Influenza Update N° 362

02 March 2020, based on data up to 16 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.
  - In Central Asia, influenza activity decreased with detections of all seasonal influenza subtypes.
  - In Northern Africa, influenza activity continued to increase 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 appeared to decrease overall.
In the Caribbean and Central American countries, influenza activity was low across reporting countries with some exceptions. In Mexico, influenza activity appeared to decrease, with influenza A(H1N1)pdm09 viruses most frequently detected. In tropical South American countries, influenza activity remained 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 continued to be reported in some 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 122 countries, areas or territories reported data to FluNet for the time period from 03 February 2020 to 16 February 2020 (data as of 2020-02-28 03:57:53 UTC). The WHO GISRS laboratories tested more than 201954 specimens during that time period. A total of 58268 were positive for influenza viruses, of which 36580 (62.8%) were typed as influenza A and 21688 (37.2%) as influenza B. Of the sub-typed influenza A viruses, 7897 (66.5%) were influenza A(H1N1)pdm09 and 3978 (33.5%) were influenza A(H3N2). Of the characterized B viruses, 21 (1%) belonged to the B-Yamagata lineage and 2177 (99%) to the B-Victoria lineage.

The WHO Consultation and Information Meeting on the Composition of Influenza Virus Vaccines for Use in the 2020-2021 Northern Hemisphere Influenza Season was held on 24-27 February 2020 in Geneva, Switzerland. The recommended composition of influenza virus vaccines for use in the 2020-2021 northern hemisphere influenza season can be consulted at the following link: https://www.who.int/influenza/vaccines/virus/recommendations/2020-21_north/en/.

For more detailed information, see the Influenza reports from WHO Regional Offices:

- WHO Region of the Americas (AMRO): www.paho.org/influenzareports
- WHO Eastern Mediterranean Region (EMRO): http://www.emro.who.int/health-topics/influenza/situation-update.html
- 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 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, but some indicators decreased this reporting period. 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 decreased but remained above the average of the past five seasons for this period of the year. This season, most paediatric hospitalizations occurred in children under five years and half were associated with influenza A viruses. Adult hospitalizations decreased in these weeks following a general trend for the period. This season, approximately 80% of adult influenza-associated hospitalizations were associated with influenza A viruses. In the United States of America, influenza activity remained high but decreased slightly with influenza A and B viruses co-circulating. Influenza A(H1N1)pdm09 predominated followed by influenza B/Victoria viruses, though this varied by region and age group. ILI activity decreased but remained elevated. Hospitalization rates were reported at levels similar to previous seasons except in children and young adults, where cumulative hospitalization rates were higher compared to this period in recent seasons. The percentage of deaths attributed to pneumonia and influenza was reported below epidemic threshold.

- In Europe, influenza activity remained elevated across the region, though appeared to have already peaked in some countries. In Northern Europe, influenza activity continued to increase in some countries (Denmark, Iceland, Lithuania, Norway and Sweden) and returned to baseline levels in Ireland and the United Kingdom of Great Britain and Northern Ireland. Influenza A detections predominated in most reporting countries, though influenza B detections increased in recent weeks. In Eastern Europe, ILI and influenza activity continued to increase in general, but appeared to have peaked in Bulgaria, Romania and Ukraine. All seasonal influenza virus subtypes co-circulated in the sub-region. In South West Europe, ILI and influenza activity remained elevated and was at medium level of intensity in most reporting countries with influenza A viruses predominantly detected, followed by a smaller proportion of influenza B viruses.

- In Central Asia, influenza activity appeared to have peaked in Kazakhstan and Kyrgyzstan, 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 continued to decrease, with detections of all seasonal influenza virus subtypes. Low detections of influenza A(H3N2) viruses were reported in Morocco.

- In Western Asia, influenza activity remained elevated overall, though returned to low levels in some countries. Influenza activity increased in Azerbaijan (influenza A and B viruses), and remained elevated in Armenia [influenza A(H1N1)pdm09 and B/Victoria lineage viruses] and West Bank and Gaza Strip (influenza A viruses). In Qatar, influenza percent positivity appeared to have peaked in week 05 of 2020, the second time during this influenza season; influenza A(H1N1)pdm09 viruses were most frequently detected. Influenza activity decreased in Bahrain, Israel, Lebanon and Turkey, with influenza A(H1N1)pdm09 and influenza B viruses co-circulating. SARI activity was reported as high in Georgia, though influenza detections were low.

- In East Asia, influenza illness indicators and influenza activity appeared to decrease in general, with all seasonal influenza virus subtypes co-circulating in the region. In China, ILI activity decreased and was at same levels compared to the activity recorded during the same time period in the previous two influenza seasons. Influenza activity continued to decrease,
with influenza A(H3N2) and B/Victoria lineage viruses co-circulating. In China, Hong Kong SAR, influenza activity and influenza-associated hospitalization were below seasonal baseline; ILI activity was also low. In China, Taipei, ILI levels and influenza percent positivity continued to decrease. In Japan, influenza cases reported from sentinel sites were low compared to previous seasons. In Mongolia, respiratory illness indicators returned to low levels and influenza activity of predominantly influenza A(H3N2) viruses also decreased. In the Republic of Korea, ILI activity continued to decrease though remained above the baseline; influenza activity appeared to decrease, with influenza A(H1N1)pdm09 most frequently detected.

**Number of specimens positive for influenza by subtype in North America**

![Graph showing influenza activity by subtype in North America]

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 28/02/2020
Number of specimens positive for influenza by subtype in Eastern Europe

Number of specimens positive for influenza by subtype in Northern Africa

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 28/02/2020
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 with some exceptions. In Mexico, influenza activity appeared to have peaked in week 04 of 2020 and decreased detections of influenza A(H1N1)pdm09 and B/Victoria lineage viruses were reported in recent weeks. Increased ILI activity was reported in the French territories of Guadeloupe, Martinique, Saint-Martin and Saint-Barthélemy. Influenza detections of predominately A(H1N1)pdm09 viruses increased in French Guiana.
- In the tropical countries of South America, influenza activity was low overall. ILI activity increased in Colombia in recent weeks, though influenza detections were low.

**Tropical Africa**

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

**Tropical Asia**

- In Southern Asia, influenza activity was low overall except in Afghanistan where influenza illness indicators and influenza activity remained elevated over the past few weeks, with all seasonal subtypes detected.
- In South East Asia, influenza activity was reported in some countries. Influenza activity remained elevated in Lao People’s Democratic Republic, with all seasonal influenza subtypes co-circulating. Cambodia and Thailand continued to report detections of influenza A viruses. Influenza activity of predominantly A(H1N1)pdm09 viruses was reported in Singapore in recent weeks.
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

Virological surveillance updates archives: http://www.who.int/influenza/gisrs_laboratory/updates/

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