Influenza Update N° 336

04 March 2019, based on data up to 17 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 increase in the United States of America, with influenza A(H1N1)pdm09 as the dominant subtype, followed by influenza A(H3N2).
  - In Europe, influenza activity remained elevated across the continent and was reported as widespread in most of the countries. Influenza A viruses co-circulated.
  - In North Africa, influenza activity remained elevated.
  - In Western Asia, influenza activity peaked in some countries and increased in other, with all seasonal influenza subtypes co-circulating.
  - In East Asia, influenza activity appeared to decrease overall, with influenza A(H1N1)pdm09 virus predominating.

- In Southern Asia, influenza activity remained elevated overall with influenza A viruses predominating.
In the Caribbean, Central American countries, and the tropical countries of South America, influenza and RSV activity were low in general.

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.

Worldwide, seasonal influenza A viruses accounted for the majority of detections.

National Influenza Centres (NICs) and other national influenza laboratories from 115 countries, areas or territories reported data to FluNet for the time period from 04 February 2019 to 17 February 2019 (data as of 2019-03-01 05:22:16 UTC). The WHO GISRS laboratories tested more than 220347 specimens during that time period. 74302 were positive for influenza viruses, of which 73225 (98.6%) were typed as influenza A and 1077 (1.4%) as influenza B. Of the sub-typed influenza A viruses, 19600 (65.2%) were influenza A(H1N1)pdm09 and 10447 (34.8%) were influenza A(H3N2). Of the characterized B viruses, 82 (26.2%) belonged to the B-Yamagata lineage and 231 (73.8%) 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.fluinseurope.org/](http://www.fluinseurope.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 overall, influenza activity increased, with influenza A(H1N1)pdm09 virus as the dominant subtype, followed by influenza A(H3N2) and very few B virus detections. However, in Canada, at national level, influenza activity continued to decrease and 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 and paediatric hospitalizations had decreased. In the United States of America, ILI activity continued to increase. At national level, ILI activity was moderate overall and cumulative influenza-confirmed hospitalization rates were lower than previous two seasons. Adults over 65 years accounted 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 remained elevated across the continent and was reported as widespread in most of the countries. High intensity was reported in six countries of South West Europe. Hospitalisation rates remained 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 and predominated in some countries.
In Central Asia, severe acute respiratory infections (SARI) levels remained elevated in Kazakhstan and Uzbekistan. In Kazakhstan influenza A(H1N1)pdm09 virus was the most frequently detected followed by a smaller proportion of influenza A(H3N2) viruses.

Although influenza activity returned to low detection levels in Egypt, influenza activity remained elevated in Northern Africa. ILI and influenza activity of predominantly influenza A(H1N1)pdm09 virus were high in Morocco. Influenza detections and percent positivity continued to increase in Tunisia with influenza A(H3N2) viruses predominating.

In Western Asia, influenza activity peaked in some countries and increased in other, with all seasonal influenza subtypes co-circulating. Influenza A virus activity continued to increase in Cyprus. Influenza activity remained elevated in Armenia, Israel and Lebanon, with both seasonal influenza A subtypes co-circulating. Respiratory illness indicators and influenza detections continued to decrease in Georgia, and Turkey with influenza A(H3N2) viruses predominating followed by influenza A(H1N1)pdm09. Across the Arabian Peninsula, influenza activity decreased overall except in Kuwait and Saudi Arabia where activity remained elevated with detections of influenza A(H1N1)pdm09 and a smaller proportion of B viruses.

In East Asia, the influenza activity appeared to decrease overall. Although decreased, ILI and influenza activity remained above seasonal threshold in China and China, Hong Kong SAR, with influenza A(H1N1)pdm09 virus predominating. In Japan, Mongolia and Republic of Korea, influenza activity appeared to have returned to baseline levels.

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

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

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

Data generated on 01/03/2019
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. However, increased detections of influenza A(H1N1)pdm09 were reported in Jamaica in recent weeks. RSV activity decreased in Honduras.

- In the tropical countries of South America, influenza and RSV activity were low in general, with exception of Suriname.

Tropical Africa

- In Western and Middle Africa, influenza detections were low across reporting countries. In Eastern Africa, low levels of influenza detections of mainly influenza A(H3N2) viruses were reported in Kenya, Madagascar, Mozambique and Zambia.

Tropical Asia

- In Southern Asia, influenza activity remained elevated, with influenza A viruses predominating except in Bangladesh where detections were predominantly influenza B viruses. In Afghanistan, SARI levels and influenza activity of predominately A(H1N1)pdm09 virus decreased although ILI activity remained elevated. Increased influenza activity was reported in India with influenza A(H1N1)pdm09 virus most frequently detected followed by influenza A(H3N2) viruses, and in Bhutan with predominantly influenza A(H1N1)pdm09 viruses. In Iran (Islamic Republic of), influenza activity peaked in week 02/2019, with influenza A(H3N2) viruses predominating during the season.
In South East Asia, few countries reported in this reporting period. Detections of predominately influenza B (Victoria-lineage) virus continued to be reported in the Philippines. Increased influenza activity was reported in Thailand, with detections of all seasonal influenza 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 01/03/2019

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 01/03/2019
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

![Graph showing number of specimens positive for influenza by subtype in southern hemisphere]

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

Data generated on 01/03/2019

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&ua=1](http://apps.who.int/iris/bitstream/handle/10665/274263/WER9334.pdf?ua=1&ua=1)

Epidemiological Influenza updates:

Epidemiological Influenza updates archives 2015:

Virological surveillance updates:
[http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport](http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport)

Virological surveillance updates archives:
[http://www.who.int/influenza/gisrs_laboratory/updates/](http://www.who.int/influenza/gisrs_laboratory/updates/)

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