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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 28, 2026)

Reporting period: Oct 18, 2026 – Oct 24, 2026 (Week 43)

- The latest surveillance data showed that the overall local activity of COVID-19 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 PQ.16.1.1 and JN.1 and its descendant lineages are the most prevalent variants in Hong Kong. The World Health Organization (WHO) listed JN.1 as a variant under interest (VOI) on Dec 18, 2023 and PQ.16.1.1 as a variant under monitoring (VUM) on Jul 27, 2026. PQ.16.1.1 is a descendant lineage of NB.1.8.1, which is related to the lineage of JN.1. Scientific evidence shows that COVID-19 vaccines are effective in reducing the risk of severe disease and death.
- Members of the public are advised to maintain strict personal and environmental hygiene at all times for personal protection against COVID-19 infection and prevention of the spread of the disease in the community. High-risk people (e.g. persons with underlying medical conditions or persons who are immunocompromised) should adopt additional measures to protect themselves such as wearing mask properly when going to public places. For other details, please visit the COVID-19 information page (https://www.chp.gov.hk/en/healthtopics/content/24/102466.html).
- Members of the public are advised to take note of the latest recommendations on the use of COVID-19 vaccines in Hong Kong to protect themselves from serious outcomes of COVID-19. High-risk priority groups are recommended to receive a dose of COVID-19 vaccine at least six months since the last dose or infection, regardless of the number of doses received previously. For more details, please visit (https://www.chp.gov.hk/files/pdf/consensus_recommendations_on_the_use_of_covid-19_vaccines_in_hong_kong_oct2025.pdf).
- For the latest information on COVID-19 and prevention measures, please visit the thematic website of COVID-19 (https://www.coronavirus.gov.hk/eng/index.html).

Laboratory surveillance for COVID-19 cases

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

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

In week 43, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 7 as compared to 13 in the preceding week. (Figure 1.1)

In the first 4 days of week 44 (Oct 25– Oct 28), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 0 to 3.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 89,755 (as of Oct 28, 2026).

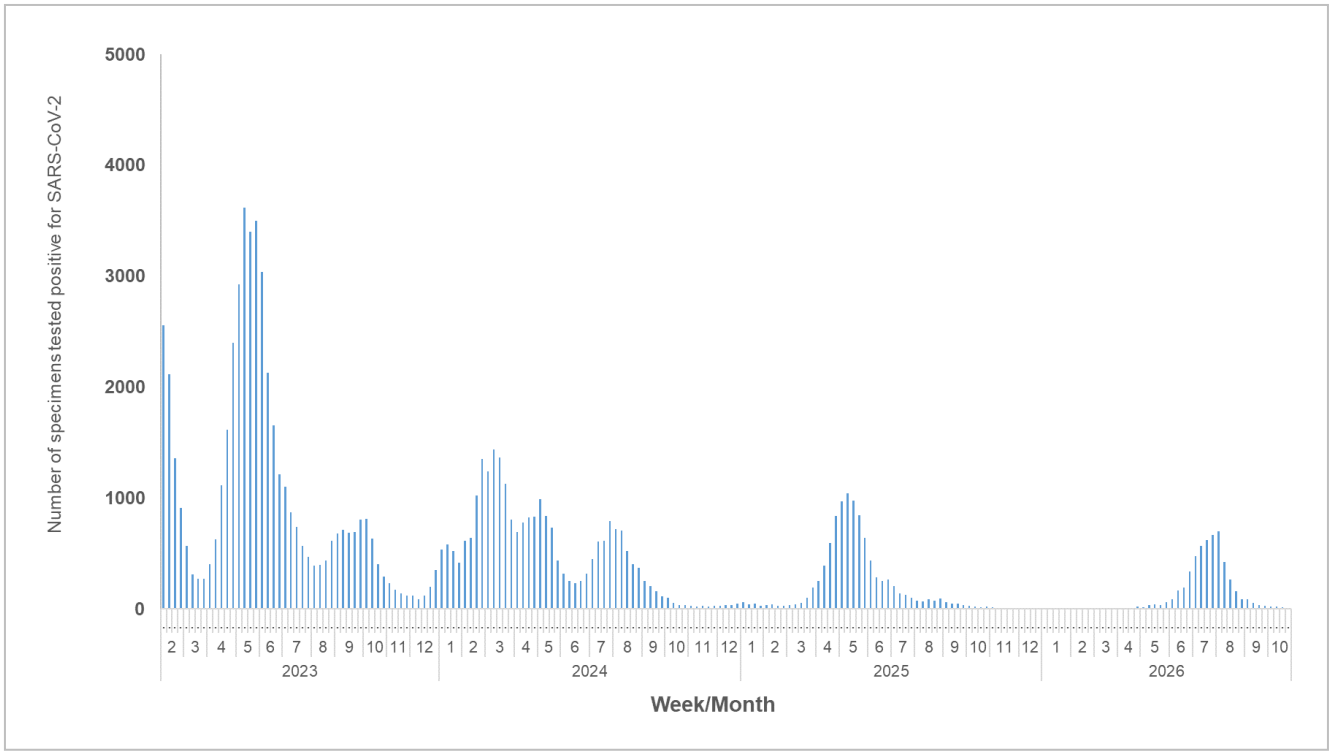

Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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

Among the 8,972 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 43, 8 (0.09%) were tested positive for SARS-CoV-2 virus as compared to 16 (0.17%) in the preceding week. (Figure 1.2)

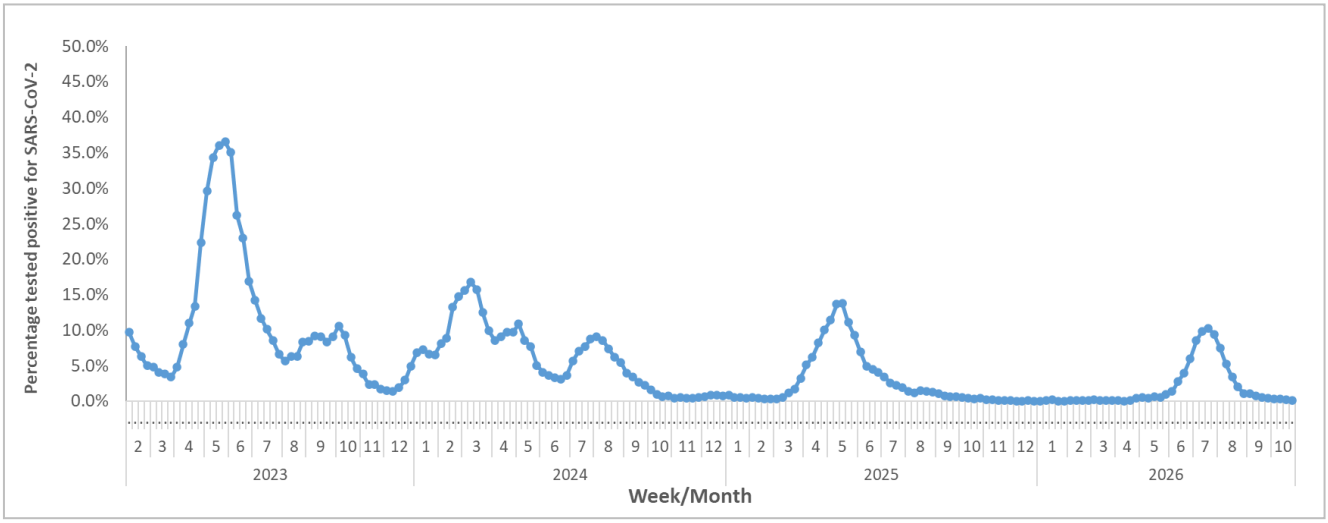

Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

COVID-19 outbreak surveillance

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

In week 43, 0 COVID-19 outbreaks occurring in schools/institutions was recorded (affecting 0 persons), as compared to 1 outbreak recorded in the previous week (affecting 7 persons). (Figure 1.3)

In the first 4 days of week 44 (Oct 25 – Oct 28), 0 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 0 persons).

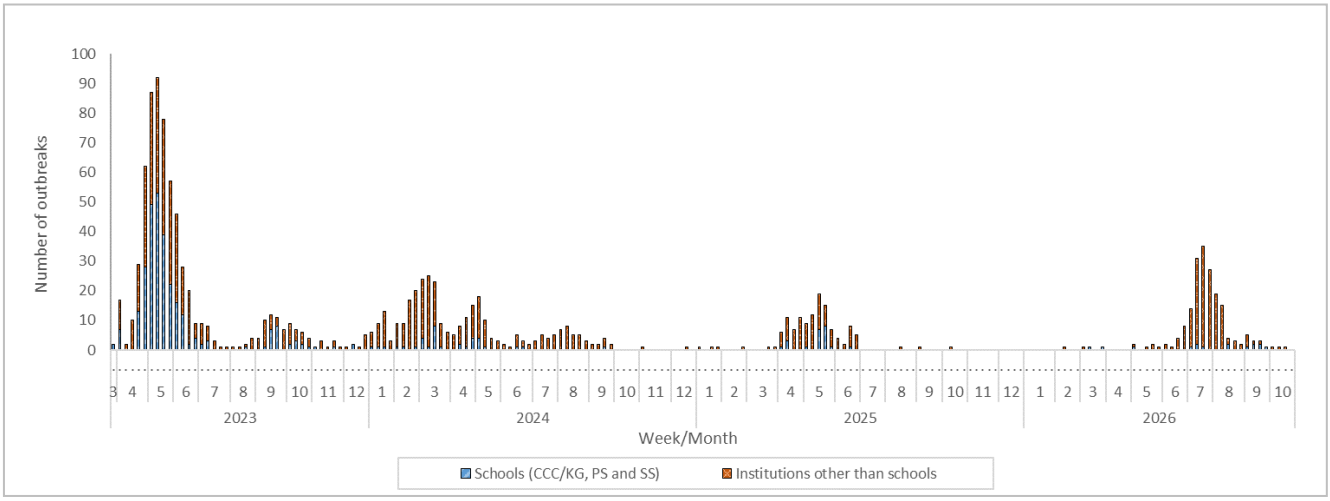

Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 42	Week 43	First 4 days of week 44 (Oct 25 – Oct 28)
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	1	0	0
Others	0	0	0
Total number of outbreaks	1	0	0
Total number of persons affected	7	0	0

Surveillance of severe and fatal COVID-19 cases

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

In week 43, 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)

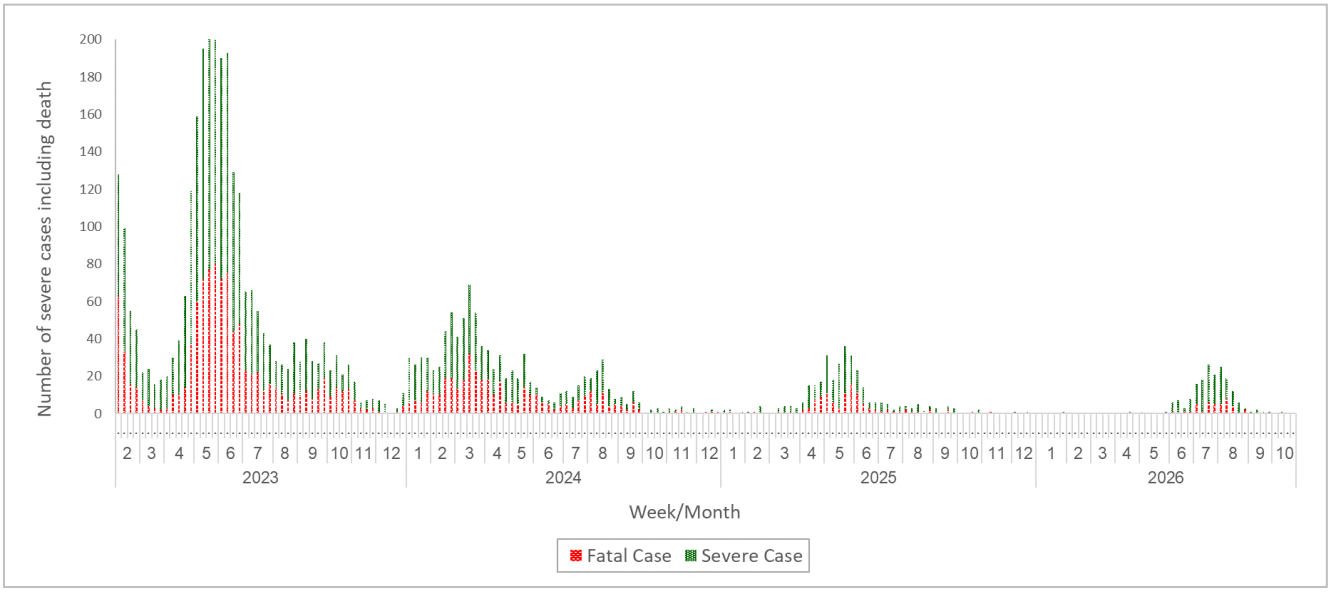

Figure 1.4 Weekly number of severe COVID-19 cases including deaths

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

Sewage surveillance of SARS-CoV-2 virus

In week 43, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 33,000 copy/L as compared to around 43,000 copy/L in the preceding week. (Figure 1.5)



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

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

Acknowledgement

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

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

In week 43, the average consultation rate for COVID-19 among sentinel family medicine clinics and sentinel private medical practitioner clinics were 0.6 (Figure 1.6) and 0.0 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

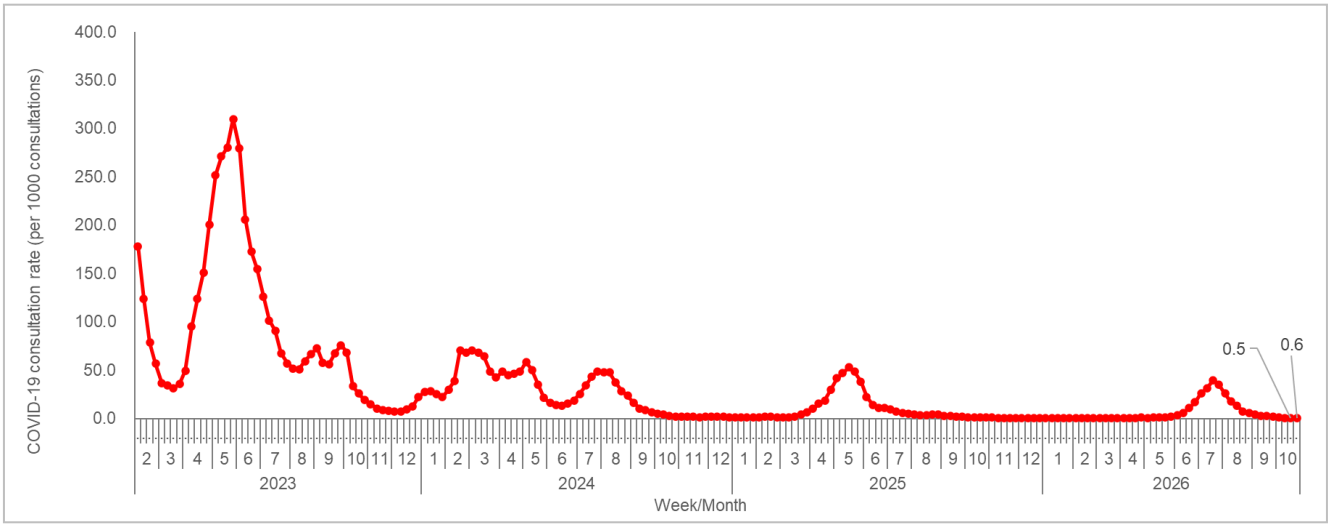

Figure 1.6 Average consultation rate of COVID-19 cases in family medicine clinics

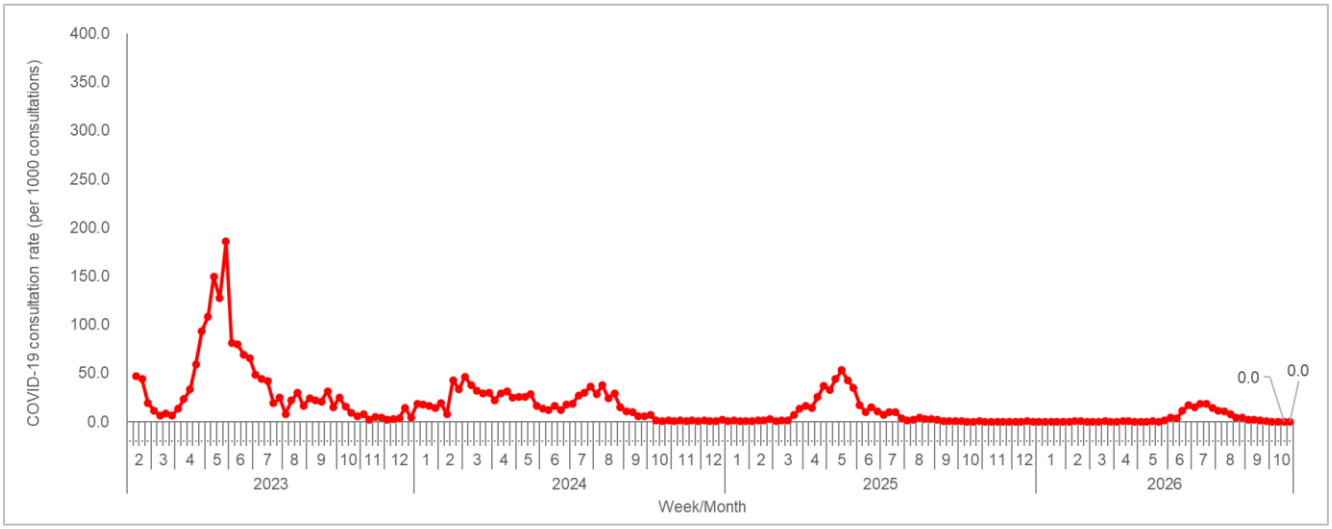

Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

Surveillance on SARS-CoV-2 variants

Currently, WHO is monitoring one variant of interest (VOI), which is JN.1, and four VUMs, which are PQ.16.1.1, NB.1.8.1, XFG and BA.3.2. CHP conducts surveillance on SARS-CoV-2 variants from sewage samples. The latest surveillance data (as of Oct 23, 2026) showed that JN.1 and PQ.16.1.1 were the most prevalent variants, comprising 48.7% and 36.7% of all characterised specimens, respectively. (Figure 1.8)

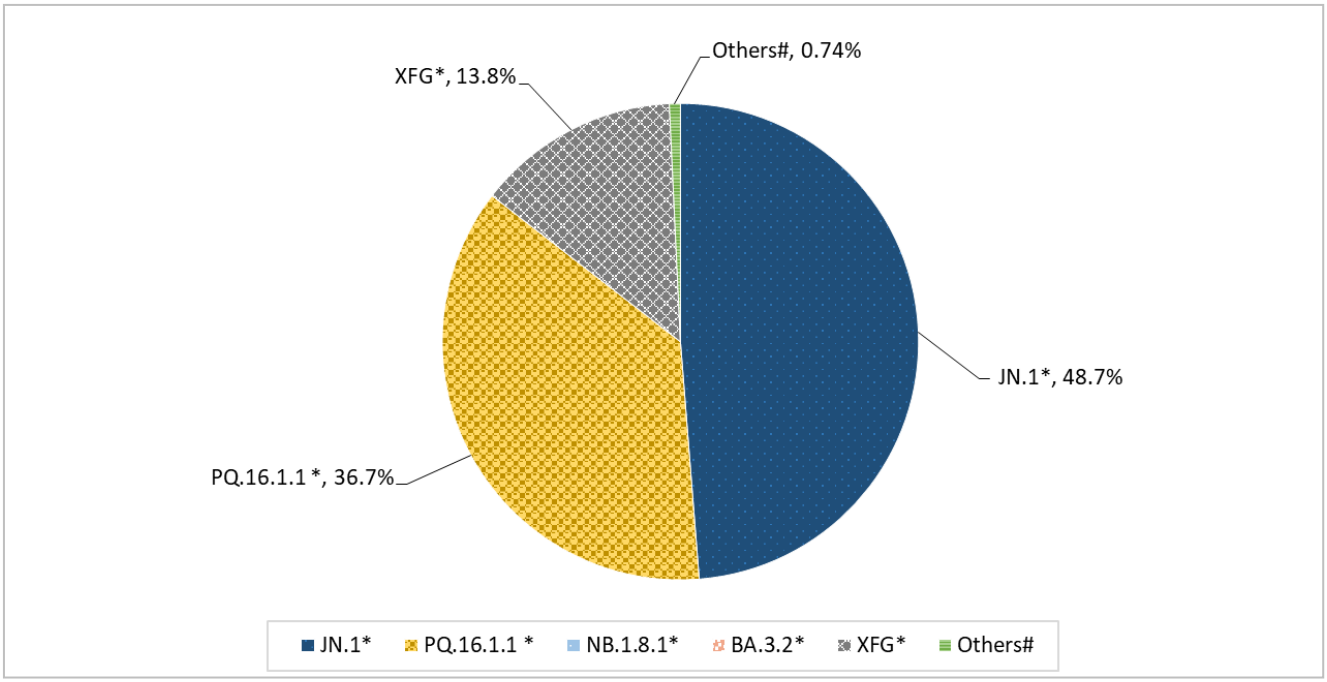

Figure 1.8 Estimated proportion of variants among sewage samples

**Including the variant's 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: XFG is the descendant lineage of JN.1. BA.3.2 is a descendent lineage of the Omicron variant BA.3.

CHP also conducted genetic characterisation on positive respiratory specimens between Oct 14 and Oct 17, 2026. The results showed that PQ.16.1.1 and JN.1 were the most prevalent variants, comprising 50% and 40% of all characterised specimens from non-severe cases of COVID-19, respectively. Meanwhile, no specimens from reported severe or fatal cases were collected for testing.

Global situation of COVID-19 activity

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

- The COVID-19 activity in some of the neighbouring regions increased, while the activity levels at Australia and Canada remained low.
  - In Chinese Mainland (week ending Oct 18, 2026), the percentage of specimens tested positive for SARS-CoV-2 was at a low level. The predominant variant was PQ.16.1.1 recently.
  - In Japan (week ending Oct 18, 2026), the average number of reported COVID-19 cases per sentinel site was 0.89 compared to 1.44 in the preceding week. The predominant variant was BA.3.2.
  - In South Korea (week ending Oct 17, 2026), the weekly detection rate for SARS-CoV-2 was 9.6% compared to 8.7% in the preceding week. The predominant variant was PQ.16.1.1.
  - In Singapore (week ending Oct 17, 2026), 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 Oct 17, 2026), the percent positivity of COVID-19 was 3.6% compared to 3.8% in the preceding week. The predominant variant was XFG.
  - In Canada (week ending Oct 17, 2026), indicators of COVID-19 activity were low. The percentage of tests positive for COVID-19 was 4.5%, compared to 4.1% in the preceding week. The predominant variants were XFG.
  - In the United Kingdom (week ending Oct 18, 2026), COVID-19 activity remained at low level. COVID-19 PCR positivity in hospital settings was 8.9% compared to 8.8% in the preceding week. The predominant variant was XFG.
  - In Europe (week ending Oct 18, 2026), SARS-CoV-2 positivity from sentinel specimens was at 11.8% compared to 11.8% at the previous week. The predominant variant was XFG.
  - In Australia (fortnight ending Oct 18, 2026), test positivity for SARS-CoV-2 remained low and stable. The predominant variant was NB.1.8.1.

Sources:

Information have been extracted from the following sources when updates are available: World Health Organization, Chinese Center for Disease Control and Prevention, Japan Ministry of Health, Korean Disease Control and Prevention Agency, Singapore Communicable Diseases Agency, United States Centers for Disease Control and Prevention, Public Health Agency of Canada, UK Health Security Agency, European Centre for Disease Prevention and Control (ECDC) and WHO Regional Office for Europe (WHO Euro), and Australian Department of Health and Aged Care.

Local Situation of Influenza Activity (as of Oct 28, 2026)

Reporting period: Oct 18 – 24, 2026 (Week 43)

- Hong Kong is in influenza season. The latest surveillance data showed that the overall influenza activity showed signs of decrease but still remained above the baseline level.
- 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 prevent severe cases of seasonal influenza and its complications, as well as related hospitalisations and deaths.
- 2026/27 Seasonal Influenza Vaccination (SIV) Programmes, including the SIV School Outreach Programme (SIVSOP), the Residential Care Home Vaccination Programme and the Vaccination Subsidy Scheme (VSS), were launched on September 17. Eligible persons can receive free or subsidised vaccinations through the SIV Programmes. The public may visit the CHP's Vaccination Schemes page for more details of the vaccination programmes (https://www.chp.gov.hk/en/features/17980.html).
- Apart from getting influenza vaccination, members of the public should always maintain good personal and environmental hygiene.
- For the latest information on seasonal influenza and its prevention, please visit the Centre for Health Protection's Seasonal Influenza page (http://www.chp.gov.hk/en/view_content/14843.html).

Influenza-like-illness surveillance among sentinel family medicine clinics and sentinel private medical practitioner clinics, 2022-26

In week 43, the average consultation rate for influenza-like illness (ILI) among sentinel family medicine clinics (FMC) was 9.9 ILI cases per 1,000 consultations, which was lower than 10.6 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 34.3 ILI cases per 1,000 consultations, which was lower than 34.7 recorded in the previous week (Figure 2.1, right).

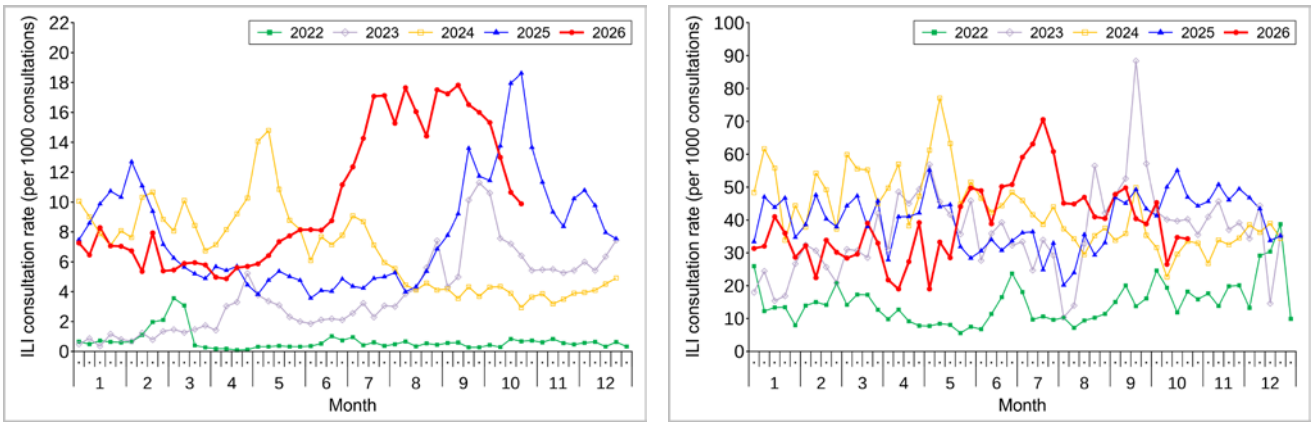

Figure 2.1 ILI consultation rates at sentinel FMC (left) and PMP clinics (right), 2022-26

Laboratory surveillance, 2022-26

Among the 9,487 respiratory specimens* received in week 43, 730 (7.69%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 606 (94%) influenza A(H1), 23 (3%) influenza A(H3) and 19 (3%) influenza B viruses. The positive percentage (7.69%) was above the baseline threshold of 4.94% but was lower than 10.04% recorded in the previous week (Figure 2.2).

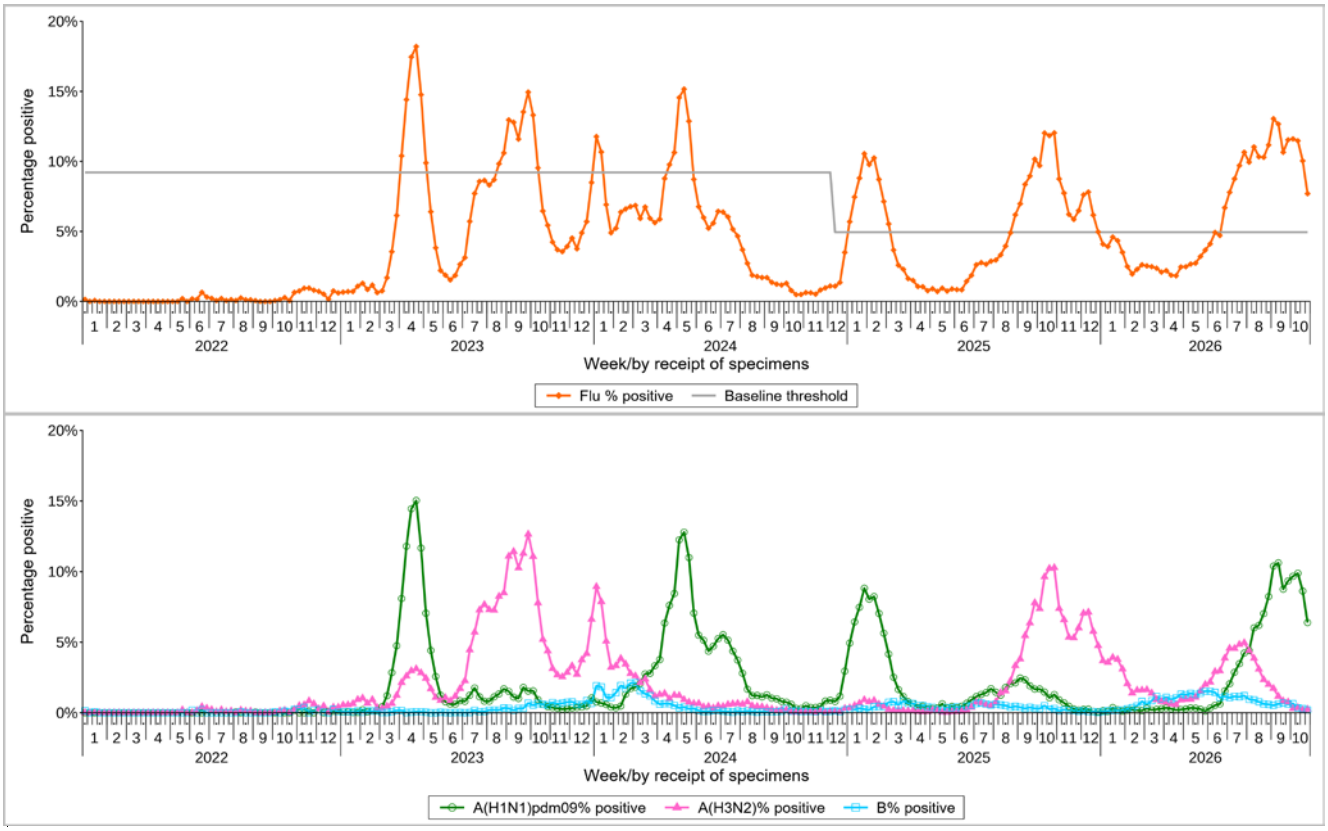

Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2022-26 (upper: overall positive percentage, lower: positive percentage by subtypes)

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

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

* Including 8,972 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 515 specimens received by the Hospital Authority

Surveillance of antiviral susceptibility of influenza A and B viruses

- The Public Health Laboratory Services Branch of the Centre for Health Protection tests virus isolates of influenza viruses obtained from cell culture for reduced antiviral susceptibility. For influenza A(H1) viruses, genotypic assay for H275Y substitution (which confers resistance to oseltamivir) is also performed on selected clinical specimens.
- In September 2026, there were no new reports of influenza viruses with reduced susceptibility to oseltamivir and baloxavir. There were also no reports of influenza A(H1) virus with H275Y substitution.
- For the results of previous months, please refer to the following webpage: https://www.chp.gov.hk/en/statistics/data/10/641/695/7124.html
- The detection rates of oseltamivir-resistant influenza A and B viruses remain low (less than 5%) according to latest surveillance data of overseas countries.

Influenza-like illness outbreak surveillance, 2022-26

In week 43, 37 ILI outbreaks occurring in schools/institutions were recorded (affecting 216 persons), as compared to 62 outbreaks recorded in the previous week (affecting 345 persons) (Figure 2.3). The overall number was at the medium intensity level currently (Figure 2.4*). In the first 4 days of week 44 (Oct 25 to 28), 21 ILI outbreaks in schools/institutions were recorded (affecting 136 persons). Since the start of the influenza season in week 26, 907 outbreaks were recorded (as of Oct 28).

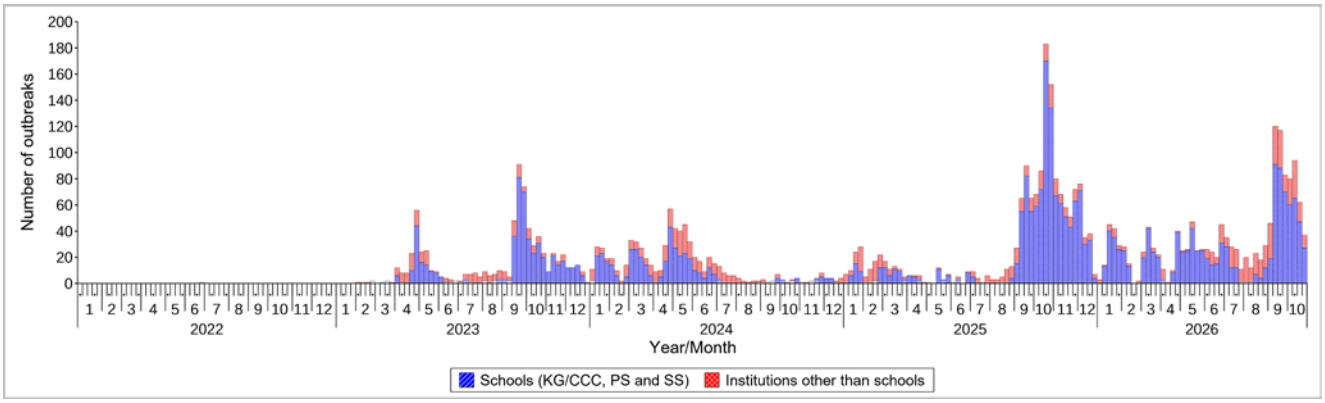

Figure 2.3 ILI outbreaks in schools/institutions, 2022-26

Type of institutions	Week 42	Week 43	Cumulative number of outbreaks during influenza season
Child care centre/kindergarten (CCC/KG)	5	3	96
Primary school (PS)	29	18	356
Secondary school (SS)	13	6	144
Residential care home for the elderly	11	5	188
Residential care home for persons with disabilities	2	4	60
Others	2	1	63
Total number of outbreaks	62	37	907
Total number of persons affected	345	216	6364

In comparison, 431 to 1224 outbreaks were recorded in the same duration of surveillance (18 complete weeks) in the 2023 to 2025 seasons, as compared with 886 outbreaks in the current season (Figure 2.5).

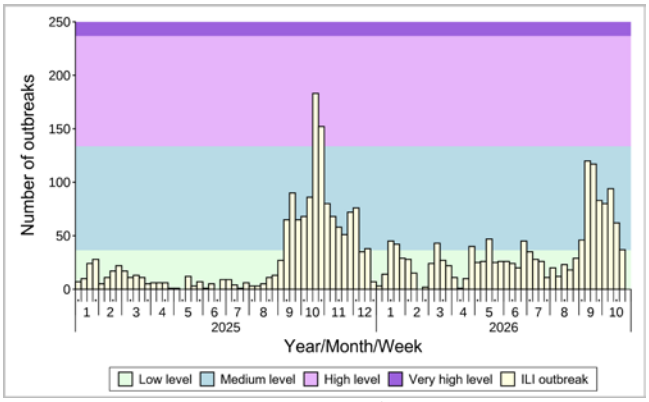

Figure 2.4 ILI outbreaks in schools/institutions, 2025-26

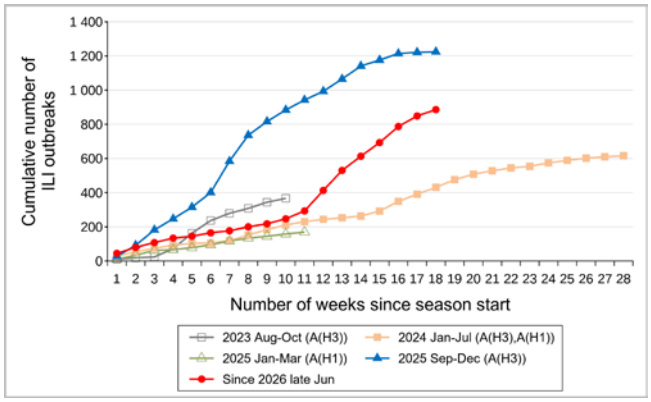

Figure 2.5 Cumulative numbers of ILI outbreaks reported during major influenza seasons, 2023–26
Note: The predominating virus was shown in bracket.

** 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, 2022-26

In week 43, the overall admission rate in public hospitals with principal diagnosis of influenza was 0.39 (per 10,000 population) as compared to 0.46 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 1.63, 0.77, 0.53, 0.06, 0.16 and 0.92 cases (per 10,000 people in the age group) respectively, as compared to 2.17, 0.86, 0.59, 0.08, 0.21 and 1.06 cases in the previous week (Figure 2.6).

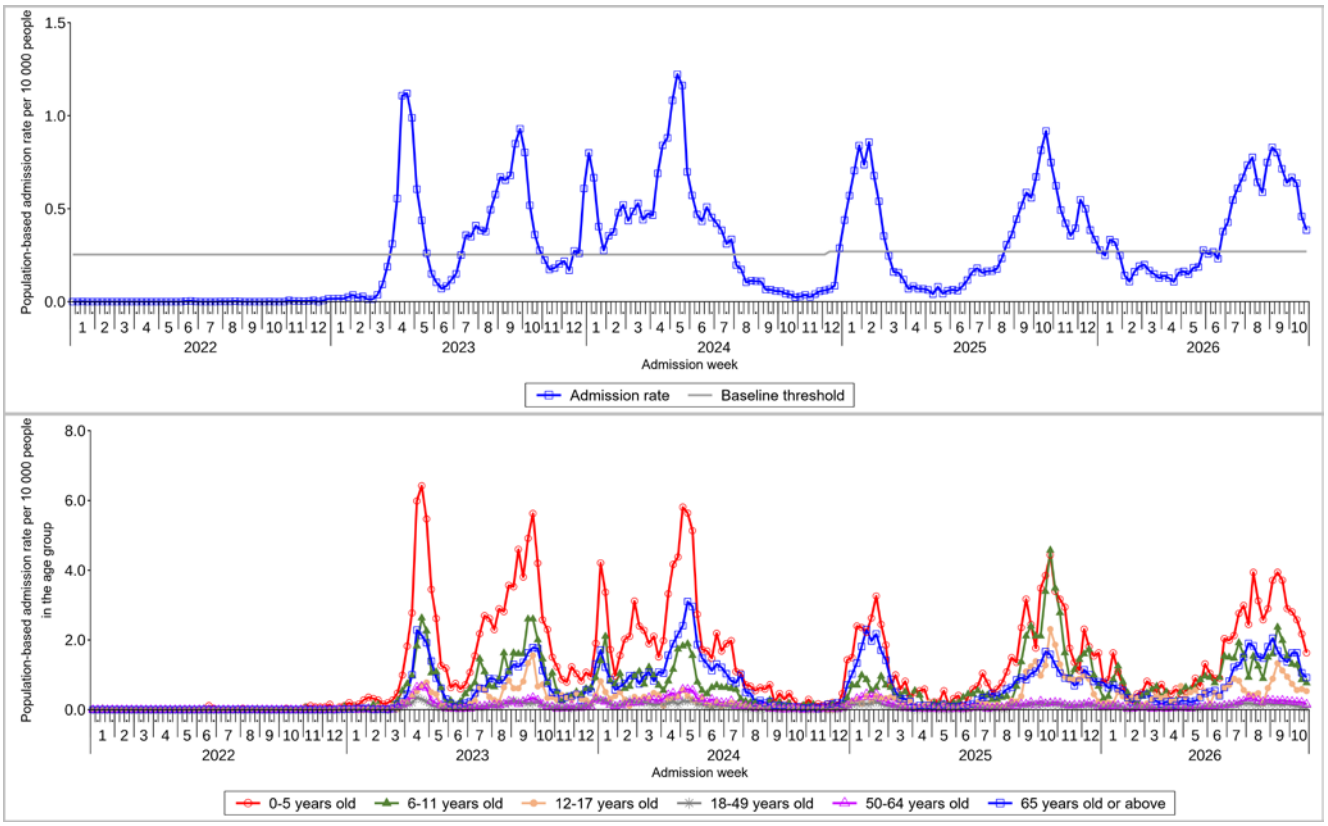

Figure 2.6 Influenza-associated hospital admission rates, 2022-26 (upper: overall rate, lower: rates by age groups)

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

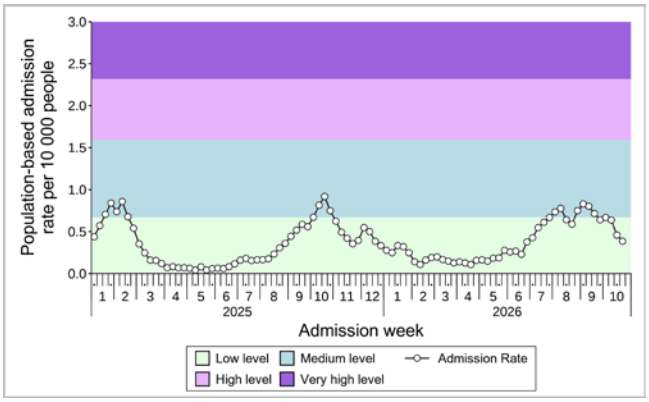

Figure 2.7 Influenza-associated hospital admission rates, 2025-26

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, 2022-26#

In week 43, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 129.5 (per 1,000 coded cases), which was lower than the rate of 130.2 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.

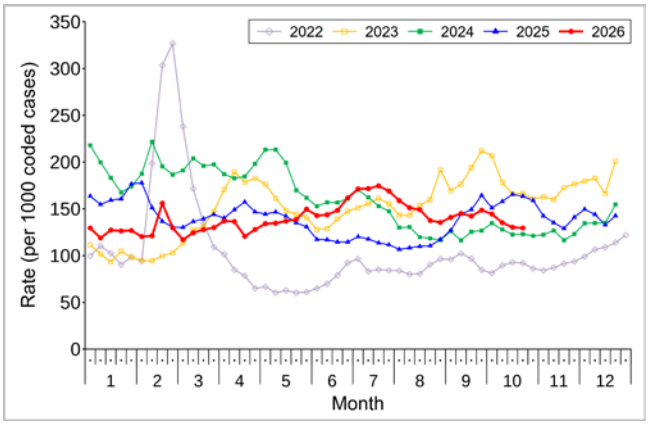

Figure 2.8 Rate of ILI syndrome group in AEDs, 2022-26

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

In week 43, 0.64% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.71% recorded in the previous week (Figure 2.9).

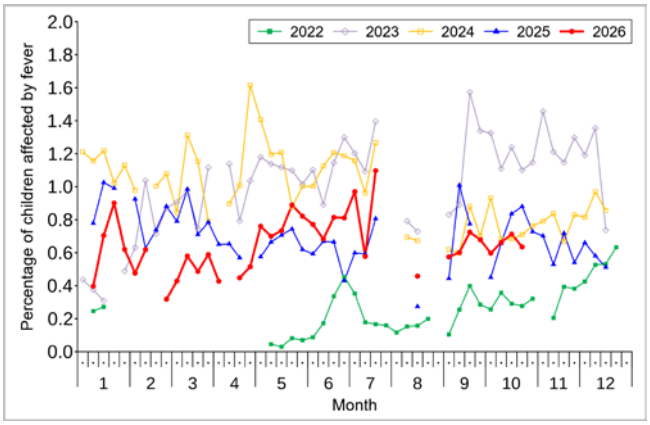

Figure 2.9 Percentage of children with fever at sentinel CCCs/KGs, 2022-26

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

In week 43, 0.09% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), compared to 0.10% recorded in the previous week (Figure 2.10).

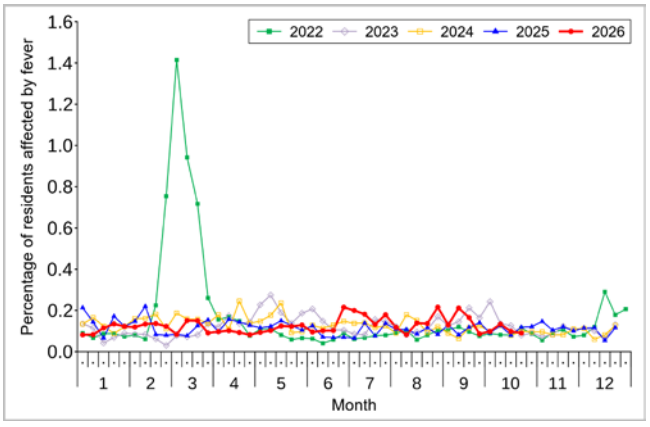

Figure 2.10 Percentage of residents with fever at sentinel RCHEs, 2022-26

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

In week 43, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 1.00 ILI cases per 1,000 consultations as compared to 1.06 recorded in the previous week (Figure 2.11).

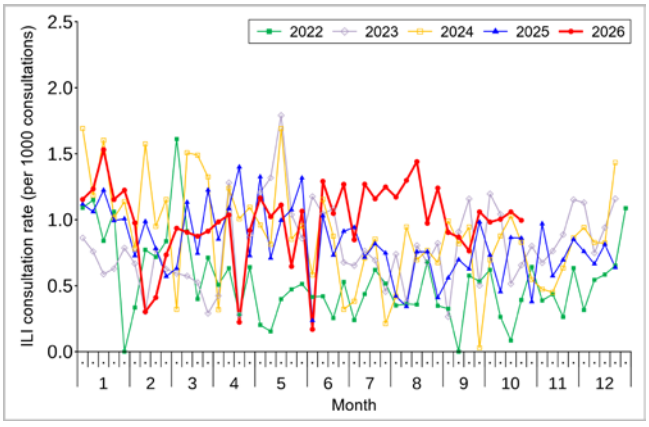

Figure 2.11 ILI consultation rate at sentinel CMPs, 2022-26

Surveillance of severe influenza cases

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

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

Since 2018, the Centre for Health Protection (CHP) has collaborated with the Hospital Authority and private hospitals to monitor ICU admissions and deaths with laboratory confirmation of influenza among adult patients regularly. For surveillance purposes, 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 43, 43 adult cases of ICU admission/death with laboratory confirmation of influenza (including 33 deaths) were recorded, as compared to 53 cases (including 38 deaths) in the previous week. Among the 43 adult cases, 23 were not known to have received the SIV. In the first 4 days of week 44 (Oct 25 to 28), 18 cases were recorded, in which 14 of them were fatal.

Week	Influenza type					
	A(H1)	A(H3)	A (pending subtype)	B	A and B	C
Week 43	40	0	3	0	0	0
First 4 days of week 44 (Oct 25 to 28)	14	0	4	0	0	0

- During the influenza season, 902 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 630 of them were fatal (as of Oct 28). Among them, 581 patients had influenza A(H1) infection, 207 patients had influenza A(H3), 75 patients had influenza A (subtype pending), 37 patients had influenza B and 2 had influenza C.

- In comparison, 507 to 694 adult cases were recorded in the same duration of surveillance (18 complete weeks) in the 2023 to 2025 seasons, as compared with 884 cases in the current season (Figure 2.12, left). The corresponding figures for deaths were 342 to 442 in the above seasons, as compared with 616 deaths in the current season (Figure 2.12, right).

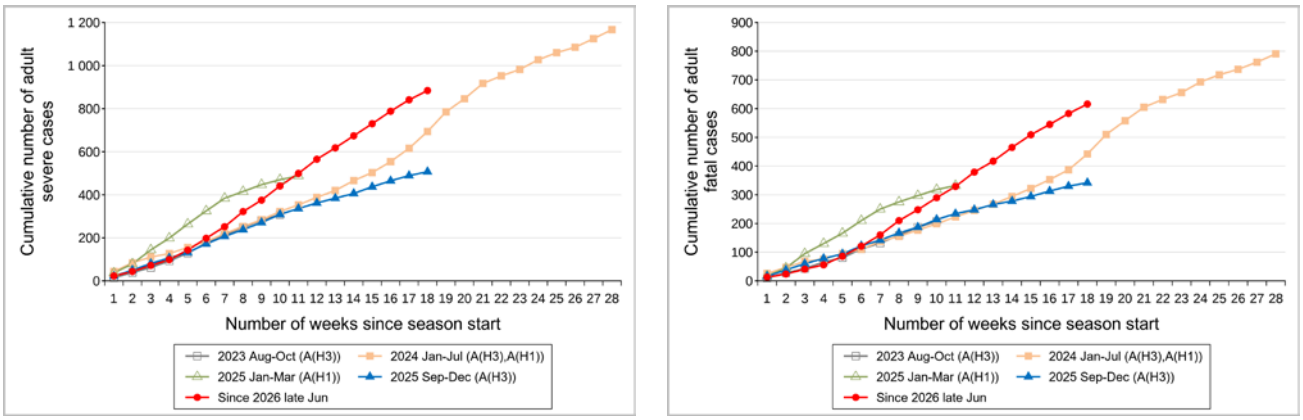

Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2023–26 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

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

- In week 43 and the first 4 days of week 44 (Oct 25 to 28), there were 4 cases of severe paediatric influenza-associated complication/death.

Reporting week	Age	Sex	Complication	Fatal case?	Influenza subtype	History of receiving influenza vaccine
43	6 years	Female	Shock	No	Influenza A(H1)	No
43	12 years	Female	Septic shock, disseminated intravascular coagulation and multi-organ failure	Yes	Influenza A(H1)	No
43	3 years	Male	Asthma exacerbation, acute necrotising encephalopathy and septic shock	No	Influenza A(H1)	No
44	14 months	Female	Acute necrotizing encephalopathy and multi-organ failure	No	Influenza A(H1)	No

- During the influenza season, 27 paediatric cases of influenza-associated complication/death were reported, in which two of them were fatal. Nineteen cases had infections with influenza A(H1), six with influenza A(H3) and two with influenza B. Seventeen cases had not received SIV. In 2026, 35 paediatric cases of influenza-associated complication/death were reported, in which two of them were fatal (as of Oct 28).
- In comparison, 24 to 25 paediatric cases of influenza-associated complication/death were recorded in the same duration of surveillance (18 complete weeks) in the 2023 to 2025 seasons, as compared with 26 cases in the current season (Figure 2.13, left). The corresponding figures for deaths were 3 to 4 in the above seasons, as compared with 2 deaths in the current season (Figure 2.13, right).

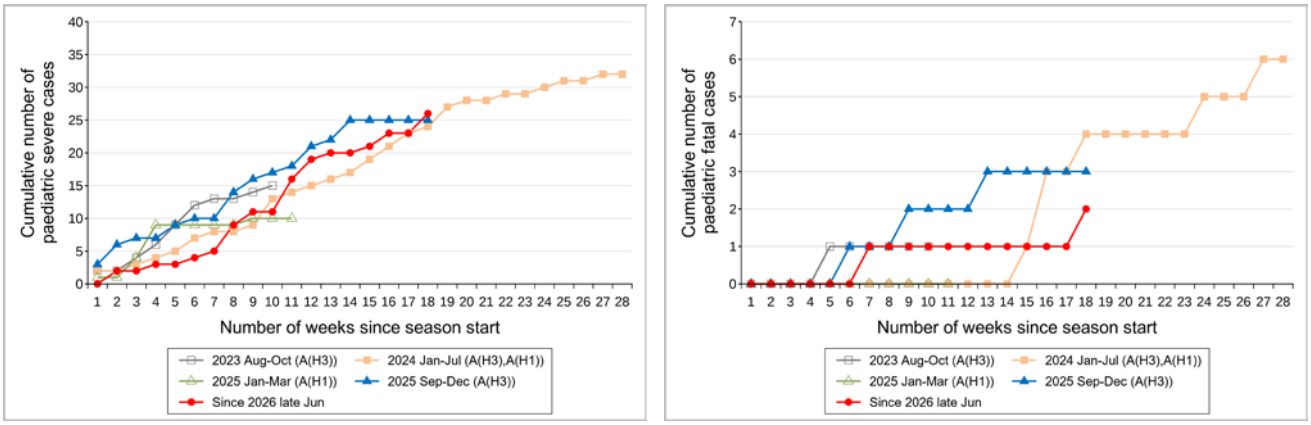

Figure 2.13 Cumulative numbers of cases of paediatric influenza-associated complication/death reported during major influenza seasons, 2023–26 (left: complication/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

Severe influenza cases of all ages

- During the influenza season, 929 severe influenza cases among all ages have been reported, including 632 deaths (as of Oct 28).

Age group	Cumulative number of cases (death)
0-5	10 (0)
6-11	11 (1)
12-17	6 (1)
18-49	53 (9)
50-64	117 (44)
>=65	732 (577)

- Among the adult fatal cases with available clinical information, about 85% had chronic diseases.
- Among patients with laboratory confirmation of influenza admitted to public hospitals in this season, 3.3% of admitted cases died during the same episode of admission. It was within the historical range of 2.5% to 4.5%.

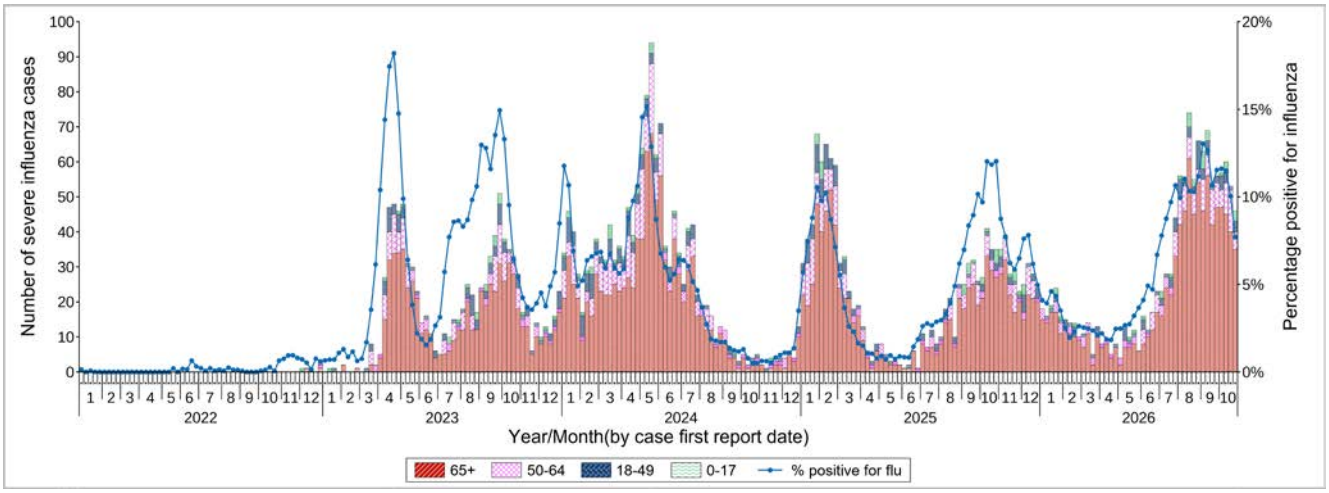

Figure 2.14 Weekly number of severe influenza cases by age groups, 2022-26 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

Sewage surveillance for seasonal influenza

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

In week 43, viral load of influenza A and B viruses from sewage surveillance was 3.72 copies (unit adjusted for population)*, which was higher than 3.66 copies* recorded in the previous week (Figure 2.15).

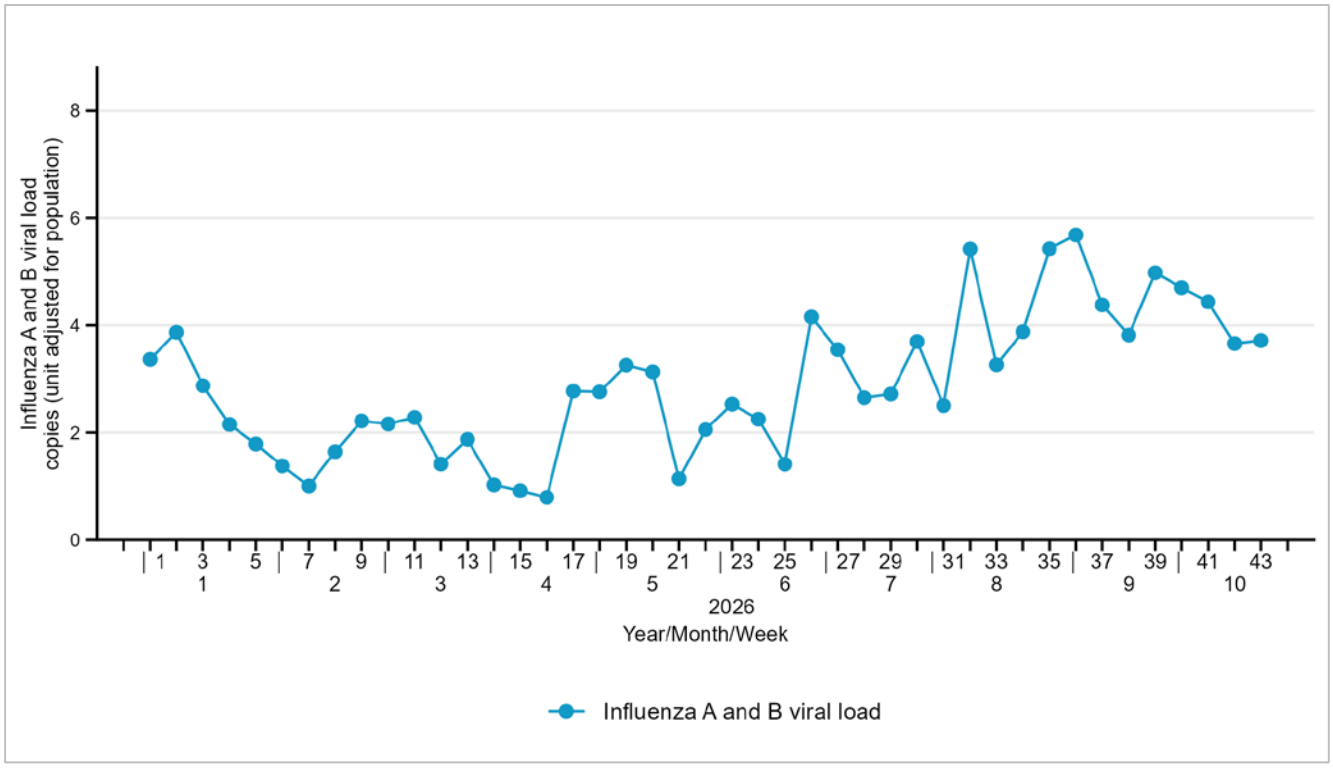

Figure 2.15 Viral load of influenza A and B viruses from sewage surveillance, 2026

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

Acknowledgement
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Global Situation of Influenza Activity

Globally, influenza detections remained low in week 42, 2026. Influenza A viruses were predominant among influenza detections (data up to Oct 18, 2026).

- In the United States (week ending Oct 17, 2026), influenza activity was increasing in many parts of the country but remained low. The percentage of specimens tested positive for influenza slightly increased to 5.7%. Influenza A(H1) viruses were predominating.
- In Canada (week ending Oct 17, 2026), the 2026-2027 influenza season began in week 40 (week ending October 10, 2026), marking an early start to the season. Indicators of influenza activity increased slightly. The percentage of specimens tested positive for influenza increased to 6.1%, exceeding the 5% seasonal threshold. Influenza A(H1) viruses were predominating.
- In Europe (week ending Oct 18, 2026), influenza activity remained slightly elevated but stable above the baseline level. Influenza positivity was 4%, below the 10% epidemic threshold.
- In the United Kingdom (week ending Oct 18, 2026), influenza activity remained stable at baseline levels. Influenza positivity remained stable at 6.3%, compared with 6.2% in the preceding week.
- In Chinese Mainland (week ending Oct 18, 2026), the percentage of specimens that tested positive for influenza in the northern and southern provinces slightly increased, with the rates at 3.8% and 19.5% in week 42, respectively. Influenza A(H3N2) and B viruses were predominating. In Macao (week ending Oct 17, 2026), overall influenza-like illness activity decreased, while the influenza positivity rate increased, with most of the influenza detections being influenza A(H1) viruses. In Taiwan (week ending Oct 17, 2026), the influenza epidemic began in early September. Influenza activity declined gradually but remained high. The proportion of ILI consultation among emergency clinics slightly decreased to 11.0%. Influenza A(H1) viruses predominated in the community.
- Japan (week ending Oct 18, 2026) has been in the influenza season since late August. The average number of reported ILI cases per sentinel site decreased to 9.08 in week 42 from 12.81 in the preceding week but remained above the epidemic baseline threshold of 1.0. Influenza A(H1) was the predominant virus detected.
- In South Korea (week ending Oct 17, 2026), the weekly ILI consultation rate decreased to 17.7 cases per 1,000 consultations but remained above the 2026/27 baseline threshold of 12.9. The influenza positivity rate decreased to 24.2% from 25.2% in the preceding week. Influenza A(H1) was the predominant virus detected.
- In Australia (fortnight ending Oct 18, 2026), influenza case notifications decreased by 21.0% compared with the previous fortnight, suggesting that the national peak may have passed. Most influenza notifications were influenza A.
- In New Zealand (week ending Oct 18, 2026), influenza activity decreased and was similar to this time in previous years. The national ILI rate was at 17.40 per 100,000 population. Most of the influenza detections were influenza A(H3) (64.9%), followed by influenza A(H1) (32.9%).

Sources:
Information has 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, European Centre for Disease Prevention and Control (ECDC) and WHO Regional Office for Europe (WHO Euro), UK Health Security Agency, Chinese National Influenza Center, Australian Centre for Disease Control, New Zealand Ministry of Health, Japan Ministry of Health and Korean Disease Control and Prevention Agency.