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中国疾病预防控制中心
病毒病预防控制所



Table of Contents

CONTENTS

- | | |
|----|--|
| 01 | summary |
| 03 | 1. Influenza-like case reports |
| 05 | 2. Etiological monitoring |
| 08 | 3. Outbreak of the epidemic |
| 10 | 4. Human infection with animal-derived influenza virus epidemics |
| 11 | 5. Animal avian influenza epidemic |
| 12 | 6. Influenza surveillance in other countries/regions |





Summary of influenza epidemic situation in China (as of October 12, 2025).

- Surveillance data showed that influenza activity in northern provinces was low this week, and influenza activity in southern provinces increased. A total of 4 outbreaks of influenza-like cases were reported nationwide.
- The National Influenza Center conducted antigenicity analysis on some influenza virus strains collected from March 31, 2025 to October 12, 2025 (based on experimental dates), and the results showed that 98.4% (1026/1043) of the A(H1N1)pdm09 subtype influenza virus strains were similar to A/Victoria/4897/2022; Among the A(H3N2) subtype influenza virus strains, 56.7% (190/335) were similar to A/Croatia/10136RV/2023 (chicken embryo strain), and 91.6% (307/335) were similar to A/District of Columbia/27/2023 (cell line). 98.2% (215/219) of the B(Victoria) influenza virus strains were similar to B/Austria/1359417/2021.
- The National Influenza Center conducted drug resistance analysis on some influenza virus strains collected since March 31, 2025, and the results showed that 4.2% (30/716) of the A(H1N1)pdm09 subtype influenza virus strains were less sensitive or highly less sensitive to neuraminidase inhibitors, and the remaining A(H1N1)pdm09 subtype influenza virus strains were sensitive to neuraminidase inhibitors. All A(H3N2) subtypes and B influenza virus strains are sensitive to neuraminidase inhibitors; All A(H1N1)pdm09, A(H3N2) subtypes and B influenza virus strains are sensitive to polymerase inhibitors.

summary

1. Influenza-like case reports

In the 41st week of 2025 (October 6, 2025 - October 12, 2025), the ILI% reported by sentinel hospitals in southern provinces was 4.1%, lower than the previous week (4.2%), higher than the same period in 2022 and 2024 (3.0% and 3.3%), and lower than the same period in 2023 (4.8%).

In the 41st week of 2025, sentinel hospitals in the northern provinces reported an ILI% of 2.8%, lower than the previous week level (3.2%), higher than the same period in 2022 (2.6%), and lower than the same period in 2023 and 2024 (3.0% and 3.2%).

2. Etiological monitoring

In the 41st week of 2025, a total of 18,714 influenza-like case surveillance specimens were detected by influenza surveillance network laboratories across the country (excluding Hong Kong, Macao and Taiwan). A total of 539 positive influenza virus specimens were detected in the southern provinces, of which 26 were A(H1N1)pdm09, 472 were A(H3N2) and 41 were B (Victoria). 74 positive specimens of influenza virus were detected in the northern provinces, of which 2 were A(H1N1)pdm09, 67 were A(H3N2) and 5 were B (Victoria). The number and proportion of influenza types and subtypes detected in the southern and northern provinces are shown in Table 1.



Table 1 Laboratory test results for influenza-like case surveillance

	Week 41		
	Southern provinces	Northern provinces	total
Number of Detections	10033	8681	18714
Number of positives (%)	539(5.4%)	74(0.9%)	613(3.3%)
A A	498(92.4%)	69(93.2%)	567(92.5%)
A(H1N1)pdm09	26(5.2%)	2(2.9%)	28(4.9%)
A(H3N2)	472(94.8%)	67(97.1%)	539(95.1%)
A(unsubtyped)	0	0	0
B B	41(7.6%)	5(6.8%)	46(7.5%)
B is not classified	0	0	0
Victoria	41(100.0%)	5(100.0%)	46(100.0%)
Yamagata	0	0	0

In the 41st week of 2025, the National Influenza Center analyzed the resistance of 26 strains of A(H1N1)pdm09, 96 strains of A(H3N2) and 37 B (Victoria) influenza strains, all of which were sensitive to neuraminidase inhibitors.

3. Outbreak of the epidemic

In the 41st week of 2025, a total of 4 outbreaks of influenza-like cases were reported across the country. After testing, 2 cases were A(H3N2), 1 case was negative for influenza, and 1 case had no pathogen test results.



Influenza-like case reports

(1) The percentage of influenza-like cases in the total number of outpatient and emergency cases in southern provinces.

In the 41st week of 2025 (October 6, 2025 - October 12, 2025), the ILI% reported by sentinel hospitals in southern provinces was 4.1%, lower than the previous week (4.2%), higher than the same period in 2022 and 2024 (3.0% and 3.3%), and lower than the same period in 2023 (4.8%). (Fig. 1)

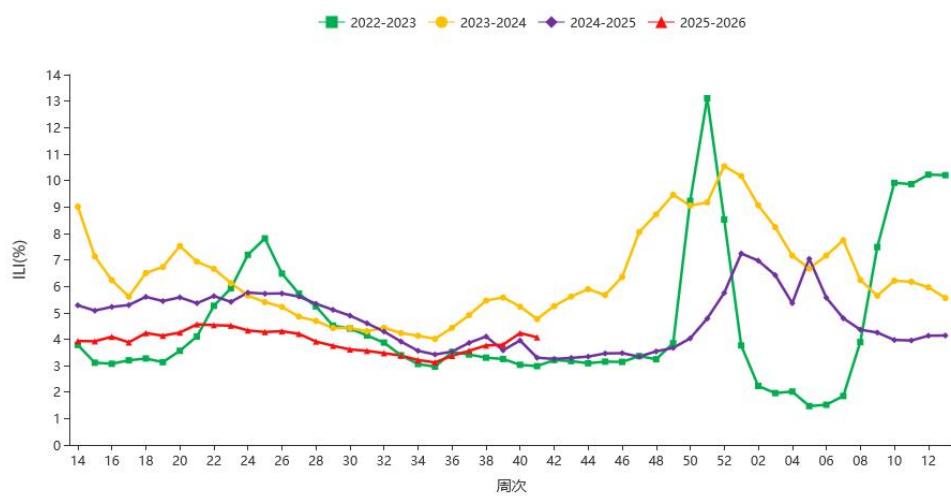


Figure 1 % of influenza-like cases reported in sentinel hospitals in southern provinces from 2022 to 2026

Note: The data comes from national sentinel hospitals.

(2) The percentage of influenza-like cases in the total number of outpatient and emergency cases in northern provinces.

In the 41st week of 2025, sentinel hospitals in the northern provinces reported an ILI% of 2.8%, lower than the previous week level (3.2%), higher than the same period in 2022 (2.6%), and lower than the same period in 2023 and 2024 (3.0% and 3.2%). (Figure 2)



Influenza Surveillance Weekly Report

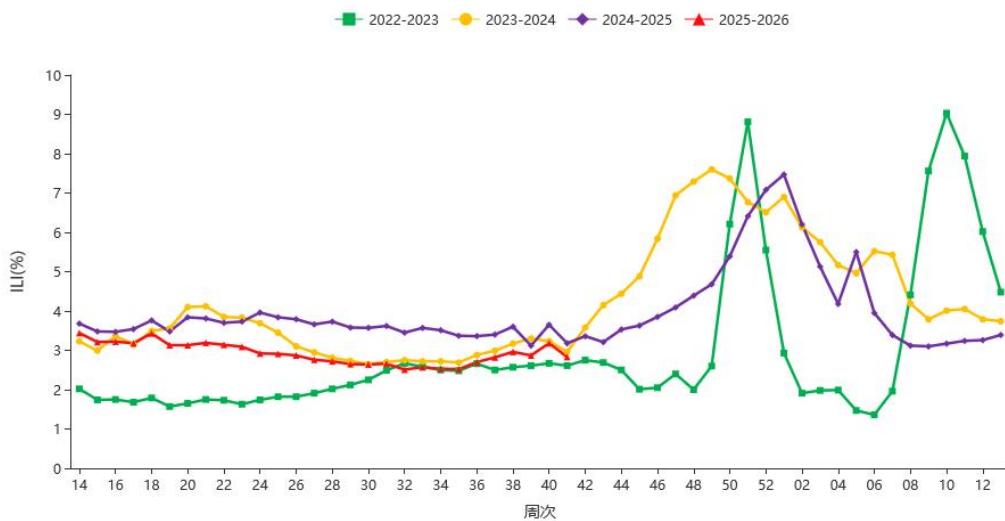


Figure 2 % of influenza-like cases reported in sentinel hospitals in northern provinces in 2022-2026

Note: The data comes from national sentinel hospitals.





Etiological monitoring

(1) Surveillance of influenza-like cases

1. Southern provinces.

In the 41st week of 2025, 539 positive samples of influenza virus were detected in the southern provinces, of which 26 were A(H1N1)pdm09, 472 were A(H3N2) and 41 were B (Victoria). The specific data of each type are shown in Table 1 and Figure 3.

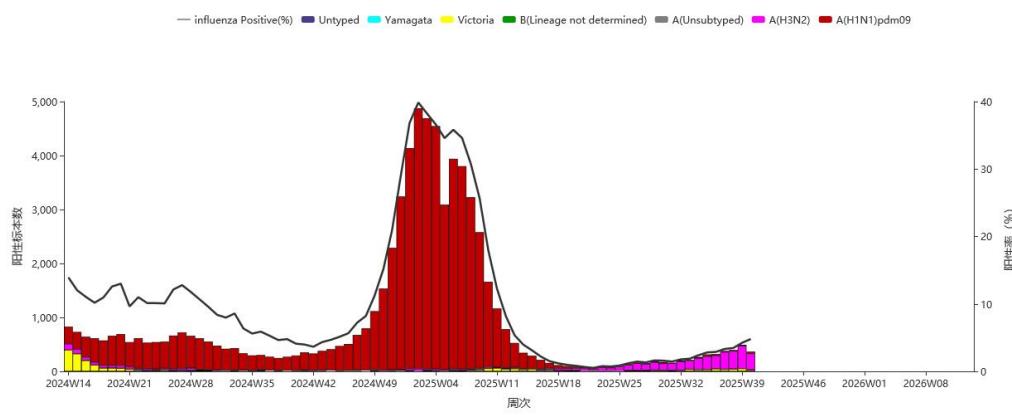


Fig. 3 Detection results of ILI specimens in southern provinces

Note: The data comes from the test results of the network laboratory, and if the results of the network laboratory are inconsistent with the CNIC results, the results of the CNIC review shall prevail.

2. Northern provinces.

In the 41st week of 2025, 74 positive specimens of influenza virus were detected in the northern provinces, of which 2 were A(H1N1)pdm09, 67 A (H3N2) and 5 copies B (Victoria). The specific data of each type are shown in Table 1 and Figure 4.

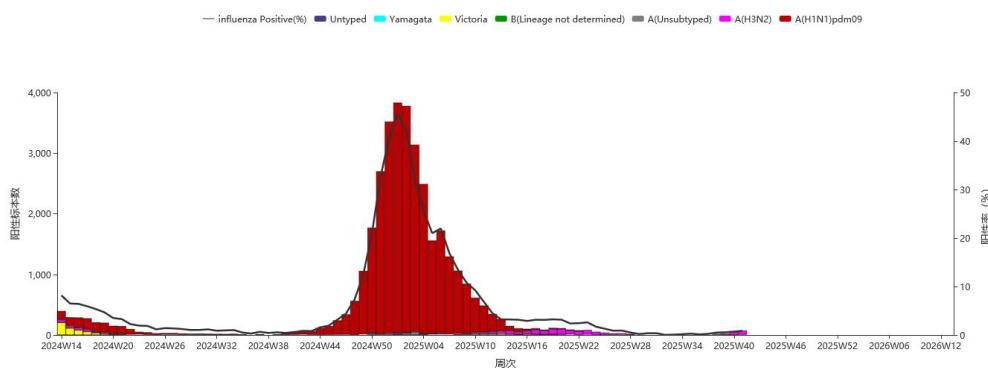


Fig. 4 Detection results of ILI specimens in northern provinces

Note: The data comes from the test results of the network laboratory, and if the results of the network laboratory are inconsistent with the CNIC results, the results of the CNIC review shall prevail.

(2) ILI outbreak laboratory test results

1. Southern provinces.

In the 41st week of 2025, the network laboratory in the southern province did not receive outbreak specimens of influenza-like cases. (Fig. 5)

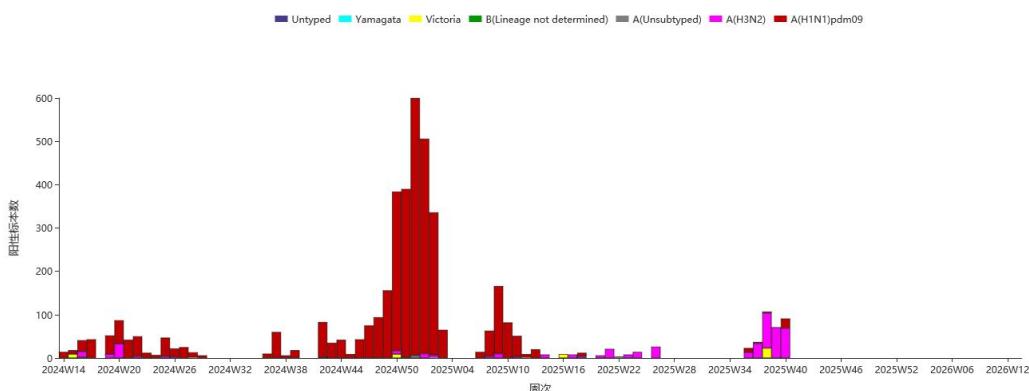


Fig.5 Test results of ILI outbreak specimens in southern provinces

Note: The data comes from the test results of the network laboratory, and if the results of the network laboratory are inconsistent with the CNIC results, the results of the CNIC review shall prevail.

2. Northern provinces.

In the 41st week of 2025, a total of 3 outbreak specimens of influenza-like cases were detected in the network laboratory in northern provinces, all of which were A(H1N1)pdm09. (Fig. 6)

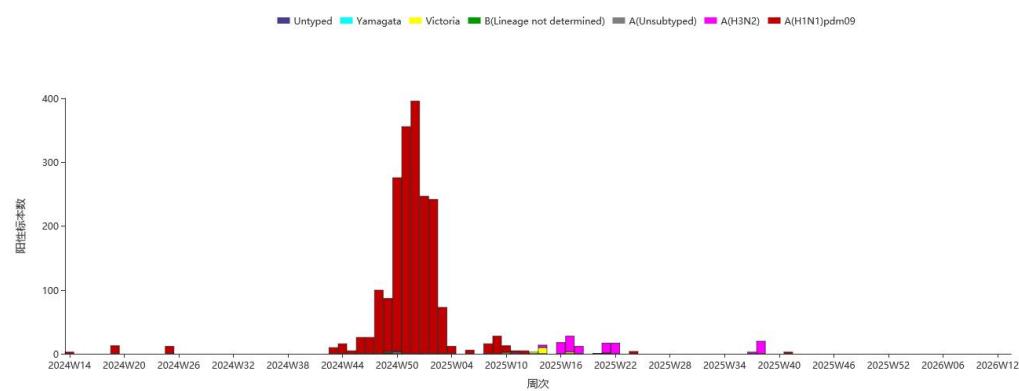


Fig.6 Test results of ILI outbreak specimens in northern provinces

Note: The data comes from the test results of the network laboratory, and if the results of the network laboratory are inconsistent with the CNIC results, the results of the CNIC review shall prevail.

(3) Antigenicity analysis

From March 31, 2025 to October 12, 2025 (by experimental date), CNIC conducted antigenicity analysis on 1043 A(H1N1)pdm09 subtype influenza strains, of which 1026 (98.4%) were similar to A/Victoria/4897/2022 and 17 (1.6%) were low-response strains of A/Victoria/4897/2022. The antigenicity analysis of 335 A(H3N2) subtype influenza strains was carried out, of which 190 (56.7%) were similar to A/Croatia/10136RV/2023 (chicken embryo strain) and 145 (43.3%) were low-response strains of A/Croatia/10136RV/2023 (chicken embryo strain). Among them, 307 (91.6%) were similar to A/District of Columbia/27/2023 (cell line), and 28 (8.4%) were low-response strains of



A/District of Columbia/27/2023 (cell line). The antigenicity analysis of 219 B (Victoria) influenza strains was carried out, of which 215 (98.2%) were similar to B/Austria/1359417/2021 and 4 (1.8%) were low-response strains of B/Austria/1359417/2021.

(4) Drug resistance analysis

In the 41st week of 2025, the National Influenza Center analyzed the resistance of 26 strains of A(H1N1)pdm09, 96 strains of A(H3N2) and 37 B (Victoria) influenza strains, all of which were sensitive to neuraminidase inhibitors.

From March 31, 2025 to October 12, 2025, CNIC resistance surveillance data showed that except for 30 A(H1N1)pdm09 subtype influenza strains, the remaining A(H1N1)pdm09 subtype influenza strains were sensitive to neuraminidase inhibitors. All A(H3N2) and B influenza strains are sensitive to neuraminidase inhibitors. All A(H1N1)pdm09, A(H3N2) subtypes and B influenza strains are sensitive to polymerase inhibitors.



Outbreak of the epidemic

Definition of influenza-like case outbreaks: Within a week, 10 or more influenza-like cases occur in the same region or unit, verified and confirmed by the county (district) level disease prevention and control agency, and reported through the "China Influenza Surveillance Information System" is defined as one influenza-like case outbreak.

(1) Overview of the outbreak reported this week.

In the 41st week of 2025, a total of 4 outbreaks of influenza-like cases were reported across the country. After testing, 2 cases were A(H3N2), 1 case was negative for influenza, and 1 case had no pathogen test results.

(2) Overview of the outbreak.

From the 14th to the 41st week of 2025 (March 31, 2025 to October 12, 2025), 92 outbreaks of influenza-like cases (10 cases or more) were reported nationwide, and laboratory tests showed that 58 were A(H3N2), 5 were A(H1N1)pdm09, 3 were type A (subtype not shown), 4 were B (Victoria), 6 were mixed, 8 were influenza-negative, and 8 were not yet available for pathogen test results. 1. Time distribution.

In weeks 14-41 of 2025, a total of 62 ILI outbreaks were reported in the southern provinces, which is lower than the number of outbreaks reported in the same period in 2024 (100). (Figure 7) In the 14th-41st week of 2025, a total of 30 ILI outbreaks were reported in the northern provinces, which was higher than the number of outbreaks reported in the same period in 2024 (23). (Fig. 8)

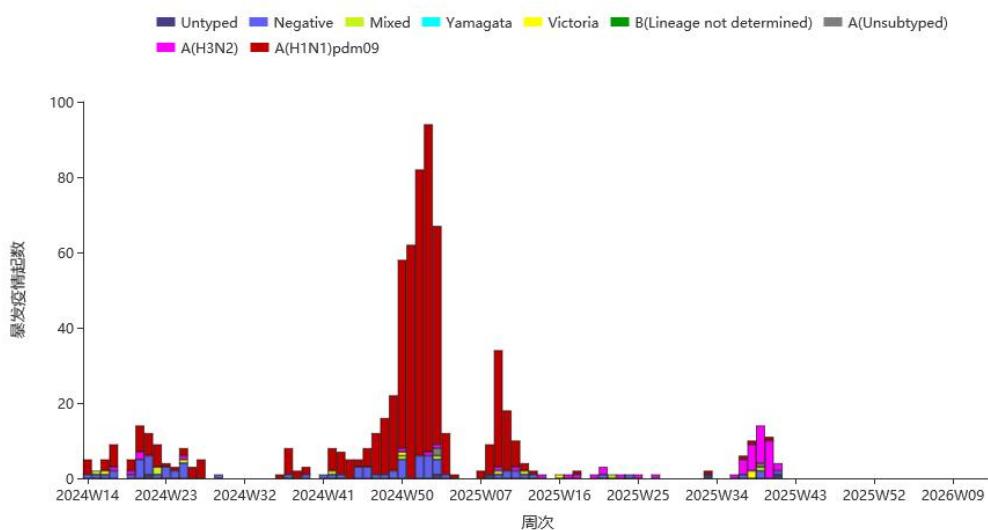


Figure 7 Weekly distribution of ILI outbreaks reported in southern provinces
(Statistics by epidemic reporting time)

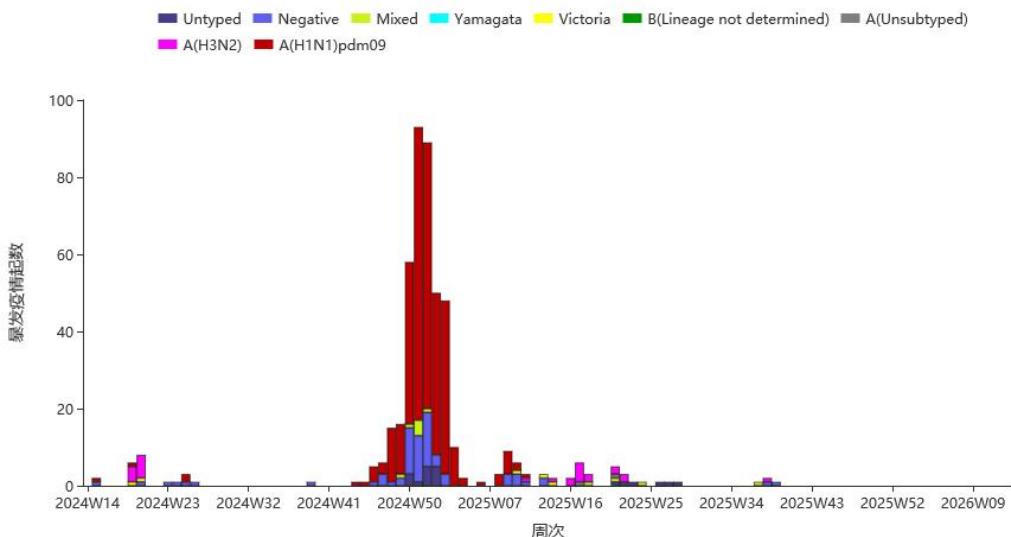


Fig.8 Weekly distribution of reported ILI outbreaks in northern provinces
(Statistics by epidemic reporting time)

2. Regional distribution.

In the 14th-41st week of 2025, a total of 92 ILI outbreaks were reported nationwide, distributed in 6 regions (Table 2).

Table 2 Number of outbreaks reported by region in weeks 14-41 of 2025

Number of regional outbreaks ()		Number of regional outbreaks ()	
Southwest China	31	South China	16
China 24	Northwest China 17	Central China 3	North China 1

Note: Outbreak reports are affected by factors such as local monitoring capabilities and monitoring sensitivity. The provinces and cities in each region are as follows: Northeast China: Heilongjiang, Jilin, Liaoning; North China: Beijing, Hebei, Inner Mongolia, Shanxi, Tianjin; East China: Anhui, Fujian, Jiangsu, Jiangxi, Shandong, Shanghai, Zhejiang; South China: Guangdong, Guangxi, Hainan; Central China: Henan, Hubei, Hunan; Northwest Region: Gansu, Construction Corps, Ningxia, Qinghai, Shaanxi, Xinjiang; Southwest Region: Guizhou, Sichuan, Tibet, Yunnan, Chongqing.



Human infection with animal-derived influenza virus outbreaks

WHO has not reported an outbreak of human infection with animal-derived influenza virus.

(译自 : <https://www.who.int/teams/global-influenza-programme/avian-influenza/monthly-risk-assessment-summary>)





Animal avian influenza epidemic

From October 5 to 11, 2025, the World Organization for Animal Health reported a total of 31 animal outbreaks of highly pathogenic avian influenza.

Table 3 Global outbreaks of highly pathogenic avian influenza in animals

Country	Avian influenza subtypes				
	H5N1	H5N5	H5 (N TBD)	To be reported	total
Argentina				1	1
Bulgaria	1				1
Denmark	2				2
France	1				1
Germany	4				4
India	2				2
Iran	1				1
Ireland	1				1
Italy	1				1
Latvia	1				1
Netherlands	1				1
Poland	2				2
Portugal	1				1
Slovakia	1				1
Spain	1				1
Sweden	1				1

United Kingdom	5	1			6
United States	2		1		3
total	28	1	1	1	31



Figure 9: Spatial distribution of reported outbreaks of highly pathogenic avian influenza in animals worldwide

(Translated: <https://wahis.woah.org/#/home>)
from.)



Influenza surveillance in other countries

Global (Week 39, data as of September 28, 2025)

Influenza surveillance

Globally, influenza activity remains low, and type A continues to dominate. The northern and southern hemispheres and the dissemination regions exhibit different patterns. In the southern hemisphere, most countries reported low and stable influenza



activity, while some countries in East Africa and Southeast Asia reported an increase in influenza positivity rates (>10%). In the northern hemisphere, influenza activity levels have been low and stable in most countries or regions over the past few weeks. A few countries in Central America and the Caribbean, West and Central Africa, West Asia, South Asia, and Southeast Asia have influenza positivity rates of more than 30%. Central America and the Caribbean, West and Central Africa, South and Southeast Asia are on the rise.

In areas with high influenza positivity rates, A(H1N1)pdm09 is predominant in Central America and the Caribbean, East and Central Africa, A(H3N2) is dominant in Asia, and A(H1N1)pdm09 and A(H3N2) are reported in West Africa.

Coronavirus (SARS-CoV-2) surveillance

Globally, the COVID positivity rate remains low but has risen slightly, with a small number of countries in Central America and the Caribbean, tropical South America, Europe, West Asia, and East Asia monitoring more than 30% of the COVID positivity rate. Two countries in southwestern Europe and one country in tropical South America grew.

Respiratory syncytial virus (RSV) surveillance

Respiratory syncytial virus (RSV) positivity rates remain high in some Central American and Caribbean countries and in tropical and temperate South America, West Africa and East Asia, with two countries in Central America and the Caribbean reporting a slight increase.

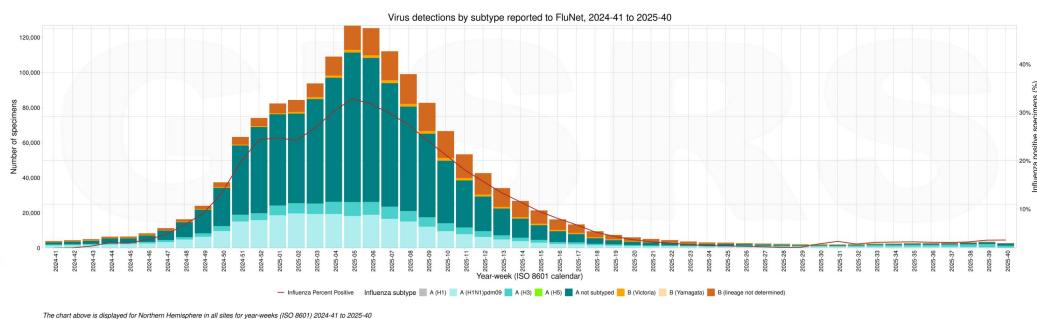


Figure 10 Influenza virus prevalence in the northern hemisphere

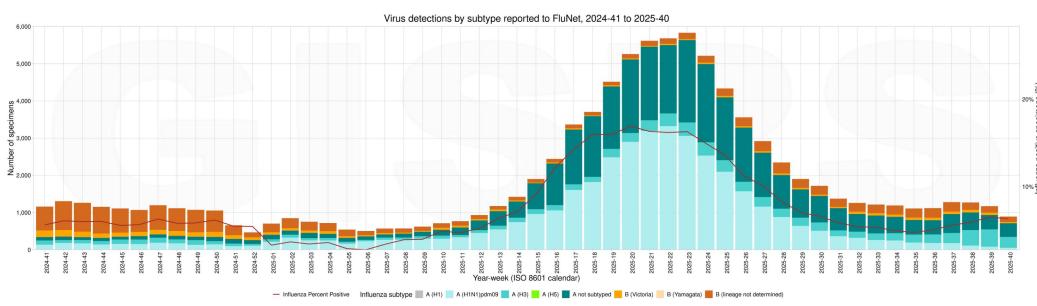


Figure 11 Influenza virus prevalence in the southern hemisphere

(Translation from:

<https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>

United States(Week 38, data as of September 20, 2025. Not updated yet.)

At week 38, seasonal influenza activity levels were low across the United States.

1.7% of patients reported through ILINet this week were flu-like cases (i.e., due to respiratory illness, including fever with cough or sore throat, also known as ILI). Many respiratory viruses are prevalent, and the impact of influenza virus infection on ILI may vary from location to location.

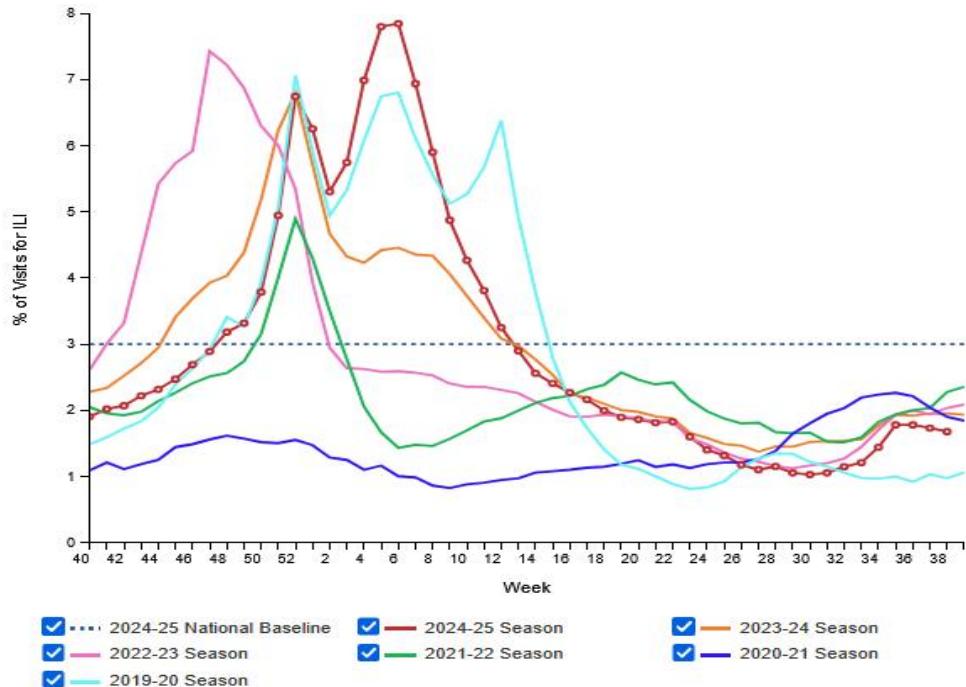


Fig.12 Weekly distribution of ILI monitoring in the United States

This week, a total of 45,194 samples were tested in clinical laboratories, and 160 (0.4%) were positive for influenza virus: 140 (87.5%) were type A and 20 (12.5%) were type B.

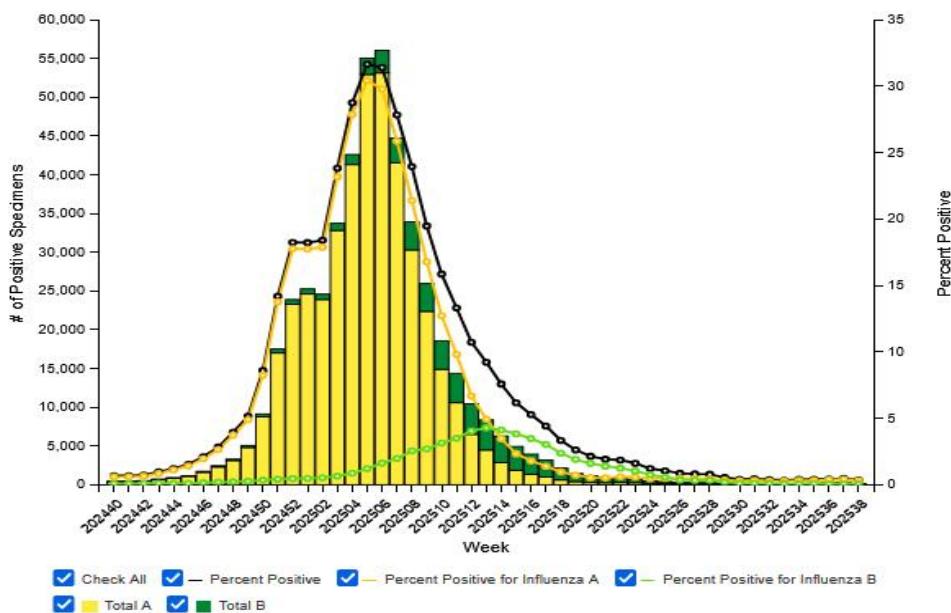


Figure 13 Weekly distribution of influenza pathogen surveillance in US clinical laboratories



This week, a total of 371 samples were tested by U.S. public health laboratories, and 27 positive samples for influenza were detected, of which 25 (92.6%) were type A and 2 (7.4%) were type B. Among the 15 (60.0%) typed A samples, 6 (40.0%) were A(H1N1)pdm09 subtype, 9 (60.0%) were A(H3N2) subtypes, and 10 (40.0%) were A(H3N2) subtypes (not shown). 2 copies of type B unstrained.

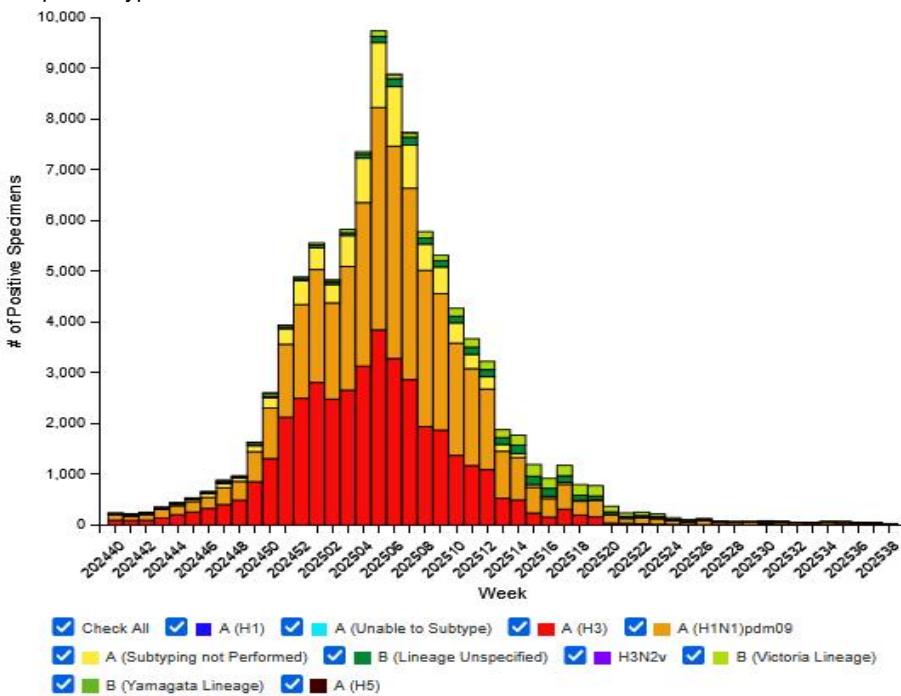


Figure 14 Weekly distribution of influenza pathogen surveillance in US public health laboratories

The number of deaths reported this week from influenza accounted for 0.03% of all deaths. The data provided is preliminary and may change as more data is received and processed.

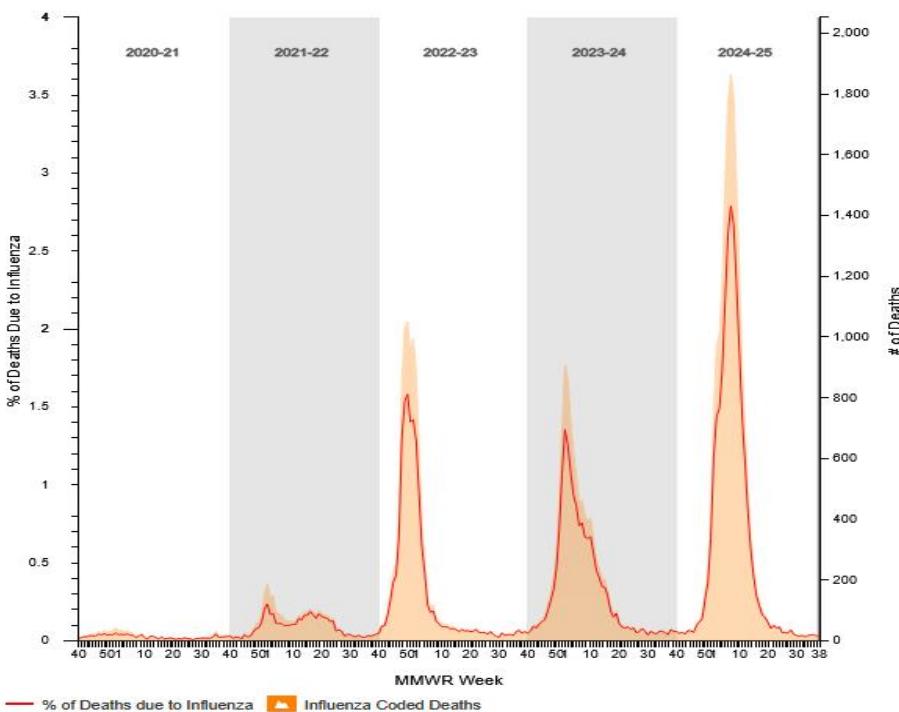


Figure 15 U.S. influenza death surveillance

(译自：<https://www.cdc.gov/fluview/index.html>)

Hong Kong, China (Week 40, September 28-October 8, 2025)

Hong Kong is in the summer flu season. The latest surveillance data show that the local influenza activity in Hong Kong remains at a high level. The average proportion of ILI reported by designated general practice clinics in Hong Kong this week was 11.4‰, down from 11.7‰ last week.

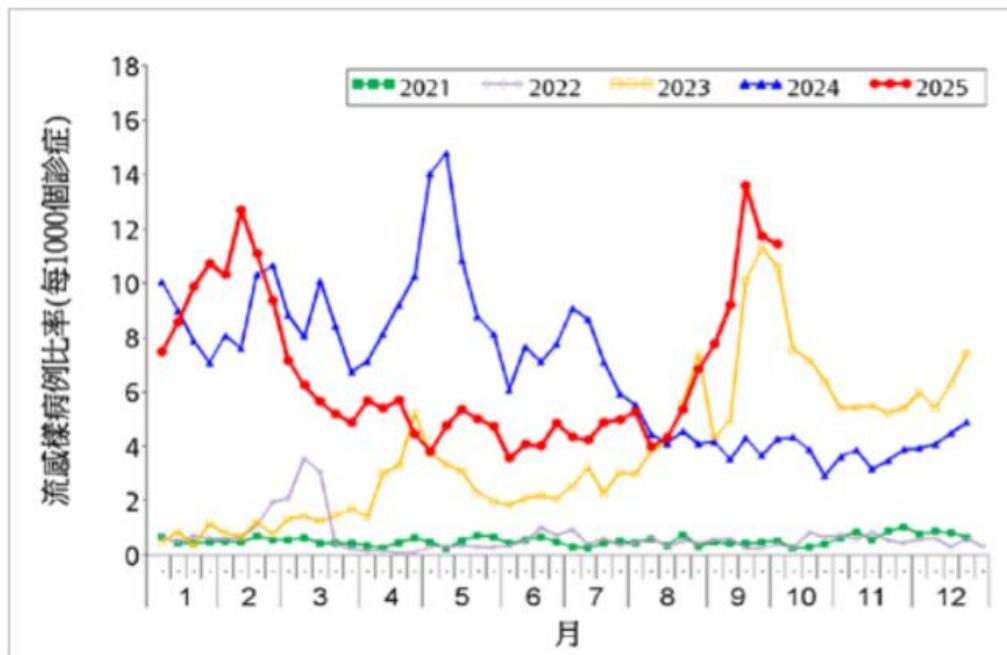


Fig.16 Weekly distribution of ILI surveillance in designated general practice clinics in Hong Kong



The average proportion of ILI reported by designated private doctors in Hong Kong this week was 41.3‰, down from 43.4% last week.

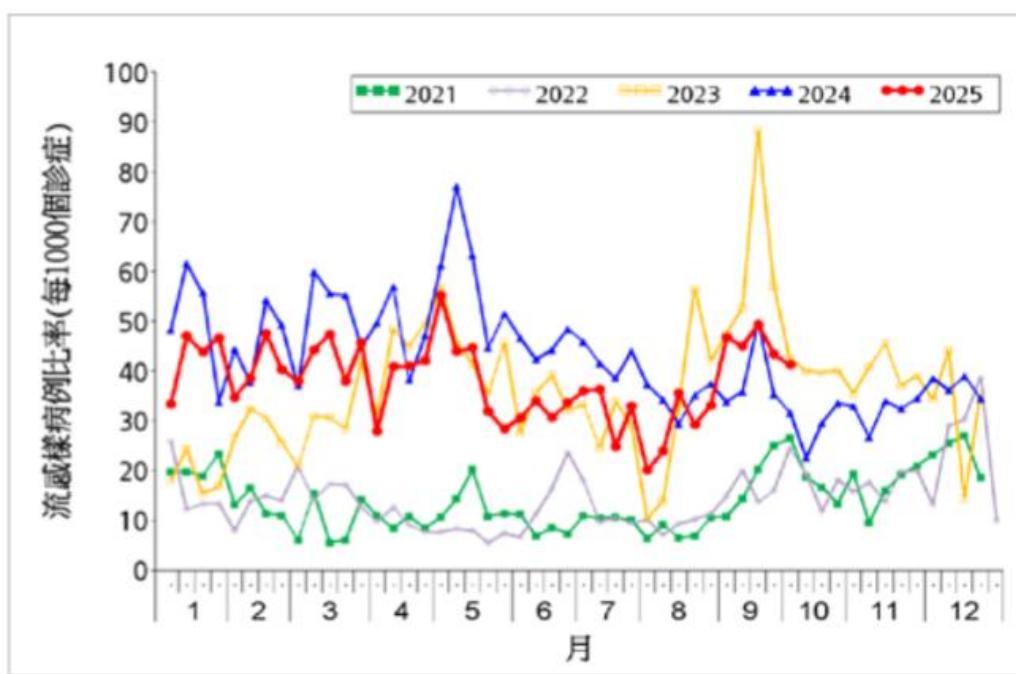


Fig.17 Weekly distribution of ILI surveillance by designated private doctors in Hong Kong



This week, 8,799 respiratory samples were collected, 846 (9.61%) positive influenza samples were detected, and the positive influenza samples that have been classified include 147 (18%)A(H1N1)pdm09, 644 (79%)A(H3N2) and 26 (3%) influenza B. The influenza virus positivity rate was 9.61%, higher than the baseline level of 4.94% and lower than the previous week's 10.16%.

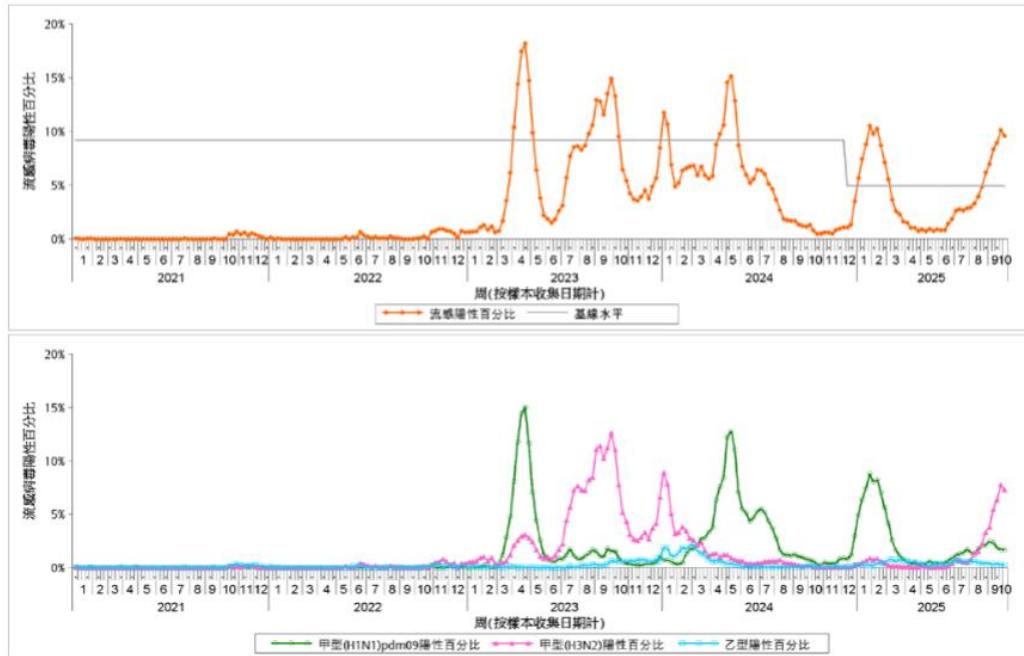


Fig.18 Weekly distribution of influenza pathogen surveillance in Hong Kong (The above figure shows the overall positivity rate; The figure below shows the positive rate of influenza virus typing)

There were 68 reports of influenza-like illness outbreaks in schools/residential care homes this week (affecting a total of 518 people), compared to 64 outbreaks of influenza-like illness reported last week (affecting a total of 492 people). In the first four days of 41, 53 outbreaks of influenza-like illness in schools/residential care homes were reported (affecting a total of 295 people).

The overall admission rate for influenza diagnosed in public hospitals was 0.52 (per 10,000 population for this age group), compared with 0.52 in the previous week and higher than the baseline level of 0.27. The admission rates of people aged 0-5, 6-11, 12-17, 18-49, 50-64 and 65 years and above with a primary diagnosis of influenza in public hospitals were 3.07, 1.98, 0.99, 0.14, 0.18 and 0.84 (per 10,000 population in this age group), compared with 1.77, 1.98, 1.38, 0.15, 0.11 and 0.98 cases in the previous week.

(摘自:<https://www.chp.gov.hk/tc/resources/29/100148.html>)



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