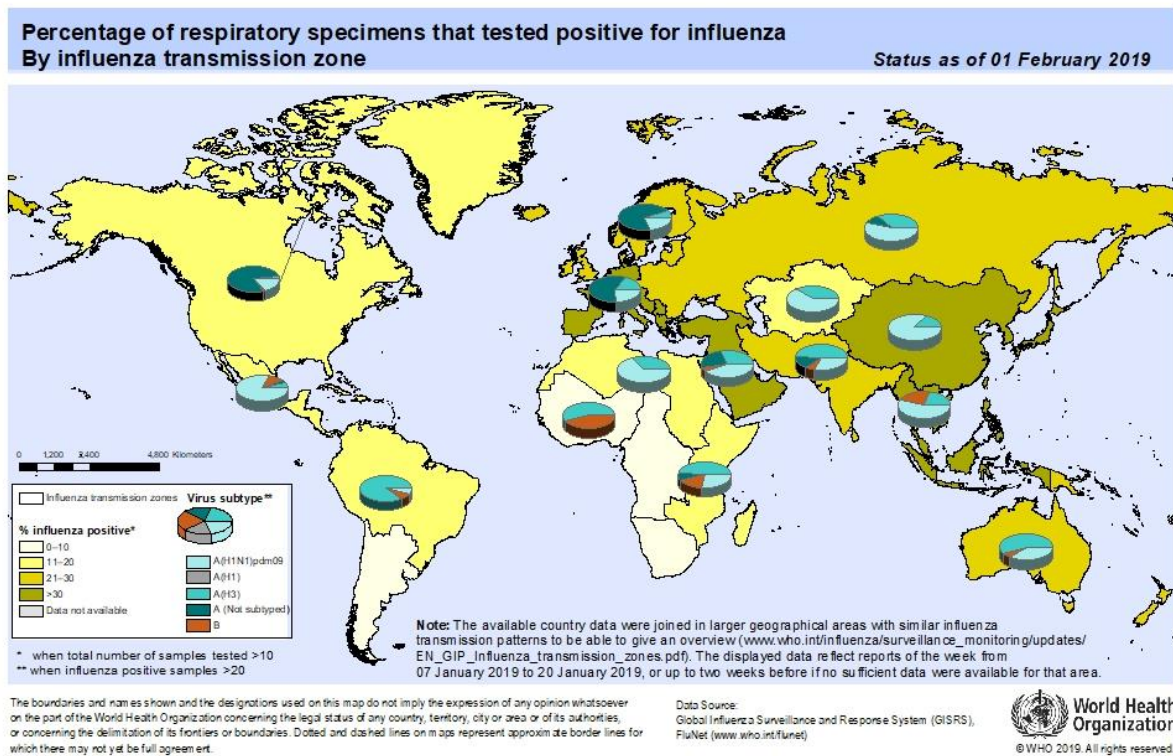


## Influenza Update N° 334

04 February 2019, based on data up to 20 January 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](http://www.who.int/influenza/surveillance_monitoring/updates/EN_GIP_Influenza_transmission_zones.pdf)



### Summary

- In the temperate zone of the northern hemisphere influenza activity continued to increase.
  - In North America, influenza activity appeared to decrease slightly with influenza A(H1N1)pdm09 predominating.
  - In Europe, influenza activity continued to increase, with both A viruses circulating.
  - In North Africa, influenza A(H1N1)pdm09 detections sharply increased in Morocco.
  - In Western Asia, influenza activity continued to increase in some countries and appeared to decrease across countries of the Arabian Peninsula.
  - In East Asia, influenza activity continued to increase, with influenza A(H1N1)pdm09 virus predominating.

- In Southern Asia, influenza detections remained elevated overall. Influenza activity continued to increase in Iran (Islamic Republic of) with influenza A(H3N2) the predominant circulating virus.
- 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 110 countries, areas or territories reported data to FluNet for the time period from 07 January 2019 to 20 January 2019 (data as of 2019-02-01 04:30:14 UTC). The WHO GISRS laboratories tested more than 232136 specimens during that time period. 59457 were positive for influenza viruses, of which 58436 (98.3%) were typed as influenza A and 1021 (1.7%) as influenza B. Of the sub-typed influenza A viruses, 24559 (77.7%) were influenza A(H1N1)pdm09 and 7058 (22.3%) were influenza A(H3N2). Of the characterized B viruses, 85 (34.6%) belonged to the B-Yamagata lineage and 161 (65.4%) to the B-Victoria lineage.

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**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 Eastern Mediterranean Region (EMRO): <http://www.emro.who.int/health-topics/influenza/weekly-updates-on-influenza-in-the-eastern-mediterranean-region.html>; <http://www.emro.who.int/health-topics/influenza/situation-update.html>
- 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/)

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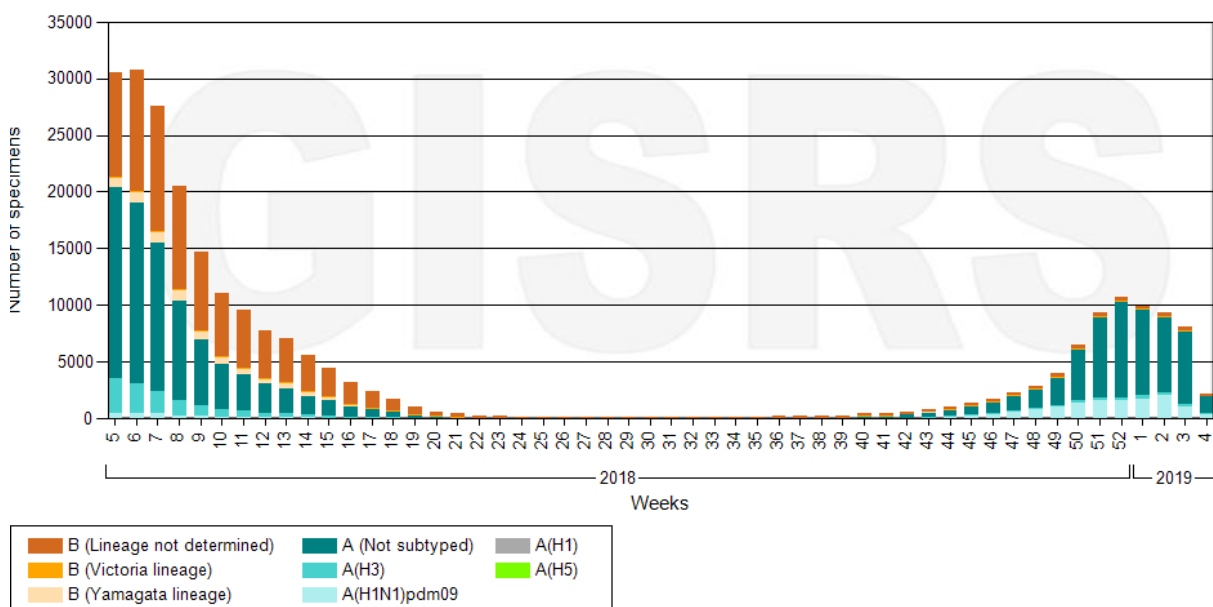
**Countries in the temperate zone of the northern hemisphere**

- In the temperate zone of the northern hemisphere, influenza activity continued to increase with influenza A(H1N1)pdm09 predominating overall.
- In North America, influenza activity appeared to decrease slightly, with influenza A(H1N1)pdm09 virus predominating. In Canada, although influenza percent positivity appeared to decrease, activity remained elevated in Eastern Regions; pediatric hospitalizations remained elevated but were within the expected level for this time of the year. In the United States of America, influenza activity appeared to have plateaued, with detections of mainly influenza A(H1N1)pdm09 virus followed by influenza A(H3N2) viruses. Influenza like illness (ILI) activity continued to be reported above the national baseline and influenza-confirmed hospitalization rates were lower than previous seasons. Influenza percent positivity continued to increase in Mexico with influenza A(H1N1)pdm09 virus most frequently detected.
- In Europe, influenza activity continued to increase across the continent with intensity mostly in the low-medium range. High intensity was reported from Malta and Romania. Although influenza A(H1N1)pdm09 was the most frequently detected virus overall, influenza A(H3N2)

viruses co-circulated and predominated in some countries (Belgium, France, Luxemburg, Lithuania, Ukraine).

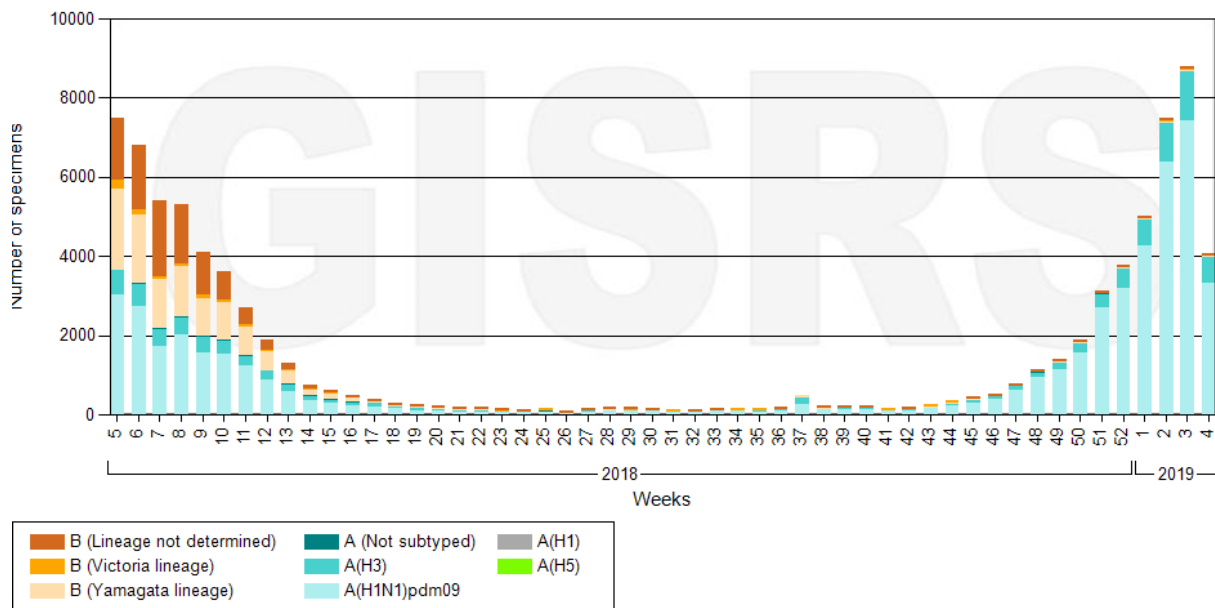
- In Central Asia, increased levels of severe acute respiratory infections (SARI) were reported across reporting countries. Influenza activity of predominantly influenza A(H1N1)pdm09 virus was reported in Kazakhstan.
- In Northern Africa, decreased activity of predominantly influenza A(H3N2) viruses was reported in Egypt while a sharp increase of influenza A(H1N1)pdm09 virus detection was reported in Morocco.
- In Western Asia, respiratory illness indicators continued to increase along with influenza activity in Armenia, Georgia, Israel, and Turkey. In these countries, influenza A viruses predominated with primarily A(H1N1)pdm09 in Armenia and Georgia, and primarily A(H3N2) in Israel and Turkey. A sharp increase of influenza detections was reported in Azerbaijan, Cyprus and Lebanon. In the Arabian Peninsula, influenza activity appeared to decrease across reporting countries, with all seasonal influenza subtypes co-circulating in the sub-region.
- In East Asia, the influenza activity continued to increase, with influenza A(H1N1)pdm09 virus predominating overall. In China and China, Hong Kong SAR, ILI activity continued to increase and was reported at levels like the previous season. The proportion of severe influenza cases aged 50-64 years was higher than in 2017 summer and 2017/2018 winter seasons in China, Hong Kong SAR. A sharp increase of influenza activity was reported in Mongolia with influenza A(H1N1)pdm09 virus predominantly detected. ILI levels and influenza A(H1N1)pdm09 detections decreased in the Republic of Korea and appeared to have peaked in week 51/2018.

### 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 01/02/2019

## Number of specimens positive for influenza by subtype in the Eastern Asia



Data source: FluNet ([www.who.int/flu-net](http://www.who.int/flu-net)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/02/2019

## Countries in the tropical zone

### Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central American countries, influenza activity and respiratory syncytial virus (RSV) remained low across reporting countries with exception of Costa Rica, where increased detections of all seasonal influenza subtypes were reported in recent weeks.
- In the tropical countries of South America, influenza and RSV activity were low in general.

### Tropical Africa

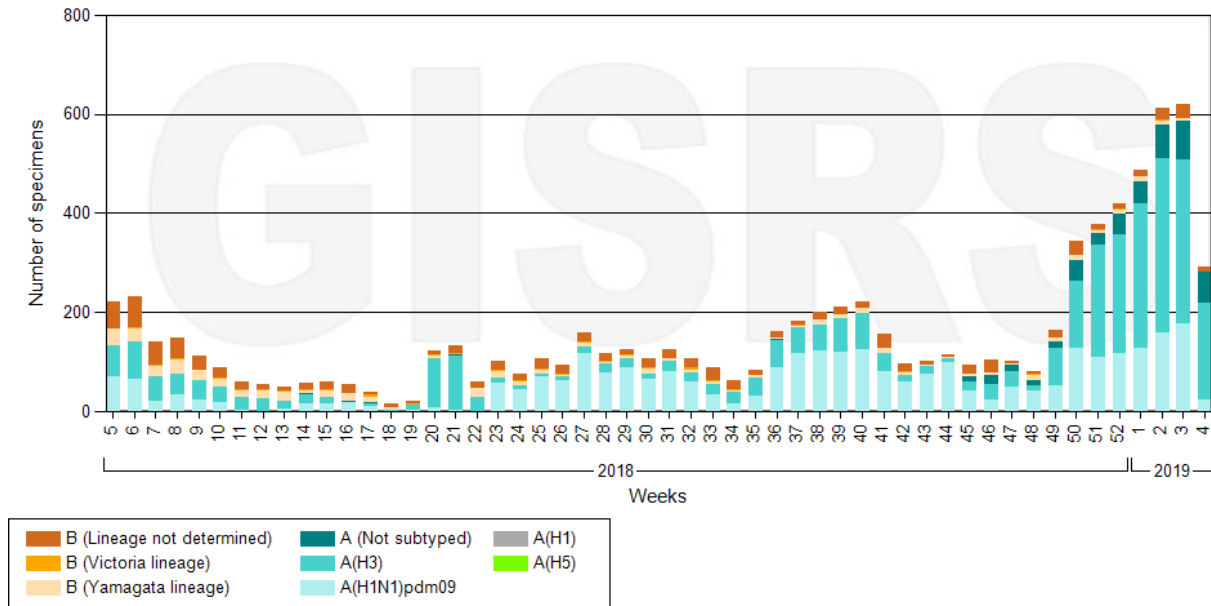
- Influenza virus detections were low in reporting countries across Western, Middle and Eastern Africa. Influenza A(H3N2) viruses predominated followed by influenza B Victoria-lineage viruses.

### Tropical Asia

- In Southern Asia, influenza activity continued to increase, with influenza A viruses predominating. In Afghanistan, SARI levels continued to increase and influenza activity remained elevated; although influenza A(H1N1)pdm09 virus predominated, increased detections of influenza A(H3N2) were reported in recent weeks. Increased influenza activity was reported in India with influenza A(H1N1)pdm09 virus most frequently detected. Influenza percent positivity continued to increase in Iran (Islamic Republic of), with influenza A(H3N2) viruses predominating. A sharp increase of influenza detections was reported in Pakistan in recent weeks, with all seasonal influenza subtypes co-circulating.

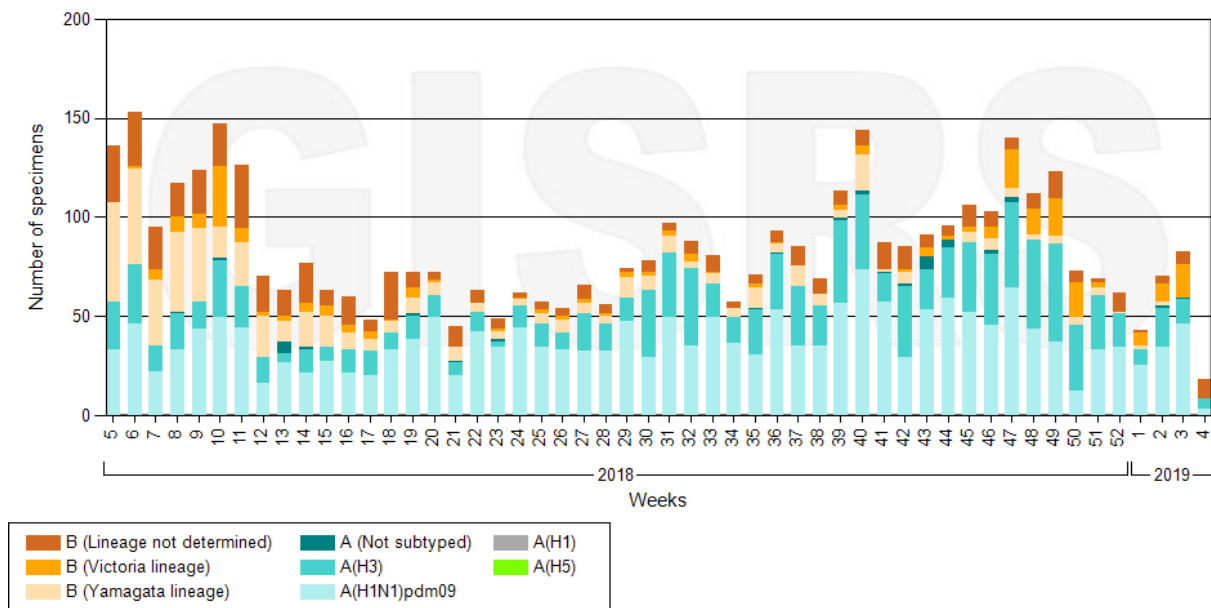
- In South East Asia, influenza activity continued to be reported with all seasonal influenza subtypes co-circulating in the sub-region. Activity of predominantly influenza A(H1N1)pdm09 continued to be reported in Lao PDR. Influenza activity increased slightly in the Philippines [A(H1N1)pdm09 and B Victoria-lineage] and in Singapore (all seasonal influenza subtypes) in recent weeks. A few influenza detections of both influenza A and B viruses were reported in Cambodia and Thailand.

### Number of specimens positive for influenza by subtype in Southern Asia



**Data source:** FluNet ([www.who.int/flu-net](http://www.who.int/flu-net)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/02/2019

### Number of specimens positive for influenza by subtype in South-East Asia

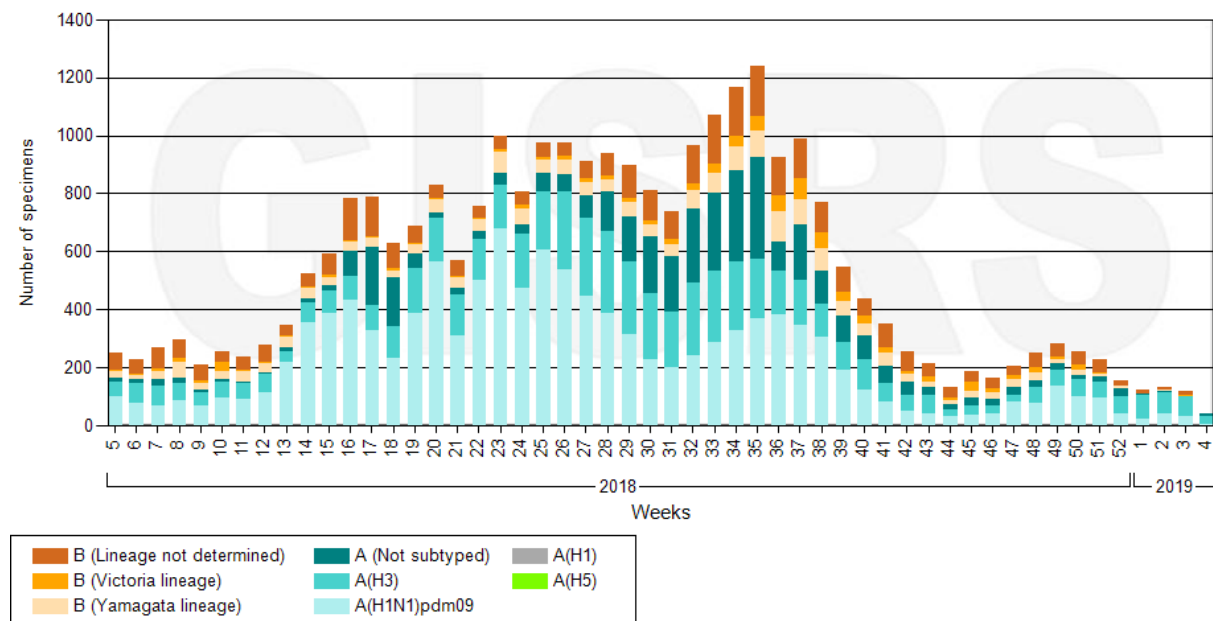


**Data source:** FluNet ([www.who.int/flu-net](http://www.who.int/flu-net)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/02/2019

## Countries in the temperate zone of the southern hemisphere

- In the temperate zone of the southern hemisphere, influenza activity remained at inter-seasonal levels, although low level influenza activity continued to be reported in some parts of Australia.

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



**Data source:** FluNet ([www.who.int/flu-net](http://www.who.int/flu-net)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/02/2019

## 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>

## Epidemiological Influenza updates:

[http://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance](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](http://www.who.int/influenza/surveillance_monitoring/updates/GIP_surveillance_2015_archives)

## Virological surveillance updates:

[http://www.who.int/influenza/gisrs\\_laboratory/updates/summaryreport](http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport)

## Virological surveillance updates archives:

[http://www.who.int/influenza/gisrs\\_laboratory/updates/](http://www.who.int/influenza/gisrs_laboratory/updates/)

## Contact

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