The Immunization and Vaccine Development (IVD) unit of the Department of Family Health, Gender and Life Course (FGL), World Health Organization (WHO), Regional Office for South-East Asia (SEARO) has been producing annually the Expanded Programme on Immunization (EPI) fact sheets since 2002 for all South-East Asia Region (SEAR) countries and the region. The primary data sources of the EPI fact sheet are the WHO-UNICEF joint reporting form (JRF) and SEARO annual EPI reporting form (AERF) in which each country officially reports EPI and vaccine preventable diseases (VPD) related core information annually. The EPI factsheets 2018 are based on 2017 data reported to WHO SEARO by the Member States.

Disclaimer for all maps:
The boundaries and names shown and the designations used on all the maps do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
Regional demographic attributes

Figure 1: **SEAR population density by first administrative level***

<table>
<thead>
<tr>
<th>Country</th>
<th>2017 population¹</th>
<th>Mortality²</th>
<th>Administrative levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total population</td>
<td>Live births</td>
<td>Under 1 year</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>163,038,357</td>
<td>3,327,304</td>
<td>3,184,230</td>
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<tr>
<td>Bhutan</td>
<td>779,666</td>
<td>11,514</td>
<td>10,836</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>25,030,070</td>
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</tr>
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<td>1,338,773,278</td>
<td>27,073,305</td>
<td>25,900,000</td>
</tr>
<tr>
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<td>261,890,872</td>
<td>4,829,340</td>
<td>4,732,656</td>
</tr>
<tr>
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<td>338,434</td>
<td>6,736</td>
<td>6,737</td>
</tr>
<tr>
<td>Myanmar</td>
<td>52,231,653</td>
<td>989,358</td>
<td>949,775</td>
</tr>
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<td>28,621,764</td>
<td>641,883</td>
<td>623,929</td>
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<td>Sri Lanka</td>
<td>21,443,921</td>
<td>330,314</td>
<td>327,542</td>
</tr>
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<td>Thailand</td>
<td>66,188,503</td>
<td>666,207</td>
<td>670,612</td>
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<td>1,261,407</td>
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<td>32,989</td>
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<td>1,959,597,925</td>
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Table 1: **Basic information, 2017**

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<tr>
<th>Country</th>
<th>Number of provinces / regions / divisions</th>
<th>Number of districts</th>
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<td>Sri Lanka</td>
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<td>26</td>
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<tr>
<td>Thailand</td>
<td>77</td>
<td>928</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>13</td>
<td>13</td>
</tr>
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<td>SEAR</td>
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</tr>
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1 SEAR annual EPI reporting form, 2017
2 WHO, Global Health Observatory (GHO) data http://apps.who.int/gho/data accessed on 31 May 2018

*population density of Bhutan and Sri Lanka by second administrative level and Maldives and Timor-Leste by country

a District & city
b Township
### Table 2: Routine immunization schedules by country, 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>BCG</th>
<th>DTP</th>
<th>HepB</th>
<th>MCV</th>
<th>OPV</th>
<th>TT</th>
<th>Vitamin A</th>
<th>Other vaccinations</th>
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<tbody>
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<td>Bangladesh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6-59M</td>
<td>PCV- 6W, 10W, 14W HPV- Girls 10Y &amp; grade V students, 2 doses 6M apart</td>
</tr>
<tr>
<td>Bhutan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6-59M</td>
<td>HPV- Girls 12Y &amp; Grade VI students, 2 doses 6M apart</td>
</tr>
<tr>
<td>DPR Korea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6-59M</td>
<td></td>
</tr>
<tr>
<td>India</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9 months, 18 months and 6 months interval till age 5 years</td>
<td>JE_LiveAtd - 9M and 16-24M (JE endemic districts) PCV - 6W, 10W, 9M (subnational) Rotavirus-6W,10W,14W (subnational)</td>
</tr>
<tr>
<td>Indonesia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6-59M</td>
<td></td>
</tr>
<tr>
<td>Maldives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6-59M</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6-59M</td>
<td></td>
</tr>
<tr>
<td>Nepal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6-59M, +6M</td>
<td>JE_LiveAtd - 12M PCV- 6W, 10W, 9M (subnational)</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6-36M</td>
<td>JE_LiveAtd - 1Y Typhoid - high risk groups HPV- Girls grade VI at school, on 10Y completion, 2 doses 6M apart</td>
</tr>
<tr>
<td>Thailand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
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</tr>
<tr>
<td>Timor-Leste</td>
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<td></td>
<td></td>
<td></td>
<td>-</td>
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Source: WHO/UNICEF JRF, 2017

Routine immunization systems and services are strengthened.
Table 3: Immunization coverage estimates in SEAR, 2013-2017

<table>
<thead>
<tr>
<th>Country</th>
<th>BCG</th>
<th>DTP3</th>
<th>OPV3</th>
<th>MCV1</th>
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<td>Bangladesh</td>
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<td>99</td>
<td>99</td>
<td>99</td>
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<tr>
<td>Bhutan</td>
<td>97</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>98</td>
<td>97</td>
<td>97</td>
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</tr>
<tr>
<td>India</td>
<td>91</td>
<td>89</td>
<td>87</td>
<td>91</td>
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<tr>
<td>Indonesia</td>
<td>86</td>
<td>82</td>
<td>80</td>
<td>82</td>
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<tr>
<td>Maldives</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
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<tr>
<td>Myanmar</td>
<td>86</td>
<td>92</td>
<td>94</td>
<td>88</td>
</tr>
<tr>
<td>Nepal</td>
<td>97</td>
<td>99</td>
<td>94</td>
<td>93</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>99</td>
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<td>99</td>
<td>99</td>
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<tr>
<td>Thailand</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>86</td>
<td>79</td>
<td>79</td>
<td>79</td>
</tr>
<tr>
<td>SEAR</td>
<td>91</td>
<td>90</td>
<td>88</td>
<td>91</td>
</tr>
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</table>

Source: WHO and UNICEF estimates of national immunization coverage, July 2018
Table 4: Planning and management indicators by country, 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>CMYP for immunization</th>
<th>NTAGI</th>
<th>Spending on vaccines by the government</th>
<th>Spending on routine immunization programme by the government</th>
<th>Updated micro-plans that include activities to improve immunization coverage</th>
<th>Most recent EPI CES</th>
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</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>2018-2022</td>
<td>fully functional</td>
<td>25%</td>
<td>27%</td>
<td>64 districts (100%)</td>
<td>EPI CES 2016</td>
</tr>
<tr>
<td>Bhutan</td>
<td>2014-2018</td>
<td>fully functional</td>
<td>7%</td>
<td>6%</td>
<td>20 districts (100%)</td>
<td>National Health Survey, 2012</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>2016-2020</td>
<td>fully functional</td>
<td>no data</td>
<td>45%</td>
<td>210 districts (100%)</td>
<td>National Immunization Coverage Survey 2017</td>
</tr>
<tr>
<td>India</td>
<td>2018-2022</td>
<td>fully functional</td>
<td>22%</td>
<td>36%</td>
<td>676 districts (97%)</td>
<td>National Family Health Survey-4 2015</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2015-2019</td>
<td>fully functional</td>
<td>no data</td>
<td>no data</td>
<td>no data</td>
<td>Indonesia Demographic Health Survey 2017</td>
</tr>
<tr>
<td>Maldives</td>
<td>2016-2020</td>
<td>fully functional</td>
<td>100%</td>
<td>100%</td>
<td>20 atolls (100%)</td>
<td>DHS 2017</td>
</tr>
<tr>
<td>Myanmar</td>
<td>2017-2021</td>
<td>fully functional</td>
<td>24%</td>
<td>no data</td>
<td>330 districts (100%)</td>
<td>Demographic and Health Survey 2015-2016</td>
</tr>
<tr>
<td>Nepal</td>
<td>2012-2022</td>
<td>fully functional</td>
<td>25%</td>
<td>27%</td>
<td>77 districts (100%)</td>
<td>Demographic Health Survey 2016</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2017-2021</td>
<td>fully functional</td>
<td>94%</td>
<td>no data</td>
<td>26 districts (100%)</td>
<td>EPI coverage survey Puttalam district 2017</td>
</tr>
<tr>
<td>Thailand</td>
<td>2017-2021</td>
<td>fully functional</td>
<td>100%</td>
<td>100%</td>
<td>928 districts (100%)</td>
<td>CES for basic and school-based immunization 2013</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>2016-2020</td>
<td>fully functional</td>
<td>74%</td>
<td>23%</td>
<td>13 districts (100%)</td>
<td>EPI CES Dili municipality and 12 other municipalities 2015</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JRF, 2017

Figure 3: DTP3 Immunization coverage by first administrative level*, 2017

* Bhutan, Maldives and Timor-Leste by country

Source: SEAR annual EPI reporting form, 2017
### Table 5: Vaccine preventable diseases reported to SEARO, 2015-2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Polio</th>
<th>Diphtheria</th>
<th>Pertussis</th>
<th>Total tetanus (NT)</th>
<th>Measles</th>
<th>Rubella</th>
<th>Mumps</th>
<th>JE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0</td>
<td>6</td>
<td>11</td>
<td>559 (117)</td>
<td>240</td>
<td>189</td>
<td>ND</td>
<td>76</td>
</tr>
<tr>
<td>Bhutan</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>11</td>
<td>1</td>
<td>620</td>
<td>5</td>
</tr>
<tr>
<td>DPR Korea</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>0(^a)</td>
<td>2,365</td>
<td>25,206</td>
<td>2,268 (491)</td>
<td>30,168</td>
<td>5,850</td>
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<td>252</td>
<td>1,004</td>
<td>ND (69)</td>
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<td>826</td>
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<td>39</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td>Myanmar</td>
<td>0(^b)</td>
<td>87</td>
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<td>ND (30)</td>
<td>6</td>
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<td>626</td>
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<td>937</td>
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<td>0</td>
<td>3(^*)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>India</td>
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<td>3,380</td>
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<td>194 (21)</td>
<td>266</td>
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<td>656</td>
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<td>51</td>
<td>5(0)</td>
<td>76</td>
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<td>652</td>
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<td>23</td>
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</tr>
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<td>8</td>
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<td>31,739</td>
<td>3,502</td>
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<td></td>
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<td>0</td>
<td>352 (95)</td>
<td>4,001</td>
<td>299</td>
<td>ND</td>
<td>19</td>
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<td>0</td>
<td>15</td>
<td>0</td>
<td>66(^*)</td>
<td>9</td>
<td>259</td>
<td>3</td>
</tr>
<tr>
<td>DPR Korea</td>
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<td>0</td>
<td>0</td>
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<td>India</td>
<td>0(^a)</td>
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<td>23,766</td>
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</tr>
<tr>
<td>Maldives</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1(^*)</td>
<td>1</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>0</td>
<td>68</td>
<td>4</td>
<td>61 (20)</td>
<td>1,293</td>
<td>6</td>
<td>ND</td>
<td>442</td>
</tr>
<tr>
<td>Nepal</td>
<td>0</td>
<td>728</td>
<td>9,092</td>
<td>880 (7)</td>
<td>99</td>
<td>21</td>
<td>61,228</td>
<td>63</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>0</td>
<td>0</td>
<td>15 (0)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>252</td>
<td>23</td>
</tr>
<tr>
<td>Thailand</td>
<td>0</td>
<td>5</td>
<td>55</td>
<td>68 (0)</td>
<td>1,946</td>
<td>34</td>
<td>17</td>
<td>28</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1 (1)</td>
<td>0</td>
<td>3</td>
<td>21</td>
<td>7</td>
</tr>
<tr>
<td>SEAR</td>
<td>0</td>
<td>7,053</td>
<td>33,976</td>
<td>6,829 (443)</td>
<td>29,843</td>
<td>4,494</td>
<td>61,783</td>
<td>2,909</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JRF multiple years

ND = No data

\(^a\) Excludes 2 VDPVs (type 2)

\(^b\) Excludes 2 VDPVs (type 2)

\(^c\) Excludes 1 VDPV (Type 2)
Measles is eliminated and rubella/CRS controlled

Figure 7: MCV1 coverage by country, 2013-2017

Source: WHO/UNICEF estimates of national immunization coverage, July 2018

Figure 8: MCV2 coverage by country, 2013-2017

Source: WHO/UNICEF estimates of national immunization coverage, July 2018

Figure 9: MCV1 Coverage at first sub-national level* in SEAR countries, 2017

Source: SEAR annual EPI reporting form, 2017

*Bhutan, Maldives and Timor-Leste by country
### Table 6: Measles and Rubella Surveillance Performance Indicators - 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of Suspected Measles</th>
<th>Case classification (number)</th>
<th>Indicators</th>
<th>Genotypes detected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lab.-confirmed</td>
<td>Epi-linked</td>
<td>Clinically-confirmed</td>
<td>Lab.-confirmed</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>8,025</td>
<td>2,612</td>
<td>982</td>
<td>407</td>
</tr>
<tr>
<td>Bhutan</td>
<td>449</td>
<td>66</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>505</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>India</td>
<td>45,773</td>
<td>3,334</td>
<td>8,208</td>
<td>490</td>
</tr>
<tr>
<td>Indonesia</td>
<td>16,615</td>
<td>1,532</td>
<td>731</td>
<td>6,772</td>
</tr>
<tr>
<td>Maldives</td>
<td>66</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1,033</td>
<td>146</td>
<td>26</td>
<td>133</td>
</tr>
<tr>
<td>Nepal</td>
<td>245</td>
<td>0</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2,943</td>
<td>1,545</td>
<td>401</td>
<td>929</td>
</tr>
<tr>
<td>Thailand</td>
<td>1,27</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JRF, 2017

### Table 7: Measles & Rubella Laboratory Surveillance Indicators, 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>Serum specimen collected from suspected measles cases</th>
<th>Specimens received at the laboratory within 5 days of collection</th>
<th>Specimen positive for measles IgM</th>
<th>Specimen positive for rubella IgM</th>
<th>Results reported by the laboratory within 4 days of receiving the specimen for serology</th>
<th>Genotypes detected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. %</td>
<td>No. %</td>
<td>No. %</td>
<td>No. %</td>
<td>No. %</td>
<td>Measles</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>6,577</td>
<td>82%</td>
<td>6,514</td>
<td>99%</td>
<td>2,612</td>
<td>40%</td>
</tr>
<tr>
<td>Bhutan</td>
<td>441</td>
<td>98%</td>
<td>177</td>
<td>40%</td>
<td>66</td>
<td>15%</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>106</td>
<td>21%</td>
<td>106</td>
<td>100%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>India</td>
<td>64,863</td>
<td>14%</td>
<td>6,483</td>
<td>100%</td>
<td>3,425</td>
<td>53%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>14,803</td>
<td>89%</td>
<td>5,169</td>
<td>35%</td>
<td>4,509</td>
<td>31%</td>
</tr>
<tr>
<td>Maldives</td>
<td>66</td>
<td>100%</td>
<td>66</td>
<td>100%</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1,654</td>
<td>94%</td>
<td>1,506</td>
<td>91%</td>
<td>1,057</td>
<td>64%</td>
</tr>
<tr>
<td>Nepal</td>
<td>949</td>
<td>91%</td>
<td>942</td>
<td>100%</td>
<td>64</td>
<td>7%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>221</td>
<td>90%</td>
<td>221</td>
<td>100%</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Thailand</td>
<td>2,419</td>
<td>82%</td>
<td>2,419</td>
<td>100%</td>
<td>1,407</td>
<td>58%</td>
</tr>
<tr>
<td>Timor Leste</td>
<td>126</td>
<td>99%</td>
<td>126</td>
<td>100%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: SEAR annual EPI reporting form, 2017

ND: no data
Figure 12: Regional risk assessment for measles transmission in 2017

Figure 13: Rubella vaccine introduction through routine
# Polio-free status is maintained

## Table 8: NID/SNID and date of last WPV confirmed cases, 1995-2017 by country

<table>
<thead>
<tr>
<th>Country</th>
<th>Year of 1st NIDs</th>
<th>Total NIDs rounds</th>
<th>Last NID round</th>
<th>SNIDs in 2017</th>
<th>Last WPV confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>1995</td>
<td>40</td>
<td>Jan-14</td>
<td>Yes</td>
<td>22-Nov-06</td>
</tr>
<tr>
<td>Bhutan</td>
<td>1995</td>
<td>2</td>
<td>Nov-95</td>
<td>No</td>
<td>1986*</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>1997</td>
<td>12</td>
<td>Nov-02</td>
<td>No</td>
<td>1996</td>
</tr>
<tr>
<td>India</td>
<td>1995</td>
<td>41</td>
<td>Apr-17</td>
<td>Yes</td>
<td>13-Jan-11</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1995</td>
<td>14</td>
<td>Mar-16</td>
<td>No</td>
<td>20-Feb-06</td>
</tr>
<tr>
<td>Maldives</td>
<td>1996</td>
<td>8</td>
<td>Jan-01</td>
<td>No</td>
<td>1994</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1996</td>
<td>23</td>
<td>Feb-16</td>
<td>Yes</td>
<td>28-May-07</td>
</tr>
<tr>
<td>Nepal</td>
<td>1996</td>
<td>27</td>
<td>Jan-14</td>
<td>Yes</td>
<td>30-Aug-10</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1995</td>
<td>8</td>
<td>Dec-00</td>
<td>No</td>
<td>Nov-93</td>
</tr>
<tr>
<td>Thailand</td>
<td>1994</td>
<td>10</td>
<td>Jan-00</td>
<td>No</td>
<td>Apr-97</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>1995**</td>
<td>11</td>
<td>Aug-15</td>
<td>No</td>
<td>1995</td>
</tr>
</tbody>
</table>

* Clinically confirmed polio  
** SIA conducted with Indonesia.

## Table 9: AFP surveillance indicators by country, 2015-2017

<table>
<thead>
<tr>
<th>Country</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WPV confirmed cases</td>
<td>WPV cases</td>
<td>Non-polio AFP rate</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>1,413</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bhutan</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>99</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>India</td>
<td>46,970</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1,428</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maldives</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>336</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Nepal</td>
<td>394</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>70</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Thailand</td>
<td>183</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SEAR</td>
<td>50,910</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

* Number of discarded AFP cases per 100,000 children under 15 years of age.  
** Percent with 2 specimens, 24 hours apart and within 14 days of paralysis onset.  
† Excludes twelve type 2 VDPV specimens from sewage  
‡ Excludes six type 2 VDPV specimens from sewage  
§ Excludes eleven type 2 VDPV specimens from sewage  
|
Figure 14: Last wild poliovirus cases by type in SEAR

Table 10: Environmental surveillance for poliovirus detection

<table>
<thead>
<tr>
<th>Country</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of samples collected</td>
<td># WPVs detected</td>
<td># VDPVs detected</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>India</td>
<td>942</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Indonesia</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Myanmar</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nepal</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Thailand</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SEAR</td>
<td>953</td>
<td>0</td>
<td>11</td>
</tr>
</tbody>
</table>

Note: Environmental surveillance started - India in 2002, Bangladesh in 2015, Indonesia and Thailand in 2016, Myanmar and Nepal in 2017
Figure 15: AFP Surveillance Indicators by first administrative Level¹, 2017

Non-polio AFP Rate*

- **Non-Polio AFP Rate**
  - <1
  - 1-1.99
  - ≥2
  - No non-polio AFP case

* Bhutan, Maldives and Timor-Leste by country
* Number of discarded AFP cases per 100,000 children under 15 years of age.

% Adequate Stool Specimen Collection**

- **Adequate Stool Specimen Collection**
  - <60%
  - 60% - 79%
  - ≥80%
  - No AFP case

¹Bhutan, Maldives and Timor-Leste by country
** Percentage with 2 specimens 24 hours apart and within 14 days of paralysis onset.
Elimination of maternal and neonatal tetanus is sustained

Figure 16: TT2+ coverage by country, 2013-2017

Figure 17: MNT elimination status
Control of Japanese encephalitis is accelerated

Figure 18: Japanese encephalitis vaccine implementation status in SEAR

Control of hepatitis B is accelerated

Figure 11: HepB3 and HepB birth dose coverage by country 2016-2017

<table>
<thead>
<tr>
<th>Country</th>
<th>HepB3</th>
<th>HepB3 BD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Bhutan</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>96</td>
<td>97</td>
</tr>
<tr>
<td>India</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Indonesia</td>
<td>79</td>
<td>79</td>
</tr>
<tr>
<td>Maldives</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Myanmar</td>
<td>90</td>
<td>89</td>
</tr>
<tr>
<td>Nepal</td>
<td>87</td>
<td>90</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Thailand</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>76</td>
<td>76</td>
</tr>
</tbody>
</table>

Source: WHO and UNICEF estimates of national immunization coverage, July 2018

ND= No data
Introduction of new vaccines and related technologies is accelerated.

Figure 19: Hepatitis B vaccine implementation status in SEAR

Figure 20: Human Papillomavirus vaccine (HPV) implementation status in SEAR
Figure 21: Rotavirus vaccine implementation status in SEAR

Figure 22: Pneumococcus conjugate vaccine implementation status in SEAR
### Access to high quality vaccines is ensured

#### Table 12: Vaccine safety

<table>
<thead>
<tr>
<th>Country</th>
<th>Immunization injection safety</th>
<th>Vaccine adverse events review committee</th>
<th>National system to monitor AEFI</th>
<th>No. AEFI Reported</th>
<th>Serious AEFI reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>2,308</td>
<td>61</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>13,774</td>
<td>1</td>
</tr>
<tr>
<td>India</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1,513</td>
<td>1,339</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>30,660</td>
<td>263</td>
</tr>
<tr>
<td>Maldives</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>16,654</td>
<td>705</td>
</tr>
<tr>
<td>Nepal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1,407</td>
<td>15</td>
</tr>
<tr>
<td>Sri Lanka ¹</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>10,987</td>
<td>178</td>
</tr>
<tr>
<td>Thailand</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>890</td>
<td>0</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF JRF, 2017 ¹ Adverse Events Following Immunization; Sri Lanka AEFI data do not reflect cases but events.

### Laboratory network for vaccine preventable diseases in SEAR

#### Figure 23: Laboratory network
Protected Together
#VACCINESWORK