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

Avian Influenza A(H9N2) in India

Situation as of 11 June 2024\(^1\)

**Situation Overview**

- WHO Disease Outbreak News published an article on A(H9N2) in India.
- On 22 May 2024, the International Health Regulations (IHR) National Focal Point (NFP) for India reported to WHO a case of human infection with avian influenza A(H9N2) virus.
- The patient is a 4-year-old child residing in West Bengal state, who reportedly had exposure to poultry at home and the surroundings.
  - He was initially diagnosed with hyperreactive airway and presented fever and abdominal pain on 26 January 2024. He further developed seizures, respiratory distress symptoms persisted and had recurrent high-grade fever and abdominal cramps.
  - On 2 February, he tested positive for influenza B and adenovirus and remained hospitalized until 28 February 2024.
  - On 3 March, with a recurrence of severe respiratory distress, he was referred to another hospital and was admitted to the pediatric intensive care unit (ICU) and intubated.
  - On 5 March, he tested positive for influenza A and rhinovirus. On 26 April, the sample was sub-typed as influenza A(H9N2) through real-time polymerase chain reaction.
  - On 1 May, the case was discharged from the hospital with oxygen support and has recovered.
- There were no known persons reporting symptoms of respiratory illness in the family, the neighborhood, or among health care workers at health facilities attended by the case at the time of reporting.
- Public health measures implemented include the investigation of the influenza-like illness (ILI) in local poultry and enhanced surveillance of ILI in humans and animals.
- Based on the currently available information, WHO assesses the risk for the general population as low.

Avian Influenza A(H5N1) in Australia (with travel history to India)

Situation as of 7 June 2024\(^2\)

**Situation Overview**

- WHO Disease Outbreak News published an article on A(H5N1) in Australia with the travel history to India.
- On 22 May 2024, a confirmed human infection of A(H5N1) avian influenza in Australia was notified to WHO.
- The case is a child with no underlying conditions. She had a history of travel to Kolkata, India from 12 to 29 February 2024. She returned to Australia on 1 March 2024.
- The onset of symptoms (loss of appetite, irritability and fever) was on 25 February and was taken to a doctor on 28 February in India. On 2 March, she presented at a hospital in Australia and was admitted. She was then transferred to another hospital due to worsening of symptoms. She remained hospitalized for 2.5 weeks. The case is now reported to be clinically well.
- A nasopharyngeal swab and endotracheal aspirate taken on 6 and 7 March respectively tested positive for influenza A at the referral hospital. Virus genetic sequence confirmed the subtype A(H5N1) and the haemagglutinin (HA) gene belonged to clade 2.3.2.1a, which circulates in South-East Asia and has been detected in previous human infections and in poultry.
- She did not have any known exposure to sick persons or animals while in India and no travel history outside Kolkata was reported.
- None of the close contacts have developed symptoms.

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\(^1\) Disease Outbreak News: India A(H9N2) (Published 11 June 2024)

\(^2\) Disease Outbreak News: Australia A(H5N1) (Published 7 June 2024)
Public health measures implemented include convening an investigation team, activating of the National Incident Centre of the Australian Government and issuing a health advisory. Additionally, Indian authorities have initiated an epidemiological investigation with participation of all relevant sectors.

Based on the currently available information, WHO assesses the risk for the general population as low.

**COVID-19**

**Status as of 9 June 2024**

- In the WHO South-East Asia Region, from 27 May to 9 June 2024, 5,728 new COVID-19 cases, an increase of 11.4% and 21 deaths, a decrease of 41.7%, were reported, compared to the previous 14 days (Table 1).
  - From 27 May to 9 June 2024, Thailand (4,625 new cases, +25.6%), Bangladesh (336 new cases, +59.2%), Indonesia (63 new cases, +34.0%) and Sri Lanka (11 new cases, +83.3%) reported an increase in the number of new cases while India (550 new cases, -44.6%) and Myanmar (132 new cases, -28.3%) reported a decrease in the number of new cases, compared to the previous 14 days.
  - Data were not available from Bhutan, Maldives, Nepal and Timor-Leste for this period.
- The Region has recorded a cumulative total of 61,297,792 COVID-19 cases, including 808,734 deaths (Table 1).
- No further updates related to the proportion of respiratory samples collected at influenza sentinel surveillance sites. Details on proportion of respiratory samples collected can be found in prior version of the External Bulletin Update.
- Please refer to the [WHO SEARO COVID-19 dashboard](https://www.who.int) for further information of COVID-19 in WHO South-East Asia Region.
- Globally, 775,552,205 COVID-19 cases, including 7,050,201 deaths have been cumulatively reported, as of 26 May 2024. Please visit [WHO COVID-19 dashboard](https://www.who.int) 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 27 May to 9 June 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>Thailand</td>
<td>4,786,284</td>
<td>4,625</td>
<td>25.6</td>
<td>64.5</td>
<td>34,658</td>
<td>11</td>
<td>-50.0</td>
<td>0.2</td>
</tr>
<tr>
<td>India</td>
<td>45,040,060</td>
<td>550</td>
<td>-44.6</td>
<td>0.4</td>
<td>533,619</td>
<td>7</td>
<td>-46.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2,050,703</td>
<td>336</td>
<td>59.2</td>
<td>2.0</td>
<td>29,495</td>
<td>0</td>
<td>-100.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>642,545</td>
<td>132</td>
<td>-28.3</td>
<td>2.4</td>
<td>19,494</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>6,829,120</td>
<td>63</td>
<td>34.0</td>
<td>0.2</td>
<td>162,058</td>
<td>3</td>
<td>100.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>672,779</td>
<td>11</td>
<td>83.3</td>
<td>0.5</td>
<td>16,904</td>
<td>3</td>
<td>100.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Bhutan</td>
<td>62,997</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>186,904</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</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>12,031</td>
<td>NA</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>138</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>SEAR Total</td>
<td>61,297,792</td>
<td>5,717</td>
<td>11.5</td>
<td>NA</td>
<td>808,734</td>
<td>21</td>
<td>-41.7</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.

Indonesia and Thailand data were for the period from 27 May to 8 June 2024 in comparison to the preceding 14 days.

Sri Lanka data were for the period from 21 May to 3 June 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, Nepal data as of 20 October 2023.

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3 Data as 26 May 2024 link: [https://data.who.int/dashboards/covid19/cases](https://data.who.int/dashboards/covid19/cases)
Figure 1. Weekly number of new COVID-19 cases reported during the previous ten weeks (as of 9 June 2024) in the WHO South-East Asia Region*

* Data of Maldives, Bhutan, Nepal and Timor-Leste are not available. Sri Lanka data as of 3 June 2024.

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 eight weeks (from 1 April 2023 to 27 May 2024) in selected counties* (as of 9 June 2024)

* 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 4:
  - Three variants of interest (VOIs): EG.5; BA.2.86 and JN.1
  - Four variants under monitoring (VUMs): JN.1.7; KP.2; KP.3 and JN.1.18
- 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 9 June 2024, the genomic sequence data submitted to GISAID5 by countries in the South-East Asia region in the past 60 days by date of collection are shown in Figures 3a and 3b. Only a small number of genomic sequences have been submitted from countries and therefore the data should be interpreted with caution.
- In the last 60 days:
  - In Indonesia, 2 genomic sequences were submitted of which one genomic sequence with JN.1.* was submitted.
  - In India, 2 genomic sequences were submitted of which one genomic sequence with KP.2* (JN.1 descendant variant) was submitted.
  - In Nepal, 31 genomic sequences were submitted with KP.2* accounting for 41.9% (n=13) followed by JN.1* (16.1%, n=5). One genomic sequence with KP.3* was also submitted.
  - In Thailand, 210 genomic sequences were submitted with JN.1* accounting for 62.4% (n=131) followed by KP.2* (10%, n=21), JN.1.18* (5.2%, n=11), KP.3* (2.9%, n=6). Five genomic sequences with BA.2.86* were also submitted.
  - Other countries have not submitted genomic sequences recently to GISAID.

Other countries in the region have not submitted genomic sequences to GISAID in the past 60 days.

* indicates the sub-lineage of each variant.

1 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 10 June 2024.

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5 https://gisaid.org/
mpox

Status as of 9 June 2024

• In the WHO South-East Asia Region, a total of 916 laboratory-confirmed mpox cases (including two deaths) have been reported since 14 July 2022 (Figure 4).
• In epidemiological weeks 22 (27 May 2024 to 2 June 2024) and 23 (3 June 2024 to 9 June 2024), 4 new mpox cases were reported from Thailand (Figure 5).
• In epidemiological weeks 22 and 23, no new mpox case was reported from Indonesia (Figure 5).
• For more information on the global situation of mpox outbreak, please visit the [global dashboard](http://aidsboe.moph.go.th/aids_system/).

Figure 4. Number of mpox cases reported in WHO South-East Asia Region by date of notification* (14 July 2022 – 9 June 2024)

![Graph showing mpox cases in WHO South-East Asia Region](image)

* Cases are plotted as per the week of notification (based on the date on which the case was notified to the public health authority). For 86 cases in Indonesia for which the date of notification is missing, the date of diagnosis was used.

Figure 5. Weekly number of mpox cases reported in Indonesia (n=86) and Thailand (n=783) since 1 January 2023 by date of notification* (as of 9 June 2024)

![Graph showing weekly mpox cases in Indonesia and Thailand](image)

* 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 cases in Indonesia, this was replaced with the date of diagnosis.

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6 http://aidsboe.moph.go.th/aids_system/
Table 2. Profile of the 915 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 9 June 2024)

<table>
<thead>
<tr>
<th></th>
<th>Since July 2022 (n = 915)</th>
<th>Since July 2023 (n = 782)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>27 (3.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Indonesia</td>
<td>86 (9.4%)</td>
<td>85 (10.9%)</td>
</tr>
<tr>
<td>Nepal</td>
<td>1 (0.1%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>4 (0.4%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Thailand</td>
<td>797 (87.1%)</td>
<td>697 (89.1%)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>34 (3.7%)</td>
<td>12 (1.5%)</td>
</tr>
<tr>
<td>Male</td>
<td>870 (95.1%)</td>
<td>760 (97.2%)</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 (0.4%)</td>
<td>3 (0.4%)</td>
</tr>
<tr>
<td>18-29</td>
<td>311 (34.0%)</td>
<td>272 (34.8%)</td>
</tr>
<tr>
<td>30-39</td>
<td>386 (42.2%)</td>
<td>329 (42.1%)</td>
</tr>
<tr>
<td>40-49</td>
<td>178 (19.5%)</td>
<td>152 (19.4%)</td>
</tr>
<tr>
<td>50 and over</td>
<td>36 (3.9%)</td>
<td>26 (3.3%)</td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>64 (7.0%)</td>
<td>40 (5.1%)</td>
</tr>
<tr>
<td>Men who have sex with men (MSM)</td>
<td>745 (81.4%)</td>
<td>659 (84.3%)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>20 (2.2%)</td>
<td>19 (2.4%)</td>
</tr>
<tr>
<td>Other</td>
<td>26 (2.8%)</td>
<td>24 (3.1%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>60 (6.6%)</td>
<td>40 (5.1%)</td>
</tr>
<tr>
<td><strong>Recent travel</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>45 (4.9%)</td>
<td>14 (1.8%)</td>
</tr>
<tr>
<td>No</td>
<td>862 (94.2%)</td>
<td>766 (98.0%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>8 (0.9%)</td>
<td>2 (0.3%)</td>
</tr>
</tbody>
</table>
Dengue

**Bangladesh**

- During week 23 (3 to 9 June 2024), a total of 153 new dengue cases were reported in Bangladesh, a 17.7% increase compared to 130 cases reported during week 22 (27 May to 2 June 2024).
- During week 23, a total of 2 new dengue deaths were reported in Bangladesh, a 33.3% decrease compared to 3 deaths reported during week 22.
- During 2024 (as of 9 June 2024), a total of 3 067 dengue cases and 38 dengue related deaths have been reported. This is similar to the number of cases (n=3 169) and 1.6 times the number of deaths (n=24) reported during the same period in 2023.

**Figure 8. Number of new cases and deaths from dengue by epidemiological week in Bangladesh from epidemiological week (EW) 1 of 2020 to EW 23 of 2024**

Source: Health Emergency Operation Center and Control Room, DGHS Reported Monthly Dengue cases & Dengue Deaths in Bangladesh. 

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9 [https://old.dghs.gov.bd/images/docs/vpr/20240609_dengue_all.pdf](https://old.dghs.gov.bd/images/docs/vpr/20240609_dengue_all.pdf)
**Maldives**

- During May 2024, a total of 610 cases of dengue were reported in Maldives, a 150% increase compared to April 2024 (n=244).
- For the first five months of 2024, a total of 1,234 cases of dengue have been reported, compared to 1,219 cases during the same period in 2023. A total of 3,417 cases were reported in the entirety of 2023.

**Nepal**

- No new data is available. Please refer to previous versions of the [South-East Asia Epidemiological Bulletin](https://edcd.gov.np/resources/newsletter) for prior epidemiological information.

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During week 22 (27 May to 02 June 2024), a total of 614 new dengue cases were reported in Sri Lanka, a 11.6% increase compared to 550 cases reported during week 21 (20 to 26 May 2024).

Between week one and 22 in 2024, a total of 25 098 cases were reported compared to 40 405 and 25 152 during the same period in 2023 and 2022.

Figure 10. Number of new dengue cases by epidemiological week (EW) in Sri Lanka from EW 1 of 2017 to EW 22 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 EW 22 (27 May to 2 June 2024), a total of 680 new dengue cases were reported in Thailand, a 32.4% decrease compared to 900 cases reported during week 21 (20 to 26 May 2024).

During EW 22, no new dengue death was reported in Thailand which is similar to EW 21.

During 2024, (as of 6 June) a total of 32 093 cases including 30 deaths (CFR=0.1%) have been reported. This compares to 35 227 cases reported between January and June in 2023 including 36 deaths (CFR=0.1%).

Figure 11. Number of new dengue cases and deaths by epidemiological week (EW) in Thailand from EW 1 of 2019 to EW 22 of 2024


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Influenza

**WHO South-East Asia Region**

**Situation as of 9 June 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 22 in 2024 (27 May to 2 June), the weekly test positivity was at 26.52% and the most frequently reported strains were influenza A/H1N1pdm09, influenza A/H3. The detection of Influenza B(Victoria) lineage was relatively lower than in previous weeks of 2024. Additionally, there were influenza B (Unsubtyped) viruses reported (Figure 12).

- 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](https://www.who.int) and [WHO SEARO monthly updates](https://www.who.int).

**Figure 12. Number of specimens positive for influenza by subtypes and the influenza test positivity in WHO South-East Asia Region during 2023 and 2024 (as of week 27 May to 2 June 2024)**
**Bangladesh**

- As of 26 May 2024, 261 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 21 (20 to 26 May 2024).
- 72 samples (27.6%) were tested positive for influenza.
- Of samples tested positive for influenza (n=72), 80.6% (n=58) were A/H3 and 19.4% (n=14) were A(H1N1pdm09).

**Bhutan**

- As of 26 May 2024, 90 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 21 (20 to 26 May 2024).
- 30 samples (33.3%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=30), 83.3% (n=25) were positive for A(H1N1pdm), 13.3% (n=4) for B Victoria and 3.3% (n=1) for influenza A/H3.

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**Figure 13. Number of specimens positive for influenza by subtypes and the influenza test positivity in Bangladesh in 2024 (as of week 20 – 26 May 2024)**

**Figure 14. Number of specimens positive for influenza by subtypes and the influenza test positivity in Bhutan in 2024 (as of week 20 – 26 May 2024)**