# Respiratory Viruses Surveillance Bulletin

World Health Organization
Western Pacific Region

## Epidemiological Week 13 (Up to 29 March 2026)

## Contents



## Regional situation at a glance

- Regional influenza positivity increased slightly from 8% in week 11 to 11% in week 13 of 2026, largely due to increases observed in Singapore and Viet Nam. SARS-CoV-2 positivity remains below 5% in the Region (Figure 1). The predominant circulating influenza subtype is influenza B(Victoria), accounting for 87% of all detections (Figure 2).
- Media screening over the past two weeks has identified increased influenza activity in Australia, attributed to influenza A(H3N2) subclade K. Australia recorded its highest-ever number of deaths due to influenza in 2025, with a total of 1 738 deaths, and a further 63 deaths were reported in January 2026 [1][2]. The National Immunisation Program of Australia is expected to provide season influenza vaccines starting on April 2026 [2][3].

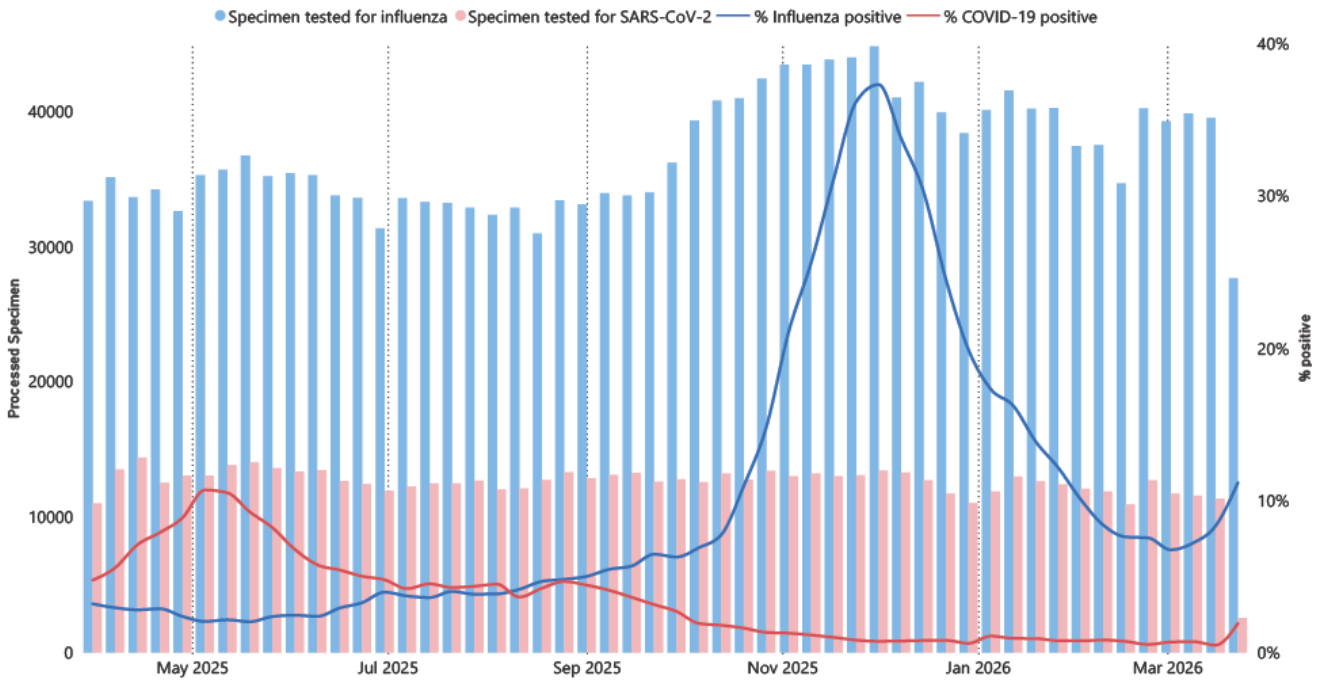


**Figure 1: Number of sentinel surveillance specimens tested for influenza and SARS-CoV-2 and positivity rates as reported to RespiMart from countries and areas of the Western Pacific Region, 31 March 2025 to 29 March 2026**
(Source: GISRS surveillance data reported to RespiMart)
*Note: Sentinel surveillance specimens are not tested for SARS-CoV-2 in Brunei Darussalam and China. As data submission may not be completed for the most recent week, current trends should be interpreted with caution.*

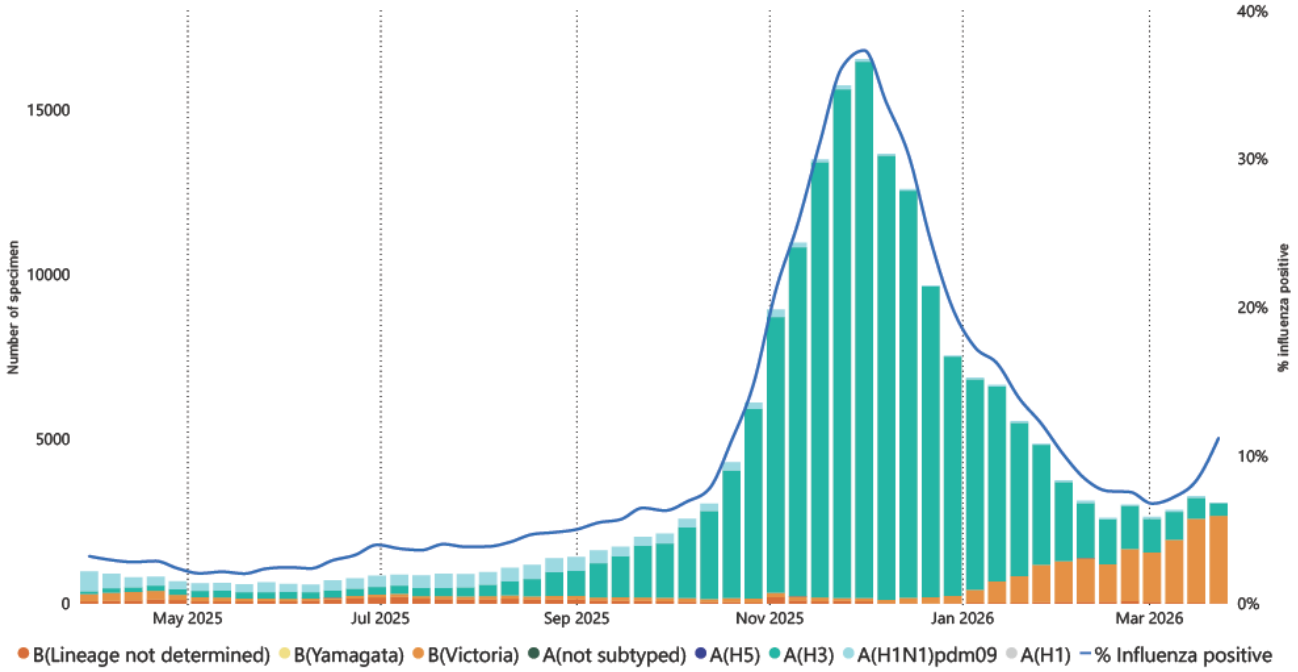


**Figure 2. Influenza virus detections by subtype in the Western Pacific Region, 31 March 2025 to 29 March 2026**
(Source: Influenza Laboratory Surveillance Information)
*Note: All influenza A specimens are subtyped using PCR primers for H1N1pdm09 and H3N2 subtypes. Therefore, specimens indicated as A(H3) in the following figures are subtyped as A(H3/N2).*

## Updates from countries and areas by WHO transmission zones

The figures below illustrate sentinel surveillance data submitted to RespiMart from countries and areas in the Western Pacific Region. Countries and areas are grouped by transmission zone[1]. Typically, all sentinel surveillance specimens are tested for influenza and SARS-CoV-2. However, in selected countries (Brunei Darussalam, China, and Malaysia), sentinel surveillance specimens are only tested for influenza. Additionally, Pacific Island countries and areas are currently only reporting syndromic influenza like illness (ILI) data as virological testing has not been initiated.

For each country and area in a WHO transmission zone, data are presented for the number of specimens tested and percent positivity for influenza and/or SARS-CoV-2, and the circulating influenza subtypes. Each figure illustrates trends based on a rolling 52-week timeframe. The vertical axis scale differs by country to reflect the weekly number of samples tested and to optimize the clarity of the charts.

### Influenza and SARS-CoV-2 activity in the Eastern Asia transmission zone

Influenza activity has decreased in all countries in the Eastern Asia transmission zone, except China, where positivity increased slightly from 9% to 12% between weeks 11 and 13 (Figure 3). SARS-CoV-2 positivity continues to remain at or below 5% for all countries in this transmission zone. The predominant circulating subtype is influenza B(Victoria), but influenza A(H3) and influenza A(H1N1)pdm09 have been detected in China; China, Hong Kong SAR; and Republic of Korea (Figure 4).

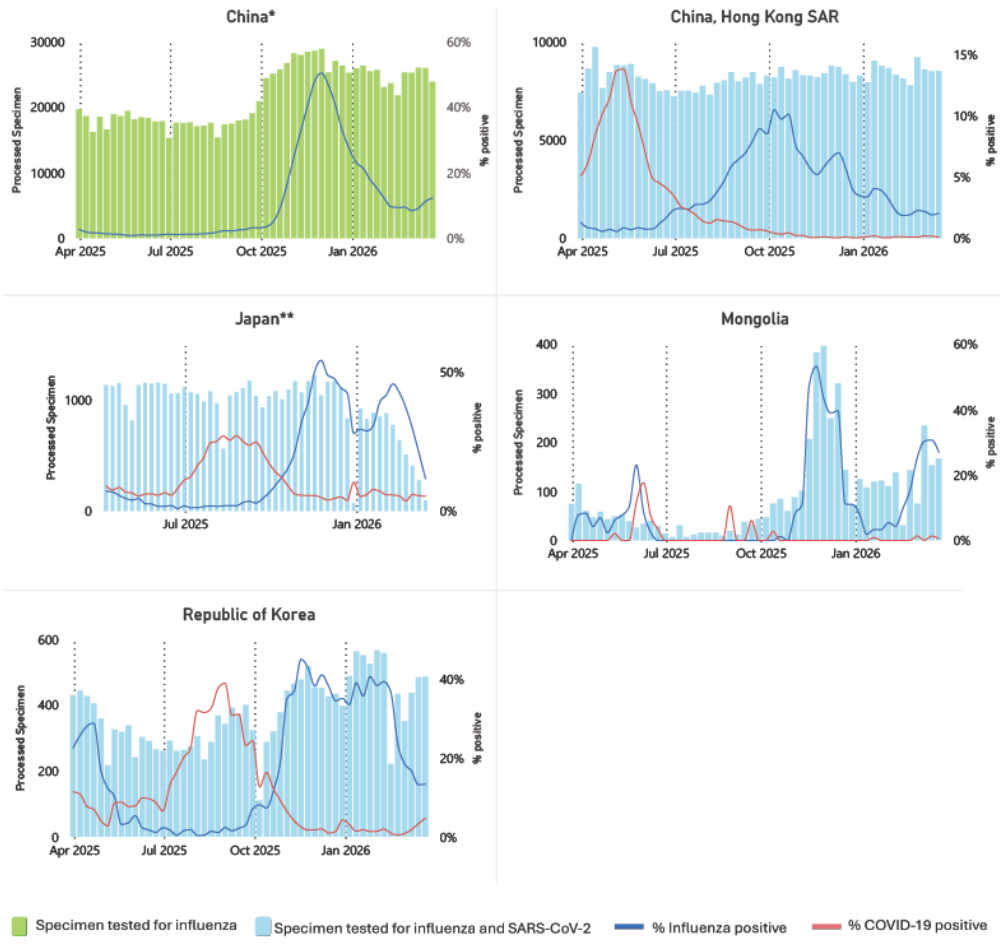


**Figure 3: Number of specimens processed and % of specimens positive for influenza and SARS-CoV-2 by week, 31 March 2025 to 29 March 2026**

** China does not test sentinel specimens for SARS-CoV-2. Data for China and China, Hong Kong SAR, are presented separately.*

*** Denominator data are available for Japan since week 15, 2025.*

[1] Influenza transmission zones

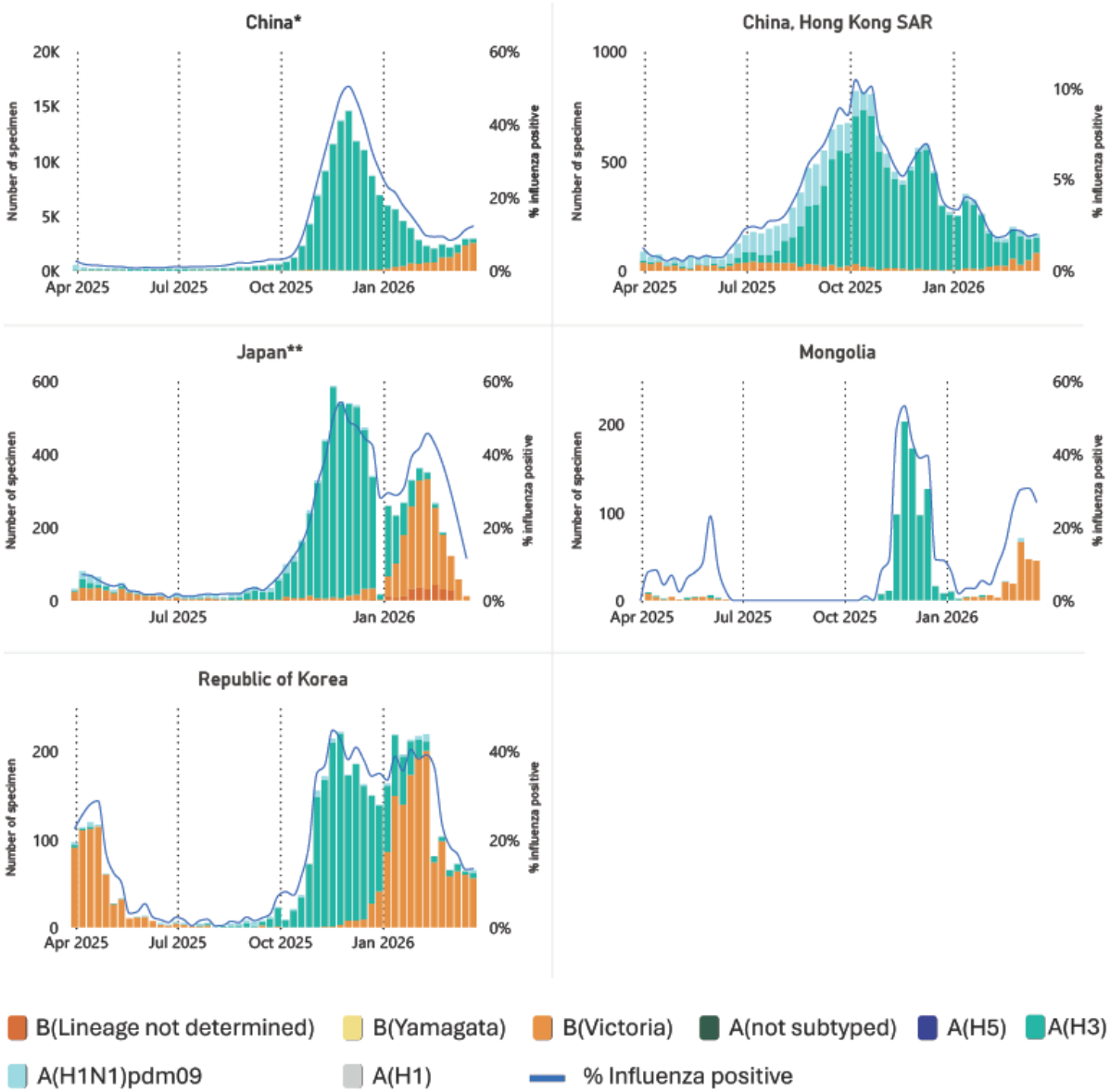


**Figure 4: Influenza virus detections by subtype by week, 31 March 2025 to 29 March 2026**

** Data for China and China, Hong Kong SAR, are presented separately.*
*** Denominator data are available for Japan since week 15, 2025.*

## Influenza and SARS-CoV-2 activity in the South-East Asia transmission zone

Influenza positivity in this transmission zone ranges from 0% (Brunei Darussalam and Philippines) to 23% (Viet Nam) (Figure 5). Generally, influenza activity has decreased or remained at similar levels among countries in the South-East Asia transmission zone during this reporting period, excepting Singapore and Viet Nam. SARS-CoV-2 positivity remains below 5% in this transmission zone (Figure 5). Influenza B (Lineage not determined), influenza B(Victoria), influenza A(H3) and influenza A(H1N1)pdm09 are circulating in the South-East Asia transmission zone. The predominant circulating subtype in countries (Singapore and Viet Nam) where increased influenza activity was observed was influenza B. (Figure 6).

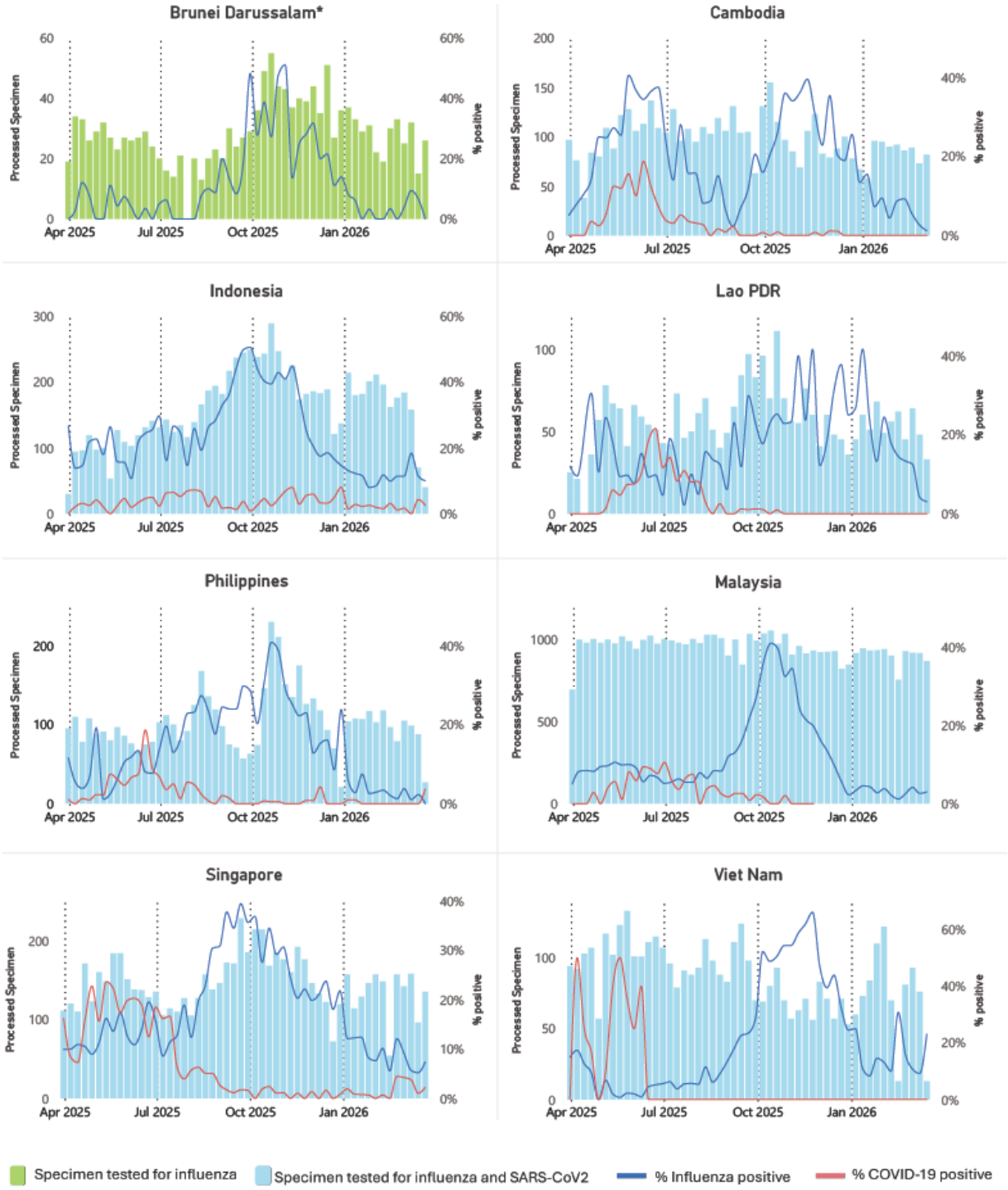


**Figure 5: Number of specimens processed and % of specimens positive for influenza by week, 31 March 2025 to 29 March 2026**

** Brunei Darussalam only tests sentinel specimens for influenza.*

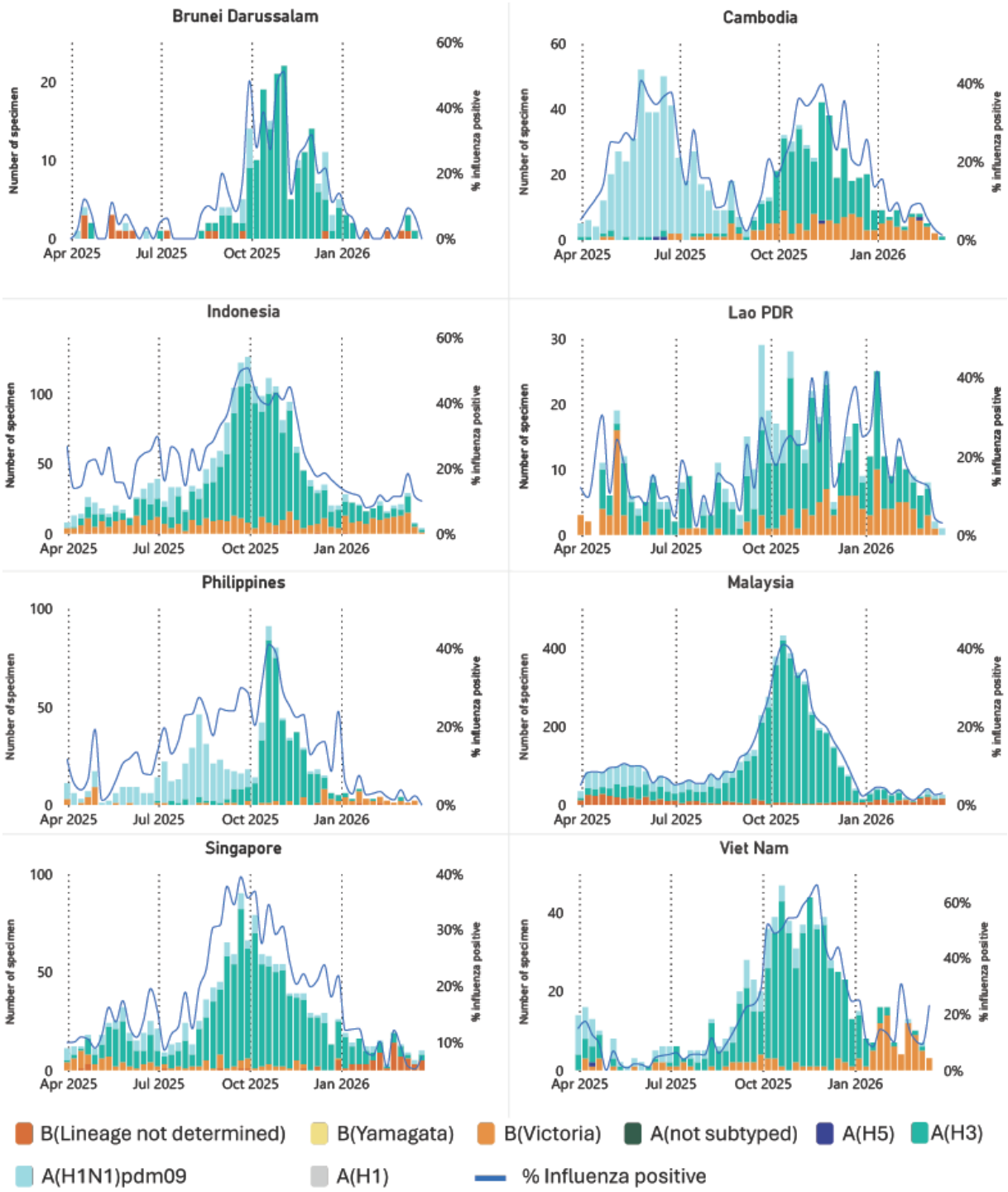


**Figure 6: Influenza virus detections by subtype by week, 31 March 2025 to 29 March 2026**

## Influenza and SARS-CoV-2 activity in the Oceania, Melanesia and Polynesia

During this reporting period, influenza and SARS-CoV-2 activity data was only received from Australia, where positivity for both viruses is 1%. The circulating subtypes in Australia are influenza B(Lineage not determined) and A(H3) (Figure 8).

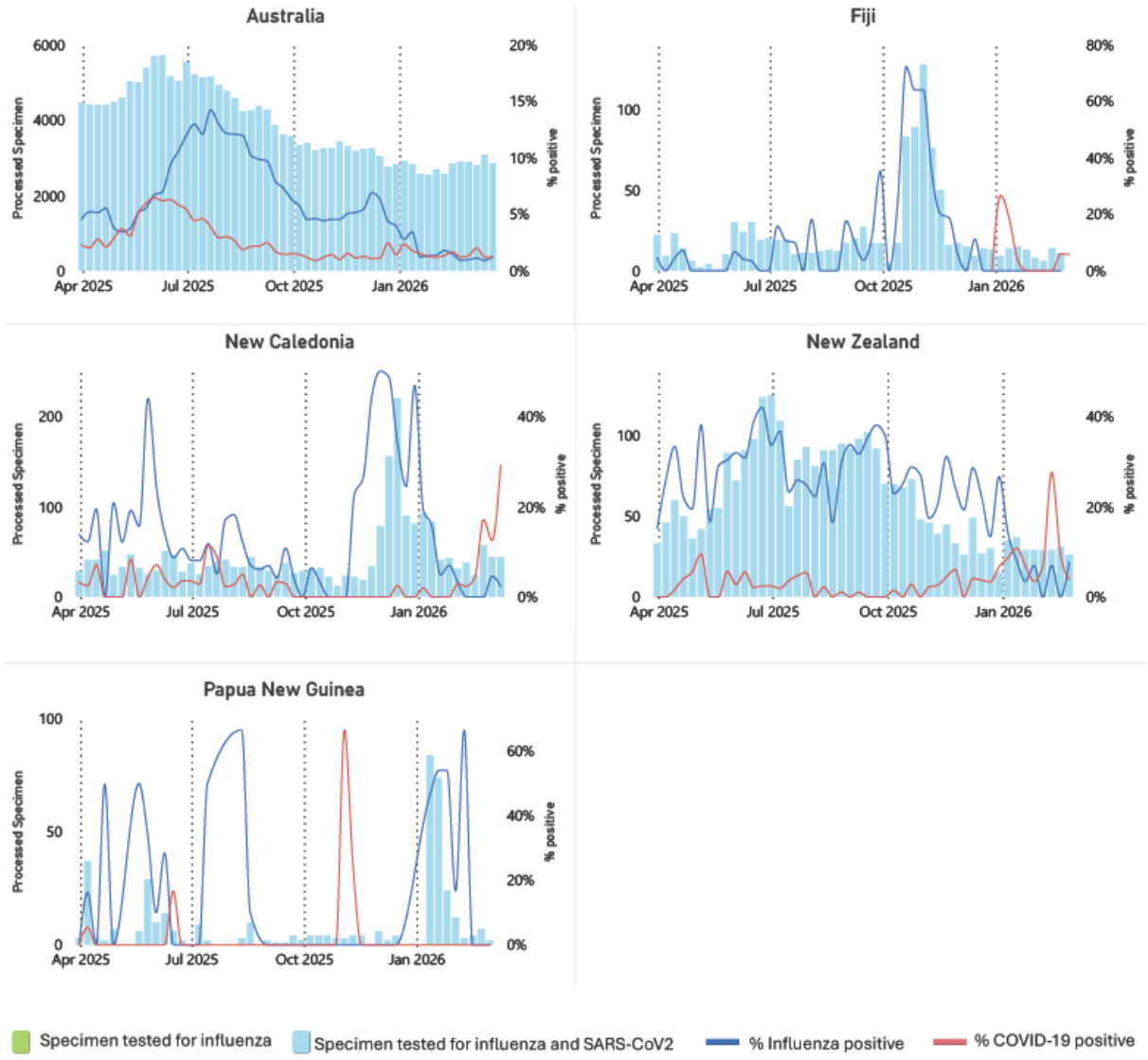


**Figure 7: Number of specimens processed and % of specimens positive for influenza and SARS-CoV-2 by week, 31 March 2025 to 29 March 2026**

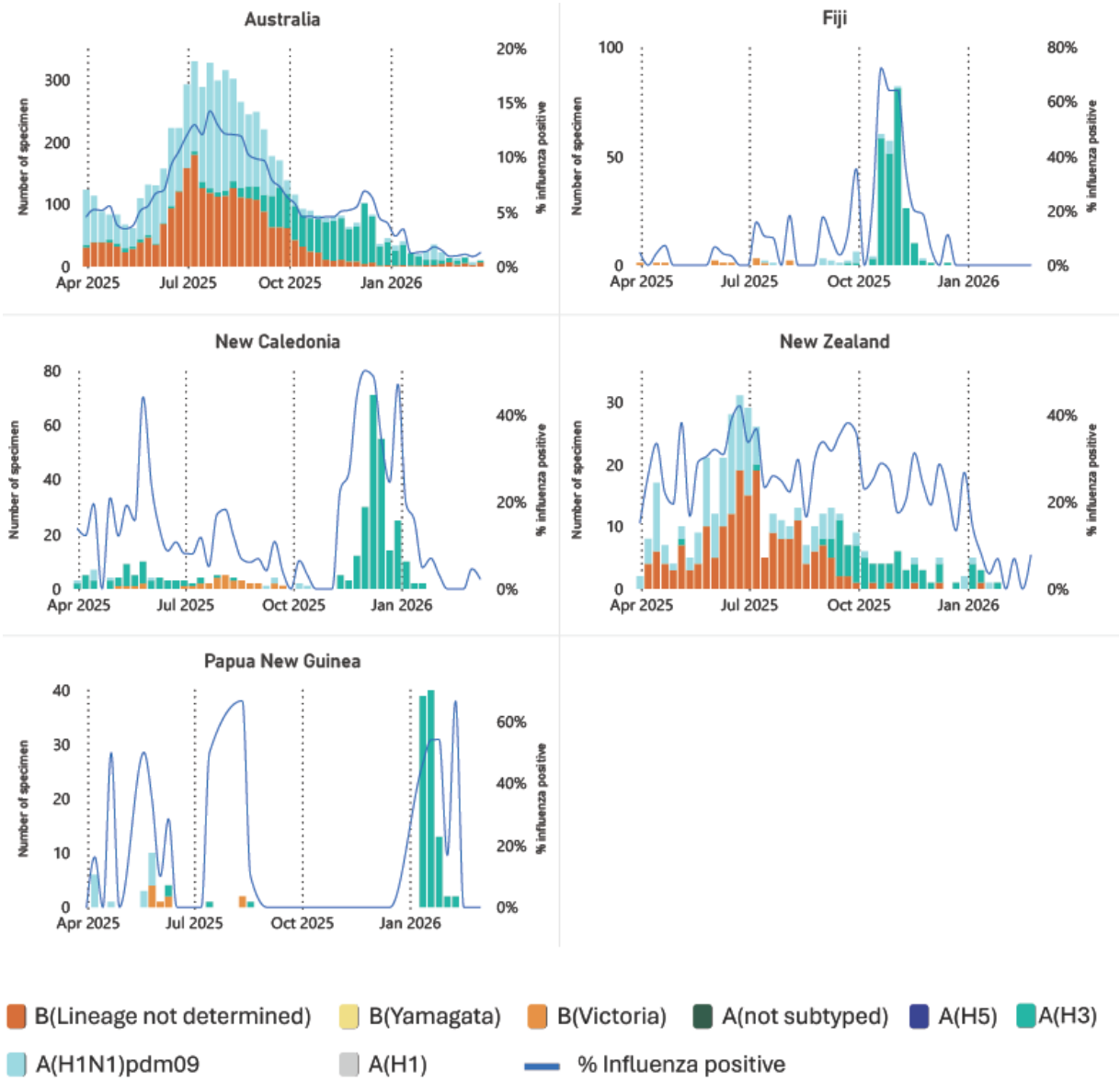


**Figure 8: Influenza virus detections by subtype by week, 31 March 2025 to 29 March 2026**

## Influenza like illness (ILI) situation in the Pacific Island countries and areas (PICs)

The PICs collect data weekly for ILI and SARI through the Pacific Syndromic Surveillance System (PSSS) and report weekly ILI data to RespiMart. There was no update in this reporting period, and the most recent data up to week 10 of 2026 received from PSSS is presented below (Figure 9a, 9b).

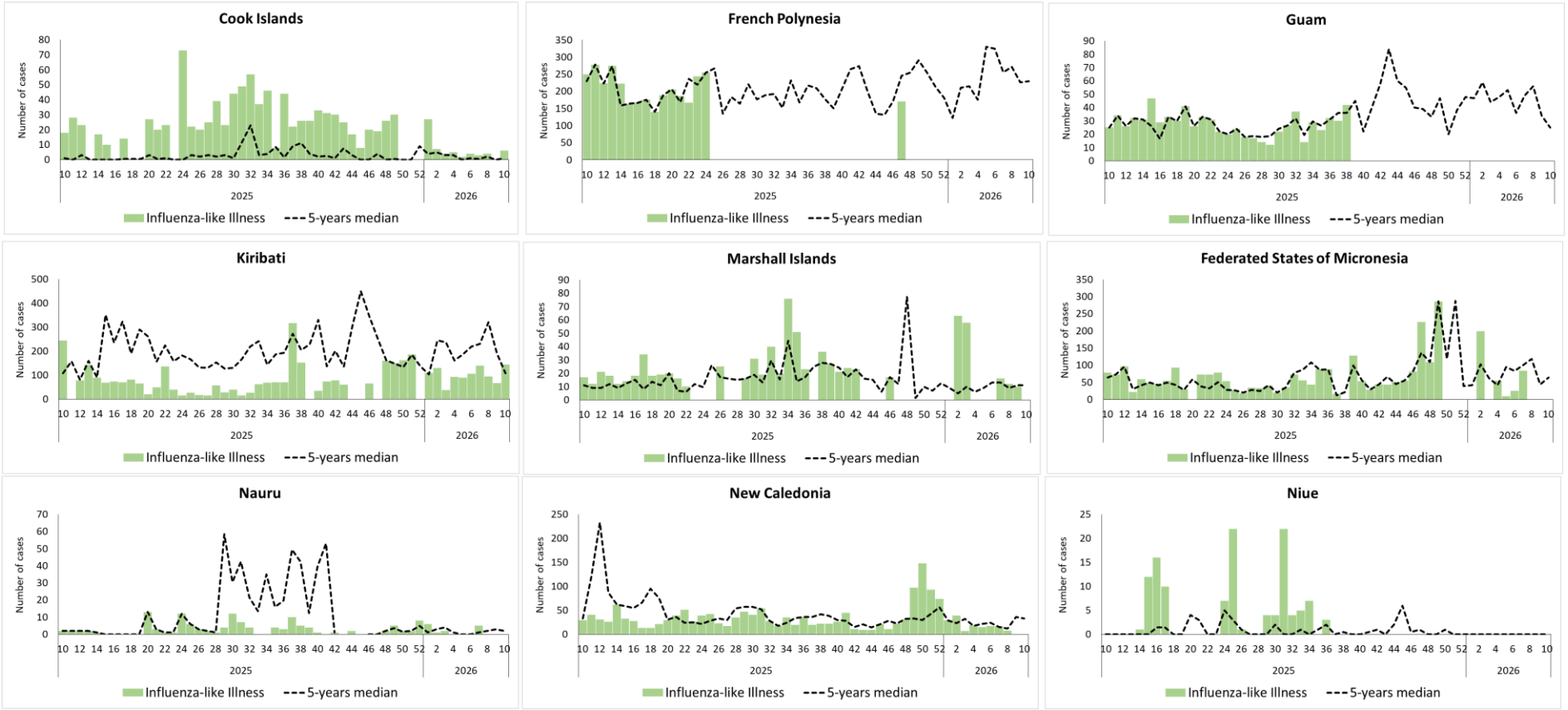


**Figure 9a: Reported cases of influenza-like illness from week 10, 2025 to week 10, 2026 (Source: Pacific Syndromic Surveillance System Weekly Bulletin)**

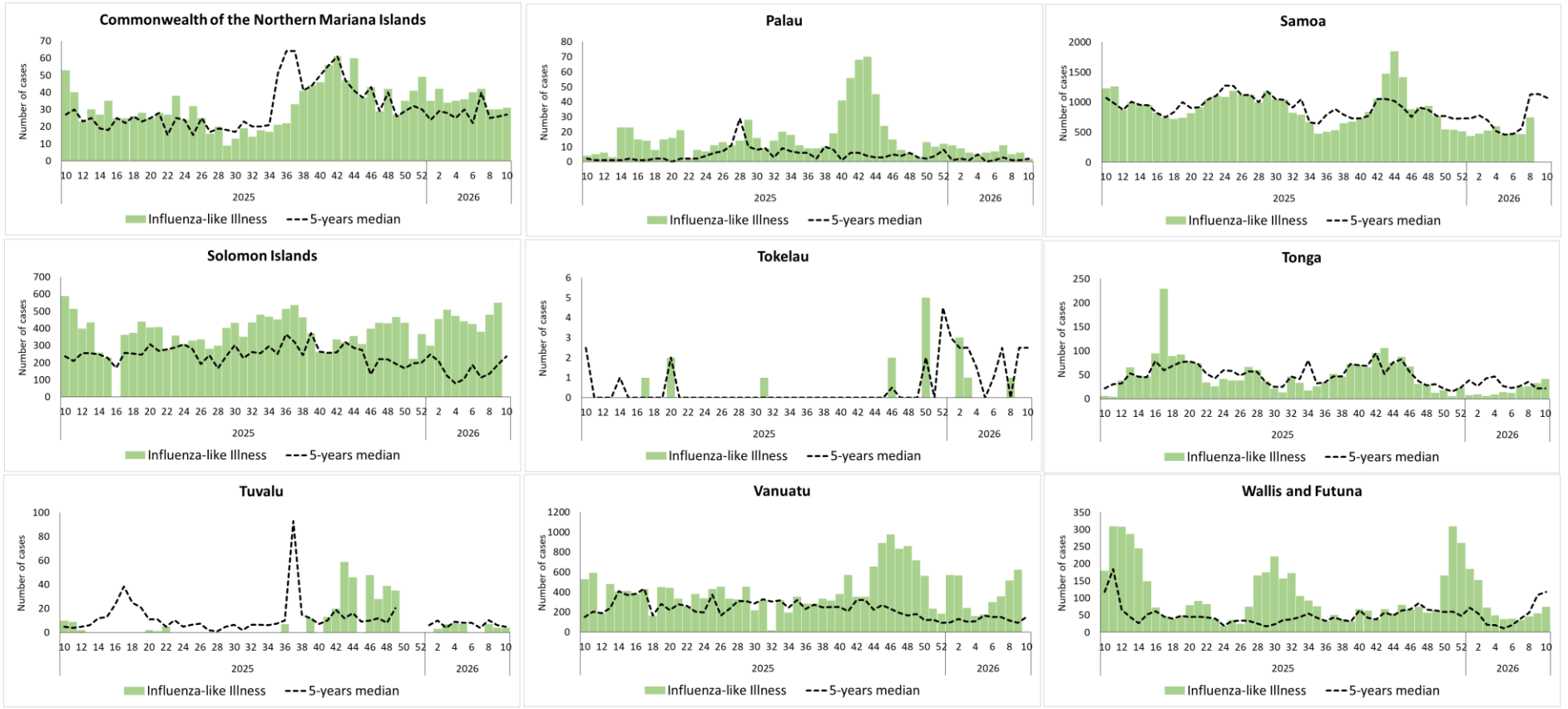


**Figure 9b: Reported cases of influenza-like illness from week 10, 2025 to week 10, 2026 (Source: Pacific Syndromic Surveillance System Weekly Bulletin)**

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

As of 7 April 2026, the relative frequency of circulating SARS-CoV-2 variants in the Western Pacific Region, based on sequences submitted to GISAID (Table 1), is as follows: NB.1.8.1 at 33.68%, XFG at 24.23%, B.1.1.529 at 19.3%, KP.3.1.1 at 12.11%, JN.1 at 9.86%, and all other variants at 0.83% (Figure 10). Contribution of SARS-CoV-2 sequences to GISAID for regional analysis is indicated in Table 1.

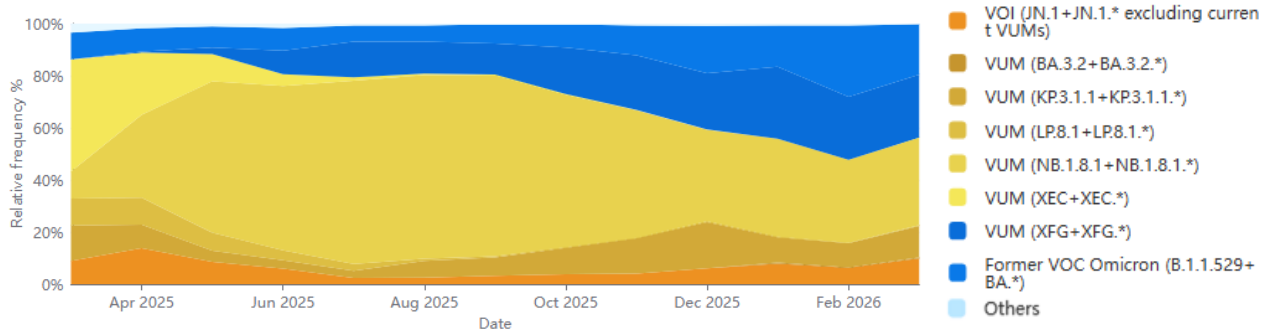


**Figure 10: Relative frequency (%) of circulating variants in the Western Pacific Region, 2025-2026**
*Note: Indonesia data is not included in this figure.* (Source: GISAID hCoV-19 Variants Dashboard)

**Table 1: Number of SARS-CoV-2 sequences submitted to GISAID from the Western Pacific Region***

| Country and area | Total number of sequences submitted in quarter 4, 2025 | Total number of sequences submitted in quarter 1, 2026 | Last submission |
|---|---|---|---|
| Australia | 1 450 | 1 125 | Mar-26 |
| Cambodia | 5 | 0 | Oct-25 |
| China | 370 | 70 | Mar-26 |
| China, Hong Kong SAR | 78 | 43 | Mar-26 |
| Indonesia | 15 | 0 | Nov-25 |
| Japan | 439 | 167 | Mar-26 |
| Malaysia | 22 | 4 | Feb-26 |
| Mongolia | 2 | 0 | Oct-25 |
| New Caledonia | 3 | 2 | Feb-26 |
| New Zealand | 314 | 513 | Mar-26 |
| Republic of Korea | 395 | 84 | Mar-26 |
| Singapore | 172 | 192 | Mar-26 |

** All data presented are from: GSAID SARS-COV-2 variants dashboard (as of 7 April 2026)*

## Data Sources and Disclaimer

- Caution should be taken in interpreting this data as there may be changes in the number of sentinel sites reporting to the Pacific Syndromic Surveillance System.
- The information presented in this update is based on data provided by Ministries of Health and National Influenza Centers of Member States to Global Influenza Surveillance and Response System (GISRS)'s online platform RespiMart (Integrated influenza and other respiratory viruses surveillance output) and open data that Ministries of Health published on its website or shared with the WHO Regional Officer for the Western Pacific.

**Reference links:**


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17. Decision 3985/QD-BYT 2023 guiding COVID19 surveillance and prevention (thuvienphapluat.vn)
18. Circular 54/2015/TT-BYT on the regime of information on reporting and declaration of the latest infectious diseases (thuvienphapluat.vn)