



## Synopsis

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

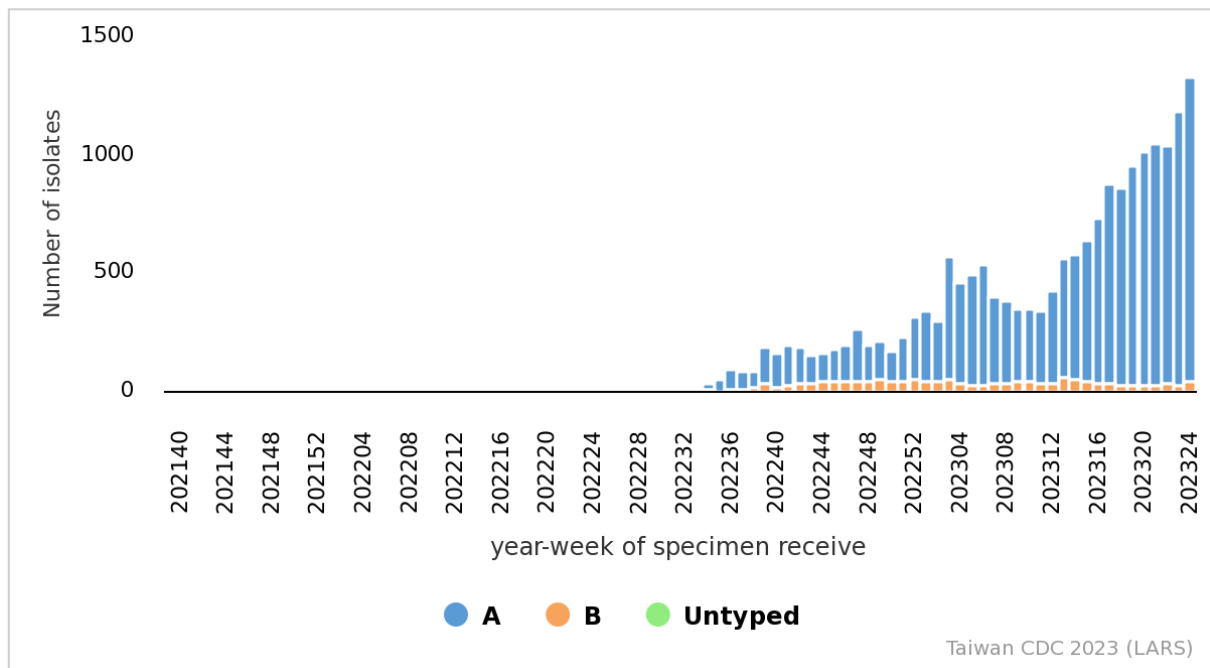
- Influenza A virus is circulating in community. During the last four weeks, H1N1 and H3N2 were co-circulating.
- During week 25, the number of medical visits for influenza-like illness (ILI) showed a slightly decrease compared to the previous week. However, the epidemic is still in a plateau phase.
- There have been 323 cases of influenza with severe complications (178 of H1N1, 136 of H3N2, 3 of untyped influenza A, and 6 of influenza B) since October 1, 2022, and among them, 57 cases were fatal.

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

### Laboratory Automated Reporting System (LARS)

During the last four weeks, the number of influenza-positive specimens was increasing and the proportion of influenza A positive specimens was 97%.

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



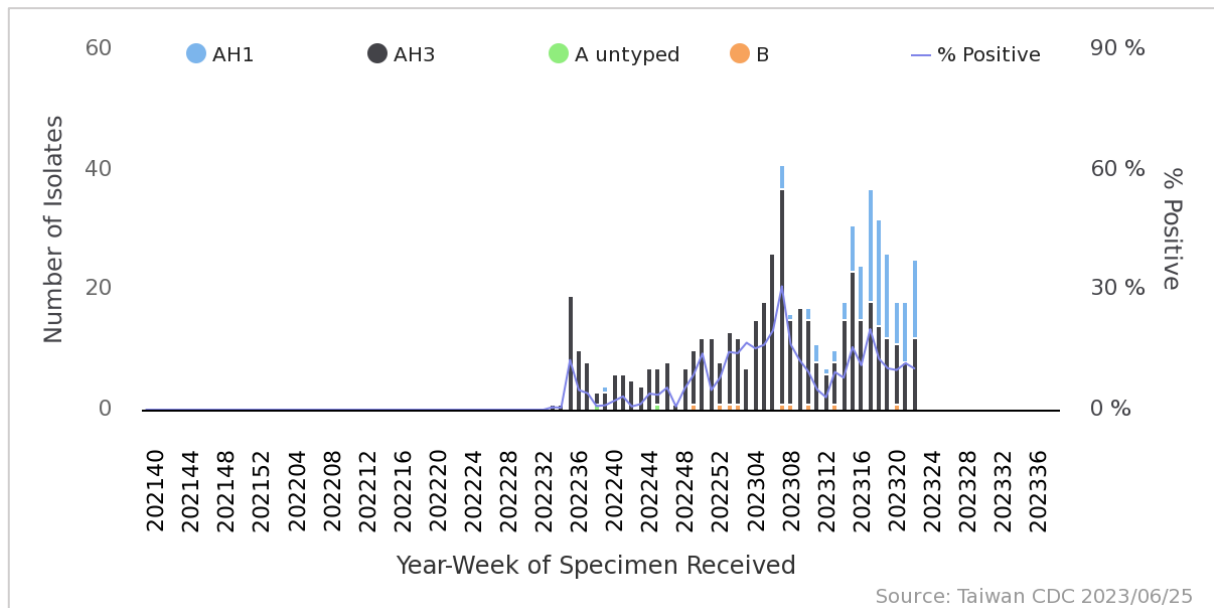
<sup>1</sup> In terms of the surveillance systems in Taiwan, please see: Jian, S. W., Chen, C. M., Lee, C. Y., & Liu, D. P. (2017). Real-Time Surveillance of Infectious Diseases: Taiwan's Experience. Health security, 15(2), 144-153.



## Contracted Virology Laboratories Surveillance

The proportion of influenza-positive specimens of week 23 was 10.3%. During the last four weeks (week 20 to week 23), influenza A was the predominant virus type. The proportion of A/H1N1 and A/H3N2 were 50.6% and 48.3% respectively, H1N1 and H3N2 were co-circulating in community. Weekly virus data are available at <https://nidss.cdc.gov.tw/>.

### Influenza isolates according to Contracted Virology Laboratories

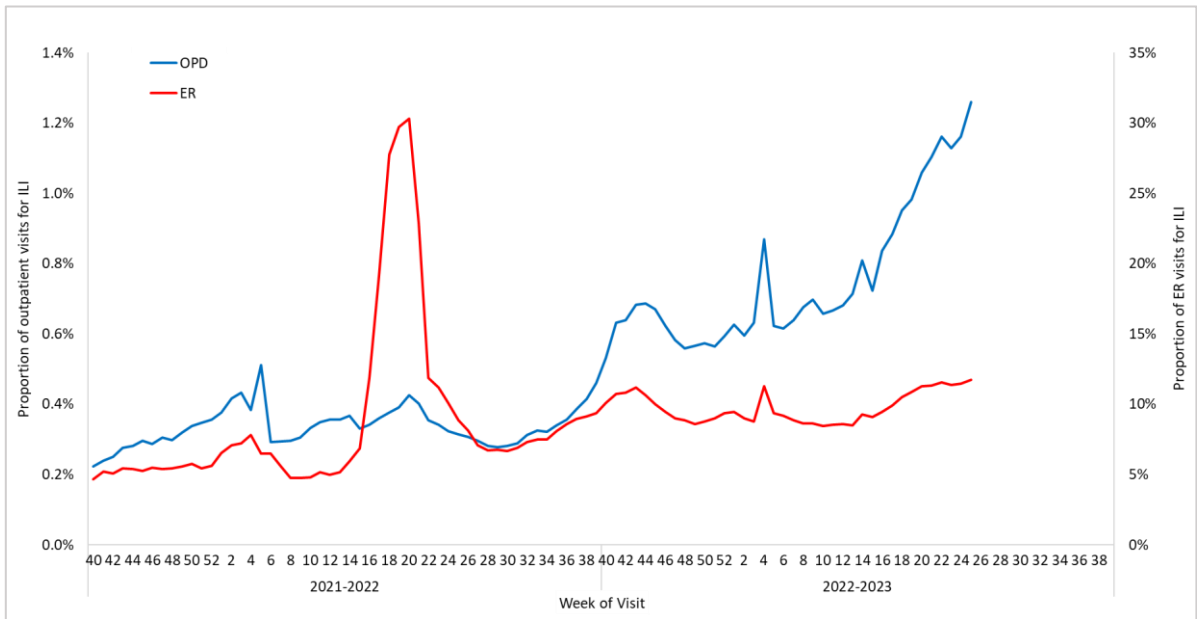


## Influenza-like Illness (ILI) Surveillance

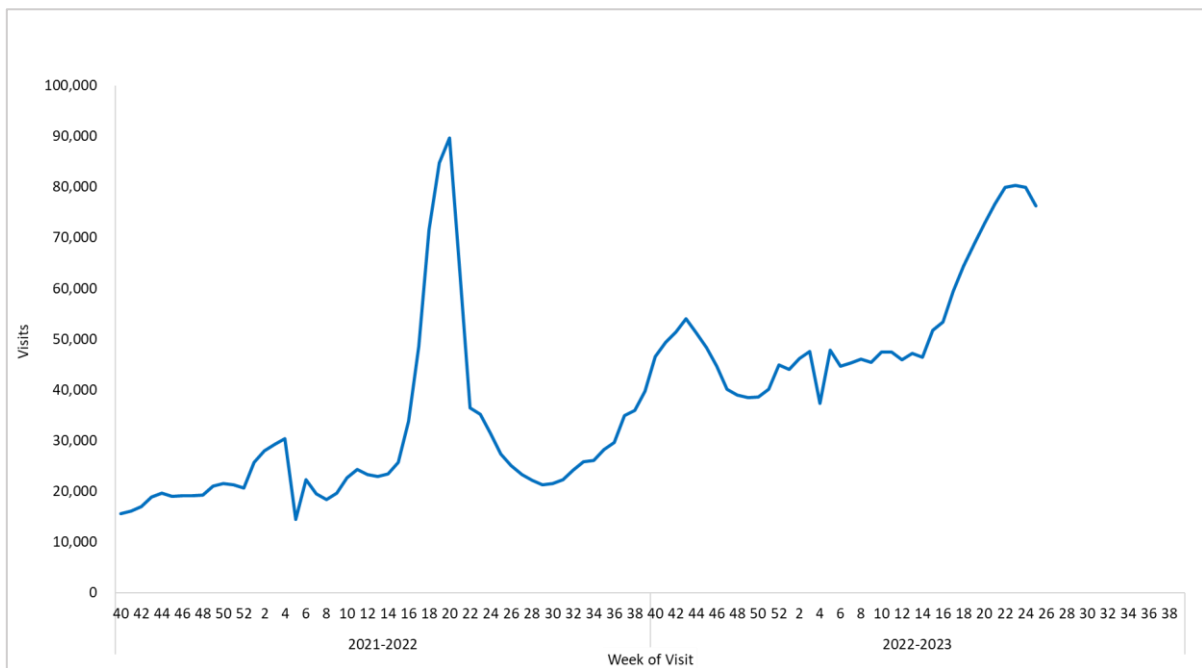
During week 25, the proportions of ILI visits were 1.3% and 11.8% for the outpatient and ER visits, respectively. Due to some outpatient services being closed during the national holiday, the total number of visits for ILI in outpatient and ER was 76,297 in week 25, which was slightly lower than the previous week but remained in 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 29 newly confirmed influenza cases with severe complications (24 of H1N1, 4 of H3N2, and 1 of influenza B) and 4 fatal cases (3 of H1N1 and 1 of H3N2). A total of 323 cases of influenza with severe complications (178 of H1N1, 136 of H3N2, 3 of untyped influenza A, and 6 of influenza B) have been confirmed since October 1, 2022, and among them, 57 cases (33 of H1N1, 22 of H3N2 and 2 of influenza B) were fatal.

### Incidence of influenza cases with severe complications and mortality rate October 1, 2022, to June 26, 2023

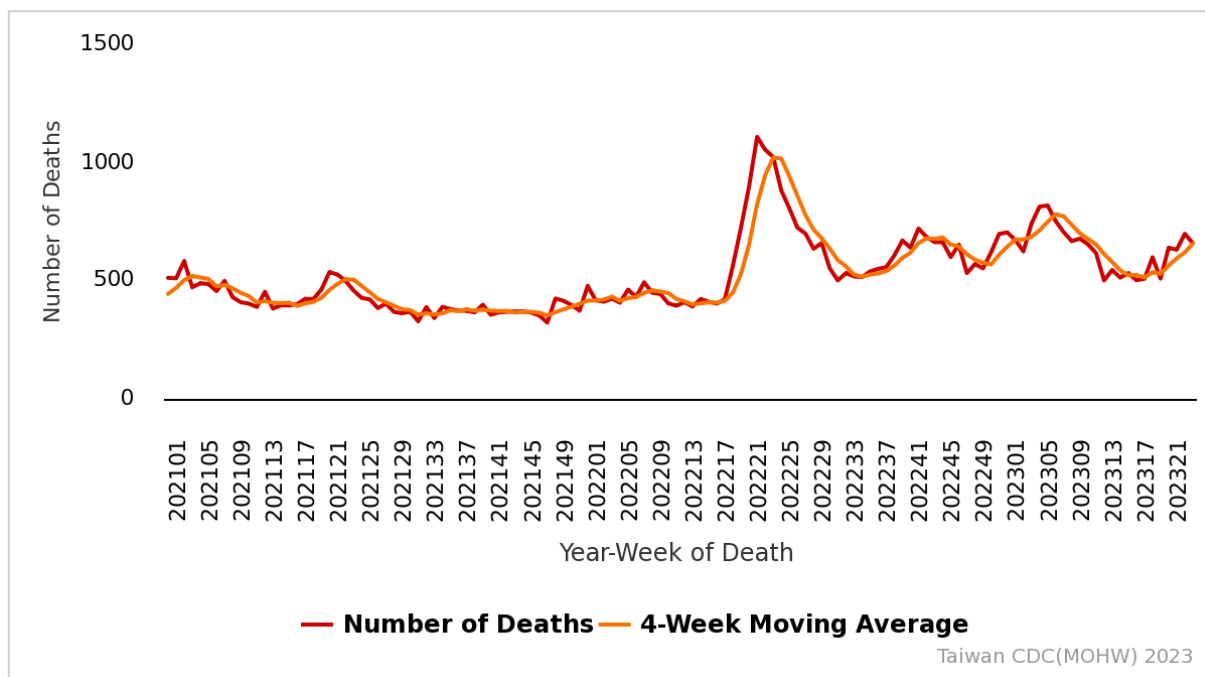
Age Group	Cases	Deaths	Cumulative incidence per 100,000 population	Cumulative mortality per 100,000 population
< 3 y	3	0	0.6	0
3-6 y	9	2	1.2	0.3
7-18 y	21	1	0.9	0.04
19-24 y	2	0	0.1	0
25-49 y	44	5	0.5	0.1
50-64 y	84	14	1.6	0.3
65 +	160	35	4.0	0.9
Total	323	57	1.4	0.2



## 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.

