Bi-weekly Influenza Situation Update
1 September 2015

Virological Surveillance Summary

In the Western Pacific Region, the following influenza viruses predominated:

<table>
<thead>
<tr>
<th>Week</th>
<th>Predominant viruses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9</td>
<td>A (H3)</td>
</tr>
<tr>
<td>10-16</td>
<td>B (Yamagata lineage), B (lineage not determined)</td>
</tr>
<tr>
<td>17-19</td>
<td>B (Yamagata lineage), A (H3)</td>
</tr>
<tr>
<td>20-32</td>
<td>A (H3)</td>
</tr>
<tr>
<td>33-34</td>
<td>B (lineage not determined)</td>
</tr>
</tbody>
</table>

Countries providing specimens for FluNet reporting from the Western Pacific Region include Australia, Cambodia, China, Fiji, Japan, Lao PDR, Malaysia, Mongolia, New Zealand, Philippines, the Republic of Korea, Singapore, and Viet Nam. From week 1 to week 34, as of 31 August 2015, 90.1% of influenza specimens provided to FluNet were from China (n=372,399), 3.2% from Australia (n=13,279) and 1.8% from Republic of Korea (n=7,233).

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 \( \geq 38 \, ^\circ C \) 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 \( \geq 38 \, ^\circ C \) and cough, with symptom onset within the last 10 days and requires hospitalization.
In most countries within the temperate zone of the Northern Hemisphere, ILI and influenza activity remained at low levels.

**Outpatient ILI Surveillance**

**China (North)**
During week 32, ILI activity remained low and consistent with the seasonal trend of previous years (2011 – 2014). ILI% at national sentinel hospitals in north China was 2.5%, which was higher than week 31 (2.4%) (Figure 2).

**Mongolia**
In week 33-34, 2015, ILI activity in Mongolia remained low and has been following the seasonal trend (Figure 3).

**Republic of Korea**
In week 33 and 34, 2015, the proportion of patients visiting sentinel physicians for ILI (4.4 and 4.3/1,000 outpatients, respectively) remained low and follows the seasonal trend of previous years (2011-2014), which was below the baseline (Figure 4).
**Hospital influenza surveillance**

**Japan**
In Japan, the number of influenza cases reported weekly per hospital sentinel site follows the known seasonal trend (2005–2014), with case numbers remaining low (Figure 5).

![Figure 5: Number of influenza cases reported weekly per sentinel hospital site, Japan 2005-2015](Source: Japan National Institute of Infectious Diseases)

**Countries/areas in the tropical zone**
In week 32-34 of 2015, increased ILI or Acute Respiratory Infection (ARI) activity was reported in countries/areas in the tropical zone.

**Outpatient Surveillance**

**Hong Kong (China)- ILI Surveillance**
In Hong Kong, China, the overall influenza activity in the past week remained low. In week 34, the average consultation rate for ILI among sentinel general outpatient clinics (GOPCs) was 5.2 ILI cases per 1,000 consultations, which was similar to the 5.0 per 1,000 recorded in the previous week (Figure 6). The average consultation rate for ILI among sentinel private doctors was 30.1 ILI cases per 1,000 consultations, which was similar to the 29.9 per 1,000 recorded in the previous week (Figure 7).

**China (South)- ILI Surveillance**
During week 32, the percentage of outpatient or emergency visits for ILI at national sentinel hospitals in south China was 3.3%, lower than week 31 (3.8%) and higher than the same week of 2011–2014 (Figure 8).

**Singapore – ARI Surveillance**
The average daily number of patients seeking treatment in the polyclinics for ARI decreased from 2,880 (over 4.5 working days) in week 32 to 2,810 (over 5.5 working days) in week 33 (Figure 9).
Influenza activity in week 33-34 has increased in Australia, and has surpassed the seasonal threshold in New Zealand. In Australia, influenza B continues to be the dominant influenza virus type, comprising two thirds of all notifications. In New Zealand, more than half of cases were caused by influenza B.

**Australia – Laboratory-confirmed influenza**

Influenza activity continued to increase. All jurisdictions with the exception of Western Australia have shown an increase in activity. As of 14 August 2015, Australia reported 39,137 laboratory confirmed cases of influenza for the year so far, with 11,796 reported in the fortnight ending 14 August. (Figure 10).
New Zealand – Influenza like Illness
ILI through sentinel surveillance was reported from 18 out of 20 District Health Boards resulting in a national consultation rate of 123.7 per 100,000 for weeks 34 (415 ILI consultations). This is above the seasonal threshold, but below the alert threshold (Figure 11 and 12).

Pacific Island Countries and Areas (PICs)- ILI Surveillance
In the PICs, ILI activity was variable with an increasing trend in ILI activity observed in a number of islands, particularly in the Cook Islands, the Federated States of Micronesia, Nauru, New Caledonia, Tokelau, Tonga and Vanuatu. (Figure 13). The Fiji National Influenza Surveillance System has detected influenza B in circulation in Fiji, responsible for all influenza positive cases (n=8) from the week ending 26 July to 23 August, 2015 (week 34).
Global influenza situation updates

Epidemiological update:
http://www.who.int/influenza/surveillance_monitoring/updates/2015_08_24_surveillance_update_244.pdf?ua=1

Virological update: