Influenza Update N° 337

18 March 2019, based on data up to 03 March 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 be reported.
  - In North America, influenza activity continued but in recent weeks influenza A(H3N2) was the dominant virus, followed by influenza A(H1N1)pdm09.
  - In Europe, influenza activity decreased across the continent, with two thirds of countries still above baseline for influenza-like illness activity. Influenza A viruses co-circulated.
  - In North Africa, influenza activity was still reported in some countries.
  - In Western Asia, influenza activity appeared to decrease overall, with exception of some countries where activity remained elevated.
  - 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 114 countries, areas or territories reported data to FluNet for the time period from 18 February 2019 to 03 March 2019 (data as of 2019-03-15 07:02:52 UTC). The WHO GISRS laboratories tested more than 205150 specimens during that time period. 59350 were positive for influenza viruses, of which 57635 (97.1%) were typed as influenza A and 1715 (2.9%) as influenza B. Of the sub-typed influenza A viruses, 14751 (59.5%) were influenza A(H1N1)pdm09 and 10037 (40.5%) were influenza A(H3N2). Of the characterized B viruses, 147 (19%) belonged to the B-Yamagata lineage and 625 (81%) 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/influenza/reports](http://www.paho.org/influenza/reports)
- 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 with influenza A viruses predominating.

- In North America, influenza activity continued, with influenza A(H3N2) as the dominant virus, followed by influenza A(H1N1)pdm09 and very few B virus detections. In Canada, at the national level, influenza-like illness (ILI) activity increased slightly compared to the previous reporting period but remained low overall compared to the same period of previous influenza seasons. Influenza positivity also increased slightly with mostly influenza A detections and just over half due to influenza A(H3N2) viruses. In the United States of America, ILI activity started to decrease at the national level, but remained above the baseline. ILI activity was moderate overall compared to previous seasons and cumulative influenza-confirmed hospitalization rates were lower than previous two seasons. Adults over 65 years accounted for the majority of hospitalizations. In recent weeks, influenza A(H3N2) virus became the most frequent detected subtype, followed by influenza A(H1N1)pdm09 virus. In Mexico, influenza activity appeared to decrease with all seasonal influenza subtypes co-circulating.
In Europe, influenza activity decreased across the continent, with still two thirds of countries above baseline for ILI activity. High intensity was reported in North Macedonia and Kosovo (in accordance with the Security Council resolution 1244 (1999)). Influenza activity remained elevated in some countries of Eastern Europe. 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. Influenza detections of all seasonal influenza subtypes appeared to decrease in Kazakhstan.

In Northern Africa, influenza activity was reported in Algeria and Tunisia, with detections of both seasonal influenza A subtypes. In Egypt and Morocco, influenza detections and percent positive returned to low levels.

In Western Asia, influenza activity decreased in most countries except in Armenia, Kuwait, Lebanon and Saudi Arabia, where activity remained elevated. Detections of all seasonal influenza subtypes were reported in the sub-region.

In East Asia, the influenza activity appeared to have plateaued after a decrease from the peak in week 03/2019. Although decreased, influenza activity remained above seasonal threshold in China and China, Hong Kong SAR. Influenza A(H1N1)pdm09 was the virus most frequently detected followed by influenza A(H3N2) and a smaller proportion of B Victoria-lineage. 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

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 15/03/2019
Number of specimens positive for influenza by subtype in the European Region of WHO

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 15/03/2019

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. Increased detections of influenza A viruses were reported in Cuba and Jamaica.
- In the tropical countries of South America, influenza and RSV activity were low in general.

Tropical Africa

- In Western and Middle Africa, influenza detections were low across reporting countries. In Eastern Africa, influenza detections increased in Ethiopia, Kenya, Madagascar and Mauritius, with both influenza A virus subtypes co-circulating in the sub-region.

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 decrease although ILI activity remained elevated. Influenza activity continued at high level in India with influenza A(H1N1)pdm09 virus most frequently detected followed by influenza A(H3N2) viruses. Influenza activity was reported in Nepal in recent weeks and appeared to have peaked at the end of January, with influenza A(H1N1)pdm09 predominating followed by a smaller proportion of influenza B viruses. In
Pakistan, decreased influenza activity was reported with detections of all seasonal influenza subtypes.

- In South East Asia, few countries reported in this reporting period. A sharp increase of influenza activity was reported in Thailand, with influenza B most frequently detected followed by influenza A viruses. Influenza activity appeared to decrease in the Philippines, with detections of predominantly influenza B Victoria-lineage virus.

Number of specimens positive for influenza by subtype in Southern Asia

![Graph showing the 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 15/03/2019

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

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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