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## FALSE ALARM: THE HINDU EDITORIAL ON THE OUTBREAK OF INFLUENZA-LIKE ILLNESS IN CHINA

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Nearly four years after the novel SARS-CoV-2 coronavirus emerged in Wuhan, the capital of the Hubei Province in China, resulting in the deadliest pandemic that the world has faced in 100 years, the news of an outbreak of influenza-like illness in Beijing, Liaoning, and other places in China since mid-October has raised concerns about the emergence of yet another new virus. In what appears to be a replay of the early days of the COVID-19 pandemic when China showed little interest in alerting the WHO guickly. China's National Health Commission failed to report to the WHO the large number of undiagnosed pneumonia cases among children. The other striking similarities to the 2019 outbreak are the reportage of the clusters in local media and ProMED, a publicly available surveillance system for infectious diseases outbreaks, more than a month after the respiratory illnesses spiked, and the WHO becoming aware of the issue only through media reports. Finally, like in 2019, the WHO was forced to request China for detailed epidemiologic and clinical information, as well as laboratory results of pneumonia cases in children. One reason for China's reluctance to keep the global health body informed could be that the surge in respiratory illness was driven by known pathogens, including influenza and common bacterial and viral infections. On November 23, the details shared with the WHO by China indicated that the spike in cases and hospitalisations among children were due to Mycoplasma pneumoniae pneumonia since May, and RSV, adenovirus and influenza virus since October. While the multiple pathogens that caused illnesses in children this year are not novel nor the clinical presentations unusual, the surge in cases has occurred "earlier in the season than historically experienced". This could be because it is China's first full winter season after COVID-19 restrictions were removed in December last year.

China has claimed that the increased detection and reporting of respiratory illness in children was primarily due to enhanced outpatient and inpatient surveillance for respiratory illnesses covering a large variety of viruses and bacteria, including *Mycoplasma pneumoniae*. But this does not explain its failure to voluntarily keep the WHO informed about the unusually high number of cases last month. While China had reported a *Mycoplasma pneumoniae* pneumonia surge in October, the reasons for the current outbreaks were less clear till the WHO requested for information. China is duty-bound to keep the WHO informed in time without being asked.

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