Influenza Update N° 339

15 April 2019, based on data up to 31 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 decreased overall.
  - In North America, influenza activity appeared to decrease with influenza A(H3N2) the dominant virus, followed by influenza A(H1N1)pdm09.
  - In Europe, influenza activity decreased across the continent. Both influenza A viruses co-circulated; influenza A(H3N2) was the most frequently identified subtype.
  - In North Africa, influenza detections were low across reporting countries.
  - In Western Asia, influenza activity appeared to decrease overall, with exception of Saudi Arabia where activity remained elevated.
  - In East Asia, although decreased influenza activity continued to be reported. Influenza B was the most frequently detected virus followed by influenza A(H3N2).
- In Southern Asia, influenza activity continued to decrease with influenza A(H1N1)pdm09 virus 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 was 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 125 countries, areas or territories reported data to FluNet for the time period from 18 March 2019 to 31 March 2019 (data as of 2019-04-12 03:15:47 UTC). The WHO GISRS laboratories tested more than 139623 specimens during that time period. 30960 were positive for influenza viruses, of which 25464 (82.2%) were typed as influenza A and 5496 (17.8%) as influenza B. Of the sub-typed influenza A viruses, 4189 (40.6%) were influenza A(H1N1)pdm09 and 6139 (59.4%) were influenza A(H3N2). Of the characterized B viruses, 154 (3.8%) belonged to the B-Yamagata lineage and 3919 (96.2%) 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

- In the temperate zone of the northern hemisphere, influenza activity decreased with influenza A viruses predominating.

- In North America, influenza activity continued. Where until February influenza A(H1N1)pdm09 was predominating, influenza A(H3N2) was currently the dominant detected virus, followed by few B virus detections. Influenza-like illness (ILI) activity was low overall in Canada and in the United States of America (USA), but remained above the seasonal threshold for the USA. In Mexico, influenza activity continued to decrease with detections of all seasonal influenza subtypes.

- In Europe, influenza activity decreased across the continent. Of 26 Member States and areas reporting intensity above baseline, three reported medium intensity (Bosnia and Herzegovina, Luxembourg, and Slovakia). ILI activity was reported above baseline in Estonia, Norway, and the Republic of Moldova. Influenza A(H1N1)pdm09 and A(H3N2) viruses continued to co-circulate, with more detections of A(H3N2).

- In Central Asia, influenza detections were low.

- In Northern Africa, influenza detections were low across reporting countries.
In Western Asia, influenza activity continued to decrease overall with all seasonal influenza subtypes co-circulating. In Saudi Arabia, severe acute respiratory infection (SARI) activity continued to be reported and influenza percent positivity increased slightly in recent weeks, with detections of influenza A(H1N1)pdm09 and B viruses.

In East Asia, influenza activity continued to be reported, although decreased from the peak in week 03/2019. While all seasonal influenza subtypes co-circulated, influenza B became the most frequently detected virus followed by influenza A(H3N2). In China, influenza activity remained elevated with influenza B (Victoria-lineage) most frequently detected. In Northern China, a second wave of ILI and influenza activity appeared to start in recent weeks. Influenza activity continued to decrease and was reported below baseline in China, Hong Kong SAR, with influenza A viruses predominating and influenza A(H1N1)pdm09 and A(H3N2) viruses detected in similar proportions. In the Republic of Korea, after a first wave of influenza activity predominated by influenza A(H1N1)pdm09 virus, a second wave was reported in recent weeks with influenza B most frequently detected followed by influenza A(H3N2) viruses.

Number of specimens positive for influenza by subtype in North America

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central American countries, influenza activity remained low overall.
- In the tropical countries of South America, influenza and respiratory syncytial virus (RSV) activity were low in general.

Tropical Africa

- In Western Africa, influenza detections were low across reporting countries, with influenza A(H3N2) virus predominating. Low to no detections were reported in Middle Africa. In Eastern Africa, influenza detections continued to be reported, with both influenza A virus subtypes co-circulating in the sub-region. Increased SARI activity and influenza virus detections were reported in Mozambique.

Tropical Asia

- In Southern Asia, influenza activity continued to decrease, with influenza A(H1N1)pdm09 virus predominating. Detections of influenza B viruses were reported in Bangladesh. Influenza activity decreased in India with influenza A(H1N1)pdm09 virus most frequently detected followed by influenza A(H3N2) and very few detections of influenza B viruses.
- In South East Asia, influenza activity remained elevated in Thailand, with influenza B (Victoria-lineage) most frequently detected followed by influenza A viruses. Low detections of influenza B virus (Victoria-lineage) were reported in Lao PDR.
Number of specimens positive for influenza by subtype in Southern Asia

![Graph showing influenza data for Southern Asia]

**Data source:** FluNet ([www.who.int/flunet](http://www.who.int/flunet)). Global Influenza Surveillance and Response System (GISRS)
Data generated on 12/04/2019

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

![Graph showing influenza data for South-East Asia]

**Data source:** FluNet ([www.who.int/flunet](http://www.who.int/flunet)). Global Influenza Surveillance and Response System (GISRS)
Data generated on 12/04/2019
Countries in the temperate zone of the southern hemisphere

- In the temperate zone of the southern hemisphere, influenza activity overall remained at inter-seasonal levels. Increased influenza notifications however were reported in the state of South Australia. Several Pacific Islands also reported increased ILI activity and influenza detections.

Number of specimens positive for influenza by subtype in southern hemisphere

[Graph showing the number of specimens positive for influenza by subtype from 2018 to 2019.]

**Data source:** FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 12/04/2019

**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

**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