Virological Surveillance Summary

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

Table 1: Predominant influenza viruses, Western Pacific Region, 2015 to week 15 2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Week</th>
<th>Predominant viruses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>1-9</td>
<td>A (H3)</td>
</tr>
<tr>
<td></td>
<td>10-16</td>
<td>B (Yamagata lineage), B (lineage not determined)</td>
</tr>
<tr>
<td></td>
<td>17-19</td>
<td>B (Yamagata lineage), A (H3)</td>
</tr>
<tr>
<td></td>
<td>20-37</td>
<td>A (H3)</td>
</tr>
<tr>
<td></td>
<td>38-42</td>
<td>A (H3), B (lineage not determined)</td>
</tr>
<tr>
<td></td>
<td>43-51</td>
<td>Influenza virus activity is low in all subtypes</td>
</tr>
<tr>
<td></td>
<td>52-53</td>
<td>A (H3), A (H1N1) pdm09</td>
</tr>
<tr>
<td>2016</td>
<td>1-15</td>
<td>A (H1N1) pdm09</td>
</tr>
</tbody>
</table>

The number of specimens provided to FluNet by each of the Western Pacific Region countries that reported between week 1 and week 15, and proportion of all specimens contributed by each country is presented in the table below.

Table 2: Countries providing specimens for FluNet, Western Pacific Region, weeks 1 to 15, 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>389</td>
</tr>
<tr>
<td>China</td>
<td>272465</td>
</tr>
<tr>
<td>Lao People's Democratic Republic</td>
<td>1068</td>
</tr>
<tr>
<td>Mongolia</td>
<td>2224</td>
</tr>
<tr>
<td>New Caledonia</td>
<td>426</td>
</tr>
<tr>
<td>Philippines</td>
<td>391</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>3722</td>
</tr>
<tr>
<td>Singapore</td>
<td>877</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>207</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>285</td>
</tr>
</tbody>
</table>

Figure 1: Number of specimens positive for influenza by subtype and week, Western Pacific Region, 2015-16 (accessed 26 April 2016)
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 remained at low levels.

Outpatient ILI Surveillance

China (North)

In week 15 2016, ILI activity decreased slightly. The proportion of hospital visits that were for ILI at national sentinel hospitals in north China in week 15 was 2.8%, compared to 3.2% in week 14 of 2016, and 2.6% and 2.5% in the corresponding weeks of 2014 and 2015 respectively (Figure 2).

Mongolia

In week 15, 2016, ILI activity in Mongolia continued to decrease (Figure 3).

Republic of Korea

In week 16, 2016, the rate of ILI patient visits to sentinel physicians decreased (21.1 /1,000 outpatients) but is still higher than that of previous years (Figure 4).
Republic of Korea

Figure 4: Weekly proportion of ILI visits per 1,000 patients 2012-2016 (Source: Korean Centre for Disease Control and Prevention)

**Sentinel influenza surveillance**

**Japan**

As of 20 April 2016, the number of influenza cases reported weekly per sentinel hospital site continued to decrease in line with the seasonal pattern (Error! Reference source not found.).

Figure 5: Number of influenza cases reported weekly per sentinel hospital site, Japan 2006-2016 (Source: Japan National Institute of Infectious Diseases)
Countries/areas in the tropical zone

In weeks 1 to 15 of 2016, ILI or Acute Respiratory Infection (ARI) activity followed previous seasonal trends in countries/areas in the tropical zone.

Outpatient Surveillance

Hong Kong (China) - ILI Surveillance
During week 16, overall influenza activity is decreasing but is still higher than the previous years. The average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics was 6.6 ILI cases per 1,000 consultations, compared to 8.4 per 1,000 recorded in the previous week (Figure 6).

The average consultation rate for ILI among sentinel private doctors was 58.5 ILI cases per 1,000 consultations, similar to 57.9 per 1,000 recorded in the previous week (Figure 7).

The percentage of respiratory specimens in week 16 which tested positive for seasonal influenza viruses was 16.7%, slightly lower than that recorded in the previous week (17.5%). Of all respiratory specimens tested in week 16, 678 (16.7%) tested positive for seasonal influenza viruses, including; 293 (7.2%) influenza A (H1), 18 (0.4%) influenza A (H3), 346 (8.5%) influenza B and 21 (0.5%) influenza C.

China (South) - ILI Surveillance
During week 15, the percentage of outpatient or emergency visits for ILI at national sentinel hospitals in south China was 3.7%, lower than the previous week (4.0%), and was higher than the corresponding weeks of 2014 and 2015 (3.1% and 2.8% respectively) (Figure 8). In South China, influenza B was the predominant type of influenza detected (73.7%). Of the influenza B subtypes, B Victoria was the most common (72.6%).

Singapore – ARI Surveillance
The average daily number of patients seeking treatment in polyclinics for ARI decreased from 2,417 (over 5.5 working days) in week 14 to 2,383 (over 5.5 working days) in week 15 (Figure 9). The proportion of patients with influenza-like illness (ILI) among the polyclinic attendances for ARI remained low at approximately 1%. The overall prevalence of influenza among ILI samples (n=129) in the community was 45.0% in the past 4 weeks. Of specimens that tested positive for influenza in March 2016, 72.9% were positive for influenza B, 21.4% for influenza A (H1N1) pdm09, and 5.7% for influenza A (H3N2).
Countries in the temperate zone of the southern hemisphere

Influenza surveillance data from Australia and New Zealand is reported during their influenza season and will not be updated in this report unless unusual activity is apparent.

Pacific Island Countries and Areas (PICs) - ILI Surveillance

In the Pacific Island Countries and Areas, in week 14, the number of ILI cases reported is higher than the previous weeks in American Samoa, Fiji, Kiribati, Northern Mariana Islands, Samoa and Tuvalu. (Figure 10)

Figure 10: Reported cases of influenza-like illness (red line) in Pacific Island Countries, 2015–2016
Global influenza situation updates

Epidemiological update:
http://www.who.int/influenza/surveillance_monitoring/updates/2016_04_04_surveillance_update_260.pdf?ua=1

Virological update:

Global update:
http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/

Others:
Recommended composition of influenza virus vaccines for use in the 2016 southern hemisphere influenza season

Antigenic and genetic characteristics of zoonotic influenza viruses and candidate vaccine viruses developed for potential use in human vaccines
http://www.who.int/influenza/vaccines/virus/characteristics_virus_vaccines/en/

4th WHO Informal Consultation on Improving Influenza Vaccine Virus Selection
http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport

Video on influenza on WHO's YouTube Channel
   Arabic: https://www.youtube.com/watch?v=PxW6Pg1Anwl
   Chinese: https://www.youtube.com/watch?v=xW9gDKEPitQ
   English: https://www.youtube.com/watch?v=yhhJfT86Bgg
   French: https://www.youtube.com/watch?v=8mo8rWWJZkc
   Russian: https://www.youtube.com/watch?v=XQO6nbkKUWQ
   Spanish: https://www.youtube.com/watch?v=qXr75cKxwTY