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COVID-19 & FLU EXPRESS

衞生防護中心 Centre for Health Protection
保障市民健康 Protecting Hong Kong's health

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 summarises the latest local and global COVID-19 and influenza activities.*

Local Situation of COVID-19 Activity (as of June 10, 2026)

Reporting period: May 31, 2026 – Jun 6, 2026 (Week 23)

- The latest surveillance data showed that the overall local activity of COVID-19 has increased slightly but remains at a relatively low level.
- The Centre for Health Protection (CHP) has been closely monitoring the local prevalence of SARS-CoV-2 variants. The latest sewage surveillance data and genetic analysis of positive respiratory specimens showed that NB.1.8.1 is the dominating variant strain in Hong Kong. NB.1.8.1 is related to the lineage JN.1. The World Health Organization (WHO) listed NB.1.8.1 as a variant under monitoring (VUM) on May 23, 2025, and stated that NB.1.8.1 poses a low risk to global public health based on the available evidence, and that the currently approved COVID-19 vaccines are expected to be effective against NB.1.8.1, and there is no evidence to suggest that NB.1.8.1 will cause more serious diseases.
- 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_recommendations_on_the_use_of_covid-19_vaccines_in_hong_kong_oct2025.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 23, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 90 as compared to 63 in the preceding week. (Figure 1.1)

In the first 4 days of week 24 (Jun 7 – Jun 10), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 15 to 26.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 84,871 (as of Jun 10, 2026).

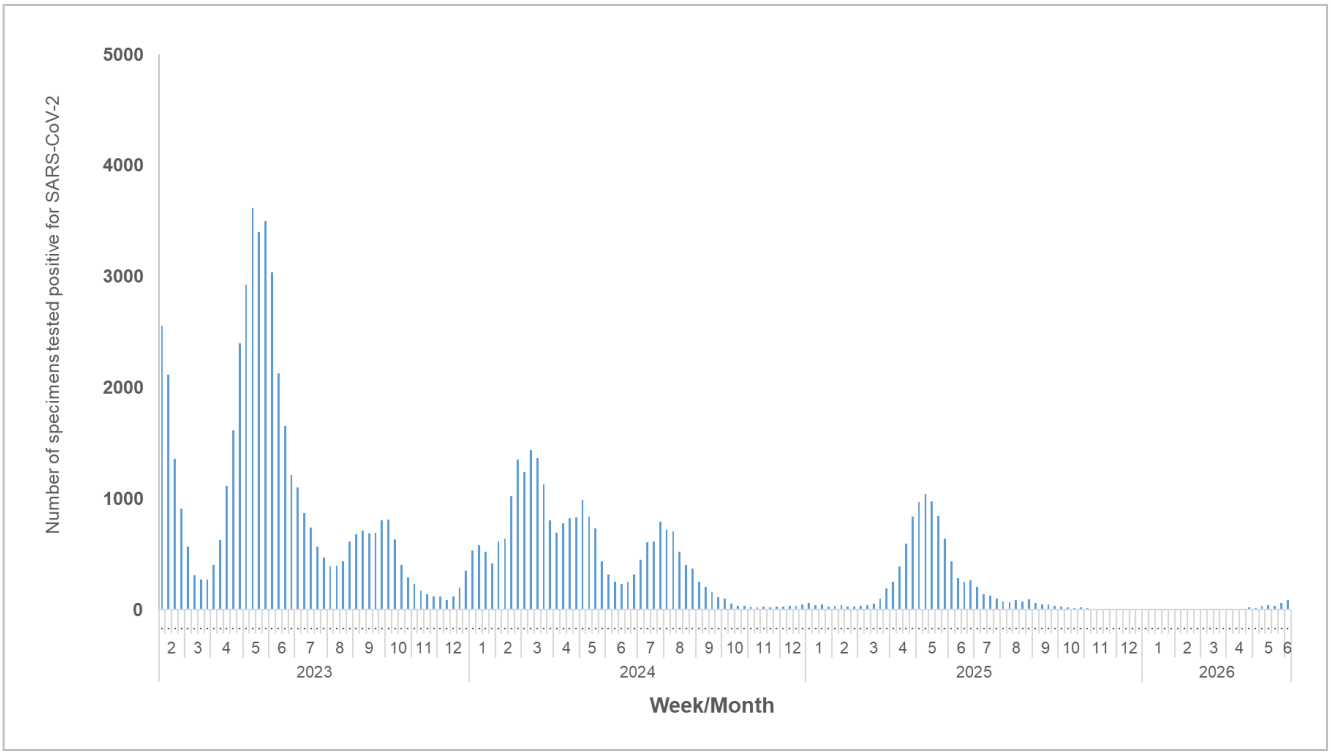

Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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 9,057 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 23, 126 (1.39%) were tested positive for SARS-CoV-2 virus as compared to 89 (0.99%) in the preceding week. (Figure 1.2)

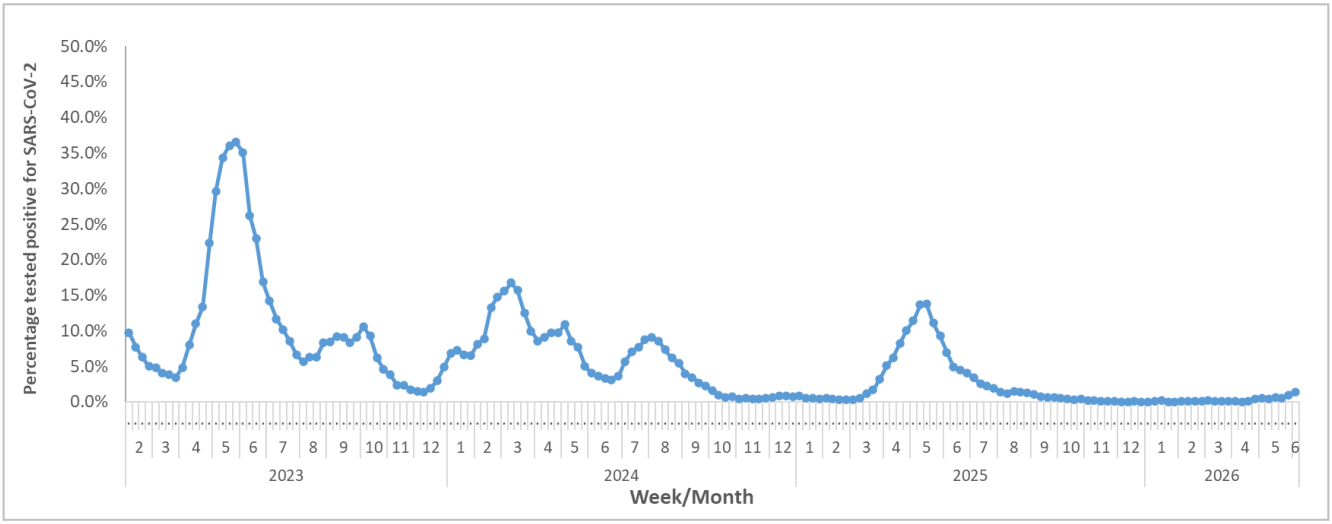

Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

COVID-19 outbreak surveillance

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

In week 23, 1 COVID-19 outbreak occurring in schools/institutions were recorded (affecting 3 persons), as compared to 2 outbreaks recorded in the previous week (affecting 12 persons). (Figure 1.3)

In the first 4 days of week 24 (Jun 7–Jun 10), 1 COVID-19 outbreak occurring in schools/institutions were recorded (affecting 3 persons).

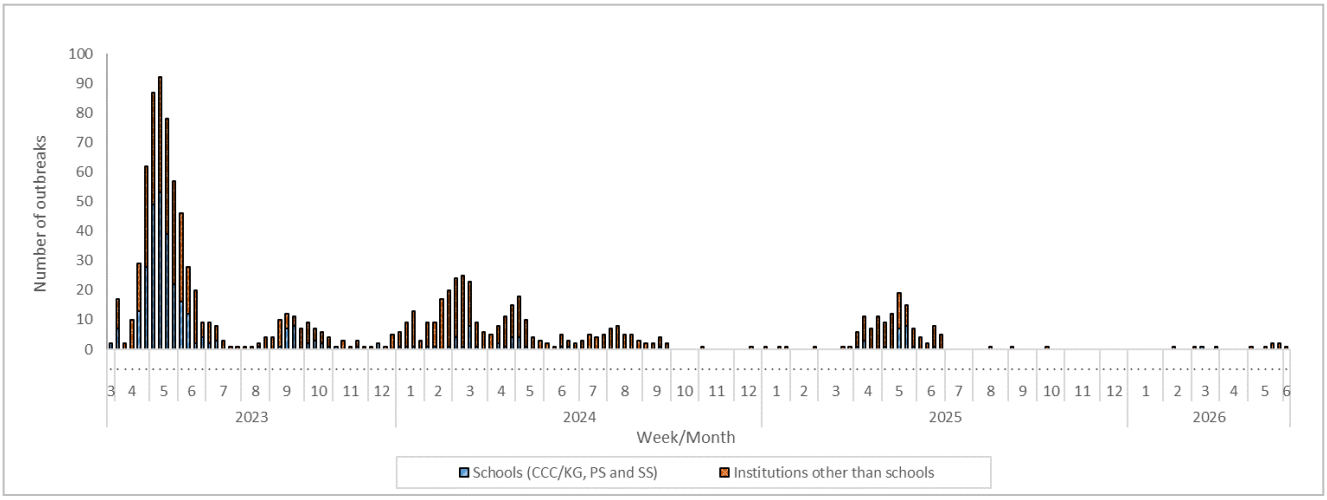

Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 22	Week 23	First 4 days of week 24 (Jun 7–Jun 10)
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	1	1	0
Residential care home for persons with disabilities	1	0	0
Others	0	0	1
Total number of outbreaks	2	1	1
Total number of persons affected	12	3	3

Surveillance of severe and fatal COVID-19 cases

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

In week 23, the weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 6 as compared to 1 in the preceding week. (Figure 1.4)

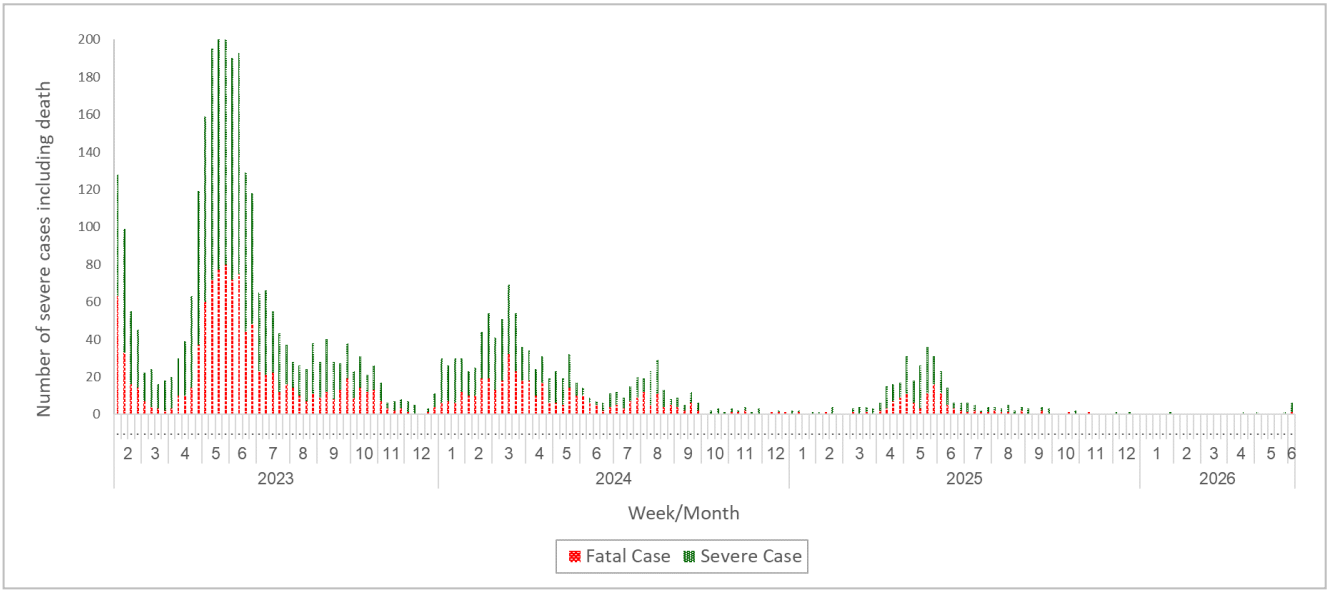

Figure 1.4 Weekly number of severe COVID-19 cases including deaths

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

Sewage surveillance of SARS-CoV-2 virus

In week 23, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 150,000 copy/L as compared to around 69,000 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.

Acknowledgement

The initiative is funded by the Hong Kong Jockey Club Charities Trust through its "Special Donation on Epidemic Preparedness" to the CHP.

COVID-19 surveillance among sentinel family medicine clinics and sentinel private medical practitioner clinics

In week 23, the average consultation rate for COVID-19 among sentinel family medicine clinics and sentinel private medical practitioner clinics were 3.7 (Figure 1.6) and 4.0 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

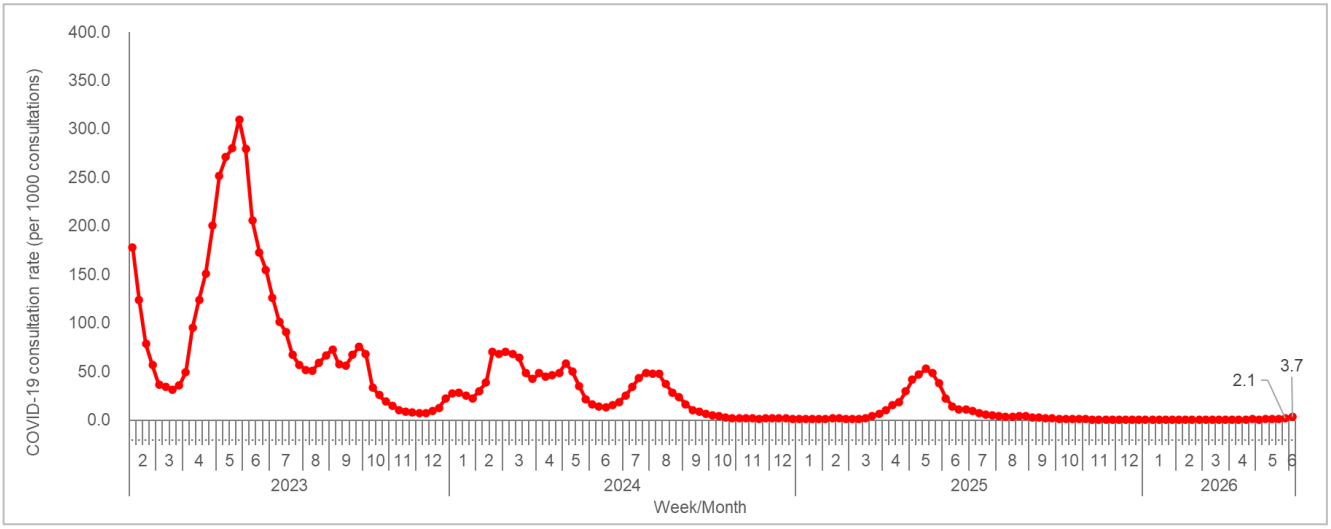

Figure 1.6 Average consultation rate of COVID-19 cases in family medicine clinics

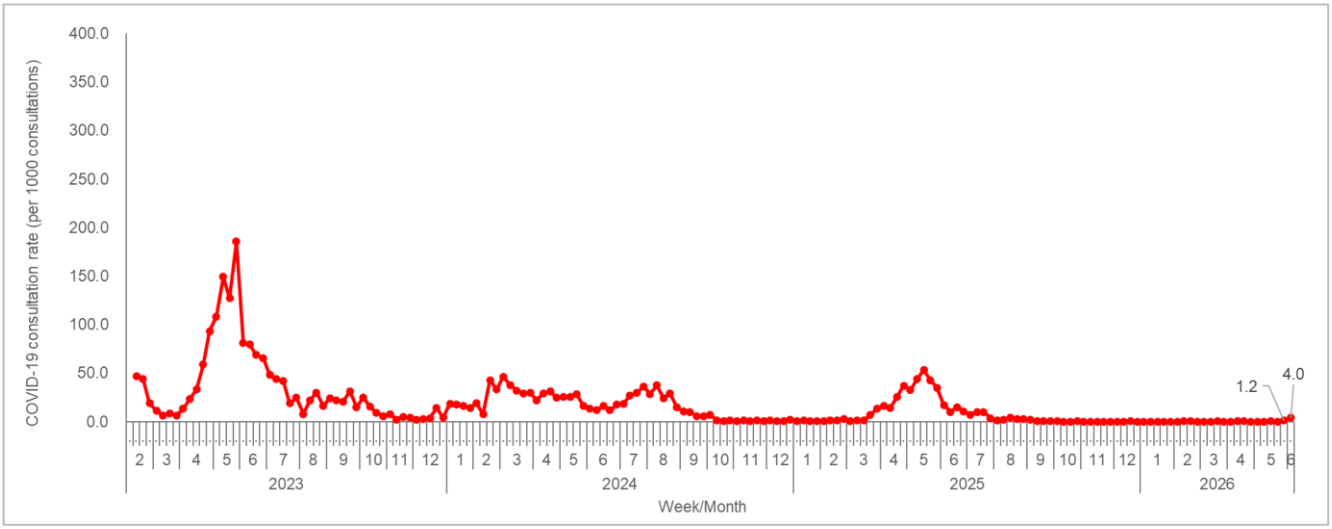

Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

Surveillance on SARS-CoV-2 variants

Currently, WHO is monitoring one variant of interest (VOI), which is JN.1, and four VUMs, which are KP.3.1.1, NB.1.8.1, XFG and BA.3.2. CHP conducts surveillance on SARS-CoV-2 variants from sewage samples. The latest surveillance data (as of Jun 10, 2026) showed that NB.1.8.1 is the most prevalent variant, comprising 92.5% of all characterised specimens. (Figure 1.8)

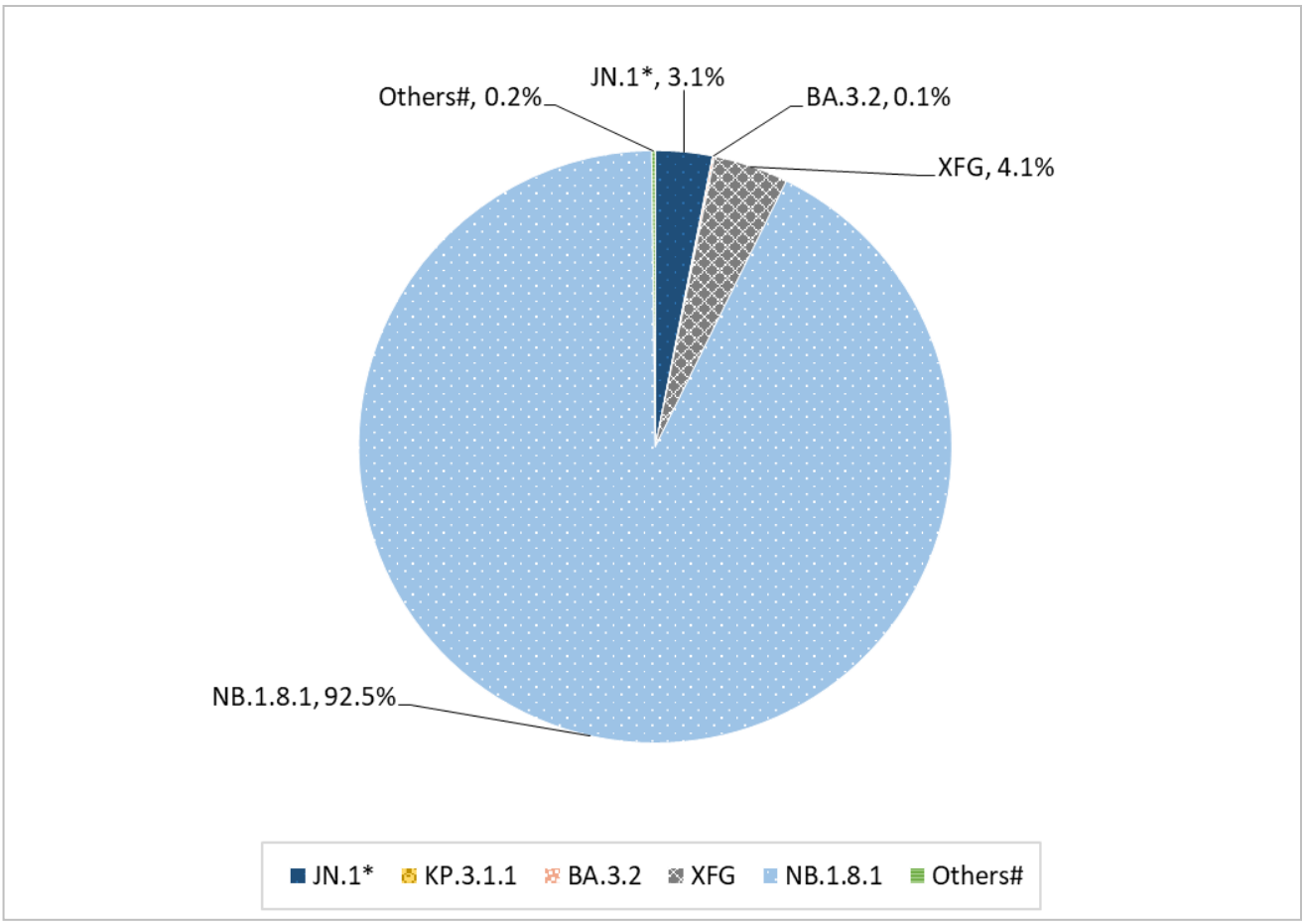

Figure 1.8 Estimated proportion of variants among sewage samples

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

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

Note: KP.3.1.1 and XFG are the descendant lineages of JN.1. BA.3.2 is a descendent lineage of the Omicron variant BA.3.

CHP also conducted genetic characterisation on reported severe and fatal cases of COVID-19. No related specimens were collected for testing between May 13, 2026 and Jun 9, 2026.

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 NB.1.8.1 was the most prevalent variant, comprising 90% of all characterised specimens.

Global situation of COVID-19 activity

- According to the WHO, global SARS-CoV-2 activity were stable, with variations observed across some regions.

- The COVID-19 activity in most of the following regions decreased gradually or remained stable at low levels.
  - In Chinese Mainland (week ending May 31, 2026), the overall percentage of specimens tested positive for SARS-CoV-2 remained at low level. The predominant variant was NB.1.8.1 recently.
  - In Japan (week ending May 31, 2026), the average number of reported COVID-19 cases per sentinel site was 0.36 compared to 0.36 in the preceding week. The predominant variant was BA.3.2.
  - In South Korea (week ending May 30, 2026), the weekly detection rate for SARS-CoV-2 was 2.1% compared to 1.8% in the preceding week. The predominant variant was BA.3.2.
  - In Singapore (week ending May 30, 2026), the positivity rate for COVID-19 among acute respiratory infection (ARI) samples in the community was 13% compared to 18% in the preceding week.
  - In the United States (week ending May 30, 2026), the percent positivity of COVID-19 was 0.7% compared to 0.8% in the preceding week. The predominant variant was XFG.
  - In Canada (week ending May 23, 2026), indicators of COVID-19 activity remained at low level. The percentage of tests positive for COVID-19 was 0.8%, compared to 1.0% in the preceding week. The predominant variants were XFG and NB.1.8.1.
  - In the United Kingdom (week ending May 31, 2026), COVID-19 activity remained at low level. COVID-19 PCR positivity in hospital settings was 0.8% compared to 0.9% in the preceding week. The predominant variant was BA.3.2.
  - In Europe (week ending May 17, 2026), SARS-CoV-2 positivity from sentinel specimens was 2.0% compared to 2.0% in the preceding week. The predominant variant was XFG.
  - In Australia (month ending May 31, 2026), test positivity for SARS-CoV-2 has increased. The predominant variant was NB.1.8.1.

Sources:

Information have been extracted from the following sources when updates are available: World Health Organization, Chinese Center for Disease Control and Prevention, Japan Ministry of Health, Korean Disease Control and Prevention Agency, 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 Jun 10, 2026)

Reporting period: May 31 – June 6, 2026 (Week 23)

- The latest surveillance data showed that the local influenza activity increased but was still below the baseline level.
- Influenza can cause serious illness 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 vaccination to protect themselves against seasonal influenza and its complications, as well as related hospitalisations and deaths.
- The 2025/26 Seasonal Influenza Vaccination (SIV) Programmes, including the SIV School Outreach Programme and the Residential Care Home Vaccination Programme, have been commenced on September 25, 2025, and the Vaccination Subsidy Scheme has also been commenced on September 22, 2025. Eligible high-risk groups can receive a free or subsidised SIV through various vaccination programmes. 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 family medicine clinics and sentinel private medical practitioner clinics, 2022-26

In week 23, the average consultation rate for influenza-like illness (ILI) among sentinel family medicine clinics (FMC) was 8.1 ILI cases per 1,000 consultations, which was the same as 8.1 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 48.9 ILI cases per 1,000 consultations, which was lower than 49.7 recorded in the previous week (Figure 2.1, right).

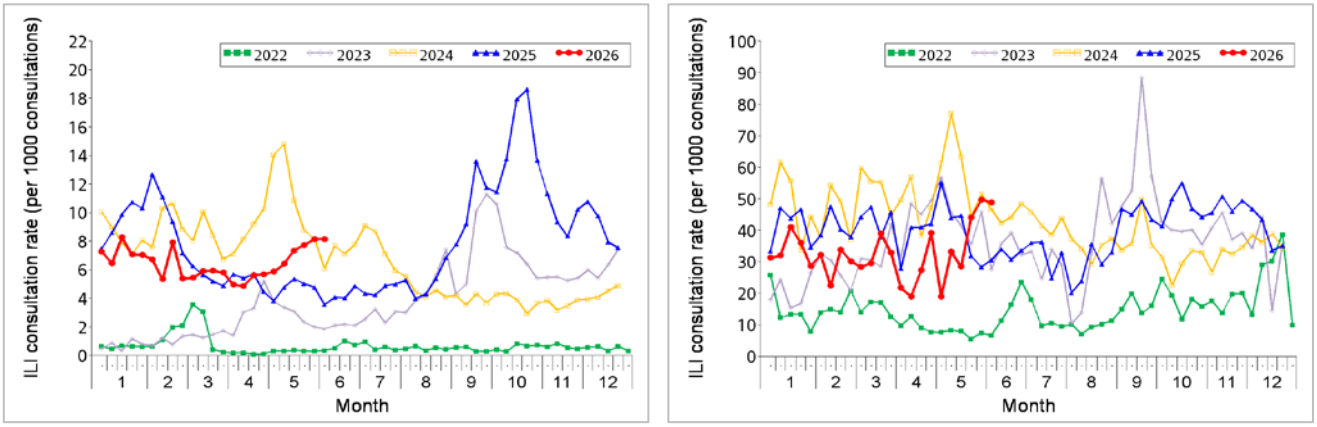

Figure 2.1 ILI consultation rates at sentinel FMC (left) and PMP clinics (right), 2022-26

Laboratory surveillance, 2022-26

Among the 9,618 respiratory specimens* received in week 23, 395 (4.11%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 32 (8%) influenza A(H1), 209 (54%) influenza A(H3) and 146 (38%) influenza B viruses. The positive percentage (4.11%) was below the baseline threshold of 4.94% but was higher than 3.67% recorded in the previous week (Figure 2.2).

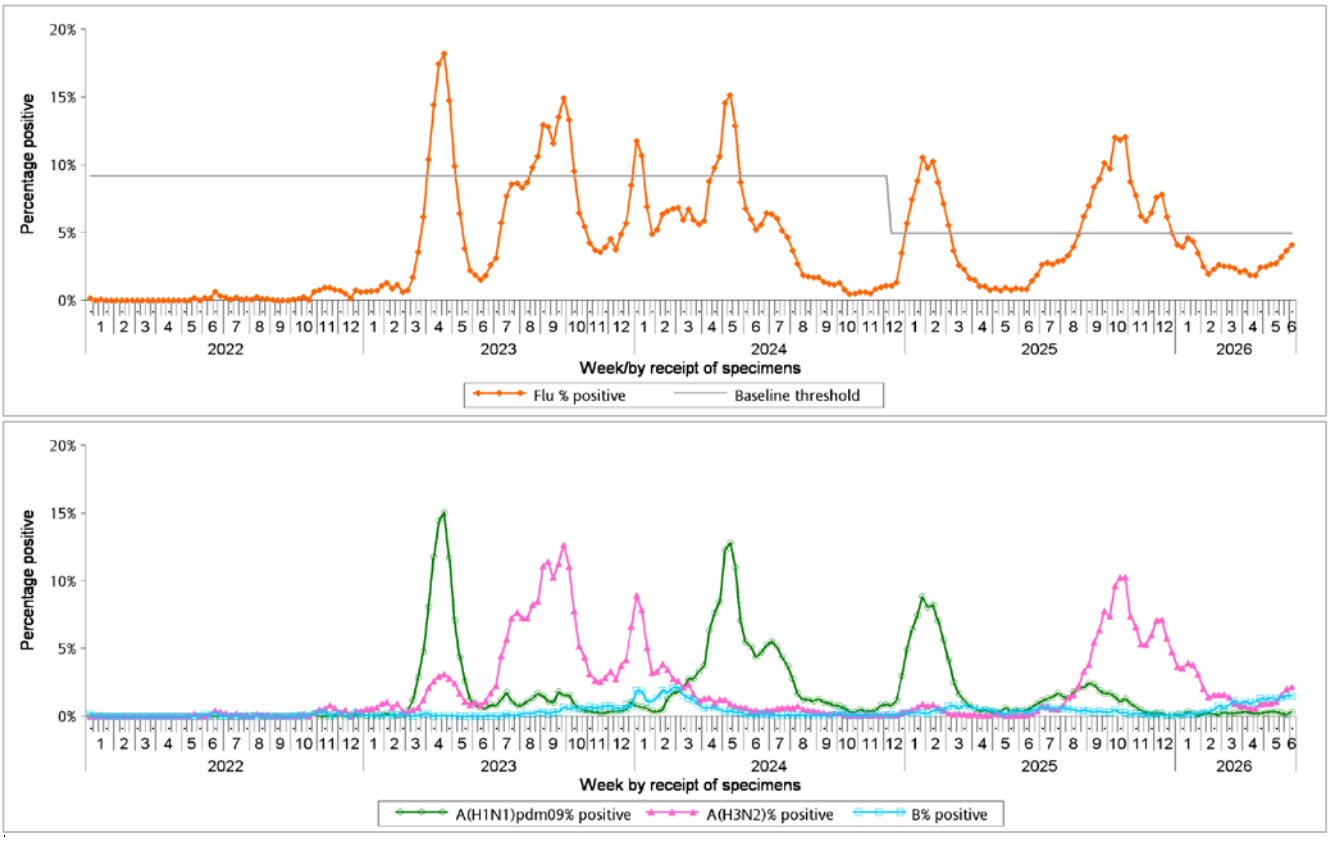

Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2022-26 (upper: overall positive percentage, lower: positive percentage by subtypes)

[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 9,057 specimens received by the Public Health Laboratory Services Branch, Centre for Health Protection and 561 specimens received by the Hospital Authority

Surveillance of oseltamivir (Tamiflu) resistant influenza A and B viruses

- The Public Health Laboratory Services Branch of the Centre for Health Protection tests virus isolates of influenza A(H3) and B viruses obtained from cell culture for antiviral susceptibility to oseltamivir. For influenza A(H1) viruses, genotypic assay for H275Y substitution (which confers resistance to oseltamivir) is also performed on selected clinical specimens.
- In April 2026, there were no new reports of influenza A(H3) and B viruses with reduced susceptibility to oseltamivir, nor any influenza A(H1) virus with H275Y substitution.
- For the results of previous months, please refer to the following webpage: https://www.chp.gov.hk/en/statistics/data/10/641/695/7124.html
- The detection rates of oseltamivir-resistant influenza A and B viruses remain low (less than 5%) according to the latest surveillance data of overseas countries.

Influenza-like illness outbreak surveillance, 2022-26

In week 23, 25 ILI outbreaks occurring in schools/institutions were recorded (affecting 114 persons), as compared to 26 outbreaks recorded in the previous week (affecting 139 persons) (Figure 2.3). In the first 4 days of week 24 (Jun 7 to 10), 17 ILI outbreaks in schools/institutions were recorded (affecting 92 persons).

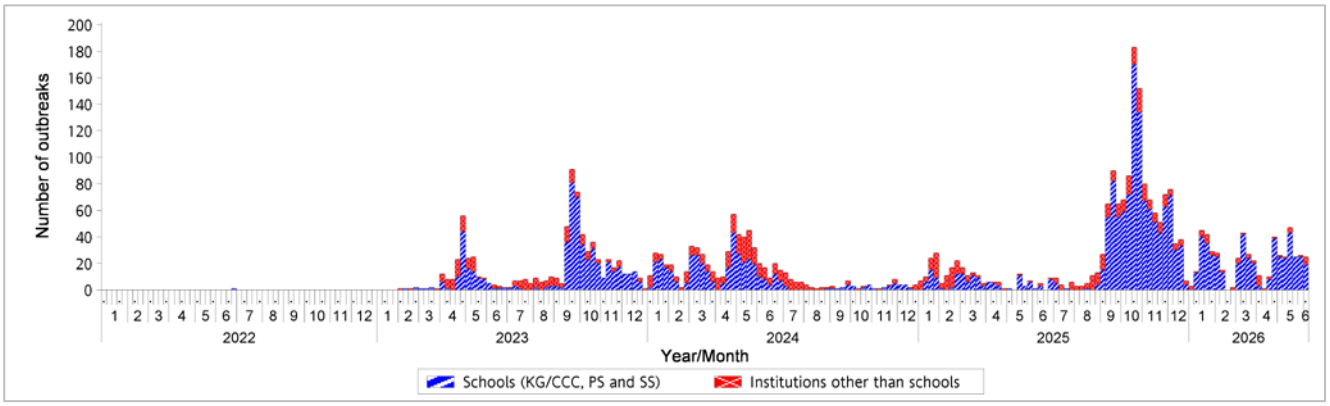

Figure 2.3 ILI outbreaks in schools/institutions, 2022-26

Type of institutions	Week 22	Week 23	First 4 days of week 24 (Jun 7 to 10)
Child care centre/ kindergarten (CCC/KG)	1	3	2
Primary school (PS)	18	10	7
Secondary school (SS)	6	6	1
Residential care home for the elderly	1	1	6
Residential care home for persons with disabilities	0	2	0
Others	0	3	1
Total number of outbreaks	26	25	17
Total number of persons affected	139	114	92

Influenza-associated hospital admission rates in public hospitals based on discharge coding, 2022-26

In week 23, the overall admission rates in public hospitals with principal diagnosis of influenza was 0.21 (per 10,000 population), which was below the baseline threshold of 0.27 and was lower than 0.26 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 1.00, 0.86, 0.18, 0.08, 0.09 and 0.37 cases (per 10,000 people in the age group) respectively, as compared to 1.09, 0.96, 0.50, 0.10, 0.09 and 0.43 cases in the previous week (Figure 2.4).

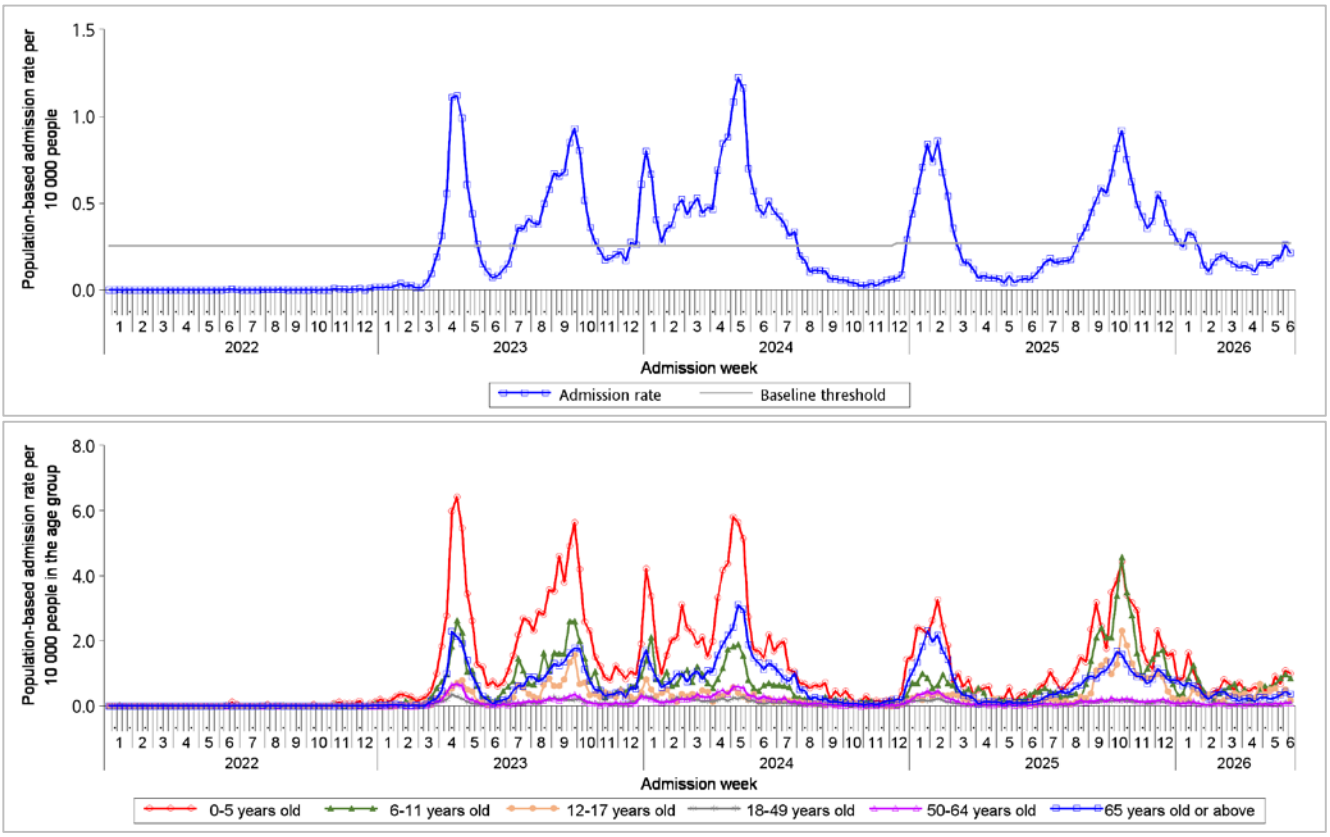

Figure 2.4 Influenza-associated hospital admission rates, 2022-26 (upper: overall rate, lower: rates by age groups)

[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, 2022-26#

In week 23, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 142.8 (per 1,000 coded cases), which was lower than the rate of 149.6 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.

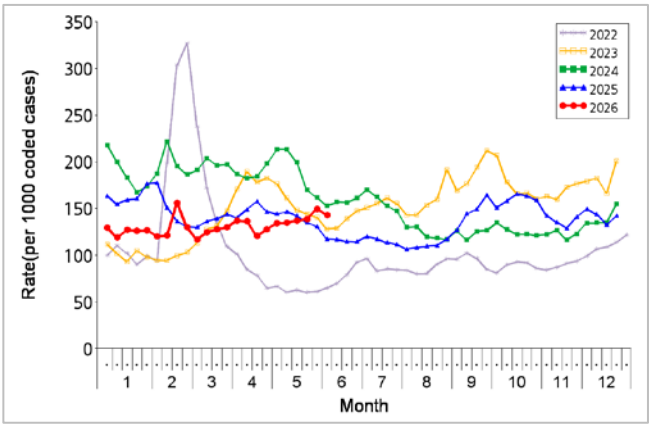

Figure 2.5 Rate of ILI syndrome group in AEDs, 2022-26

Fever surveillance at sentinel child care centres/ kindergartens, 2022-26

In week 23, 0.77% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.82% recorded in the previous week (Figure 2.6).

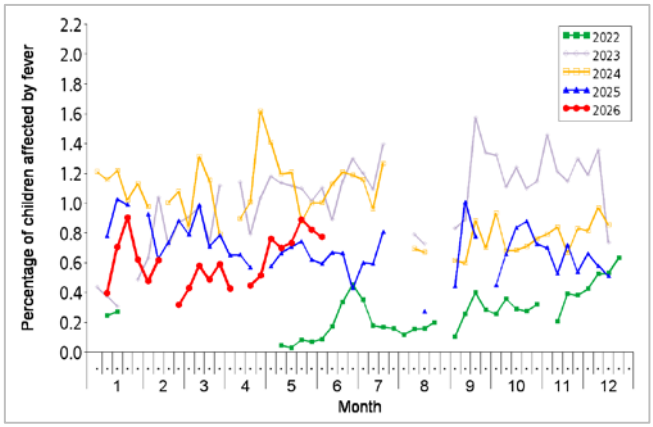

Figure 2.6 Percentage of children with fever at sentinel CCCs/KGs, 2022-26

Fever surveillance at sentinel residential care homes for the elderly, 2022-26

In week 23, 0.10% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), compared to 0.13% recorded in the previous week (Figure 2.7).

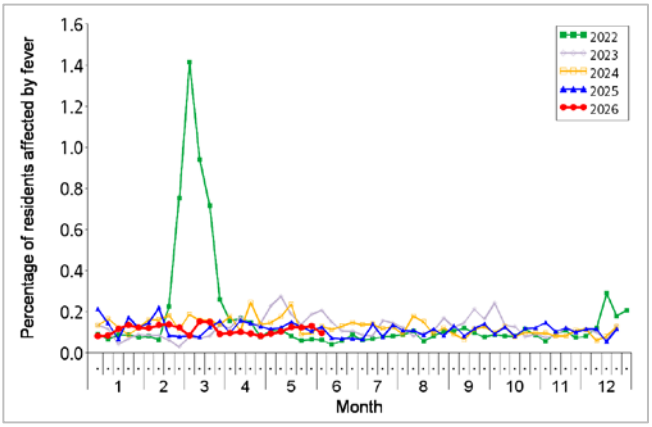

Figure 2.7 Percentage of residents with fever at sentinel RCHEs, 2022-26

Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2022-26

In week 23, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.17 ILI cases per 1,000 consultations as compared to 1.06 recorded in the previous week (Figure 2.8).

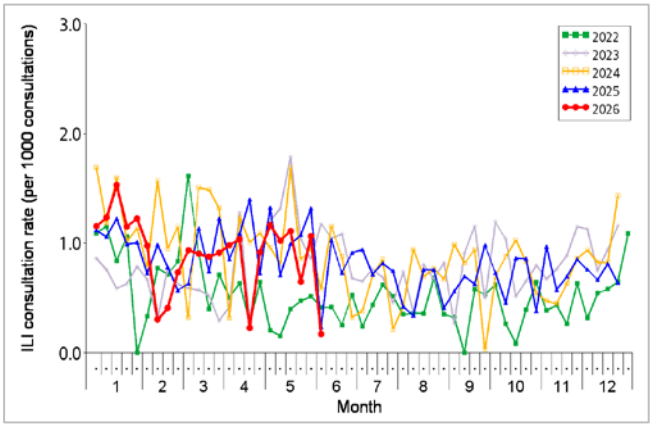

Figure 2.8 ILI consultation rate at sentinel CMPs, 2022-26

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 23, 15 adult cases of ICU admission/death with laboratory confirmation of influenza (including 6 deaths) were recorded, as compared to 6 cases (including 5 deaths) in the previous week.

Week	Influenza type					
	A(H1)	A(H3)	A (pending subtype)	B	H1 and H3	C
Week 22	1	2	2	1	0	0
Week 23	3	4	4	4	0	0

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

- In week 23 and the first 4 days of week 24 (Jun 7 to 10), there was one case of severe paediatric influenza-associated complication/death.

Reporting week	Age	Sex	Complication	Fatal case?	Influenza subtype	History of receiving 2025/26 influenza vaccine
23	17 years	Male	Severe pneumonia and shock	No	Influenza B	No

- In 2026, 8 paediatric cases of influenza-associated complication/death were reported, in which none of them were fatal (as of Jun 10).

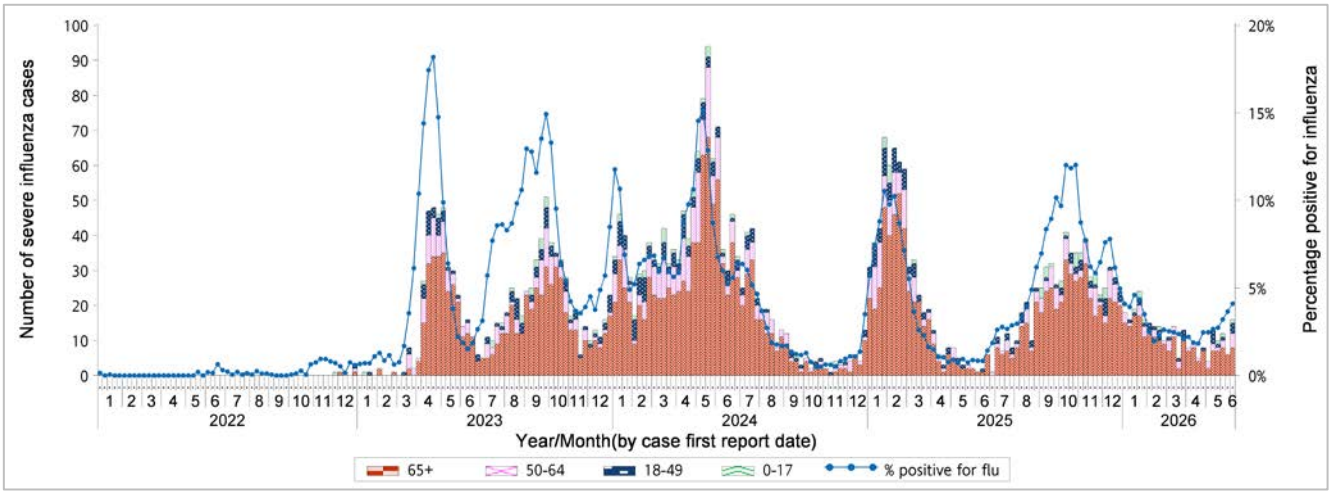

Figure 2.9 Weekly number of severe influenza cases by age groups, 2022-26 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

Sewage surveillance for seasonal influenza

CHP has leveraged established infrastructure to launch a new sewage-based surveillance indicator for tracking local seasonal influenza activity in the community as a complement to the conventional systems. Starting from late October 2025, CHP publishes sewage surveillance results on seasonal influenza viruses.

In week 23, viral load of influenza A and B viruses from sewage surveillance was 2.45 copies (unit adjusted for population)*, which was higher than 2.06 copies* recorded in the previous week and was above the baseline threshold# (0.79) (Figure 2.10).

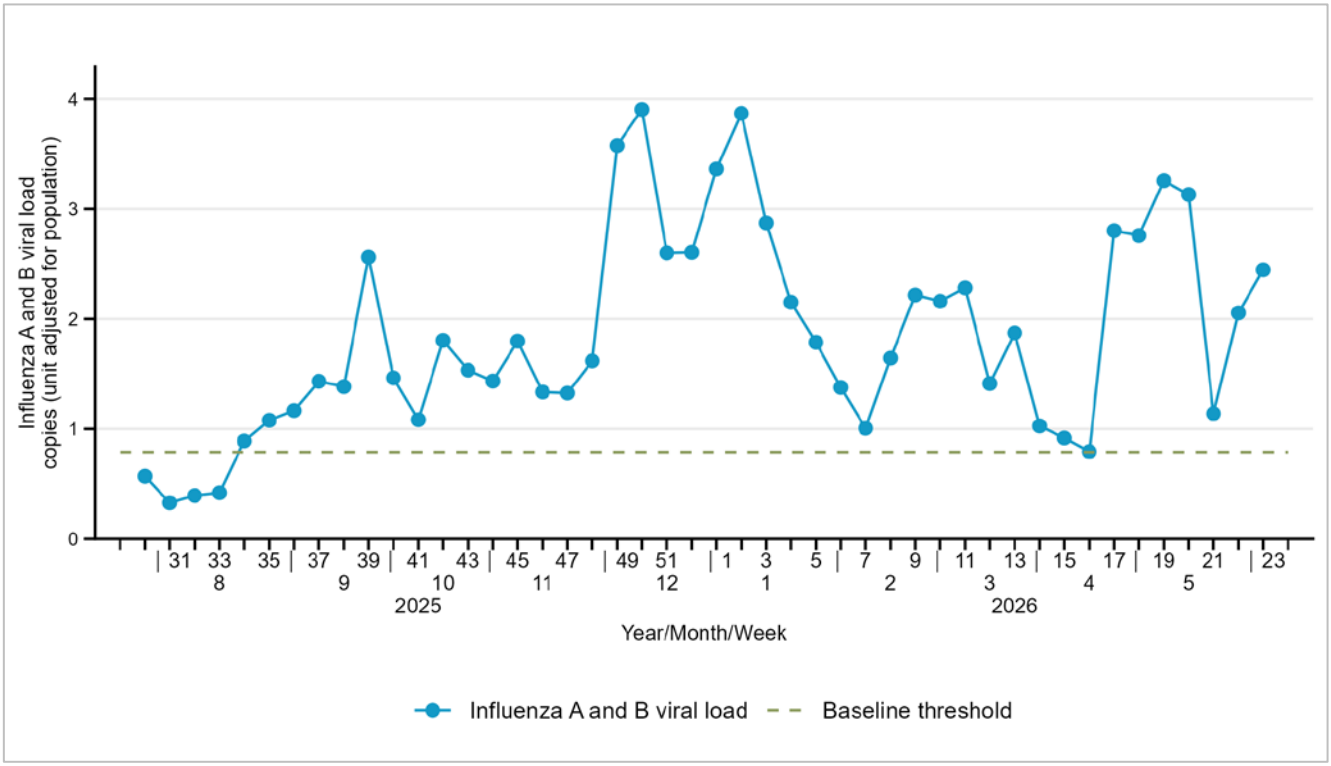

Figure 2.10 Viral load of influenza A and B viruses from sewage surveillance from week 30, 2025 onwards

**Note: The unit for influenza viral load in sewage is the number of influenza virus copies per 1,000 copies of Pepper Mild Molt Virus (PMMoV), which is a standardised unit. PMMoV is a plant virus primarily found in peppers and their products. It is harmless to humans and does not cause disease. It enters the human body through food ingestion and is excreted in faeces, making it a common biomarker for estimating the size of the population catchment of the sampling sites. Normalising viral load data with PMMoV can reduce the influence of population fluctuations, thereby making the monitoring more accurate and reliable.*

#Since there are only a few months of historical data on sewage surveillance for seasonal influenza, the current baseline threshold level is temporary. It is derived through a statistical model, which projects the baseline level for sewage surveillance from the corresponding baseline level of the percentage of respiratory specimens tested positive for influenza viruses (i.e. 4.94%).

Acknowledgement
The initiative is funded by the Hong Kong Jockey Club Charities Trust through its "Special Donation on Epidemic Preparedness" to the CHP.

Global Situation of Influenza Activity

Globally, influenza detections remained low in week 22, 2026. Influenza A and B viruses were detected in similar proportions (data up to May 31, 2026).

- In the United States (week ending May 30, 2026), influenza activity is low. The percentage of specimens tested positive for influenza decreased to 1.4%.
- In the United Kingdom (week ending May 31, 2026), influenza activity remained stable and was circulating at baseline levels. Influenza positivity remained low at 1%.
- In Chinese Mainland (week ending May 31, 2026), the percentages of specimens that tested positive for influenza in southern provinces slightly increased but decreased in northern provinces, with the rates at 11.6% and 6.4% in week 22, respectively. Influenza B viruses predominated. In Macao (week ending May 30, 2026), the influenza positivity rate increased as compared to preceding week, with Influenza B predominating.
- In Australia (fortnight ending May 31, 2026), the number of influenza cases continued to remain lower than observed in recent years. Current influenza trends may reflect increased population immunity following elevated influenza activity in late 2025, alongside recent vaccination uptake and reduced overseas importation. Most of the influenza notifications were influenza A, followed by influenza B.
- In New Zealand (week ending May 31, 2026), the national ILI rate increased to 17.16 per 100,000 population, which was similar to the 2015-2019 average for this time of year. Only 4 sentinel samples were submitted for testing in 2026 to date, and all were influenza A(H3).

Sources:
Information has been extracted from the following sources when updates are available: World Health Organization, United States Centers for Disease Control and Prevention, UK Health Security Agency, Chinese National Influenza Center, Australian Centre for Disease Control and New Zealand Ministry of Health.