SUMMARY

Northern Hemisphere
In the Northern Hemisphere countries, there has been continuous low-level influenza-like illness (ILI) activity following seasonal trends, except in Mongolia. In northern China, during the week 2 to 8 September 2013, the percentage of visits for ILI (ILI%) at national sentinel hospitals established in 2009 in north China was 1.7%, which was lower than that of the previous week (1.8%) and that of the same week of 2012 (2.2%). There were 2 samples positive for influenza (both A(H3N2)) out of 494 ILI specimens (0.2%). In Mongolia, during the week 23 to 29 September 2013, ILI activity based on the proportion of outpatients that were ILI showed an increasing trend. Majority of ILI samples submitted for the week ending 29 September 2013 continued to be non-influenza viruses. Proportion of patients with pneumonia among the hospitalized also showed an overall increasing trend in recent weeks. In Japan, during the week 16 to 22 September 2013, ILI activity remained low and stable; the number of ILI cases per sentinel reporting site was 0.02, similar to the previous week. In the Republic of Korea, for the week ending 28 September 2013, ILI activity continued to remain low, and the number of ILI cases was 2.5 per 1000 patients, similar to the previous week (2.3 per 1000 patients). There were no specimens positive for influenza viruses from 255 ILI samples submitted.

Subtropics/Tropics
In the subtropics/tropics, overall ILI activity was stable with circulation of influenza A(H3), A (H1N1)pdm09 and influenza B. In Southern China, during the week 2 to 8 September 2013, the ILI% at national sentinel hospitals established in 2009 in south China was 2.5%, which was the same as that of the previous week (2.5%) and higher than that of the same week of 2012 (2.2%). 129 of 2289 (5.6%) ILI specimens were positive for influenza: 105 were influenza A (84 H3N2, 17 H1N1pdm09 and 4 subtype not determined) and 24 were influenza B (lineage not determined). In Hong Kong (China), during 22 to 28 September 2013, local influenza activity remained elevated during the past few weeks. Of the 345 samples positive for influenza during this week: 297 influenza A (H3), 28 influenza B and 20 influenza A(H1N1)2009. During 22 to 28 September, hospital admission rates with principal diagnosis of influenza for persons aged 0 - 4 years, 5 - 64 years and 65 years or above were 1.35, 0.05 and 0.27 cases, respectively.
(per 10,000 people in each age group). Weekly number of deaths with any diagnosis of influenza in public hospitals remained low. In the Mekong, low level influenza activity was reported. In Cambodia, during week 8 to 14 September 2013, 5 of 42 (11.9%) ILI specimens were positive for influenza: 2 were influenza A (H1N1)pdm09, 2 were influenza B and 1 was influenza A(H3); in addition, 2 influenza A(H5) positive specimens were reported. In Lao PDR, during 11 to 17 September 2013, from 44 ILI samples submitted, 4 samples were positive for influenza (all influenza A (H1N1)pdm09). In Vietnam, during 15 to 21 September 2013, there were 2 samples positive for influenza A(H3) virus out of 37 samples received. In Singapore, acute respiratory infection (ARI*) activity decreased during 22 to 28 September 2013, with 2180 patients seeking treatment compared to 2373 in the previous week, remaining below the warning level. The proportion of cases with ILI among the polyclinic ARI cases remained low at 1%. Of 97 ILI samples collected in the past 4 weeks, 46.4% were positive for influenza virus. Of all the influenza virus isolates in August 2013, 63.2% were influenza A(H3N2), 31.6% influenza B and 5.3% A(H1N1)pdm09.

Southern Hemisphere
In the Southern Hemisphere ILI activity remained relatively low, with low level circulation of influenza A (H3), influenza B and A(H1N1)pdm09. In Australia, the seasonal increase in influenza activity has slowed, and influenza activity remains relatively low compared to 2011 and 2012. During the week ending 15 September 2013, the sentinel general practitioner ILI consultation rate decreased to 10.2 cases per 1,000 consultations. The ILI consultation rate has started to decrease and continues to track lower than usual for this time of year. Influenza A remains the predominant influenza virus type, although the proportion of influenza B this season has been higher than recent years. In the last 2 weeks ending 15 September 2013, among ILI patient specimens from sentinel general practitioner consultations, 28.1% were positive for influenza (higher than 25.1% the previous 2 weeks): 17.6% were positive for influenza type A (7.5% A(H3N2); 7.5% A(unsubtyped); 2.5% A(H1N1)pdm09) and 10.6% positive for influenza B. Over a third of the specimens collected were positive for other respiratory viruses. During 30 March to 13 September 2013, at sentinel hospitals, 12% of patients admitted with confirmed influenza were directly admitted to ICU and majority of overall admissions have been with influenza A, with 35% of cases due to influenza B. Around 32% of cases were aged 65 years and over and 78% of cases had medical co-morbidities. Over the past 2 weeks, there has been a decrease in number of patients admitted with confirmed influenza. In New Zealand, during 23 to 29 September 2013, influenza activity continued to remain below the baseline threshold. 193 out of 402 samples received were positive for influenza: 69 were A(not sub-typed) and 62 were influenza B, 35 influenza A(H3N2) and 27 A(H1N1)pdm09.

Pacific Islands
In the Pacific Islands, ILI activity was mostly low and stable. During the week ending 29 September 2013, all countries and territories reported weekly ILI
case numbers below the threshold of 90% of their historical values, except Northern Mariana Islands.

Global influenza situation
Epidemiological update: http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/

Virological update: http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport

*ARI defined as clinical diagnosis of acute upper respiratory tract infection (ICD9 460 – 465: Acute Nasopharyngitis (common cold); 461 Acute Sinusitis; 462 Acute Pharyngitis; 463 Acute Tonsillitis; 464 Acute Laryngitis and Tracheitis; 465 Acute Upper Respiratory Infections of Multiple or Unspecified Sites; 466 Acute Bronchitis and Bronchiolitis). ILI defined as temperature >38C with cough or sore throat.

Human infection with avian influenza A(H7N9) virus
As of 10 September 2013, a total of 135 cases have been reported (134 from China’s National Health and Family Planning Commission and 1 from Taipei Centers for Disease Control). Of these patients, 45 have died. There were no new reported cases since last reported case from Guangdong province, China on 10 August 2013. It is expected that there may be further sporadic cases of human infection with the virus. Affected provinces and municipalities continue to maintain surveillance and response activities.

WHO does not advise special screening at points of entry with regard to this event, nor does it recommend any travel restrictions be applied. WHO continues to work closely with national authorities and technical partners to gain a better understanding of this disease in humans and will continue to provide updated information as the situation evolves.

For more information, visit:
http://www.wpro.who.int/outbreaks_emergencies/H7N9/en/index.html
http://ojs.wpro.who.int/ojs/index.php/wpsar/issue/current

For latest situation updates on avian influenza A(H5N1), visit http://www.wpro.who.int/emerging_diseases/AvianInfluenza/en/index.html
Percentage of Visits that were ILI in sentinel hospitals (established in 2009), 2009–2013

Northern China up to 8 September in 2013
(Source: Chinese National Influenza Center)

Percentage of Visits that were ILI in sentinel hospitals (established in 2009), (2009–2013)

Southern China up to 8 September in 2013
(Source: Chinese National Influenza Center)
Outpatient visits

Mongolia up to 29 September in 2013
(Source: National Influenza Center of Mongolia)

Proportion of patients with pneumonia among hospitalized

Mongolia, up to 29 September in 2013
(Source: National Influenza Center of Mongolia)
Influenza cases reported per sentinel weekly

**Japan up to 22 September in 2013**
(Source: National Institute of Infectious Diseases)

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The weekly proportion of ILI visits per 1,000 patients

**Republic of Korea up to 28 September in 2013**
(Source: Korean Center for Disease Control and Prevention)
ILI consultation at sentinel general outpatient clinics

ILI consultation rate at sentinel private doctors

Hong Kong (China) up to 28 September in 2013
(Source: Centre for Health Protection)
Influenza associated hospital admission rates and deaths

Hong Kong (China) up to 28 September in 2013
(Source: Centre for Health Protection)

Singapore up to 28 September in 2013 (Source: Ministry of Health)
Weekly rate of ILI reported from GP ILI surveillance systems, 1 January 2009 to 1 September 2013, by week

* Delays in the reporting of data may cause data to change retrospectively. As data from the previous Northern Territory surveillance scheme were combined with ASPREN and VIDRL surveillance data in 2009, rates may not be directly comparable with 2010-2013 trends (Source: ASPREN and VIDRL GP surveillance system).

Number of influenza hospitalisations at sentinel hospitals by week and influenza subtype

* Australia, up to 13 September in 2013
  (Source: Australian Department of Health and Ageing)
Weekly consultation rates for ILI
New Zealand up to 29 September in 2013
(Source: New Zealand Ministry of Health and Institute of Environmental Science & Research Ltd.)

Note: Numbers of reported cases are not comparable between countries. The purpose of the charts is to show trends over time within each country/area.

Pacific Islands up to 29 September 2013
(Source: Pacific Public Health Surveillance Network)