SARS-CoV-2 laboratory surveillance in the Western Pacific Region

In week 33, 2025 (the week ending on 17 August 2025), a total of 10 783 specimens tested for SARS-CoV-2 were submitted to FluNet from twelve countries and areas in the Western Pacific Region. The positivity rate was 2.56% **(Figure 1)**. The country- and area-specific number of tests and calculated positivity rates in week 32-33 are presented in **Table 1** below. Hong Kong SAR, China, Indonesia, Philippines, and Singapore reported an increase in their SARS-CoV-2 positivity rates, compared to the previous week. Percent positivity is calculated using the number of samples positive and processed for SARS-CoV-2. The data are provided to FluNet by National Influenza Centres (NICs) of the Global Influenza Surveillance and Response System (GISRS) and other national influenza reference laboratories collaborating actively with GISRS. More information on FluNet and its data sharing mechanism are available here.

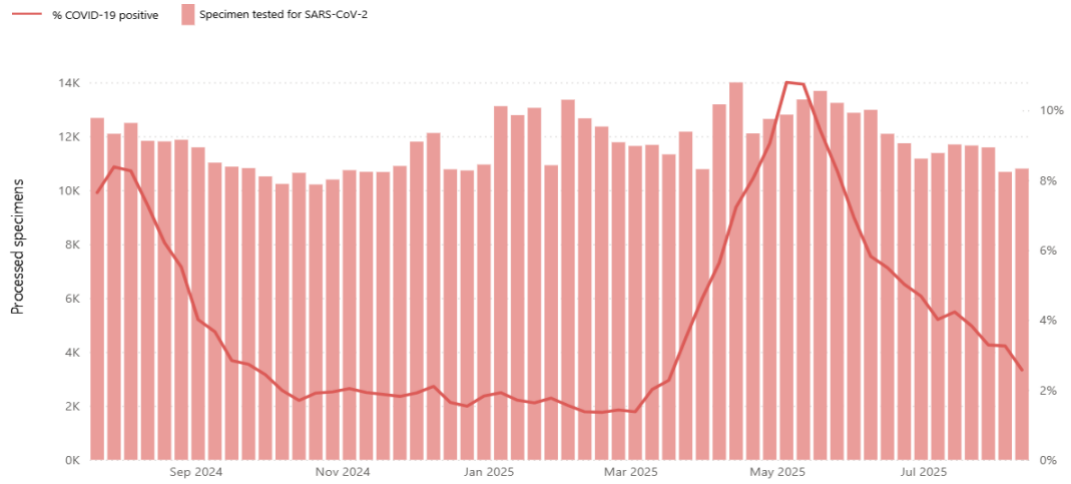

Figure 1: SARS-CoV-2 tested specimens reported to FluNet from countries, areas and territories, Westen Pacific Region, 2024-2025
(Source: GISRS surveillance data reported to FluNet)

Table 1: Weekly number of testing and positive rate reported to FluNet, week 32-33 of 2025
(Source: Integrated influenza and other respiratory viruses surveillance dashboard)

Countries and areas (most recent week of data)	Number of testing for SARS-CoV-2	SARS-CoV-2 positivity rate (%)	Trend
Australia (33 of 2025)	2 278	2.68	↓
Hong Kong SAR, China (33 of 2025)	7 913	1.50	↑
Indonesia (33 of 2025)	35	14.29	↑
Japan (33 of 2025)	37	13.51	↓
Lao PDR (33 of 2025)	70	2.86	↓
Mongolia (33 of 2025)	16	0.00	-
New Caledonia (33 of 2025)	25	0.00	↓
New Zealand (31 of 2025)	80	0.00	↓
Papua New Guinea (33 of 2025)	3	0.00	-
Philippines (33 of 2025)	40	5.00	↑
Republic of Korea (33 of 2025)	235	31.49	↓
Singapore (33 of 2025)	127	6.30	↑
Viet Nam (33 of 2025)	4	0.0	-

Notes: The quality and consistency of this surveillance data are influenced by changes in health seeking behaviours, routine in sentinel sites, national testing priorities and capacities, and public health and social measures implementation. In addition, test precent positivity from sentinel surveillance can be very different than that of universal surveillance due to varying objectives, case definitions and coverage. Therefore, the data presented here should be interpreted carefully. The data is also subject to change over time, and there can be difference from national public health authorities and other sources.

Tracking SARS-CoV-2 variants in the Western Pacific Region

As of 28 August 2025, relative frequency of circulating variants in the Western Pacific Region is as follows: NB.1.8.1 at 46.33%, B.1.1.529 at 45.45%, and JN.1 at 3.23% **(Figure 2)**. The country- and area-specific data are available below for certain countries and areas where the information is routinely updated.

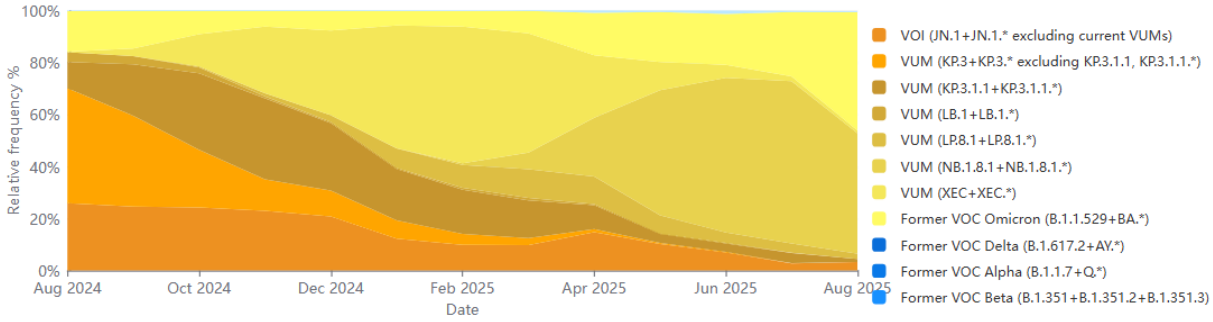

Figure 2: Relative frequency (%) of circulating variants in the Western Pacific Region, 2024-2025

Note: Indonesia data is not included in this figure.

(Source: GISAID hCoV-19 Variants Dashboard)

COVID-19 surveillance summary

COVID-19 surveillance in the WHO Western Pacific Region reflects the ongoing transition of Member States from pandemic emergency response to sustainable, integrated, and longer-term COVID-19 disease management. In this transitional phase, some countries have already integrated their COVID-19 surveillance into existing systems, while others maintain surveillance from the emergency phase of the pandemic. Due to these varied approaches, population groups, data formats, and reporting mechanisms of COVID-19 surveillance differ across countries.

In the interim, guided by standing recommendations, WHO continues to support Member States in monitoring, assessing and responding to the risks posed by COVID-19. This COVID-19 surveillance summary, therefore, covers countries and areas where routine surveillance is conducted, and the surveillance data is publicly available. A detailed description of COVID-19 surveillance in each country and area included in the report is available in Annex 1. The surveillance data should be interpreted with caution, taking into account various surveillance methodologies and reporting systems described in Annex 1.

Countries in the temperate zone of the Northern Hemisphere

China – severe cases and deaths (monthly update)

There is no update for this reporting period.

From 1 to 31 July 2025, 219 new severe COVID-19 cases and two deaths (all deaths from underlying diseases combined with COVID-19 infection) were reported from 31 provinces, autonomous regions and municipalities **(Figure 3)**. Compared to June 2025 (384 severe cases and eight deaths), both the number of severe cases and the number of deaths have decreased. As of 6 August, the main circulating strain is NB.1.8.1. According to the sampling date, from the week 27 (from 30 June to 6 July) to the week 31 (From 28 July to 3 August) the proportions of NB.1.8.1 were 96.3%, 96.4%, 96.7%, 97.1% and 95.2%, respectively.

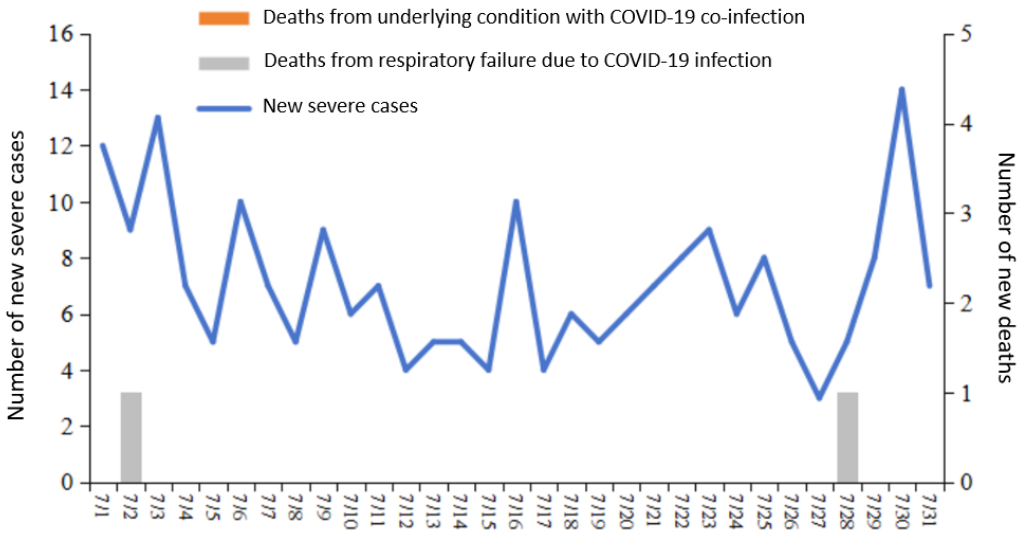

Figure 3: Severe COVID-19 cases and deaths reported in China, July 2025
(Source: China National disease Control and Prevention Administration)

Indonesia - cases and deaths (sentinel and non-sentinel surveillance)

As of epidemiological week 33 of 2025 (17 August 2025), Indonesia has reported 10 confirmed COVID-19 cases and zero deaths since January 2025. **(Figure 4)**

Cumulative number 2020-2025		
Confirm	Death	CFR
6,830,737	162,066	2.37%

Figure 4: COVID-19 cases and deaths Week 1 – 33, 2025
(Source: COVID-19 Dashboard, Emerging Infectious Disease Situation,
Ministry of Health of the Republic of Indonesia)
Note : Konfirmasi= Confirmed; Kematian= Deaths
M : epidemiological week

Japan – COVID-19 cases (sentinel surveillance, weekly update)

In week 33 of 2025 (from 11 to 17 August 2025), a total of 22 288 new cases were reported, a decrease from 23 126 cases in week 32. However, the average number of cases per sentinel site increased to 6.30, compared to 6.13 in the previous week **(Figure 5)**. Since week 23, there has been a continued upward trend in new COVID-19-related hospitalizations reported from designated sentinel sites nationwide, with 1 904 new hospitalizations reported in week 33, compared to 1 729 in week 32 **(Figure 6)**.

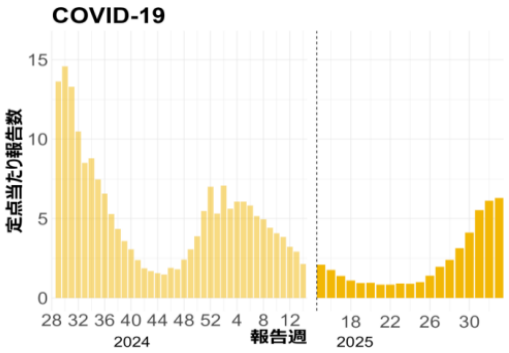

Figure 5: Weekly number of COVID-19 cases reported per sentinel hospital site, 2024-2025
(Source: Japan Institute for Health Security)

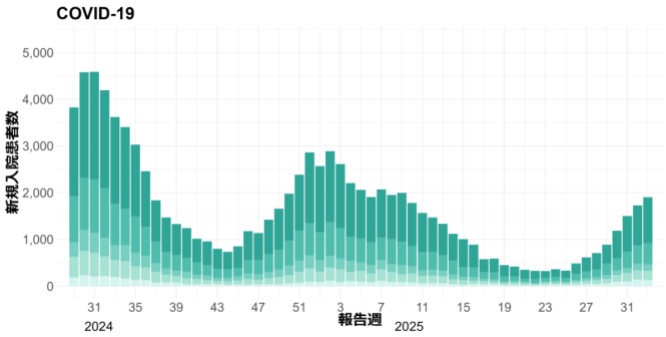

Figure 6: Weekly number of new COVID-19 hospitalizations reported from sentinel sites in Japan, 2024-2025
(Source: Japan Institute for Health Security)

Republic of Korea – COVID-19 cases (sentinel surveillance)

In week 34 (the week ending on 23 August 2025), the detection rate of SARS-CoV-2 reported from virological sentinel sites was 32.6%, an increase from 31.5% in the previous week (**Table 2**). COVID-19 associated hospital admissions have increased compared to week 33, with 367 hospital admissions reported in week 34 of 2025 (**Figure 7**).

Table 2: Laboratory-based pathogen surveillance in Republic of Korea: respiratory viruses, week 31-34 of 2025
(Source: Public Health Weekly Report, Korea Disease Control and Prevention Agency)

2025 (week)		Weekly total	Detection rate (%)								
		Detection rate (%)	HAdV	HBoV	HPIV	HRSV	HRV	HMPV	HCoV	IFV	SARS-CoV-2
2025	31	72.0	1.1	1.8	24.7	0.4	17.8	1.5	0.4	1.8	22.5
	32	74.8	3.9	3.6	18.6	0.0	14.4	1.0	1.0	0.3	32.0
	33	69.4	3.8	1.3	14.9	1.7	14.5	0.9	0.4	0.4	31.5
	34	72.2	3.1	3.1	14.2	1.0	13.2	2.1	1.4	1.4	32.6
Cum.※		72.3	3.0	2.5	18.2	0.7	14.9	1.4	0.8	1.0	29.7
2024 Cum.∀		65.1	5.8	3.1	5.4	5.2	15.4	4.5	2.6	8.9	14.2

- HAdV : human Adenovirus, HPIV : human Parainfluenza virus, HRSV : human Respiratory syncytial virus, IFV : Influenza virus, HCoV : human Coronavirus, HRV : human Rhinovirus, HBoV : human Bocavirus, HMPV : human Metapneumovirus

※ Cum. : the rate of detected cases between July 27, 2025 - August 23, 2025

∀ 2024 Cum. : the rate of detected cases between December 31, 2023 - December 28, 2024

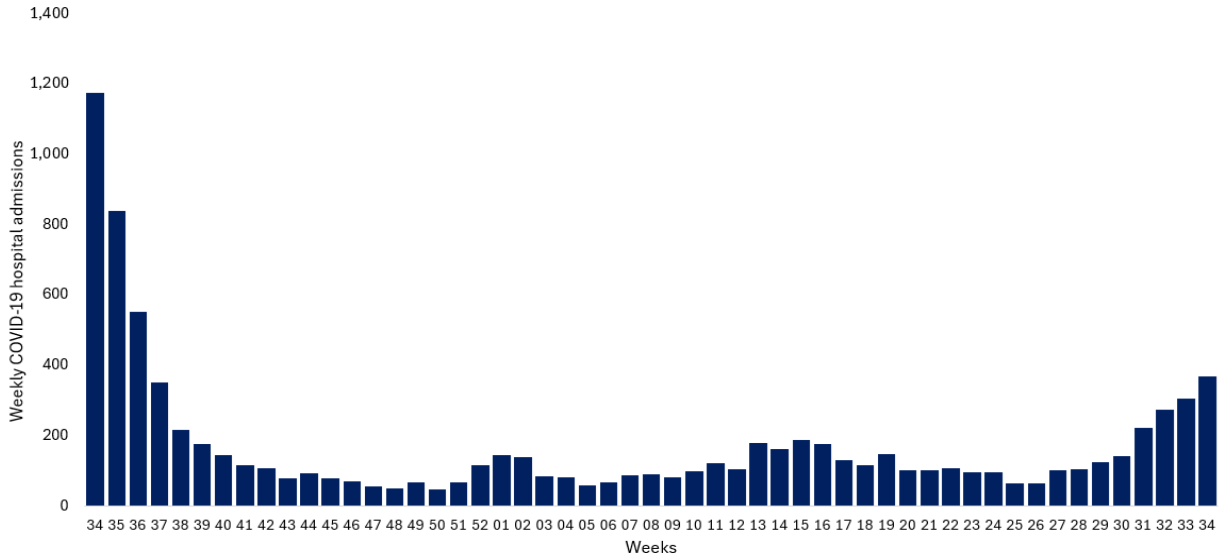

Figure 7: Weekly COVID-19 hospital admissions reported from acute respiratory infection surveillance system in Republic of Korea, week 34 of 2024-week 34 of 2025
(Source: Korea Disease Control and Prevention Agency)

Countries/areas in the tropical zone

China, Hong Kong SAR, laboratory confirmed COVID-19 cases, severe cases and deaths

In week 34 of 2025, the weekly number of newly recorded positive nucleic acid test laboratory detections for SARS-CoV-2 virus was 75, compared to 91 in the preceding week **(Figure 8)**. The weekly number of severe COVID-19 cases including deaths with cause of death preliminarily assessed to be related to COVID-19 was two, compared to five in the preceding week **(Figure 9)**. Based on the sewage samples collected for surveillance of SARS-CoV-2 variants, as of 20 August 2025, NB.1.8.1 remains the most prevalent variant, comprising 53.7% of all characterised specimens.

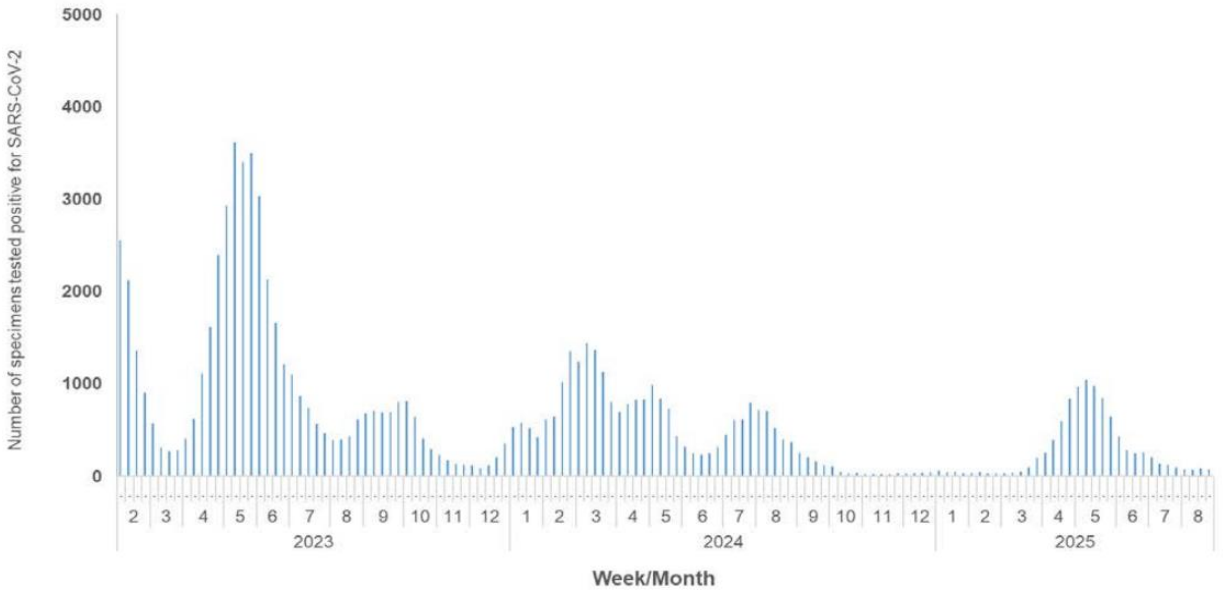

Figure 8: Weekly number of positive nucleic acid test laboratory detections for SARS-CoV-2 virus, 2023-2025
(Source: Hong Kong Centre for Health Protection)

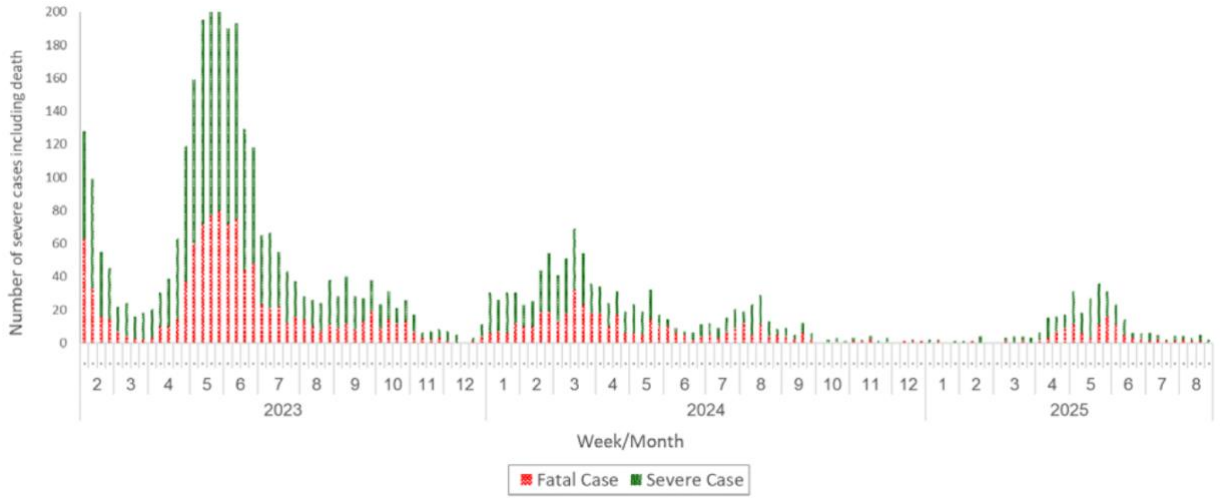

Figure 9: Weekly number of Severe COVID-19 cases including deaths, 2023-2025
(Source: Hong Kong Centre for Health Protection)

Malaysia – COVID-19 confirmed cases and hospital admissions (sentinel surveillance)

The weekly average of COVID-19 confirmed cases has continued to decrease in recent weeks, from 1 023 cases reported in week 32 to 735 cases in week 33, 2025 **(Figure 10)**.

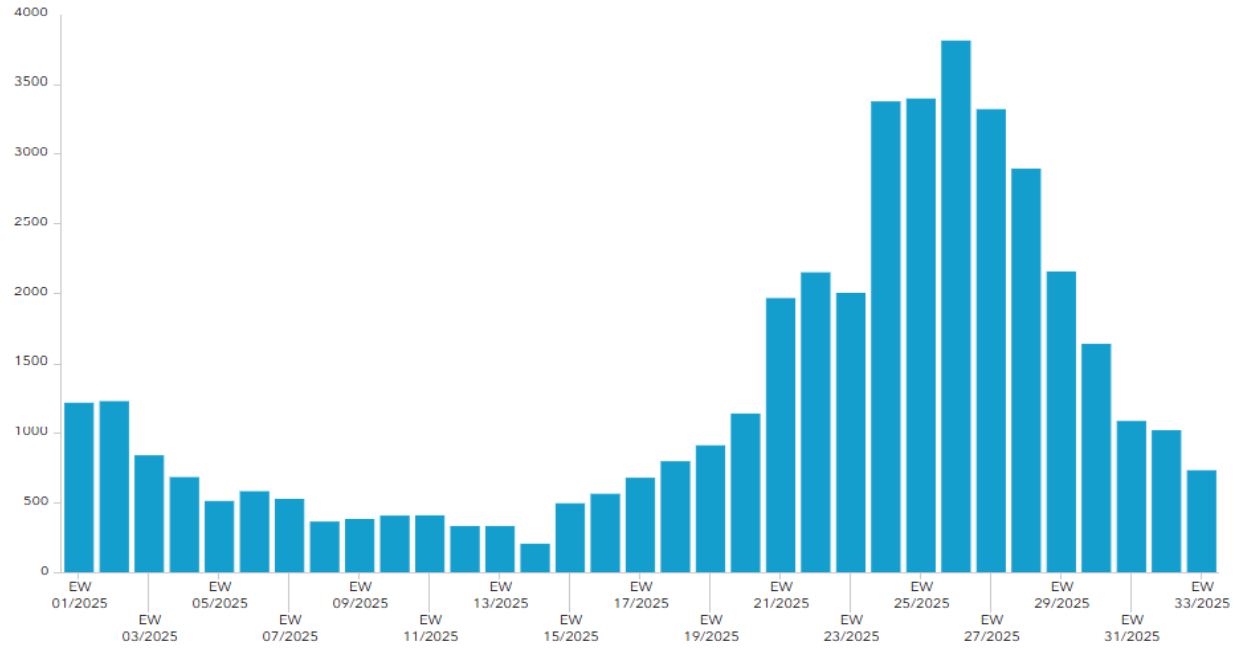

Figure 10: COVID-19 confirmed cases in Malaysia by week, 2025
(Source: Ministry of Health Malaysia)

Viet Nam - COVID-19 cases and deaths

As of 17 August 2025, Viet Nam reported 12 519 COVID-19 cases, including three deaths in 2025. Compared to the same period in 2024 (6 639 cases including one death), this represents a 1.89-fold increase in cases and two additional deaths in 2025.

During week 33 (from 11 to 17 August 2025), 37 cases were reported, with no deaths. This marks a 50% decrease from the previous week's 74 cases.

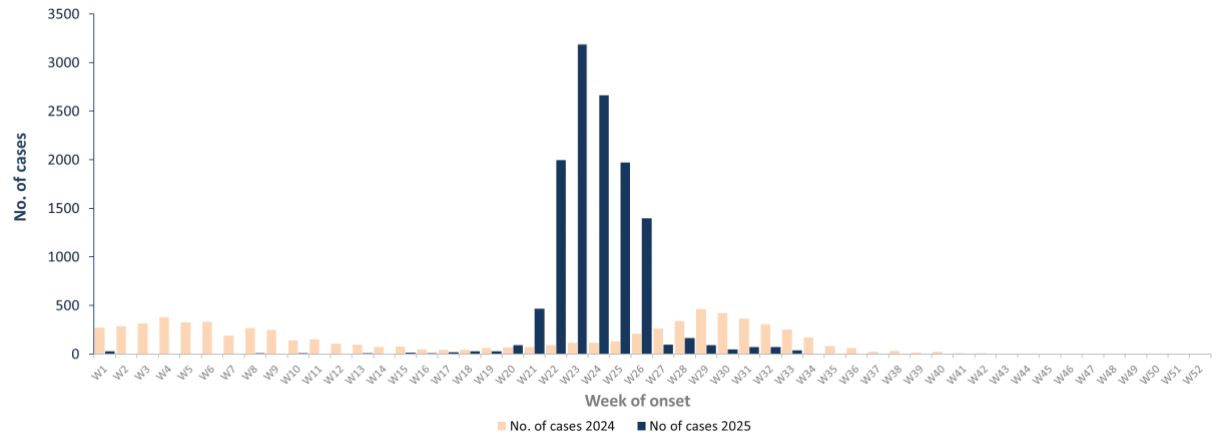

Figure 12: Number of weekly COVID-19 cases by region, as of week 33, 2025, Viet Nam
(Source: General Department of Preventive Medicine, Ministry of Health, Viet Nam)
Notes: Data reporting data might be delayed or updated; recent data will be subject to revision.

Countries in the temperate zone of the southern hemisphere

Australia – COVID-19 confirmed cases

The weekly number of confirmed COVID-19 cases has continued to decrease since week 26 of 2025, with 3 939 new cases reported in week 34. **(Figure 13)**.

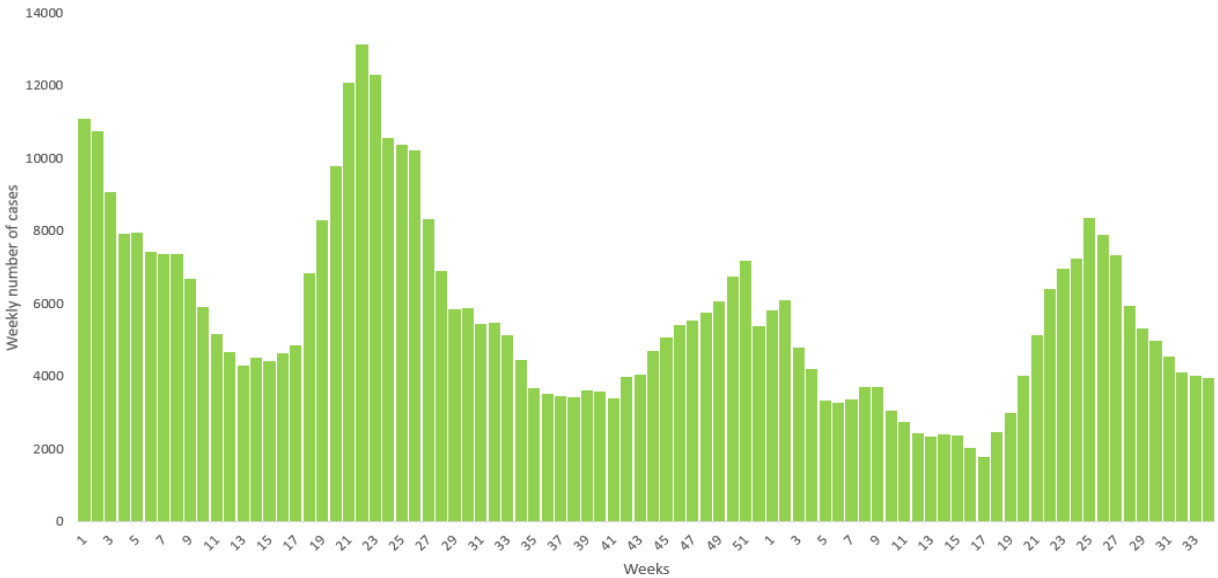

Figure 13: COVID-19 confirmed cases, week 1 of 2024- week 34 of 2025
(Source: International Health Regulations (IHR) National Focal Point, Australia)

Notes: Due to a reduction in case ascertainment, including changes in testing and reporting requirements, notifications of COVID-19 are underestimate of disease incidence in the community. For more detail, please refer to reports and data considerations published by individual jurisdictions in Australia.

New Confirmed Cases per week data is derived from The National Notifiable Diseases Surveillance System (*NNDSS*) which integrates data from Australia's eight jurisdictions. The NNDSS is a dynamic system, and data are subject to retrospective revisions as updates are received, particularly for recent weeks. Data may vary from data reported in published NNDSS reports and reports of notification data by States and Territories.

New Zealand – COVID-19 cases and deaths

As of 23 August 2025, the number of COVID-19 cases has decreased since July 2025**.** The 7 day-moving average of daily cases per 100 000 population was recorded at 0.72 cases on 23 August 2025 (**Figure 14**). The 7-day moving average of daily attributed deaths per 100 000 population was 0.01 on 14 July 2025. (**Figure 15**).

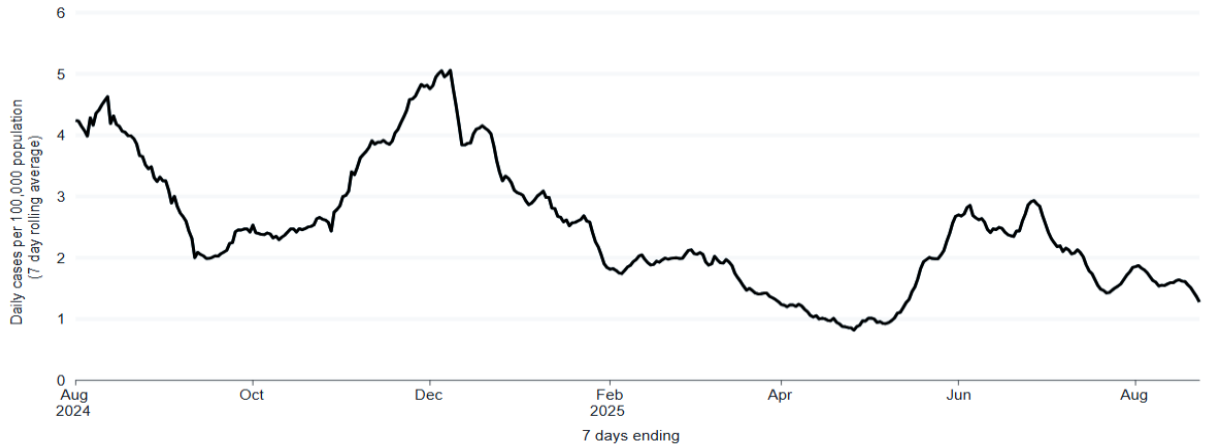

Figure 14: 7-day moving average of daily COVID-19 cases per 100 000 population in New Zealand, 2024-2025
(Source: Te Whatu Ora, Health New Zealand)

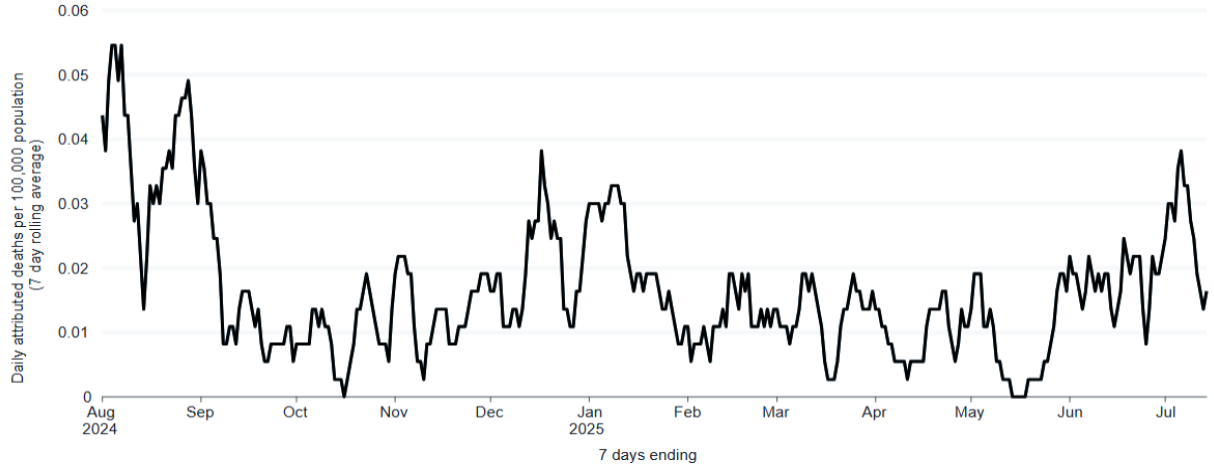

Figure 15: 7-day moving average of daily COVID-19 attributed deaths per 100 000 population in New Zealand, 2024-2025
(Source: Te Whatu Ora, Health New Zealand)

Global COVID-19 situation updates

Integrated influenza and other respiratory viruses surveillance outputs
COVID-19 monthly epidemiological updates
Global COVID-19 dashboard
Others:

- Report of the Review Committee regarding standing recommendations for COVID-19 Link
- Tracking SARS-CoV-2 variants Link
- JN.1 updated risk evaluation Link
- LP.8.1 risk evaluation Link
- NB.1.8.1 risk evaluation Link

Annex 1. Summary of COVID-19 surveillance in countries and areas in the Western Pacific Region

Countries/areas	Case definition	Surveillance system description Case surveillance	Reference
Australia	Confirmed case: Newly diagnosed cases with laboratory definitive evidence • Laboratory definitive evidence: Detection of SARS-CoV-2 by nucleic amplification acid testing (NAAT); or isolation of SARS-CoV-2 in cell culture, with confirmation using a NAAT; or SARS-CoV-2 IgG seroconversion or a four-fold or greater increase in SARS-CoV-2 antibodies of any immunoglobulin subclass including 'total' assays in acute and convalescent sera, in the absence of vaccination. Probable case: Individuals who have laboratory suggestive evidence • Laboratory suggestive evidence: Detection of SARS-CoV-2 by rapid antigen testing (RAT).	COVID-19 is a nationally notifiable disease; The National Notifiable Diseases Surveillance System (NNDSS) coordinates national surveillance data for diseases on the National Notifiable Disease List. Every day, the state and territory health authorities report to the NNDSS about new cases of notifiable diseases. (Reporting) COVID-19 data includes both confirmed and probable cases reported to NNDSS. Six jurisdictions have stopped collecting probable cases: Victoria on 1 July 2023, Queensland on 1 September 2023, New South Wales on 1 October 2023, Western Australia on 9 October, NT on 21 October2023 and ACT from 22 December 2023. Point of care tests administered in healthcare or aged care settings continue to be reported to the NNDSS by some jurisdictions. New South Wales ceased notification of hospitalization status for COVID-19 cases to the NNDSS on 5 March 2024.	1, 2
China	Diagnosis should be made based on comprehensive analysis of epidemiological history, clinical manifestations and laboratory tests. • Have clinical manifestations associated with the 2019-nCoV infection; • Have one or more of the following pathogenic and serological result: (1) A positive PCR detection of the 2019-nCoV; (2) A positive antigen detection of the 2019-nCoV; (3) A positive 2019-nCoV isolation and cultivation; (4) Four times or more elevated levels of 2019-nCoV-specific IgG antibodies in the recovery phase than in the acute phase.	COVID-19 is a class B notifiable disease: (Case reporting) Medical institutions at all levels and in all categories should report cases in time according to regulations and laws, in line with relevant requirements for information reporting. COVID-19 infection and asymptomatic cases need to be reported directly on China's network-based infectious disease reporting system within 24 hours of diagnosis. For severe, critical and death cases and other special cases identified, disease prevention and control agencies should conduct epidemiological investigations in a timely manner and upload results as required. (Pathogen monitoring) viral gene sequencing is analyzed for patient samples that test positive for COVID-19, which are collected from outpatients admitted to sentinel hospitals, severe and death cases in emblematic cities, as well as inbound travelers entering through emblematic ports. (Sentinel surveillance) outpatient influenza-like illness (ILI) and inpatient severe acute respiratory infection (SARI) cases will be monitored for COVID-19 in 554 sentinel hospitals for national influenza surveillance. (Surveillance for pneumonia of unknown causes) Cases also can be detected and reported based on the National Plan for Surveillance, Screening and Management of Patients with Pneumonia of Unknown Causes	3, 4, 5
Hong Kong SAR, China	Confirmed case: Laboratory confirmed cases using PCR or antigen-detecting rapid diagnostic tests	(Reporting) COVID-19 is a notifiable disease. Only severe and death cases are required to be reported, with outcomes (serious, critical, and death) within 28 days of the first positive specimen collection date.	6

<table>
<tr>
<td>Indonesia</td>
<td>Confirmed case: Laboratory-confirmed cases using PCR or rapid diagnostic test</td>
<td>
COVID-19 detection in Indonesia through Early Warning Alert and Response System (EWARS) and sentinel surveillance:

Routine EWARS: The Directorate of Surveillance and Health Quarantine, in collaboration with the Public Health Emergency Operation Centre (PHEOC), coordinates the national surveillance of outbreak-prone diseases listed in the National Notifiable Diseases List. Surveillance is carried out through two primary approaches: weekly aggregate reporting via EWARS indicators and near-real-time event-based surveillance. The reporting units for EWARS include primary health centers, hospitals, laboratories, district and provincial health offices, and port health offices. These reporting units are responsible for submitting weekly aggregate data, which contributes to the early detection and response to public health threats.
Individual case data is reported through the New All Record (NAR) system by reporting units and laboratory. The COVID-19 weekly report is published in MoH website COVID-19 report.
Sentinel sites surveillance: COVID-19 surveillance has been integrated into Indonesia’s existing Influenza-Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) sentinel surveillance systems. These sentinel sites have been adapted to incorporate COVID-19 monitoring, thereby serving as an early warning system for emerging respiratory infections. As of the most recent reporting period, Indonesia maintains 39 ILI and 35 SARI sentinel surveillance sites. Data from these sites are also reported through the NAR system, enhancing the comprehensiveness of national surveillance efforts.

Our details reporting systems for Covid-19 present as follow:
<table>
<tr><th>Data type</th><th>Reporting system</th><th>frequency</th><th>Data uses</th></tr>
<tr><td>Individual data</td><td>New All Record (NAR)</td><td>The system facilitates near real-time reporting for sentinel and non-sentinel sites; data from sentinel sites are typically reported in weekly pooled batches.</td><td>Database center, but for sentinel sites also use as trend monitoring</td></tr>
<tr><td>Aggregate data</td><td>EWARS-IBS</td><td>Weekly</td><td>Trend monitoring</td></tr>
</table>
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<td>7, 8</td>
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		Individual and aggregate	EWARS-EBS	Near-real time	Alert and preparedness		
Japan	Confirmed case: Laboratory confirmed cases using PCR or rapid/quantitative antigen test	COVID-19 is a category five sentinel disease; positive cases must be reported every week. (Clinical surveillance) Sentinel surveillance – positive cases from 5,000 sentinel sites at healthcare facilities for both Influenza and COVID-19; hospitalizations from 500 sentinel sites at healthcare facilities. (Virological surveillance) SARS-CoV-2 genomic surveillance is conducted every week by the National Institute of Infectious Diseases in collaboration with commercial medical laboratories. Public health institutes at a prefectural level also conduct genomic surveillance for GISAID submission. (Reporting) Weekly number of positive cases, hospitalizations (including those requiring ICU admission or mechanical ventilator), and variant data are reported.					9, 10
Republic of Korea	Confirmed case: Laboratory confirmed cases using PCR or RAT	COVID-19 is a level four notifiable disease; positive cases must be reported within seven days of confirmation. (Surveillance) COVID-19 surveillance system has been integrated into existing influenza-like illness (ILI), acute respiratory infection surveillance (ARI), and severe acute respiratory infection surveillance (SARI) system. (Reporting) Weekly detection rate from ILI and COVID-19 hospital admissions from ARI and SARI are reported as part of existing Weekly Infectious Disease Sentinel Surveillance Newsletter.					11, 12
Malaysia	Suspected case: one of the following options A. A person who meets the clinical **AND** epidemiological criteria B. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of 38 C°; and cough; with onset within the last 10 days; ad who requires hospitalization); C. An asymptomatic person not meeting epidemiologic criteria with a positive SARS-CoV-2 rapid test kit antigen (RTK-Ag) Probable case: One of the following options A. A patient who meets clinical criteria above **AND** is a contact of a probable or confirmed case or is linked to a COVID-19 cluster B. A suspected case (described above) with chest imaging showing findings suggestive of COVID-19 disease C. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause	COVID-19 is a notifiable disease. COVID-19 surveillance has transitioned from exhaustive to sentinel surveillance using the existing influenza-like-illness (ILI) and severe acute respiratory infection (SARI) surveillance. All samples meeting the criteria for ILI and SARI case definition undergo testing for COVID-19 as well. ILI surveillance prioritizes outpatient settings and is categorized into two main types: - Clinical or epidemiological surveillance, which encompasses 1 040 health clinics and eight hospitals, and - Laboratory-based surveillance involving 58 health clinics. SARI surveillance is tailored to hospitalized patients with 16 hospitals where laboratory-based surveillance is conducted.					13

	D. Death, not otherwise explained, in an adult with respiratory distress preceding death **AND** who was a contact of a probable or confirmed case or linked to a COVID-19 cluster Confirmed case: One of the following options A. A person with a positive NAAT; RT-PCR, Rapid Molecular, and Gene X-pert B. A person with a positive SARS-CoV-2 RTK-Ag **AND** meeting either the probable case definition or suspected criteria (A) or (B) C. An asymptomatic person with a positive SARS-CoV-2 RTK-Ag **AND** who is a contact of a probable or confirmed case		
New Zealand	Confirmed case: Definitive laboratory evidence, without being a confirmed or probable case in the previous 28 days • Definitive laboratory evidence: SARS-CoV-2 detected from a clinical specimen using a validated NAAT or by RAT in a health care setting. Probable case: Suggestive laboratory evidence, without being a confirmed or probable case in the previous 28 days • Suggestive laboratory evidence: SARS-CoV-2 detected through a self-reported RAT where the quality of result cannot be verified.	Exhaustive surveillance: COVID-19 is a notifiable disease under Section 74 of the Health Act 1956, which requires all health practitioners and those in charge of medical laboratories to officially report actual and suspected cases of COVID-19 to the medical officer of health in the local public health service. Self-diagnosed cases detected by RAT are not required to be reported under the Health Act. (Reporting) With widespread community transmission of SARS-CoV-2, reporting priorities to central communicable diseases units should include a) laboratory notification of positive NAAT results, b) self-reporting of positive RAT results, c) case demographics, d) clusters and outbreaks in high-risk settings and communities, e) cases in hospital and intensive care, and f) COVID-19 related deaths.	14
Viet Nam	**Suspected case:** one of the following options a) A patient who presents symptoms of - fever and cough; or - at least three of following symptoms: fever; body aches; fatigue; chills; cough; headache; sore throat; runny nose; stuffy nose; reduced or lost sense of smell; reduced or lost sense of taste; nausea; vomiting; diarrhea; shortness of breath. b) A patient with severe acute respiratory illness (SARI) or severe viral pneumonia (SVP). **Confirmed case:** one of the following options a) Laboratory-confirmed cases using PCR b) Suspected case (described above) with a positive result of a positive SARS-CoV-2 rapid test kit antigen	Since October 2023, COVID-19 has been classified as a group B notifiable disease and monitored through the Electronic Communicable Disease Reporting System (eCDS), managed by the Ministry of Health. Both suspected and confirmed cases are required to be reported to eCDS within 24 hours from the time of diagnosis.	15,16

References:

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