Situation update:

- The weekly percentage increase in cumulative cases in the Region for week #44 was 4.3% (380 618 cases) less than the previous weekly increase of 5% reported and percentage increase in deaths was 3% (deaths). These continue to show a decreasing trend. The South-East Asia Region (SEAR) is now ranked fourth for the highest weekly increase in cumulative cases among all WHO Regions following European Region, Eastern Mediterranean Region and Region of Americas.

- The highest weekly percentage increase in cases in the region was reported from Sri Lanka (40%, 3 188 cases) followed by Myanmar (20%, 8 918 cases), Nepal (10%, 15 478 cases), Indonesia (6%, 23 072) and India (4%, 319 271 cases).

- Two member states in the Region, Bangladesh and Indonesia continue to report community transmission, while six member states namely India, Nepal, Maldives, Thailand, Sri Lanka and Myanmar reported clusters of cases and remaining two member states, Bhutan and Timor-Leste reported sporadic cases.

- In Sri Lanka, the recently detected Minuwangoda/ Peliyagoda cluster has reported 8 265 confirmed cases which is 70% of total cumulative cases reported in Sri Lanka as of 5 November. The current cluster has spread to almost all 25 districts in the country. Owing to good contact tracing activities and public health and social measures the cluster has been quickly identified and controlled.

- In Nepal, during the past week the number of tests declined due to festival season and there has been a decrease in number of confirmed cases reported. However, the testing has improved this week. Nepal has recently banned testing for asymptomatic cases and there is an observed increase in testing yield.

- As of 3 November, Myanmar reported nearly 78% of the confirmed cases and 96% of deaths from Yangon region. There continues to be high suspicion of community transmission in Yangon, Rakhine State, Sagaing, Bago and Mandalay region and a high risk of nationwide spread.

- In Maldives, community transmission in Malé City is on decline despite increase in number of tests. Cases continue to be concentrated in Greater Malé region and 99.8% of all cases are from known and existing clusters.
<table>
<thead>
<tr>
<th>Country</th>
<th>Transmission Status (Reported by Member State)</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
<th>Cases Per Million population</th>
<th>Deaths per Million population</th>
<th>Test Positivity Rate (Last 7 DMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Community transmission</td>
<td>414 164</td>
<td>6 004</td>
<td>1.4</td>
<td>2 514.8</td>
<td>36.4</td>
<td>11.4%</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Sporadic cases</td>
<td>358</td>
<td>0</td>
<td>0</td>
<td>463.9</td>
<td>0</td>
<td>0.4%</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>No cases</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>India</td>
<td>Clusters of cases</td>
<td>836 4086</td>
<td>12 4315</td>
<td>1.4</td>
<td>6 060.9</td>
<td>90.1</td>
<td>4.3%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Community transmission</td>
<td>42 1731</td>
<td>14 259</td>
<td>3.3</td>
<td>1 541.8</td>
<td>52.1</td>
<td>13.8%</td>
</tr>
<tr>
<td>Maldives</td>
<td>Clusters of cases</td>
<td>11 822</td>
<td>38</td>
<td>0.3</td>
<td>21 870.6</td>
<td>70.3</td>
<td>2.0%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Clusters of cases</td>
<td>56 940</td>
<td>1 330</td>
<td>2.3</td>
<td>1 046.5</td>
<td>24.4</td>
<td>10.1%</td>
</tr>
<tr>
<td>Nepal</td>
<td>Clusters of cases</td>
<td>182 923</td>
<td>1 034</td>
<td>0.5</td>
<td>6 278.0</td>
<td>35.4</td>
<td>25.2%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Clusters of cases</td>
<td>12 187</td>
<td>24</td>
<td>0.2</td>
<td>5 691.3</td>
<td>11.2</td>
<td>4.4%</td>
</tr>
<tr>
<td>Thailand</td>
<td>Sporadic cases</td>
<td>3 810</td>
<td>59</td>
<td>1.5</td>
<td>54.5</td>
<td>0.8</td>
<td>0.7%</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Sporadic cases</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>22.7</td>
<td>0</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Table data as of 5 November 2020
Operational update

Key updates

Country-level coordination, planning and monitoring:
• WHO/SEARO continues to monitor the implementation of the strategic preparedness and response plan (SPRP) through the global monitoring and evaluation (M&E) framework

Risk Communication and Community Engagement:
• Digital monitoring for public insights, conducted in 10 languages, reveal that key conversations are on:
  o Preventive and protective measures
  o Impact of COVID-19 on children
  o Queries on links between air pollution and COVID-19
  o Pandemic fatigue is reflected in tweets such as “when can we tweet RIP COVID-19?”
  o Symptoms of COVID-19 continue to be among the most-searched topics

Surveillance, rapid response teams, and case investigation:
• WHO SEARO is planning to analyze decline in cases and tests in the Region especially - India (including State), Indonesia, Nepal and Bangladesh
• Focused continued technical support to WHO Country Office (WCO) in DPR Korea, Myanmar and Nepal for epidemiology and surveillance

Clinical Management:
• Experts from WHO South-East Asia Region participated in a discussion with the Ministry of Health and Sports (MoHS), Myanmar and WHO country office of Myanmar on finding the right balance between conducting surveillance and point of care (PoC) testing for influenza
• A discussion was initiated to support WCO in Indonesia on oxygen facility survey, data analysis and making recommendations for oxygen supply for clinical management of COVID-19

Operational Support and Logistics:
• Diagnostics: South-East Asia Regional Office (SEARO) coordinated shipment and delivery of 1 825 800 (178 068) tests of Manual PCR, 1 234 200 (1 927 814) swabs, 1 666 688 (274 438) of extractions
• Infection Prevention and Control: 5 406 400 three-ply face masks, 1 895 500 gloves, 218 050 gowns, 353 075 respirators, 81 550 goggles and 87 336 face shields have been shipped to the countries
• Case management: 50 units of Patient monitors, 671 units of oxygen concentrators, 200 units of pulse oximeter, and 110 infrared thermometers were shipped and others in pipeline

Key country updates

Bangladesh
• Number of new weekly (week 44) cases increased by 1.9% and deaths decreased by 3.5% compared to the previous week
• Of 410 988 total confirmed cases – 79.8% (327 901) recovered, 1.45% (5 966) died and 18.75% (77 121) are active cases. Male represented 72% and 77% of the total reported confirmed cases and deaths respectively as of 2 November
• A total of 2 361 702 laboratory tests with 17.4% overall positivity rate conducted by 113 laboratories as of 2 November
• In week 44, the number of international flights has increased by 8% compared to previous week (137 and 118 respectively) leading to increase in the number of passengers by 16.1% (23 750 and 21 981 respectively). 862 incoming passengers sent to institutional quarantine after screening at the airport
• Bed occupancy rate for general beds and Intensive Care Unit (ICU) was 20.1% (total 11,608) and 49.3% (total 564) respectively as reported by the Director General of Health Services (DGHS) as of 2 November

**Cox’s Bazar**

• During week 44 (26 October – 1 November) 26 new cases were confirmed among Rohingya refugee camps. Camp-wise Rapid Investigation and Response Teams (RIRT), including one coordinator, one clinical supervisor and one contact tracing supervisor, have been responding to alerts within 24 hours and referring patients to SARI ITCs with the help of the Dispatch and Referral Unit (DRU)

• The first of four batches on Basic First Aid trainings has started with 16 nurse-driver teams from SARI ITCs to strengthen the referral capacity to transport critically ill patients from severe acute respiratory infections treatment centers (SARI ITCs) to the Intensive Care Unit at 250 Bed District Sadar Hospital

• During the reporting period, a total of 577 Kg of supplies including COVID-19 related items, medicines, flip charts, VTM, GBV stationary, and medical equipment were distributed to implementing partners in the camps. Additionally, 15 oxygen concentrators were distributed to Community Partners International (CPI) and for the Sadar Hospital ITC

**Bhutan**

• In total 29 active cases in isolation ward, all active cases are in stable condition. No deaths reported due to COVID-19 as of 29 October

• Prime Minister’s Office has issued a notification cautioning people to be cautious with winter season, with spike of cases around the globe and onset of cold season.

• Flu vaccine administered to high risk population and children above 6-23 months, it will be administered soon for general people

**DPR Korea**

• No reported cases so far as of 5 November

• 12,072 total samples were tested by RT-PCR at interval of 10 days, no positive case was found as of 29 October

• 6,173 total people (including 6,165 nationals and 8 foreigners) were detected as suspected cases; 805 among nationals were suspected between 22-29 October as a result of intensified surveillance

• 174 people were quarantined between 22-29 October, a total of 32,182 people was released from quarantine as of 29 October

**India**

• Active cases comprise 6.42% (533,787) of total positive cases (8,313,876) as of 4 November; sustains trend of steady decline in active cases but a spurt of cases is seen in Delhi, West Bengal, Karnataka, Andhra Pradesh and Tamil Nadu

• Health Minister reviewed COVID-19 response preparedness in Tamil Nadu and Union Health Secretary reviews the status of and public health response measures in West Bengal, Delhi and Kerala

• States/Union Territories advised to gear up “testing, tracking & treatment’ strategy during the festival season

• Governor of Uttar Pradesh launched world’s first scientoon book “Bye Bye Corona” aimed at generating awareness regarding COVID-19 in an engaging manner

• Jan Andolan against COVID-19 gains traction in AYUSH (indigenous alternative medicine systems) sector as thousands of AYUSH professionals join the movement

• MoHFW has asked States/Union Territories to mandatorily retest all symptomatic negative cases of Rapid Antigen Tests through RT-PCR

• Ministry of Health and Family Welfare’s telemedicine initiative ‘eSanjeevani’ has completed 6 Lakh tele consultations, eSanjeevani was rolled out on 13 April. Over 8500 consultations registered per day on eSanjeevani

• Drugs Controller General of India (DCGI) approved Phase III clinical trials of COVAXIN by Bharat Biotech and already ongoing are Stage III clinical trials of Covishield by Serum institute of India
Indonesia

- In week 44 (26 October to 1 November), there were 23,072 new cases reported with an average of 3,296 new cases per day. Of 421,731 cumulative cases, 59.2% cases were in Java.
- The National COVID-19 Task Force (Satgas) and the Ministry of Health (MoH) are aiming to increase the number of contact tracers in community health centres (puskesmas) to strengthen contact tracing in 10 priority provinces. The mobile and desktop versions of the contact tracing application jointly developed by the Food and Agriculture Organization (FAO), MoH, Satgas and WHO were officially launched.
- The Ministry of Health, University of Indonesia (UI) and WHO conducted field testing in Jakarta for a sero-epidemiological study.
- WHO, in collaboration with the MoH Directorate of Health Services, is continuing the oxygen therapy capacity survey for COVID-19. As of 2 November, 193 out of 826 (23%) hospitals have completed the oxygen survey.

Maldives

- 205 new confirmed cases reported since last week; 99.83% of cases are from known and existing clusters.
- Over 200,000 samples tested to date, currently 1,800 - 2,000 tests being conducted daily as of 4 November.
- A new cluster emerged in one of the operational resorts in Dhaalu Atoll with 19 persons tested positive and one death reported during the week. No additional case reported from cluster of migrant workers in Hulhumalé phase 2 in the Greater Malé region.
- Cases continue to be concentrated mostly in Greater Malé region. 621 active cases reported from Malé, with 99% of all cases in the atolls having link to history travel from greater Malé area and quarantine area.
- The Ministry of Tourism has announced arrival of 1,210 tourists during the previous week in addition to the 41,766 tourists who have arrived since 15 July after reopening of borders.
- WHO handed over 2 reverse transcription polymerase chain reaction (RT-PCR) machines to the two molecular diagnostic laboratories to be established in North and South of Maldives.
- WHO is supporting operationalization of Hulhumalé isolation facility and preparedness for COVID-19 vaccine deployment and expanding cold chain system.

Myanmar

- The Government further extended the prevailing COVID-19 preventive measures until 30 November.
- The Ministry of Foreign Affairs announced further extension of the temporary entry restrictions for travelers from all countries, which includes temporary suspension of issuance of all types of visas and visa exemption services, until 30 November.
- Transmissions in prisons were reported from two regions, with over 100 positive cases in Maubin Prison and close to 160 positive cases in Tharyarwady Prison.
- A total of 2,182 Myanmar nationals returned home between 27 October to 2 November with the government-assisted relief flights.
- A United Nations chartered flight, operated by the World Food Programme (WFP), transported medical supplies and frontline aid workers to support the COVID-19 response and humanitarian operations in Rakhine.
- WHO to support logistic manager for national health laboratory (NHL) for management and distribution of test kits, laboratory reagents and consumables to Covid19 testing laboratories across the country for sustaining testing capacity. 8 laboratories with PCR platforms are planned to expand in general hospitals.

Nepal

- The Ministry of Health and Population (MoHP) has formed new incident command system (ICS) to accelerate response to COVID-19.
- MoHP organized a meeting with Case Investigation and Contact Tracing (CICT) focal points of the Kathmandu valley to identify the operational bottleneck in performing their duties.
An expert group meet to discuss about the surveillance, contract tracing and testing options and suggested to increase contact tracing, follow-up, testing coverage of close contacts and antigen-based testing for consideration of MoHP

Health Cluster partners including sub-clusters are providing response support to continue the COVID-19 and Non-COVID-19 essential/continuation of health services throughout the country

- Of 179,613 total cumulative cases, 75.6% (135,841) cases were reported from three provinces (Province 1, Bagmati and Lumbini) and 67.2% (120,690) were males and as of 4 November

- A total of 1,480,978 RT-PCR tests performed nationwide by 67 designated COVID-19 labs functional across the country as of 4 November. WHO is supporting seroprevalence sample tracking and reception at National Public Health Laboratory (NPHL)

**Sri Lanka**

- Total cases are 11,744 of which 2,874 new cases reported during the week
- The total cluster size of Minuwangoda factory is 8,265 (70.4% of total cases). The current clusters have spread to almost all 25 districts in the country. The most affected province is the Western Province, which accounts for about 25% of the population
- Curfew in Colombo district has been extended up to 9 November. Curfew has been imposed in high risk areas of Gampaha district and part of Kurunegala, Kalutara districts
- All active cases have been admitted to dedicated COVID 19 treatment hospitals; 5,863 patients are admitted in 48 hospitals as of 4 November. The bed capacity has further increased by taking over several training centers with large accommodation facilities
- Repatriation has been temporarily stopped, only 396 cargo handlers and seafarers were repatriated during the week. Cumulative number is more than 50,611 people. Seafarers will not be allowed until further notice.
- 8,079 people were quarantined in 57 facilities and over 67,000 people in home quarantine as of 4 November
- WHO convened a coordination meeting on vaccine operational readiness with Asian Development Bank (ADB), World Bank and UNICEF

**Thailand**

- Ministry of Public Health (MoPH) reported 47 new cases since last reporting on 29 October, majority of new cases were Thai and non-Thai nationals traveled from abroad and later tested positive while in quarantine centers
- Of total 3,810 confirmed cases, about 95% (3,623) have recovered, 2% (59) have died and 3% (128) are still receiving treatment or under observation in hospitals as of 5 November.
- 236 public and private laboratories passed proficiency testing and were approved by Department of Medical Sciences in testing SARS-CoV-2. These laboratories are in almost every province across country
- The cabinet has approved a proposal from the Ministry of Public Health and the Ministry of Foreign Affairs for establishment of new ASEAN Center for Public Health Emergencies and Emerging Diseases. The center is expected to enhance the capacity of ASEAN community in timely detect and response to public health emergencies and emerging diseases
- MoPH has proposed to the Center for COVID-19 Situation Administration (CCSA) to reduce the quarantine duration for arrivals in Thailand from 14 days to 10 days. The proposal is now awaiting the CCSA’s approval
- Government plans to re-open tourism for both short-term and long-term stay in Thailand. Government is making Phuket as a pilot province for a world-class health tourism city along with tourism promotions and create a new dimension of sustainable tourism

**Timor-Leste**

- The National Directorate of Public Health, MoH held a meeting on the COVID-19 vaccine introduction plan

**Resource mobilization**

- WHO/SEARO conducted an information session for WHO Health Emergency Country Focal Points on European Civil Protection and Humanitarian Aid Operations (ECHO) funding for 2021 to support the formulation of humanitarian and other priority needs for resource mobilization
- Total distributed resources to South-East Asia Region stand at USD 96.4 million which is 55% of total COVID-19 operational budget (USD 175 million) for 2020. Additional funding of USD 622 000 received last week from WHO HQ under miscellaneous pooled award (civil society engagement) and distributed to WHO Health Emergencies (WHE)/SEARO
- Proportion of funds distributed to countries stands at 91% (USD 86.9/ USD 95.8 million) and remaining 9% (USD 8.9 million) distributed to WHE/SEARO. Additional funding has been provided to WCO in Indonesia (USD 2 million) and WCO in Sri Lanka (USD 900 000) from WHE/SEARO sources

**Cover story**

**Using multiple sources of information to guide the decision to ease PHSMs (Timor-Leste)**

Timor-Leste needed to make a decision whether to adjust the PHSM including lifting of its stringent measures. Faced with challenges to rapidly scale up formal case-based surveillance in the context of COVID-19, Timor-Leste used multiple sources of information from various surveillance systems. These include (1) community based surveillance, for which community health workers are trained to report suspect cases, (2) sentinel surveillance for influenza-like illness and severe acute respiratory infection at health care facilities, (3) enhanced syndromic surveillance, through which health care workers were encouraged to offer testing for patients presenting with respiratory symptoms, and (4) testing as part of exit screening for people departing the country. Through assessment using these multiple sources of information showing no evidence of local transmission, the Government made decisions to keep the state of emergency and maintained points-of-entry measures, while lifted the social economic restrictions posed at the early phase of the pandemic.

**Influenza preparedness underpins COVID-19 lab capacities in South East Asia**

Every country in the WHO South-East Asia region (SEAR) has successfully established diagnostic capacity for COVID-19 and ensured a robust laboratory response to the pandemic. Their success was enabled in large part by a decade of preparedness activities in the region to build laboratory capacities for pandemic influenza.

The long-standing laboratory capacity building for influenza in SEAR has been made possible through a combination of national contributions coupled with funds from the Pandemic Influenza Preparedness Framework Partnership Contribution (PIP PC) and a range of other donors. Three areas of this support have proved particularly fruitful in enabling SEAR’s laboratory response to COVID-19:

1. **PCR diagnostic capacity building.** By 2019, all 11 SEAR countries had built the capacity to accurately and reliably detect influenza viruses through real-time PCR, as recognized by the 2019 WHO External Quality Assessment Project (EQAP). This achievement was instrumental in providing the basis for COVID-19 PCR testing in the region. All SEAR countries are able to detect COVID-19 through real-time PCR. Six of these have already completed the 2020 COVID-19 EQAP test and achieved 100%; the rest are still waiting to receive or report on the EQAP panels.

2. **Online knowledge exchange.** Since September 2019, WHO has hosted a series of regional webinars to share laboratory expertise and support online training within National Influenza Centers and public health laboratories involved in the diagnosis and surveillance of influenza. These laboratories now find themselves on the front line of COVID-19 detection and the webinars have been rapidly adapted to support this new role by focusing on COVID-19-specific laboratory topics, such as biosafety, specimen collection and transport, and data management.
3. **Laboratory assessment.** During 2019, at least five South-East Asian countries assessed their national laboratory systems using [WHO’s Laboratory Assessment Tool](https://www.who.int). They used the results to identify strengths and gaps in their laboratory capacities for influenza and to work towards addressing these. There is little doubt that this capacity building groundwork was critical in enabling laboratories to handle the surge in demand for laboratory services prompted by the COVID-19 response.

### Public Health and Social Measure (28 October – 2 November 2020)

<table>
<thead>
<tr>
<th>Member State</th>
<th>Lockdown</th>
<th>Public transport (inter province movement)</th>
<th>Education sector</th>
<th>Public gathering</th>
<th>Mask</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>None</td>
<td>Resumed</td>
<td></td>
<td>Ban</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Bhutan</td>
<td>None</td>
<td>Resumed</td>
<td>(students moved to schools in low risk districts)</td>
<td>Ban</td>
<td>Mandatory</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>None</td>
<td>Restricted</td>
<td></td>
<td></td>
<td>Mandatory</td>
</tr>
<tr>
<td>India</td>
<td>Partial</td>
<td>Resume*</td>
<td>(Flexibility for online classes)</td>
<td>(Outdoor allowed; Indoor gathering &lt;200)</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Partial</td>
<td>Restricted*</td>
<td>Requirements vary across Provinces</td>
<td>Ban &gt;5</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Maldives</td>
<td>Partial</td>
<td>Resume*</td>
<td>(schools for grade 8 &amp; lower to remain closed)</td>
<td>Ban &gt;25</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Partial</td>
<td>Restricted*</td>
<td></td>
<td>Ban &gt;30</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Nepal</td>
<td>Partial</td>
<td>Restricted*</td>
<td></td>
<td>Ban &gt;25</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Partial</td>
<td>Restricted*</td>
<td></td>
<td>Ban</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Thailand</td>
<td>None</td>
<td>Restricted*</td>
<td></td>
<td>No restriction</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>None</td>
<td>Resumed</td>
<td></td>
<td>No restriction</td>
<td>Mandatory</td>
</tr>
</tbody>
</table>

*Public transport resumed with limited capacity and in limited routes – variations at Sub National level

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