



Synopsis

The epidemic of influenza-like illness (ILI) has shown an increasing trend recently. It is essential to monitor subsequent changes in the epidemic situation and be aware of the risk of severe illness.

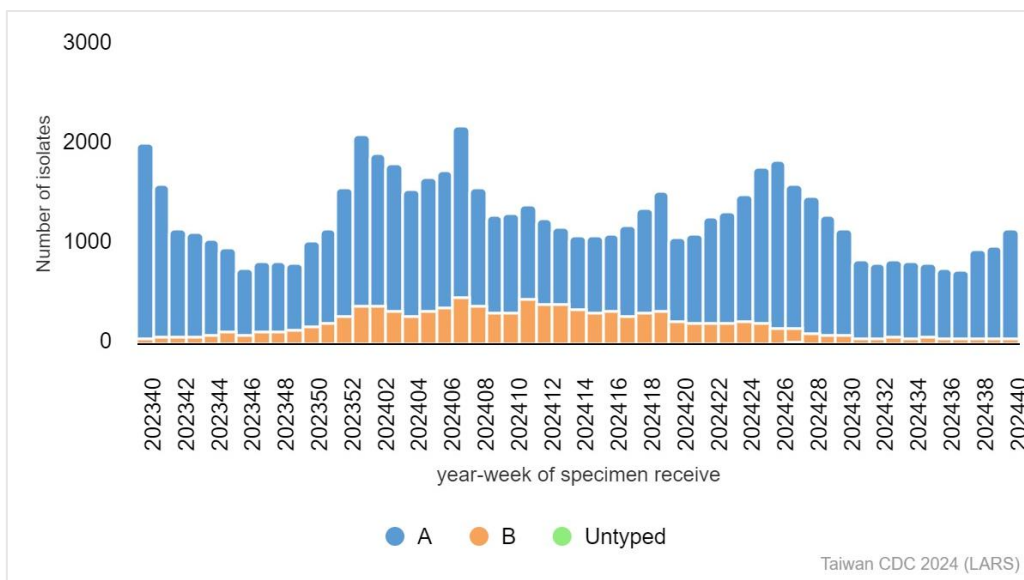
- The trend of visits to outpatient and emergency room (ER) for ILI has slightly increased recently; however, due to the closure of some outpatient services caused by the typhoon, the number of visits was lower than the previous week. Further observation of the subsequent epidemic changes is necessary.
- During the past four weeks, the results of Contracted Virology Laboratories surveillance indicated that among influenza isolates, A/H1N1 was the dominant strain circulating in the community.
- The notification trend of influenza cases with severe complications has increased recently. During 2024-2025 influenza season (since October 1, 2024), there have been 17 influenza cases with severe complications. During 2023-2024 influenza season, there were 1,773 influenza cases with severe complications, of which 398 cases were fatal.

Laboratory Surveillance¹

Laboratory Automated Reporting System (LARS)

The number of influenza-positive specimens has been increasing recently. Over the last four weeks, influenza A positive specimens accounted for 94%, and influenza B positive specimens accounted for 6%. Data are available at <https://nidss.cdc.gov.tw/>.

Influenza-positive specimens from LARS



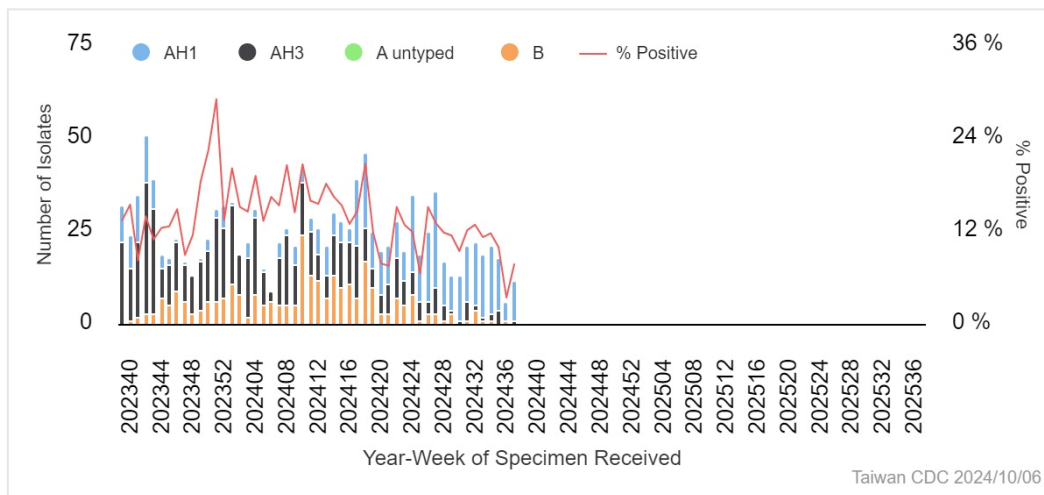
¹ In terms of the surveillance systems in Taiwan, please see: Jian, S. W., Chen, C. M., Lee, C. Y., & Liu, D. P. (2017). Real-Time Surveillance of Infectious Diseases: Taiwan's Experience. Health security, 15(2), 144-153.



Contracted Virology Laboratories Surveillance

During week 35 to 38, the number of isolated influenza A viruses exceeded Influenza B. Among influenza isolates, A/H1N1 accounted for 84.2%, followed by A/H3N2 (12.3%), and influenza B (3.5%). Data are available at <https://nidss.cdc.gov.tw/>.

Influenza isolates according to Contracted Virology Laboratories



Taiwan CDC 2024/10/06

Antigenicity

During the 2023-2024 influenza season (from Oct 1, 2023 to Sep 30, 2024), 363 of 379 influenza A/H1N1 viruses (95.8%) were antigenically similar to the vaccine reference strain A/Victoria/4897/2022 (H1N1)pdm09, 357 of 385 influenza A/H3N2 viruses (92.7%) were antigenically similar to the vaccine reference strain A/Darwin/9/2021 (H3N2), and 197 of 197 influenza B/Victoria viruses (100%) were antigenically similar to the vaccine reference strain B/Austria/1359417/2021 (B/Victoria lineage).

WHO recommended vaccine strains for the northern hemisphere in the 2023-2024 influenza season	Vaccine-like (%)	Low reactor (%)
A/Victoria/4897/2022 (H1N1)pdm09-like virus	363 (95.8%)	16 (4.2%)
A/Darwin/9/2021 (H3N2)-like virus	357 (92.7%)	28 (7.3%)
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	197 (100.0%)	0 (0.0%)

Note: The hemagglutination inhibition (HI) method was used to investigate the antigenicity, and the titer of the isolated virus was at least 8-fold lower than that of the reference virus, identifying it as a low reactor.

Antiviral Resistance

The table below summarizes the antiviral resistance to neuraminidase inhibitor (Oseltamivir) of the isolates during the 2023-2024 influenza season.

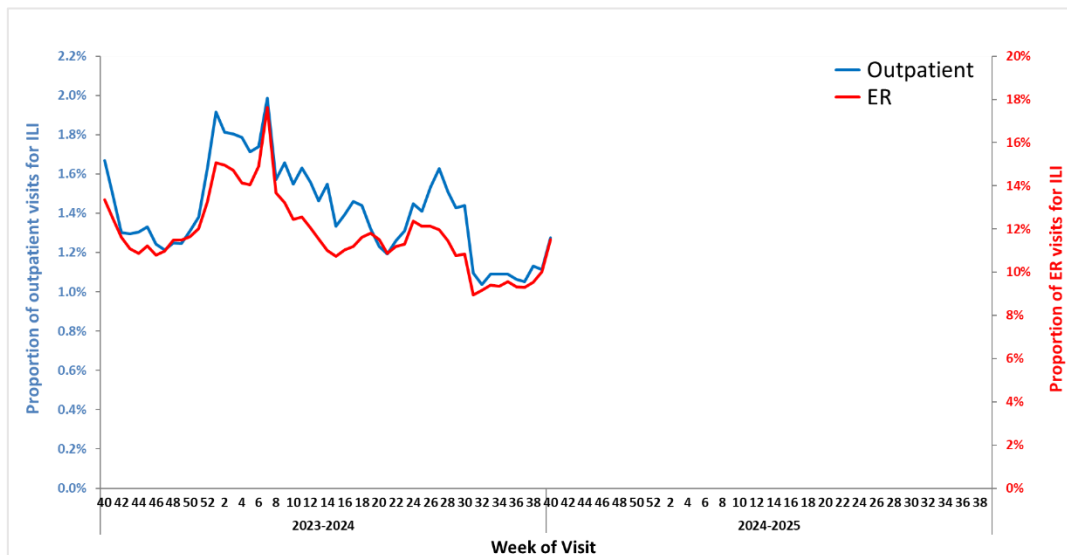
	No. of isolates tested	Resistance Viruses, n (%)
A (H1N1)	381	11 (2.9%)
A (H3N2)	482	2 (0.4%)
B	268	1 (0.4%)



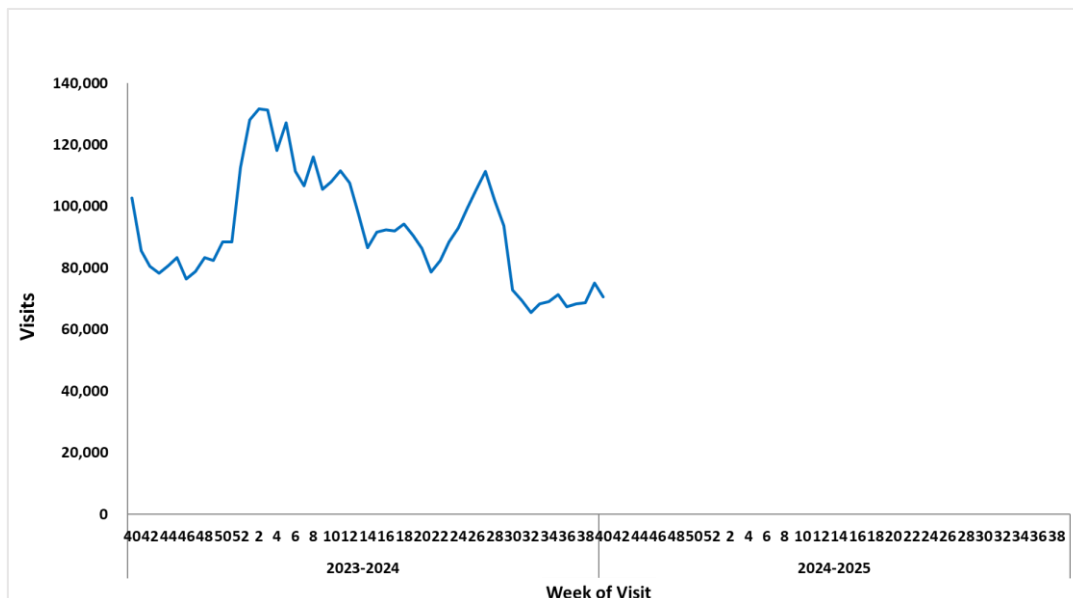
Influenza-like Illness (ILI) Surveillance

During week 40, the proportions of ILI visits were 1.3% in outpatient and 11.5% in ER, and the total number of visits for ILI was 70,474, which was lower than the previous week. Due to the closure of some outpatient services caused by the typhoon, it is still necessary to monitor subsequent changes in the epidemic situation. Data are available at <https://nidss.cdc.gov.tw/>.

Proportion of ILI visits in outpatient and ER



Total number of ILI visits in outpatient and ER



Influenza Case with Severe Complications

During 2024-2025 influenza season (since Oct 1, 2024), a total of 17 influenza cases with severe complications (16 of H1N1 and 1 of untyped influenza A) were confirmed, with no fatalities.

During 2023-2024 influenza season (from Oct 1, 2023 to Sep 30, 2024), a total of 1,773 influenza cases with severe complications (1,128 of H1N1, 518 of H3N2, 20 of untyped influenza A, and 107 of influenza B) were confirmed, of which 398 cases were fatal (276 of H1N1, 95 of H3N2, 7 of untyped influenza A, and 20 of influenza B).

Incidence of influenza cases with severe complications and mortality rate during 2024-2025 influenza season

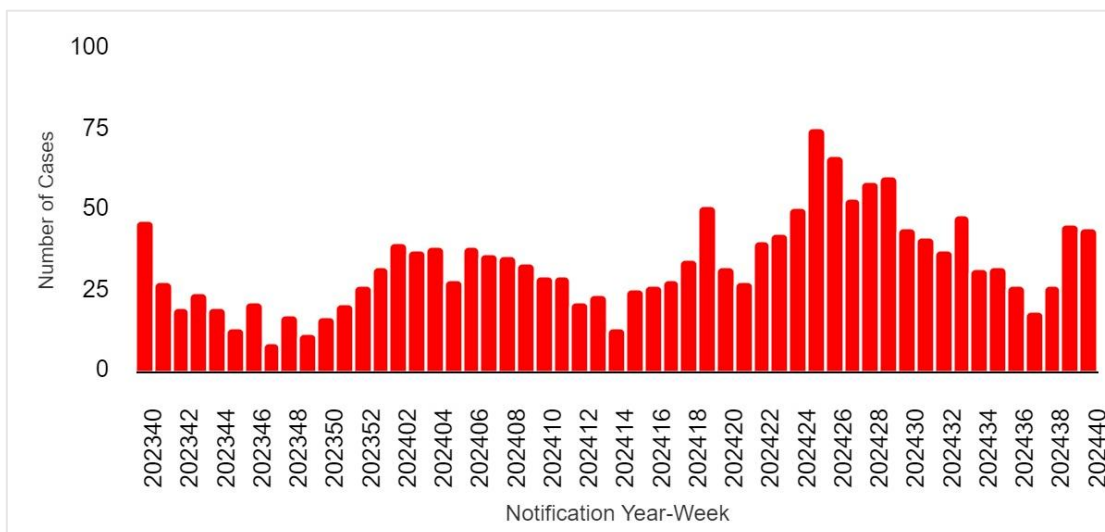
Age Group	Cases	Deaths	Cumulative incidence per 100,000 population	Cumulative mortality per 100,000 population
< 3 y	0	0	0.00	0.00
3-6 y	0	0	0.00	0.00
7-18 y	0	0	0.00	0.00
19-24 y	0	0	0.00	0.00
25-49 y	0	0	0.00	0.00
50-64 y	4	0	0.08	0.00
65 +	13	0	0.31	0.00
Total	17	0	0.07	0.00

Incidence of influenza cases with severe complications and mortality rate during 2023-2024 influenza season

Age Group	Cases	Deaths	Cumulative incidence per 100,000 population	Cumulative mortality per 100,000 population
< 3 y	8	1	1.80	0.23
3-6 y	34	3	4.56	0.40
7-18 y	79	6	3.23	0.25
19-24 y	11	1	0.71	0.06
25-49 y	229	37	2.63	0.42
50-64 y	393	67	7.43	1.27
65 +	1,019	283	24.33	6.76
Total	1,773	398	7.59	1.70



Notification trend of confirmed influenza cases with severe complications

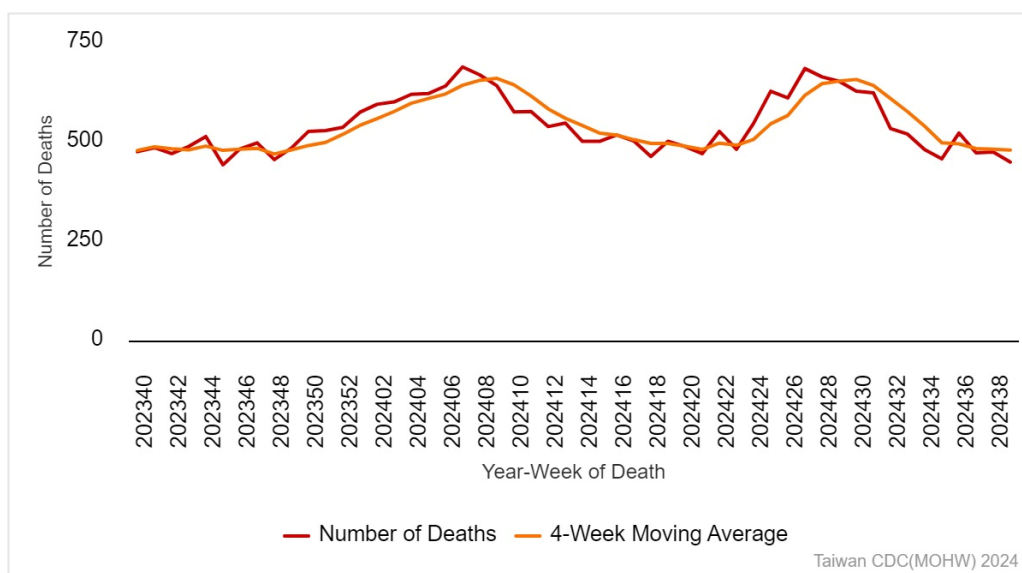


Data are available at <https://nidss.cdc.gov.tw/>.

Pneumonia and Influenza (P&I) Mortality Surveillance

Based on the Internet System for Death Reporting (ISDR)² data, the number of deaths attributed to pneumonia and influenza (P&I) has remained stable recently. 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 data are available at <https://nidss.cdc.gov.tw/>.

Pneumonia and Influenza Mortality



² 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.

