



Synopsis

Influenza activity remained low and below the national baseline.

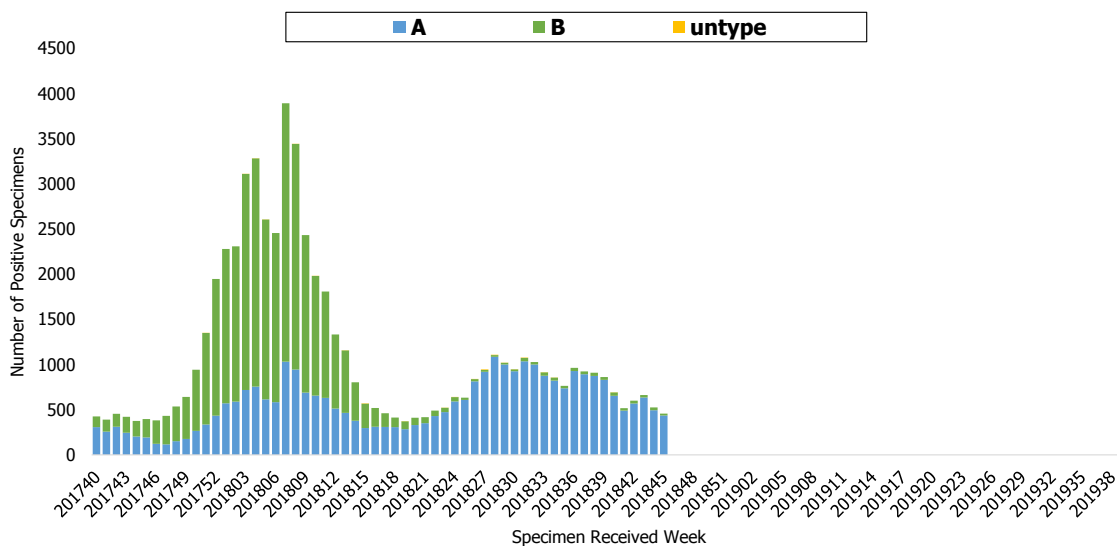
- A/H1N1 and A/H3N2 co-circulated in community during the last three weeks.
- Both proportions and numbers of outpatient and ER visits for ILI were low.
- There have been 56 severe complicated influenza cases, including 4 deaths, since October 1, 2018. A/H3N2 was the major virus type from these cases.

Laboratory Surveillance

Types and Trend

According to LARS¹, the number of influenza positive specimens during week 45 was similar to the previous week. The proportion of positive specimens for influenza A virus was 95.4%.

Trend of influenza positive specimens according to LARS

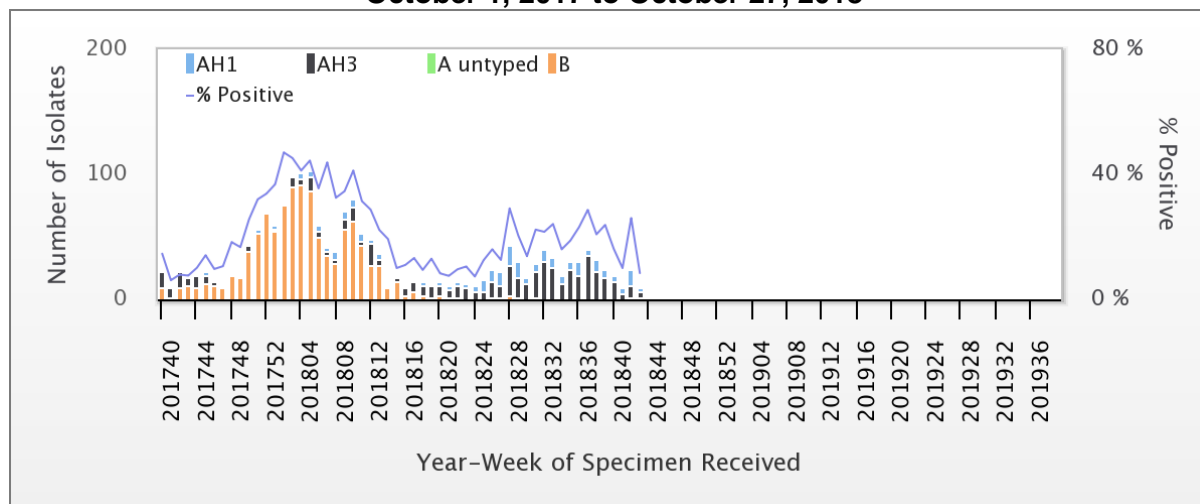


¹ In order to present the trend of influenza virus in real-time, the Laboratory Automated Reporting System (LARS) has been established by Taiwan CDC since 2014. The data presented here collected from 57 participating hospitals. All positive specimens data uploads to LARS automatically.



According to the laboratory surveillance², the proportion of influenza positive specimens was 8.4%. Among these, 55.6% were influenza A/H3N2 virus and 33.3% were A/H1N1 during week 43, 2018. Weekly virus data are available at: <http://nidss.cdc.gov.tw/>.

Influenza isolates and positive rate according to Contracted Virology Laboratories October 1, 2017 to October 27, 2018



Antigenicity

In the past four weeks, among those influenza isolates that were antigenically characterized, all of the influenza A (H1N1) virus isolates matched the A (H1N1) component of the 2018-19 influenza vaccine (A/Michigan/45/2015), and 100% of the H3N2 virus isolates matched the A (H3N2) component of the 2018-19 influenza vaccine (A/Singapore/INFIMH-16-0019/2016). No influenza B isolates were tested.

Antiviral Resistance

The table below summarized antiviral resistance to neuraminidase inhibitor (Oseltamivir) from October 1, 2018. All of the influenza isolates were susceptible to Oseltamivir.

| | Isolates tested (n) | Resistance Viruses, n (%) |
|--------------------|---------------------|---------------------------|
| | | Oseltamivir |
| Influenza A (H1N1) | 46 | 0 |
| Influenza A (H3N2) | 80 | 0 |
| Influenza B | 0 | 0 |

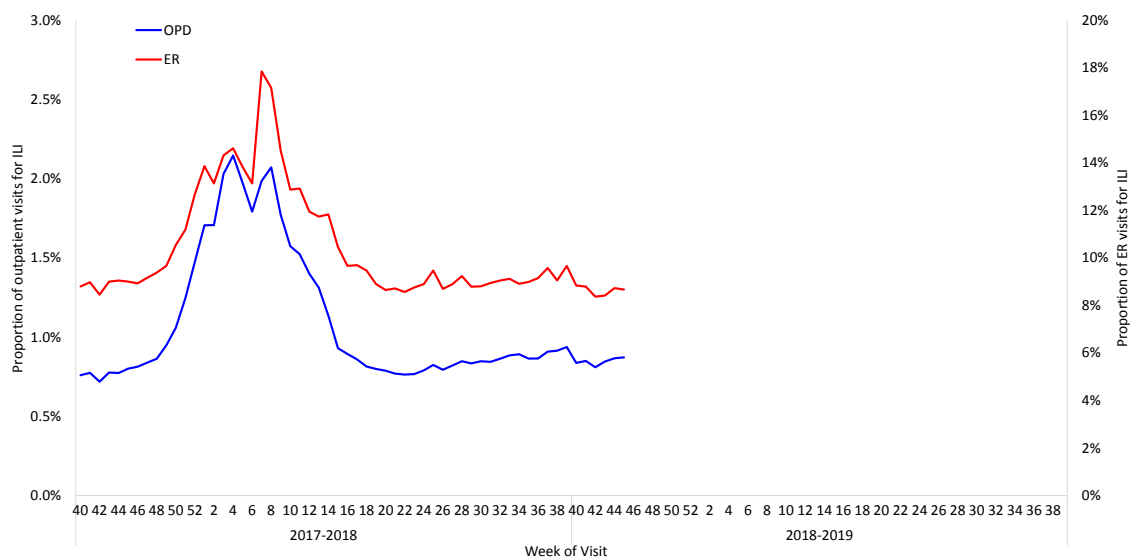
² In terms of the surveillance systems in Taiwan, please see: Jian, S. W., Chen, C. M., Lee, C. Y., & Liu, D. P. (2017). Real-Time Surveillance of Infectious Diseases: Taiwan's Experience. *Health security*, 15(2), 144-153.



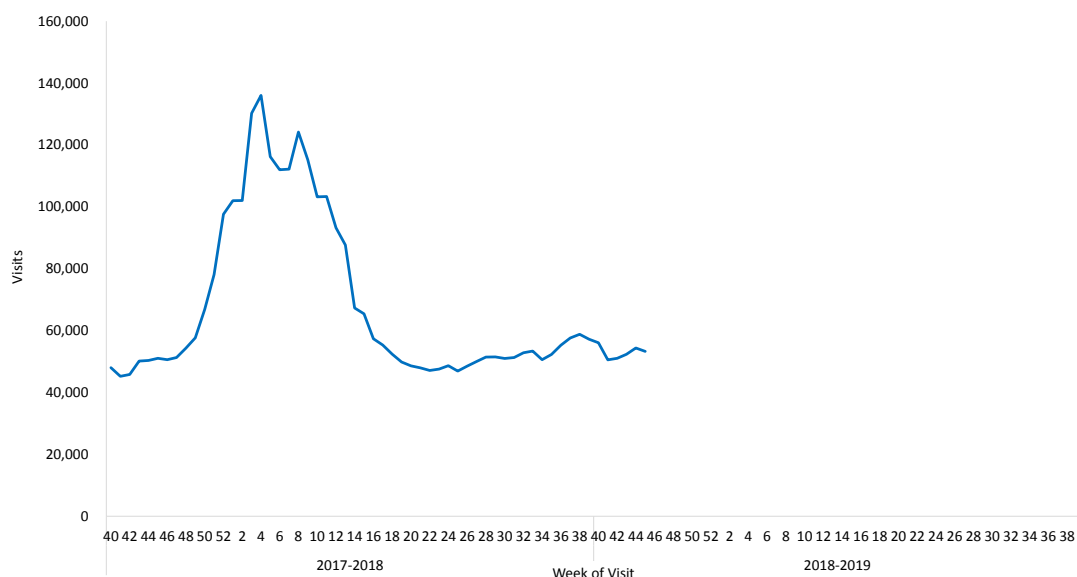
Influenza-like Illness (ILI) Surveillance

During week 45, the proportions of ILI visits were 0.87% and 8.67% in the outpatient and ER visits, respectively. The proportion of ER visits was below the national baseline of 11.5%. The number of visits for ILI in both outpatient and ER was 53,260, which was similar to the previous week. In general, the ILI activity remained low in the past few weeks.

Proportions of outpatient and ER visits for ILI



Total number of outpatient and ER visits for ILI



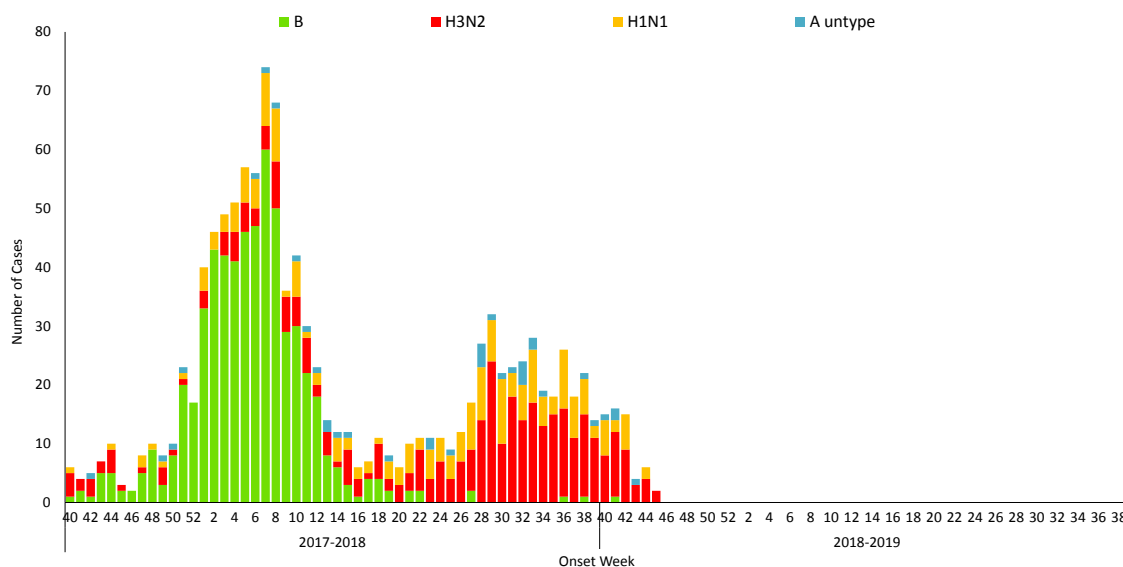
* Since 2016, the analysis of the ILI data from National Health Insurance Database is based on the ICD-10 diagnosis codes.



Severe Complicated Influenza Case

In week 45, there were 8 new influenza cases with severe complications, and 6 of them were infected with H3N2. There were 2 newly fatal cases infected with H1N1 and H3N2 individually. Since October 1, 2018, a total of 56 severe complicated influenza cases have been confirmed, and 4 of them were fatal (3 H1N1 and 1 H3N2). The majority of virus isolates were H3N2 (about 63%). Most of these cases were adults aged 65 and older.

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.

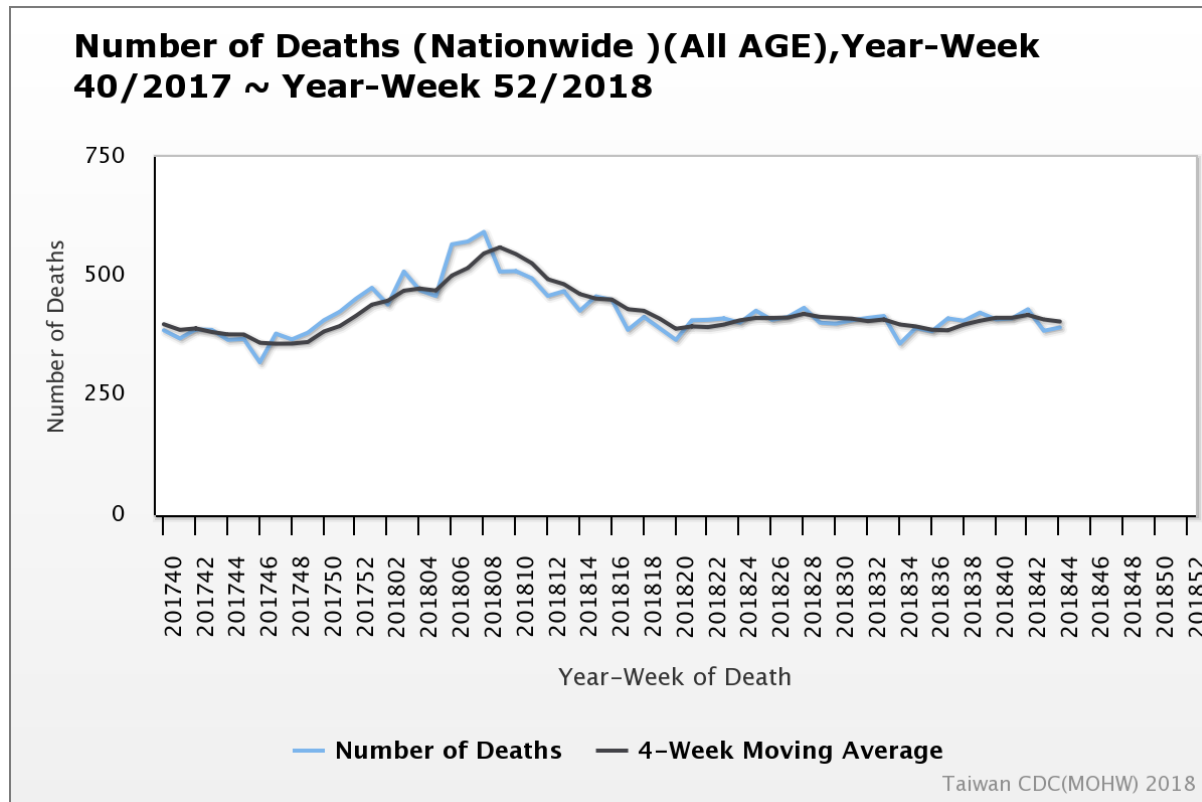
Number and incidence of severe complicated influenza confirmed cases and deaths by age groups
October 1 to November 12, 2018

| Age Group | Cases | Deaths | Cumulative incidence per ten thousand population | Cumulative mortality per ten thousand population |
|-----------|-------|--------|--|--|
| < 3 y | 1 | 0 | 0.2 | 0 |
| 3-6 y | 1 | 0 | 0.1 | 0 |
| 7-18 y | 4 | 1 | 0.1 | 0.04 |
| 19-24 y | 1 | 0 | 0.1 | 0 |
| 25-49 y | 4 | 0 | 0.04 | 0 |
| 50-64 y | 13 | 0 | 0.2 | 0 |
| 65 + | 32 | 3 | 1.0 | 0.1 |
| Total | 56 | 4 | 0.2 | 0.02 |



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) during week 44 was slightly higher than the previous week, but still remained low. The proportion of deaths attributed to P&I for adults aged 65 and older 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.

