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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 Nov 12, 2025)

Reporting period: Nov 2, 2025 – Nov 8, 2025 (Week 45)

- 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 45, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 9 as compared to 16 in the preceding week. (Figure 1.1)

In the first 4 days of week 46 (Nov 9 – Nov 12), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 0 to 1.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 84,354 (as of Nov 12, 2025).

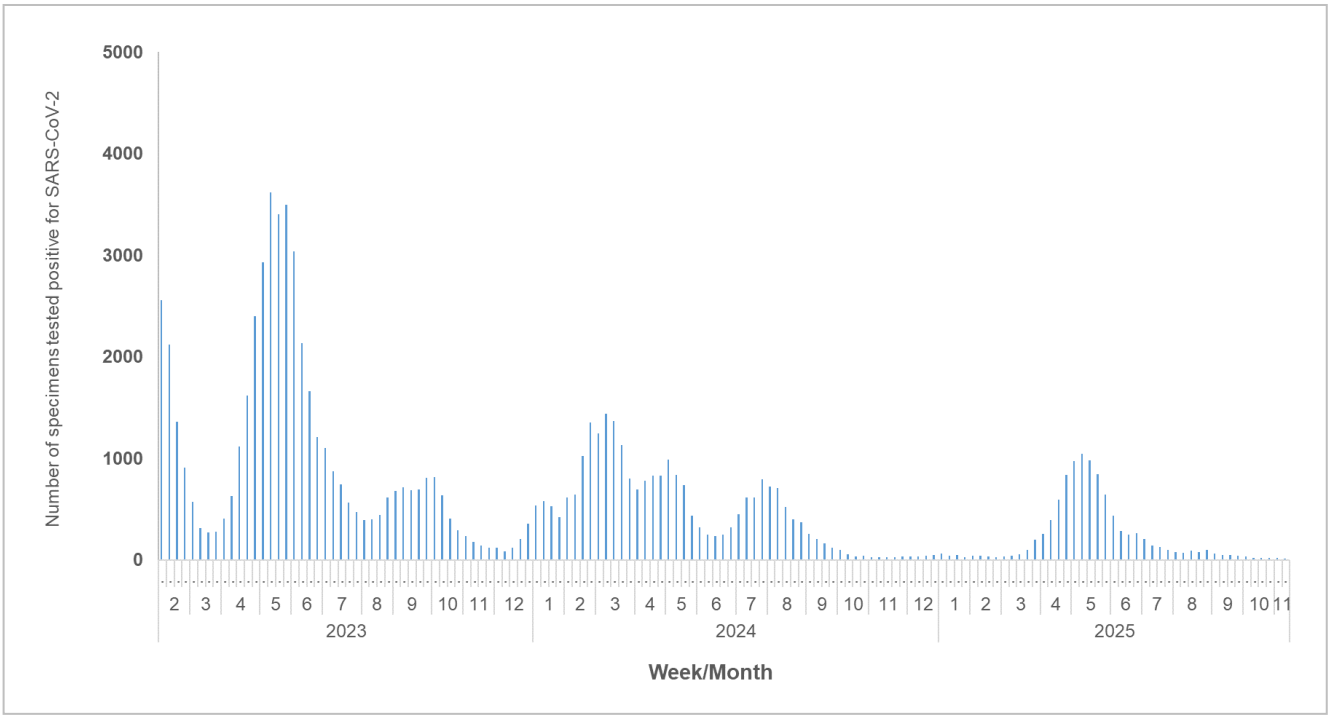

Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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 8,297 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 45, 18 (0.22%) were tested positive for SARS-CoV-2 virus as compared to 18 (0.21%) in the preceding week. (Figure 1.2)

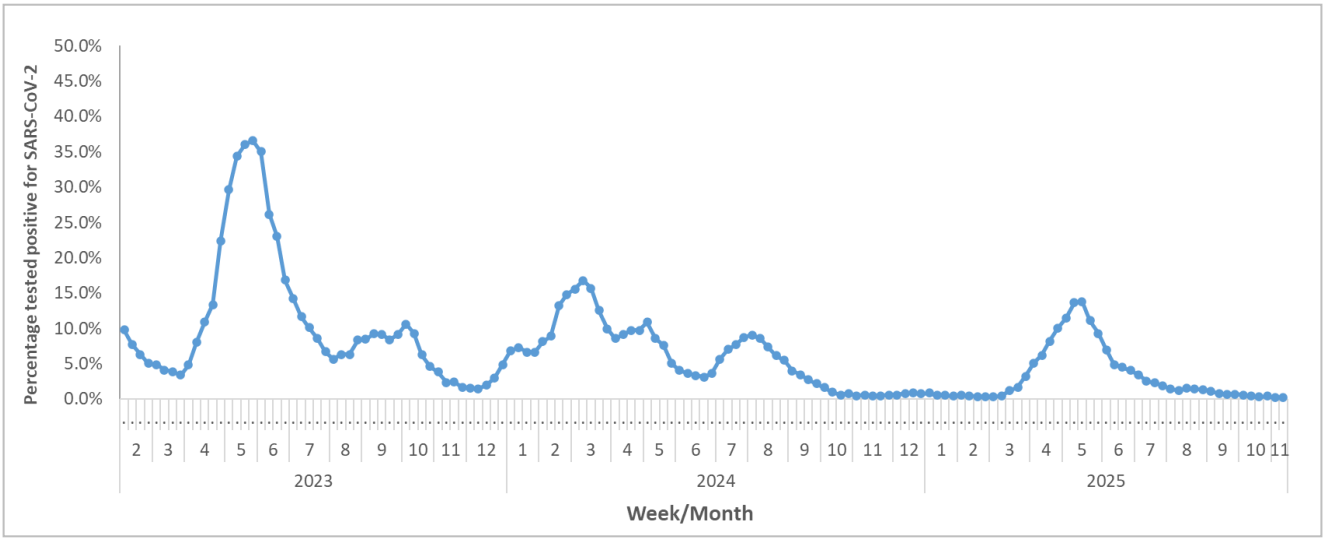

Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

COVID-19 outbreak surveillance

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

In week 45, 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 46 (Nov 9–Nov 12), 0 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 0 persons).

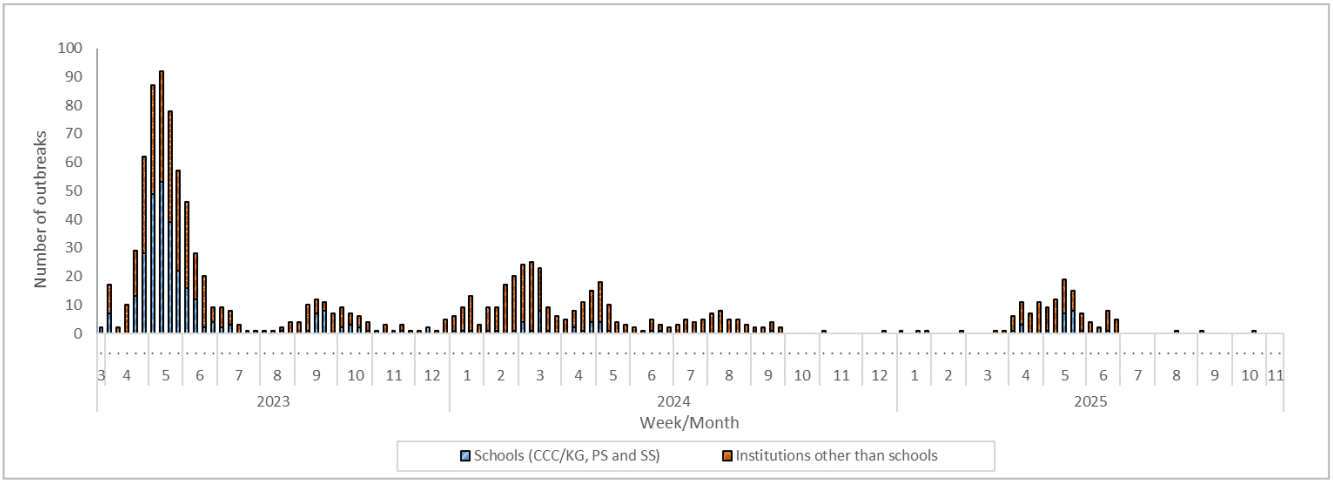

Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 44	Week 45	First 4 days of week 46 (Nov 9–Nov 12)
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 45, the weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 1 as compared to 0 in the preceding week. (Figure 1.4)

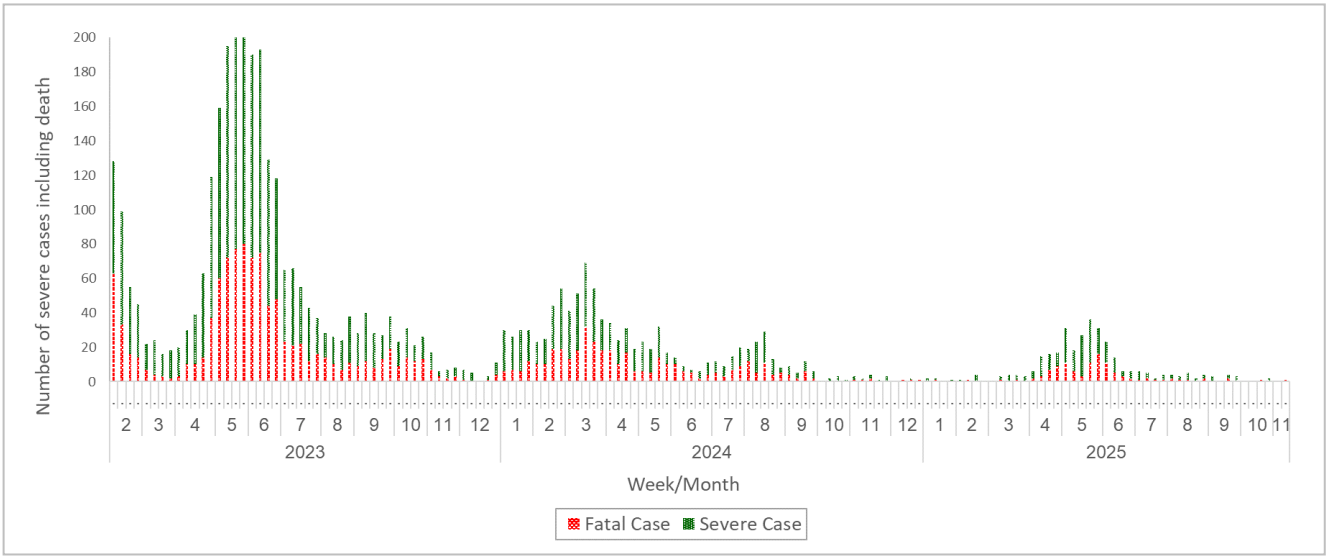

Figure 1.4 Weekly number of severe COVID-19 cases including deaths

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

Sewage surveillance of SARS-CoV-2 virus

In week 45, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 22,000 copy/L as compared to around 30,000 copy/L in the preceding week. (Figure 1.5)

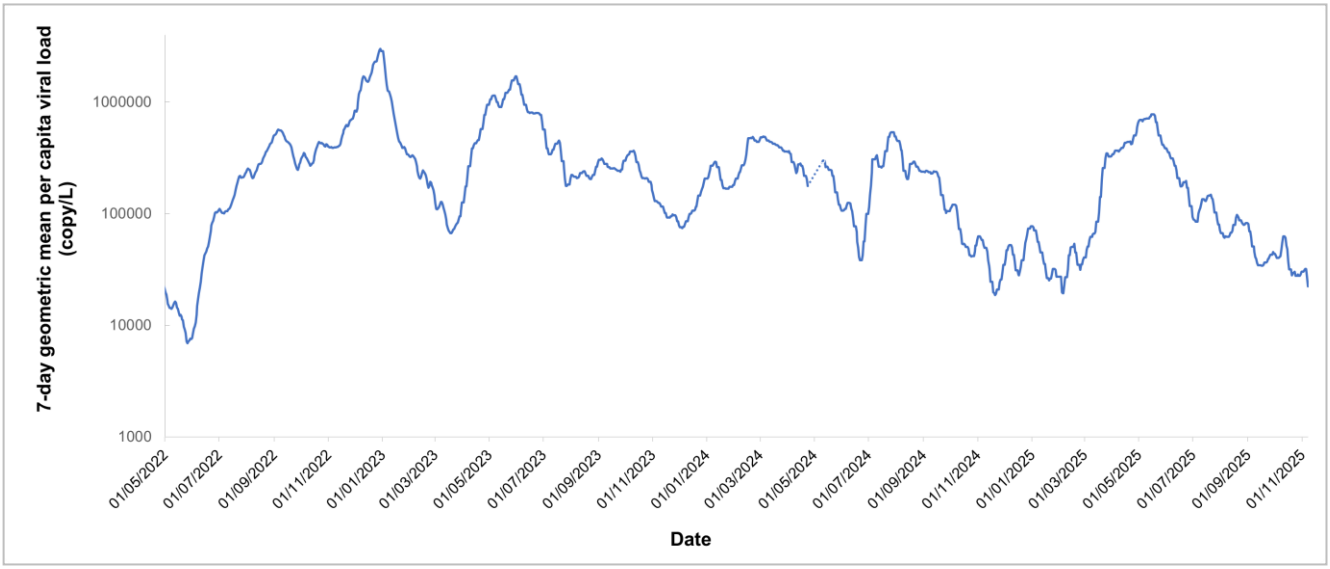

Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

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 45, 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.

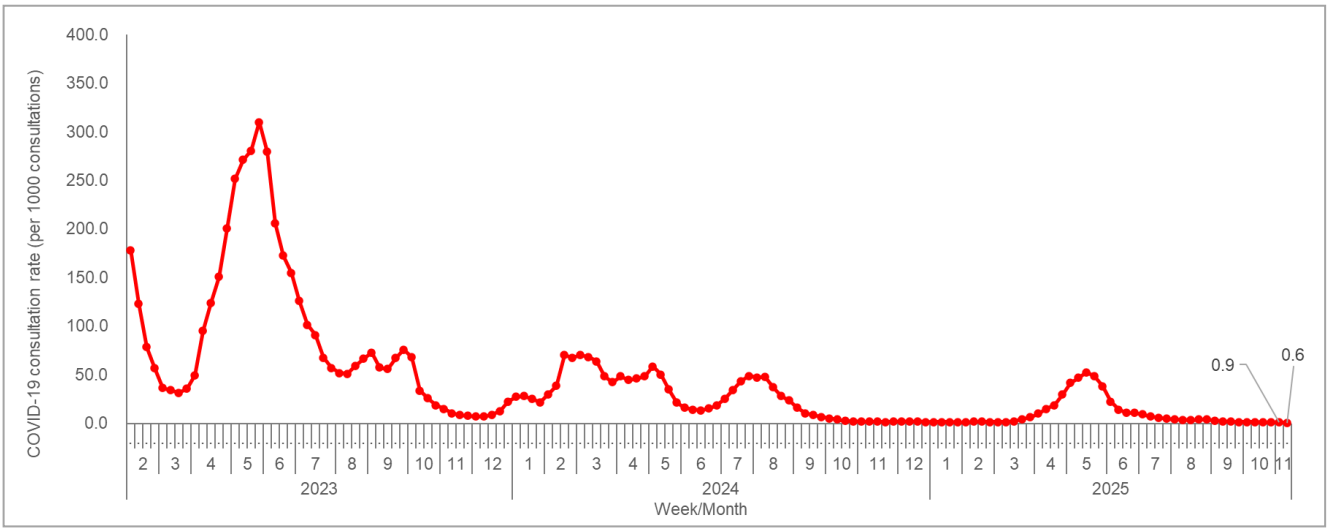

Figure 1.6 Average consultation rate of COVID-19 cases in family medicine clinics

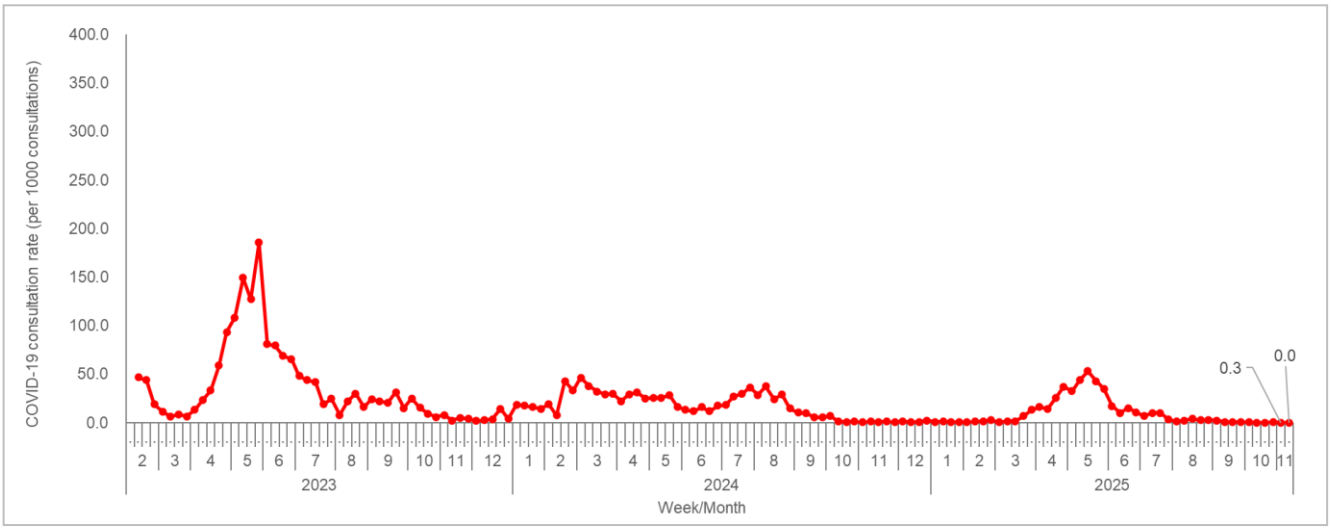

Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

Surveillance on SARS-CoV-2 variants

Currently, WHO is monitoring one variant of interest (VOI), which is JN.1, and 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)

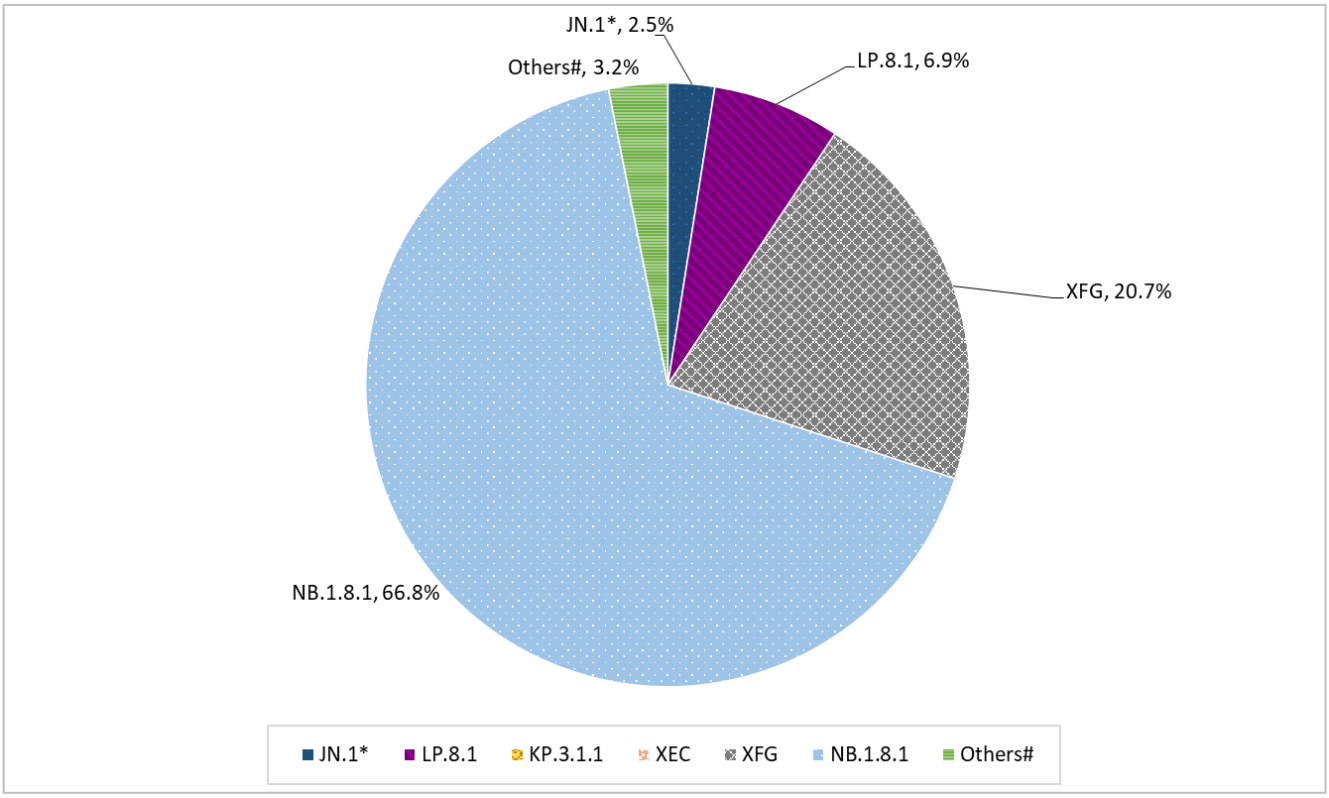

Figure 1.8 Estimated proportion of variants among sewage samples

**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 between Oct 22 and Nov 4, 2025. The results showed that NB.1.8.1 comprised 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 90% of all characterised specimens, and XFG comprised the other 10%.

Global situation of COVID-19 activity

- According to the WHO, global SARS-CoV-2 activity were stable, although some countries reported higher activity.

- The COVID-19 activity in neighbourhood regions decreased gradually or remained stable at low levels.
  - In Chinese Mainland (week ending Nov 2, 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 Nov 1, 2025), the COVID-19 activity remained at low level. The predominant variant was NB.1.8.1.
  - In Japan (week ending Nov 2, 2025), the average number of reported COVID-19 cases per sentinel site was 2.28 compared to 2.25 in the preceding week. The predominant variant was PQ.2.
  - In South Korea (week ending Nov 1, 2025), the weekly detection rate for SARS-CoV-2 was 9.2% compared to 12.2% in the preceding week. The predominant variant was NB.1.8.1.
  - In Singapore (week ending Nov 1, 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 Nov 1, 2025), indicators of COVID-19 activity remained stable. The percentage of tests positive for COVID-19 was 7.6%, compared to 7.5% in the preceding week. The predominant variant was XFG.
  - In the United Kingdom (week ending Nov 4, 2025), COVID-19 activity has decreased. COVID-19 PCR positivity in hospital settings was 5.7% compared to 7.7% in the preceding week. The predominant variant was XFG.
  - In Europe (week ending Nov 2, 2025), SARS-CoV-2 positivity from sentinel specimens was 7% compared to 10% in the prior week. The predominant variant was XFG.
  - In Australia (fortnight ending Nov 2, 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 Nov 12, 2025)

Reporting period: Nov 2 – 8, 2025 (Week 45)

- Hong Kong is currently in the summer influenza season. The latest surveillance data showed that the local influenza activity decreased in the past 2 weeks but remained at a relatively high 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 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 and the Residential Care Home Vaccination Programme, have been commenced on September 25, 2025, and the Vaccination Subsidy Scheme has also been commenced on September 22, 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 45, the average consultation rate for influenza-like illness (ILI) among sentinel family medicine clinics (FMC) was 11.3 ILI cases per 1,000 consultations, which was lower than 13.7 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 45.6 ILI cases per 1,000 consultations, which was higher than 44.3 recorded in the previous week (Figure 2.1, right).

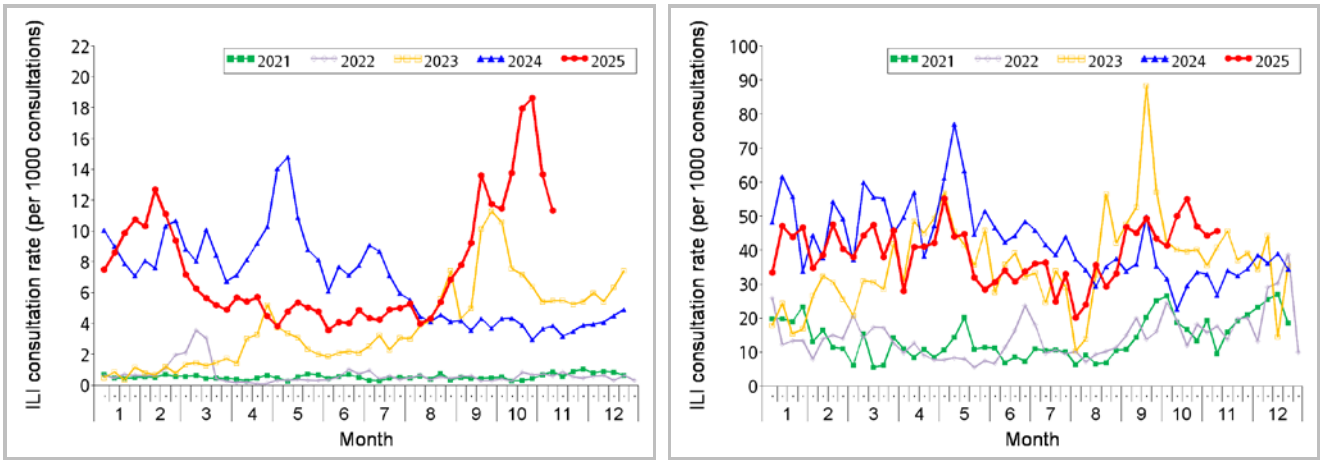

Figure 2.1 ILI consultation rates at sentinel FMC (left) and PMP clinics (right), 2021-25

Laboratory surveillance, 2021-25

Among the 8,897 respiratory specimens* received in week 45, 688 (7.73%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 62 (9%) influenza A(H1), 586 (88%) influenza A(H3) and 19 (3%) influenza B viruses. The positive percentage (7.73%) was above the baseline threshold of 4.94% but was lower than 8.74% recorded in the previous week (Figure 2.2).

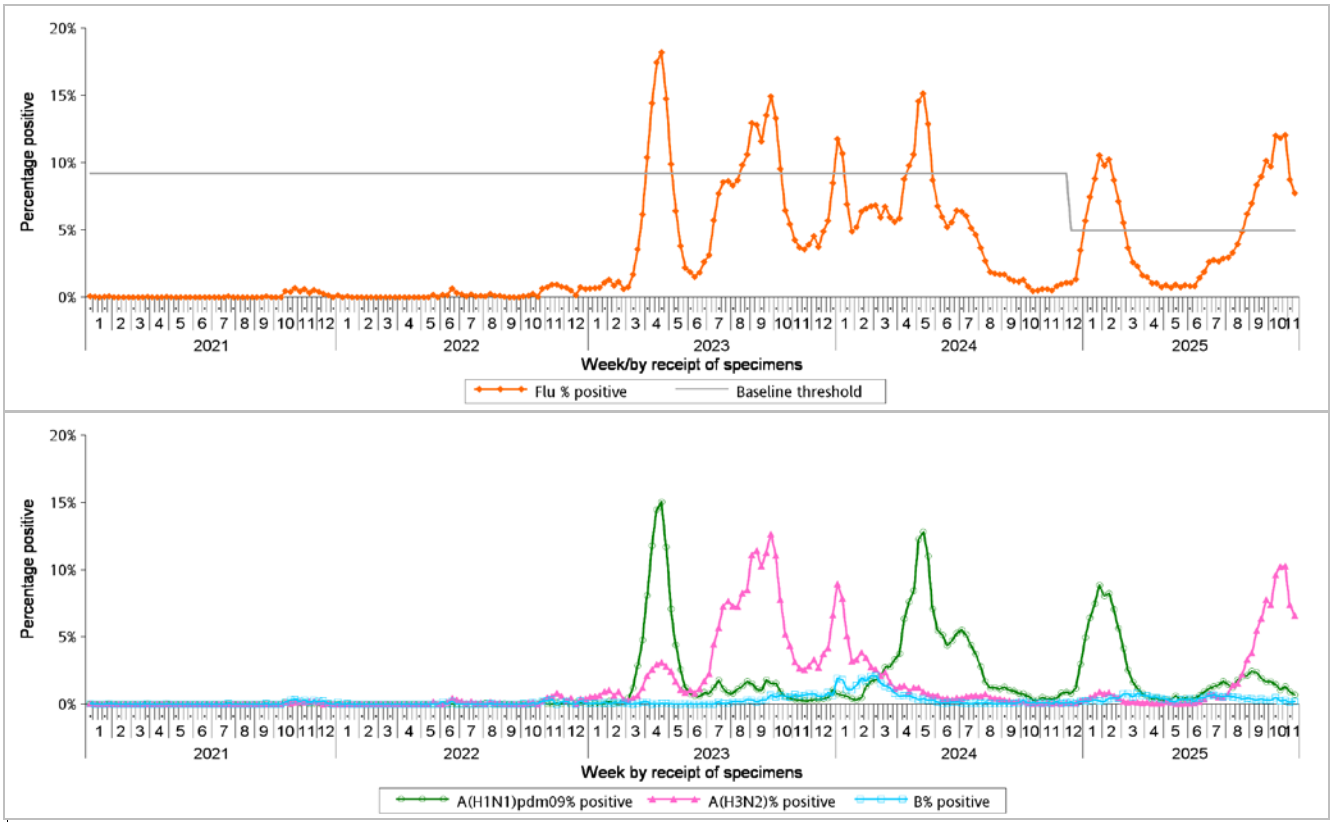

Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2021-25 (upper: overall positive percentage, lower: positive percentage by subtypes)

[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 8,297 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 600 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 45, 68 ILI outbreaks occurring in schools/institutions were recorded (affecting 401 persons), as compared to 80 outbreaks recorded in the previous week (affecting 643 persons) (Figure 2.3). The overall number was at the medium intensity level currently (Figure 2.4*). In the first 4 days of week 46 (Nov 9 to 12), 46 ILI outbreaks in schools/institutions were recorded (affecting 248 persons). Since week 36, 931 outbreaks were recorded (as of Nov 12).

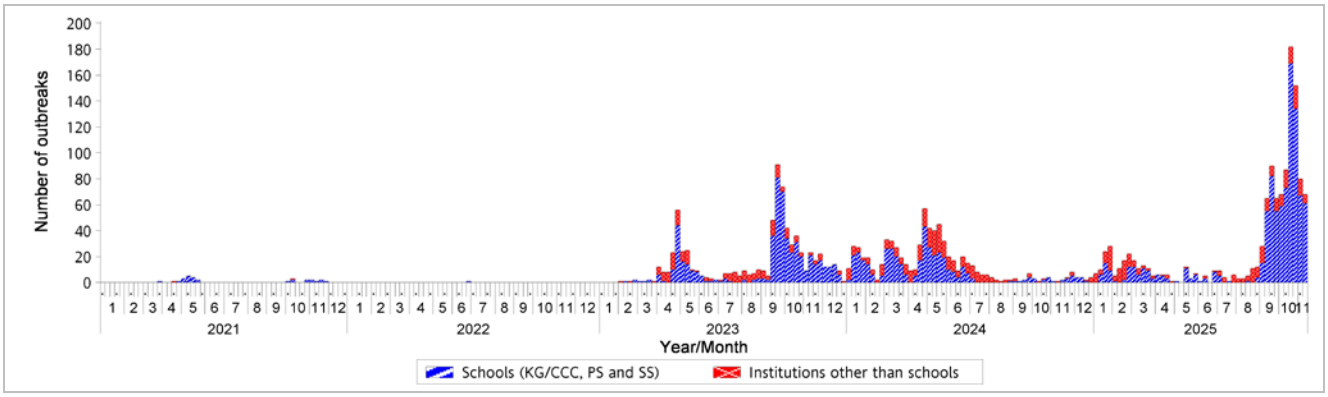

Figure 2.3 ILI outbreaks in schools/institutions, 2021-25

Type of institutions	Week 44	Week 45	Cumulative number of outbreaks since week 36 (as of Nov 12)
Child care centre/ kindergarten (CCC/KG)	4	2	82
Primary school (PS)	39	37	436
Secondary school (SS)	24	22	292
Residential care home for the elderly	5	5	58
Residential care home for persons with disabilities	1	1	24
Others	7	1	39
Total number of outbreaks	80	68	931
Total number of persons affected	643	401	9647

In comparison, 759, 367, 211 and 158 outbreaks were recorded in the same duration of surveillance (10 complete weeks) in the 2018/19 winter, 2023 summer, 2023/24 season and 2024/25 winter seasons respectively, as compared with 885 outbreaks in the current season (Figure 2.5).

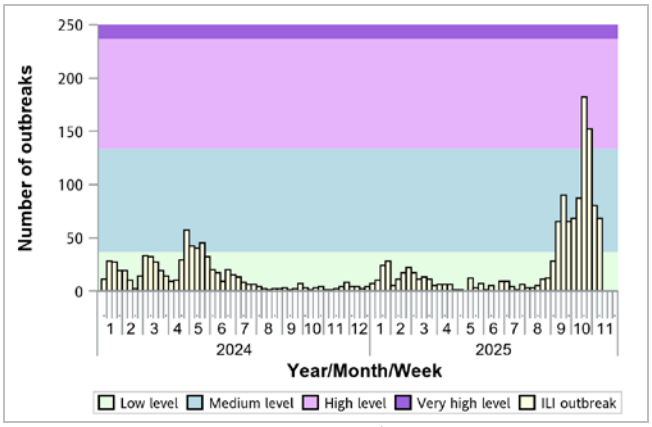

Figure 2.4 ILI outbreaks in schools/institutions, 2024-25

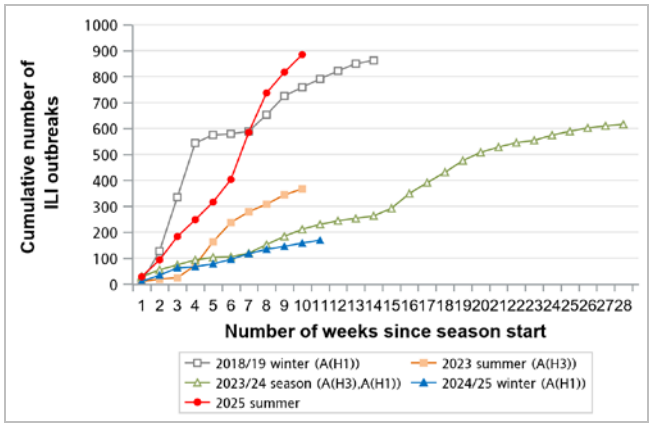

Figure 2.5 Cumulative numbers of ILI outbreaks reported during major influenza seasons, 2019 and 2023–25
Note: The predominating virus was shown in bracket.

** 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 45, the overall admission rate in public hospitals with principal diagnosis of influenza was 0.40 (per 10,000 population) as compared to 0.60 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 2.65, 1.43, 0.84, 0.11, 0.12 and 0.63 cases (per 10,000 people in the age group) respectively, as compared to 3.03, 2.68, 1.21, 0.15, 0.18 and 0.99 cases in the previous week (Figure 2.6).

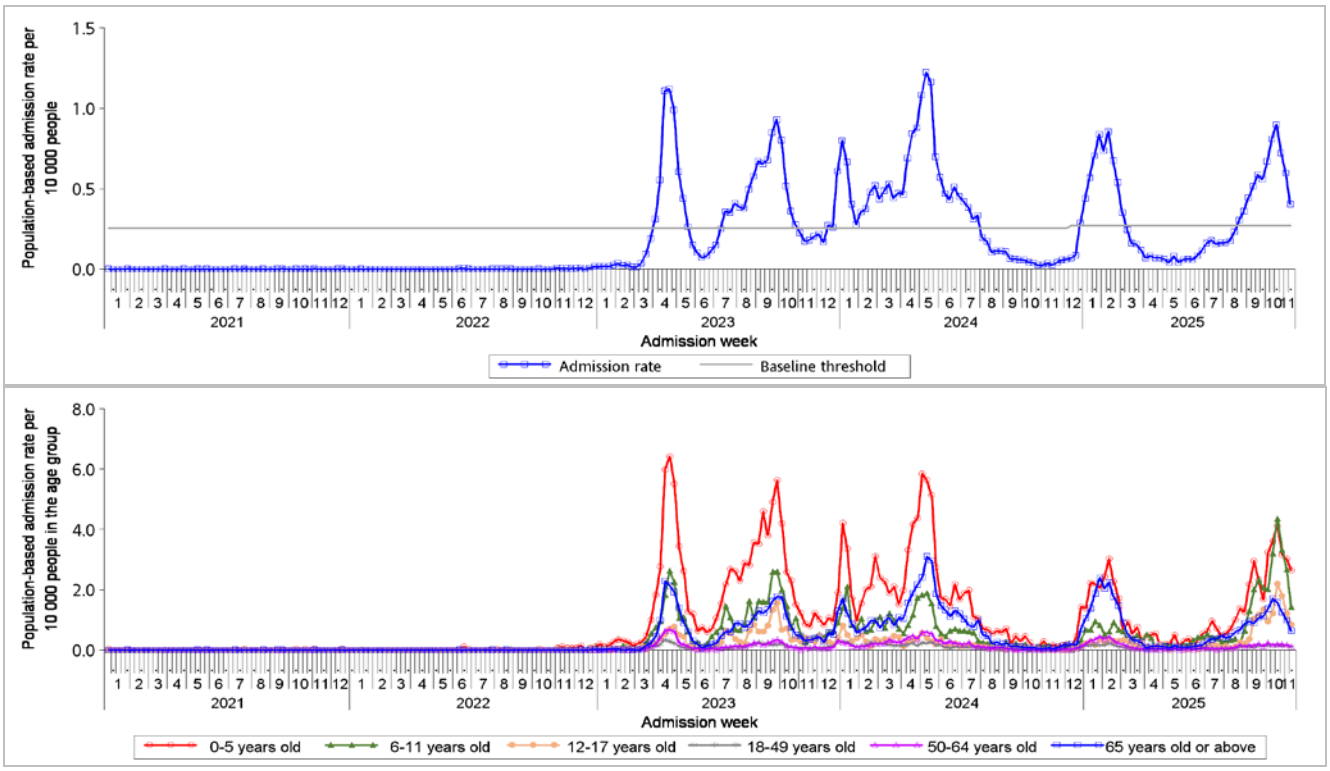

Figure 2.6 Influenza-associated hospital admission rates, 2021-25 (upper: overall rate, lower: rates by age groups)

[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.]

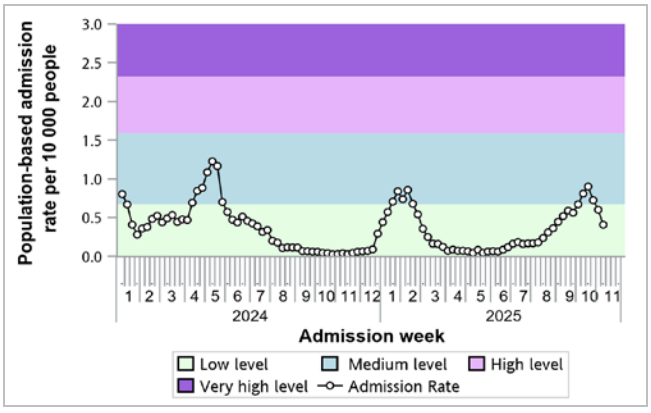

Figure 2.7 Influenza-associated hospital admission rates, 2024-25

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 45, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 142.5 (per 1,000 coded cases), which was lower than the rate of 158.9 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.

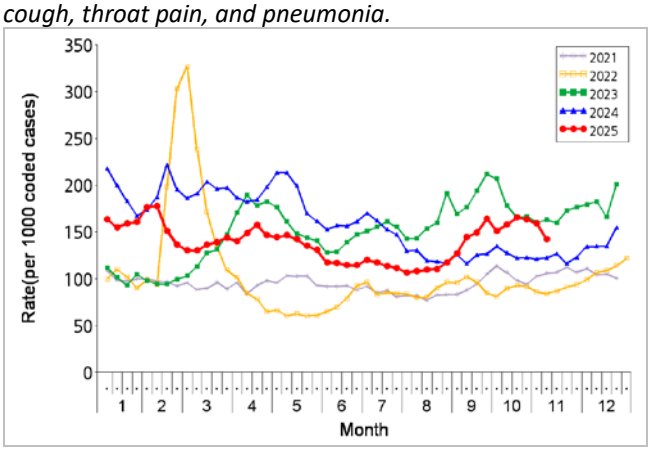

Figure 2.8 Rate of ILI syndrome group in AEDs, 2021-25

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

In week 45, 0.70% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.73% recorded in the previous week (Figure 2.9).

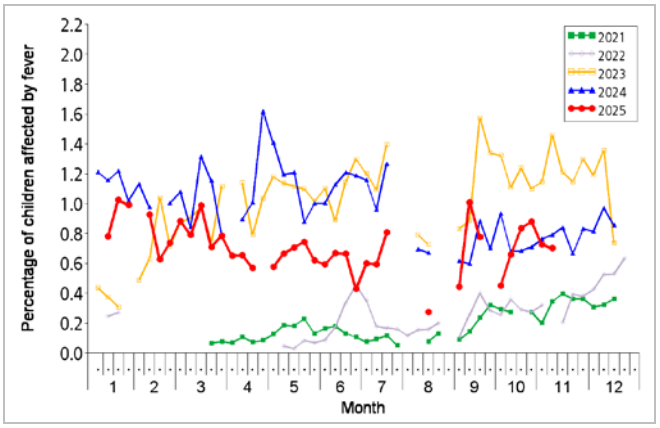

Figure 2.9 Percentage of children with fever at sentinel CCCs/KGs, 2021-25

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

In week 45, 0.15% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), compared to 0.12% recorded in the previous week (Figure 2.10).

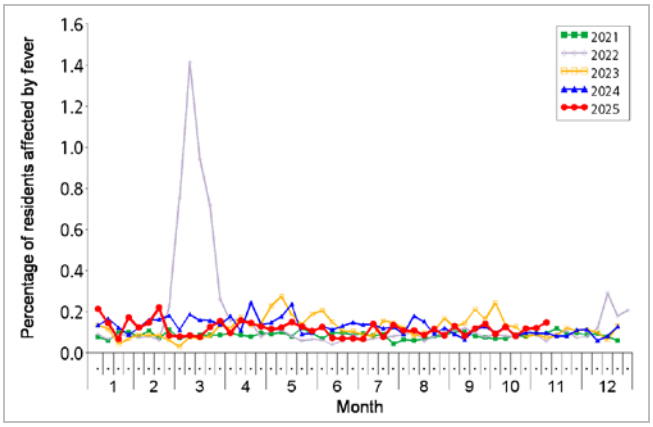

Figure 2.10 Percentage of residents with fever at sentinel RCHEs, 2021-25

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

In week 45, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.97 ILI cases per 1,000 consultations as compared to 0.38 recorded in the previous week (Figure 2.11).

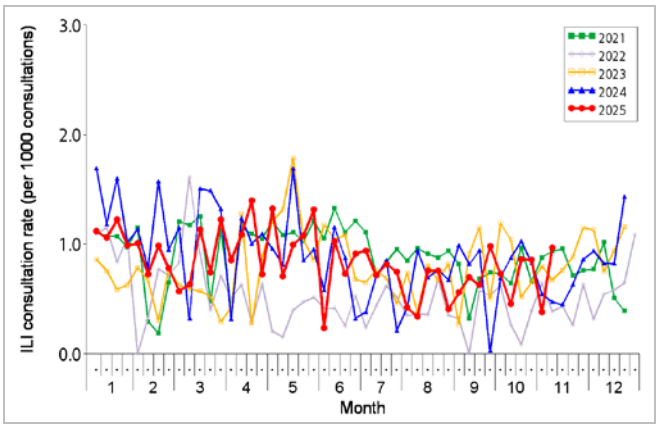

Figure 2.11 ILI consultation rate at sentinel CMPs, 2021-25

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 45, 38 adult cases of ICU admission/death with laboratory confirmation of influenza (including 25 deaths) were recorded, as compared to 33 cases (including 18 deaths) in the previous week. Among the 38 adult cases, 36 were not known to have received the 2025/26 seasonal influenza vaccine (SIV). In the first 4 days of week 46 (Nov 9 – 12), 14 cases were recorded, in which 8 of them were fatal.

Week	Influenza type					
	A(H1)	A(H3)	A (pending subtype)	B	A and B	C
Week 45	3	31	4	0	0	0
First 4 days of week 46 (Nov 9 – 12)	1	9	4	0	0	0

- Since week 36 (as of Nov 12), 323 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 216 of them were fatal. Among them, 217 patients had influenza A(H3) infection, 73 patients with influenza A(H1), 7 patients with influenza B and 26 patients with influenza A (subtype pending).

- In comparison, 513, 308, 322 and 470 adult cases were recorded in the same duration of surveillance (10 complete weeks) in the 2018/19 winter, 2023 summer, 2023/24 season and 2024/25 winter seasons respectively, as compared with 309 cases in the current season (Figure 2.12, left). The corresponding figures for deaths were 292, 207, 199, 318 in the above seasons, as compared with 208 deaths in the current season (Figure 2.12, right).

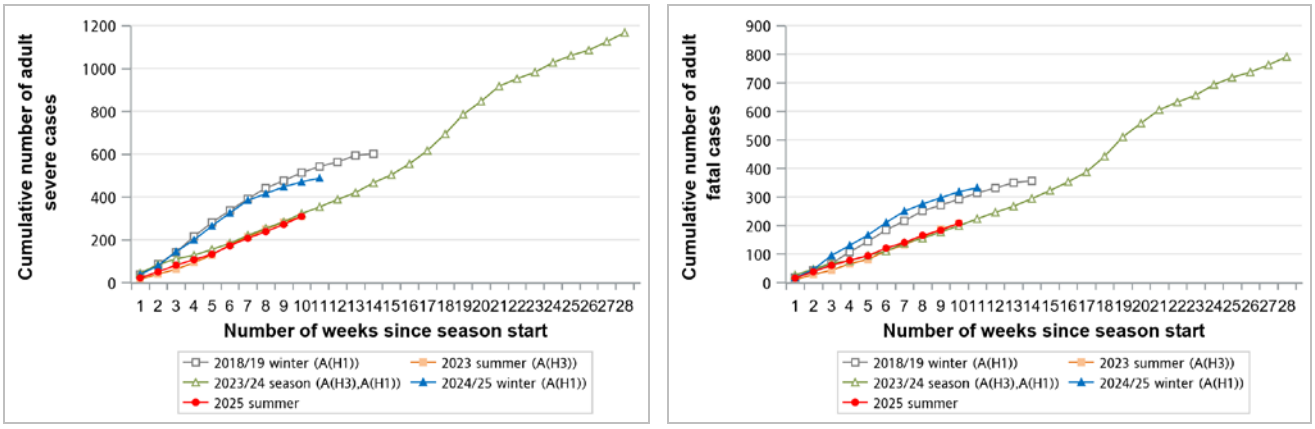

Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2019 and 2023–25 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

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

- In week 45 and the first 4 days of week 46 (Nov 9 – 12), there were 2 cases of severe paediatric influenza-associated complication/death.

Reporting week	Age	Sex	Complication	Fatal case?	Influenza subtype	History of receiving 2025/26 influenza vaccine
45	13 years	Male	Pneumonia and pleural effusion	No	Influenza A (H3)	No*
46	11 years	Male	Shock	No	Influenza A (subtype pending)	No

* The case received 2025/26 seasonal influenza vaccine (SIV) four days before onset of illness. As it generally takes two weeks for the body to develop sufficient protection after vaccination, that case was not protected by the vaccination. Only SIV administered at least 2 weeks prior are counted as valid. As such, he was considered as unvaccinated.

- During this summer season, 18 paediatric cases of influenza-associated complication/death were reported, in which 2 of them was fatal. 12 cases had infections with influenza A(H3), 3 with influenza A(H1), 1 with influenza A(untyped), 1 with influenza A (subtype pending) and 1 with influenza B. 13 cases* did not receive SIV. In 2025, 29 paediatric cases of influenza-associated complication were reported, in which 2 of them was fatal (as of Nov 12).

- In comparison, 21, 15, 13 and 10 paediatric cases of influenza-associated complication/death were recorded in the same duration of surveillance (10 complete weeks) in the 2018/19 winter, 2023 summer, 2023/24 season and 2024/25 winter seasons respectively, as compared with 17 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 2 deaths in current season (Figure 2.13, right).

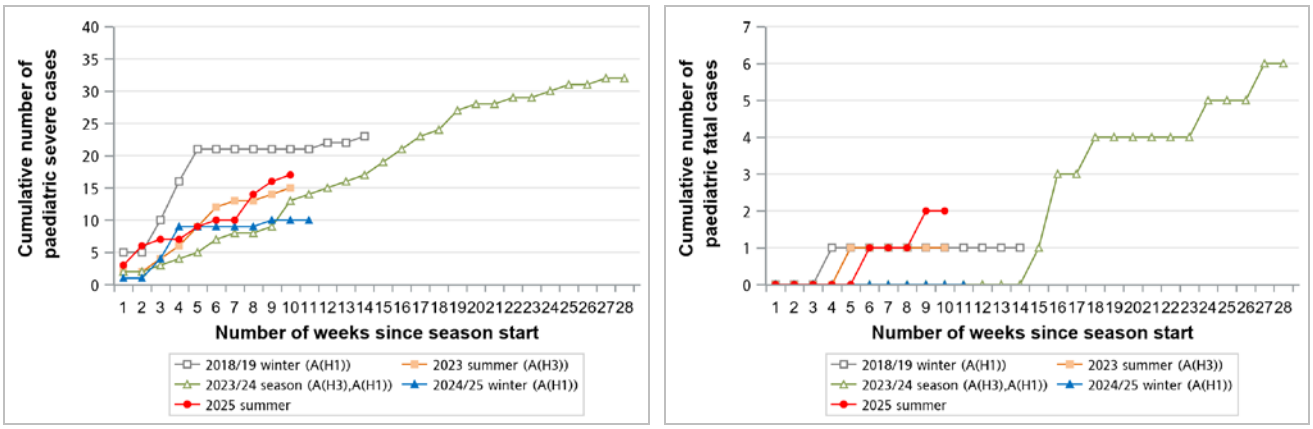

Figure 2.13 Cumulative numbers of cases of paediatric influenza-associated complication/death reported during major influenza seasons, 2019 and 2023–25 (left: complication/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

Severe influenza cases of all ages

- During this influenza season, 341 severe influenza cases among all ages have been reported, including 218 deaths (as of Nov 12).

Age group	Cumulative number of cases (death)
0-5	4 (1)
6-11	6 (0)
12-17	8 (1)
18-49	13 (0)
50-64	41 (12)
>=65	269 (204)

- 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, 2.5% of admitted cases died during the same episode of admission. It was within the historical range of 2.5% (2017/18 winter season) and 4.5% (2024/25 winter season).

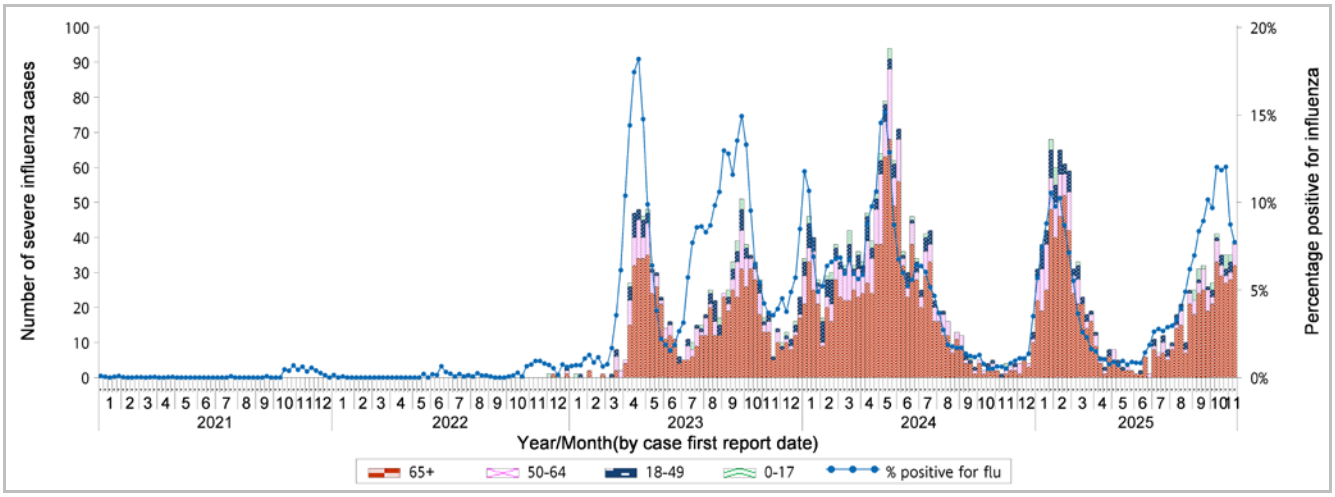

Figure 2.14 Weekly number of severe influenza cases by age groups, 2021-25 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

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 45, viral load of influenza A and B viruses from sewage surveillance was 1.80 copies (unit adjusted for population)*, which was above the baseline threshold# (0.79), but was higher than 1.44 copies* in the previous week (Figure 2.15).

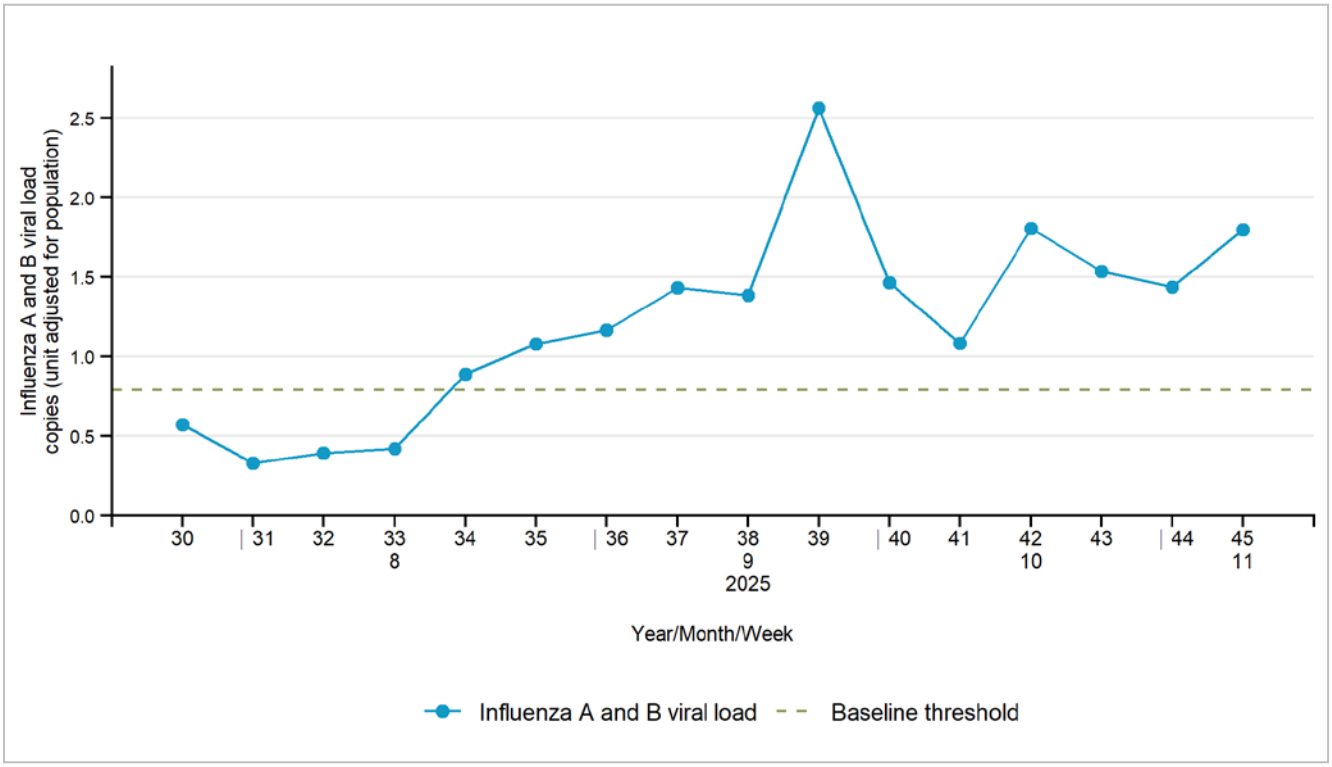

Figure 2.15 Viral load of influenza A and B viruses from sewage surveillance from week 30, 2025 onwards

**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 countries. However, influenza positivity was elevated in South East Asia, and small increases in activity were observed in countries in Central America, some parts of Africa, Europe and Asia. In the Southern Hemisphere, influenza activity remained low and stable in most countries (data up to Nov 2, 2025).

- In Canada (week ending Nov 1, 2025), influenza activity remained at interseasonal level but have increased in recent weeks. Influenza positivity slightly increased to 1.9%.
- In Europe (week ending Nov 2, 2025), influenza activity remained below the regional seasonal epidemic threshold, but indicators continued to increase from a relatively low level. Influenza positivity from sentinel specimens increased to 7% from 6% in preceding week, lower than the 10% epidemic threshold. Majority of influenza detections were influenza A(H3) viruses.
- In the United Kingdom (week ending Nov 2, 2025), influenza activity increased but circulated at a low level. This is an unusually early start of the influenza season this year. Circulation remained high in children and young adults. Influenza positivity increased to 10.9% as compared with 8.2% in preceding week, with influenza A(H3N2) predominating.
- In Chinese Mainland (week ending Nov 2, 2025), influenza activity increased in southern provinces and most of northern provinces. The percentage of specimens that tested positive for influenza in southern and northern provinces continued to increase was 16.5% and 15.1% in week 44, respectively. Guangdong (week ending Nov 2, 2025) has been in influenza epidemic since mid-September, with influenza A(H3N2) viruses predominating. The percentage of specimens tested positive for influenza was 27.17%, higher than 20.84% in previous week and the baseline of 12.44%. In Macao (week ending Nov 1, 2025), influenza detection rate remained at a relatively high level at 20.8% though decreased in the past 2 weeks. Most of the influenza detection were influenza A (H3). In Taiwan (week ending Nov 1, 2025), influenza activity slightly decreased but remained at influenza epidemic. The number of ILI cases in emergency and outpatient clinics showed decreasing trends in recent weeks. Majority of influenza detections were influenza A(H3) viruses.
- In Japan (week ending Nov 2, 2025), influenza epidemic arrived in early October. influenza activity continued to increase with the average number of reported ILI cases per sentinel site increasing to 14.90 in week 44 from the baseline level of 1.00. The number of class suspension and school closure relating to ILI outbreaks largely increased to over 2,300 from about 200 in the first week of October. Most of the influenza detections were influenza A(H3) viruses.
- In South Korea (week ending Nov 1, 2025), influenza epidemic arrived in mid-October. In week 44, the weekly ILI rate increased to 22.8 per 1,000 consultations from 13.6 in preceding week. Influenza positivity increased to 19.0%, predominantly influenza A(H3N2).
- In Australia (fortnight ending Nov 2, 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.

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 and Australian Department of Health and Aged Care.