Virological Surveillance Summary

In weeks 12 and 13 of 2015, Influenza B (Yamagata line age), Influenza A(H3) and Influenza B (lineage not determined) viruses predominated in the Western Pacific Region (Figure 1). Countries currently providing virological data from the Western Pacific Region include Australia, China, Mongolia, the Philippines, the Republic of Korea, and Viet Nam.

From week 1 to week 13 of 2015, 94% of influenza specimens provided to FluNet were from China (n=168,827), 1.8% from Republic of Korea (n=3,226) and 1.7% from Australia (n=2,995).

![Number of specimens positive for influenza by subtype](image)

Figure 1: Number of specimens positive for influenza by subtype in Western Pacific Region including Australia, Cambodia, China, Lao People’s Democratic Republic, Malaysia, Mongolia, Philippines, Republic of Korea, Singapore and Viet Nam (Source: FluNet, Accessed 16 March 2015)

Influenza surveillance summary

Influenza surveillance in the WHO Western Pacific Region is based on outpatient and inpatient sentinel surveillance systems. Case definitions, populations under surveillance and data formats differ among these countries. This influenza surveillance summary includes countries where routine surveillance is conducted and information is available from syndromic surveillance systems for Influenza-like-illness (ILI) and Severe Acute Respiratory Infections (SARI).

The WHO surveillance case definition for ILI is an acute respiratory infection with a measured fever of ≥ 38 C° and cough, with symptom onset within the last 10 days. For SARI, it is an acute respiratory infection with a history of fever or measured fever of ≥ 38 C° and cough, with symptom onset within the last 10 days and requires hospitalization.
Countries in the temperate zone of the Northern Hemisphere

In most countries within the temperate zone of the Northern Hemisphere, ILI and influenza activity reporting followed seasonal patterns. ILI activity in the Republic of Korea has increased, displaying a different trend to the seasonal patterns seen in previous years.

**Outpatient ILI Surveillance**

**China (North)**

During week 13 2015, the proportion of ILI cases among all consultations at national sentinel hospitals in north China was 2.6%, lower than the previous week (2.7%) and the same week of 2012 and 2014 (2.8% and 2.9% respectively), similar to the same week of 2013 (2.6%) but higher than the same week of 2011 (2.2%) (Figure 2).

**Mongolia**

In week 13, 2015, ILI activity in Mongolia continued to follow the known seasonal pattern, remaining within the upper and lower 90% tolerance limits for the country (Figure 3).

**Republic of Korea**

In week 14, 2015, the proportion of patients visiting sentinel physicians for ILI was 31.7%. This is higher than the previous week (31.1%) but is lower than the seasonal peak in week 7 of 42% (Figure 4).

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**Figure 2: Percentage of visits for ILI at sentinel hospitals, 2010-2015**
(Source: China National Influenza Center)

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

**Figure 4: Weekly proportion of ILI visits per 1,000 patients 2011-2015**
(Source: Korean Centre for Disease Control and Prevention)
Hospital influenza surveillance

Japan
In Japan, the number of influenza cases reported weekly per hospital sentinel site is following the known seasonal trend, with case numbers continuing to decrease (Figure 5).

Countries/areas in the tropical zone

In week 12 of 2015, the overall ILI and SARI activity decreased in countries/areas in the tropical zone, following previously seen seasonal patterns.

Outpatient Surveillance

Hong Kong (China) - ILI Surveillance
The overall ILI activity in Hong Kong continued to decrease during week 13 and 14 of 2015, but is still above the baseline. In week 14, the average consultation rate for ILI among sentinel general outpatient clinics decreased to 4.8 per 1,000 consultations as compared to 5.2 recorded in the previous week. In week 14, the average consultation rate for ILI among sentinel private doctors increased to 41.5 per 1,000 consultations from 40.1 recorded in the previous week (Figure 6).

China (South) - ILI Surveillance
During week 13 of 2015, the percentage of outpatient or emergency visits for ILI at national sentinel hospitals in south China was 2.8 %, same as the last week (2.8%) and higher than the same week in 2011 and 2013 (2.6%, and 2.4% respectively), but lower than the same week in 2012 and 2014 (3.2%, and 3.1% respectively)(Figure 8).
Singapore – ARI Surveillance

The average daily number of patients seeking treatment in the polyclinics for acute respiratory infections decreased from 2,401 (over 5.5 working days) in week 12 to 2,341 (over 4.5 working days) in week 13 of 2015 (Figure 9).

Hong Kong (China) - ILI Surveillance

Figure 6: ILI consultation rates at sentinel general outpatient clinics, Hong Kong 2011-2015 (Source: Hong Kong Centre for Health Protection)

Figure 7: ILI consultation rates at sentinel private doctors, Hong Kong 2011-2015 (Source: Hong Kong Centre for Health Protection)

China (South) - ILI Surveillance

Figure 8: Percentage of visits due to ILI at national sentinel hospitals in South China, 2010-2015 (Source: China National Influenza Center)

Singapore - ARI Surveillance

Figure 9: Average daily policlinic attendances for Acute Respiratory Infection, Singapore 2014-2015 (Source: Singapore Ministry of Health)
Countries in the temperate zone of the southern hemisphere

In New Zealand, the influenza season has ended. Reporting in the Influenza Situation Update will commence during the beginning of the next influenza season.

Australia – Laboratory-confirmed influenza

For week ending 27 March 2015, ILI activity is in the inter-seasonal period with low levels of influenza activity (Figure 10).

Pacific Island Countries and Areas (PICs) - ILI Surveillance

In the PICs, ILI activity was variable with an increasing trend observed in a number of islands, particularly in American Samoa and Tonga (Figure 11).
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