Influenza Update N° 361

17 February 2020, based on data up to 02 February 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 have peaked in some countries of Northern Europe.
  - In Central Asia, influenza activity increased with detections of all seasonal influenza subtypes.
  - In Northern Africa, influenza activity increased in Algeria and Tunisia, with detections of influenza A(H1N1)pdm09 and B viruses.
  - In Western Asia, influenza activity remained elevated overall, though in some countries activity returned to low levels.
  - 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, influenza activity was low.

In tropical Africa, influenza detections were low across reporting countries.

In Southern Asia, influenza activity was low overall, though remained elevated in Afghanistan.

In South East Asia, influenza activity was low in most reporting countries.

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 109 countries, areas or territories reported data to FluNet for the time period from 20 January 2020 to 02 February 2020 (data as of 2020-02-14 03:52:46 UTC). The WHO GISRS laboratories tested more than 204,655 specimens during that time period. A total of, 59,702 were positive for influenza viruses, of which 35,359 (59.2%) were typed as influenza A and 24,343 (40.8%) as influenza B. Of the sub-typed influenza A viruses, 7321 (75.8%) were influenza A(H1N1)pdm09 and 2333 (24.2%) were influenza A(H3N2). Of the characterized B viruses, 26 (1.5%) belonged to the B-Yamagata lineage and 1746 (98.5%) 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, respiratory illness indicators and influenza activity remained elevated in most countries.

- In the countries of North America, influenza activity remained elevated. In Canada, influenza A and B viruses co-circulated. Influenza A(H1N1)pdm09 was the predominant virus among the subtyped A viruses. The proportion of influenza B viruses (mainly B/Victoria lineage), continued to be higher compared to previous years for this period of the influenza season. The percentage of visits for ILI decreased, following the average trend of previous seasons. The number of paediatric hospitalizations increased and remained above the 5-year maximum recorded for this period of the year, though still below the maximum for the past five seasons (report by IMPACT network). Adult hospitalizations also increased this period following a declining trend in previous weeks. This season, approximately 80% of adult influenza-associated hospitalizations were associated with influenza A viruses, predominantly A(H1N1)pdm09. Among sentinel paediatric hospitalizations with influenza, approximately 50% were associated with influenza B. In the USA, influenza activity increased with influenza
Influenza A and B viruses co-circulating. Influenza A(H1N1)pdm09 predominated followed by influenza B/Victoria viruses, though this varied by region. ILI activity increased again and remained elevated; however, hospitalization rates were reported at levels similar to previous seasons and the percentage of deaths attributed to pneumonia and influenza was reported below epidemic threshold.

- In Europe, influenza activity continued to increase across the region, though appeared to have already peaked in some countries. In Northern Europe, influenza detections and syndromic surveillance indicators appeared to decrease overall, although a slight increase was reported in some countries (Denmark, Iceland, Lithuania and Norway). 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), influenza activity and illness indicators continued to decrease and were reported at baseline levels. In Eastern Europe, ILI and influenza activity increased in general, with influenza A and B viruses co-circulating in the sub-region. In South West Europe, ILI and influenza activity continued to increase and was at medium level of intensity in most reporting countries with influenza A viruses predominantly detected.

- In Central Asia, influenza activity increased with all seasonal influenza subtypes co-circulating.

- In Northern Africa, influenza activity continued to increase in Algeria and Tunisia with influenza A(H1N1)pdm09 most frequently detected followed by influenza B viruses. In Egypt, influenza activity decreased, with influenza A(H1N1)pdm09 and B viruses co-circulating.

- In Western Asia, influenza activity remained elevated overall. Influenza activity increased in Armenia, and remained elevated in Israel, Lebanon and Turkey, with influenza A(H1N1)pdm09 and B viruses co-circulating. In Qatar, influenza percent positivity increased for the second time during this influenza season, with influenza A(H1N1)pdm09 viruses most frequently detected. In Iraq, Kuwait, Oman, West Bank and Gaza Strip and Saudi Arabia, influenza activity continued to decrease with influenza A and B viruses detected in different proportions.

- In East Asia, influenza activity remained elevated in most countries. In China, ILI activity increased once again after a slight decrease reported in recent weeks and was at a greater level than the activity recorded during the same time period in the three previous seasons. Influenza activity, however, continued to decrease, with influenza A(H3N2) and B/Victoria lineage viruses co-circulating. In China, Hong Kong SAR, and China Taipei, ILI and influenza activity appeared to decrease with influenza A(H1N1)pdm09 most frequently detected. In Mongolia, respiratory illness indicators were reported at high levels; influenza activity continued to increase with detections of predominantly influenza A(H3N2) viruses.
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 13/02/2020

Number of specimens positive for influenza by subtype in South West Europe

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/02/2020
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 17/02/2020

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 13/02/2020
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 influenza A(H1N1)pdm09 viruses most frequently detected.
- In the tropical countries of South America, influenza activity decreased in Colombia and Ecuador with influenza A(H1N1)pdm09 virus detections reported as low.

Tropical Africa

In Western and Eastern Africa, influenza detections were low across reporting countries. In Middle Africa, low detections of all seasonal influenza subtypes were reported in the Democratic Republic of Congo. ILI activity slightly increased in Zambia.

Tropical Asia

- In Southern Asia, influenza activity was low overall except in Afghanistan where ILI and SARI activity continued to increase, and influenza activity remained elevated over the past few weeks, with all seasonal subtypes detected. Detections of influenza B and A viruses were low in Iran (Islamic Republic of) and Nepal, respectively.
- In South East Asia, influenza activity was low across reporting countries.

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-fre.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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