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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 summarizes the latest local and global COVID-19 and influenza activities.*

Local Situation of COVID-19 Activity (as of Feb 26, 2025)

Reporting period: Feb 16, 2025 – Feb 22, 2025 (Week 8)

- The latest surveillance data showed that the overall local activity of COVID-19 is comparable to the preceding week and still remains at a low level.
- The Centre for Health Protection (CHP) has been closely monitoring the local prevalence of SAR-CoV-2 variants based on the World Health Organization (WHO)'s Tracking SAR-CoV-2 Variants list. The latest surveillance data showed that JN.1 is the most prevalent variant. At the same time, KP.2 and KP.3 are also detected in the sewage surveillance and human infection cases. However, the current information does not suggest JN.1 or KP.2 or KP.3 will cause a more severe disease than the previous prevalent XBB and its descendant lineages.
- 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_interim_recommendations_on_use_of_covid19_vaccines_in_hong_kong_17jul.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

In week 8, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 29 as compared to 32 in the preceding week. (Figure 1.1)

In the first 4 days of week 9 (Feb 23 – Feb 26), the daily number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus ranged from 3 to 6.

Since Jan 30, 2023, the cumulative number of positive nucleic acid test laboratory detections was 74,874 (as of Feb 26, 2025).

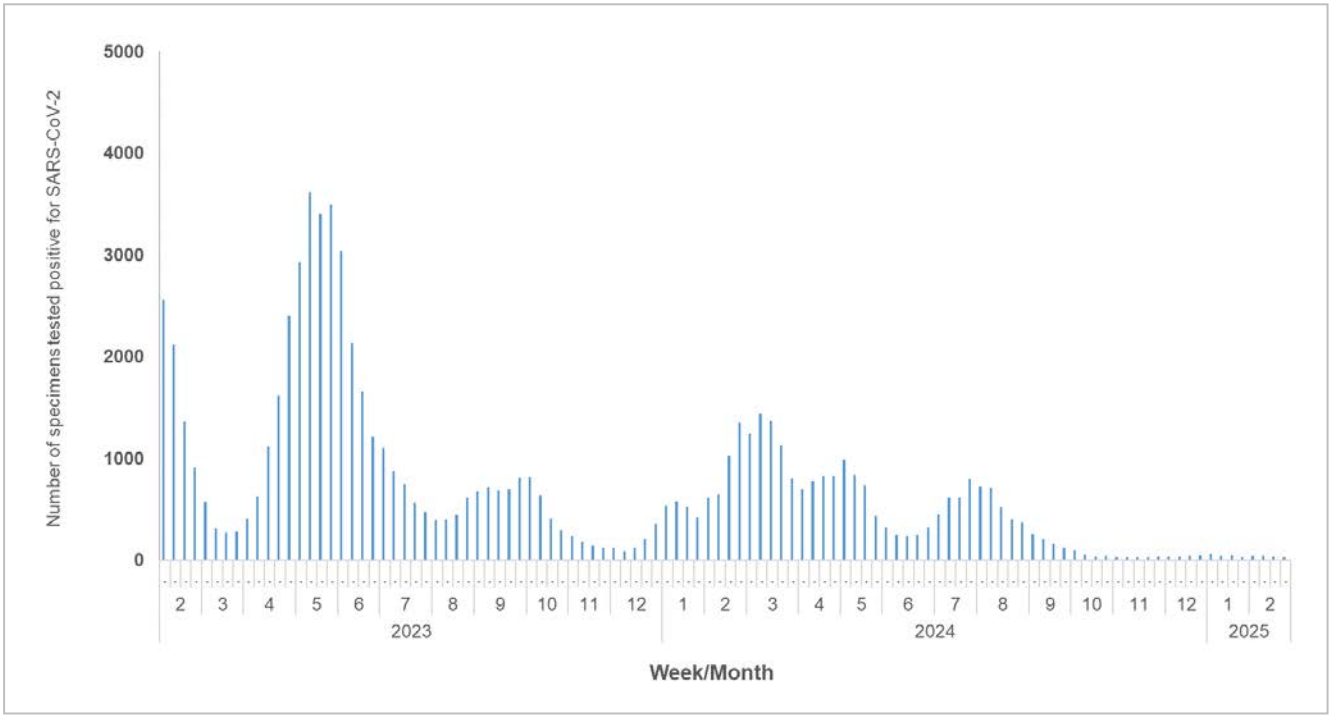

Figure 1.1 Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus

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 8,793 respiratory specimens received by the Public Health Laboratory Services Branch (PHLSB) in week 8, 30 (0.34%) were tested positive for SARS-CoV-2 virus as compared to 32 (0.35%) in the preceding week. (Figure 1.2)

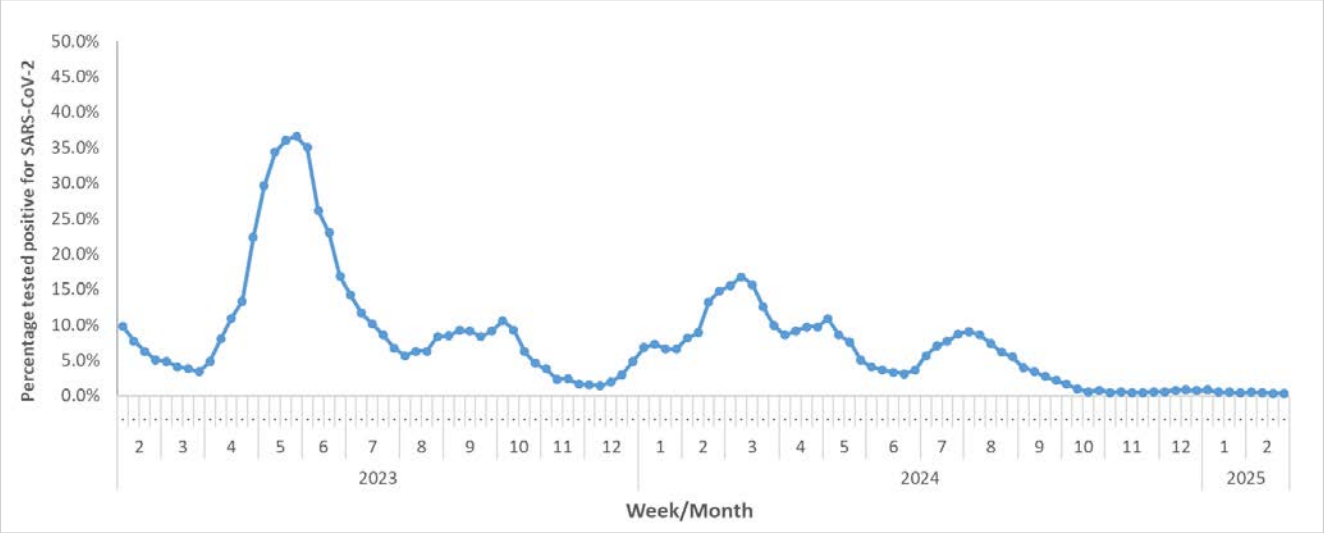

Figure 1.2 Percentage of specimens tested positive for SARS-CoV-2 virus at PHLSB

COVID-19 outbreak surveillance

In week 8, 1 COVID-19 outbreak occurring in schools/institutions was recorded (affecting 6 persons), as compared to 0 outbreaks recorded in the previous week (affecting 0 persons). (Figure 1.3)

In the first 4 days of week 9 (Feb 23 – Feb 26), 0 COVID-19 outbreaks occurring in schools/institutions were recorded (affecting 0 persons).

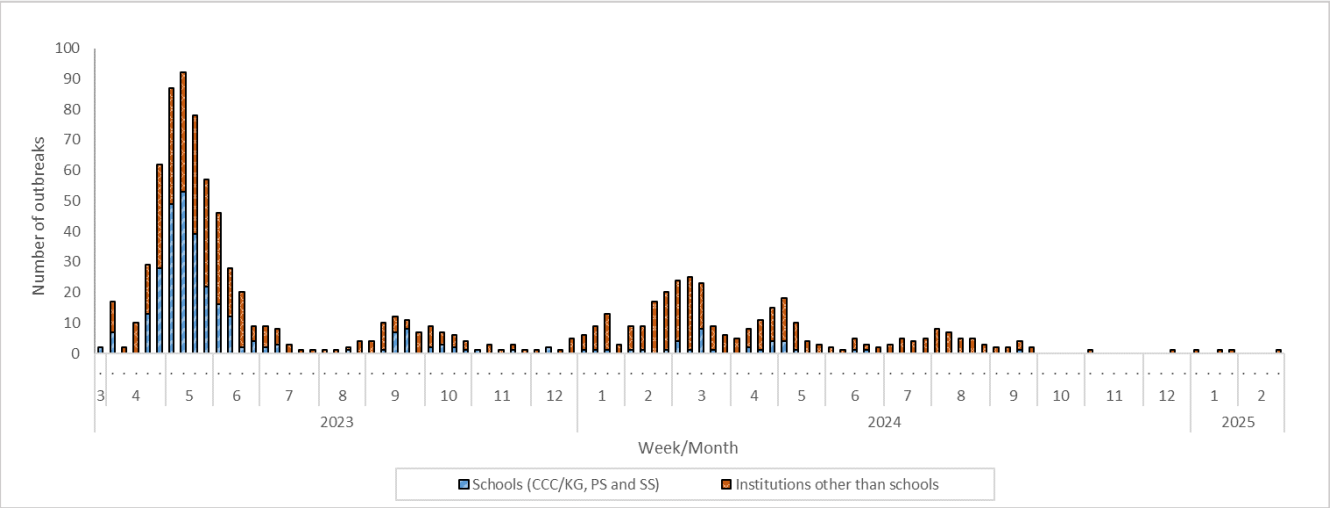

Figure 1.3 COVID-19 outbreaks in schools/institutions

Type of institutions	Week 7	Week 8	First 4 days of week 9 (Feb 23 – Feb 26)
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	1	0
Residential care home for persons with disabilities	0	0	0
Others	0	0	0
Total number of outbreaks	0	1	0
Total number of persons affected	0	6	0

Surveillance of severe and fatal COVID-19 cases

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

In week 8, the weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was 0 as compared to 4 in the preceding week. (Figure 1.4)

Since Jan 30, 2023, the cumulative number of fatal cases with cause of death preliminarily assessed to be related to COVID-19 was 1,400 (as of Feb 22, 2025).

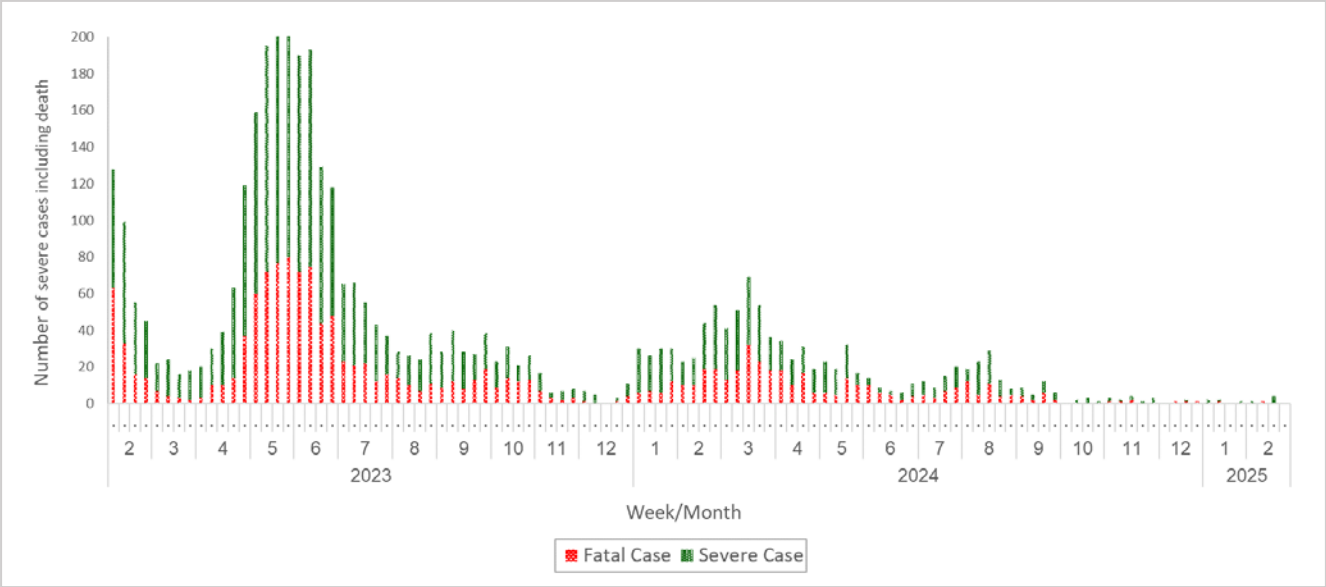

Figure 1.4 Weekly number of severe COVID-19 cases including deaths

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

Sewage surveillance of SARS-CoV-2 virus

In week 8, the 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance was around 35,000 copy/L as compared to around 50,000 copy/L in the preceding week. (Figure 1.5)

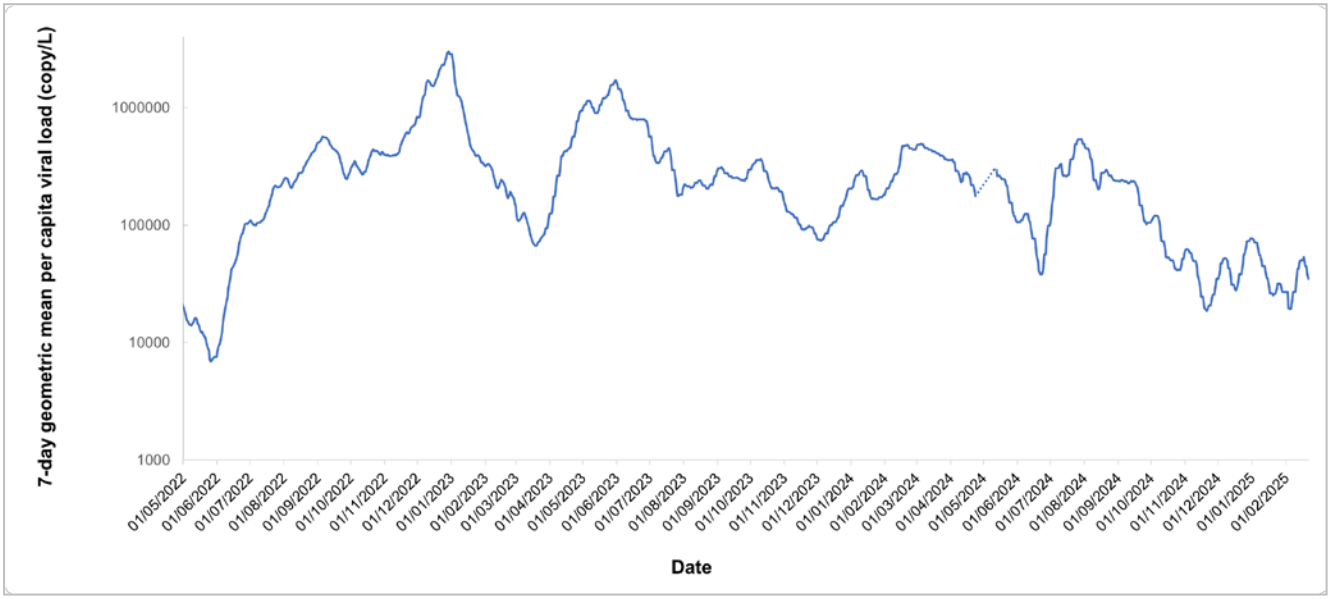

Figure 1.5 7-day geometric mean per capita viral load of SARS-CoV-2 virus from sewage surveillance since May 1, 2022

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

COVID-19 surveillance among sentinel general out-patient clinics and sentinel private medical practitioner clinics

In week 8, the average consultation rate for COVID-19 among sentinel general out-patient clinics (GOPC) and sentinel private medical practitioner clinics were 1.5 (Figure 1.6) and 2.7 (Figure 1.7) COVID-19 cases per 1,000 consultations, respectively.

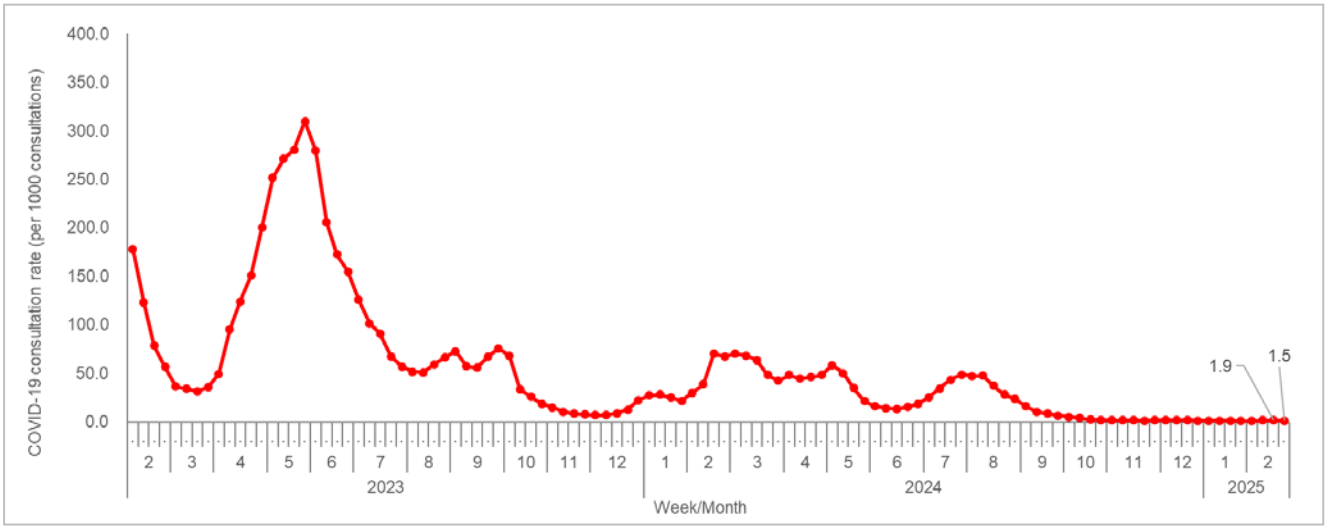

Figure 1.6 Average consultation rate of COVID-19 cases in GOPC

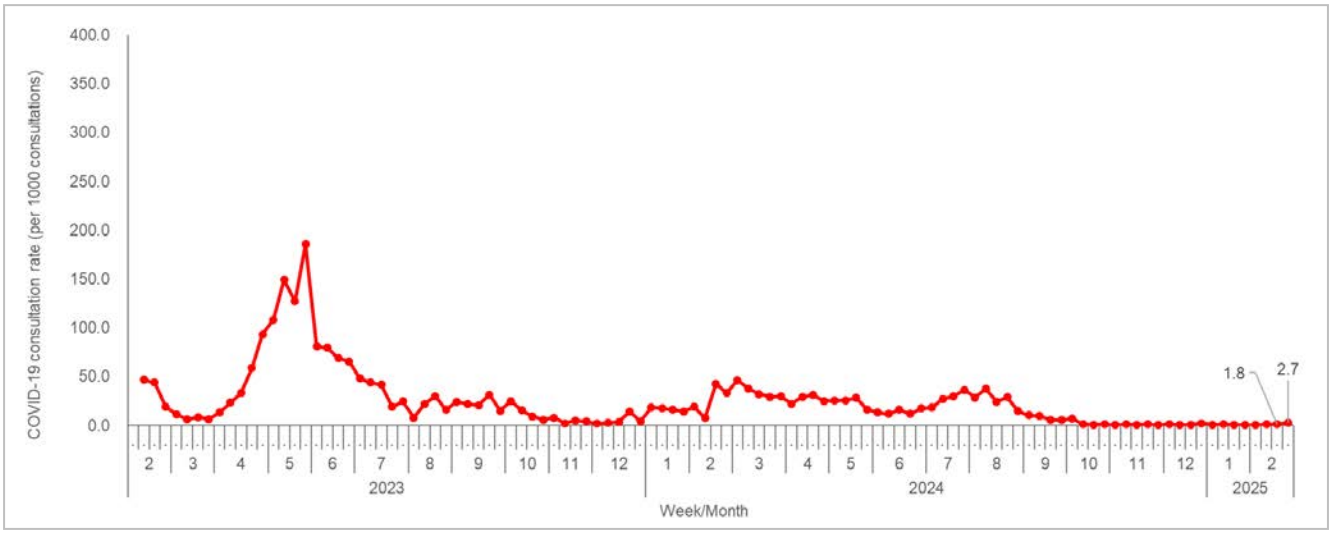

Figure 1.7 Average consultation rate of COVID-19 cases in private medical practitioner clinics

Surveillance on SARS-CoV-2 variants

CHP conducts surveillance on SARS-CoV-2 variants from sewage samples. The latest surveillance data (as of Feb 19, 2025) showed that JN.1 and its descendant lineages remained the most prevalent variant, comprising over 92% of all characterised specimens, where 58.9% belongs to the descendant strain KP.3, 22.4% to KP.2 and 8.7% to LP.8.1. (Figure 1.8)

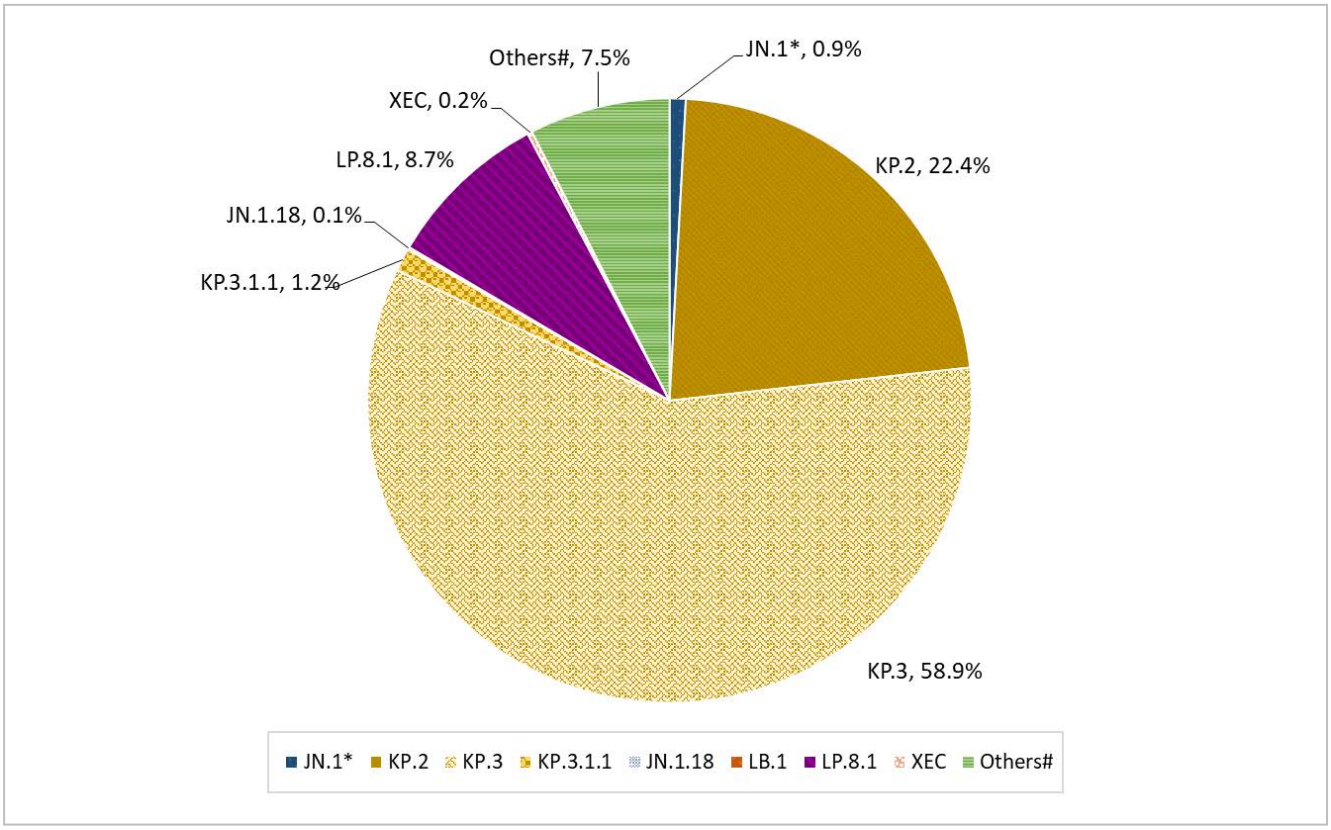

Figure 1.8 Estimated proportion of variants among sewage samples

[*]Including JN.1 and its descendant lineages, except those individually specified elsewhere in the table

[#]Those SARS-CoV-2 variants not classified as variants of interest (VOIs)/ variants under monitoring (VUMs) by WHO at the time of reporting

Note: JN.1.18, KP.2, KP.3, KP.3.1.1, LB.1, LP.8.1 and XEC are the descendant lineages of JN.1

CHP also conducted genetic characterisation on 2 specimens obtained from reported severe and fatal cases of COVID-19 between Feb 12 and Feb 25, 2025. The result showed that all specimens belonged to JN.1. (Figure 1.9)

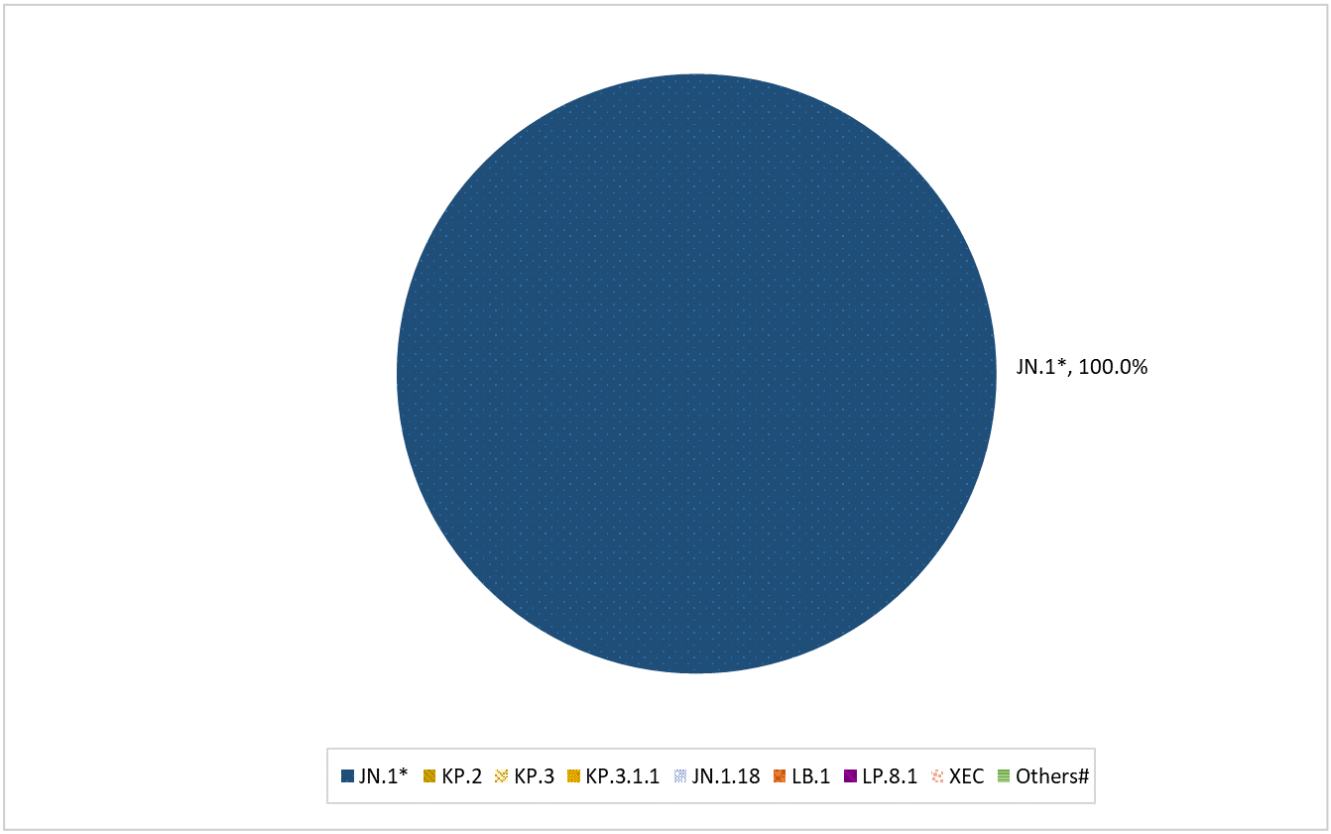

Figure 1.9 Proportion of variants among specimens obtained from reported severe and death cases for COVID-19

[*]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

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 JN.1 and its descendant lineages remained the most prevalent variant, comprising 100% of all characterised specimens, of which 38.2% belonged to the descendant lineage KP.3.

Global situation of COVID-19 activity

- Globally, as of Feb 9, 2025, there have been 777,385,370 confirmed cases of COVID-19, including 7,088,757 deaths, reported to WHO.
- According to WHO COVID-19 epidemiological update last published on Feb 13, 2025,
  - Around 161,000 new cases and more than 3,300 new deaths were reported in the last 28 days (Dec 9, 2024 to Jan 5, 2025) globally.
  - The highest numbers of new 28-day cases were reported from Russia, Greece, Italy, the UK, and Malaysia. The highest numbers of new 28-day deaths were reported from the USA, Russia, Sweden, Italy, and Greece.
  - WHO commented that current trends in reported COVID-19 cases were underestimates of the true number due to the reduction in testing and delays in reporting in many countries. Therefore, related data should be interpreted with caution.
  - Currently, WHO is monitoring one VOI, which is JN.1, and seven VUMs, which are JN.1.18, KP.2, KP.3, KP.3.1.1, LB.1, LP.8.1 and XEC.
  - Between Dec 30, 2024 and Jan 5, 2025, the prevalence of JN.1 was 15.0%, showed a small decrease from a prevalence of 15.6% between Dec 9 and Dec 15, 2024. The risk evaluation for JN.1 published on Apr 15, 2024 suggests an overall low public health risk at the global level based on available evidence. The prevalence of two VUMs showed an increasing trend, including XEC (38.5% to 44.8%) and LP.8.1 (2.0% to 4.7%) while the rest had their prevalence in decreasing trends or remained stable, including KP.3.1.1 (32.1% to 27.3%), KP.3 (6.5% to 5.6%), KP.2 (1.0% to 1.0%), JN.1.18 (1.6% to 0.2%) and LB.1 (0.5% to 0.2%).

Sources:

1. WHO COVID-19 dashboard, accessed on Feb 27, 2025
2. Tracking SARS-CoV-2 variants
3. World Health Organization COVID-19 epidemiological update

Local Situation of Influenza Activity (as of Feb 26, 2025)

Reporting period: Feb 16 – 22, 2025 (Week 8)

- Hong Kong is in influenza season. The latest surveillance data showed that the local influenza activity showed signs of decrease but remained elevated.
- 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.
- 2024/25 Seasonal Influenza Vaccination Programmes, including the Seasonal Influenza Vaccination School Outreach Programme and the Residential Care Home Vaccination Programme (RVP), has been launched on September 26, 2024. 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 general out-patient clinics and sentinel private medical practitioner clinics, 2021-25

In week 8, the average consultation rate for influenza-like illness (ILI) among sentinel general outpatient clinics (GOPC) was 9.4 ILI cases per 1,000 consultations, which was lower than 11.1 recorded in the previous week (Figure 2.1, left). The average consultation rate for ILI among sentinel private medical practitioner (PMP) clinics was 40.3 ILI cases per 1,000 consultations, which was lower than 47.6 recorded in the previous week (Figure 2.1, right).

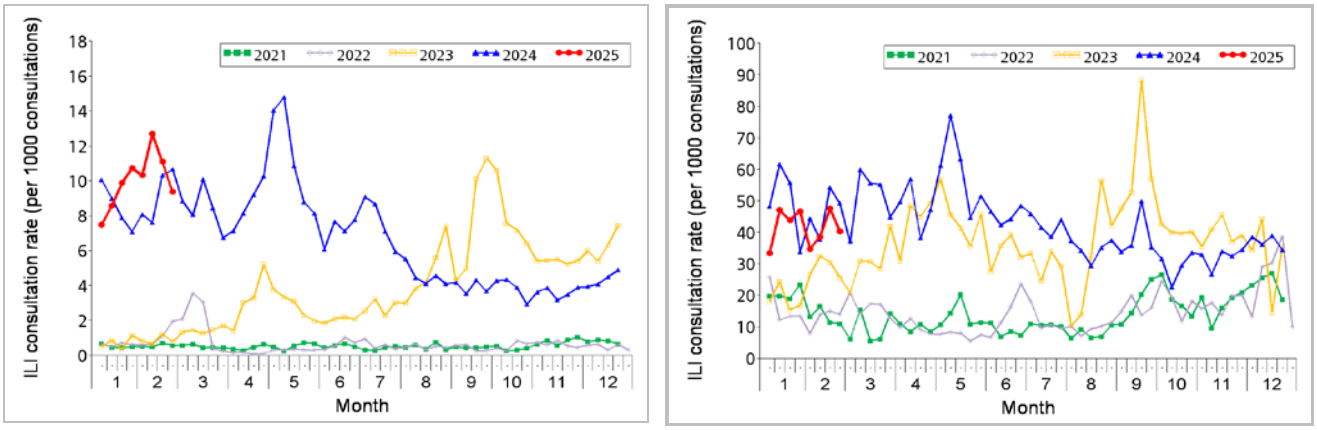

Figure 2.1 ILI consultation rates at sentinel GOPC (left) and PMP clinics (right), 2021-25

Laboratory surveillance, 2021-25

Among the 9,977 respiratory specimens* received in week 8, 712 (7.14%) were tested positive for seasonal influenza A or B viruses. Among the subtyped influenza detections, there were 562 (86%) influenza A(H1), 46 (7%) influenza A(H3) and 43 (7%) influenza B viruses. The positive percentage (7.14%) was above the baseline threshold of 4.94% but was lower than 8.71% recorded in the previous week (Figure 2.2).

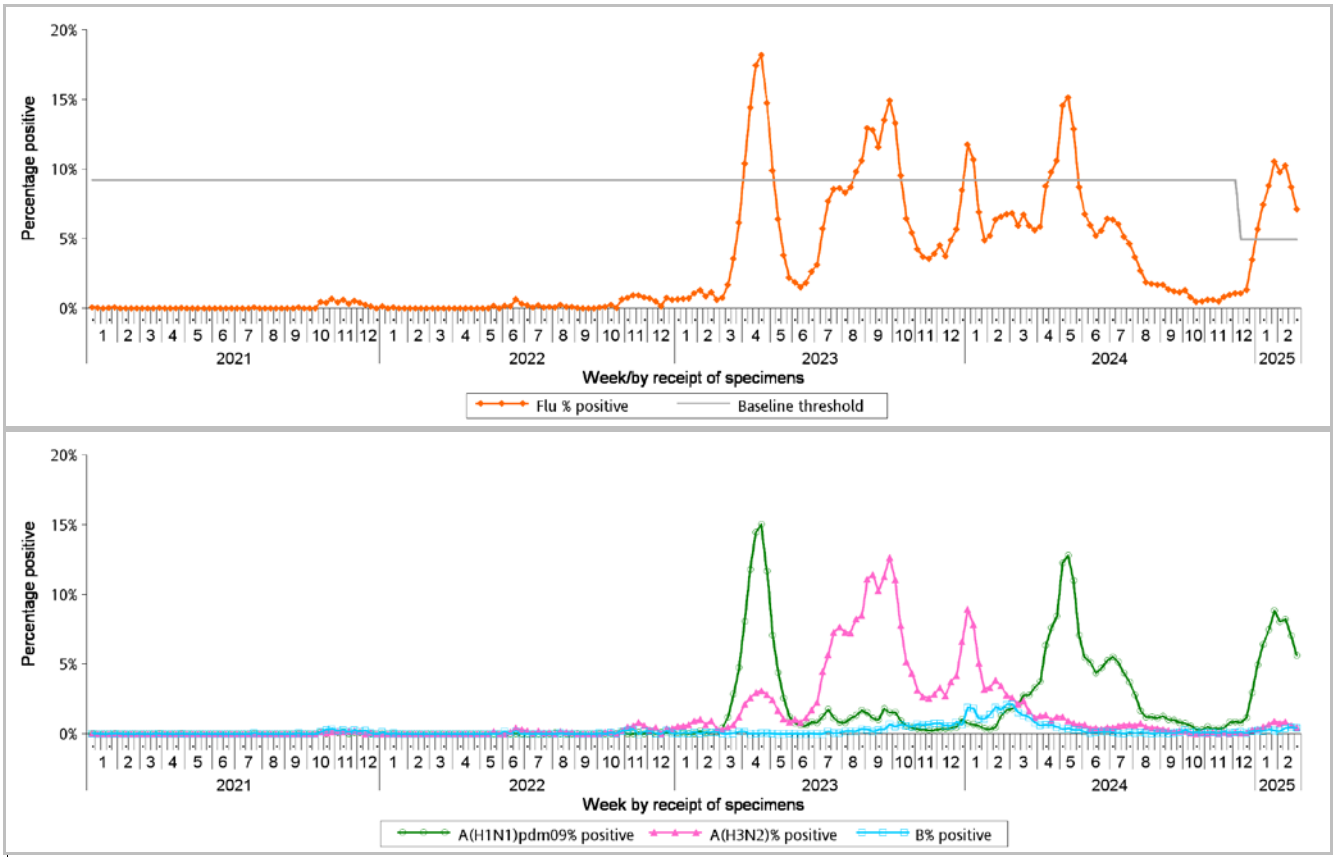

Figure 2.2 Percentage of respiratory specimens tested positive for influenza viruses, 2021-25 (upper: overall positive percentage, lower: positive percentage by subtypes)

[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 8,793 specimens received by Public Health Laboratory Services Branch, Centre for Health Protection and 1,184 specimens received by the Hospital Authority

Surveillance of oseltamivir resistant influenza A and B viruses

- Public Health Laboratory Services Branch, Centre for Health Protection tests influenza virus isolates obtained from cell culture for antiviral susceptibility.
- In January 2025, there were no new reports of oseltamivir (Tamiflu) resistant influenza A and B viruses.
- 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
- Low detection rates of oseltamivir (Tamiflu) resistant influenza A and B viruses from latest surveillance data of overseas countries (less than 5%).
- CHP will continue laboratory surveillance on oseltamivir (Tamiflu) resistance of influenza viruses to monitor the trend.

Influenza-like illness outbreak surveillance, 2021-25

In week 8, 23 ILI outbreaks occurring in schools/institutions were recorded (affecting 117 persons), as compared to 17 outbreaks recorded in the previous week (affecting 107 persons) (Figure 2.3). The overall number was at the low intensity level currently (Figure 2.4*). In the first 4 days of week 9 (Feb 23 to 26), 15 ILI outbreaks in schools/institutions were recorded (affecting 60 persons). Since the start of the influenza season in week 2, 135 outbreaks were recorded (as of Feb 26).

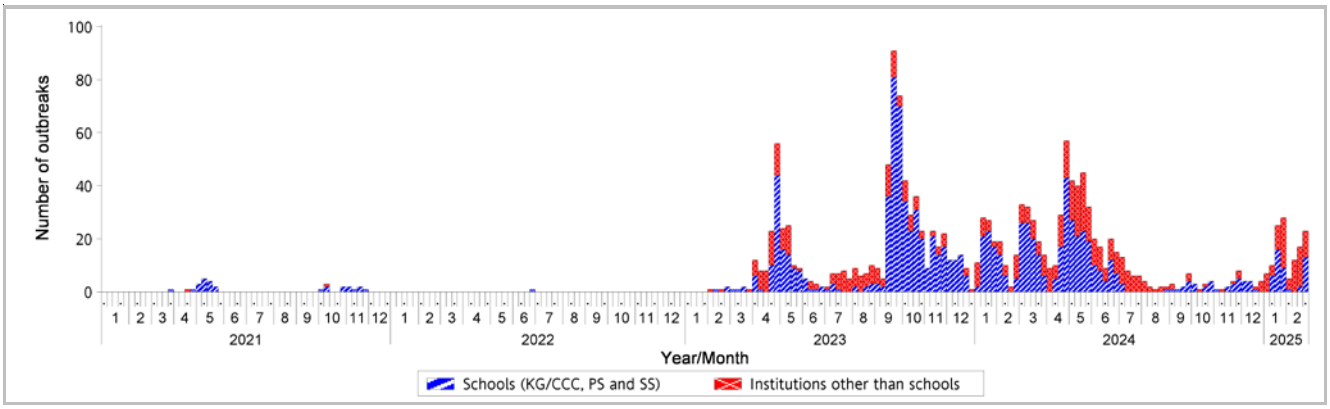

Figure 2.3 ILI outbreaks in schools/institutions, 2021-25

Type of institutions	Week 7	Week 8	Cumulative number of outbreaks since week 2 (as of Feb 26)
Child care centre/ kindergarten (CCC/KG)	1	2	10
Primary school (PS)	0	8	41
Secondary school (SS)	1	3	7
Residential care home for the elderly	10	5	51
Residential care home for persons with disabilities	2	4	17
Others	3	1	9
Total number of outbreaks	17	23	135
Total number of persons affected	104	117	814

In comparison, 589, 154, 279 and 119 outbreaks were recorded in the same duration of surveillance (7 complete weeks) in the 2018/19 winter, 2023 April, 2023 summer and 2023/24 seasons respectively, as compared with 120 outbreaks in the current season (Figure 2.5).

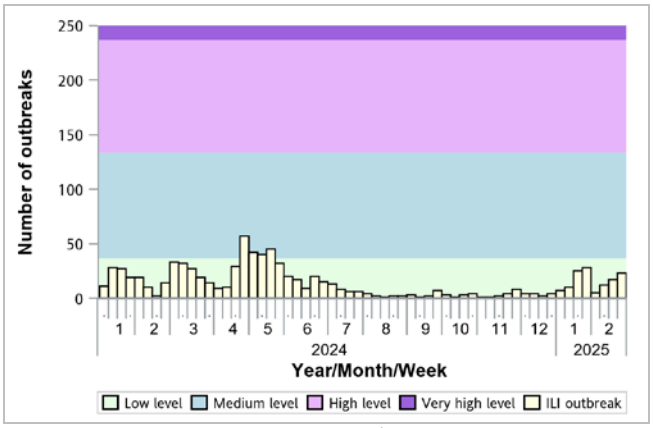

Figure 2.4 ILI outbreaks in schools/institutions, 2024-25

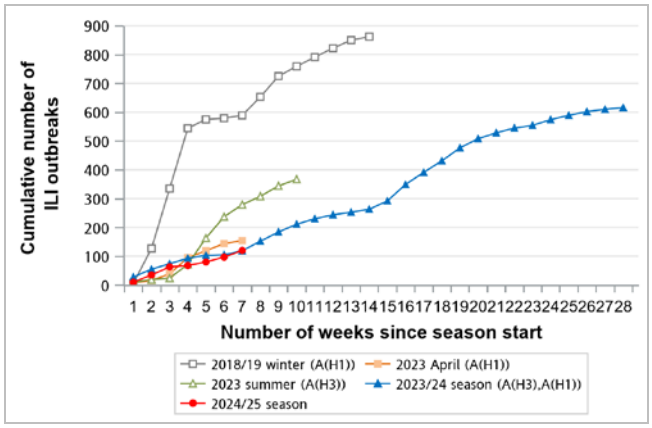

Figure 2.5 Cumulative numbers of ILI outbreaks reported during major influenza seasons, 2019 and 2023–25
Note: The predominating virus was shown in bracket.

** 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 8, the overall admission rate in public hospitals with principal diagnosis of influenza was 0.43 (per 10,000 population) as compared to 0.62 recorded in the previous week (Figure 2.6). It was above the baseline threshold of 0.27 but was at the low intensity level (Figure 2.7*). The influenza-associated admission rates for persons aged 0-5 years, 6-11 years, 12-17 years, 18-49 years, 50-64 years and 65 years or above were 1.84, 0.67, 0.25, 0.11, 0.20 and 1.03 cases (per 10,000 people in the age group) respectively, as compared to 2.09, 0.91, 0.33, 0.17, 0.28 and 1.57 cases in the previous week (Figure 2.6).

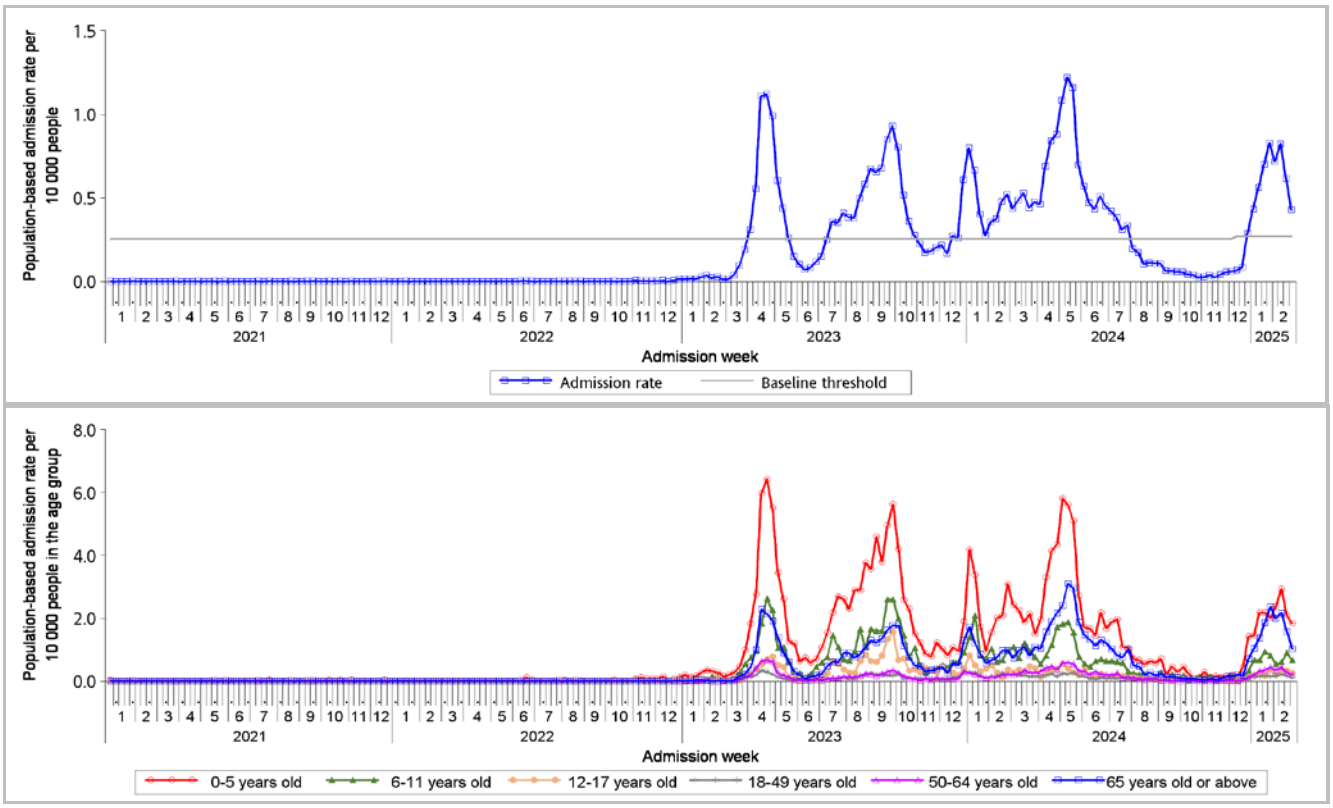

Figure 2.6 Influenza-associated hospital admission rates, 2021-25 (upper: overall rate, lower: rates by age groups)

[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.]

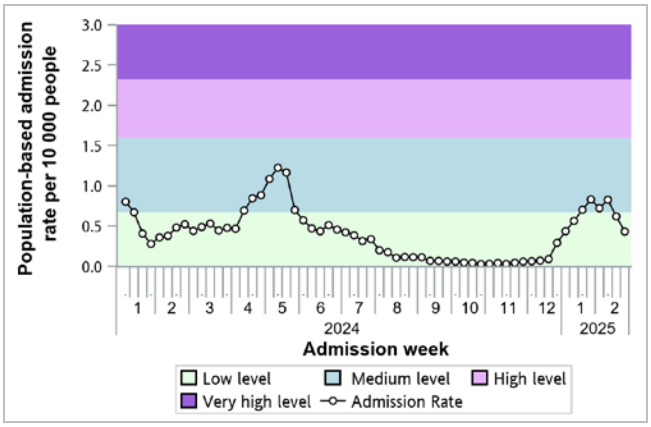

Figure 2.7 Influenza-associated hospital admission rates, 2024-25

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 8, the rate of the ILI syndrome group in the accident and emergency departments (AEDs) was 136.6 (per 1,000 coded cases), which was lower than the rate of 151.3 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.

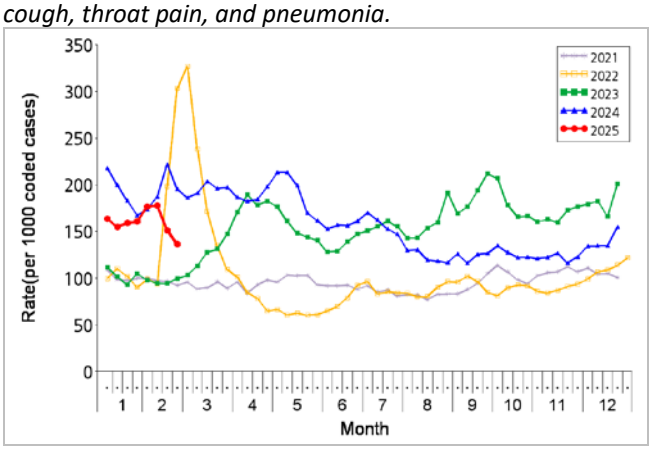

Figure 2.8 Rate of ILI syndrome group in AEDs, 2021-25

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

In week 8, 0.74% of children in the sentinel child care centres / kindergartens (CCCs/KGs) had fever (38°C or above) as compared to 0.63% recorded in the previous week (Figure 2.9).

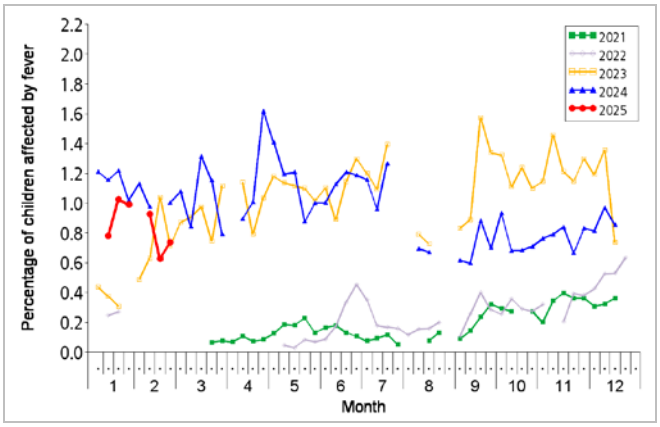

Figure 2.9 Percentage of children with fever at sentinel CCCs/KGs, 2021-25

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

In week 8, 0.08% of residents in the sentinel residential care homes for the elderly (RCHEs) had fever (38°C or above), compared to 0.22% recorded in the previous week (Figure 2.10).

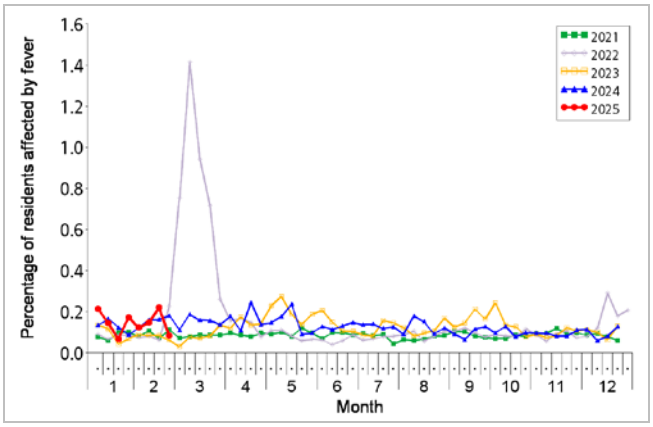

Figure 2.10 Percentage of residents with fever at sentinel RCHEs, 2021-25

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

In week 8, the average consultation rate for ILI among Chinese medicine practitioners (CMPs) was 0.78 ILI cases per 1,000 consultations as compared to 0.99 recorded in the previous week (Figure 2.11).

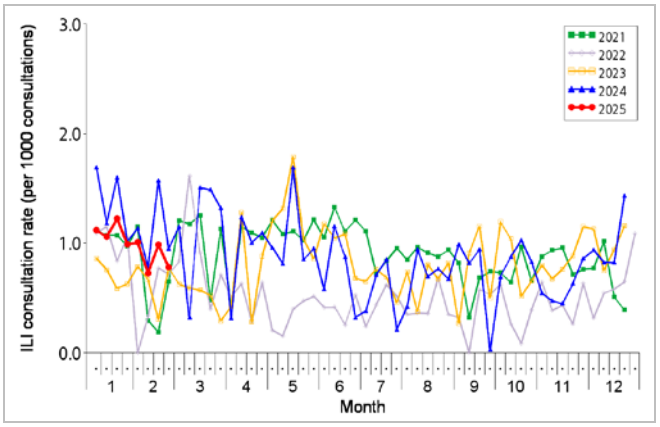

Figure 2.11 ILI consultation rate at sentinel CMPs, 2021-25

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 8, 59 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 39 of them were fatal. Among the 59 adult cases, 37 were not known to have received the 2024/25 seasonal influenza vaccine (SIV). In the first 4 days of week 9 (Feb 23 – 26), 15 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 8	45	7	7	0	0	0
First 4 days of week 9 (Feb 23 – 26)	14	0	1	0	0	0

- Since the start of influenza season in week 2 (as of Feb 26), 399 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 257 of them were fatal. Among them, 343 patients had influenza A(H1) infection, 15 patients with influenza A(H3), 7 patients with influenza B, 1 patient with influenza A and B co-infection, and 33 patients with influenza A (pending subtype).

- In comparison, 391, 274, 214 and 220 adult cases were recorded in the same duration of surveillance (7 complete weeks) in the 2018/19 winter, 2023 April, 2023 summer and 2023/24 seasons respectively, as compared with 384 cases in the current season (Figure 2.12, left). The corresponding figures for deaths were 216, 172, 132 and 138 in the above seasons, as compared with 245 deaths in the current season (Figure 2.12, right).

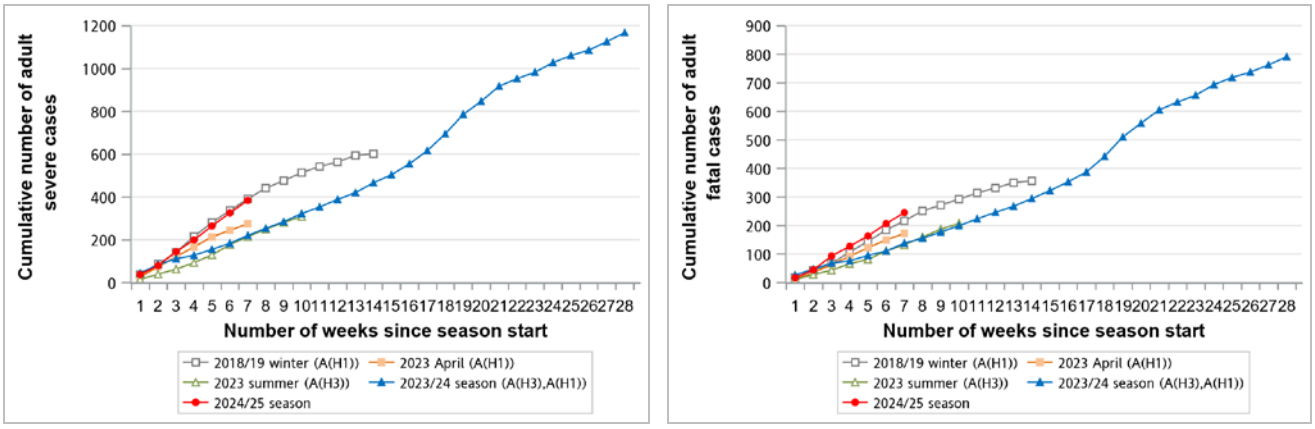

Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2019 and 2023–25 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

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

- In week 8 and the first 4 days of week 9 (Feb 23 – 26), there were no cases of severe paediatric influenza-associated complication/death.
- Since the start of influenza season in week 2, 9 paediatric cases of influenza-associated complication were reported, in which none of them were fatal. 7 cases had infections with influenza A(H1), 1 case had infection with influenza A(H3), and 1 case had infection with influenza B. Seven cases did not receive the 2024/25 SIV. In 2025, 9 paediatric cases of influenza-associated complication/death were recorded, in which none of them were fatal (as of Feb 26).
- In comparison, 21, 3, 13 and 8 paediatric cases of influenza-associated complication/death were recorded in the same duration of surveillance (7 complete weeks) in the 2018/19 winter, 2023 April, 2023 summer and 2023/24 seasons respectively, as compared with 9 cases in the current season (Figure 2.13, left). The corresponding figures for deaths were 1, 2, 1 and 0 in the above seasons, as compared with 0 death in current season (Figure 2.13, right).

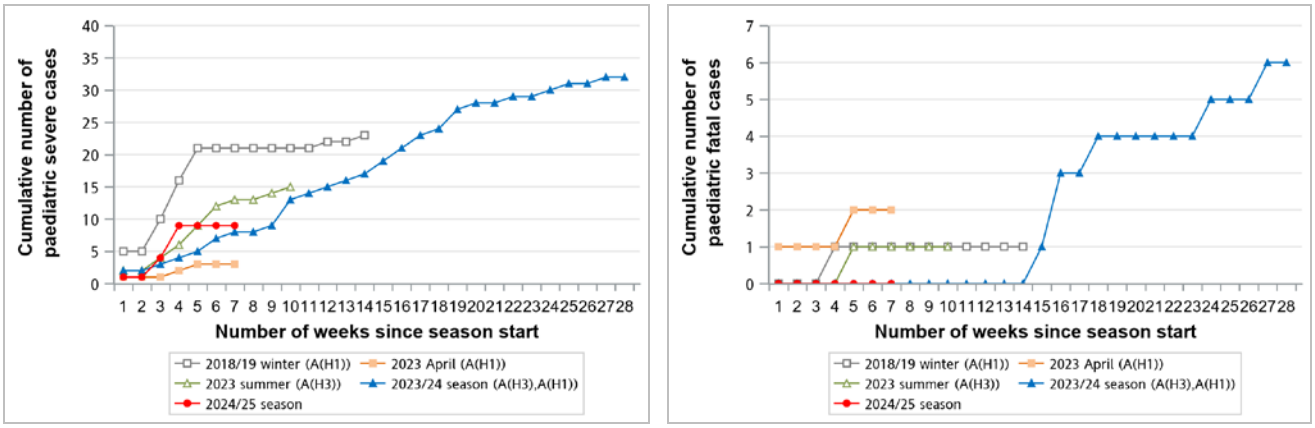

Figure 2.13 Cumulative numbers of cases of paediatric influenza-associated complication/death reported during major influenza seasons, 2019 and 2023–25 (left: complication/death cases; right: deaths)

Note: The predominating virus was shown in bracket.

Severe influenza cases of all ages

- Since the start of influenza season in week 2, 408 severe influenza cases among all ages have been reported, including 257 deaths (as of Feb 26).

Age group	Cumulative number of cases (death)
0-5	4 (0)
6-11	2 (0)
12-17	3 (0)
18-49	39 (4)
50-64	75 (19)
>=65	285 (234)

- Among the adult fatal cases with available clinical information, about 79% had chronic diseases.
- Among patients with laboratory confirmation of influenza admitted to public hospitals in this season (from Jan 5 to Feb 26), 4.0% of admitted cases died during the same episode of admission. It was higher than the historical range between 2.5% (2017/18 winter season) and 3.9% (2023/24 season).

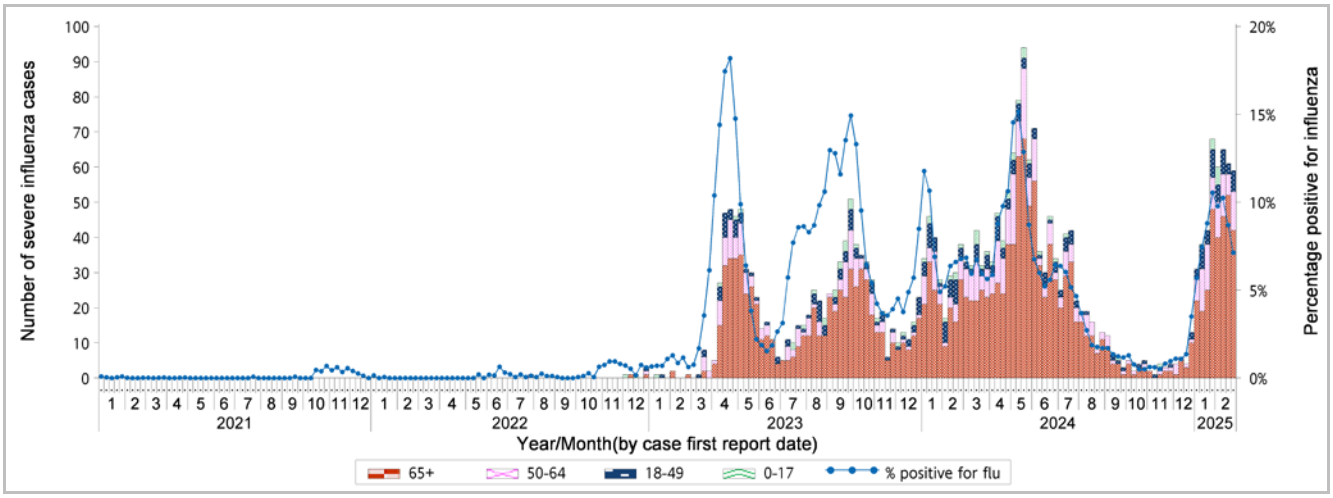

Figure 2.14 Weekly number of severe influenza cases by age groups, 2021-25 (the percentage positive for influenza viruses in Figure 2.2 is also shown in this graph)

Global Situation of Influenza Activity

In the Northern hemisphere, influenza activities in many countries in Europe, America and Asia remained elevated or increased. In the Southern Hemisphere, elevated influenza activity in few countries in Oceania were observed (data up to Feb 16, 2025).

- In the United States (week ending Feb 15, 2025), the national influenza activity remained elevated. This season is now classified as a high severity season overall. The percentage of specimens tested positive for influenza was 26.9%, as compared to 31.4% in preceding week. Influenza A(H1N1)pdm09 and A(H3N2) viruses were co-circulating.
- In Canada (week ending Feb 15, 2025), the 2024-2025 influenza epidemic officially began in week 51, 2024. Indicators of influenza activity were increasing. Influenza positivity continued to increase to 26.9%, higher than the threshold of 5%. Laboratory detections are predominantly influenza A and among subtyped influenza A detections, influenza A(H1N1) is predominant (67%).
- In the United Kingdom (week ending Feb 16, 2025), influenza activity overall decreased across most indicators and was at medium activity levels. Influenza positivity in England decreased to 12.5% as compared with 13.5% in preceding week. Influenza A(H1N1) and B viruses were co-circulating.
- In Europe (week ending Feb 16, 2025), 2024/2025 seasonal influenza epidemic started in early December last year. Influenza positivity from sentinel specimens was 42% as compared to 45% in preceding week, which was higher than 10% epidemic threshold. Influenza A(H1N1)pdm09, A(H3N2) and influenza B viruses were co-circulating.
- In Mainland China (week ending Feb 16, 2025), influenza activity reached high levels in early 2025, and then the percentage of specimens tested positive for influenza in southern and northern provinces gradually decreased to 30.0% and 11.9% in week 7 respectively. Influenza A(H1N1)pdm09 viruses were predominating in this season.
- In Taiwan (week ending Feb 22, 2025), influenza activity showed a decreasing trend but remained above the epidemic threshold. The number of ILI consultation was on a decreasing trend, but remained the second highest at the same period in the past 10 seasons. The predominating circulating viruses in the community were influenza A(H1N1).
- In Japan (week ending Feb 16, 2025), influenza activity continued to decrease from its peak in last week of 2024. In week 7, the average number of reported ILI cases per sentinel site was 2.63, as compared to 3.78 in preceding week, and was still above the baseline level of 1.00. Most of the influenza detections were influenza A(H1N1)pdm09 viruses.
- In South Korea (week ending Feb 15, 2025), the weekly ILI rate continued to decrease. The rate in week 7 was 11.6 per 1,000 out-patient visits, which was above the seasonal epidemic threshold of 8.6. Influenza A(H1N1)pdm09, A(H3N2) and B viruses were co-circulating.

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, UK Health Security Agency, European Centre for Disease Prevention and Control (ECDC) and WHO Regional Office for Europe (WHO Euro), Chinese National Influenza Center, Taiwan Centers for Disease Control and Japan Ministry of Health and Korean Disease Control and Prevention Agency.