Summary

According to the laboratory surveillance[1,2], Echovirus 11 was the predominant virus type in the past four weeks (Figure 1). During week 28, the suspension of some outpatient services due to the typhoon contributed to a decline in the total number of outpatient and emergency room (ER) visits for enterovirus infection which dropped to 6,113, as shown in Figure 2. Further observation is needed to assess the subsequent epidemic trend. Between July 8 and 14, no new EVSC[3] case was confirmed. In 2025 to date, a total of nine EVSC cases have been reported, caused by Echovirus 11 and Coxsackie B5, including six deaths**.** Among these nine cases, six were infants under one month old, all infected with Echovirus 11, with five deaths (Figure 3 and 4, Table).

For further information, please visit the Taiwan National Infectious Disease Statistics System (NIDSS) website at https://nidss.cdc.gov.tw/en/Home/Index?op=1

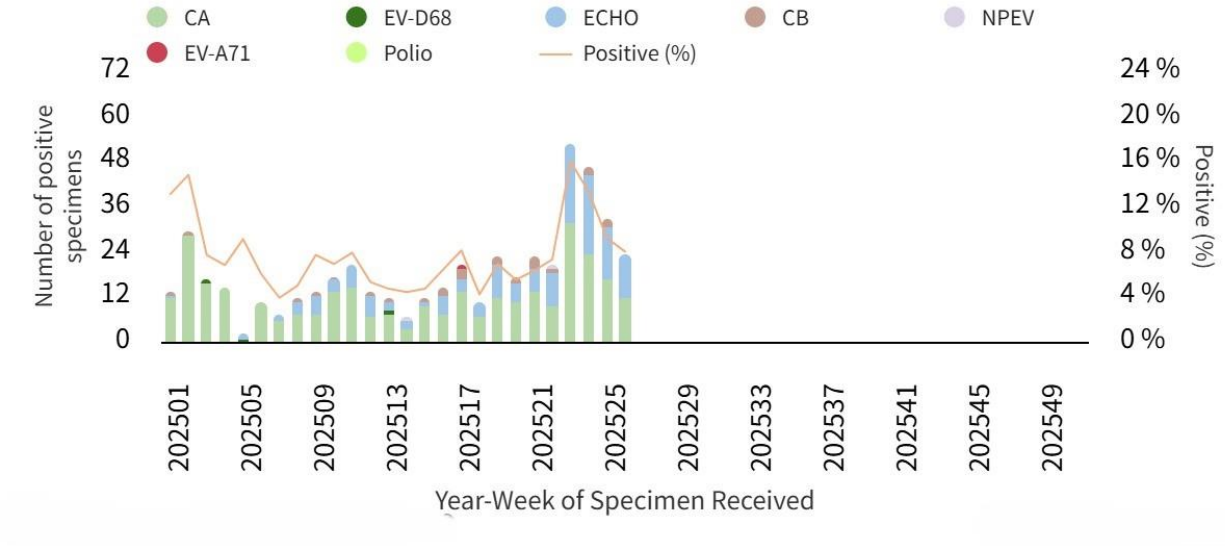

Figure 1. Trend of Enterovirus Molecular Detection, 2025

1. In terms of the surveillance systems in Taiwan, please see: Jian, S. W., Chen, C. M., Lee, C. Y., & Liu, D. P. (2017). Real-Time Surveillance of Infectious Diseases: Taiwan's Experience. Health security, 15(2), 144-153.
2. Before 2024(inclusive), Contracted Virology Laboratories adopted the testing method of virus isolation, culture, and identification. Since 2025, the testing method has been adjusted to molecular detection; therefore, we only present the results from molecular detection in 2025.
3. EVSC: Enteroviruses infection with Severe Complications

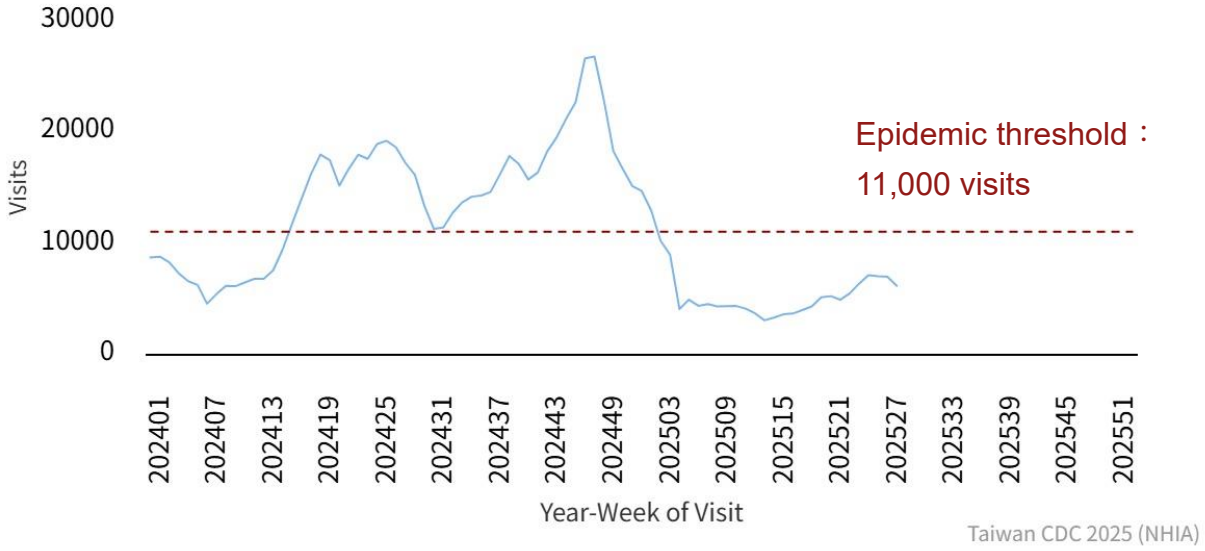

Figure 2. Trend of outpatient and ER visits for enterovirus infection, 2024-2025

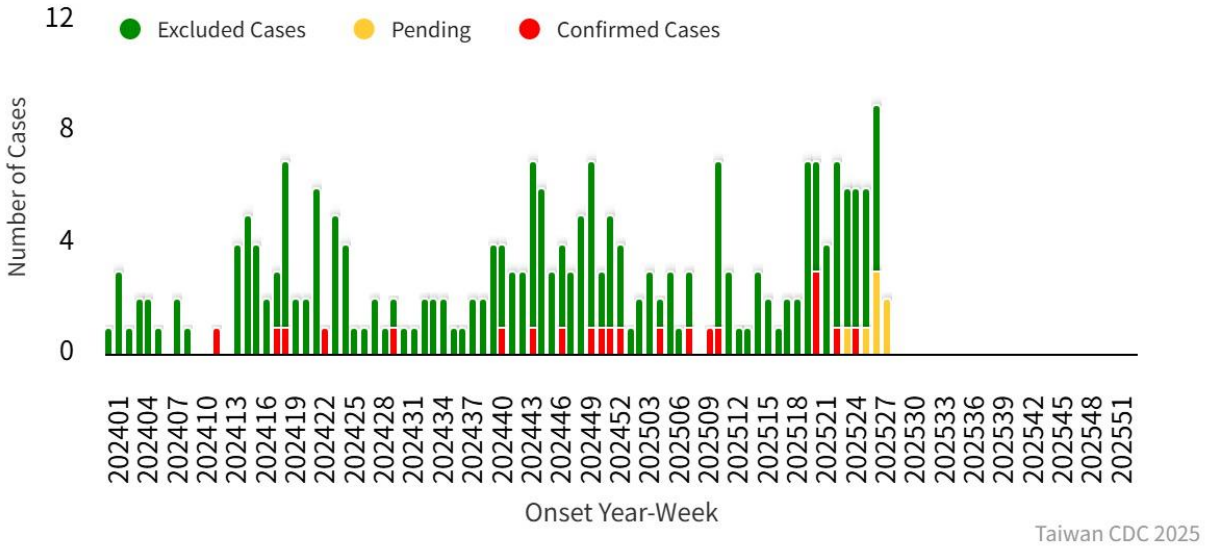

Figure 3. Trend of EVSC cases, 2024-2025

Table. Age and sex distribution of EVSC cases, 2025

Age(year)	Male	Female	Total
<1 month	4	2	6
1-12 month	0	1	1
1	1	0	1
2	0	0	0
3	0	0	0
4	0	1	1
5	0	0	0
6	0	0	0
7-9	0	0	0
≧10	0	0	0
Total	5	4	9

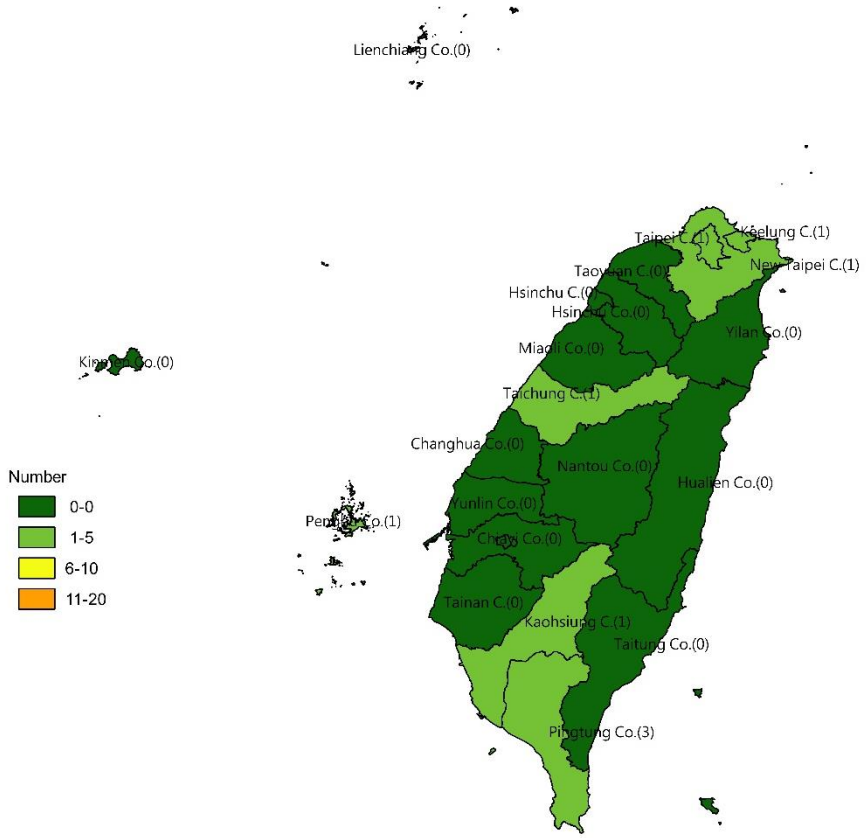

Figure 4. Geographical distribution of EVSC cases, 2025