Virological Surveillance Summary

In the Western Pacific Region, from week 1 to week 8 of 2015, Influenza A(H3) predominated, while from week 9 to week 15 of 2015, Influenza B (lineage not determined) and Influenza B (Yamagata lineage) viruses predominated (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 15 of 2015, 93.5% of influenza specimens provided to FluNet were from China (n=168,827), 2.0% from Republic of Korea (n=3,749) and 1.9% from Australia (n=3,488).

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.

Outpatient ILI Surveillance

China (North)
During week 15, ILI at national sentinel hospitals in north China was 2.5%, lower than the last week (2.7%) and the same week of 2012-2014 (2.7%, 2.8% and 2.7%), higher than the same week of 2011 (2.2%) (Figure 2).

Mongolia
In week 16, 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 16, 2015, the proportion of patients visiting sentinel physicians for ILI was 18.7% it remained above the baseline of 12.2% (Figure 4).

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

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

![Figure 4: Weekly proportion of ILI visits per 1,000 patients 2011-2015 (Source: Korean Centre for Disease Control and Prevention)](image)
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 16 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
In week 16, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics increased to 4.1 ILI cases per 1,000 consultations from 3.2 recorded in the previous week (Figure 6). The average consultation rate for ILI among sentinel private doctors was 41.4 ILI cases per 1,000 consultations, which was similar to 41.6 recorded in the previous week (Figure 7).

China (South)- ILI Surveillance
During week 15, the percentage of outpatient or emergency visits for ILI at national sentinel hospitals in south China was 2.8%, lower than the last week (3.0%) and the same week of 2012-2014(3.0%, 3.3% and 3.1%), higher than the same week of 2011(2.7%)(Figure 8).
**Singapore – ARI Surveillance**
The average daily number of patients seeking treatment in the polyclinics for acute respiratory infections increased from 2,366 (over 5.5 working days) in week 14 to 2,469 (over 5.5 working days) in week 15 (Figure 9).

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

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

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

![Figure 9: Average daily policlinic attendances for Acute Respiratory Infection, Singapore 2014-2015 (Source: Singapore Ministry of Health)](image)

**Countries in the temperate zone of the southern hemisphere**
Influenza activity remained at inter-seasonal levels in most of the reporting countries in 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 10 April 2015, ILI activity in the inter-seasonal period for influenza, with overall influenza activity at low levels but showing some increase (Figure 10)

![Graph showing Australian notifications of laboratory confirmed influenza](image)

Figure 10: Australian notifications of laboratory confirmed influenza
Source: National Notifiable Diseases Surveillance System, Australian Department of Health

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).

![Graph showing Cases of influenza-like illness, diarrhea and prolonged fever by week, Pacific Island Countries and Areas, 2014-2015](image)

Figure 6: Cases of influenza-like illness, diarrhea and prolonged fever by week, Pacific Island Countries and Areas, 2014-2015 (Source the Pacific Syndromic Surveillance Network)
Global influenza situation updates:

Epidemiological update:
http://www.who.int/influenza/surveillance_monitoring/updates/2015_04_21_surveillance_update_235_copy_c.pdf?ua=1

Virological update:
http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport