Influenza Update N° 359

20 January 2020, based on data up to 05 January 2020

Information in this report is categorized by influenza transmission zones, which are geographical groups of countries, areas or territories with similar influenza transmission patterns. For more information on influenza transmission zones, see: https://www.who.int/influenza/surveillance_monitoring/updates/Influenza_Transmission_Zones20180914.pdf

Summary

- In the temperate zone of the northern hemisphere, respiratory illness indicators and influenza activity continued to increase in most countries.
  - In North America, influenza activity further increased with all seasonal influenza subtypes circulating.
  - In Europe, influenza activity continued to increase across the region and was reported at moderate levels in some countries of Northern Europe.
  - In Central Asia, influenza activity increased with influenza B viruses predominant.
  - In Northern Africa, influenza activity was low overall.
  - In Western Asia, influenza activity remained elevated overall and continued to increase in Iraq, Israel, Jordan, Turkey and Yemen.
  - In East Asia, influenza-like illness (ILI) and influenza activity continued to increase overall.

Corrigendum: Please note that on 04 February 2020, the global map of the Influenza Update N° 359 has been replaced to reflect the correct percentage of respiratory specimens that tested positive for influenza by virus subtype and influenza transmission zone.
In the Caribbean and Central American countries, influenza activity was low overall, except for Mexico where increased detections of influenza A viruses were reported. In tropical South American countries, increased influenza activity was reported from Ecuador and Colombia in recent weeks.

In tropical Africa, influenza activity was low across reporting countries of Eastern and Western Africa.

In Southern Asia, influenza activity was low in most reporting countries, but increased in Afghanistan.

In South East Asia, influenza activity continued to be reported in Lao People’s Democratic Republic and Malaysia and increased in Singapore.

In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels.

Worldwide, seasonal influenza A viruses accounted for the majority of detections.

National Influenza Centres (NICs) and other national influenza laboratories from 104 countries, areas or territories reported data to FluNet for the time period from 23 December 2019 to 05 January 2020 (data as of 2020-01-17 04:29:43 UTC). The WHO GiSRS laboratories tested more than 174,604 specimens during that time period. A total of 44,847 were positive for influenza viruses, of which 27,946 (62.3%) were typed as influenza A and 16,901 (37.7%) as influenza B. Of the sub-typed influenza A viruses, 5081 (31.6%) were influenza A(H1N1)pdm09 and 11,005 (68.4%) were influenza A(H3N2). Of the characterized B viruses, 23 (0.6%) belonged to the B-Yamagata lineage and 3753 (99.4%) to the B-Victoria lineage.

For more detailed information, see the Influenza reports from WHO Regional Offices:

- WHO Region of the Americas (AMRO): [www.paho.org/influenzareports](http://www.paho.org/influenzareports)
- WHO European Region (EURO): [www.flunewseurope.org/](http://www.flunewseurope.org/)
- WHO Western Pacific Region (WPRO): [www.wpro.who.int/emerging_diseases/Influenza/en/](http://www.wpro.who.int/emerging_diseases/Influenza/en/)

Countries in the temperate zone of the northern hemisphere

- In the temperate zone of the northern hemisphere, respiratory illness indicators and influenza activity continued to increase overall.

- In the countries of North America, influenza activity further increased. All seasonal influenza subtypes co-circulated in Canada with a slightly higher proportion of influenza A viruses; the proportion of influenza B viruses (mainly B/Victoria lineage), however, was higher than in previous years for this period of the influenza season. In Canada, the percentage of visits for ILI followed the average trend of previous seasons, while the number of paediatric hospitalizations sharply increased and was reported above the 5-year maximum recorded for this period of the year (report by IMPACT network). This season, the majority of hospitalizations were associated with influenza A(H3N2); however, among sentinel paediatric
hospitalizations with influenza, approximately 54% were associated with influenza B. In the United States of America, influenza B/Victoria viruses continued to be the predominant influenza subtype detected, followed by influenza A(H1N1)pdm09. ILI activity might have peaked and reached levels above what was reported in the 2014–2015 season, though hospitalisation rates and the percentage of deaths attributed to pneumonia and influenza remained low. Twenty-one of the 32 influenza-associated paediatric deaths were associated with influenza B viruses.

- In Europe, influenza activity continued to increase across the region. In Northern Europe, influenza detections and syndromic surveillance indicators continued to increase. Influenza A detections predominated in most reporting countries. Among the subtyped influenza A detections, influenza A(H3N2) predominated in many countries. In Ireland, overall ILI activity appeared to decrease but remained at moderate levels compared to previous seasons and influenza-confirmed hospitalizations increased. In the UK, ILI activity was moderate in Wales, low in England and Northern Ireland, and below baseline in Scotland in week 1 of 2020. In England, influenza hospitalizations and admissions to intensive care units were at medium levels. Respiratory syncytial virus activity increased in England and was reported as high in Ireland. In Eastern and Southwestern Europe, influenza detections increased but remained low with influenza A and B viruses reported. Syndromic surveillance indicators increased following seasonal trends but were generally low. Influenza B virus detections predominated in Portugal, Romania, the Russian Federation and Serbia.

- In Central Asia, influenza activity remained elevated with influenza B viruses predominant in all reporting countries. ILI activity increased in Kyrgyzstan and decreased in the other reporting countries.

- In Northern Africa, influenza activity was low overall, though Morocco and Tunisia reported influenza B virus detections in recent weeks.

- In Western Asia, influenza activity remained elevated overall. Influenza activity continued to increase in Iraq, Israel, Turkey and Yemen, with detections of predominately influenza A(H1N1)pdm09. In the West Bank and Gaza Strip, influenza and severe acute respiratory infection (SARI) activity increased during this period with all subtypes reported. In Bahrain and Qatar, influenza activity remained elevated with all seasonal influenza subtypes cocirculating. Detections of predominantly influenza B/Victoria lineage continued to be reported in Georgia and Lebanon. In Oman and Saudi Arabia, influenza activity appeared to decrease with detections of influenza A and B viruses.

- In East Asia, ILI and influenza activity continued to increase overall. In China, ILI activity continued to increase and was greater than that during the same time period in the three previous seasons; influenza activity also increased, with detections of predominately influenza A(H3N2), followed by a smaller proportion of influenza B/Victoria lineage viruses, especially in the southern provinces. In Japan, the number of influenza cases per sentinel site was higher compared to the same time in the previous three seasons and influenza A(H1N1)pdm09 virus detections predominated. In Mongolia, respiratory illness indicators were above the seasonal threshold with increased detections of predominately influenza B/Victoria lineage viruses. In the Republic of Korea, influenza activity continued to increase with influenza A(H1N1)pdm09 viruses most frequently detected.
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 16/01/2020

Number of specimens positive for influenza by subtype in Northern Europe

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 20/01/2020
Number of specimens positive for influenza by subtype in Western Asia

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/01/2020

Number of specimens positive for influenza by subtype in Eastern Asia

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/01/2020
Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central American countries, influenza activity was low in general, except for Mexico where influenza activity continued to increase with co-circulation of influenza A(H1N1)pdm09 and A(H3N2) viruses.
- In the tropical countries of South America, increased influenza activity was reported in recent weeks in Ecuador with influenza A(H1N1)pdm09 most frequently detected.

Tropical Africa

In Western and Eastern Africa, influenza detections were low across reporting countries. There were no reports from countries in Middle Africa for this period.

Tropical Asia

- In Southern Asia, influenza detections were low across reporting countries except for Afghanistan where influenza activity of predominantly influenza A(H1N1)pdm09 viruses increased in recent weeks.
- In South East Asia, influenza activity was reported in some countries. Influenza activity continued to be reported in Lao People’s Democratic Republic and Malaysia with co-circulation of all seasonal influenza subtypes in the former and influenza A(H1N1)pdm09 most frequently detected in the latter. Influenza activity of predominantly influenza A(H1N1)pdm09 viruses increased in Singapore.

Countries in the temperate zone of the southern hemisphere

- In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels.

Sources 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.

Seasonal influenza reviews: A review of the 2019 influenza season in the southern hemisphere, was published in January 2020 and can be found here: https://extranet.who.int/iris/restricted/bitstream/handle/10665/330368/WER9501-02-eng-fre.pdf

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

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