



Synopsis

Influenza is in an epidemic period, with A/H3N2 as the predominant strain in the community. While there is a declining trend in the number of visits for influenza-like illness in outpatient and emergency rooms, the decrease is slowing down.

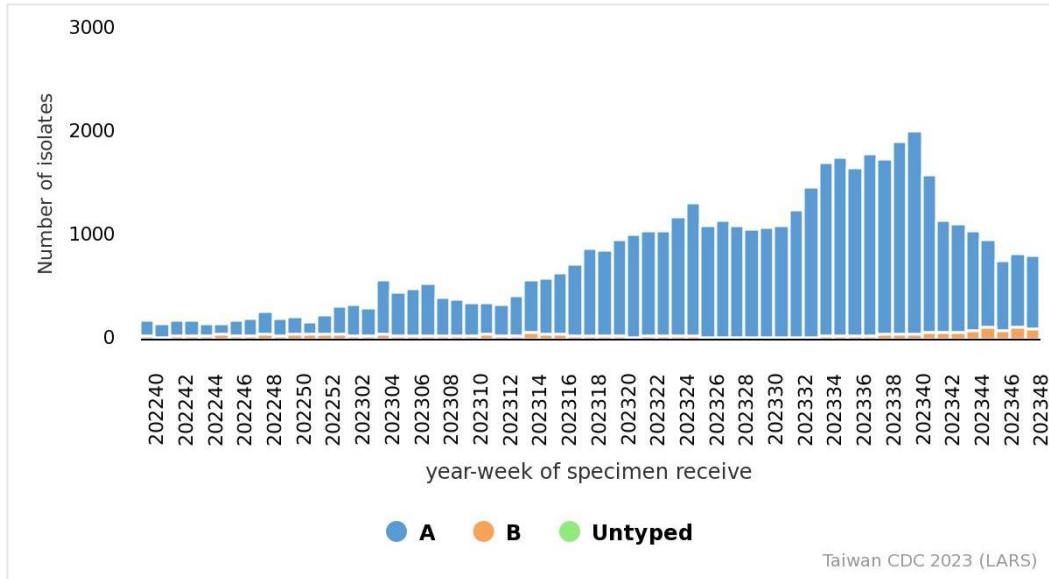
- During the last four weeks, A/H3N2 has been the predominant influenza strain circulating in the community, whereas the proportion of influenza B slightly increased.
- The number of visits for influenza-like illness (ILI) in outpatient and emergency rooms (ER) has shown a declining trend recently, but the decrease is slowing down.
- During 2023-2024 influenza season (since October 1, 2023), there have been 182 influenza cases with severe complications, of which 29 cases were fatal.

Laboratory Surveillance¹

Laboratory Automated Reporting System (LARS)

The number of influenza-positive specimens has remained similar in recent weeks. Over the last four weeks, the proportion of influenza A positive specimens was 87%, and the proportion of influenza B slightly increased.

Numbers of influenza-positive specimens from LARS



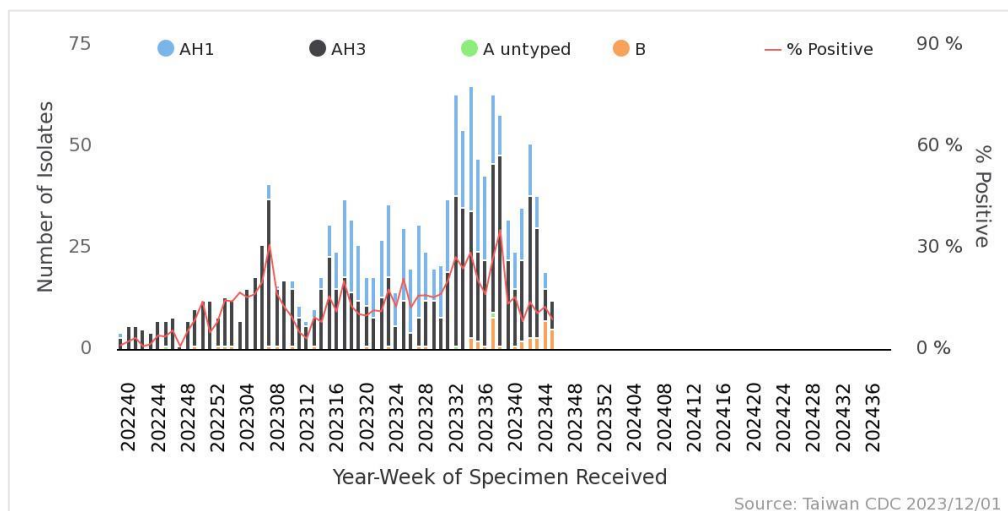
¹ In terms of the surveillance systems in Taiwan, please see: Jian, S. W., Chen, C. M., Lee, C. Y., & Liu, D. P. (2017). Real-Time Surveillance of Infectious Diseases: Taiwan's Experience. Health security, 15(2), 144-153.



Contracted Virology Laboratories Surveillance

During week 43 to week 46, the predominant isolated influenza virus was A/H3N2 (64.2%), followed by A/H1N1 (20.8%), and the proportion of influenza B (15.0%) slightly increased. Weekly virus data are available at <https://nidss.cdc.gov.tw/>.

Influenza isolates according to Contracted Virology Laboratories



Antigenicity

The antigenic characterization of the 2023-2024 influenza season is shown in the table below. The hemagglutination inhibition (HI) method is used to compare the similarity between presently circulating influenza viruses and the reference viruses recommended by WHO for the 2023-2024 Northern Hemisphere vaccines.

2023-2024 influenza season vaccine	No. of isolates tested	LR*, n (%)
A/Victoria/4897/2022 (H1N1)pdm09-like virus	50	1 (2.0%)
A/Darwin/9/2021 (H3N2)-like virus	48	1 (2.1%)
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	12	0 (0.0%)

* The titer of the isolated virus was at least 8-fold lower than that of the reference virus, identifying it as a low-reactor (LR).

Antiviral Resistance

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

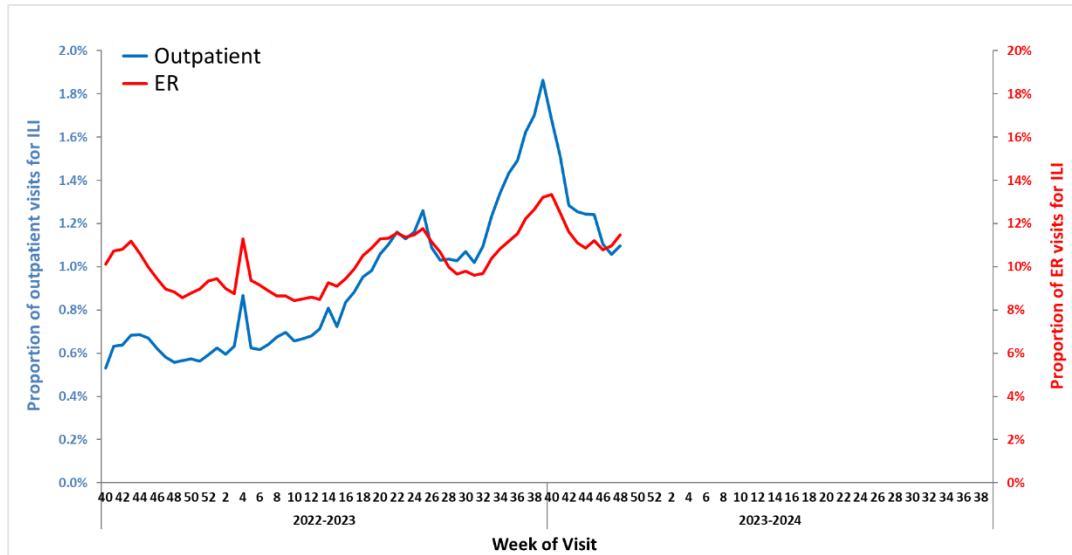
	No. of isolates tested	Resistance Viruses, n (%)
A (H1N1)	56	0 (0%)
A (H3N2)	121	0 (0%)
B	14	0 (0%)



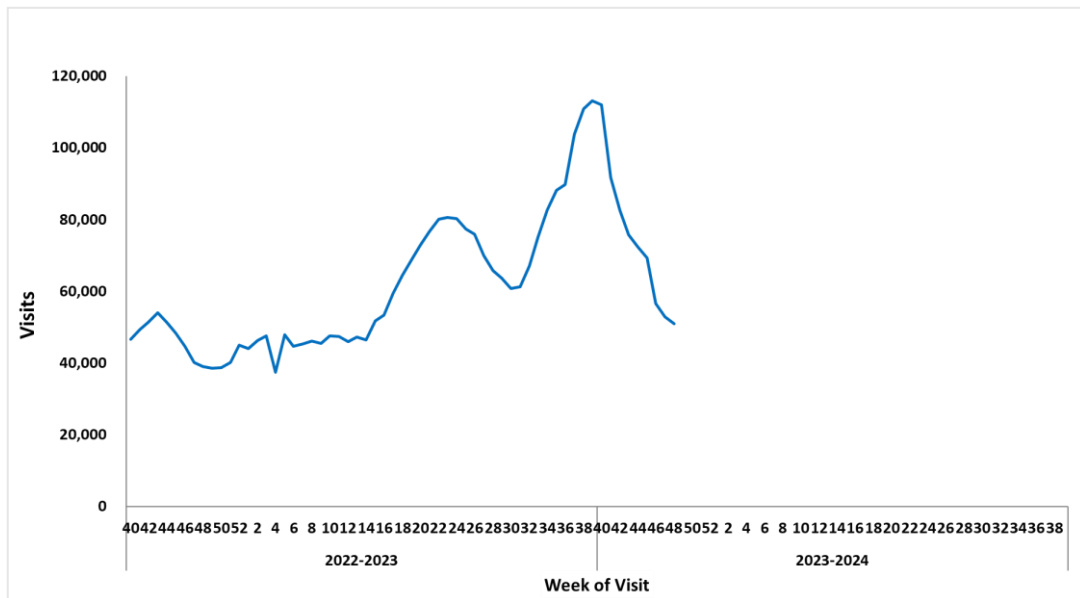
Influenza-like Illness (ILI) Surveillance

During week 48, the proportions of ILI visits were 1.1% and 11.5% in outpatient and ER, respectively. The total number of visits for ILI in outpatient and ER was 50,830, showing a declining trend recently, but the decrease was slowing down and the proportions of ILI visits slightly increased.

Percentages of outpatient and ER visits for ILI



Total number of outpatient and ER visits for ILI



Influenza Case with Severe Complications

There were 17 newly confirmed influenza cases with severe complications (7 of H1N1, 8 of H3N2, and 2 of influenza B), and 4 fatal cases (2 of H1N1 and 2 of H3N2). During 2023-2024 influenza season, a total of 182 influenza cases with severe complications (79 of H1N1, 96 of H3N2, 1 of untyped influenza A, and 6 of influenza B) were confirmed, of which 29 cases were fatal (16 of H1N1, 12 of H3N2, and 1 of influenza B).

Incidence of influenza cases with severe complications and mortality rate

2023-2024 influenza season (from October 1, 2023, to December 4, 2023)

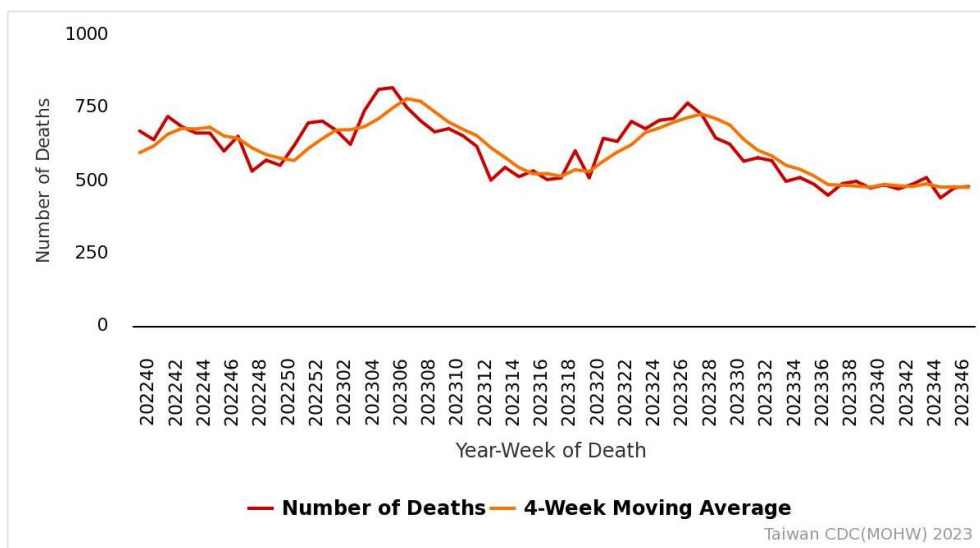
Age Group	Cases	Deaths	Cumulative incidence per 100,000 population	Cumulative mortality per 100,000 population
< 3 y	3	1	0.68	0.23
3-6 y	1	0	0.13	0.00
7-18 y	8	0	0.33	0.00
19-24 y	0	0	0.00	0.00
25-49 y	22	1	0.25	0.01
50-64 y	37	7	0.70	0.13
65 +	111	20	2.65	0.48
Total	182	29	0.78	0.12



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 been similar 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+). Weekly P&I data are available at <https://nidss.cdc.gov.tw/>.

Weekly Number of Deaths due to Pneumonia and Influenza



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.

