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>20-36</td>
<td>A (H3)</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 36, as of 14 September 2015, 90.0% of influenza specimens provided to FluNet were from China (n=392,225), 3.4% from Australia (n=14,894) and 2.3% from New Zealand (n=9,967).

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 $\geq 38$ 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 $\geq 38$ 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 remained at low levels.

**Outpatient ILI Surveillance**

**China (North)**
During week 36, ILI activity remained low and consistent with the seasonal trend of previous years (2011–2014). ILI% at national sentinel hospitals in north China was 2.4%, which was same as the previous week (2.4%) (Figure 2). Influenza A (H3N2) was dominant during week 36.

**Mongolia**
In week 35-36, 2015, ILI activity in Mongolia remained low and has been gradually rising (Figure 3).

**Republic of Korea**
In week 35-36, 2015, the proportion of patients visiting sentinel physicians for ILI (4.5 and 5.2/1,000 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)](image)

Countries/areas in the tropical zone

In week 35-36 of 2015, decreased ILI or Acute Respiratory Infection (ARI) activity was reported in countries/areas in the tropical zone.

Outpatient Surveillance

Hong Kong (China)- ILI Surveillance
During week 36, the overall influenza activity in the past week remained low and the average consultation rate for ILI among sentinel general outpatient clinics (GOPCs) was 3.9 ILI cases per 1,000 consultations, which was lower than 4.7 recorded in the previous week (Figure 6). The average consultation rate for ILI among sentinel private doctors was 37.6 ILI cases per 1,000 consultations, which was similar to the 44.2 recorded in the previous week (Figure 7). Influenza A (H3N2) was detected dominantly during week 36.

China (South)- ILI Surveillance
During week 36, the percentage of outpatient or emergency visits for ILI at national sentinel hospitals in south China was 2.8%, lower than the previous week (2.9%) and higher than the same period of 2011–2014 (Figure 8). Influenza A (H3N2) was dominant in week 36.

Singapore – ARI Surveillance
In week 34-35, the average daily number of patients seeking treatment in the polyclinics for ARI decreased from 2,625 (over 5.5 working days) in week 34 to 2,423 (over 5.5 working days) in week 35 (Figure 9). Influenza A(H3N2) was dominant (52.0%), following Influenza B (40.0%) and Influenza A(H1N1)pdm09 (8.0%) in August 2015.
Countries in the temperate zone of the southern hemisphere

Influenza activity appears to have peaked in week 35-36 in Australia and has passed the peak in New Zealand.

**Australia – Laboratory-confirmed influenza**

Influenza activity has decreased with a downward trend since 14 August 2015. As of 28 August, Australia reported 58,160 laboratory confirmed cases of influenza for the year so far, with 17,001 reported in the fortnight ending 28 August (Figure 10). Influenza B continues to be the dominant influenza virus type nationally, comprising over two thirds of all notifications.
New Zealand – Influenza like Illness

During week 36, ILI through sentinel surveillance was reported from 18 out of 20 District Health Boards resulting in a national consultation rate of 77.2 per 100,000 (244 ILI consultations). This is above the seasonal threshold, but below the alert threshold (Figure 11 and 12). In New Zealand, more than half of cases were caused by influenza B.
Influenza Situation Update

15 September 2015

**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, French Polynesia, Guam and Northern Mariana Islands (Figure 13).

![Graph showing ILI activity in various Pacific Island Countries and Areas](image)

**Figure 13**: Weekly consultation rates for influenza-like illness in PICs, 2014–2015

**Global influenza situation updates**

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

Virological update:  