

# COVID-19 & FLU EXPRESS



*COVID-19 & Flu Express* is a weekly report produced by Surveillance Division of the Communicable Disease Branch of the Centre for Health Protection. It monitors and summarizes the latest local and global COVID-19 and influenza activities.

## Local Situation of COVID-19 Activity (as of Mar 13, 2024)

**Reporting period: Mar 3 – Mar 9, 2024 (Week 10)**

- The latest surveillance data showed that the local COVID-19 activity is comparable to the preceding week. The current weekly positive detection rate of specimens tested positive for SARS-CoV-2 virus has exceeded the level recorded in the past six months.
- Concerning the monitoring of SARS-CoV-2 variants, the latest surveillance data showed that JN.1 has become the most prevalent variant. However, the current evidence does not suggest JN.1 will cause a more severe disease than the previous prevalent XBB and its descendant lineages.
- Members of the public are advised to maintain strict personal and environmental hygiene at all times for personal protection against COVID-19 infection and prevention of the spread of the disease in the community. High risk people (e.g. persons with underlying medical conditions or persons who are immunocompromised) should adopt additional measures to protect themselves such as wearing mask properly when going to public places. For other details, please visit the COVID-19 information page (<https://www.chp.gov.hk/en/healthtopics/content/24/102466.html>).
- Members of the public are advised to take note of the latest recommendations on the use of COVID-19 vaccines in Hong Kong to protect themselves from serious outcomes of COVID-19. High-risk priority groups are recommended to receive a dose of COVID-19 vaccine at least six months since the last dose or infection before a possible COVID-19 winter surge in the coming months, regardless of the number of doses received previously. For more details, please visit ([https://www.chp.gov.hk/files/pdf/consensus\\_interim\\_recommendations\\_on\\_the\\_use\\_of\\_covid19\\_vaccines\\_in\\_hong\\_kong\\_11oct.pdf](https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_the_use_of_covid19_vaccines_in_hong_kong_11oct.pdf)).
- For the latest information on COVID-19 and prevention measures, please visit the thematic website of COVID-19 (<https://www.coronavirus.gov.hk/eng/index.html>).

## Laboratory surveillance for COVID-19 cases

### **Positive nucleic acid test laboratory detections for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus**

In week 10, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 1,441 as compared to 1,243 in the preceding week. (Figure 1.1)

In the first 4 days of week 11 (Mar 10 – Mar 13), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 171 to 217.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 58,092 (as of Mar 13, 2024).

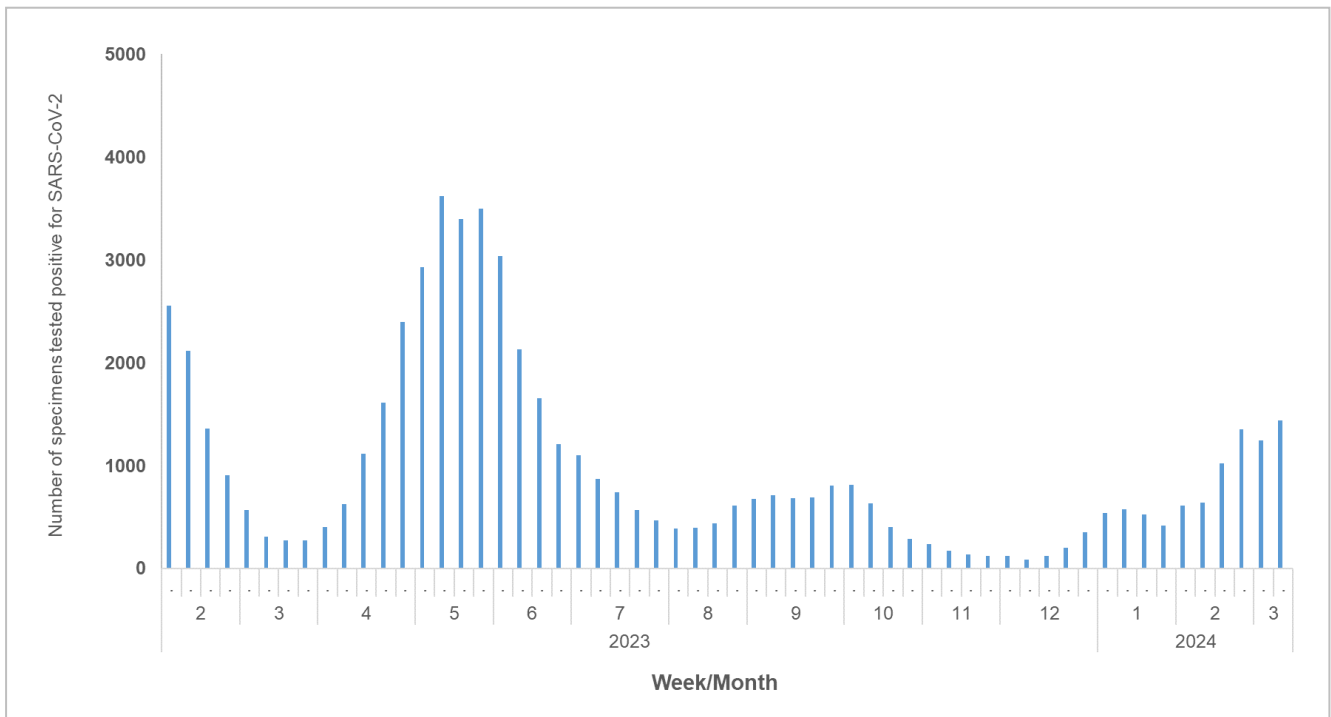


Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

**Positive detection rate of specimens tested positive for SARS-CoV-2 virus at the Public Health Laboratory Services Branch**

Among the 8,436 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 10, 1,413 (16.75%) were tested positive for SARS-CoV-2 virus as compared to 1,223 (15.60%) in the preceding week. (Figure 1.2)

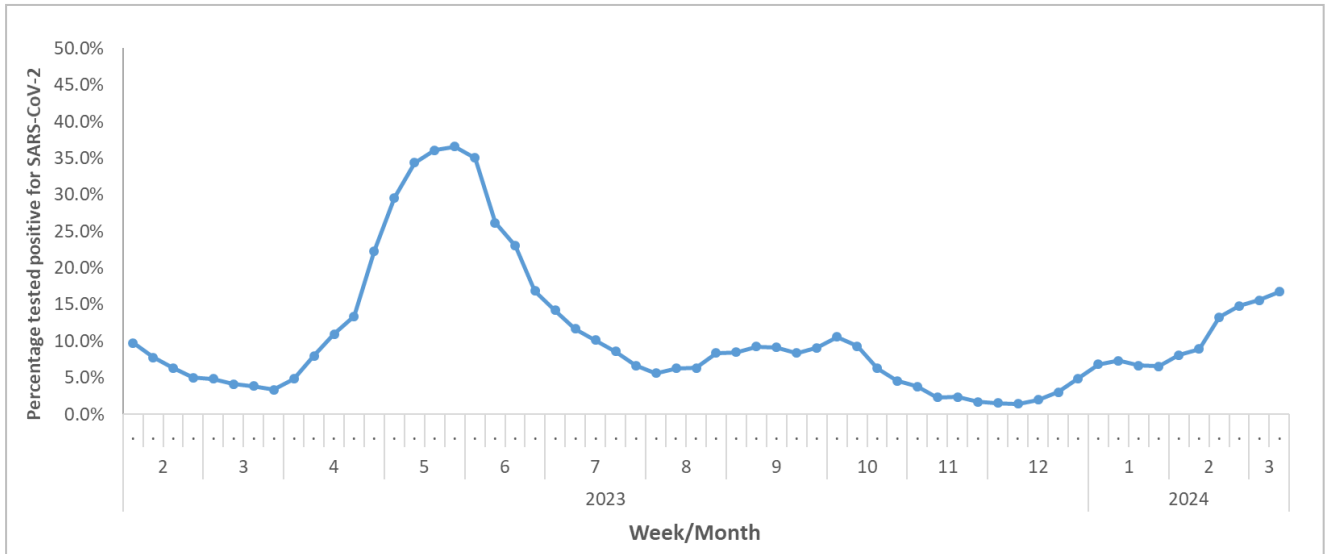


Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

## COVID-19 outbreak surveillance

In week 10, 24 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 145 persons), as compared to 23 outbreaks recorded in the previous week (affecting 140 persons). (Figure 1.3)

In the first 4 days of week 11 (Mar 10 – Mar 13), 16 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 74 persons).

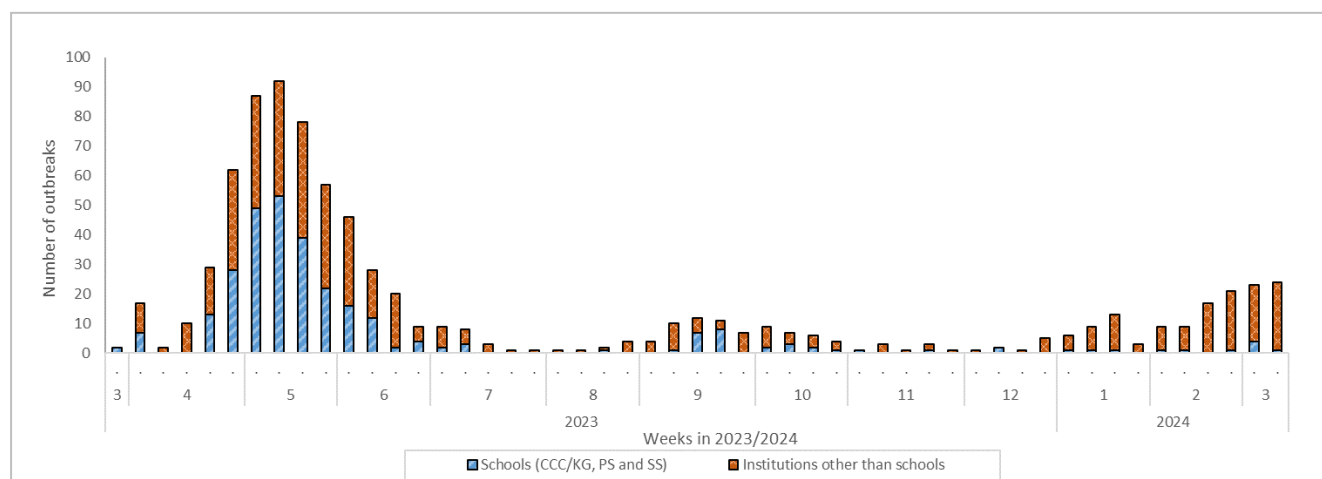


Figure 1.3 COVID-19 outbreaks in schools/institutions

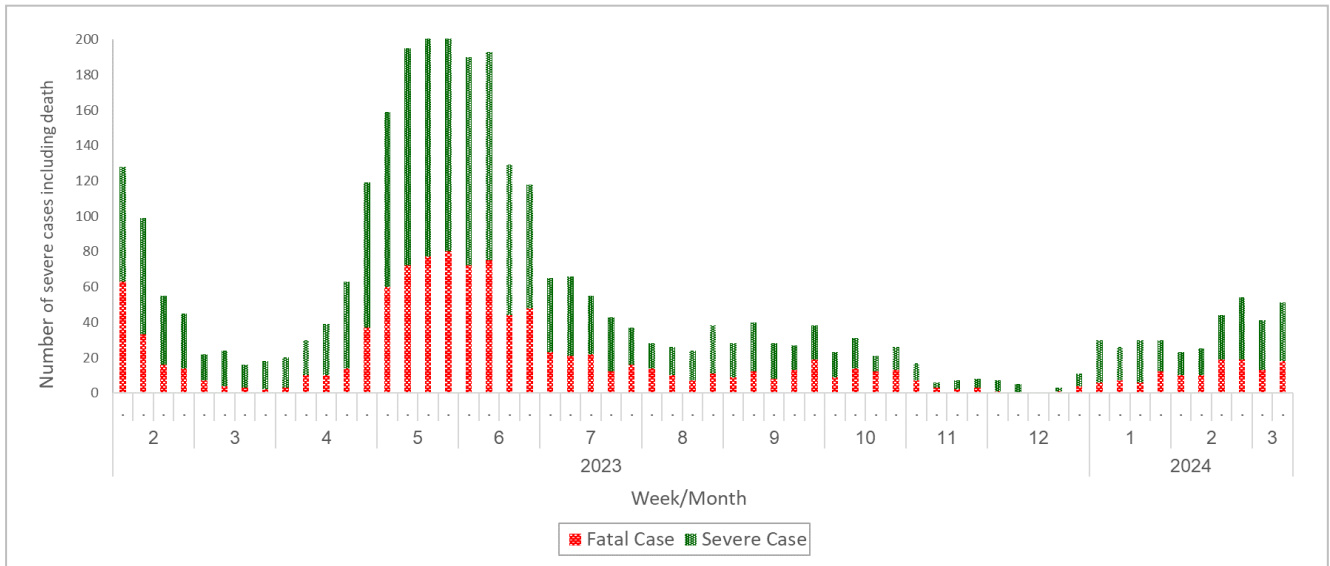
Type of institutions	Week 9	Week 10	First 4 days of week 11 (Mar 10 – Mar 13)
Child care centre/ kindergarten (CCC/KG)	0	0	1
Primary school (PS)	3	0	2
Secondary school (SS)	1	1	2
Residential care home for the elderly	16	18	8
Residential care home for persons with disabilities	2	5	2
Others	1	0	1
<i>Total number of outbreaks</i>	23	24	16
<i>Total number of persons affected</i>	140	145	74

## Surveillance of severe and fatal COVID-19 cases

(Note: The data reported are provisional figures and subject to further revision.)

In week 10, the weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 51 as compared to 41 in the preceding week. (Figure 1.4)

Since Jan 30, 2023, the cumulative number of fatal cases with cause of death preliminarily assessed to be related to COVID-19 was 1,127 (as of Mar 9, 2024).



## Sewage surveillance of SARS-CoV-2 virus

In week 10, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 454,000 copy/L as compared to around 484,000 copy/L in the preceding week. (Figure 1.5)

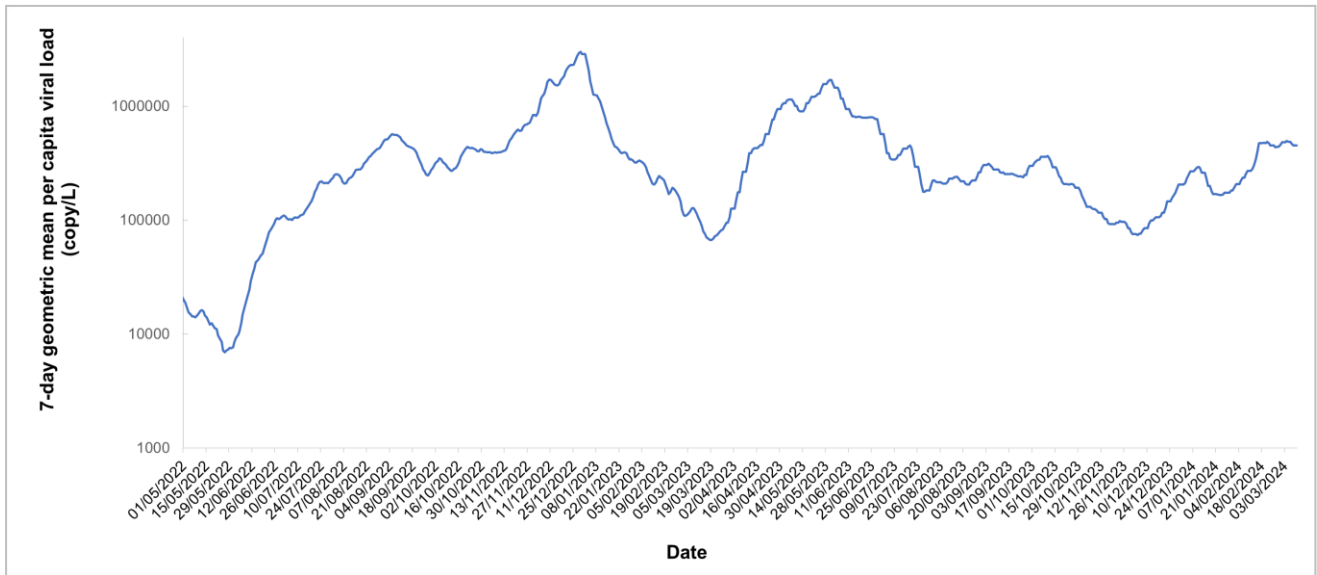


Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

## COVID-19 surveillance among sentinel general out-patient clinics and sentinel private medical practitioner clinics

In week 10, the average consultation rate for COVID-19 among sentinel general out-patient clinics (GOPC) and sentinel private medical practitioner clinics were 68.4 (Figure 1.6) and 38.0 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

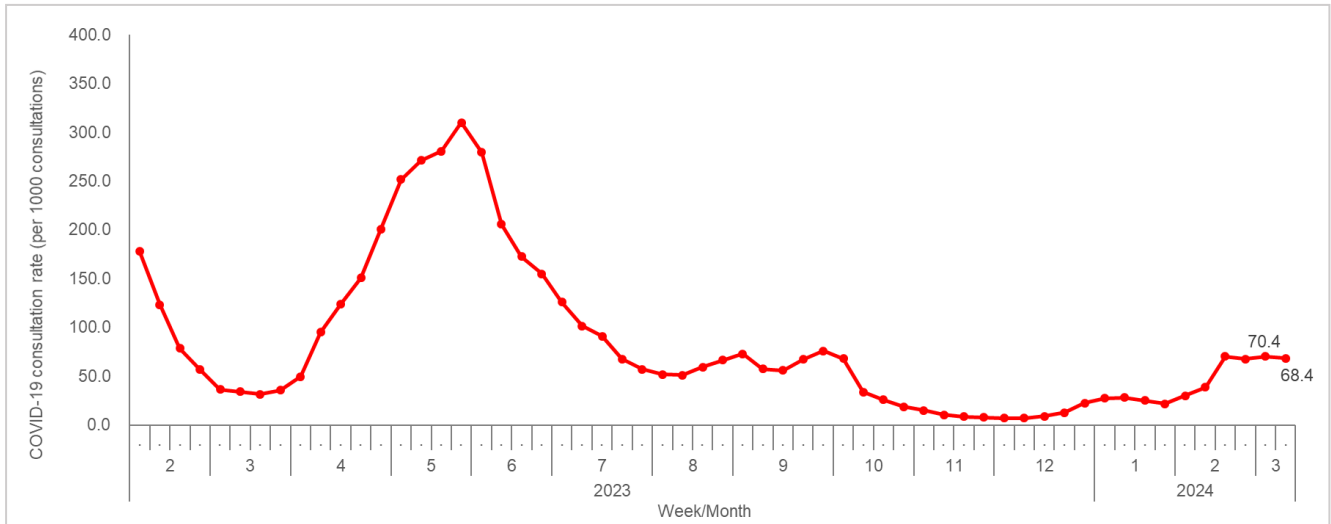


Figure 1.6 Average consultation rate of COVID-19 cases in GOPC

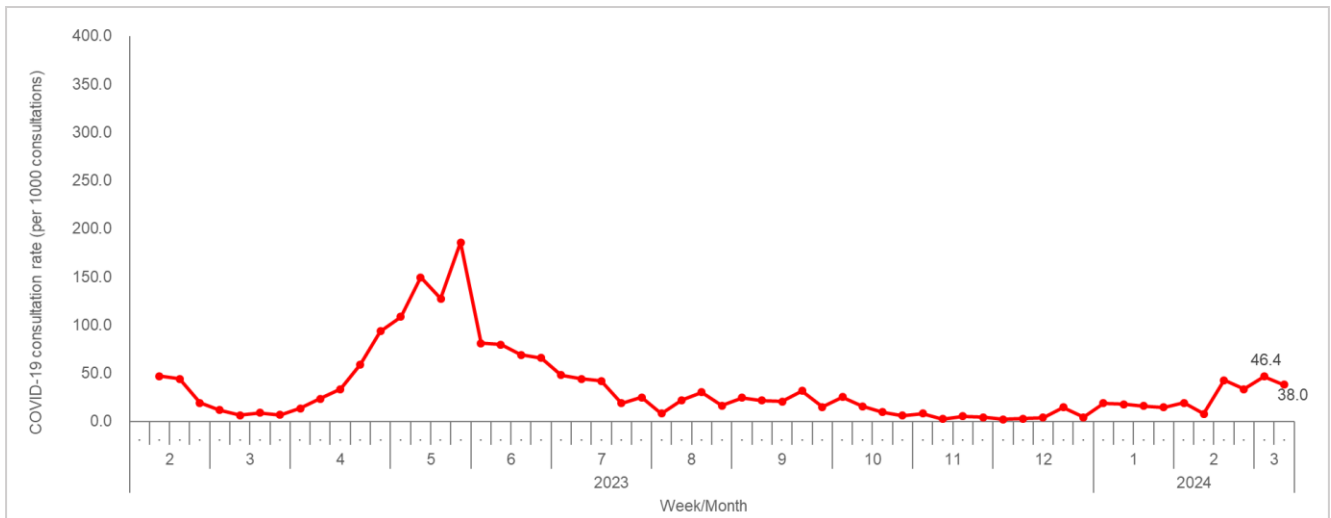


Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

## Surveillance on SARS-CoV-2 variants

The Centre for Health Protection (CHP) conducts surveillance on SARS-CoV-2 variants from sewage samples. The latest surveillance data (as of Mar 13, 2024) showed that JN.1 and its descendant lineages remained the most prevalent variant, comprising around 92.4% of all characterised specimens. At the same time, the prevalence of XBB and its descendant lineages comprised about 7.5% of all specimens. These XBB sublineages included XBB.1.9.1 and XBB.1.9.2^ (Figure 1.8).

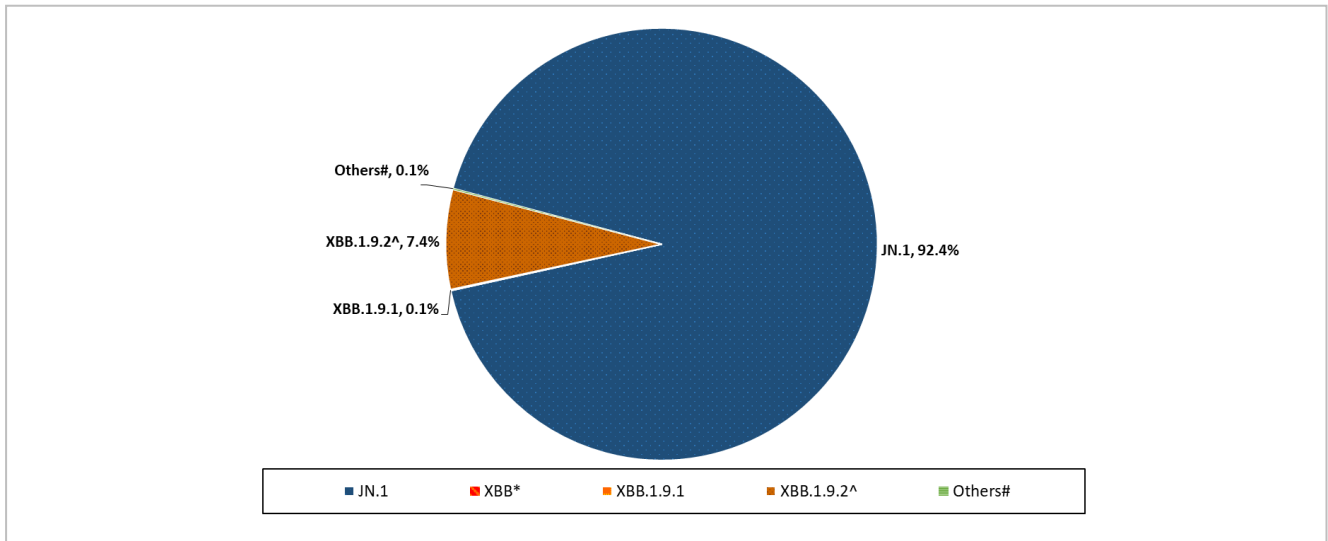


Figure 1.8 Estimated proportion of variants among sewage samples

\* Includes descendant lineages, except those individually specified elsewhere in the graph

^ Including EG.5, HV.1 and their descendant lineages

# Those SARS-CoV-2 variants not classified as VOIs/ Variants Under Monitoring (VUMs) by World Health Organization (WHO)

CHP also conducted genetic characterisation of 75 specimens obtained from reported severe and fatal cases of COVID-19 between Feb 28, 2024 and Mar 12, 2024. The results showed that JN.1 and its descendant lineages remained the most prevalent variant, comprising 98.7% of all characterised specimens (74 cases). At the same time, the prevalence of XBB and its descendant lineages comprised 1.3% of all specimens. (Figure 1.9)

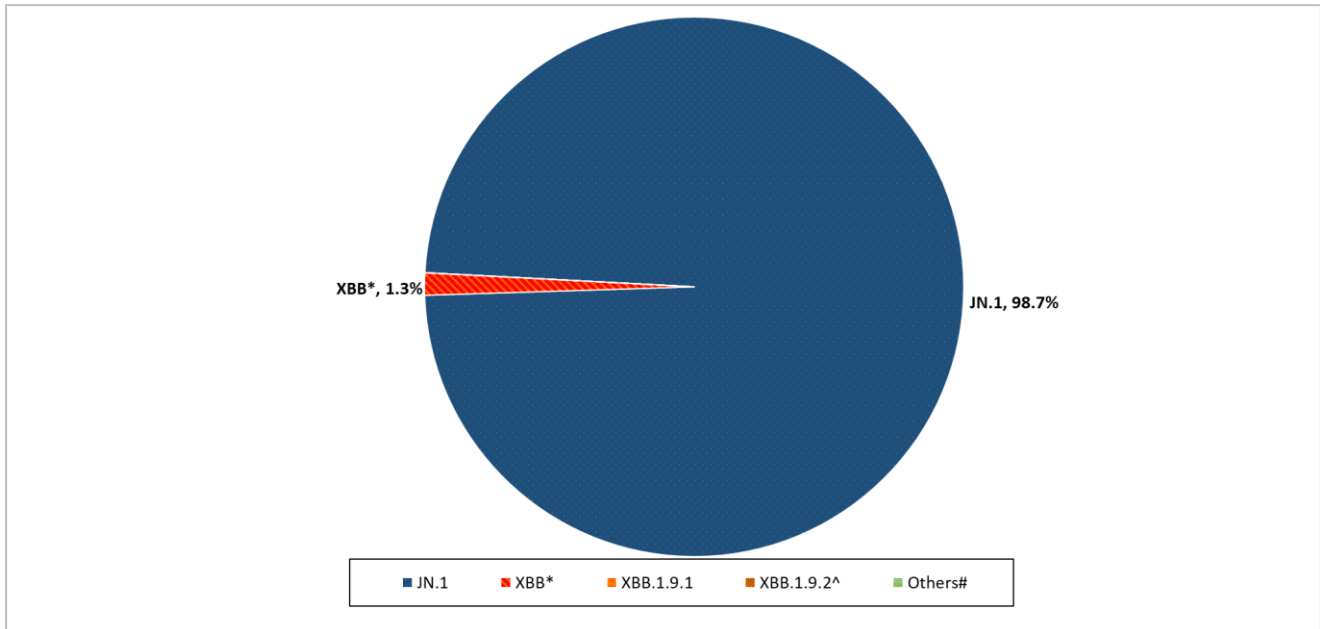


Figure 1.9 Proportion of variants among specimens obtained from reported severe and death cases for COVID-19

\* Includes descendant lineages, except those individually specified elsewhere in the table.

^ Including EG.5, HV.1 and their descendant lineages

# Those SARS-CoV-2 variants not classified as VOIs/ Variants Under Monitoring (VUMs) by WHO

Besides, CHP conducted genetic characterisation for the specimens obtained from some non-severe cases of COVID-19 during the same period. The results showed that JN.1 and its descendant lineages are the most prevalent variant, comprising around 99% of all characterised specimens. At the same time, XBB and its descendant lineages comprised about 1% of all characterised specimens.

## Global situation of COVID-19 activity

- Globally, as of Feb 25, 2024, there have been 774,771,942 confirmed cases of COVID-19, including 7,035,337 deaths, reported to WHO.
- According to WHO COVID-19 epidemiological update last published on Feb 16, 2024,
  - ◆ Over 0.5 million new cases and over 10,000 deaths were reported in the last 28 days (Jan 8 to Feb 4, 2024) globally.
  - ◆ The highest numbers of new 28-day cases were reported from Russia, Singapore, Malaysia, Australia and Greece. The highest numbers of new 28-day deaths were reported from the USA, Italy, Russia, Greece and Sweden.
  - ◆ WHO commented that current trends in reported COVID-19 cases were underestimates of the true number due to the reduction in testing and delays in reporting in many countries. Therefore, related data should be interpreted with caution.
  - ◆ Currently, WHO is monitoring five VOIs, which are BA.2.86, EG.5, JN.1, XBB.1.5 and XBB.1.16, and three VUMs, which are XBB, XBB.1.9.1 and XBB.2.3.
  - ◆ Between Jan 29 and Feb 4, 2024, JN.1 is the most prevalent variant globally, accounting for 88.2% compared to 77.1% between Jan 8 and 14, 2024. The updated risk evaluation for JN.1 suggested an overall evaluation of low public health risk at the global level based on available evidence. During the same period, the prevalence of BA.2.86, EG.5, XBB.1.5 and XBB.1.16 decreased from 5.4%, 12.1%, 2.2% and 0.8% to 3.7%, 5.4%, 0.9% and 0.4% respectively. All VUMs showed decreasing trends over the reporting period.

### Sources:

1. [WHO COVID-19 dashboard](#), accessed on Mar 14, 2024
2. [World Health Organization COVID-19 epidemiological update](#)

## Local Situation of Influenza Activity (as of Mar 13, 2024)

**Reporting period: Mar 3 – 9, 2024 (Week 10)**

- Hong Kong has entered winter influenza season since early January. According to the latest surveillance data, the overall influenza activity remained at an elevated level.
- Influenza can cause serious illnesses in high-risk individuals and even healthy persons. Given that seasonal influenza vaccines are safe and effective, all persons aged 6 months or above except those with known contraindications are recommended to receive influenza vaccine to protect themselves against seasonal influenza and its complications, as well as related hospitalisations and deaths.
- The Seasonal Influenza Vaccination Subsidy Scheme (VSS) 2023/24 has been launched since September 28, 2023, whereas the Government Vaccination Programme (GVP), Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme and the Residential Care Home Vaccination Programme have been launched since October 5, 2023. The public may visit the CHP's Vaccination Schemes page for more details of the vaccination programmes (<https://www.chp.gov.hk/en/features/17980.html>).
- Apart from getting influenza vaccination, members of the public should always maintain good personal and environmental hygiene.
- For the latest information on seasonal influenza and its prevention, please visit the Centre for Health Protection's Seasonal Influenza page ([http://www.chp.gov.hk/en/view\\_content/14843.html](http://www.chp.gov.hk/en/view_content/14843.html)).

### Influenza-like-illness surveillance among sentinel general out-patient clinics and sentinel private medical practitioner clinics, 2020-24

In week 10, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPC) was 8.1 ILI cases per 1,000 consultations, which was lower than 8.8 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 59.9 ILI cases per 1,000 consultations, which was higher than 37.2 recorded in the previous week (Figure 2.1, right).

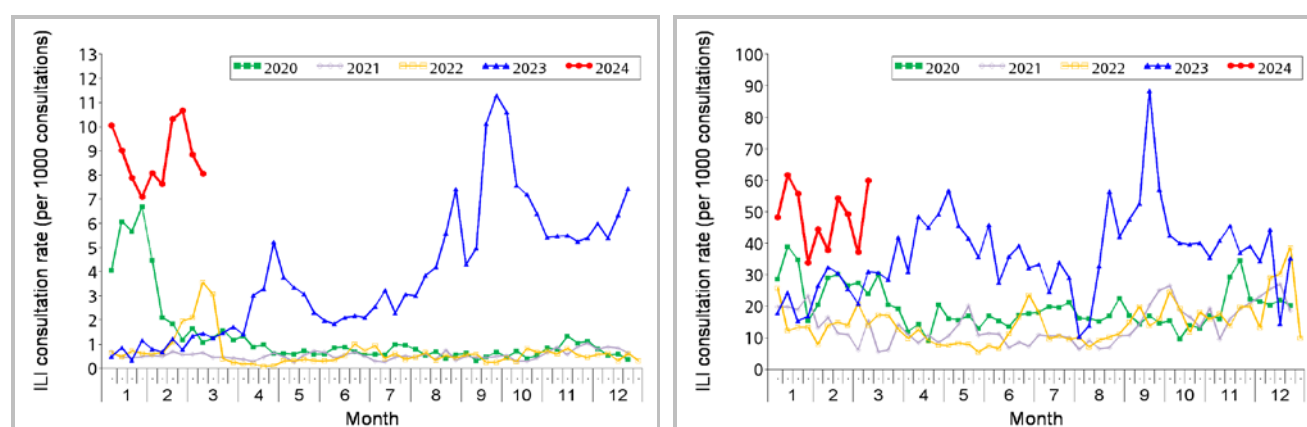


Figure 2.1 ILI consultation rates at sentinel GOPC (left) and PMP clinics (right), 2020-24

Note: The CHP has started to use electronic data on diagnosis coding of patients of the Hospital Authority's GOPC for sentinel surveillance since January 2020, replacing manual data collection in the past.

## Laboratory surveillance, 2020-24

Among the 9,971 respiratory specimens received in week 10\*, 591 (5.93%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 207 (36%) influenza A(H1), 213 (37%) influenza A(H3) and 156 (27%) influenza B viruses. The positive percentage (5.93%) was below the baseline threshold of 9.21% and was lower than 6.85% recorded in the previous week (Figure 2.2).

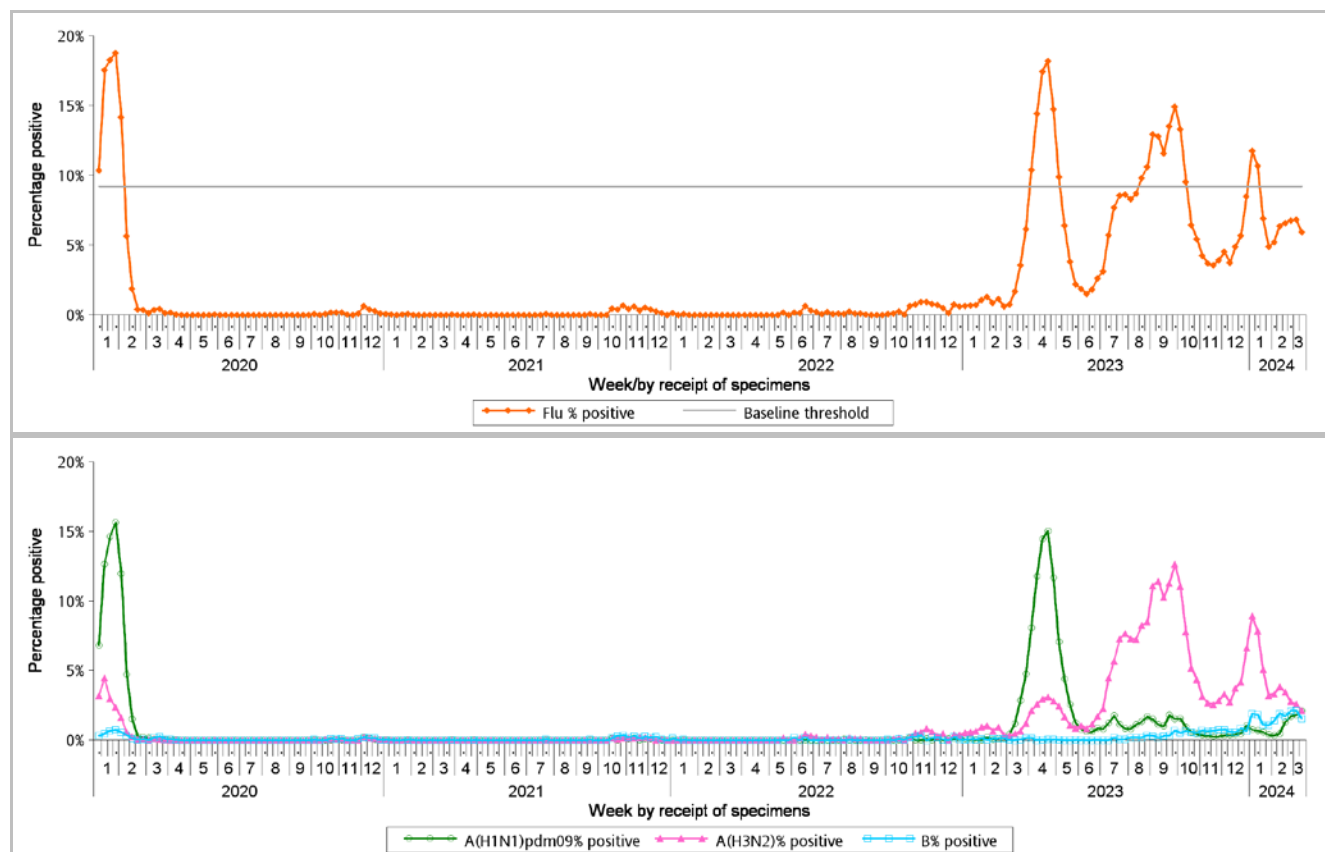


Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2020-24 (upper: overall positive percentage, lower: positive percentage by subtypes)

[Note: The baseline threshold is 1.96 standard deviation above the average weekly positive percentage during non-season periods from 2014 week 49 to 2019 week 48.]

Remarks: Some specimens may contain vaccine strains from people with recent history of receiving live-attenuated influenza vaccine

## Surveillance of oseltamivir resistant influenza A and B viruses

- In January 2024, there were no new reports of oseltamivir (Tamiflu) resistant influenza A and B viruses.
- For the results of previous months, please refer to the following webpage:  
<https://www.chp.gov.hk/en/statistics/data/10/641/695/7068.html>

\* Including 8,436 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 1,535 specimens received by the Hospital Authority

## Influenza-like illness outbreak surveillance, 2020-24

In week 10, 33 ILI outbreaks occurring in schools/institutions were recorded (affecting 140 persons), as compared to 33 outbreaks recorded in the previous week (affecting 169 persons) (Figure 2.3). The overall number was at the low intensity level currently (Figure 2.4\*). In the first 4 days of week 11 (Mar 10 to 13), 21 ILI outbreaks occurring in schools/institutions were recorded (affecting 83 persons). Since the start of 2023-24 winter influenza season in week 2, 207 outbreaks were recorded (as of Mar 13).

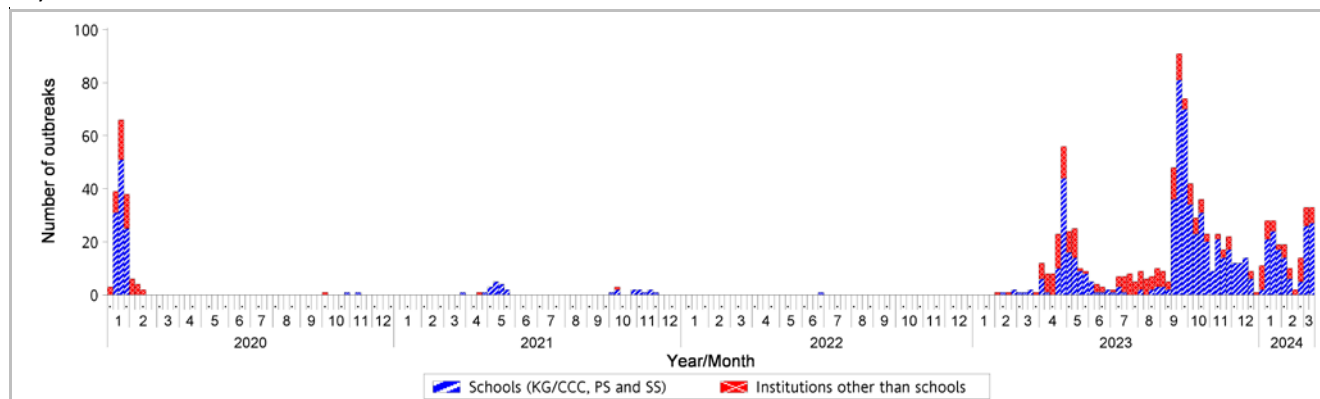


Figure 2.3 ILI outbreaks in schools/institutions, 2020-24

Type of institutions	Week 9	Week 10	Cumulative number of outbreaks since week 2 (as of Mar 13)
Child care centre/ kindergarten (CCC/KG)	3	5	22
Primary school (PS)	20	15	108
Secondary school (SS)	3	7	26
Residential care home for the elderly	1	1	19
Residential care home for persons with disabilities	4	2	17
Others	2	3	15
<i>Total number of outbreaks</i>	33	33	207
<i>Total number of persons affected</i>	169	140	1080

In comparison, 555, 725 and 344 outbreaks were recorded in the same duration of surveillance (9 complete weeks) in the 2017/18 winter, 2018/19 winter and 2023 summer seasons respectively, as compared with 186 outbreaks in the current season (Figure 2.5).

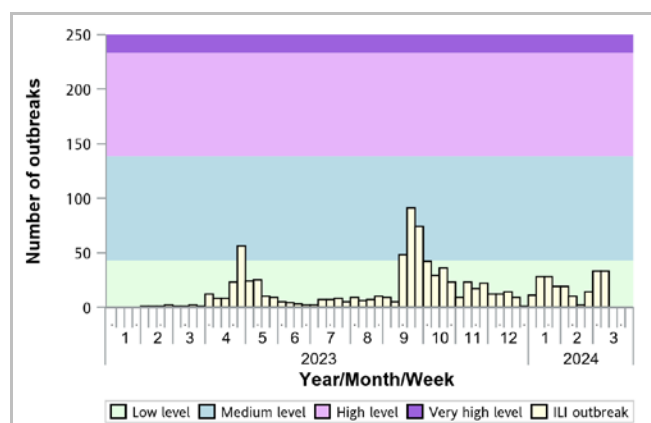


Figure 2.4 ILI outbreaks in schools/institutions, 2023-24

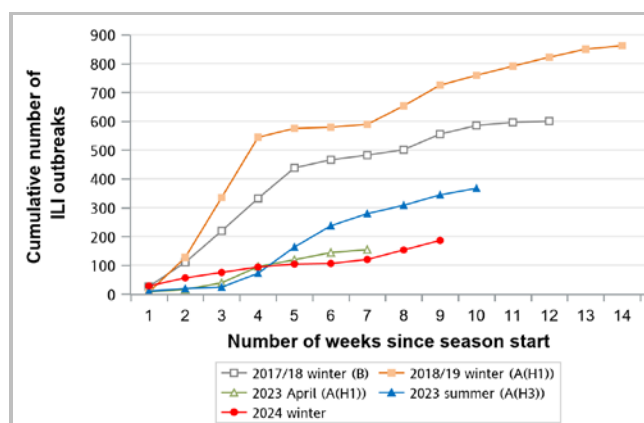


Figure 2.5 Cumulative numbers of ILI outbreaks reported during major influenza seasons, 2018-19 and 2023-24

Note: The predominating virus was shown in bracket.

\* Various intensity levels applicable for this year were calculated with the moving epidemic method (MEM) based on the relevant historical data recorded from 2010 week 49 to 2019 week 48. For details, please refer to this webpage:

[https://www.chp.gov.hk/files/pdf/explanatory\\_note\\_for\\_flux\\_mem\\_eng.pdf](https://www.chp.gov.hk/files/pdf/explanatory_note_for_flux_mem_eng.pdf)

## Influenza-associated hospital admission rates in public hospitals based on discharge coding, 2020-24

In week 10, the overall admission rate in public hospitals with principal diagnosis of influenza was 0.38 (per 10,000 population) as compared to 0.41 recorded in the previous week (Figure 2.6). It was above the baseline threshold of 0.25 but at the low intensity level (Figure 2.7\*). The influenza-associated admission rates for persons aged 0-5 years, 6-11 years, 12-17 years, 18-49 years, 50-64 years and 65 years or above were 2.02, 0.60, 0.33, 0.18, 0.18 and 0.69 cases (per 10,000 people in the age group) respectively, as compared to 2.26, 0.97, 0.28, 0.19, 0.19 and 0.71 cases in the previous week (Figure 2.6).

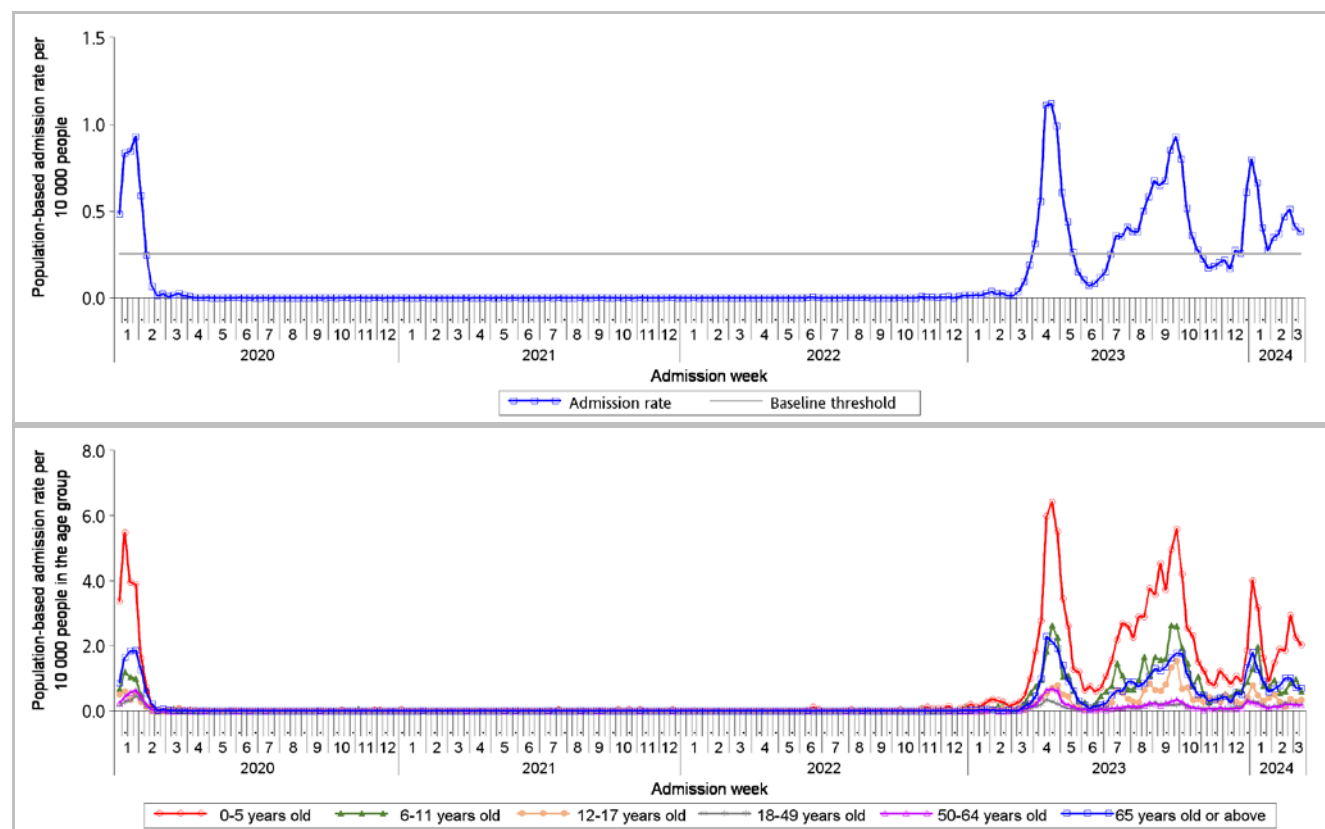


Figure 2.6 Influenza-associated hospital admission rates, 2020-24 (upper: overall rate, lower: rates by age groups)

[Note: The baseline threshold is 1.96 standard deviation above the average weekly admission rate during non-season periods from 2014 week 49 to 2019 week 48.]

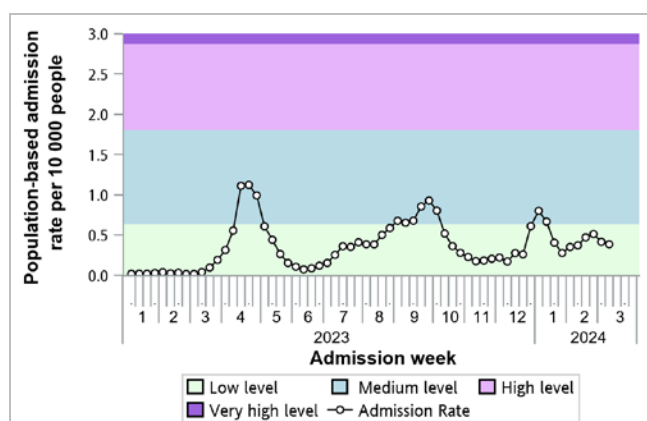


Figure 2.7 Influenza-associated hospital admission rates, 2023-24

\*Various intensity levels applicable for this year were calculated with the moving epidemic method (MEM) based on the relevant historical data recorded from 2010 week 49 to 2019 week 48. For details, please refer to this webpage: [https://www.chp.gov.hk/files/pdf/explanatory\\_note\\_for\\_flux\\_mem\\_eng.pdf](https://www.chp.gov.hk/files/pdf/explanatory_note_for_flux_mem_eng.pdf)

## Rate of ILI syndrome group in accident and emergency departments, 2020-24<sup>#</sup>

In week 10, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 191.1 (per 1,000 coded cases), which was higher than the rate of 186.6 in the previous week (Figure 2.8).

*#Note: This syndrome group includes codes related to ILI such as influenza, upper respiratory tract infection, fever, cough, throat pain, and pneumonia.*

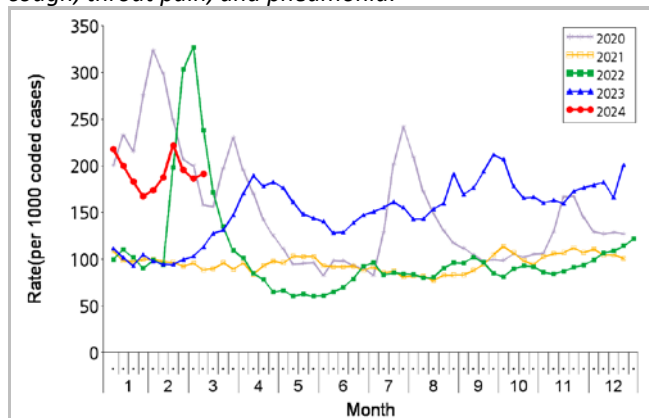


Figure 2.8 Rate of ILI syndrome group in AEDs, 2020-24

## Fever surveillance at sentinel child care centres/ kindergartens, 2020-24

In week 10, 0.84% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 1.08% recorded in the previous week (Figure 2.9).

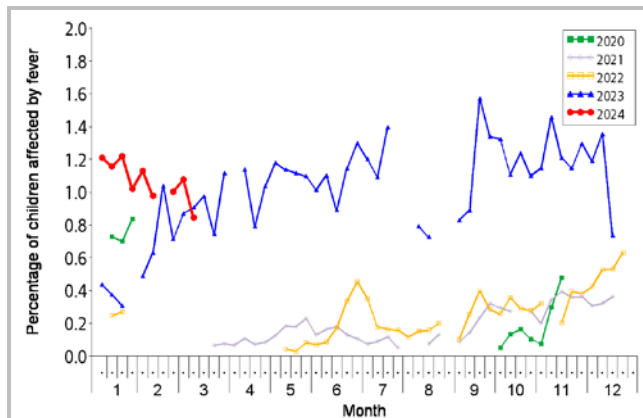


Figure 2.9 Percentage of children with fever at sentinel CCCs/KGs, 2020-24

## Fever surveillance at sentinel residential care homes for the elderly, 2020-24

In week 10, 0.19% of residents in the sentinel residential care homes for the elderly (RCHes) had fever (38°C or above), compared to 0.11% recorded in the previous week (Figure 2.10).

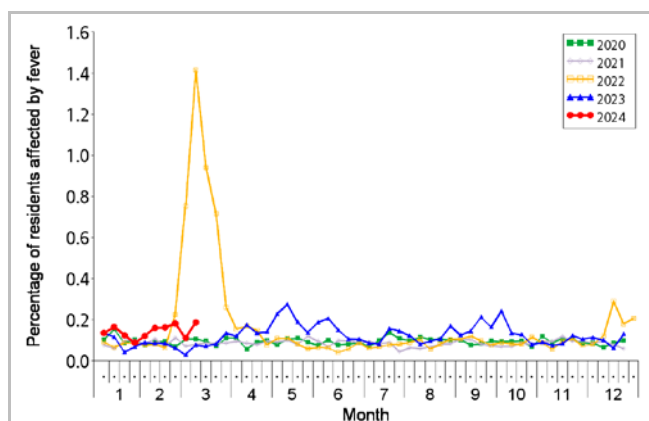


Figure 2.10 Percentage of residents with fever at sentinel RCHes, 2020-24

## Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2020-24

In week 10, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.32 ILI cases per 1,000 consultations as compared to 1.15 recorded in the previous week (Figure 2.11).

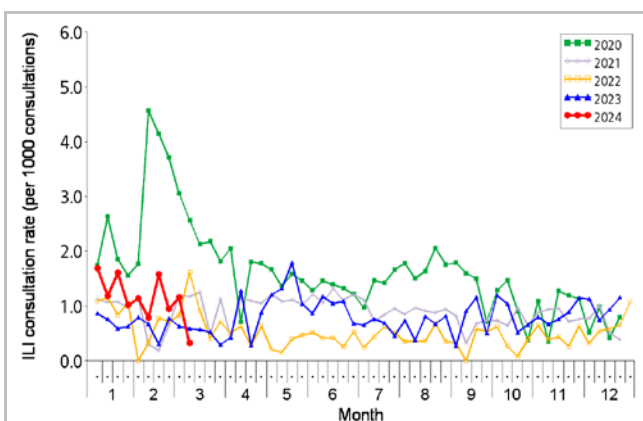


Figure 2.11 ILI consultation rate at sentinel CMPs, 2020-24

## Surveillance of severe influenza cases

(Note: The data reported are provisional figures and subject to further revision.)

### **Surveillance for intensive care unit (ICU) admission/death with laboratory confirmation of influenza among adult patients (Aged 18 years or above)**

Since 2018, the Centre for Health Protection (CHP) has collaborated with the Hospital Authority and private hospitals to monitor ICU admissions and deaths with laboratory confirmation of influenza among adult patients regularly. For surveillance purpose, the cases refer to laboratory-confirmed influenza patients who required ICU admission or died within the same admission of influenza infection. Their causes of ICU admission or death may be due to other acute medical conditions or underlying diseases.

- In week 10, 31 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 20 of them were fatal. Among the 31 adult cases, 5 were known to have received the 2023/24 seasonal influenza vaccine (SIV). In the first 4 days of week 11 (Mar 10 – 13), 22 cases were recorded, in which 11 of them were fatal.

Week	Influenza type					
	A(H1)	A(H3)	A(H1) and A(H3)	A (pending subtype)	B	C
Week 10	5	15	0	5	6	0
First 4 days of week 11 (Mar 10 – 13)	8	6	0	4	3	1

- Since the start of 2023-24 winter influenza season in week 2, 306 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 183 of them were fatal. Among them, 51 patients had influenza A(H1) infection, 171 patients with influenza A(H3), 1 patient with influenza A(H1) and A(H3), 32 patients with influenza A (pending subtype), 48 patients with influenza B and 3 patients with influenza C.
- In comparison, 497, 476 and 281 adult cases were recorded in the same duration of surveillance (9 complete weeks) in the 2017/18 winter, 2018/19 winter and 2023 summer seasons respectively, as compared with 284 cases in the current season (Figure 2.12, left). The corresponding figures for deaths were 326, 271 and 187 in the above seasons, as compared with 172 deaths in the current season (Figure 2.12, right).

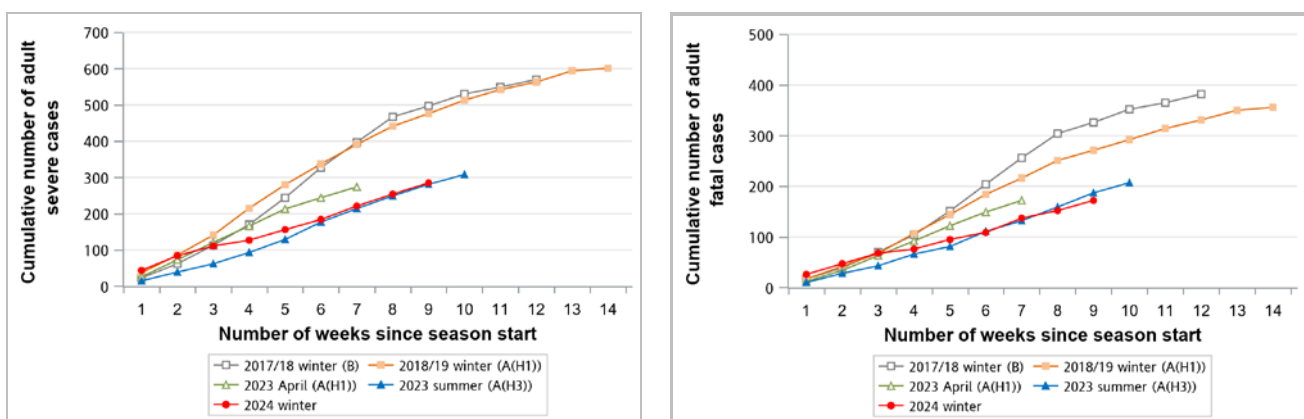


Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2018–19 and 2023–24 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

### **Surveillance of severe paediatric influenza-associated complication/death (Aged below 18 years)**

- In week 10 and the first 4 days of week 11 (Mar 10 – 13), there were four cases of severe paediatric influenza-associated complication/death.

Reporting week	Age	Sex	Complication	Fatal case?	Influenza subtype	History of receiving influenza vaccine for this season
10	10 years	Female	Severe pneumonia	No	Influenza A (H3)	No
11	8 years	Male	Myocarditis and shock	No	Influenza B	Yes
11	5 years	Male	Encephalopathy	No	Influenza A (H1)	No
11	14 years	Female	Severe pneumonia	No	Influenza A (H1)	No

- Since the start of 2023-24 winter influenza season in week 2, 12 paediatric cases of influenza-associated complication/death were reported, in which none of them were fatal. Seven cases had infections with influenza A(H3), three with influenza A(H1) and two with influenza B. Four of them received the 2023/24 SIV. In 2024, 13 paediatric cases of influenza-associated complication/death were recorded, in which none of them were fatal (as of Mar 13).
- In comparison, 17, 21 and 14 paediatric cases of influenza-associated complication/death were recorded in the same duration of surveillance (9 complete weeks) in the 2017/18 winter, 2018/19 winter and 2023 summer seasons respectively, as compared with 9 cases in the current season (Figure 2.13, left). The corresponding figures for deaths were 2, 1 and 1 in the above seasons, as compared with 0 death in current season (Figure 2.13, right).

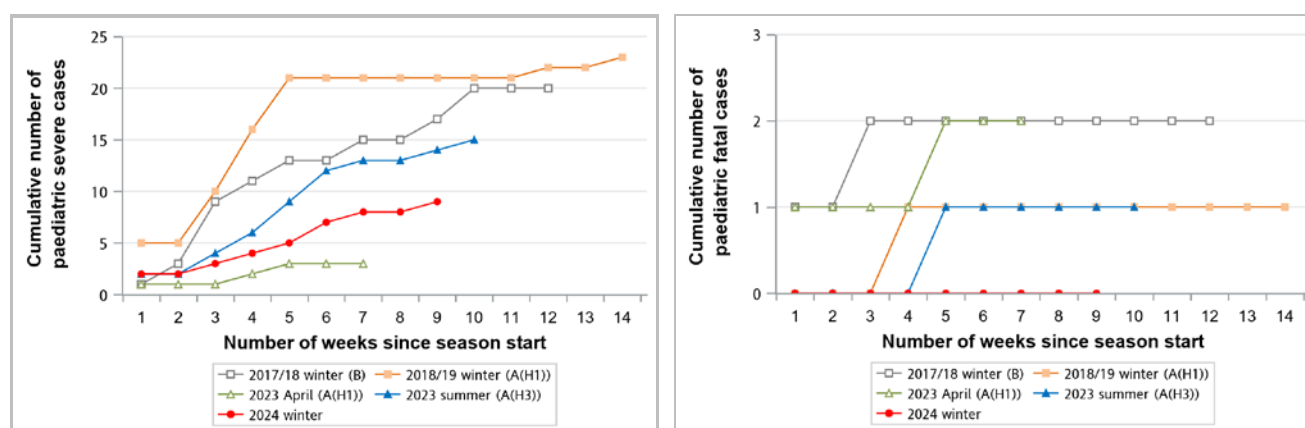


Figure 2.13 Cumulative numbers of cases of paediatric influenza-associated complication/death reported during major influenza seasons, 2018–19 and 2023–24 (left: complication/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

### **Severe influenza cases of all ages**

- Since the start of 2023-24 winter influenza season in week 2, 318 severe influenza cases among all ages have been reported, including 183 deaths (as of Mar 13).

Age group	Cumulative number of cases (death)
0-5	5 (0)
6-11	5 (0)
12-17	2 (0)
18-49	38 (5)
50-64	59 (19)
>=65	209 (159)

- Among the adult fatal cases with available clinical information, about 85% had chronic diseases.
- Among patients with laboratory confirmation of influenza admitted to public hospitals in this season (from Jan 7 to Mar 13), 3.1% of admitted cases died during the same episode of admission. So far, it was within the historical range between 1.9% (2015/16 winter season) and 3.3% (2015 summer season).

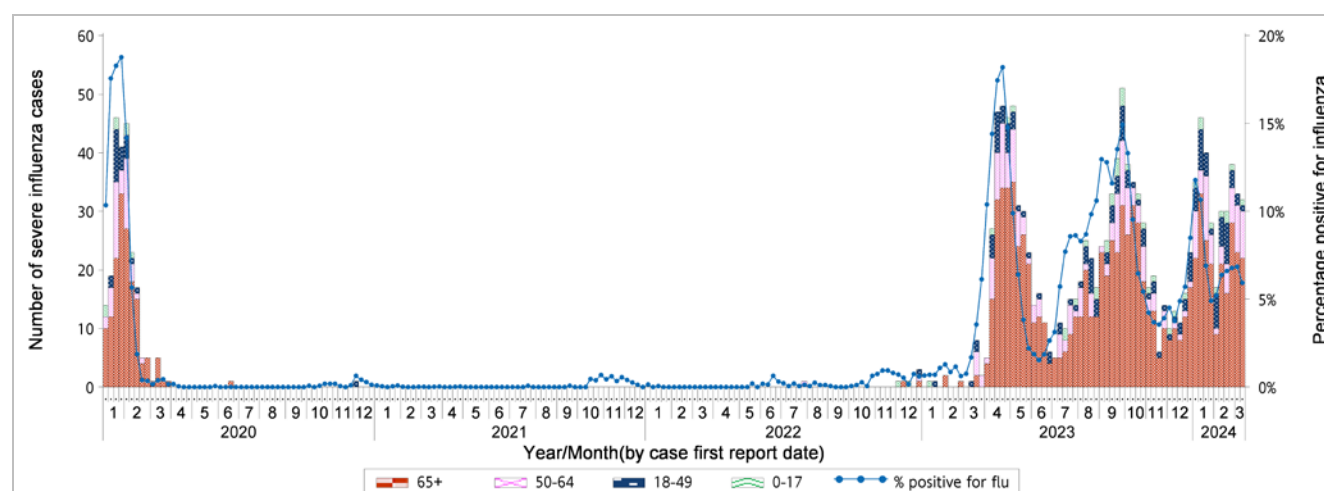


Figure 2.14 Weekly number of severe influenza cases by age groups, 2020-24 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

## Global Situation of Influenza Activity

Influenza activity remained elevated in most Northern hemisphere countries (data up to Feb 18, 2024).

- In the United States (week ending Mar 2, 2024), influenza activity remained elevated nationally with increases in some parts of the country. The percentage of specimens tested positive for influenza was 13.9%, as compared to 13.6% in the preceding week. The percentage of out-patient visits for ILI was 4.1%, which was above the national baseline of 2.9%. The most frequently reported influenza viruses in week 9 were influenza A(H1) viruses.
- In Canada (week ending Mar 2, 2024), influenza season started in late November. Most indicators of Influenza activity remained similar compared to the preceding week. The weekly percentage of tests positive for influenza was 10.8% in week 9. Influenza A predominated, while influenza B detections were steadily increasing over the past 6 weeks.
- In the United Kingdom (week ending Mar 3, 2024), influenza activity decreased across most indicators. Influenza positivity was 5.5% in week 9 as compared to 7.9% in the preceding week. The weekly ILI consultation rate in England decreased to 6.7 in week 8 from 7.6 per 100,000 population in preceding week, and remained within baseline activity levels.
- In Europe (week ending Mar 3, 2024), influenza activity remains elevated and widespread, but appears to be generally decreasing across the region. The percentage of sentinel specimens tested positive for influenza remained above 10% epidemic threshold at 14%, as compared to 21% in preceding week. Influenza A(H1) viruses predominated, followed by influenza A(H3) viruses.
- In Mainland China (week ending Mar 3, 2024), influenza surveillance data showed influenza detections in southern and northern provinces continued to decrease. The percentage of specimens tested positive for influenza in the southern and northern provinces were 25.4% and 12.6% respectively. Influenza B(Victoria) viruses predominated.
- In Taiwan (week ending Mar 9, 2024), influenza-like illness consultation decreased but remained higher the same time period in past 6 years. The percentage of specimens tested positive for influenza in week 8 was 13.7%. Most of the influenza detections in the 4 weeks from week 5 to week 8 were influenza A(H3N2) (60.8%), followed by influenza B (32.4%) and influenza A(H1) (6.8%) viruses.
- In Japan (week ending Mar 3, 2024), the average number of reported ILI cases per sentinel site decreased to 13.96 from 16.76 in the preceding week, but was above the baseline level of 1.00. Most of the influenza detections in recent weeks were influenza B viruses.
- In South Korea (week ending Mar 2, 2024), the weekly ILI rate remained elevated. The rate in week 9 was 14.8 per 1,000 out-patient visits, which was above the season epidemic threshold of 6.5. In week 9, 6.1% of tests were positive for influenza (including 5.2% influenza B and 0.9% influenza A(H3N2)).

### Sources:

Information have been extracted from the following sources when updates are available: [World Health Organization](#), [United States Centers for Disease Control and Prevention](#), [Public Health Agency of Canada](#), [UK Health Security Agency](#), [European Centre for Disease Prevention and Control \(ECDC\)](#) and [WHO Regional Office for Europe \(WHO Euro\)](#), [Chinese National Influenza Center](#), [Taiwan Centers for Disease Control](#), [Japan Ministry of Health, Labour and Welfare](#) and [Korean Disease Control and Prevention Agency](#).