Influenza activity continued to increase in the temperate zone of the northern hemisphere while in the temperate zone of the southern hemisphere activity was at inter-seasonal levels. Worldwide, influenza A accounted still for the majority of influenza detections (62%) but influenza B (mostly from the Yamagata lineage) has increased proportionally.

Up to now, the majority of countries which started the season, reported influenza like illness reaching moderate levels in comparison with previous years, with few reaching already high levels. Some countries have reported levels of hospitalization and ICU admissions at levels reaching or exceeding peak levels of previous influenza seasons. WHO recommends countries with current influenza activity or entering their season to adopt necessary measures for ensuring appropriate case management, compliance with infection control measures and seasonal influenza vaccination for high risk groups (see also http://www.who.int/mediacentre/factsheets/fs211/en/).

Although vaccines might not give full protection, they remain the best line of prevention and should be offered as long as influenza is circulating.

Currently circulating viruses are expected to be susceptible to the antiviral drugs oseltamivir and zanamivir.
National Influenza Centres (NICs) and other national influenza laboratories from 108 countries, areas or territories reported data to FluNet for the time period from 25 December 2017 to 07 January 2018 (data as of 2018-01-19 04:11:21 UTC). The WHO GISRS laboratories tested more than 225,174 specimens during that time period. 70,504 were positive for influenza viruses, of which 43,898 (62.3%) were typed as influenza A and 26,606 (37.7%) as influenza B. Of the sub-typed influenza A viruses, 6160 (41.1%) were influenza A(H1N1)pdm09 and 8825 (58.9%) were influenza A(H3N2). Of the characterized B viruses, 6960 (89.2%) belonged to the B-Yamagata lineage and 845 (10.8%) 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

North America

- Overall, influenza virus activity remained high in the region. In Canada, influenza and influenza like illness (ILI) activities continued to increase, and were reported at the higher range of expected levels for this time of the year. Influenza A remained the virus predominately detected, but influenza B detections increased in recent weeks reaching the highest weekly value observed during the same period over the previous seven seasons. In the United States of America (USA), influenza activity continued to increase, with influenza A (H3N2) viruses most frequently detected. The proportion of outpatient visits for ILI reached almost the level seen at the highest seasonal peak since 2011. In both Canada and the USA, adults aged 65 years and older accounted for the majority of influenza cases and influenza-related hospitalizations. Influenza activity increased in Mexico, with influenza A(H3N2) virus detections predominating.

Europe

- In Europe, influenza activity increased above baseline levels in most countries in Northern, Western and Southwestern Europe with sharp increases in some countries. Activity remained low in countries in Eastern Europe. Influenza B (mainly Yamagata lineage) remained the virus most frequently detected and the subtype of the influenza A viruses detected varied depending on the country and the surveillance system (outpatient or inpatient systems). Most countries reported ILI rates in the low to medium ranges with exception of Ireland, Italy and the United Kingdom (UK, Northern Ireland) which reported high ILI rates. Hospital indicators reached high levels in the UK (predominantly influenza A(H3N2) and B Yamagata circulation) and levels higher than in the previous five seasons in France (predominantly influenza A(H1N1)pdm09 and B Yamagata circulation).

Northern Africa

- In Northern Africa, detections of influenza A(H1N1)pdm09 virus sharply increased in Algeria and Tunisia. Detections of influenza B virus remained high in Egypt (together with influenza A(H1N1)pdm09) and Morocco.

Western Asia

- In Western Asia, increasing influenza activity was reported in some countries. Detections of influenza A(H1N1)pdm09 and influenza B were reported in Iraq and Israel, while influenza A(H1N1)pdm09 predominated in Jordan. High levels of influenza activity were reported in Qatar in recent weeks with detections of all influenza seasonal subtypes.

Central Asia

- In Central Asia, influenza activity remained low.
Eastern Asia

- In East Asia, high levels of influenza activity were reported. In both Northern and Southern China, ILI and influenza activity continued to increase at levels higher than the previous three influenza seasons. Influenza B-Yamagata lineage virus was predominantly detected followed by influenza A(H3N2) viruses. In Hong Kong SAR, China, the percentage of respiratory samples testing positive for influenza exceeded the baseline threshold, with influenza B most frequently detected. In Mongolia, influenza B-Yamagata lineage detections increased in recent weeks and the percentage of patients with pneumonia among hospitalized appeared at levels similar to previous season. Influenza detections continued to increase in the Republic of Korea, with influenza A(H3N2) and B viruses predominantly 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 19/01/2018
Influenza update

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 19/01/2018

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 19/01/2018

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central American countries, respiratory illness indicators and influenza activity remained low in general. Influenza B detections were reported in Cuba, Haiti and Jamaica, and influenza A(H3N2) virus detections were predominant in Puerto Rico.
Respiratory syncytial virus (RSV) activity was reported in CAPRHA, Suriname and Panama. ILI activity was reported in some of the French territories.

- In the tropical countries of South America, influenza and RSV activities and respiratory illness indicators were generally low with a few exceptions. In Ecuador, influenza activity was higher than previous years at the same period with increased influenza A(H1N1)pdm09 virus detections in recent weeks. Decreasing trend of influenza A(H3N2) virus detections were reported in Colombia. Decreased influenza activity was also reported in Brazil and Peru. Influenza A(H1N1)pdm09, A(H3N2) and B Yamagata lineage virus detections were reported in French Guyana with increased ILI consultations in recent weeks.

**African region**

- In Western Africa, influenza activity continued to decrease across the region. In Middle Africa, there were no updates available for this reporting period, although increased activity was reported previous weeks. In Eastern Africa, influenza activity remained low across the region.

**Tropical Asia**

- In Southern Asia, influenza activity continued to increase in Iran, with detection of all seasonal subtypes.
- In South East Asia, low levels of influenza activity were reported.

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

- In the temperate zone of the Southern Hemisphere, influenza activity remained overall at inter-seasonal levels.

**Number of specimens positive for influenza by subtype in Southern Hemisphere**

![Graph showing number of specimens positive for influenza by subtype in Southern Hemisphere]

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 19/01/2018
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 global influenza activity, October 2016-October 2017, was published on 15 December 2017 and can be found here:
http://www.who.int/influenza/surveillance_monitoring/updates/GIP_surveillance_summary_reviews_archives/en/

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/

Contact
fluupdate@who.int