Influenza Update N° 346

22 July 2019, based on data up to 07 July 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 zones of the southern hemisphere, trends in influenza activity varied by region and country. Activity in Argentina, Australia and Uruguay increased while activity in Brazil, Chile, New Zealand, Paraguay and South Africa decreased this period.
  - Influenza A(H3N2) viruses predominated in Oceania and South Africa.
  - Influenza A(H1N1)pdm09 viruses predominated in temperate South America.
- In Southern Asia, influenza activity was low across reporting countries, except in Bangladesh where activity remained high with influenza A(H3N2) viruses predominant. In South East Asia, an increase in influenza activity was observed in a few reporting countries.
- In the Caribbean, Central America, and tropical South America, influenza activity was low in general, with exception of Costa Rica and Panama where influenza A virus activity was high, and in Cuba and French Guiana (France) where influenza virus detections increased.
- In Africa, with the exception of South Africa, influenza activity was low across reporting countries.
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- In the temperate zone of the northern hemisphere, influenza activity was at inter-seasonal levels.
- Worldwide, seasonal influenza A viruses accounted for the majority of detections.
- National Influenza Centres (NICs) and other national influenza laboratories from 91 countries, areas or territories reported data to FluNet for the time period from 24 June 2019 to 07 July 2019* (data as of 2019-07-19 03:31:54 UTC). The WHO GISRS laboratories tested more than 49384 specimens during that time period. 5748 were positive for influenza viruses, of which 3894 (67.7%) were typed as influenza A and 1854 (32.3%) as influenza B. Of the sub-typed influenza A viruses, 973 (37.3%) were influenza A(H1N1)pdm09 and 1634 (62.7%) were influenza A(H3N2). Of the characterized B viruses, 43 (4.4%) belonged to the B/Yamagata lineage and 930 (95.6%) 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
- WHO European Region (EURO): www.flunewseurope.org/
- WHO Western Pacific Region (WPRO): www.wpro.who.int/emerging_diseases/Influenza/en/

Countries in the temperate zone of the southern hemisphere

- In Oceania, influenza activity continued across the transmission zone, with influenza A(H3N2) predominant among the subtyped influenza A viruses. In Australia, at the national level, influenza-like illness and weekly laboratory-confirmed notifications of influenza were high and further increased this period. There was some geographical variability in influenza and influenza-like illness activity (ILI) trends, with increases reported in some states and decreases reported in others. Indicators of severity of infection (proportion of influenza cases admitted to intensive care units or proportion that are fatal) were low. Influenza A(H3N2) viruses were most frequently detected, followed by influenza B viruses. Influenza and ILI activity decreased in New Zealand this period. ILI was at low levels, just above the seasonal baseline. Influenza positivity rates remained high, with an increased proportion of influenza B/Victoria lineage viruses detected, especially in illnesses detected in the community, whereas influenza A(H3N2) viruses were more commonly detected among hospitalized patients. Indicators of severity of infection in New Zealand were also low. No alerts of unusual influenza activity were reported among the other countries in the transmission zone.
- In South Africa, influenza activity continued to decrease this period and influenza A(H3N2) viruses remained predominant. The rate of influenza positivity among ILI cases remained at moderate based on epidemic thresholds calculated on 2008-2018 data (excluding the 2009 pandemic), and the impact (based on influenza-associated hospitalizations) decreased from high to moderate.
- In temperate South America, trends in influenza activity varied by country. Influenza activity appeared to decrease from a peak in Brazil, Chile and Paraguay, while activity increased in
Argentina and Uruguay. ILI and influenza activity in Chile decreased from high to moderate levels, with continued co-circulation of influenza A(H1N1)pdm09, influenza A(H3N2) and influenza B viruses. In Paraguay, activity continued to decrease and was predominantly influenza A(H1N1)pdm09 viruses, and ILI activity remained at moderate levels. Influenza A(H1N1)pdm09 viruses were predominant in Argentina and Uruguay.

Number of specimens positive for influenza by subtype in Oceania

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 18/07/2019

Number of specimens positive for influenza by subtype in Southern Africa
Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central America, influenza and severe acute respiratory infection (SARI) activity remained low overall. Cuba reported increased influenza virus detections, with influenza A predominant over influenza B viruses. SARI cases in Cuba also increased over the past few weeks but were at levels similar to previous years. In French Guiana (France), increased detections of influenza A(H3N2) viruses were reported. In Costa Rica, influenza activity continued to increase to high levels, and in Panama, influenza activity remained elevated. Influenza A(H1N1)pdm09 and A(H3N2) viruses co-circulated in Costa Rica and influenza A(H1N1)pdm09 viruses predominated in Panama.

- In the tropical countries of South America, influenza activity was low in general among those countries reporting data for this period, with the exception of Peru, where detections of influenza A(H3N2) viruses increased slightly. ILI and SARI activities decreased over the past few weeks.

Tropical Africa

- In Western Africa, influenza detections were low across reporting countries. However, influenza A(H3N2) virus detections and increased ILI activity were reported in Guinea and Nigeria. Increased ILI activity was also reported in Niger, but no influenza detections were
reported. Togo reported some detections of influenza A(H3N2) and B viruses but ILI and SARI activities were low.

- In Middle Africa, there was very little influenza activity among reporting countries, with only Cameroon reporting detections of influenza A(H1N1)pdm09 viruses. ILI and SARI activities in Central Africa Republic continued to decrease after a peak a few weeks ago.

- In Eastern Africa, influenza detections continued to be reported with influenza A(H1N1)pdm09 viruses predominant, followed by A(H3N2) and influenza B viruses. Influenza A(H1N1)pdm09 viruses predominated in Mauritius, while influenza B viruses were predominant in Ethiopia, Kenya and Madagascar. The United Republic of Tanzania reported all seasonal subtypes. ILI activity continued to decrease in Madagascar and SARI cases decreased in Kenya. ILI and SARI activities increased slightly in Mauritius and decreased in Zambia.
Tropical Asia

- In Southern Asia, influenza detections remained low across reporting countries, except in Bangladesh where activity remains high with influenza A(H3N2) viruses predominant.

- In South East Asia, an increase in influenza activity was observed in reporting countries. Influenza activity was high in Myanmar with influenza A(H1N1)pdm09 viruses predominating while influenza B viruses predominated in Thailand. Influenza activity remains low in the Philippines.

Countries in the temperate zone of the northern hemisphere

- In the temperate zone of the northern hemisphere, influenza activity remained at inter-seasonal levels in most countries. In the Kingdom of Saudi Arabia, the increased SARI activity reported in recent weeks decreased. In Hong Kong, Special Administrative Region China, influenza activity continued to increase steadily but remained below baseline. All seasonal subtypes were circulating, with influenza B viruses predominant.

Number of specimens positive for influenza by subtype in the northern hemisphere

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

Data source: FluNet [www.who.int/flunet]. Global Influenza Surveillance and Response System (GISRS)
Data generated on 18/07/2019

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)

Epidemiological Influenza updates:
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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