VOLUME 3, NUMBER 49 (PUBLISHED ON Dec 11, 2025)

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 Dec 10, 2025)

Reporting period: Nov 30, 2025 – Dec 6, 2025 (Week 49)

- 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 and LP.8.1 are the co-circulating variant strains in Hong Kong. NB.1.8.1 and LP.8.1 are the descendant lineages of JN.1. The World Health Organization (WHO) listed NB.1.8.1 and LP.8.1 as a variant under monitoring (VUM) on May 23, 2025 and January 24, 2025 respectively, and stated that the currently approved COVID-19 vaccines are expected to be effective against NB.1.8.1 and LP.8.1, and there is no evidence to suggest that NB.1.8.1 or LP.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 49, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 3 as compared to 5 in the preceding week. (Figure 1.1)

In the first 4 days of week 50 (Dec 7 – Dec 10), 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 84,371 (as of Dec 10, 2025).

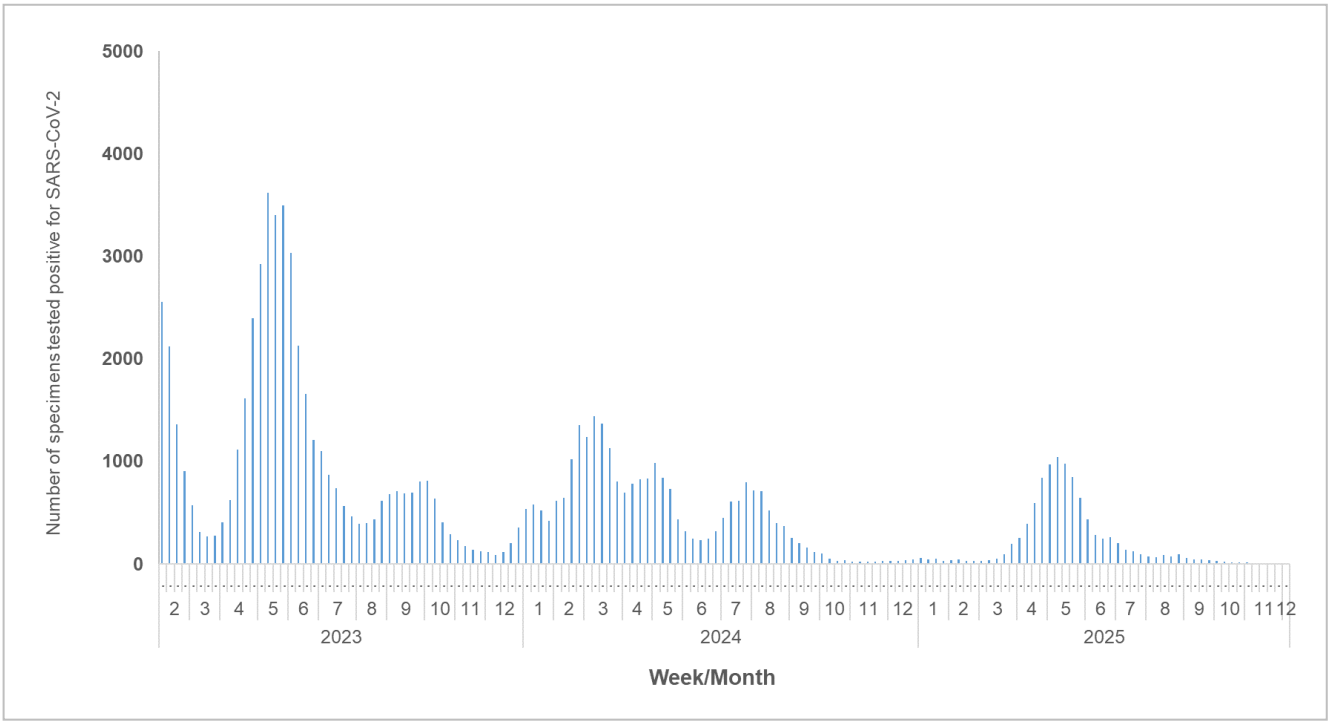

Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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

Among the 8,796 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 49, 4 (0.05%) were tested positive for SARS-CoV-2 virus as compared to 8 (0.10%) in the preceding week. (Figure 1.2)

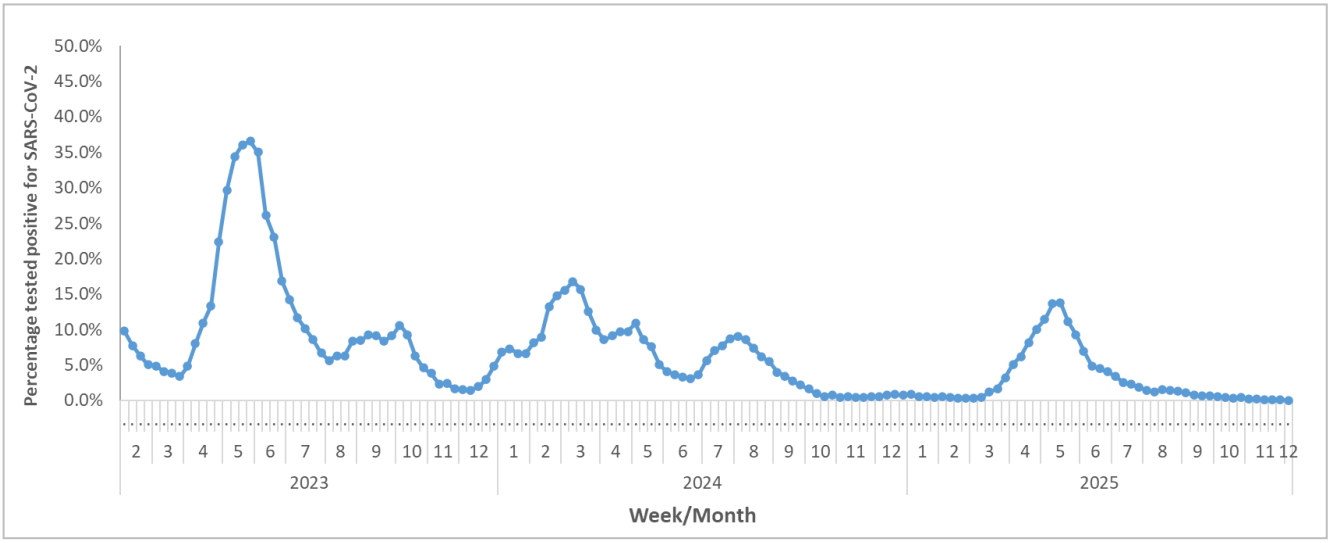

Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

COVID-19 outbreak surveillance

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

In week 49, 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 50 (Dec 7–Dec 10), 0 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 0 persons).

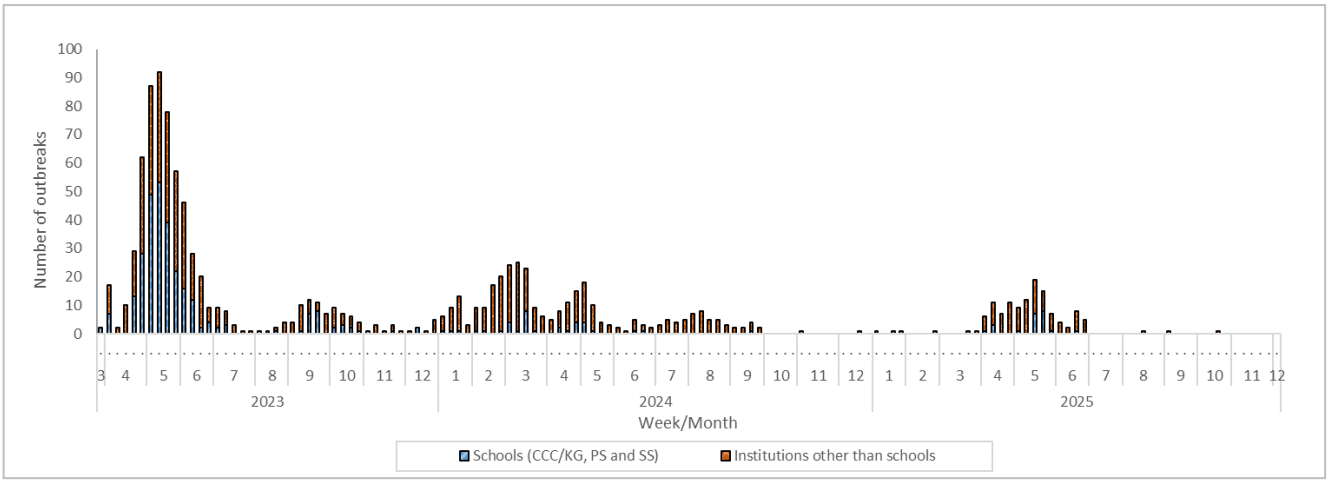

Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 48	Week 49	First 4 days of week 50 (Dec 7–Dec 10)
Child care centre/ kindergarten (CCC/KG)	0	0	0
Primary school (PS)	0	0	0
Secondary school (SS)	0	0	0
Residential care home for the elderly	0	0	0
Residential care home for persons with disabilities	0	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 49, 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)

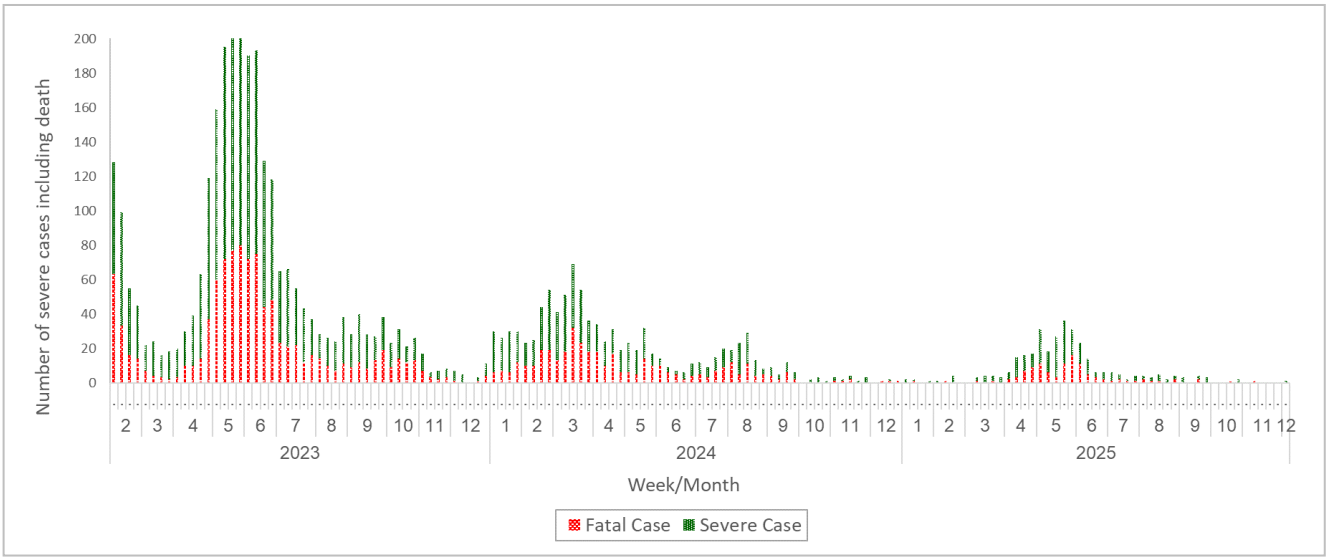

Figure 1.4 Weekly number of severe COVID-19 cases including deaths

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

Sewage surveillance of SARS-CoV-2 virus

In week 49, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 2,000 copy/L as compared to around 4,000 copy/L in the preceding week. (Figure 1.5)

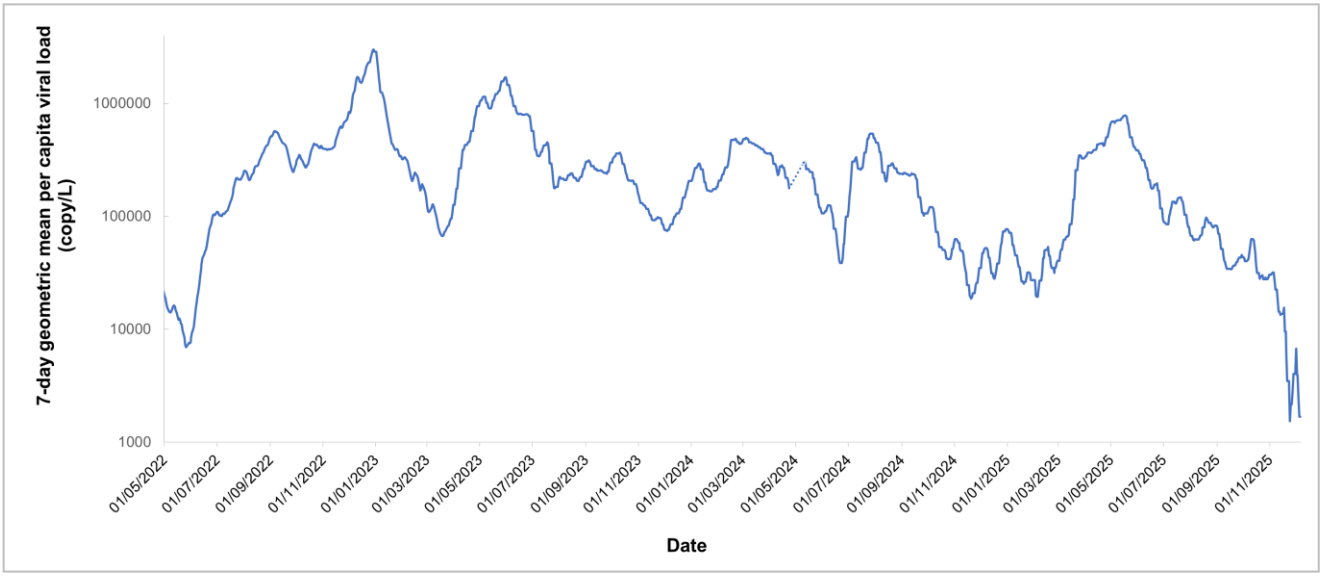

Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

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 49, the average consultation rate for COVID-19 among sentinel family medicine clinics and sentinel private medical practitioner clinics were 0.3 (Figure 1.6) and 0.2 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

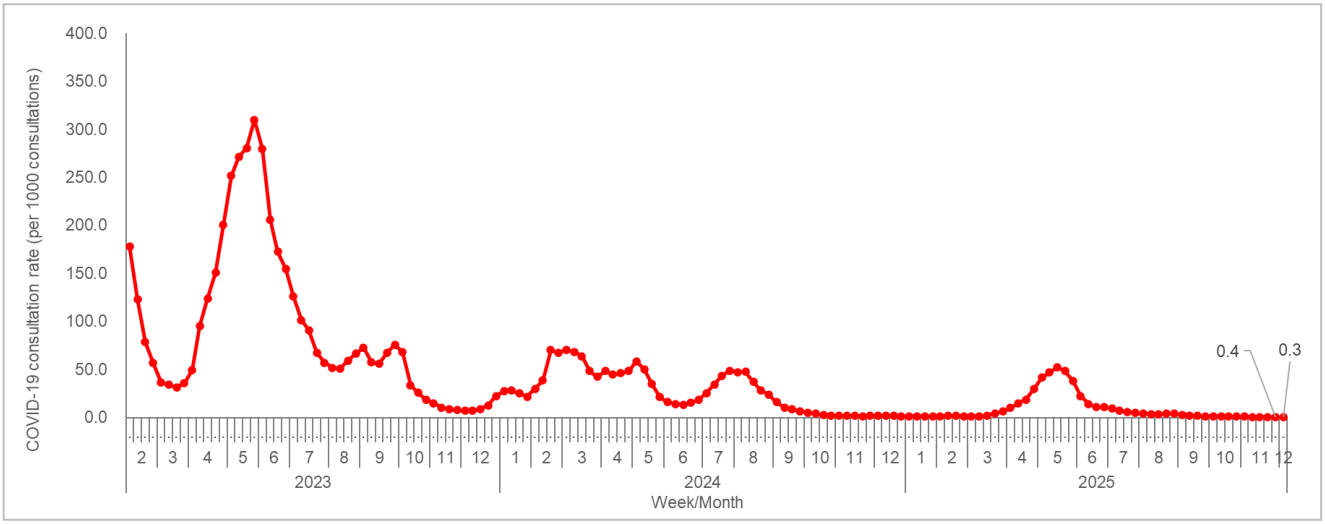

Figure 1.6 Average consultation rate of COVID-19 cases in family medicine clinics

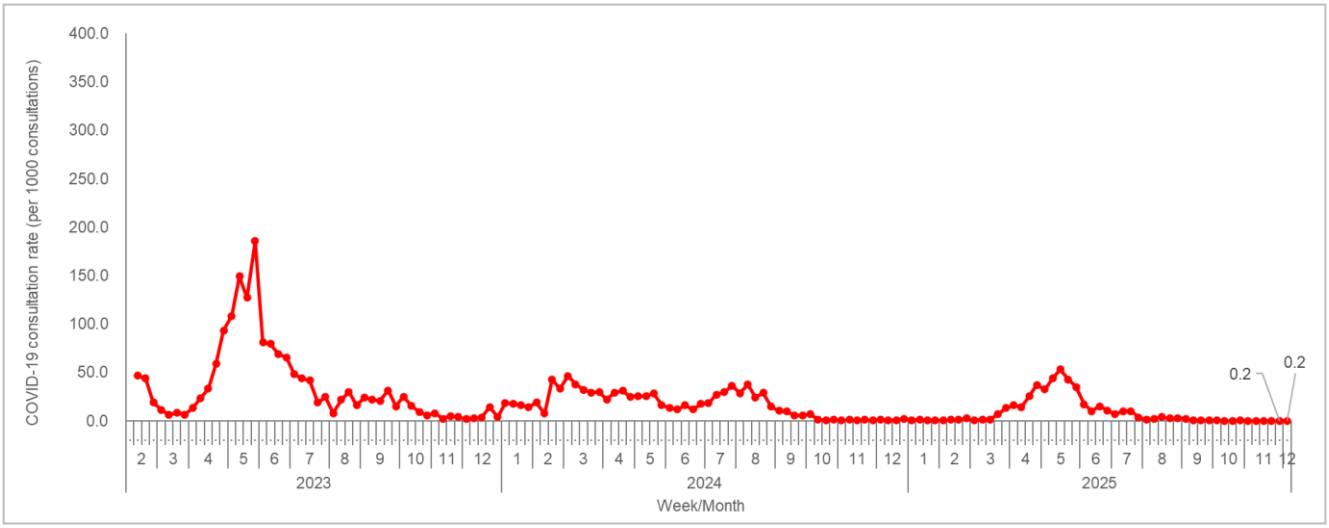

Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

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, XFG and BA.3.2. CHP conducts surveillance on SARS-CoV-2 variants from sewage samples. The latest surveillance data (as of Dec 10, 2025) showed that LP.8.1 and NB.1.8.1 are the most prevalent variants, respectively comprising 47.6% and 37.9% of all characterised specimens. (Figure 1.8)

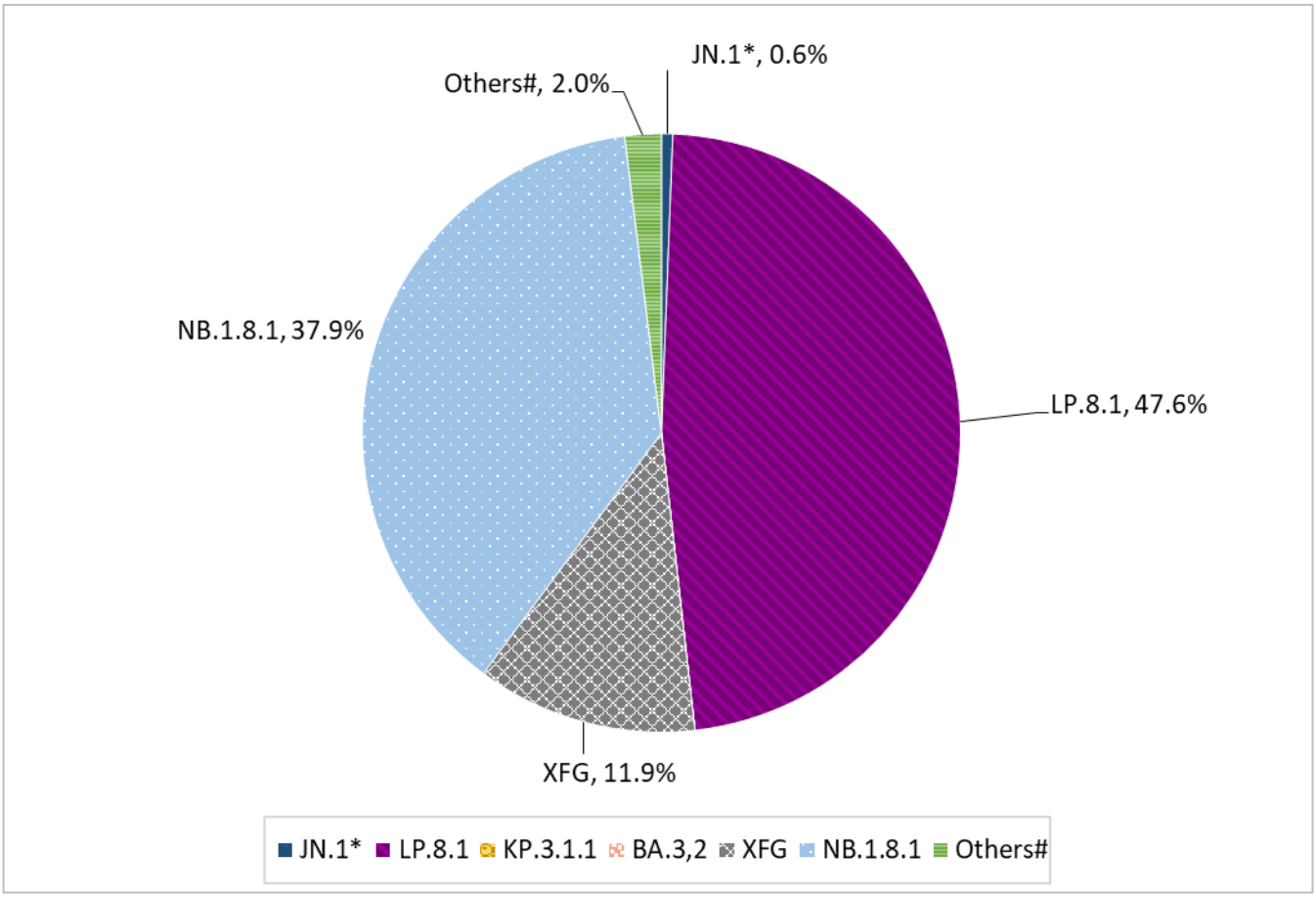

Figure 1.8 Estimated proportion of variants among sewage samples

[*]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 and XFG are the descendant lineages of JN.1. BA.3.2 is a descendent lineage of the Omicron variant BA.3.

CHP also conducted genetic characterisation on reported severe and fatal cases of COVID-19. No related specimens were collected for testing between Nov 19 and Dec 2, 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 100% of all characterised specimens.

Global situation of COVID-19 activity

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

- The COVID-19 activity in neighbourhood regions decreased gradually or remained stable at low levels.
  - In Chinese Mainland (week ending Nov 30, 2025), the overall percentage of specimens tested positive for SARS-CoV-2 remained at low level. The predominant variant was NB.1.8.1 recently. In Taiwan region (week ending Nov 29, 2025), the COVID-19 activity remained at low level. The predominant variant was NB.1.8.1.
  - In Japan (week ending Nov 30, 2025), the average number of reported COVID-19 cases per sentinel site was 1.44 compared to 1.64 in the preceding week. The predominant variant was PQ.2.
  - In South Korea (week ending Nov 29, 2025), the weekly detection rate for SARS-CoV-2 was 1.7% compared to 2.5% in the preceding week. The predominant variant was NB.1.8.1.
  - In Singapore (week ending Nov 29, 2025), the positivity rate for COVID-19 among acute respiratory infection (ARI) samples in the community was 1% compared to 1% in the preceding week.
  - In Canada (week ending Nov 29, 2025), indicators of COVID-19 activity remained stable. The percentage of tests positive for COVID-19 was 6.6%, compared to 6.1% in the preceding week. The predominant variants were XFG and XFG.3.
  - In the United Kingdom (week ending Nov 30, 2025), COVID-19 activity decreased. COVID-19 PCR positivity in hospital settings was 2.1% compared to 2.3% in the preceding week. The predominant variant was XFG.
  - In Europe (week ending Nov 30, 2025), SARS-CoV-2 positivity from sentinel specimens was 4% compared to 5% in the preceding week. The predominant variant was XFG.
  - In Australia (fortnight ending Nov 30, 2025), test positivity for SARS-CoV-2 remained at low level. 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 Dec 10, 2025)

Reporting period: Nov 30 – Dec 6, 2025 (Week 49)

- Hong Kong is currently in the influenza season. Surveillance data showed that the local influenza activity continued to increase over the past two weeks.
- 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 49, the average consultation rate for influenza-like illness (ILI) among sentinel family medicine clinics (FMC) was 10.8 ILI cases per 1,000 consultations, which was higher than 10.2 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 46.8 ILI cases per 1,000 consultations, which was lower than 49.5 recorded in the previous week (Figure 2.1, right).

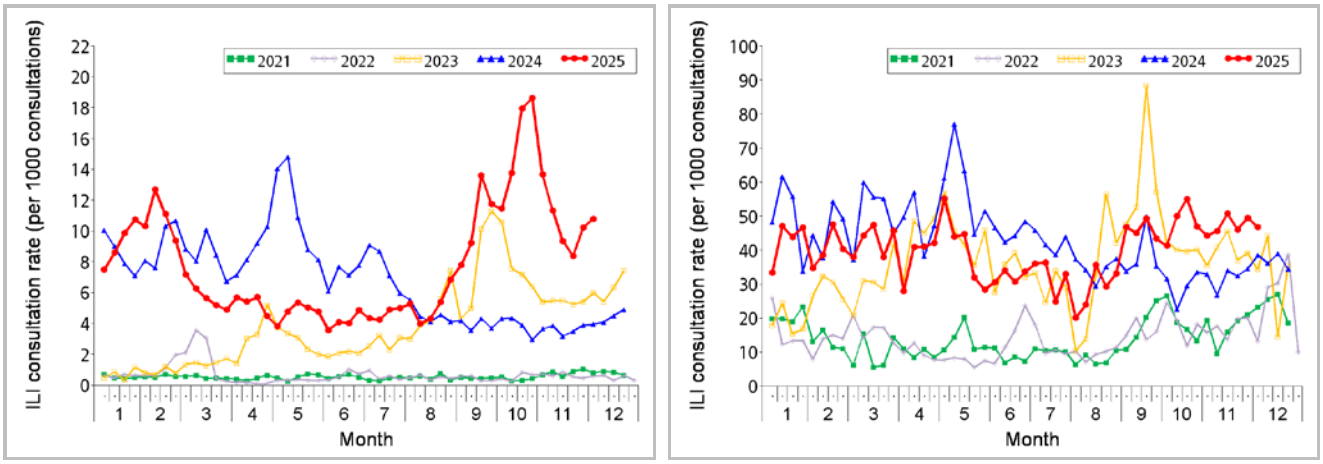

Figure 2.1 ILI consultation rates at sentinel FMC (left) and PMP clinics (right), 2021-25

Laboratory surveillance, 2021-25

Among the 9,344 respiratory specimens* received in week 49, 711 (7.61%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 23 (3%) influenza A(H1), 659 (95%) influenza A(H3) and 13 (2%) influenza B viruses. The positive percentage (7.61%) was above the baseline threshold of 4.94%, and was higher than 6.48% recorded in the previous week (Figure 2.2).

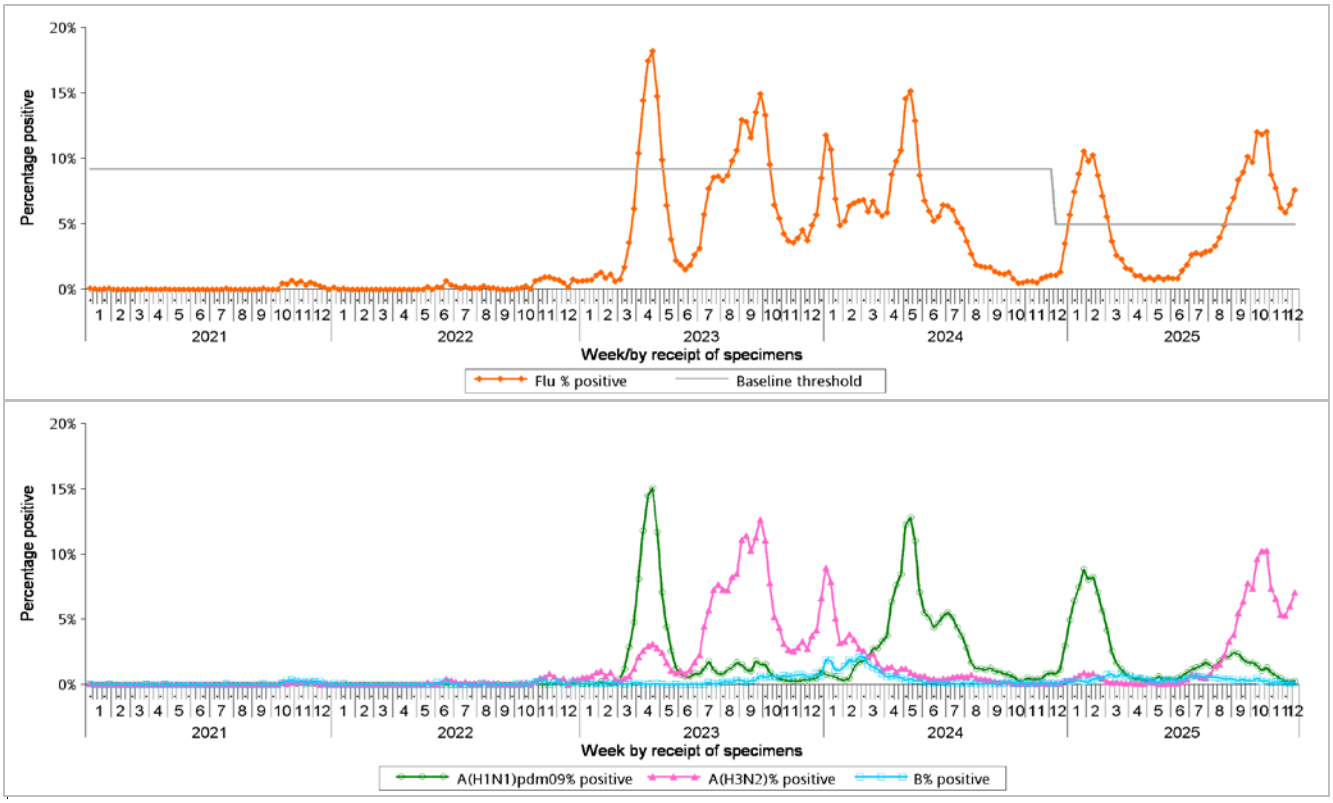

Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2021-25 (upper: overall positive percentage, lower: positive percentage by subtypes)

[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 8,796 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 548 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 October 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 49, 76 ILI outbreaks occurring in schools/institutions were recorded (affecting 517 persons), as compared to 72 outbreaks recorded in the previous week (affecting 632 persons) (Figure 2.3). The overall number was at the medium intensity level currently (Figure 2.4*). In the first 4 days of week 50 (Dec 7 to 10), 29 ILI outbreaks in schools/institutions were recorded (affecting 174 persons). Since week 36, 1,170 outbreaks were recorded (as of December 10).

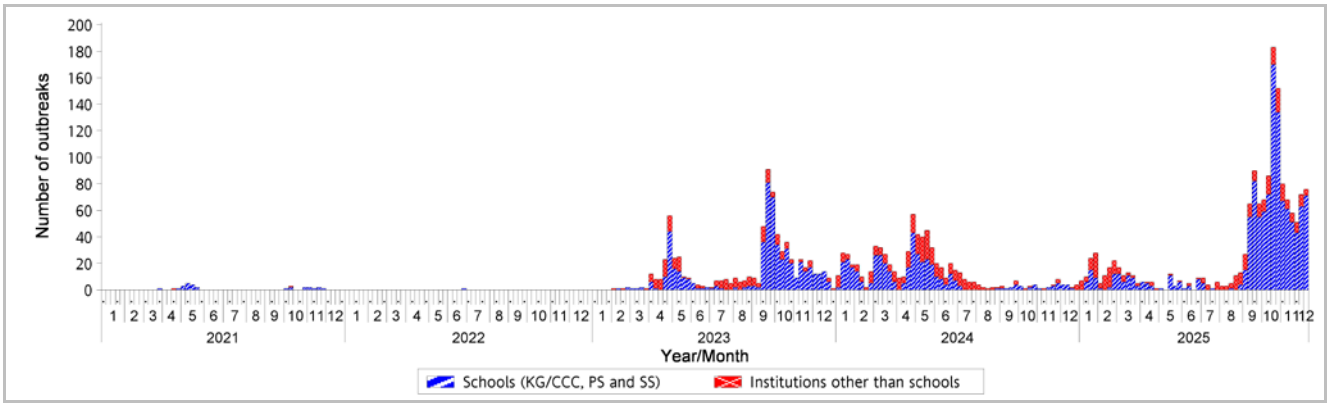

Figure 2.3 ILI outbreaks in schools/institutions, 2021-25

Type of institutions	Week 48	Week 49	Cumulative number of outbreaks since week 36 (as of Dec 10)
Child care centre/ kindergarten (CCC/KG)	5	4	98
Primary school (PS)	33	38	545
Secondary school (SS)	25	29	382
Residential care home for the elderly	3	2	67
Residential care home for persons with disabilities	2	2	29
Others	4	1	49
Total number of outbreaks	72	76	1 170
Total number of persons affected	632	517	12 225

In comparison, 862, and 263 outbreaks were recorded in the same duration of surveillance (14 complete weeks) in the 2018/19 winter season and 2023/24 season respectively, as compared with 1,141 outbreaks in the current season (Figure 2.5).

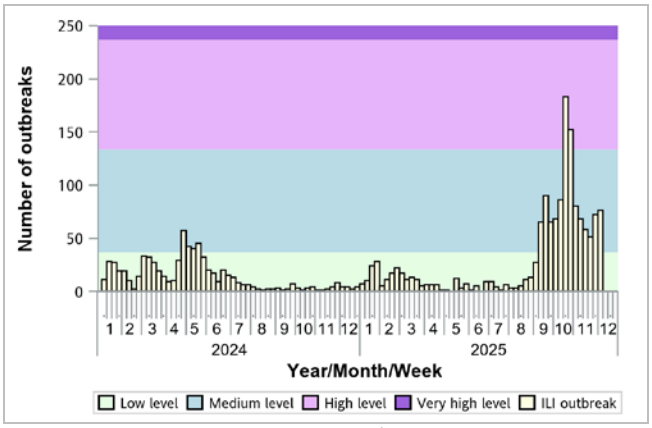

Figure 2.4 ILI outbreaks in schools/institutions, 2024-25

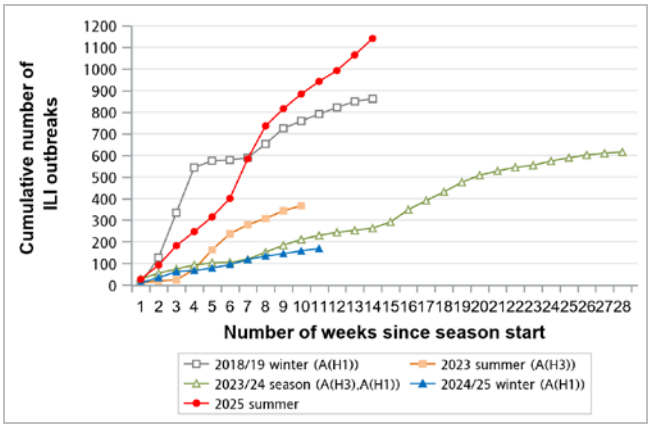

Figure 2.5 Cumulative numbers of ILI outbreaks reported during major influenza seasons, 2019 and 2023–25
Note: The predominating virus was shown in bracket.

** 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 49, the overall admission rate in public hospitals with principal diagnosis of influenza was 0.45 (per 10,000 population) as compared to 0.36 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 2.15, 1.37, 0.82, 0.14, 0.14 and 0.83 cases (per 10,000 people in the age group) respectively, as compared to 1.01, 1.28, 0.84, 0.09, 0.12 and 0.76 cases in the previous week (Figure 2.6).

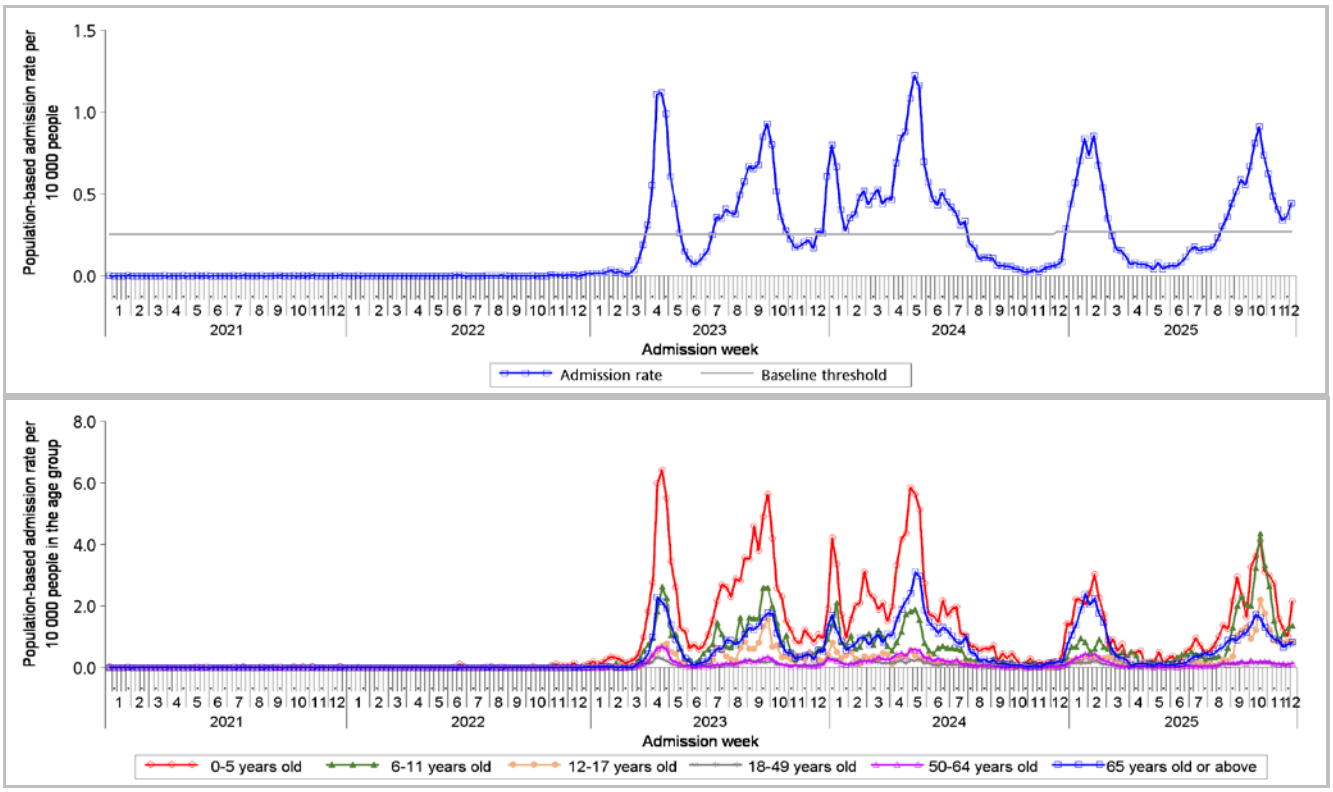

Figure 2.6 Influenza-associated hospital admission rates, 2021-25 (upper: overall rate, lower: rates by age groups)

[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.]

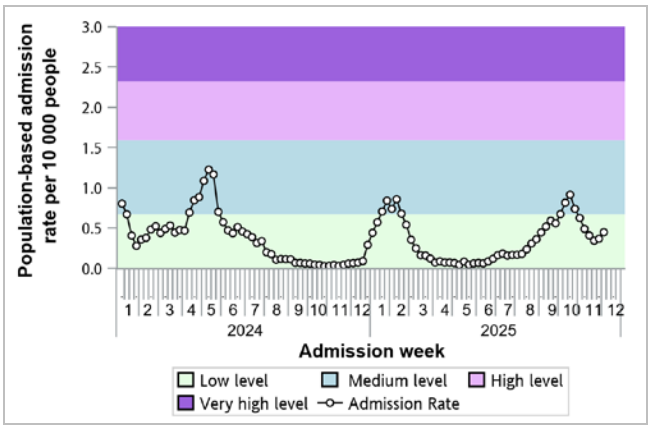

Figure 2.7 Influenza-associated hospital admission rates, 2024-25

**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 49, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 149.6 (per 1,000 coded cases), which was higher than the rate of 141.1 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.

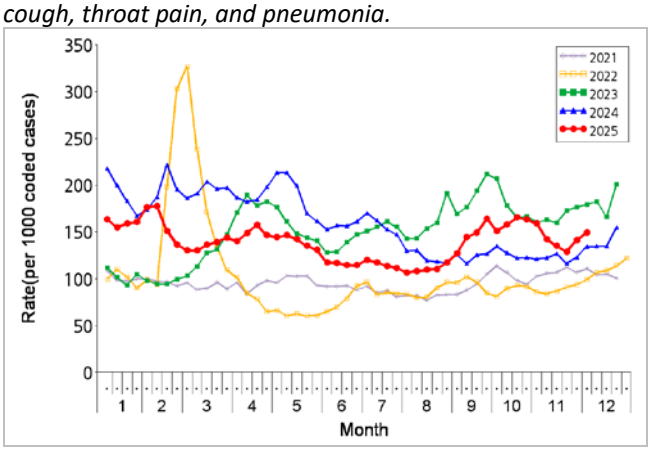

Figure 2.8 Rate of ILI syndrome group in AEDs, 2021-25

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

In week 49, 0.66% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.54% recorded in the previous week (Figure 2.9).

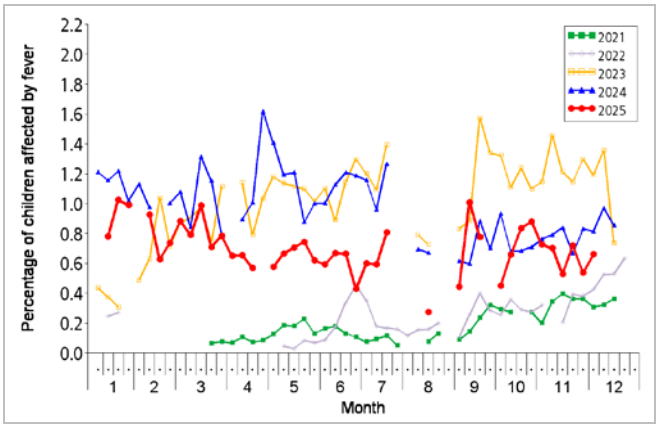

Figure 2.9 Percentage of children with fever at sentinel CCCs/KGs, 2021-25

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

In week 49, 0.11% 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).

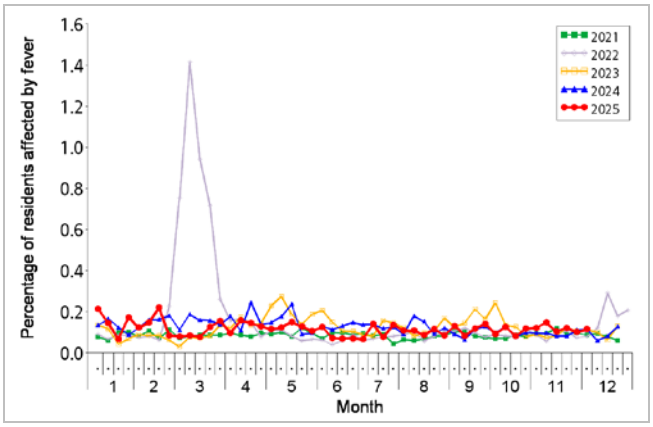

Figure 2.10 Percentage of residents with fever at sentinel RCHEs, 2021-25

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

In week 49, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.76 ILI cases per 1,000 consultations as compared to 0.85 recorded in the previous week (Figure 2.11).

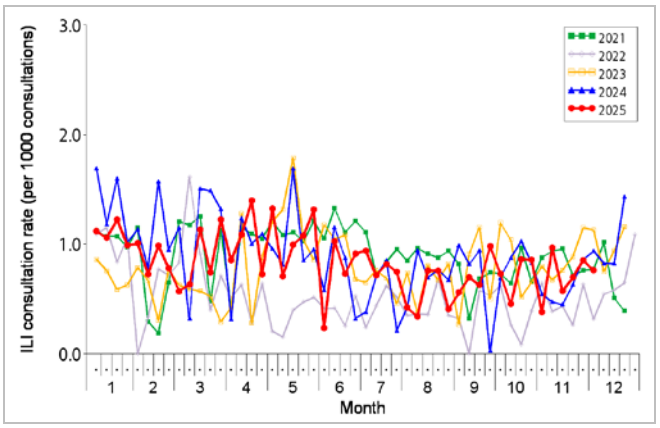

Figure 2.11 ILI consultation rate at sentinel CMPs, 2021-25

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 49, 22 adult cases of ICU admission/death with laboratory confirmation of influenza (including 12 deaths) were recorded, as compared to 22 cases (including 17 deaths) in the previous week. Among the 22 adult cases, 16 were not known to have received the 2025/26 seasonal influenza vaccine (SIV). In the first 4 days of week 50 (Dec 7 – 10), 13 cases were recorded, in which 7 of them were fatal.

Week	Influenza type					
	A(H1)	A(H3)	A (pending subtype)	B	A and B	C
Week 49	1	20	1	0	0	0
First 4 days of week 50 (Dec 7 – 10)	1	11	1	0	0	0

- Since week 36 (as of Dec 10), 419 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 284 of them were fatal. Among them, 300 patients had influenza A(H3) infection, 82 patients with influenza A(H1), 8 patients with influenza B and 29 patients with influenza A (subtype pending).

- In comparison, 601 and 466 adult cases were recorded in the same duration of surveillance (14 complete weeks) in the 2018/19 winter season and 2023/24 season respectively, as compared with 406 cases in the current season (Figure 2.12, left). The corresponding figures for deaths were 356 and 294 in the above seasons, as compared with 277 deaths in the current season (Figure 2.12, right).

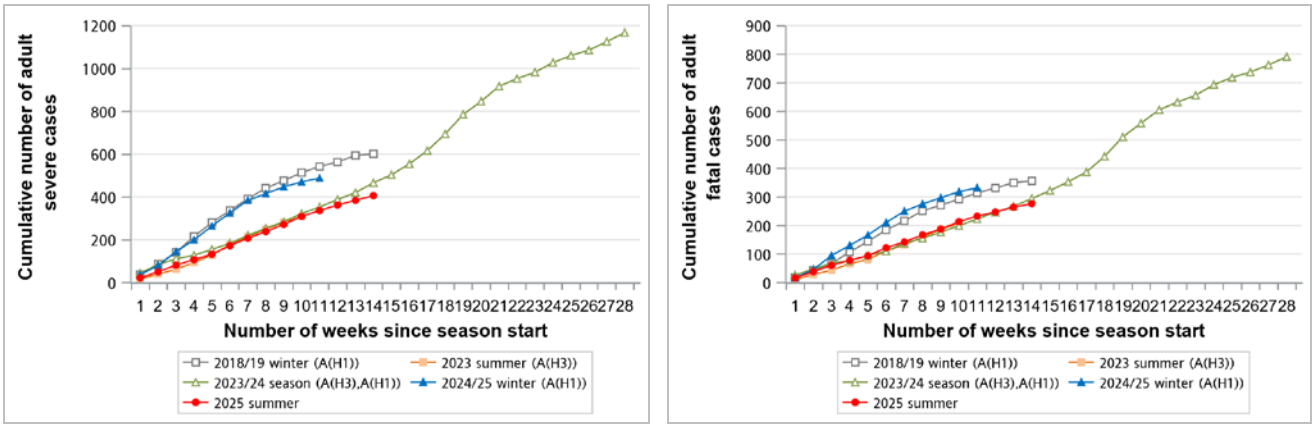

Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2019 and 2023–25 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

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

- In week 49 and the first 4 days of week 50 (Dec 7 – 10), there were 3 cases of severe paediatric influenza-associated complication/death.

Reporting week	Age	Sex	Complication	Fatal case?	Influenza subtype	History of receiving 2025/26 influenza vaccine
49	1 year	Male	Pneumonia	No	Influenza A (H3)	No
49	6 months	Female	Severe pneumonia and septic shock	No	Influenza A (H1)	No
49	11 years	Female	Encephalopathy	No	Influenza A (H3)	No

- During this summer season, 25 paediatric cases of influenza-associated complication/death were reported, in which 3 of them was fatal. 19 cases had infections with influenza A(H3), 4 with influenza A(H1), 1 with influenza A(untyped) and 1 with influenza B. 19 cases* did not receive SIV. In 2025, 36 paediatric cases of influenza-associated complication were reported, in which 3 of them was fatal (as of Dec 10).

- In comparison, 23 and 17 paediatric cases of influenza-associated complication/death were recorded in the same duration of surveillance (14 complete weeks) in the 2018/19 winter season 2023/24 season respectively, as compared with 25 cases in the current season (Figure 2.13, left). The corresponding figures for deaths were 1 and 0 in the above seasons, as compared with 3 deaths in current season (Figure 2.13, right).

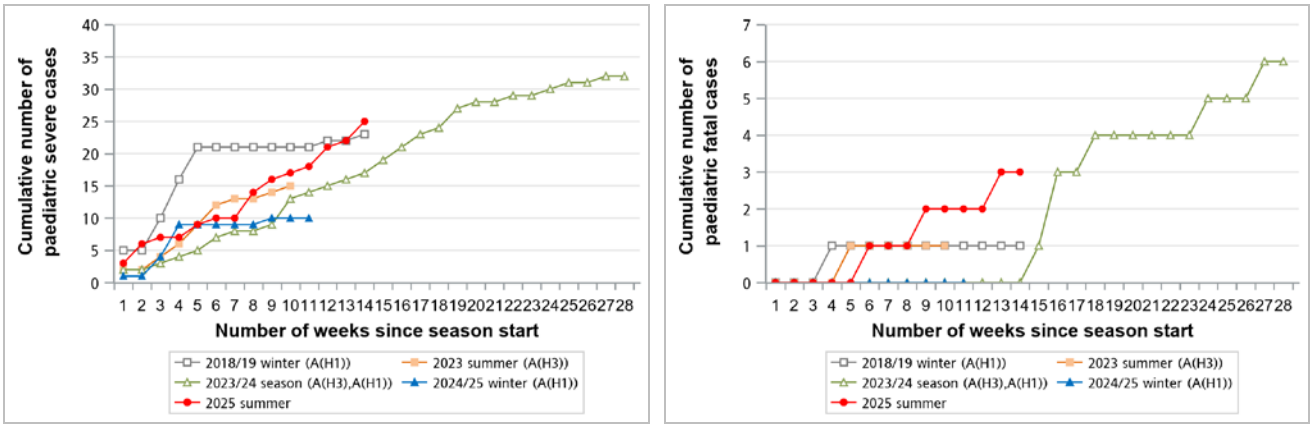

Figure 2.13 Cumulative numbers of cases of paediatric influenza-associated complication/death reported during major influenza seasons, 2019 and 2023–25 (left: complication/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

* Including a 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 vaccine. Therefore, this case is not counted as vaccinated.

Severe influenza cases of all ages

- During this influenza season, 444 severe influenza cases among all ages have been reported, including 287 deaths (as of Dec 10).

Age group	Cumulative number of cases (death)
0-5	7 (2)
6-11	8 (0)
12-17	10 (1)
18-49	22 (0)
50-64	60 (19)
>=65	337 (265)

- Among the adult fatal cases with available clinical information, about 86% had chronic diseases.
- Among patients with laboratory confirmation of influenza admitted to public hospitals in this season, 2.6% 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).

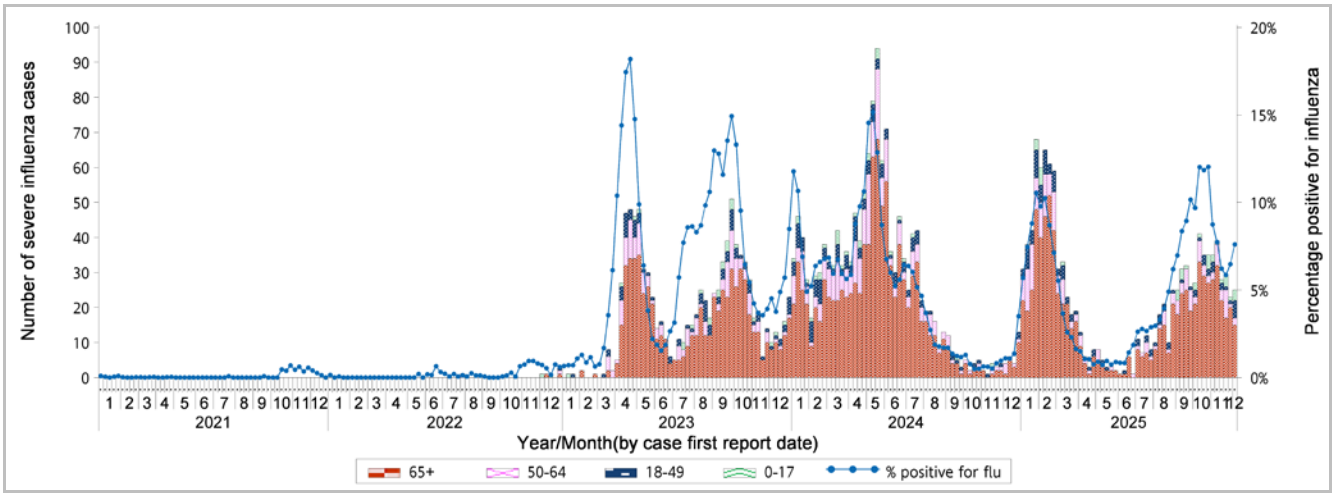

Figure 2.14 Weekly number of severe influenza cases by age groups, 2021-25 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

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 49, viral load of influenza A and B viruses from sewage surveillance was 3.58 copies (unit adjusted for population)*, which was above the baseline threshold# (0.79) and 1.62 copies* in the previous week (Figure 2.15).

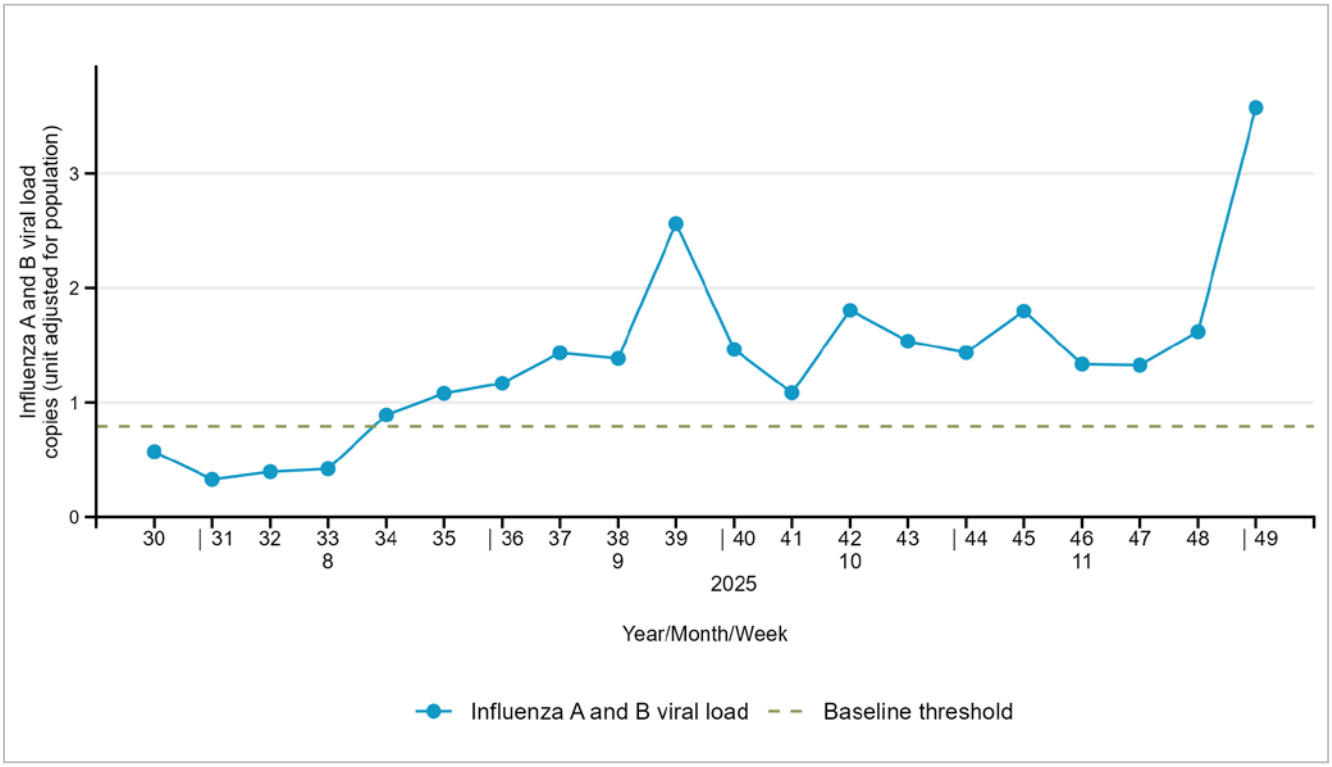

Figure 2.15 Viral load of influenza A and B viruses from sewage surveillance from week 30, 2025 onwards

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

Global Situation of Influenza Activity

Globally, influenza activity continued to increase with influenza A viruses predominant among influenza detections in all zones (data up to Nov 30, 2025).

- In the United States (week ending Nov 29, 2025), influenza activity is increasing nationally. The percentage of specimens tested positive for influenza increased to 7.1% from 4.6% in preceding week. Most of the influenza detections were influenza A(H3N2) viruses.
- In Canada (week ending Nov 29, 2025), overall influenza activity is increasing. The influenza season has started in Canada in mid-November. The percentage of tests positive for influenza increased to 13% from 8.5% in preceding week, which was higher than the 5% seasonal threshold.
- In Europe (week ending Nov 30, 2025), influenza epidemic has arrived in early November. Influenza positivity continued to increase to 25% from 22% in the preceding week, which was higher than 10% epidemic threshold. Influenza A(H3) remains the predominant circulating virus.
- In the United Kingdom (week ending Nov 30, 2025), influenza activity has increased and is now circulating at medium level. Influenza positivity increased to 17.1% from 11.6% in preceding week. Influenza positivity rates were highest in those aged between 5 and 14 years. Most of the influenza detection were influenza A(H3N2) viruses.
- In Chinese Mainland (week ending Nov 30, 2025), influenza activity continued to increase in both southern provinces and northern provinces. The percentage of specimens that tested positive for influenza in southern and northern provinces increased to 47.5% and 48.1% in week 48, respectively. Guangdong (week ending Nov 30, 2025) has been in influenza epidemic since mid-September, with influenza A(H3N2) viruses predominating. The percentage of specimens tested positive for influenza was 50.75%, higher than 42.67% in previous week and the baseline of 12.44%. In Macao (week ending Nov 29, 2025), influenza detection rate increased to 30.1% from 16.6% in preceding week, which was above the alert level at 13.1%. Most of the influenza detection were influenza A (H3).
- In Japan (week ending Nov 30, 2025), influenza epidemic arrived in early October. Influenza activity was at high level. The average number of reported ILI cases per sentinel site was 44.99 in week 48, as compared to 51.12 in preceding week. The number of class suspension and school closure relating to ILI outbreaks remained high at over 7,100 as compared to about 200 in the first week of October. Most of the influenza detections were influenza A(H3) viruses.
- In South Korea (week ending Nov 29, 2025), influenza epidemic arrived in mid-October. In week 48, the weekly ILI rate remained high at 69.4, as compared to 70.9 per 1,000 consultations in preceding week. Influenza positivity was 43.1%, predominantly influenza A(H3N2).

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