

Supplementary Figure 1. Raw IC₅₀ and IC₅₀ fold-change data generated by individual WHO CCs for specific virus subtypes or lineages and neuraminidase inhibitors.

Each of the five WHO CCs, Atlanta, United States; Beijing, China; London, United Kingdom; Melbourne, Australia; and Tokyo, Japan, provided IC₅₀ data for all virus isolates tested with specimen collection dates covering week 21/2012 (19/5/2012) through week 20/2013 (19/5/2013), accompanied by the specimen collection date. All WHO CCs tested for the susceptibility to oseltamivir and zanamivir and the WHO CCs in Atlanta, Melbourne and Tokyo for susceptibility for peramivir and laninamivir also. As the London WHO CC changed its equipment halfway through the study period, their data is displayed for the two periods separately; *London pre* and *London post*. The WHO CCs provided the virus subtype- or lineage-specific median (four WHO CCs) or mean (Tokyo WHO CC) IC₅₀ values covering the same period. These values were used to calculate IC₅₀ fold-change values for assessment of the levels of inhibition of individual viruses. The normalized data (fold-change values) was used to assess the feasibility of performing comparative analysis of pooled IC₅₀ data from different laboratories. Paired column-scatter plots by virus subtype or lineage and neuraminidase inhibitor are shown with individual WHO CCs indicated on the X-axis: the left graphs display the raw IC₅₀ data, and those on the right the IC₅₀ fold-change data. The Y-axis of the fold-change data is split into three sections indicating the IC₅₀ fold-change range for viruses classified as showing ‘normal inhibition’ (NI), ‘reduced inhibition’ (RI) or ‘highly reduced inhibition’ (HRI), compared to the mean or median IC₅₀ for susceptible circulating (NI) viruses from the same A subtype or B lineage, as previously recommended by the WHO-AVWG (WHO 2012). Viruses showing NI are influenza A viruses that have <10-fold increase in IC₅₀, or influenza B viruses with <5-fold increase in IC₅₀. Viruses showing RI are influenza A viruses that have a 10- to 100-fold increase in IC₅₀, or influenza B viruses with a 5- to 50-fold increase in IC₅₀. Viruses showing HRI are influenza A viruses with a >100-fold increase in IC₅₀ or influenza B viruses with a >50-fold increase in IC₅₀. The median IC₅₀ and IC₅₀ fold-change values are indicated with a black horizontal bar. The statistical analysis for significance of differences between data from individual WHO CCs associated with these graphs is shown in Supplementary Table 1.































