

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 Sep 6, 2023)

Reporting period: Aug 27 – Sep 2, 2023 (Week 35)

- The latest surveillance data showed that local COVID-19 activity has increased in the past week, while the weekly number of fatal cases reported remained stable.
- In Hong Kong, the Centre for Health Protection (CHP) has been monitoring the SARS-CoV-2 variants under the sewage surveillance programme. Latest surveillance data showed detection of BA.2.86 variant in one out of 24 sewage samples obtained over the territory. Overseas and local experience shows that sewage surveillance findings could provide early signal for COVID-19 activity in the community. As such, the detection of BA.2.86 in sewage sample could indicate possible circulation of this variant in some areas in the local community, resulting from infected persons.
- The World Health Organization (WHO) designated BA.2.86 as a variant under monitoring on Aug 17, 2023. The detection of this new variant has been reported in more than 10 overseas countries from patients as well as sewage samples. While identification of these cases in multiple geographies points to possible international spread of BA.2.86, there is no evidence that this variant is causing more severe illness. Immunity acquired from previous vaccination and/or infection are likely to provide some protection against severe disease from this variant. The currently used therapeutics are also likely to be effectively against this variant.
- The trend of severe and fatal cases reported in Hong Kong has been stable recently. Based on the available information, the impact of this variant to the local community is perceived to be low at this moment. CHP will continue to keep in view of the situation of COVID-19 including BA.2.86 globally and in Hong Kong, and monitor the severity of COVID-19 locally.
- 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 who have never been vaccinated or infected with COVID-19 before should adopt additional hygiene measures to protect themselves such as avoid going to crowded places, wear mask properly and maintain hand hygiene. For more 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 people who have not received vaccination or infected within the past 6 months are recommended to receive another dose of COVID-19 vaccine as soon as possible. For more details, please visit (https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_the_use_of_covid19_vaccines_in_hong_kong_29mar.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 35, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 679 as compared to 616 in the preceding week. (Figure 1.1)

In the first 4 days of week 36 (Sep 3 – Sep 6), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 95 to 121.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 42,731 (as of Aug 6, 2023).

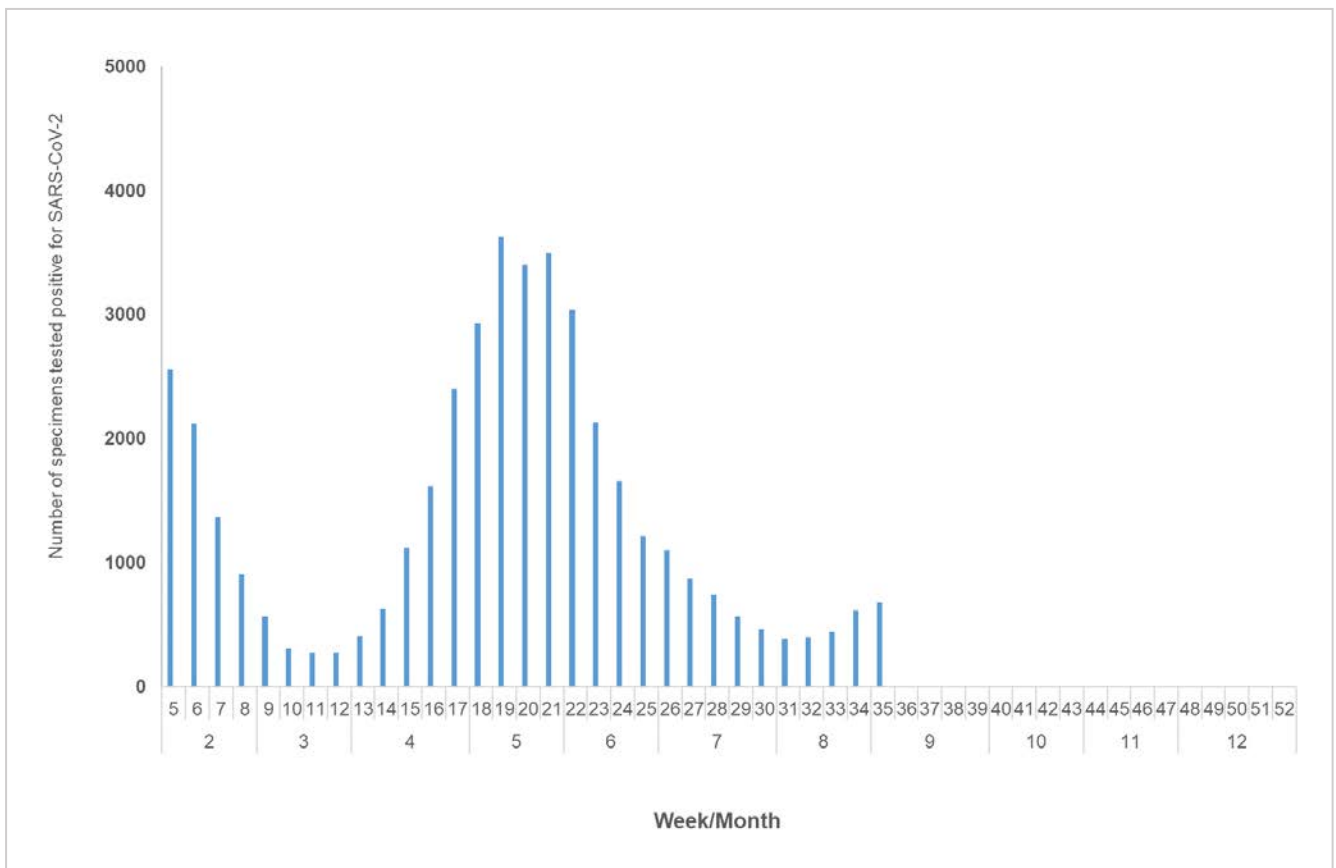


Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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

Among the 4,378 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 35, 371 (8.47%) were tested positive for SARS-CoV-2 virus. (Figure 1.2)

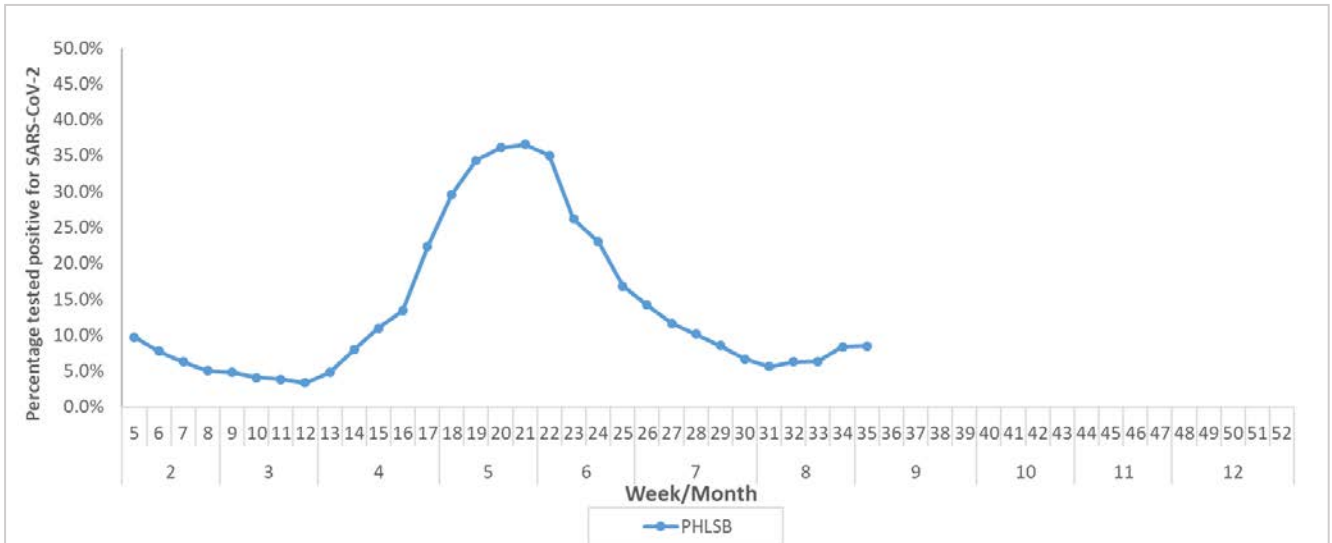


Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

COVID-19 outbreak surveillance

In week 35, 3 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 10 persons), as compared to 4 outbreaks recorded in the previous week (affecting 27 persons). (Figure 1.3)

In the first 4 days of week 36 (Sep 3 – Sep 6), 5 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 21 persons).

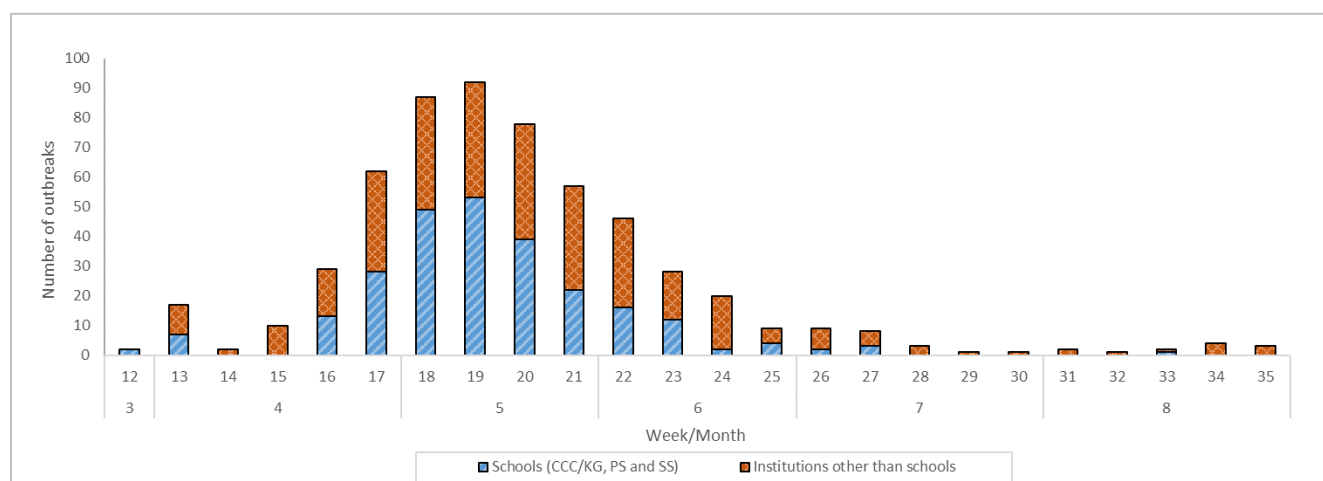


Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 34	Week 35	First 4 days of week 36 (Sep 3 – Sep 6)
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	4	1	5
Residential care home for persons with disabilities	0	2	0
Others	0	0	0
<i>Total number of outbreaks</i>	4	3	5
<i>Total number of persons affected</i>	27	10	21

Surveillance of severe and fatal COVID-19 cases

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

In week 35, the weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 28 as compared to 33 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 878 (as of Sep 4, 2023).

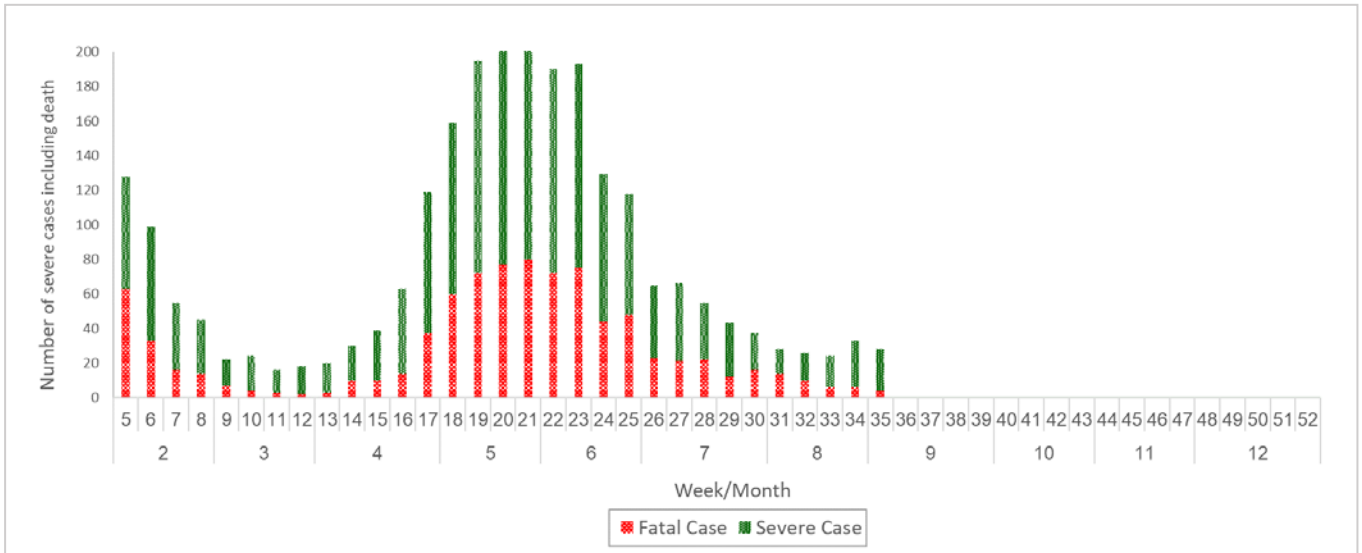


Figure 1.4 Weekly number of severe COVID-19 cases including deaths

Sewage surveillance of SARS-CoV-2 virus

In week 35, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 304,000 copy/L as compared to around 222,000 copy/L in the preceding week. (Figure 1.5)

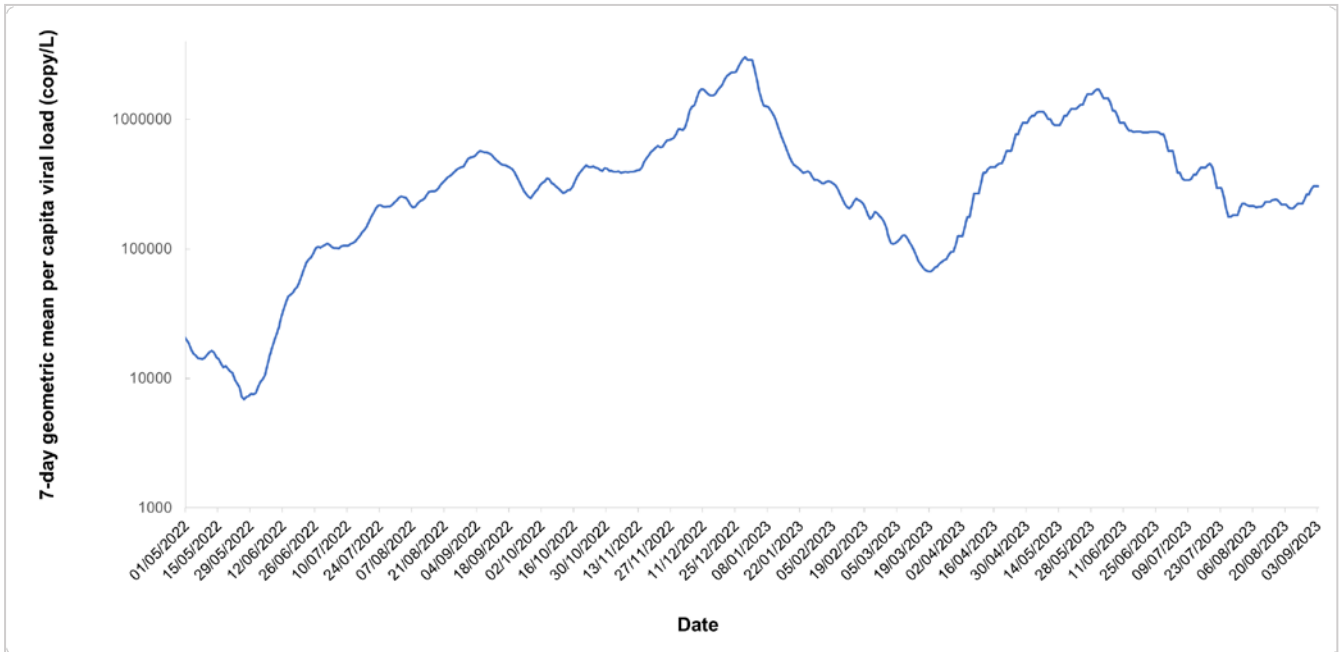


Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

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

In week 35, the average consultation rate for COVID-19 among sentinel general out-patient clinics (GOPC) and sentinel private medical practitioner clinics were 72.9 (Figure 1.6) and 24.5 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

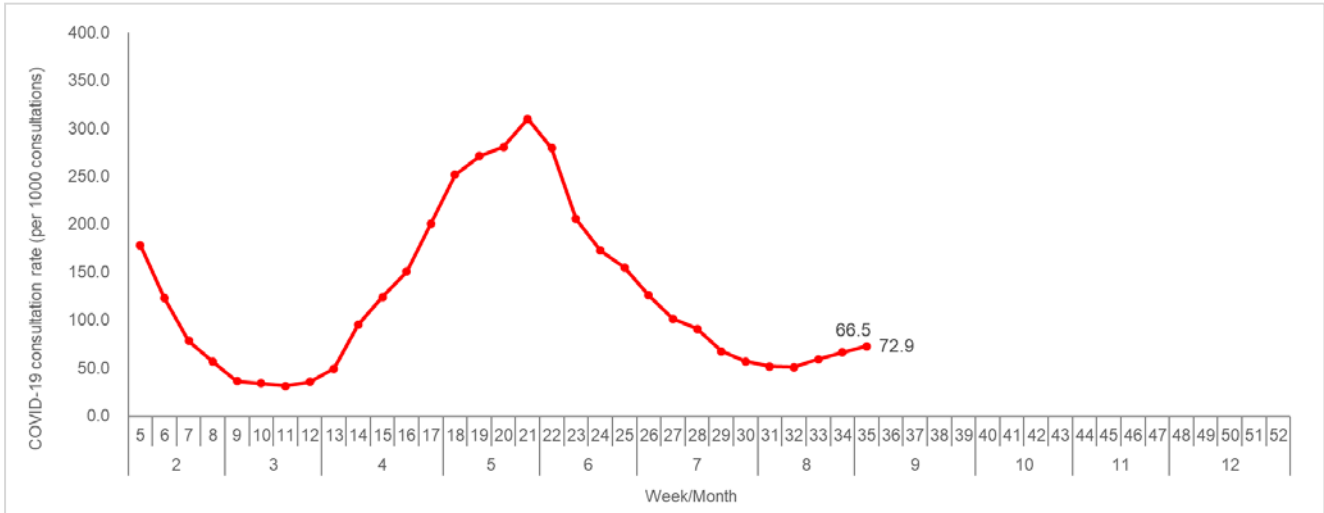


Figure 1.6 Average consultation rate of COVID-19 cases in GOPC

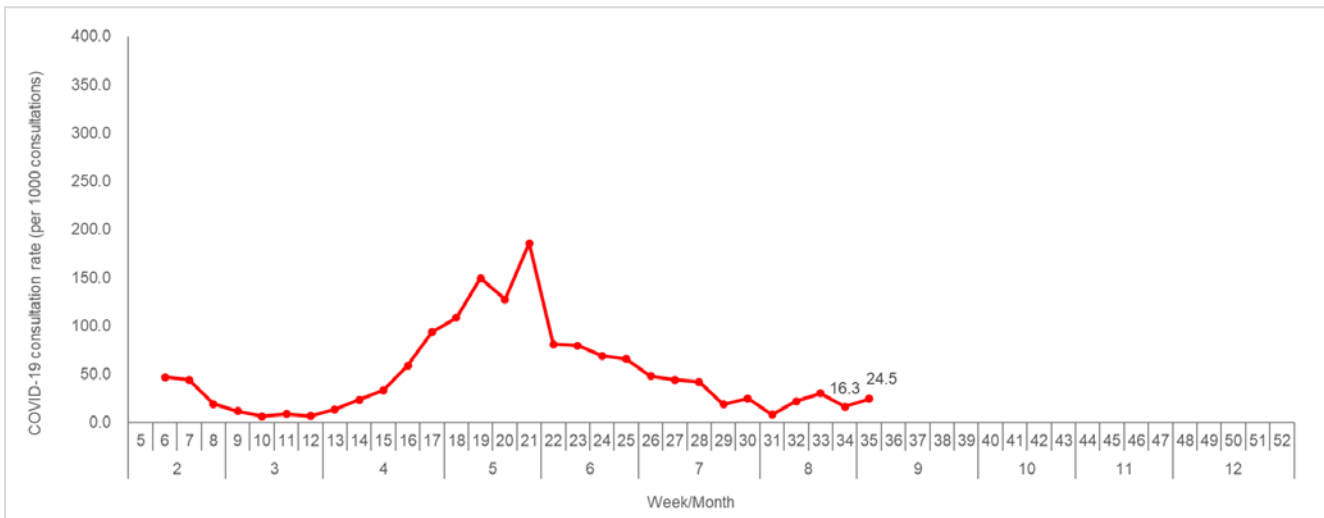


Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

Surveillance on SARS-CoV-2 variants

CHP conducts surveillance on SARS-CoV-2 variants from sewage samples. The latest surveillance data (as of Aug 30, 2023) showed that XBB and its descendant lineages continue to be the most prevalent variant, comprising more than 98% of all characterised specimens. These XBB sublineages included XBB.1.9.2, XBB.1.9.1, XBB.1.5, and others. (Figure 1.8) Besides, BA.2.86 was detected in one sewage sample.

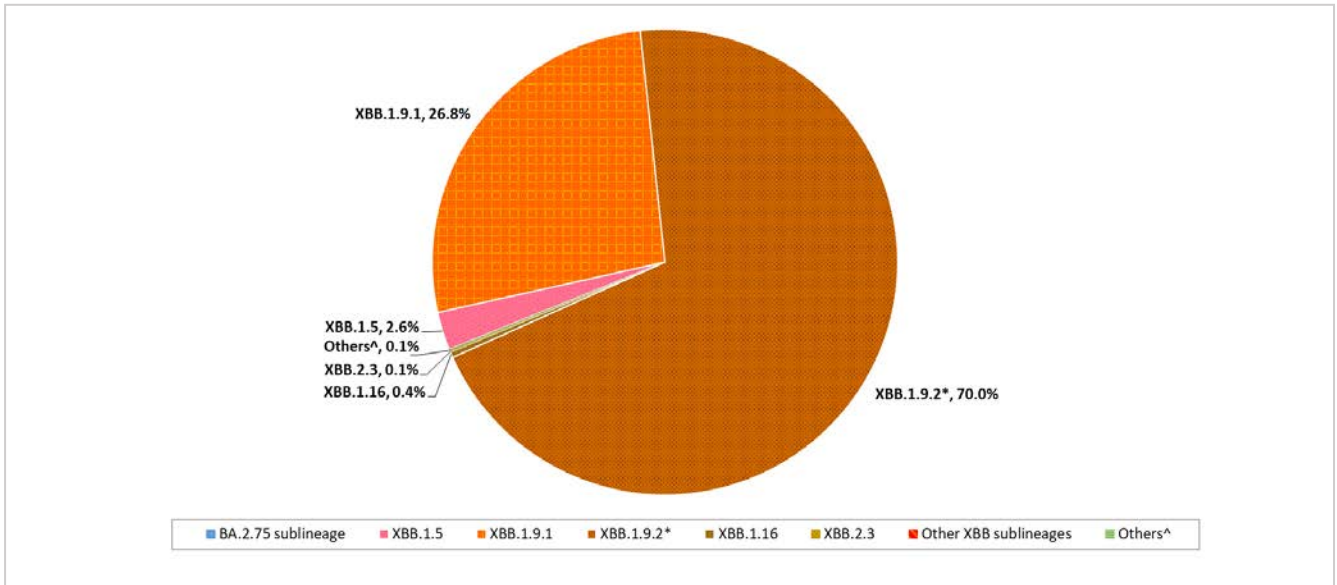


Figure 1.8 Proportion of variants among sewage samples

* Including EG.5 and its descendant lineages

^ Including BN.1 (4 samples), BA.2.3.20 (2 samples), XBB.1 (1 sample) and BA.2.86 (1 sample)

CHP also conducted detailed genetic characterisation of 49 specimens obtained from reported severe and fatal cases of COVID-19 between Jul 27 and Aug 28, 2023. The result showed that XBB and its descendant lineages continue to be the most prevalent variant, comprising around 98% of all characterised specimens. These XBB sublineages included XBB.1.9.2, XBB.1.9.1, XBB.1.16, and others. Another 2% was related to BA.2.75 sublineage. There was no detection of BA.2.86 in reported severe and fatal cases. (Figure 1.9)

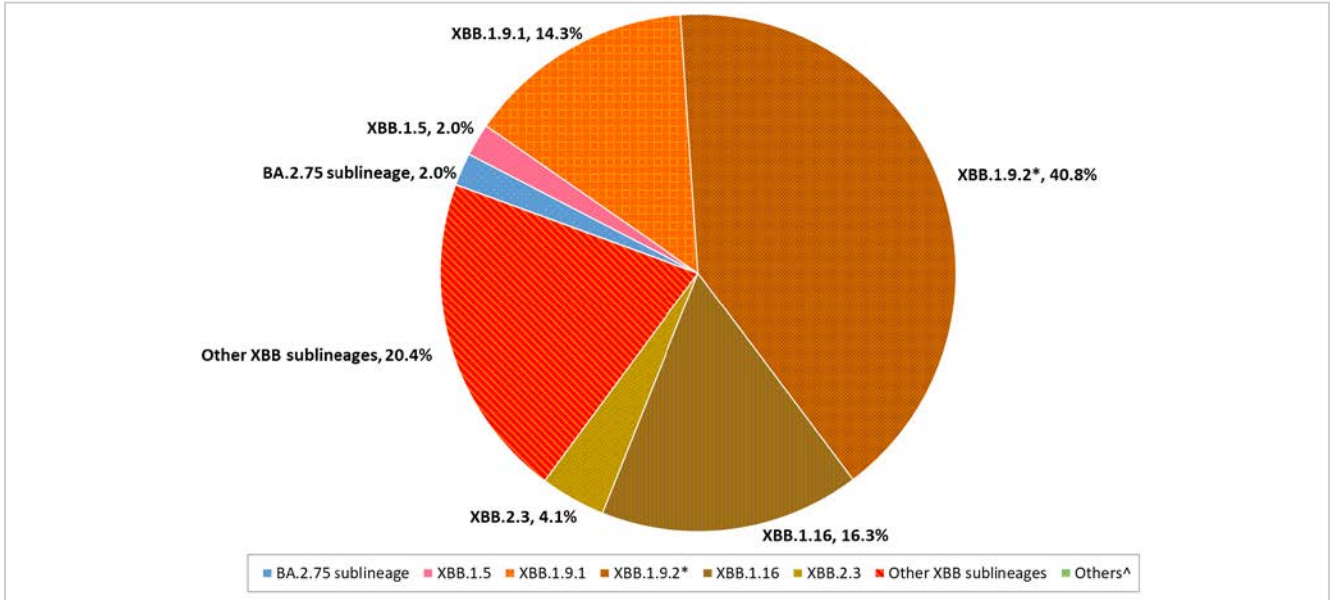


Figure 1.9 Proportion of variants among specimens obtained from reported severe and death cases for COVID-19

* Including EG.5 and its descendant lineages

^ Including BN.1, BA.2.3.20 and BA.2.86

Global situation of COVID-19 activity

- According to WHO, as of Aug 27, 2023, over 770 million confirmed cases and over 6.9 million deaths have been reported globally. Over 1.4 million new cases and over 1800 deaths were reported in the last 28 days (Jul 31 to Aug 27, 2023) globally.
- The highest numbers of new 28-day cases were reported from Korea, Italy, the United Kingdom, Australia, and Singapore. The highest numbers of new 28-day deaths were reported from Korea, Italy, Russia, Australia, and China.
- 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 three variants of interest (VOIs), which are EG.5, XBB.1.5 and XBB.1.16, and seven variants under monitoring (VUMs), which are BA.2.75, BA.2.86, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2 and XBB.2.3.
- Between Aug 7 and Aug 13, 2023, EG.5 is the most prevalent variant globally, accounting for 26.1% compared to 15.4% between Jul 10 and Jul 16, 2023. During the same period, the prevalence of XBB.1.16 remained stable (22.9% to 22.7%), while that of XBB.1.5 decreased (12.2% to 10.2%). Among the VUMs, the prevalence of two showed decreasing trends, including BA.2.75 (2.3% to 0.9%) and XBB.1.9.2 (7.1% to 4.6%). Other VUMs have shown stable trends.
- BA.2.86 was designated as a new VUM on Aug 17, 2023. As of Aug 30, 2023, there have been 21 sequences of the variant reported from seven countries (five in the European Region, one in the African Region, and one in the Region of the Americas). To date, no deaths have been reported to WHO among the cases detected with BA.2.86. The potential impact of the high number of mutations in BA.2.86 is presently unknown and is under assessment.
- From Sep 1, 2023, the epidemiological update on COVID-19 published by the WHO will be updated monthly instead of weekly.

Sources:

Information will be extracted from the following sources when updates are available: [World Health Organization Weekly epidemiological update on COVID-19](#)

Local Situation of Influenza Activity (as of Sep 6, 2023)

Reporting period: Aug 27 – Sep 2, 2023 (Week 35)

- Hong Kong has entered summer influenza season. The latest surveillance data showed that the overall local seasonal influenza activity has continued to increase.
- 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.
- 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, 2019-23

In week 35, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPC) was 7.4 ILI cases per 1,000 consultations, which was higher 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 42.1 ILI cases per 1,000 consultations, which was lower than 56.5 recorded in the previous week (Figure 2.1, right).

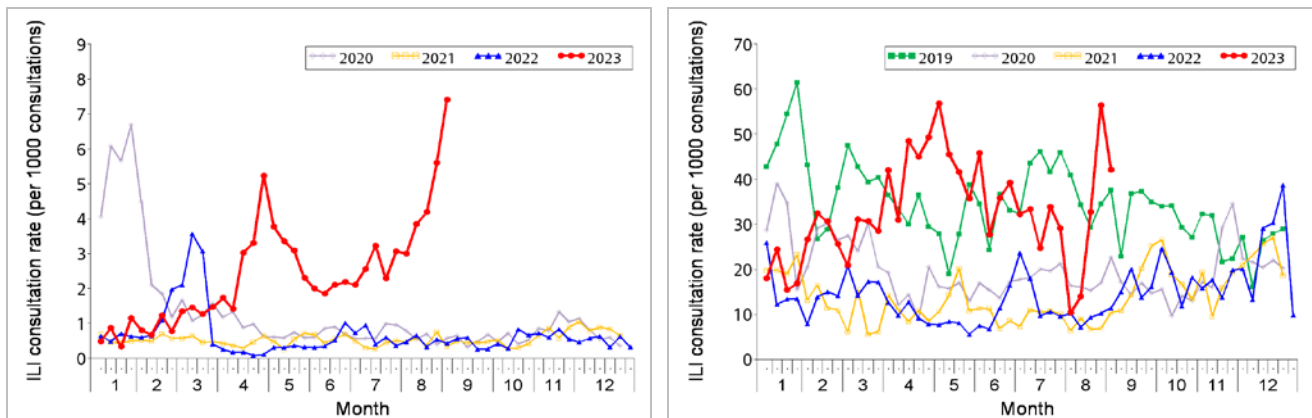


Figure 2.1 ILI consultation rates at sentinel GOPC (2020-23) (left) and PMP clinics (2019-23) (right)

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, 2019-23

Among the 5,501 respiratory specimens* received in week 35, 713 (12.96%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 83 (12%) influenza A(H1), 610 (86%) influenza A(H3) and 17 (2%) influenza B viruses. The positive percentage (12.96%) was above the baseline threshold of 9.21% but was higher than 10.60% recorded in the previous week (Figure 2.2).

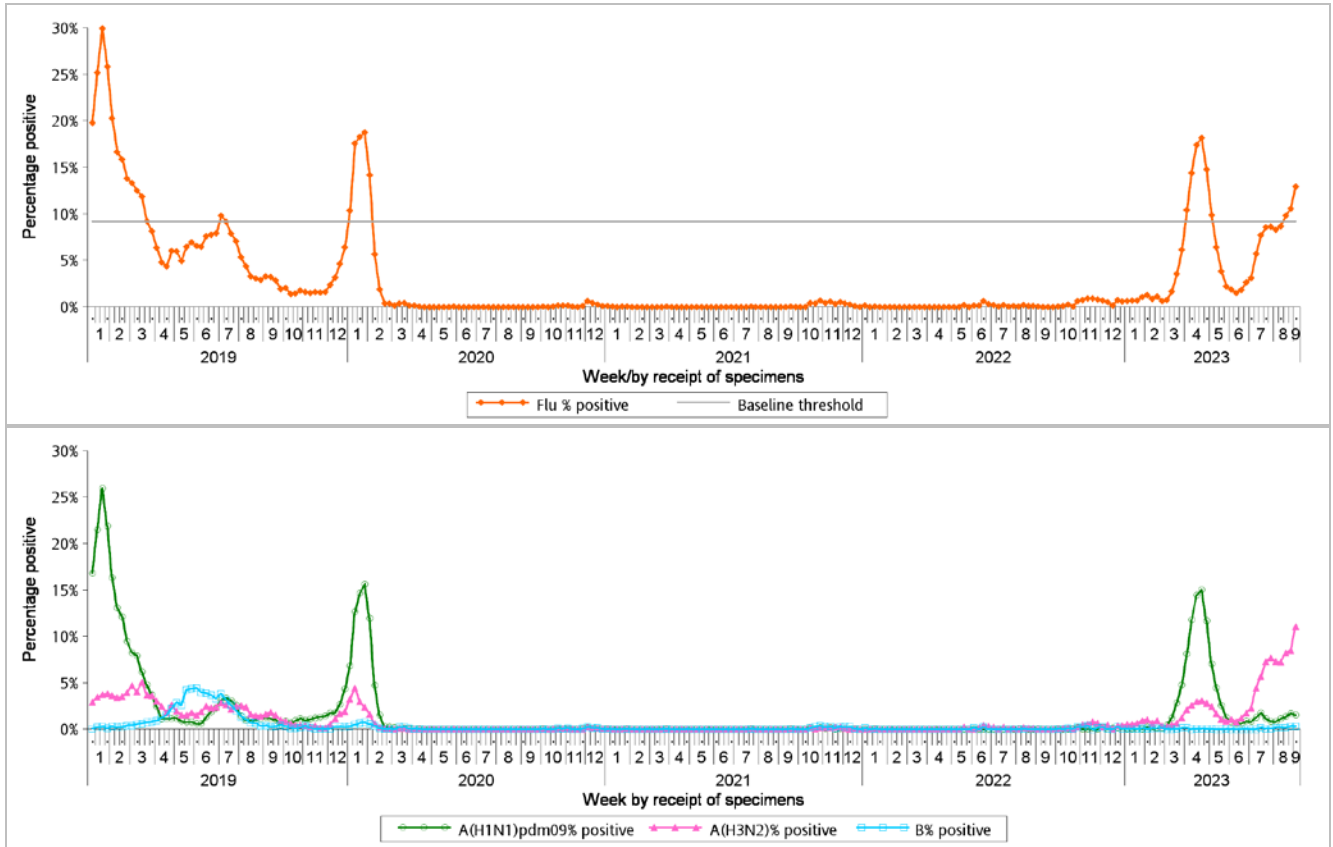


Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2019-23 (upper: overall positive percentage, lower: positive percentage by subtypes)

[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 June 2023, 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/10/641/695/7035.html>

* Including 4,378 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 1,123 specimens received by the Hospital Authority

Influenza-like illness outbreak surveillance, 2019-23

In week 35, 9 ILI outbreaks occurring in schools/institutions were recorded (affecting 36 persons), as compared to 10 outbreaks recorded in the previous week (affecting 66 persons) (Figure 2.3). The overall number was at the low intensity level currently (Figure 2.4*). In the first 4 days of week 36 (Sep 3 to 6), 2 ILI outbreaks occurring in schools/institutions were recorded (affecting 7 persons). Since the start of this influenza season in week 34, 21 outbreaks were recorded (as of Sep 6).

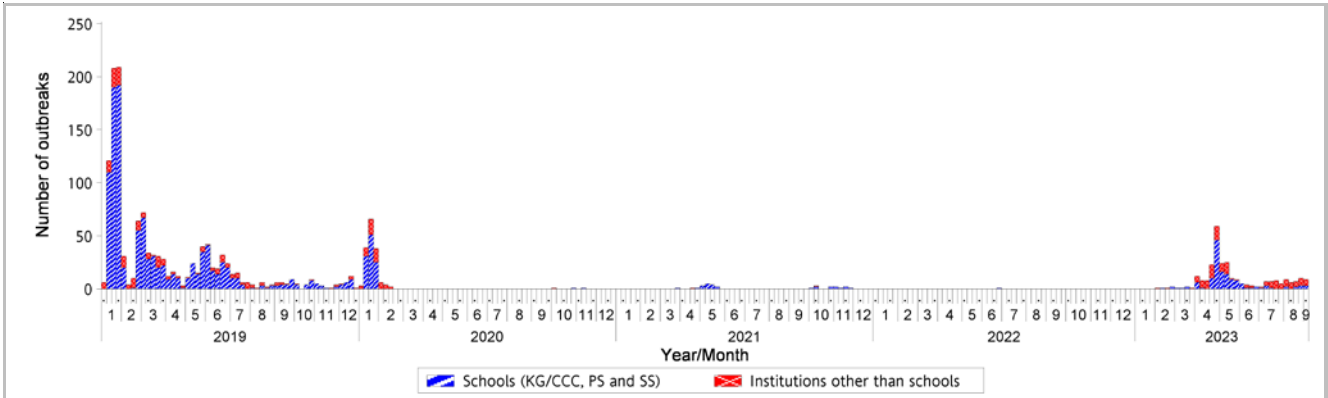


Figure 2.3 ILI outbreaks in schools/institutions, 2019-23

Type of institutions	Week 34	Week 35	Cumulative number of outbreaks since week 34 (as of Sep 6)
Child care centre/ kindergarten (CCC/KG)	0	0	1
Primary school (PS)	3	2	5
Secondary school (SS)	0	1	1
Residential care home for the elderly	5	2	7
Residential care home for persons with disabilities	1	3	5
Others	1	1	2
<i>Total number of outbreaks</i>	10	9	21
<i>Total number of persons affected</i>	66	36	109

In comparison, 42, 110, 127 and 16 outbreaks were recorded in the same duration of surveillance (2 complete weeks) in the 2017 summer, 2017/18 winter, 2018/19 winter and 2023 winter seasons respectively, as compared with 19 outbreaks in the current season (Figure 2.5).

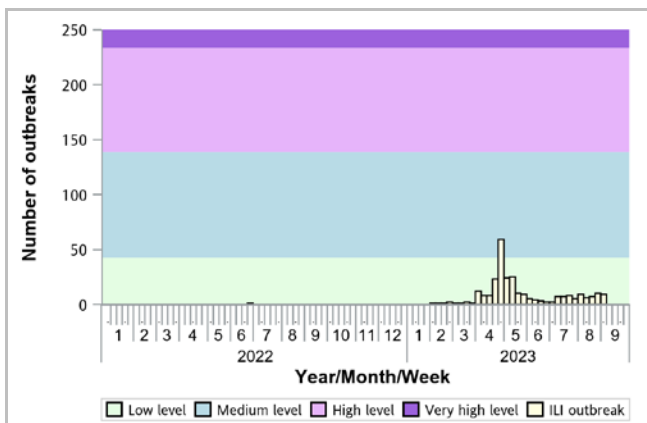


Figure 2.4 ILI outbreaks in schools/institutions, 2022-23

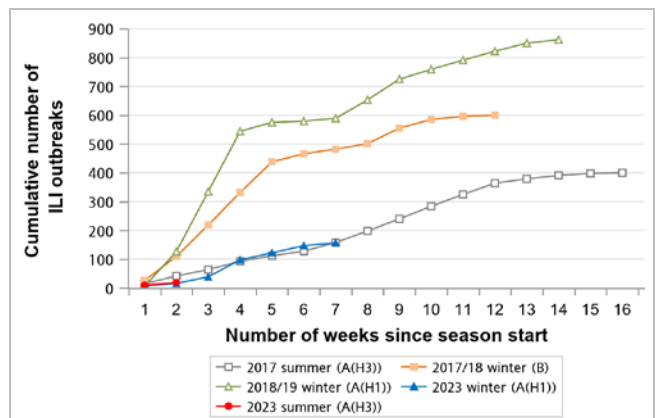


Figure 2.5 Cumulative numbers of ILI outbreaks reported during major influenza seasons, 2017–2023

Note: The predominating virus was shown in bracket.

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

https://www.chp.gov.hk/files/pdf/explanatory_note_for_flux_mem_enq.pdf

Influenza-associated hospital admission rates in public hospitals based on discharge coding, 2019-23

In week 35, the overall admission rate in public hospitals with principal diagnosis of influenza was 0.58 (per 10,000 population) as compared to 0.58 recorded in the previous week (Figure 2.6). It was above the baseline threshold of 0.25 but was 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 3.39, 1.61, 0.79, 0.24, 0.17 and 0.99 cases (per 10,000 people in the age group) respectively, as compared to 3.58, 1.12, 0.92, 0.18, 0.24 and 1.06 cases in the previous week (Figure 2.6).

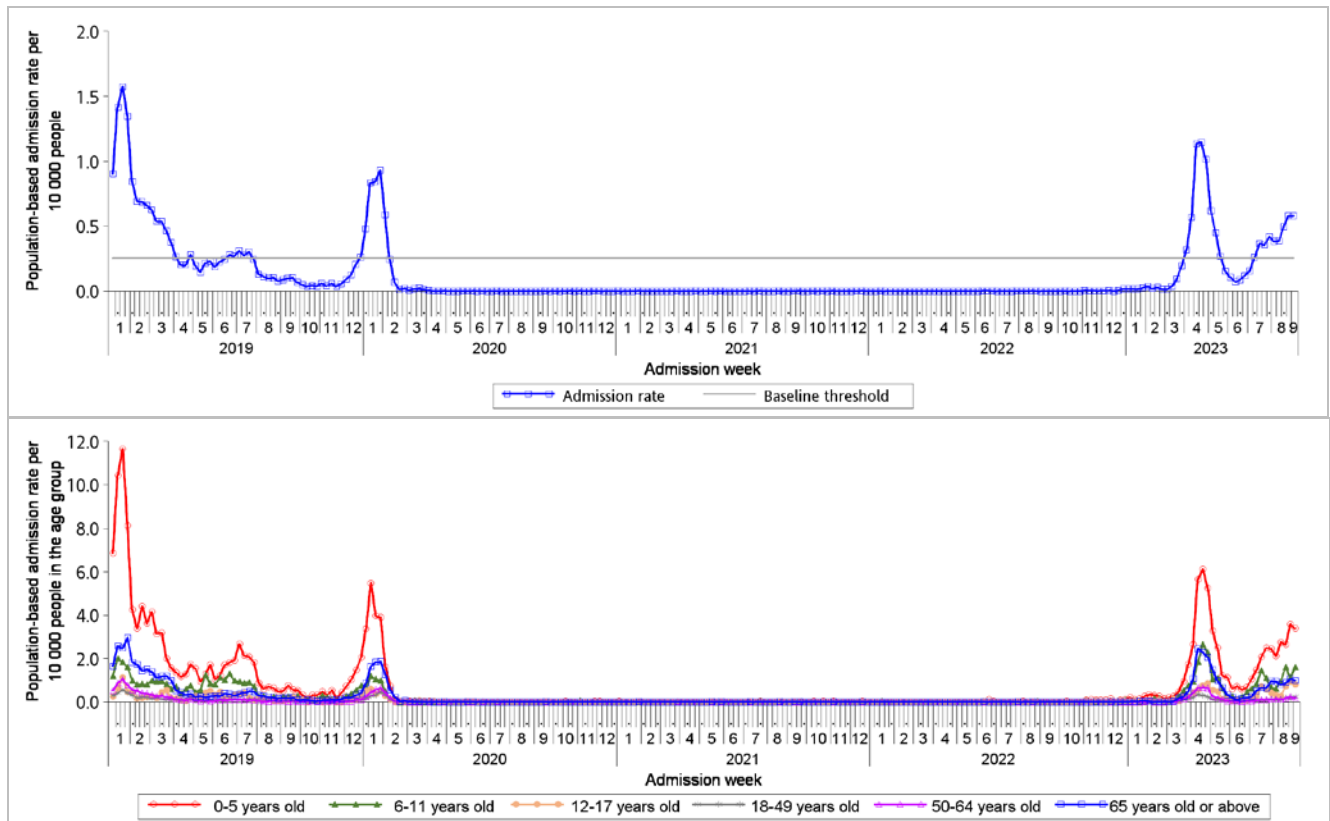


Figure 2.6 Influenza-associated hospital admission rates, 2019-23 (upper: overall rate, lower: rates by age groups) [Note: The baseline threshold is 1.96 standard deviation above the average weekly admission rate during non-season periods from 2014 week 49 to 2019 week 48.]

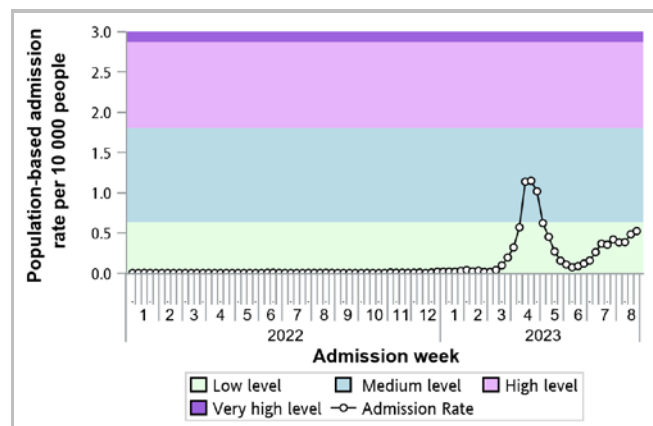


Figure 2.7 Influenza-associated hospital admission rates, 2022-23

*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

Rate of ILI syndrome group in accident and emergency departments, 2019-23[#]

In week 35, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 191.5 (per 1,000 coded cases), which was higher than the rate of 159.8 in the previous week (Figure 2.14).

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

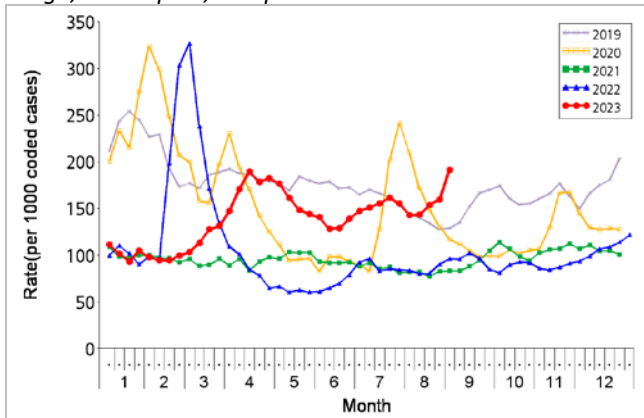


Figure 2.8 Rate of ILI syndrome group in AEDs, 2019-23

Fever surveillance at sentinel child care centres/ kindergartens, 2019-23

The surveillance for week 34-35 was suspended due to summer holiday. In week 33, 0.73% of children in the sentinel child care centres/ kindergartens (CCCs/KGs) had fever (38°C or above) (Figure 2.9).

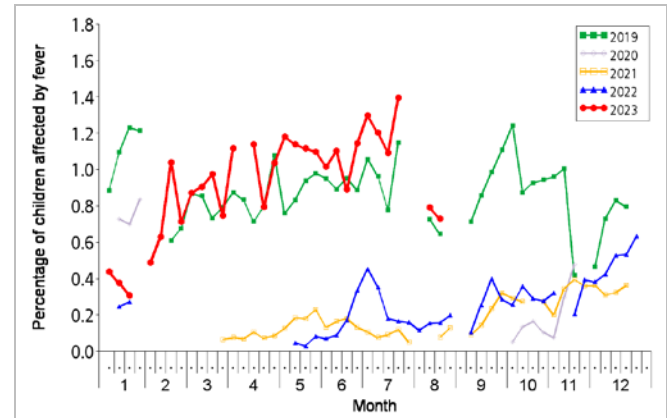


Figure 2.9 Percentage of children with fever at sentinel CCCs/KGs, 2019-23

Fever surveillance at sentinel residential care homes for the elderly, 2019-23

In week 35, 0.17% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), compared to 0.11% recorded in the previous week (Figure 2.16).

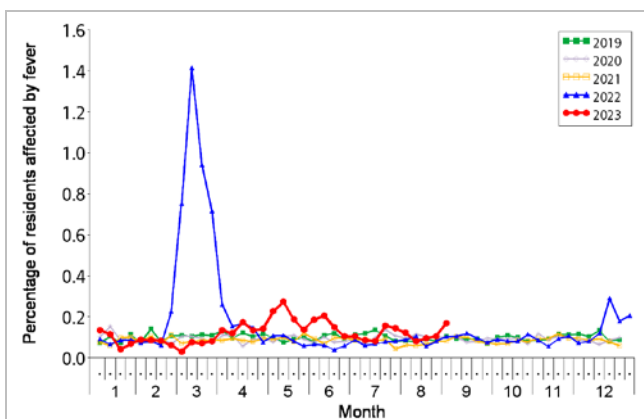


Figure 2.10 Percentage of residents with fever at sentinel RCHEs, 2019-23

Influenza-like illness surveillance among sentinel Chinese medicine practitioners, 2019-23

In week 35, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.82 ILI cases per 1,000 consultations as compared to 0.68 recorded in the previous week (Figure 2.17).

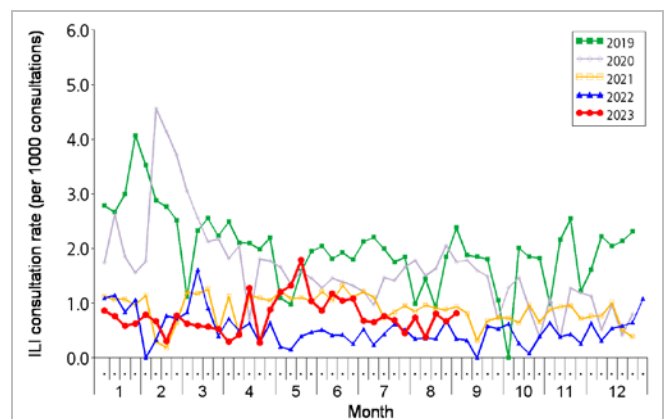


Figure 2.11 ILI consultation rate at sentinel CMPs, 2019-23

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 35, 24 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 17 of them were fatal. Among the 24 adult cases, 12 were known to have received the 2022/23 seasonal influenza vaccine (SIV). In the first 4 days of week 36 (Sep 3 – 6), 14 cases were recorded, in which 7 of them were fatal.

Week	Influenza type			
	A(H1)	A(H3)	B	A (pending subtype)
Week 35	4	17	0	3
First 4 days of week 36 (Sep 3 – 6)	0	10	0	4

- Since the start of 2023 summer influenza season in week 34, 53 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 33 of them were fatal. Among them, 8 patients had influenza A(H1) infection, 38 patients with influenza A(H3) and 7 patients with influenza A (pending subtype).
- In comparison, 25, 62, 86 and 73 adult cases were recorded in the same duration of surveillance (1 complete week) in the 2017 summer, 2017/18 winter, 2018/19 winter and 2023 winter influenza seasons respectively, as compared with 39 cases in the current season (Figure 2.12, left). The corresponding figures for deaths were 16, 39, 42, 34 in the above seasons, as compared with 26 deaths in the current season (Figure 2.12, right).

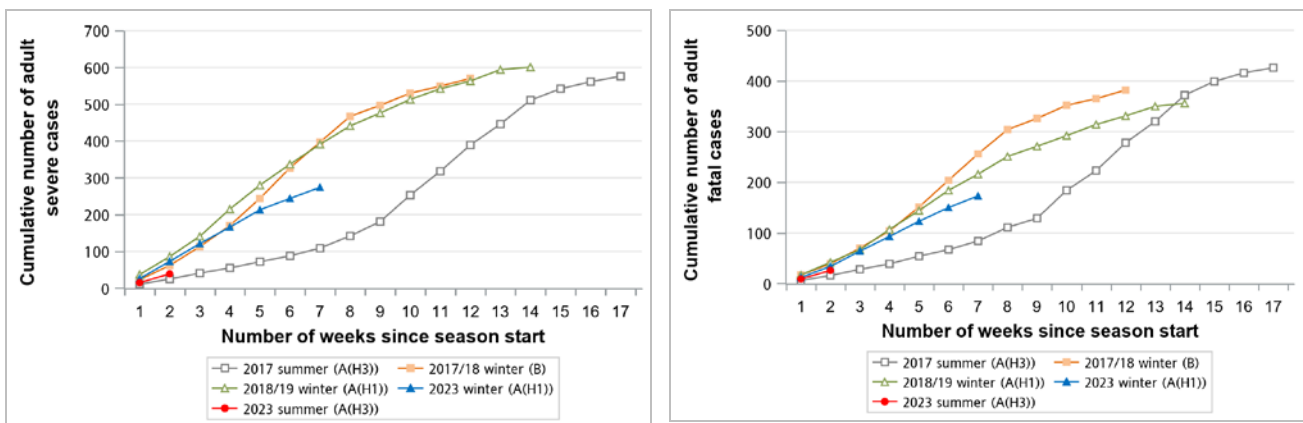


Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2017–2023 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

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

- In week 35 and the first 4 days of week 36 (Sep 3 – 6), there was one case of severe paediatric influenza-associated complication/death.

Reporting week	Age	Sex	Complication	Fatal case?	Influenza subtype	History of receiving influenza vaccine for this season
36	9 years	Female	Shock	No	Influenza A(H3)	Yes

- Since the start of 2023 summer influenza season in week 34, 3 paediatric cases of influenza-associated complication/death were reported, in which none of them were fatal. All cases had infections with influenza A(H3). One of them received the 2022/23 SIV. In 2023, 11 paediatric cases of influenza-associated complication/death were recorded, in which 4 of them were fatal (as of Sep 6).
- In comparison, 3, 3, 5 and 1 paediatric cases of influenza-associated complication/death were recorded in the same duration of surveillance (2 complete weeks) in the 2017 summer, 2017/18 winter, 2018/19 winter and 2023 winter seasons respectively, as compared with 2 cases in the current season (Figure 2.13, left). The corresponding figures for deaths were 1, 1, 0 and 1 in the above seasons, as compared with 0 deaths in current season (Figure 2.13, right).

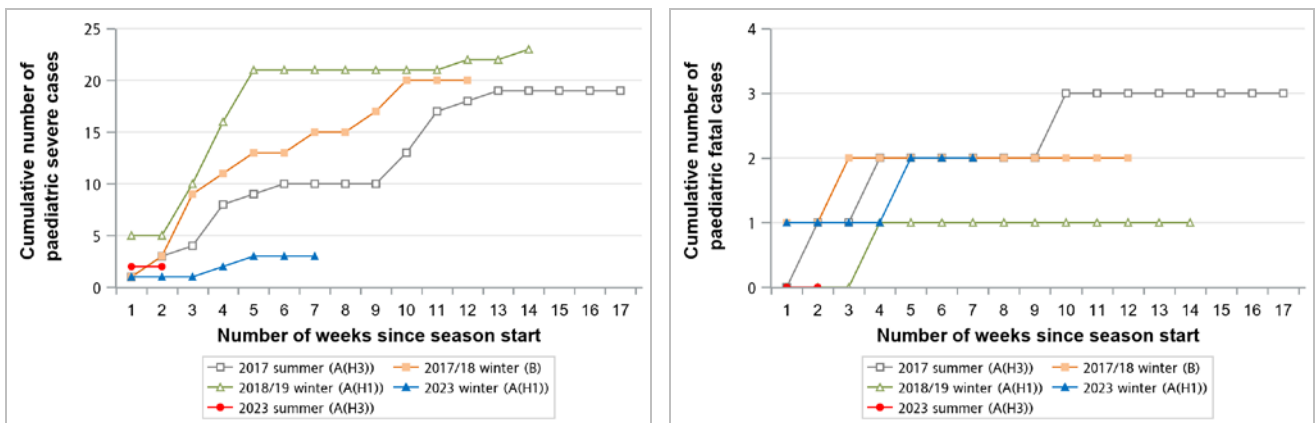


Figure 2.13 Cumulative numbers of cases of paediatric influenza-associated complication/death reported during major influenza seasons, 2017–2023 (left: complication/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

Severe influenza cases of all ages

- Since the start of 2023 summer influenza season in week 34, 56 severe influenza cases among all ages have been reported, including 33 deaths (as of Sep 6).

Age group	Cumulative number of cases (death)
0-5	0 (0)
6-11	2 (0)
12-17	1 (0)
18-49	5 (1)
50-64	2 (2)
>=65	46 (30)

- Among the adult fatal cases with available clinical information, about 94% had chronic diseases.
- Among patients with laboratory confirmation of influenza admitted to public hospitals in this season (from Aug 20 to Sep 6, 2023), 1.6% of admitted cases died during the same episode of admission. So far, it was below the historical range between 1.9% (2015/16 winter season) and 3.3% (2015 summer season).

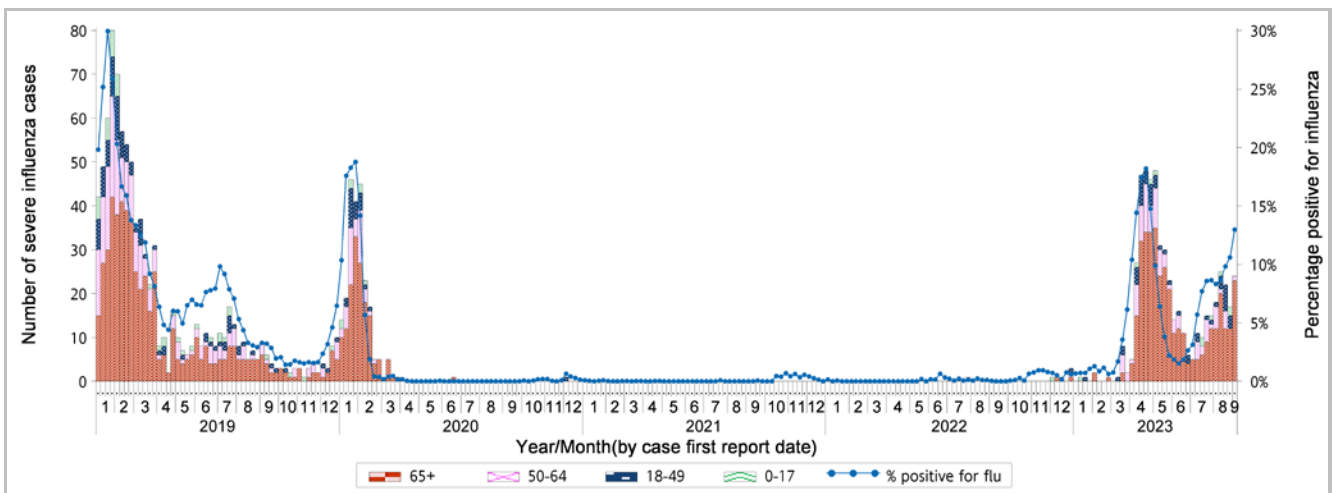


Figure 2.14 Weekly number of severe influenza cases by age groups, 2019-23 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

Global Situation of Influenza Activity

Globally, influenza detections remained low, with activity in many countries in southern hemisphere now decreasing after having peaked in recent weeks (data up to Aug 6, 2023).

- In the United States (week ending Aug 26, 2023), influenza activity remained low. The percentage of specimens tested positive for influenza remained low (0.8%). The percentage of out-patient visits for ILI was 1.7%, which was below the national baseline of 2.5%.
- In Canada (week ending Jul 22, 2023), influenza activity had been stable and remained at inter-seasonal levels. The weekly percentage of tests positive for influenza was 0.5%.
- In the United Kingdom (week ending 27 Aug, 2023), influenza activity remained low. Influenza positivity remained low and stable at 0.8%. The weekly ILI consultation rate in England remained stable and was within baseline activity levels.
- In Mainland China (week ending Aug 27, 2023), influenza surveillance data showed that influenza detections in some southern provinces slightly increased whereas the influenza activities in the northern provinces remained at low levels. The percentage of specimens tested positive for influenza in the southern and northern provinces were 4.7% and 0.4% respectively.
- In Taiwan (as of Sep 5, 2023), influenza activity was on increasing trend. The percentage of specimens tested positive for influenza exceeded 20% in the past two weeks, which reached the epidemic seasonal threshold, indicating that Taiwan entered the influenza season. Currently, influenza A(H1N1) and A(H3N2) viruses were co-circulating in the community.
- In Japan (week ending Aug 27, 2023), the average number of reported ILI cases per sentinel site slightly increased to 1.40 from 1.01 in the preceding week, which was above the baseline level of 1.00. Influenza A(H3) viruses were predominating.
- In Korea (week ending Aug 26, 2023), the weekly ILI rate was on decreasing trend. The rate in week 34 was 10.6 per 1,000 out-patient visits as compared to 12.0 in the preceding week. In week 34, 7 out of 327 respiratory specimens (2.1%) were tested positive for influenza (including 3 influenza A(H3N2) and 4 influenza A(H1N1)pdm09).
- In Singapore (week ending Sep 2, 2023), the average daily number of consultations for acute respiratory infection remained low. The overall positivity rate for influenza among ILI samples in the community was 26.1% in the past 4 weeks. Majority of the influenza detections in August were influenza A(H3N2) viruses (69%), followed by influenza A(H1N1) (25%) and influenza B viruses (6%).
- In Australia (fortnight ending Aug 20, 2023), influenza activity in the community has decreased. This fortnight (Aug 7 to Aug 20), the ILI consultation rate among sentinel general practitioners was 6.04 cases per 1,000 consultations, lower than 8.64 in the previous fortnight. Among the 18,871 samples tested across sentinel laboratories, 7% were positive for influenza, compared to 8% in the previous fortnight. Influenza A(H1N1) and influenza B viruses were co-circulating.
- In New Zealand (week ending Aug 27, 2023), ILI activity in the community remained stable and was lower than the 2015-2019 average for this time of year. Influenza A(H1N1) and influenza B viruses had been the most commonly detected viruses in the community in recent weeks.

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](#), [Chinese National Influenza Center](#), [Taiwan Centers for Disease Control](#), [Japan Ministry of Health, Labour and Welfare](#), [Korean Centers for Disease Control and Prevention](#), [Singapore Ministry of Health](#), [Australian Department of Health and Aged Care](#) and [New Zealand Ministry of Health](#).