



Chinese Weekly Influenza Surveillance Report

August 3 to August 9, 2026 (Week 32)

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

Summary

- The positive rate of influenza virus testing was about the same as the last week in southern provinces, while remained low level in northern provinces. The detection proportion of A(H3N2) increased. There was 1 ILI outbreak reported in this week.
- Among influenza viruses antigenically characterized by CNIC since March 30, 2026, 44(97.8%) influenza A(H1N1)pdm09 viruses were characterized as A/Missouri/11/2025-like; 211(79.6%) influenza A(H3N2) viruses were characterized as A/Darwin/1454/2025(egg)-like, 233(87.9%) influenza A(H3N2) viruses were characterized as A/Darwin/1415/2025(cell)-like; 421(93.3%) influenza B/Victoria viruses were characterized as B/Tokyo/EIS13-175/2025-like.
- Among the influenza viruses tested by CNIC for antiviral resistance analysis since March 30, 2026, all A(H1N1)pdm09, A(H3N2) and B viruses were sensitive to neuraminidase inhibitors; all A(H1N1)pdm09, A(H3N2) and B viruses were sensitive to influenza polymerase inhibitors.

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

During week 32, the percentage of outpatient or emergency visits for ILI (ILI%) at national sentinel hospitals in southern provinces was 5.3%, lower than the last week (5.5%), higher than the same week of 2023, 2024 and 2025 (4.0%, 4.2% and 3.5%). (Figure 1)

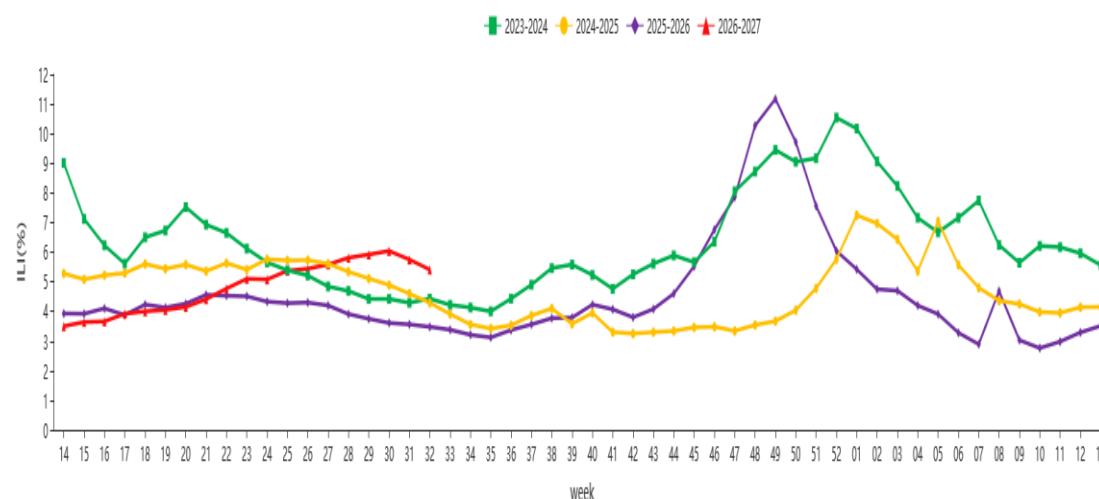


Figure 1. Percentage of Visits for ILI at Sentinel Hospitals in Southern Provinces

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

During week 32, ILI% at national sentinel hospitals in northern provinces was 2.9%, the same as the last week (2.9%), higher than the same week of 2023 and 2025 (2.7% and 2.5%), lower than the same week of 2024 (3.5%). (Figure 2)

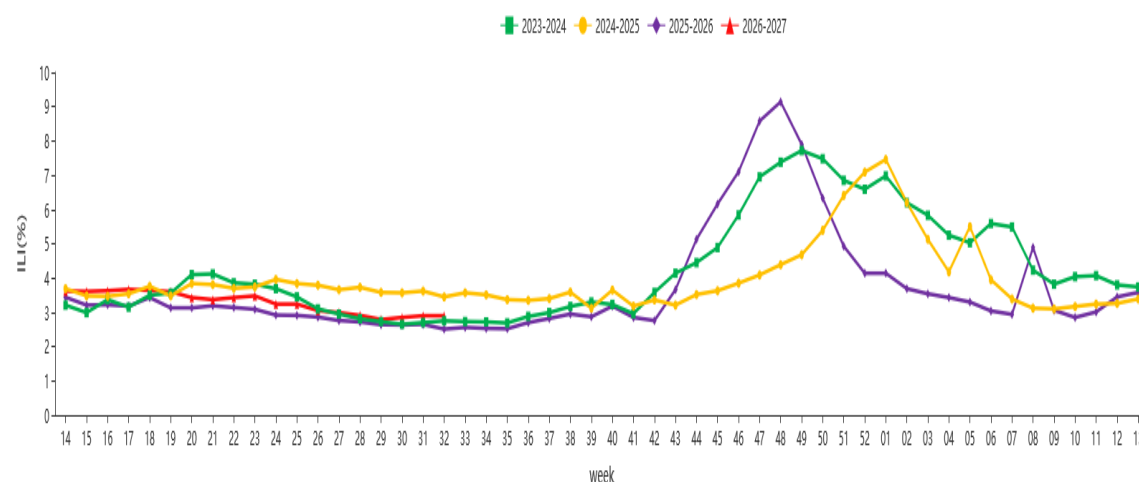


Figure 2. Percentage of Visits for ILI at Sentinel Hospitals in Northern Provinces

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



Virologic Surveillance

During week 32 of 2026, influenza network laboratories tested 14584 specimens, there were 2096 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 32 2026)

	Week 32		
	Southern provinces	Northern provinces	Total
No. of specimens tested	11468	3116	14584
No. of positive specimens (%)	2038(17.8%)	58(1.9%)	2096(14.4%)
Influenza A	1143(56.1%)	21(36.2%)	1164(55.5%)
A(H1N1)pdm09	52(4.5%)	2(9.5%)	54(4.6%)
A(H3N2)	1091(95.5%)	19(90.5%)	1110(95.4%)
A (subtype not determined)	0	0	0
Influenza B	895(43.9%)	37(63.8%)	932(44.5%)
B (lineage not determined)	0	0	0
Victoria	895(100.0%)	37(100.0%)	932(100.0%)
Yamagata	0	0	0

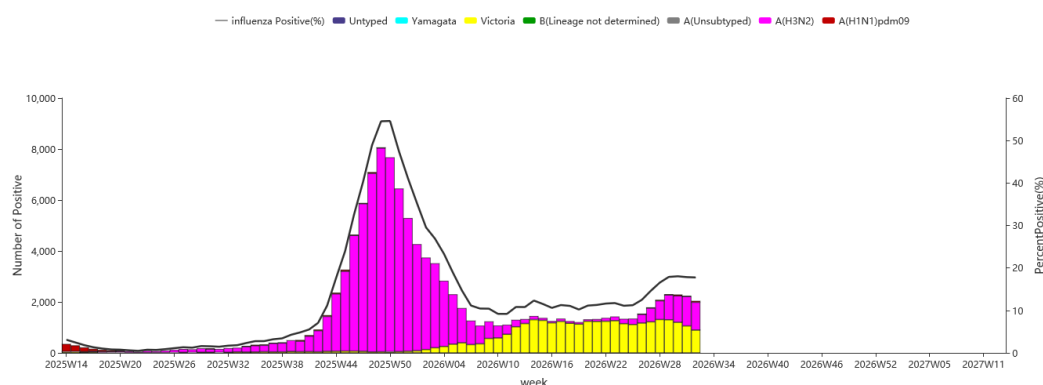


Figure 3. Influenza Positive Tests Reported by Southern Network Laboratories

Note: 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.

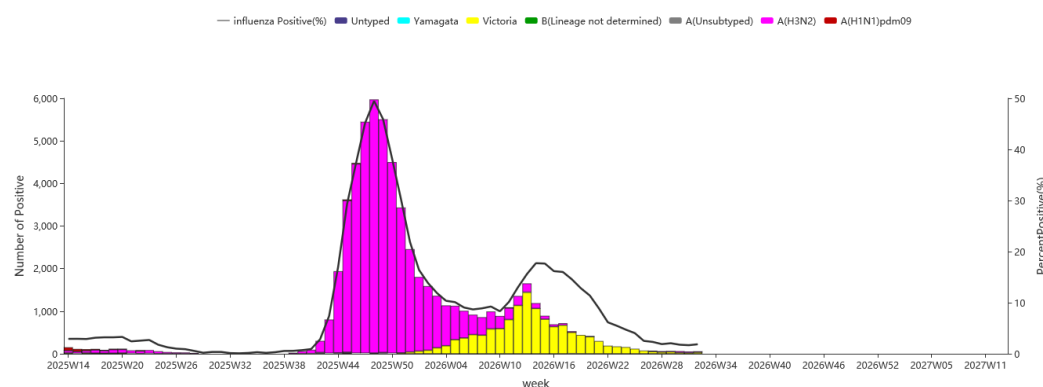


Figure 4. Influenza Positive Tests Reported by Northern Network Laboratories

Note: 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 March 30, 2026, 44(97.8%) influenza A(H1N1)pdm09 viruses were characterized as A/Missouri/11/2025-like; 211(79.6%) influenza A(H3N2) viruses were characterized as A/Darwin/1454/2025(egg)-like, 233(87.9%) influenza A(H3N2)viruses were characterized as A/Darwin/1415/2025(cell)-like; 421(93.3%) influenza B/Victoria viruses were characterized as B/Tokyo/EIS13-175/2025-like.

Antiviral Resistance

Since March 30, 2026, among the influenza viruses tested by CNIC for antiviral



resistance, all A(H1N1)pdm09, A(H3N2) and B viruses were sensitive to neuraminidase inhibitors; all A(H1N1)pdm09, A(H3N2) and B viruses were sensitive to influenza polymerase inhibitors.

Outbreak Surveillance

During week 32, there was 1 ILI outbreak reported nationwide. It was A(H3N2).