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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 Sep 10, 2025)

Reporting period: Aug 31, 2025 – Sep 6, 2025 (Week 36)

- The latest surveillance data showed that the overall local activity of COVID-19 has remained at a 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 has become the dominating variant strains in Hong Kong. NB.1.8.1 is one of the descendant lineages of XDV, in turn a descendent of 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_interim_recommendations_on_use_of_covid19_vaccines_in_hong_kong_17jul.pdf).
- For the latest information on COVID-19 and prevention measures, please visit the thematic website of COVID-19 (https://www.coronavirus.gov.hk/eng/index.html).

Laboratory surveillance for COVID-19 cases

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

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

In week 36, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 59 as compared to 96 in the preceding week. (Figure 1.1)

In the first 4 days of week 37 (Sep 7 – Sep 10), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 4 to 8.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 84,136 (as of Sep 10, 2025).

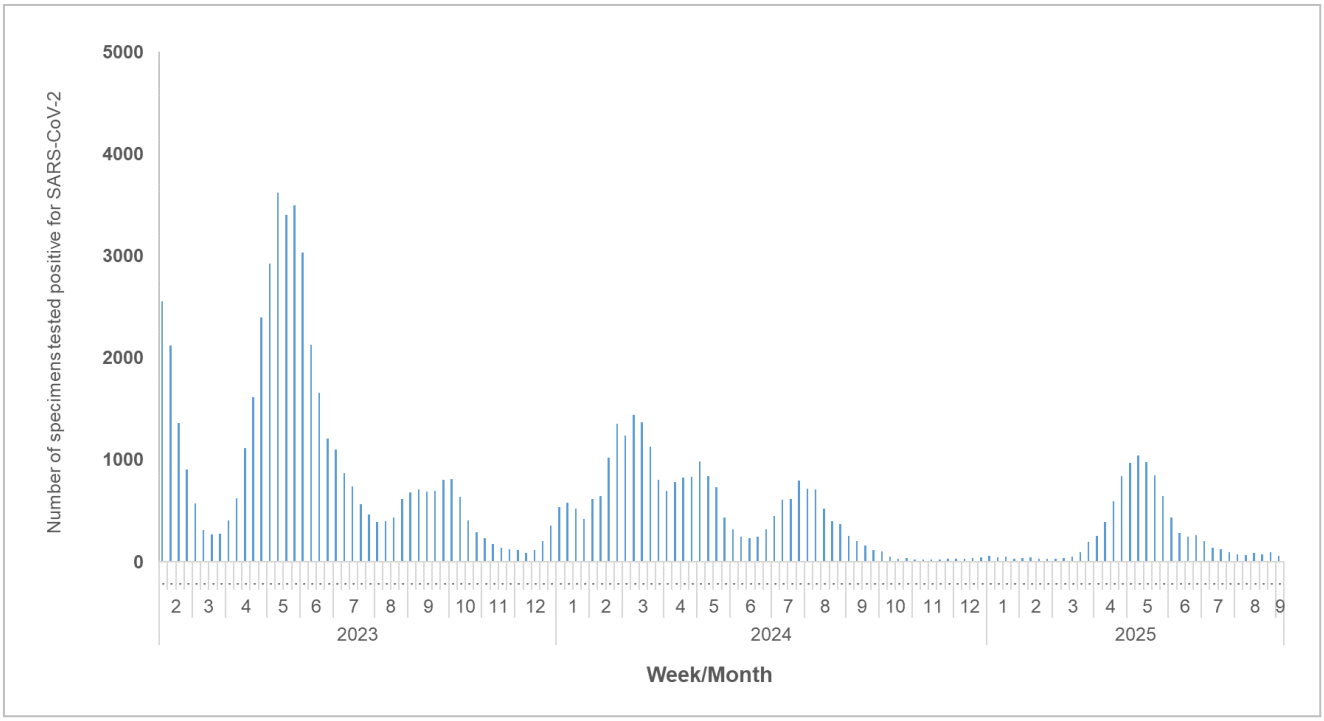

Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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

Among the 7,977 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 36, 88 (1.10%) were tested positive for SARS-CoV-2 virus as compared to 113 (1.34%) in the preceding week. (Figure 1.2)

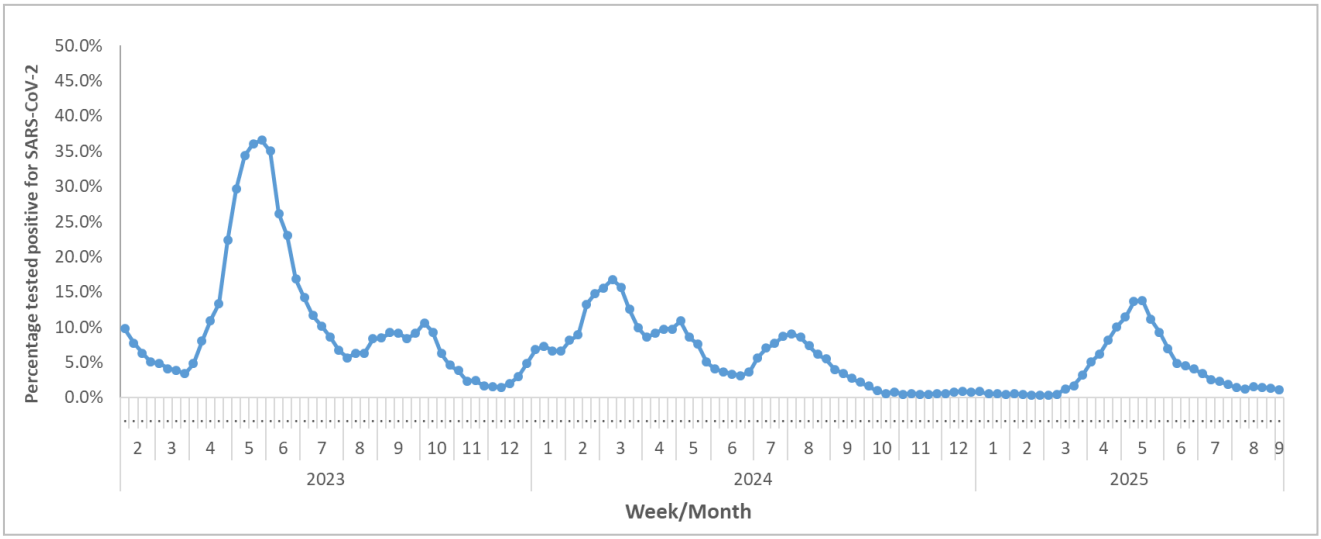

Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

COVID-19 outbreak surveillance

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

In week 36, 1 COVID-19 outbreak occurring in schools/institutions was recorded (affecting 9 persons), as compared to 0 outbreaks recorded in the previous week (affecting 0 persons). (Figure 1.3)

In the first 4 days of week 37 (Sep 7–Sep 10), 0 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 0 persons).

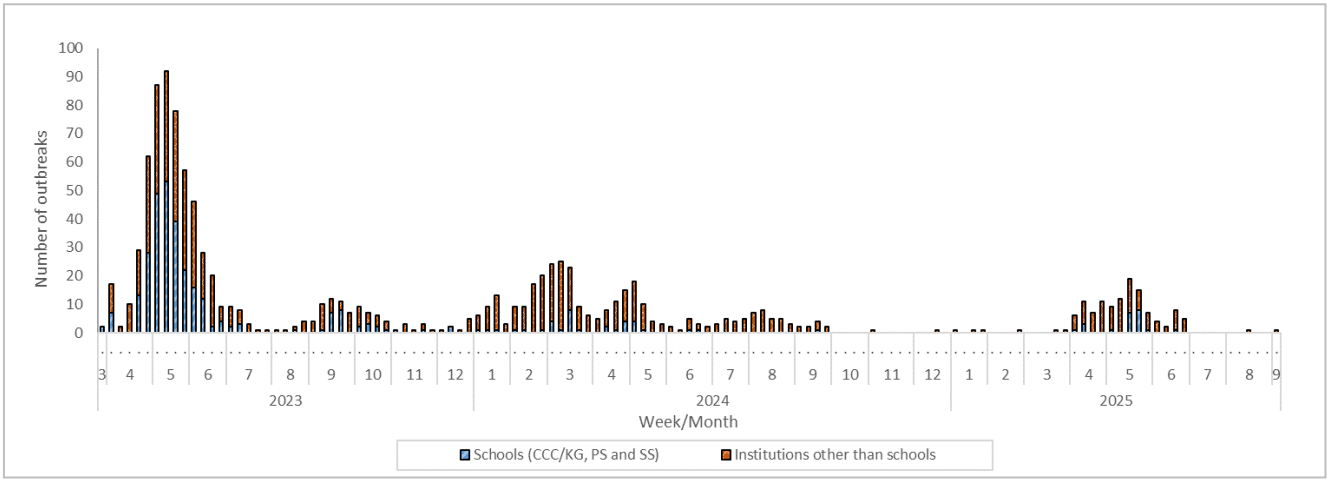

Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 35	Week 36	First 4 days of week 37 (Sep 7 – Sep 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	0	0	0
Residential care home for persons with disabilities	0	1	0
Others	0	0	0
Total number of outbreaks	0	1	0
Total number of persons affected	0	9	0

Surveillance of severe and fatal COVID-19 cases

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

In week 36, the weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 3 as compared to 4 in the preceding week. (Figure 1.4)

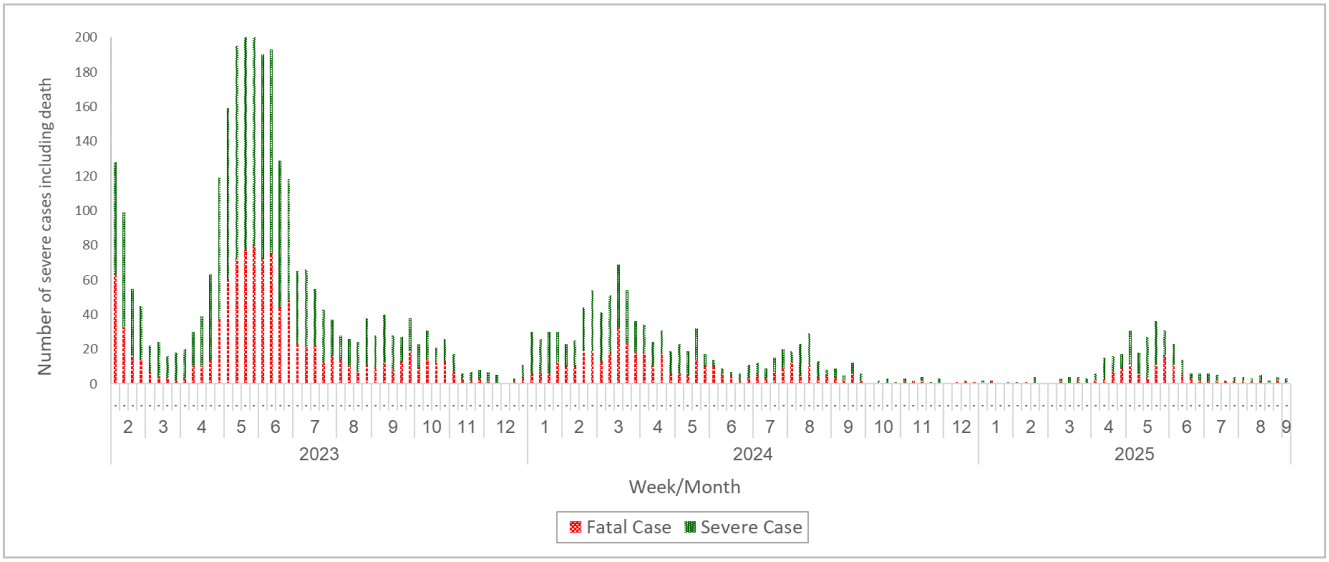

Figure 1.4 Weekly number of severe COVID-19 cases including deaths

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

Sewage surveillance of SARS-CoV-2 virus

In week 36, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 51,000 copy/L as compared to around 82,000 copy/L in the preceding week. (Figure 1.5)

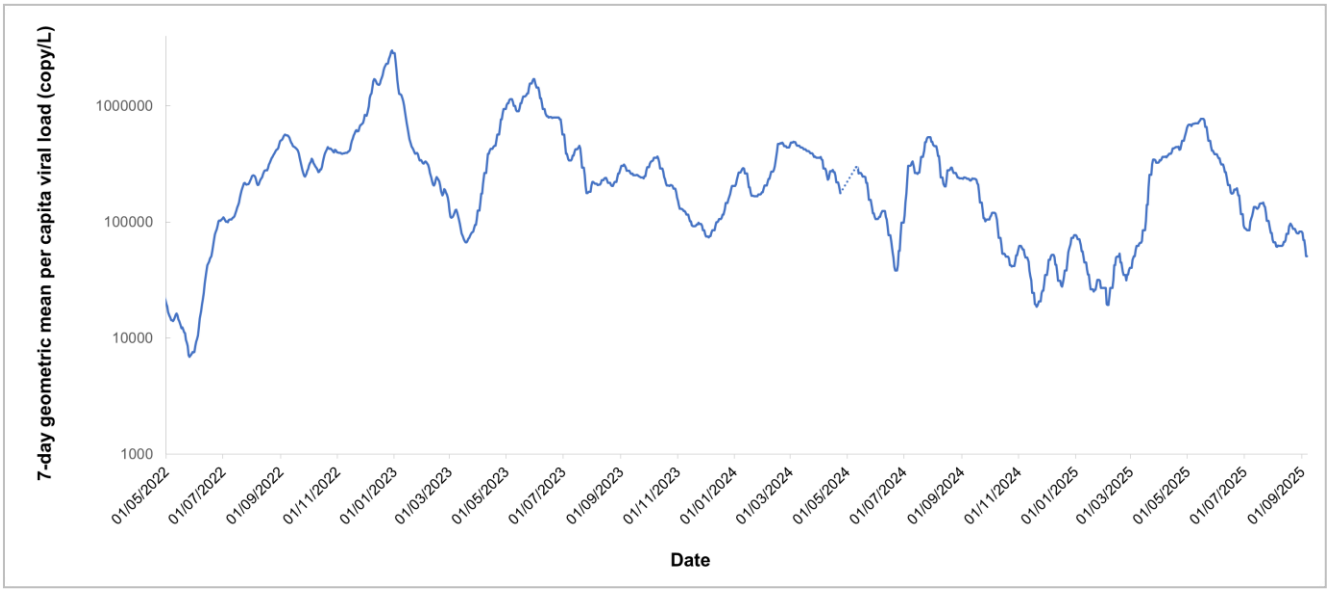

Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

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

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

In week 36, the average consultation rate for COVID-19 among sentinel general out-patient clinics (GOPC) and sentinel private medical practitioner clinics were 3.0 (Figure 1.6) and 2.2 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

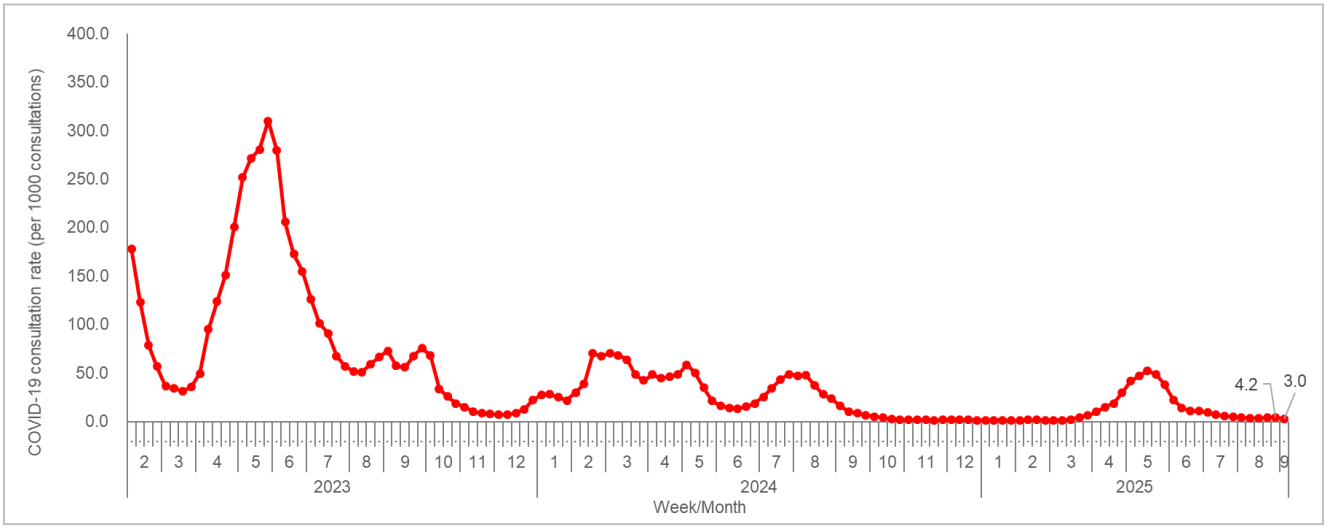

Figure 1.6 Average consultation rate of COVID-19 cases in GOPC

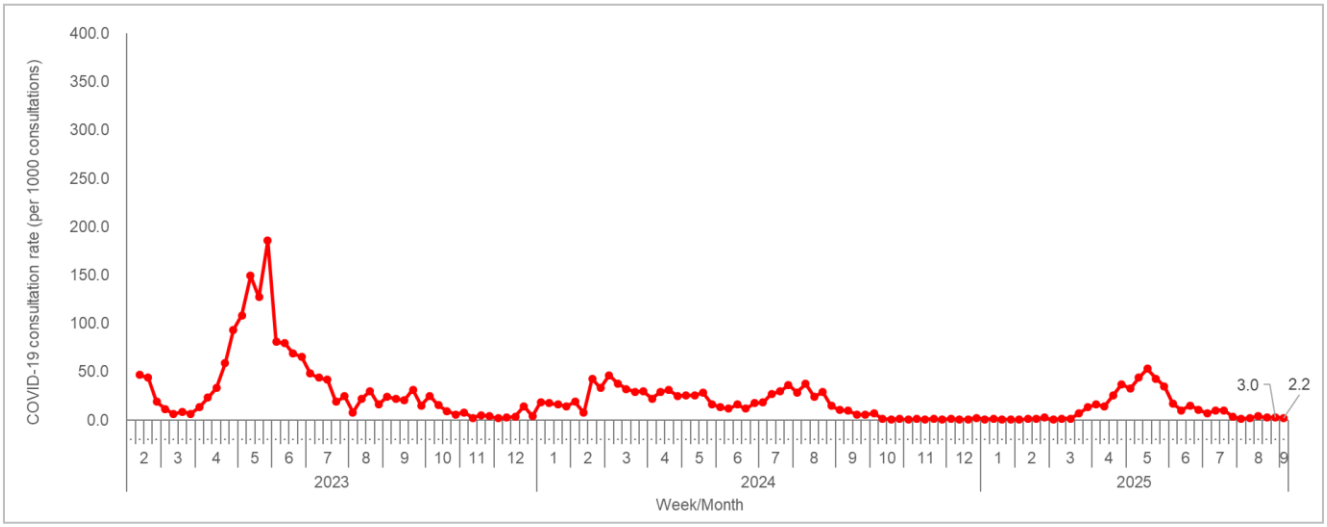

Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

Surveillance on SARS-CoV-2 variants

Currently, WHO is monitoring one variant of interest (VOI), which is JN.1, and six VUMs, which are KP.3, KP.3.1.1, LP.8.1, NB.1.8.1, XEC and XFG. CHP conducts surveillance on SARS-CoV-2 variants from sewage samples. The latest surveillance data (as of Sep 3, 2025) showed that NB.1.8.1 (one of the descendant lineages of XDV) is the most prevalent variant, comprising 76.4% of all characterised specimens. (Figure 1.8)

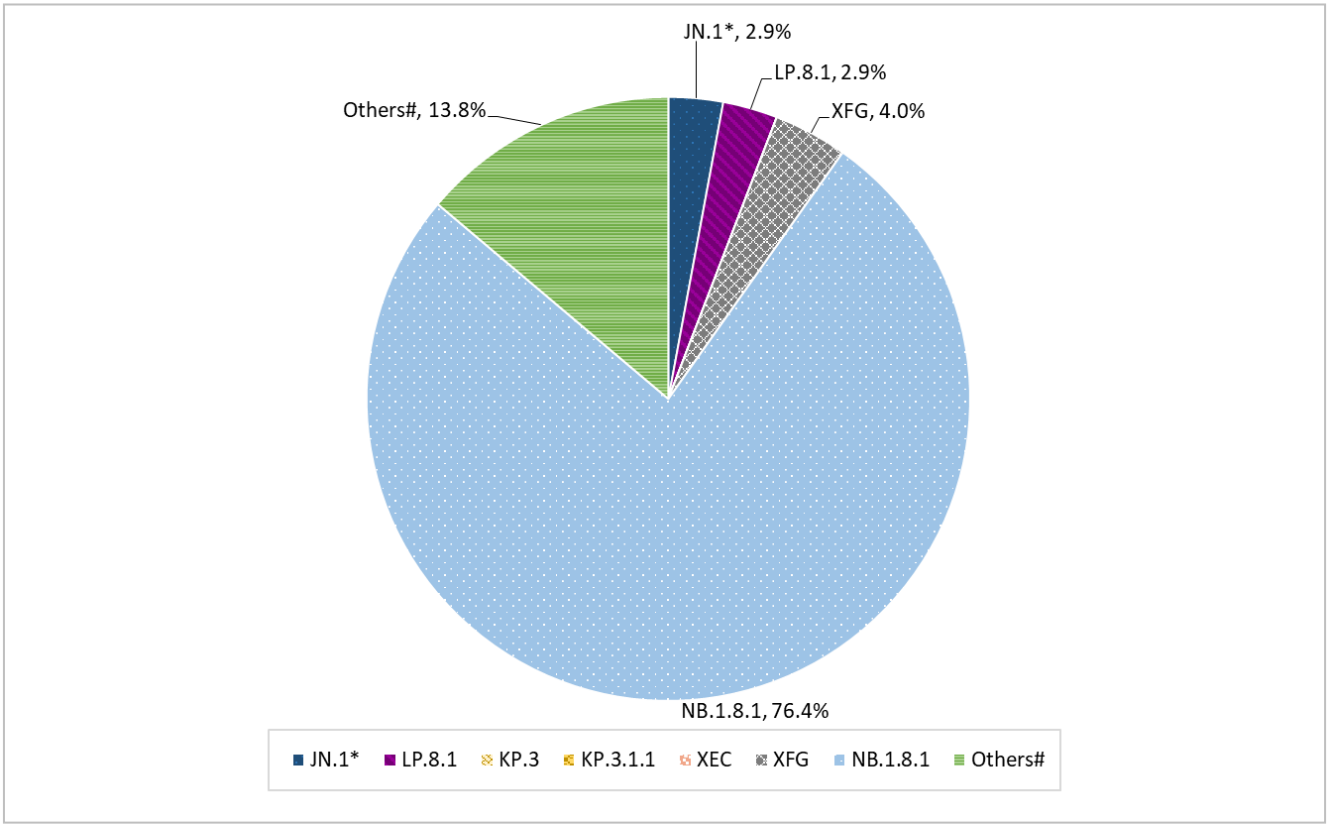

Figure 1.8 Estimated proportion of variants among sewage samples

**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, KP.3.1.1, LP.8.1, XEC and XFG are the descendant lineages of JN.1.

CHP also conducted genetic characterisation on reported severe and fatal cases of COVID-19 between Aug 27 and Sep 9, 2025. The results showed that NB.1.8.1 was the most prevalent variant, comprising 100 % of all characterised specimens.

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 85% of all characterised specimens.

Global situation of COVID-19 activity

- According to the WHO, global SARS-CoV-2 activity remained generally low, although some countries reported higher activity or increase.

- The COVID-19 activity in some of the neighbourhood regions decreased gradually or remained stable at low levels, while it was increasing or remained elevated in the United States, Canada, Europe, Japan and South Korea.
  - In Mainland China (week ending Aug 31, 2025), the overall percentage of specimens tested positive for SARS-CoV-2 has shown a downward trend, the southern provinces reported higher positivity rates for COVID-19 than the northern provinces. The predominant variant was NB.1.8.1 recently.
  - In Taiwan region (week ending Aug 30, 2025), the COVID-19 activity continued to decrease, with the number of COVID-19 outpatient and emergency visits, inpatient admissions, and severe cases all declining compared to the previous week. The predominant variant was NB.1.8.1.
  - In Japan (week ending Aug 31, 2025), the average number of reported COVID-19 cases per sentinel site was 8.37 compared to 8.73 in the preceding week. The predominant variant was NB.1.8.1.
  - In South Korea (week ending Aug 30, 2025), the weekly detection rate for SARS-CoV-2 was 37.7% compared to 32.6% in the preceding week. The predominant variant was NB.1.8.1.
  - In Singapore (week ending Aug 30, 2025), the positivity rate for COVID-19 among acute respiratory infection (ARI) samples in the community was 4% compared to 4% in the preceding week.
  - In the United States (week ending Aug 30, 2025), the percent positivity of COVID-19 was 10.8% compared to 11.6% in the preceding week. The predominant variant was XFG.
  - In Canada (week ending Aug 23, 2025), all indicators of COVID-19 activity were increasing. The percentage of tests positive for COVID-19 increased to 7.3%, compared to 5.4% in the preceding week. The predominant variant was XFG.
  - In the United Kingdom (week ending Aug 24, 2025), COVID-19 activity has remained stable and circulated at baseline levels. COVID-19 PCR positivity in hospital settings was 8.8% compared to 8.9% in the preceding week. The predominant variant was XFG.
  - In Europe (week ending Aug 31, 2025), SARS-CoV-2 positivity from sentinel specimens was 22% compared to 21% in the prior week. The predominant variant was XFG.
  - In Australia (fortnight ending Aug 24, 2025), test positivity for SARS-CoV-2 continued to decrease. 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, Taiwan Centers for Disease Control, 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 Sept 10, 2025)

Reporting period: Aug 31 – Sept 6, 2025 (Week 36)

- The latest surveillance data showed that local influenza activity continued to increase in the past two weeks and exceeded the seasonal epidemic thresholds, indicating that Hong Kong has entered summer influenza season. The Centre for Health Protection anticipated that the local influenza activity would remain at a relatively high level in the near term.
- 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.
- 2025/26 Seasonal Influenza Vaccination (SIV) Programmes, including the SIV School Outreach Programme, the Residential Care Home Vaccination Programme and the Vaccination Subsidy Scheme, will commence soon. 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 general out-patient clinics and sentinel private medical practitioner clinics, 2021-25

In week 36, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPC) was 7.8 ILI cases per 1,000 consultations, which was higher than 6.9 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 46.8 ILI cases per 1,000 consultations, which was higher than 33.1 recorded in the previous week (Figure 2.1, right).

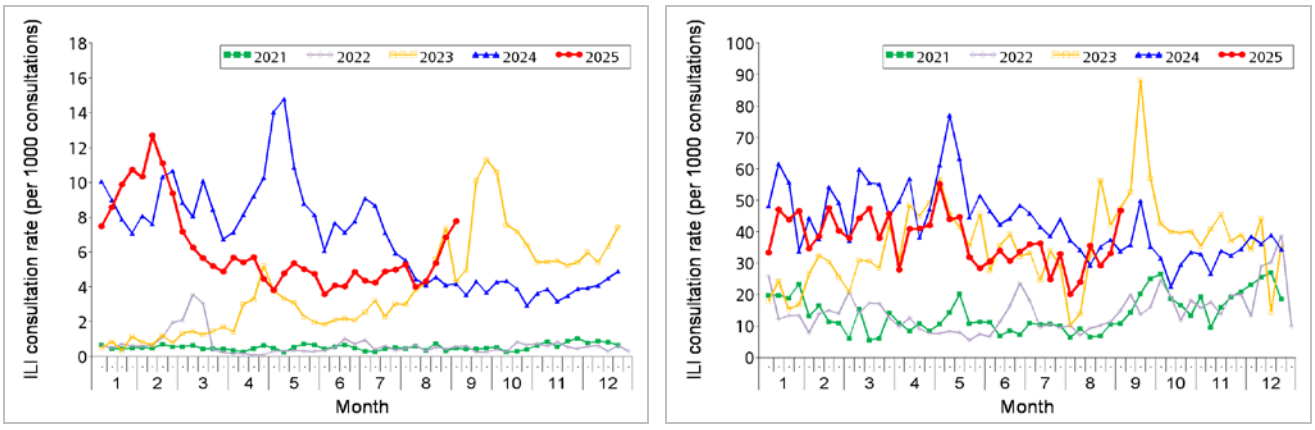

Figure 2.1 ILI consultation rates at sentinel GOPC (left) and PMP clinics (right), 2021-25

Laboratory surveillance, 2021-25

Among the 8,458 respiratory specimens received in week 36, 587 (6.94%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 208 (37%) influenza A(H1), 321 (57%) influenza A(H3) and 33 (6%) influenza B viruses. The positive percentage (6.94%) was above the baseline threshold of 4.94% and was higher than 6.19% recorded in the previous week (Figure 2.2).

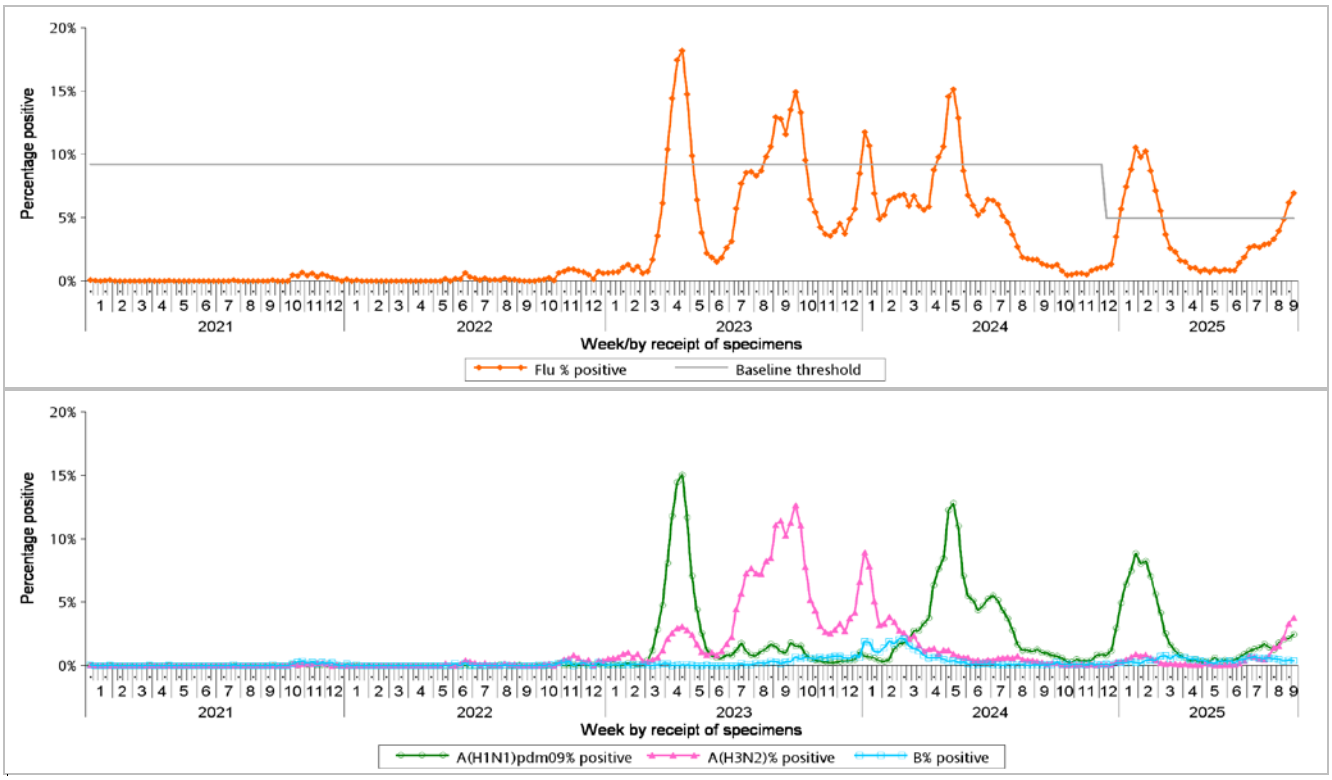

Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2021-25 (upper: overall positive percentage, lower: positive percentage by subtypes)

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

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

* Including 7,977 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 484 specimens received by the Hospital Authority

Surveillance of oseltamivir resistant influenza A and B viruses

- Public Health Laboratory Services Branch, Centre for Health Protection tests influenza virus isolates obtained from cell culture for antiviral susceptibility.
- In Jul 2025, there were no new reports of oseltamivir (Tamiflu) resistant influenza viruses.
- For the results of previous months, please refer to the following webpage: https://www.chp.gov.hk/en/statistics/data/10/641/695/7088.html
- Low detection rates of oseltamivir (Tamiflu) resistant influenza A and B viruses from latest surveillance data of overseas countries (less than 5%).
- CHP will continue laboratory surveillance on oseltamivir (Tamiflu) resistance of influenza viruses to monitor the trend.

Influenza-like illness outbreak surveillance, 2021-25

In week 36, 26 ILI outbreaks occurring in schools/institutions were recorded (affecting 294 persons), as compared to 14 outbreaks recorded in the previous week (affecting 90 persons) (Figure 2.3). In the first 4 days of week 37 (Sept 7 to 10), 36 ILI outbreaks in schools/institutions were recorded (affecting 367 persons).

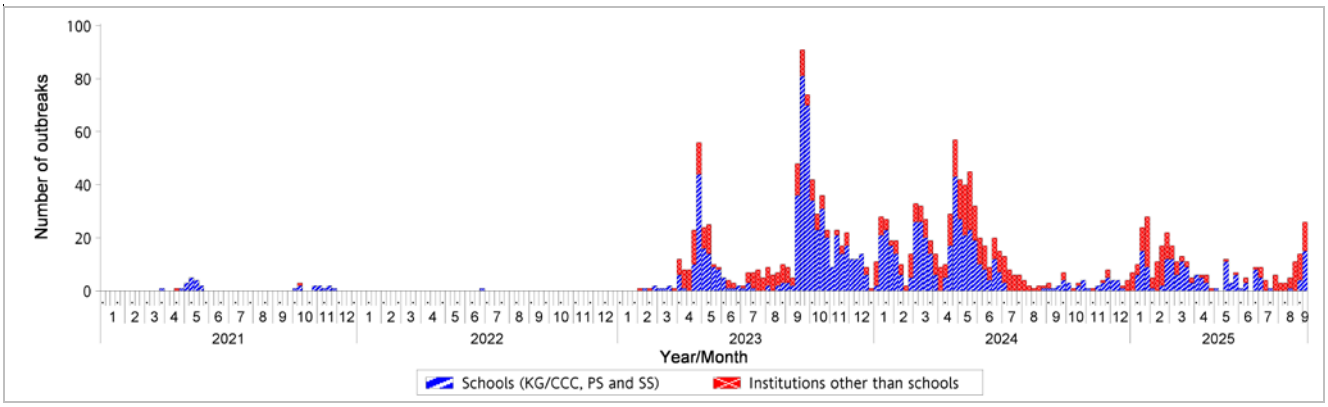

Figure 2.3 ILI outbreaks in schools/institutions, 2021-25

Type of institutions	Week 35	Week 36	First 4 days of week 37 (Sept 7 – 10)
Child care centre/ kindergarten (CCC/KG)	2	3	3
Primary school (PS)	2	7	16
Secondary school (SS)	0	5	14
Residential care home for the elderly	6	6	0
Residential care home for persons with disabilities	4	5	1
Others	0	0	2
Total number of outbreaks	14	26	36
Total number of persons affected	90	294	367

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

In week 36, the overall admission rates in public hospitals with principal diagnosis of influenza was 0.35 (per 10,000 population), which was above the baseline threshold of 0.27 and was higher than 0.33 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 2.10, 1.13, 0.31, 0.09, 0.12 and 0.65 cases (per 10,000 people in the age group) respectively, as compared to 1.18, 0.64, 0.20, 0.13, 0.10 and 0.80 cases in the previous week (Figure 2.4).

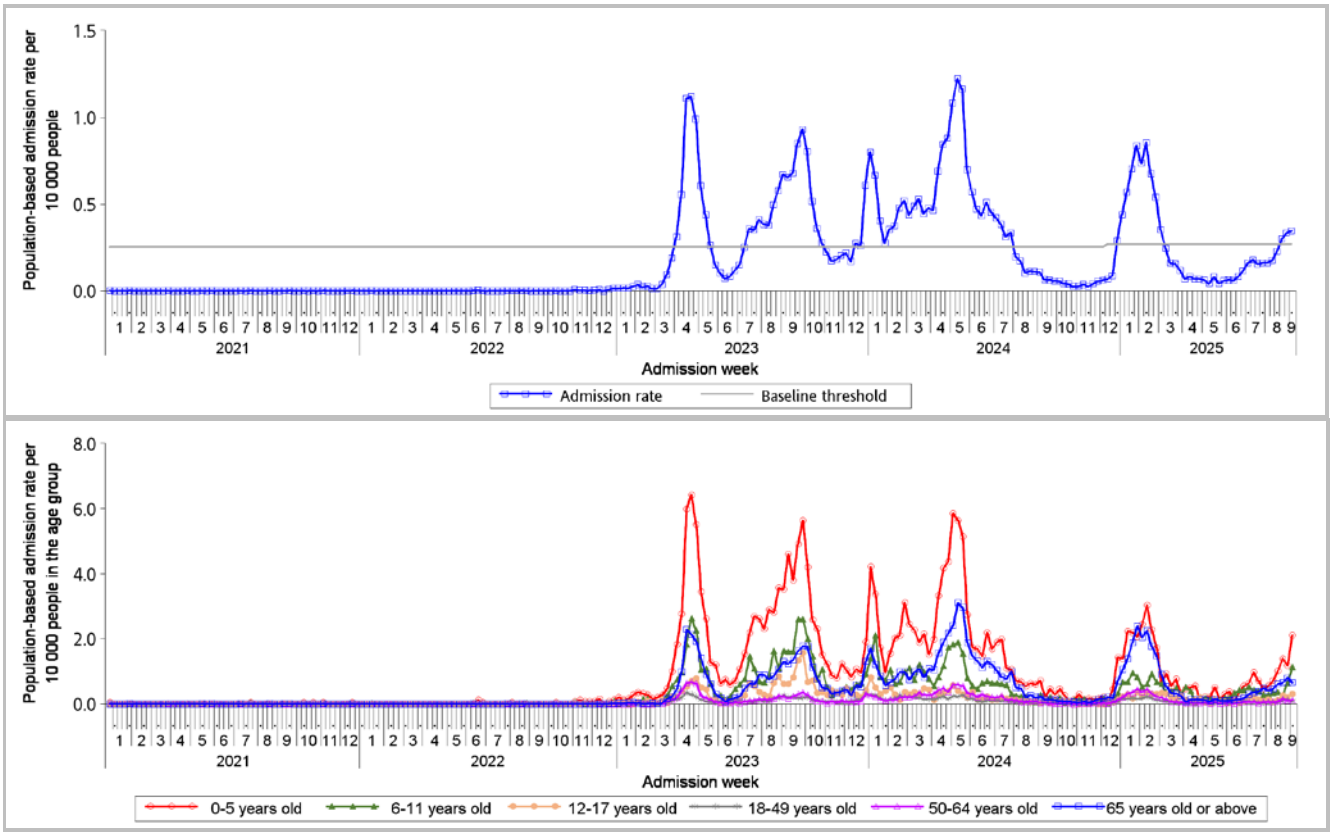

Figure 2.4 Influenza-associated hospital admission rates, 2021-25 (upper: overall rate, lower: rates by age groups)

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

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

In week 36, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 127.0 (per 1,000 coded cases), which was higher than the rate of 117.3 in the previous week (Figure 2.5).

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

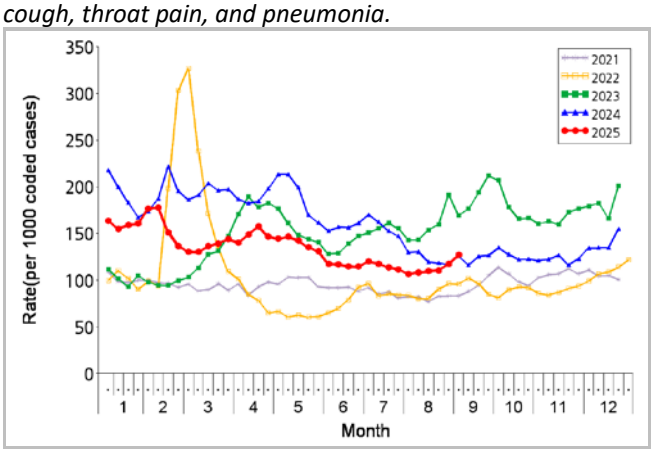

Figure 2.5 Rate of ILI syndrome group in AEDs, 2021-25

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

In week 36, 0.44% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above). The surveillance for week 35 was suspended due to summer holiday (Figure 2.6).

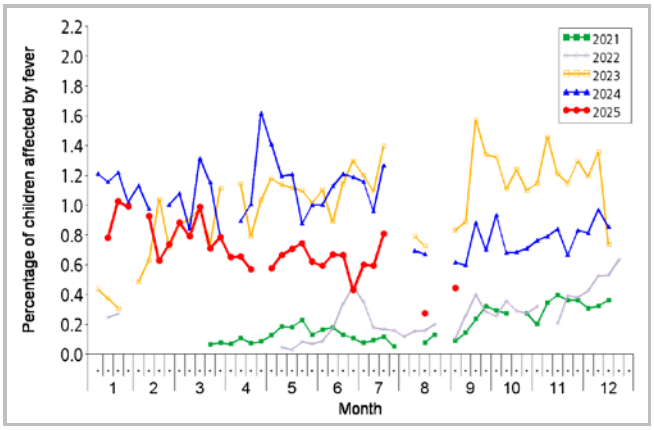

Figure 2.6 Percentage of children with fever at sentinel CCCs/KGs, 2021-25

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

In week 36, 0.13% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), compared to 0.08% recorded in the previous week (Figure 2.7).

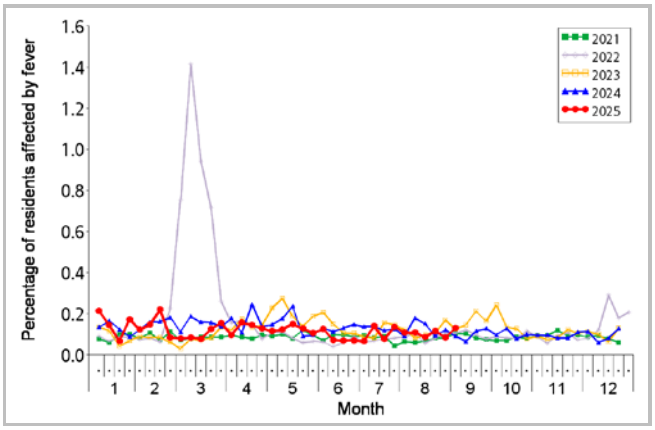

Figure 2.7 Percentage of residents with fever at sentinel RCHEs, 2021-25

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

In week 36, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.56 ILI cases per 1,000 consultations as compared to 0.41 recorded in the previous week (Figure 2.8).

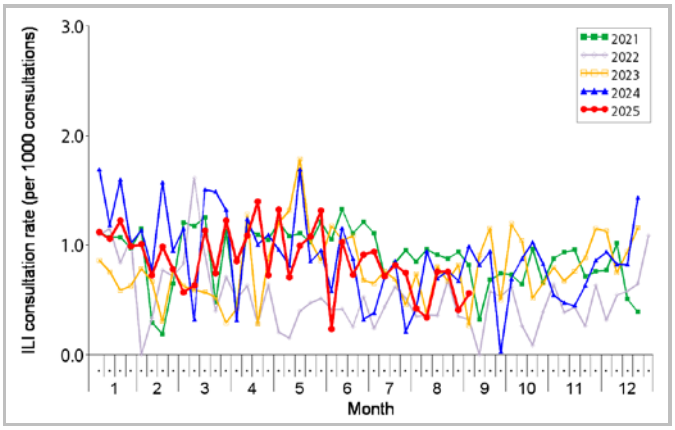

Figure 2.8 ILI consultation rate at sentinel CMPs, 2021-25

Surveillance of severe influenza cases

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

Surveillance for intensive care unit (ICU) admission/death with laboratory confirmation of influenza among adult patients (Aged 18 years or above)

Since 2018, the Centre for Health Protection (CHP) has collaborated with the Hospital Authority and private hospitals to monitor ICU admissions and deaths with laboratory confirmation of influenza among adult patients regularly. For surveillance purpose, the cases refer to laboratory-confirmed influenza patients who required ICU admission or died within the same admission of influenza infection. Their causes of ICU admission or death may be due to other acute medical conditions or underlying diseases.

- In week 36, 22 adult cases of ICU admission/death with laboratory confirmation of influenza (including 16 deaths) were recorded, as compared to 25 cases (including 15 deaths) in the previous week.

Week	Influenza type			
	A(H1)	A(H3)	B	A (pending subtype)
Week 35	8	15	0	2
Week 36	9	7	1	5

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

- In week 36 and the first 4 days of week 37 (Sept 7 to 10), there were 5 cases of severe paediatric influenza-associated complication/death.

Reporting week	Age	Sex	Complication	Fatal case?	Influenza subtype	History of receiving 2024/25 influenza vaccine
36	17 years	Male	Shock	No	Influenza A(H3)	No
36	10 years	Male	Severe pneumonia and respiratory failure	No	Influenza A(H1)	Yes
36	8 years	Male	Encephalopathy and shock	No	Influenza A(H3)	No
37	11 years	Male	Encephalopathy	No	Influenza A(H3)	Yes
37	15 years	Male	Septic shock	No	Influenza A (H3)	Yes

- In 2025, 16 paediatric cases of severe influenza-associated complication/death were recorded, in which none of them were fatal (as of Sept 10).

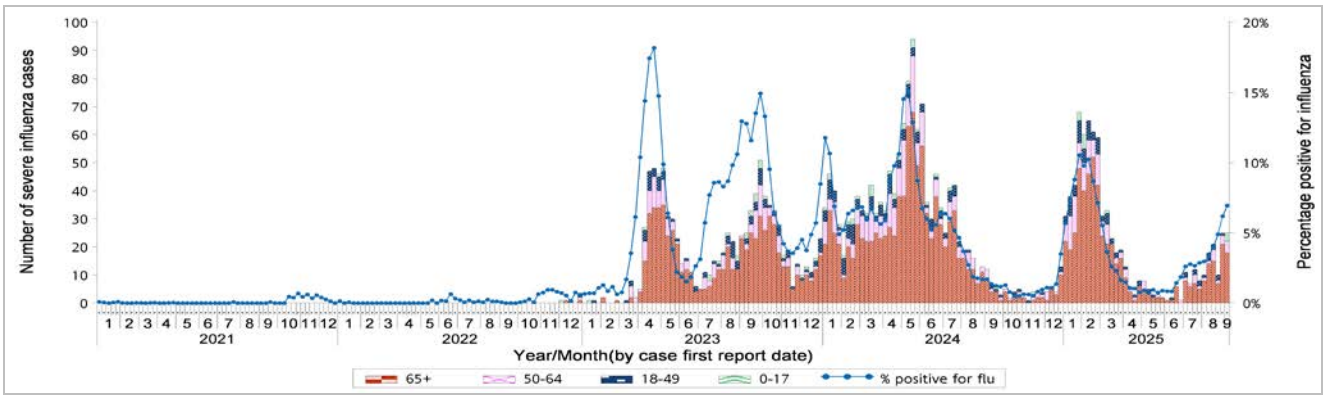

Figure 2.9 Weekly number of severe influenza cases by age groups, 2021-25 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

Global Situation of Influenza Activity

In the Northern Hemisphere, influenza activities remained low and stable in most countries. In the Southern Hemisphere, influenza activity remained elevated in Oceania (data up to Aug 24, 2025).

- In the United States (week ending Aug 30, 2025), the seasonal influenza activity was low. The percentage of specimens tested positive for influenza was 0.4%.
- In Canada (week ending Aug 23, 2025), influenza activity was at interseasonal level. Influenza positivity remained low at 0.4%.
- In the United Kingdom (week ending Aug 24, 2025), influenza activity was at baseline level. Influenza positivity in England was 1.1% as compared with 0.9% in preceding week.
- In Europe (week ending Aug 31, 2025), indicators of influenza activity were at interseasonal levels. Influenza positivity from sentinel specimens was at 2%, which was below the 10% epidemic threshold.
- In Mainland China (week ending Aug 31, 2025), the percentage of specimens tested positive for influenza in southern and northern provinces were at low levels, with 2.7% and 0.4% in week 35 respectively. However, in Guangdong (week ending Aug 31, 2025), influenza activity continued to increase recently. The percentage of specimens tested positive for influenza increased to 11.50% in the week ending Aug 31, as compared to the baseline level of 12.44%. It is expected that Guangdong province will enter influenza epidemic period in coming weeks. Currently, influenza A(H3) virus is predominating.
- In Australia (fortnight ending Aug 24, 2025), the number of influenza cases decreased last fortnight; however, national influenza case numbers were higher than observed at the same time in previous years. Most influenza notifications were influenza A, followed by influenza B.
- In New Zealand (week ending Aug 31, 2025), the national ILI rate has increased slightly to 31.23 from 29.34 per 100,000 population in preceding week. 12 (30.8%) out of 39 sentinel samples were tested positive for influenza in week 35. Influenza B viruses predominated in recent weeks, followed by influenza A(H1).

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 and Australian Department of Health and Aged Care and New Zealand Ministry of Health.