



Synopsis

The trend of visits to outpatient and emergency room (ER) for influenza-like illness (ILI) has fluctuated. With the recent temperature changes, it is essential to monitor subsequent trends in the epidemic situation and be aware of the risk of severe illness.

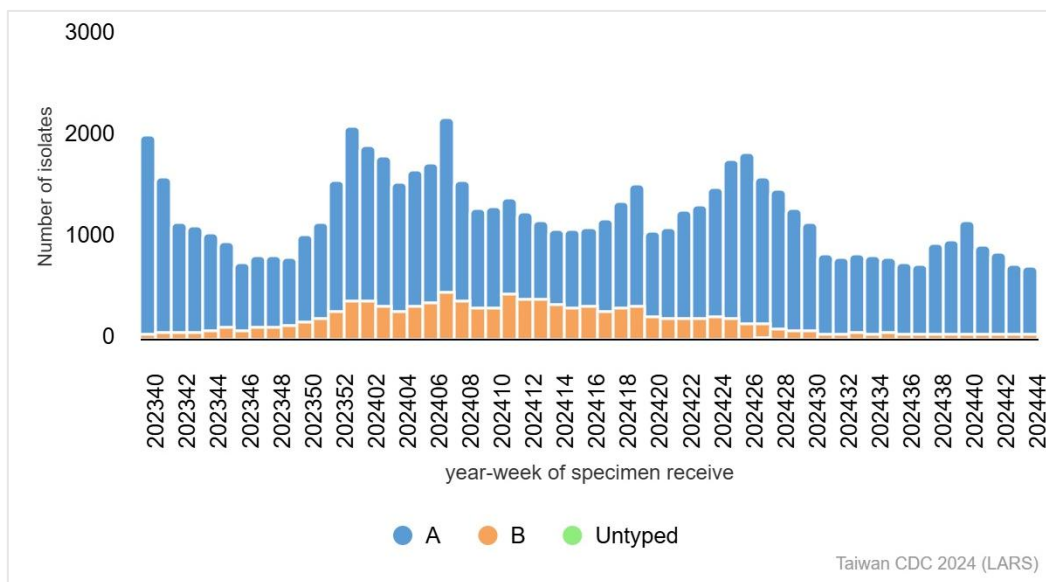
- The trend of visits to outpatient and ER for ILI decreased, probably due to the closure of some outpatient services caused by the recent typhoon. With ongoing temperature changes, continued observation monitoring of the epidemic trends remains necessary.
- During the past four weeks, the results of Contracted Virology Laboratories surveillance indicated that among influenza isolates, A/H1N1 was the dominant strain circulating in the community.
- During 2024-2025 influenza season (since October 1, 2024), there have been 170 influenza cases with severe complications, of which 21 cases were fatal.

Laboratory Surveillance¹

Laboratory Automated Reporting System (LARS)

The number of influenza-positive specimens has shown a decreasing trend recently. Over the last four weeks, influenza A positive specimens accounted for 93%, and influenza B positive specimens accounted for 7%. Data are available at <https://nidss.cdc.gov.tw/>.

Influenza-positive specimens from LARS



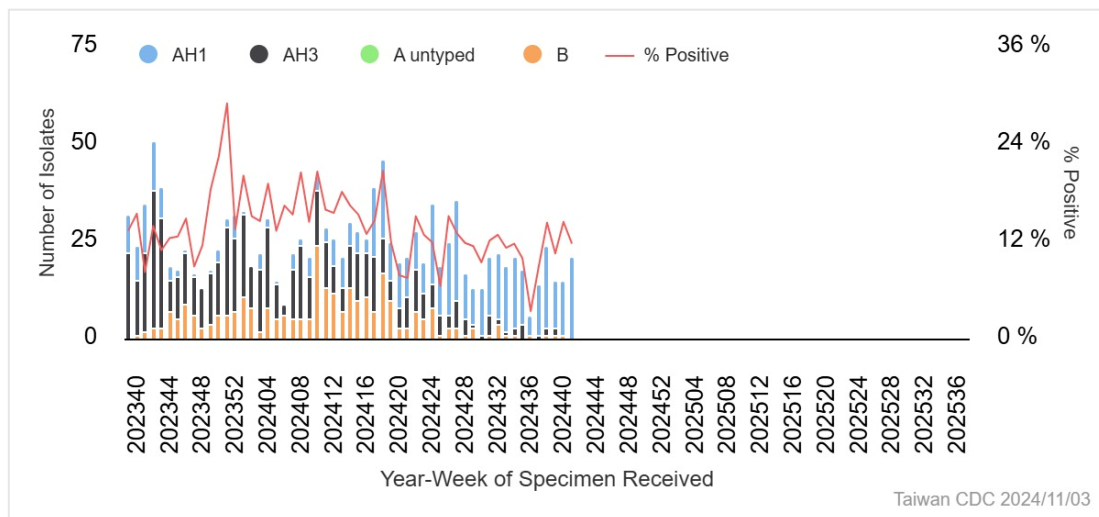
¹ In terms of the surveillance systems in Taiwan, please see: Jian, S. W., Chen, C. M., Lee, C. Y., & Liu, D. P. (2017). Real-Time Surveillance of Infectious Diseases: Taiwan's Experience. Health security, 15(2), 144-153.



Contracted Virology Laboratories Surveillance

During week 39 to 42, the number of isolated influenza A viruses exceeded Influenza B. Among influenza isolates, A/H1N1 accounted for 90.7%, followed by A/H3N2 (5.3%), and influenza B (4.0%). Data are available at <https://nidss.cdc.gov.tw/>.

Influenza isolates according to Contracted Virology Laboratories



Antigenicity

During the 2024-2025 influenza season (since Oct 1, 2024), 21 of 24 influenza A/H1N1 viruses (87.5%) were antigenically similar to the vaccine reference strain A/Victoria/4897/2022 (H1N1)pdm09, 5 of 6 influenza A/H3N2 viruses (83.3%) were antigenically similar to the vaccine reference strain A/Thailand/8/2022 (H3N2), and 1 of 1 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 2024-2025 influenza season	Vaccine-like (%)	Low reactor (%)
A/Victoria/4897/2022 (H1N1)pdm09-like virus	21 (87.5%)	3 (12.5%)
A/Thailand/8/2022 (H3N2)-like virus	5 (83.3%)	1 (16.7%)
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	1 (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 2024-2025 influenza season.

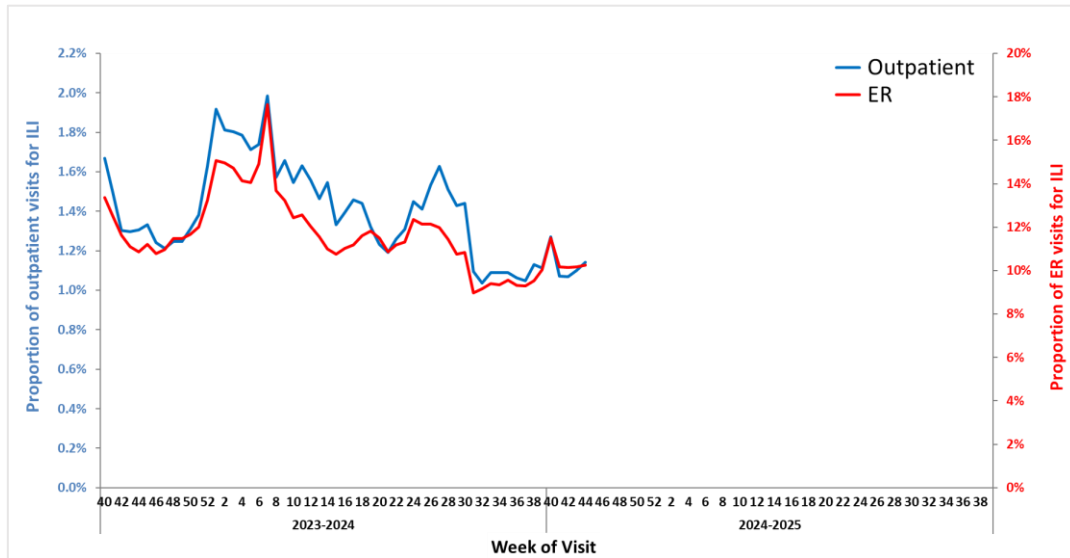
	No. of isolates tested	Resistance Viruses, n (%)
A (H1N1)	21	1 (4.8%)
A (H3N2)	0	0 (0.0%)
B	0	0 (0.0%)



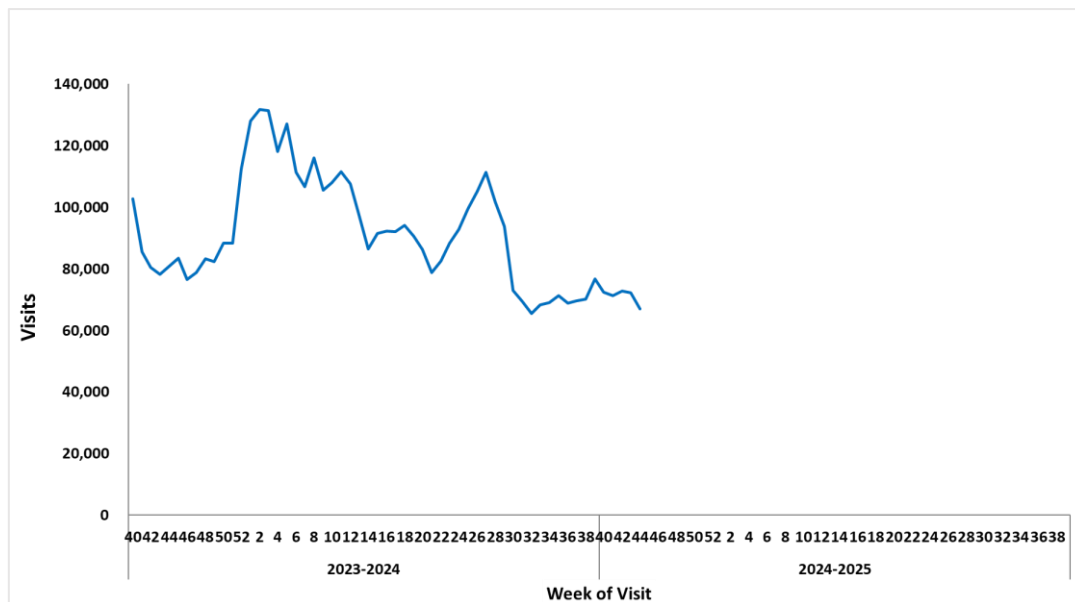
Influenza-like Illness (ILI) Surveillance

During week 44, the proportions of ILI visits were 1.1% in outpatient and 10.2% in ER. The total number of visits for ILI was 66,917, which was lower than the previous week, probably due to outpatient service closures during the recent 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



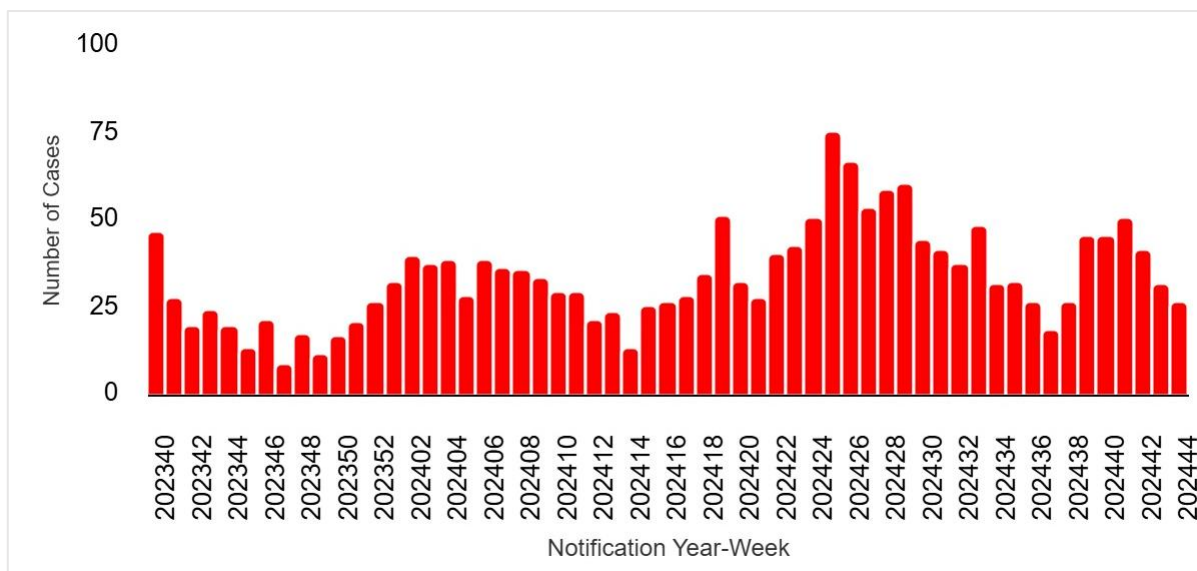
Total number of ILI visits in outpatient and ER



Influenza Case with Severe Complications

During 2024-2025 influenza season (since Oct 1, 2024), a total of 170 influenza cases with severe complications (159 of H1N1, 7 of H3N2, 2 of untyped influenza A, and 2 of influenza B) were confirmed, of which 21 cases (20 of H1N1, and 1 of H3N2) was fatal.

Notification trend of confirmed influenza cases with severe complications



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

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

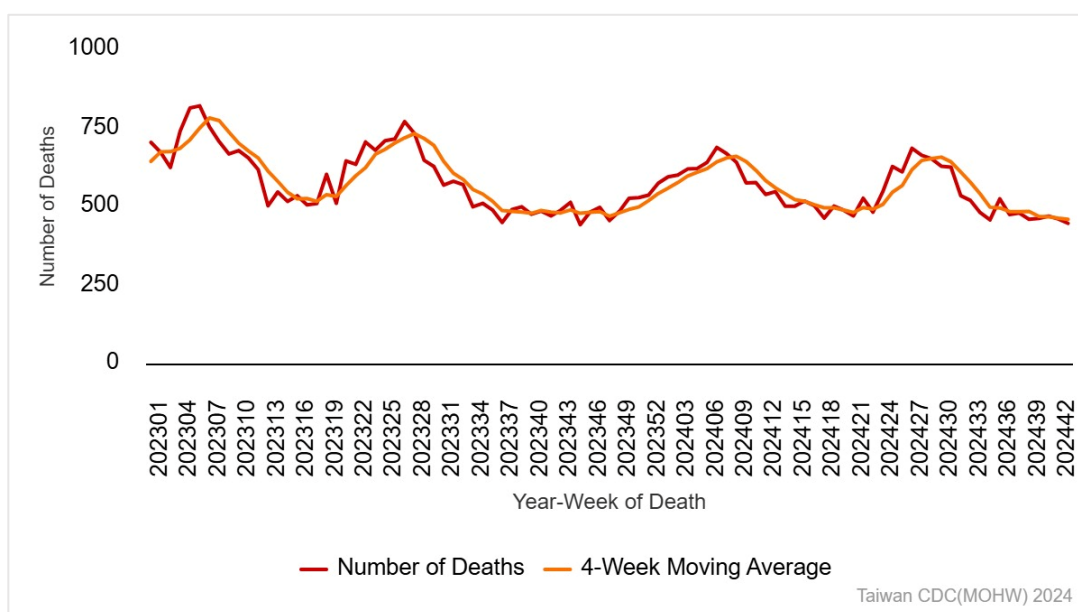
Age Group	Cases	Deaths	Cumulative incidence per 100,000 population	Cumulative mortality per 100,000 population
< 3 y	0	0	0.00	0.00
3-6 y	0	0	0.00	0.00
7-18 y	2	0	0.08	0.00
19-24 y	0	0	0.00	0.00
25-49 y	19	2	0.22	0.02
50-64 y	50	7	0.94	0.13
65 +	99	12	2.36	0.29
Total	170	21	0.73	0.09



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 slightly decreased 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.

