Influenza Update N° 271
05 September 2016, based on data up to 21 August, 2016

Summary

Influenza activity varied in countries of temperate South America and increased steadily in the last few weeks in South Africa and Oceania. Influenza activity in the temperate zone of the northern hemisphere was at inter-seasonal levels.

- In temperate South America, there was a decreasing trend in influenza and respiratory syncytial virus (RSV) activity levels throughout most of the sub-region except in Chile where influenza-like illness (ILI), and laboratory confirmed influenza and RSV virus detections remained elevated. Influenza activity plateaued in Paraguay, while no influenza activity was reported in Uruguay. Influenza A(H1N1)pdm09 and A(H3N2)viruses co-circulated with influenza B viruses in Chile, with influenza A(H1N1)pdm09 predominating. In Argentina however, influenza activity continued to decrease, though ILI and severe acute respiratory infection (SARI) cases remained elevated. Respiratory syncytial virus activity remained elevated in the region but with no overall increase.

- In the temperate countries of Southern Africa, influenza detections among ILI patients continued to rise, with a recent shift from influenza B to predominantly influenza A virus circulating. Among patients with pneumonia, the incidence of RSV detections continued to decline compared to recent reporting periods.

- In Oceania, influenza virus activity increased over the last weeks. In recent weeks ILI rates increased sharply nationally in Australia with 50% of samples testing positive for influenza. Influenza A(H3N2) remained the dominant circulating influenza virus. In contrast, in New Zealand ILI consultation rates remained below the seasonal baseline level, though with 60% of ILI samples tested being positive for influenza.

- In the Caribbean countries, influenza virus activity remained low. Detection of non-influenza respiratory viruses continued at low levels in most of the countries. In Suriname, the number of SARI cases and hospitalizations increased with RSV predominating.

- In Central America, influenza virus activity remained low but in most of the countries, detections of non-influenza respiratory viruses stayed elevated with RSV predominating.

- In tropical South America, influenza A(H1N1)pdm09 and RSV virus detections generally decreased in recent weeks or remained low in most of the countries. In Colombia, influenza activity continued to decrease while detection of RSV slightly increased. Influenza A(H1N1)pdm09 detections continued to decrease in Brazil and Ecuador. In Peru, influenza activity increased during the last week with influenza A(H1N1)pdm09 virus and influenza B virus co-circulating.

- In tropical countries of South Asia, influenza activity was generally low with seasonal influenza A and B viruses co-circulating in the region.

- In South East Asia, there has been an increase in influenza detection in recent weeks, with seasonal influenza A and B co-circulating.

- In the northern temperate and central tropical regions of Africa, influenza activity was generally low with influenza A(H3N2) virus detections predominant in Western Africa, among the few countries reporting data during this period. In East Africa, Kenya reported a greater
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- The number of influenza viruses, predominantly influenza A(H1N1)pdm09 and A(H3N2), whereas Madagascar reported mainly influenza B detections.
- In North America and Europe, influenza activity was low with influenza B predominant. ILI levels were below seasonal thresholds.
- Influenza activity was low in temperate Asia.
- National Influenza Centres (NICs) and other national influenza laboratories from 63 countries, areas or territories reported data to FluNet for the time period from 08 August 2016 to 21 August 2016 (data as of 2016-09-02 04:27:13 UTC). The WHO GISRS laboratories tested more than 36019 specimens during that time period. 2173 were positive for influenza viruses, of which 1524 (70.1%) were typed as influenza A and 649 (29.9%) as influenza B. Of the sub-typed influenza A viruses, 390 (30.7%) were influenza A(H1N1)pdm09 and 880 (69.3%) were influenza A(H3N2). Of the characterized B viruses, 39 (23.2%) belonged to the B-Yamagata lineage and 129 (76.8%) to the B-Victoria lineage.

Countries in the temperate zone of the southern hemisphere

Temperate South America

For more information see:

Southern Africa

Influenza detections among ILI patients continued to rise, with a recent shift from influenza B to predominantly influenza A virus continuing. Among patients with pneumonia, the incidence of RSV detections continued to decline compared to recent reporting periods.

Number of specimens positive for influenza by subtype in Southern Africa

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 02/09/16
Oceania, Melanesia and Polynesia

In Oceania, influenza virus activity increased over the last weeks but remained low overall. In recent weeks ILI rates increased sharply nationally in Australia with 50% of samples testing positive for influenza. Influenza A(H3N2) remained the dominant circulating influenza virus. In New Caledonia influenza activity also increased in recent weeks due to mainly A(H3N2) viruses. In contrast, New Zealand continued to see low levels of influenza activity with ILI consultation rates remaining below the seasonal baseline level, but with 60% of ILI samples tested being positive for influenza.

Number of specimens positive for influenza by subtype in Oceania, Melanesia and Polynesia

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 02/09/16

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America


African region

In the northern temperate and central tropical regions of Africa, influenza activity was generally low with influenza A(H3N2) virus detections predominant in Western Africa, among the few countries reporting data during this period. In East Africa, Kenya reported increase detections of predominantly influenza A(H1N1)pdm09 and A(H3N2) viruses, whereas Madagascar reported predominantly influenza B viruses.

Tropical Asia

Overall, influenza activity in Southern Asia was low with both influenza A and influenza B viruses circulating. Bangladesh recorded increased influenza activity, predominantly A(H3N2), with some
circularizing B virus in recent weeks. Nepal continued to report increased detection of influenza A(H3N2) and B viruses.

In Southeast Asia, influenza detections increased in general with influenza A(H1N1)pdm09, A(H3N2) and influenza B viruses co-circulating. Singapore, where predominantly influenza A(H3N2) virus circulated, reported increased detections in the last few weeks. Cambodia reported an increase in influenza B virus positive specimens preceded by an increase in A(H1N1)pdm09 detections. Thailand reported predominantly increased detections of influenza A(H1N1)pdm09, with additional circulating A(H3N2) and B viruses. The majority of detections in Laos, Malaysia and the Philippines were due to B viruses, with co-circulating A(H1N1)pdm09 and A(H3N2) viruses. In Viet Nam, both A and B viruses have been co-circularizing in recent weeks.

Countries in the temperate zone of the northern hemisphere

**North America**

**Europe**
For more information see: [https://flunewseurope.org/](https://flunewseurope.org/)

**Northern Africa and Western Asia**
Influenza virus detections, of predominantly influenza B, remained low in the countries reporting data during this period (Morocco and Qatar).

**Central Asia**
For more information see: [https://flunewseurope.org/](https://flunewseurope.org/)

**Northern Temperate Asia**
In temperate Northern Asia, influenza activity continued at low levels with both influenza A and B viruses detected in the region.

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](http://www.paho.org/influenzareports)
- **EURO:** [http://www.flunewseurope.org/](http://www.flunewseurope.org/)
- **WPRO:** [http://www.wpro.who.int/emerging_diseases/Influenza](http://www.wpro.who.int/emerging_diseases/Influenza)

**Epidemiological Influenza updates:**

Epidemiological Influenza updates archives 2015:

**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