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.

Key events and updates 1
Bangladesh: Dengue 1
New Publication: Potential Human Health Impacts of El Niño in Asia and the Pacific (2026–2027) 2
New publication: Primary health care-oriented responses for migrants, refugees and displaced populations 3
Influenza 4
Situation in the WHO South-East Asia Region 4
COVID-19 6
Situation in the WHO South-East Asia Region 6
mpox 8
Situation in the WHO South-East Asia Region 8
Dengue 10
Situation in the WHO South-East Asia Region 10
Bangladesh 11
India 12
Sri Lanka 13
Thailand 14

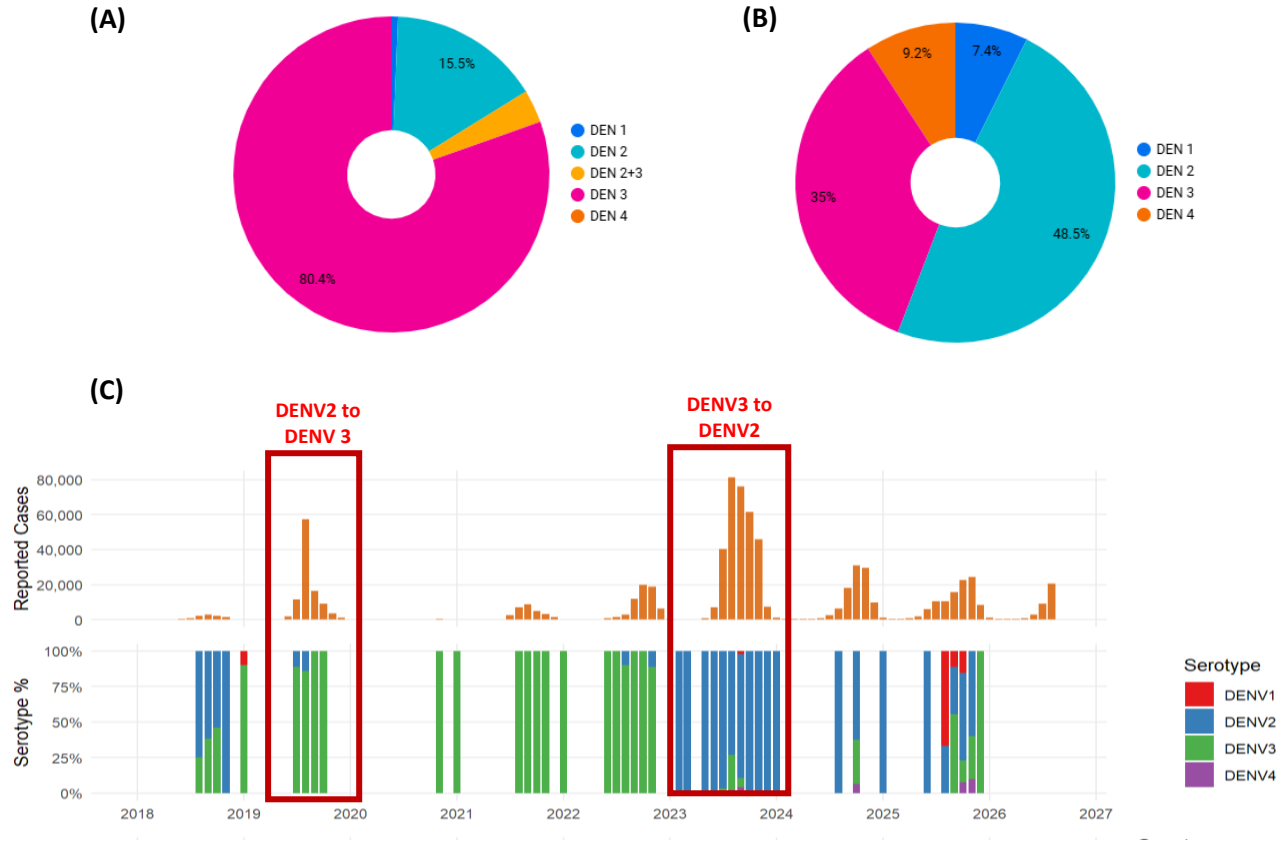
Key events and updates

Bangladesh: Dengue [1] [2]

Situation update as of 17 November 2026

- Bangladesh continue to report an ongoing large outbreak of dengue, with 12 596 suspected dengue cases reported in week 46 of 2026. Please see page 11 for the epidemiological curve.
- Behind the surge of dengue cases, shift in dengue serotype from DENV-2 to DENV-3 has been reported by the Institute of Epidemiology Disease Control and Research (IEDCR) of Bangladesh.
- Historically, Bangladesh has experienced large dengue outbreaks in 2019 and 2023. These large outbreaks coincided with shift in dengue virus serotype – from DENV-2 to DENV-3 in 2019 and from DENV-3 to DENV-2 in 2023, according to the data from GISAID (Figure 1B) [3].
- IEDCR reported that DENV-2 was predominant in 2025 (48.5%) while DENV-3 is predominant in 2026 (80.4%) (Figure 1 A and B) [4].

Figure 1. Dengue serotype distribution in Bangladesh in 2026 (A) and in 2025 (B) and the number of reported dengue cases and historical dengue serotype distribution in Bangladesh from 2019 to 2026 (B)



[1] 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

[2] Directorate General of Health Services (DGHS), Bangladesh. Dengue Dashboard [Internet]. 2026 [cited 2026 Nov 17]. Available from: https://dashboard.dghs.gov.bd/pages/heoc_dengue_v1.php

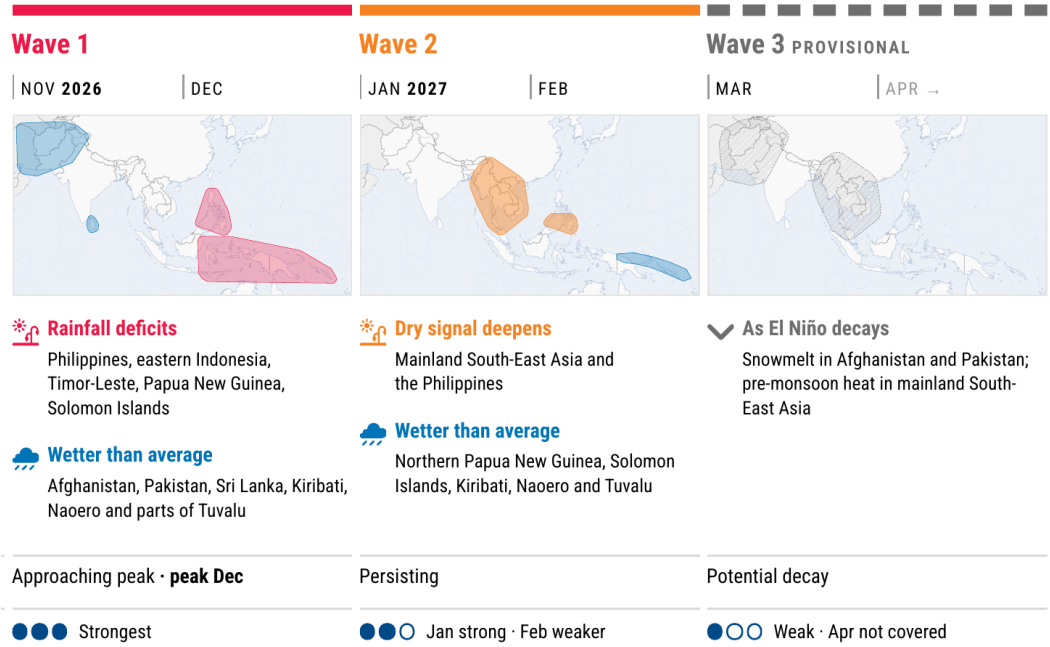
[3] GISAID https://gisaid.org/

[4] Institute of Epidemiology Disease Control and Research (IEDCR) https://iedcr.gov.bd/pages/static-pages/6922e0f8933eb65569e295e5

New Publication: Potential Human Health Impacts of El Niño in Asia and the Pacific (2026–2027) [5]

The inter-agency *Asia and the Pacific: Snapshot of El Niño & Middle East Crisis* reports that El Niño is expected to peak around December 2026 and could become one of the strongest events on record. WMO projections indicate that sea surface temperature anomalies could reach +3.8°C during November 2026–January 2027, well above the +0.5°C threshold used to identify El Niño conditions. Impacts are expected to unfold in three waves (Figure 2) and may extend into 2027.

Figure 2. Expected timing and location of El Niño impacts in Asia and the Pacific in three waves, November 2026–April 2027 (adapted from the 12 November 2026 snapshot).



- **Impacts in three waves.** Wave 1 (November–December 2026) has the clearest signal, with rainfall deficits including in Timor-Leste and eastern Indonesia and wetter-than-average conditions in Sri Lanka. Wave 2 (January–February 2027) deepens the dry signal over mainland South-East Asia, and Wave 3 (from March 2027) is provisional, with forecast confidence decreasing.

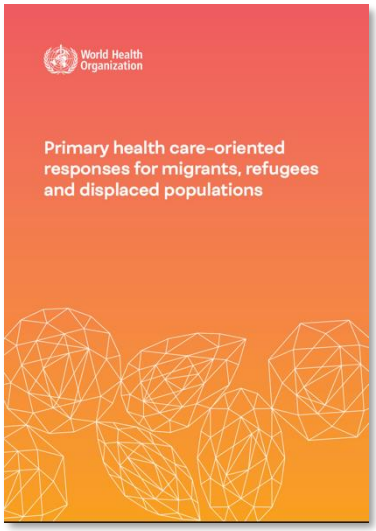
- **Highest immediate concern.** Myanmar, the Philippines, Papua New Guinea and Tonga are of highest immediate concern over the next two months, considering both El Niño and price shocks. In Myanmar, a standard food basket cost about 30% more in October 2026 than before the Middle East crisis and diesel prices were up 82%; extreme heat and unreliable water supplies may increase the risk of disease outbreaks, including acute watery diarrhoea (AWD).

- **Food insecurity and malnutrition.** An estimated 190 million children across Asia and the Pacific could be exposed to unusually dry or wet conditions, with heightened risks to food and water security, nutrition, health and education. In Timor-Leste, more than 500 000 people could face IPC Phase 3 or above under a severe El Niño (WFP).

- **Haze and respiratory illness.** Indonesia is experiencing one of its most severe forest and peatland fire seasons since 2015. As of 2 November, 401 586 respiratory cases had been recorded in fire-affected areas, including 91 913 among children aged 0–5 years, and pregnant women are being monitored. Countries nearing their dry season, particularly in the Mekong sub-region, should review readiness for unhealthy air quality.

[5] https://reliefweb.int/report/papua-new-guinea/asia-and-pacific-snapshot-el-nino-middle-east-crisis-12-november-2026

New publication: Primary health care-oriented responses for migrants, refugees and displaced populations



- The eighth report in the WHO Global Evidence Review on Health and Migration (GEHM) series was published. It examines how primary health care (PHC)-oriented responses can improve access to, quality of and responsiveness of health services for migrants, refugees and displaced populations.
- Based on a scoping review of international evidence, assessing approaches involving integrated health services, multi-sectoral policy and action, and empowered people and communities.
- PHC-oriented responses can improve accessibility, continuity and coordination of care, particularly through culturally appropriate services, community engagement and integration within health systems.
- Even partially implemented approaches demonstrated benefits, although challenges remain in ensuring comprehensive care and sustainable financing.
- Evidence gaps include limited research from low- and middle-income countries, underrepresentation of certain migrant groups and insufficient assessment of longer-term and system-level outcomes.
- Policy considerations emphasize integrating effective approaches into national health systems, strengthening multisectoral coordination and sustainable financing, adapting interventions to local contexts and mobility patterns, and meaningfully engaging affected communities to advance equitable, migrant-sensitive health services.
- The document is available at: https://www.who.int/publications/i/item/9789240126626

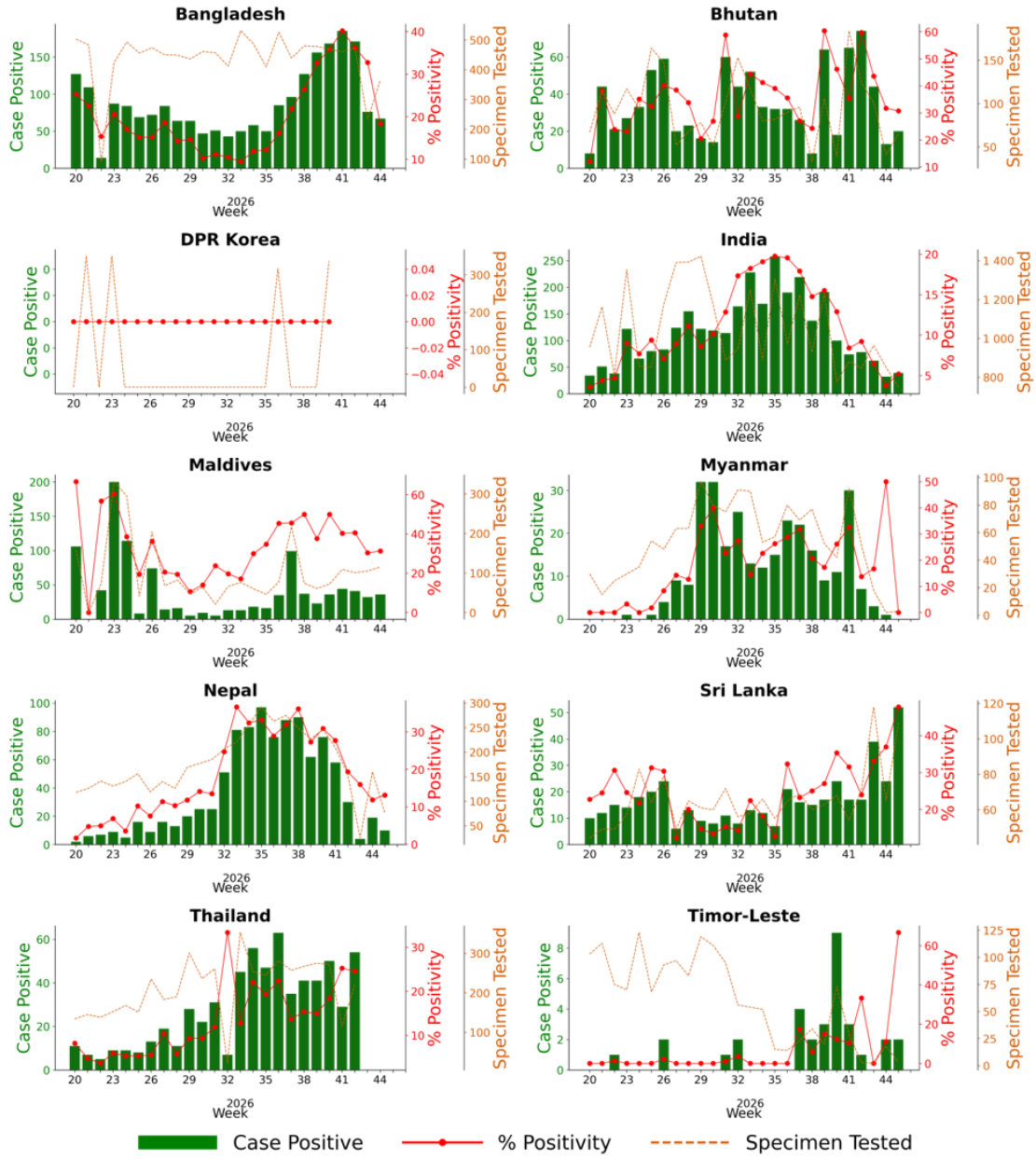
Influenza

Situation in the WHO South-East Asia Region

Situation as of 16 November 2026 [6]

- Figure 2 shows the influenza data from the WHO FluNet platform, accessed on 16 November 2026.
- In the WHO South-East Asia Region during weeks 44-45, there were 317 influenza positive samples
- Among 2 622 samples tested from eight countries, the overall positivity was 12%.
- Sri Lanka reported relatively high percentage of test positivity with 44% in weeks 44 to 45, while Bhutan and Maldives both reported 31% (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 16 November 2026



[6] World Health Organization. *Influenza surveillance outputs* [Internet]. 2026 [cited 2026 November 16]. 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 44 to 45 in 2026, as of 16 November 2026[7]

- Table 1 shows influenza A virus subtypes and B lineages distribution across ten countries in the WHO South-East Asia Region for weeks 44 to 45 of 2026, based on data extracted from WHO's RespiMart platform on 16 November 2026. The last submission was on 02 November 2026 (Week 45).
- DPR Korea and Thailand reported "no samples tested" during this period. Two countries in the region tested samples less than the WHO recommended minimum (50 samples per week at the national level) for this 2-week period spanning weeks 44-45.
- The overall positivity percentage for the region was 12%. This was a 40% reduction in the overall test positivity percentage relative to the value (20%) observed during the period reported in the previous bulletin.
- The highest test positivity percentages were reported by Sri Lanka (44%; up from 30%) and Maldives (31%; down from 35%). Compared with the previous reporting period, influenza test positivity increased by 48% in Sri Lanka while it decreased by 12% in Maldives.
- 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 76% for influenza A and 24% for influenza B.
- The predominant Influenza A subtype detected in the region was A (H1N1)pdm09, accounting for 44% of all influenza-positive samples.
  - The subtype A(H1N1)pdm09 was predominant in Bangladesh (73%) and Maldives (69%).
  - In Nepal (45%) and Sri Lanka (43%), positive samples were influenza A not subtyped.
- Influenza B (Victoria lineage) accounted for 22% of all influenza-positive samples in the region, compared with 22% in the previous reporting period - a 0% relative no change compared with the preceding period.
  - Among countries that reported ≥10 positive samples, B lineage predominated in Bhutan (61%), India (55%), and Nepal (52%).
  - The proportion of influenza B (Lineage not Determined) was reported in Nepal (52%) and Sri Lanka (9%).

Table 1: Distribution of influenza A virus subtypes and B virus lineages in the WHO South-East Asia Region* (weeks 44 to 45, 2026), situation as of 16 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	2 622	317	12%	0%	12%	0%	44%	15%	0%	22%	7%
Bangladesh	365	67	18%	0%	22%	0%	73%	0%	0%	4%	0%
Bhutan	106	33	31%	0%	0%	0%	39%	0%	0%	61%	0%
DPR Korea	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
India	1 600	71	4%	0%	17%	0%	28%	0%	0%	55%	0%
Maldives	115	36	31%	0%	8%	0%	69%	0%	0%	22%	0%
Myanmar	5	1	20%	0%	0%	0%	0%	0%	0%	100%	0%
Nepal	236	29	12%	0%	0%	0%	3%	45%	0%	0%	52%
Sri Lanka	174	76	44%	0%	7%	0%	41%	43%	0%	0%	9%
Thailand	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%
Timor-Leste	21	4	19%	0%	75%	0%	0%	25%	0%	0%	0%

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

[7] World Health Organization. *Influenza surveillance outputs* [Internet]. 2026 [cited 2026 November 16]. Available from: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs

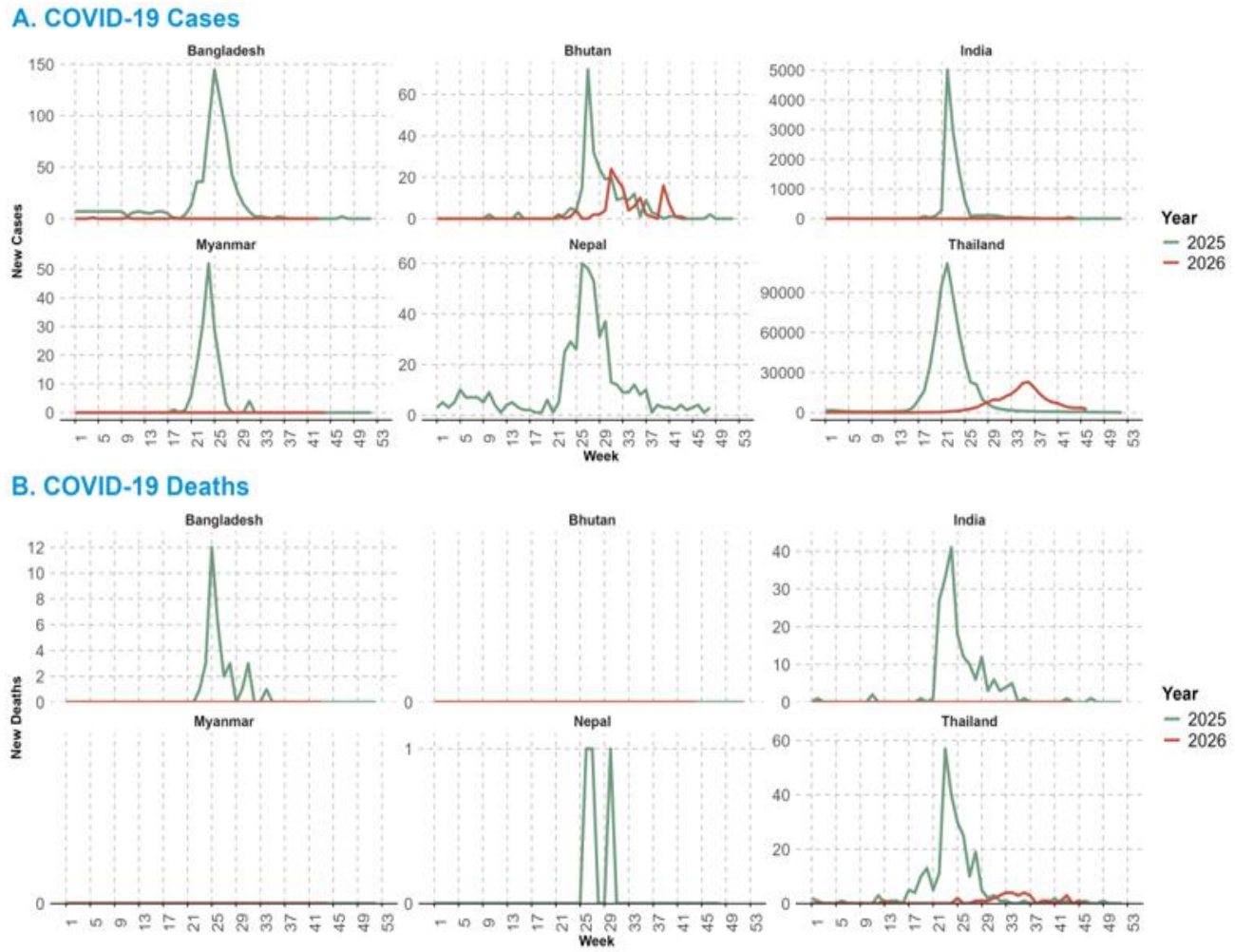
COVID-19

Situation in the WHO South-East Asia Region

Situation as of 16 November 2026

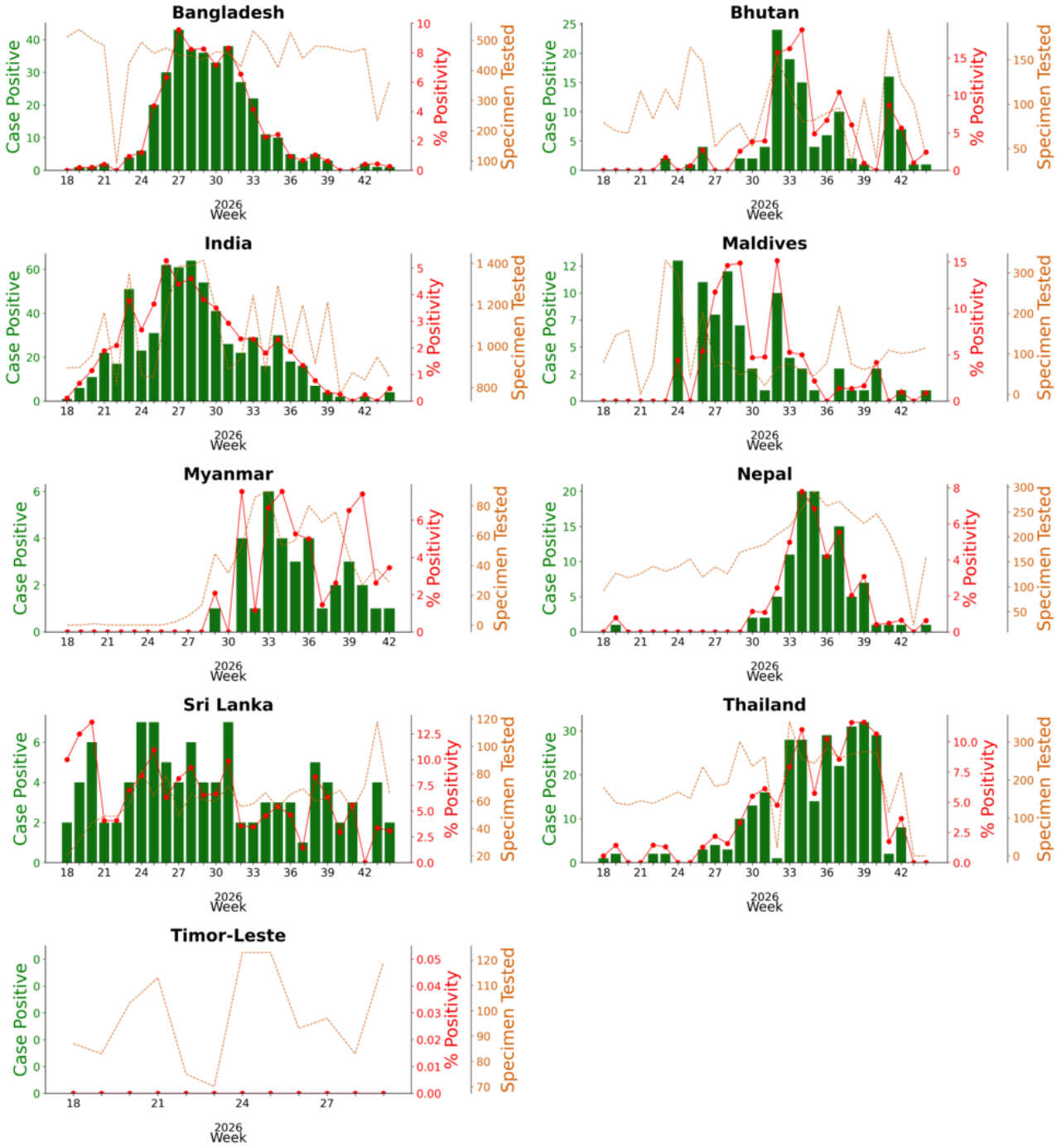
- The weekly numbers of COVID-19 cases reported on official websites for Bangladesh[8], Bhutan[9], India[10], Myanmar[11], Nepal[12], and Thailand[13] are presented in Figure 3.
- Data for the most recent week (week 46) are available from Thailand.
- Please visit the WHO COVID-19 dashboard for the global 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 46 in the WHO South-East Asia Region*



[8] 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
[9] Bhutan, Royal Centre for Disease Control. https://www.rcdc.gov.bt/web/
[10] Ministry of Health and Family Welfare, Government of India. COVID-19 India Dashboard. https://covid19dashboard.mohfw.gov.in/
[11] Ministry of Health, Myanmar. https://www.mohs.gov.mm/
[12] Epidemiology and Disease Control Division, Nepal. https://edcd.gov.np/newsroom/outbreak
[13] 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 16 November 2026).



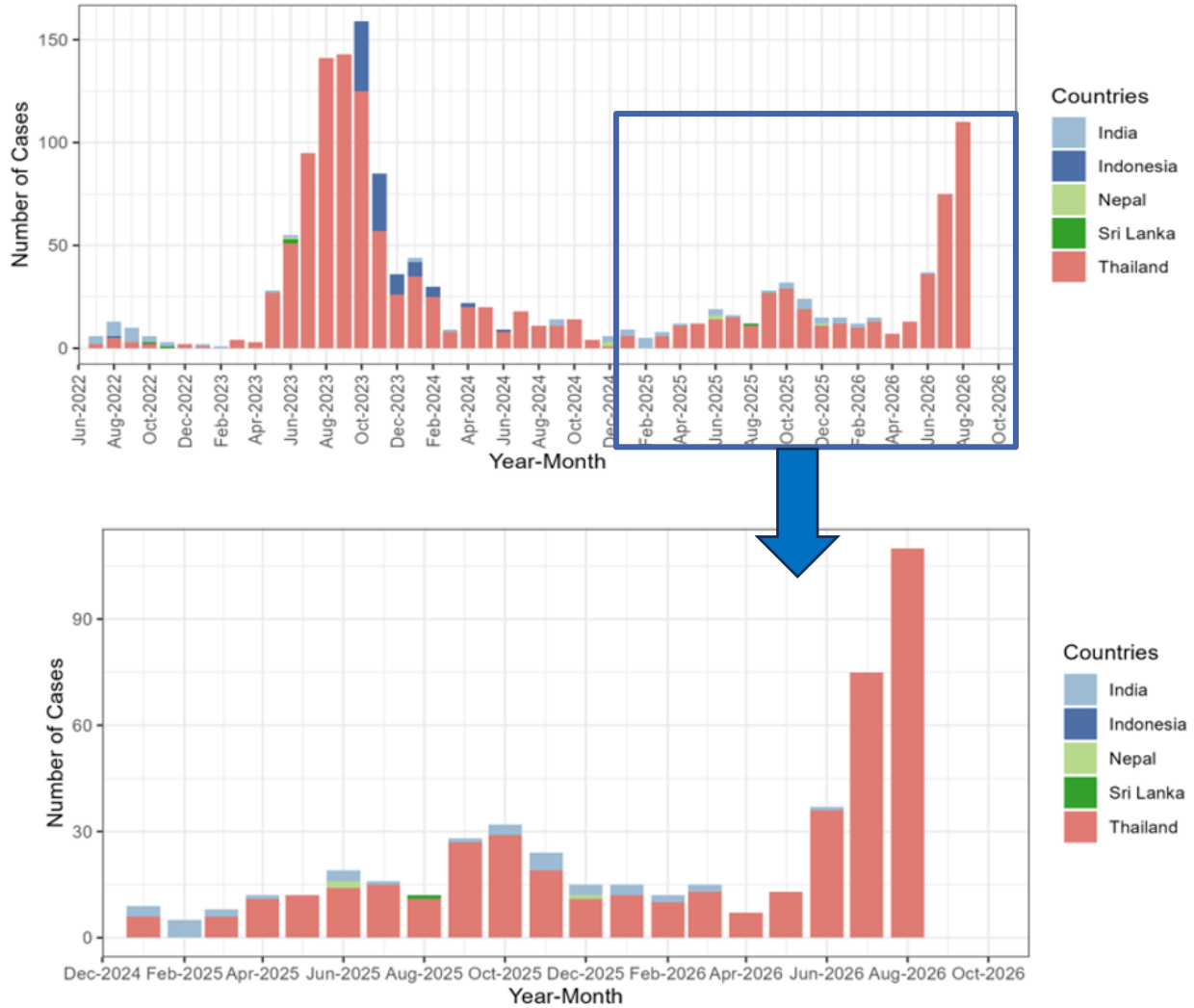
mpox

Situation in the WHO South-East Asia Region

Situation as of 16 November 2026

- In week 45 and 46 (02 to 15 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).
- 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 – 15 November 2026; lower 1 January 2025 – 15 November 2026).

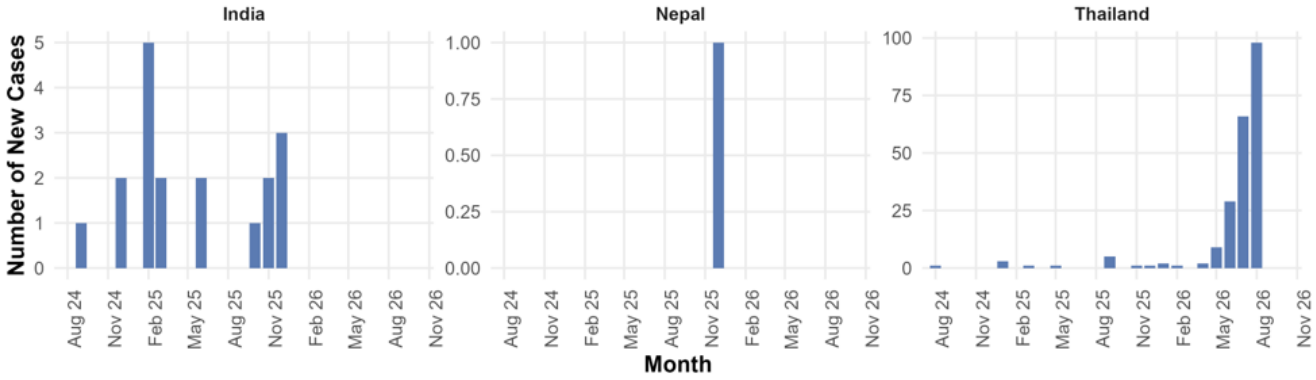


Notes:

* Cases are plotted per month of notification - the date on which the case is notified to the public health authority. **A total of 194 mpox cases were reported from Thailand from 01 September 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 15 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 118 mpox clade Ib cases were reported from Thailand from 01 September to 31 October 2026, of which case based information are not available yet**.

Table 2. Profile of the 239 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 15 November 2026)*

	Category	Total (n = 239)
Country		
	India	18 (7.5%)
	Nepal	1 (0.4%)
	Thailand	220 (92.1%)
Recent international travel		
	Yes	39 (16.3%)
	No	199 (83.3%)
	Unknown	1 (0.4%)
Age group (years)		
	18-29	74 (31.0%)
	30-39	100 (41.8%)
	40-49	54 (22.6%)
	50 and over	11 (4.6%)
Gender		
	Male	224 (93.7%)
	Female	15 (6.3%)

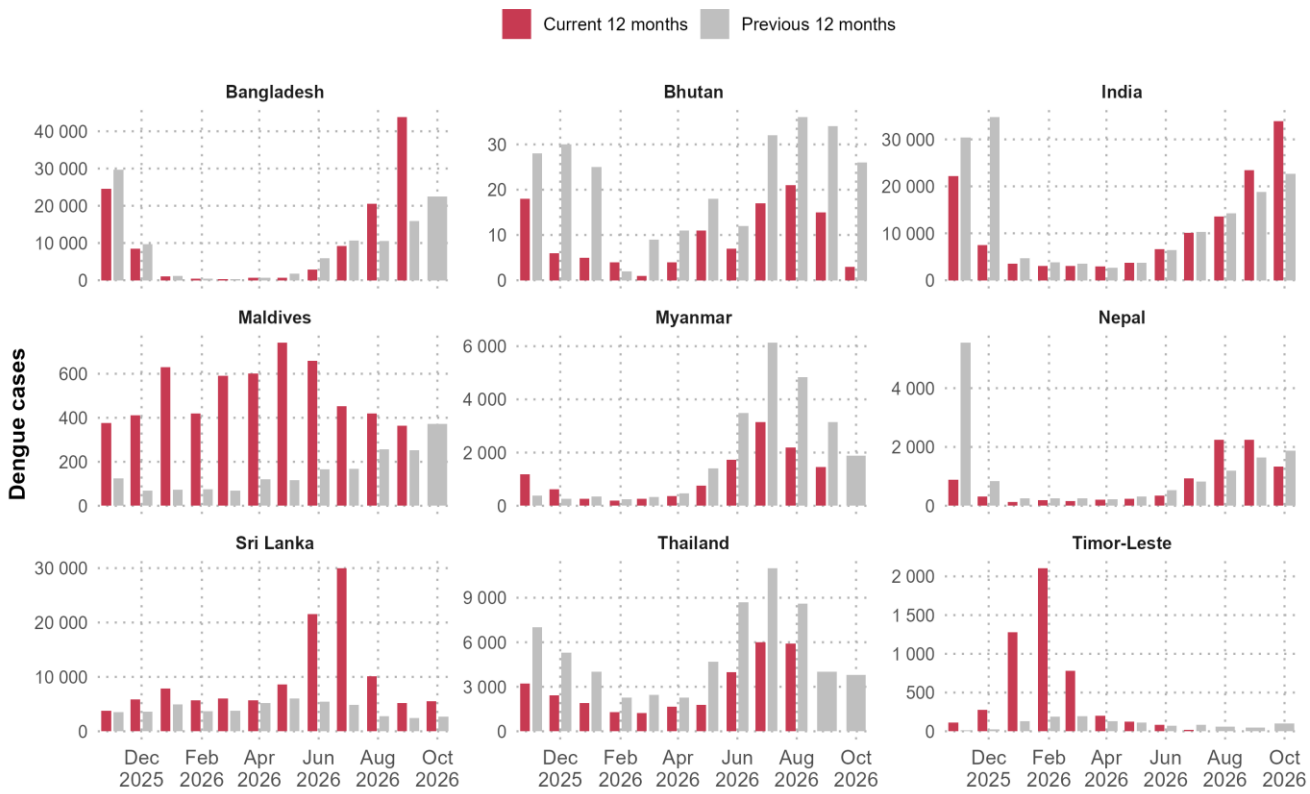
Dengue

Situation in the WHO South-East Asia Region

Situation as of 16 November 2026

- In October 2026, India reported 33 864 cases, Sri Lanka reported 5 536 cases and Nepal reported 1 329 cases (Figure 7). Data for October were not yet available for Bangladesh, Maldives, Myanmar, Thailand and Timor-Leste.
- Nepal reported 1 329 cases in October 2026; 41% lower than in September 2026 (2 244 cases); 29% lower than in October 2025 (1 869 cases).
- Bhutan reported 3 cases in October 2026; 80% lower than in September 2026 (15 cases); 88% lower than in October 2025 (26 cases).

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



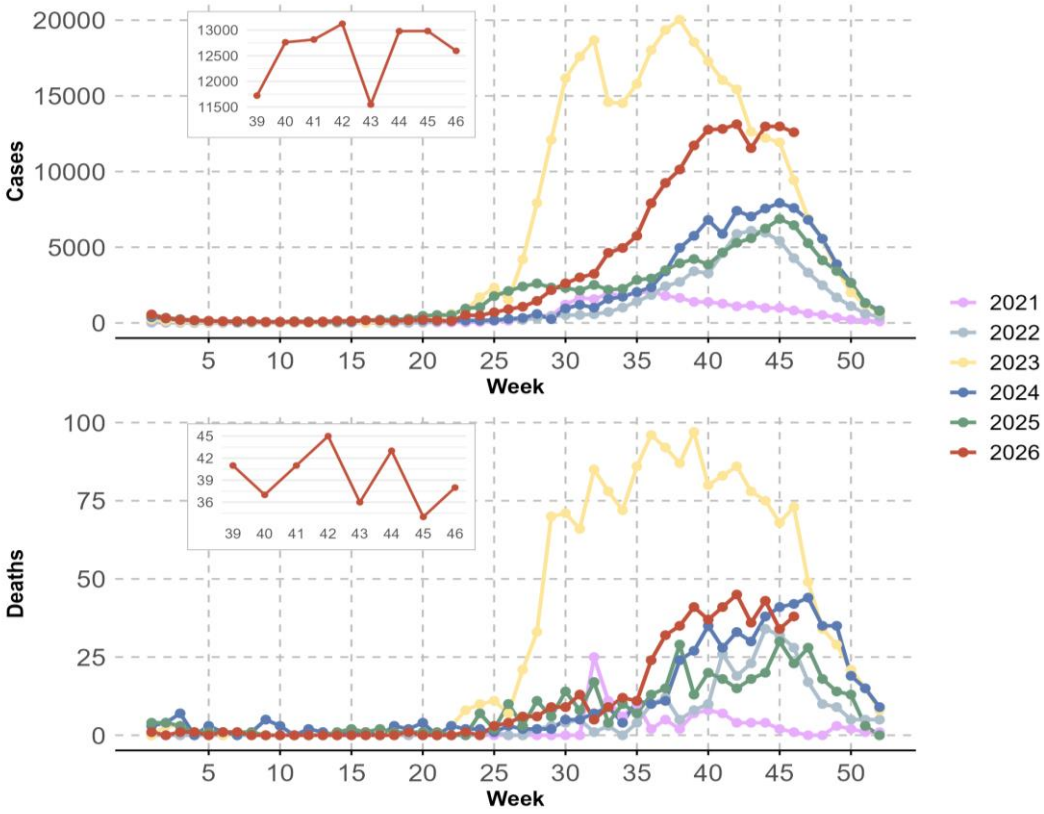
Notes:
Bangladesh, Bhutan, Myanmar, Thailand and Timor-Leste report confirmed cases.
Bangladesh reports only hospitalized cases.
The majority of cases reported in Myanmar are hospitalized cases.

Bangladesh [14]

Situation as of 16 November 2026

- In Bangladesh, during Week 46 of 2026, a total of 12 596 suspected dengue cases were reported, representing a 3% decrease compared with the 12 984 cases reported in Week 45. Compared with the same week in 2025, when 6 454 cases were reported, the Week 46 caseload in 2026 was 95% higher.
- During Week 46 of 2026, 38 new dengue deaths were reported in Bangladesh, representing a 11.8% increase compared with Week 45 of 2026, when 34 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 46 of 2026.



[14] 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 16 November 2026

- During October 2026, a total of 33 864 cases of dengue were reported in India, a 44% increase compared to September 2026 (n = 23 470).
- In 2026, as of October 2026, a total of 104 004 cases of dengue have been reported compared to 91 015 cases during the same period in 2025.

Figure 9. Number of new cases of dengue by month in India from 2024 to 2026

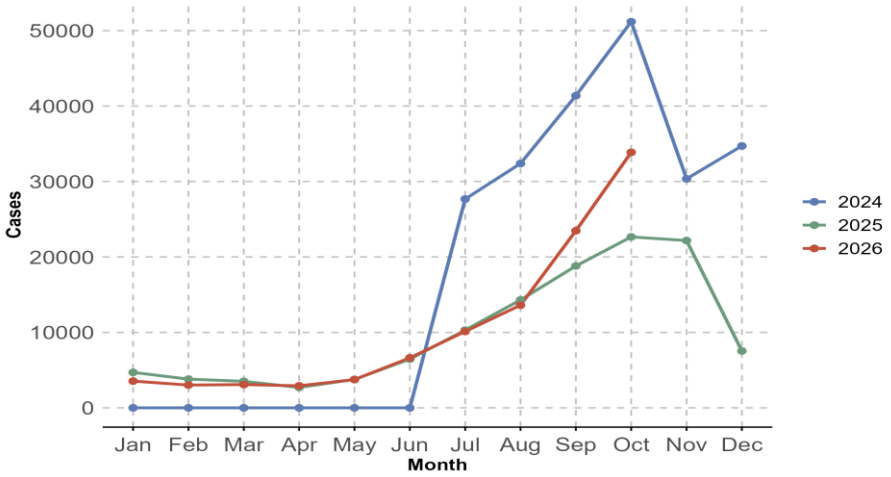
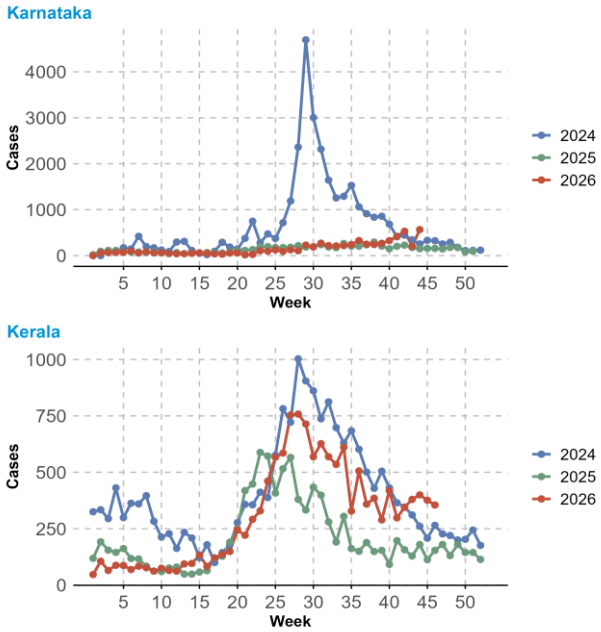


Figure 10. Number of new cases of dengue by week in Kerala and Karnataka



Karnataka[15]

- In Karnataka, during week 44, a total of 566 cases were reported, representing a 177% increase compared to 204 cases reported in week 43.

Kerala[16]

- 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.

[15] 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

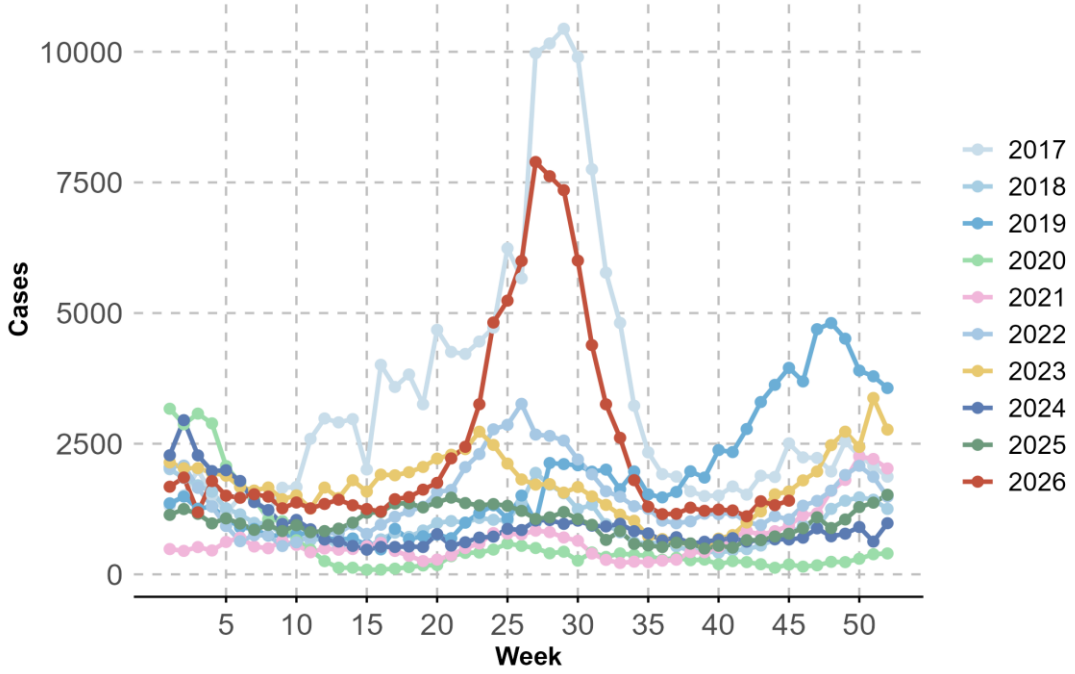
[16] Department of Health and Family Welfare, Government of Kerala. Health Dashboard – Integrated Disease Surveillance Programme (IDSP) [Internet]. Thiruvananthapuram: DHS Kerala; 2026. Available from: https://dashboard.kerala.gov.in/

Sri Lanka

Situation as of 16 November 2026

- Data for Sri Lanka were not yet available for Week 46 of 2026.
- In Sri Lanka, during Week 45 of 2026, a total of 1 410 suspected dengue cases were reported, representing a 6% increase compared with the 1 324 cases reported in Week 44. Compared with the same week in 2025, when 777 cases were reported, the Week 45 caseload in 2026 was 81% higher.

Figure 10. Weekly reported dengue cases in Sri Lanka, 2024 - 2026



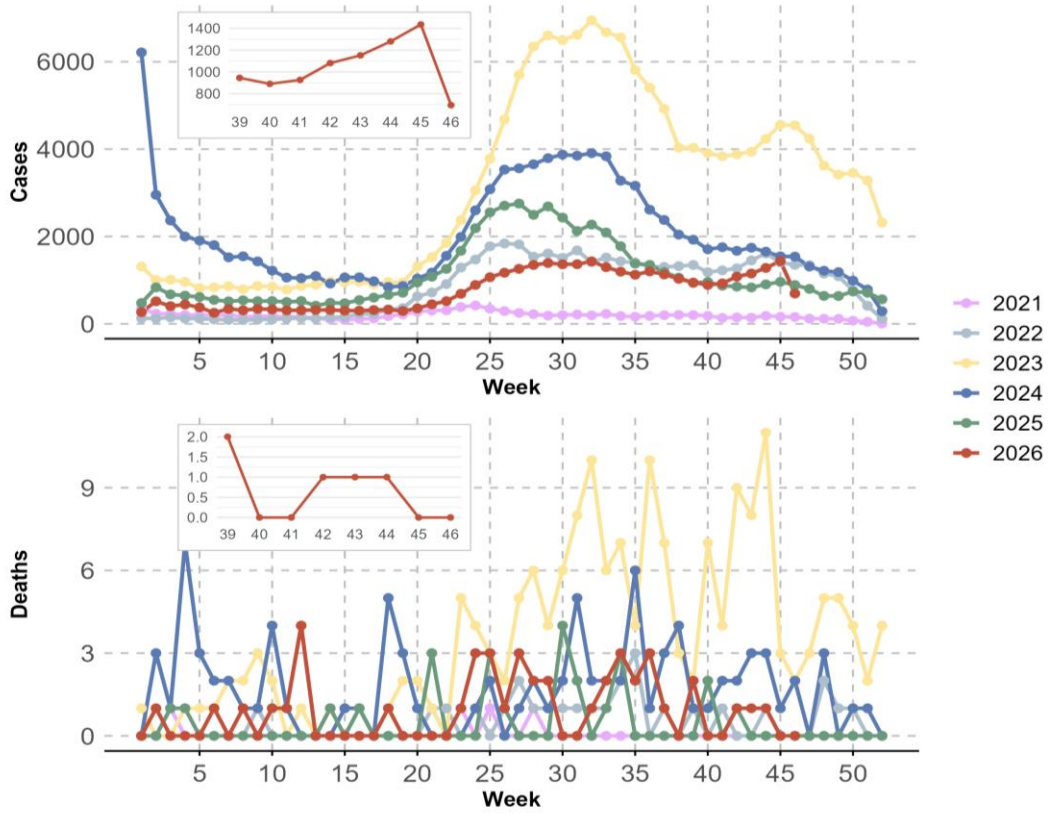
Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - 2017 to 2020; 2021 to 2025; 2026

Thailand [17]

Situation as of 16 November 2026

- In Thailand, during Week 46 of 2026, a total of 694 suspected dengue cases were reported, representing a 52% decrease compared with the 1 436 cases reported in Week 45. Compared with the same week in 2025, when 889 cases were reported, the Week 46 caseload in 2026 was 22% lower.
- During Week 46 of 2026, no new dengue deaths were reported in Thailand, as in Week 45 of 2026.

Figure 11. Number of new dengue cases and deaths by week in Thailand from week 1 of 2021 to week 46 of 2026.



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