Influenza Update N° 365

13 April 2020, based on data up to 29 March 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

- The current influenza epidemiological and virological data should be interpreted with caution as the ongoing COVID-19 pandemic might have influenced to different extents health seeking behaviours, staffing/routines in sentinel sites, as well as testing capacities in Member States. The various COVID-19 response measures to reduce SARS-CoV2 virus transmission in place across Member States might also have had an impact on influenza virus transmission.

- In the temperate zone of the northern hemisphere, influenza activity decreased overall though influenza like illness (ILI) activity remained elevated in some reporting countries.

- In the Caribbean and Central American countries, influenza activity was reported in some countries. Severe acute respiratory infection (SARI) activity increased in Costa Rica and Jamaica.

- In tropical South American countries, influenza activity decreased from the previous reporting period.

- In tropical Africa, there were no or low influenza detections reported.

- In Southern Asia, ILI and SARI activity increased in Bhutan.

- In South East Asia, influenza activity was reported in Lao People’s Democratic Republic.
In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels overall, though influenza detections appeared to increase in Brazil and South Africa. Increased SARI activity was reported in Chile and Paraguay.

Worldwide, seasonal influenza A viruses accounted for the majority of detections.

National Influenza Centres (NICs) and other national influenza laboratories from 81 countries, areas or territories reported data to FluNet for the time period from 16 March 2020 to 29 March 2020 (data as of 2020-04-10 03:56:47 UTC). The WHO GISRS laboratories tested more than 178077 specimens during that time period. 7737 were positive for influenza viruses, of which 4900 (63.3%) were typed as influenza A and 2837 (36.7%) as influenza B. Of the sub-typed influenza A viruses, 1531 (68.1%) were influenza A(H1N1)pdm09 and 716 (31.9%) were influenza A(H3N2). Of the characterized B viruses, 8 (3.3%) belonged to the B-Yamagata lineage and 236 (96.7%) to the B-Victoria lineage.

During this reporting period, several countries tested specimens obtained through routine influenza surveillance for COVID-19 and some have found positives. WHO encourages the testing of routine influenza surveillance samples from sentinel and non-sentinel sources for COVID-19 where resources are available and invites all countries/areas/territories to report this information to routine, established regional and global platforms. (See the Operational considerations for COVID-19 surveillance using GISRS guidance)

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, influenza activity continued to decrease overall.
- In the countries of North America, influenza activity decreased and the percent positivity for influenza was reported as low. Influenza A and B viruses co-circulated and influenza A(H1N1)pdm09 was the predominant virus among the subtyped A viruses. In Canada, the percentage of visits for ILI increased and was similar to average levels observed in previous seasons for this time of year. The number of influenza-associated paediatric and adult hospitalizations decreased. In the United States of America, ILI activity remained elevated. Cumulative hospitalization rates were reported at levels similar to previous seasons except in children and young adults, where rates were higher compared to past seasons. The percentage of deaths attributed to pneumonia and influenza increased above the epidemic threshold though influenza-associated deaths decreased.
- In Europe, influenza activity decreased overall. In Northern Europe, influenza activity decreased across all reporting countries with all seasonal influenza subtypes co-circulated in
the sub-region. ILI activity remained elevated in Estonia, Ireland and Norway. In Eastern Europe, ILI and influenza activity decreased across all reporting countries. Increased SARI activity was reported in the Russian Federation and Ukraine. In South West Europe, influenza activity was reported as low with influenza A viruses predominantly detected. Though decreasing, ILI activity remained elevated in Belgium, Germany and Netherlands.

- In Central Asia, low influenza A(H3N2) virus detections were reported in Kazakhstan.
- In Northern Africa, there were no influenza updates for this reporting period.
- In Western Asia, influenza activity was low across reporting countries. ILI and SARI levels decreased in Armenia and Azerbaijan but remained elevated in Georgia though with low detections of influenza viruses.
- In East Asia, influenza illness indicators and influenza activity remained at inter-seasonal levels across all countries.

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

Data source: FluNet ([www.who.int/flunet](http://www.who.int/flunet)). Global Influenza Surveillance and Response System (GISRS)
Data generated on 10/04/2020
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 reported in some countries. Increased influenza A and B virus detections were reported in Belize. SARI activity increased in Costa Rica and Jamaica. In Mexico, influenza activity continued to decrease, with influenza B/Victoria lineage viruses most frequently detected.

- In the tropical countries of South America, influenza activity decreased from the previous reporting period in Bolivia (Plurinational State of) and Brazil.

**Tropical Africa**

- In Western Africa, influenza detections were low across reporting countries; low influenza A and B virus detections were reported in Côte d’Ivoire. In Middle Africa, there were no influenza updates for this reporting period, but increased ILI and SARI levels were reported in Central African Republic. In Eastern Africa, influenza activity of predominantly influenza A(H1N1)pdm09 viruses was reported in Mozambique.

**Tropical Asia**

- In Southern Asia, influenza activity was low overall. ILI and SARI activity remained elevated in Afghanistan. Influenza illness indicators increased in Bhutan in recent weeks.
In South East Asia, influenza activity was reported in some countries. In Lao People’s Democratic Republic, influenza activity increased with influenza A(H1N1)pdm09 most frequently detected. ILI and SARI activity slightly increased in Indonesia. Influenza detections were low in Thailand.

Countries in the temperate zone of the southern hemisphere

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

In parts of Australia, where the data was available, emergency department visits for respiratory symptoms increased and were greater than expected for this time of year, but influenza activity remained at inter-seasonal levels.

Detections of predominately influenza A(H1N1)pdm09 increased slightly in South Africa in recent weeks.

In temperate South America, influenza activity of predominately influenza A(H1N1)pdm09 and B viruses increased in recent weeks in Brazil. Chile reported increased SARI levels with a slight increase of influenza A virus detections. ILI and SARI activity appeared to increase in Paraguay.

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

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 10/04/2020

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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