Summary

Globally, influenza activity remained high in the northern hemisphere with influenza A(H3N2) viruses predominating. Some countries in Africa, Asia and southern part of Europe reported an increased influenza A(H1N1)pdm09 activity.

- In North America, the influenza activity remained elevated following the influenza peak. Influenza A(H3N2) remained the dominant virus detected this season.
- In Europe, the influenza season was at its height, particularly in central and western countries. Influenza A(H3N2) virus continued to predominate this season.
- In northern Africa and the middle East, influenza activity was decreasing in most of the region. Influenza A was predominant in the region.
- In the temperate countries of Asia, influenza activity decreased from its peak in northern China and Mongolia, but continued to increase in the Republic of Korea. Influenza A(H3N2) virus predominated.
- In tropical countries of the Americas, influenza activity remained low in most countries.
- In tropical Asia, influenza activity continued to increase in India and Lao People’s Democratic Republic. Influenza activity remained high in southern China, China Hong Kong Special Administrative Region, and the Islamic Republic of Iran.
- In the southern hemisphere, influenza activity continued at inter-seasonal levels.
- The vaccine recommendation for the 2015-2016 northern hemisphere winter season was made and can be consulted at this link: [http://www.who.int/influenza/vaccines/virus/recommendations/2015_16_north/en/](http://www.who.int/influenza/vaccines/virus/recommendations/2015_16_north/en/)
- Based on FluNet reporting (as of 5 March 2015 16:25 UTC), during weeks 6 to 7 (8 February 2015 to 21/02/2015), National Influenza Centres (NICs) and other national influenza laboratories from 89 countries, areas or territories reported data for the time period from 8 to 21 February 2015. The WHO GISRS laboratories tested more than 133 895 specimens. 34 056 were positive for influenza viruses, of which 25 455 (74.7%) were typed as influenza A and 8601 (25.3%) as influenza B. Of the sub-typed seasonal influenza A viruses, 2382 (20.5%) were influenza A(H1N1)pdm09 and 9253 (79.5%) were influenza A(H3N2). Of the characterized B viruses, 1656 (97.1%) belonged to the B-Yamagata lineage and 49 (2.9%) to the B-Victoria lineage.
Countries in the temperate zone of the northern hemisphere

**North America**

In North America, influenza activity remained elevated following the seasonal peak at the end of 2014. Influenza A(H3N2) still predominated among circulating influenza viruses.

In Canada, influenza detections, influenza hospitalizations and influenza-like illness (ILI) rates continued to decline from previous weeks. However, influenza detections and respiratory syncytial virus (RSV) activity remained at an increased level with widespread activity in six regions. The rate of specimens that tested positive for influenza continued to decline to 17.5%, with 69% influenza A and 31% influenza B, reflecting an increase in influenza B detections. From the influenza A viruses that were subtyped, 97% were influenza A(H3N2). From the 110 influenza A(H3N2) viruses characterized, 104 were antigenically similar to the A/Switzerland/9715293/2013 selected for the 2015 Southern Hemisphere and 2015/2016 Northern Hemisphere vaccine. Hospitalizations due to influenza continued to decrease with the majority among the elderly adults ≥65 years.

In the United States of America (USA), influenza activity continued to decline. The influenza detection rate peaked at 30.4 % positivity at the end of December 2014 and decreased to 12.1%. ILI activity (3%) declined as well but still remained slightly above the national baseline (2%). RSV activity remained at a high level with 25.3% positivity. The influenza-related hospitalization rate was at 51.7 per 100,000, with the highest rate among adults ≥ 65 years of age with 258 per 100 000. These rates were the highest compared to the last 6 seasons, where the overall rates for the seasons ranged from 1.9-41.8/100 000 and for the ≥65 years old it ranged between 6.2-164.9 per 100 000. The Pneumonia and Influenza mortality from the 122 Cities Reporting Systems decreased to 7.4% but was still slightly above the epidemic threshold of 7.2% for the week.
In Mexico, influenza detections decreased to 13.3% with a predominance of influenza A(H3N2). Pneumonia activity was high at 3.6 pneumonia cases per 100 000, but was within the expected levels and decreased over the past four weeks. Acute respiratory infection (ARI) activity remained high and was at the threshold.

**Number of specimens positive for influenza by subtype in North America**

![Graph showing 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 05/03/15

**Europe**

In Europe, the influenza season seems to be at its height. The increased influenza activity continued, particularly in central and western European countries. There were 9 countries that reported increased ILI and ARI levels and 35 countries had either usual and higher than normal influenza activity levels. Of the 2535 sentinel specimens, 49% tested positive for the influenza virus in 34 countries. Influenza A(H3N2) continued to dominate among the circulating viruses, with A(H1N1)pdm09 and influenza B still in circulation. Based on the European project for monitoring excess mortality for public health action (EUROMOMO) there was excess all-cause mortality among elderly people (aged ≥65 years) reported in Belgium, England, France, Netherlands, Portugal, Scotland, Spain, Switzerland and Wales. The excess all-cause mortality may be associated with circulating influenza, cold weather or increased ARI. The circulation of respiratory syncytial virus (RSV) decreased to a low level across the European Region.

In Eastern Europe, influenza A(H3N2) predominated, with influenza B having circulated in several countries. Influenza activity increased in Czech Republic, Romania, the Russian Federation, and Slovakia. The Russian Federation reported decreased influenza and other ARI activity, but reported the ILI and ARI morbidity level at 87.5 per 10 000 of population, which was above the national baseline (68.9 per 10 000).
Northern Africa

In northern Africa, influenza activity started to decrease after peaking at the end of 2014 in Algeria, Egypt, and Morocco. Influenza A(H1N1)pdm09 predominated, but co-circulated with influenza B in Egypt.

Western Asia

In western Asia, high influenza and ILI activity was reported in Bahrain and Israel with influenza A(H3N2) predominant. Influenza B was predominant in Georgia.

Central Asia

Countries in the central Asian region reported some influenza activity.

Eastern Asia

In the eastern Asian region, influenza activity decreased from its peak in northern China, Japan, and Mongolia and continued to increase in the Republic of Korea. Influenza A(H3N2) virus has predominated so far. In northern China, the percentage of ILI visits decreased from the previous few weeks. In the Republic of Korea, the proportion of physician visits for ILI increased to 45.5% (from 22% in last update) well over the baseline of 12.2%. Out of 530 (from 287 in previous week) positive influenza specimens, 404 were influenza A(H3N2). In Mongolia, influenza A(H3N2) was the predominant virus, but detections have decreased. The ILI rate and pneumonia rate also continued to decrease. ILI rate per 10 000 population remained the highest in the 1-4 years age group.
Countries in the tropical zone

Tropical countries of the Americas/Central America and the Caribbean

Overall influenza activity in the Caribbean, Central America and the tropical countries of South America remained low. Cuba reported increased severe acute respiratory infections (SARI) in the <1 year old and >60 year old age groups, and increased influenza A(H3N2) detections. Puerto Rico reported high but decreasing ILI activity and continued to report increased influenza detection. Influenza activity in Jamaica decreased from its peak with influenza A(H3N2) predominating, and a decrease of SARI hospitalizations was reported.

Central African tropical region

In Africa, the influenza activity was reported at varying levels, with increased influenza A and B in Western Africa and decreased influenza activity in Eastern Africa.

Tropical Asia

In tropical Asia, influenza activity continued to increase in India and Lao People’s Democratic Republic. Influenza activity remained high in south China, China Hong Kong Special Administrative Region and the Islamic Republic of Iran. South China continued to report a mixture of influenza A(H3N2) and influenza B detections with an increase in ILI consultation rates in sentinel general outpatient clinics. China Hong Kong Special Administrative Region (SAR) reported predominantly influenza A(H3N2) detections, and influenza associated hospital admission rates and deaths continued to remain high for the elderly (>65 years of age) population. Lao People’s Democratic Republic reported an increase in influenza B virus detections. Singapore reported a decrease from
the peak of average daily number of patients seeking treatment of acute respiratory infections (ARI).
The Islamic Republic of Iran continued to report increased activity with both subtypes of influenza A.

India continued to report a sharp increase in influenza A(H1N1)pdm09 virus detections. With a broad distribution of affected states in the country, Dehli, Gujarat, Punjab, Rajashthan and and Telangana were the states which reported the highest case counts of confirmed influenza ? or of deaths?. Among the fatal cases, a high percentage was reported to have comorbidities. Sri Lanka continued to report co-circulation of influenza A(H3N2) and B viruses.

Countries in the temperate zone of the southern hemisphere

Influenza activity remained at an inter-seasonal level in the southern hemisphere countries.

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.

Link to web pages

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

Country Influenza updates:
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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