

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 May 21, 2025)

Reporting period: May 11, 2025 – May 17, 2025 (Week 20)

- The latest surveillance data showed that the overall local activity of COVID-19 has continued to increase, but there are early signs that the upward trend is beginning to slow down.
- The Centre for Health Protection (CHP) has been closely monitoring the local prevalence of SAR-CoV-2 variants. The latest sewage surveillance data and genetic analysis of positive respiratory specimens showed that XDV and its descendent lineages have become the dominating variant strains in Hong Kong. XDV is a JN.1-related variant. There is no evidence suggesting that XDV will cause a more severe disease than previously circulating strains (such as JN.1, XBB and their 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

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

In week 20, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 977 as compared to 1,042 in the preceding week. (Figure 1.1)

In the first 4 days of week 21 (May 18 – May 21), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 114 to 142.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 80,847 (as of May 21, 2025).

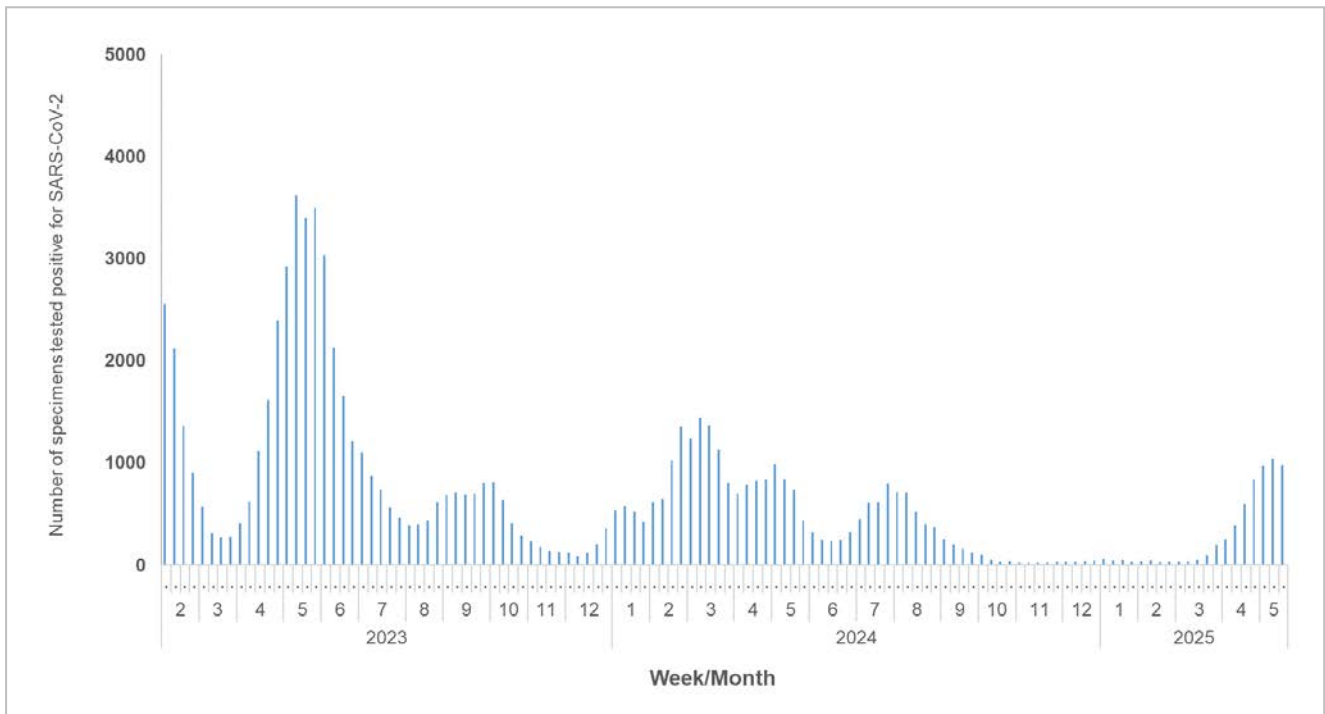


Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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 8,797, respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 20, 1,214 (13.80%) were tested positive for SARS-CoV-2 virus as compared to 1,205 (13.66%) in the preceding week. (Figure 1.2)

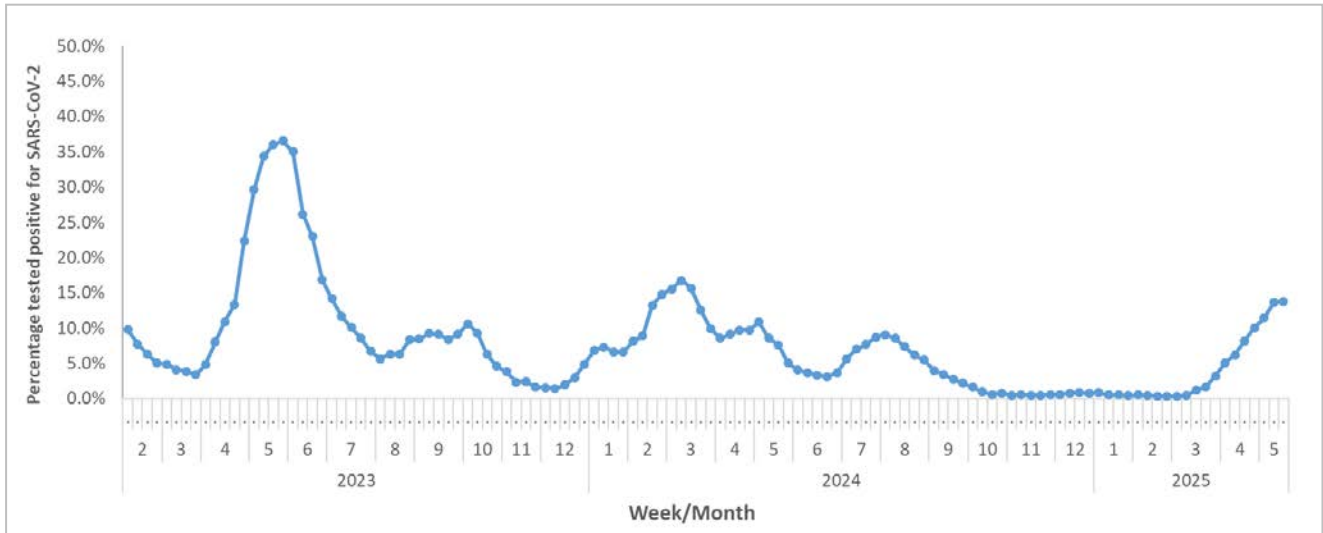


Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

COVID-19 outbreak surveillance

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

In week 20, 17 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 85 persons), as compared to 12 outbreaks recorded in the previous week (affecting 62 persons). (Figure 1.3)

In the first 4 days of week 21 (May 18 – May 21), 8 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 38 persons).

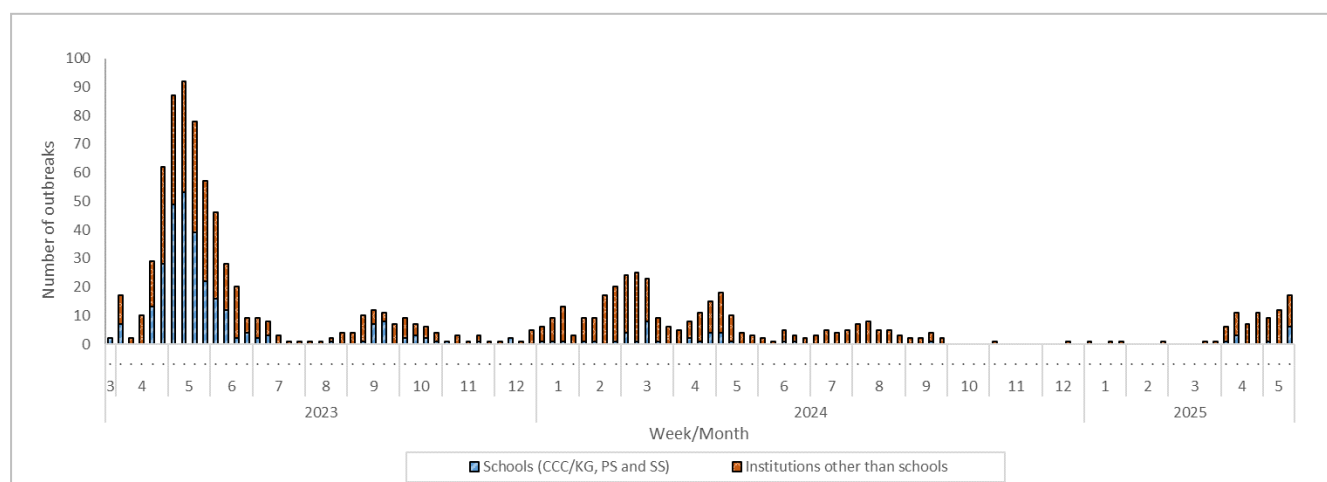


Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 19	Week 20	First 4 days of week 21 (May 18 – May 21)
Child care centre/ kindergarten (CCC/KG)	0	1	1
Primary school (PS)	0	3	1
Secondary school (SS)	0	2	2
Residential care home for the elderly	9	6	2
Residential care home for persons with disabilities	3	4	1
Others	0	1	1
<i>Total number of outbreaks</i>	12	17	8
<i>Total number of persons affected</i>	62	85	38

Surveillance of severe and fatal COVID-19 cases

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

In week 20, the weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 27 as compared to 18 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 1,442 (as of May 17, 2025).

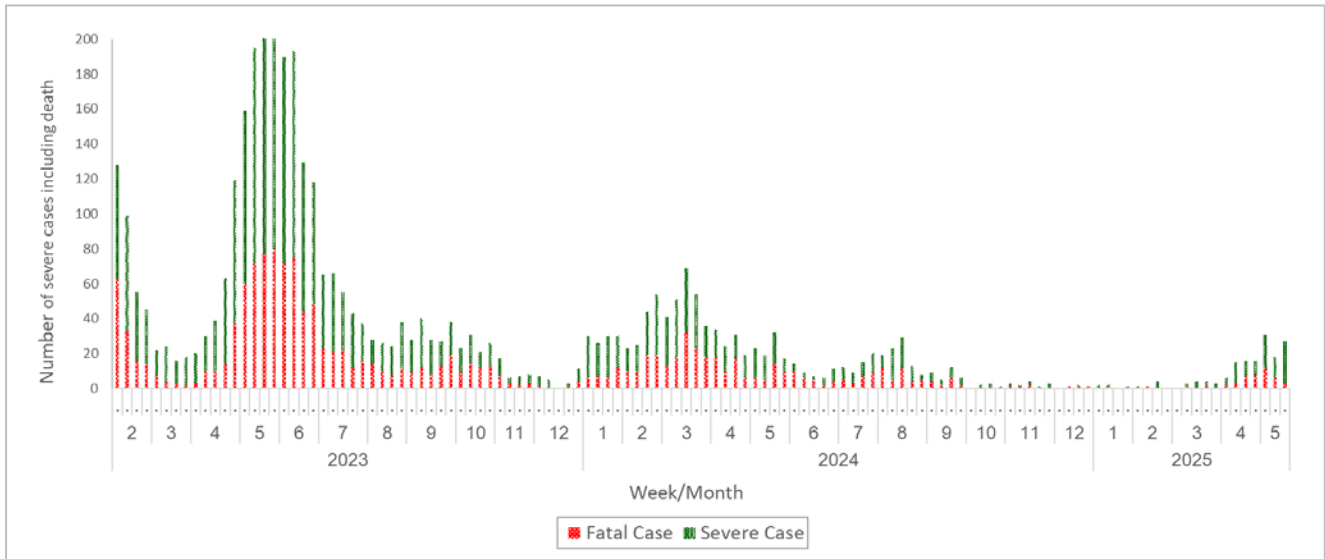


Figure 1.4 Weekly number of severe COVID-19 cases including deaths

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

Sewage surveillance of SARS-CoV-2 virus

In week 20, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 770,000 copy/L as compared to around 710,000 copy/L in the preceding week. (Figure 1.5)

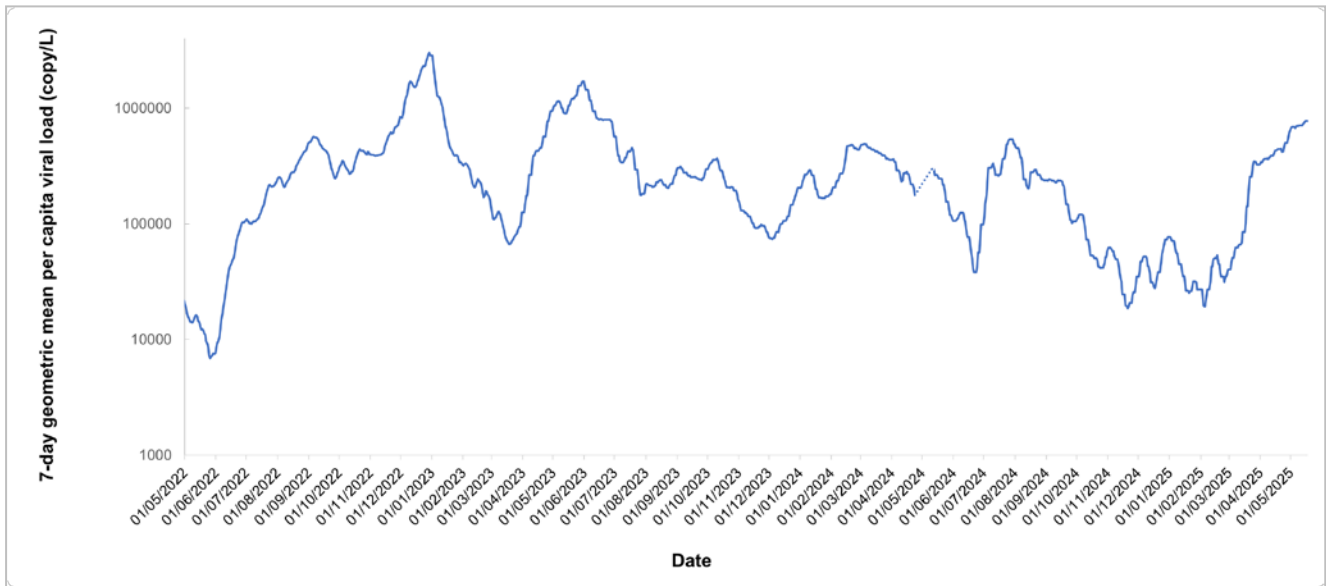


Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

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 20, the average consultation rate for COVID-19 among sentinel general out-patient clinics (GOPC) and sentinel private medical practitioner clinics were 52.7 (Figure 1.6) and 53.1 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

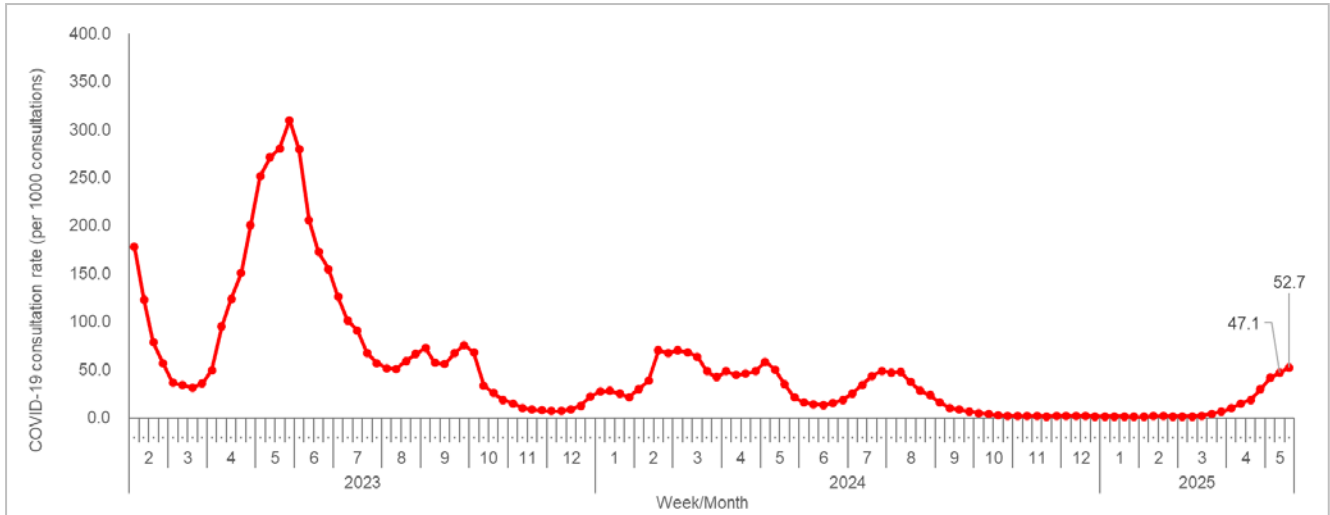


Figure 1.6 Average consultation rate of COVID-19 cases in GOPC

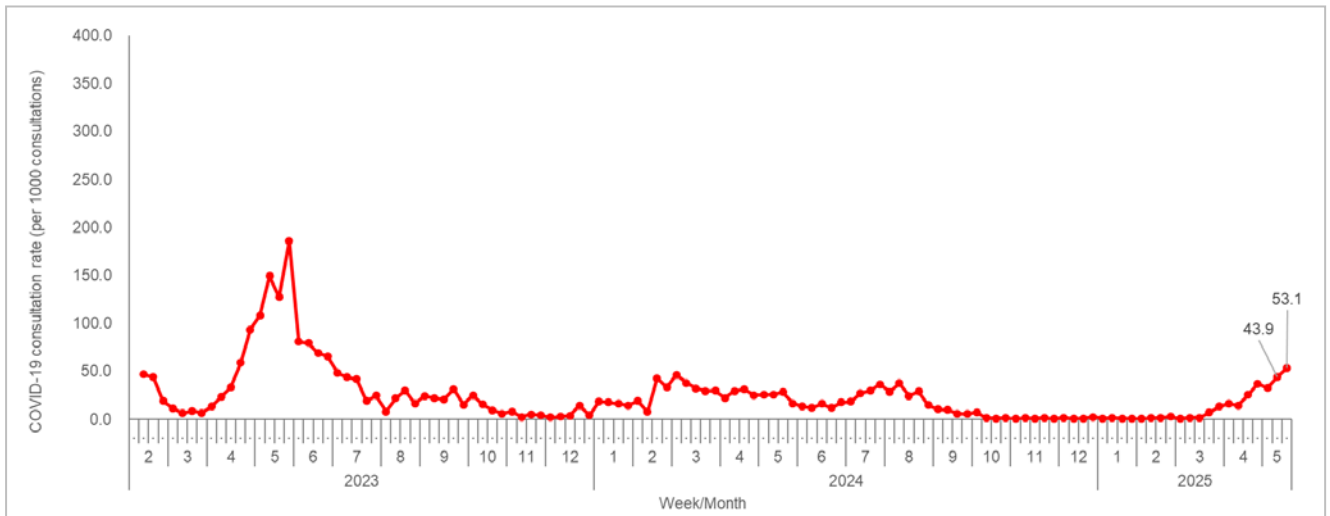


Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

Surveillance on SARS-CoV-2 variants

CHP conducts surveillance on SARS-CoV-2 variants from sewage samples. The latest surveillance data (as of May 14, 2025) showed that XDV has become the most prevalent variant, comprising 76.5% of all characterised specimens, while KP.3 accounted for 23.0%. (Figure 1.8)

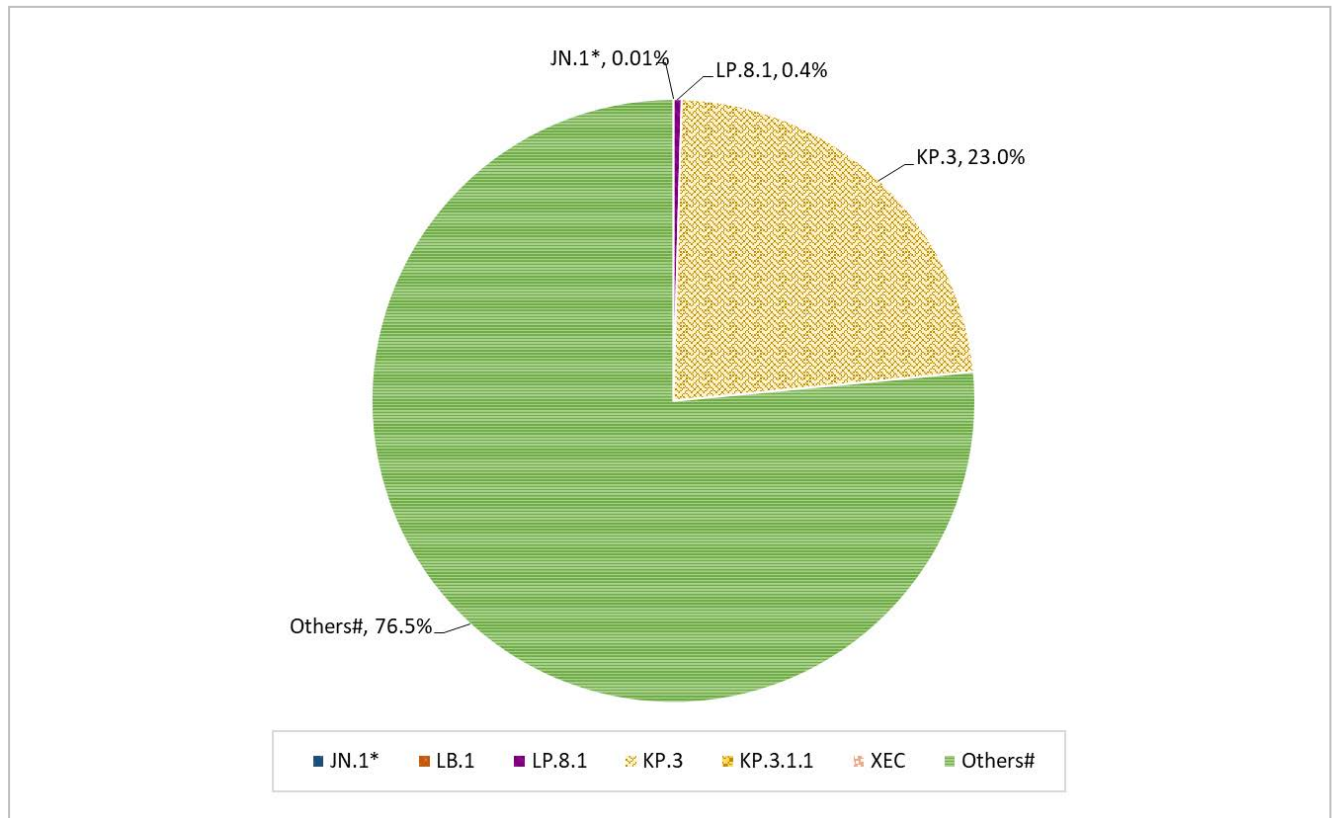


Figure 1.8 Estimated proportion of variants among sewage samples

*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. In the latest surveillance, all of them belongs to XDV and its descendant lineages.

Note: 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 34 specimens obtained from reported severe and fatal cases of COVID-19 between May 7 and May 20, 2025. The results showed that all specimens belonged to JN.1-like variants (including XDV).

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 all specimens belonged to XDV and its descendent lineages (including NB.1.8.1).

Global situation of COVID-19 activity

COVID-19 activity has increased in some of the neighborhood regions, while it has remained stable in North America and Europe.

- In Mainland China, the percentage of specimens tested positive for SARS-CoV-2 has been on the rise in April, with that observed in southern provinces being higher than that in northern provinces. The percentage of specimens tested positive for SARS-CoV-2 in some provinces that experienced earlier increases has shown a slowdown in growth. The predominant variant was XDV recently.
- In Taiwan region (week ending May 17, 2025), the COVID-19 activity continued to increase. The number of COVID-19 outpatient and emergency visits has increased from the previous week.
- In Japan (week ending May 11, 2025), the average number of reported COVID-19 cases per sentinel site decreased to 0.94 from 1.10 in preceding week. The predominant variant was XEC.
- In South Korea (week ending May 10, 2025), the weekly detection rate for SARS-CoV-2 decreased to 2.8% from 4.2% in preceding week. The predominant variant was XEC.
- Thailand experienced an increase of COVID-19 outbreak associated with XEC. As of week ending May 10, 2025, the number of new COVID-19 cases continued to increase after the Songkran Festival.
- In Singapore (week ending May 10, 2025), the positivity rate for COVID-19 among acute respiratory infection (ARI) samples in the community ranged between 15%-17% in the preceding two weeks, which is higher than that in late March (about 5%).
- In the United States (week ending May 10, 2025), the percent positivity of COVID-19 decreased to 2.9% from 3.1% in preceding week. The predominant variant was LP.8.1.
- In Canada (week ending May 10, 2025), most indicators of COVID-19 activity are at low levels. Percentage of tests positive for COVID-19 is low and stable at 2.7%. The predominant variant was LP.8.1.
- In the United Kingdom (week ending May 11, 2025), COVID-19 activity was broadly stable, circulating at baseline levels. COVID-19 PCR positivity in hospital settings decreased to 5.0% as compared with 5.8% in preceding week. The predominant variant was LP.8.1.1.
- In Europe (week ending May 11, 2025), SARS-CoV-2 positivity from sentinel specimens was 3% compared to 4% in the prior week. The predominant variant was LP.8.1.
- In Australia (fortnight ending May 4, 2025), test positivity for SARS-CoV-2 has decreased this fortnight. The predominant variant was XEC.

Sources:

Information have been extracted from the following sources when updates are available: [World Health Organization](#), [Chinese Center for Disease Control and Prevention](#), [Taiwan Centers for Disease Control](#), [Japan Ministry of Health](#), [Korean Disease Control and Prevention Agency](#), [Thailand Department of Disease Control](#), [Singapore Communicable Diseases Agency](#), [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 \(WHO Euro\)](#), and [Australian Department of Health and Aged Care](#).

Local Situation of Influenza Activity (as of May 21, 2025)

Reporting period: May 11 – 17, 2025 (Week 20)

- The latest surveillance data showed that the local influenza activity was at a low 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.
- 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 20, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPC) was 5.4 ILI cases per 1,000 consultations, which was higher than 4.8 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 44.6 ILI cases per 1,000 consultations, which was higher than 44.0 recorded in the previous week (Figure 2.1, right).

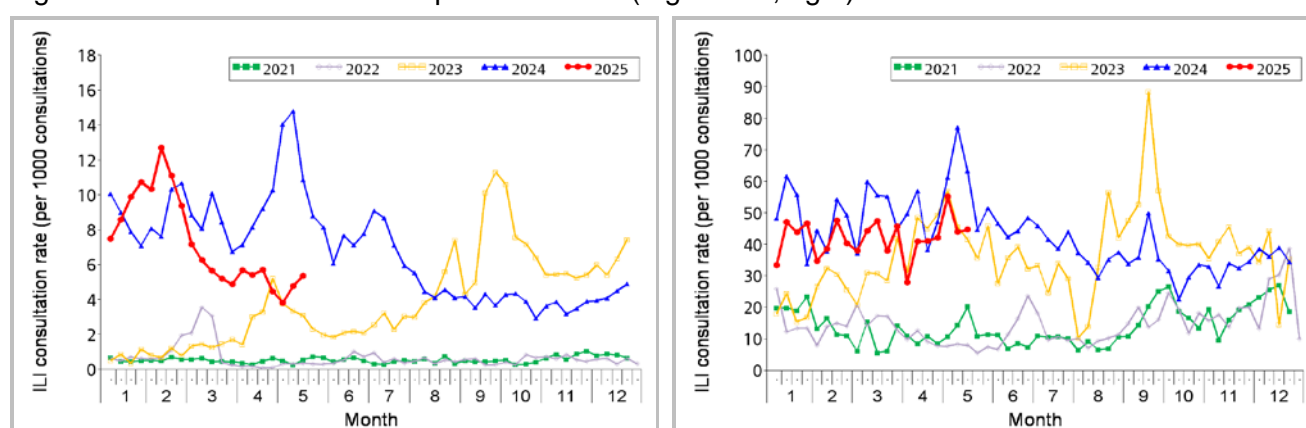


Figure 2.1 ILI consultation rates at sentinel GOPC (left) and PMP clinics (right), 2021-25

Laboratory surveillance, 2021-25

Among the 9,316 respiratory specimens* received in week 20, 88 (0.94%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 59 (73%) influenza A(H1), 4 (5%) influenza A(H3) and 18 (22%) influenza B viruses. The positive percentage (0.94%) was below the baseline threshold of 4.94% but was higher than 0.71% recorded in the previous week (Figure 2.2).

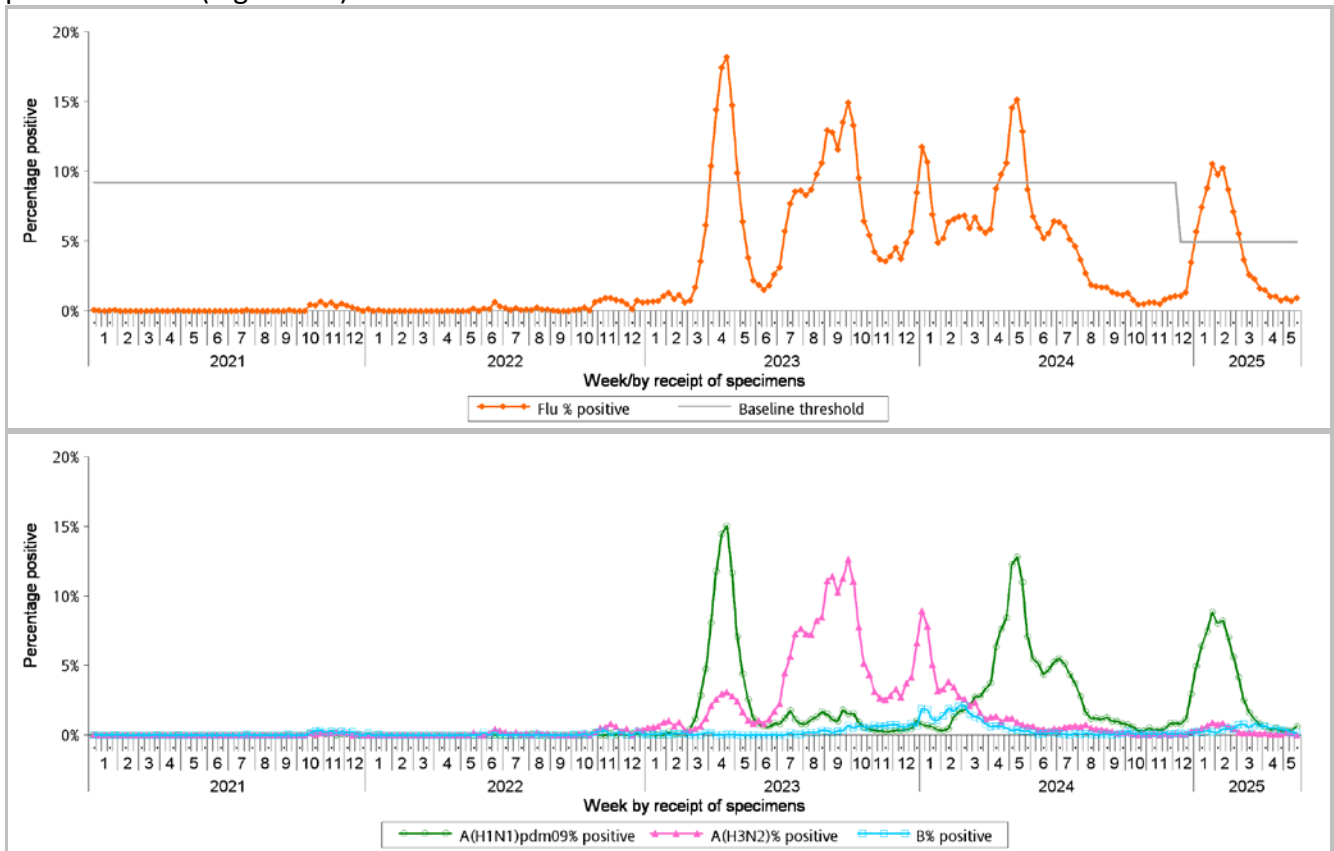


Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2021-25 (upper: overall positive percentage, lower: positive percentage by subtypes)

[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 8,797 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 519 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 April 2025, there was one new report of oseltamivir (Tamiflu) resistant influenza A(H1) virus.
- 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 20, 12 ILI outbreaks occurring in schools/institutions were recorded (affecting 53 persons), as compared to 0 outbreak recorded in the previous week (Figure 2.3). In the first 4 days of week 21 (May 18 to 21), 2 ILI outbreaks in schools/institutions were recorded (affecting 8 persons).

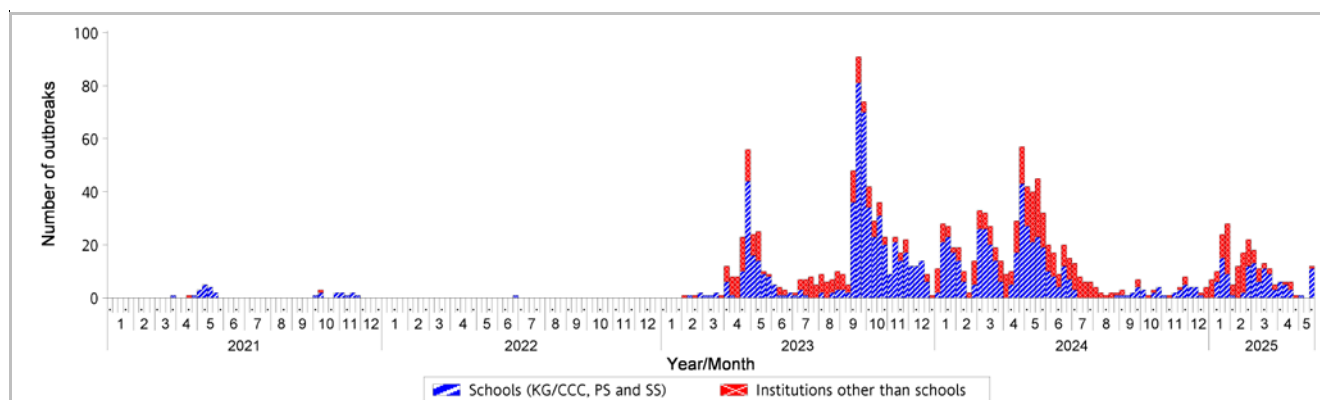


Figure 2.3 ILI outbreaks in schools/institutions, 2021-25

Type of institutions	Week 19	Week 20	First 4 days of week 21 (May 18 – 21)
Child care centre/ kindergarten (CCC/KG)	0	1	0
Primary school (PS)	0	8	1
Secondary school (SS)	0	2	1
Residential care home for the elderly	0	1	0
Residential care home for persons with disabilities	0	0	0
Others	0	0	0
<i>Total number of outbreaks</i>	0	12	2
<i>Total number of persons affected</i>	0	53	8

Influenza-associated hospital admission rates in public hospitals based on discharge coding, 2021-25

In week 20, the overall admission rates in public hospitals with principal diagnosis of influenza was 0.07 (per 10,000 population), which was below the baseline threshold of 0.27 but was higher than 0.04 recorded in the previous week. 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 0.51, 0.12, 0.11, 0.01, 0.04 and 0.10 cases (per 10,000 people in the age group) respectively, as compared to 0.21, 0.12, 0.03, 0.01, 0.02 and 0.08 cases in the previous week (Figure 2.4).

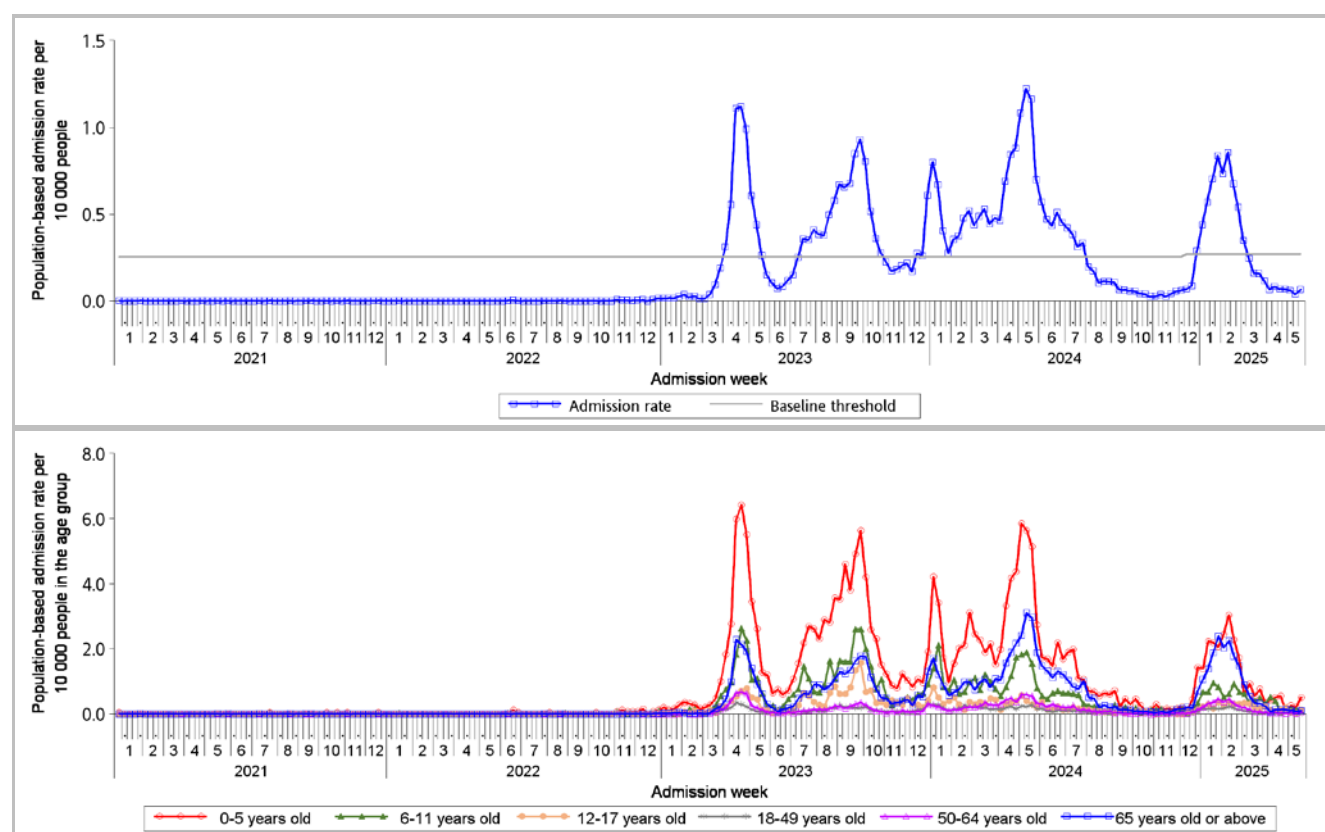


Figure 2.4 Influenza-associated hospital admission rates, 2021-25 (upper: overall rate, lower: rates by age groups)

[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.]

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

In week 20, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 142.1 (per 1,000 coded cases), which was lower than the rate of 146.6 in the previous week (Figure 2.5).

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

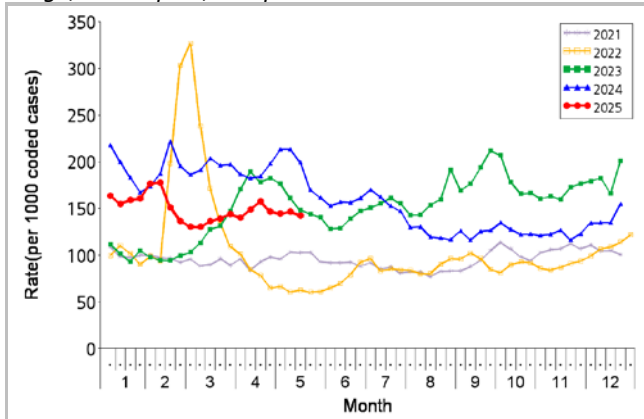


Figure 2.5 Rate of ILI syndrome group in AEDs, 2021-25

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

In week 20, 0.71% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.66% recorded in the previous week (Figure 2.6).

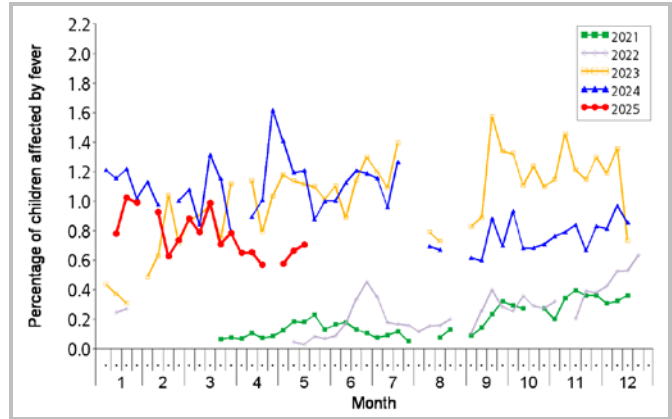


Figure 2.6 Percentage of children with fever at sentinel CCCs/KGs, 2021-25

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

In week 20, 0.15% of residents in the sentinel residential care homes for the elderly (RCHes) had fever (38°C or above), compared to 0.12% recorded in the previous week (Figure 2.7).

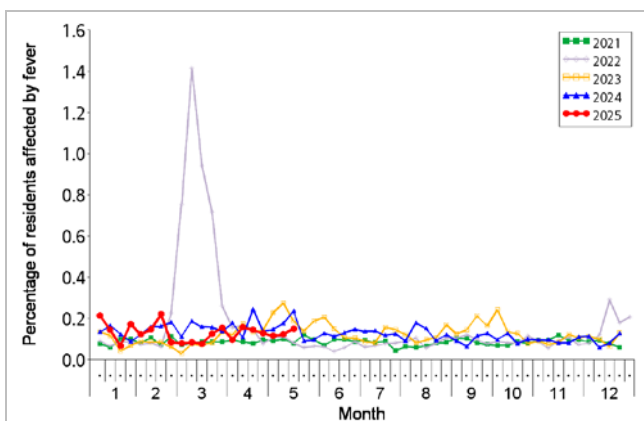


Figure 2.7 Percentage of residents with fever at sentinel RCHes, 2021-25

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

In week 20, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.00 ILI cases per 1,000 consultations as compared to 0.71 recorded in the previous week (Figure 2.8).

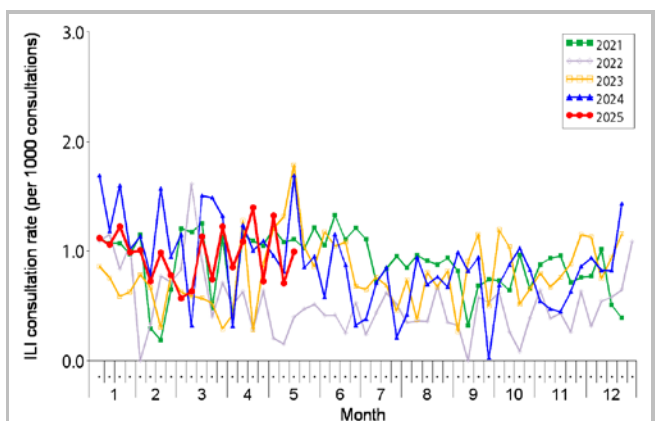


Figure 2.8 ILI consultation rate at sentinel CMPs, 2021-25

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 20, 3 adult cases of ICU admission/death with laboratory confirmation of influenza (including 2 deaths) were recorded, as compared to 5 cases (including 3 deaths) in the previous week.

Week	Influenza type			
	A(H1)	A(H3)	B	A (pending subtype)
Week 19	4	0	1	0
Week 20	1	0	1	1

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

- In week 20 and the first 4 days of week 21 (May 18 – 21), there were no cases of severe paediatric influenza-associated complication/death.
- In 2025, 11 paediatric cases of severe influenza-associated complication/death were recorded, in which none of them were fatal (as of May 21).

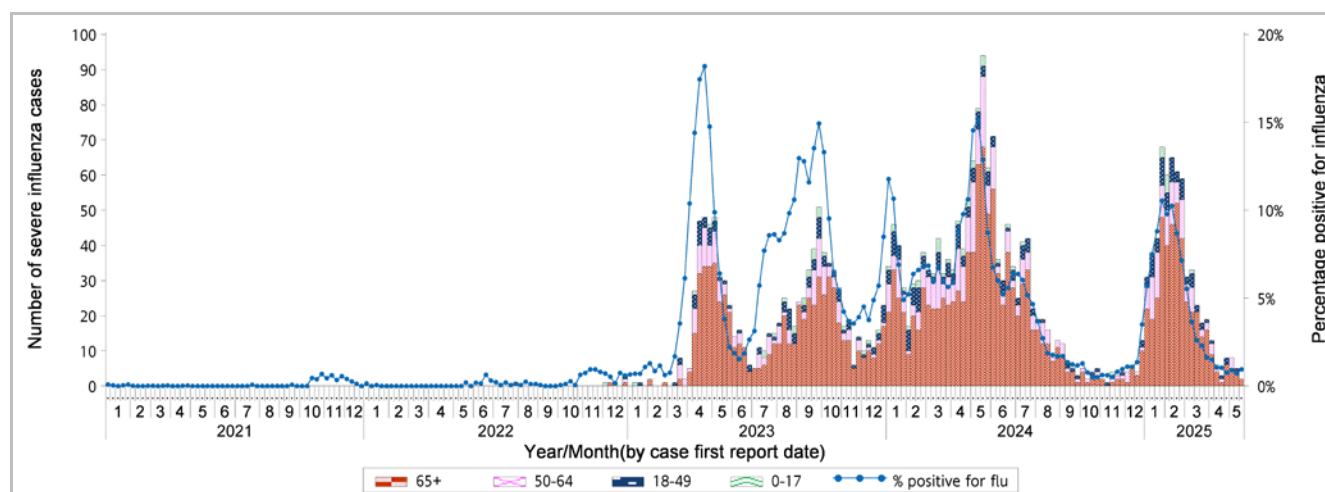


Figure 2.9 Weekly number of severe influenza cases by age groups, 2021-25 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

Global Situation of Influenza Activity

In the Northern Hemisphere, influenza activities continued to decline or remained stable in most countries. In the Southern Hemisphere, influenza positivity remained stable or increased overall (data up to May 11, 2025).

- In the United States (week ending May 10, 2025), the national influenza activity is low and declining. The percentage of specimens tested positive for influenza was 2.9%. Influenza A(H1N1)pdm09, A(H3N2) and B viruses were co-circulating.
- In Canada (week ending May 10, 2025), indicators of influenza activity decreased. Influenza positivity decreased to 4.5%, and was below the threshold of 5%. Influenza A and B viruses were co-circulating. Among subtyped influenza A detections, influenza A(H1N1) is predominant (77%).
- In the United Kingdom (week ending May 11, 2025), influenza activity decreased across most indicators and was at baseline levels. Influenza positivity in England decreased to 1.7% as compared with 2.6% in preceding week. Influenza A and B viruses were co-circulating.
- In Europe (week ending May 11, 2025), Influenza positivity from sentinel specimens remained below the 10% epidemic threshold at 5% compared to 5% in the prior week. Influenza A(H1), A(H3) and B viruses co-circulated recently.
- In Mainland China (week ending May 11, 2025), the percentage of specimens tested positive for influenza in southern and northern provinces were at low levels, with 0.7% and 3.1% in week 19 respectively. Influenza A viruses were predominating but the detections for influenza B viruses increased.
- In Japan (week ending May 11, 2025), the average number of reported ILI cases per sentinel site decreased to 0.67 from 0.79 in preceding week.
- In South Korea (week ending May 10, 2025), the weekly ILI rate decreased. The rate in week 19 was 11.6 per 1,000 out-patient visits, which was above the seasonal epidemic threshold of 8.6. Influenza B viruses were predominating.
- In Australia (fortnight ending May 4, 2025), ILI rates are consistent with the observed rates in previous years and the five-year average.

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](#), [Japan Ministry of Health](#), [Korean Disease Control and Prevention Agency](#) and [Australian Department of Health and Aged Care](#).