

COVID-19 Weekly Situation Report

# of Countries Reporting	New Cases Reported in the Week	New Deaths Reported in the Week	Total Cases Reported	Total Deaths Reported
11 out of 11	573 244	13 107	34 606 211	484 397

# of Countries introduced COVID-19 vaccine	Total number of doses administered	# of person received first dose	# of persons fully vaccinated	First COVID-19 dose per 100 population (of countries vaccinating)
10 out of 11	397 162 556	316 654 341	80 508 215	15.5

Highlights

- South East Asia Region (SEAR) remains the third most affected WHO Region with 34.6 million cases, after the Americas Region (71.8 million cases) and European Region (55.7 million cases). After eight weeks of decline, there has been a 2.7% increase in new cases globally between weeks 24 and 25. During this period, three WHO regions, namely Europe, Eastern Mediterranean and Africa reported increases in new cases and the remaining regions including Americas, South East Asia and Western Pacific reported a decline.
- In SEAR, there has been a decline in cases for the seventh consecutive week, and between weeks 24 and 25, there was a 4.6% decline in new cases. Decline is driven mainly by decline of new cases in India. However, Bangladesh and Indonesia have reported 50% to 60% increase in new cases compared to the previous week, with high Test Positivity Rate (more than 20%) and serious stress on health care system in large areas. Myanmar has also reported significant increase in new cases.
- More than 390 million doses of COVID-19 vaccine have been given by ten countries in the SEA Region with more than 323 million doses in India alone.
- Nine countries (Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste) are providing second doses of COVID-19 vaccine

Overview of situation (epidemiological week #25 for the period between 21 June – 27 June 2021)

- Bangladesh, Indonesia, Nepal and Timor-Leste are reporting 'community transmission'; Bhutan, India, Maldives, Sri Lanka, Myanmar and Thailand are reporting 'clusters of cases'; DPR Korea continues to report 'no cases'.
- India has reported a decline of new cases for the seventh consecutive week; between weeks 24 and 25 there was a 20.5% decrease in new cases (n=351 218). All major states in India reported declines in new cases except for Delhi, Mizoram and Nagaland; Maharashtra reported similar number of cases compared to week 24. Case incidence (per 100 000 population per week) remains high in Kerala (235), Mizoram (144), Manipur (142), Sikkim (138), Arunachal Pradesh (106) and Puducherry (103). The test positivity rate (TPR) continues to decline further and is at 2.9% at the national level.
- Indonesia continues to report an increasing trend and between weeks 24 and 25, there was a 60% increase in new cases (n=125 395). During this period, 19 provinces reported more than 50% increase in new cases compared to week 24. The weekly case incidence at the national level also increased during this period to 31.4 cases per 100 000 population compared to 23.2 cases per 100 000 population in the previous week. DKI Jakarta (259.1), DI Yogyakarta (103.3) and Riau islands (88.8) are reporting higher weekly case incidence. The TPR is increasing and is at 22.4% at the national level with some of the provinces, namely Central Java and Southeast Sulawesi reporting very high levels of TPR (>50%).
- Bangladesh continues to report increase of cases for the sixth consecutive week; between weeks 24 and 25, there has been a 48% increase in new cases (n=36 738). All divisions in the country are reporting increase in new cases with Barishal, Dhaka, Rangpur and Mymensingh divisions reporting more than 50% increase.

During the past week, of all new cases, 39% were reported from Dhaka, 19% were reported from Khulna and 15% were reported from Rajshahi divisions. The TPR is increasing and is at 20% at the national level with Khulna, Rajshahi and Rangpur divisions reporting TPR higher than 25%. The general bed occupancy rate is increasing in Rajshahi (82%) and Khulna divisions (68%), and the ICU bed occupancy is increasing and high in Rangpur (92%), Chattogram (81%) and Rajshahi divisions (76%). Delta variant of SAR-CoV-2 is the dominant circulating strain in the country, as per data submitted to GISAID.

- In Myanmar, the political situation since 1 February 2021 continues to negatively impact testing and care services and other response measures. Between weeks 24 and 25, there was a 112.4 % increase in new cases (n=5 138). Between period June 23 and 29, all states except Chin and Tanintharyi states reported increase in new cases. The number of daily tests has increased, averaging 5 269 daily tests in week 25 compared to average of 3 781 daily tests in week 24. The TPR is also increasing and is at 14% at the national level.
- Sri Lanka continues to report decline in new cases, between weeks 24 and 25 there was a 13.2% decline (n=13 929). All provinces have reported declines except Uva, Eastern and Sab provinces. During week 25, Mannar, Kegalle and Monaragala Districts have reported over 40% increase in cases compared to week 24. The TPR is declining and is at 11.1% at the national level.
- Maldives continues to report decline in new cases; between weeks 24 and 25, there was a 10.3% decline in new cases (n=1 431). Majority of the new cases continue to be reported from Greater Male region (GMR); cases outside Male and in atolls continue to decrease. Currently 3 815 active cases are reported in GMR and 1 284 active cases are reported across 71 inhabited islands outside GMR. Majority of new cases are detected among contacts. TPR is declining and is at 4% at the national level.
- Thailand continues to report an increase in new cases for second consecutive week and between weeks 24 and 25 there has been a 18.4% increase in new cases (n=26 316). New clusters continue to be detected in Bangkok and surrounding provinces. New cases are detected in markets, crowded community settings and construction sites. The top 5 provinces with highest case incidence are Bangkok, Samut Prakhan, Samut Sakhon, Chonburi and Nakhon Pathom.
- Nepal reported similar number of cases (only 0.3% increase) between week 24 and 25 (n=12 623). In week 25, 87% of new cases were reported in three provinces namely Bagmati province (37%), Gandaki province (30%) and Province 1 (20%). The TPR is at 22.9% at the national level with varying levels of TPR ranging between 11.1% in Sudurpaschim province and 45.2% in Karnali province.
- Bhutan has reported a 15.3% increase in new cases (n=128) between weeks 24 and 25. Active clusters are reported in Phuentsholing (n=364) and Samtse (n=217) that share land borders with India. Majority of the cases were detected among contacts.
- Timor Leste continues to report decline in new cases and between weeks 24 and 25 there has been a 22.3 % decline (n=328). 51% of active cases are in Dili, followed by Bacau (16%), Ermera (9%) and Covalima (8%). The TPR is at 5.3% at the national level.

Figure 1: Cumulative reported number of COVID-19 cases and deaths and transmission classification in countries in SEAR from 1 January 2020 to 27 June 2021

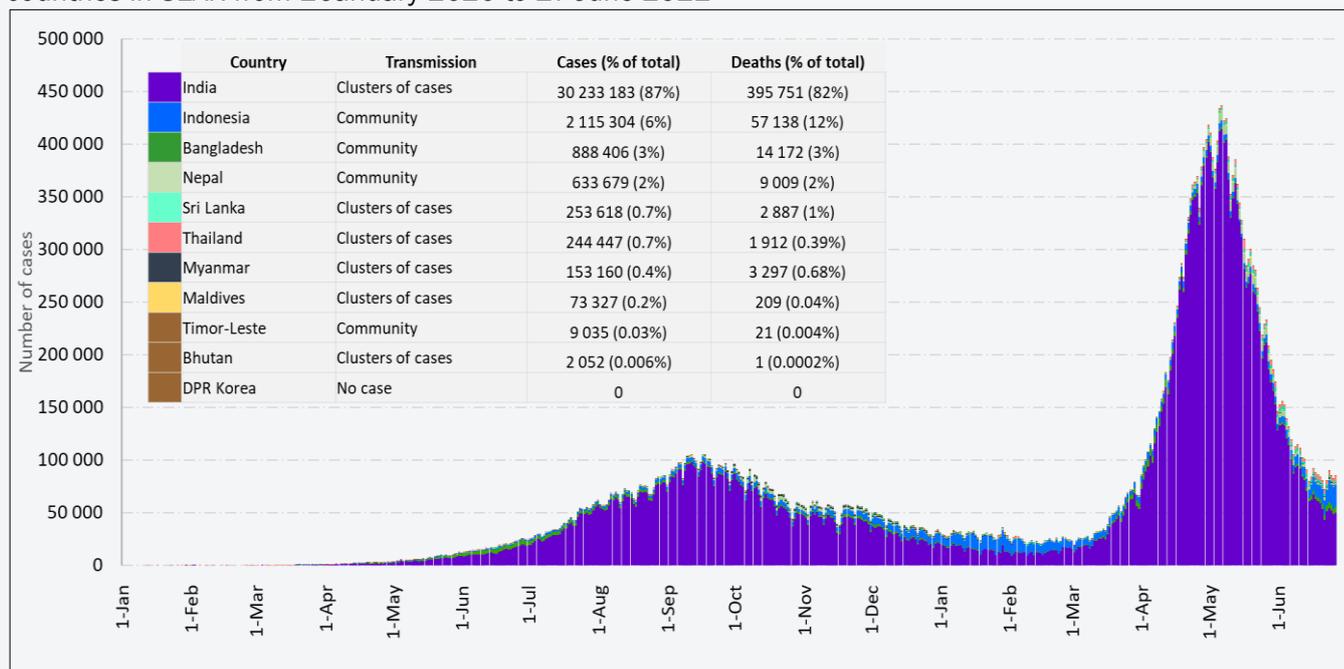


Table 1: Regional COVID-19 situation, as of 27 June 2021

Country	Total cases	Total cases per 1 million pop	Total deaths	CFR	New cases (last 7 days)	% change in new cases*	TPR (last 7 DMA)
India	30 233 183	21 908	395 751	1.3	351 218	-20.5	2.9
Indonesia	2 115 304	7 734	57 138	2.7	125 395	59.6	22.4
Bangladesh	888 406	5 394	14 172	1.6	36 738	48.5	20.0
Nepal	633 679	21 748	9 009	1.4	12 623	0.3	22.9
Sri Lanka	253 618	11 844	2 887	1.1	13 929	-13.2	11.1
Thailand	244 447	3 502	1 912	0.8	26 316	18.4	5.1
Myanmar	153 160	2 815	3 297	2.2	5 138	112.4	14.0
Maldives	73 327	135 655	209	0.3	1 431	-10.3	4.0
Timor-Leste	9 035	6 853	21	0.2	328	-22.3	5.3
Bhutan	2 052	2 659	1	0.0	128	15.3	0.3
DPR Korea	0						
SEAR total	34 606 211	17 120	484 397	-	573 244	-4.6	-

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior.
 CFR=Case Fatality Rate; DMA= Day Moving Average; TPR=Test Positivity Rate

WHO SEARO, in collaboration with WHO Country offices, continues to monitor the detection and reporting of SARS-CoV-2 variants of concern (VOCs) in the region (Table 2)

Table 2: SARS-CoV-2 variants of concern (VOC) in SEAR, as of 29 June 2021

Country	Alpha	Beta	Gamma	Delta
Bangladesh	●	●	-	●
Bhutan	●	●		●
India	●	●	●**	●
Indonesia	●	●	-	●
Maldives	●	-	-	●
Nepal	●	-	-	●
Sri Lanka	●	●	-	●
Thailand	●	●	●**	●
Timor-Leste	●**	-	-	-
Myanmar	●	-	-	●

** detection of VOCs only in incoming travelers under quarantine

Summary of published Seroprevalence Studies in SEAR:

To date five countries in SEAR have published results of seroprevalence studies including India (59 studies), Thailand (3 studies), Nepal (1 study), Bangladesh (1 study), Indonesia (1 study) and Sri Lanka (1 study).

As per available information at WHO SEARO, studies across the region started in as early as April 2020 and were conducted until February 2021 (as per published studies). Targeted populations of these studies ranged from those in hospital settings, slums, cities, districts, and states to nationwide populations with sample sizes ranging from 244 health care workers to around 29 000 households at the community level.

SARS-CoV-2-related seroprevalence data in SEAR are being compiled from online sources into a list that can be accessed at "[published seroprevalence studies](#)". Please note that this is an ongoing work, and the list is non-exhaustive.

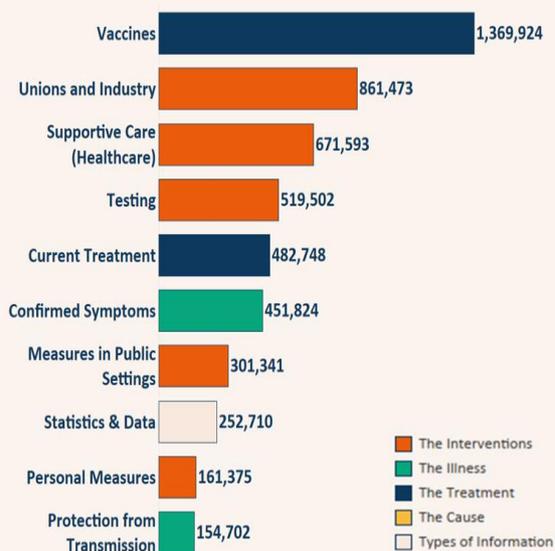
Key operational updates

Risk communication and community engagement:

- The weekly COVID-19 infodemic intelligence report reveals key concerns on digital media around the subject of vaccines (safety, effectiveness against the delta variant), and employment due to lockdown.
- The SEARO Rumour and Misinformation Surveillance and Response system has picked up rumours primarily around vaccines.
- To help countries in preparing for any crisis communication around vaccines, WHO SEARO and UNICEF ROSA held a webinar on “Crisis Communication around COVID-19 vaccines”, with two countries sharing experiences and lessons learnt.
- WHO SEARO and country offices are working with Civil Society Organizations (CSOs) in four countries, to reach and sensitize vulnerable populations on COVID-19. A project with DISHA Foundation, supporting migrants in India, has reached nearly 4 000 workers and supported them with information to protect themselves as well as ways to reach health facilities for testing and treatment. Another project with Association of Development Agencies in Bangladesh (ADAB) has focused on working with community-level faith leaders to demonstrate ways to wear a mask properly and raised awareness on other protective measures. This has reached almost 100 000 persons.

Top 10 topics by volume

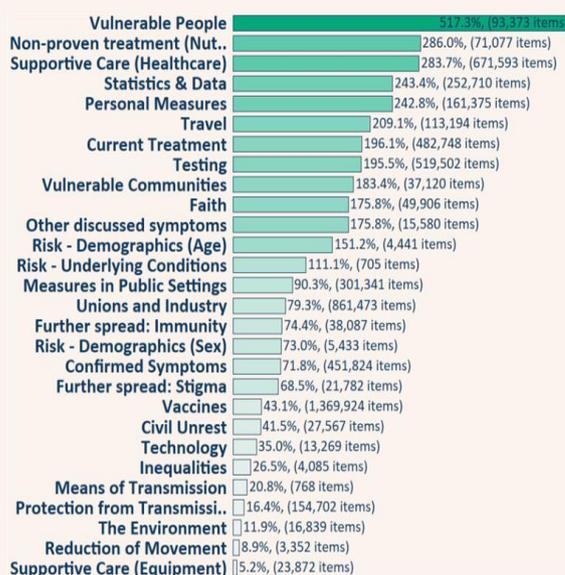
Social media mentions of selected categories per taxonomy



Top rising topics

Based on % change of conversation volume from the previous week

21 - 27 JUNE 2021



Case management:

- Facilitation of clinical guidance session with technical advisory group (TAG) and clinical management advisory team (CMAT) of Maldives, and experts from WHO SEARO and headquarters to discuss discharge criteria for long term ventilation care, criteria for issuing COVID-19 death certificate, and WHO’s position on re-infection and defining the list of exemptions for persons who have recently recovered from COVID-19.

Operation support and logistics:

- WHO supported the shipment of laboratory reagents for COVID-19 to Timor Leste which arrived in Dili on 26 June 2021, despite logistical challenges due to discontinuation of WFP monthly flight to Timor Leste.
- WHO supported shipment of laboratory reagents and personal protective equipment for COVID-19 to Myanmar on 20 and 26 June 2021.
- WHO supported the supply of 75 000 rapid diagnostics tests (RDTs) of SD Biosensor - STANDARD Q, and 25 000 RDT of Abbott – PanBio to Sri Lanka on 21 June 2021.
- Coordinating and facilitating support to India and Nepal for a donation of 3.7 million and 500 000 of gloves respectively through in-kind shipment negotiated with Singapore Airlines.

Key country updates

Bangladesh:

- The Government imposed strict lockdown from 1 July to 7 July 2021. All offices, public transport, domestic flights, shops will be closed, Bangladesh army to aid civil administration for effective implementation.
- The Directorate General of Drug Administration (DGDA) approved Moderna COVID-19 vaccine for emergency use in the country.
- Bangladesh received donation of emergency COVID-19 medical supplies from the United States comprising of laboratory equipment, oxygen cylinders, medicines and personal protective equipment.

Bhutan:

- The flu clinic services were further intensified to test for COVID-19. 47 flu clinics established across country.
- Mandatory 2-weeks quarantine for people travelling from districts with high COVID-19 cases.

DPR Korea:

- No case of COVID-19 has been reported as of 24 June 2021.
- Cumulatively 31 794 persons have been tested with reverse transcription polymerase chain reaction (RT-PCR) at an interval of 10 days (total samples: 63 314) and all were found negative for COVID-19. These include 711 persons who were tested during the period of 18 to 24 June 2021, of which 134 were people with influenza-like illness and/or severe acute respiratory infections.

India:

- The Ministry of Health and Family Welfare (MoHFW) released a communicate on [frequently asked questions](#) regarding Delta and Delta plus variants of COVID-19.
- The Prime Minister held a high-level meeting to review progress of vaccination and COVID-19 situation in the country and directed to maintain pace of testing to track and contain raising cases in any region.
- MoHFW conducted capacity building workshop for media professionals and health correspondents of 12 States/ UTs to bust myths about COVID-19 vaccination and reinforce COVID appropriate behaviour.
- Minister of State for Education launched Rapid Antigen Test Kit for COVID-19 developed by IIT Delhi
- WHO continued to support house to house survey for influenza like illness (ILI)/ severe acute respiratory infections (SARI) cases in many states across country.

Indonesia:

- With the recent surge of COVID-19 cases the demand for hospital beds for COVID-19 patients has shot up in the last two weeks. Bed occupancy rates are close to capacity in some provinces and has impacted on the demand of medical oxygen in the country.
- Stricter movement restrictions will be implemented in Java and Bali islands starting from 3 July 2021 to curb the rapid increase of daily COVID-19 cases.
- The Government of Indonesia has set a goal of administering one million doses of COVID-19 vaccine per day. National police and army to support the national vaccination drive.
- The Indonesian Paediatric Society reported 12.5% of confirmed COVID-19 cases are among children aged between 0-18 years and case fatality rates was 3-5% for the same group as of 21 June 2021.

Maldives:

- The Government further eased out the restrictive measures in Greater Male Region. Curfew hours shortened from 8:00 PM to 4:00 AM, no police permit required beyond curfew hours. All business reopened including dine-in cafes and restaurants.
- Persons recovered from COVID-19 and within 60-days of recovery can travel to any island without mandatory testing and quarantine.
- The Office of the President again extended closure of government offices until 3 July 2021 and schools are closed until further notice.
- The Government decided to resume issuing tourist visa and work permits for South Asian countries from 15 July 2021. Migrant workers on work permit need to quarantine on arrival.

Myanmar:

- All announcements on extension of precautionary restriction measures related to COVID-19 control has been extended until 31 July 2021.
- The Ministry of Health and Sports imposed 10-day quarantine for entry to Naypyidaw territory for people coming from townships under stay-at-home rule.
- Yangon General Hospital reopened for COVID-19 patients with intensive care facilities. Total 8 treatment centres and 6 private labs to do COVID_19 PCR test opened in Yangon
- Surveillance activities are further strengthened at the entry of Yangon. Drivers and passengers entering to Yangon will be undergone thermal screening and measuring of oxygen saturation with portable pulse oximeter

Nepal:

- The Ministry of Health and Population decided to mobilize 1077 public health inspectors at municipal level across country to reinforce the public health interventions with regular monitoring of the public health measures.
- The Government of Nepal has received medical equipment, supplies and health commodities from donor agencies and various countries.
- The Government has extended ongoing prohibitory order in Kathmandu valley since 29 April 2021 to 5 July 2021.
- Domestic flights resumed on 1 July 2021 with 50% of total number of flights, however international flights are opened with limited number of scheduled flights to few countries only.
- The Government announced new standards for passenger arrivals on 21 June 2021.

Sri Lanka:

- The National Medicines Regulatory Authority (NMRA) has granted emergency use approval to use Moderna COVID-19 vaccine on 28 June 2021 in view of the incoming 1 million doses from the COVAX facility.
- The Ministry of Health (MoH) released revised quarantine measures for travelers arriving from overseas.
- The MoH started implementing revised testing strategy for COVID-19, which now includes revised guidelines for SARS-CoV-2 enhanced surveillance including wider use of Rapid Antigen Test (RAT)

Thailand:

- The Royal Thai Government has fully vaccinated 11.9% of the target i.e. 70% of the population.
- Individuals who wish to depart Bangkok will now be asked to fill out and submit a digital travel declaration form. This initiative was introduced, in part, to prevent and control the movement of individuals. The Bangkok Metropolitan Administration in collaboration with private hospitals, hotels and a training centre to provide 4 400 beds for asymptomatic and mild cases of COVID-19

Timor-Leste

- The State of Emergency extended for another 30 days from 2 to 31 July 2021.
- The Government through press release reiterated the safety and efficacy of COVID-19 vaccines and announced no recorded serious side effects as of 24 June 2021.

Lessons learned from India and Nepal: Controlling surge of COVID-19 cases with public health and social measures in the context of emerging variants

India, and Nepal experienced a major surge of COVID-19 cases in recent months. In India, intense transmission started in the middle of March 2021, with a peak in early May when more than 400 000 new confirmed COVID-19 cases were reported per day ¹. The number of COVID-19-associated deaths peaked around 10 days later, with over 4 000 deaths reported daily ¹. In Nepal, the daily number of new cases peaked around 12 May when over 8,900 cases were reported ¹.

In India and Nepal, these surges coincided with a rapid increase of the Delta variant of the SARS-CoV-2 virus, which is associated with higher transmissibility and a higher chance of hospital admission.² The proportion of people who were fully vaccinated was less than 4% in these countries as of 15 June 2021³, and major efforts to control surge were made through the implementation of public health and social measures (PHSM). These included continuous promotion of personal precautionary measures, early diagnosis and isolation of cases, and tracing and quarantine of contacts.

The testing service was expanded rapidly during the surge in these countries, which facilitated isolation and quarantine measures. For example, India conducted 1 million to 2 million tests per day (many States conducted over 10 tests per 1 000 population per week) during the surge – much higher than the WHO-proposed minimum benchmark of at least 1 test per 1 000 population per week.⁴

When the intensity of transmission increased, authorities had to use more stringent measures to restrict movement, as known as ‘lock-down’. In India, on 25 April, the Union Government expressed the urgent need for states to consider strict COVID-19 control measures in areas with “test positivity proportion of 10% or more in the last one week” or “bed occupancy of more than 60% on either oxygen supported or ICU beds”.⁵ Based on these thresholds, almost all states and Union Territories (UTs) underwent a strict movement restriction, while timing, enforcement and duration varied. Some states applied additional partial movement restrictions before and after complete restriction. Reviewing the experiences in India and Nepal, some lessons emerge:

- **PHSM works effectively even in the context of highly transmissible variants.** Both countries were able to reduce the transmission using stringent movement restriction, even in the context where highly transmissible variants were in circulation. For example, India was able to reduce the transmission - the weekly case incidence per 100,000 population - from over 290 in early May to less than 30 on 22 June.
- **PHSM needs to be escalated as soon as the situation deteriorates.** As seen in India and Nepal, it took approximately two weeks before the stringent measures start to show their positive impact. Delayed implementation was often associated with significant strain on health care services, increased morbidity and mortality, and the need for more stringent measures with longer duration to regain control. In Delhi, the complete movement restriction started on 19 April when the case incidence was over 600 new cases per 100 000 population per week. This was much higher than the WHO-proposed threshold of community transmission level 4 (most severe stage of community transmission) which is 150 new cases per 100 000 population per week. Subsequently, Delhi experienced major challenges in providing appropriate care to patients, due to an extraordinary surge of severe patients, and shortage of medical supplies including oxygen.
- **Ensure monitoring systems using multiple indicators and criteria are in.** In order to timely escalate the measures when needed, including the imposition of stringent measures, a functional monitoring system is needed. Appropriate indicators and criteria should be selected to provide alerts to timely calibrate PHSM. WHO provides guidance on examples of indicators and proposed criteria to inform adjustments of PHSM.³ It is essential to monitor multiple indicators, as each indicator has limitations and suffers from bias. For example, case incidence or test positivity is highly dependent on the number of testing and testing strategies.

¹ 7 day moving average

² World Health Organization. COVID-19 weekly epidemiological update, 11 May 2021 [Internet]. Geneva: World Health Organization; 2021 May. Available from: <https://apps.who.int/iris/handle/10665/341329>

³ World Health Organization Regional Office for South-East Asia. COVID-19 Weekly Situation Report. Week 23 (07 June – 13 June 2021). 18 June 2021. https://cdn.who.int/media/docs/default-source/searo/whe/coronavirus19/sear-weekly-reports/searo-weekly-situation-report-23-2021.pdf?sfvrsn=55403fbf_5

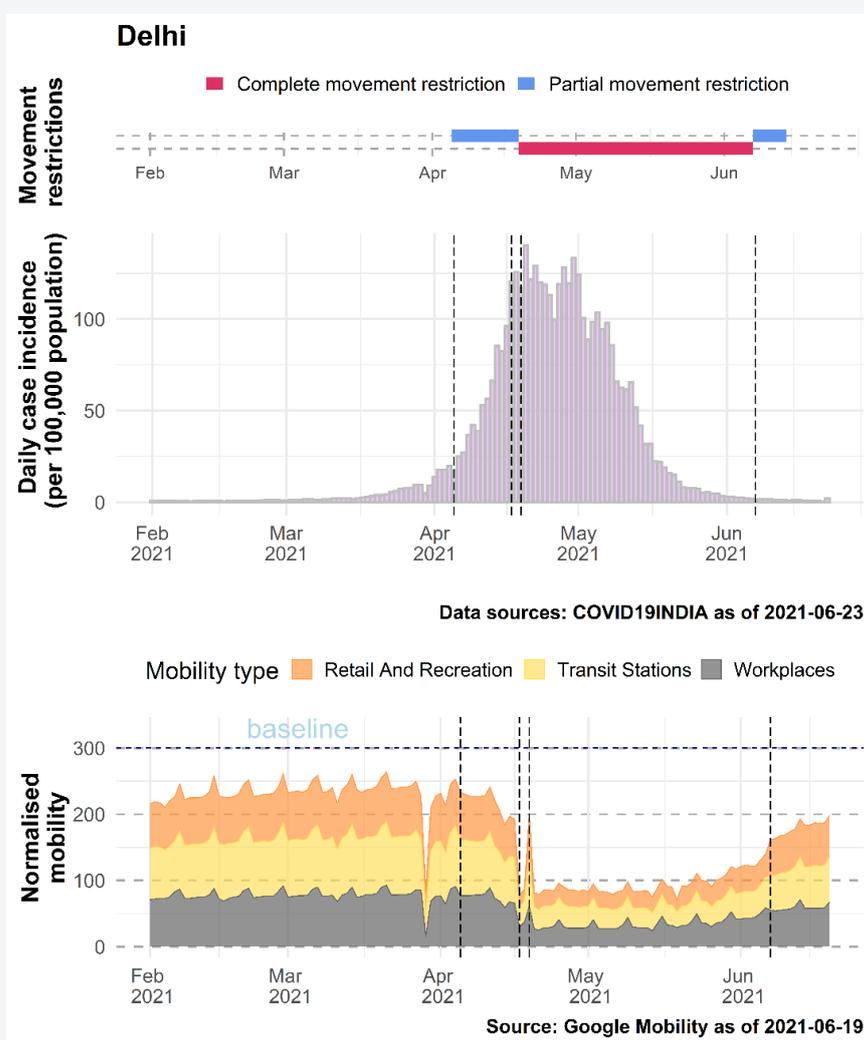
⁴ World Health Organization. Considerations for implementing and adjusting public health and social measures in the context of COVID-19: interim guidance, 14 June 2021 [Internet]. Geneva: World Health Organization; 2021. Available from: <https://apps.who.int/iris/handle/10665/341811>

⁵ Union Government advises States/UTs on Intense Action and Local Containment Measures in COVID-19 affected districts for Effective Management of COVID surge [Internet]. [cited 2021 Jun 25]. Available from: <https://www.pib.gov.in/www.pib.gov.in/Pressreleaseshare.aspx?PRID=1714003>

- **Enforcement is critical.** With the enforcement of stringent movement restrictions, mobility⁶ was significantly reduced in most states. Enforcement of movement restriction in Delhi was highly effective, as demonstrated by the quick and substantial reduction of mobility (over 70% compared to the baseline. This was followed by a clear reduction in case incidence to less than 10 new cases per 100 000 population per week as of 22 June. In countries or areas where reduction of mobility was significant and sustained for at least a month (such as Delhi, Karnataka and Nepal), obvious reduction in case incidence followed. On the other hand, in the places where the reduction was moderate or sustained for a shorter duration (such as Tamil Nadu, Assam), the decline in case incidence was slower.
- **Stringent measures should be geographically limited to where they are needed and should be time-bound,** as they may cause significant negative socio-economic and health consequences. If movement restriction is implemented and enforced in a timely manner, measures do not have to be at national scale. In India, the dates and duration of restrictions were determined by State Government. In most states, the transmission was substantially reduced in three to six weeks of stringent movement restriction.
- **Risk communication and community engagement is a critical factor for the success of PHSM.** A successful outcome is only possible when communities understand the need for stringent measures and adhere to recommendations. In India, each state government made efforts to communicate the rationale and guidance of restrictions on a regular basis. This was explained by leaders and health spokespersons at regular media engagements, as well as extensively on social media accounts of different government departments. Community-based organizations also supported vulnerable populations during the lock-downs. India has the largest number (over 6 million) and reach of self-help groups (SHGs) in communities. In Nepal, training of parliamentarians and policymakers in risk communication played an important role, as the leaders could sensitize their constituents about the importance of PHSM. Listening to public perceptions through hotlines and other mechanisms also enabled the government to understand and respond to public concerns in Nepal.

Summary

Review of experiences in India and Nepal during the recent surge has identified key lessons that can be applied in other countries and settings which may face similar surge of COVID-19 cases. In particular, when the level of transmission becomes intense and there is considerable pressure on health care systems, stringent movement restriction should be considered without delay. Appropriate mechanisms to ensure the effectiveness of the measures should be in place to achieve substantial and sustained reduction of social mixing during the time-bound restrictions. The rationales to impose restrictive measures should be clearly communicated and communities should be engaged for effective implementation of the measures.



⁶ Measured using Google Community Mobility Reports

Table 3: Summary of International Travel Measures Implemented by Countries in the SEAR (as of 29 June 2021)

Country	Entry and Visa Restrictions	Quarantine upon Arrival	COVID-19 Testing Requirement	Proof of Vaccination
Bangladesh	Some restriction on entry and/or visa	14-day facility/ home quarantine (depending on countries of departure)	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
Bhutan	Entry ban	21-day facility quarantine	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
DPR Korea	Entry ban	30-day facility quarantine	Not applicable	Not applicable
India	Some restriction on entry and/or visa	14-day self-monitoring (except travellers from Brazil, South Africa and United Kingdom who will undergo 7-day home quarantine and 7-day self-monitoring)	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
Indonesia	Entry ban	5 or 14 day facility quarantine (depending on countries of departure)	RT-PCR based COVID-19 negative test result within 48 hours prior to departure	Not applicable
Maldives	Some restriction on entry and/or visa (entry not allowed for those who were in South Asian Countries in the past 14 days)	No quarantine (tourist) 10-day facility quarantine (non-tourist)	RT-PCR based COVID-19 negative test result within 96 hours prior to departure	Not applicable
Myanmar	Entry ban	10-day facility quarantine	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
Nepal	Some restriction on entry and/or visa	7-day facility + 4-day home quarantine, or 10-day home quarantine (depending on situation such as vaccination status or disabilities)	RT-PCR based COVID-19 negative test result within 72 hours prior to departure; RT-PCR based COVID-19 on 7 th day after arrival	10-day home quarantine for the fully vaccinated (exempted from facility quarantine)
Sri Lanka	Some restriction on entry and/or visa (entry not allowed for those who were in India, Viet Nam, South American countries and South African countries, i.e. South Africa, Angola, Botswana, Lesotho, Mozambique, Namibia, Swaziland, Zambia, Zimbabwe, in the past 14 days)	14-day facility quarantine	RT-PCR based COVID-19 negative test result within 96 hours prior to departure; RT-PCR based COVID-19 test within 24 hours after arrival (all travellers 12 years and above); RT-PCR based COVID-19 test on day 11 to 14 after arrival (all travellers 2 years or above)	Not applicable
Thailand	Some restriction on entry and/or visa	14-day facility quarantine	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable
Timor Leste	Entry ban	14-day facility quarantine	RT-PCR based COVID-19 negative test result within 72 hours prior to departure	Not applicable

Update on Pandemic Vaccine Deployment

- WHO continues to provide support to countries for COVID-19 vaccine delivery, strengthening vaccine safety surveillance and reporting, and conducting vaccine effectiveness studies and preparing for mini COVID-19 vaccines Post Introduction Evaluations (PIE).
- Bangladesh, Bhutan, India, Indonesia, Maldives, and Sri Lanka have given Emergency Use Authorization (EUA) to Moderna vaccine
- Maldives and Nepal have given EUA to Johnson Vaccines. Johnson vaccine is donated by United states Government through COVAX facility to Nepal.
- Ongoing collection, compilation and analysis of COVID-19 vaccination data. Real time information on COVID-19 vaccination in SEAR is available at <https://www.who.int/southeastasia/health-topics/immunization/covid-19-vaccination>. The following table is a summary of vaccination status in the countries that are offering COVID-19 vaccines in the region, as of 30 June 2021:

Table 4. Summary of vaccination status in the countries that are offering COVID-19 vaccines in South-East Asia Region, (as of 30 June 2021)

Country	Vaccine name	Start date	Total doses administered	Persons vaccinated with one dose	Persons vaccinated with two doses	First dose per 100 total population	Second dose per 100 total population	Utilization rate	Last update	
Bangladesh	COVISHIELD	27 Jan 21	10,107,884	5,820,015	4,287,869	3.4	2.5	98%	27 Jun 21	
	Sinopharm	25 May 21	56,919	55,590	1,329			5.2%		
	Pfizer	21 Jun 21	240	240				0.2%		
Bhutan	COVISHIELD	27 Mar 21	485 315	485 315		64.2	-	88%	27 Jun 21	
India	COVISHIELD*	16 Jan 21	323,663,297	266,933,878	56,729,419	18.8	4.0	100%	28 Jun 21	
	Covaxin*	16 Jan 21								
	Sputnik V	14 May 21						47 333		47 333
Indonesia	AZ-SKBIO	13 Jan 21	6,956,459	6,349,204	607,255	10.7	4.9	85%	29 Jun 21	
	Sinopharm	23 Mar 21	205,491	148,976	56,515			10%		
	Sinovac	18 May 21	35,241,585	22,525,601	12,715,984			74%		
Maldives	COVISHIELD	01 Feb 21	350,601	228,653	121,948	58.0	34.7	112%	28 Jun 21	
	Sinopharm	22 Mar 21	147,580	84,681	62,899			65%		
	Pfizer	13 Apr 21	5,834	2,931	2,903			100%		
Myanmar	COVISHIELD	27Jan21	3,337,710	1,810,426	1,527,284	3.3	2.8	95%	05 June 21	
	Sinopharm	June 21	30,332	30,332				6%		
Nepal	COVISHIELD	27Jan21	2,269,857	1,828,484	441,373	8.3	2.4	97%	26 Jun 21	
	Sinopharm	07 Apr 21	962,747	671,712	291,035			53%		
Sri Lanka	COVISHIELD	29 Jan 21	1,299,282	925,242	374,040	12.5	4.3	103%	28 Jun 21	
	Sinopharm	05 Apr 21	2,147,494	1,596,487	551,007			69%		
	Sputnik V	06 May 21	129,220	114,795	14,425			99%		
Thailand	AZ-SKBIO, AZ-SianBio	16 Mar 21	3,093,838	3,036,651	57,187	10.2	4.1	82%	28 Jun 21	
	Sinovac	28 Feb 21	6,051,600	3,499,126	2,552,474			64%		
	Sinopharm	25 Jun 21	2,075	2,075				0.2%		
Timor-Leste	AZ (SKBIO, SII, AZ-AUS, AZ-ITA)	07 Apr21	226,168	201,523	24,645	15.4	2.0	116%	29 Jun 21	
	Sinovac	14 Jun 21	16,479	16,479				62%		
TOTAL			397 162 556	316 654 341	80 508 215	15.5	3.9	94%		

Source: Bangladesh: MIS unit, DGHS; Bhutan: MoH; India: <https://pib.gov.in/PressRelease>; Indonesia: <https://www.kemkes.go.id/>; Maldives: HPA COVID19 update group; Myanmar: MoHS; Nepal: FWD. MoHP Nepal; Sri Lanka: Epidemiology unit, MoH; Thailand: DDC, MOPH; Timor-Leste: MoH

**doses received is considered equivalent to total doses administered



WHO South-East Asia Regional Office, New Delhi

Dr Jos Vandelaer, Regional Emergency Director; Email: IM_SEAR_2019nCoV@who.int

Website: <https://www.who.int/southeastasia/outbreaks-and-emergencies/covid-19>

WHO SEARO Situation Reports: <https://www.who.int/southeastasia/outbreaks-and-emergencies/novel-coronavirus-2019/sear-weekly-situation-reports>