Influenza situation update

17 February 2015

http://www.wpro.who.int/emerging_diseases/Influenza/en/index.html

Influenza surveillance summary

This influenza surveillance summary includes countries where routine surveillance is conducted and information is available.

Countries in the temperate zone of the Northern Hemisphere

In countries within the temperate zone of the Northern Hemisphere, Influenza-Like Illness (ILI) activity is increasing following the seasonal pattern.

China (North)

During week 6, 2015, the proportion of ILI cases among all consultations at national sentinel hospitals in north China was 2.9%, lower than the last week and the same week of 2013 and 2014 (3.0%, 3.5%, 4.1%), and higher than the same week of 2011 (2.8%). (Figure 1)

Japan

In Japan, the number of influenza cases reported weekly per sentinel site started decreasing, following the seasonal pattern. (Figure 2)
Mongolia
ILI activity in Mongolia in week 6 2015 has been following the seasonal pattern (Figure 3). The proportion of patients with pneumonia among hospitalized patients decreased to the upper tolerance limit. (Figure 4)

Figure 3: Proportion of outpatients that were ILI (per 10,000 people), Mongolia 2013-2015
(Source: National Influenza Center of Mongolia)

Republic of Korea
The overall proportion of patients, who visited sentinel physicians for influenza like illness (ILI) was 42‰ for week 7. This proportion is above the national baseline of 12‰. (Figure 5)

Figure 5: The weekly proportion of ILI visits per 1,000 patients, Republic of Korea 2011-2015
(Source: Korean Centre for Disease Control and Prevention)
Countries/areas in the tropical zone

In countries/areas in the tropical zone, the overall ILI activity was variable.

China (South)

During week 6 2015, the percentage of outpatient or emergency visits for ILI at national sentinel hospitals in south China was 2.8%, lower than the last week and the same week of 2011 and 2014 (3.0%, 2.9%, 3.5%), and higher than the same week of 2012 (2.7%, 2.5%). (Figure 6)

Hong Kong (China)

The overall influenza activity remains at a very high level. In week 6, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics increased to 11.5 ILI cases per 1,000 consultations, and the rate is the highest in these 4 years. (Figure 7)
The average consultation rate for ILI among sentinel private doctors increased to 71 ILI cases per 1,000 consultations from 61 recorded in the previous week (Figure 8).

Figure 8: ILI consultation rates at sentinel private doctors, Hong Kong 2011-2015
(Source: Hong Kong Centre for Health Protection)

In week 6, the admission rates in public hospitals with principal diagnosis of influenza for persons aged 0-4 years, 5-64 years and 65 years or above were 3.08, 0.22 and 3.76 cases (per 10,000 people in the age group) respectively, as compared to 2.61, 0.30 and 5.46 cases in the previous week. The rate for the elderly has remained at a high level, which is above the levels recorded in the past few years. (Figure 9)

Figure 9: Influenza associated hospital admission rates and deaths, Hong Kong 2011-2015
(Source: Hong Kong Centre for Health Protection)
Singapore
The average daily number of patients seeking treatment in the polyclinics for ARI increased from 2,918 (over 5.5 working days) in week 4 to 2931 (over 5.5 working days) in week 5, 2015. (Figure 10)

Countries in the temperate zone of the southern hemisphere
In Australia and New Zealand, the flu season has ended. Reporting from these Member States in the Influenza Situation Update will commence during the beginning of the next flu season.

Pacific Island Countries and Areas (PICs)
In the PICs, ILL activity was variable with an increasing trend observed in a number of islands especially in Northern Mariana Islands, French Polynesia, Samoa, and Vanuatu. (Figure 11)
Virological Surveillance Summary

Table 1: Data from WHO FluNet, MOH and Global Influenza Surveillance and Response System on virological influenza surveillance in China, Hong Kong SAR, Republic of Korea, Singapore, Viet Nam and Australia, WHO

<table>
<thead>
<tr>
<th>Country</th>
<th>Reporting period</th>
<th>Samples received</th>
<th>2015 (H1N1)pd m09</th>
<th>H1</th>
<th>H3</th>
<th>H5</th>
<th>H7</th>
<th>unknown</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern China</td>
<td>2 Feb - 8 Feb</td>
<td>2030</td>
<td>0</td>
<td>3</td>
<td>127</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>56</td>
<td>31</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>8 Feb - 14 Feb</td>
<td>530 positive</td>
<td>0</td>
<td>74</td>
<td>404</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>52</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>1 Feb - 7 Feb</td>
<td>1670 positive</td>
<td>0</td>
<td>7</td>
<td>1614</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>47</td>
</tr>
<tr>
<td>Singapore</td>
<td>1 Feb - 7 Feb</td>
<td>32</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Southern China</td>
<td>2 Feb - 8 Feb</td>
<td>2800</td>
<td>0</td>
<td>3</td>
<td>231</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>333</td>
<td>39</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>18 Jan-24 Jan</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Australia</td>
<td>1 Feb - 7 Feb</td>
<td>181</td>
<td>0</td>
<td>2</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Countries in the temperate zone of the northern hemisphere

China (North)
During week 6, 2015 the percentage of specimens that were tested positive for influenza in north China was 11%, lower than previous week (Figure 12). Influenza A(H3N2) was the predominant strain reported.
**Mongolia**

In week 6 2015, most received specimens tested positive for influenza A (H3) viruses. (Figure 13)

![Figure 13: Number of detected viruses and number of tested specimen, Mongolia 2013-2015](source)

(Source: National Influenza Centre of Mongolia)

**Republic of Korea**

530 were tested positive for influenza viruses, including 404 (76%) influenza A(H3N2), 74 (14%) influenza A(H1N1) pdm09 and 52 (10%) influenza B (Figure 14).

![Figure 14: Number and percentage of specimens tested positive for influenza during influenza season 2014/2015, Republic of Korea](source)

(Source: Korean Centre for Disease Control and Prevention)
Countries/areas in the tropical zone

China (South)
During week 6, 2015 the percentage of specimens that tested positive for influenza in south China was 22%, which was lower than the previous week. Influenza A(H3N2) and influenza B (Yamagata) were the predominant strains reported. (Figure 15)

![Figure 15: Influenza Positive Test Reported by Southern Network Laboratories, China 2013-2015](Data from China National Influenza Center)

Hong Kong (China)
Among the respiratory specimens received in week 6, 1,670 (34.4%) were tested positive for seasonal influenza viruses, including 7 (0.14%) influenza A(H1N1)pdm09, 1,614 (33.25%) influenza A(H3), 47 (0.97%) influenza B and 2 (0.04%) influenza C. (Figure 16)

![Figure 16: Number and percentage of specimens tested positive for influenza by week, Hong Kong 2011-2015](Source: Hong Kong Centre for Health Protection)
Singapore
The overall prevalence of influenza among ILI samples (n=121) in the community was 34.7% in the past 4 weeks. Of the specimens tested positive for influenza in January 2015, 64.3% were positive for influenza A (H3N2), 16.7% were positive for influenza B and 14.3% were positive for influenza A (H1N1)pdm09. (Figure 17)

Global influenza situation updates:
Epidemiological update:
http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/
Virological update:
http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport