



ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

DISEASE ALERT



Korea Disease Control and
Prevention Agency



In partnership with
Canada



ASSOCIATION
OF SOUTHEAST
ASIAN NATIONS

With Support by:

January 6, 2026 | Issue No. 1

First alert : January 6, 2026 | **Global Surge of Influenza A(H3N2)**

Sub-Locations Affected

Multiple countries

Event Description

On December 10, 2025, the World Health Organization (WHO), through its Disease Outbreak News, reported that the global influenza activity has increased since October 2025, with influenza A viruses predominating worldwide, particularly A(H3N2).

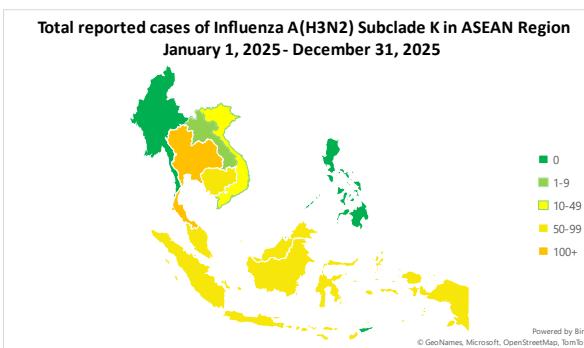


Figure 1. Total cases of Influenza A(H3N2) Subclade K in ASEAN Region (January – December 2025)

Source: [GISAID, Ministry of Health of Indonesia](#)

Epidemiological Information

- Since October 2025 (week 40), global influenza activity has increased, with influenza A(H3) viruses predominating among detected viruses, followed by a decline from mid-December (week 50). This pattern mirrors the previous season, when activity surged from week 45 of 2024 and subsequently declined from week 10 of 2025.

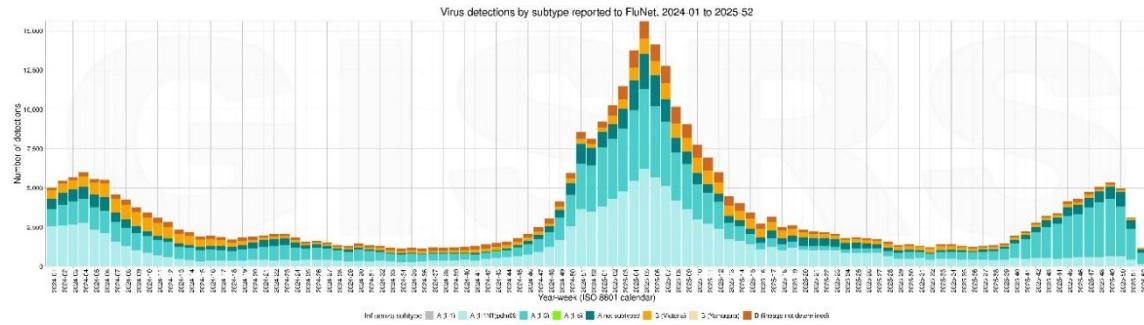


Figure 2. Global influenza virus detection (January 2024 to December 2025)

Source: [WHO](#)

- Seasonal increases in influenza infections are consistent with expected winter epidemics. In the northern hemisphere, cases typically peak from the end of the year into the early months of the following year, while in the southern hemisphere, peaks generally occur during the mid-year period. Although activity remains within expected seasonal ranges, some regions have reported earlier and higher-than-usual increases.

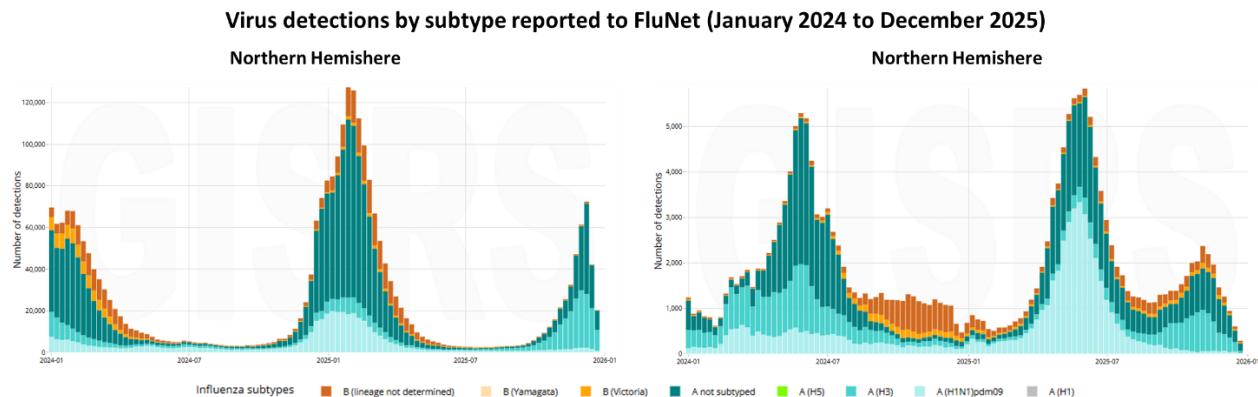


Figure 3. Global influenza virus detection (January 2024 to December 2025)

Source: [WHO](#)

- Genetic sequence data from GISAID indicate global co-circulation of multiple A(H3N2) subclades, with a rapid increase in A(H3N2) subclade J.2.4.1 (subclade K in Nextclade/Nextstrain nomenclature). This subclade was first detected in August 2025 in Australia and New Zealand and has since been reported in 64 countries.
- In line with the global situation, 10 ASEAN member states (AMS) reported new influenza A(H3) cases, with most countries experiencing surges that peaked between September and November 2025.

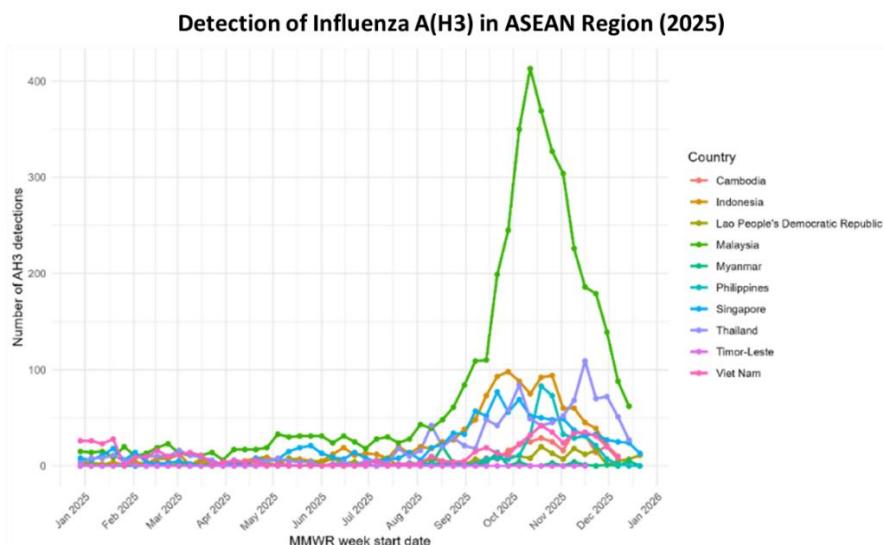


Figure 4. Global influenza virus detection (January 2024 to December 2025)

Source: [WHO](#)

- In 2025, influenza A(H3N2) subclade K was reported in at least seven countries in the ASEAN region, with reported case counts ranging from four to 158.

Table 1. Number of reported cases of Influenza A(H3N2) Subclade K in 2025

Country	Total #A/H3N2 Subclade K
Brunei Darussalam	0
Cambodia	70
Indonesia	62
Lao PDR	4
Malaysia	85
Myanmar	0
Philippines	0
Singapore	99
Thailand	158
Timor Leste	0
Vietnam	22

Source: [GISAID](#), [Ministry of Health Indonesia](#)

Response Measures

- WHO is strengthening national, regional, and global capacities for influenza preparedness and response:
 - a. continuous monitoring of influenza viruses and disease activity, issuing seasonal vaccine composition recommendations, and providing technical guidance to Member States on vaccine selection and campaign timing.
 - b. support the development of prevention and control strategies, enhancement of diagnostic capacities and laboratory networks, monitoring of vaccine effectiveness and susceptibility to approved antivirals, and reinforcement of disease surveillance and outbreak response activities.
 - c. promote increased vaccine coverage among high-risk groups, facilitates research and development of new therapeutics and countermeasures, and enhances risk communication related to the onset of the influenza season.
- While most influenza cases are mild and self-limiting, severe illness requires prompt supportive care and hospitalization. Antiviral treatment is recommended for individuals at high risk of severe disease, including older adults, people with chronic conditions, pregnant women, and those who are immunocompromised. Antiviral prophylaxis may be considered for extremely high-risk individuals following exposure.
- WHO underlines that public health and social measures such as hand hygiene, respiratory etiquette, mask use, and voluntary self-isolation of symptomatic individuals are important to reduce transmission. Countries are encouraged to plan for scaling up these measures during high or unusually severe influenza epidemics.

- Based on current information, WHO does not recommend any restrictions on international travel or trade related to the ongoing seasonal influenza situation.

Sources:

1. GISAID. (2026). *Phylogenetics of Influenza virus H3N2 (Subclade K focused) across the Globe*, GISAID. Retrieved January 5, 2026 from <https://gisaid.org/phylogeny-influenza/h3n2-subclade-k/>
2. Ministry of Health of Indonesia (2025). *Kemenkes Pastikan Influenza A(H3N2) Subclade K Tidak Lebih Parah, Situasi Nasional Terkendali*, Ministry of Health Indonesia. Retrieved January 5, 2026 from <https://www.kemkes.go.id/id/kemenkes-pastikan-influenza-ah3n2-subclade-k-tidak-lebih-parah-situasi-nasional-terkendali>
3. World Health Organization (WHO). (2025). *Seasonal influenza - Global situation*. WHO. Retrieved January 5, 2026 from <https://www.who.int/emergencies/diseases-outbreak-news/item/2025-DON586>
4. World Health Organization (WHO). (2026). *Influenza surveillance outputs*. WHO. Retrieved January 5, 2026 from <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

ASEAN Biological Threat Surveillance Centre (ABVC)
Health Policy Agency
Ministry of Health of Indonesia

Building 5 - Global Health Strategy and Governance Policy, 2nd floor
Jalan Percetakan Negara No. 29 Johar Baru, Jakarta Pusat, Indonesia 10560