



Synopsis

Influenza activity remained elevated but continued to decrease during week 9, with influenza B virus predominantly detected.

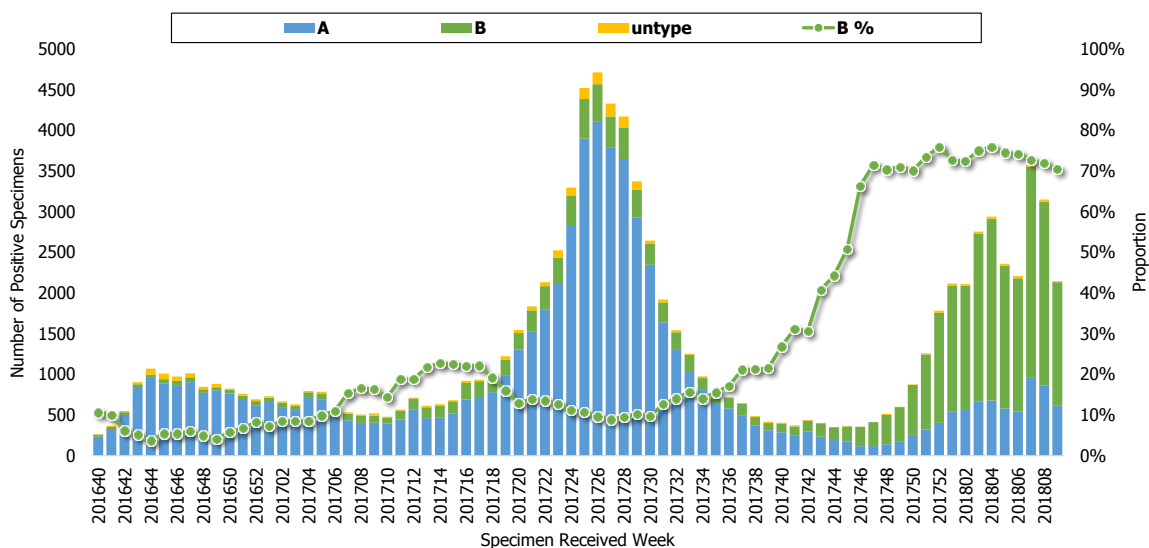
- Both proportions of ILI visit in OPD and ER decreased compared to the previous week.
- The number of influenza positive specimens was lower than the previous week. The predominant isolated influenza virus was influenza B/Yamagata.
- There were 79 newly confirmed severe complicated influenza cases and 11 newly fatal cases. A total of 560 severe complicated influenza cases has been confirmed since October 1, 2017, and 74 of them were fatal. Influenza B was the predominant virus strain among severe cases and fatal cases.

Viral Surveillance

Types and Trend

According to LARS¹, the number of influenza positive specimens during week 9 was lower than the previous week, and the majority of positive specimens was influenza B virus. The proportion of positive specimens for influenza B virus was 70% during week 9.

Trend of influenza positive specimens according to LARS

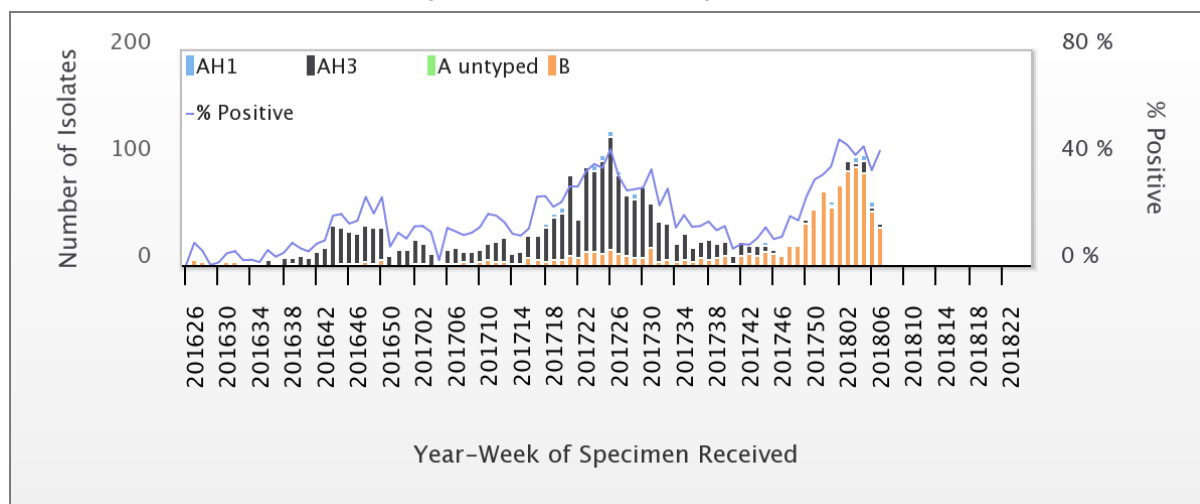


¹ In order to present the trend of influenza virus in real-time, the Automated Laboratory Reporting System (LARS) has been established by Taiwan CDC since 2014. The data presented here collected from 51 participating hospitals. All positive specimens data uploads to LARS automatically.



According to the Taiwan CDC Contracted Virology Laboratories², the proportion of influenza positive specimens was 42.7%. Among these, 87.8% were influenza B virus during week 7, 2018. Weekly virus data are available at: <http://nidss.cdc.gov.tw/>.

Influenza isolates and positive rate according to Contracted Virology Laboratories July 1, 2016 to February 17, 2018



Antigenicity

In the past 4 weeks, among those influenza isolates that were antigenically characterized, all (100%) of the influenza A (H1N1) virus isolates matched the A (H1N1) component of the 2017-18 influenza vaccine (A/Michigan/45/2015), and 100% of the H3N2 virus isolates matched the A (H3N2) component of the 2017-18 influenza vaccine (A/Hong Kong/4801/2014). Among influenza B isolates, 100% were B/Yamagata lineage, and 100% of those isolates matched the B component of the 2017-18 influenza vaccine B/Phuket/3073/2013 (tetraivalent).

Antiviral Resistance

The table below summarized antiviral resistance to neuraminidase inhibitor (Oseltamivir) since October 1, 2017. All of the influenza isolates were susceptible to Oseltamivir.

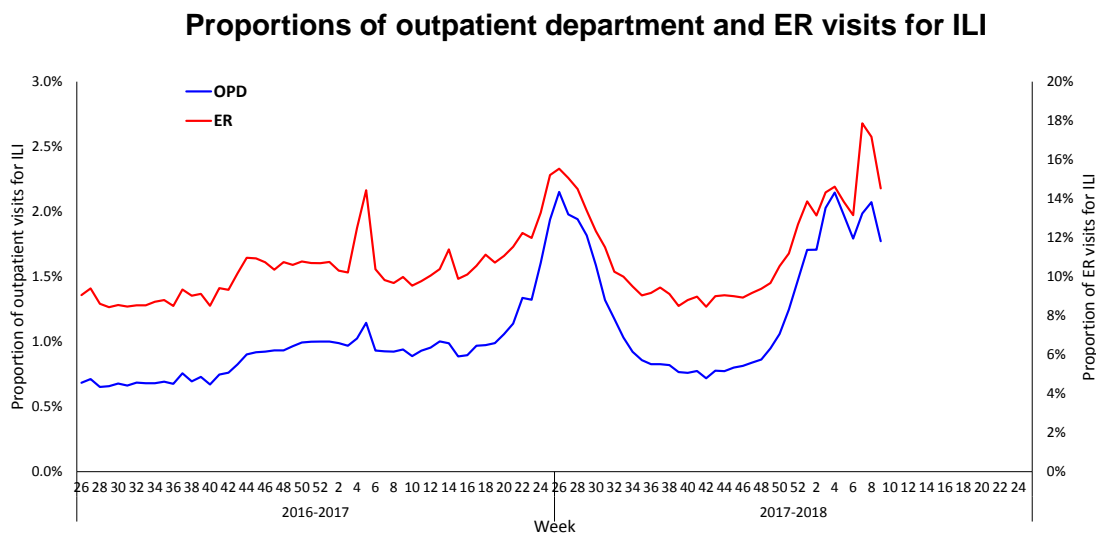
	Isolates tested (n)	Resistance Viruses, n (%)
		Oseltamivir
Influenza A (H1N1)	18	0
Influenza A (H3N2)	53	0
Influenza B	161	0

² The Contracted Virology Laboratories, including 8 laboratories of medical centers, have been established by Taiwan CDC since March, 1999 to monitor the subtype, antigenicity and drug resistance of influenza viruses in the community.



Influenza-like Illness (ILI) Surveillance

Hospitals and clinics resumed to normal service hours after the Lunar New Year holidays. During week 9, the proportion of the outpatient department visits for ILI was 1.77%, and the proportion of ER visits for ILI was 14.53%. Both proportions were lower than the previous week.



* Since 2016, the analysis of the ILI data from National Health Insurance Database is based on the ICD-10 diagnosis codes.

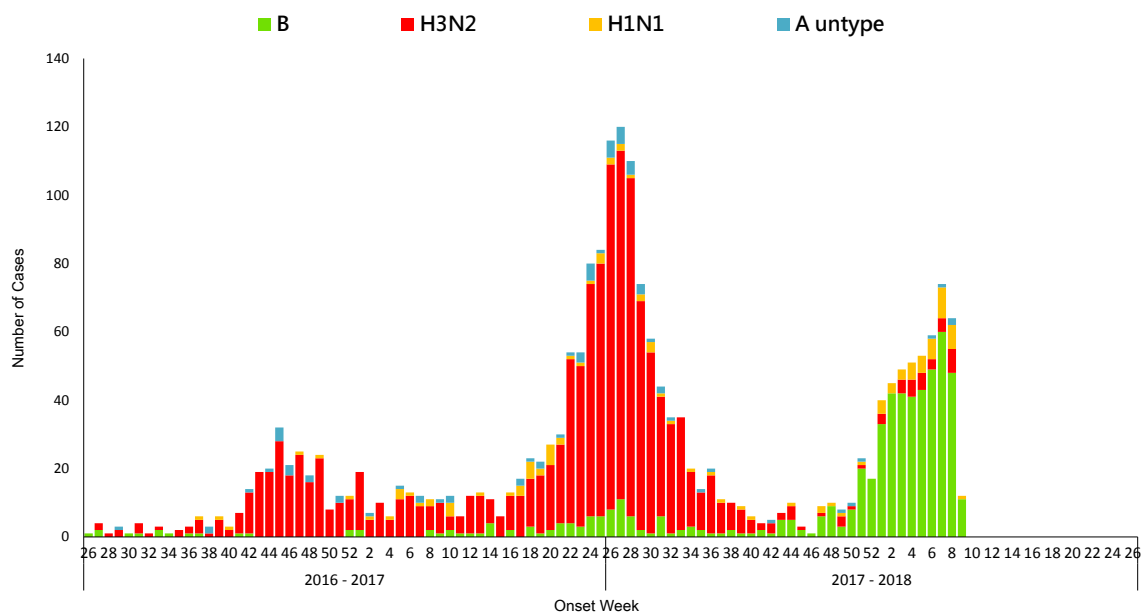
Severe Complicated Influenza Report

There were 79 newly influenza cases with severe complications [63 were influenza B, 8 were H1N1, 6 were H3N2, 2 were influenza A(unknown subtype)] and 11 newly fatal cases with influenza B virus infection.

In the previous influenza outbreak, the activity returned to the baseline in mid-August 2017 and the number of severe cases continuously declined until September. Since October 1, 2017, a total of 560 severe complicated influenza cases has been confirmed, and 74 of them were fatal [the majority of detected virus was influenza B (about 80%), followed by influenza A/H3N2 (about 10%)]. Among these cases, incidence and mortality rates were the highest in the 65+ age group.



Number of severe complicated influenza confirmed cases by week of onset



* A person who has ILI symptoms become severely ill (includes pulmonary complication, neurologic complication, myocarditis, invasive bacterial infection, or pericarditis) that requires intensive care or results in death within 14 days and with influenza virus infection confirmed by the laboratory is defined as a confirmed severe complicated influenza case.

Number and incidence of severe complicated influenza confirmed cases and deaths by age groups

October 1, 2017 to March 5, 2018

Age Group	Cases	Deaths	Cumulative incidence per ten thousand population	Cumulative mortality per ten thousand population
< 3 y	10	0	1.6	0.0
3-6 y	8	0	1.0	0.0
7-18 y	17	0	0.6	0.0
19-24 y	3	0	0.2	0.0
25-49 y	56	8	0.6	0.1
50-64 y	132	18	2.5	0.3
65 +	334	48	10.5	1.5
Total	560	74	2.4	0.3

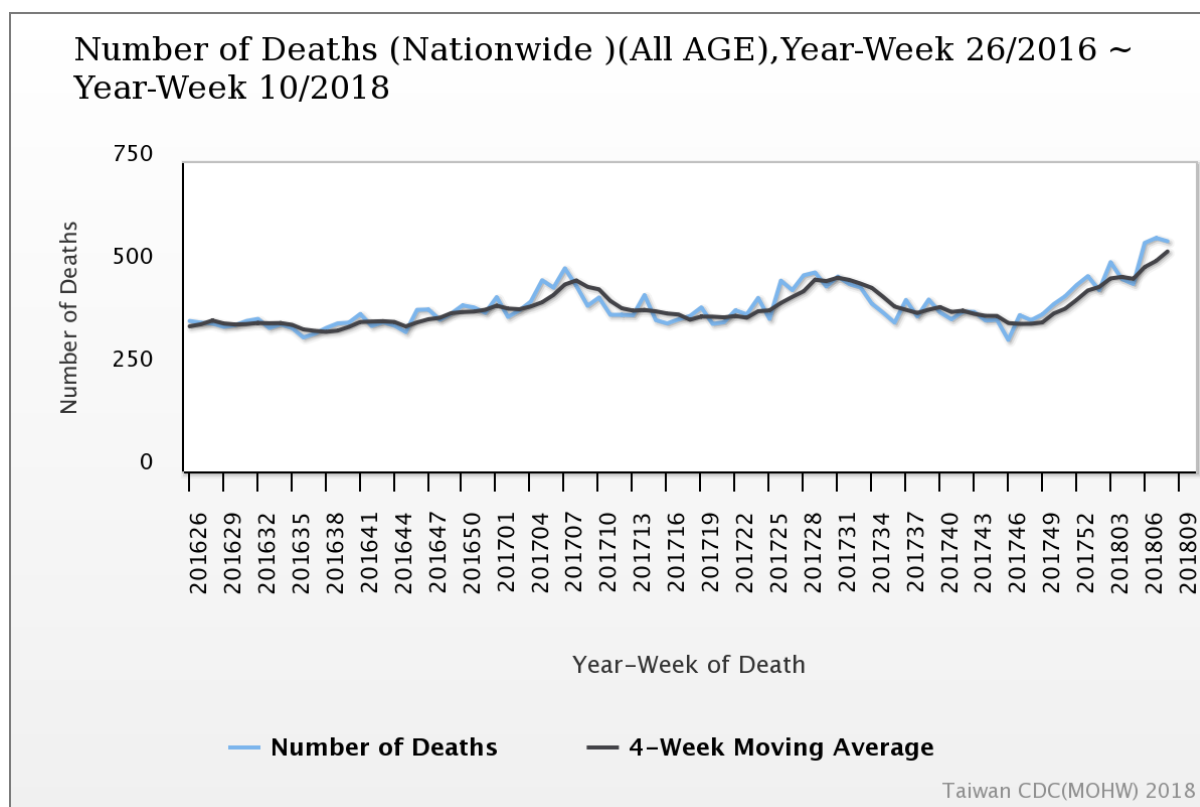
July 1, 2017 to March 5, 2018 (by flu season)

Age Group	Cases	Deaths	Cumulative incidence per ten thousand population	Cumulative mortality per ten thousand population
< 3 y	20	0	3.2	0.0
3-6 y	17	1	2.1	0.1
7-18 y	20	0	0.7	0.0
19-24 y	9	0	0.5	0.0
25-49 y	101	17	1.1	0.2
50-64 y	221	35	4.3	0.7
65 +	747	120	23.5	3.8
Total	1,135	173	4.8	0.7



Pneumonia and Influenza (P&I) Mortality Surveillance

Based on the Internet System for Death Reporting (ISDR) surveillance data, the number of deaths attributed to pneumonia and influenza (P&I) remained elevated in the past few weeks. The proportion of deaths attributed to P&I for adults aged 65 years and above was the highest among the three age groups (0–49, 50–64, and 65+). Weekly P&I data are available at: <http://nidss.cdc.gov.tw/>.



* Medical institutions are required to report any mortality case to the Ministry of Health and Welfare (MOHW) within 7 days after a death certificate is issued through the Internet System for Death Reporting (ISDR). Either the immediate cause of death or the underlying cause of death was used to identify P&I death cases. Only those with keyword texts containing 'pneumonia', 'influenza' or 'common cold' were counted as a P&I death.

