

# 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 22, 2024)

**Reporting period: May 12 – May 18, 2024 (Week 20)**

- The latest surveillance data showed that the local COVID-19 activity is comparable to the past few weeks.
- 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 is also detected in the sewage surveillance and human infection cases. However, the current information does not suggest JN.1 or KP.2 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 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>).

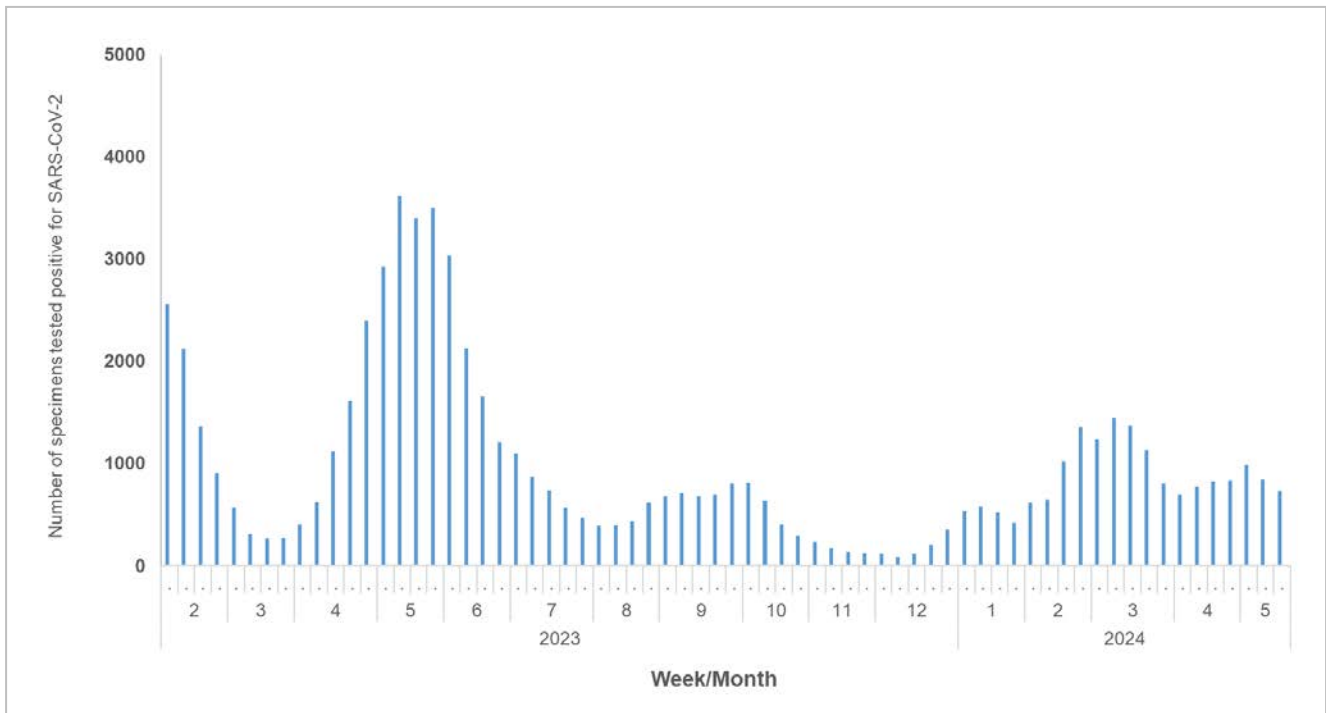
## Laboratory surveillance for COVID-19 cases

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

In week 20, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 734 as compared to 839 in the preceding week. (Figure 1.1)

In the first 4 days of week 21 (May 19 – May 22), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 57 to 78.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 66,573 (as of May 22, 2024).



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

Among the 8,666 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 20, 662 (7.64%) were tested positive for SARS-CoV-2 virus as compared to 768 (8.60%) in the preceding week. (Figure 1.2)

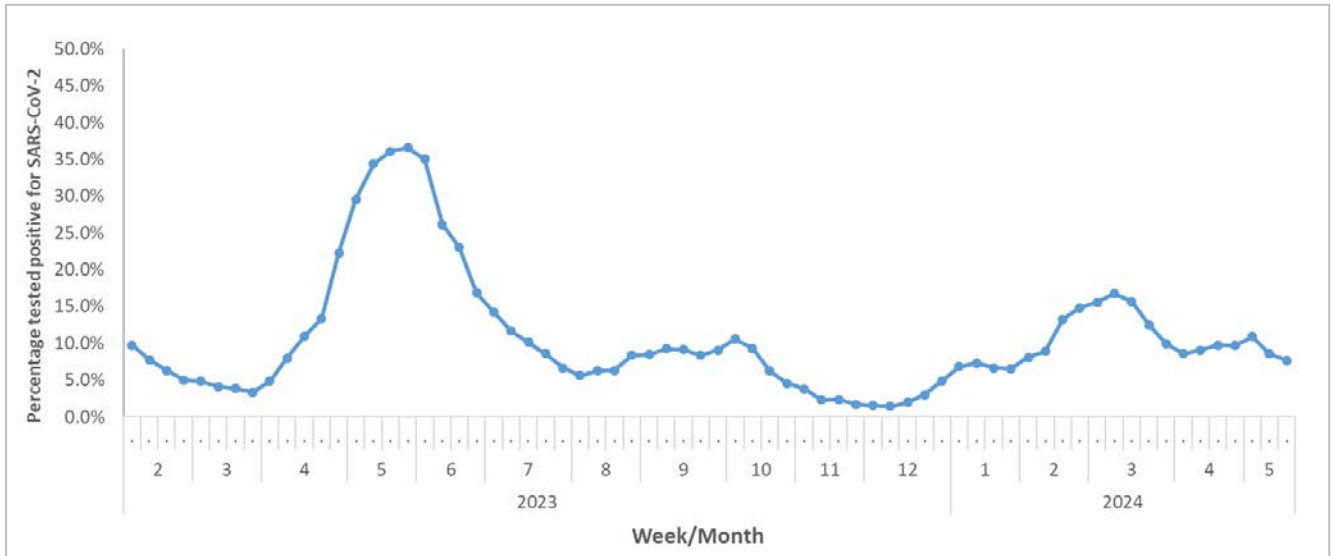


Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

# COVID-19 outbreak surveillance

In week 20, 3 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 13 persons), as compared to 11 outbreaks recorded in the previous week (affecting 71 persons). (Figure 1.3)

In the first 4 days of week 21 (May 19 – May 22), 2 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 8 persons).

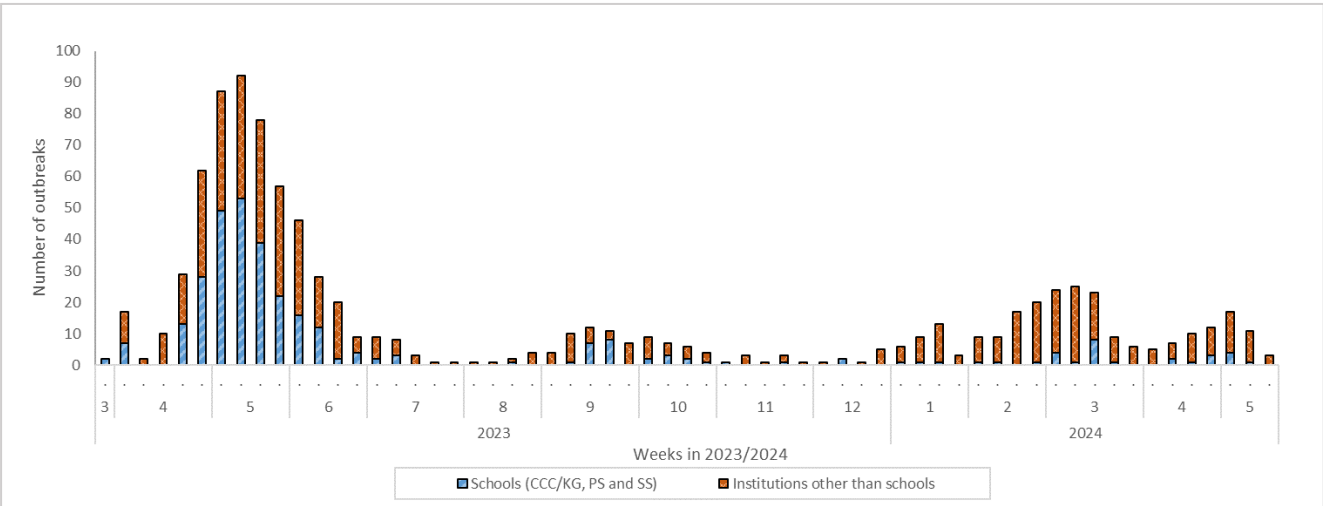


Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 19	Week 20	First 4 days of week 21 (May 19 – May 22)
Child care centre/ kindergarten (CCC/KG)	1	0	0
Primary school (PS)	0	0	0
Secondary school (SS)	0	0	0
Residential care home for the elderly	8	2	1
Residential care home for persons with disabilities	2	1	1
Others	0	0	0
<i>Total number of outbreaks</i>	11	3	2
<i>Total number of persons affected</i>	71	13	8

## 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 32 as compared to 19 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 1,278 (as of May 18, 2024).

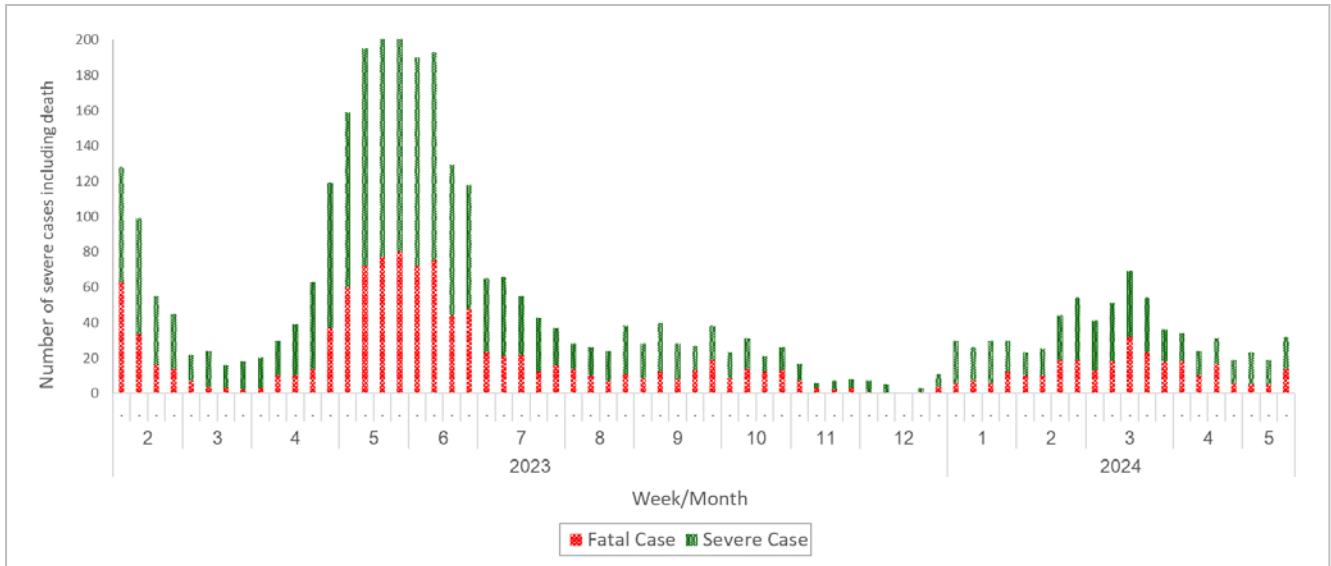


Figure 1.4 Weekly number of severe COVID-19 cases including deaths

## 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 247,000 copy/L as compared to around 298,000 copy/L in week 19. (Figure 1.5)

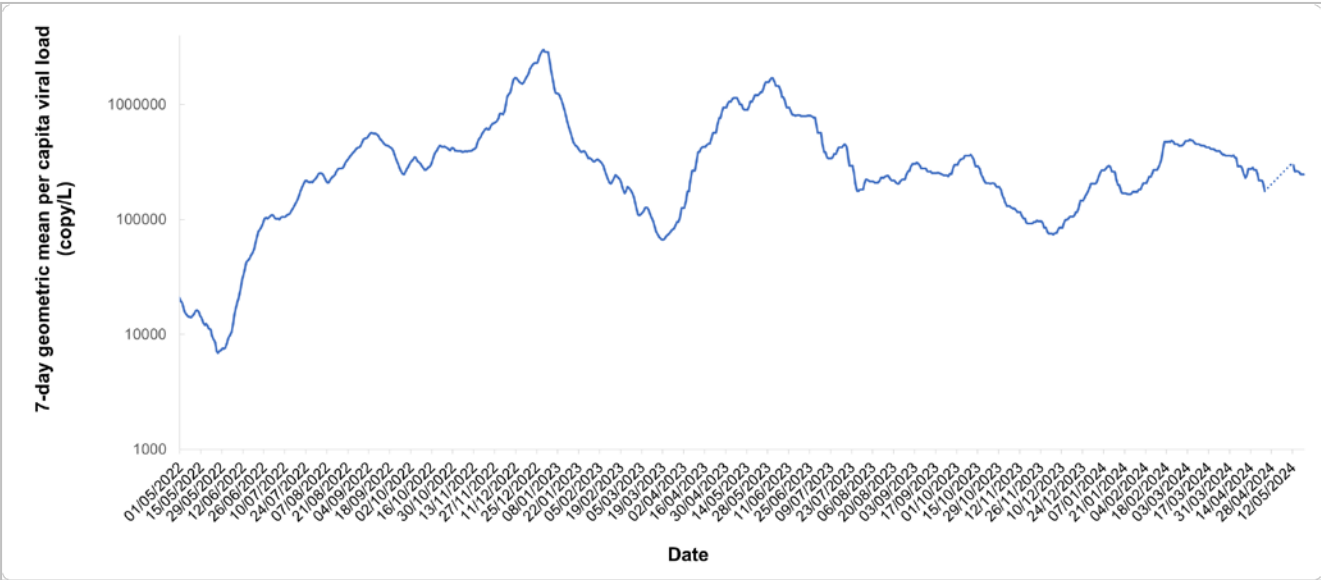


Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

Note: The dotted line refers to the temporary sewage sampling suspension for a safety review by the Drainage Sewage 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 35.0 (Figure 1.6) and 28.3 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

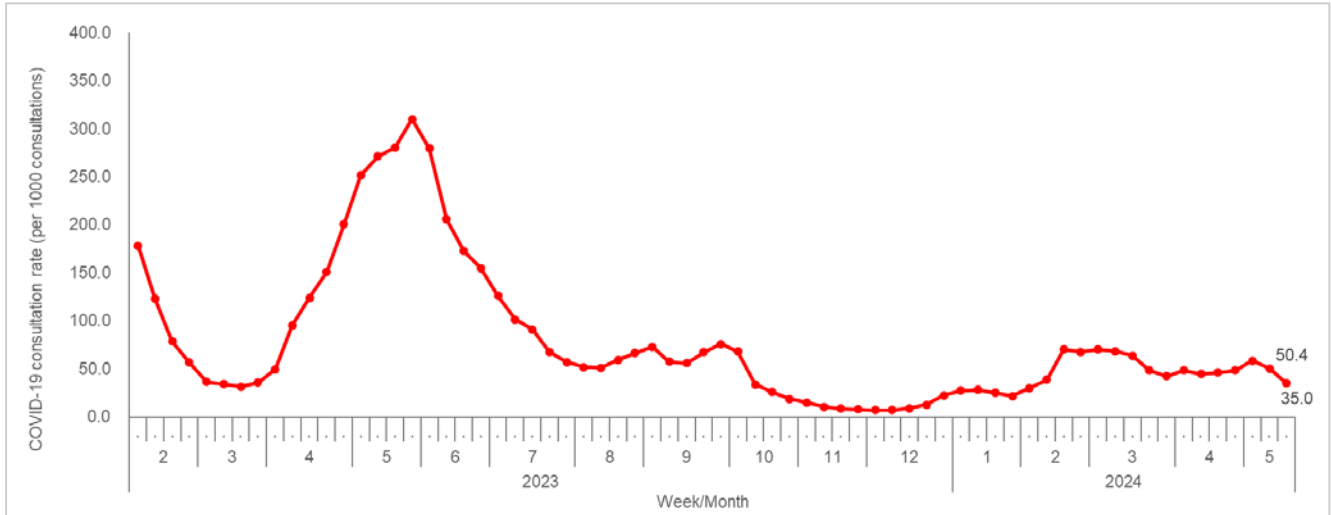


Figure 1.6 Average consultation rate of COVID-19 cases in GOPC

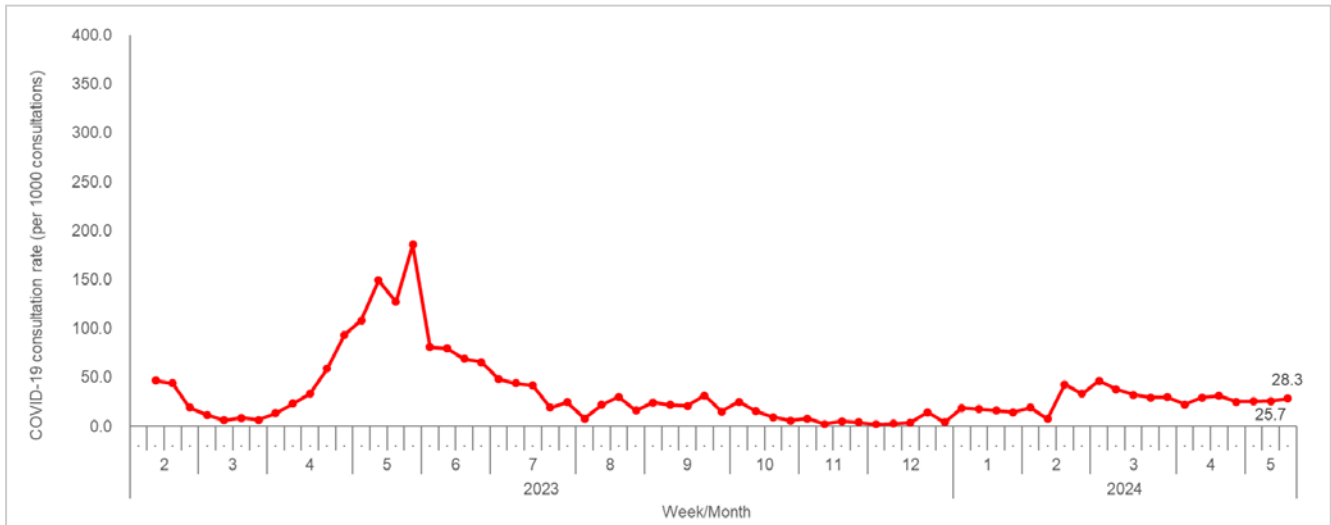


Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

## 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, 2024) showed that JN.1 and its descendant lineages remained the most prevalent variant, comprising 98.8% of all characterised specimens, and about 15% of all belongs to the newer descendant strain KP.2, which is one of the descendant lineage of JN.1, now assigned by WHO as one of the variants under monitoring (VUMs). (Figure 1.8)

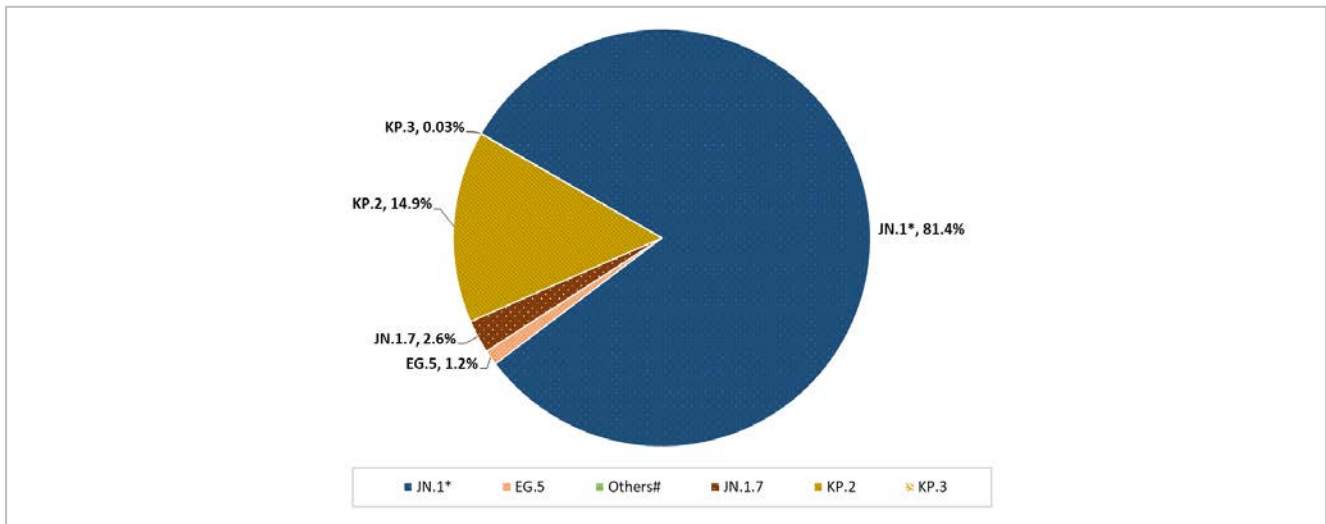


Figure 1.8 Estimated proportion of variants among sewage samples

\*JN.1 and its descendant lineages except JN.1.7, KP.2 and KP.3

#Those SARS-CoV-2 variants not classified as VOIs/ VUMs by WHO

Note: JN.1.7, KP.2 and KP.3 are the descendant lineages of JN.1



CHP also conducted genetic characterisation of 37 specimens obtained from reported severe and fatal cases of COVID-19 between May 8 and May 21, 2024. The results showed that JN.1 and its descendant lineages remained the most prevalent variant, comprising 97.3% of all characterised specimens, and about 2.7% (1 case) of all belongs to the newer descendant strain KP.2. (Figure 1.9)

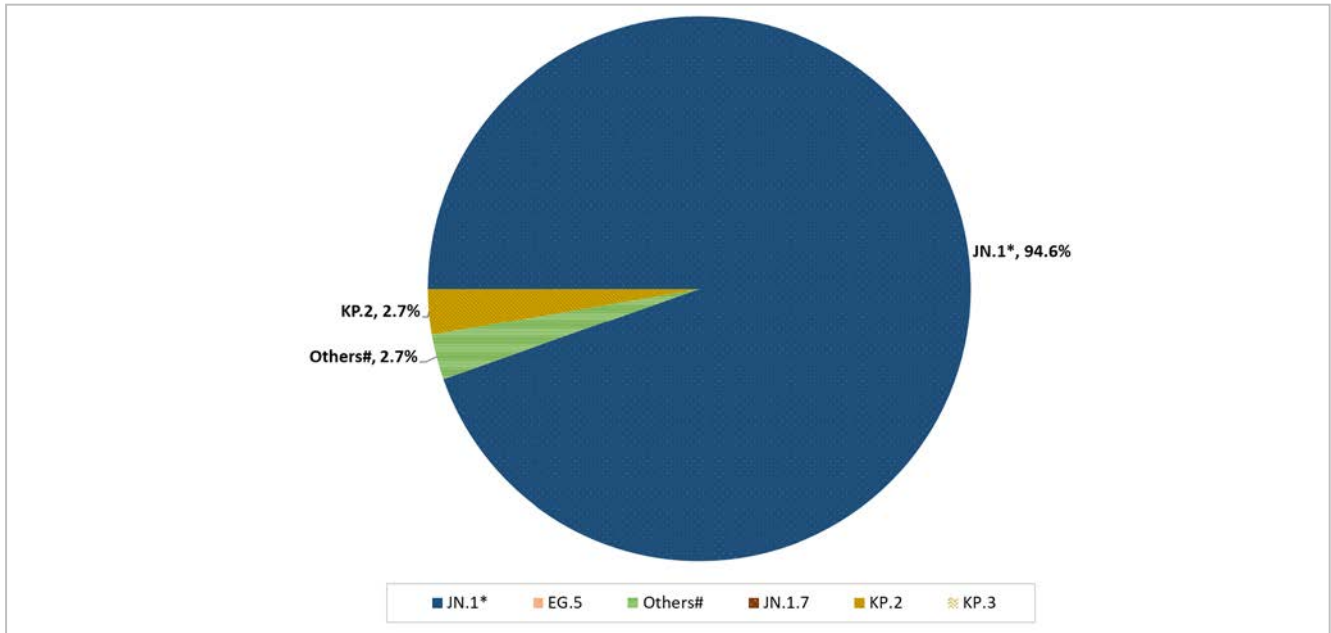


Figure 1.9 Proportion of variants among specimens obtained from reported severe and death cases for COVID-19

\*JN.1 and its descendant lineages except JN.1.7, KP.2 and KP.3

#Those SARS-CoV-2 variants not classified as VOIs/ 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 100% of all characterised specimens and about 6.7% of all belongs to the newer descendant strain KP.2.

## Global situation of COVID-19 activity

- Globally, as of May 5, 2024, there have been 775,431,269 confirmed cases of COVID-19, including 7,047,741 deaths, reported to WHO.
- According to WHO COVID-19 epidemiological update last published on May 17, 2024,
  - ◆ Over 145,000 new cases and more than 2,600 new deaths were reported in the last 28 days (Apr 1 to Apr 28, 2024) globally.
  - ◆ The highest numbers of new 28-day cases were reported from Russia, Australia, New Zealand, the United Kingdom and China. The highest numbers of new 28-day deaths were reported from the USA, Russia, Chile, Australia, China and New Zealand.
  - ◆ 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 four VUMs, which are JN.1.7, JN.1.18, KP.2 and KP.3.
  - ◆ Between Apr 22 and Apr 28, 2024, JN.1 is the most prevalent variant globally, accounting for 54.3% compared to 69.0% between Apr 1 and Apr 7, 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 changed from 0.8%, 1.3%, 0.1% and 0.1% to 0.5%, <0.1%, <0.1% and <0.1% respectively. Among the VUMs, the prevalence of two variants showed increasing trends, including KP.2 (6.4% to 9.6%) and KP.3 (3.5% to 20.0%) while the prevalence of JN.1.7 and JN.1.18 respectively decreases from 9.2% and 3.1% to 8.8% and 0.8%.

### Sources:

1. [WHO COVID-19 dashboard](#), accessed on May 23, 2024
2. [World Health Organization COVID-19 epidemiological update](#)

## Local Situation of Influenza Activity (as of May 22, 2024)

**Reporting period: May 12 – 18, 2024 (Week 20)**

- Hong Kong has entered winter influenza season since early January. The latest surveillance data showed that local seasonal influenza activity remained high. It is believed that the current influenza season will persist for a period of time.
- 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 20, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPC) was 10.9 ILI cases per 1,000 consultations, which was lower than 14.8 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 63.3 ILI cases per 1,000 consultations, which was lower than 77.1 recorded in the previous week (Figure 2.1, right).

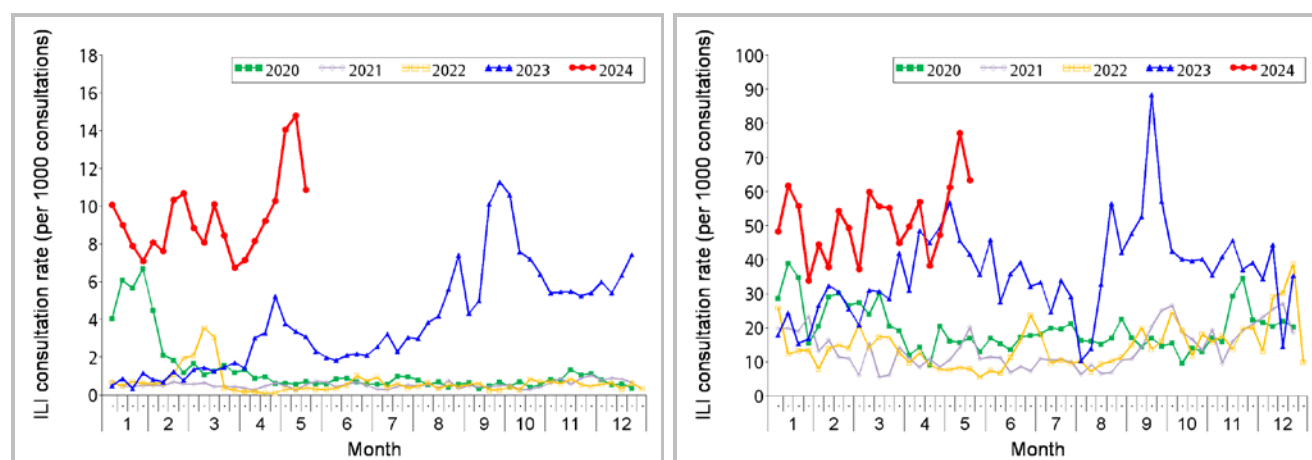


Figure 2.1 ILI consultation rates at sentinel GOPC (left) and PMP clinics (right), 2020-24

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 10,554 respiratory specimens received in week 20\*, 1,356 (12.85%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 1,159 (91%) influenza A(H1), 79 (6%) influenza A(H3) and 29 (2%) influenza B viruses. The positive percentage (12.85%) was above the baseline threshold of 9.21%, but was lower than 15.16% recorded in the previous week (Figure 2.2).

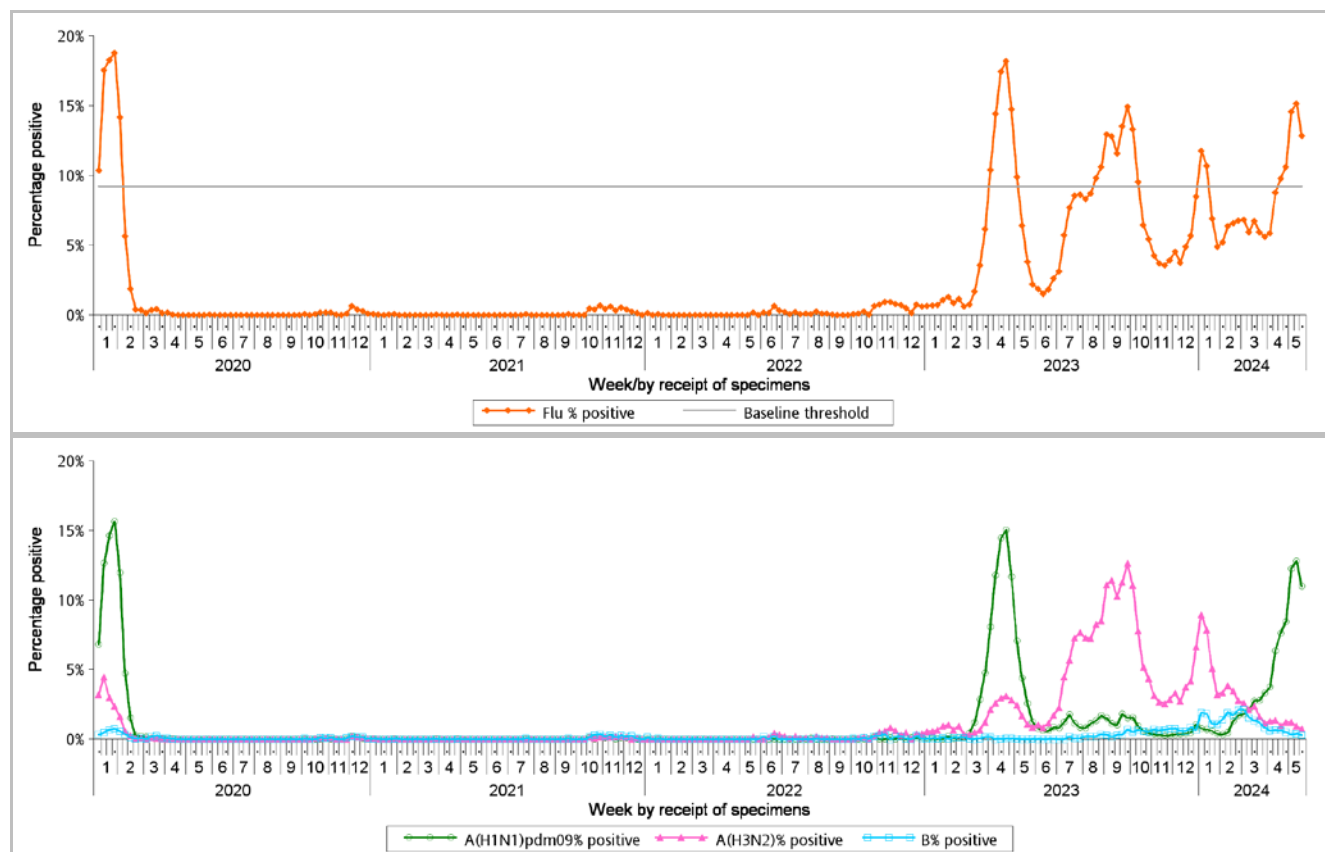


Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2020-24 (upper: overall positive percentage, lower: positive percentage by subtypes)

[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 March 2024, there was one new report 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 8,666 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 1,888 specimens received by the Hospital Authority

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

In week 20, 46 ILI outbreaks occurring in schools/institutions were recorded (affecting 196 persons), as compared to 40 outbreaks recorded in the previous week (affecting 202 persons) (Figure 2.3). The overall number was at the medium intensity level currently (Figure 2.4\*). In the first 4 days of week 21 (May 19 – 22), 21 ILI outbreaks occurring in schools/institutions were recorded (affecting 87 persons). Since the start of 2023-24 winter influenza season in week 2, 498 outbreaks were recorded (as of May 22).

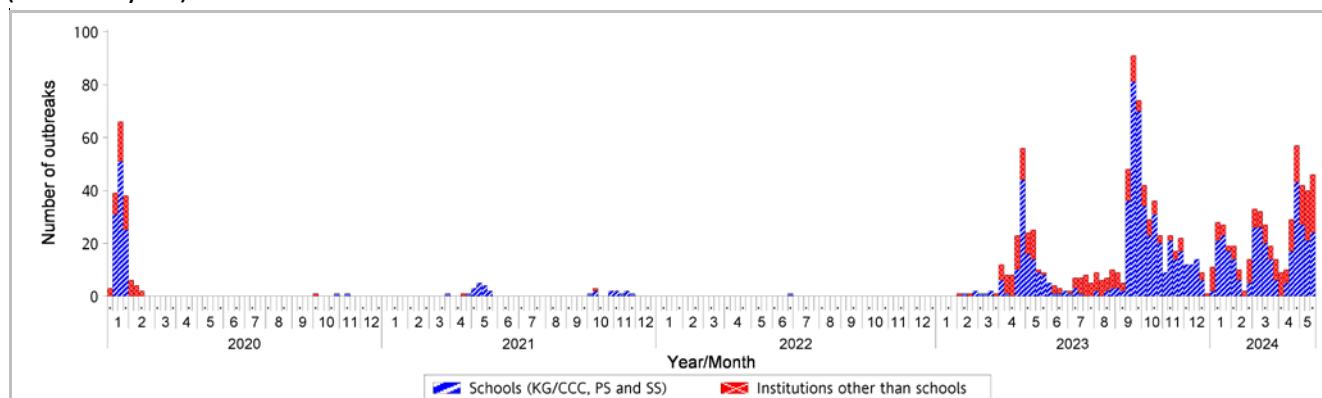


Figure 2.3 ILI outbreaks in schools/institutions, 2020-24

Type of institutions	Week 19	Week 20	Cumulative number of outbreaks since week 2 (as of May 22)
Child care centre/ kindergarten (CCC/KG)	6	4	52
Primary school (PS)	13	17	220
Secondary school (SS)	2	3	55
Residential care home for the elderly	11	17	98
Residential care home for persons with disabilities	5	5	45
Others	3	0	28
<i>Total number of outbreaks</i>	40	46	498
<i>Total number of persons affected</i>	202	196	2938

In the current season, 477 outbreaks were recorded during the past 19 weeks of surveillance, whereas 600, 862, 154 and 367 outbreaks were recorded in the 2017/18 winter (12 weeks), 2018/19 winter (14 weeks), 2023 April (7 weeks) and 2023 summer (10 weeks) seasons respectively (Figure 2.5).

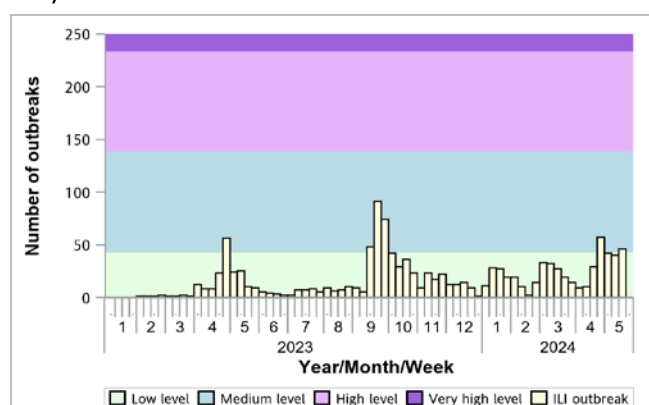


Figure 2.4 ILI outbreaks in schools/institutions, 2023-24

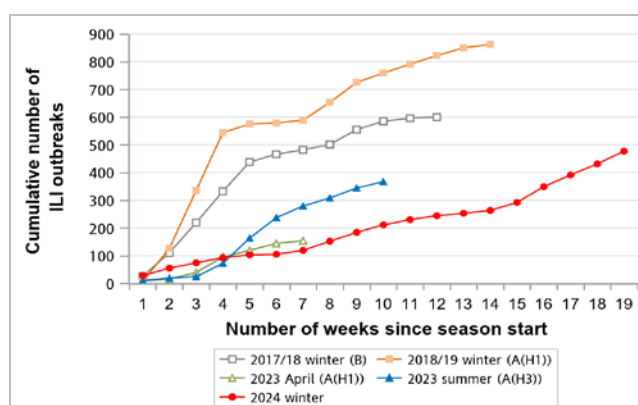


Figure 2.5 Cumulative numbers of ILI outbreaks reported during major influenza seasons, 2018-19 and 2023-24

Note: The predominant 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 20, the overall admission rate in public hospitals with principal diagnosis of influenza was 0.95 (per 10,000 population) as compared to 1.13 recorded in the previous week (Figure 2.6). It was above the baseline threshold of 0.25 and at the medium 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 4.99, 1.31, 0.22, 0.25, 0.48 and 2.28 cases (per 10,000 people in the age group) respectively, as compared to 5.03, 1.71, 0.36, 0.23, 0.53 and 2.95 cases in the previous week (Figure 2.6).

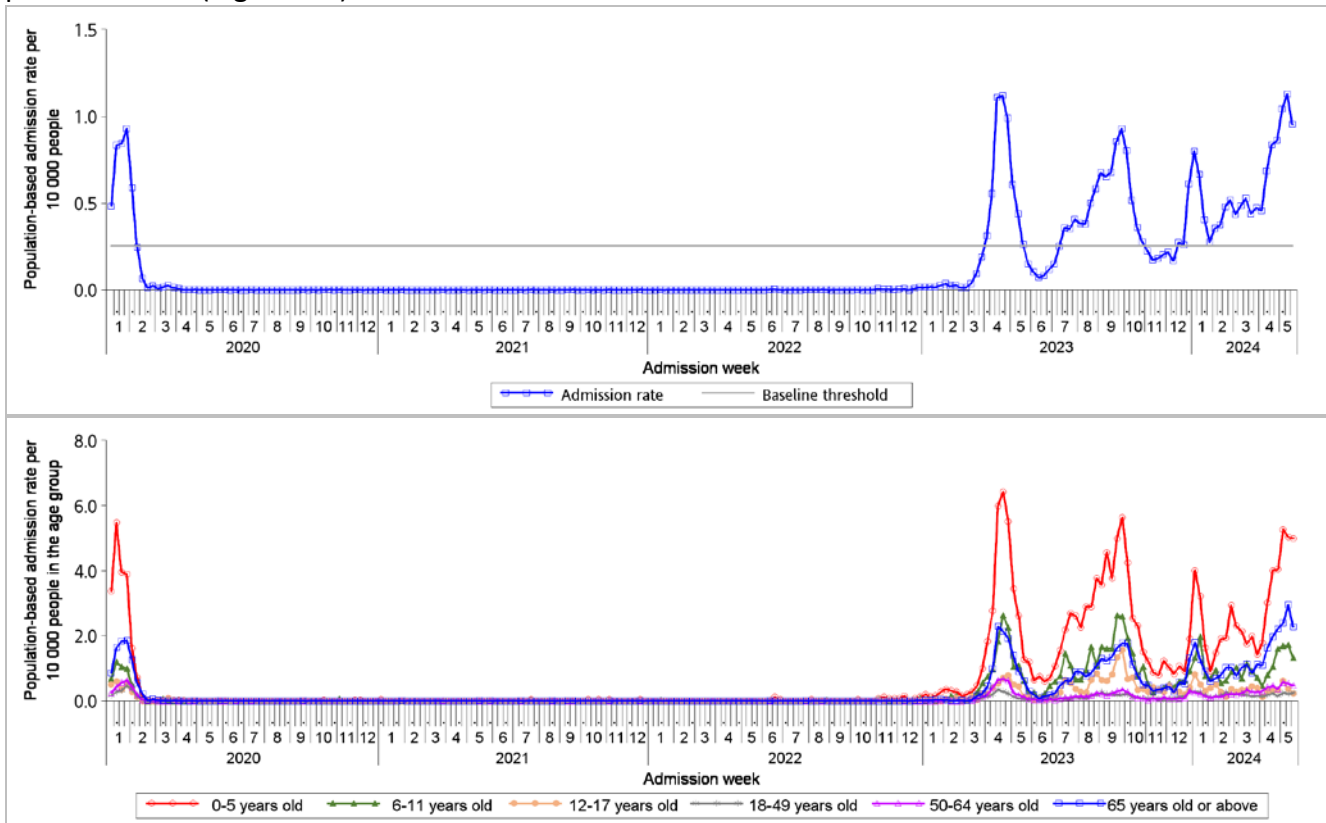


Figure 2.6 Influenza-associated hospital admission rates, 2020-24 (upper: overall rate, lower: rates by age groups)

[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.]

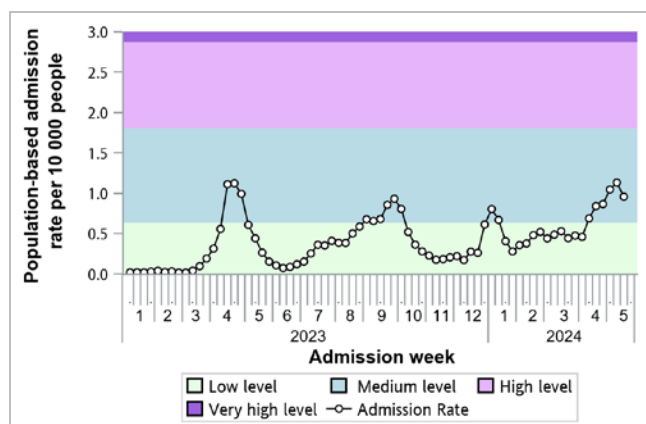


Figure 2.7 Influenza-associated hospital admission rates, 2023-24

\*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 20, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 199.3 (per 1,000 coded cases), which was lower than the rate of 213.3 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.*

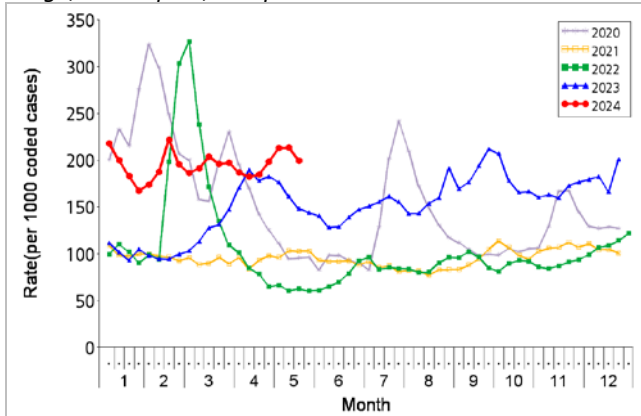


Figure 2.8 Rate of ILI syndrome group in AEDs, 2020-24

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

In week 20, 1.21% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 1.19% recorded in the previous week (Figure 2.9).

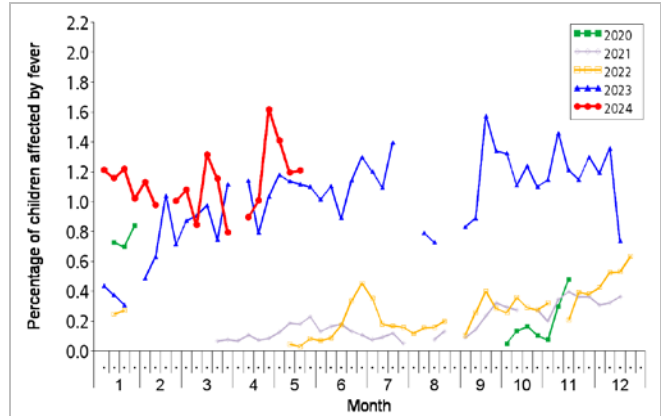


Figure 2.9 Percentage of children with fever at sentinel CCCs/KGs, 2020-24

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

In week 20, 0.24% of residents in the sentinel residential care homes for the elderly (RCHes) had fever (38°C or above), compared to 0.18% recorded in the previous week (Figure 2.10).

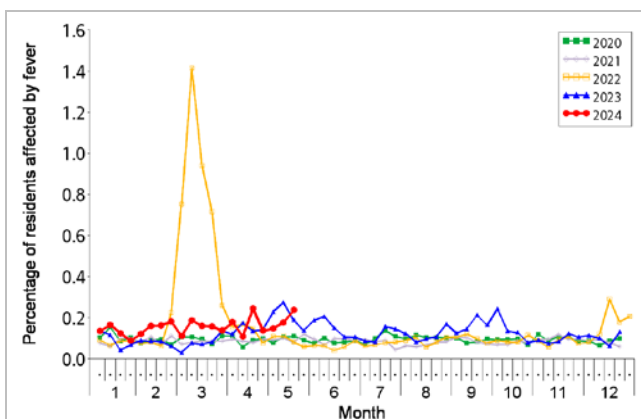


Figure 2.10 Percentage of residents with fever at sentinel RCHes, 2020-24

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

In week 20, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.69 ILI cases per 1,000 consultations as compared to 0.81 recorded in the previous week (Figure 2.11).

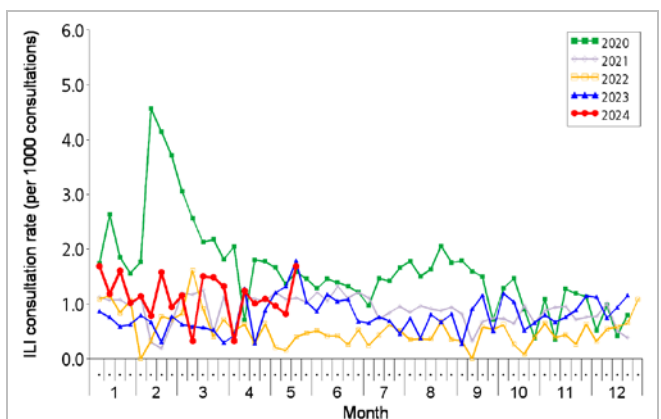


Figure 2.11 ILI consultation rate at sentinel CMPs, 2020-24



## 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 20, 91 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 66 of them were fatal. Among the 91 adult cases, 42 were known to have received the 2023/24 seasonal influenza vaccine (SIV). In the first 4 days of week 21 (May 19 – 22), 36 cases were recorded, in which 30 of them were fatal.

Week	Influenza type					
	A(H1)	A(H3)	A(H1) and A(H3)	A (pending subtype)	B	C
Week 20	59	3	0	29	0	0
First 4 days of week 21 (May 19 – 22)	19	4	0	12	1	0

- Since the start of 2023-24 winter influenza season in week 2 (as of May 22), 821 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 531 of them were fatal. Among them, 387 patients had influenza A(H1) infection, 244 patients with influenza A(H3), 1 patient with influenza A(H1) and A(H3), 120 patients with influenza A (pending subtype), 66 patients with influenza B and 3 patients with influenza C.
- In the current season, 785 adult cases were recorded during the past 19 weeks of surveillance, whereas 570, 601, 274 and 308 cases were recorded in the 2017/18 winter (12 weeks), 2018/19 winter (14 weeks), 2023 April (7 weeks) and 2023 summer (10 weeks) seasons respectively (Figure 2.12, left). The cumulative number of deaths was 501 in the current season, whereas 382, 356, 172 and 207 deaths were recorded in the corresponding seasons (Figure 2.12, right).

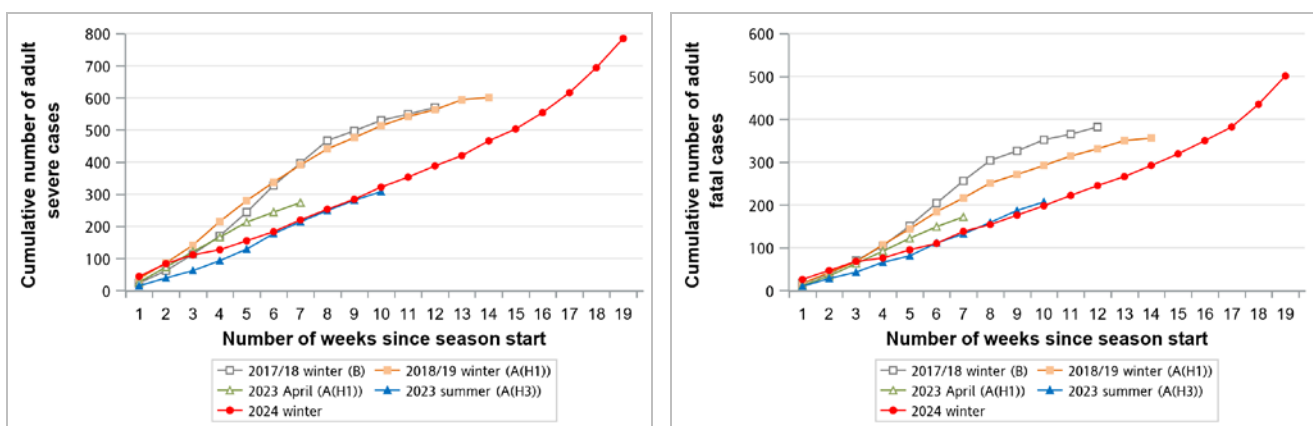


Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2018–19 and 2023–24 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.



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

- In week 20 and the first 4 days of week 21 (May 19 – 22), 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
20	12 years	Female	Severe pneumonia	No	Influenza B	Yes
20	6 years	Female	Severe pneumonia	No	Influenza A (H1)	No
20	6 years	Female	Severe pneumonia	No	Influenza A(H1)	No
21	4 years	Female	Sepsis and severe pneumonia	No	Influenza A(H1)	No

- Since the start of 2023-24 winter influenza season in week 2 (as of May 22), 28 paediatric cases of influenza-associated complication/death were reported, in which four of them were fatal. Fifteen cases had infections with influenza A(H1), nine with influenza A(H3) and four with influenza B. Six of them received the 2023/24 SIV. In 2024, 29 paediatric cases of influenza-associated complication/death were recorded, in which four of them were fatal (as of May 22).
- In the current season, 27 paediatric cases of influenza-associated complication/death were recorded during the past 19 weeks of surveillance, whereas 20, 24, 3 and 15 cases were recorded in the 2017/18 winter (12 weeks), 2018/19 winter (14 weeks), 2023 April (7 weeks) and 2023 summer (10 weeks) seasons respectively (Figure 2.13, left). The cumulative number of deaths was 4 in the current season, whereas 2, 1, 2 and 1 deaths were recorded in the corresponding seasons (Figure 2.13, right).

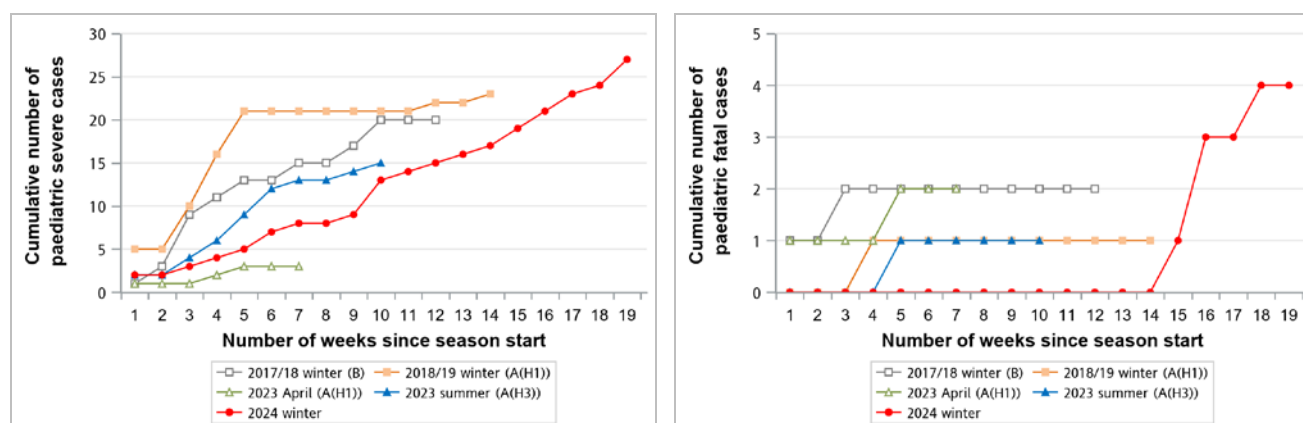


Figure 2.13 Cumulative numbers of cases of paediatric influenza-associated complication/death reported during major influenza seasons, 2018–19 and 2023–24 (left: complication/death cases; right: deaths)

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, 849 severe influenza cases among all ages have been reported, including 535 deaths (as of May 22).

Age group	Cumulative number of cases (death)
0-5	13 (1)
6-11	12 (3)
12-17	3 (0)
18-49	75 (10)
50-64	165 (59)
>=65	581 (462)

- Among the adult fatal cases with available clinical information, about 79% had chronic diseases.
- Among patients with laboratory confirmation of influenza admitted to public hospitals in this season (from Jan 7 to May 22), 3.4% of admitted cases died during the same episode of admission. It was higher than the historical range between 1.9% (2015/16 winter season) and 3.3% (2015 summer season).

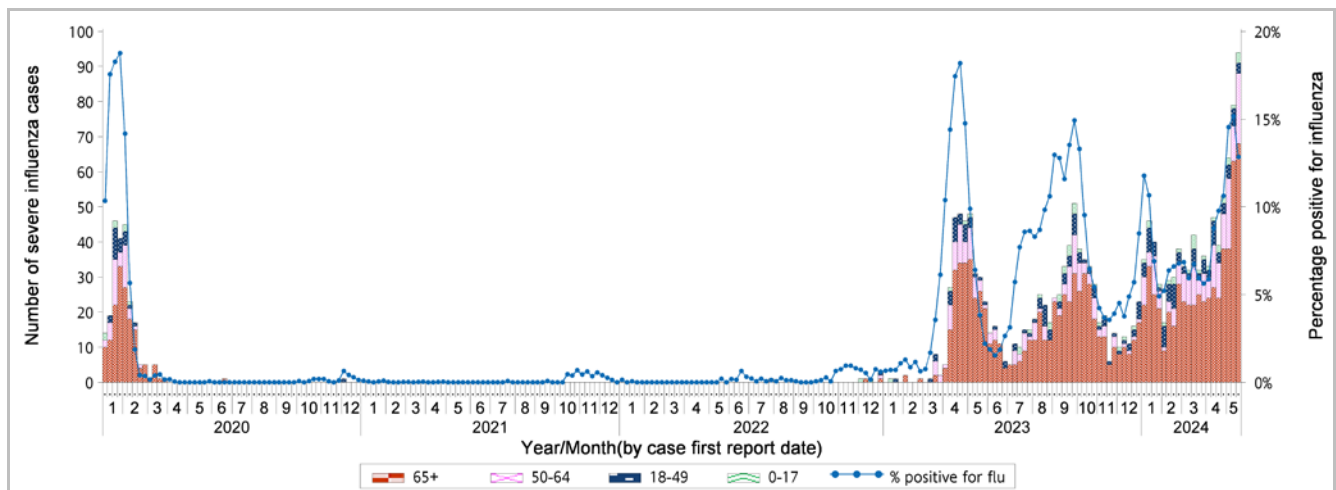


Figure 2.14 Weekly number of severe influenza cases by age groups, 2020-24 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

## Global Situation of Influenza Activity

Influenza activity was stable or declined in most countries in the Northern hemisphere. In the Southern Hemisphere, elevated influenza activity were reported in some countries (data up to May 12, 2024).

- In the United States (week ending May 11, 2024), seasonal influenza activity was low nationally. The percentage of specimens tested positive for influenza was 2.4%. Influenza A(H1N1)pdm09, A(H3N2) and B viruses were all co-circulating.
- In Canada (week ending May 11, 2024), indicators of influenza activity are decreasing and were within or below expected levels typical of this time of year. The weekly percentage of tests positive for influenza was 4.2% in week 19. Influenza B viruses predominated and co-circulated with influenza A viruses.
- In the United Kingdom (week ending May 12, 2024), influenza activity decreased slightly across most indicators. Influenza positivity decreased slightly to 2.0%. The weekly ILI consultation rate in England decreased to 1.7 per 100,000 population, and remained within baseline activity levels.
- In Europe (week ending May 12, 2024), influenza activity continued to decrease and was below the 10% positivity epidemic threshold for more than four consecutive weeks. Influenza B viruses predominated.
- In Mainland China (week ending May 12, 2024), influenza surveillance data showed the percentage of specimens tested positive for influenza in southern provinces slightly increased, while that in northern provinces continued to decrease, with 10.8% and 3.7% in week 19 respectively. Influenza A(H1N1)pdm09 viruses predominated, followed by B(Victoria) and influenza A(H3N2) viruses.
- In Taiwan (week ending May 11, 2024), the percentage of influenza-like illness visits to emergency department was above the epidemic threshold, and the number of severe case increased. The percentage of specimens tested positive for influenza in week 18 was 14.7%. Most of the influenza detections in the 4 weeks from week 14 to week 17 were influenza A (61.0%) and influenza B (39.0%).
- In Japan (week ending May 12, 2024), the average number of reported ILI cases per sentinel site decreased to 0.34 from 0.45 in the preceding week. Most of the influenza detections in recent weeks were influenza B (Victoria) viruses.
- In South Korea (week ending May 11, 2024), the weekly ILI rate decreased to 7.9 per 1,000 out-patient visits, compared with 8.5 in the previous week. In week 19, 3.8% of tests were positive for influenza (including 3.4% influenza B and 0.4% 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](#).