Taiwan CDC

2019-2020 Influenza Season

Week 6, Feb 2 - Feb 8, 2020

## **Synopsis**

#### Seasonal influenza activity decreased but remained above the national baseline.

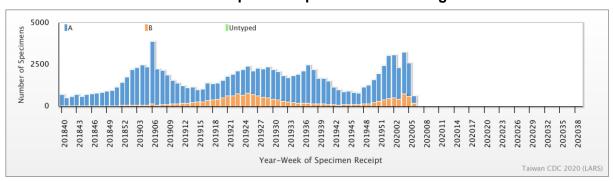
- A/H1N1 was the predominant virus type in community, and the proportion of influenza B virus increased.
- The number of medical visits for ILI was lower than last week. The proportion of ER visits for ILI was still above the national baseline.
- During this season, there have been 914 influenza cases with severe complications since October 1, 2019, including 75 deaths.

# Laboratory Surveillance<sup>1</sup>

## **Laboratory Automated Reporting System (LARS)**

The number of influenza-positive specimens decreased. Influenza A was the predominant virus.

#### Trend of influenza-positive specimens according to LARS



<sup>&</sup>lt;sup>1</sup> 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.

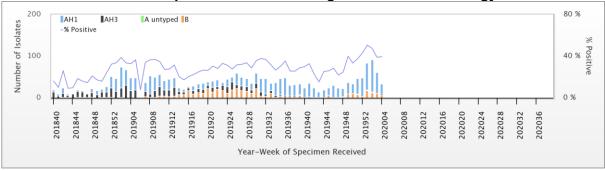


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#### **Contracted Virology Laboratories Surveillance**

The proportion of influenza-positive specimens was 39.5% during week 4, 2020. The proportions of A/H1N1, B, and A/H3N2 were 73.5%, 20.6%, and 5.9%, respectively. Weekly virus data are available at <a href="http://nidss.cdc.gov.tw/">http://nidss.cdc.gov.tw/</a>.





## **Antigenicity**

A/H1N1 was the predominant virus type in community. During week 3 to week 6, 2020, among those influenza viruses that were antigenically characterized, 47 (94%) influenza A (H1N1) isolates matched the A (H1N1) component of the 2019-20 influenza vaccine (A/Brisbane/02/2018). None of 2 influenza A (H3N2) isolates matched the A (H3N2) component of the 2019-20 influenza vaccine (A/Kansas/14/2017). All 14 (100%) influenza B isolates belong to B/Victoria lineage, and 2 (14%) of those viruses matched the B component of the 2019-20 influenza vaccine (B/Colorado/06/2017).

#### **Antiviral Resistance**

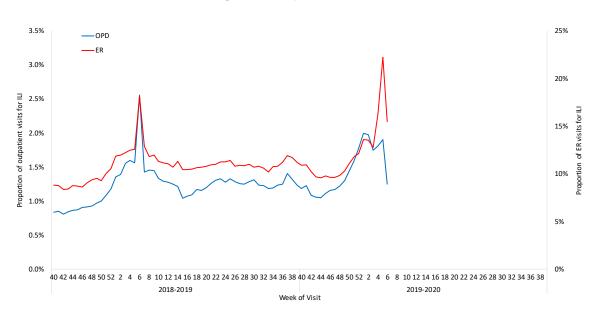
The table below summarized the antiviral resistance to neuraminidase inhibitor (Oseltamivir) of the isolates from October 1, 2019.

	loolates tested (n)	Resistance Viruses, n (%)
	Isolates tested (n)	Oseltamivir
Influenza A (H1N1)	142	3 (2.1%)
Influenza A (H3N2)	8	0
Influenza B	37	0

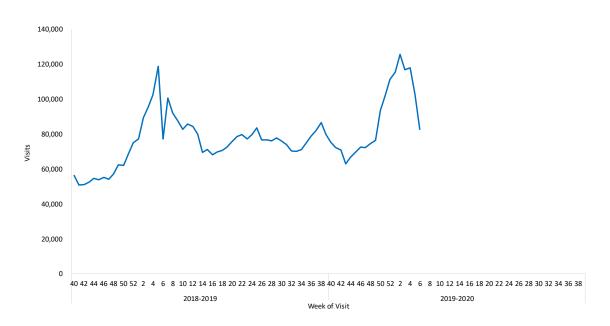
# Influenza-like Illness (ILI) Surveillance

The percentage of ER visits for ILI was 15.5% this week and was still above the national baseline of 11.5%. The total number of visits for ILI in outpatient and ER was lower than the previous week.

### Percentages of outpatient and ER visits for ILI



## Total number of outpatient and ER visits for ILI

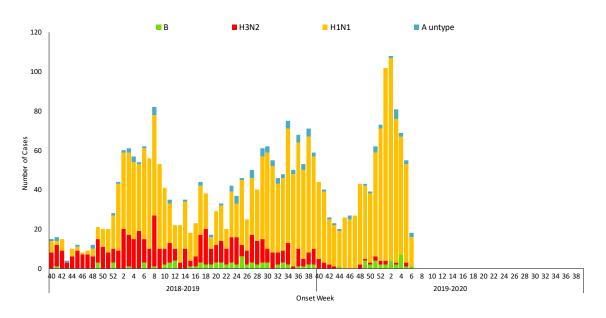


<sup>\*</sup> The number of visits was incomplete during week 43, 2019.

# **Influenza Case with Severe Complications**

There have been 914 influenza cases with severe complications (836 H1N1) since October 1, 2019, including 75 fatal cases. Most of these cases were adults aged 65 and older.

## Number of influenza cases with severe complications by week of onset

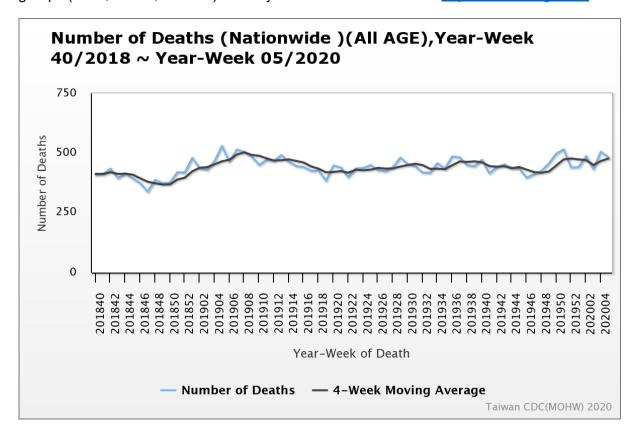


# Incidence of influenza cases with severe complications and mortality rate October 1, 2019, to February 10, 2020

Age Group	Cases	Deaths	Cumulative incidence per 100,000 population	Cumulative mortality per 100,000 population
< 3 y	14	0	2.5	0.0
3-6 y	21	0	2.5	0.0
7-18 y	17	0	0.7	0.0
19-24 y	11	1	0.6	0.1
25-49 y	160	8	1.8	0.1
50-64 y	295	22	5.6	0.4
65 +	396	44	11.1	1.2
Total	914	75	3.9	0.3

## Pneumonia and Influenza (P&I) Mortality Surveillance

Based on the Internet System for Death Reporting (ISDR)<sup>2</sup> data, the number of deaths attributed to pneumonia and influenza (P&I) increased slightly in recent weeks. 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<sup>+</sup>). Weekly P&I data are available at http://nidss.cdc.gov.tw/.



<sup>&</sup>lt;sup>2</sup> 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.



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