

Influenza Update N° 161

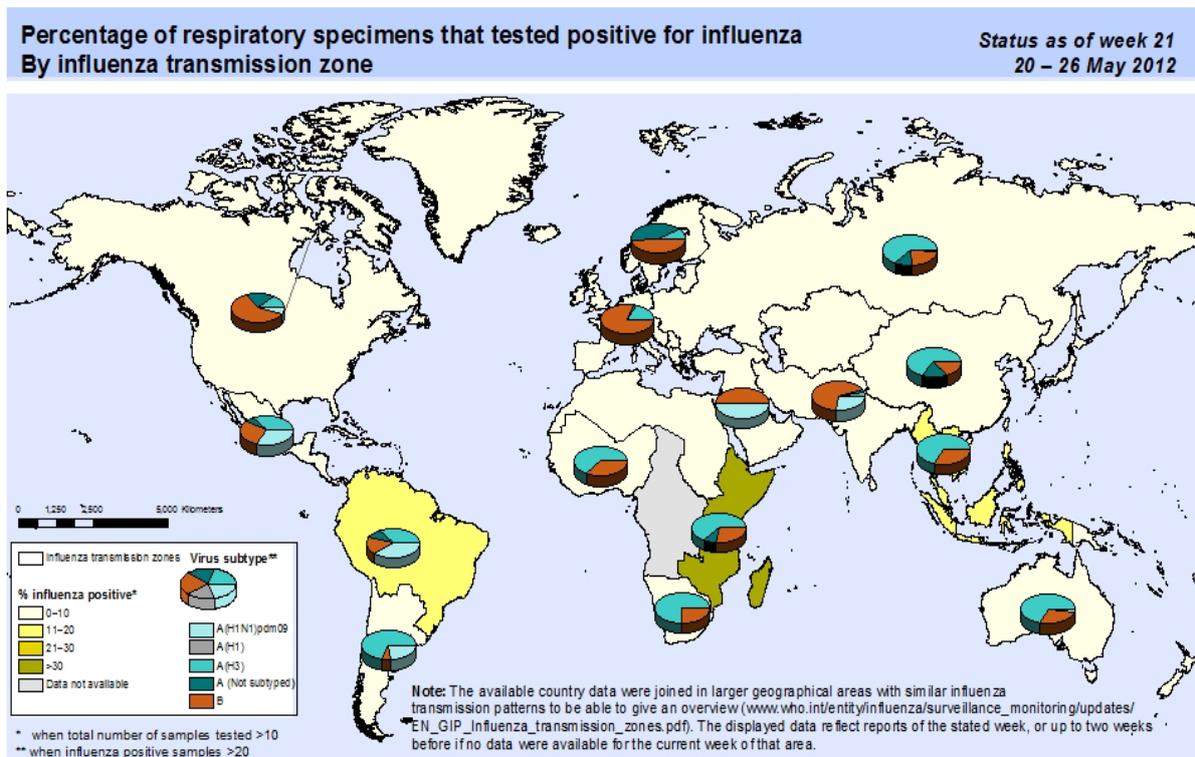
8 June 2012

Summary

- Worldwide influenza activity is generally low.
- Influenza activity in the northern hemisphere temperate regions is continuing to decline or back to baseline levels indicating the season is ending.
- Influenza activity in tropical areas of the world is low with the exception of China Hong Kong Special Administrative Region (SAR) and Madagascar. In both areas influenza A(H3N2) is the predominantly virus circulating.
- Influenza activity in the temperate zone of the southern hemisphere is still low. Chile and Paraguay are reporting increasing ILI activity in the past couple of weeks, with 3% and 12% respectively of respiratory specimens testing positive for influenza, with predominantly influenza A(H3N2) virus detection in Chile and influenza A(H1N1)pdm virus detection in Paraguay.

Note: Global epidemiology and surveillance updates are periodically collected from data reported by National authorities or organizations responsible for these reporting these data. For further information on specific influenza virus activity in the world and scientific literature for practitioners and other professionals in the field, please visit the following pages (links are at the end of the document):

• Virological Update



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO/IHP, data in HQ as of 05 June 2012.
Data used are from FluNet (www.who.int/flu-net), 13:34 UTC snapshot, from WHO regional offices and/or ministry of health websites.

Countries in the temperate zone of the northern hemisphere

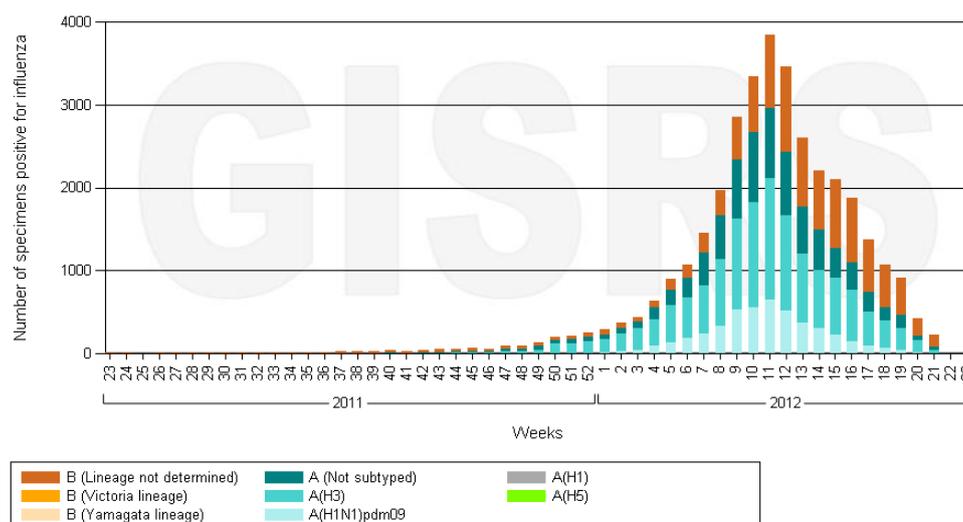
Influenza activity in the northern hemisphere temperate regions is continuing to decline or back to baseline levels indicating the season is ending.

North America

Influenza activity continues to decrease in both Canada and the United States of America (USA). After peaking during mid-March, influenza activity in Canada has declined in most of western regions but localized activity persists in parts of Alberta, Ontario and Quebec. The proportion of positive influenza tests declined from 9.7% to 8.6%. The number of outbreaks has decreased from 59 outbreaks in the peak of the season to 5 outbreaks in mid-May. Throughout this season, a total of 571 influenza-associated paediatric hospitalizations have been reported, 11 new laboratory-confirmed hospitalizations were reported during 13-19 May. Due to influenza 1050 adults ≥ 20 years of age have been hospitalized; the number of adult hospitalizations declined from 64 cases reported in early May to 22 hospitalizations in the last reported week. The largest proportion of cases was observed in those ≥ 65 years of age (34%). Influenza B continues to be detected in more than 50% of the influenza positive tested samples in Canada and also among hospitalized cases (57% in the aggregate surveillance system). Of the hospitalizations due to influenza A viruses, influenza A(H3N2) was found in 61% of the cases.

All the influenza activity indicators in the United States of America (USA) have shown that the 2011-2012 season is coming to its end. Nationally, only 1% of all patient visits reported were due to influenza-like illness (ILI), which is below the baseline of 2.4%. The number of respiratory specimens testing positive for influenza viruses has decreased markedly in from about 30% at the beginning of March to about 10% during the past month. Similarly, the proportion of deaths attributed to pneumonia and influenza decreased and continued to be below the epidemic threshold. Of all the specimens that tested positive for influenza viruses in week ending 26 May, 60% were influenza type B. Of the specimen testing positive for influenza A, majority were influenza A(H3N2). Most of the influenza viruses that have been antigenically characterized since the beginning of the season are antigenically related to viruses contained in the 2011-12 seasonal trivalent influenza vaccine.

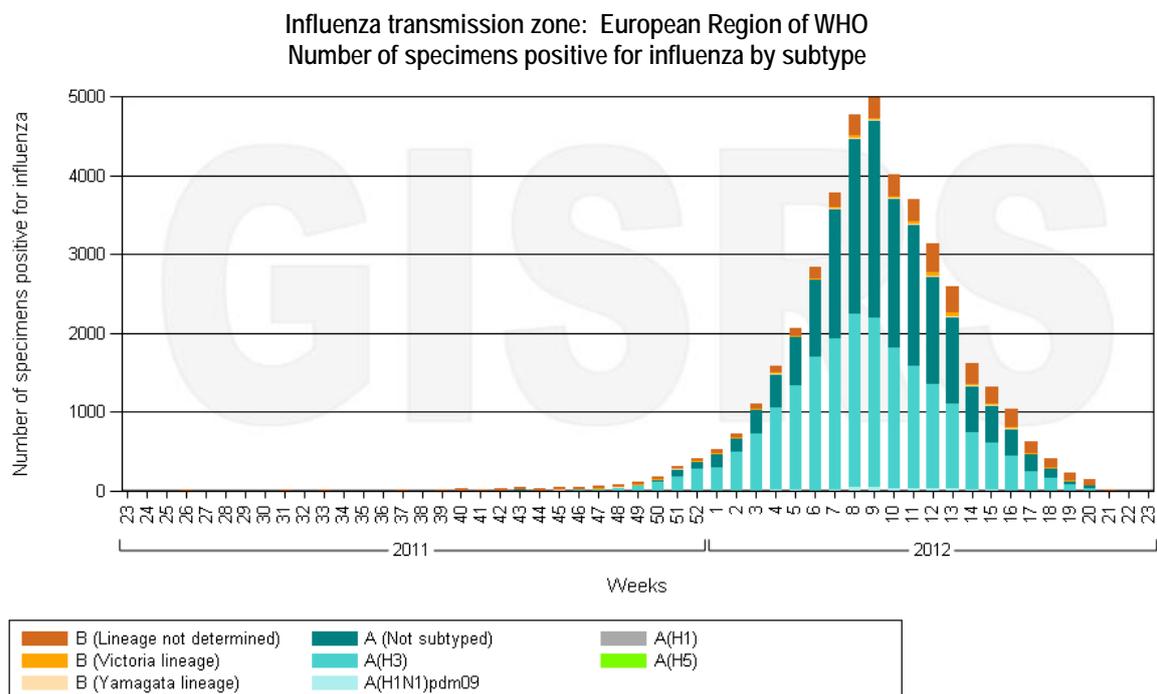
Influenza transmission zone: North America
Number of specimens positive for influenza by subtype



Data source: FluNet (www.who.int/fluinet), Global Influenza Surveillance and Response System (GISRS)
Data generated on 06/06/2012 12:33:54 UTC

Europe

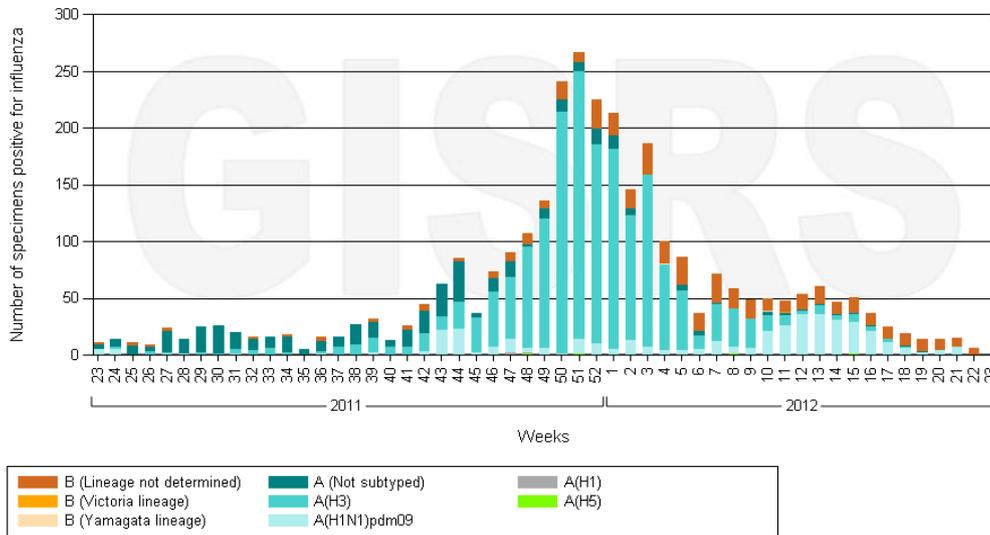
All influenza indicators in Europe signal the end of the 2011-2012 season. Consultation rates for ILI and acute respiratory infection (ARI) are at low levels in all countries in the region. All countries but Slovakia reported low intensity. The number of respiratory specimens from ILI and ARI sentinel sites testing positive for influenza viruses decreased from 11% during week 14-20 May to 4%. Influenza A(H3N2) virus was predominant across Europe during this season. Consistent with previous reports, of all genetic characterisations conducted during this season, 1177 (85%) were influenza A(H3N2) viruses, and 58% out of those (684) fell within the A/Victoria/208/2009 clade, genetic group 3 represented by A/Stockholm/18/2011. Viruses falling within this genetic group are antigenically diverse, indicating that there is an imperfect match with the current vaccine virus A/Perth/16/2009. No resistance to oseltamivir was reported from Europe during the 2011-2012 season.



Northern Africa and eastern Mediterranean

Influenza activity remains low in most countries of northern Africa and eastern Mediterranean regions after peaking between mid-December to mid-January. Transmission of influenza B viruses has been observed in recent weeks in Iran, Tunisia, Oman, Qatar, Pakistan with co-circulation of influenza A(H1N1)pdm09 in Oman and Qatar.

**Influenza transmission zone: Eastern Mediterranean
Number of specimens positive for influenza by subtype**

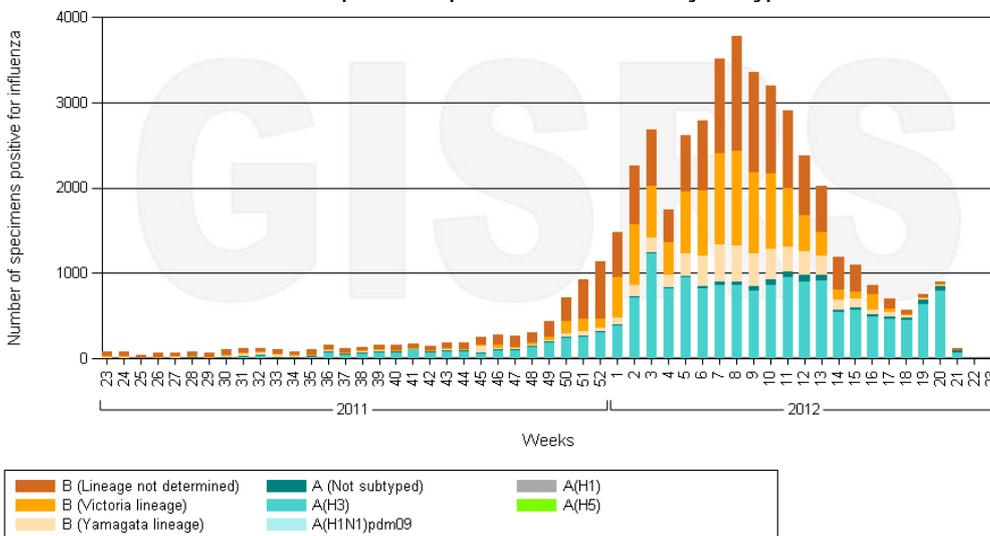


Data source: FluNet (www.who.int/fluinet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 06/06/2012 14:48:50 UTC

Temperate countries of Asia

Overall, influenza activity in the temperate zone of Asia has continued to decrease or remained stable at low level. Northern China, Japan, Republic of Korea, and Mongolia have all reported declining levels of ILI in recent weeks. In northern China, the influenza season seems to have ended. The proportion of specimens testing positive for influenza in north China was 1% in week 21-27 May which was slightly lower than that of the previous week. Mongolia continues to report declining ILI activity and no influenza was detected in week 21-27 May. In the Republic of Korea and Japan, ILI activity is back to inter-seasonal levels. Both countries saw a first wave of transmission from influenza A(H3N2) followed by a wave of influenza B.

**Influenza transmission zone: Eastern Asia
Number of specimens positive for influenza by subtype**

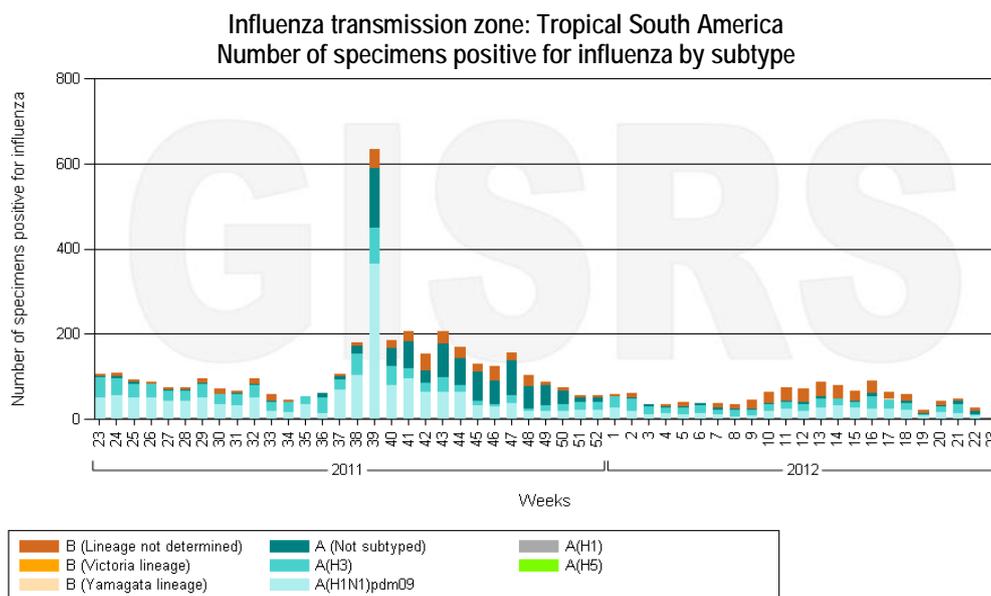


Data source: FluNet (www.who.int/fluinet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 06/06/2012 15:31:00 UTC

Countries in the tropical zone

Tropical countries of the Americas

Countries in tropical South America and the Andean region have reported low or undetectable levels of influenza transmission during the past few weeks. Co-circulation of influenza A(H1N1)pdm09 and influenza B was reported in Bolivia. In Central America and the Caribbean transmission of influenza viruses has shown a slight increase in the past few weeks. Influenza A(H1N1)pdm09 was circulating in some countries of Central America (El Salvador, Honduras and Panama); influenza A(H3N2) was circulating in Dominican Republic.



Data source: FluNet (www.who.int/fluinet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 06/06/2012 15:52:56 UTC

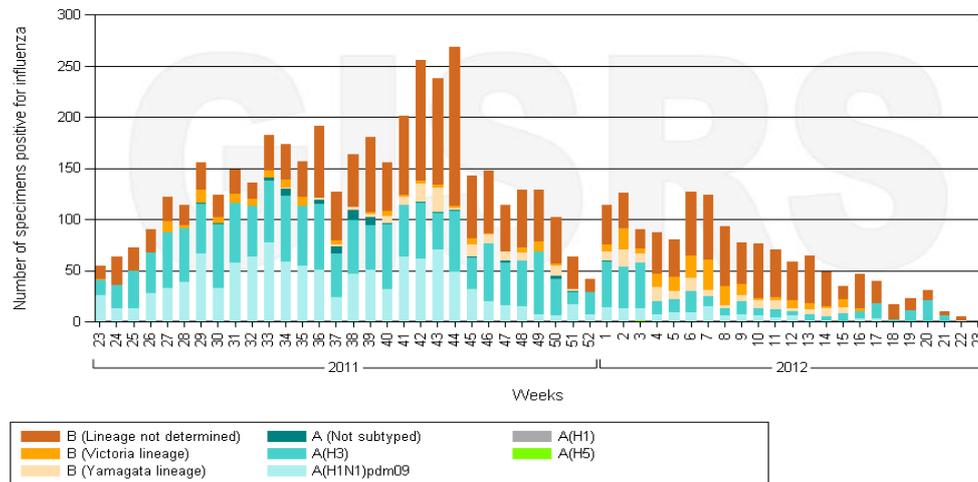
Sub-Saharan Africa

In sub-Saharan Africa, available data indicate little activity in most countries with the exception of Madagascar. Kenya typically detects virus throughout the year, but ILI activity has been decreasing during the last four weeks. Contrarily, in Madagascar an increase of circulation of influenza A and B viruses has been observed since the second week of May, with influenza A(H3N2) being the predominant subtype circulating since late March.

Tropical Asia

Low levels of influenza activity continue to be reported in most countries of tropical Asia. However, the percentage of ILI visits in south China has remained elevated (3.4%) during the last three weeks which is higher than the level seen in the previous two influenza seasons. Early in the season, virus detections in south China were primarily type B viruses, however, the proportion of detections of influenza A(H3N2) has steadily increased since mid-March and now accounts for 76% of all the subtyped influenza A viruses. China Hong Kong Special Administrative Region continued to report influenza activity at a high level, unusual for this time of the year. The predominant virus detected is, influenza A(H3N2). ILI cases and hospital admission rates continued to increase during the last weeks. A total of 34 cases of influenza associated ICU admissions were recorded from 23- 30 May, and 74% of them (25 cases) were fatal.

Influenza transmission zone: South East Asia
Number of specimens positive for influenza by subtype



Data source: FluNet (www.who.int/fluNet). Global Influenza Surveillance and Response System (GISRS)
 Data generated on 06/06/2012 16:39:01 UTC

Countries in the temperate zone of the southern hemisphere

In the temperate regions of South America, Africa, Australia, and New Zealand, ILI activity and virus detections were generally low. However, Chile and Paraguay are reporting increasing ILI activity in the past couple of weeks, with 3% and 12% respectively of respiratory specimens testing positive for influenza, with predominantly influenza A(H3N2) virus detection in Chile and influenza A(H1N1)pdm09 virus detection in Paraguay.

Source of data

The Global Influenza Programme monitors influenza activity worldwide and publishes an update every two weeks.

The updates are based on available epidemiological and virological data sources, including FluNet (reported by the Global Influenza Surveillance and Response System) and influenza reports from WHO Regional Offices and Member States. Completeness can vary among updates due to availability and quality of data available at the time when the update is developed.

Link to web pages

Epidemiological Influenza updates:

http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance

Epidemiological Influenza updates archives 2012:

http://www.who.int/influenza/surveillance_monitoring/updates/GIP_surveillance_2012_archives

Virological surveillance updates :

http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport

Virological surveillance updates archives :

http://www.who.int/influenza/gisrs_laboratory/updates

Contact

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