

WHO South-East Asia Region Epidemiological Bulletin

WHO Health Emergencies Programme
WHO Regional Office for South-East Asia

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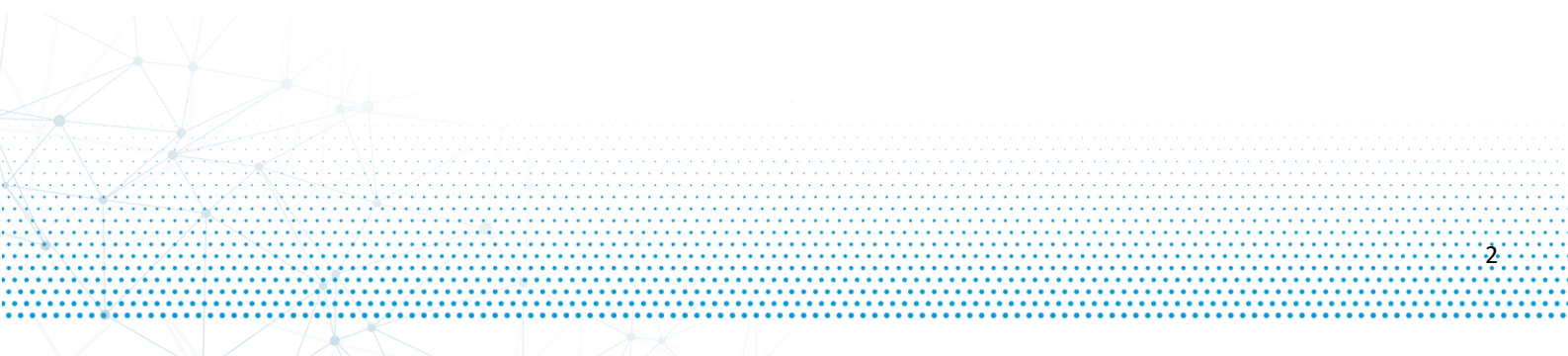
This epidemiological bulletin aims to provide the situation of key infectious diseases in the WHO South-East Asia Region to inform risk assessments and responses. The bulletin uses information from publicly available sources and will be published every two weeks. For feedback or suggestions, please write to seoutbreak@who.int.

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Key events and updates

Upsurge of mpox as a public health emergency of international concern

New Regional Publication: Technical Brief (interim) and Priority Actions: Enhancing Readiness for mpox in WHO South-East Asia Region

- The WHO Regional Office for South-East Asia updated and published the Technical Brief and Priority Actions: Enhancing Readiness for mpox in WHO South-East Asia Region.
- It provides situation and risk assessment of mpox in WHO South-East Asia Region in the context of emerging new clade, as well as proposed priority actions to enhance readiness for mpox in the Region, in the areas of surveillance, laboratory testing, infection prevention and control, clinical management, vaccination and risk communication and community engagement.
- Available at <https://www.who.int/southeastasia/international-publications-detail/9789290229582>



Global Situation Overview ¹

- The number of suspected and confirmed mpox cases reported in Africa in 2024 continues to increase. The most affected countries currently are the Democratic Republic of the Congo and Burundi.
- Testing coverage in the Democratic Republic of the Congo (DRC) remains low, due to limited testing capacity, and the number of suspected cases is around five times the number of laboratory-confirmed ones.
- Mpox case fatality ratio in the DRC in 2024 is 0.5% among confirmed cases (25 deaths out of 5160 cases) and 3.3% among suspected cases (717 deaths among 21 835 cases).
- In Africa, the two mpox virus (MPXV) clades and their subclades circulate in different geographic areas and affecting different populations, therefore need tailored and locally-adapted outbreak responses.
- Clade Ib, in circulation for approximately one year, has been associated with sustained human-to-human transmission and a rising trend in reported cases in eastern DRC. Clade Ib is also causing an ongoing outbreak in Burundi.
- Although genomic sequencing capacity is limited, clade Ib appears to be the predominant strain in the North and South Kivu provinces of the Democratic Republic of the Congo, Burundi, Rwanda, Kenya, and Uganda, and has been confirmed in imported cases in Sweden and Thailand, one case in each country.
- WHO published updated mpox global strategic preparedness and response plan on 6 September 2024 (available at the [link](#)).
- WHO also published External situation report on multi-country outbreak of mpox - Edition 36 on 14 September 2024 (available at the [link](#)).
- Most recent updates on mpox epidemiological situation is available on the global situation can be found on the WHO mpox surveillance dashboard (available at the [link](#)).

WHO prequalifies the first vaccine against mpox ²

- WHO has announced the MVA-BN vaccine as the first vaccine against mpox to be added to its prequalification list. The prequalification approval is expected to facilitate timely and increased access to this vital product in communities with urgent need, to reduce transmission and help contain the outbreak.
- WHO’s assessment for prequalification is based on information submitted by the manufacturer, Bavarian Nordic A/S, and review by the European Medicines Agency, the regulatory agency of record for this vaccine.

¹ <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox-external-situation-report-36-14-september-2024>

² <https://www.who.int/news/item/13-09-2024-who-prequalifies-the-first-vaccine-against-mpox>



- The MVA-BN vaccine can be administered in people over 18-years of age as a 2-dose injection given 4 weeks apart. After prior cold storage, the vaccine can be kept at 2–8°C for up to 8 weeks.
- The WHO Strategic Advisory Group of Experts (SAGE) on Immunization reviewed all available evidence and recommended the use of MVA-BN vaccine in the context of an mpox outbreak for persons at high risk of exposure.

WHO and partners establish an access and allocation mechanism for mpox vaccines, treatments, tests ³

- In coordination with Member States, the WHO and partners have established an access and allocation mechanism (AAM) for mpox medical countermeasures including vaccines, treatments and diagnostic tests.
- The AAM was established as a part of the interim Medical Countermeasures Network (i-MCM-Net). The i-MCM-Net brings together partners from around the world, including UN and other international agencies, health organizations, civil society organizations, industry and private sector to build an effective ecosystem for the development, manufacturing, allocation and delivery of medical countermeasures.
- The AAM is working to allocate the currently scarce supplies of mpox vaccines and diagnostics for those at the highest risk of infection, including for vaccinating contacts of confirmed cases, and providing access to point of care diagnostics to countries with ongoing mpox outbreaks.
- The AAM will operate based on these guiding principles: preventing illness and death, mitigating inequity, and ensuring transparency and flexibility.

WHO resources on mpox

All current WHO interim technical guidance can be accessed on [this page](#) of the WHO website. WHO evidence-based guidance has been and will continue to be updated in line with the evolving situation and updated scientific evidence. The selected publications are listed below for easy reference, together with other relevant resources.

- **IHR Emergency Committee, Temporary Recommendations and Standing Recommendations**
 - [First meeting of the International Health Regulations \(2005\) Emergency Committee regarding the upsurge of mpox 2024](#)
 - [Standing recommendations for mpox issued by the Director-General of the World Health Organization \(WHO\) in accordance with the International Health Regulations \(2005\) \(IHR\)](#)
- **Strategic framework**
 - [Mpox global strategic preparedness and response plan](#) (26 August 2024)
- **General information on mpox**
 - [Mpox fact sheet:](#)
 - [Monkeypox outbreak page \(2022\)](#)
 - [Mpox \(monkeypox\) health topic page](#)
 - [Mpox \(monkeypox\) Q&A](#)
- **Epidemiological situation**
 - Dashboard: https://worldhealthorg.shinyapps.io/mpx_global/
 - [Multi-country outbreak of mpox, External situation report Edition 36- 14 September 2024](#)
 - [Genomic epidemiology of monkeypox virus](#) (Nextstrain)
- **Technical documents**
 - [Technical Brief \(interim\) and Priority Actions: Enhancing Readiness for mpox in WHO South-East Asia Region](#) (13 September 2024)
 - [Diagnostic testing for the monkeypox virus \(MPXV\): interim guidance](#) (10 May 2024)
 - [Risk communication and community engagement readiness and response toolkit: mpox](#) (23 April 2024)
 - [Surveillance, case investigation and contact tracing for mpox \(monkeypox\): Interim guidance](#) (20 March 2024)

³ <https://www.who.int/news/item/13-09-2024-who-and-partners-establish-an-access-and-allocation-mechanism-for-mpox-vaccines--treatments--tests>



- [Clinical characterization of mpox including monitoring the use of therapeutic interventions: statistical analysis plan \(13 October 2023\)](#)
- Vaccine position paper: <https://iris.who.int/bitstream/handle/10665/378522/WER9934-eng-fre.pdf>
- [Monkeypox vaccines technical documents](#)
- SAGE on mpox vaccines (page 16): <https://iris.who.int/bitstream/handle/10665/376936/WER9922-285-306.pdf?sequence=1>

- **Data collection tools**
 - Case report form: [Word](#)
 - Case investigation form: [PDF](#)

- **Mass gathering**
 - [Public health advice for gatherings during the current monkeypox outbreak](#)
 - [Interim advice for public health authorities on summer events during the monkeypox outbreak in Europe, 2022](#)
 - [Holding mass and large gathering events during the multi-country mpox outbreak in the WHO European Region: Lessons identified for future mass gathering preparedness \(22 February 2023\)](#)
 - [Catalogue of resources on mpox mass and large gathering event preparedness](#)



India: Nipah virus

Situation overview (as of 15 September 2024)

- On 15 September, Kerala State Government reported a confirmed a Nipah virus death in Malappuram district, Kerala, India ⁴.
 - The case was a 24-year-old man (a student in Bangalore) who had shown symptoms of encephalitis, and died on Monday 9 September 2024, after attending four private hospitals.
 - The samples were sent to the Kozhikode Medical College, and was tested positive. The samples were also sent to the NIV and the Nipah virus case was officially confirmed.
 - As per the protocol, 16 committees were formed on Saturday 14 September.
 - So far 151 people are on the primary contact list.
 - After 5 people in quarantine developed some mild symptoms, samples were sent for testing.
- According to informal media reports ⁵:
 - Several public health measures have been implemented in selected areas of Malappuram, including mandatory face masks, restricting public gatherings in the affected district, educational institutions have suspended their activities until further notice.

Multiple countries: Typhoon Yagi

Situation overview

Myanmar ^{6 7}

- Heavy rains from Typhoon Yagi's remnants have resulted in significant flooding and damage in various parts of Myanmar.
- The flood impacted 59 townships in nine regions and states, including the state's capital, Nay Pyi Taw, Bago, Kayah, Kayin, Magway, Mandalay, Mon, and eastern and southern Shan. Central Myanmar is currently the hardest hit.
- While data verification is challenging, estimated 631,000 people might have been affected by flooding across the country.
- Multiple sources indicate that hundreds of people have died, with many more missing.
- The Myanmar Red Cross Society, the Myanmar Fire Brigade and local social services have continued to rescue and evacuate.
- Food, drinking water, medicine, clothes, dignity kits, and shelters have been reported as urgent needs.
- Key challenges: Response efforts are impacted by physical constraints such as road blockages, damaged bridges, and ongoing clashes. Telecommunications and internet services are unstable, frequently interrupting humanitarian communications and operations.

Thailand ⁸

- Severe weather in Northern Thailand has caused significant flooding and landslides affecting about 14,328 households. Rescue teams are responding to the flood situation.

⁴ [Kerala Government – Press release 15 September 2024](#)

⁵ Media articles: <https://tinyurl.com/2p9efv8>

⁶ [Myanmar: Flood Situation Report, 16 September 2024](#)

⁷ [Ministerial authorities for health – 13 September 2024](#)

⁸ <https://erccportal.jrc.ec.europa.eu/ECHO-Products/Echo-Flash#/daily-flash-archive/5161>



Multiple countries: Acute Watery Diarrhea / cholera

Myanmar

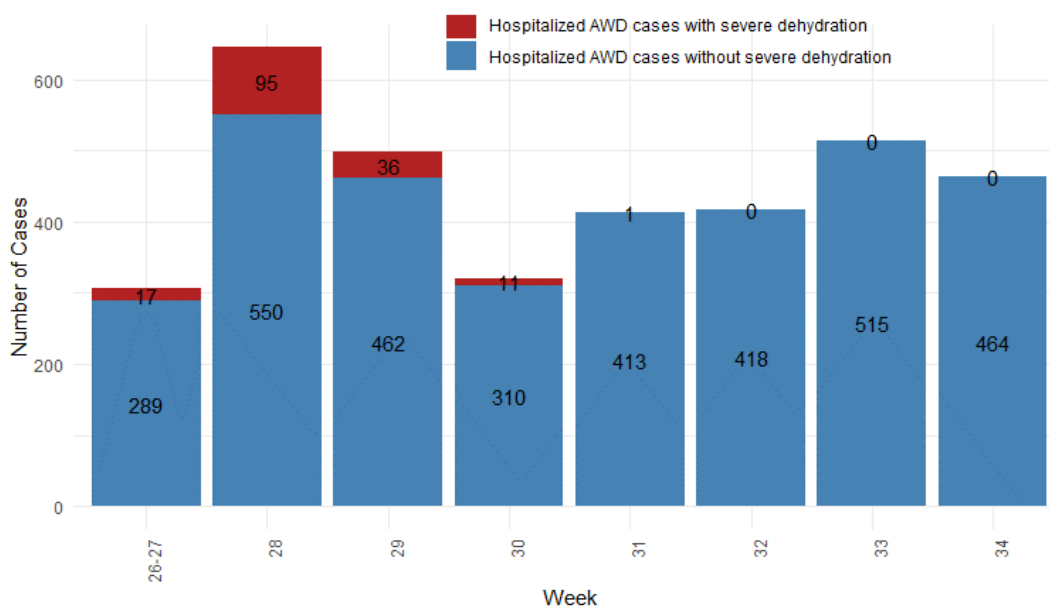
Situation overview (as of 25 August 2024)

- [Myanmar Acute Watery Diarrhea/Cholera Outbreak External Situation Report – the third edition](#) was published on 11 September 2024.

Yangon

- As of 25 August 2024, according to the ministerial authorities for health, 3 421 hospitalized cases of acute watery diarrhea (AWD) including 160 cases with severe dehydration were reported in Yangon Region, since 24 June 2024.
- Since week 31 (starting on 28 July 2024) more than 400 hospitalized AWD cases have been reported every week, with a total of 464 hospitalized AWD cases reported in the week 34 (19 – 25 August 2024).
- A total of 2 451 847 doses of oral cholera vaccine (OCV) to implement a reactive vaccination campaign in 34 townships in Yangon region have been approved by the International Coordinating Group (ICG) on Vaccine Provision.
- Planning for OCV vaccination campaign is underway. It is proposed that the campaign will be extended from seven days (which was the original plan) to 12 days, to ensure adequate time for fixed-post and door-to-door mopping up activities.

Figure 1. Trend of AWD cases in Yangon region, Myanmar from 24 June to 25 August 2024



Source: The ministerial authorities for health

Rakhine

- According to the ministerial authorities for health, from 4 to 25 August 2024, a total of 235 hospitalized AWD cases including 63 cases with severe dehydration were reported in Sittwe, Rakhine.
- According to the early warning and response systems (EWARS) supported by the Health Cluster in Myanmar, in the epidemiological week 36 (1 – 7 September 2024), a total of 47 AWD cases were recorded, including 20 cases with severe dehydration. This is 87% decrease compared the week 35 (25 – 31 August 2024).
- However, the number of the AWD cases with severe dehydration remains stable, ranging between 20 to 30 cases in the past three weeks (week 34 to 36).



Cox's Bazar, Bangladesh

Situation overview (as of 15 September 2024) ¹

- From 23 June to 15 September, 205 cases were reported, including 188 culture-confirmed cases and 17 rapid diagnostic test positive acute watery diarrhea (AWD) cases.
- 91% (171 of the 188) of culture-confirmed cholera cases were reported from Rohingya Refugee camps.
 - No confirmed cholera fatalities have been reported since the upsurge began in week 26 (23 June).
 - Confirmed cases among refugees were distributed in 24 out of 33 camps in Ukhiya and Teknaf.
 - Children aged 0-9 years old account for 71% of confirmed cases.
- Oral Cholera Vaccine is approved for Rohingya refugees and surrounding host communities in Cox's Bazar.

India

Situation overview (as of 30 June 2024) ²

- According to the Integrated Disease Surveillance Programme, between January 2024 and 30 June 2024, there have been 5 504 suspected cholera cases including 229 confirmed cases and 23 deaths reported from 13 states.

Nepal

Situation overview (as of 13 August 2024) ³

- According to an official situation report from the Nepal Ministry of Health and Population, clusters of cholera cases have been reported in several districts across the country since 19 July 2024.
- *Vibrio cholerae* O1 Ogawa serotype has been confirmed in stool samples. All confirmed cholera cases have been confirmed by culture.
- As of 13 September 2024, there are 81 cases in 7 districts: Lalitpur (53), Kathmandu (12), Kailali (8), Pyuthan (2), Makawanpur (1), Rolpa (4), and Sindhupalchowk (1). With the exception of recent sporadic cases that may have an epidemiological link in two districts of Kathmandu Valley, no epidemiological link has been established between the districts. No deaths have been reported.

Public health response

- EDCD is coordinating with provincial health directorates, public health emergency operations centers, district administrative offices, national and provincial laboratories, and health facilities daily for enhanced responses.
- EDCD is coordinating with the rapid response focal person from districts and local municipalities for active case finding and testing for laboratory confirmation. Alerts are investigated within 48 hours.
- Water, sanitation and hygiene (WASH) response are being implemented, including decontamination of probable sources, handwash activities, chlorination of drinking water sources. Dissemination of WASH and cholera-related messages through social media platforms such as Facebook and Instagram.
- Risk communication and community engagement activities for cholera awareness are carried out through local rapid response teams, district Offices and WASH cluster. Public Service Announcement were disseminated.

¹ Cox's Bazar sub-office, WCO Bangladesh

² [IDSP India](#)

³ [EDCD Nepal – Cholera and dengue situation update 27/17 September 2024](#)

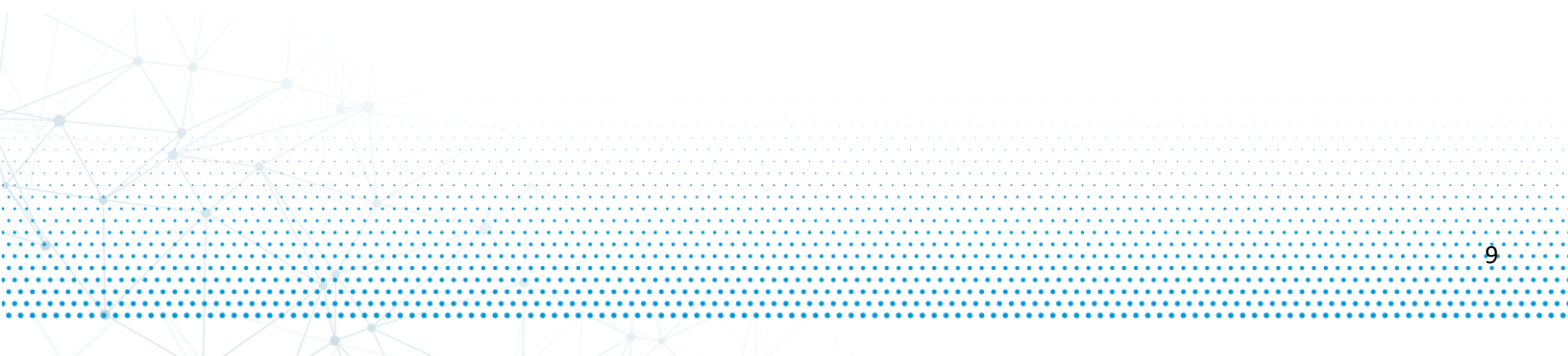


New Publication: Practical interim guidance to reduce the risk of infection in people exposed to avian influenza viruses

Human infection with avian influenza viruses such as A(H5N1) can cause clinical disease ranging from conjunctivitis, mild upper respiratory tract infection and gastrointestinal issues to more severe outcomes, including encephalitis, encephalopathy and death.

To minimize the risk of such human infections, interventions should be implemented to reduce human exposure to birds and mammals potentially infected with avian or other animal influenza viruses. It is recommended that national authorities conduct scientific investigations and enhanced surveillance to monitor, understand the extent of, and assess the risk among occupationally exposed individuals, including those with or without clinical signs and/or symptoms, and provide appropriate clinical management.

Available at: <https://iris.who.int/bitstream/handle/10665/378626/B09116-eng.pdf?sequence=1>





COVID-19

Situation overview as of 15 September 2024

- In the WHO South-East Asia Region, from 2 September to 15 September 2024, 1 174 new COVID-19 cases, a decrease of 17.4% and 5 deaths, a decrease of 37.5%, were reported, compared to the previous 14 days (Table 1).
 - From 2 September to 15 September 2024, Bangladesh (20 new cases, +17.6%) and Myanmar (103 new cases, +56.1%) reported an increase in the number of new cases while Thailand (616 new cases, -25.5%), India (425 new cases, -11.8%) and Indonesia (10 new cases, -70.6%) reported a decrease in the number of new cases, compared to the previous 14 days.
 - Data were not available from Bhutan, Maldives, Nepal, Sri Lanka and Timor-Leste for this period.
- The Region has recorded a cumulative total of 61 317 968 COVID-19 cases, including 808 827 deaths (Table 1).
- During week 35 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 0.33% (Bangladesh) to 9.23% (Bhutan) (Figure 3).
- Please refer to the [WHO SEARO COVID-19 dashboard](#) for further information of COVID-19 in WHO South-East Asia Region.
- Globally, 776 137 815 COVID-19 cases, including 7 061 330 deaths have been cumulatively reported, as of 1 September⁴. Please visit the [WHO COVID-19 dashboard](#) for the 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 2 August to 15 September 2024.

Country	Cumulative cases	New cases (last 14 days)	% change in new cases	New cases per 1M pop	Cumulative deaths	New deaths (last 14 days)	% change in new deaths	New deaths per 1M pop
Thailand	4,801,577	616	-25.5	8.6	34,724	3	200.0	0.0
India	45,043,227	425	-11.8	0.3	533,638	2	-71.4	0.0
Bangladesh	2,051,409	20	17.6	0.1	29,499	0	0.0	0.0
Myanmar	643,093	103	56.1	1.9	19,494	0	0.0	0.0
Indonesia	6,829,559	10	-70.6	0.0	162,059	0	0.0	0.0
Sri Lanka	672,802	NA	NA	NA	16,907	NA	NA	NA
Bhutan	62,697	NA	NA	NA	21	NA	NA	NA
Maldives	186,694	NA	NA	NA	316	NA	NA	NA
Nepal	1,003,450	NA	NA	NA	12,031	NA	NA	NA
Timor-Leste	23,460	NA	NA	NA	138	NA	NA	NA
SEAR Total	61,317,968	1,174	-17.4	NA	808,827	5	-37.5	NA

Notes:

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.

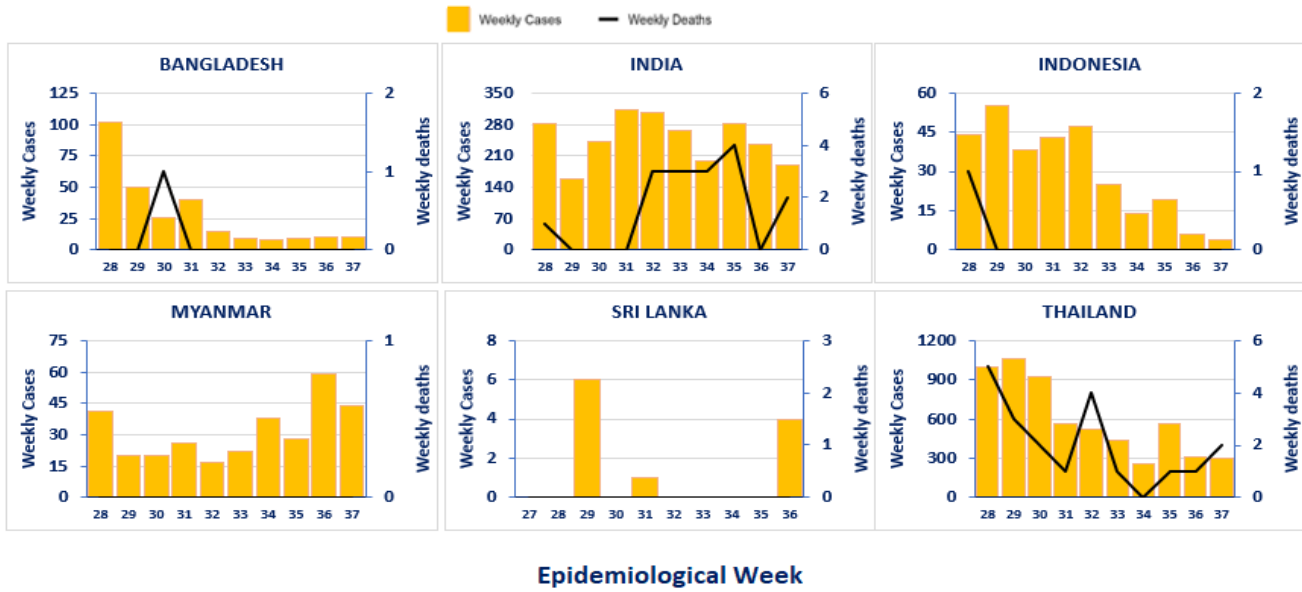
Indonesia and Thailand data were for the period from 1 to 14 September 2024 in comparison to the preceding 14 days.

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 and Sri Lanka data as of 2 September 2024.

⁴ [Global Dashboard](#) Data as 1 September 2024

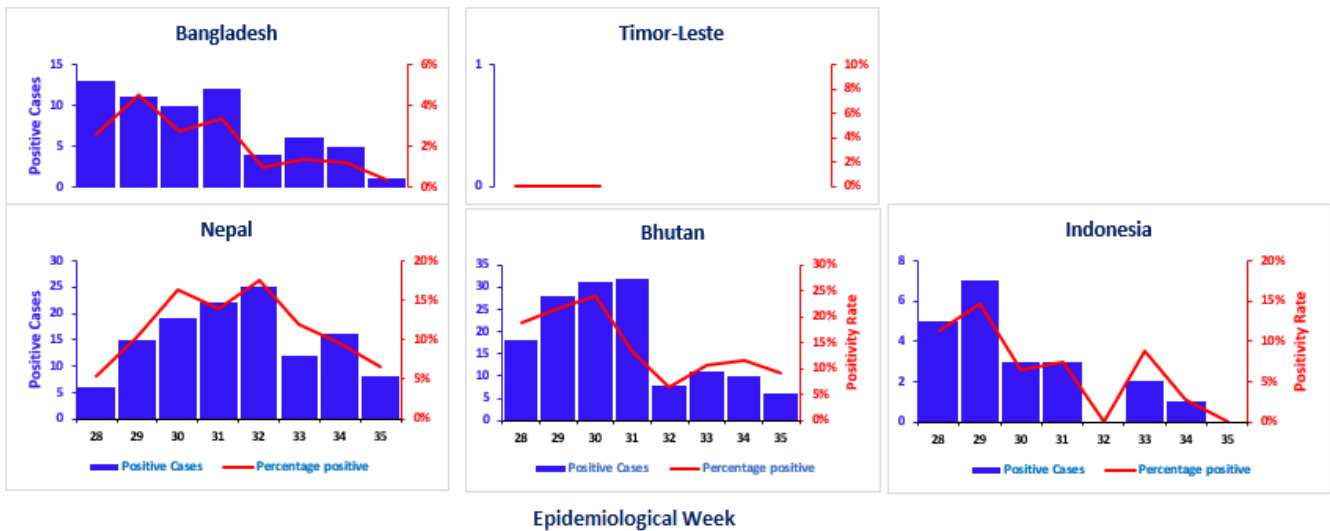


Figure 2. Weekly number of new COVID-19 cases reported during the previous ten weeks (as of 15 September 2024) in the WHO South-East Asia Region*.



* Data for Maldives, Bhutan, Nepal, and Timor-Leste are not available. Sri Lanka data were as of 2 September.

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 in selected countries* (as of 15 September 2024).



* Countries routinely conducting SARS-COV-2 testing of the samples collected through influenza sentinel surveillance sites (Bangladesh, Bhutan, Indonesia, Nepal, and Timor-Leste). Timor-Leste data is as of 28 July 2024.



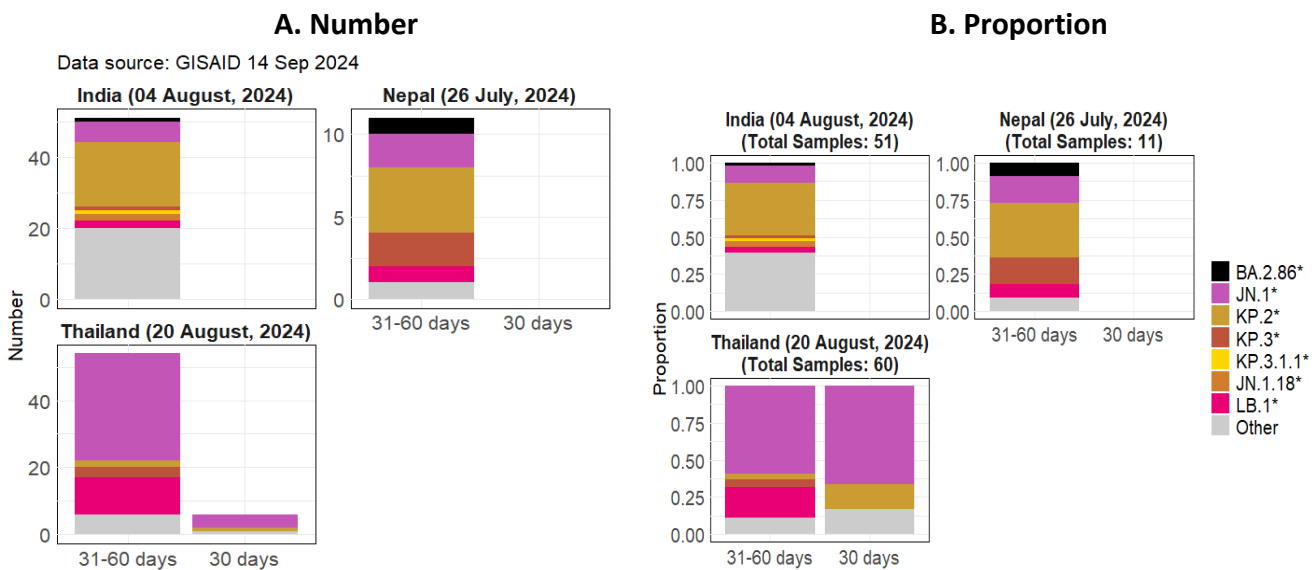
Global circulation of SARS-CoV-2 variants

- WHO is currently tracking several SARS-CoV-2 variants and their sub-lineages including ⁵:
 - Two variants of interest (VOIs): BA.2.86 and JN.1
 - Six variants under monitoring (VUMs): JN.1.7; KP.2; KP.3; KP.3.1.1; JN.1.18 and LB.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

- The genomic sequence data submitted to GISAID ⁶ by countries in the South-East Asia region in the past 60 days by date of collection are shown in Figure 4 (as of 14 September 2024). 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 **India**, 51 genomic sequences were submitted with KP.2* accounting for 35.3% (n=18) followed by JN.1* (11.8%, n=6), JN.1.18* (3.9%, n=2) and LB.1* (3.9%, n=2). One genomic sequence each with BA.2.86*, KP.3* and KP.3.1.1* were also submitted.
 - In **Nepal**, 11 genomic sequences were submitted with KP.2* accounting for 36.4% (n=4) followed by JN.1* (18.2%, n=2) and KP.3* (18.2%, n=2). One genomic sequence each with BA.2.86* and LB.1* were also submitted.
 - In **Thailand**, 60 genomic sequences were submitted with JN.1* accounting for 60% (n=36) followed by LB.1* (18.3%, n=11), KP.2* (5%, n=3) and KP.3* (5%, n=3).
 - Other countries have not submitted genomic sequences recently to GISAID.

Figure 4. Number (A) and proportion (B) of SARS-CoV-2 VOI and VUM sequences submitted to GISAID within the past 30 days and 31-60 days as of 14 September by date of collection (countries in South-East Asia Region, with recent submissions) †:



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

* 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 14 September 2024.

⁵ <https://www.who.int/publications/m/item/covid-19-epidemiological-update-edition-170>

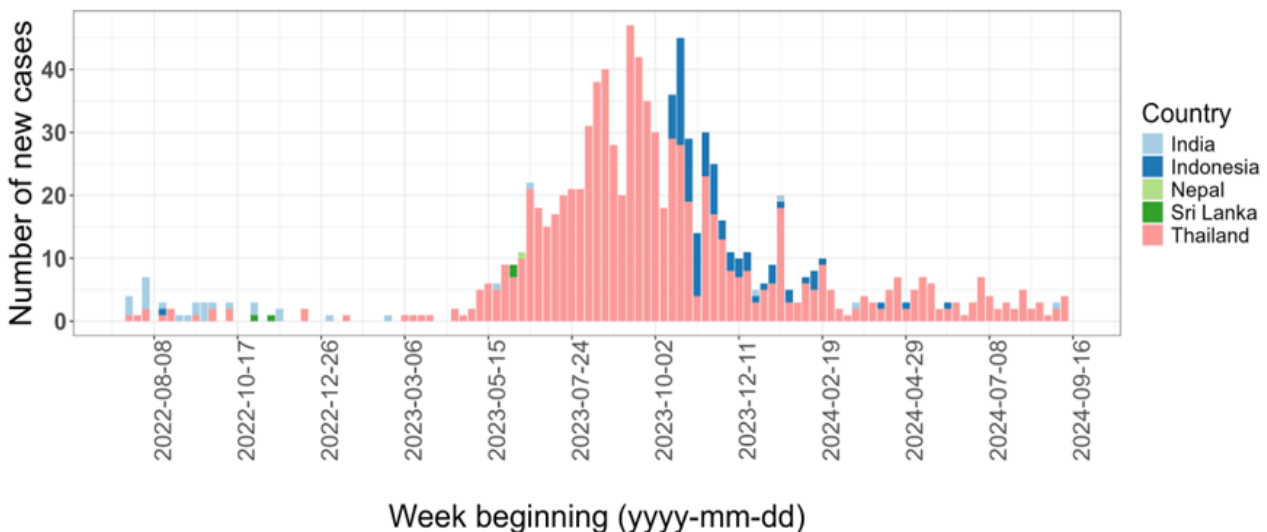
⁶ <https://gisaid.org/>

mpox

Situation overview as of 15 September 2024

- In the WHO South-East Asia Region, a total of 963 laboratory-confirmed mpox cases, including 11 deaths, have been reported since 14 July 2022 (Figure 4).
- In 2024, a total of 170 mpox cases, 152 from Thailand, 15 from Indonesia and 3 from India have been reported. One death was also reported from Thailand.
- In epidemiological weeks 36 (02 to 08 September 2024) and 37 (09 to 15 September 2024), one new mpox cases were reported from India, six from Thailand⁷ and none from Indonesia⁸ (Figures 5 and 6).
 - On 08 September 2024, India reported a suspected travel-related case of mpox from a country currently experiencing mpox transmission. The case was isolated and contact tracing was conducted. On 09 September, a press release indicated that laboratory testing had confirmed the presence of mpox virus of the clade II in the patient. The patient did not show systemic illness and was stable.^{9 10}
- The first case of the mpox virus clade Ib detected in Thailand has allegedly recovered and was discharged according to informal media¹¹.
- 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 – 15 September 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). For 87 cases in Indonesia for which the date of notification is missing, the date of diagnosis was used.

⁷ [Thailand Mpox](#)

⁸ [Indonesia Mpox](#)

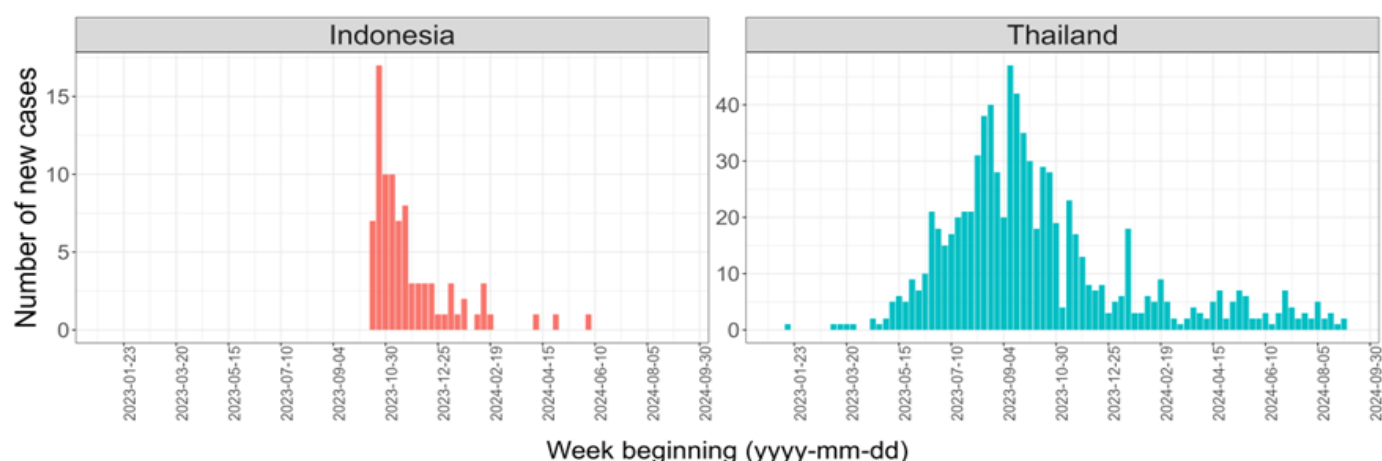
⁹ [India Ministry of Health and Family Welfare – Press release 8 September 2024](#)

¹⁰ [India Ministry of Health and Family Welfare – Press release 9 September 2024](#)

¹¹ [Bangkok Post – First case of new mpox variant recovers](#)



Figure 6. Weekly number of mpox cases reported in Indonesia (n=87) and Thailand (n=825) since 1 January 2023 by date of notification* (as of 15 September 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 cases in Indonesia, this was replaced with the date of diagnosis.

Table 2. Profile of the confirmed mpox cases reported in WHO South-East Asia Region in 2024 for which case-based information is available (as of 15 September 2024)

	Total (n = 923)	2024 (n=131)
Country		
India	27 (2.9%)	0 (0.0%)
Indonesia	88 (9.5%)	15 (11.5%)
Nepal	1 (0.1%)	0 (0.0%)
Sri Lanka	4 (0.4%)	0 (0.0%)
Thailand	803 (87.0%)	116 (88.5%)
Gender		
Female	36 (3.9%)	2 (1.5%)
Male	886 (96.0%)	129 (98.5%)
Transgender	1 (0.1%)	0 (0.0%)
Age group (years)		
Less than 18	4 (0.4%)	0 (0.0%)
18-29	315 (34.1%)	48 (36.6%)
30-39	389 (42.1%)	49 (37.4%)
40-49	179 (19.4%)	28 (21.4%)
50 and over	36 (3.9%)	6 (4.6%)
Sexual orientation		
Heterosexual	64 (6.9%)	7 (5.3%)
Men who have sex with men (MSM)	751 (81.4%)	110 (84.0%)
Bisexual	21 (2.3%)	8 (6.1%)
Other	26 (2.8%)	3 (2.3%)
Unknown	61 (6.6%)	3 (2.3%)
Recent travel		
Yes	45 (4.9%)	0 (0.0%)
No	870 (94.3%)	131 (100.0%)
Unknown	8 (0.9%)	0 (0.0%)

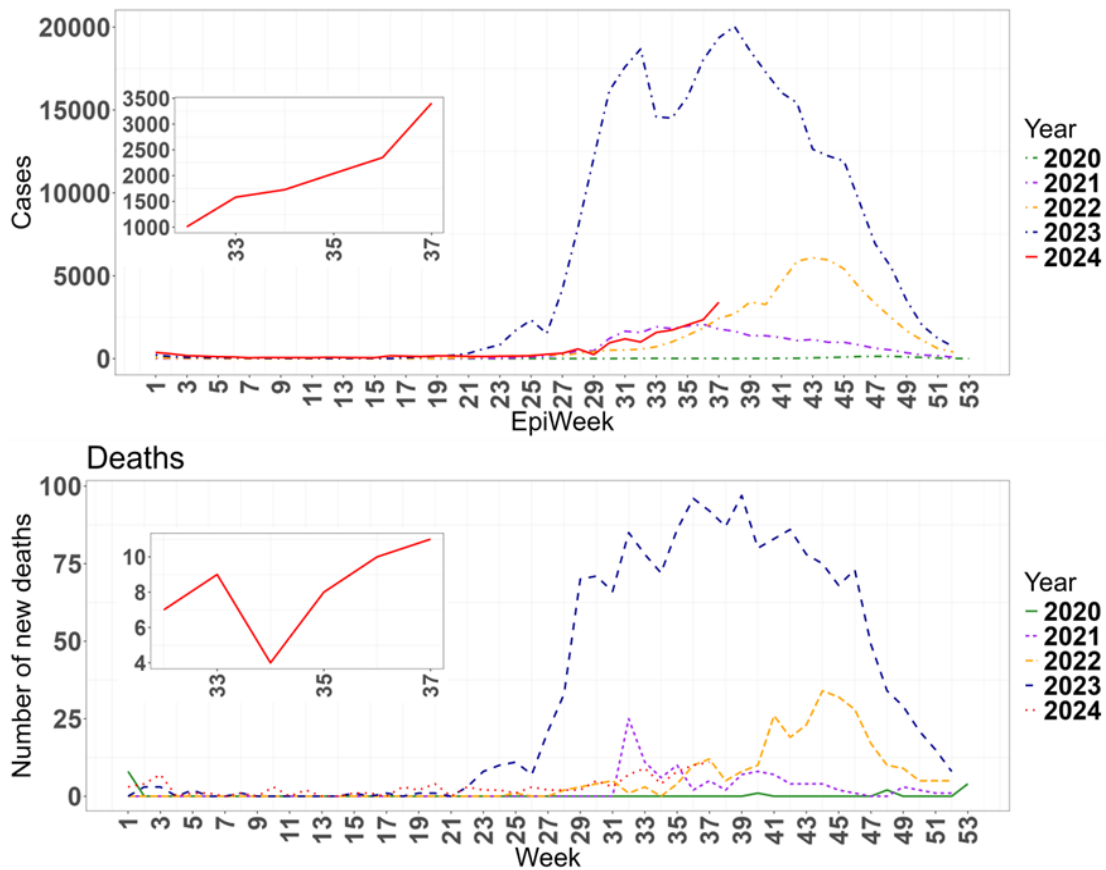


Dengue

Bangladesh^{1,2}

- During week 37 of 2024 (09 September to 15 September 2024), a total of 3 405 new dengue cases were reported in Bangladesh, a 44.8% increase compared to 2 351 cases reported during week 36 of 2024 (02 September to 08 September 2024).
- During week 37, a total of 11 new dengue deaths were reported in Bangladesh, a 10% increase compared to 10 deaths reported during week 36.
- In 2024, as of week 37, a total of 19 075 dengue cases and 107 dengue-related deaths have been reported. This is 11% compared to the number of cases (n=167 643) and 13% compared to the number of deaths (n=822) reported at the same time (week 37) in 2023.

Figure 7. Number of new cases and deaths from dengue by week in Bangladesh from week 1 of 2020 to week 37 of 2024.



Source: Health Emergency Operation Center and Control Room, DGHS Reported Monthly Dengue cases & Dengue Deaths in Bangladesh. Available at: <https://old.dghs.gov.bd/index.php/bd/home/5200-daily-dengue-status-report>

¹ [Bangladesh Dengue press releases](#)

² [Bangladesh daily Dengue press release 15 September 2024](#)

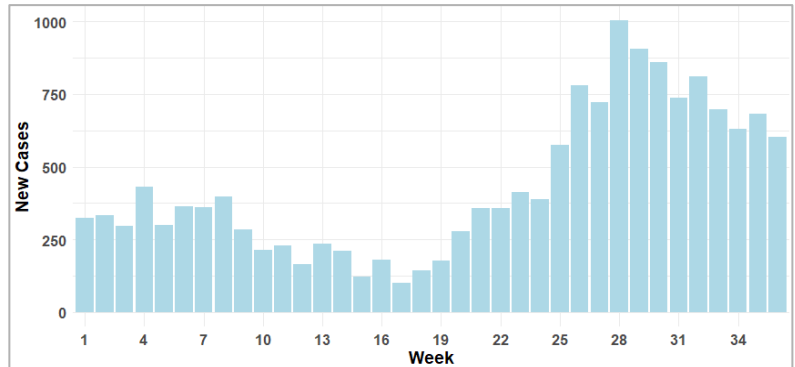


India³

Kerala⁴

- During week 36 of 2024 (02 September to 08 September 2024), a total of 602 new dengue cases were reported in Kerala, a 12% decrease compared to 684 cases reported during week 35 (26 August to 01 September 2024).
- From the week one to week 36 in 2024, a total of 15 658 cases were reported.
- A total of 17 426 dengue cases were reported in the entirety of 2023.

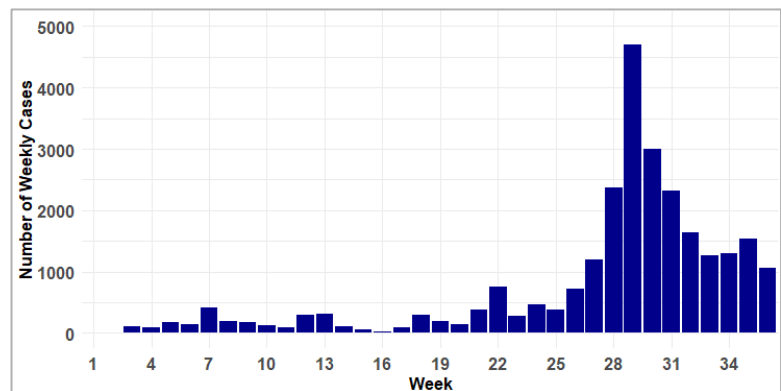
Figure 8. Number of new dengue cases by week in Kerala from week 1 to week 36 of 2024.



Karnataka⁵

- During week 36 of 2024 (02 September to 08 September 2024), a total of 1 062 new dengue cases were reported in Karnataka, a 30.5% decrease compared to 1 256 cases reported during week 35 (26 August to 01 September 2024).
- From the week one to week 36 in 2024, a total of 26 323 cases were reported.
- A total of 19 300 dengue cases were reported in the entirety of 2023.

Figure 9. Number of new dengue cases by week in Karnataka from week 1 to week 36 of 2024.



³ [NCVBDC](#)

⁴ [Kerala](#)

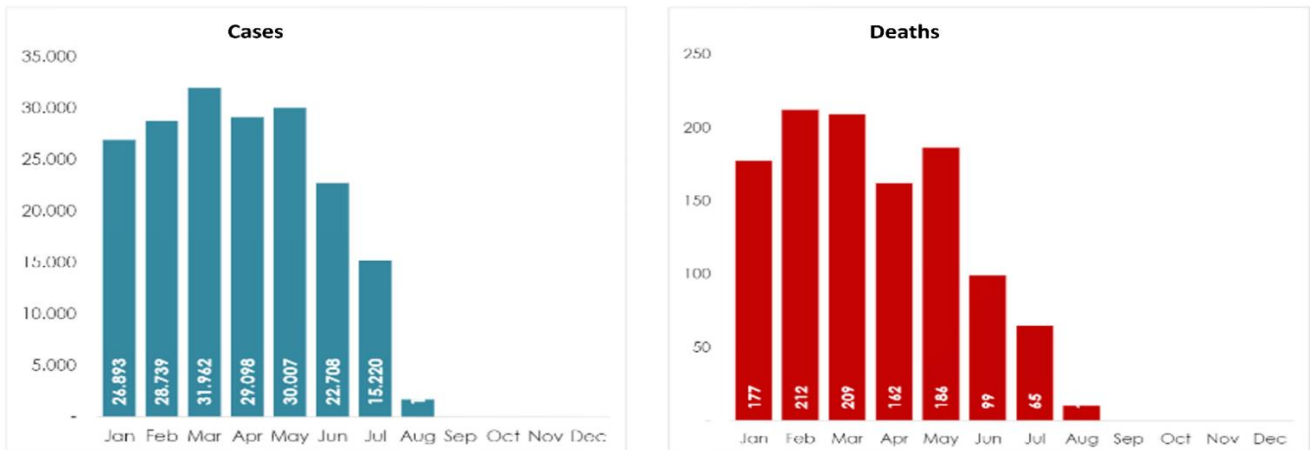
⁵ [Karnataka](#)



Indonesia ^{6 7}

- As of week 35 (As of 4 September), 549 501 suspected cases were reported including 186 324 confirmed cases and 1 120 deaths.

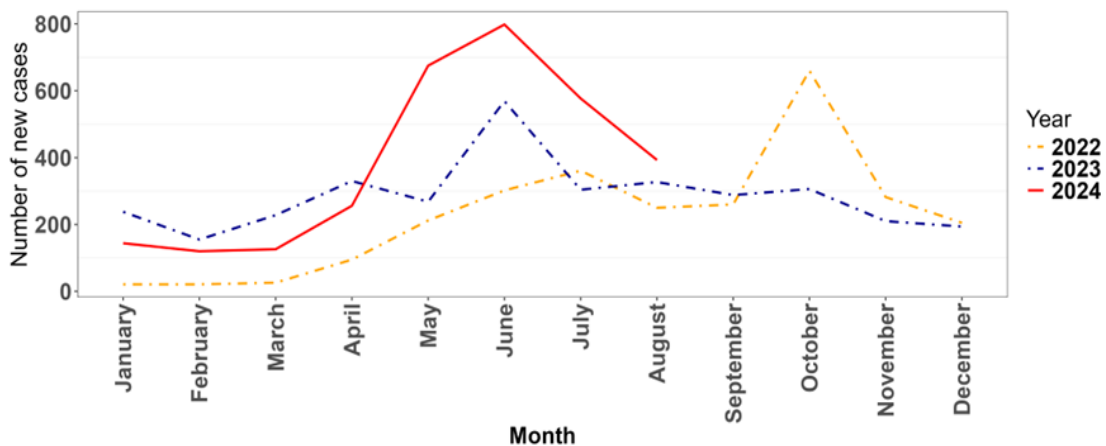
Figure 10. Number of new confirmed cases and deaths of dengue by month as of 4 September



Maldives ⁸

- During August 2024, a total of 393 cases of dengue were reported in Maldives, a 31.9% decrease compared to July 2024 (n=577).
- During 2024, a total of 3 089 cases of dengue have been reported compared to 2 419 cases during the same period in 2023. A total of 3 417 cases were reported in the entirety of 2023.

Figure 11. Number of new cases of dengue by month in Maldives from January 2022 to August 2024.



⁶ [WHO Global Dengue Surveillance](#)

⁷ [Dengue Data Update – Directorate General of P2P \(kemkes.go.id\)](#)

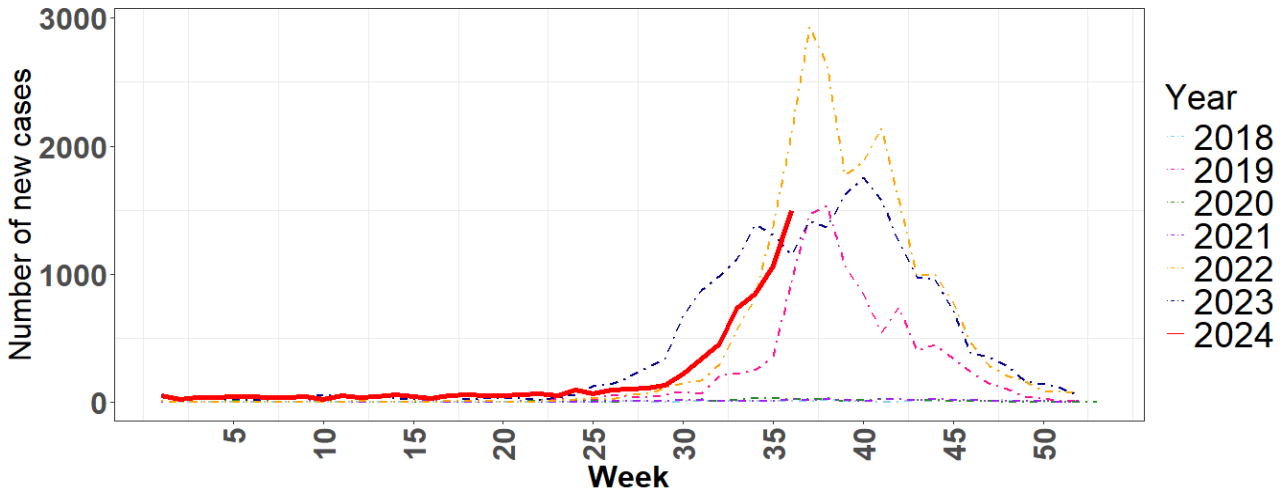
⁸ [Maldives Monthly Communicable Diseases Report \(August 2024\)](#)



Nepal⁹

- During week 36 (02 September 2024 to 08 September 2024), a total of 1 498 new dengue cases were reported via the Early Warning and Reporting System (EWARS) in Nepal, a 40.9% increase compared to 1 063 cases reported during week 35 (26 August 2024 to 01 September 2024).
- In 2024 as of week 36, a total of 6 796 dengue cases have been reported via EWARS compared to 9 380 and 5 817 during the same period in 2023 and 2022, respectively.

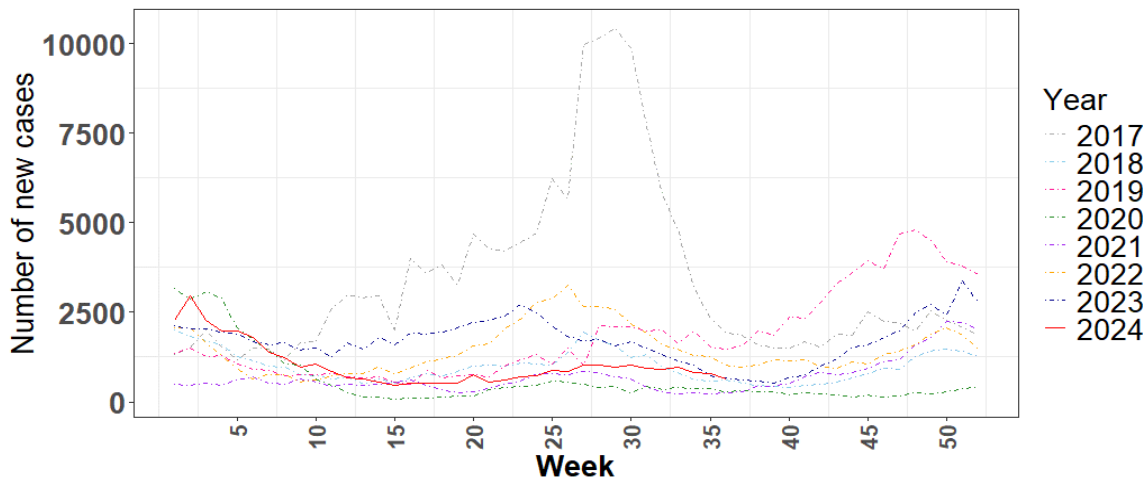
Figure 12. Number of new cases of dengue by week reported by the Early Warning and Reporting System (EWARS) in Nepal from week 1 to week 36 of 2024.



Sri Lanka¹⁰

- During week 36 (02 September 2024 to 08 September 2024), a total of 649 new dengue cases were reported in Sri Lanka, a 17.2% decrease compared to 784 cases reported during week 35 (26 August 2024 to 01 September 2024).
- From the week one to the week 36 in 2024, a total of 37 380 cases were reported compared to 62 620 and 55 012 during the same period in 2023 and 2022, respectively.

Figure 13. Number of new dengue cases by week in Sri Lanka from week 1 of 2017 to week 36 of 2024.



Sources: Epidemiology Unit and National Dengue Control Unit, Ministry of Health - [2017 to 2020](#); [2021 to 2024](#)

⁹ [EWARS Weekly Bulletin](#)

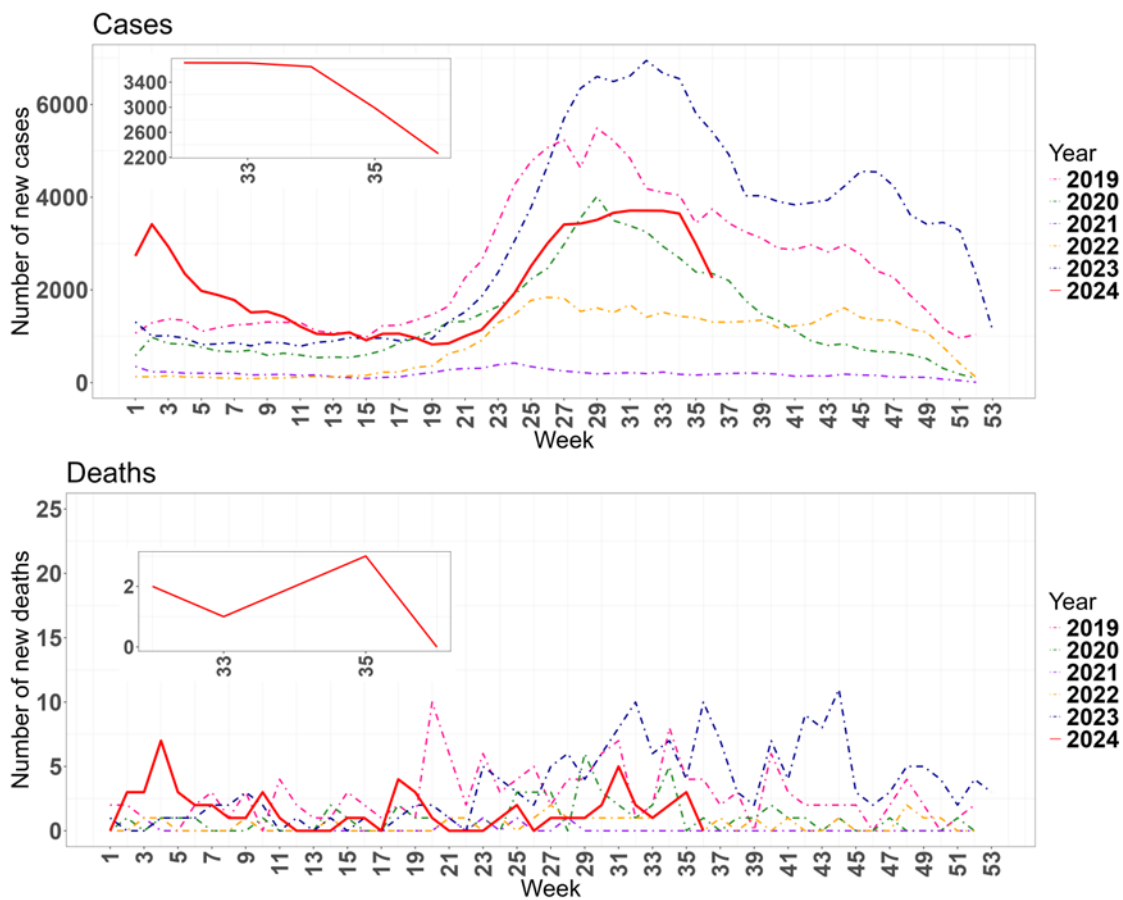
¹⁰ [Sri Lanka National Dengue Control Unit](#)



Thailand ^{11 12 13}

- During week 36 (02 September to 08 September 2024), a total of 2 261 new dengue cases were reported in Thailand, a 24.4% decrease compared to 2 990 cases reported during week 35 (26 August to 01 September 2024).
- During week 36, no new dengue death was reported in Thailand, while three new dengue deaths were reported during week 33.
- In 2024, (as of week 36) a total of 76 737 cases including 57 deaths (CFR=0.07%) have been reported. This compares to 99 299 cases reported between week 1 and week 36 of 2023 including 102 deaths (CFR=0.10%).

Figure 14. Number of new dengue cases and deaths by week in Thailand from 2019 to week 34 of 2024.



Source: [Ministry of Public Health, Thailand](https://www.moph.go.th/)

¹¹ [Thailand Ministry of Public Health](https://www.moph.go.th/)
¹² [Thailand Ministry of Public Health](https://www.moph.go.th/)
¹³ [Thailand Ministry of Public Health](https://www.moph.go.th/)



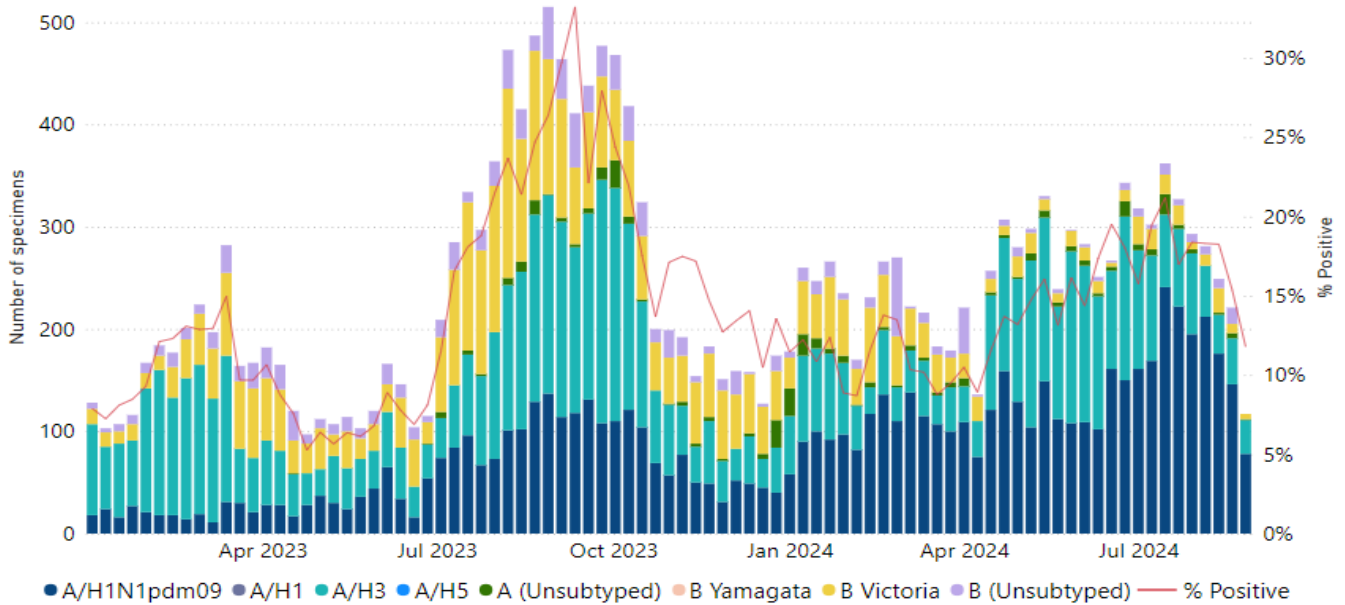
Influenza

WHO South-East Asia Region

Situation as of 15 September 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 35 in 2024 (26 August to 01 September), the weekly test positivity was at 11.8% and the most frequently reported strains were influenza A(H1N1)pdm09, influenza A(H3) and influenza B Victoria (Figure 15).
- 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](#).

Figure 15. 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 35 2024).

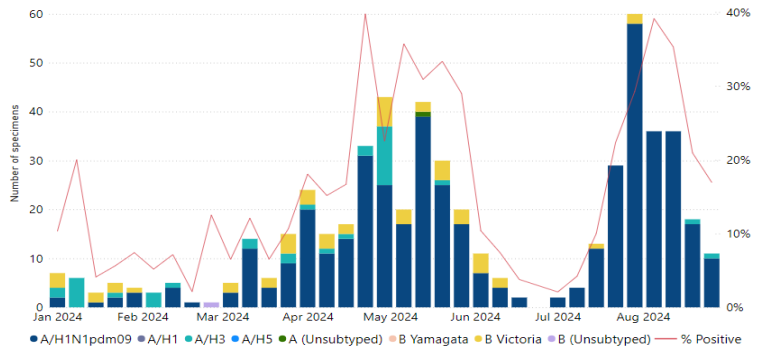




Bhutan

- As of 1 September 2024, 65 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 35 (26 August to 01 September 2024).
- 11 samples (16.9%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=11), 91% (n=10) were influenza A(H1N1)pdm09. One sample was found to be influenza A(H3).

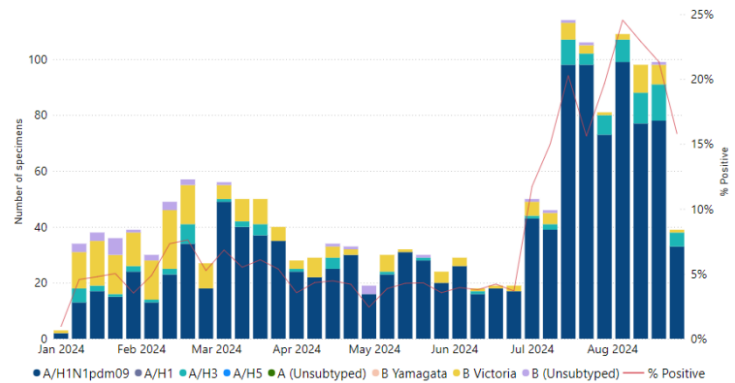
Figure 16. Number of specimens positive for influenza by subtypes and the influenza test positivity in Bhutan in 2024 (as of week 35, 2024).



India

- As of 1 September 2024, 247 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 35 (26 August to 01 September 2024).
- 39 samples (15.8%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=39), 84.6% (n=33) were influenza A(H1N1)pdm09, and 12.8% (n=5) were A(H3). One sample was found to be influenza B Victoria.

Figure 17. Number of specimens positive for influenza by subtypes and the influenza test positivity in India in 2024 (as of week 35, 2024).

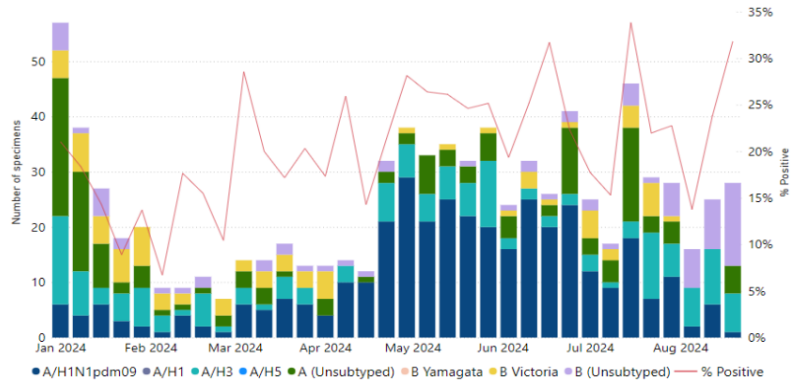




Sri Lanka

- As of 25 August 2024, 88 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 34 (19 to 25 August 2024).
- 28 samples (31.8%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=28), 53.6% (n=15) were influenza B(Unsubtyped), 25% (n=7) were influenza A(H3) and 17.9% (n=5) were A(Unsubtyped). One sample was found to be influenza A(H1N1)pdm09.

Figure 18. Number of specimens positive for influenza by subtypes and the influenza test positivity in Sri Lanka in 2024 (as of week 34 of 2024).



Thailand

- As of 1 September 2024, 235 samples were tested on the integrated SARS-CoV-2 & influenza surveillance platform in week 35 (26 August to 01 September 2024).
- 47 samples (20%) were tested positive for influenza.
- Of the samples tested positive for influenza (n=47), 48.9% (n=23) were influenza A(H1N1)pdm09 and 42.6% (n=20) were influenza A(H3). Four samples were found to be influenza B Victoria.

Figure 19. Number of specimens positive for influenza by subtypes and the influenza test positivity in Thailand in 2024 (as of week 35 of 2024).

