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

Mumps: India

Situation overview as of 30 March 2024

- Cases of mumps have been increasing sharply in the state of Kerela and since the beginning of 2024 up to 30 March a cumulative total of 18,158 cases have been reported (Figure 1).
- The measles, mumps, and rubella (MMR) vaccine is not included in the Universal Immunization Programme (UIP) in India with only the measles and rubella (MR) vaccine used.
- Since November 2023 and to date, informal media articles continue to report an increase in the number of mumps cases in different states of India including in Andhra Pradesh, Maharashtra, Telangana, Himachal Pradesh, Delhi, and Rajasthan.

Figure 1: Weekly number of new mumps cases. Kerela State. India. Epidemiological week (EW) 1 – EW 12, 2024.

WHO Position

- Mumps is an acute disease of children and young adults, caused by a paramyxovirus of which there is only a single serotype.
- Humans are the only known host for mumps virus, which is spread via direct contact or by airborne droplets from the upper respiratory tract of infected individuals.
- Normally mumps is a mild, self-limiting disease and disappears without sequelae. However, complications may occur such as encephalitis or sensorineural deafness. Orchitis (a painful inflammation of the testes) occurs in 20% of young adult males who develop mumps.
- Vaccination with a mumps-containing vaccine is the most effective and established method to prevent mumps illness.
- WHO recommends the use of MMR vaccines for countries with mature immunization programmes, in accordance with the coverage targets recommended for MR vaccination.
- Strategies to control mumps should be closely integrated with existing goals for measles and rubella control and elimination.

2 MOHFW. India. National Immunization Schedule (NIS) for Infants, Children and Pregnant Women.
COVID-19

Status as of 31 March 2024

- In the WHO South-East Asia Region, from 18 to 31 March 2024, 3,544 new COVID-19 cases, a decrease of 13.4% and 41 deaths, an increase of 17.1% compared to the previous 14 days, respectively (Table 1).
  - From 18 to 31 March 2024, Thailand (1,385 new cases, +43.4%) reported an increase in the number of new cases while India (1,705 new cases, -30.2%), Bangladesh (364 new cases, -35.8%), Indonesia (58 new cases, -23.7%), Myanmar (56 new cases, -3.4%) reported a decrease in the number of new cases compared to the previous 14 days. Sri Lanka also reported 3 new cases while there was no new case in previous 14 days in Sri Lanka.
  - Data were not available from Bhutan, Maldives, Nepal and Timor-Leste for this period.
- The Region has recorded a cumulative total of 61,273,832 COVID-19 cases, including 808,583 deaths (Table 1).
- During week eleven in 2024, the proportion of respiratory samples collected at influenza sentinel surveillance sites in the selected countries that tested positive for COVID-19 ranged from 3% (Bangladesh) to 8% (Bhutan) (Figure 4).
- Please refer to the WHO SEARO COVID-19 dashboard for further information of COVID-19 in WHO South-East Asia Region.
- Globally, 774,954,393 COVID-19 cases, including 70,402,264 deaths have been cumulatively reported, as of 17 March 2024. Please visit WHO COVID-19 dashboard for global situation of COVID-19.

Table 1. COVID-19 cases, deaths, and the weekly change in countries in the WHO South-East Asia Region in the week from 18 to 31 March 2024

<table>
<thead>
<tr>
<th>Country</th>
<th>Cumulative cases</th>
<th>New cases (last 14 days)</th>
<th>% change in new cases</th>
<th>New cases per 1M pop</th>
<th>Cumulative deaths</th>
<th>New deaths (last 14 days)</th>
<th>% change in new deaths</th>
<th>New deaths per 1M pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>45,014,360</td>
<td>1,705</td>
<td>-30.2</td>
<td>1.2</td>
<td>538,552</td>
<td>31</td>
<td>19.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Thailand</td>
<td>4,770,005</td>
<td>1,558</td>
<td>+43.4</td>
<td>19.0</td>
<td>34,583</td>
<td>7</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2,049,519</td>
<td>364</td>
<td>-35.8</td>
<td>2.1</td>
<td>29,453</td>
<td>1</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>6,823,942</td>
<td>58</td>
<td>-23.7</td>
<td>0.2</td>
<td>162,956</td>
<td>0</td>
<td>-100.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>641,951</td>
<td>58</td>
<td>-3.4</td>
<td>1.0</td>
<td>19,494</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>672,734</td>
<td>3</td>
<td>200.0</td>
<td>0.1</td>
<td>15,899</td>
<td>2</td>
<td>100.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Bhutan</td>
<td>62,697</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>21</td>
<td>NA</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>316</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Nepal</td>
<td>1,063,450</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>12,093</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>23,480</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>138</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>SEAR Total</td>
<td>61,273,832</td>
<td>3,544</td>
<td>-13.4</td>
<td>808,583</td>
<td>41</td>
<td>17.1</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Percent change in the number of newly confirmed cases/deaths in past 14 days, compared to the previous 14 days.
NA = data not available.
DPR Korea has not reported confirmed COVID-19 cases.
Thailand and Indonesia data were for the period from 17 to 30 March 2024 in comparison to the preceding 14 days.
As for cumulative numbers, Maldives data are as of 5 August 2023, Timor-Leste data as of 11 August 2023, Bhutan data as of 8 October 2023, and Nepal data as of 20 October 2023.

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Data as 17 March 2024 link: [https://data.who.int/dashboards/covid19/cases](https://data.who.int/dashboards/covid19/cases)
Figure 2. Weekly number of new COVID-19 cases reported during the previous ten weeks (22 January 2023 to 31 March 2024) in the WHO South-East Asia Region *

![Weekly COVID-19 cases](image1)

* Data of Maldives, Bhutan, Nepal and Timor-Leste are not available.

Figure 3. Weekly number of SARS-CoV-2 positive samples and test positivity from integrated influenza-SARS-CoV-2 sentinel surveillance systems in the previous eight weeks 22 January 2023 to 17 March 2024 in selected counties* (as of 31 March 2024)

![Weekly SARS-CoV-2 positivity](image2)

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

- WHO is currently tracking several SARS-CoV-2 variants and their sub-lineages including:
  - Five variants of interest (VOIs): XBB.1.5; XBB.1.16; EG.5; BA.2.86 and JN.1
  - Three variants under monitoring (VUMs): XBB; XBB.2.3; XBB.1.9.1
- Information on the current status of the global SARS-CoV-2 variants can be found from the WHO COVID-19 dashboard.

SARS-CoV-2 variants in the South-East Asia Region

- As of 30 March 2024, the sequence data submitted to GISAID by countries in the South-East Asia region in the last 60 days by date of collection are shown in Figures 3a and 3b. Only a small number of sequences have been submitted from countries and therefore the data should be interpreted with caution; however, JN.1* continues to dominate in most countries in the Region.
- In the last 60 days:
  - In India, 45 sequences were submitted, with JN.1* accounting for 80%.
  - In Indonesia, 70 sequences were submitted, with JN.1* also continuing to account for the large majority (87.1%, n=61).
  - In Sri Lanka, one sequence which was JN.1* was submitted.
  - In Thailand, 47 sequences were submitted with JN.1* accounting for 76.6% (n=36) followed by BA.2.86* (12.8%, n=6).
  - Other countries have not submitted sequences recently to GISAID.

Figure 4a. Number of SARS-CoV-2 variants of interest and variants under monitoring sequences submitted to GISAID within the past 30 and 31-60 days as of 30 March 2024 by date of collection (countries with recent submissions)

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6 https://gisaid.org/
Figure 4b. Proportion of SARS-CoV-2 variants of interest and variants under monitoring sequences submitted to GISAID within the past 30 and 31-60 days as of 30 March 2024 by date of collection (countries with recent submissions)'

* indicates the sub-lineage of each variant.

' The date next to the country name indicates the latest date of sample collection for sequence submission to GISAID. XBB* excludes XBB.1.16*, XBB.1.5*, XBB.1.9.1*, and XBB.2.3*.

Source: GISAID (https://gisaid.org/), as of 30 March 2024.
mpox

Status as of 31 March 2024

- In epidemiological weeks 11 (11 March 2024 to 17 March 2024) and 12 (18 March 2024 to 24 March 2024), nine new mpox cases were reported from Thailand.
- In the WHO South-East Asia Region, a total of 868 laboratory-confirmed mpox cases (including two deaths) have been reported since 14 July 2022 (Figure 5).
- Figure 6 shows the weekly number of cases reported in Indonesia and Thailand since 1 January 2023.
- Table 2 summarizes the basic epidemiological profile of the mpox cases in the Region.
- For more information on the global situation of mpox outbreak, please visit the global dashboard.

Figure 5. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (14 July 2022 – 31 March 2024)

* Cases are plotted as per the week of notification (based on the date on which the case was notified to the public health authority). Where the date of notification is missing for 83 cases in Indonesia, this was replaced with the date of diagnosis.

Figure 6. Weekly number of mpox cases reported in Indonesia (n=83) and Thailand (n=738) since 1 January 2023 by date of notification* (as of 31 March 2024)

* Cases are plotted as per the week of notification (based on the date on which the case is notified to the public health authority). Where the date of notification is missing for cases in Indonesia, this was replaced with the date of diagnosis.
Table 2. Profile of the 858 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 31 March 2024)*

<table>
<thead>
<tr>
<th></th>
<th>Since July 2022 (n = 858)</th>
<th>Since July 2023 (n = 725)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>27 (3.1%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Indonesia</td>
<td>83 (9.7%)</td>
<td>82 (11.3%)</td>
</tr>
<tr>
<td>Nepal</td>
<td>1 (0.1%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>4 (0.5%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Thailand</td>
<td>743 (86.6%)</td>
<td>643 (88.7%)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>34 (4.0%)</td>
<td>12 (1.7%)</td>
</tr>
<tr>
<td>Male</td>
<td>823 (95.9%)</td>
<td>713 (98.3%)</td>
</tr>
<tr>
<td>Transgender</td>
<td>1 (0.1%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td><strong>Age group (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 18</td>
<td>4 (0.5%)</td>
<td>3 (0.4%)</td>
</tr>
<tr>
<td>18-29</td>
<td>293 (34.1%)</td>
<td>254 (35.0%)</td>
</tr>
<tr>
<td>30-39</td>
<td>362 (42.2%)</td>
<td>305 (42.1%)</td>
</tr>
<tr>
<td>40-49</td>
<td>167 (19.5%)</td>
<td>141 (19.4%)</td>
</tr>
<tr>
<td>50 and over</td>
<td>32 (3.7%)</td>
<td>22 (3.0%)</td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>60 (7.0%)</td>
<td>36 (5.0%)</td>
</tr>
<tr>
<td>Men who have sex with men (MSM)</td>
<td>700 (81.6%)</td>
<td>614 (84.7%)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>14 (1.6%)</td>
<td>13 (1.8%)</td>
</tr>
<tr>
<td>Other</td>
<td>26 (3.0%)</td>
<td>24 (3.3%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>58 (6.8%)</td>
<td>38 (5.2%)</td>
</tr>
<tr>
<td><strong>Recent travel</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>45 (5.2%)</td>
<td>14 (1.9%)</td>
</tr>
<tr>
<td>No</td>
<td>805 (93.8%)</td>
<td>709 (97.8%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>8 (0.9%)</td>
<td>2 (0.3%)</td>
</tr>
</tbody>
</table>
Dengue

Bangladesh

- During week 13 (25 March 2024 to 31 March 2024), a total of 74 new dengue cases were reported in Bangladesh, a 12.9% decrease compared to 85 cases reported during week 12 (18 March 2024 to 24 March 2024).
- During week 13, no new dengue deaths were reported in Bangladesh. Two new deaths were reported during week 12.
- A total of 311 dengue cases including five dengue-related deaths have been reported during the month of March. This compares to 111 cases and zero deaths reported during March 2023.
- During 2024 (as of 31 March), a total of 1,705 dengue cases including 22 dengue-related deaths have been reported. This is more than twice the number of cases (n=809) and 2.4 times the number of deaths (n=9) reported during the same period in 2023.

Figure 7. Number of new cases of, and deaths from dengue by month in Bangladesh from January 2019 to 31 March 2024

Maldives

- No new data are available. Please refer to previous versions of the South-East Asia Epidemiological Bulletin for prior epidemiological information.

Nepal

- During week 11 (11 to 17 March 2024), a total of 46 new dengue cases were reported via sentinel surveillance through the Early Warning and Reporting System (EWARS) in Nepal, a 91.7% increase compared to 24 cases reported during week ten (4 to 10 March 2024).
- Between weeks one and 11 in 2024, a total of 425 dengue cases were reported via EWARS compared to 370 and 14 during the same period in 2023 and 2022, respectively.

Figure 8. Number of new cases of dengue by week reported by the Early Warning and Reporting System (EWARS) in Nepal from epidemiological week (EW) 1 of 2018 to EW 11 of 2024


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During week 12 (18 to 24 March 2024), a total of 666 new dengue cases were reported in Sri Lanka, a 22.8% decrease compared to 863 cases reported during week 11 (11 to 17 March 2024).

During 2024 (as of 24 March) 19,414 cases have been reported.

Figure 9. Number of new suspected cases of dengue by week in Sri Lanka from epidemiological week (EW) 1 of 2017 to EW 12 of 2024

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 2024)

https://lookerstudio.google.com/reporting/95b978f1-5c1a-44fb-a436-e19819e939c0/page/XRtTB
During March 2024 (as of 27 March), a total of 3,641 dengue cases (n=2,680, 73.6%), dengue hemorrhagic fever (DH) (n=928, 25.5%) and dengue shock syndrome (DSS) (n=33, 0.9%) and one dengue shock syndrome death was reported in Thailand.

During 2024, (as of 27 March) a total of 22,544 cases including 20 deaths (CFR=0.09%) have been reported. This represents a nearly twofold increase in cases compared to the same period last year, which saw 11,593 cases and 14 deaths from January to March in 2023.

Figure 10. Number of new dengue cases and deaths by month in Thailand from January 2018 to March 2024 (as of 27 March)


Influenza

Situation as of 31 March 2024

- According to the data submitted to the FluMart of the Global Influenza Surveillance and Response system (GISRS), in the WHO South-East Asia Region, in epidemiological week 12 in 2024 (18 to 25 March), the weekly test positivity was at 7.93% and the most frequently reported strains were influenza B (Victoria lineage), influenza A/H3 and A/H1N1pdm09 (Figure 11).

- 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 and WHO SEARO monthly updates.