

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 26, 2025)

Reporting period: Mar 16, 2025 – Mar 22, 2025 (Week 12)

- The latest surveillance data showed that the overall local activity of COVID-19 has increased.
- The Centre for Health Protection (CHP) has been closely monitoring the local prevalence of SAR-CoV-2 variants based on the World Health Organization (WHO)'s Tracking SAR-CoV-2 Variants list. The latest surveillance data showed that JN.1 is the most prevalent variant. At the same time, KP.2 and KP.3 are also detected in the sewage surveillance and human infection cases. However, the current information does not suggest JN.1 or KP.2 or KP.3 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, regardless of the number of doses received previously. For more details, please visit (https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_use_of_covid19_vaccines_in_hong_kong_17jul.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 12, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 98 as compared to 52 in the preceding week. (Figure 1.1)

In the first 4 days of week 13 (Mar 23 – Mar 26), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 21 to 26.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 75,177 (as of Mar 26, 2025).

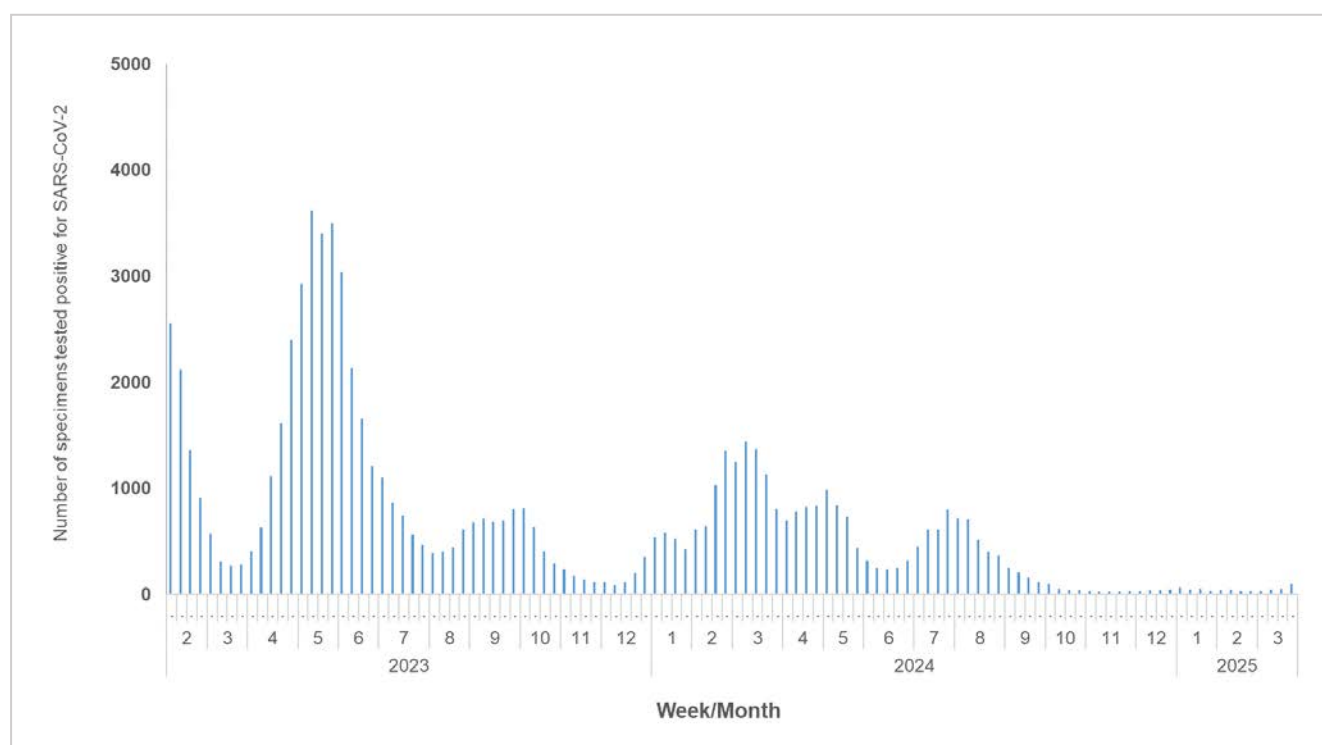


Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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

Among the 7,782 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 12, 132 (1.70%) were tested positive for SARS-CoV-2 virus as compared to 95 (1.17%) in the preceding week. (Figure 1.2)

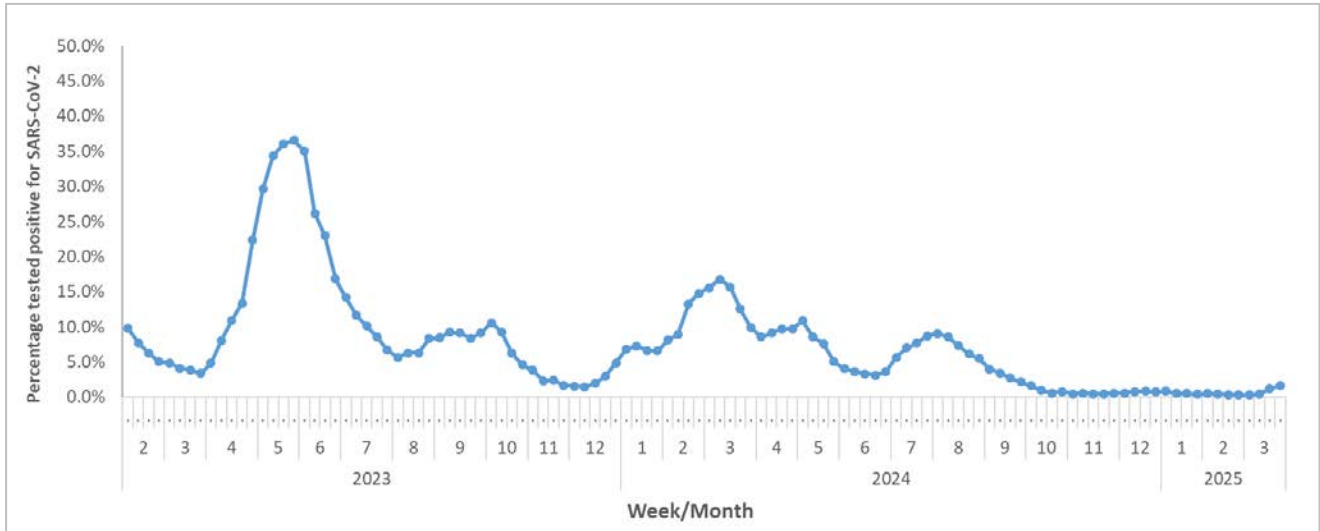


Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

COVID-19 outbreak surveillance

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

In week 12, 1 COVID-19 outbreak occurring in schools/institutions was recorded (affecting 4 persons), as compared to 0 outbreaks recorded in the previous week (affecting 0 persons). (Figure 1.3)

In the first 4 days of week 13 (Mar 23 – Mar 26), 1 COVID-19 outbreak occurring in schools/institutions was recorded (affecting 3 persons).

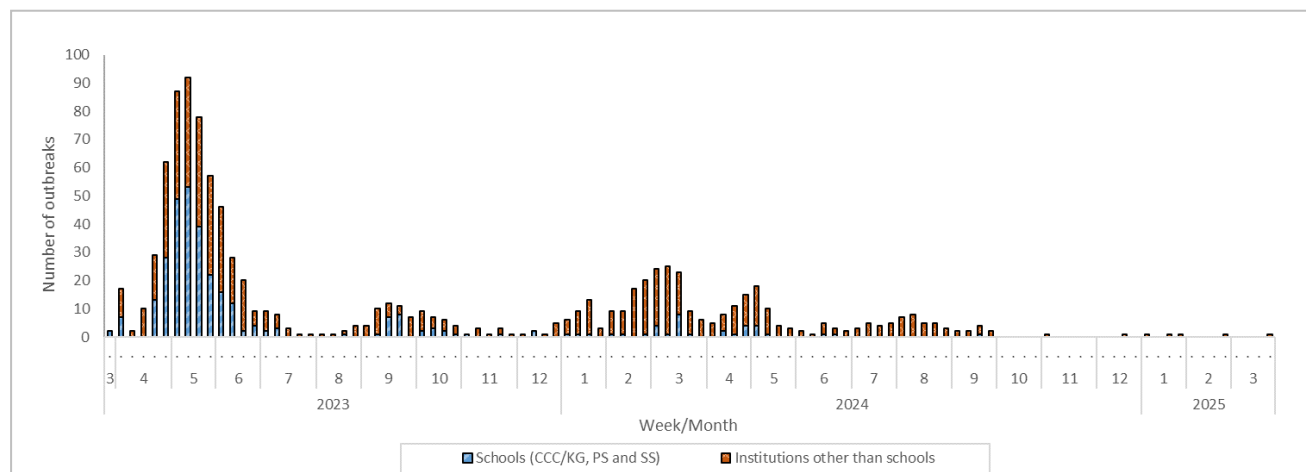


Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 11	Week 12	First 4 days of week 13 (Mar 23 – Mar 26)
Child care centre/ kindergarten (CCC/KG)	0	0	0
Primary school (PS)	0	0	0
Secondary school (SS)	0	0	0
Residential care home for the elderly	0	1	1
Residential care home for persons with disabilities	0	0	0
Others	0	0	0
<i>Total number of outbreaks</i>	0	1	1
<i>Total number of persons affected</i>	0	4	3

Surveillance of severe and fatal COVID-19 cases

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

In week 12, the weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 4 as compared to 4 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 1,402 (as of Mar 22, 2025).

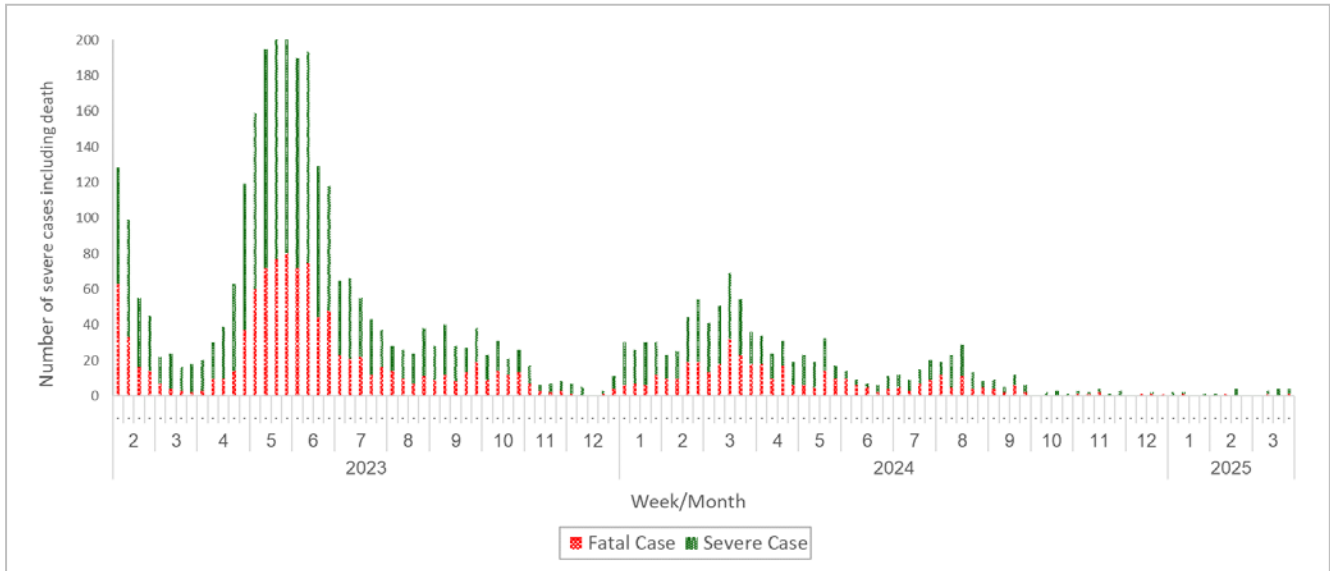


Figure 1.4 Weekly number of severe COVID-19 cases including deaths

Note: Severe and fatal cases are recorded according to their initial reporting dates.

Sewage surveillance of SARS-CoV-2 virus

In week 12, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 260,000 copy/L as compared to around 85,000 copy/L in the preceding week. (Figure 1.5)

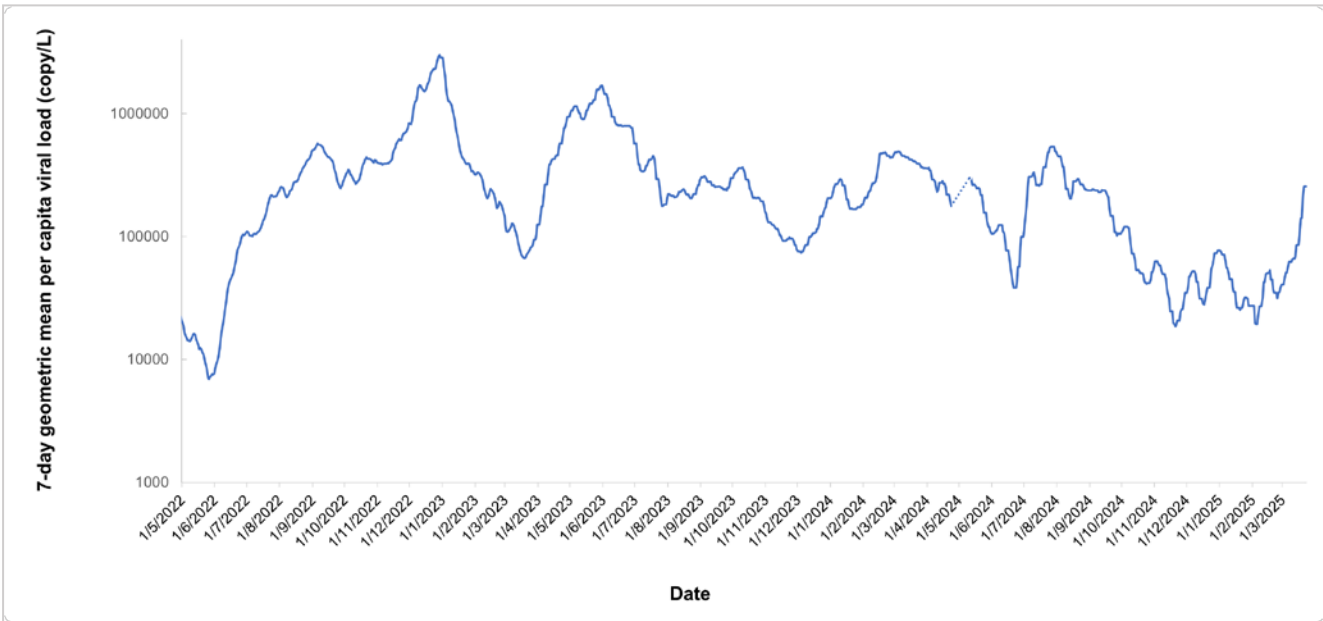


Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

Note: The dotted line refers to the temporary sewage sampling suspension for a safety review by the Drainage Services Department.

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

In week 12, the average consultation rate for COVID-19 among sentinel general out-patient clinics (GOPC) and sentinel private medical practitioner clinics were 4.4 (Figure 1.6) and 6.9 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

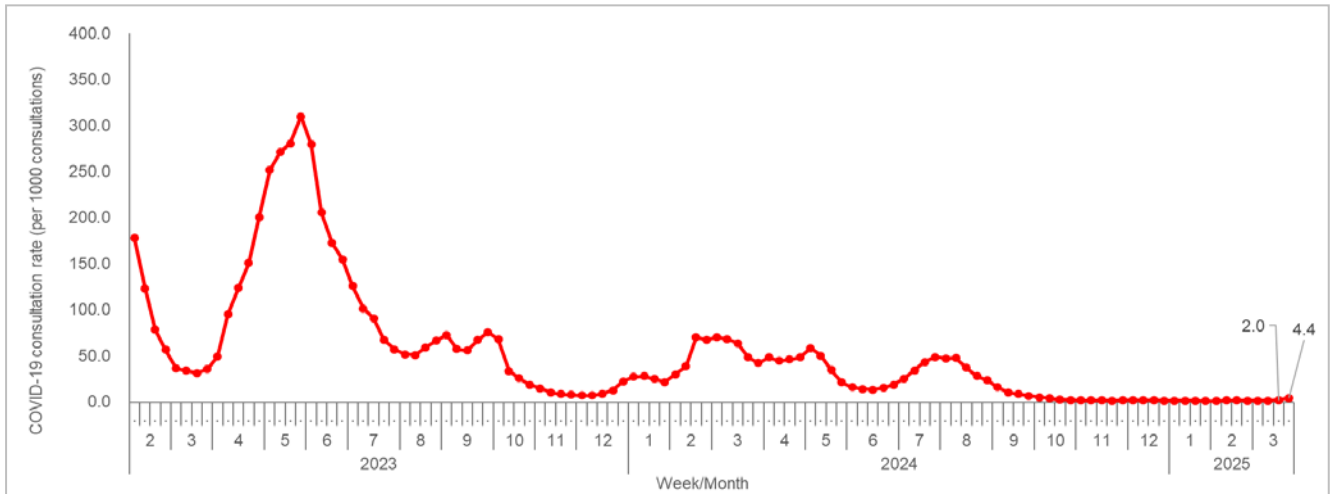


Figure 1.6 Average consultation rate of COVID-19 cases in GOPC

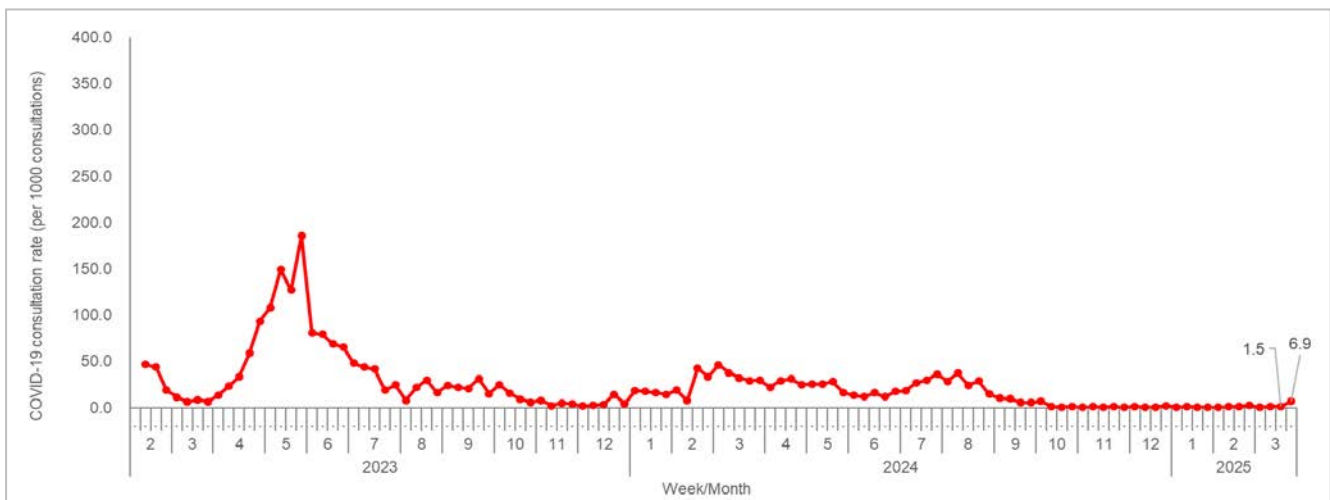


Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

Surveillance on SARS-CoV-2 variants

CHP conducts surveillance on SARS-CoV-2 variants from sewage samples. The latest surveillance data (as of Mar 19, 2025) showed that JN.1 and its descendant lineages remained the most prevalent variant, comprising 62% of all characterised specimens, where 60.2% belongs to the descendant strain KP.3. (Figure 1.8)

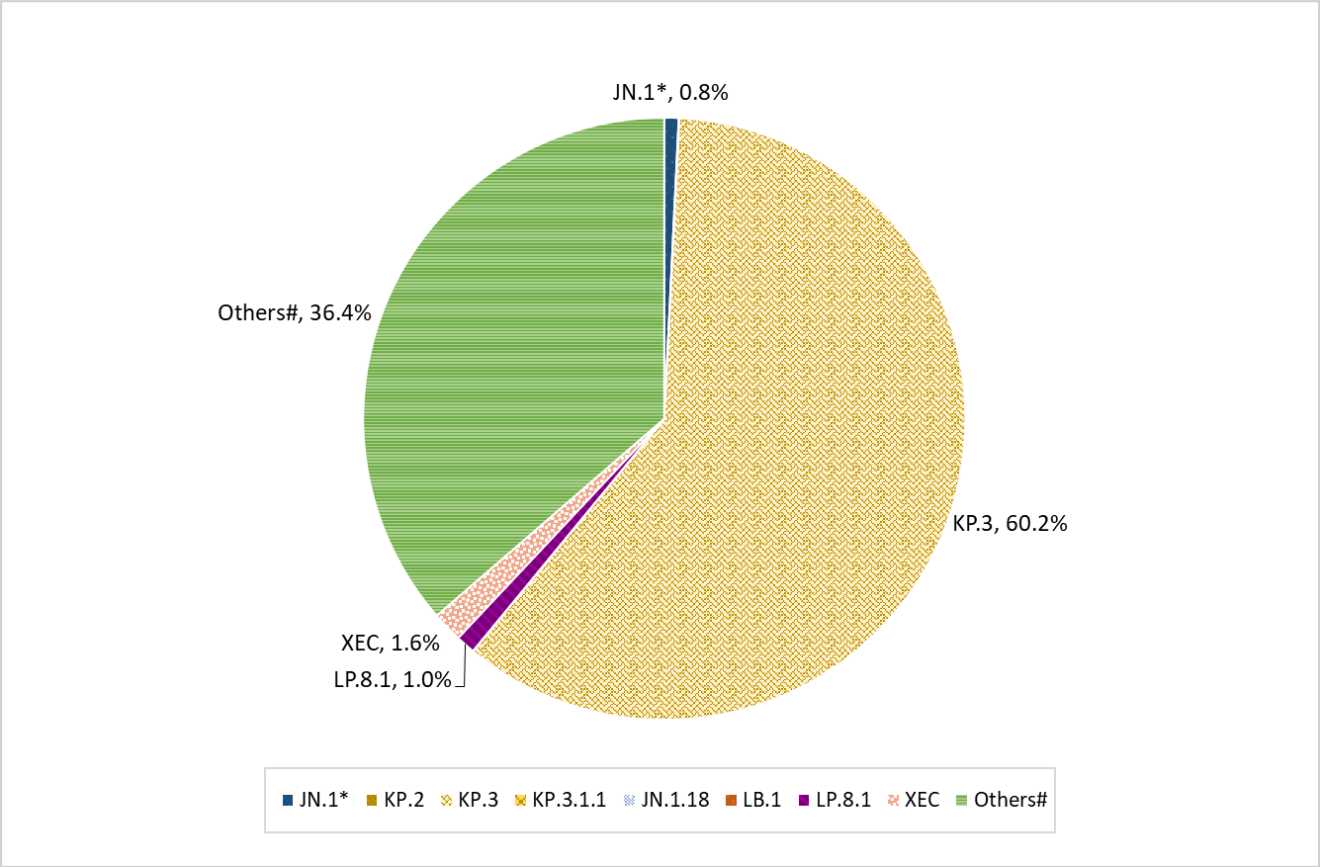


Figure 1.8 Estimated proportion of variants among sewage samples

*Including JN.1 and its descendant lineages, except those individually specified elsewhere in the table

#Those SARS-CoV-2 variants not classified as variants of interest (VOIs)/ variants under monitoring (VUMs) by WHO at the time of reporting

Note: JN.1.18, KP.2, KP.3, KP.3.1.1, LB.1, LP.8.1 and XEC are the descendant lineages of JN.1

CHP also conducted genetic characterisation on 6 specimens obtained from reported severe and fatal cases of COVID-19 between Mar 12 and Mar 25, 2025. The results showed that JN.1 and its descendant lineages remained the most prevalent variant, comprising 100% of all characterised specimens, and about 16.7% (1 case) of all belongs to the newer descendant strain KP.3. (Figure 1.9)

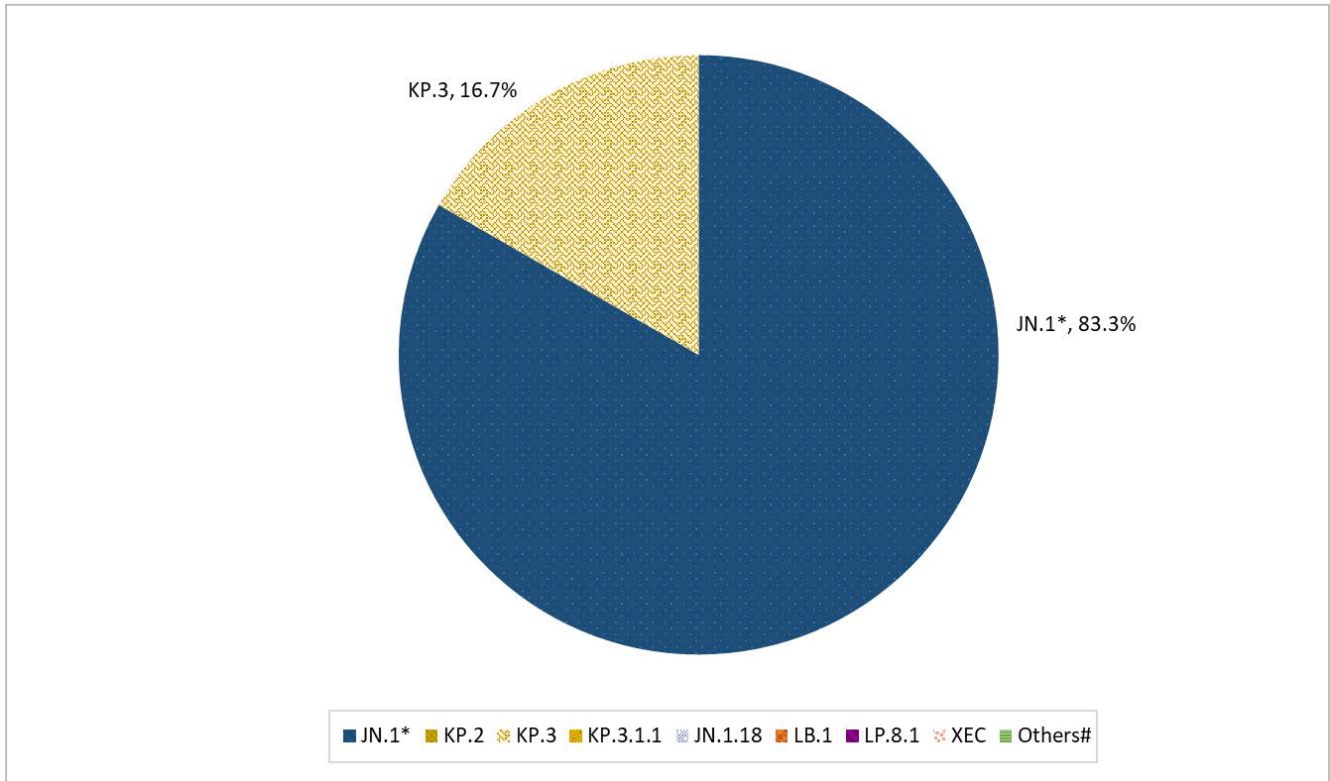


Figure 1.9 Proportion of variants among specimens obtained from reported severe and death cases for COVID-19

*Including JN.1 and its descendant lineages, except those individually specified elsewhere in the table

#Those SARS-CoV-2 variants not classified as VOIs/ VUMs by WHO at the time of reporting

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 remained the most prevalent variant, comprising 100% of all characterised specimens, of which 5.1% belonged to the descendant lineage KP.3.

Global situation of COVID-19 activity

- Globally, as of Mar 9, 2025, there have been 777,637,340 confirmed cases of COVID-19, including 7,090,480 deaths, reported to WHO.
- According to WHO COVID-19 epidemiological update last published on Mar 17, 2025,
 - ◆ Over 147,000 new cases and more than 4,500 new deaths were reported in the last 28 days (Jan 6 to Feb 2, 2025) globally.
 - ◆ The highest numbers of new 28-day cases were reported from Russia, Greece, Italy, the UK, and Malaysia. The highest numbers of new 28-day deaths were reported from the USA, Brazil, Sweden, Russia, Greece, and Italy.
 - ◆ 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 one VOI, which is JN.1, and seven VUMs, which are JN.1.18, KP.2, KP.3, KP.3.1.1, LB.1, LP.8.1 and XEC.
 - ◆ Between Jan 27 and Feb 2, 2025, the prevalence of JN.1 was 16.3%, showed a small increase from a prevalence of 14.1% between Jan 6 and Jan 12, 2025. The risk evaluation for JN.1 published on Apr 15, 2024 suggests an overall low public health risk at the global level based on available evidence. The prevalence of two VUMs showed an increasing trend, including LP.8.1 (8.0% to 13.9%) and LB.1 (0.2% to 1.2%) while the rest had their prevalence in decreasing trends or remained stable, including XEC (45.8% to 42.7%), KP.3.1.1 (23.9% to 20.3%), KP.3 (4.8% to 4.0%), KP.2 (0.8% to 0.5%) and JN.1.18 (0.1% to 0.0%).

Sources:

1. [WHO COVID-19 dashboard](#), accessed on Mar 27, 2025
2. [Tracking SARS-CoV-2 variants](#)
3. [World Health Organization COVID-19 epidemiological update](#)

Local Situation of Influenza Activity (as of Mar 26, 2025)

Reporting period: Mar 16 – 22, 2025 (Week 12)

- Various surveillance indicators show that influenza viruses are currently at a low level of activity, and the Centre for Health Protection assesses that the influenza season, which started in January this year, is over.
- 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.
- 2024/25 Seasonal Influenza Vaccination Programmes, including the Seasonal Influenza Vaccination School Outreach Programme and the Residential Care Home Vaccination Programme (RVP), has been launched on September 26, 2024. 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).

Influenza-like-illness surveillance among sentinel general out-patient clinics and sentinel private medical practitioner clinics, 2021-25

In week 12, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPC) was 5.2 ILI cases per 1,000 consultations, which was lower than 5.6 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 38.0 ILI cases per 1,000 consultations, which was lower than 47.3 recorded in the previous week (Figure 2.1, right).

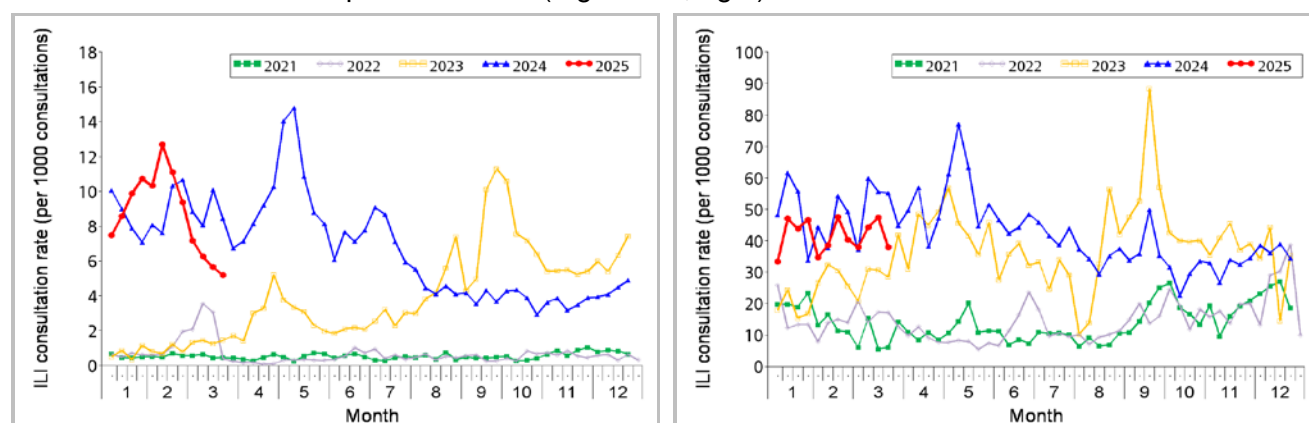


Figure 2.1 ILI consultation rates at sentinel GOPC (left) and PMP clinics (right), 2021-25

Laboratory surveillance, 2021-25

Among the 8,448 respiratory specimens* received in week 12, 194 (2.30%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 97 (54%) influenza A(H1), 13 (7%) influenza A(H3) and 70 (39%) influenza B viruses. The positive percentage (2.30%) was below the baseline threshold of 4.94% and was lower than 2.59% recorded in the previous week (Figure 2.2).

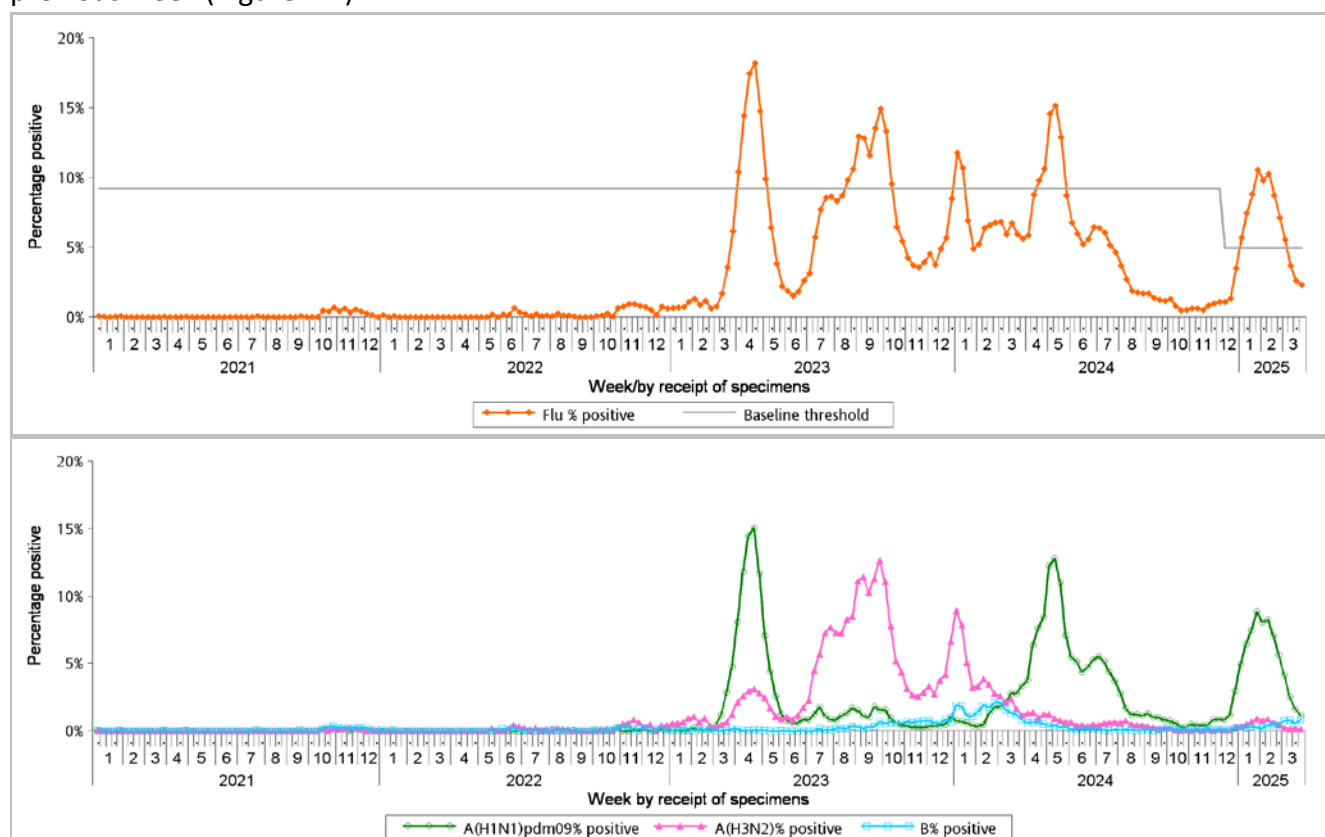


Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2021-25 (upper: overall positive percentage, lower: positive percentage by subtypes)

[Notes: The Centre for Health Protection (CHP) of the Department of Health closely monitors the local seasonal influenza activity through a series of surveillance systems. Among them, the CHP sets threshold levels for two important influenza indicators, including the positive percentage of influenza detections among respiratory specimens and the admission rate of patients diagnosed with influenza in public hospitals. These threshold levels are calculated statistically based on data collected for both indicators in the past years during non-season periods. Using these thresholds, the CHP assesses the current local situation of seasonal influenza with higher accuracy and determines whether Hong Kong enters influenza season. The CHP annually reviews and analyses the latest surveillance data, and updates these threshold levels where appropriate. The sensitivity of the surveillance system is enhanced with the updated thresholds of positive percentage of influenza detection and admission rate of higher coherence.]

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

* Including 7,782 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 666 specimens received by the Hospital Authority

Surveillance of oseltamivir resistant influenza A and B viruses

- Public Health Laboratory Services Branch, Centre for Health Protection tests influenza virus isolates obtained from cell culture for antiviral susceptibility.
- In February 2025, 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/10/641/695/7088.html>
- Low detection rates of oseltamivir (Tamiflu) resistant influenza A and B viruses from latest surveillance data of overseas countries (less than 5%).
- CHP will continue laboratory surveillance on oseltamivir (Tamiflu) resistance of influenza viruses to monitor the trend.

Influenza-like illness outbreak surveillance, 2021-25

In week 12, 11 ILI outbreaks occurring in schools/institutions were recorded (affecting 38 persons), as compared to 13 outbreaks recorded in the previous week (affecting 58 persons) (Figure 2.3). The overall number was at the low intensity level currently (Figure 2.4*). In the first 4 days of week 13 (Mar 23 to 26), 3 ILI outbreaks in schools/institutions were recorded (affecting 12 persons).

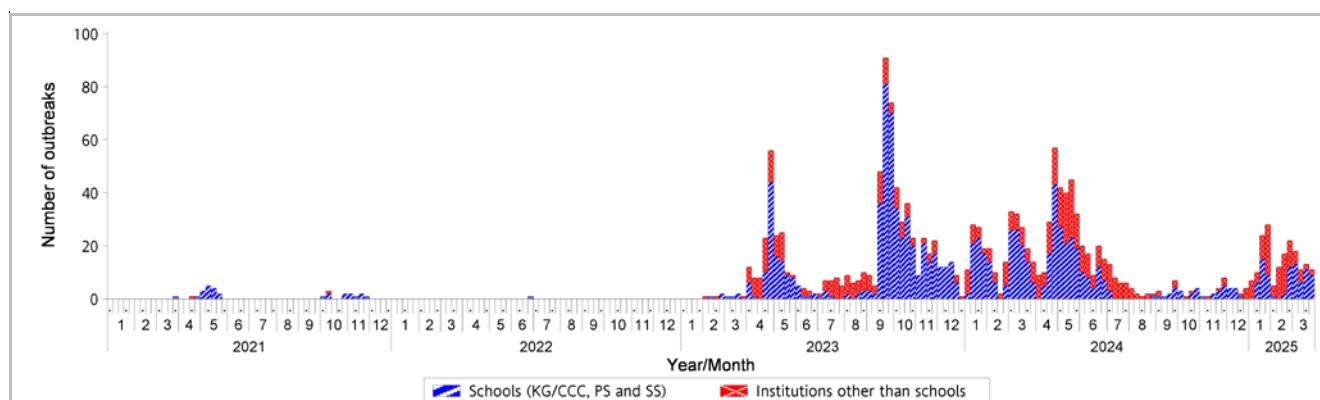


Figure 2.3 ILI outbreaks in schools/institutions, 2021-25

Type of institutions	Week 11	Week 12	First 4 days of week 13 (Mar 23 – 26)
Child care centre/ kindergarten (CCC/KG)	1	0	1
Primary school (PS)	5	8	0
Secondary school (SS)	5	1	1
Residential care home for the elderly	1	1	1
Residential care home for persons with disabilities	1	0	0
Others	0	1	0
<i>Total number of outbreaks</i>	13	11	3
<i>Total number of persons affected</i>	58	38	12

In comparison, 791 and 230 outbreaks were recorded in the same duration of surveillance (11 complete weeks) in the 2018/19 winter and 2023/24 seasons respectively, as compared with 171 outbreaks in the current season (Figure 2.5).

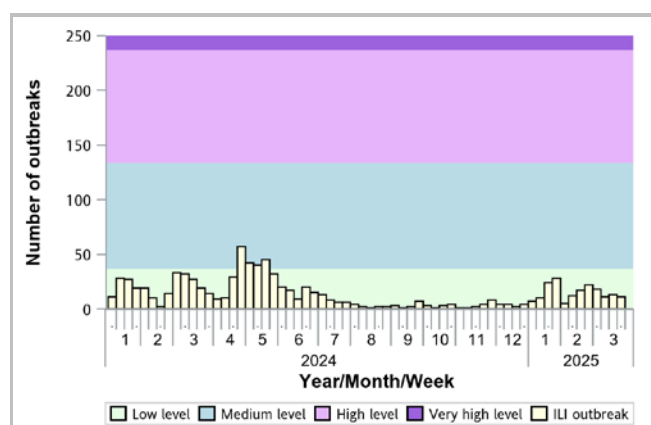


Figure 2.4 ILI outbreaks in schools/institutions, 2024-25

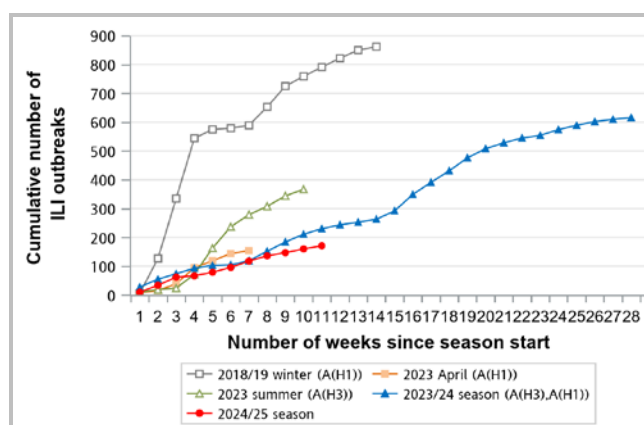


Figure 2.5 Cumulative numbers of ILI outbreaks reported during major influenza seasons, 2019 and 2023–25
Note: The predominating virus was shown in bracket.

* Various intensity levels applicable for this year were calculated with the moving epidemic method (MEM). For details, please refer to this webpage: 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, 2021-25

In week 12, the overall admission rate in public hospitals with principal diagnosis of influenza was 0.12 (per 10,000 population) as compared to 0.14 recorded in the previous week (Figure 2.6). It was below the baseline threshold of 0.27 and 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 0.63, 0.49, 0.14, 0.04, 0.03 and 0.21 cases (per 10,000 people in the age group) respectively, as compared to 0.51, 0.40, 0.11, 0.06, 0.06 and 0.31 cases in the previous week (Figure 2.6).

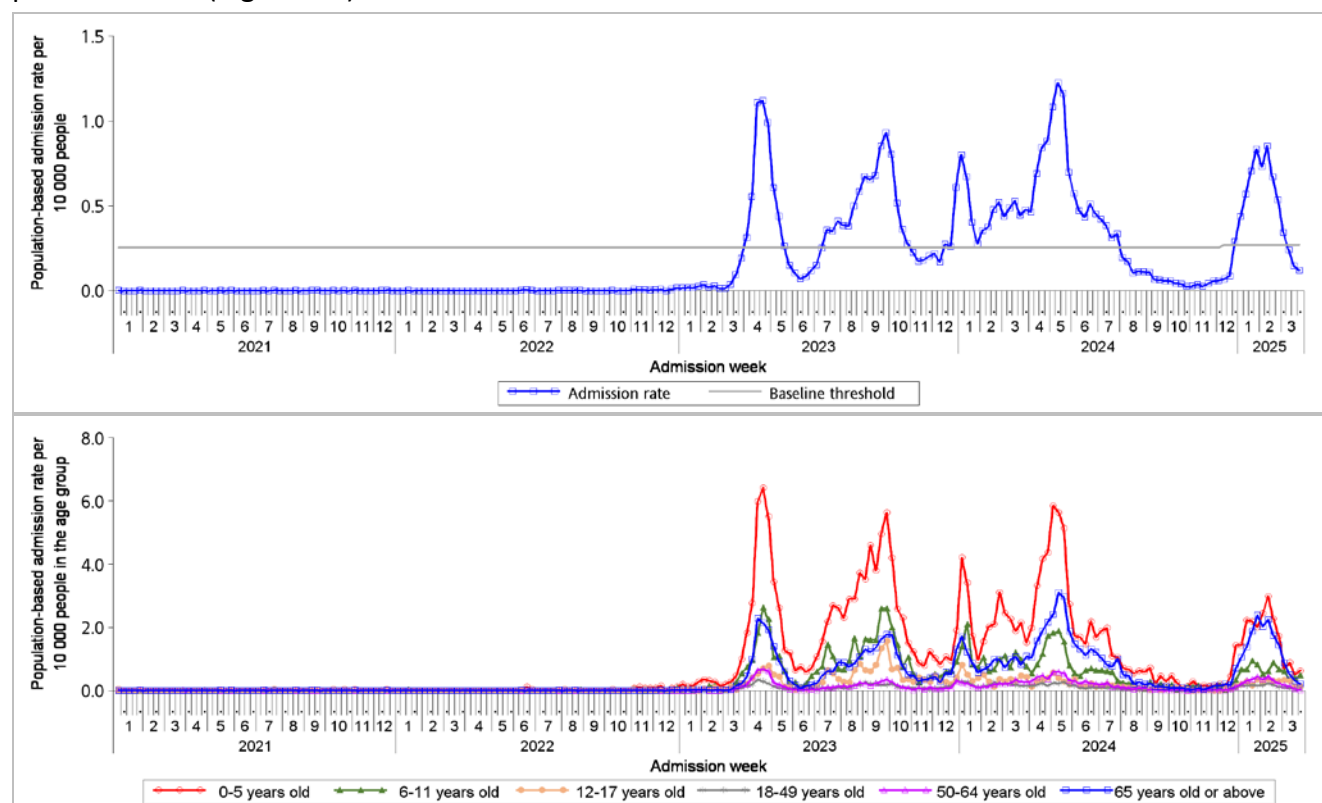


Figure 2.6 Influenza-associated hospital admission rates, 2021-25 (upper: overall rate, lower: rates by age groups)

[Notes: The Centre for Health Protection (CHP) of the Department of Health closely monitors the local seasonal influenza activity through a series of surveillance systems. Among them, the CHP sets threshold levels for two important influenza indicators, including the positive percentage of influenza detections among respiratory specimens and the admission rate of patients diagnosed with influenza in public hospitals. These threshold levels are calculated statistically based on data collected for both indicators in the past years during non-season periods. Using these thresholds, the CHP assesses the current local situation of seasonal influenza with higher accuracy and determines whether Hong Kong enters influenza season. The CHP annually reviews and analyses the latest surveillance data, and updates these threshold levels where appropriate. The sensitivity of the surveillance system is enhanced with the updated thresholds of positive percentage of influenza detection and admission rate of higher coherence.]

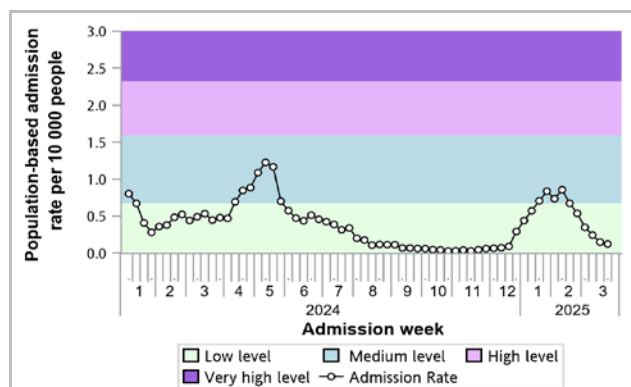


Figure 2.7 Influenza-associated hospital admission rates, 2024-25

*Various intensity levels applicable for this year were calculated with the moving epidemic method (MEM). For details, please refer to this webpage: https://www.chp.gov.hk/files/pdf/explanatory_note_for_flux_mem_eng.pdf

Rate of ILI syndrome group in accident and emergency departments, 2021-25[#]

In week 12, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 139.3 (per 1,000 coded cases), which was higher than the rate of 136.5 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.

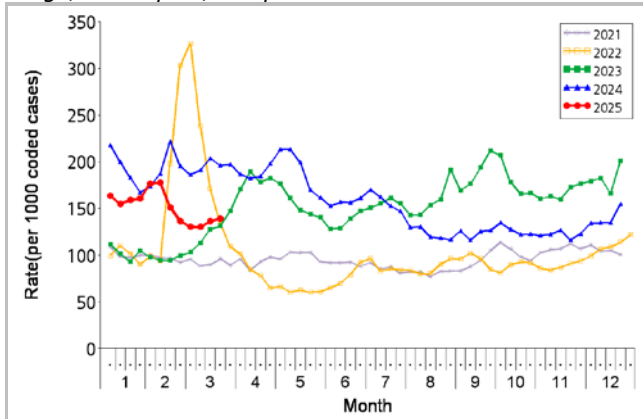


Figure 2.8 Rate of ILI syndrome group in AEDs, 2021-25

Fever surveillance at sentinel child care centres/ kindergartens, 2021-25

In week 12, 0.71% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.99% recorded in the previous week (Figure 2.9).

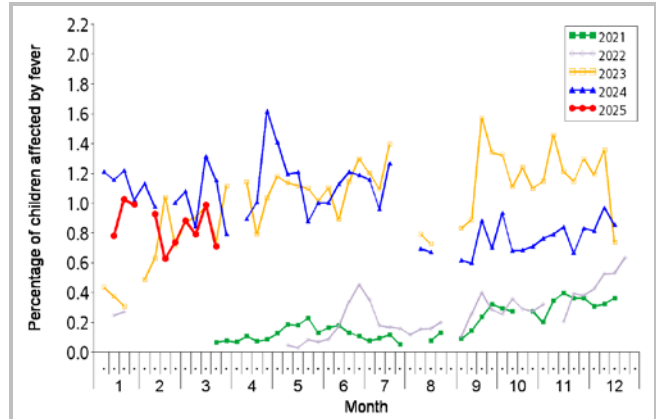


Figure 2.9 Percentage of children with fever at sentinel CCCs/KGs, 2021-25

Fever surveillance at sentinel residential care homes for the elderly, 2021-25

In week 12, 0.13% of residents in the sentinel residential care homes for the elderly (RCHes) had fever (38°C or above), compared to 0.08% recorded in the previous week (Figure 2.10).

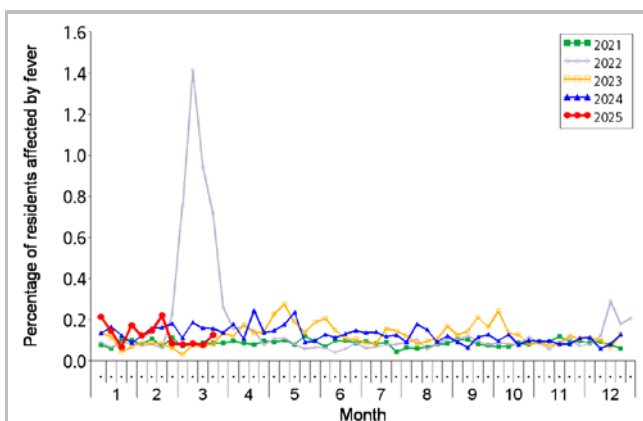


Figure 2.10 Percentage of residents with fever at sentinel RCHes, 2021-25

Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2021-25

In week 12, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.75 ILI cases per 1,000 consultations as compared to 1.13 recorded in the previous week (Figure 2.11).

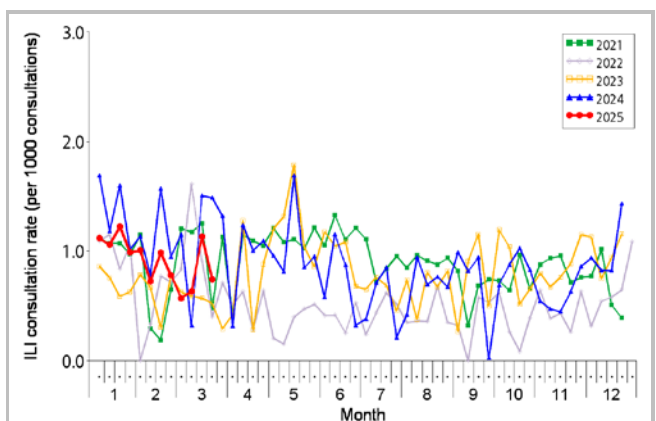


Figure 2.11 ILI consultation rate at sentinel CMPs, 2021-25

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 12, 18 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 14 of them were fatal. Among the 18 adult cases, 12 were not known to have received the 2024/25 seasonal influenza vaccine (SIV). In the first 4 days of week 13 (Mar 23 – 26), 14 cases were recorded, in which 10 of them were fatal.

Week	Influenza type					
	A(H1)	A(H3)	A (pending subtype)	B	A and B	C
Week 12	16	0	1	1	0	0
First 4 days of week 13 (Mar 23 – 26)	9	2	2	1	0	0

- During this influenza season, 488 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 330 of them were fatal. Among them, 413 patients had influenza A(H1) infection, 16 patients with influenza A(H3), 16 patients with influenza B, 1 patient with influenza A and B co-infection, and 42 patients with influenza A (pending subtype).
- In comparison, 542 and 353 adult cases were recorded in the same duration of surveillance (11 complete weeks) in the 2018/19 winter and 2023/24 seasons respectively, as compared with 488 cases in the current season (Figure 2.12, left). The corresponding figures for deaths were 314 and 223 in the above seasons, as compared with 330 deaths in the current season (Figure 2.12, right).

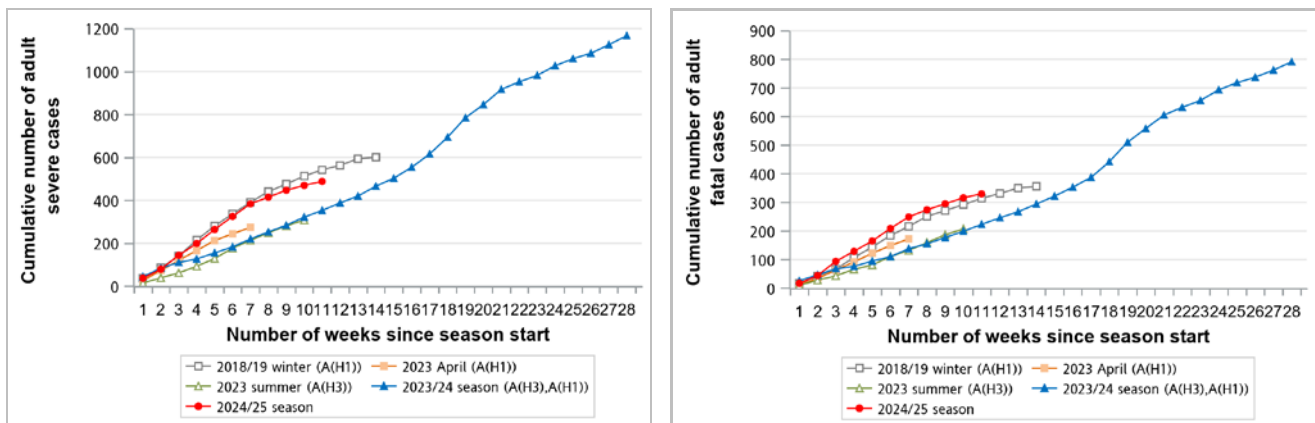


Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2019 and 2023–25 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

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

- In week 12 and the first 4 days of week 13 (Mar 23 – 26), there were no cases of severe paediatric influenza-associated complication/death.
- During this influenza season, 10 paediatric cases of influenza-associated complication were reported, in which none of them were fatal. 7 cases had infections with influenza A(H1), 1 case had infection with influenza A(H3), and 2 cases had infection with influenza B. Seven cases did not receive the 2024/25 SIV. In 2025, 10 paediatric cases of influenza-associated complication/death were recorded, in which none of them were fatal (as of Mar 26).
- In comparison, 21 and 14 paediatric cases of influenza-associated complication/death were recorded in the same duration of surveillance (11 complete weeks) in the 2018/19 winter and 2023/24 seasons respectively, as compared with 10 cases in the current season (Figure 2.13, left). The corresponding figures for deaths were 1 and 0 in the above seasons, as compared with 0 deaths in current season (Figure 2.13, right).

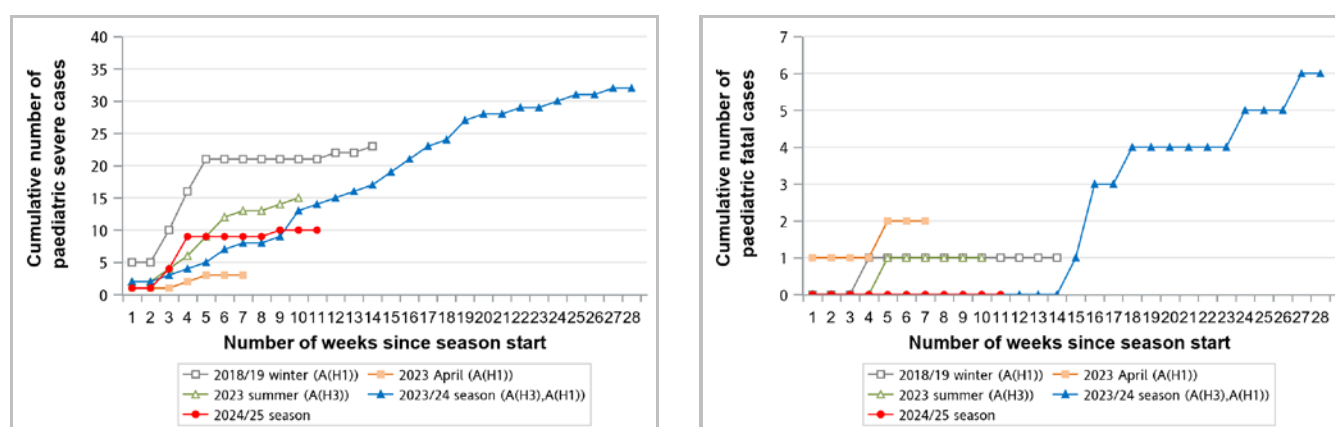


Figure 2.13 Cumulative numbers of cases of paediatric influenza-associated complication/death reported during major influenza seasons, 2019 and 2023–25 (left: complication/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

Severe influenza cases of all ages

- During this influenza season, 498 severe influenza cases among all ages have been reported, including 330 deaths.

Age group	Cumulative number of cases (death)
0-5	4 (0)
6-11	3 (0)
12-17	3 (0)
18-49	49 (8)
50-64	87 (27)
>=65	352 (295)

- Among the adult fatal cases with available clinical information, about 81% had chronic diseases.
- Among patients with laboratory confirmation of influenza admitted to public hospitals in this season (from Jan 5 to Mar 22), 4.5% of admitted cases died during the same episode of admission. It was higher than the historical range between 2.5% (2017/18 winter season) and 3.9% (2023/24 season).

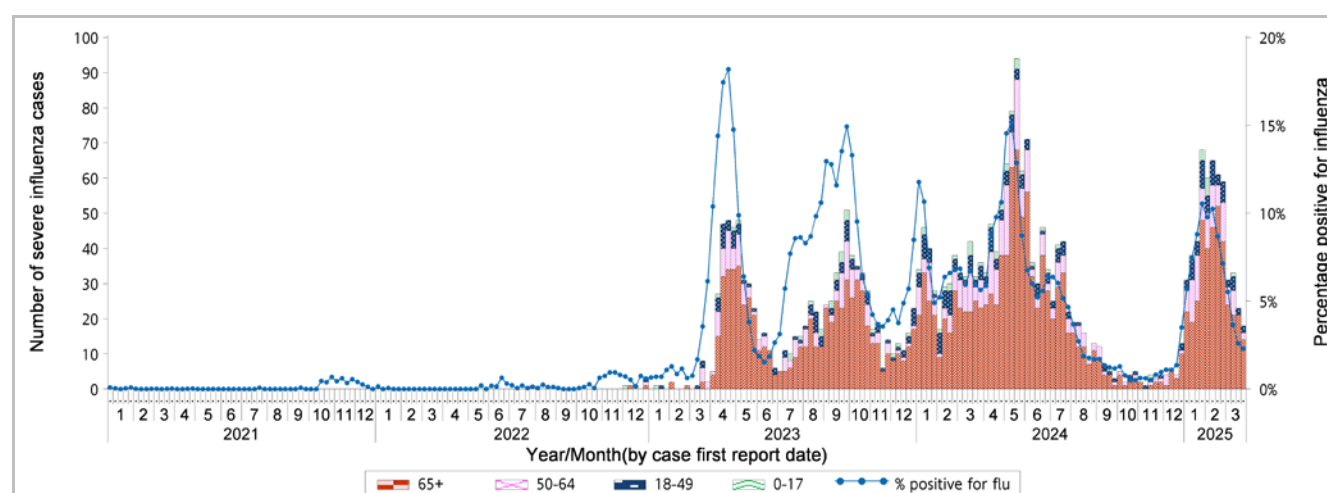


Figure 2.14 Weekly number of severe influenza cases by age groups, 2021-25 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

Global Situation of Influenza Activity

In the Northern hemisphere, influenza activities decreased or remained the same in most countries. In the Southern Hemisphere, influenza activity remained the same or decreased (data up to Mar 9, 2025).

- In the United States (week ending Mar 15, 2025), the national influenza activity remained elevated but has decreased for five consecutive weeks. This season is classified as a high severity season overall. The percentage of specimens tested positive for influenza decreased to 13.3% from the peak of 31.7%. Influenza A(H1N1)pdm09 and A(H3N2) viruses were co-circulating.
- In Canada (week ending Mar 15, 2025), indicators of influenza activity decreased. Influenza positivity decreased to 20.8%, but was higher than the threshold of 5%. Laboratory detections are predominantly influenza A and among subtyped influenza A detections, influenza A(H1N1) is predominant (73%).
- In the United Kingdom (week ending Mar 16, 2025), influenza activity decreased across most indicators and was at low activity levels. Influenza positivity in England decreased to 8.8% as compared with 9.5% in preceding week. Influenza A and B viruses were co-circulating.
- In Europe (week ending Mar 16, 2025), 2024/2025 seasonal influenza epidemic started in early December last year. Influenza positivity from sentinel specimens was 27% as compared to 34% in preceding week, which was higher than 10% epidemic threshold. Influenza A(H1N1)pdm09, A(H3N2) and influenza B viruses were co-circulating.
- In Mainland China (week ending Mar 16, 2025), influenza activity reached high levels in early 2025, and then the percentage of specimens tested positive for influenza in southern and northern provinces continued to decrease to 9.8% and 4.6% in week 11 respectively. Influenza A(H1N1)pdm09 viruses were predominating in this season.
- In Taiwan (week ending Mar 15, 2025), influenza epidemic persisted. The number of ILI consultation was on a decreasing trend. The predominating circulating viruses in the community were influenza A(H1N1).
- In Japan (week ending Mar 16, 2025), the average number of reported ILI cases per sentinel site was 2.23, as compared to 2.02 in preceding week, and was still above the baseline level of 1.00. Most of the influenza detections were influenza A(H1N1)pdm09 viruses.
- In South Korea (week ending Mar 8, 2025), the weekly ILI rate continued to decrease. The rate in week 9 and 10 was 9.1 and 8.0 per 1,000 out-patient visits respectively, which was below the seasonal epidemic threshold of 8.6. Influenza A(H1N1)pdm09, A(H3N2) and B viruses were co-circulating.

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](#) and [Japan Ministry of Health](#) and [Korean Disease Control and Prevention Agency](#).