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.

Table of Contents

Key events and updates ................................................................................................................................................... 2
  Earthquake in Nepal ....................................................................................................................................................... 2
  New SEARO Publication: Strategic Framework for Action for Strengthening Surveillance, Risk Assessment and Field Epidemiology for Health Security Threats in WHO South-East Asia Region .......................................................................................... 2

COVID-19 ........................................................................................................................................................................... 3

mpox ..................................................................................................................................................................................... 7

Dengue ................................................................................................................................................................................ 9
  Bangladesh ........................................................................................................................................................................ 9
  Maldives .......................................................................................................................................................................... 10
  Nepal .............................................................................................................................................................................. 10
  Sri Lanka ..................................................................................................................................................................... 11
  Thailand ...................................................................................................................................................................... 12

Influenza .............................................................................................................................................................................. 13
Key events and updates

Earthquake in Nepal

As of 27 November 2023

Situation overview [updates]

- On 3rd November 2023, a 6.4 magnitude earthquake hit Karnali Province in western Nepal. A total of 154 fatalities and 934 injuries have been reported since with an estimated 250,000 people, including 80,000 children, currently in need of humanitarian aid.
- Many of the affected continue to live in temporary, makeshift shelters which has led to a few additional deaths highlighting the urgent need for warm clothing and proper shelter.
- The primary health needs include managing risk of water-borne diseases, providing essential medications for common illnesses, addressing mental health, and ensuring first aid and maternal health services.
- Damaged health facilities continue to face challenges delivering full healthcare services.

Public Health Response [updates]

- Focus on WASH, nutrition, and vaccination in inter-cluster meetings.
- Seven teams reported findings from rapid health and nutrition assessments.
- Installation of five medical tents by UNICEF for basic services.
- Support from partners for chlorine tablets for water purification.
- Provision of technical support to establish a temporary primary hospital in Barekot Rural Municipality.

New SEARO Publication: Strategic Framework for Action for Strengthening Surveillance, Risk Assessment and Field Epidemiology for Health Security Threats in the WHO South-East Asia Region

- On 27 November, WHO Regional Office for South-East Asia published the “Strategic Framework for Action for Strengthening Surveillance, Risk Assessment and Field Epidemiology for Health Security Threats in the WHO South-East Asia Region”.
- This document was developed through a Regional Consultation and by building on lessons learnt from recent severe emergencies in the Region, including the COVID-19 pandemic.
- The Framework aims to contribute to the implementation of the Regional Strategic Roadmap for health security and health system resilience for emergencies 2023–2027 by proposing priority actions in the areas of surveillance, risk assessment and field epidemiology.
- Highlighting the importance of using multiple information sources through collaborative arrangements in making critical decisions during complex emergencies, the document makes several key recommendations including:
  - Core surveillance functions should be further strengthened, and non-traditional surveillance approaches should be considered as appropriate.
  - Risk assessment should be systematically conducted for acute public health events, and analysis of data strengthened at all levels to inform public health actions.
  - National plans should be in place to strengthen the field epidemiology workforce.
  - Regional public health intelligence activities should be further strengthened to ensure timely regional alerts.
  - Regional learning and innovation should be fostered for surveillance and epidemiology.

COVID-19

Status as of 26 November 2023

- In the WHO South-East Asia Region, from 20 to 26 November 2023, 717 new COVID-19 cases and six new deaths have been reported,
  - Between 20 to 26 November 2023, Thailand (480 new cases, +23.1%), India (189 new cases, +58.8%) and Sri Lanka (11 new case, +83.3%) reported an increase in the number of new cases, while Myanmar (two new cases, -71.4%) reported a decrease in the number of new cases, compared to the previous week.
  - In the same period, Bangladesh reported 34 new cases which is similar number as reported in previous week.
  - Data were not available from Bhutan, Indonesia, Maldives, Nepal and Timor-Leste for this period.
- The Region has recorded a cumulative total of 61,211,146 COVID-19 cases, including 808,071 deaths.
- Please refer to the WHO SEARO COVID-19 dashboard for further information of COVID-19 in WHO South-East Asia Region.
- Globally, 772,166,517 COVID-19 cases, including 6,981,263 deaths have been cumulatively reported, as of 22 November 2023.

Table 1. COVID-19 cases, deaths, and the weekly change in countries in the WHO South-East Asia Region in the week from 20 to 26 November 2023

<table>
<thead>
<tr>
<th>Country</th>
<th>Cumulative cases</th>
<th>New cases (last 7 days)</th>
<th>% change in new cases</th>
<th>New cases per 1M pop</th>
<th>Cumulative deaths</th>
<th>New deaths (last 7 days)</th>
<th>% change in new deaths</th>
<th>New deaths per 1M pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thailand</td>
<td>4,799,586</td>
<td>480</td>
<td>20.1</td>
<td>6.9</td>
<td>34,492</td>
<td>2</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>India</td>
<td>45,001,764</td>
<td>169</td>
<td>56.8</td>
<td>0.1</td>
<td>533,296</td>
<td>3</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2,045,060</td>
<td>34</td>
<td>0.0</td>
<td>0.2</td>
<td>29,477</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>672,629</td>
<td>11</td>
<td>83.3</td>
<td>0.5</td>
<td>16,886</td>
<td>1</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>641,377</td>
<td>2</td>
<td>-71.4</td>
<td>0.2</td>
<td>19,494</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bhutan</td>
<td>62,697</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>21</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Indonesia</td>
<td>6,813,429</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>161,918</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Maldives</td>
<td>186,694</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>316</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Nepal</td>
<td>1,003,450</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>12,031</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>23,460</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>138</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>SEAR total</td>
<td>61,211,146</td>
<td>716</td>
<td>28.0</td>
<td>NA</td>
<td>808,071</td>
<td>6</td>
<td>500</td>
<td>NA</td>
</tr>
</tbody>
</table>

Percent change in the number of newly confirmed cases/deaths in past seven days, compared to previous week.
NA = data not available.
DPR Korea has not reported confirmed COVID-19 cases.
Thailand data were for the period from 19 to 25 November 2023 in comparison to the preceding week.
As for cumulative numbers, Maldives data are as of 5 August, Timor-Leste data as of 11 August, Indonesia data as of 13 September, Bhutan data as of 8 October and Nepal data as of 20 October 2023,

3 Data as of 2:06 am CET, 22 November 2023 link: [https://covid19.who.int/](https://covid19.who.int/)
Figure 1. Weekly number of new COVID-19 cases reported during the previous eight weeks (2 October to 26 November 2023) in the WHO South-East Asia Region *

* Maldives, Indonesia and Timor-Leste data are not available. Bhutan Data are as of 8 October and Nepal Data are as of 20 October 2023.

Figure 2. Weekly number of SARS-CoV-2 positive samples and test positivity from integrated influenza-SARS-CoV-2 sentinel surveillance systems in the previous seven weeks (17 September to 12 November 2023) in selected countries* (as of 12 November 2023)

* Countries routinely conducting SARS-CoV-2 testing of the samples collected through influenza sentinel surveillance sites (Bangladesh, Bhutan, Indonesia, Nepal and Timor-Leste).

SARS-CoV-2 variants in the South-East Asia Region
As of 25 November 2023, the sequence data submitted to GISAID by countries in the South-East Asia region in the last 60 days by date of collection are as follows (Table 2). Only a small number of sequences has been submitted from the Region and therefore the data should be interpreted with caution.

- **In India**, 30 sequences were submitted. XBB.2.3* continues to account for the highest percentage of sequences submitted (60.0%, n=18).
- **In Indonesia**, one sequences was submitted (XBB.2.3*).
- **In Thailand**, 113 sequences were submitted. XBB.1.16* and EG.5* accounted for the majority of sequences (both 21.2%, n=24). This was followed by HK.3* (16.8%, n=19) and XBB.2.3* (15.0%, n=17).
- Other countries have not submitted sequences recently to GISAID.

### Table 2. Percentage and number of variants of interest submitted to GISAID within the past 30 and 31-60 days as of 25 November 2023 (by date of sample collection)

<table>
<thead>
<tr>
<th>Lineage</th>
<th>India (n=30)</th>
<th>Indonesia (n=1)</th>
<th>Thailand (n=113)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;31 days (n=2)</td>
<td>31-60 days (n=28)</td>
<td>&lt;31 days (n=0)</td>
</tr>
<tr>
<td>VOIs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XBB.1.5*</td>
<td>1 (50.0%)</td>
<td>1 (3.6%)</td>
<td>5 (4.4%)</td>
</tr>
<tr>
<td>XBB.1.16*</td>
<td>4 (14.3%)</td>
<td></td>
<td>24 (21.2%)</td>
</tr>
<tr>
<td>EG.5*</td>
<td>3 (10.7%)</td>
<td></td>
<td>24 (21.2%)</td>
</tr>
<tr>
<td>HK.3*</td>
<td></td>
<td>19 (16.8%)</td>
<td></td>
</tr>
<tr>
<td>HV.1*</td>
<td></td>
<td>3 (2.7%)</td>
<td></td>
</tr>
<tr>
<td>BA.2.86*</td>
<td></td>
<td>1 (0.9%)</td>
<td></td>
</tr>
<tr>
<td>VUMs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BA.2.86*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DV.7*</td>
<td></td>
<td>1 (0.9%)</td>
<td></td>
</tr>
<tr>
<td>XBB*</td>
<td></td>
<td>4 (3.5%)</td>
<td></td>
</tr>
<tr>
<td>XBB.1.9.1*</td>
<td>1 (3.6%)</td>
<td></td>
<td>10 (8.8%)</td>
</tr>
<tr>
<td>XBB.1.9.2*</td>
<td></td>
<td>4 (3.5%)</td>
<td></td>
</tr>
<tr>
<td>XBB.2.3*</td>
<td>1 (50.0%)</td>
<td>17 (60.7%)</td>
<td>1 (100.0%)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (7.1%)</td>
<td></td>
<td>1 (0.9%)</td>
</tr>
</tbody>
</table>

*indicates the sub-lineage of each variant.
XBB* excludes XBB.1.16*, XBB.1.5*, XBB.1.9.1, XBB.1.9.2 and XBB.2.3*
XBB.1.9.2* excludes the sub-lineage EG.5*
EG.5* excludes the sub-lineages HK.3* and HV.1* but includes JG.3*
BA.2.86* includes JN.1*
Box. Global situation of SARS-CoV-2 variants

- WHO is currently tracking four variants of interest (VOIs): XBB.1.5, XBB.1.16, EG.5 and BA.2.86 and five variants under monitoring (VUMs): DV.7, XBB±, XBB.1.9.1, XBB.1.9.2# and XBB.2.3.
  - **VOIs**: EG.5* continues to rise in prevalence, accounting for 51.6% of sequences submitted to GISAID in week 44 (23 to 29 October) in comparison to 47.0% in week 40 (2 to 8 October). BA.2.86 is also increasing in prevalence, from 1.8% in week 40 to 8.9% in week 44. The prevalence of XBB.1.5* is stable and XBB.1.16* is decreasing.
  - **VUMs**: The prevalence of all VUMs is either stable (DV.7* and XBB*) or decreasing (XBB.1.9.1*, XBB.1.9.2* and XBB.2.3*).
- WHO published updated risk evaluation for EG.5 and its sublineages, and initial risk evaluation of BA.2.86 and its sublineages on 21 November 2023, which are summarized as follows.

**Updated risk evaluation for EG.5 and its sublineages**

- EG.5 is a descendent lineage of XBB.1.9.2 and carries an additional F456L amino acid mutation in the spike protein. On 9 August 2023, it was designated as a VOI.
- EG.5 lineage currently represent 52% of the variants in global circulation with the largest proportion of sequences from the United States of America, Canada and China.
- Within the EG.5 descendent lineages, the subvariants HV.1, HK.3, EG.5.1.1 and JG.3 represent 33.2% of the global proportion of sequences as of week 44.
- HV.1 and HK.3 have a high growth advantage relative to co-circulating variants.
- The majority of HV.1 sequences are from the United States of America, HK.3 and EG.5.1.1 from China and JG.3 from Canada.
- Based on the available evidence, **the public health risk posed by EG.5 is evaluated as low at the global level**.
  - While EG.5 has shown increased prevalence, growth advantage, and immune escape properties compared to other currently circulating variants, there have been no reported changes in disease severity to date.

**Initial risk evaluation of BA.2.86 and its sublineages**

- BA.2.86 is a descendent lineage of BA.2 with a large number of mutations in the spike protein.
- BA.2.86 has been reported in multiple countries and its prevalence has been slowly increasing globally. As of week 44, it accounted for 8.9% of sequences.
- The largest proportion of sequences are from the United Kingdom, France and Sweden.
- As of 21 November, BA.2.86 and its sub-lineages including JN.1 was reclassified from a VUM to a VOI.
- However, based on the limited available evidence, the **public health risk posed by BA.2.86 is currently evaluated as low at the global level**.
  - BA.2.86 may possess some antigenic advantage, evading previous immunity in certain settings; however, current population immunity globally remains highly cross-reactive to this variant, especially against severe disease but also against symptomatic disease, and therefore the emergence of this variant will unlikely add increased burden to national public health systems.

---

4 https://www.who.int/activities/tracking-SARS-CoV-2-variants/
5 https://www.who.int/docs/default-source/coronaviruse/21112023_eg.5_ure.pdf?sfvrsn=35d6cf7d_1
6 who.int/docs/default-source/coronaviruse/21112023_ba.2.86_ire.pdf?sfvrsn=8876def1_3
mpox

Status as of 26 November 2023

- In epidemiological weeks 46 and 47 (from 13 to 26 November 2023), 20 new mpox cases from Thailand and 15 new mpox cases were reported from Indonesia.
- In the WHO South-East Asia Region, a total of 719 laboratory-confirmed mpox cases, including two deaths, have been reported since 14 July 2022 (Figure 3).
- Table 3 summarizes the basic epidemiological profile of the 717 mpox cases in the Region for which case-based information is available.
- For more information on the global situation of mpox outbreak, please visit the global dashboard.

Figure 3. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (14 July 2022 – 26 November 2023)

* Cases are plotted as per the week of notification (according to the date on which the case is notified to the public health authority). Where the date of notification is missing for 57 cases in Indonesia, this has been replaced with the date of diagnosis.
Table 3. Profile of the 717 confirmed mpox cases reported in WHO South-East Asia Region for which case-based information is available since July 2022 and since July 2023 (as of 26 November 2023)*

<table>
<thead>
<tr>
<th>Country</th>
<th>Since July 2022 (n = 717)</th>
<th>Since July 2023 (n = 584)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>27 (3.8%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Indonesia</td>
<td>58 (8.1%)</td>
<td>57 (9.8%)</td>
</tr>
<tr>
<td>Nepal</td>
<td>1 (0.1%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>4 (0.6%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Thailand</td>
<td>627 (87.4%)</td>
<td>527 (90.2%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Since July 2022 (n = 717)</th>
<th>Since July 2023 (n = 584)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>31 (4.3%)</td>
<td>9 (1.5%)</td>
</tr>
<tr>
<td>Male</td>
<td>685 (95.5%)</td>
<td>575 (98.5%)</td>
</tr>
<tr>
<td>Transgender</td>
<td>1 (0.1%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Since July 2022 (n = 717)</th>
<th>Since July 2023 (n = 584)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18</td>
<td>4 (0.6%)</td>
<td>3 (0.5%)</td>
</tr>
<tr>
<td>18-29</td>
<td>242 (33.8%)</td>
<td>203 (34.8%)</td>
</tr>
<tr>
<td>30-39</td>
<td>308 (43.0%)</td>
<td>251 (43.0%)</td>
</tr>
<tr>
<td>40-49</td>
<td>136 (19.0%)</td>
<td>110 (18.8%)</td>
</tr>
<tr>
<td>50 and over</td>
<td>27 (3.8%)</td>
<td>17 (2.9%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>Since July 2022 (n = 717)</th>
<th>Since July 2023 (n = 584)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>55 (7.7%)</td>
<td>31 (5.3%)</td>
</tr>
<tr>
<td>Men who have sex with men (MSM)</td>
<td>578 (80.6%)</td>
<td>492 (84.2%)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>10 (1.4%)</td>
<td>9 (1.5%)</td>
</tr>
<tr>
<td>Other</td>
<td>19 (2.6%)</td>
<td>17 (2.9%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>55 (7.7%)</td>
<td>35 (6.0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recent travel</th>
<th>Since July 2022 (n = 717)</th>
<th>Since July 2023 (n = 584)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>43 (6.0%)</td>
<td>12 (2.1%)</td>
</tr>
<tr>
<td>No</td>
<td>666 (92.9%)</td>
<td>570 (97.6%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>8 (1.1%)</td>
<td>2 (0.3%)</td>
</tr>
</tbody>
</table>

* Dates are by date of reporting to MOH with the exception of Indonesia where the date of notification was not available and therefore the date of diagnosis was used.
Dengue

**Bangladesh**

- A total of 6,912 cases of dengue were reported in Bangladesh during week 47 (20 to 26 November 2023), a 26.6% decrease compared to week 46 (13 to 19 November 2023) (n=9,423). The number of new deaths also decreased by 39.2% from 73 in week 46 to 49 in week 47.
- During October 2023, a total of 67,769 cases including 3,593 deaths were reported. The highest monthly numbers of cases and deaths based available historical data from 2019 to 2023 were reported in September 2023 (79,598 and 396, respectively). Between 1 and 26 November a total of 36,992 cases including 250 deaths were reported (Figure 4).
- A total of 308,167 dengue cases including 1,598 deaths have been cumulatively reported between 1 January and 26 November 2023 with a case fatality rate (CFR) of 0.52%.

**Figure 4. Number of new cases of, and deaths from dengue by month in Bangladesh from January 2019 to 26 November 2023**

**Maldives**

- No new data have been uploaded since the Monthly Communicable Disease report for May 2023 in Maldives. Please refer to previous versions of the *South-East Asia Epidemiological Bulletin* for prior epidemiological information.

**Nepal**

- A total of 888 cases of dengue were reported in Nepal during week 44 (29 October to 4 November 2023) via the Early Warning and Reporting System (EWARS), an 8.7% decrease compared to week 43 (22 to 28 October, n= 973) (Figure 5).
- Between 1 January and 17 November 2023, 49 761 dengue cases, including 20 confirmed deaths (CFR=0.04%), have been reported from 77 districts in Nepal.
- The highest number of monthly cases in 2023 has been reported in September (n=13 472).
- The highest cumulative number of cases reported from Sunsari district, Koshi province (16 165 cases, 1 819 cases per 100 000 population), while the highest cumulative case incidence has been reported from Tanahu district, Gandaki province (6 924 cases, 2 019 cases per 100 000 population).
- Over time, the spatial distribution of cases has changed: In August 2023, incidence was highest in districts in Koshi province (Sunsari, Sankhuwasabha and Morang) as well as Dhading in Bagmati province; in October 2023, incidence was highest in districts in Gandaki province (Tanahun, Gorkha and Kaski).

Figure 5. Number of new cases of dengue by week reported by the Early Warning and Reporting System (EWARS) in Nepal from January 2018 to 4 November 2023


---


Sri Lanka

- A total of 1,798 dengue cases were reported in Sri Lanka in week 46 (30 October – 5 November), a 13.4% increase compared to 1,586 cases reported in week 45 (6 to 12 November 2023) (Figure 6).
- As of 19 November (end of week 46), a total of 71,303 cases of dengue have been reported in Sri Lanka in 2023. This compares to 66,366 cases reported between weeks one and 46 in 2022.

Figure 6. Number of new cases of dengue by week in Sri Lanka from January 2018 to 19 November 2023

Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health.
https://lookerstudio.google.com/reporting/95b978f1-5c1a-44fb-a436-e19819e939c0/page/XRtTB (2021 to 2023)

11 https://lookerstudio.google.com/reporting/95b978f1-5c1a-44fb-a436-e19819e939c0/page/XRtTB
As of 22 November, a total of 136,655 dengue cases (inclusive of dengue (n=103,490, 75.7%), dengue hemorrhagic fever (DHF) (n=32,035, 23.4%) and dengue shock syndrome (DSS) (n=1,130, 0.8%)) and 147 dengue deaths (inclusive of dengue (n=14, 9.5%), DHF (n=39, 26.5%) and DSS (n=94, 63.9%)) (CFR=0.1%) were reported in Thailand in 2023.

In 2023, the number of cumulative cases and deaths between January and October (n=127,285 and n=141, respectively) is higher than that reported for the same period in previous years (2018 to 2022).

Of the 136,655 cases reported until 22 November in 2023, there were equal proportions of males and females (50.9% (n=65,561) and 49.1% (n=67,094), respectively). Those aged five to 14 years comprised 34.4% of cases (n=47,077) and those aged 15 to 24 years accounted for 22.8% (n=31,179).

**Figure 7. Number of new dengue cases and deaths by month in Thailand from January 2018 to November 2023**

Influenza
Status as of 26 November 2023

- From the week starting 26 June 2023, in the WHO South-East Asia Region, an increase in transmission of seasonal influenza has been observed. The percentage of specimens positive for influenza has remained between 18% and 25% from the week beginning on 24 July to the week beginning on 13 November 2023. During this period, the most frequently circulating strains were Influenza A/H3, A/H1N1pdm09 and B Victoria (Figure 8).
- The increases were primarily driven by Bangladesh, Nepal, Thailand and Bhutan.
- In Bangladesh, in spite of the observed increased transmission, since the week starting on 21 August there has been a steady decline. The percentage of specimens testing positive for influenza virus was decreasing from 39% (n=167) in the week beginning on 21 August 2023 to 1.85% (n=1) in the week beginning on 13 November 2023. The transmission in Bangladesh was primarily driven by influenza subtype B Victoria followed by Influenza A/H3 and influenza A/H1N1 pdm09.
- In Nepal, the percentage of specimens testing positive started to increase from the week beginning on 7 August and until 13 November 2023, remained between 5% and 27% (Figure 9). From 2 October, it has shown a declining trend with a positivity of 5% in the week beginning on 13 November.
- In Thailand, the percentage of specimens positive for influenza increased from 29% in the week starting on 14 August to 38% in the week starting on 25 September. However, in weeks starting from 23 October and 30 October, the positivity has fallen to below 25% but again increased to 30% in week starting on 6 November. In the last month, the most frequently circulating strains have been the subtype influenza A/H3 followed by influenza A/H1N1 pdm09 and a significant proportion of un-subtyped influenza B (Figure 10).
- In Bhutan, the percentage of specimens testing positive started to increase from week starting on 17 July and reached the highest (48%) on 25 September. Since then, until 13 November 2023, the positivity proportion has remained between 12% and 43%. The transmission in Bhutan was primarily driven by influenza A/H3 followed by influenza subtype B Victoria and influenza A/H1N1 pdm09 (Figure 11).
- From the week starting on 17 September to the week starting on 12 November, the proportion of respiratory samples collected at influenza sentinel surveillance sites in these countries that tested positive for COVID-19 varied from 0.83% to 1.34% (Figure 2).
- Data sources and information on influenza, including updates of integrated surveillance of SARS-CoV-2 using influenza sentinel surveillance systems, are available at WHO SEARO Influenza dashboard.

Figure 8. Number of specimens positive for influenza by subtypes and the influenza test positivity in WHO South-East Asia Region (as of 13 November 2023)
Figure 9. Number of specimens positive for influenza by subtypes and the influenza test positivity in Nepal 2023 (as of 13 November 2023)

Figure 10. Number of specimens positive for influenza by subtypes and the influenza test positivity in Thailand 2023 (as of 12 November 2023)
Figure 11. Number of specimens positive for influenza by subtypes and the influenza test positivity in Bhutan 2023 (as of 13 November 2023)