



## Synopsis

**The influenza epidemic is in a plateau phase, with A/H1N1 and A/H3N2 co-circulating.**

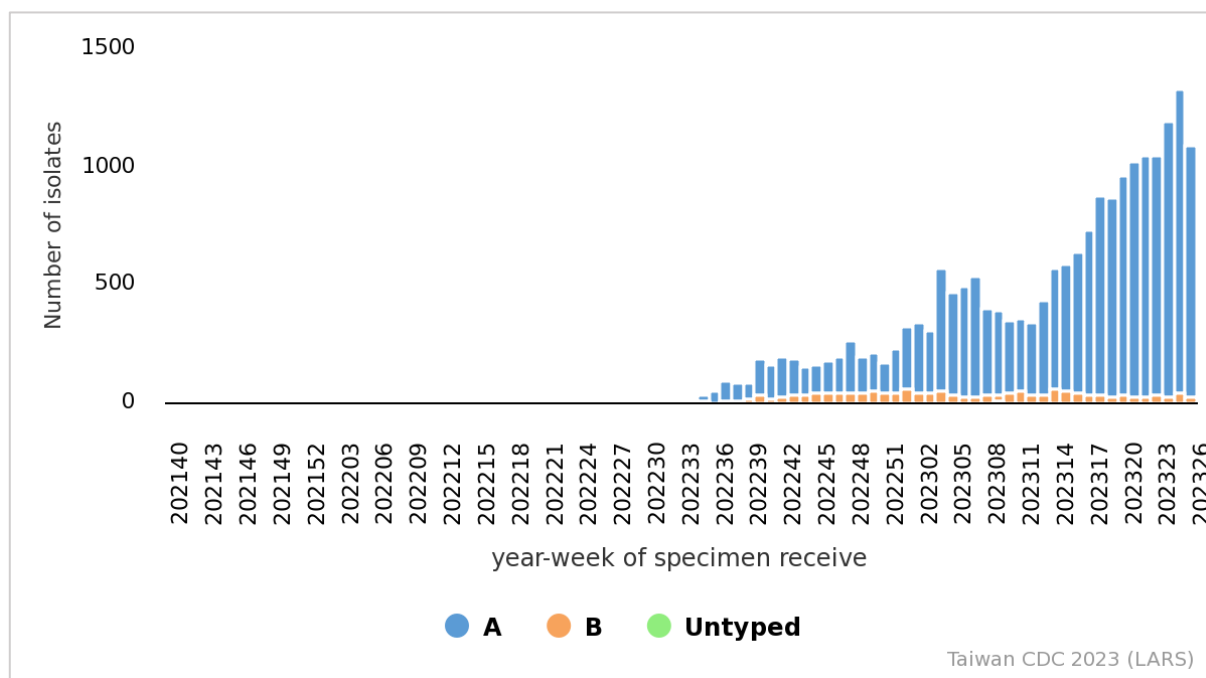
- Influenza A virus is circulating in community. During the last four weeks, H1N1 and H3N2 were co-circulating.
- During week 26, the number of medical visits for influenza-like illness (ILI) in outpatient and ER showed a slightly decrease compared to the previous week. However, the epidemic is still in a plateau phase.
- There have been 349 influenza cases with severe complications (196 of H1N1, 142 of H3N2, 5 of untyped influenza A, and 6 of influenza B) since October 1, 2022, and among them, 68 cases were fatal.

## Laboratory Surveillance<sup>1</sup>

### Laboratory Automated Reporting System (LARS)

During week 26, the number of influenza-positive specimens slightly decreased compared to the previous week. Over the last four weeks, the proportion of influenza A positive specimens was 97%.

**Numbers of influenza-positive specimens from LARS**



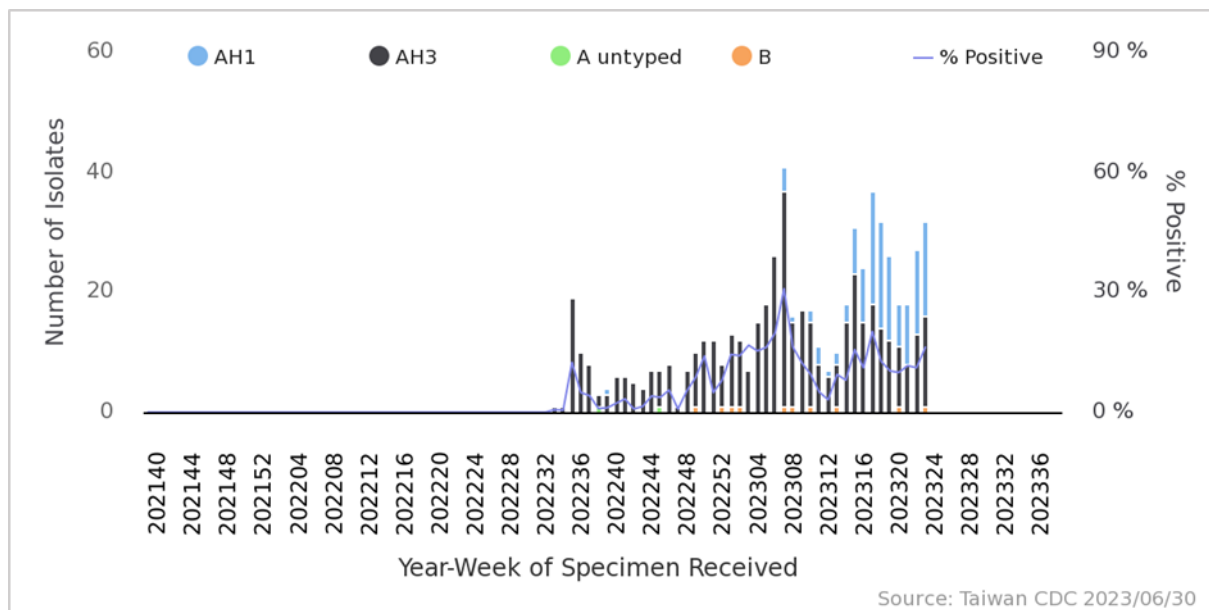
<sup>1</sup> In terms of the surveillance systems in Taiwan, please see: Jian, S. W., Chen, C. M., Lee, C. Y., & Liu, D. P. (2017). Real-Time Surveillance of Infectious Diseases: Taiwan's Experience. Health security, 15(2), 144-153.



## Contracted Virology Laboratories Surveillance

The proportion of influenza-positive specimens of week 24 was 16.2%. During the last four weeks (week 21 to week 24), influenza A was the predominant virus type, with A/H1N1 and A/H3N2 accounting for 49.5% and 48.4%, respectively. A/H1N1 and A/H3N2 were co-circulating in the community. Weekly virus data are available at <https://nidss.cdc.gov.tw/>.

### Influenza isolates according to Contracted Virology Laboratories

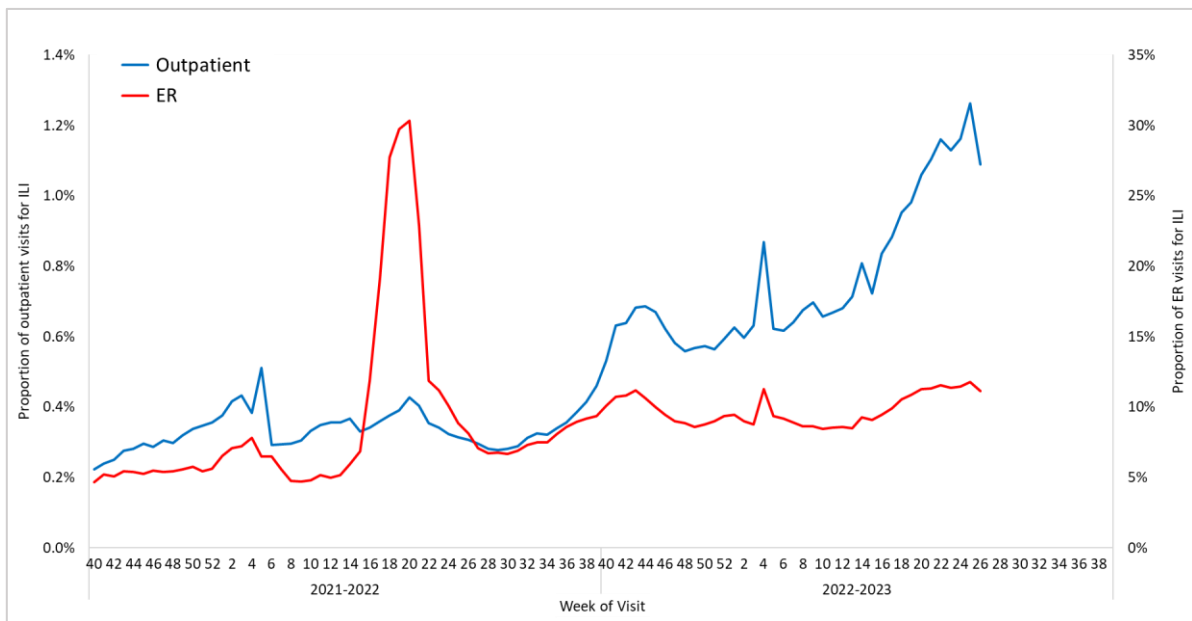


## Influenza-like Illness (ILI) Surveillance

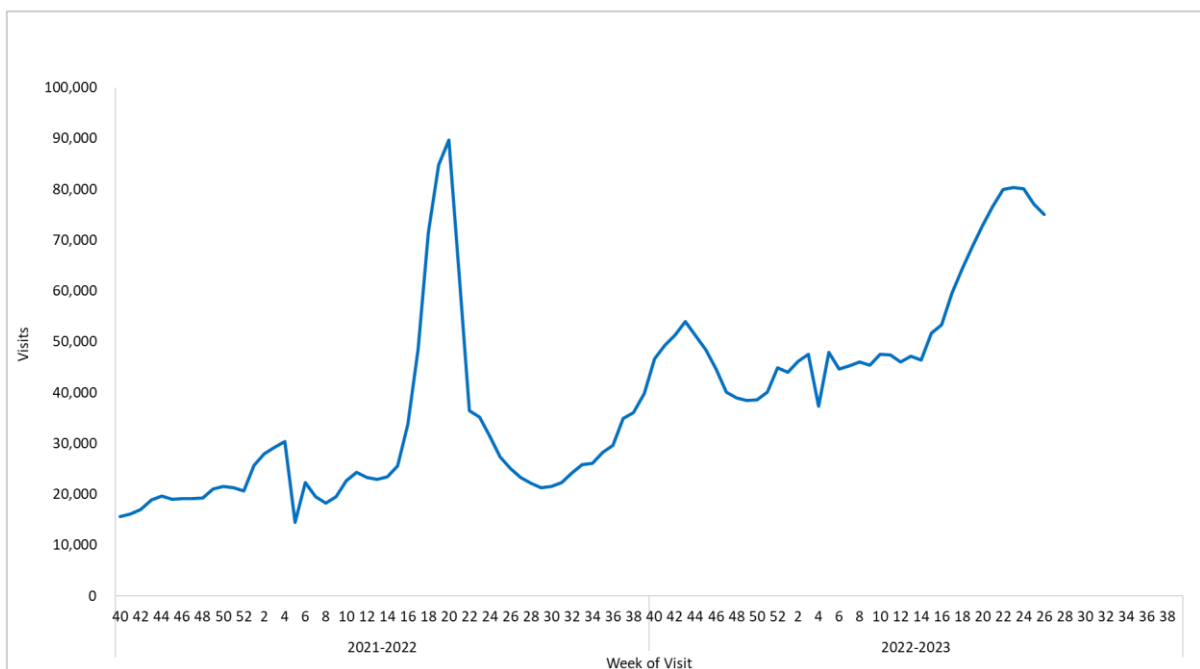
During week 26, the proportions of ILI visits were 1.1% and 11.2% in outpatient and ER, respectively. The total number of visits for ILI in outpatient and ER was 75,076 in week 26, slightly lower than the previous week but still within a plateau phase. The trend was higher than the same periods of the previous three influenza seasons.



## Percentages of outpatient and ER visits for ILI



## Total number of outpatient and ER visits for ILI



## Influenza Case with Severe Complications

There were 26 newly confirmed influenza cases with severe complications (18 of H1N1, 6 of H3N2, and 2 of untyped influenza A) and 11 fatal cases (10 of H1N1 and 1 of H3N2). A total of 349 influenza cases with severe complications (196 of H1N1, 142 of H3N2, 5 of untyped influenza A, and 6 of influenza B) have been confirmed since October 1, 2022, and among them, 68 cases (43 of H1N1, 23 of H3N2 and 2 of influenza B) were fatal.

### Incidence of influenza cases with severe complications and mortality rate October 1, 2022, to July 3, 2023

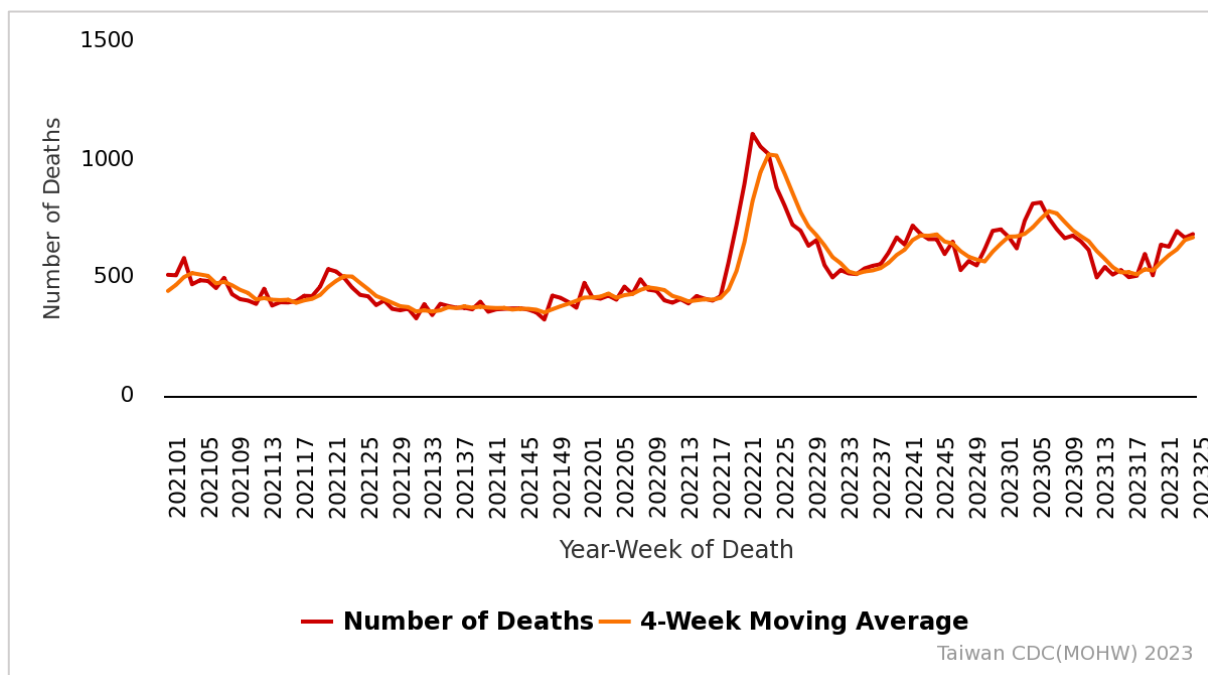
Age Group	Cases	Deaths	Cumulative incidence per 100,000 population	Cumulative mortality per 100,000 population
< 3 y	3	0	0.6	0
3-6 y	10	2	1.3	0.3
7-18 y	23	1	0.9	0.04
19-24 y	2	0	0.1	0
25-49 y	49	7	0.6	0.1
50-64 y	92	16	1.8	0.3
65 +	170	42	4.3	1.1
Total	349	68	1.5	0.3



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

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

Weekly Number of Deaths due to Pneumonia and Influenza



<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.

