

## Virological Surveillance Summary

In the Western Pacific Region, the following influenza viruses predominated:

Year	Week	Predominant viruses
2015	1-9	A (H3)
	10-16	B (Yamagata lineage), B (lineage not determined)
	17-19	B (Yamagata lineage), A (H3)
	20-37	A (H3)
	38-42	A (H3), B (lineage not determined)
	43-51	Influenza virus activity is low in all subtypes

Countries providing specimens for FluNet reporting from the Western Pacific Region include Australia, Cambodia, China, Fiji, Lao PDR, Malaysia, Mongolia, New Zealand, Philippines, the Republic of Korea, Singapore, and Viet Nam. From week 1 to week 51, 89.6% of influenza specimens provided to FluNet were from China (n=522,901), 3.3% from Australia (n=19,489), 2.5% from New Zealand (n=14,379) and 1.9% from the Republic of Korea (n=10,973).

Number of specimens positive for influenza by subtype

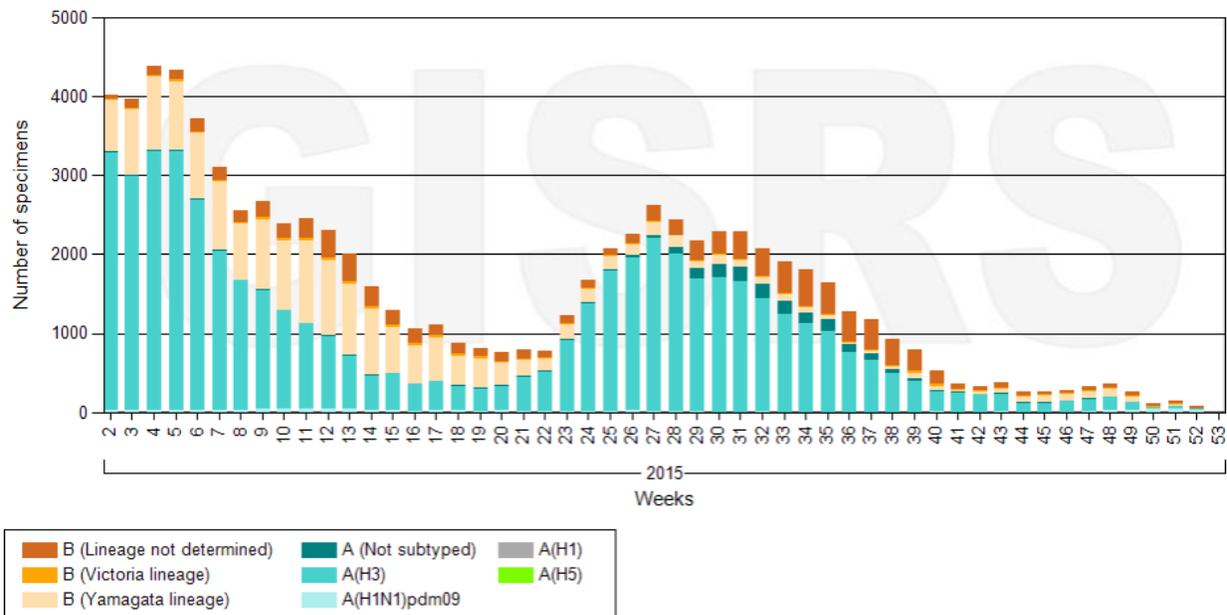


Figure 1: Number of specimens positive for influenza by subtype in Western Pacific Region  
(Source: FluNet ([www.who.int/fluNet](http://www.who.int/fluNet)), accessed 5 January 2016)

## Influenza surveillance summary

Influenza surveillance in the WHO Western Pacific Region is based on outpatient and inpatient sentinel surveillance systems. Case definitions, populations under surveillance and data formats differ among these countries. This influenza surveillance summary includes countries where routine surveillance is conducted and information is available from syndromic surveillance systems for Influenza-like-illness (ILI) and Severe Acute Respiratory Infections (SARI).

The [WHO surveillance case definition](#) for ILI is an acute respiratory infection with a measured fever of  $\geq 38^{\circ}\text{C}$  and cough, with symptom onset within the last 10 days. For SARI, it is an acute respiratory infection with a history of fever or measured fever of  $\geq 38^{\circ}\text{C}$  and cough, with symptom onset within the last 10 days and requires hospitalization.

## Countries in the temperate zone of the Northern Hemisphere

In most countries within the temperate zone of the Northern Hemisphere, ILI and influenza activity remained at low levels.

### Outpatient ILI Surveillance

#### China (North)

During week 51, ILI activity remained lower than the general seasonal trend observed in the majority of previous years (2011 –2015). ILI% at national sentinel hospitals in north China was 2.6%, the same as the previous week (2.6%) (Figure 2).

#### Mongolia

In week 52, 2015, ILI activity in Mongolia is increasing and follows the seasonal trend (Figure 3).

#### Republic of Korea

In week 52, 2015, the proportion of patients visiting sentinel physicians with ILI (9.0/1,000 outpatients) followed the seasonal trend of previous years (2012-2015) and was below baseline (Figure 4).

China (North)

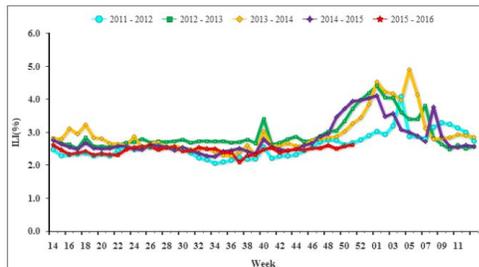


Figure 2: Percentage of visits for ILI at sentinel hospitals, 2011-2015 (Source: China National Influenza Center)

Mongolia

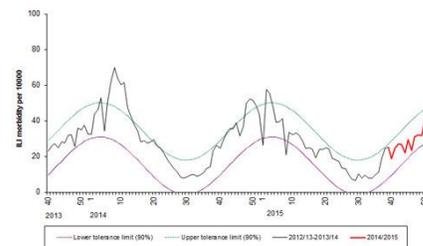


Figure 3: Proportion of outpatients that were ILI (per 10,000 people), 2013-2015 (Source: Mongolia National Influenza Center)

Republic of Korea

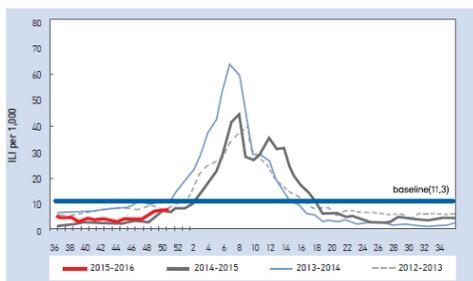


Figure 4: Weekly proportion of ILI visits per 1,000 patients 2012-2015 (Source: Korean Centre for Disease Control and Prevention)

## Sentinel influenza surveillance

### Japan (no update)

In Japan, the number of influenza cases reported weekly per hospital sentinel site follows the known seasonal trend (2005–2014), with case numbers remaining low (Figure 5).

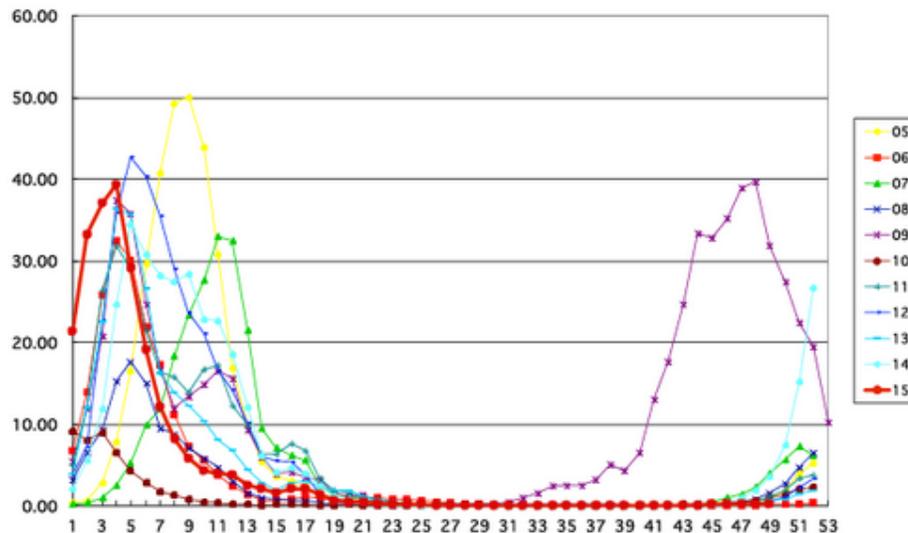


Figure 5: Number of influenza cases reported weekly per sentinel hospital site, Japan 2005-2015 (Source: Japan National Institute of Infectious Diseases)

## Countries/areas in the tropical zone

In week 52-53 of 2015, ILI or Acute Respiratory Infection (ARI) activity followed previous seasonal trends in countries/areas in the tropical zone.

### *Outpatient Surveillance*

#### Hong Kong (China) - ILI Surveillance

During week 52, the overall influenza activity remained low. The average consultation rate for ILI among sentinel general outpatient clinics (GOPCs) was 4.1 ILI cases per 1,000 consultations, which was lower than 5.4 ILI cases per 1,000 consultations recorded in the previous week (Figure 6).

The average consultation rate for ILI among sentinel private doctors was 39.9 ILI cases per 1,000 consultations, which was lower than the 45.4 cases recorded in the previous week (Figure 7).

The percentage of respiratory specimens in week 52 which tested positive for seasonal influenza viruses was 2.63% (n=85), the same as the previous week (2.63%). Of all respiratory specimens tested in week 52, 0.90% were influenza A(H1) viruses, 0.93% were influenza B, 0.50% were influenza C, and 0.31% were influenza A(H3).

#### China (South) - ILI Surveillance

During week 51, the percentage of outpatient or emergency visits for ILI at national sentinel hospitals in south China was 2.8%, higher than previous week (2.7%) (Figure 8). In south China, influenza A was the predominant type of influenza detected (68.9%). Of the influenza A subtypes, A(H1N1) was the most common (84.8%).

### Singapore – ARI Surveillance

The average daily number of patients seeking treatment in the polyclinics for ARI decreased from 2,303 (over 5.5 working days) in week 50 to 2,414 (over 4.0 working days) in week 51 (Figure 9). The proportion of patients with influenza-like illness (ILI) among the polyclinic attendances for ARI remained low at approximately 1%. The overall prevalence of influenza among ILI samples (n=90) in the community was 32.3% in the past 4 weeks. Of the specimens that tested positive for influenza in November 2015, 45.8% were positive for influenza B, 37.5% for influenza A(H3N2) and 16.7% for influenza A (H1N1)pdm09.

### Hong Kong (China) - ILI Surveillance

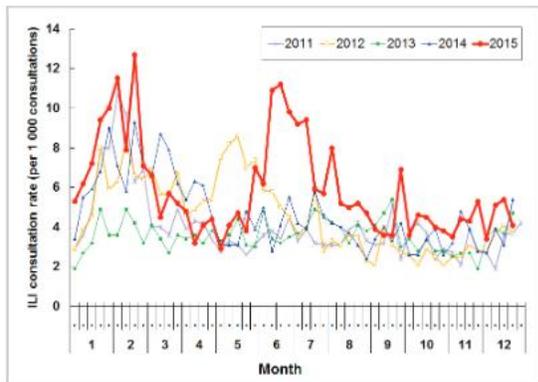


Figure 6: ILI consultation rates at sentinel general outpatient clinics, Hong Kong 2011-2015 (Source: Hong Kong Centre for Health Protection)

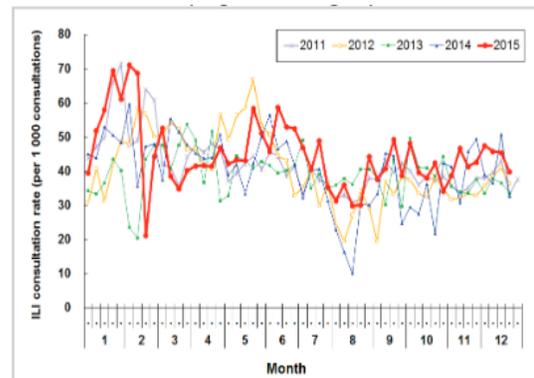


Figure 7: ILI consultation rates at sentinel private doctors, Hong Kong 2011-2015 (Source: Hong Kong Centre for Health Protection)

### China (South) - ILI Surveillance

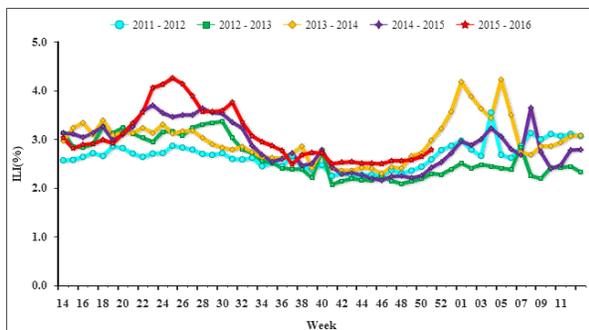


Figure 8: Percentage of visits due to ILI at national sentinel hospitals in South China, 2011-2015 (Source: China National Influenza Center)

### Singapore - ARI Surveillance

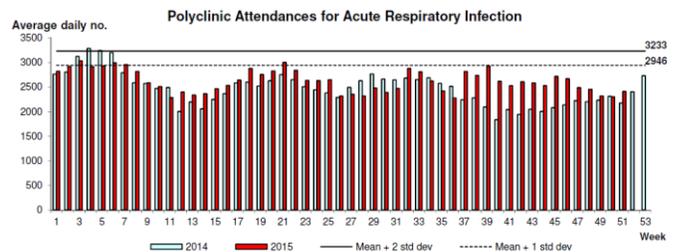


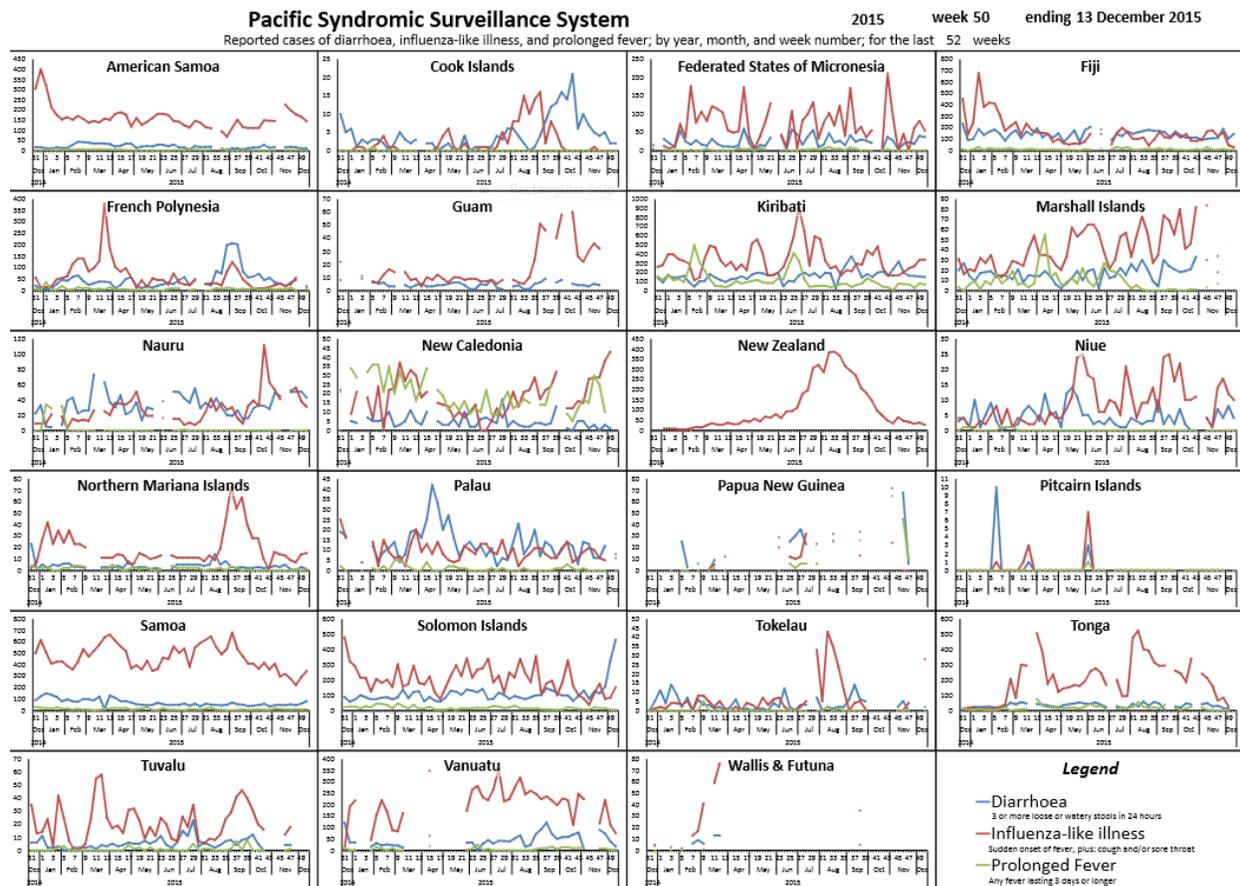
Figure 9: Average daily polyclinic attendances for Acute Respiratory Infection, Singapore 2014-2015 (Source: Singapore Ministry of Health)

## Countries in the temperate zone of the southern hemisphere

Influenza surveillance data from Australia and New Zealand is reported during their influenza season and will not be updated in this report unless unusual activity is apparent.

### Pacific Island Countries and Areas (PICs)- ILI Surveillance

In the Pacific Island Countries and Areas, as of week 50, the number of ILI cases reported remains high in Kiribati and Samoa (Figure 10).



Note: Numbers of reported cases are not comparable between countries. The purpose of the charts is to show trends over time within each country/area.

Figure 10: Reported cases of influenza-like illness (ILI) in PICs (red line), 2014–2015

## Global influenza situation updates

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Epidemiological update:

[http://www.who.int/influenza/surveillance\\_monitoring/updates/2015\\_10\\_19\\_surveillance\\_update\\_248.pdf](http://www.who.int/influenza/surveillance_monitoring/updates/2015_10_19_surveillance_update_248.pdf)

Virological update:

[http://www.who.int/influenza/qisrs\\_laboratory/updates/summaryreport/en/](http://www.who.int/influenza/qisrs_laboratory/updates/summaryreport/en/)

Global update:

[http://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/)

Others:

Recommended composition of influenza virus vaccines for use in the 2016 southern hemisphere influenza season

[http://www.who.int/influenza/vaccines/virus/recommendations/2016\\_south/en/](http://www.who.int/influenza/vaccines/virus/recommendations/2016_south/en/)

Antigenic and genetic characteristics of zoonotic influenza viruses and candidate vaccine viruses developed for potential use in human vaccines

[http://www.who.int/influenza/vaccines/virus/characteristics\\_virus\\_vaccines/en/](http://www.who.int/influenza/vaccines/virus/characteristics_virus_vaccines/en/)

4th WHO Informal Consultation on Improving Influenza Vaccine Virus Selection

[http://www.who.int/influenza/qisrs\\_laboratory/updates/summaryreport](http://www.who.int/influenza/qisrs_laboratory/updates/summaryreport)

Video on influenza on WHO's YouTube Channel

Arabic: <https://www.youtube.com/watch?v=PxW6Pg1AnwI>

Chinese: <https://www.youtube.com/watch?v=xW9qDKEPitQ>

English: <https://www.youtube.com/watch?v=yhhJfT86Bqg>

French: <https://www.youtube.com/watch?v=8mo8rWWJZkc>

Russian: <https://www.youtube.com/watch?v=XQO6nbkKUWQ>

Spanish: <https://www.youtube.com/watch?v=qXr75cKxwTY>