Influenza Update N° 308

05 February 2018, based on data up to 21 January, 2018

Information in this report is categorized by influenza transmission zones, which are geographical groups of countries, areas or territories with similar influenza transmission patterns. For more information on influenza transmission zones, see: www.who.int/influenza/surveillance_monitoring/updates/EN_GIP_Influenza_transmission_zones.pdf

Summary

- Influenza activity remained high 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 but influenza B (mostly from the Yamagata lineage) increased in recent weeks.

- Up to now, the majority of countries which are in the influenza season, reported influenza-like illness reaching moderate levels in comparison with previous years, with few reaching levels exceeding those of previous years. Some countries however have reported levels of hospitalization and ICU admissions 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/.

- National Influenza Centres (NICs) and other national influenza laboratories from 101 countries, areas or territories reported data to FluNet for the time period from 08 January 2018 to 21 January 2018 (data as of 2018-02-01 18:02:14 UTC). The WHO GISRS laboratories tested more than 277231 specimens during that time period. 88612 were positive for
influenza viruses, of which 53213 (60.1%) were typed as influenza A and 35399 (39.9%) as influenza B. Of the sub-typed influenza A viruses, 9745 (50.3%) were influenza A(H1N1)pdm09 and 9642 (49.7%) were influenza A(H3N2). Of the characterized B viruses, 7778 (90.8%) belonged to the B-Yamagata lineage and 786 (9.2%) 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. Hospitalization cumulative rate for influenza were reported at high levels, and appeared to be above levels observed during the same period over the previous seven seasons. In both Canada and the USA, adults aged 65 years and older accounted for the majority of influenza cases and influenza-related hospitalizations. In Mexico, the percentage of respiratory samples testing positive for influenza continued to increase, with influenza A(H3N2) virus predominantly detected.

Europe
- In Europe, influenza activity remained high in most countries. Activity remained high in Northern and Southwestern Europe, peaked in few countries and started to increase 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. Influenza detections appeared to decrease in France, Italy, the Netherlands, Spain, and Switzerland, though activity remained high. In the United Kingdom (UK, Northern Ireland), ILI remained at moderate levels however, hospital indicators reached high levels with predominantly influenza A(H3N2) and B-Yamagata circulation.

Northern Africa
- In Northern Africa, influenza detections remained high in Algeria, Egypt and Morocco, and decreased in Tunisia. Influenza A(H1N1)pdm09 virus predominated in Algeria and Tunisia, and Influenza B predominated in Egypt and Morocco.

Western Asia
- In Western Asia, increasing influenza activity was reported in some countries. Increased influenza detections were reported in Iraq and Israel, with influenza A(H1N1)pdm09 and influenza B viruses predominating, respectively. Influenza A(H1N1)pdm09 virus detections appeared to decrease in Jordan.

Central Asia
- In Central Asia, influenza activity increased slightly, although it remained low across the region.
Eastern Asia

- In East Asia, influenza activity continued to increase across the region. ILI activity continued to increase in Southern China but appeared to decrease in Northern China. Influenza B-Yamagata lineage virus was predominantly detected, followed by influenza A(H1N1)pdm09 virus. A steep increase in ILI consultation rate was reported in Hong Kong SAR, China, with influenza B most frequently detected. Influenza activity due to influenza A(H1N1)pdm09 was reported in the Democratic People’s Republic of Korea. In Mongolia, ILI and the percentage of patients with pneumonia among hospitalized appeared to decrease while influenza B-Yamagata lineage detections remained high. ILI activity appeared to decrease in the Republic of Korea, although influenza A(H3N2) and B virus detections remained high.

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 02/02/2018
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 02/02/2018

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 02/02/2018
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. Slight increase in influenza A activity were reported in Jamaica, influenza B activity in Guatemala and Haiti, and both influenza A and B in Puerto Rico.

- In the tropical countries of South America, influenza and RSV activities and respiratory illness indicators were generally low with a few exceptions. In Ecuador, severe acute respiratory infection and influenza activity continued to increase and were above the alert threshold, with influenza A(H1N1)pdm09 virus predominating.

African region

- In Western Africa, little to no influenza activity was reported across the region. In Middle Africa, there were no updates available for this reporting period. In Eastern Africa, increased influenza activity was reported in Madagascar.

Tropical Asia

- In Southern Asia, influenza activity continued to be high in Iran and Pakistan, with detection of all seasonal influenza subtypes in Iran and influenza A(H1N1)pdm09 and influenza A(H3N2) in Pakistan. Influenza B detections increased in recent weeks across the region.

- In South East Asia, low levels of influenza activity were reported in most countries. Detections of influenza A(H1N1)pdm09 and influenza B-Yamagata lineage virus increased in Singapore.

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

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 02/02/2018

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/

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