



Summary : Week 43 (Oct 25– Oct 31, 2015)

Influenza activity was still low in Taiwan. Influenza A(H3N2) was the predominant virus subtype in 2015-16 flu season.

- The percentage of specimens testing positive for influenza was 3.8% during week 41, 2015. 66.7% of positive specimens were influenza A(H3N2) viruses.
- During week 43, there was 1 new case of severe complicated influenza and no report of death. Since July 1, 2015, there were 20 reports of death among 135 severe complicated influenza cases.
- The whole trend of both proportions of outpatient and emergency room visits for influenza-like illness (ILI) were steadily low.

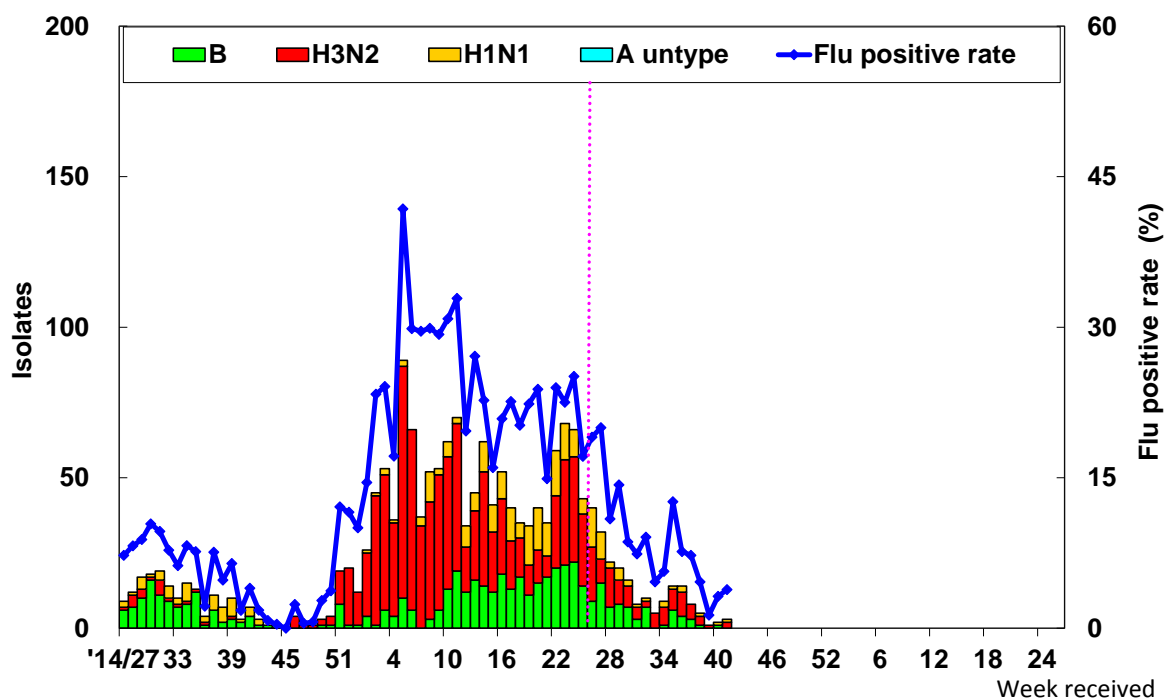
Viral Surveillance

	Data for week 41, 2015	Cumulative data since 7/1/2015
Number of specimens tested	78	2112
Number of positive specimens (%)	3(3.8)	209(9.9)
Positive specimens by type/subtype (%)		
Influenza A (% of all positive specimens)	3(100)	137(65.6)
A (H1N1) (% of all Influenza A)	1(33.3)	40(29.2)
A (H3N2)	2(66.7)	97(70.8)
A (unable to subtype)	0(0)	0(0)
A (subtyping not performed)	0(0)	0(0)
Influenza B	0(0)	72(34.4)



Antigenic Characterization: Taiwan CDC has antigenically characterized 6 human influenza viruses. Since October 1, 2015, 100% of influenza A(H3N2) viruses tested were related to the A(H3N2) component of the 2015-16 influenza vaccine (A/Switzerland/9715293/2013). 100% of influenza B viruses tested were related to the B component of the 2015-16 influenza vaccine (B/Phuket/3073/2013-like).

Influenza positive tests reported to Taiwan CDC by contracted laboratories, 2014–2016



Antiviral Resistance: Since October 1, 2015, the results of antiviral resistance to neuraminidase inhibitor (Oseltamivir) are summarized in the table below.

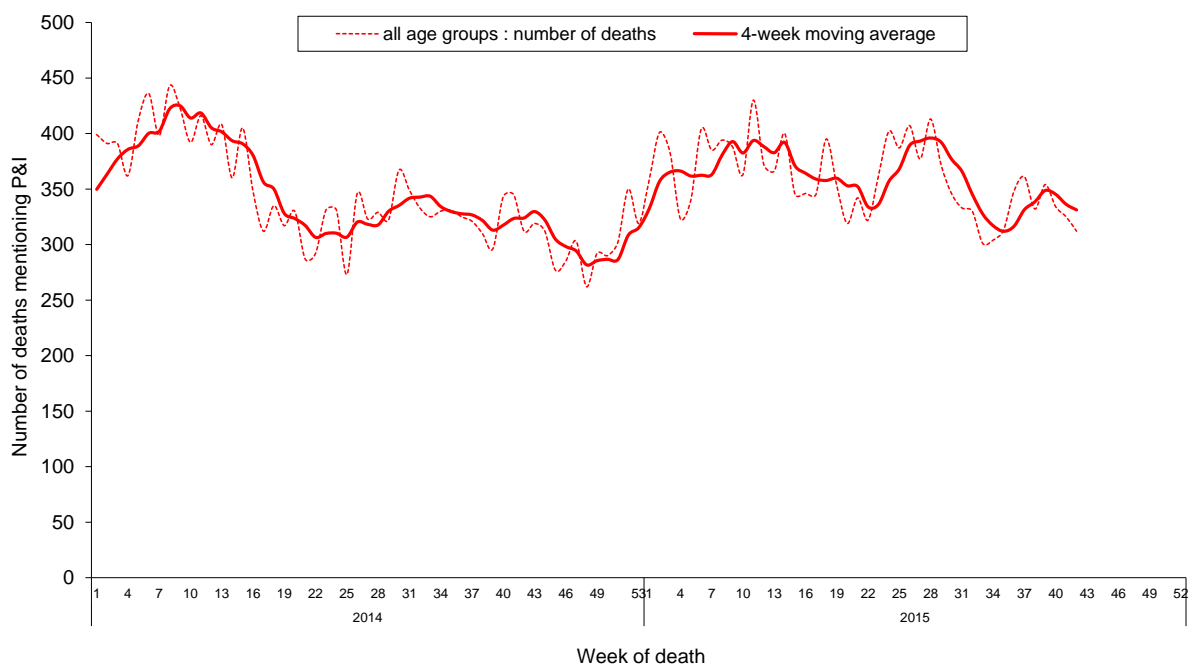
	Isolates tested (n)	Resistance Viruses, n (%)
		Oseltamivir
Influenza A (H1N1)	0	0
Influenza A (H3N2)	6	0
Influenza B	0	0



Pneumonia and influenza (P&I) mortality surveillance

The whole trend of P&I was still low in recent weeks. 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+).

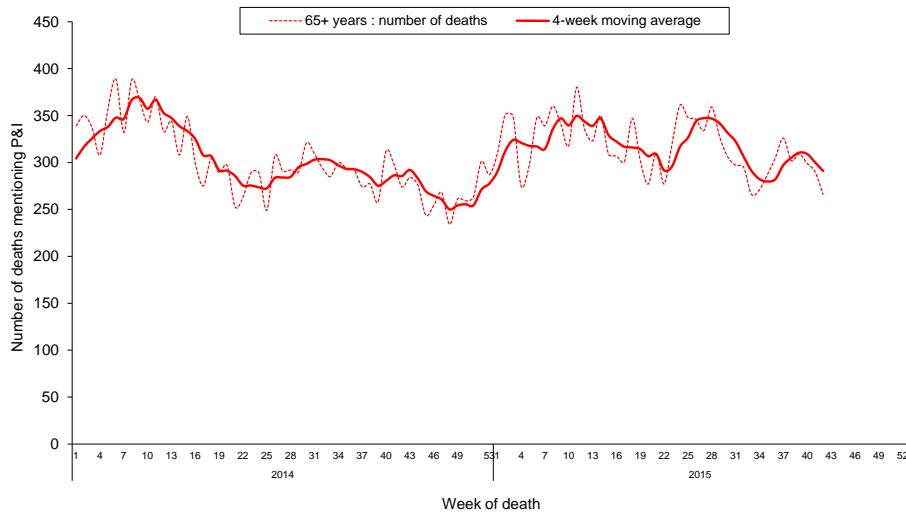
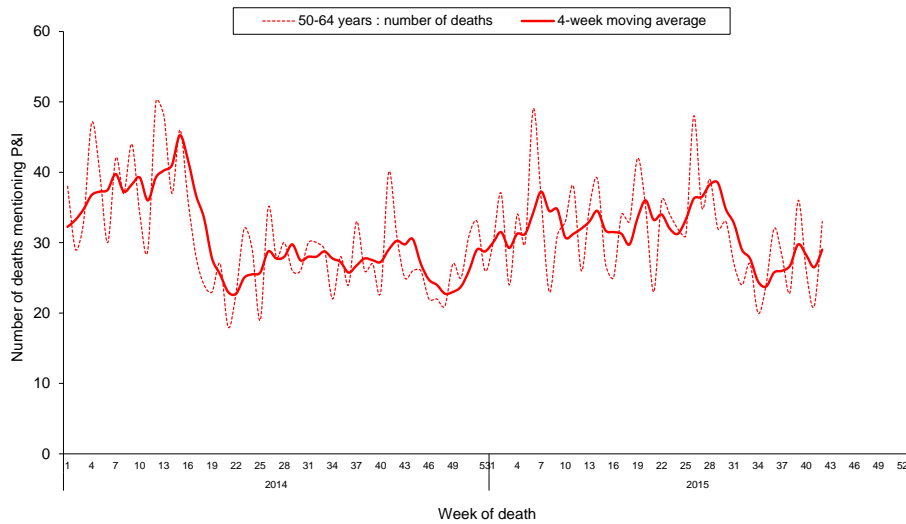
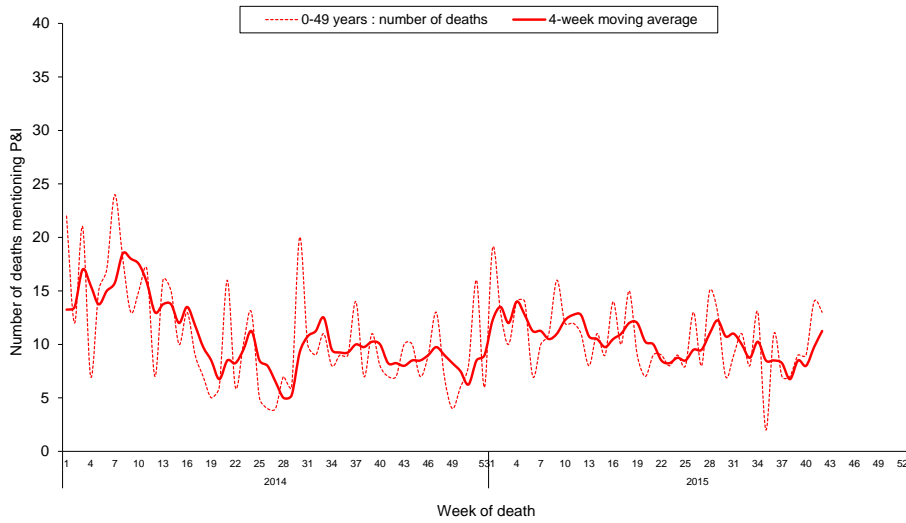
National pneumonia and influenza mortality Week ending at Oct 24, 2015



* 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.



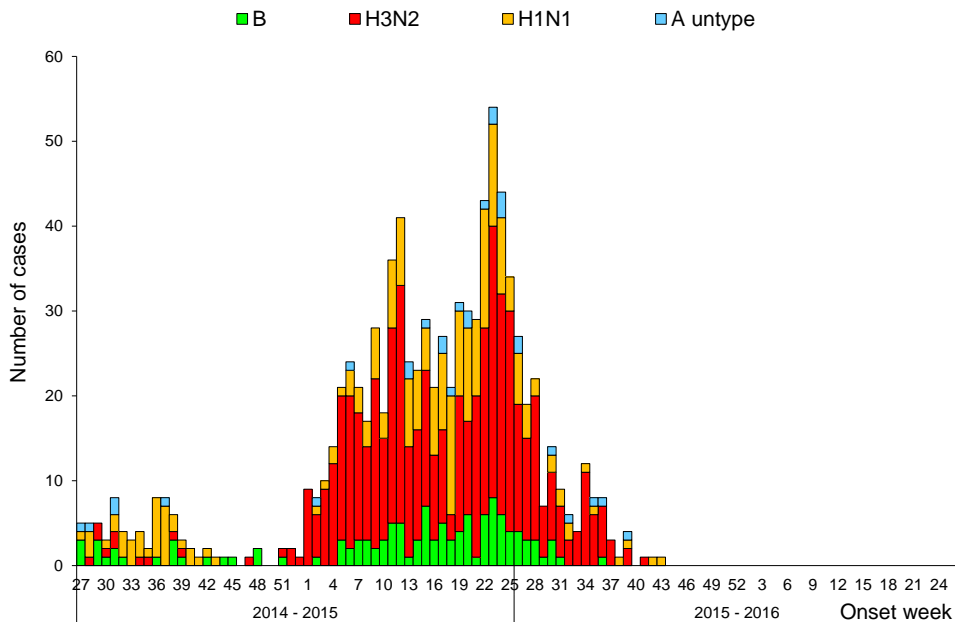
National pneumonia and influenza mortality by age group Week ending at Oct 24, 2015



Reports of severe complicated influenza

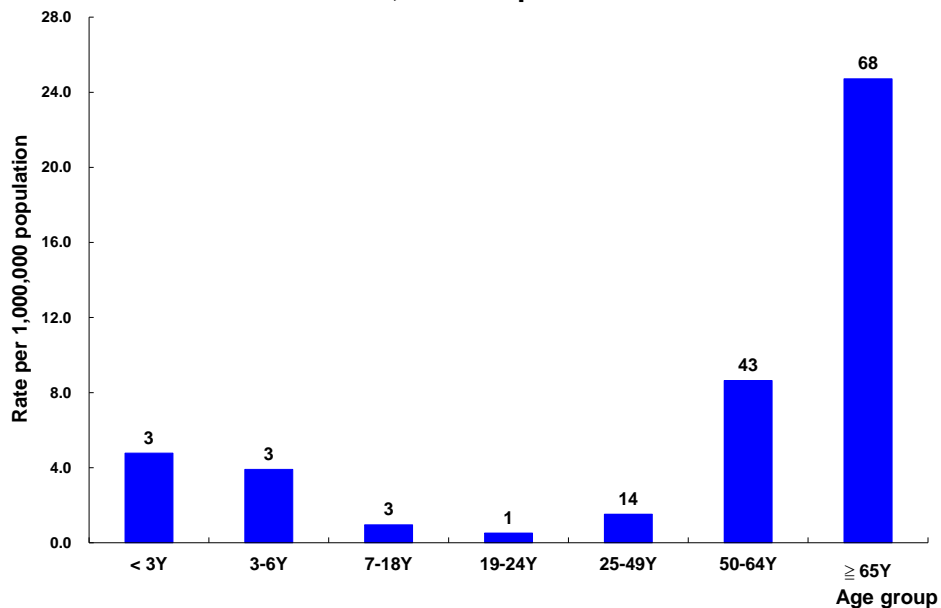
During week 43, there was 1 new case of severe complicated influenza with influenza A(H1N1) virus infection. There was no report of death from severe complicated influenza infection. Since July 1, 2015, 135 cases of severe complicated influenza have been confirmed, including 22 influenza A(H1N1) cases, 94 influenza A(H3N2) cases, 6 un-typed influenza A cases, 13 influenza B cases. There have been 20 reports of death from severe complicated influenza infection, including 2 influenza A(H1N1) cases, 14 influenza A(H3N2) cases, 2 un-typed influenza A cases and 2 influenza B cases.

Number of severe complicated influenza reports by week of onset July 1, 2014 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 Jul 1, 2015 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 43, 2015, the proportion of outpatient visits for influenza-like illness (ILI) according to the National Health Insurance Database was comparable to the proportion of previous week. The proportion of emergency room (ER) visits for ILI was higher than the proportion of previous week.

Proportions of outpatient and emergency room (ER) visits for influenza-like illness (July 1, 2014 to present)

