Influenza Update N° 247
05 October 2015, based on data up to 20 September, 2015

Summary

Globally, influenza activity generally decreased or remained low, with only a few countries reporting elevated respiratory illness levels.

- In the Northern Hemisphere, influenza activity continued at low, inter-seasonal levels with sporadic detections. Increased respiratory syncytial virus (RSV) activity was reported in the United States of America (USA).

- Few influenza detections were reported by countries in Africa. In Eastern Africa, in countries with reported influenza activity, influenza type A viruses predominated. In Western Africa, influenza activity decreased overall.

- In tropical countries of the Americas, Central America and the Caribbean, influenza activity remained at low levels, with the exception of Cuba, where high numbers of severe acute respiratory infections (SARI) were still reported, associated with influenza A(H1N1)pdm09 virus and RSV. Colombia experienced slightly elevated acute respiratory activity (ARI) in recent weeks with elevated RSV activity.

- In tropical Asia, countries in Southern and South East Asia reported low influenza activity overall except in India and Lao People’s Democratic Republic where increased activity mainly due to A(H1N1)pdm09 virus in India and A(H3N2) virus in Lao PDR continued to be reported. Influenza activity declined in southern China.

- In temperate South America, respiratory virus activity decreased or remained low in general. However, ILI activity remained elevated in Chile with increasing influenza A(H1N1)pdm09 detections.

- In South Africa, influenza activity remained at low levels with influenza type B viruses predominating in recent weeks.

- In Australia, influenza activity in general seemed to be past the peak except in South Australia where it continued to rise with predominantly influenza B virus followed by influenza A(H3N2) virus detections. In New Zealand, influenza activity may have peaked in the second week of August with influenza A(H3N2) and B viruses predominating during the season. ILI activity was still above the seasonal threshold but below the alert threshold.

- The vaccine recommendation for the 2016 southern hemisphere winter season was made and can be consulted at this link: http://www.who.int/influenza/vaccines/virus/recommendations/2016_south/en/

- National Influenza Centres (NICs) and other national influenza laboratories from 71 countries, areas or territories reported data to FluNet for the time period from 07 September 2015 to 20 September 2015* (data as of 2015-10-01 12:17:00 UTC). The WHO GISRS laboratories tested more than 35084 specimens during that time period. 2096 were positive for influenza viruses, of which 1722 (82.2%) were typed as influenza A and 374 (17.8%) as influenza B. Of the sub-typed influenza A viruses, 305 (21.3%) were influenza A(H1N1)pdm09 and 1124
(78.7%) were influenza A(H3N2). Of the characterized B viruses, 110 (92.4%) belonged to the B-Yamagata lineage and 9 (7.6%) to the B-Victoria lineage.

### Countries in the temperate zone of the northern hemisphere

Influenza activity remained at low, inter-seasonal levels in the countries of the northern hemisphere. Influenza A(H3N2) virus was sporadically detected in Canada and RSV activity increased in the USA. A number of countries have reduced the surveillance activities and have not yet restarted.

### Number of specimens positive for influenza by subtype in the Northern hemisphere

![Number of specimens positive for influenza by subtype in the Northern hemisphere](image)

**Data source:** FluNet ([www.who.int/flunet](http://www.who.int/flunet)). Global Influenza Surveillance and Response System (GISRS)

Data generated on 02/10/15
Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

The Caribbean, Central America and Andean Sub-region reported low or decreasing influenza and RSV activity in general during the period of this report. Cuba continued to report high numbers of SARI cases, associated with increased detections of influenza A(H1N1)pdm09 and RSV. In tropical South American countries, influenza A(H3N2) viruses were predominant with some influenza B co-circulating and influenza activity overall was lower this season compared to previous years. In recent weeks, acute respiratory infection (ARI) activity in Colombia was slightly above levels in previous years, with RSV activity remaining increased while influenza activity was high.

Number of specimens positive for influenza by subtype in Central America and Caribbean

African tropical region

In East Africa, where few countries have been reporting influenza activity, influenza A(H1N1)pdm09 was the predominant virus. Madagascar had increased influenza activity over the last two months, due to mainly influenza A(H1N1)pdm09 viruses.

In Western Africa, Côte d’Ivoire and Senegal reported influenza A(H1N1pdm09), A(H3N2) and B virus detections.

Of the countries reporting data from Middle Africa, Cameroon continued to report low detections of influenza viruses.
Tropical Asia

Southern Asia reported overall low or decreasing levels of influenza activity during this reporting period.

India continued to report increased activity due to predominantly influenza A(H1N1)pdm09 viruses.

In Hong Kong, Special Administrative Region of China, influenza activity remained low. Southern China reported declining activity, with mainly influenza A(H3N2) viruses detected.

In South East Asia, Cambodia, Indonesia, the Philippines and Singapore had low or decreased influenza activity, with influenza A(H3N2) viruses predominant. Lao People’s Democratic Republic reported increased influenza A(H3N2) virus activity.

Countries in the temperate zone of the southern hemisphere

Temperate South America

In temperate South America, ILI and SARI activity decreased or remained low overall with the detection of low numbers of both influenza virus and RSV. During the season, influenza type A viruses predominated, with A(H1N1)pdm09 and A(H3N2) co-circulating, and only low levels of influenza B viruses detected.

In Chile, ILI activity remained increased in recent weeks. SARI activity was also slightly elevated in recent weeks, but at expected levels comparable to previous seasons. Influenza activity remained elevated with influenza A(H1N1)pdm09 detections predominating, followed by A(H3N2) and influenza B detections. RSV activity decreased over the past few weeks.

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 02/10/15
Southern Africa

South Africa continued to report low levels of influenza activity in recent weeks. Influenza B was predominant during this reporting period whereas influenza A(H1N1)pdm09 and A(H3N2) viruses had been the main viruses in circulation earlier in the season.

Number of specimens positive for influenza by subtype in Southern Africa

[Graph showing influenza activity]

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 02/10/15

Oceania, Melanesia and Polynesia

Seasonal activity appeared to have peaked in most of Australia except in South Australia where it continued to rise. Influenza type B viruses continued to be predominant nationally with co-circulation of mainly influenza A(H3N2). In the Australian capital territory and Western Australia, influenza A continued to replace influenza B. Increased detections were seen in the Northern Territory, Queensland, South Australia and Western Australia.

In New Zealand, influenza activity may have peaked in the second week of August with influenza A(H3N2) and B viruses predominating. ILI activity was above the seasonal threshold but below the alert threshold.

Both French Polynesia and the Pacific Islands reported variable ILI activity with an increasing trend in the Cook Islands, Federated States of Micronesia, French Polynesia, Guam, and Northern Mariana Islands.
Number of specimens positive for influenza by subtype in Oceania Melanesia Polynesia

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 02/10/15

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 page

Influenza reports from WHO Regional Offices:
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/

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