WHO Collaborating Center for Reference and Research on Influenza
Chinese National Influenza Center
National Institute for Viral Disease Control and Prevention, China CDC
Email: fluchina@ivdc.chinacdc.cn Website: https://ivdc.chinacdc.cn/cnic/en/

Chinese Weekly Influenza Surveillance Report

April 14 to 20, 2025 (Week 16)

(All data are preliminary and may change as more reports are received)

Summary

- Influenza activity in the southern provinces and northern provinces was low. There were 3 ILI outbreaks reported in this week.
- Among influenza viruses antigenically characterized by CNIC since October 1, 2024, 3257(98.6%) influenza A(H1N1)pdm09 viruses were characterized as A/Victoria/4897/2022-like; 65(62.5%) influenza A(H3N2) viruses were characterized as A/Thailand/8/2022(egg)-like, 61(58.7%) influenza A(H3N2) viruses were characterized as A/Thailand/8/2022(cell)-like; 67(95.7%) influenza B/Victoria viruses were characterized as B/Austria/1359417/2021-like.
- Among the influenza viruses tested by CNIC for antiviral resistance analysis since October 1, 2024, all but 87 influenza A(H1N1)pdm09 were sensitive to neuraminidase inhibitors, all A(H3N2) and B viruses were sensitive to neuraminidase inhibitors; all A(H1N1)pdm09, A(H3N2) and B viruses were sensitive to endonuclease inhibitors.

Surveillance of outpatient or emergency visits for Influenza-like Illness (ILI)

During week 16, the percentage of outpatient or emergency visits for ILI (ILI%) at national sentinel hospitals in southern provinces was 4.1%, higher than the last week (3.9%), higher than the same week of 2022 (3.1%), lower than the same week of 2023~2024(6.2% and 5.2%). (Figure 1)

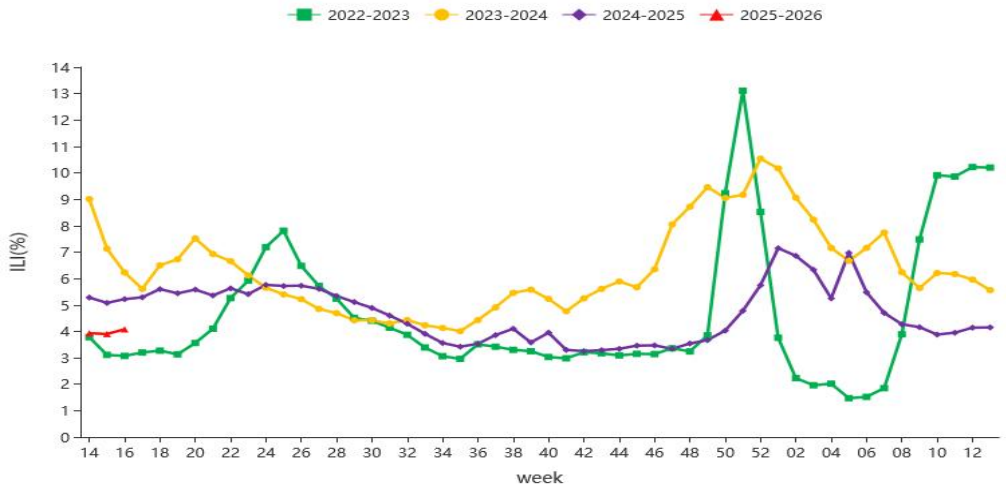

Figure 1. Percentage of Visits for ILI at Sentinel Hospitals in Southern Provinces

Note: Analysis in this part was based on data from sentinel hospitals belong to national influenza surveillance network.

During week 16, ILI% at national sentinel hospitals in northern provinces was 3.3%, higher than the last week (3.2%), higher than the same week of 2022 (1.8%), lower than the same week of 2023~2024(3.4% and 3.5%). (Figure 2)

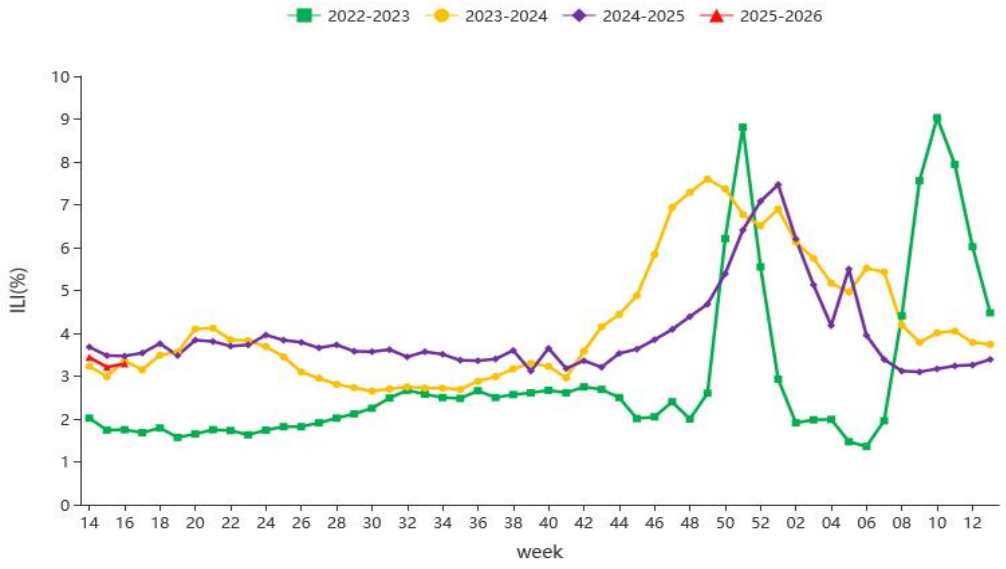

Figure 2. Percentage of Visits for ILI at Sentinel Hospitals in Northern Provinces

Note: Analysis in this part was based on data from sentinel hospitals belong to national influenza surveillance network.

Virologic Surveillance

During week 16 of 2025, influenza network laboratories tested 13769 specimens, there were 280 positive detections for influenza. The number and proportion of influenza types and subtypes detected in southern and northern provinces were shown in Table1.

Table 1. Laboratory Detections of ILI Specimens (Week 16, 2025)

	Week 16		
	Southern provinces	**Northern provinces**	**Total**
No. of specimens tested	**10477**	**3292**	**13769**
No. of positive specimens (%)	**192(1.8%)**	**88(2.7%)**	**280(2.0%)**
Influenza A	**174(90.6%)**	**72(81.8%)**	**246(87.9%)**
A(H1N1)pdm09	156(89.7%)	28(38.9%)	184(74.8%)
A(H3N2)	18(10.3%)	44(61.1%)	62(25.2%)
A (subtype not determined)	0	0	0
Influenza B	**18(9.4%)**	**16(18.2%)**	**34(12.1%)**
B (lineage not determined)	0	0	0
Victoria	18(100.0%)	16(100.0%)	34(100.0%)
Yamagata	0	0	0

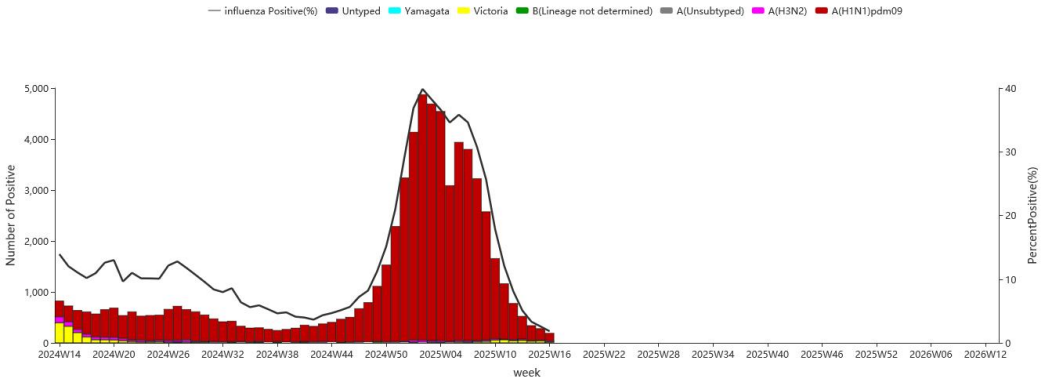

Figure 3. Influenza Positive Tests Reported by Southern Network Laboratories (Week 14, 2024–Week 13, 2026)

Note: Since September 2024, the national influenza surveillance network has expanded and the sample size for testing has increased. Analysis in this part was based on the test results of network laboratories. If it were not consistent with the results of CNIC confirmation, the results of CNIC confirmation were used.

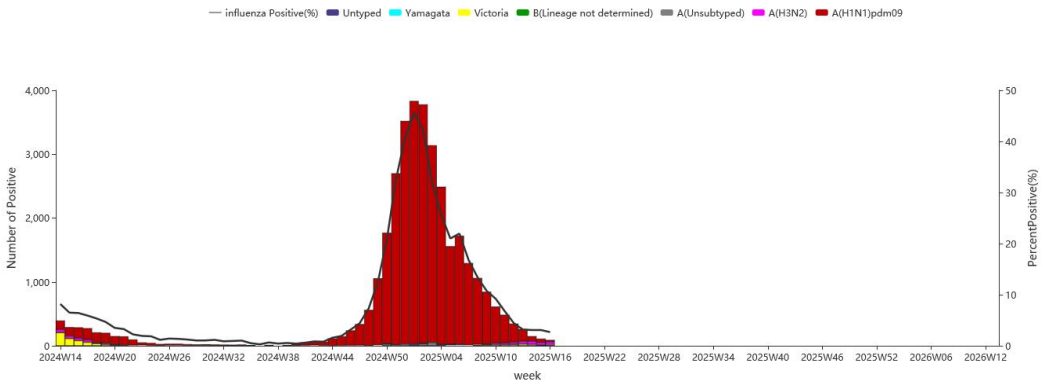

Figure 4. Influenza Positive Tests Reported by Northern Network Laboratories (Week 14, 2024–Week 13, 2026)

Note: Since September 2024, the national influenza surveillance network has expanded and the sample size for testing has increased. Analysis in this part was based on the result of network laboratories. If it were not consistent with the results of CNIC confirmation, the results of CNIC confirmation were used.

Antigenic Characterization

Since October 1, 2024, 3257(98.6%) influenza A(H1N1)pdm09 viruses were characterized as A/Victoria/4897/2022-like; 65(62.5%) influenza A(H3N2) viruses were characterized as A/Thailand/8/2022(egg)-like, 61(58.7%) influenza A(H3N2) viruses were characterized as A/Thailand/8/2022(cell)-like; 67(95.7%) influenza B/Victoria viruses were characterized as B/Austria/1359417/2021-like.

Antiviral Resistance

Since October1, 2024, among the influenza viruses tested by CNIC for antiviral resistance, all but 87 influenza A(H1N1)pdm09 were sensitive to neuraminidase inhibitors, all A(H3N2) and B viruses were sensitive to neuraminidase inhibitors; all A(H1N1)pdm09, A(H3N2) and B viruses were sensitive to endonuclease inhibitors.

Outbreak Surveillance

During week 16, there were 3 ILI outbreaks reported nationwide. Among them, 2 were A(H3N2), 1 was B(Victoria).