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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 29, 2025)

Reporting period: Oct 19, 2025 – Oct 25, 2025 (Week 43)

- 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_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 19 as compared to 18 in the preceding week. (Figure 1.1)

In the first 4 days of week 44 (Oct 26 – Oct 29), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 1 to 5.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 84,338 (as of Oct 29, 2025).

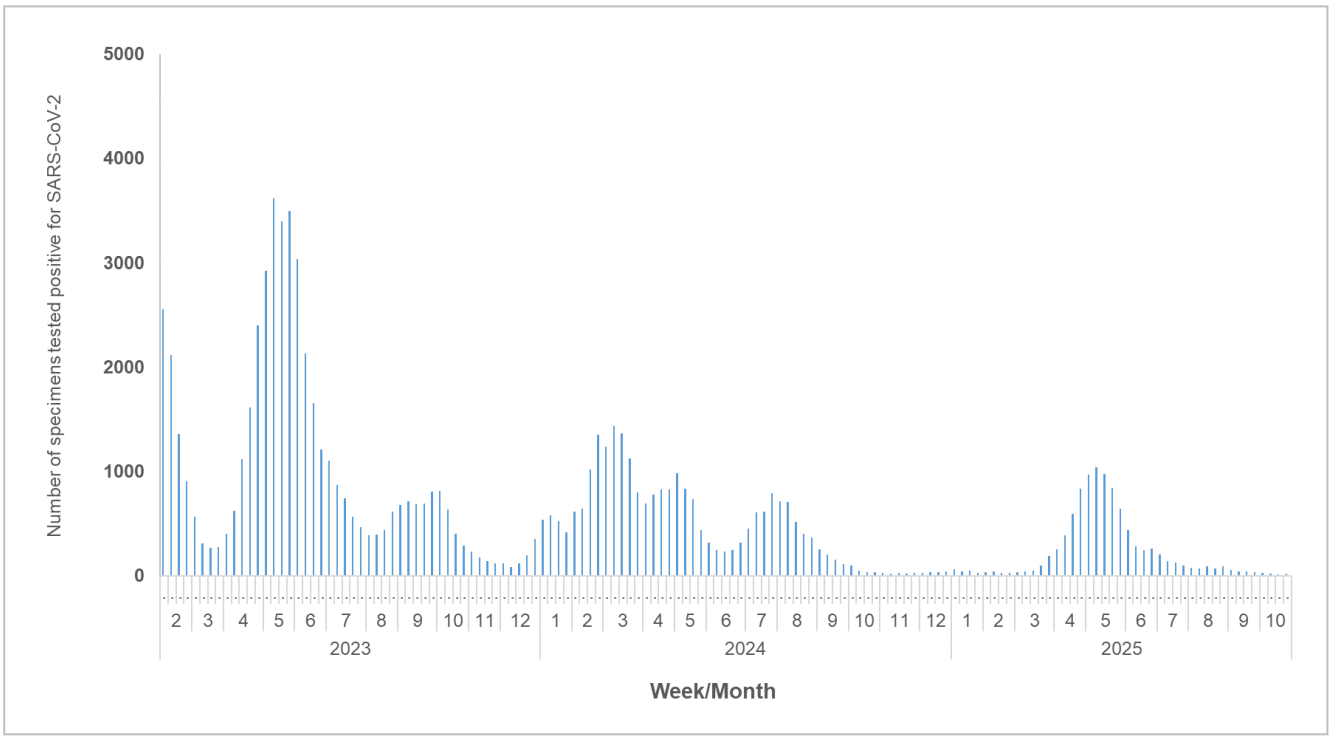

Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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 8,126 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 43, 35 (0.43%) were tested positive for SARS-CoV-2 virus as compared to 28 (0.32%) in the preceding week. (Figure 1.2)

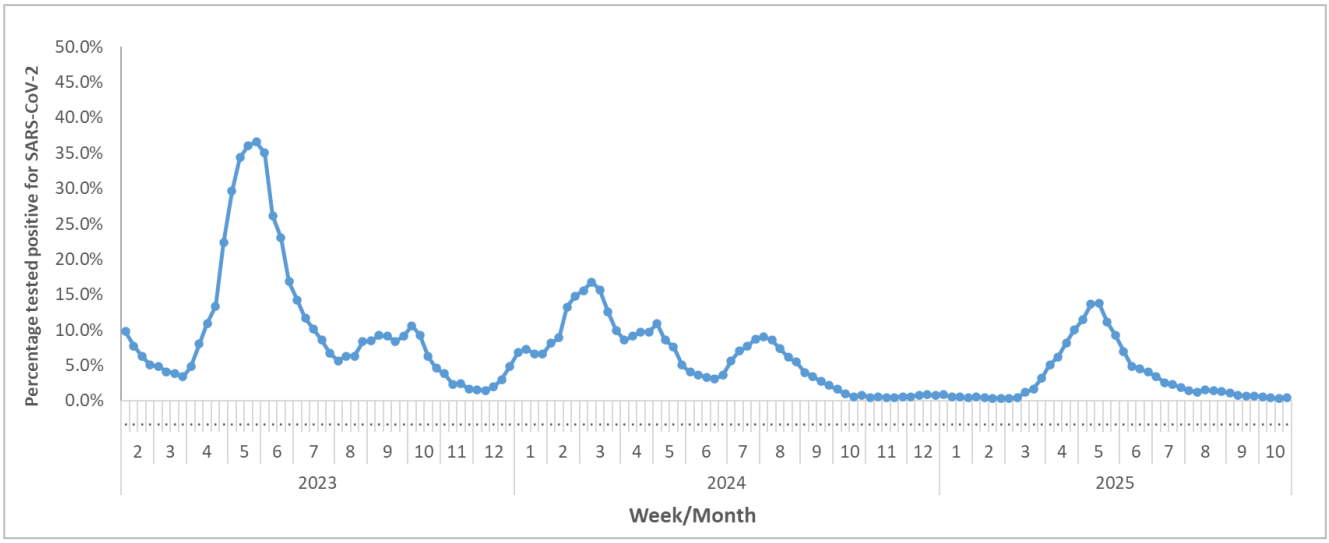

Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

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 were recorded (affecting 0 persons), as compared to 0 outbreak recorded in the previous week (affecting 0 persons). (Figure 1.3)

In the first 4 days of week 44 (Oct 26–Oct 29), 0 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 0 persons).

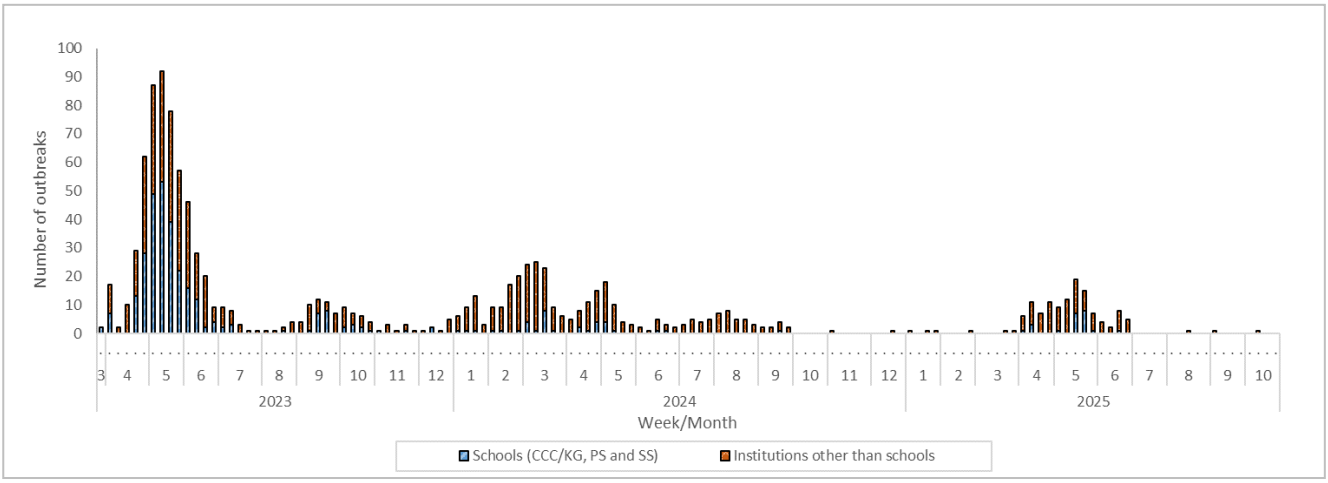

Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 42	Week 43	First 4 days of week 44 (Oct 26 – Oct 29)
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 43, the weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 2 as compared to 1 in the preceding week. (Figure 1.4)

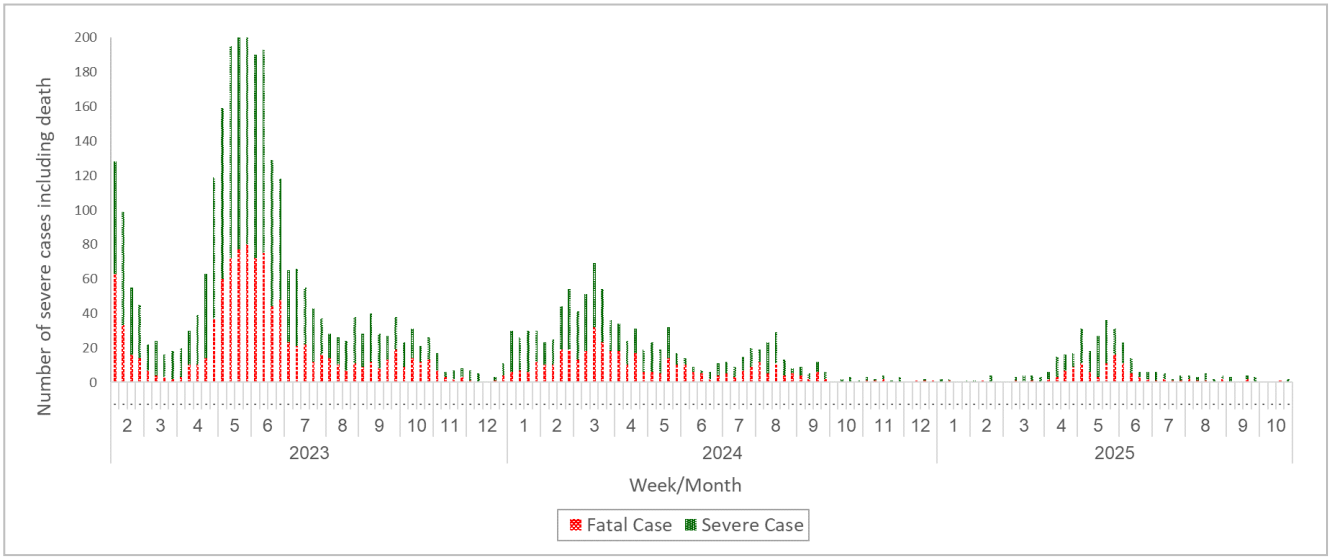

Figure 1.4 Weekly number of severe COVID-19 cases including deaths

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

Sewage surveillance of SARS-CoV-2 virus

In week 43, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 28,000 copy/L as compared to around 32,000 copy/L in the preceding week. (Figure 1.5)

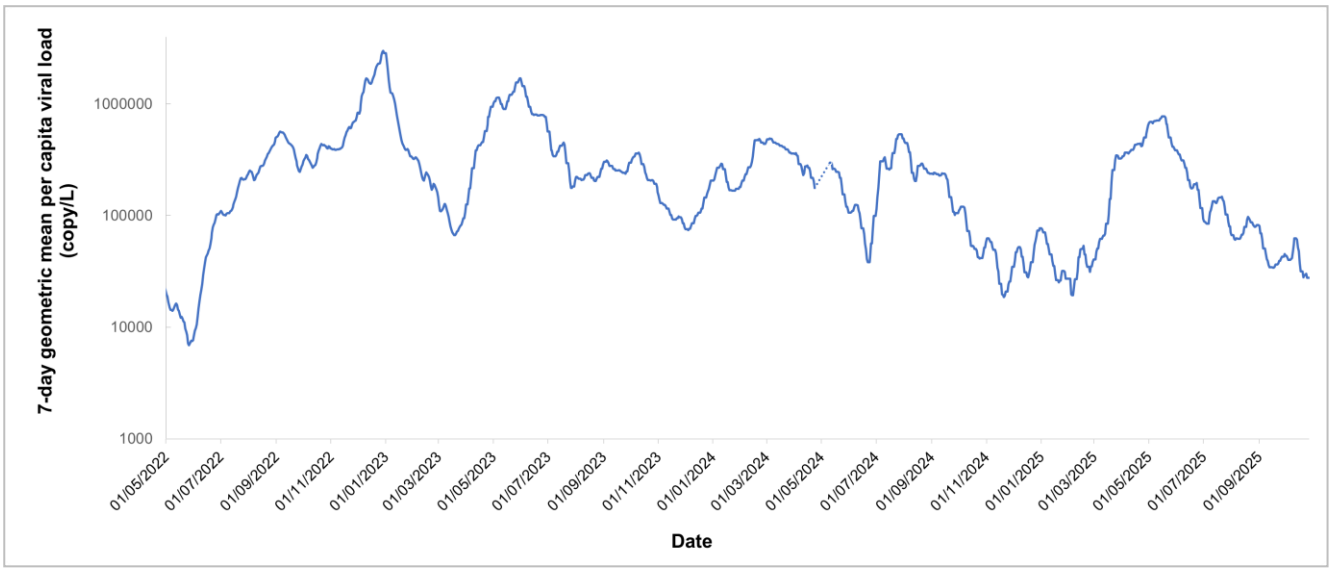

Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

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 1.2 (Figure 1.6) and 0.5 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

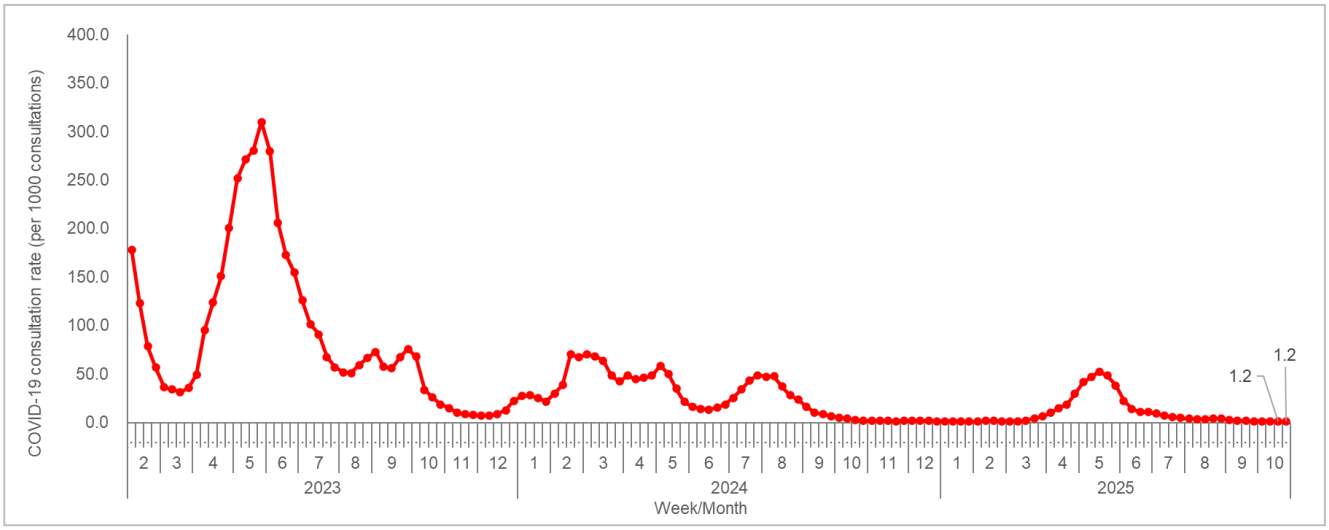

Figure 1.6 Average consultation rate of COVID-19 cases in family medicine clinics

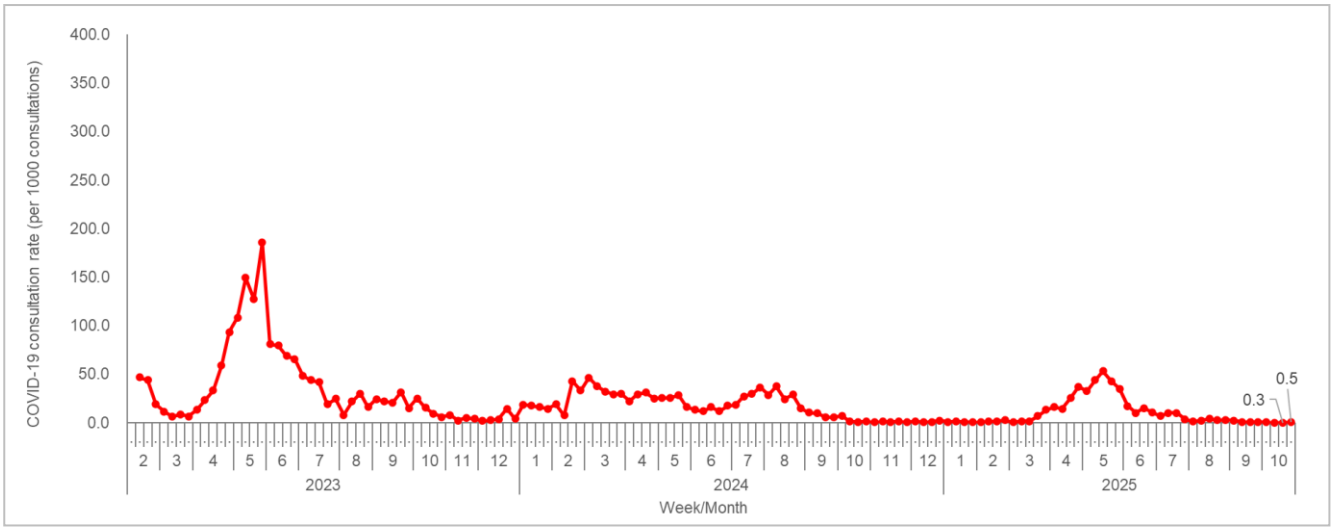

Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

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 30, 2025) showed that NB.1.8.1 (one of the descendant lineages of XDV) is the most prevalent variant, comprising 66.8% of all characterised specimens. (Figure 1.8)

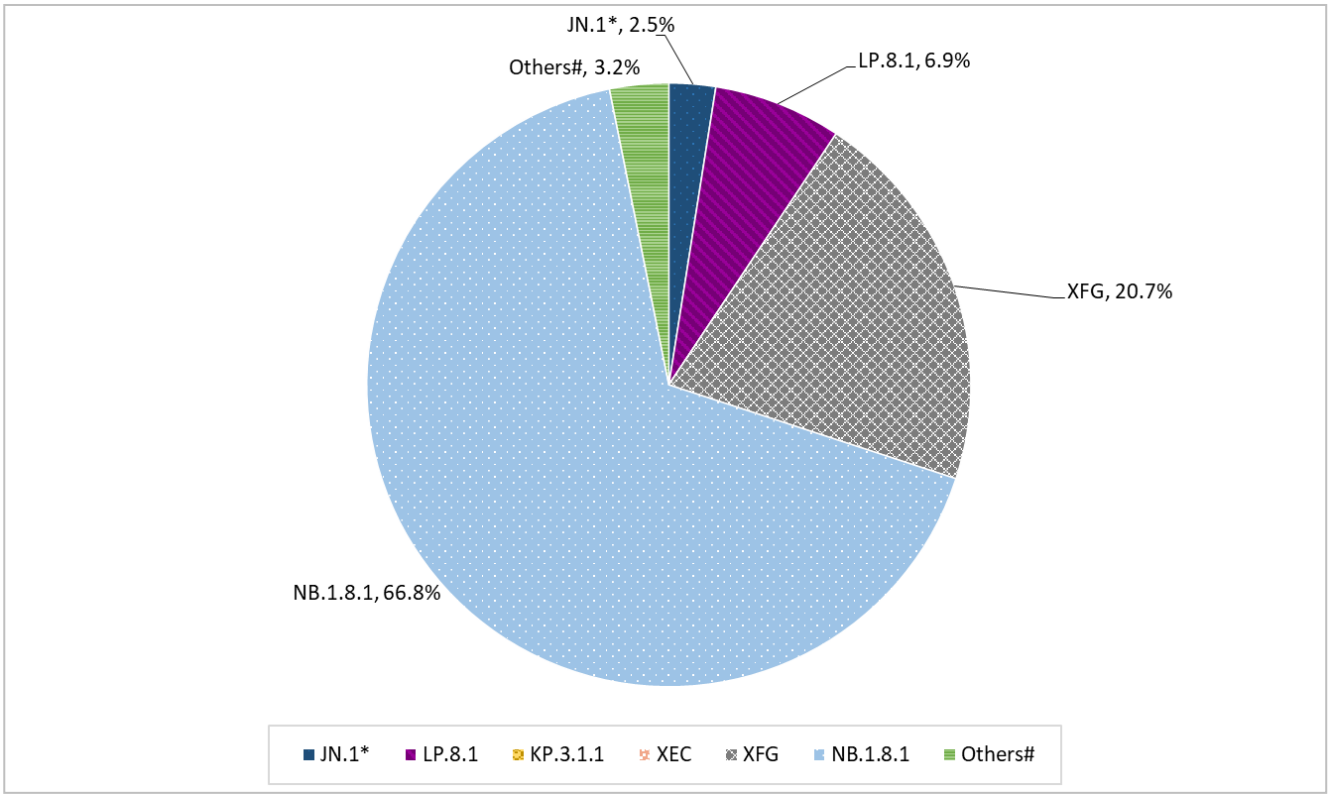

Figure 1.8 Estimated proportion of variants among sewage samples

[*]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. No related specimens were collected for testing between Oct 8 and Oct 21, 2025.

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 70% 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 neighbourhood regions decreased gradually or remained stable at low levels.
  - In Chinese Mainland (week ending Oct 19, 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 20, 2025), the COVID-19 activity remained at low level. The predominant variant was NB.1.8.1.
  - In Japan (week ending Oct 19, 2025), the average number of reported COVID-19 cases per sentinel site was 2.57 compared to 3.72 in the preceding week. The predominant variant was NB.1.8.1.
  - In South Korea (week ending Oct 18, 2025), the weekly detection rate for SARS-CoV-2 was 16.7% compared to 12.6% in the preceding week. The predominant variant was NB.1.8.1.
  - In Singapore (week ending Oct 18, 2025), the positivity rate for COVID-19 among acute respiratory infection (ARI) samples in the community was 2% compared to 1% 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 18, 2025), indicators of COVID-19 activity decreased. The percentage of tests positive for COVID-19 was 8.1%, compared to 8.7% in the preceding week. The predominant variant was XFG.
  - In the United Kingdom (week ending Oct 19, 2025), COVID-19 activity has decreased. COVID-19 PCR positivity in hospital settings was 10.3% compared to 11.9% in the preceding week. The predominant variant was XFG.
  - In Europe (week ending Oct 19, 2025), SARS-CoV-2 positivity from sentinel specimens was 13% compared to 13% in the prior week. The predominant variant was XFG.
  - In Australia (fortnight ending Oct 19, 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 29, 2025)

Reporting period: Oct 19 – Oct 25, 2025 (Week 43)

- Hong Kong is currently in the summer influenza season. The latest surveillance data showed that local influenza activity remained high.
- 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 43, the average consultation rate for influenza-like illness (ILI) among sentinel family medicine clinics (FMC) was 18.6 ILI cases per 1,000 consultations, which was higher than 17.9 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 46.9 ILI cases per 1,000 consultations, which was lower than 55.1 recorded in the previous week (Figure 2.1, right).

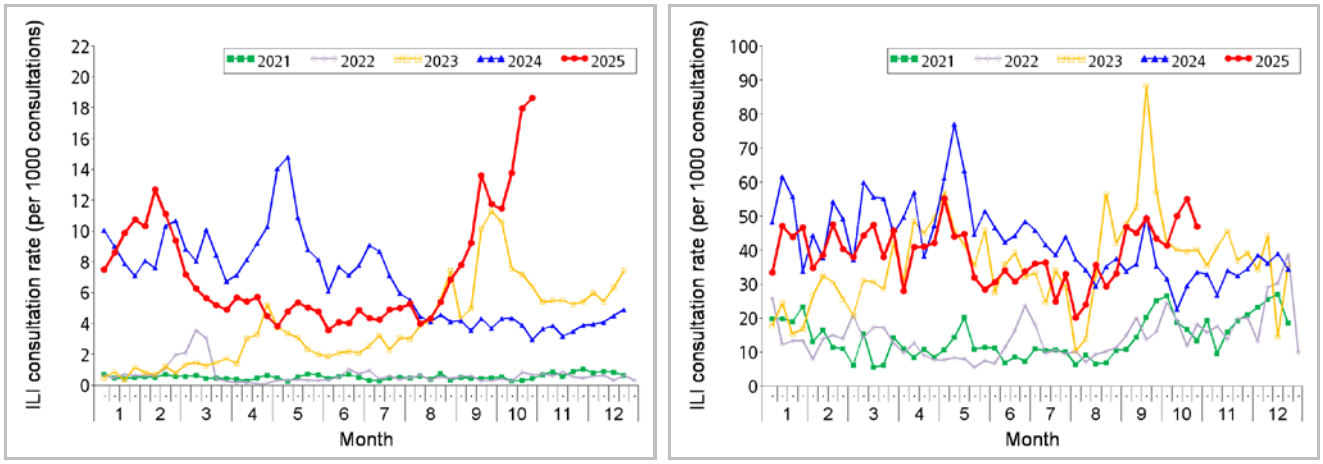

Figure 2.1 ILI consultation rates at sentinel FMC (left) and PMP clinics (right), 2021-25

Laboratory surveillance, 2021-25

Among the 8,784 respiratory specimens received in week 43, 1,055 (12.01%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 113 (11%) influenza A(H1), 903 (87%) influenza A(H3) and 26 (2%) influenza B viruses. The positive percentage (12.01%) was above the baseline threshold of 4.94% but was higher than 11.84% recorded in the previous week (Figure 2.2).

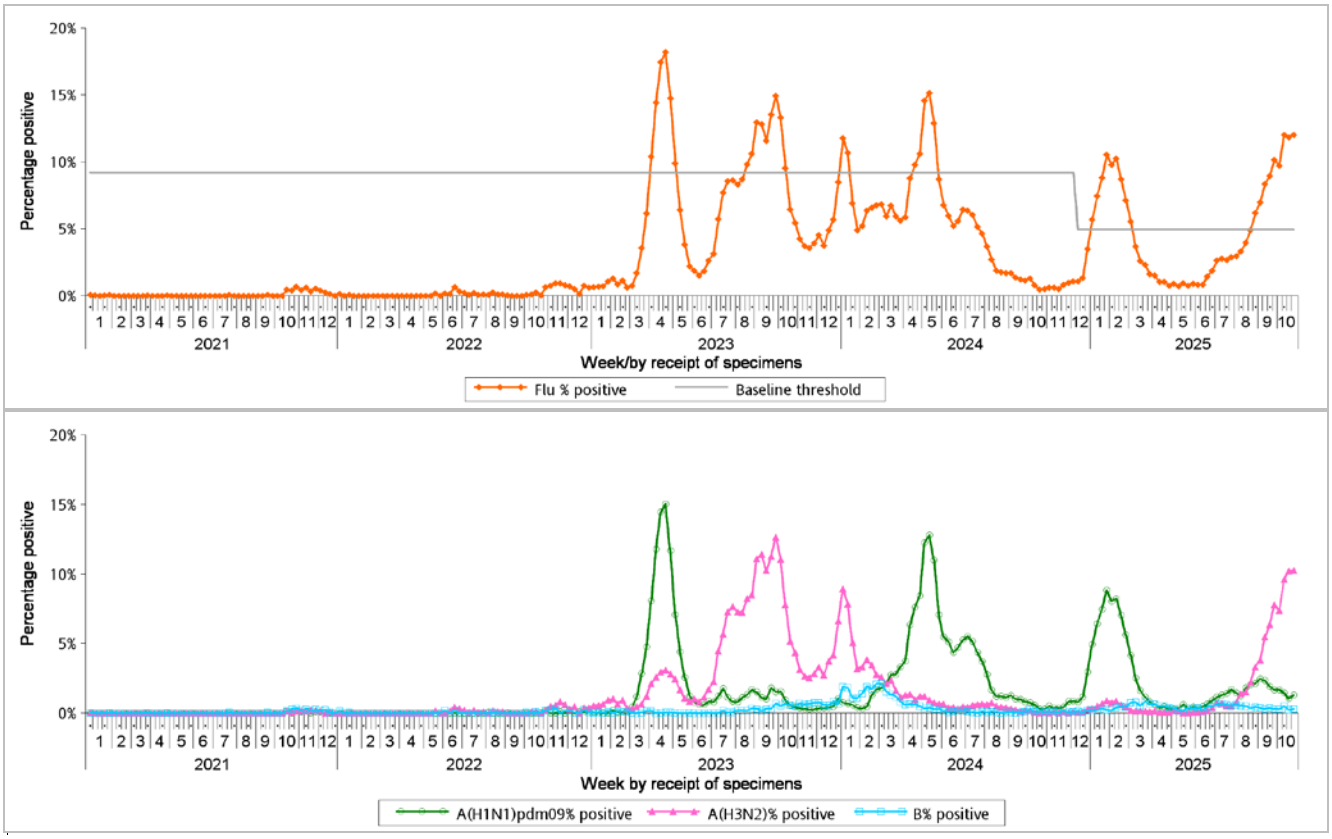

Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2021-25 (upper: overall positive percentage, lower: positive percentage by subtypes)

[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 8,126 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 658 specimens received by the Hospital Authority

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

- The Public Health Laboratory Services Branch of the Centre for Health Protection tests virus isolates of influenza A(H3) and B viruses obtained from cell culture for antiviral susceptibility to oseltamivir. For influenza A(H1) viruses, genotypic assay for H275Y substitution (which confers resistance to oseltamivir) is also performed on selected clinical specimens.
- In September 2025, there were no new reports of influenza A(H3) and B viruses with reduced susceptibility to oseltamivir, nor any influenza A(H1) virus with H275Y substitution.
- For the results of previous months, please refer to the following webpage: https://www.chp.gov.hk/en/statistics/data/10/641/695/7088.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, 2021-25

In week 43, 152 ILI outbreaks occurring in schools/institutions were recorded (affecting 1,403 persons), as compared to 182 outbreaks recorded in the previous week (affecting 2,153 persons) (Figure 2.3). The overall number was at the high intensity level currently (Figure 2.4*). In the first 4 days of week 44 (Oct 26 to 29), 60 ILI outbreaks in schools/institutions were recorded (affecting 342 persons). Since the start of the influenza season in week 36, 797 outbreaks were recorded (as of Oct 29).

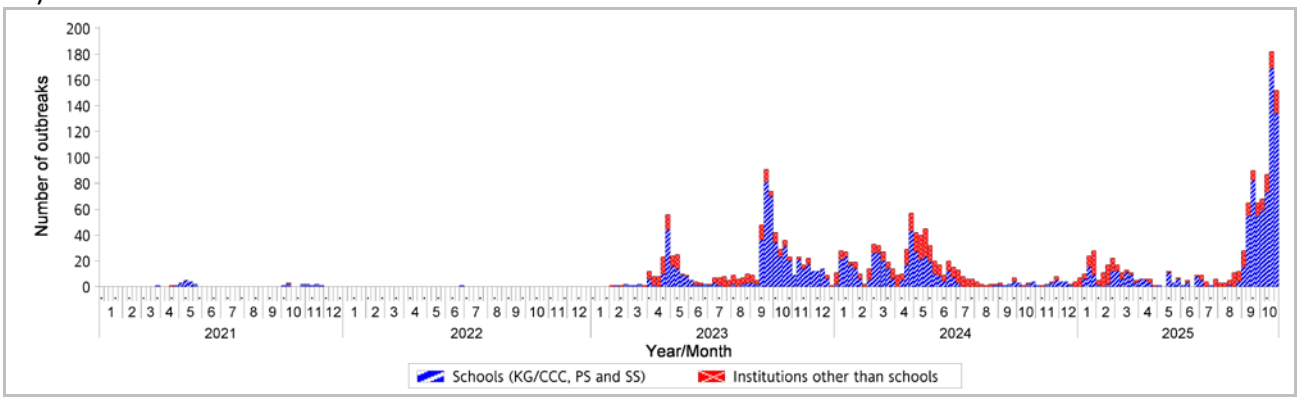

Figure 2.3 ILI outbreaks in schools/institutions, 2021-25

Type of institutions	Week 42	Week 43	Cumulative number of outbreaks since week 36 (as of Oct 29)
Child care centre/ kindergarten (CCC/KG)	17	19	73
Primary school (PS)	91	69	376
Secondary school (SS)	61	46	244
Residential care home for the elderly	5	12	48
Residential care home for persons with disabilities	1	1	22
Others	7	5	34
Total number of outbreaks	182	152	797
Total number of persons affected	2153	1403	8141

In comparison, 653, 308, 152 and 134 outbreaks were recorded in the same duration of surveillance (8 complete weeks) in the 2018/19 winter, 2023 summer, 2023/24 season and 2024/25 winter seasons respectively, as compared with 737 outbreaks in the current season (Figure 2.5).

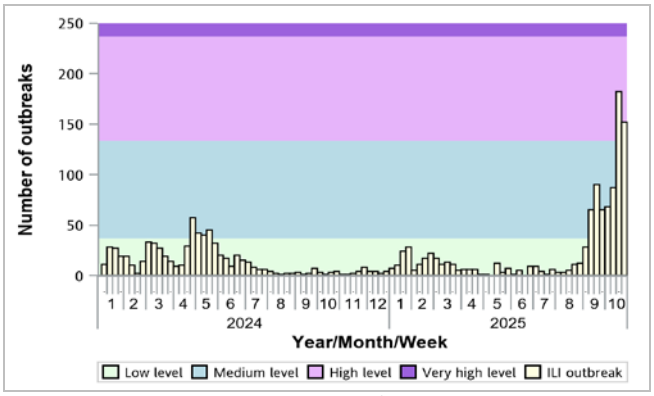

Figure 2.4 ILI outbreaks in schools/institutions, 2024-25

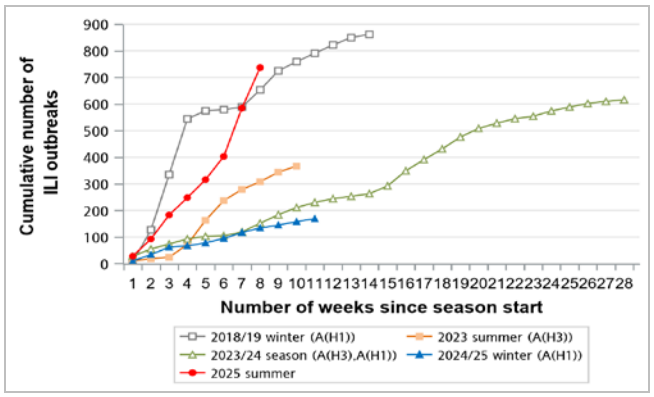

Figure 2.5 Cumulative numbers of ILI outbreaks reported during major influenza seasons, 2019 and 2023–25
Note: The predominating virus was shown in bracket.

** 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 43, the overall admission rate in public hospitals with principal diagnosis of influenza was 0.64 (per 10,000 population) as compared to 0.87 recorded in the previous week (Figure 2.6 It was above the baseline threshold of 0.27 and 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 3.11, 3.20, 1.77, 0.14, 0.15 and 0.96 cases (per 10,000 people in the age group) respectively, as compared to 4.12, 4.39, 2.20, 0.16, 0.19 and 1.47 cases in the previous week (Figure 2.6).

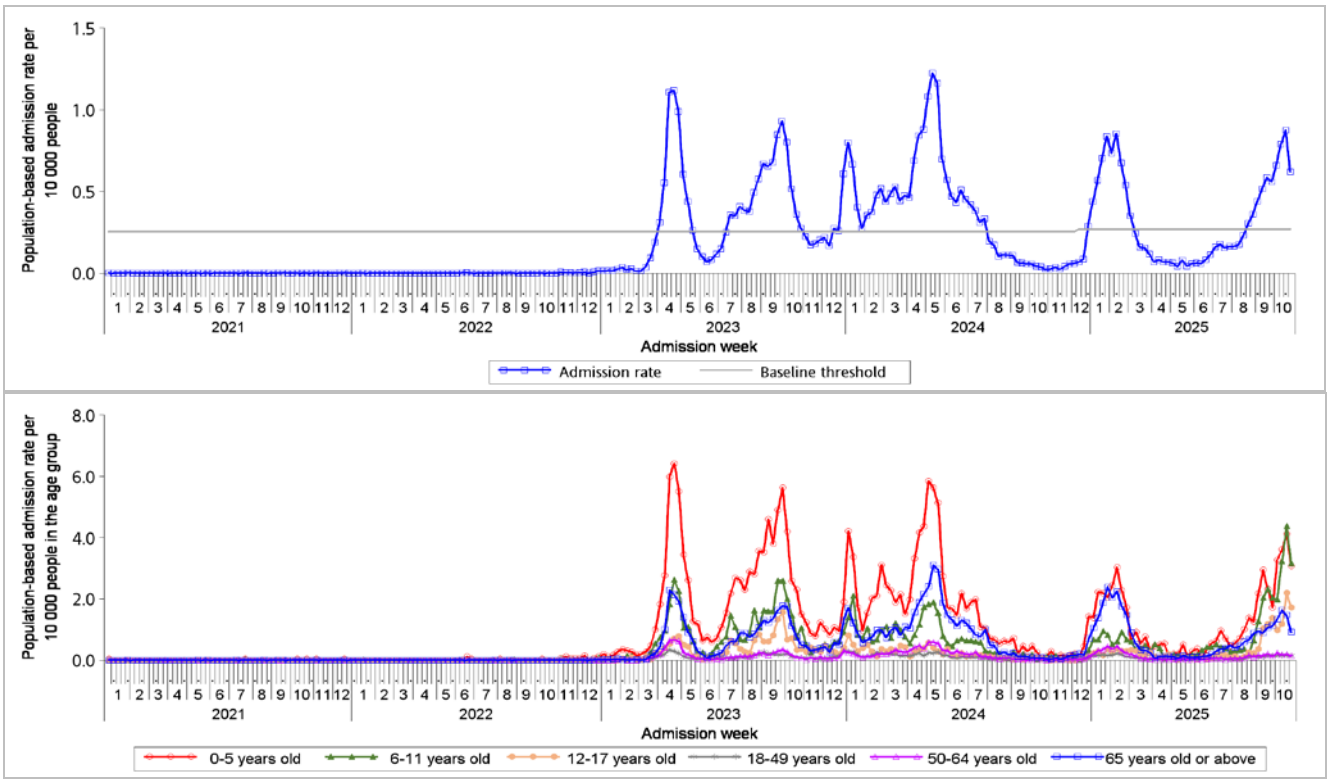

Figure 2.6 Influenza-associated hospital admission rates, 2021-25 (upper: overall rate, lower: rates by age groups)

[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.]

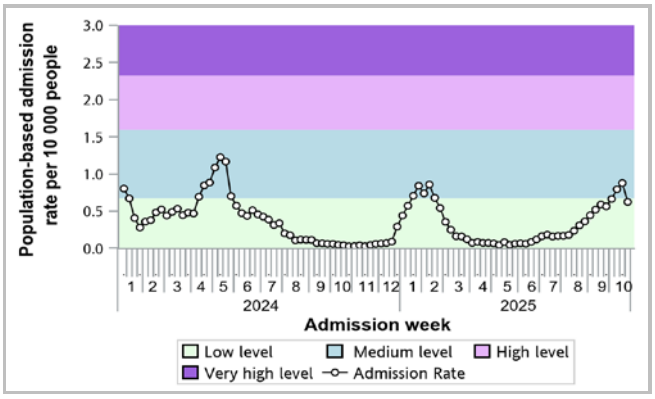

Figure 2.7 Influenza-associated hospital admission rates, 2024-25

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 43, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 163.4 (per 1,000 coded cases), which was lower than the rate of 165.5 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.

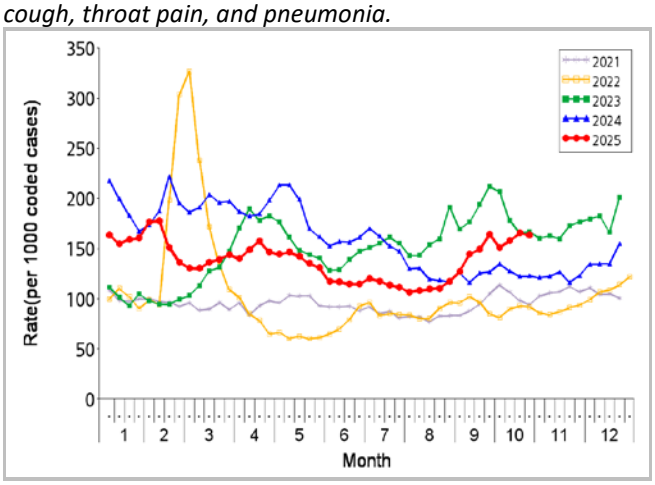

Figure 2.8 Rate of ILI syndrome group in AEDs, 2021-25

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

In week 43, 0.88% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.84% recorded in the previous week (Figure 2.9).

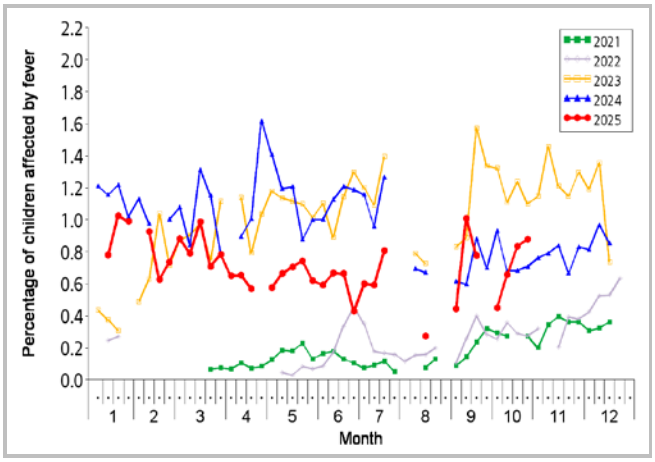

Figure 2.9 Percentage of children with fever at sentinel CCCs/KGs, 2021-25

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

In week 43, 0.12% 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 2.10).

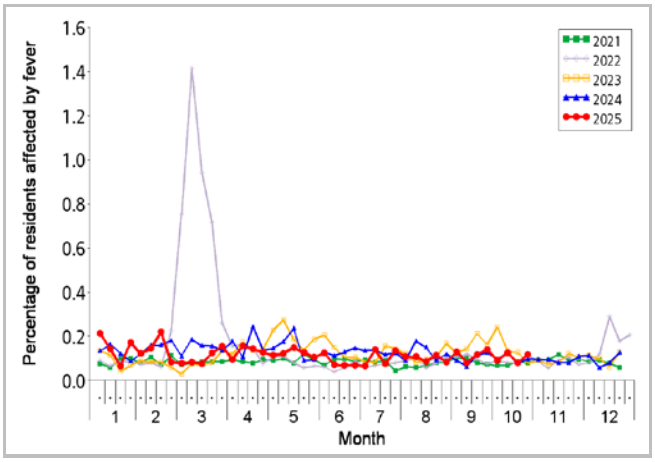

Figure 2.10 Percentage of residents with fever at sentinel RCHEs, 2021-25

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

In week 43, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.86 ILI cases per 1,000 consultations as compared to 0.86 recorded in the previous week (Figure 2.11).

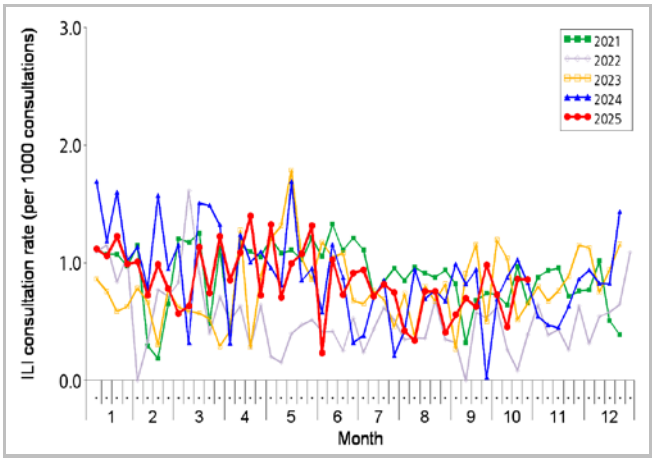

Figure 2.11 ILI consultation rate at sentinel CMPs, 2021-25

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 43, 31 adult cases of ICU admission/death with laboratory confirmation of influenza (including 25 deaths) were recorded, as compared to 35 cases (including 19 deaths) in the previous week. Among the 31 adult cases, 29 were not known to have received the 2024/25 seasonal influenza vaccine (SIV). In the first 4 days of week 44 (Oct 26 – 29), 22 cases were recorded, in which 12 of them were fatal.

Week	Influenza type					
	A(H1)	A(H3)	A (pending subtype)	B	A and B	C
Week 43	8	21	1	1	0	0
First 4 days of week 44 (Oct 26 – 29)	4	10	8	1	0	0

- Since week 36 (as of Oct 29), 260 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 177 of them were fatal. Among them, 165 patients had influenza A(H3) infection, 66 patients with influenza A(H1), 7 patients with influenza B and 22 patients with influenza A (pending subtype).

- In comparison, 441, 249, 253 and 415 adult cases were recorded in the same duration of surveillance (8 complete weeks) in the 2018/19 winter, 2023 summer, 2023/24 season and 2024/25 winter seasons respectively, as compared with 238 cases in the current season (Figure 2.12, left). The corresponding figures for deaths were 251, 159, 155, 275 in the above seasons, as compared with 165 deaths in the current season (Figure 2.12, right).

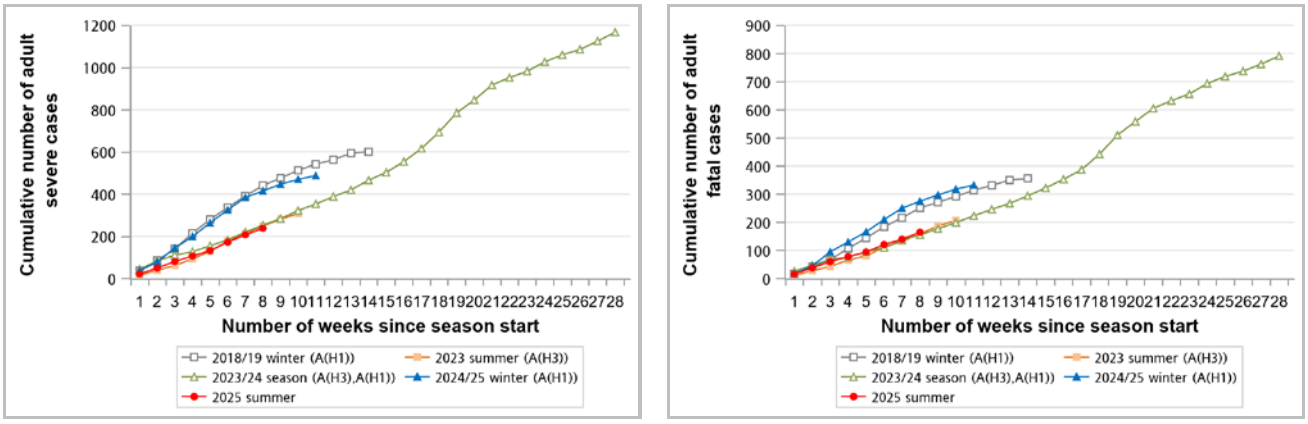

Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2019 and 2023–25 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

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

- In week 43 and the first 4 days of week 44 (Oct 26 – 29), there were 6 cases of severe paediatric influenza-associated complication/death.

Reporting week	Age	Sex	Complication	Fatal case?	Influenza subtype	History of receiving 2025/26 influenza vaccine
43	2 years	Female	Encephalopathy	No	Influenza A (H3)	No
43	2 years	Female	Severe pneumonia	No	Influenza A (H1)	No
43	11 years	Female	Severe pneumonia	No	Influenza A (H3)	No
43	14 years	Female	Shock	No	Influenza A (H3)	No
44	11 years	Male	Shock	No	Influenza A (H1)	No
44	11 months	Male	Severe pneumonia	No	Influenza A (H3)	No

- During this summer season, 16 paediatric cases of influenza-associated complication/death were reported, in which 1 of them was fatal. 11 cases had infections with influenza A(H3), 3 with influenza A(H1), 1 with influenza A(untyped) and 1 with influenza B. 11 cases did not receive SIV. In 2025, 27 paediatric cases of influenza-associated complication were reported, in which 1 of them was fatal (as of Oct 29).

- In comparison, 21, 13, 8 and 9 paediatric cases of influenza-associated complication/death were recorded in the same duration of surveillance (8 complete weeks) in the 2018/19 winter, 2023 summer, 2023/24 season and 2024/25 winter seasons respectively, as compared with 14 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).

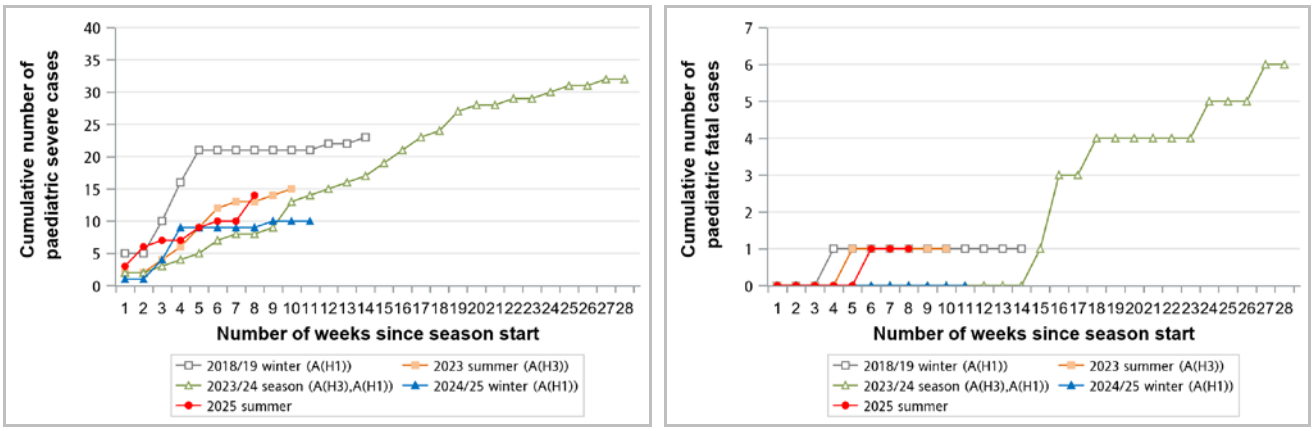

Figure 2.13 Cumulative numbers of cases of paediatric influenza-associated complication/death reported during major influenza seasons, 2019 and 2023–25 (left: complication/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

Severe influenza cases of all ages

- During this influenza season, 276 severe influenza cases among all ages have been reported, including 178 deaths (as of Oct 29).

Age group	Cumulative number of cases (death)
0-5	4 (0)
6-11	6 (0)
12-17	6 (1)
18-49	12 (0)
50-64	34 (12)
>=65	214 (165)

- Among the adult fatal cases with available clinical information, about 83% 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 of 2.5% (2017/18 winter season) and 4.5% (2024/25 winter season).

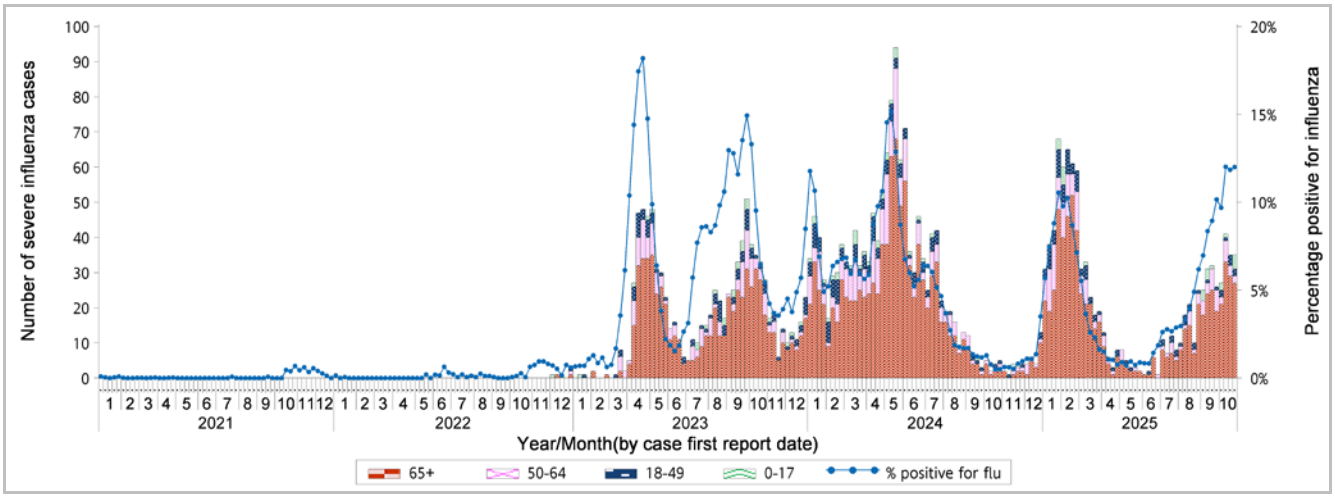

Figure 2.14 Weekly number of severe influenza cases by age groups, 2021-25 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

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 1.53 copies (unit adjusted for population)*, which was above the baseline threshold# (0.79), but was lower than 1.80 copies* in the previous week (Figure 2.15).

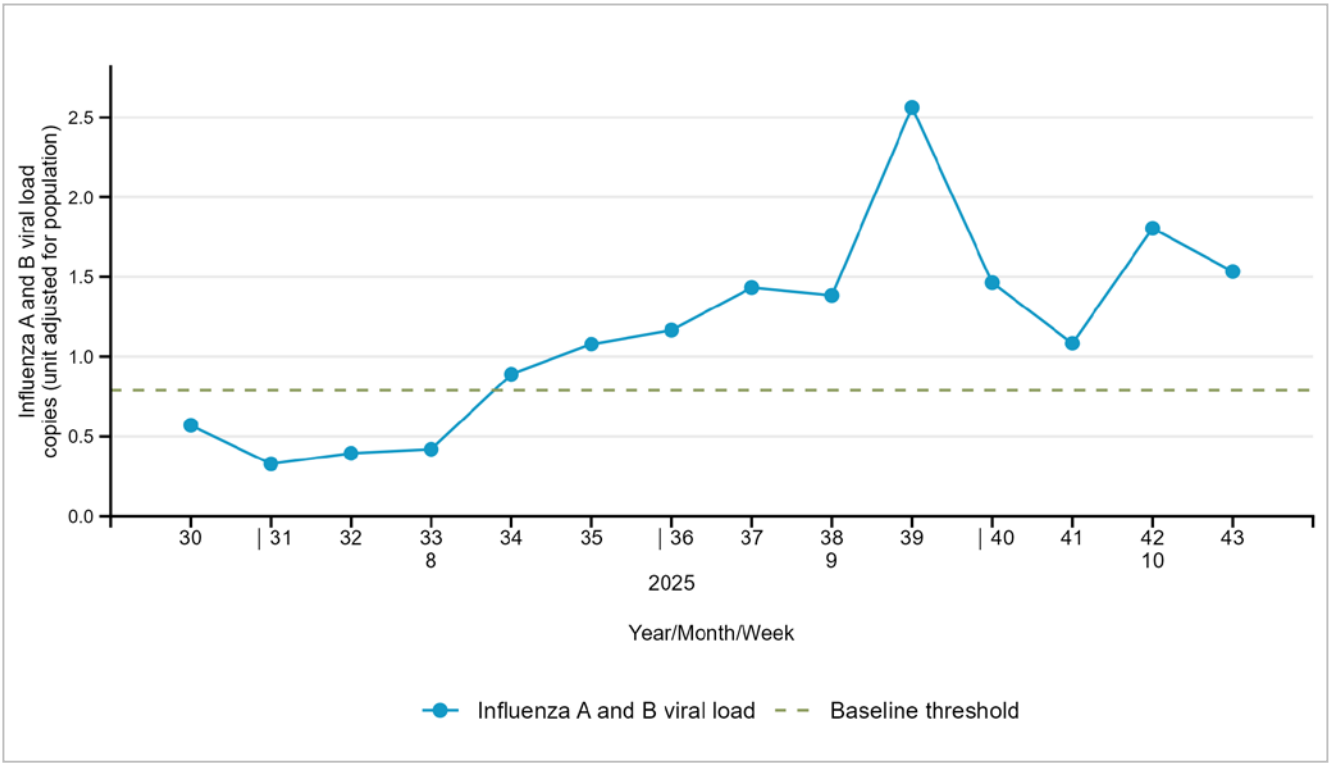

Figure 2.15 Viral load of influenza A and B viruses from sewage surveillance from week 30, 2025 onwards

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

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

Acknowledgement

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Global Situation of Influenza Activity

In the Northern Hemisphere, influenza activity remained low and stable in most regions. However, influenza positivity was elevated in South-East Asia. In the Southern Hemisphere, influenza activity remained low and stable in most countries, with no increasing trend seen (data up to Oct 12, 2025).

- In Canada (week ending Oct 18, 2025), influenza activity was at interseasonal level. Influenza positivity remained low at 1.0%.
- In Europe (week ending Oct 19, 2025), influenza activity remains below the regional seasonal epidemic threshold, but has increased from inter-seasonal levels in the last few weeks. Influenza positivity from sentinel specimens was at 5%, which was below the 10% epidemic threshold.
- In the United Kingdom (week ending Oct 19, 2025), influenza activity increased, particularly among children, and is now above baseline in some indicators. Influenza positivity was 6.1% as compared with 5% in preceding week.
- In Chinese Mainland (week ending Oct 19, 2025), influenza activity in northern provinces was at low level, while it increased in southern provinces. The percentage of specimens that tested positive for influenza in southern and northern provinces in week 42 was 6.5% and 2.2%, respectively. In Guangdong (week ending Oct 12, 2025), influenza epidemic has arrived with influenza A(H3N2) viruses predominating. The percentage of specimens tested positive for influenza is 14.18% in the week ending Oct 12, higher than the baseline of 12.44%. In Macao (week ending Oct 18, 2025), influenza-like illnesses are generally increasing. The positive rate for influenza at the Public Health Laboratory was 28.9%, higher than 12.2% in preceding week, surpassing the alert threshold. The predominant strain detected was Influenza A (H3). In Taiwan (week ending Oct 18, 2025), it is currently in an influenza epidemic. The number and percentage of influenza cases in emergency consultations have decreased compared to the previous week. The predominating viruses were influenza A(H3), followed by influenza A(H1) viruses.
- In Japan (week ending Oct 18, 2025), influenza activity continued to increase in recent weeks. In week 42, the average number of reported ILI cases per sentinel site increased to 3.26, higher than the baseline level of 1.00. Most of the influenza detections were influenza A(H3) viruses.
- On 17 October 2025, South Korea issued a seasonal influenza epidemic warning. In week 41 (ending 11 October 2025), the influenza-like illness (ILI) rate reached 14.5 cases per 1,000 outpatient visits, surpassing the epidemic threshold of 9.1. Influenza test positivity was 7.5%, predominantly influenza A(H3N2) (week ending 18 October 2025).
- In Australia (fortnight ending Oct 19, 2025), the number of influenza cases decreased last fortnight but remained 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 19, 2025), the national ILI rate has decreased to 17.48 as compared to 21.56 per 100,000 population in preceding week. 4 (13.8%) out of 29 sentinel samples were tested positive for influenza in week 42. 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, Korean Disease Control and Prevention Agency, Australian Department of Health and Aged Care and New Zealand Ministry of Health