Influenza Update N° 360

03 February 2020, based on data up to 19 January 2020

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: https://www.who.int/influenza/surveillance_monitoring/updates/Influenza_Transmission_Zones20180914.pdf

Summary

- In the temperate zone of the northern hemisphere, respiratory illness indicators and influenza activity remained elevated overall.
  - In North America, influenza activity remained elevated influenza A(H1N1)pdm09 and B viruses co-circulating.
  - In Europe, influenza activity continued to increase across the region but appeared to decrease in some countries of Northern Europe.
  - In Central Asia, influenza activity increased with influenza B viruses predominant.
  - In Northern Africa, influenza activity appeared to decrease in Egypt after peaking in recent weeks.
  - In Western Asia, influenza activity remained elevated overall and continued to increase in Lebanon and Turkey.
  - In East Asia, influenza-like illness (ILI) and influenza activity remained elevated overall.
In the Caribbean and Central American countries, influenza activity was low across reporting countries, except for Mexico with increased activity of influenza A(H1N1)pdm09 viruses. In tropical South American countries, increased influenza activity was reported in Peru.

In tropical Africa, influenza activity was low across most reporting countries.

In Southern Asia, influenza activity was low in most reporting countries, but increased in Afghanistan.

In South East Asia, influenza activity continued to be reported in Lao People’s Democratic Republic and Malaysia and increased in Singapore.

In the temperate zones of the southern hemisphere, influenza activity remained 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 111 countries, areas or territories reported data to FluNet for the time period from 06 January 2020 to 19 January 2020 (data as of 2020-01-31 05:10:18 UTC). The WHO GISRS laboratories tested more than 130830 specimens during that time period. A total of 33190 specimens were positive for influenza viruses, of which 23283 (70.2%) were typed as influenza A and 9907 (29.8%) as influenza B. Of the sub-typed influenza A viruses, 7834 (58.8%) were influenza A(H1N1)pdm09 and 5478 (41.2%) were influenza A(H3N2). Of the characterized B viruses, 42 (1.4%) belonged to the B-Yamagata lineage and 2925 (98.6%) to the B-Victoria lineage. Please note as of this week only data from sentinel sites are counted for the United States of America (USA).

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, respiratory illness indicators and influenza activity remained elevated in some countries and continue to increase in other countries.

In the countries of North America, influenza activity remained elevated. In Canada, influenza A(H1N1)pdm09 was the predominant virus though the proportion of influenza B viruses (mainly B/Victoria lineage), continued to be higher than in previous years for this period of the influenza season. The percentage of visits for ILI followed the average trend of previous seasons, and the number of paediatric hospitalizations, although decreased, remained above the 5-year maximum recorded for this period of the year, though below the maximum for the seasons (report by IMPACT network). This season, the majority of hospitalizations were
associated with influenza A(H3N2); however, among sentinel paediatric hospitalizations with influenza, approximately 52% were associated with influenza B. In the USA, influenza activity appeared to decrease with influenza B/Victoria viruses the predominant influenza detected subtype, followed by influenza A(H1N1)pdm09. ILI activity remained elevated; however, hospitalisation rates were reported at levels similar to previous seasons and the percentage of deaths attributed to pneumonia and influenza was reported below epidemic threshold. Thirty-seven of the 54 influenza-associated paediatric deaths were associated with influenza B viruses.

- In Europe, influenza activity continued to increase across the region. In Northern Europe, influenza detections and syndromic surveillance indicators appeared to decrease overall. Influenza A detections predominated in most reporting countries. In Ireland, ILI and influenza activity continued to decrease but remained above the baseline threshold. In the United Kingdom of Great Britain and Northern Ireland (UK), ILI activity was low in Wales and at baseline levels in the other regions in week 3 of 2020. In England, influenza hospitalizations and admissions to intensive care units were at low levels. Respiratory syncytial virus activity decreased in England and in Ireland. In Eastern Europe, influenza detections increased but remained low with influenza A and B viruses reported; however, influenza B virus detections predominated in Romania and the Russian Federation. In South West Europe, ILI and influenza activity increased in France, Italy and Spain with influenza A viruses most frequently detected followed by influenza B. Influenza activity of predominately B viruses appeared to have plateaued in Portugal.

- In Central Asia, influenza activity remained elevated with influenza B viruses predominant in all reporting countries.

- In Northern Africa, influenza activity appeared to decrease overall. Influenza detections of A(H1N1)pdm09 and B/Victoria lineage viruses increased in Algeria. In Egypt, influenza activity of predominately influenza A(H1N1)pdm09 appeared to decrease after having peaked in recent weeks. Low detections of predominantly influenza B viruses were reported in Morocco and Tunisia.

- In Western Asia, influenza activity remained elevated overall. Influenza activity continued to increase in Lebanon and Turkey, and remained elevated in Iraq, Israel and Qatar, with influenza A(H1N1)pdm09 and B viruses co-circulating. In the West Bank and Gaza Strip, influenza detections of predominately A viruses appeared to decrease. In Kuwait, Oman and Saudi Arabia, influenza activity continued to decrease with detections of influenza A and B viruses.

- In East Asia, influenza activity remained elevated in most countries. In China, ILI activity appeared to decrease though influenza activity of predominately influenza A(H3N2) and B/Victoria lineage viruses remained elevated. In China, Hong Kong SAR, ILI and influenza activity continued to increase with influenza A(H1N1)pdm09 most frequently detected; influenza-associated hospitalization also increased with the high rates reported in children aged 0 to 5 years. In China, Taipei, ILI and influenza activity, of predominately influenza A(H1N1)pdm09 viruses, increased in recent weeks. In Mongolia, respiratory illness indicators were reported at high levels; influenza activity continued to increase with influenza A (H3N2)
and B/Victoria lineage viruses co-circulating. In the Republic of Korea, influenza activity continued to increase with influenza A(H1N1)pdm09 viruses most frequently detected.

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 31/01/2020

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 31/01/2020
Number of specimens positive for influenza by subtype in Western Asia

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 31/01/2020

Number of specimens positive for influenza by subtype in Eastern Asia

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 31/01/2020

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central American countries, influenza activity was low in general, except for Mexico where influenza activity continued to increase with co-circulation of influenza A(H1N1)pdm09 viruses most frequently detected.
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In the tropical countries of South America, influenza activity continues to decrease in Colombia and Ecuador with influenza A(H1N1)pdm09 most frequently detected and increased in Peru with influenza A and B viruses co-circulating.

Tropical Africa

In Western and Eastern Africa, influenza detections were low across reporting countries. In Middle Africa, increased detection of influenza A(H3N2) and b/Yamagata lineage viruses were reported in the Democratic Republic of Congo.

Tropical Asia

- In Southern Asia, influenza detections were low across reporting countries except for Afghanistan where influenza activity of predominantly influenza A(H1N1)pdm09 viruses continued to be reported.
- In South East Asia, influenza activity was reported in some countries. Influenza activity increased in Lao People’s Democratic Republic with all seasonal influenza subtypes co-circulating and appeared to decrease in Malaysia with influenza A(H1N1)pdm09 most frequently detected.

Countries in the temperate zone of the southern hemisphere

- In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels.

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 2019 influenza season in the southern hemisphere, was published in January 2020 and can be found here:
https://extranet.who.int/iris/restricted/bitstream/handle/10665/330368/WER9501-02-eng-fr.pdf

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

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