Influenza Update N° 335

18 February 2019, based on data up to 03 February 2019

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

- In the temperate zone of the northern hemisphere influenza activity continued to increase.
  - In North America, influenza activity continued to be reported, with influenza A(H1N1)pdm09 predominating.
  - In Europe, influenza activity increased and in most of the countries was above the epidemic threshold. Influenza A viruses co-circulated.
  - In North Africa, influenza A(H1N1)pdm09 detections sharply increased.
  - In Western Asia, influenza activity remained elevated with increased activity in Cyprus, Israel, Jordan and Lebanon and appeared to have peaked in most countries of the Arabian Peninsula.
  - In East Asia, influenza activity appeared to have peaked already, with influenza A(H1N1)pdm09 virus predominating.
Influenza update

<table>
<thead>
<tr>
<th>Influenza update</th>
<th>18 February 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ In Southern Asia, influenza detections remained elevated overall. Influenza activity appeared to decrease in Iran (Islamic Republic of) with influenza A(H3N2) the predominant circulating virus.</td>
<td></td>
</tr>
<tr>
<td>▪ In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels, with the exception of some parts of Australia where influenza activity remained above inter-seasonal levels.</td>
<td></td>
</tr>
<tr>
<td>▪ Worldwide, seasonal influenza A viruses accounted for the majority of detections.</td>
<td></td>
</tr>
<tr>
<td>▪ National Influenza Centres (NICs) and other national influenza laboratories from 111 countries, areas or territories reported data to FluNet for the time period from 21 January 2019 to 03 February 2019 (data as of 2019-02-15 04:05:38 UTC). The WHO GISRS laboratories tested more than 213440 specimens during that time period. A total of 69007 were positive for influenza viruses, of which 67733 (98.2%) were typed as influenza A and 1274 (1.8%) as influenza B. Of the sub-typed influenza A viruses, 25052 (72%) were influenza A(H1N1)pdm09 and 9734 (28%) were influenza A(H3N2). Of the characterized B viruses, 83 (27.8%) belonged to the B-Yamagata lineage and 216 (72.2%) to the B-Victoria lineage.</td>
<td></td>
</tr>
</tbody>
</table>

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

- In the temperate zone of the northern hemisphere, influenza activity continued to increase with influenza A(H1N1)pdm09 predominating overall. |
- In North America, influenza activity continued, with influenza A(H1N1)pdm09 virus as the dominant subtype, followed by influenza A(H3N2) and very few B virus detections. In Canada, at national level, influenza activity appeared to have peaked with some sub-national variations. Influenza like illness (ILI) activity was lower compared to the same period of previous influenza seasons. In the United States of America, ILI activity increased over the past few weeks after a decrease in activity during the previous reporting period. Except to some parts of the country, at national level ILI activity was low overall and lower than previous seasons. Influenza-confirmed hospitalization rates were lower than previous two seasons, with adults over 65 years accounting for the majority of hospitalizations. Influenza percent positivity remained elevated in Mexico with influenza A(H1N1)pdm09 virus most frequently detected. |
- In Europe, influenza activity continued to increase across the continent, with most of countries passing the epidemic threshold. High intensity was reported in nine countries of South West Europe. Hospitalisation rates were high in France and the United Kingdom. |
Although influenza A(H1N1)pdm09 was the most frequently detected virus overall, influenza A(H3N2) viruses co-circulated.

- In Central Asia, increased levels of severe acute respiratory infections (SARI) were reported in Kazakhstan and Uzbekistan. Influenza activity was reported in Kazakhstan with influenza A(H1N1)pdm09 virus most frequently detected followed by a smaller proportion of influenza A(H3N2) viruses.

- In Northern Africa, influenza detections continue to increase. ILI and influenza activity of predominantly influenza A(H1N1)pdm09 virus continued to increase in Morocco. Influenza detections start to increase in Tunisia with mainly influenza A(H3N2) detections.

- In Western Asia, influenza activity remained elevated with all seasonal influenza subtypes co-circulating. A sharp increase of influenza A virus activity was reported in Cyprus in recent weeks. In Israel, Jordan and Lebanon, influenza activity continued to increase with both seasonal influenza A subtypes co-circulating. Respiratory illness indicators and influenza detections appeared to decrease in Armenia, Georgia, and Turkey with influenza A(H1N1)pdm09 and A(H3N2) viruses predominating in various proportions in different countries. Across the Arabian Peninsula, influenza activity peaked but continued to be reported in Bahrain, Kuwait and Saudi Arabia, with detections of predominantly influenza A (H1N1)pdm09 and smaller proportions of A(H3N2) and B viruses.

- In East Asia, the influenza activity remained elevated, with influenza A(H1N1)pdm09 virus predominating. Although decreased ILI and influenza activity were reported as high in China and China, Hong Kong SAR. ILI activity appeared to have peaked in Mongolia, with influenza A(H1N1)pdm09 virus most frequently detected. Decreased detections of influenza A viruses (both subtypes) were reported in Japan. ILI and influenza activity of predominately A(H1N1)pdm09 virus continued to decrease in the Republic of Korea.

**Number of specimens positive for influenza by subtype in North America**

![Graph showing influenza activity in North America](image)

**Data source:** FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS). Data generated on 15/02/2019
Number of specimens positive for influenza by subtype in the Eastern Asia

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America
- In the Caribbean and Central American countries, influenza activity and respiratory syncytial virus (RSV) remained low overall. Increased detections of influenza A(H1N1)pdm09 were reported in Suriname in recent weeks. RSV activity increased in Honduras.
- In the tropical countries of South America, influenza and RSV activity were low in general.

Tropical Africa
- In Western Africa, influenza detections were low across reporting countries, except to Burkina Faso that reported increased influenza detections, with a mixture of influenza A(H3N2) and B (Victoria-lineage) viruses. In Middle Africa, influenza virus detections remained low. In Eastern Africa, increased influenza detections were reported in Madagascar and Mauritius, with influenza A(H1N1)pdm09 and A(H3N2) viruses co-circulating.

Tropical Asia
- In Southern Asia, influenza activity remained elevated, with influenza A viruses predominating. In Afghanistan, SARI levels and influenza activity of predominately A(H1N1)pdm09 virus continued to increase. Increased influenza activity was reported in India with influenza A(H1N1)pdm09 virus most frequently detected. Influenza activity appeared to decrease in Iran (Islamic Republic of) and have peaked in week 02/2019, with influenza A(H3N2) viruses predominating. Influenza detections continued to increase in Pakistan, with all seasonal influenza subtypes co-circulating.
In South East Asia, influenza activity continued to be reported with all seasonal influenza subtypes co-circulating in the sub-region. Activity of predominantly influenza A(H1N1)pdm09 continued to be reported in Lao PDR. Influenza activity increased in the Philippines with influenza A(H1N1)pdm09 and B (Victoria-lineage) viruses co-circulating. In Singapore, influenza activity appeared to decrease slightly with detections of all seasonal influenza subtypes. Influenza detections continued to be reported in Cambodia [influenza A(H1N1)pdm09] and Thailand (all seasonal subtypes).

Number of specimens positive for influenza by subtype in Southern Asia

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 15/02/2019

Number of specimens positive for influenza by subtype in South-East Asia

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 15/02/2019
Countries in the temperate zone of the southern hemisphere

- In the temperate zone of the southern hemisphere, influenza activity remained at inter-seasonal levels, although in some parts of Australia influenza activity remained above inter-seasonal levels, with co-circulation of influenza A viruses.

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 15/02/2019

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 the 2017–2018 influenza season in the northern hemisphere, was published in August 2018 and can be found here: http://apps.who.int/iris/bitstream/handle/10665/274263/WER9334.pdf?ua=1
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