



Summary : Week 5 (Feb 1 - 7, 2015)

Influenza activity was high in Taiwan. Influenza A (H3N2) virus was the predominant virus subtype recently in Taiwan.

- The percentage of specimens testing positive for influenza was 22.5% during week 3, 2015. 87.5% of positive specimens were influenza A viruses.
- During week 5, 2015, there were 14 new cases of severe complicated influenza and 1 new report of death from severe complicated influenza. Since August 1, 2014, there were 17 reports of death among 102 severe complicated influenza cases.
- During week 5, 2015, the proportions of outpatient and emergency room visits for influenza-like illness (ILI) were comparable to the proportions of previous week.

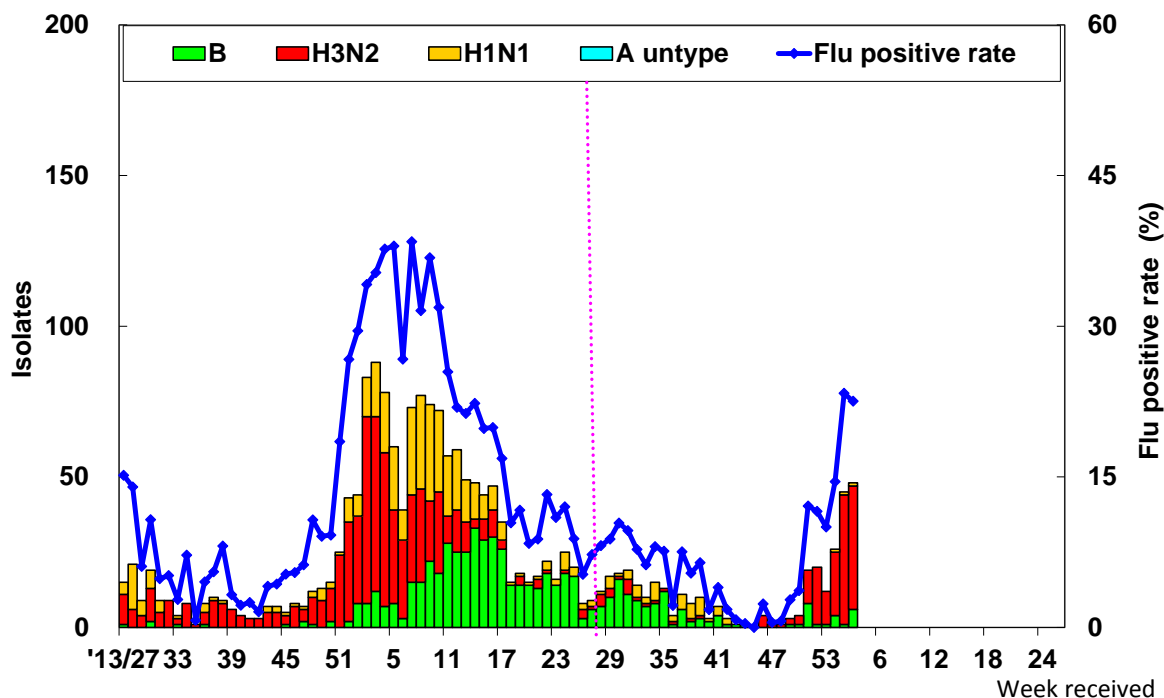
Viral Surveillance

	Data for week 3, 2015	Cumulative data since 7/1/2014
Number of specimens tested	213	4961
Number of positive specimens (%)	48(22.5)	358(7.2)
Positive specimens by type/subtype (%)		
Influenza A (% of all positive specimens)	42(87.5)	228(63.7)
A (H1N1) (% of all Influenza A)	1(2.4)	50(21.9)
A (H3N2)	41(97.6)	178(78.1)
A (unable to subtype)	0(0)	0(0)
A (subtyping not performed)	0(0)	0(0)
Influenza B	6(12.5)	130(36.3)



Antigenic Characterization: Taiwan CDC has antigenically characterized 43 human influenza viruses. Since October 1, 2014. One influenza A (H1N1) virus tested was related to the A (H1N1) component of the 2014-15 influenza vaccine (A/California/7/2009pdm09). 57.7% of influenza A (H3N2) viruses tested were related to the A (H3N2) component of the 2014-15 influenza vaccine (A/Texas/50/2012). 56.3% of influenza B viruses tested were related to the B component of the 2014-15 trivalent influenza vaccine (B/Massachusetts/2/2012).

Influenza positive tests reported to Taiwan CDC by contracted laboratories, 2013–2015



Antiviral Resistance: Since October 1, 2014, the results of antiviral resistance to neuraminidase inhibitor (Oseltamivir) are summarized in the table below.

	Isolates tested (n)	Resistance Viruses, n (%)
		Oseltamivir
Influenza A (H1N1)	3	0
Influenza A (H3N2)	11	0
Influenza B	2	0



Pneumonia and influenza (P&I) mortality surveillance

The trend of P&I increased slowly recently. The number of deaths related to P&I for adults aged 65 years or greater was the highest among the three age groups (0–49, 50–64, and 65+).

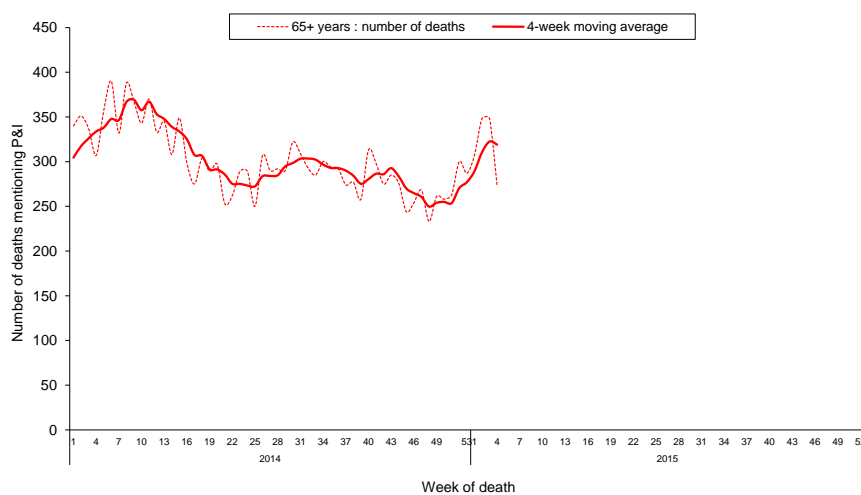
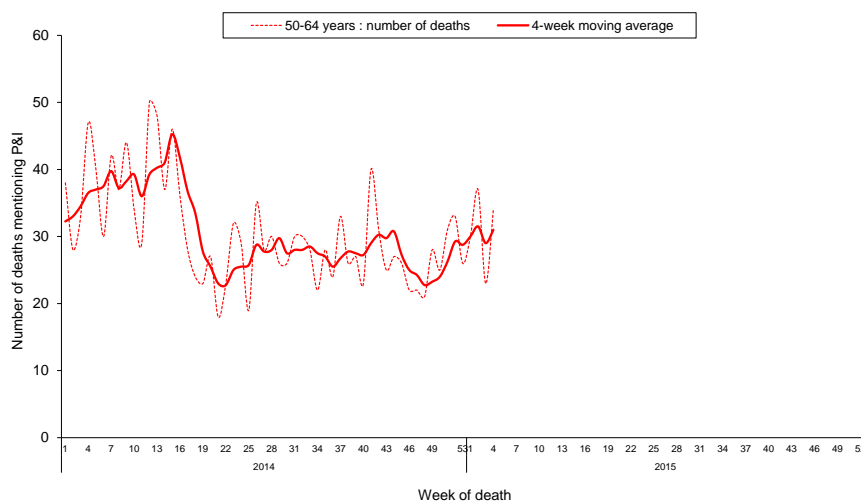
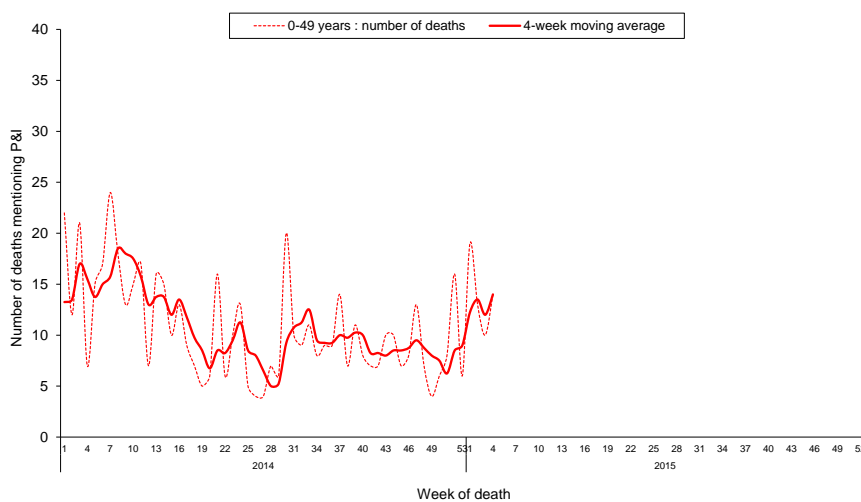
National pneumonia and influenza mortality Week ending at Jan 31, 2015



* Medical institutions were required to report any mortality case to Ministry of Health and Welfare (MOHW) within 7 days after a death certification is issued through the Internet System for Death Reporting (ISDR). The last field of immediate cause or the underlying cause of death was used to identify P&I death cases. Only those with keywords texts containing 'pneumonia', 'influenza' or 'common cold' were counted as a P&I death. Since January 1, 2014, the ISDR has been improved in coverage.



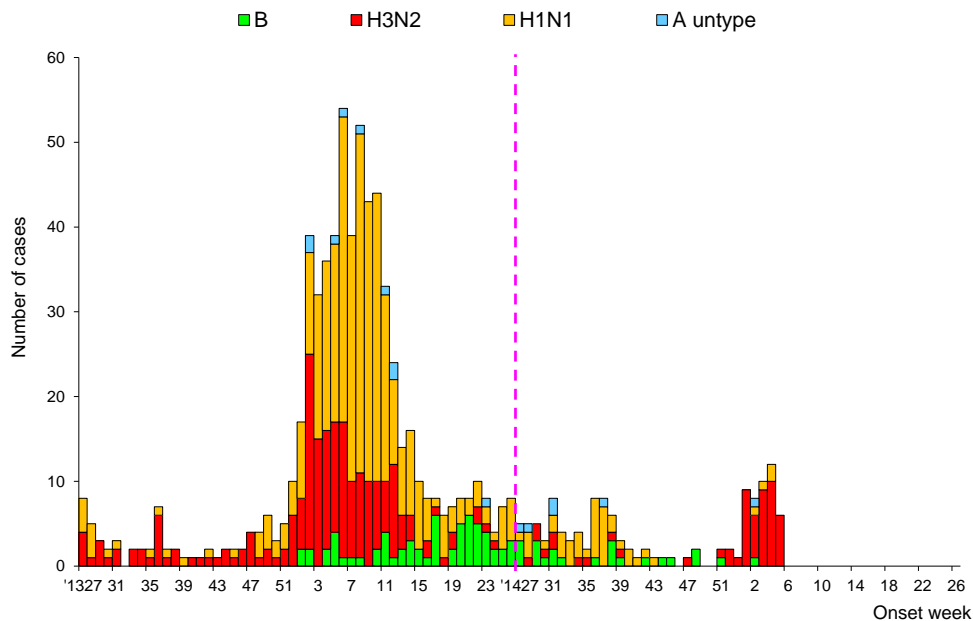
National pneumonia and influenza mortality by age group Week ending at Jan 31, 2015



Reports of severe complicated influenza

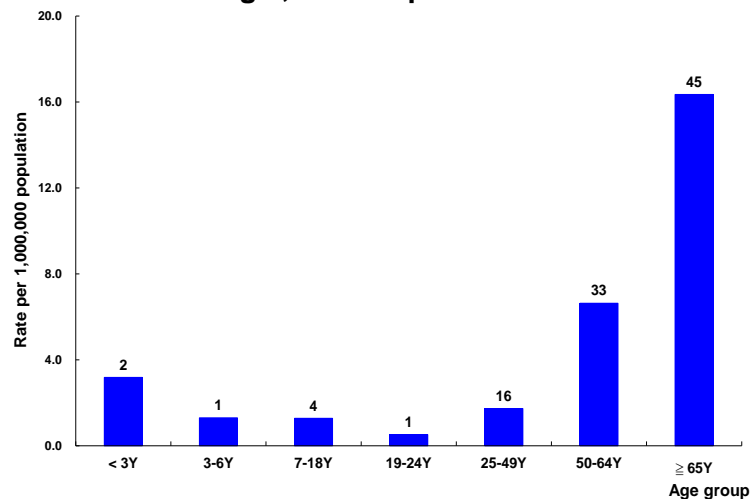
During week 5, 2015, there were 12 new cases of severe complicated influenza with influenza A (H3N2) virus infection, 2 new cases of severe complicated influenza with influenza A (H1N1) virus infection, and 1 new report of death from severe complicated influenza with influenza A (H3N2) virus infection. Since August 1, 2014, 102 cases of severe complicated influenza have been confirmed, including 37 cases with influenza A (H1N1) virus infection, 49 cases with influenza A (H3N2) virus infection, 3 cases due to un-typed influenza A virus infection, 13 cases with influenza B virus infection. There have been 17 reports of death from severe complicated influenza infection; 12 cases from influenza A (H1N1) virus infection, 4 cases from influenza A (H3N2) virus infection, and 1 case from influenza B virus infection respectively.

**Number of severe complicated influenza reports by week of onset
July 1, 2013 to present**



*A confirmed severe complicated influenza case is defined as influenza viruses infection with complication (pulmonary complication, neurologic complication, myocarditis, invasive bacterial infection, or pericarditis), and requiring intensive care or resulting in death within 14 days after the onset of influenza-like illness.

**Rate of severe complicated influenza reports by age groups
Aug 1, 2014 to present**



*Numbers represent number of complicated influenza reports for that specific age stratum.



Outpatient and Emergency Room Influenza-like Illness Surveillance

Nationwide during week 5, 2015, the proportion of outpatient visits for influenza-like illness (ILI) according to the National Health Insurance Database was 1.4%, which was comparable to the proportion of previous week (1.4%). The proportion of emergency room (ER) visits for ILI was 10.1%, which was comparable to the proportion of previous week (10.0%).

Proportions of outpatient and emergency room (ER) visits for influenza-like illness (July 1, 2013 to present)

