Influenza Update N° 225

1 December 2014

Summary

Globally, influenza activity remained low, with the exception of some Pacific Islands.

- In North America, influenza activity continued to increase.
- In Europe overall influenza activity increased slightly but remained low.
- In tropical countries of the Americas, influenza detections remained low with respiratory syncytial virus (RSV) causing most influenza-like illness (ILI) and severe acute respiratory infections (SARI).
- In Africa and western Asia, influenza activity was low.
- In tropical Asia, influenza activity was low with influenza B predominant in Viet Nam.
- In the southern hemisphere, influenza activity remained low except in several Pacific Islands where ILI activity remained high.
- The review of the southern hemisphere influenza season has been published at the WHO website: http://www.who.int/wer/2014/wer8948/en/

Based on FluNet reporting (as of 27 November 2014, 14:25 UTC), during weeks 45 to 46 (2 November 2014 to 15 November 2014), National Influenza Centres (NICs) and other national influenza laboratories from 45 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 34,452 specimens. 2,572 were positive for influenza viruses, of which 2,123 (82.5%) were typed as influenza A and 449 (17.5%) as influenza B. Of the sub-typed influenza A viruses, 27 (2.9%) were influenza A(H1N1)pdm09, 917 (97.0%) were influenza A(H3N2) and 1 (0.1%) was influenza A(H5). Of the characterized B viruses, 34 (94.4%) belonged to the B-Yamagata lineage and 2 (5.6%) to the B-Victoria lineage.

Due to changes in data collection platforms, data from the WHO Regional Office for Europe are temporarily not available at global level. Those data will be uploaded to FluNet and FluID as soon as possible. Information on European influenza activity can be found at http://www.flunewseurope.org/
Countries in the temperate zone of the northern hemisphere

**North America**

In the countries in the North America, overall influenza activity continued increasing slightly. Influenza A(H3N2) virus was predominant.

In Canada, influenza-like illness (ILI) activity has been above the historical average for the last 11 weeks, and increased to 41.1 consultations per 1000. Influenza detections increased sharply to 4.6% positivity (compared to 2% in the previous update). Detections of RSV and adenovirus also increased, following seasonal patterns; detections of parainfluenza and rhinovirus have decreased. Of the laboratory confirmed influenza detections, 88% were influenza A, with influenza A(H3N2) predominating. Approximately half of the detections occurred in patients aged over 65 years. Of 29 influenza-associated pediatric hospitalizations reported through November 15, the majority (66%) were due to influenza A(H3N2). Surveillance of influenza-associated adult hospitalizations has not begun yet for the 2014-2015 season.

In the United States of America, influenza activity continued to increase (9.3% positivity) but was within expected levels for this time of year. ILL activity remained below the national baseline. Since mid-August 1116 laboratory confirmed cases of respiratory illness have been attributed to enterovirus D68. Of 955 influenza positive specimens, 87.5% were influenza A (mainly influenza A(H3N2)) and 12.5% were influenza B.

In Mexico, acute respiratory infections (ARI) activity increased slightly but remained consistent with seasonal patterns, while influenza activity remained low.
Europe

In Europe, influenza activity was low, and there was no indication that the influenza season has begun. From 35 countries in the European region, 2% of 634 sentinel specimens and 1% of 5851 non-sentinel specimens tested positive for influenza virus. Of the non-sentinel influenza positive specimens, 65% were influenza A (of which 78% was influenza A(H3N2)) and 35% were influenza B. Three countries reported a total of 17 influenza-associated hospitalizations, 13 of which were admitted to intensive care units. Of these, 10 were positive for influenza A and three were influenza B.

Northern Africa and the Western and Central Asia region

In northern Africa and the western and central Asia regions, influenza detections remained at inter-seasonal levels.

Eastern Asia

In the eastern Asian region, influenza activity remained low.

In northern China, influenza activity increased slightly and was mainly due to influenza A(H3N2). In Japan and the Republic of Korea, influenza activity remained at inter-seasonal levels. In Mongolia, ILI activity increased with no indication of increased laboratory confirmed influenza detection.
Circulation of influenza A(H3N2) virus was reported from several of the Caribbean and central American countries, such as Costa Rica, Cuba and Nicaragua, following an earlier period of activity predominated by influenza B. However, in most central American countries, circulation of influenza has decreased over the recent weeks. In Cuba, severe acute respiratory infection (SARI) associated hospitalizations were high due mainly to respiratory syncytial virus (RSV), but influenza detections also increased. In Costa Rica, both RSV and influenza A(H3N2) detections increased.

Tropical countries in South America reported ILI SARI activity within the expected range for this time of the year. RSV continued to circulate but with decreasing trends. In Colombia, influenza activity was ongoing, with influenza A(H3N2) and influenza B predominating.

In Brazil, activity decreased and influenza B was the most commonly detected influenza virus.

Central African tropical region

In Africa, influenza activity reported from most countries in eastern, middle and western Africa was at low levels. In Madagascar, influenza activity was caused by both influenza A and influenza B viruses.

Tropical Asia
In most southern Asian and South-Eastern Asian countries, activity declined or remained low.

In Viet Nam, activity decreased and was predominantly caused by influenza B viruses.

**Countries in the temperate zone of the southern hemisphere**

**Temperate Zone of South America**

In the temperate zone of South America, influenza activity remained at inter-seasonal levels.

**South Africa**

In South Africa, ILI and SARI activity remained at inter-seasonal levels, with influenza A(H3N2) predominating among positive ILI samples.

**Oceania, Melanesia and Polynesia**

In Australia and New Zealand, influenza activity remained low.

In the Pacific Islands, ILI activity was variable; high activity was reported in American Samoa, the Federated States of Micronesia, French Polynesia, Guam, the Marshall Islands, the Northern Mariana Islands, the Solomon Islands, and Vanuatu.

**Number of specimens positive for influenza by subtype in the southern hemisphere**

![Graph showing 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 27/11/2014

**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 WHO 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

Influenza reports from WHO Regional Offices:
EURO: http://www.flunewseurope.org/
WPRO: http://www.wpro.who.int/emerging_diseases/Influenza/

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/

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