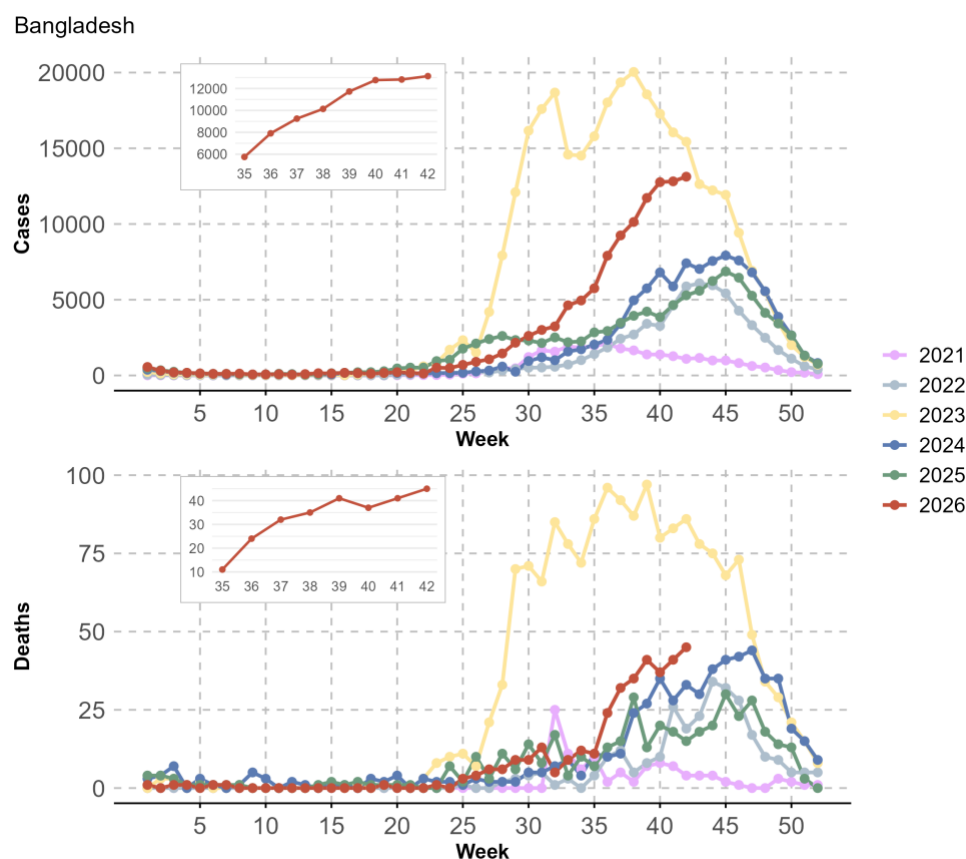
Bangladesh reports only hospitalized cases.

The majority of cases reported in Myanmar are hospitalized cases.

### Situation as of 19 October 2026

- In Bangladesh, during Week 42 (12 to 18 October 2026), a total of 13 125 suspected dengue cases were reported, representing a 2% increase compared with the 12 817 cases reported in Week 41. Compared with the same week in 2025, when 5 290 cases were reported, the Week 42 caseload in 2026 was 1.5 times higher.
- During Week 42 of 2026, 45 new dengue deaths were reported in Bangladesh, representing a 9.8% increase compared with Week 41 of 2026, when 41 new dengue deaths were reported.

**Figure 9. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 42 of 2026.**



<sup>12</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>

### Situation as of 19 October 2026

- During September 2026, a total of 23 470 cases of dengue were reported in India, a 72% increase compared to August 2026 (n = 13 610).
- In 2026, as of September 2026, a total of 70 140 cases of dengue have been reported compared to 68 356 cases during the same period in 2025.

**Figure 10. Number of new cases of dengue by month in India from 2024 to 2026**

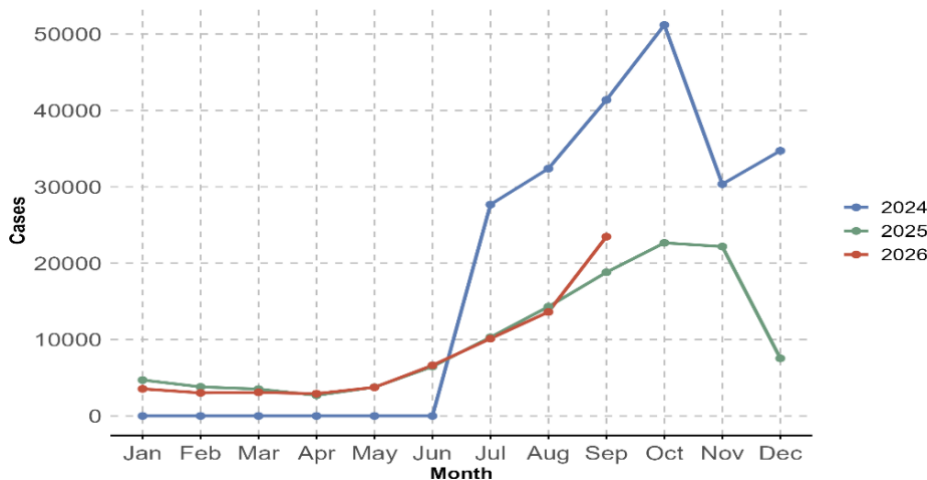
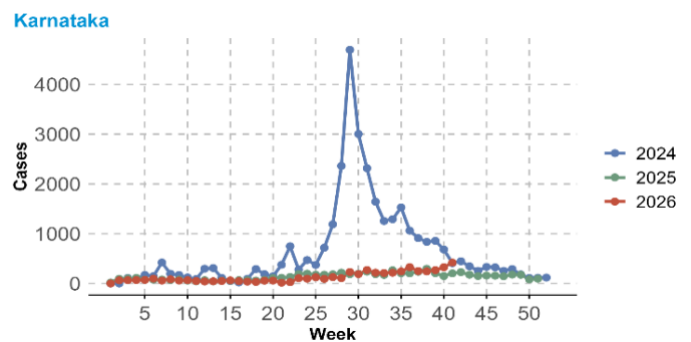


**Figure 11. Number of new cases of dengue by week in Kerala and Karnataka from week one of 2024 to week 41 of 2026**

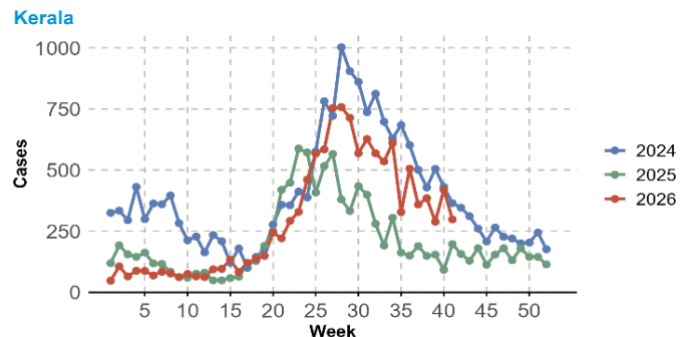
#### Karnataka<sup>13</sup>

- In Karnataka, during week 41, a total of 418 cases were reported, representing a 28% increase compared to 326 cases reported in week 40.



#### Kerala<sup>14</sup>

- 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.



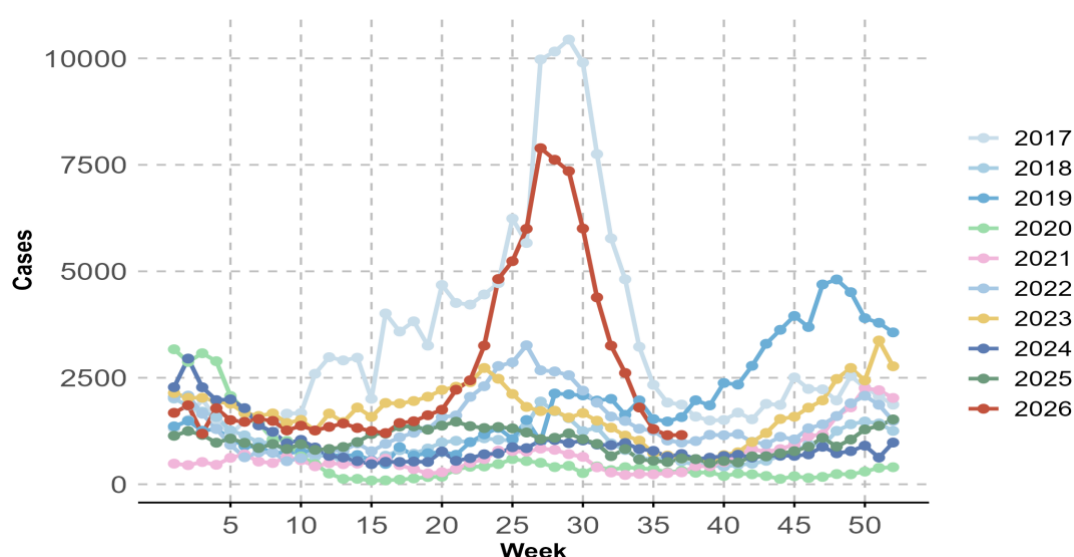
<sup>13</sup> Department of Health and Family Welfare, Government of Karnataka. PRISM-H Disease Surveillance Dashboard [Internet]. Bengaluru: DHFW-GoK; 2026. Available from: <https://hfwcom.karnataka.gov.in/info-4/Weekly%20Infectious%20Disease%20Report/en>

<sup>14</sup> 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 19 October 2026

- Data for Sri Lanka were not yet available since Week 38 of 2026.
- 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.

**Figure 12. Weekly reported dengue cases in Sri Lanka from week one of 2024 to week 37 of 2026**



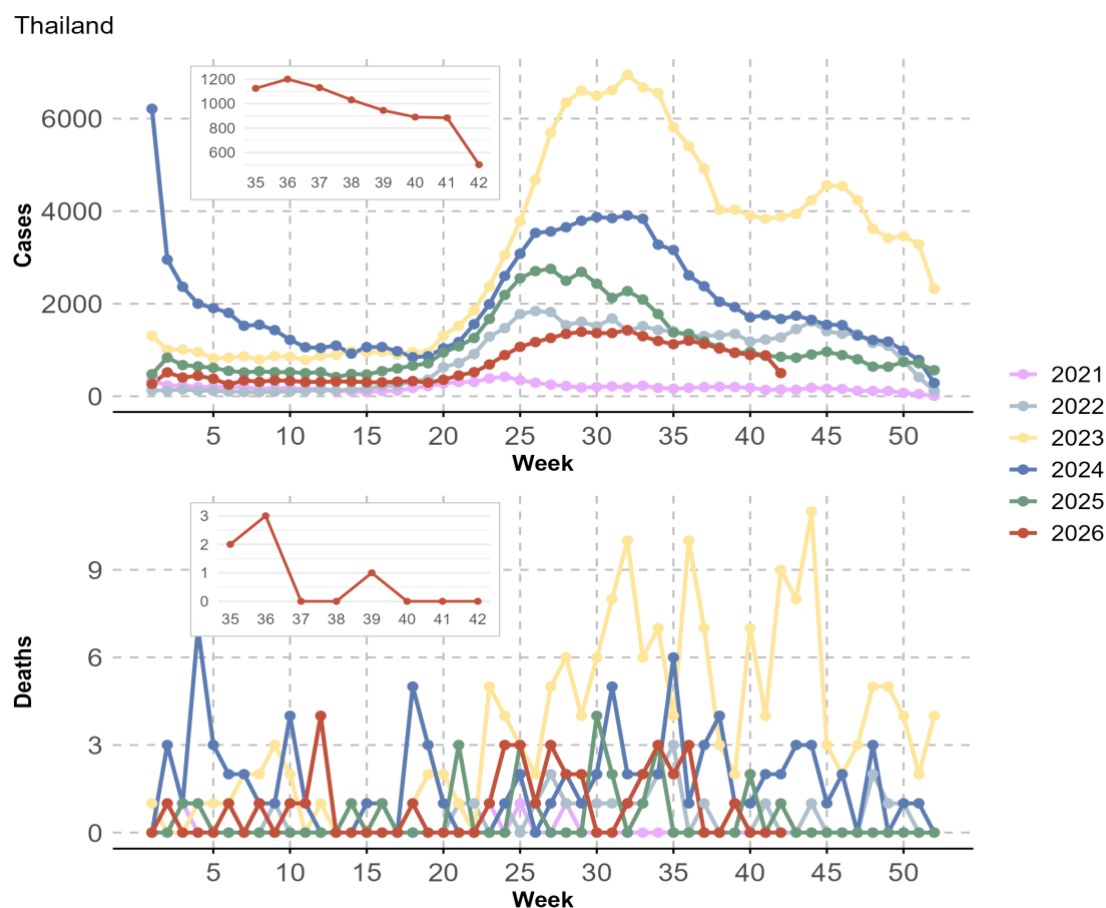
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2025](#); [2026](#)

<sup>15</sup> National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2026 [cited 2026 Oct 19]. Available from: <https://www.dengue.health.gov.lk/web/index.php/en/>; Sri Lanka weekly Dengue update.

### Situation as of 19 October 2026

- In Thailand, during Week 42 of 2026, a total of 501 suspected dengue cases were reported, representing a 43% decrease compared with the 884 cases reported in Week 41. Compared with the same week in 2025, when 853 cases were reported, the Week 42 caseload in 2026 was 41% lower.
- During Week 42 of 2026, no new dengue deaths were reported in Thailand, as in Week 41 of 2026.

**Figure 13. Number of new dengue cases and deaths by week in Thailand from week 1 of 2021 to week 42 of 2026.**



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