Influenza Update N° 234

07 April 2015, based on data up to 22 March 2015

Summary

Globally, influenza activity decreased further but remained above the seasonal threshold in the northern hemisphere. While influenza A(H3N2) viruses predominated this season, the proportions of influenza B and influenza A(H1N1)pdm09 detections increased in the last few weeks.

- **In North America**, influenza activity continued to decrease but remained slightly above the threshold while the proportion influenza B detections increased.

- **In Europe**, influenza activity continued to decline in most countries. Influenza A(H3N2) virus continued to predominate this season, but there was an increase in the proportion of influenza B detections in many countries.

- **In northern Africa and the Middle East**, influenza activity decreased in most of the region. Influenza A(H1N1)pdm09 remained predominant in the region.

- **In western Asia**, influenza activity decreased in most countries in the region. But influenza detections have increased in Turkey with influenza B and influenza A(H1N1)pdm09 co-circulating.

- **In the temperate countries of Asia**, influenza activity continued to decrease in most of the region, but increased in the Republic of Korea. In north China, influenza B activity increased, while the peak of influenza activity occurred in the beginning of the year.

- **In tropical countries of the Americas**, influenza activity was reported to increase slightly in most countries. Colombia, Ecuador, Jamaica, and Puerto Rico reported increased influenza-like illness (ILI), with detections of respiratory syncytial virus (RSV) and influenza virus.

- **In tropical Asia**, influenza activity remained high and influenza A(H1N1)pdm09 predominated in India and Bhutan. Influenza activity with influenza A(H3N2) and B continued to decrease from its peak in southern China and China Hong Kong Special Administrative Region.

- **In the southern hemisphere**, influenza activity remained at inter-seasonal levels.

- **Based on FluNet reporting** (as of 2 April 2015 14:15 UTC), National Influenza Centres (NICs) and other national influenza laboratories from 88 countries, areas or territories reported data for the time period from 8 March 2015 to 21 March 2015. The WHO GISRS laboratories tested more than 87,715 specimens. 17,828 were positive for influenza viruses, of which 9,119 (51.1%) were typed as influenza A and 8,707 (48.9%) as influenza B. Of the sub-typed influenza A viruses, 2,558 (49.8%) were influenza A(H1N1)pdm09 and 2,579 (50.2%) were influenza A(H3N2). Of the characterized B viruses, 427 (97.7%) belonged to the B-Yamagata lineage and 10 (2.3%) to the B-Victoria lineage.
Countries in the temperate zone of the northern hemisphere

North America

In North America, influenza activity continued to decrease but overall influenza detections remained slightly above the seasonal threshold. While influenza A(H3N2) virus has predominated this season, Influenza B continued to increase and was the dominating virus in the last few weeks.

In Canada, influenza-like illness (ILI) activity decreased and was within expected levels. Influenza A detections continued to decrease while influenza B detections continued to steadily increase. The majority of the influenza activity occurred in the Central and Atlantic provinces and affected the senior population.

In the United States of America, influenza activity continued to decline but remained above the seasonal threshold while influenza B continued to increase. The influenza detection rate declined to 10.6% from the previous report (11.4%). The pneumonia and influenza mortality rate reported through the 122 Cities Mortality Reporting System was at 7.4%, slightly above the epidemic threshold (7.2%) for the week. The proportion of outpatient visits for ILI (2.2%) continued to decline as well, but remained above the 2.0% national baseline.

In Mexico, influenza detections overall decreased to 24.3% positivity from the peak of around 50% positivity at the end of the year 2014. Acute respiratory infection (ARI) activity continued to decrease to 509 ARI cases per 100 000 habitants, from around 700 ARI cases per 100 000 at the peak at the end of January. Pneumonia activity also decreased but remained high and above the expected levels.
Europe

In Europe, influenza activity continued to decline in most countries but the proportion of positive samples remained high at 41% in the countries that reported. The hospitalized influenza cases were reported mainly among individuals ≥65 years old (53%). Influenza A(H3N2) continued to dominate. However, influenza A(H1N1)pdm09, A(H3N2) and type B viruses continued to circulate in the region, with a continued steady increase in type B virus detections. There was excess all-cause mortality among people aged ≥65 years old observed in Belgium, England, France, Hungary, Ireland, the Netherlands, Northern Ireland, Scotland, Spain, Sweden, Switzerland and Wales, according to the European project for monitoring excess mortality for public health action (EUROMOMO). The excess all-cause mortality coincides with circulating influenza (H3N2) viruses and cold weather.

In Eastern Europe, influenza activity overall remained low. The Russian Federation and Greece reported ongoing influenza activity with influenza B predominating.
Northern Africa and Middle East

In northern Africa and the Middle East, influenza activity was decreasing throughout most of the region.

Western Asia

In western Asia, influenza activity decreased in most countries in the region. However, influenza detections have increased in Turkey with influenza B and influenza A(H1N1)pdm09 predominating.

Central Asia

In central Asia, influenza activity was mainly low with some detections of influenza A(H3N2) and influenza B.

Eastern Asia

In eastern Asia, influenza activity continued to decrease in most of the region. While influenza A(H3N2) detections decreased in north China and the Republic of Korea, influenza B detections increased in both countries. In north China the ILI rate was with 2.7% compared to the season’s peak of around 4%. In the Republic of Korea, the proportion of outpatient visits for ILI decreased to 35.6% (from 45.5% in the last update), and remained above the baseline of 12.2%. In Mongolia influenza activity and ILI activity decreased.
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 continued to be low. Colombia reported an increase in ARI activity in outpatient consultations and hospitalizations, with co-circulation of influenza A(H1N1)pdm09 and A(H3N2). Ecuador reported an increase in SARI activity with a high detection rate of RSV but low number of influenza detections.

Central African tropical region

In Africa, some influenza activity was reported. In western Africa and eastern Africa influenza A (H1N1)pdm09, influenza A(H3N2) and influenza B were co-circulating.

Tropical Asia

In tropical Asia, influenza activity remained high but seemed to decrease in India and the Islamic Republic of Iran. Influenza activity in Bhutan remained high in the last few weeks, with a predominance of influenza A(H1N1)pdm09. ILI cases were most commonly observed in the age group of 15-29 years and SARI cases were most common in the 0-1 year-old group. Influenza activity continued to decrease in south China and China Hong Kong Special Administrative Region but remained elevated above the baseline in China Hong Kong Special Administrative Region (SAR). south China continued to report a mixture of influenza A(H3N2) and influenza B detections. Viet Nam reported increased activity with predominantly influenza A(H1N1)pdm09. The Islamic Republic of Iran reported high but decreased influenza activity with predominantly influenza A(H1N1)pdm09 viruses.
India continued to report high but decreasing activity with influenza A(H1N1)pdm09 virus.

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

Influenza activity remained at inter-seasonal levels 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:**
WPRO: [http://www.wpro.who.int/emerging_diseases/Influenza/](http://www.wpro.who.int/emerging_diseases/Influenza/)

Epidemiological Influenza updates: [http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance)
Virological surveillance updates: [http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport](http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport)
Virological surveillance updates archives: [http://www.who.int/influenza/gisrs_laboratory/updates/](http://www.who.int/influenza/gisrs_laboratory/updates/)

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