Influenza Update N° 273

03 October 2016, based on data up to 18 September, 2016
Details of Influenza Transmission Zones available at:
http://www.who.int/influenza/surveillance_monitoring/updates/EN_GIP_Influenza_transmission_zones.pdf

Summary
Influenza activity varied in countries of temperate South America, was ongoing in South Africa and decreased in Oceania. Influenza activity in the temperate zone of the northern hemisphere was at inter-seasonal levels.

- **In temperate South America**, influenza and respiratory syncytial virus (RSV) activity decreased throughout most of the sub-region. In Chile, influenza-like illness (ILI) and laboratory confirmed influenza and RSV virus detections remained elevated; influenza A(H1N1)pdm09 was predominant with co-circulation of A(H3N2)viruses and influenza B viruses. In Paraguay, ILI and severe acute respiratory infection (SARI) cases remained elevated. Respiratory syncytial virus activity remained elevated in the region.

- **In South Africa**, influenza detections continued, with mainly influenza A(H1N1)pdm09 virus detections following a predominance of influenza B and then A(H3N2) viruses earlier in the season.

- In Oceania, influenza virus activity decreased in the last weeks. Influenza A(H3N2) remained the dominant circulating influenza virus. In Australia, activity decreased but was still high, while in New Zealand ILI consultation rates remained below the seasonal baseline level.

- In the Caribbean countries, influenza and other respiratory virus activity remained low throughout most of the sub-region. The exception was Cuba with a slight increase of influenza B virus detections in the recent weeks. In Central America, influenza virus activity remained low but in most of the countries, detections of non-influenza respiratory viruses stayed elevated with RSV predominating.

- In tropical South America, influenza A(H1N1)pdm09 and RSV virus detections generally decreased in recent weeks or remained low in most of the countries. In Colombia, influenza activity remained low while RSV activity increased. In Peru, influenza activity continued to decrease, with influenza A(H1N1)pdm09 and influenza B viruses co-circulating.

- In West, Central and temperate East Asia, influenza activity remained low. In tropical countries of South Asia, influenza activity was generally low with seasonal influenza A and B viruses co-circulating in the region.

- In South East Asia, there was a decreasing trend in influenza detection in recent weeks, although some countries in the region reported ongoing activity of co-circulating seasonal influenza A and B viruses.

- Sporadic cases of influenza A(H3N2) and influenza B virus infection were reported by northern, middle and western Africa in recent weeks, among the few countries reporting data during this period. In East Africa, Madagascar continued to report influenza B detections.

- In North America and Europe, influenza activity was low with few influenza virus detections. ILI levels were below seasonal thresholds. In the United States, other respiratory virus activity increased with RSV predominating.

- Influenza activity was low in temperate Asia.
National Influenza Centres (NICs) and other national influenza laboratories from 73 countries, areas or territories reported data to FluNet for the time period from 05 September 2016 to 18 September 2016 (data as of 2016-09-30 03:56:53 UTC). The WHO GISRS laboratories tested more than 44,178 specimens during that time period. 2,763 were positive for influenza viruses, of which 2,260 (81.8%) were typed as influenza A and 503 (18.2%) as influenza B. Of the sub-typed influenza A viruses, 246 (12%) were influenza A(H1N1)pdm09 and 1,812 (88%) were influenza A(H3N2). Of the characterized B viruses, 31 (24.6%) belonged to the B-Yamagata lineage and 95 (75.4%) to the B-Victoria lineage.

WHO Consultation and Information Meeting on the Composition of Influenza Virus Vaccines for Use in the 2017 Southern Hemisphere Influenza Season was held on 26-28 September 2016 in Geneva. It was recommended that trivalent vaccines contain the following: an A/Michigan/45/2015 (H1N1)pdm09-like virus; an A/Hong Kong/4801/2014 (H3N2)-like virus; and a B/Brisbane/60/2008-like virus. It was also recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Phuket/3073/2013-like virus (http://who.int/influenza/vaccines/virus/recommendations/2017_south/en/).

Countries in the temperate zone of the southern hemisphere

Temperate South America

For more information see:
Number of specimens positive for influenza by subtype in Temperate South America

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 28/09/16

Southern Africa
In South Africa, influenza detections continued, with mainly influenza A(H1N1)pdm09 virus detections following a predominance of influenza B and then A(H3N2) viruses earlier in the season.

Number of specimens positive for influenza by subtype in Southern Africa

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/09/16
Oceania, Melanesia and Polynesia
In Oceania, influenza virus activity appeared to have peaked. In recent weeks, influenza activity decreased nationally in Australia but was still widespread in several regions. Influenza A(H3N2) remained the dominant circulating influenza virus. In this season the rates have been highest in the elderly aged 75 years and older, with a secondary peak in the very young.

New Zealand continued to see levels ofILI activity below the seasonal baseline level. New Caledonia continued to have decreased activity. From the Pacific Islands, Guam, Marshall Islands, Samoa and Tonga reported influenza activity.

Number of specimens positive for influenza by subtype in Oceania, Melanesia and Polynesia

Countries in the tropical zone
Tropical countries of Central America, the Caribbean and South America

African region
Sporadic cases of influenza A(H3N2) and influenza B virus infection were reported by northern, middle and western Africa in recent weeks, among the few countries reporting data during this period. In East Africa, Madagascar continued to report influenza B detections.

Tropical Asia
Overall, influenza activity in Southern Asia was low with both influenza A and influenza B viruses circulating. Nepal reported decreased detection of influenza A(H3N2) and B viruses. In Southeast Asia, there was a decreasing trend in influenza detection in recent weeks, with influenza A(H1N1)pdm09, A(H3N2) and influenza B viruses co-circulating. Singapore, where predominantly influenza A(H3N2) virus circulated, reported decreased detections in the last few
weeks. Cambodia continued to report an increase in influenza B detections. Thailand reported predominantly increased detections of influenza A(H1N1)pdm09 and A(H3N2), with additional circulating B viruses. The majority of detections in Malaysia and the Philippines were due to B viruses, with co-circulating A(H1N1)pdm09 and A(H3N2) viruses, whereas the majority of detections in Laos PDR were due to A(H1N1)pdm09, co-circulating with A(H3N2) and B viruses.

Countries in the temperate zone of the northern hemisphere

North America

Europe
For more information see: https://flunewseurope.org/

Northern Africa and Western Asia
Influenza virus detections, of predominantly influenza A(H3N2), remained low in the countries reporting data during this period.

Central Asia
For more information see: https://flunewseurope.org/

Northern Temperate Asia
In temperate Northern Asia, influenza activity continued at low levels with both influenza A and B viruses detected in the region.

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) FluID (epidemiological data reported by national focal points) 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.

Links to web pages
Influenza reports from WHO Regional Offices:
AMRO: www.paho.org/influenzareports
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 2015:
http://www.who.int/influenza/surveillance_monitoring/updates/GIP_surveillance_2015_archives

Virological surveillance updates:
http://www.who.int/influenza/pirs_laboratory/updates/summaryreport
Virological surveillance updates archives:
http://www.who.int/influenza/pirs_laboratory/updates/

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