WHO South-East Asia Region
Epidemiological Bulletin

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HEALTH EMERGENCIES programme
World Health Organization
South-East Asia Region

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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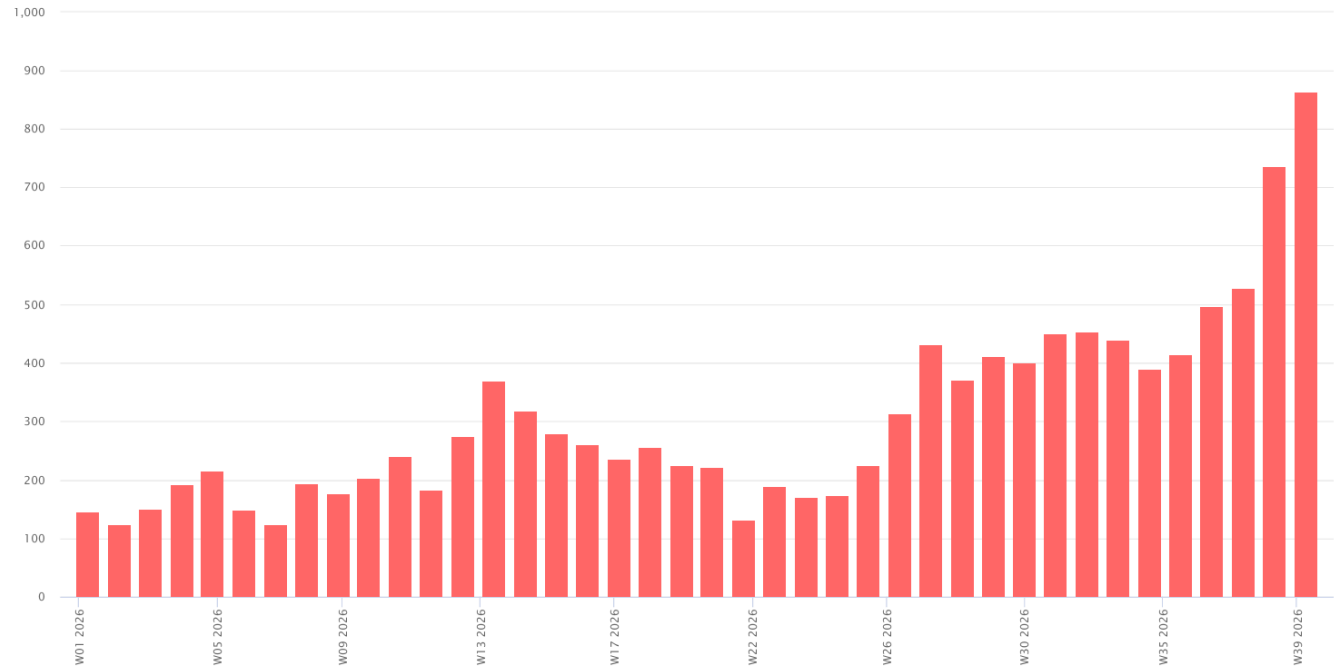
Key events and updates

Bangladesh: Dengue [1] [2]

Situation update as of 2 November 2026

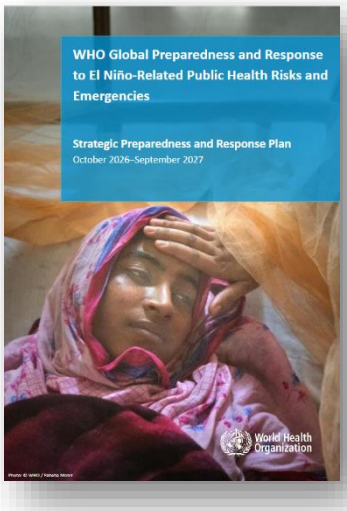
- Bangladesh has reported a rapid increase in dengue cases since early July 2026 (see page x for the epidemiological curve). Weekly case counts have been higher than in the same period of 2022, 2024 and 2025 and above the five-year average, but lower than the levels observed in 2023.
- In Week 44 of 2026, Bangladesh reported 12 981 suspected dengue cases, a 12% increase from 11 548 cases in Week 43. This was approximately 2.1 times the number reported in the same week of 2025 (6 235 cases).
- Bangladesh reported 43 new dengue deaths in Week 44 of 2026, up by 19.4% from 36 deaths in Week 43.
- In Cox's Bazar [3], as of 3 October 2026, the suspected dengue cases showed an overall upward trend throughout 2026, with transmission increasing markedly in the second half of the year.
    - The sharpest rise was observed during epidemiological weeks 35-39, when weekly suspected cases increased from approximately 390 to 863 cases.
    - Epidemiological week 39 recorded the highest weekly number of suspected dengue cases reported in 2026 (863 cases), representing an almost sevenfold increase compared with levels observed at the beginning of the year.

Figure 1. Weekly suspected dengue cases in Cox's Bazar, Bangladesh, as of week 39, 2026.



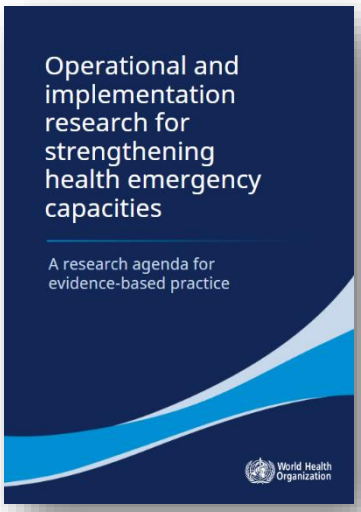
[1] DGHS Health Emergency Operation Center & Control Room, Dengue Dynamic Dashboard https://dashboard.dghs.gov.bd/pages/heoc_dengue_v1.php
[2] WHO Bangladesh Country Office
[3] Weekly epidemiological bulletin - #Week 39, 2026. https://www.who.int/bangladesh/publications-detail/weekly-epidemiological-bulletin----week-39--2026

New publication: WHO Global Preparedness and Response to El Niño-Related Public Health Risks and Emergencies - Strategic Preparedness and Response Plan



- The WHO Global Preparedness and Response to El Niño-Related Public Health Risks and Emergencies – Strategic Preparedness and Response Plan (SPRP) sets out WHO's global strategy and operational framework for October 2026–September 2027. It translates WHO's Grade 3 response into coordinated action across headquarters, Regional Offices and Country Offices, while supporting nationally led preparedness and response.
- The plan is structured around four strategic objectives: Detection and Monitoring; Protection and Prevention; Care and Support; and Health Leadership and Coordination, implemented through an Anticipate–Mitigate–Respond approach driven by local risks, triggers and operational deadlines. It prioritizes anticipatory action, continuity of essential health services, protection of vulnerable populations, climate-informed surveillance, preparedness, logistics and coordinated support to Member States.
- The initial resource requirement is approximately US$35 million, covering the first six-month operational period, with the plan designed to be reviewed and adapted as the El Niño risk picture evolves.
- The document is available at: https://www.who.int/publications/m/item/who-global-preparedness-and-response-to-el-nino-related-public-health-risks-and-emergencies-strategic-preparedness-and-response-plan

New publication: Operational and implementation research for strengthening health emergency capacities: a research agenda for evidence-based practice



- This research agenda sets out consensus-based priorities for operational and implementation research to strengthen country capacities to prevent, prepare for and respond to health emergencies under the International Health Regulations (2005). Global guidance on these capacities exists, but evidence on how to apply it in specific health settings remains limited.
- The agenda answers a practical question: of everything we do not yet know about strengthening health emergency capacities, what should we learn first? A technical working group of 38 experts from all six WHO regions identified and ranked research topics through a modified Delphi process, weighing public health impact against time to answer.
- WHO technical experts then mapped the priorities to the technical areas of WHO benchmarks for strengthening health emergency capacities and reviewed them against current evidence; the working group validated the final list. The agenda presents cross-cutting and technical area priorities. Researchers can use it to align studies with global needs, funders to target questions most likely to change practice and policymakers to see where evidence is still developing.
- WHO will maintain it as a living document, integrating existing evidence and new findings into technical tools and normative guidance to give countries a more evidence-based approach to strengthening core capacities.
- The document is available at: https://www.who.int/publications/b/84204

New publication: Development, management and support of care workers - towards an integrated health and care workforce: policy options



- Strong primary health care-oriented systems depend on an integrated health and care workforce capable of delivering continuous, people-centred services across diverse settings. As countries face workforce shortages and growing demand for care associated with ageing, disability and chronic health conditions, care workers need to be better integrated into health workforce planning and policy.
- This resource provides evidence-informed policy options to help countries plan, develop, manage and support paid and unpaid care workers providing personal care in homes, health services and residential settings. Drawing on a realist synthesis literature review and advice from a global WHO Advisory Group, it covers 20 thematic areas across the entry, working and exit stages of the workforce lifespan. It also addresses gender equality, migrant status and employment settings as cross-cutting equity and human rights concerns. Intended for policy-makers and planners across health and related sectors, the document identifies stronger governance of education and training and improved working conditions, including fair wages and social protection, as priority measures for stabilizing and expanding the care workforce while advancing labour rights, gender equality and people-centred health systems.
- The document is available at: https://www.who.int/publications/i/item/9789240124011

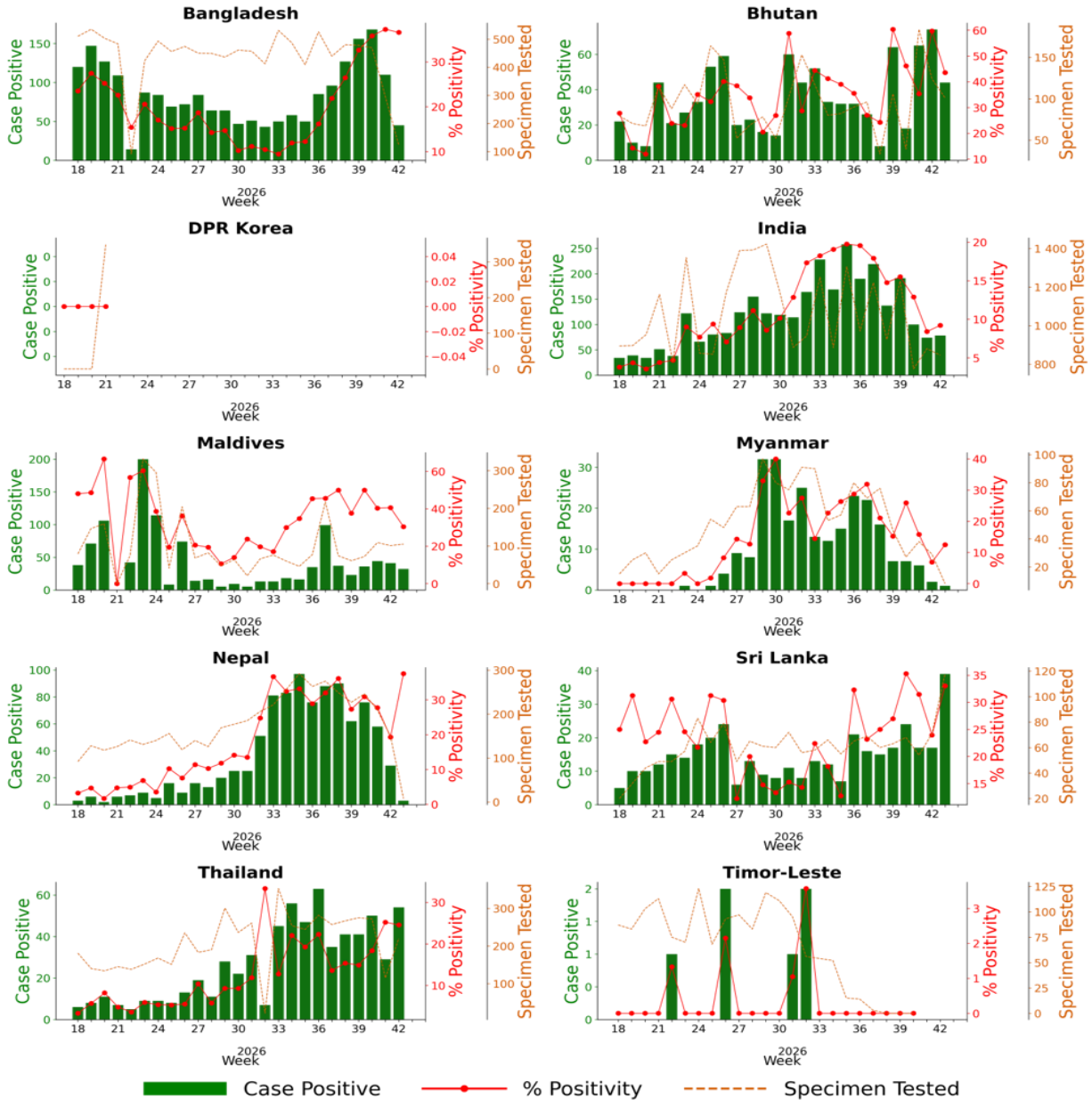
Influenza

Situation in the WHO South-East Asia Region

Situation as of 02 November 2026 [4]

- Figure 2 shows the influenza data from the WHO FluNet platform, accessed on 02 November 2026.
- In the WHO South-East Asia Region, during weeks 42-43, there were 459 influenza positive samples among 2 005 samples tested from eight countries; the overall positivity was 23%.
- Bhutan reported relatively high percentage of test positivity in the region with 52% (Table 1).

Figure 2. 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 02 November 2026



[4] World Health Organization. *Influenza surveillance outputs* [Internet]. 2026 [cited 2026 November 02]. 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 42 to 43 in 2026, as of 02 November 2026[5]

- Table 1 shows influenza A virus subtypes and B lineages distribution across ten countries in the WHO South-East Asia Region for weeks 42 to 43 of 2026, based on data extracted from WHO's RespiMart platform on 02 November 2026. The last submission was on 19 October 2026 (Week 43).
- 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 42-43.
- The overall positivity percentage for the region was 23%. This was a 0% no change in the overall test positivity percentage relative to the value (23%) observed during the period reported in the previous bulletin.
- The highest test positivity percentages was reported by Bhutan (52%; up from 37%). Compared with the previous reporting period, influenza test positivity increased by 41% in Bhutan.
- At the regional level, influenza A and influenza B accounted for 71% and 29% of all influenza-positive samples, respectively. In the previous reporting period, the corresponding distribution was 82% for influenza A and 18% for influenza B.
- The predominant Influenza A subtype detected in the region was A (H1N1)pdm09, accounting for 59% of all influenza-positive samples.
    - The subtype A(H1N1)pdm09 was predominant in Bangladesh (82%), Bhutan (54%), Maldives (67%), Nepal (41%), Sri Lanka (46%), and Thailand (91%).
    - In Nepal (19%) and Sri Lanka (34%), positive samples were influenza A not subtyped.
- Influenza B (Victoria lineage) accounted for 26% of all influenza-positive samples in the region, compared with 14% in the previous reporting period - a 86% relative increase compared with the preceding period.
    - Among countries that reported ≥10 positive samples, B lineage predominated in India (53%).
    - The proportion of influenza B (Lineage not Determined) was reported in Maldives (1%), Nepal (31%), and Sri Lanka (7%).

Table 1: Distribution of influenza A virus subtypes and B virus lineages in the WHO South-East Asia Region* (weeks 42 to 43, 2026), situation as of 02 November 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	2 005	459	23%	0%	7%	0%	59%	5%	0%	26%	3%
Bangladesh	123	45	37%	0%	16%	0%	82%	0%	0%	2%	0%
Bhutan	225	118	52%	0%	1%	0%	54%	0%	0%	45%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	847	78	9%	0%	8%	0%	40%	0%	0%	53%	0%
Maldives	206	73	35%	0%	0%	0%	67%	0%	0%	32%	1%
Myanmar	37	3	8%	0%	67%	0%	0%	0%	0%	33%	0%
Nepal	158	32	20%	0%	9%	0%	41%	19%	0%	0%	31%
Sri Lanka	189	56	30%	0%	12%	0%	46%	34%	0%	0%	7%
Thailand	220	54	24%	0%	7%	0%	91%	0%	0%	2%	0%
Timor-Leste	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%

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

[5] World Health Organization. *Influenza surveillance outputs* [Internet]. 2026 [cited 2026 November 02]. Available from: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs

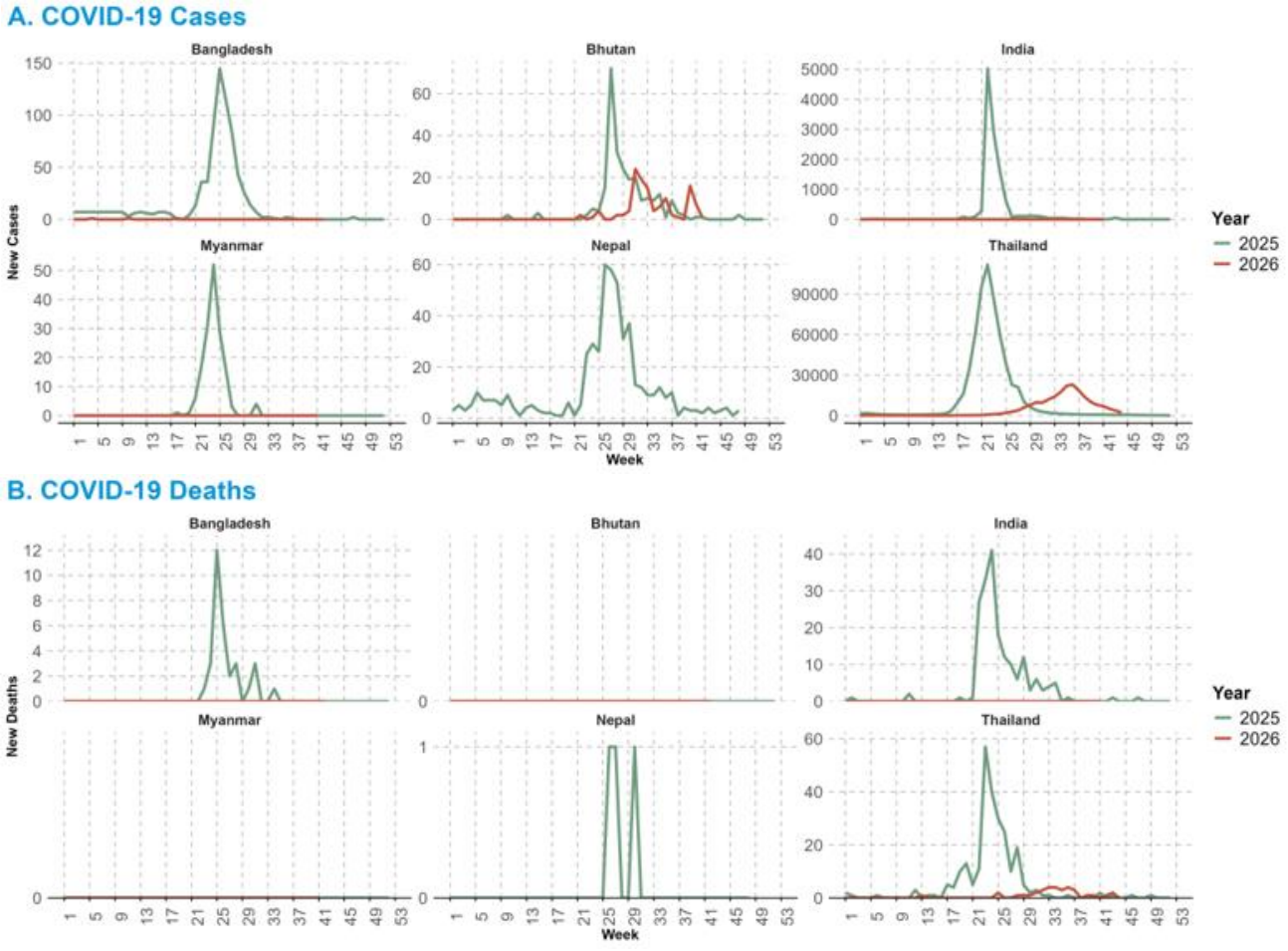
COVID-19

Situation in the WHO South-East Asia Region

Situation as of 02 November 2026

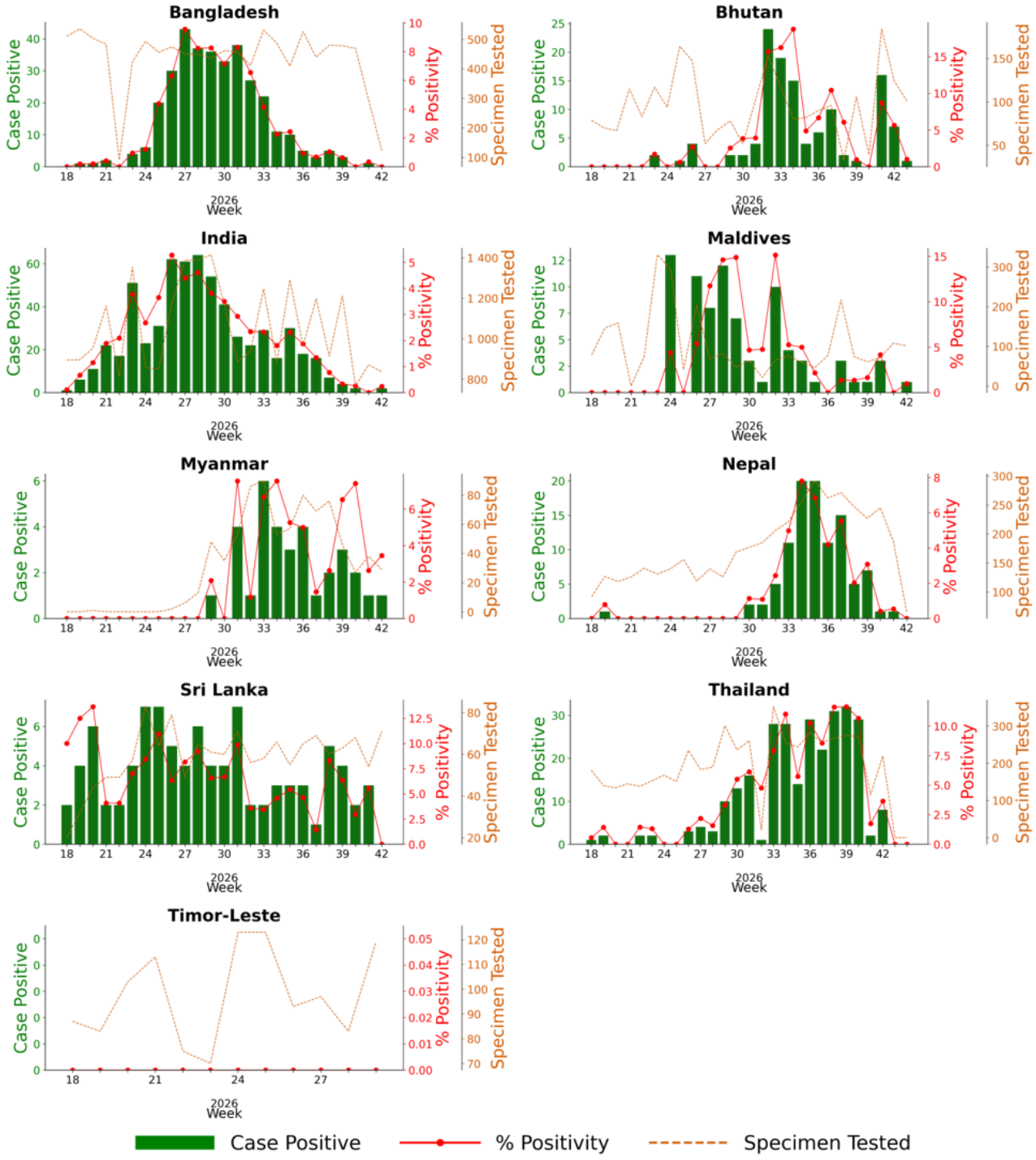
- The weekly numbers of COVID-19 cases reported on official websites for Bangladesh[6], Bhutan[7], India[8], Myanmar[9], Nepal[10], and Thailand[11] are presented in Figure 3.
- Data for the most recent week (week 44) are available from Thailand.
- Please visit the WHO COVID-19 dashboard for the global situation of COVID-19.
- Based on data from the integrated influenza-SARS-CoV-2 sentinel surveillance system, Figure 4 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 3. Weekly comparisons of new COVID-19 cases (A) and deaths (B) reported from selected countries since week one of 2025 to week 44 in the WHO South-East Asia Region*



[6] 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
[7] Bhutan, Royal Centre for Disease Control. https://www.rcdc.gov.bt/web/
[8] Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard. https://covid19dashboard.mohfw.gov.in/
[9] Ministry of Health, Myanmar. https://www.mohs.gov.mm/
[10] Epidemiology and Disease Control Division, Nepal. https://edcd.gov.np/newsroom/outbreak
[11] Department of Disease Control, Thailand. COVID-19 Surveillance Dashboard. https://www.facebook.com/photo/?fbid=1176170881210400&set=a.309744487853048

Figure 4. The number of COVID-19 positive case, % positivity and specimen tested from integrated influenza-SARS CoV-2 sentinel surveillance systems (as of 02 November 2026).



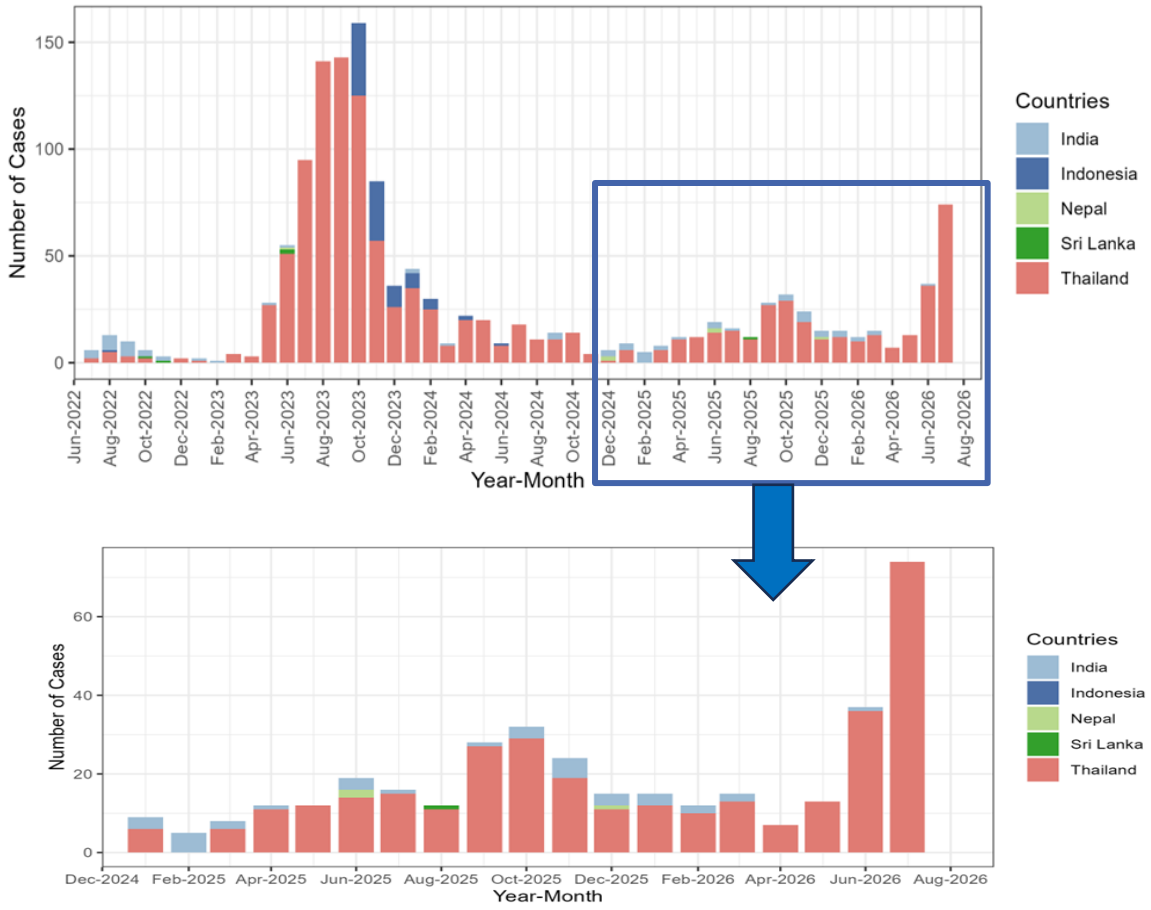
mpox

Situation in the WHO South-East Asia Region

Situation as of 02 November 2026

- In week 43 and 44 (19 October to 01 November 2026), no new mpox cases were reported.
- As of 01 November 2026, in the WHO South-East Asia Region, a total of 1 663 laboratory-confirmed mpox cases, including 18 deaths, have been reported since 14 July 2022 (Figure 5).
- Thailand reported a total of 78 Clade Ib cases between 07 September and 04 October 2026.
- A total of 357 mpox virus (MPXV) clade Ib cases have been reported in the Region to date – 338 from Thailand, 18 from India and one from Nepal. Please see Figure 6 for the trend of MPXV Ib cases detected in the Region and Table 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 5. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (Upper, 14 July 2022 – 01 November 2026; lower 1 January 2025 – 01 November 2026).

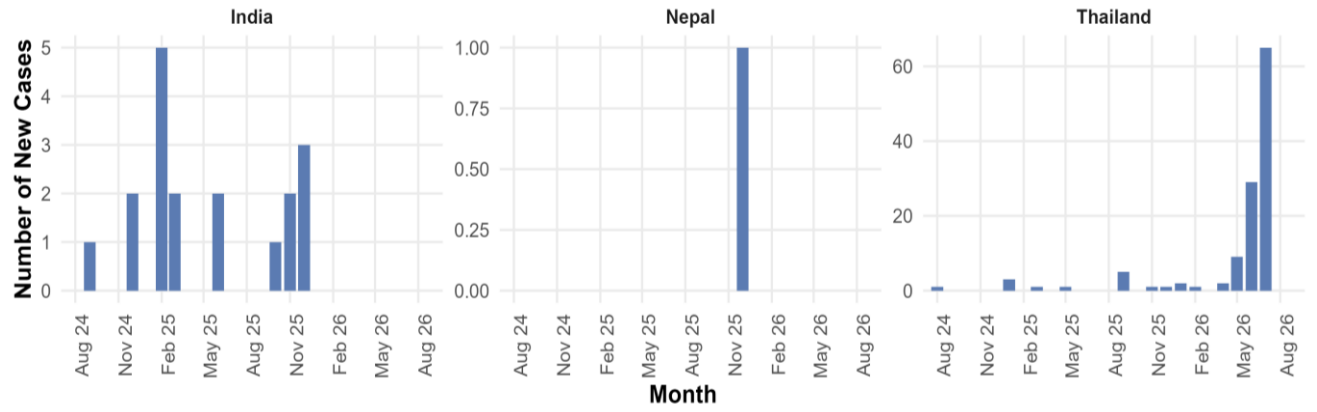


Notes:

* Cases are plotted per month of notification - the date on which the case is notified to the public health authority. **A total of 305 mpox cases were reported from Thailand from 01 August to 31 October 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 6. 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 01 November 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 217 mpox clade Ib cases were reported from Thailand from 01 August to 04 October 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 01 November 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%)

Dengue

Situation in the WHO South-East Asia Region

Situation as of 02 November 2026

- In September 2026, Bangladesh reported 43 774 cases, India reported 23 470 cases and Sri Lanka reported 5 227 cases (Figure 7). Data for September were not yet available for Bhutan, Thailand and Timor-Leste.
- Maldives reported 364 cases in September 2026; 13% lower than in August 2026 (420 cases); 44% higher than in September 2025 (252 cases).

Figure 7. Monthly reported dengue cases by country, October 2025-September 2026



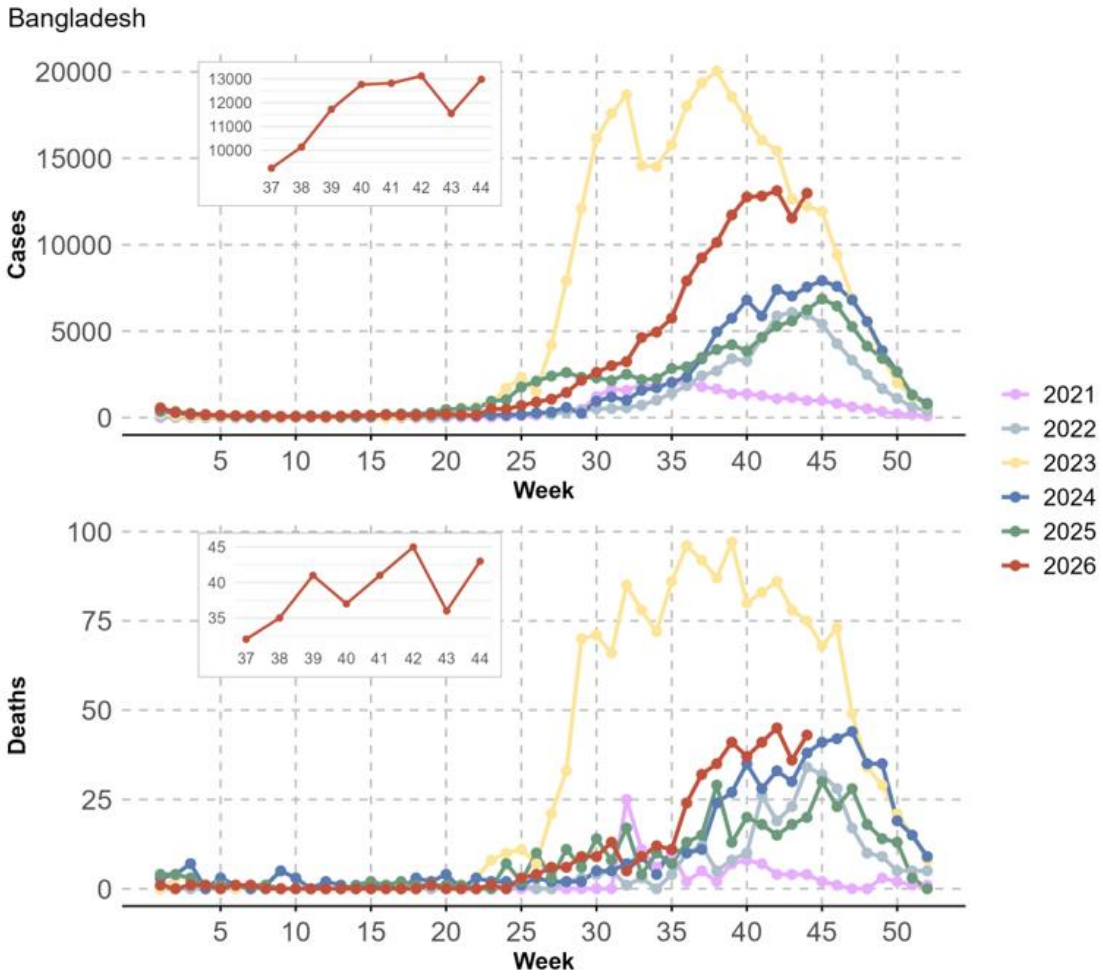
Notes:
Bangladesh, Bhutan, Myanmar, Thailand and Timor-Leste report confirmed cases.
Bangladesh reports only hospitalized cases.
The majority of cases reported in Myanmar are hospitalized cases.

Bangladesh [12]

Situation as of 02 November 2026

- In Bangladesh, during Week 44 of 2026, a total of 12 981 suspected dengue cases were reported, representing a 12% increase compared with the 11 548 cases reported in Week 43. Compared with the same week in 2025, when 6 235 cases were reported, the Week 44 caseload in 2026 was 1.1 times higher.
- During Week 44 of 2026, 43 new dengue deaths were reported in Bangladesh, representing a 19.4% increase compared with Week 43 of 2026, when 36 new dengue deaths were reported.

Figure 8. Number of new dengue cases and deaths by week in Bangladesh from week 1 of 2021 to week 44 of 2026.



[12] 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

India

Situation as of 02 November 2026

- No data made publicly available for the month of October yet. 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 9. Number of new cases of dengue by month in India from January 2024 to September 2026

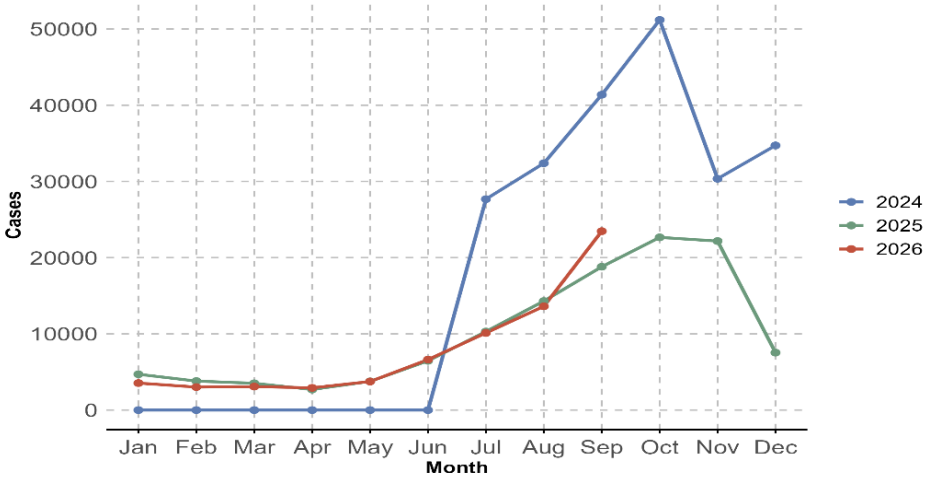
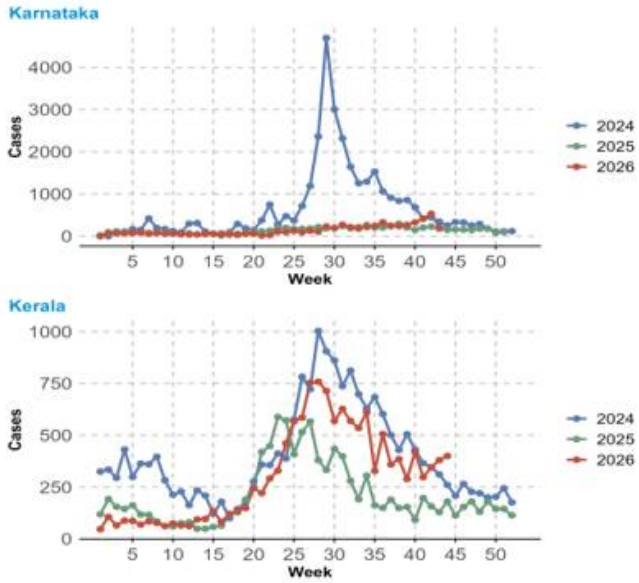


Figure 10. Number of new cases of dengue by week in Karnataka and Kerala from week one of 2024 to week 44 of 2026*



Karnataka[13]

- In Karnataka during week 43, a total of 204 cases were reported, representing a 62% decrease compared to 530 cases reported in week 42.

Kerala[14]

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

* Karnataka data are as of week 43.

[13] Department of Health and Family Welfare, Government of Karnataka. PRISM-H Disease Surveillance Dashboard [Internet]. Bengaluru: DHFW-GoK; 2026. Available from: Karnataka

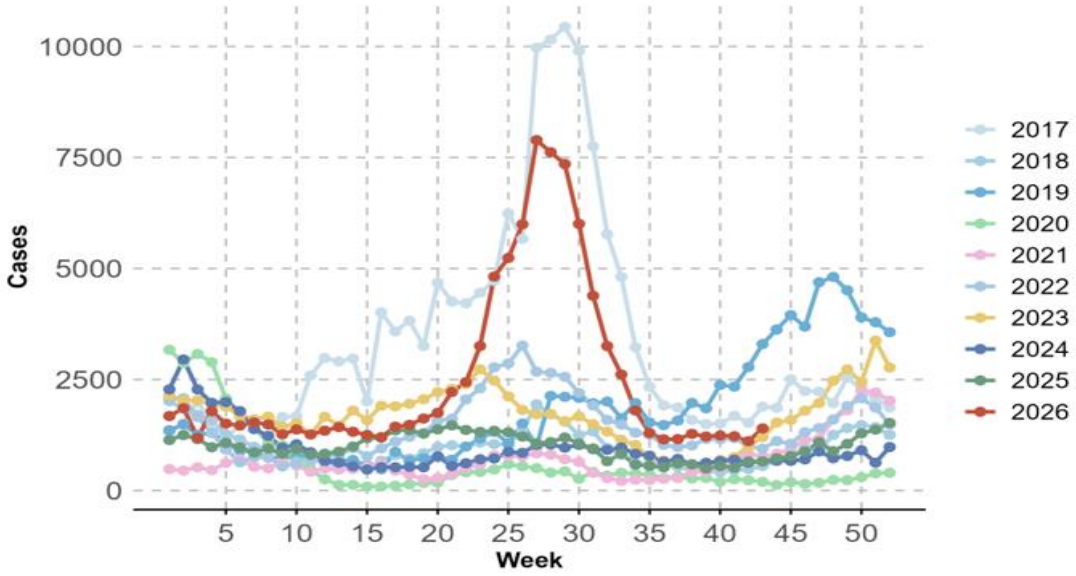
[14] Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. Thiruvananthapuram: DHS Kerala; 2026. Available from: Kerala

Sri Lanka[15]

Situation as of 02 November 2026

- Data for Sri Lanka were not yet available for Week 44 of 2026.
- In Sri Lanka, during Week 43 of 2026, a total of 1 398 suspected dengue cases were reported, representing a 26% increase compared with the 1 111 cases reported in Week 42. Compared with the same week in 2025, when 654 cases were reported, in the Week 43 caseload in 2026 was 1.1 times higher.

Figure 11. Weekly reported dengue cases in Sri Lanka from week one of 2024 to week 43 of 2026



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

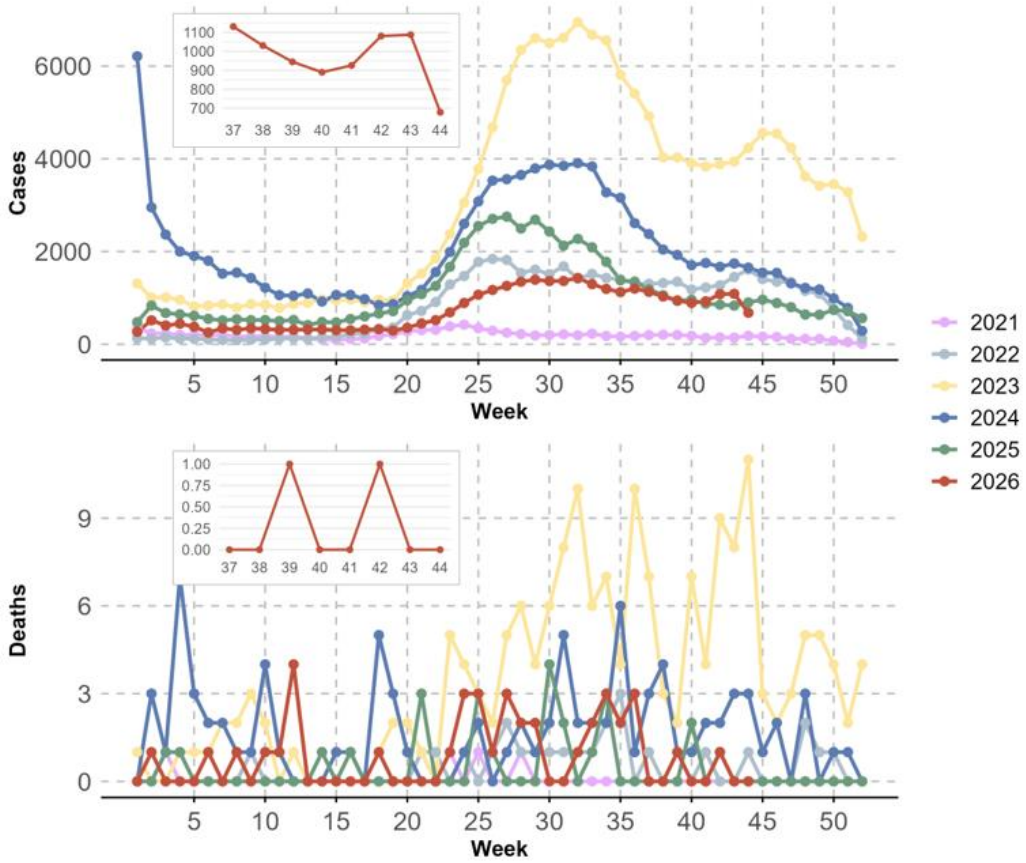
[15] National Dengue Control Unit (NDCU), Ministry of Health, Sri Lanka. National Dengue Control Unit [Internet]. 2026 [cited 2026 Nove 02]. Available from: https://www.dengue.health.gov.lk/web/index.php/en/; Sri Lanka weekly Dengue update.

Thailand [16]

Situation as of 02 November 2026

- In Thailand, during Week 44 of 2026, a total of 679 suspected dengue cases were reported, representing a 38% decrease compared with the 1 088 cases reported in Week 43. Compared with the same week in 2025, when 903 cases were reported, the Week 44 caseload in 2026 was 25% lower.
- During Week 44 of 2026, no new dengue deaths were reported in Thailand, as in Week 43 of 2026.

Figure 12. Number of new dengue cases and deaths by week in Thailand from week 1 of 2021 to week 44 of 2026.



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