Respiratory Viruses Surveillance Bulletin

World Health Organization
Western Pacific Region

Epidemiological Week 15 (Up to 12 April 2026)

Contents

Regional situation at a glance

- Regional influenza positivity increased slightly from 9% in week 13 to 11% in week 15 of 2026. SARS-CoV-2 positivity remains below 5% in the Region (Figure 1). The predominant circulating influenza subtype is influenza B(Victoria), accounting for 92% of all detections (Figure 2).

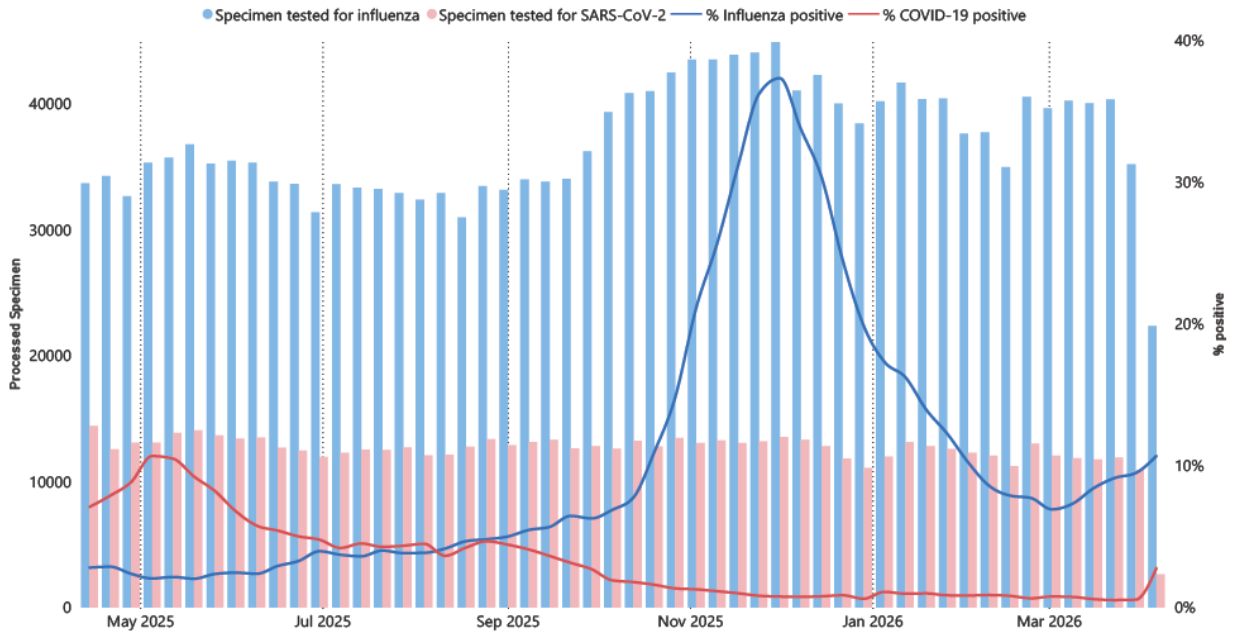


Figure 1: Number of sentinel surveillance specimens tested for influenza and SARS-CoV-2 and positivity rates as reported to RespiMart from countries and areas of the Western Pacific Region, 14 April 2025 to 12 April 2026 (Source: GISRS surveillance data reported to RespiMart)

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.

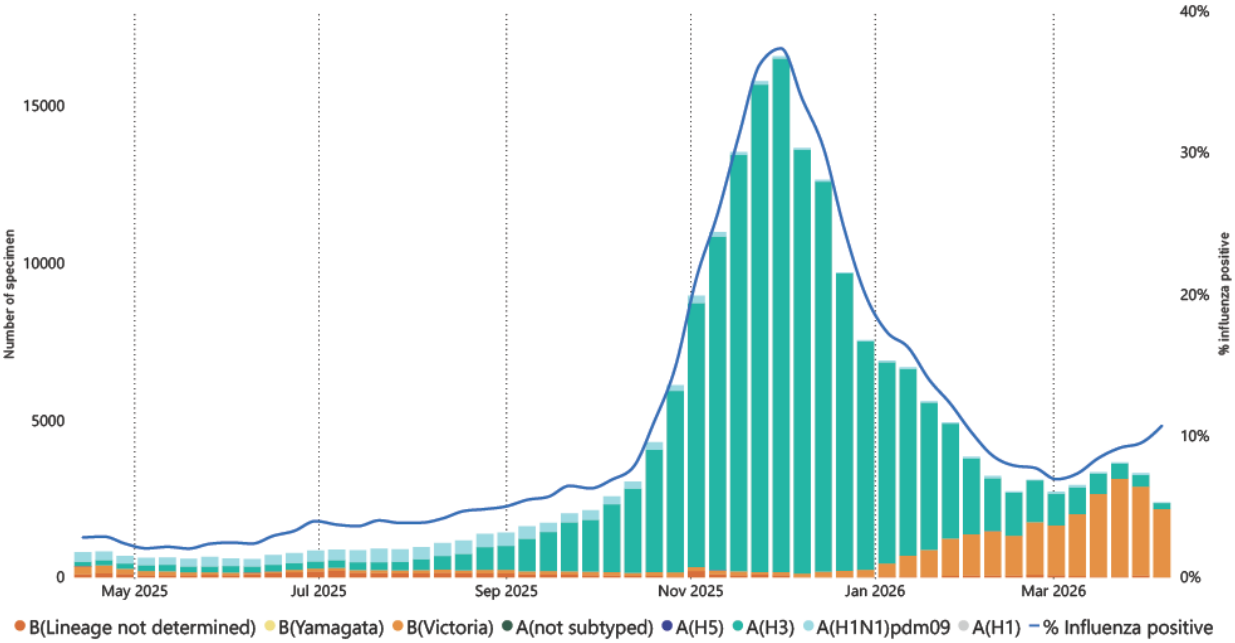


Figure 2. Influenza virus detections by subtype in the Western Pacific Region, 14 April 2025 to 12 April 2026 (Source: Influenza Laboratory Surveillance Information)

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).

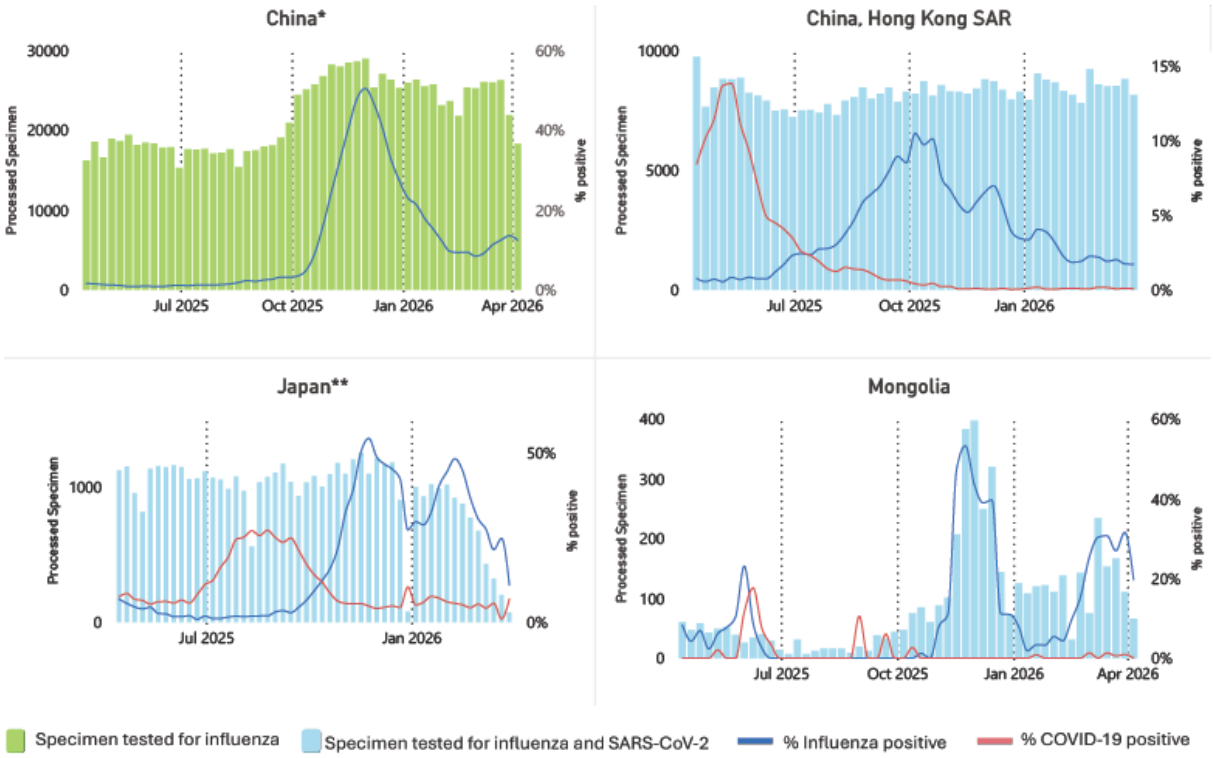
Updates from countries and areas by WHO transmission zones

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 between weeks 13 and 15 (Figure 3). SARS-CoV-2 positivity remains at or below 5% for all countries in this zone, except Japan and the Republic of Korea, where positivity increased to 7% and 6% from 1% and 5%, respectively, since week 14 (Figure 3). 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 continued on the next page)

[1] Influenza transmission zones

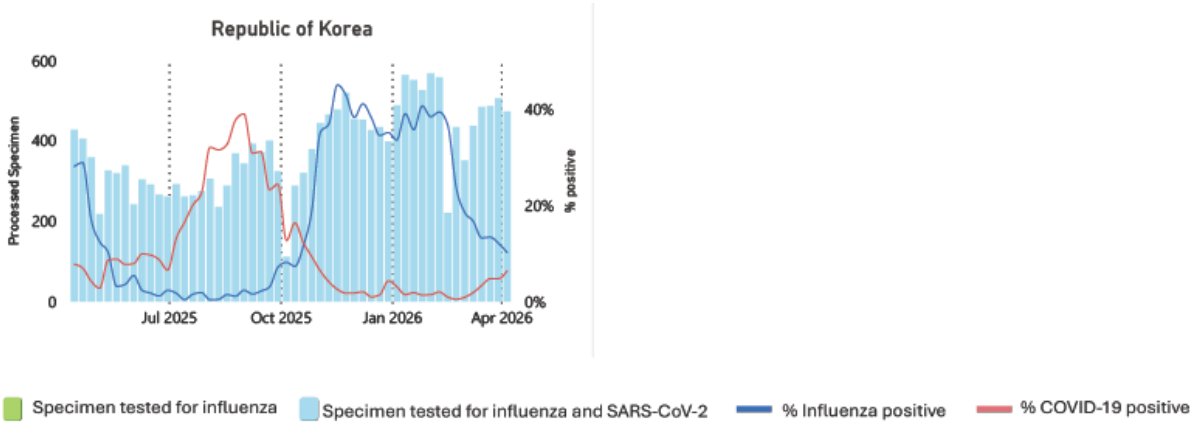


Figure 3: Number of specimens processed and % of specimens positive for influenza and SARS-CoV-2 by week, 14 April 2025 to 12 April 2026

** 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.*

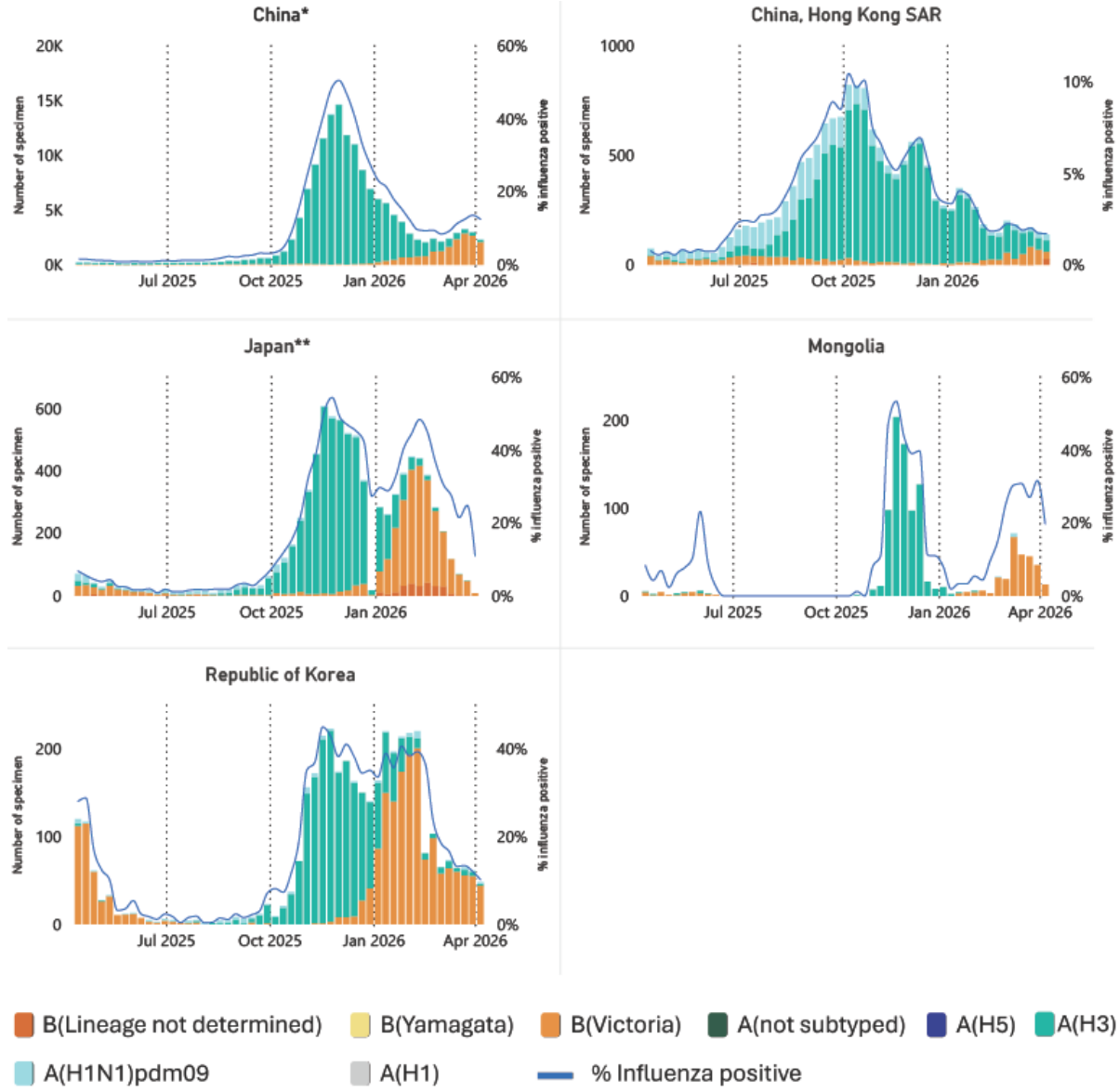


Figure 4: Influenza virus detections by subtype by week, 14 April 2025 to 12 April 2026

** 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

Generally, influenza activity has decreased or remained at similar levels among countries in the South-East Asia transmission zone during this reporting period. Influenza positivity in this transmission zone ranges from below 5% (Brunei Darussalam, Cambodia, Philippines, Malaysia and Viet Nam) between 5% and 10% (Lao PDR and Singapore) to over 10% (Indonesia) (Figure 5). SARS-CoV-2 positivity remains below 5% in this transmission zone, excepting Singapore where an increase to over 5% was observed. (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.

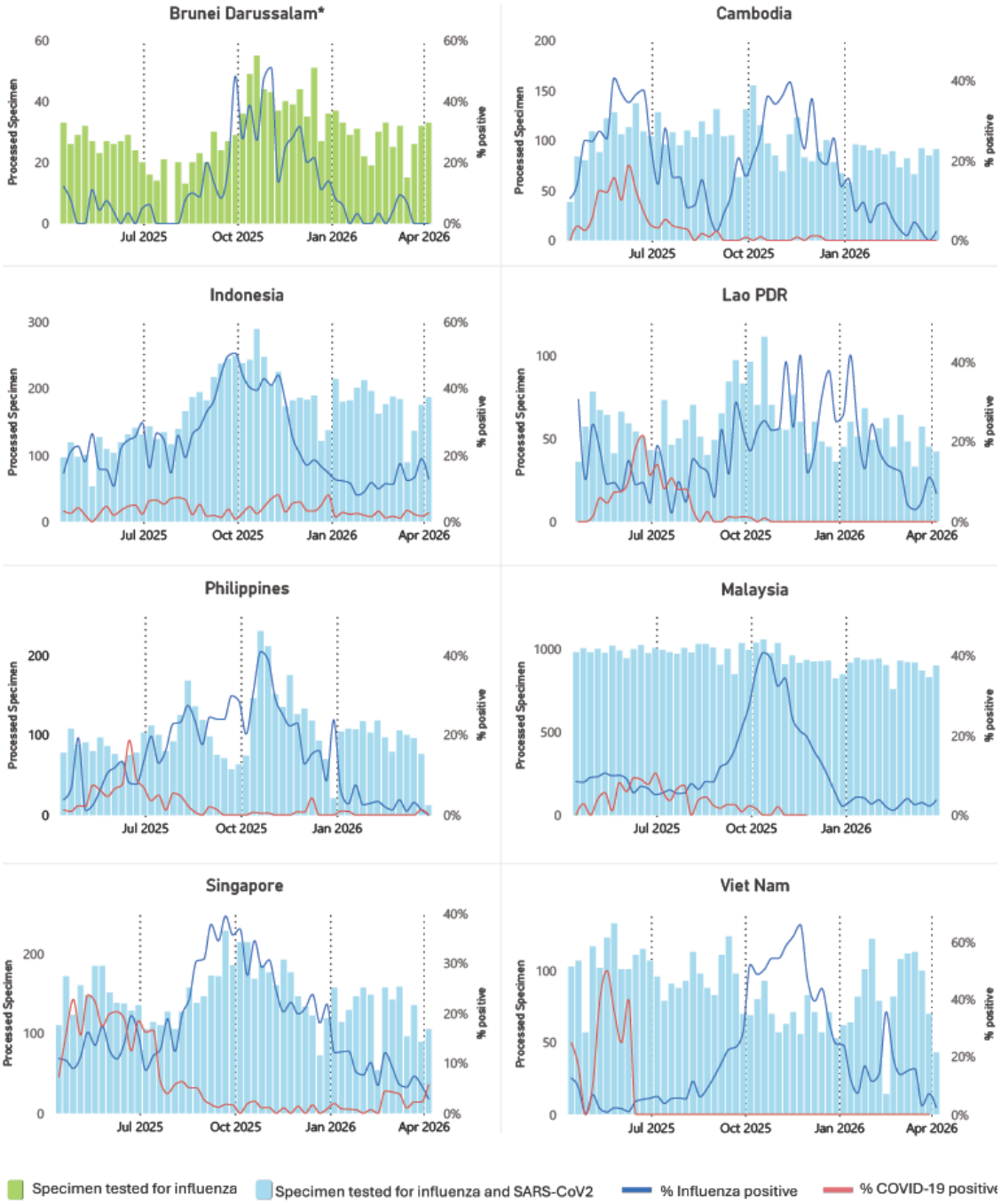


Figure 5: Number of specimens processed and % of specimens positive for influenza by week, 14 April 2025 to 12 April 2026

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

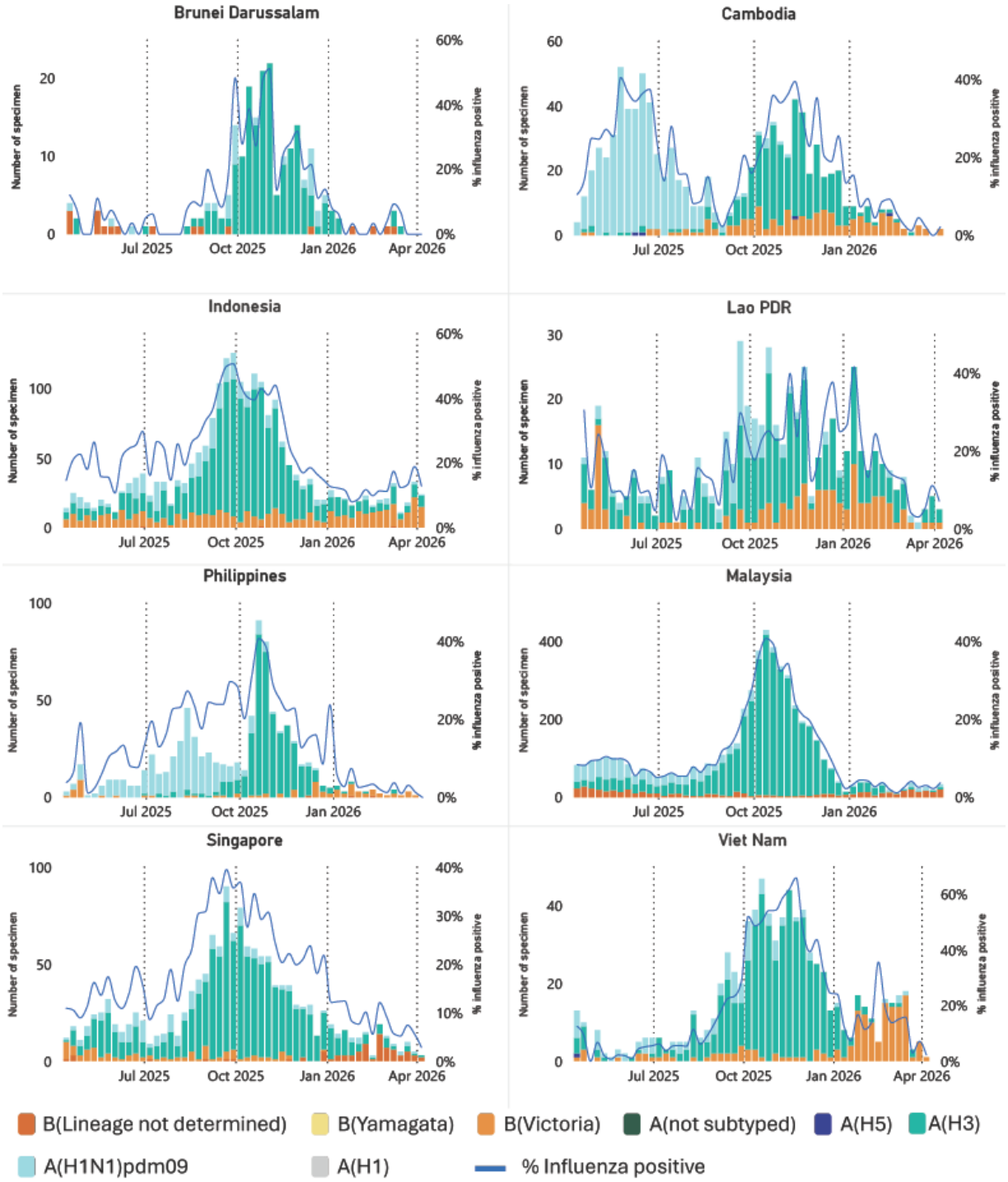


Figure 6: Influenza virus detections by subtype by week, 14 April 2025 to 12 April 2026

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 was ≤2% (Figure 7). The influenza subtype reported from Australia is influenza B (Lineage not determined) (Figure 8).

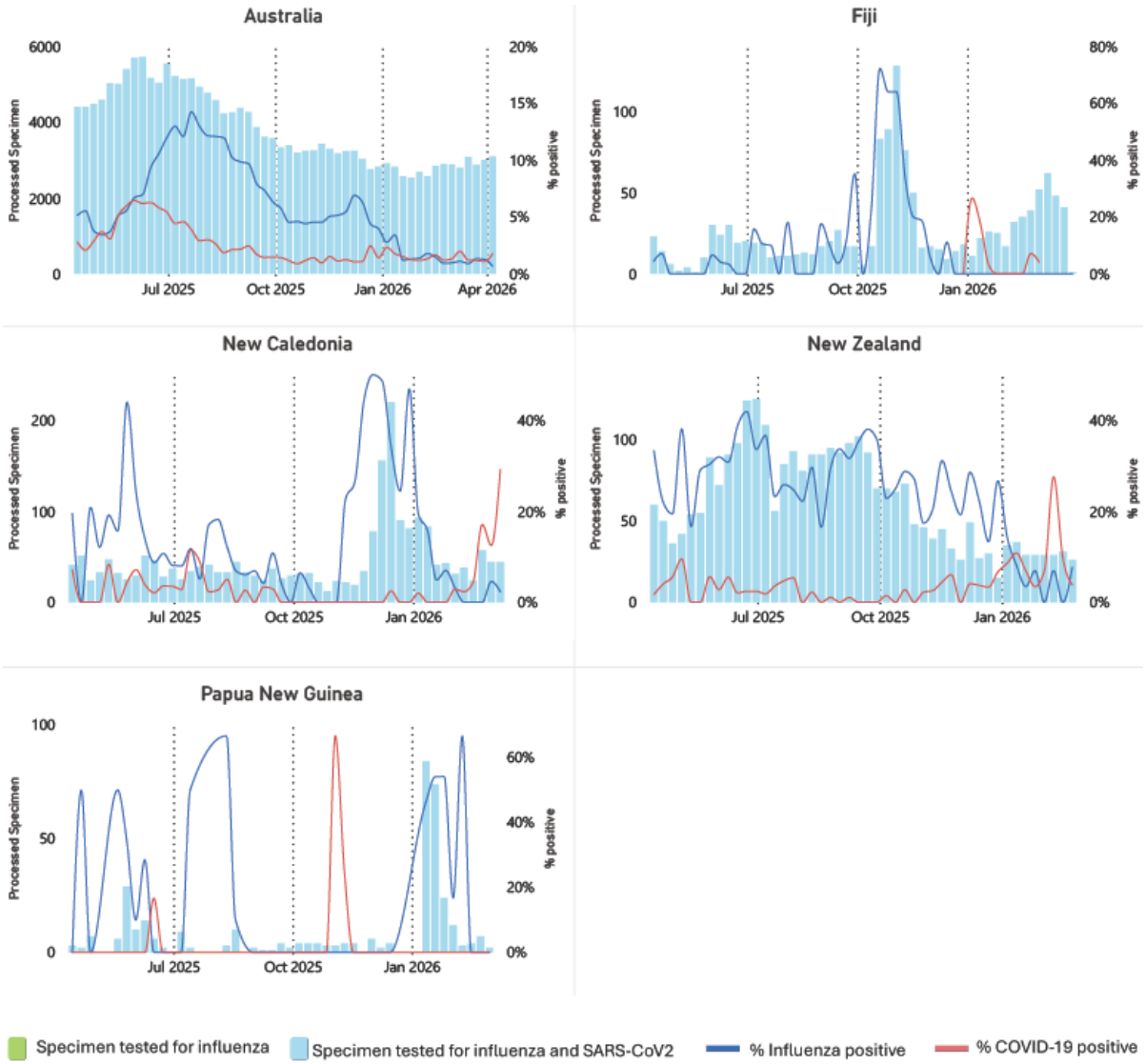


Figure 7: Number of specimens processed and % of specimens positive for influenza and SARS-CoV-2 by week, 14 April 2025 to 12 April 2026

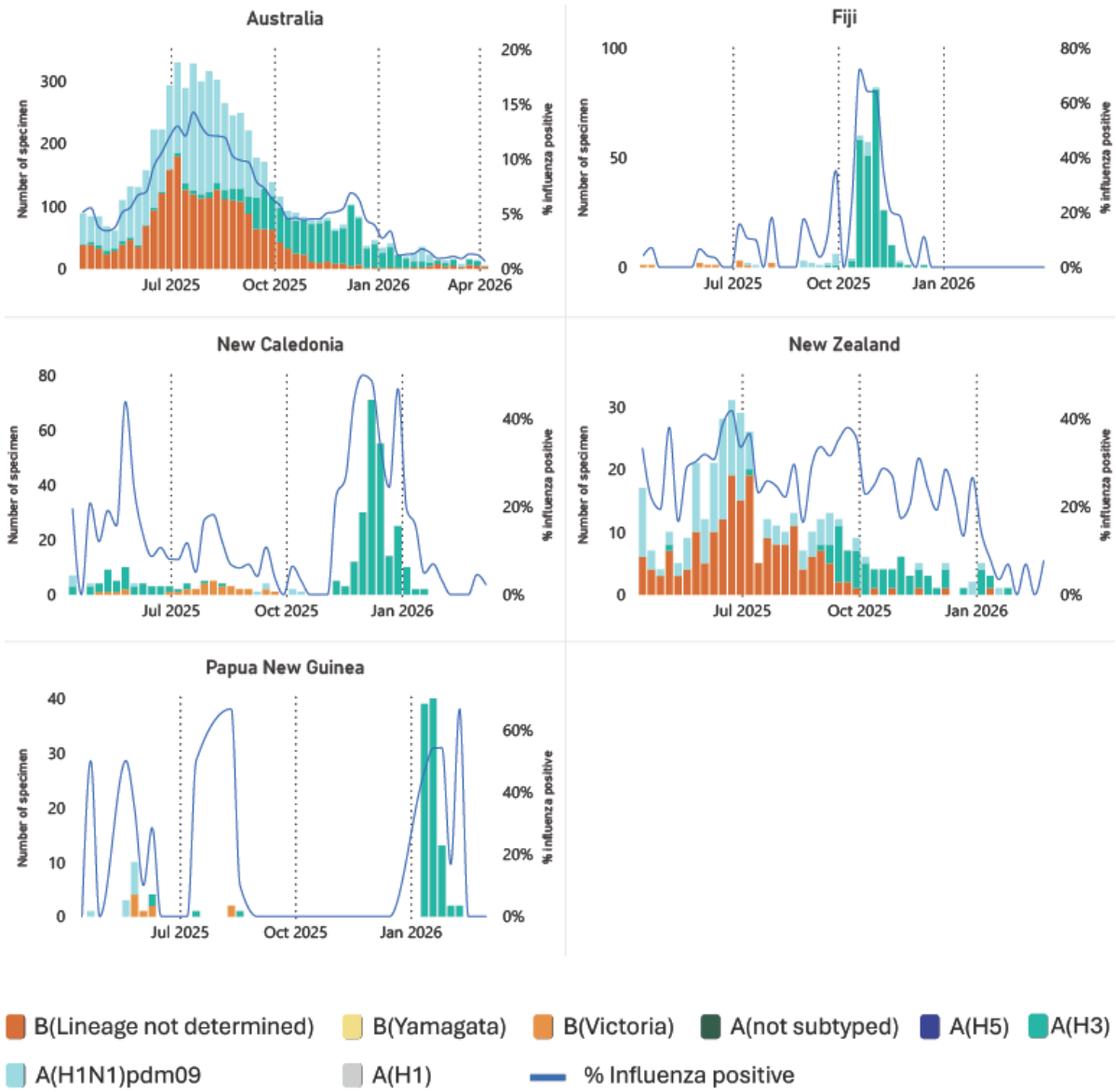


Figure 8: Influenza virus detections by subtype by week, 14 April 2025 to 12 April 2026

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. Data up to week 13 of 2026 has been received from PSSS and is presented below (Figure 9a, 9b). No data was received from French Polynesia, Guam and Niue. An increase in ILI cases was noted in Kiribati, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Palau, Samoa, Solomon Islands, Tokelau, and Vanuatu.

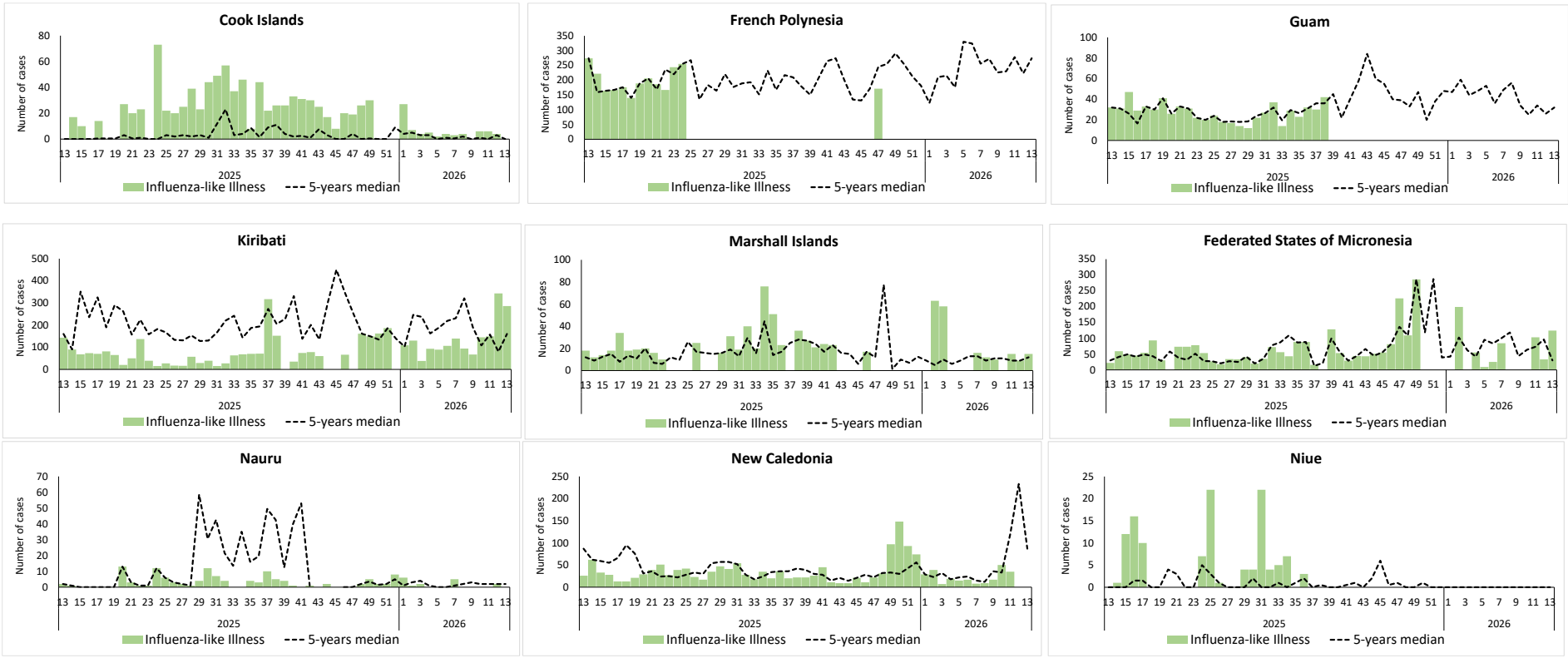


Figure 9a: Reported cases of influenza-like illness from week 13, 2025 to week 13, 2026 (Source: Pacific Syndromic Surveillance System Weekly Bulletin)

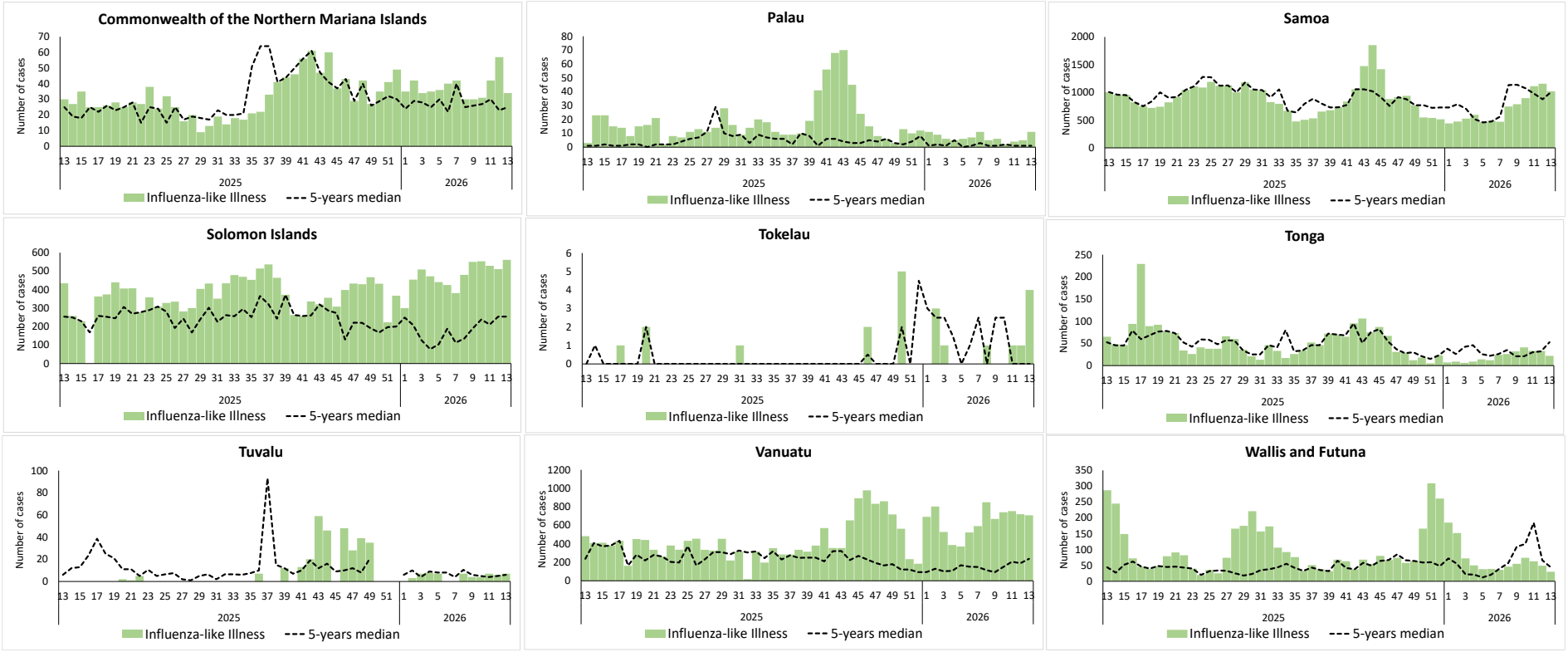


Figure 9b: Reported cases of influenza-like illness from week 13, 2025 to week 13, 2026 (Source: Pacific Syndromic Surveillance System Weekly Bulletin)

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

As of 20 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: JN.1 at 39.24%, NB1.8.1 at 22.78%, XFG at 22.78 and BA3.2 at 15.19% (Figure 10). Contribution of SARS-CoV-2 sequences to GISAID for regional analysis is indicated in Table 1.

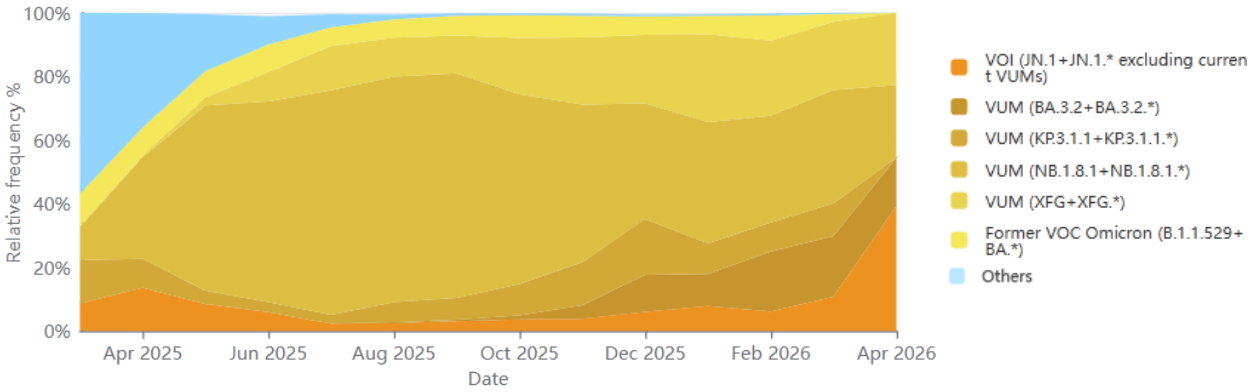


Figure 10: Relative frequency (%) of circulating variants in the Western Pacific Region, 2025-2026
Note: Indonesia data is not included in this figure. (Source: GISAID hCoV-19 Variants Dashboard)

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	Total number of sequences submitted in quarter 2, 2026	Last submission
Australia	1450	1273	18	Apr-26
China	370	131	0	Mar-26
China, Hong Kong SAR	78	51	1	Apr-26
Japan	439	171	0	Mar-26
Malaysia	22	6	1	Apr-26
Republic of Korea	395	120	0	Mar-26
Singapore	172	253	50	Apr-26

** All data presented are from: GSAID SARS-COV-2 variants dashboard (as of 20 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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18. Circular 54/2015/TT-BYT on the regime of information on reporting and declaration of the latest infectious diseases (thuvienphapluat.vn)