Influenza Update N° 280

09 January 2017, based on data up to 25 December, 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 in the temperate zone of the northern hemisphere continued to increase, with many countries especially in Europe and East Asia passing their seasonal threshold early in comparison with previous years. Worldwide, influenza A(H3N2) virus was predominant. The majority of influenza viruses characterized so far is similar antigenically to the reference viruses representing vaccine components for 2016-2017 influenza season. The majority of recently circulating viruses tested for antiviral sensitivity is susceptible to the neuraminidase inhibitor antiviral medications.

- In North America, influenza activity continued to increase with influenza A(H3N2) virus predominating. Influenza-like illness (ILI) levels just surpassed the seasonal thresholds in the United States. In the United States, respiratory syncytial virus (RSV) activity increased.
- In Europe, influenza activity was increasing, with influenza A (H3N2) virus being the most prominent subtype. Persons aged over 65 years were most frequently associated with severe disease.
- In East Asia, influenza activity continued to increase with influenza A(H3N2) viruses predominant.
- In Western Asia, influenza activity increased slightly.
- In Southern Asia, influenza activity increased mainly due to influenza A(H3N2). Increased activity was reported in recent weeks by the Islamic Republic of Iran and Sri Lanka.
- In South East Asia, influenza activity continued to decrease, with influenza A(H3N2) virus and influenza B predominating in the region.
- In Northern Africa, continued increased influenza detections were reported in Morocco and Tunisia with influenza A(H3N2) virus dominating.
- In West Africa, influenza continued to be detected in Ghana with B viruses dominating.
- In the Caribbean countries and Central America, influenza and other respiratory virus activity remained low in general.
- In tropical South America, influenza and other respiratory viruses activity remained low.
- In the temperate zone of the Southern Hemisphere, influenza activity is at inter-seasonal levels.

National Influenza Centres (NICs) and other national influenza laboratories from 74 countries, areas or territories reported data to FluNet for the time period 12 December 2016 to 25 December 2016 (data as of 2017-01-06 04:12:46 UTC). The WHO GISRS laboratories tested more than 124657 specimens during that time period. Of these 25263 were positive for influenza viruses, of which 24223 (95.9%) were typed as influenza A and 1040 (4.1%) as influenza B. Of the sub-typed influenza A viruses, 159 (1.3%) were influenza A(H1N1)pdm09 and 11927 (98.7%) were influenza A(H3N2). Of the characterized B viruses, 67 (34.9%) belonged to the B-Yamagata lineage and 125 (65.1%) to the B-Victoria lineage.
Countries in the temperate zone of the northern hemisphere

North America
In North America, influenza activity continued to increase with influenza A(H3N2) virus predominating. ILI levels slightly surpassed the seasonal thresholds in the United States. In the United States, RSV activity increased.

For more information see:

Number of specimens positive for influenza by subtype in North America

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/01/17
Europe

In Europe, influenza activity increased, with influenza A (H3N2) virus being the most prominent subtype. Persons aged over 65 were most frequently associated with severe disease. In Finland, Norway, Portugal and Sweden, influenza detections remained at previous levels or higher than that of last season’s peak. Significant increased rates of influenza were reported in Estonia, Finland, Portugal and Serbia.

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

Number of specimens positive for influenza by subtype in Northern Europe

Northern Africa

In Northern Africa, influenza detections were reported in Morocco and Tunisia, with influenza A(H3N2) virus dominating.

Central Asia

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

Eastern Asia

In East Asia, influenza activity continued to increase in China, Mongolia and particularly Republic of Korea, with influenza A(H3N2) as the dominant virus circulating.

Western Asia

In Western Asia, influenza activity slightly increased in the countries reporting data during this period. However, the number of influenza virus detections remained low.
Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America
In the Caribbean and Central America, influenza and other respiratory virus activity remained low in most of the countries. Costa Rica reported increased influenza activity in past weeks with influenza A(H1N1)pdm09 and A(H3N2) viruses co-circulating and continued RSV activity. In Puerto Rico, influenza activity remained above the alert threshold, with influenza A(H3N2) virus predominating.

For more information see:

African region
In the African region, influenza continued to be detected in Ghana with influenza B viruses dominating.

Tropical Asia
In Southern Asia, influenza activity remained low in most of the countries. In the Islamic Republic of Iran and Sri Lanka, influenza detections increased in the recent weeks with influenza A(H3N2) being the main circulating virus.

Countries in the temperate zone of the southern hemisphere

Temperate South America
For more information see:

Southern Africa
In the temperate countries of Southern Africa, influenza detections continued to be sporadic.

Oceania, Melanesia and Polynesia
In Oceania, influenza virus activity remained at inter-seasonal level.
Number of specimens positive for influenza by subtype in Southern Hemisphere

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 06/01/17

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

Contact
fluupdate@who.int