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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 Oct 15, 2025)

Reporting period: Oct 5, 2025 – Oct 11, 2025 (Week 41)

- 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 41, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 20 as compared to 31 in the preceding week. (Figure 1.1)

In the first 4 days of week 42 (Oct 12 – Oct 15), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 1 to 3.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 84,299 (as of Oct 15, 2025).

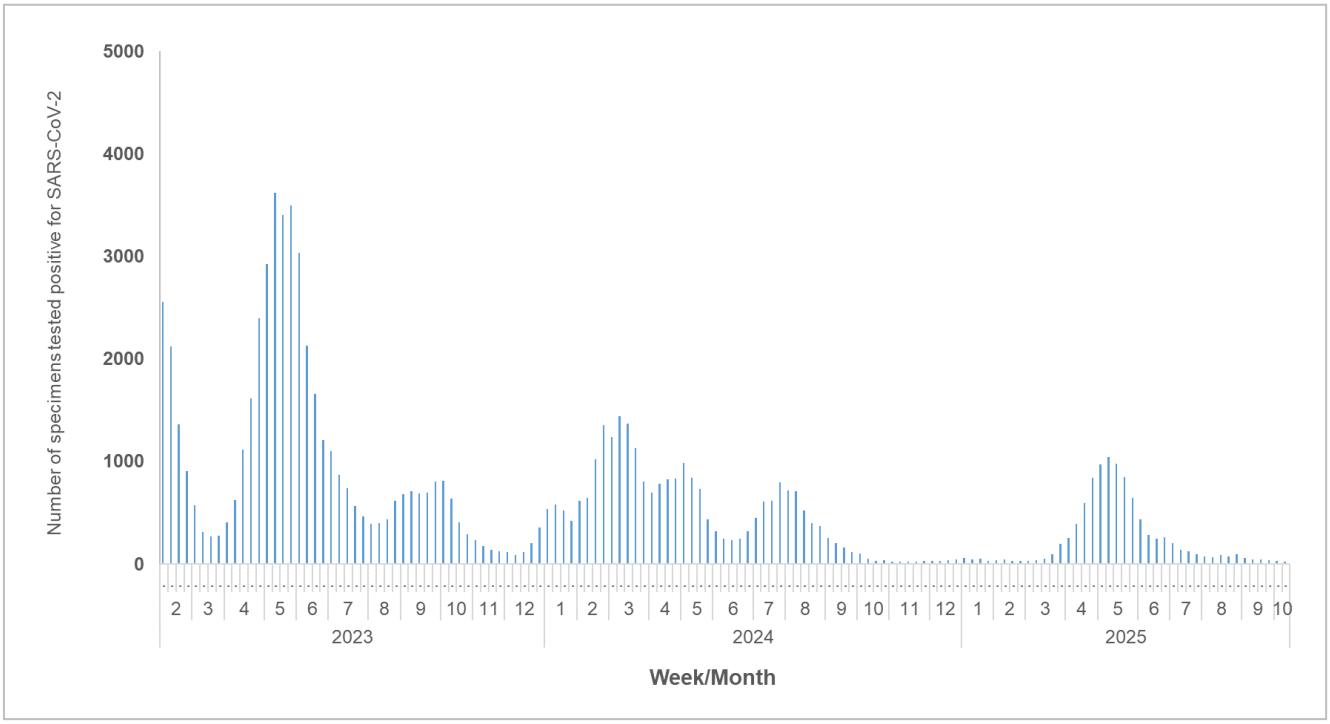

Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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

Among the 8,193 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 41, 33 (0.40%) were tested positive for SARS-CoV-2 virus as compared to 48 (0.58%) in the preceding week. (Figure 1.2)

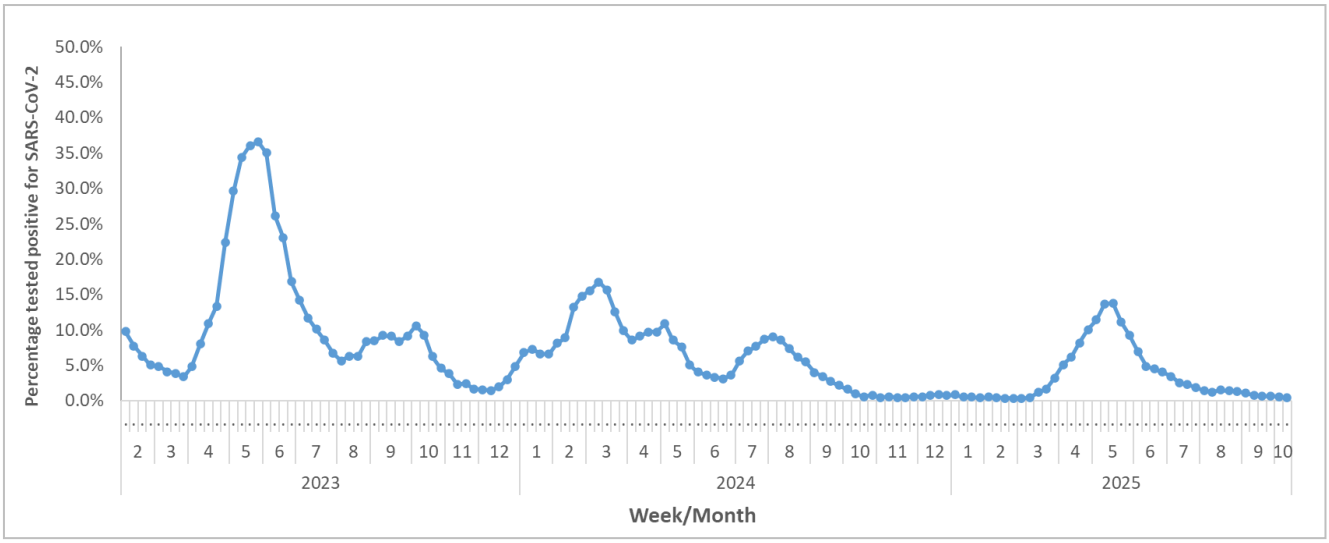

Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

COVID-19 outbreak surveillance

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

In week 41, 0 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 0 persons), as compared to 0 outbreaks recorded in the previous week (affecting 0 persons). (Figure 1.3)

In the first 4 days of week 42 (Oct 12–Oct 15), 0 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 0 persons).

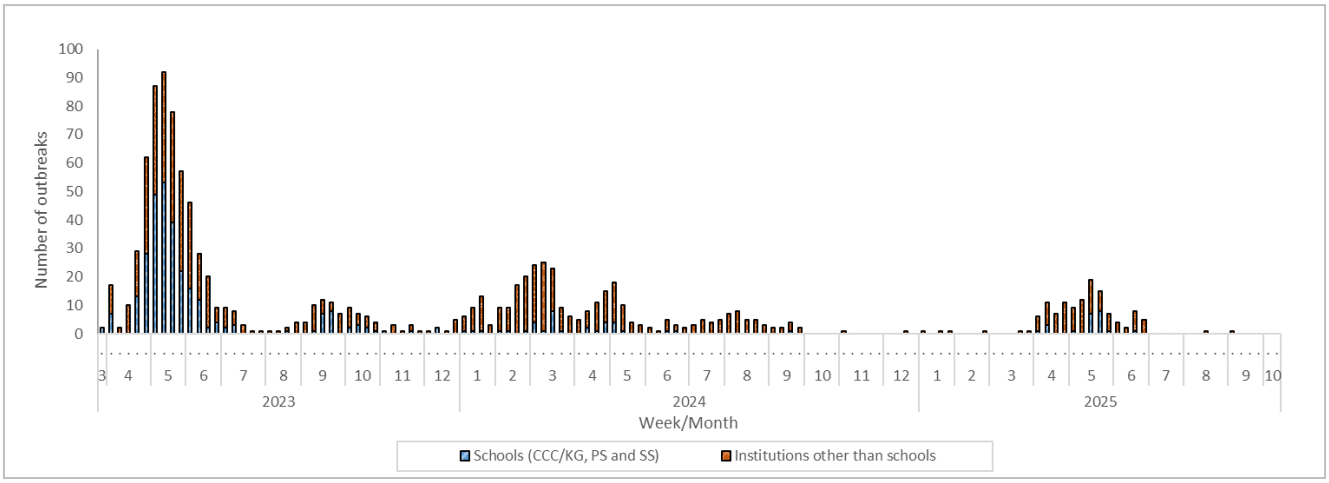

Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 40	Week 41	First 4 days of week 42 (Oct 12 – Oct 15)
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	0	0
Others	0	0	0
Total number of outbreaks	0	0	0
Total number of persons affected	0	0	0

Surveillance of severe and fatal COVID-19 cases

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

In week 41, the weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 0 as compared to 0 in the preceding week. (Figure 1.4)

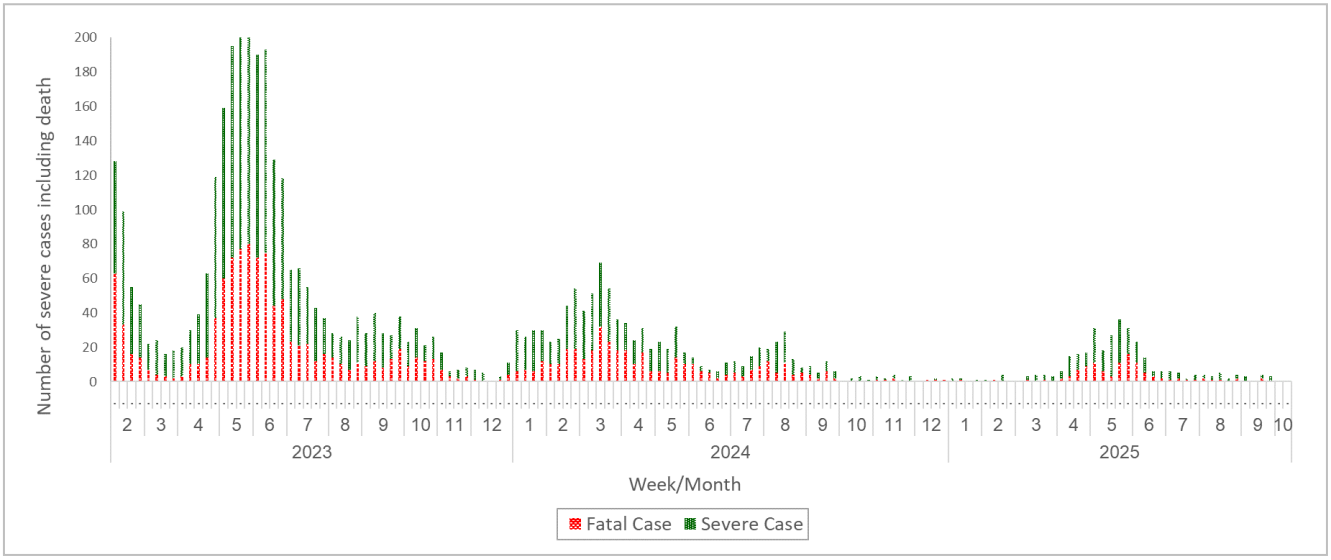

Figure 1.4 Weekly number of severe COVID-19 cases including deaths

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

Sewage surveillance of SARS-CoV-2 virus

In week 41, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 63,000 copy/L as compared to around 40,000 copy/L in the preceding week. (Figure 1.5)

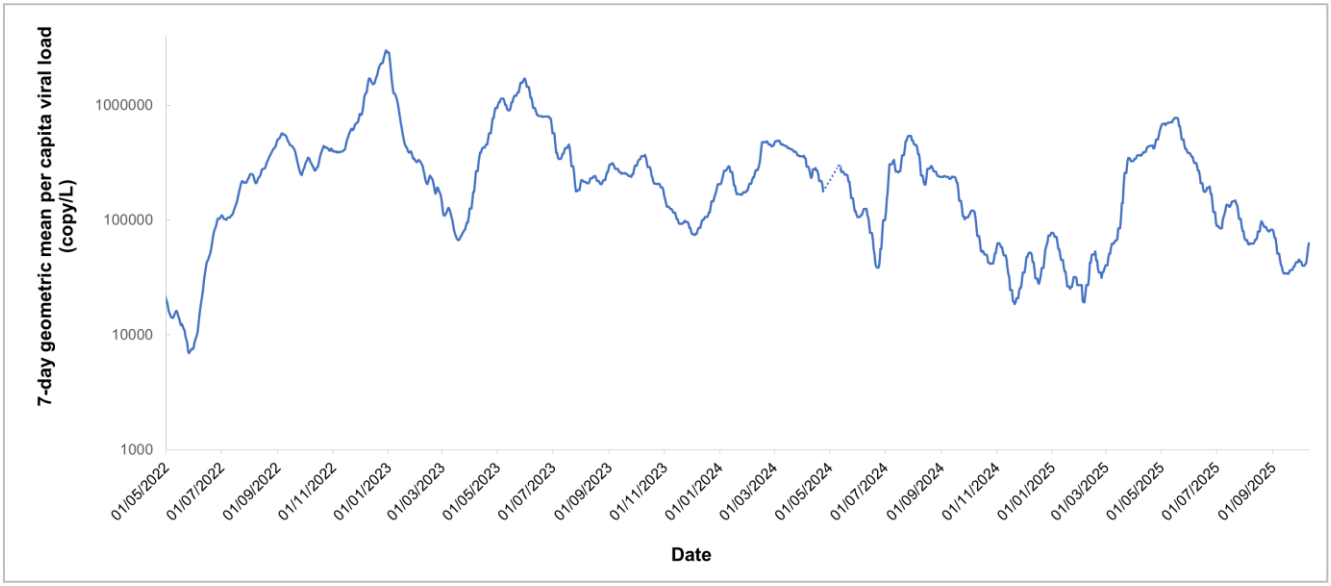

Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

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 family medicine clinics and sentinel private medical practitioner clinics

In week 41, the average consultation rate for COVID-19 among sentinel family medicine clinics and sentinel private medical practitioner clinics were 1.3 (Figure 1.6) and 0.0 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

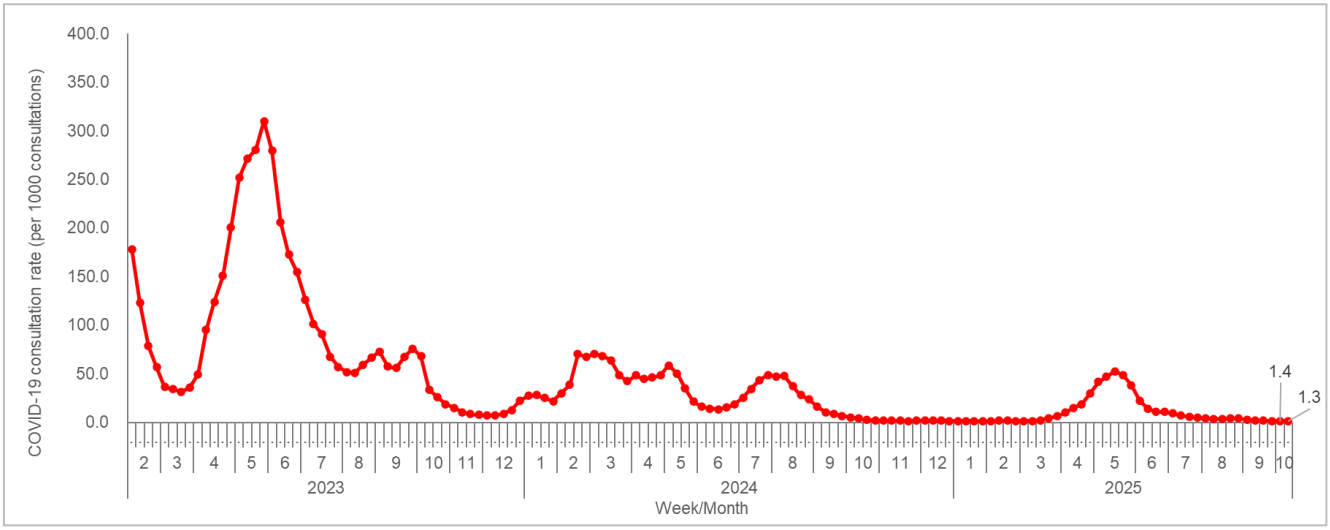

Figure 1.6 Average consultation rate of COVID-19 cases in family medicine clinics

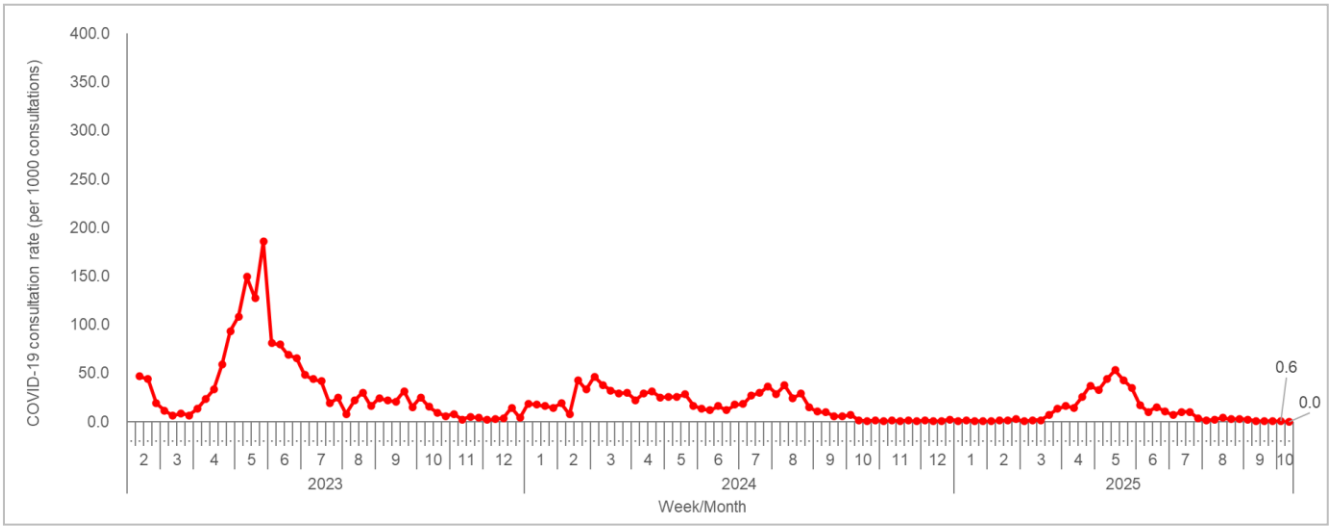

Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

Surveillance on SARS-CoV-2 variants

Currently, WHO is monitoring one variant of interest (VOI), which is JN.1, and five VUMs, which are 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 Oct 16, 2025) showed that NB.1.8.1 (one of the descendant lineages of XDV) is the most prevalent variant, comprising 43.0% of all characterised specimens. (Figure 1.8)

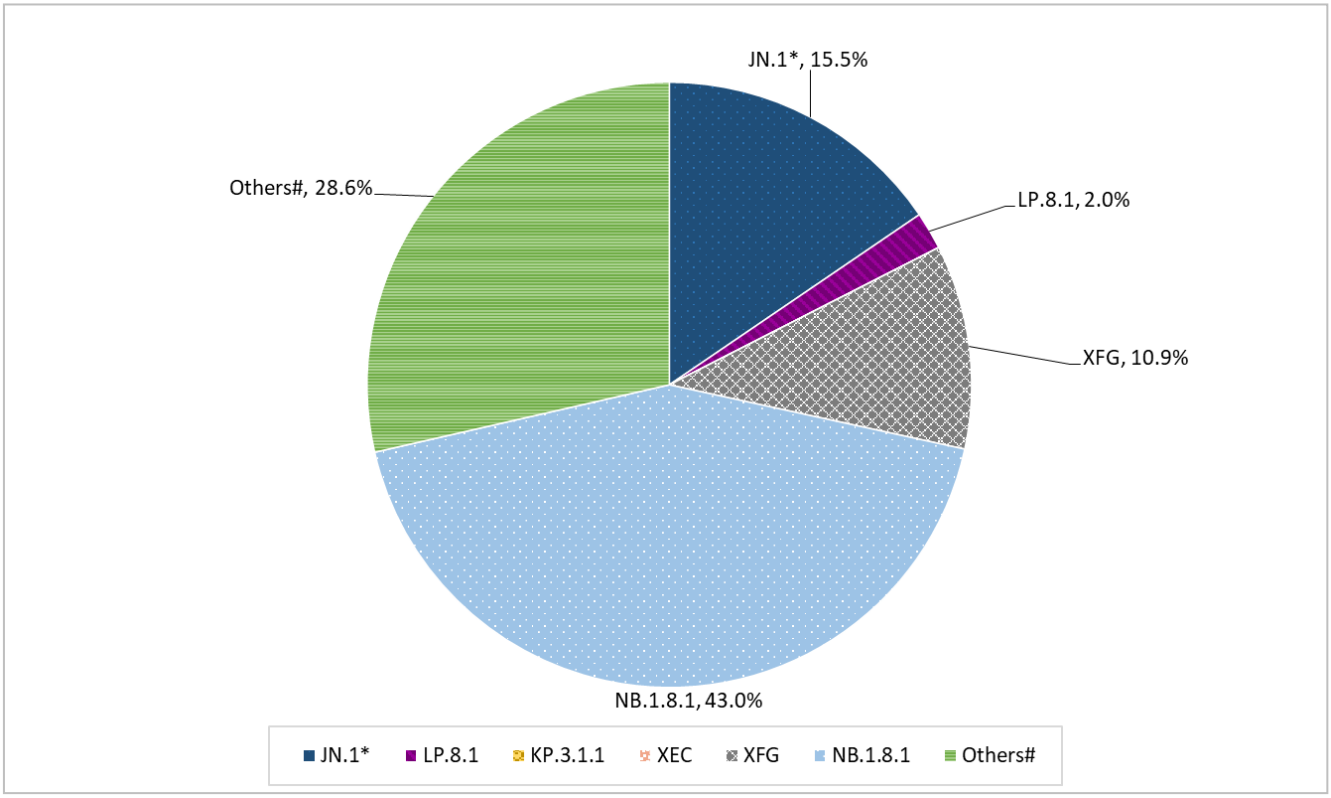

Figure 1.8 Estimated proportion of variants among sewage samples

**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, 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 Sep 23 and Oct 7, 2025. The results showed that NB.1.8.1 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 95% of all characterised specimens.

Global situation of COVID-19 activity

- According to the WHO, global SARS-CoV-2 activity were stable, 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 Kingdom, Canada, and South Korea.
  - In Chinese Mainland (week ending Oct 5, 2025), the overall percentage of specimens tested positive for SARS-CoV-2 has shown a downward trend. The predominant variant was NB.1.8.1 recently. In Taiwan region (week ending Oct 4, 2025), the COVID-19 activity continued to decrease, with the number of COVID-19 outpatient and emergency visits and inpatient admissions declining compared to the previous week. The predominant variant was NB.1.8.1.
  - In Japan (week ending Oct 5, 2025), the average number of reported COVID-19 cases per sentinel site was 4.82 compared to 5.87 in the preceding week. The predominant variant was NB.1.8.1.
  - In South Korea (week ending Sep 27, 2025), the weekly detection rate for SARS-CoV-2 was 23.2% compared to 31.1% in the preceding week. The predominant variant was NB.1.8.1.
  - In Singapore (week ending Oct 4, 2025), the positivity rate for COVID-19 among acute respiratory infection (ARI) samples in the community was 2% compared to 2% in the preceding week.
  - In the United States (week ending Sep 27, 2025), the percent positivity of COVID-19 was 6.7% compared to 7.9% in the preceding week. The predominant variant was XFG.
  - In Canada (week ending Oct 4, 2025), indicators of COVID-19 activity remained elevated. The percentage of tests positive for COVID-19 was 9.6%, compared to 11.2% in the preceding week. The predominant variant was XFG.
  - In the United Kingdom (week ending Oct 5, 2025), COVID-19 activity has increased. COVID-19 PCR positivity in hospital settings was 12.9% compared to 11.7% in the preceding week. The predominant variant was XFG.
  - In Europe (week ending Oct 5, 2025), SARS-CoV-2 positivity from sentinel specimens was 12% compared to 16% in the prior week. The predominant variant was XFG.
  - In Australia (fortnight ending Oct 5, 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 Oct 15, 2025)

Reporting period: Oct 5 – Oct 11, 2025 (Week 41)

- Hong Kong is currently in the summer influenza season. The latest surveillance data showed that the overall influenza activity 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.
- 2025/26 Seasonal Influenza Vaccination (SIV) Programmes, including the SIV School Outreach Programme, the Residential Care Home Vaccination Programme and the Vaccination Subsidy Scheme, have been commenced on September 25, 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, 2021-25

In week 41, the average consultation rate for influenza-like illness (ILI) among sentinel family medicine clinics (FMC) was 13.8 ILI cases per 1,000 consultations, which was higher than 11.4 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 50.0 ILI cases per 1,000 consultations, which was higher than 41.3 recorded in the previous week (Figure 2.1, right).

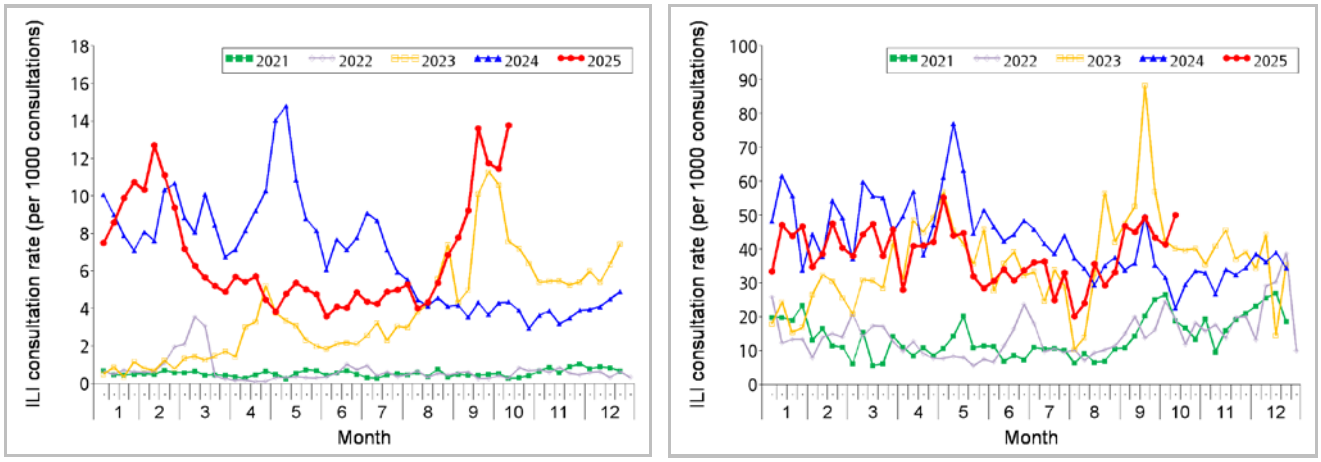

Figure 2.1 ILI consultation rates at sentinel FMC (left) and PMP clinics (right), 2021-25

Laboratory surveillance, 2021-25

Among the 8,824 respiratory specimens received in week 41, 1,061 (12.02%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 129 (13%) influenza A(H1), 850 (83%) influenza A(H3) and 44 (4%) influenza B viruses. The positive percentage (12.02%) was above the baseline threshold of 4.94% and was higher than 9.70% recorded in the previous week (Figure 2.2).

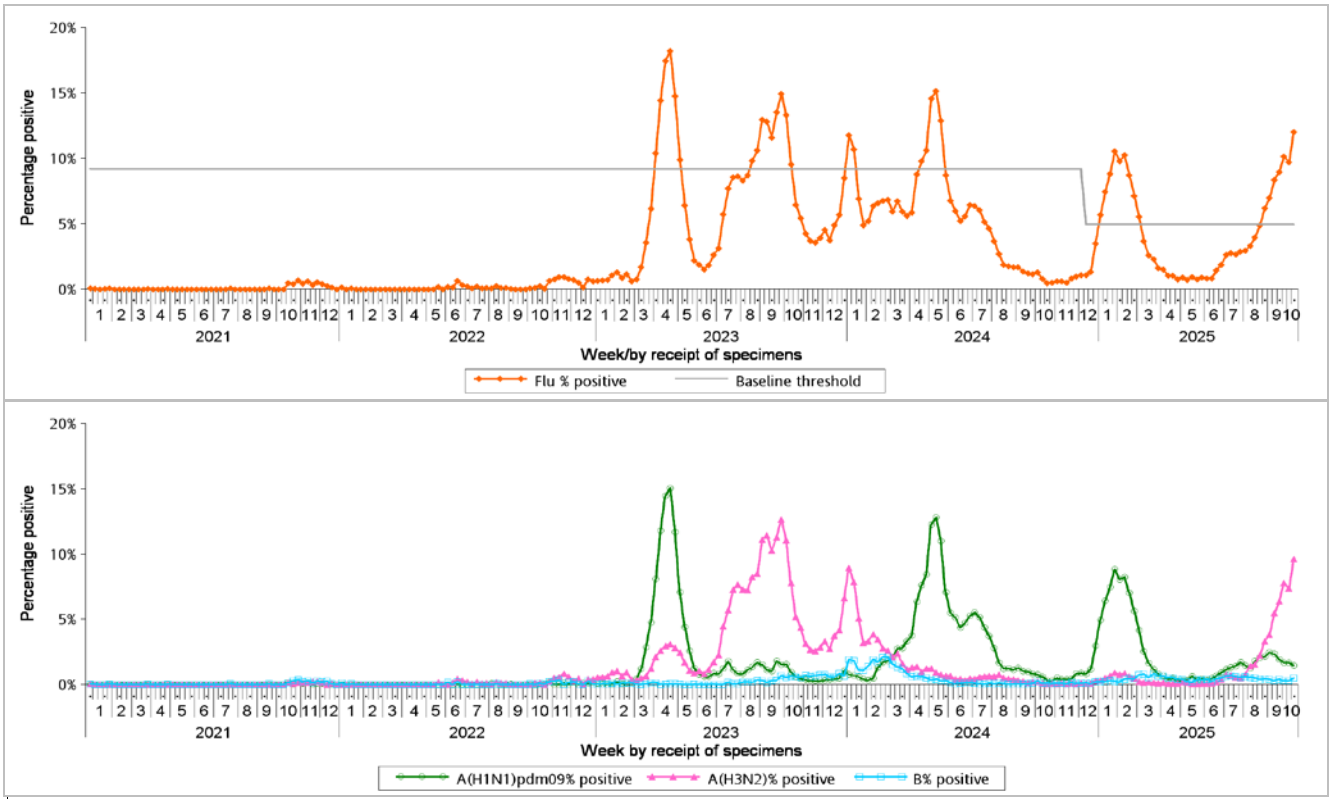

Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2021-25 (upper: overall positive percentage, lower: positive percentage by subtypes)

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

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

* Including 8,193 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 631 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 September 2025, there were no new reports of influenza A(H1) virus with H275Y substitution as well as influenza A(H3) and B viruses with reduced susceptibility on oseltamivir (Tamiflu).
- 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 41, 88 ILI outbreaks occurring in schools/institutions were recorded (affecting 600 persons), as compared to 68 outbreaks recorded in the previous week (affecting 568 persons) (Figure 2.3). The overall number was at the medium intensity level currently (Figure 2.4*). In the first 4 days of week 42 (Oct 12 to 15), 117 ILI outbreaks in schools/institutions were recorded (affecting 686 persons). Since week 36, 521 outbreaks were recorded as of (Oct 15).

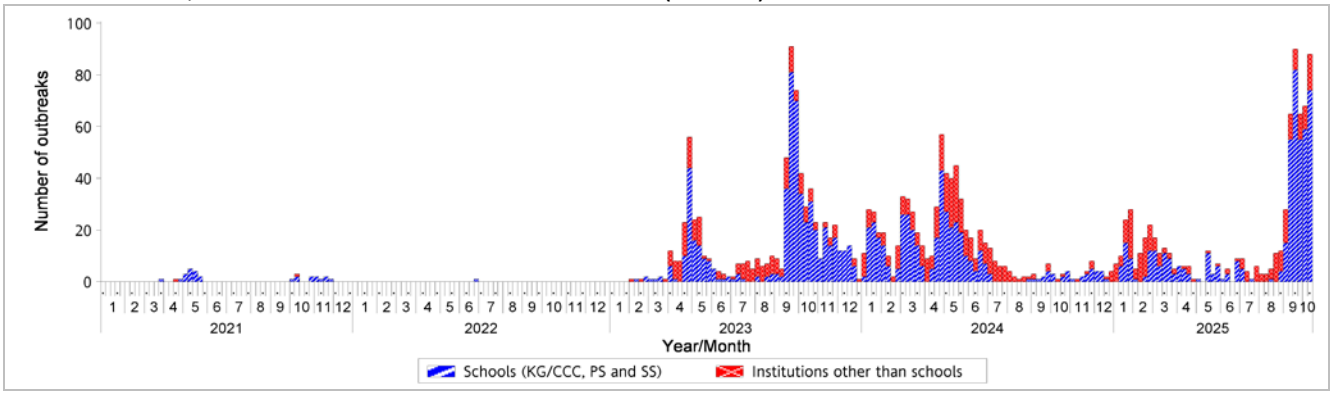

Figure 2.3 ILI outbreaks in schools/institutions, 2021-25

Type of institutions	Week 40	Week 41	Cumulative number of outbreaks since week 36 (as of Oct 15)
Child care centre/ kindergarten (CCC/KG)	4	9	43
Primary school (PS)	33	38	244
Secondary school (SS)	22	27	164
Residential care home for the elderly	3	6	31
Residential care home for persons with disabilities	2	5	19
Others	4	3	20
Total number of outbreaks	68	88	521
Total number of persons affected	568	600	4267

In comparison, 579, 237, 105 and 95 outbreaks were recorded in the same duration of surveillance (6 complete weeks) in the 2018/19 winter, 2023 summer, 2023/24 season and 2024/25 winter seasons respectively, as compared with 404 outbreaks in the current season (Figure 2.5).

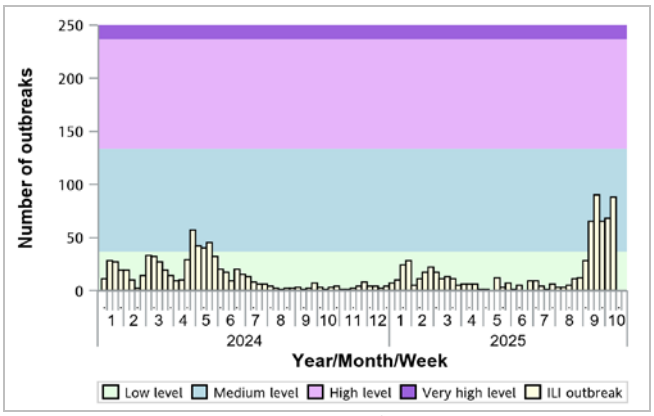

Figure 2.4 ILI outbreaks in schools/institutions, 2024-25

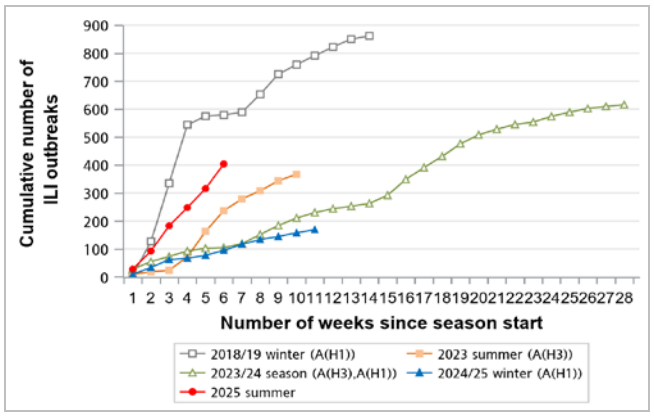

Figure 2.5 Cumulative numbers of ILI outbreaks reported during major influenza seasons, 2019 and 2023–25
Note: The predominating virus was shown in bracket.

** Various intensity levels applicable for this year were calculated with the moving epidemic method (MEM). For details, please refer to this webpage: 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, 2021-25

In week 41, the overall admission rate in public hospitals with principal diagnosis of influenza was 0.67 (per 10,000 population) as compared to 0.62 recorded in the previous week (Figure 2.6). It was above the baseline threshold of 0.27 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 3.58, 3.20, 1.29, 0.15, 0.12 and 1.16 cases (per 10,000 people in the age group) respectively, as compared to 3.16, 2.04, 1.01, 0.15, 0.22 and 1.20 cases in the previous week (Figure 2.6).

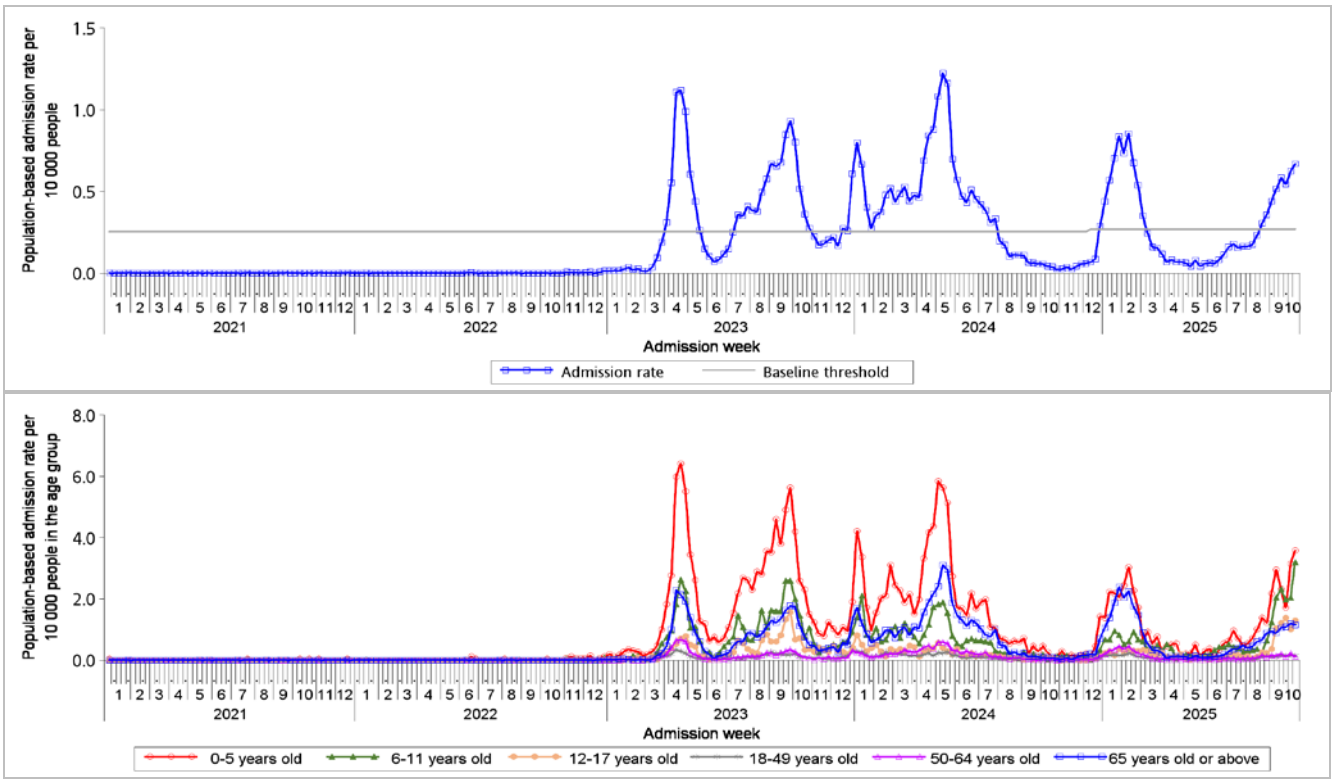

Figure 2.6 Influenza-associated hospital admission rates, 2021-25 (upper: overall rate, lower: rates by age groups)

[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.]

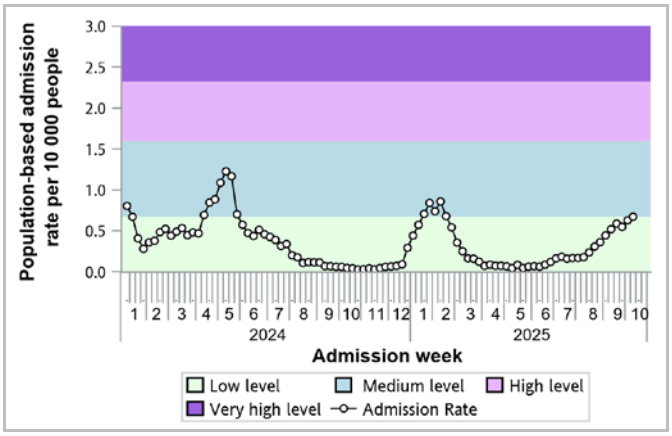

Figure 2.7 Influenza-associated hospital admission rates, 2024-25

**Various intensity levels applicable for this year were calculated with the moving epidemic method (MEM). 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, 2021-25#

In week 41, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 158.0 (per 1,000 coded cases), which was higher than the rate of 151.0 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.

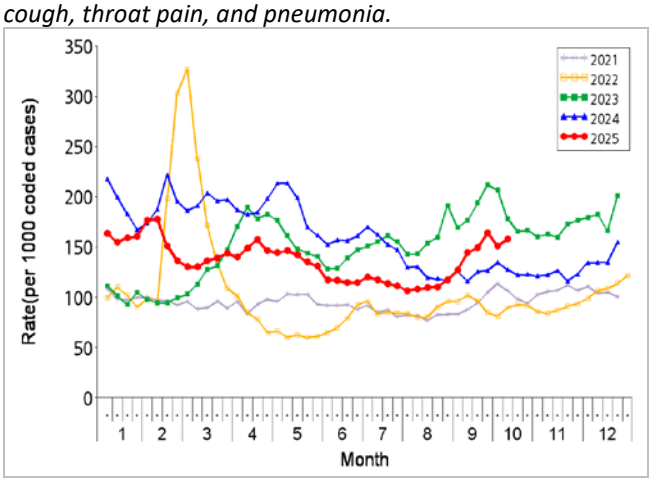

Figure 2.8 Rate of ILI syndrome group in AEDs, 2021-25

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

In week 41, 0.66% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.45% recorded in the previous week (Figure 2.9).

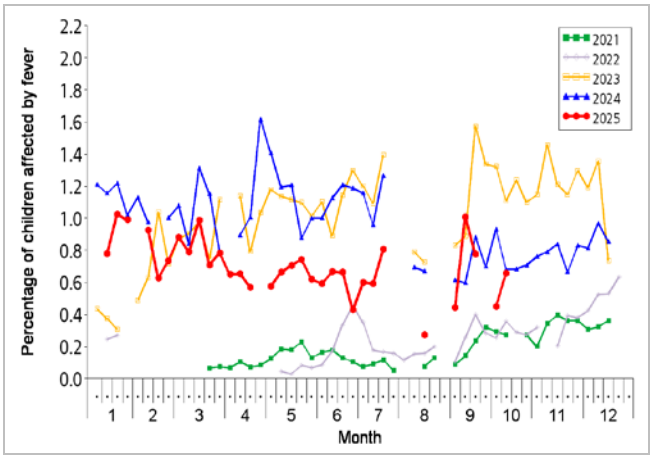

Figure 2.9 Percentage of children with fever at sentinel CCCs/KGs, 2021-25

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

In week 41, 0.13% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), compared to 0.09% recorded in the previous week (Figure 2.10).

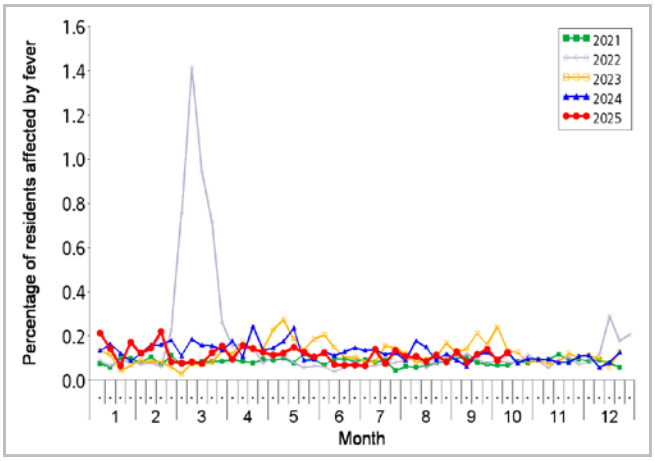

Figure 2.10 Percentage of residents with fever at sentinel RCHEs, 2021-25

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

In week 41, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.45 ILI cases per 1,000 consultations as compared to 0.73 recorded in the previous week (Figure 2.11).

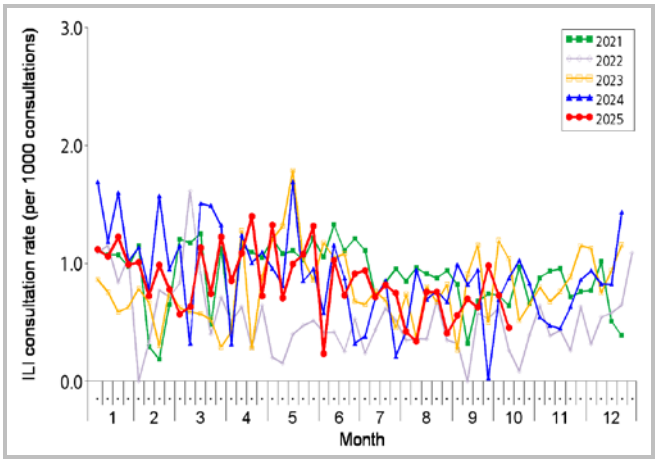

Figure 2.11 ILI consultation rate at sentinel CMPs, 2021-25

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 41, 40 adult cases of ICU admission/death with laboratory confirmation of influenza (including 27 deaths) were recorded, as compared to 25 cases (including 16 deaths) in the previous week. Among the 40 adult cases, 27 were not known to have received the 2024/25 seasonal influenza vaccine (SIV). In the first 4 days of week 42 (Oct 12 – 15), 17 cases were recorded, in which 10 of them were fatal.

Week	Influenza type					
	A(H1)	A(H3)	A (pending subtype)	B	A and B	C
Week 41	4	32	2	2	0	0
First 4 days of week 42 (Oct 12 – 15)	2	8	6	1	0	0

- Since week 36 (as of Oct 15), 189 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 131 of them were fatal. Among them, 116 patients had influenza A(H3) infection, 51 patients with influenza A(H1), 6 patients with influenza B and 16 patients with influenza A (pending subtype).

- In comparison, 337, 177, 183 and 325 adult cases were recorded in the same duration of surveillance (6 complete weeks) in the 2018/19 winter, 2023 summer, 2023/24 season and 2024/25 winter seasons respectively, as compared with 172 cases in the current season (Figure 2.12, left). The corresponding figures for deaths were 184, 111, 110, 210 in the above seasons, as compared with 121 deaths in the current season (Figure 2.12, right).

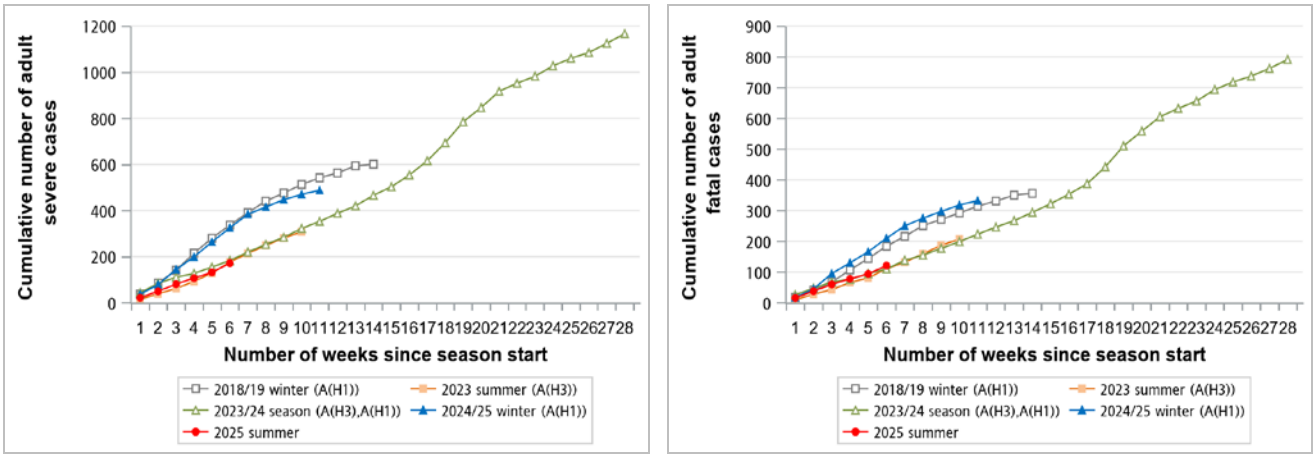

Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2019 and 2023–25 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

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

- In week 41 and the first 4 days of week 42 (Oct 12 – 15), there was 1 case of severe paediatric influenza-associated complication/death.

Reporting week	Age	Sex	Complication	Fatal case?	Influenza subtype	History of receiving 2025/26 influenza vaccine
41	13 years	Female	Encephalopathy, myocarditis and shock	Yes	Influenza B	No

- During this summer season, 10 paediatric cases of influenza-associated complication/death were reported, in which one of them were fatal. 7 cases had infections with influenza A(H3), 1 with influenza A(H1), 1 with influenza A(untyped) and 1 with influenza B. 5 cases did not receive the SIV. In 2025, 21 paediatric cases of influenza-associated complication were reported, in which one of them was fatal (as of Oct 15).

- In comparison, 21, 12, 7 and 9 paediatric cases of influenza-associated complication/death were recorded in the same duration of surveillance (6 complete weeks) in the 2018/19 winter, 2023 summer, 2023/24 season and 2024/25 winter seasons respectively, as compared with 9 cases in the current season (Figure 2.13, left). The corresponding figures for deaths were 1, 1, 0 and 0 in the above seasons, as compared with 1 death in current season (Figure 2.13, right).

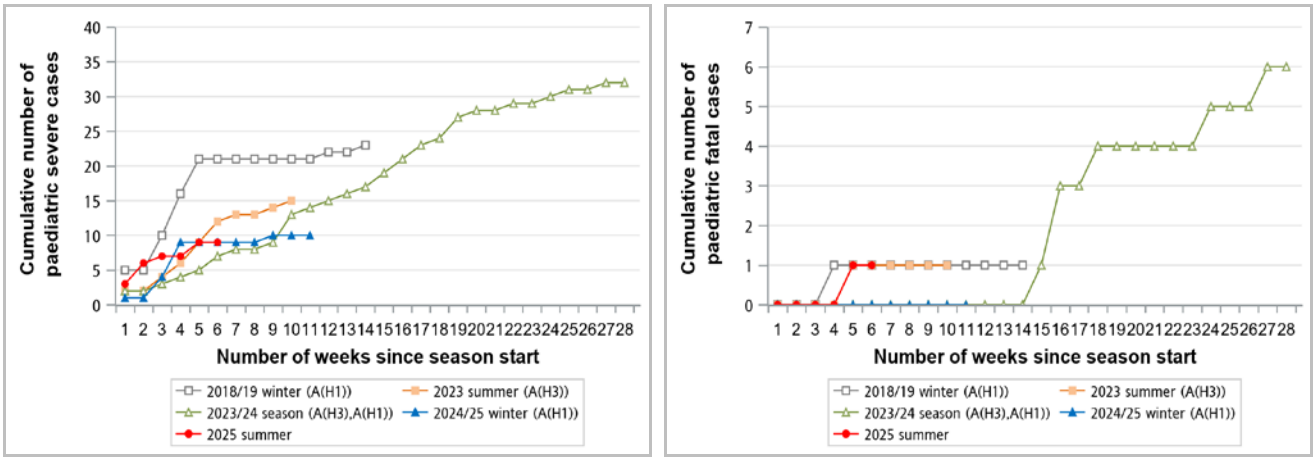

Figure 2.13 Cumulative numbers of cases of paediatric influenza-associated complication/death reported during major influenza seasons, 2019 and 2023–25 (left: complication/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

Severe influenza cases of all ages

- During this influenza season, 199 severe influenza cases among all ages have been reported, including 132 deaths (as of Oct 15).

Age group	Cumulative number of cases (death)
0-5	1 (0)
6-11	4 (0)
12-17	5 (1)
18-49	7 (0)
50-64	29 (9)
>=65	153 (122)

- Among the adult fatal cases with available clinical information, about 84% had chronic diseases.
- Among patients with laboratory confirmation of influenza admitted to public hospitals in this season, 2.4.% of admitted cases died during the same episode of admission. It was lower than the historical range between 2.5% (2017/18 winter season) and 4.5% (2024/25 winter season).

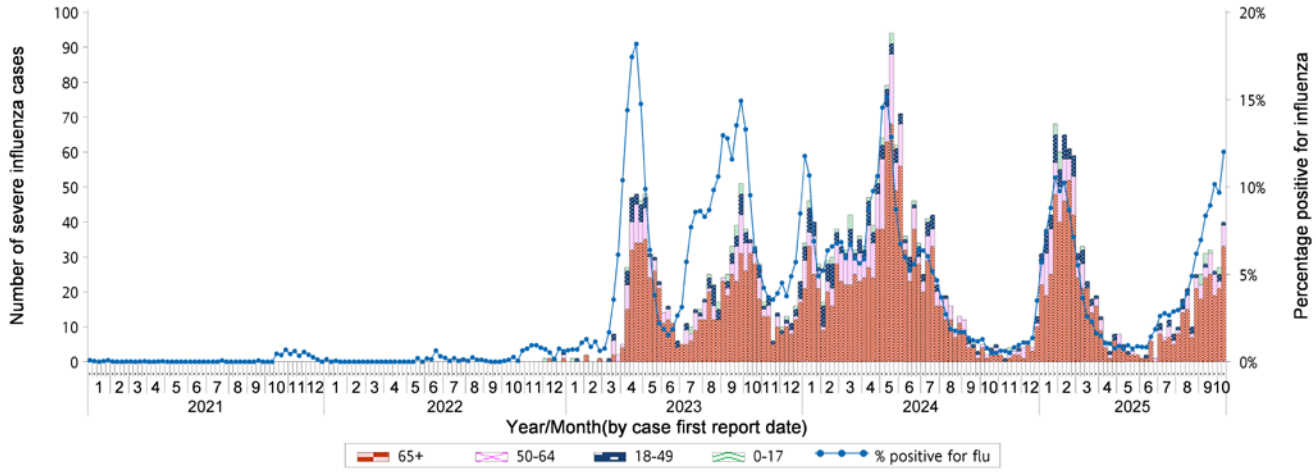

Figure 2.14 Weekly number of severe influenza cases by age groups, 2021-25 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

Global Situation of Influenza Activity

In the Northern Hemisphere, influenza activities remained low and stable in most countries, but influenza positivity was elevated in South-East Asia. In the Southern Hemisphere, influenza positivity remained low and stable in most countries (data up to Sep 28, 2025).

- In Canada (week ending Oct 4, 2025), influenza activity was at interseasonal level. Influenza positivity remained low at 0.6%.
- In the United Kingdom (week ending Oct 5, 2025), influenza activity showed increasing activity across indicators and was at baseline level. Influenza positivity was 3.3% as compared with 1.9% in preceding week.
- In Europe (week ending Oct 5, 2025), indicators of influenza activity were at interseasonal levels. Influenza positivity from sentinel specimens was at 4%, which was below the 10% epidemic threshold.
- In Chinese Mainland (week ending Oct 5, 2025), influenza activities in both southern and northern provinces were at low levels, except that activities in some provinces in southern China increased. The percentage of specimens tested positive for influenza in southern and northern provinces was 4.8% and 0.7% in week 40 respectively. In Guangdong (week ending Oct 5, 2025), influenza epidemic has arrived with influenza A(H3N2) viruses predominating. The percentage of specimens tested positive for influenza is 13.18% in the week ending Oct 5, higher than the baseline of 12.44%. In Macao (week ending Oct 4, 2025), influenza detection rate increased from previous week. Majority of influenza detections was Influenza A. In Taiwan (week ending Oct 4, 2025), the number of ILI consultation was on an increasing trend. Taiwan is currently in influenza epidemic. The predominating viruses were influenza A(H3), followed by influenza A(H1) viruses.
- In Japan (week ending Oct 5, 2025), influenza activity continued to increase in recent weeks. In week 40, the average number of reported ILI cases per sentinel site increased to 1.56, higher than the baseline level of 1.00. Most of the influenza detections were influenza A(H3) viruses.
- In Australia (fortnight ending Oct 5, 2025), the number of influenza cases decreased last fortnight but was higher than observed at the same time in previous years. Most of the influenza notifications were influenza A, followed by influenza B.
- In New Zealand (week ending Oct 5, 2025), the national ILI rate has decreased to 22.59 as compared to 28.27 per 100,000 population in preceding week. 5 (25%) out of 20 sentinel samples were tested positive for influenza in week 40. Influenza A(H1) and B viruses have been predominant overall so far this season.

Sources:
Information have been extracted from the following sources when updates are available: World Health Organization, Public Health Agency of Canada, UK Health Security Agency, European Centre for Disease Prevention and Control (ECDC) and WHO Regional Office for Europe (WHO Euro), Chinese National Influenza Center, Japan Ministry of Health, Australian Department of Health and Aged Care and New Zealand Ministry of Health