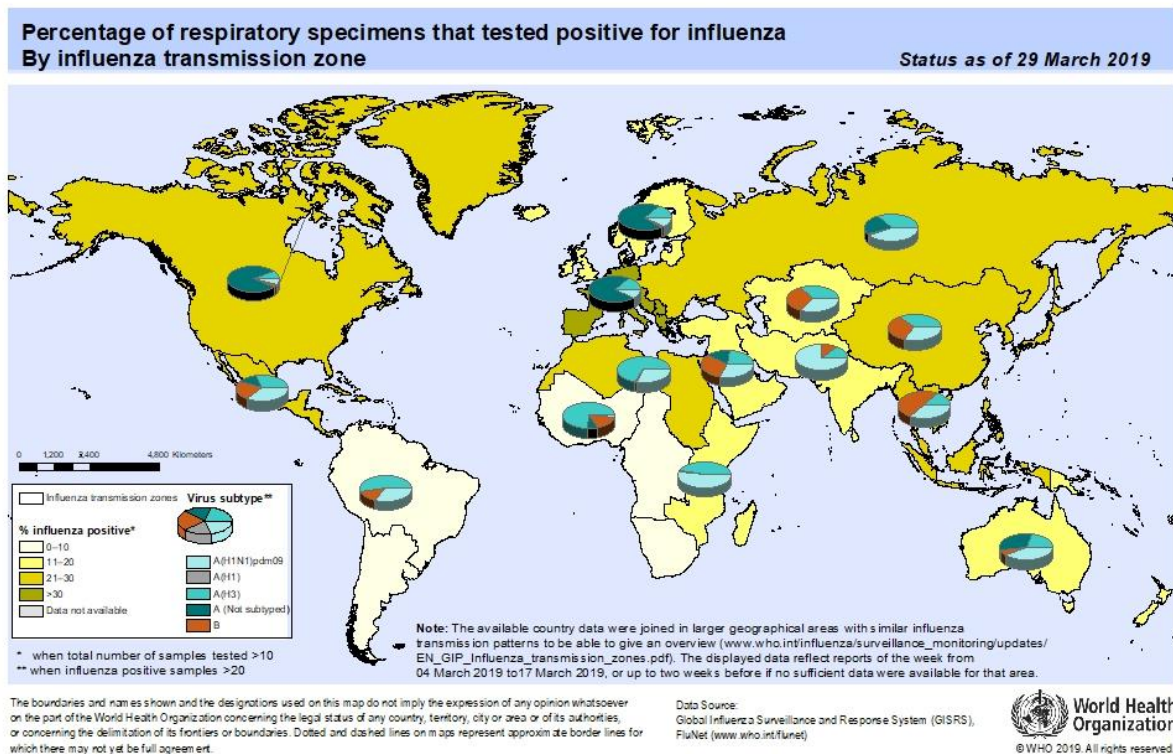


Influenza Update N° 338

01 April 2019, based on data up to 17 March 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



Summary

- In the temperate zone of the northern hemisphere influenza activity decreased overall.
 - In North America, influenza activity appeared to decrease with influenza A(H3N2) the dominant virus, followed by influenza A(H1N1)pdm09.
 - In Europe, influenza activity decreased across the continent. Both influenza A viruses co-circulated.
 - In North Africa, influenza activity was still reported in some countries.
 - In Western Asia, influenza activity appeared to decrease overall, with exception of some countries where activity remained elevated.
 - In East Asia, although decreased influenza activity continued to be reported. Increased detections of influenza A(H3N2) and B (Victoria-lineage) viruses were reported in the recent weeks.
- In Southern Asia, influenza appeared to decrease with influenza A(H1N1)pdm09 virus predominating.

- In the Caribbean, Central American countries, and the tropical countries of South America, influenza and RSV activity were low in general.
- In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels, with the exception of some parts of Australia where influenza activity remained above inter-seasonal levels.
- Worldwide, seasonal influenza A viruses accounted for the majority of detections.
- National Influenza Centres (NICs) and other national influenza laboratories from 115 countries, areas or territories reported data to FluNet for the time period from 04 March 2019 to 17 March 2019 (data as of 2019-03-29 03:30:56 UTC). The WHO GISRS laboratories tested more than 176726 specimens during that time period. 43084 were positive for influenza viruses, of which 39652 (92%) were typed as influenza A and 3432 (8%) as influenza B. Of the sub-typed influenza A viruses, 8769 (49.9%) were influenza A(H1N1)pdm09 and 8795 (50.1%) were influenza A(H3N2). Of the characterized B viruses, 119 (5.1%) belonged to the B-Yamagata lineage and 2193 (94.9%) to the B-Victoria lineage.

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

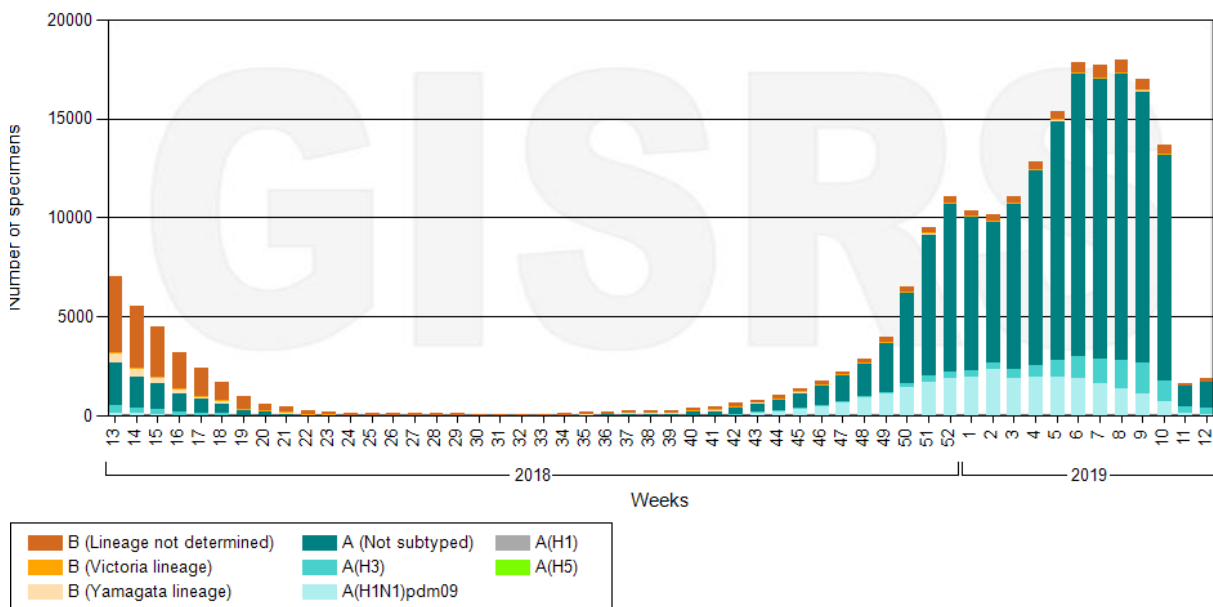
- WHO Region of the Americas (AMRO): www.paho.org/influenzareports
- WHO Eastern Mediterranean Region (EMRO): <http://www.emro.who.int/health-topics/influenza/weekly-updates-on-influenza-in-the-eastern-mediterranean-region.html>; <http://www.emro.who.int/health-topics/influenza/situation-update.html>
- WHO European Region (EURO): www.flunewseurope.org/
- 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 decreased with influenza A viruses predominating.
- In North America, influenza activity continued, with influenza A(H3N2) as the dominant virus, followed by influenza A(H1N1)pdm09 and very few B virus detections. Influenza-like illness (ILI) activity decreased in Canada and in the United States of America, but was reported at low levels in the former and moderate in the latter, compared to the same period of previous influenza seasons. Adults over 65 years had the highest hospitalization rates this influenza season. In Mexico, influenza activity continued to decrease with all seasonal influenza subtypes co-circulating.
- In Europe, influenza activity decreased across the continent. Of 47 Member States and areas reporting on intensity, 34 reported baseline or low intensity and 13 reported medium intensity. Influenza A(H1N1)pdm09 and A(H3N2) viruses continued to co-circulate, with slightly more detections of A(H3N2).
- In Central Asia, influenza detections continued to decrease in Kazakhstan.

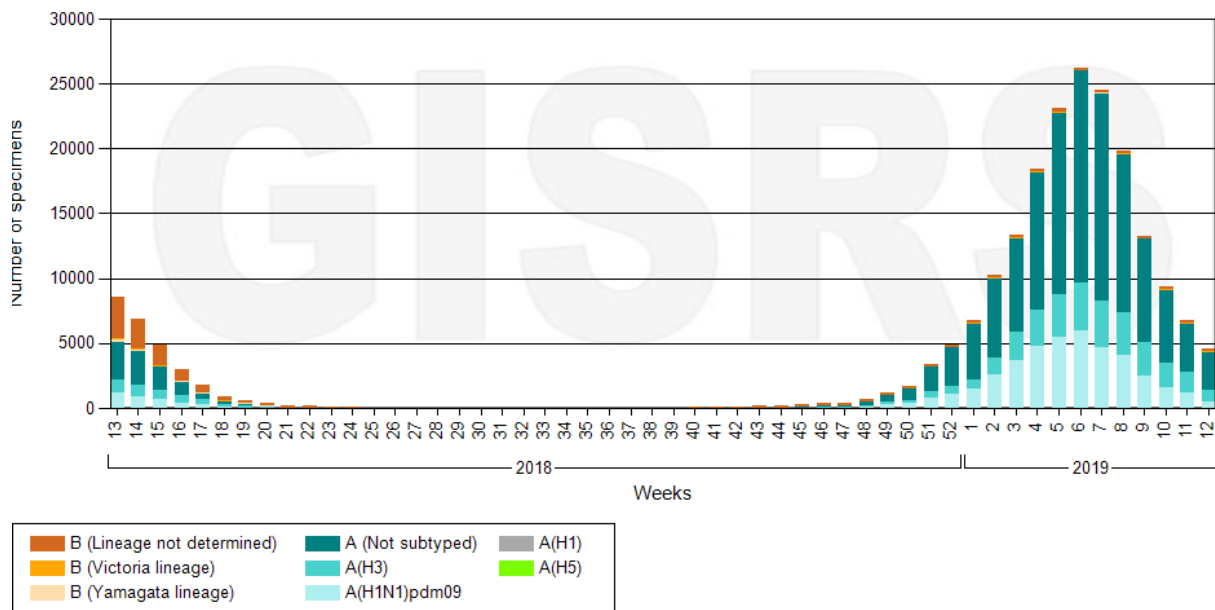
- In Northern Africa, influenza activity continued to increase in Tunisia, with detections of predominantly influenza A(H3N2) virus. In Egypt and Morocco, influenza detections were low.
- In Western Asia, influenza activity continued to decrease overall with all seasonal influenza subtypes co-circulating. Influenza percent positivity remained elevated in Kuwait and Saudi Arabia, with detections of influenza A(H1N1)pdm09 and B viruses.
- In East Asia, influenza activity continued to be reported, although decreased from the peak in week 03/2019. While all seasonal influenza subtypes co-circulated, the proportion of influenza A(H3N2) and B (Victoria-lineage) viruses increased in the recent weeks. Influenza activity continued to decrease but remaining above seasonal threshold in China, Hong Kong SAR. Influenza A(H1N1)pdm09 was the virus most frequently detected followed by influenza A(H3N2) and a smaller proportion of B Victoria-lineage. In the Republic of Korea, after a first wave of influenza activity predominated by influenza A(H1N1)pdm09 virus, a second wave appeared to start with detections of influenza A(H3N2) and B viruses.

Number of specimens positive for influenza by subtype in North America



Data source: FluNet (www.who.int/flu-net). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/03/2019

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 29/03/2019

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 overall. Increased detections of influenza A viruses were reported in Cuba and Guatemala.
- In the tropical countries of South America, influenza and RSV activity were low in general.

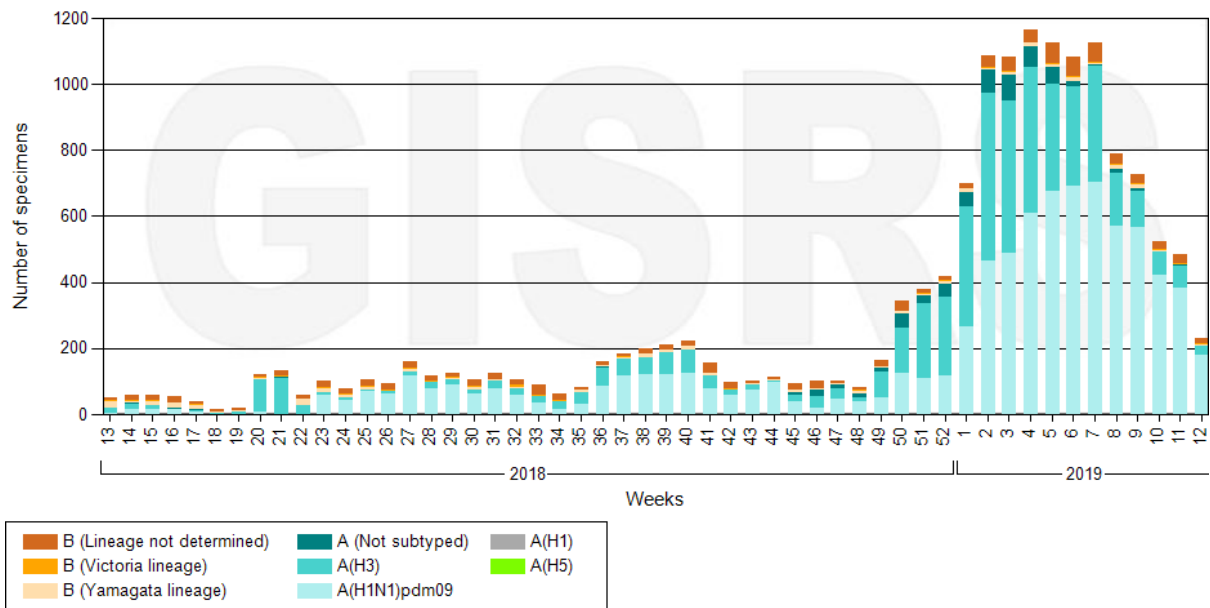
Tropical Africa

- In Western and Middle Africa, influenza detections were low across reporting countries. In Eastern Africa, influenza detections continued to be reported in Kenya, Madagascar and Mauritius, with both influenza A virus subtypes co-circulating in the sub-region.

Tropical Asia

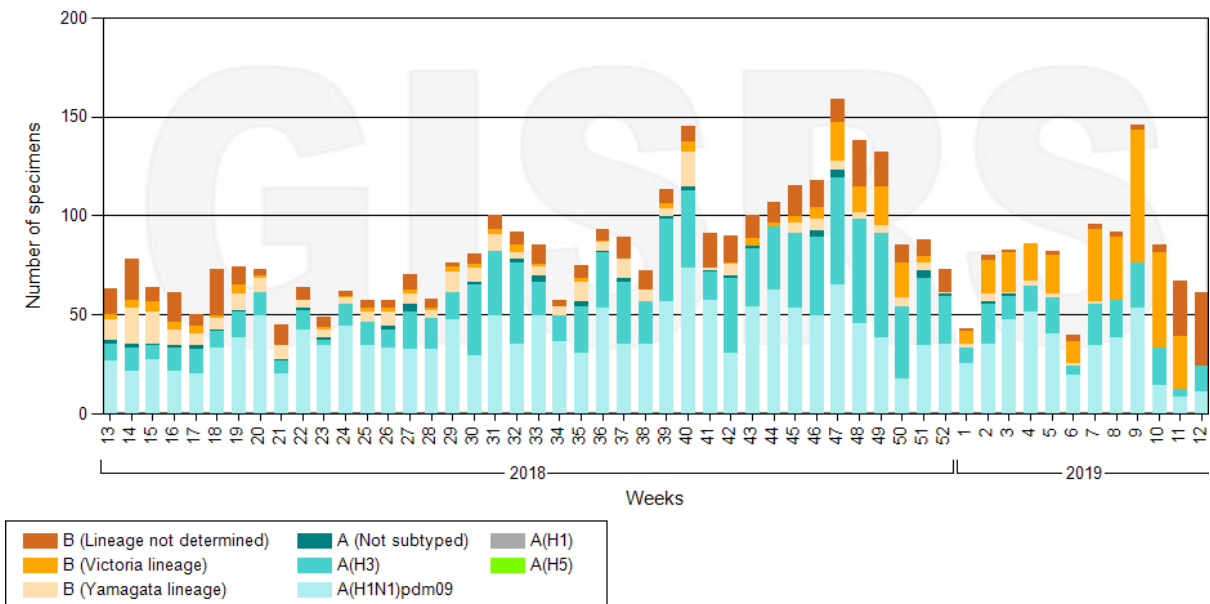
- In Southern Asia, influenza activity appeared to decrease, with influenza A(H1N1)pdm09 virus predominating. Influenza activity decreased slightly in India with influenza A(H1N1)pdm09 virus most frequently detected followed by influenza A(H3N2) viruses. Influenza activity continued to decrease in Nepal, with detections of influenza A(H1N1)pdm09 and B viruses.
- In South East Asia, few countries reported in this reporting period. Influenza activity remained elevated in Thailand, with influenza B (Victoria-lineage) most frequently detected followed by influenza A viruses. Decreased influenza activity was reported in Lao PDR and the Philippines.

Number of specimens positive for influenza by subtype in Southern Asia



Data source: FluNet (www.who.int/flu-net). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/03/2019

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

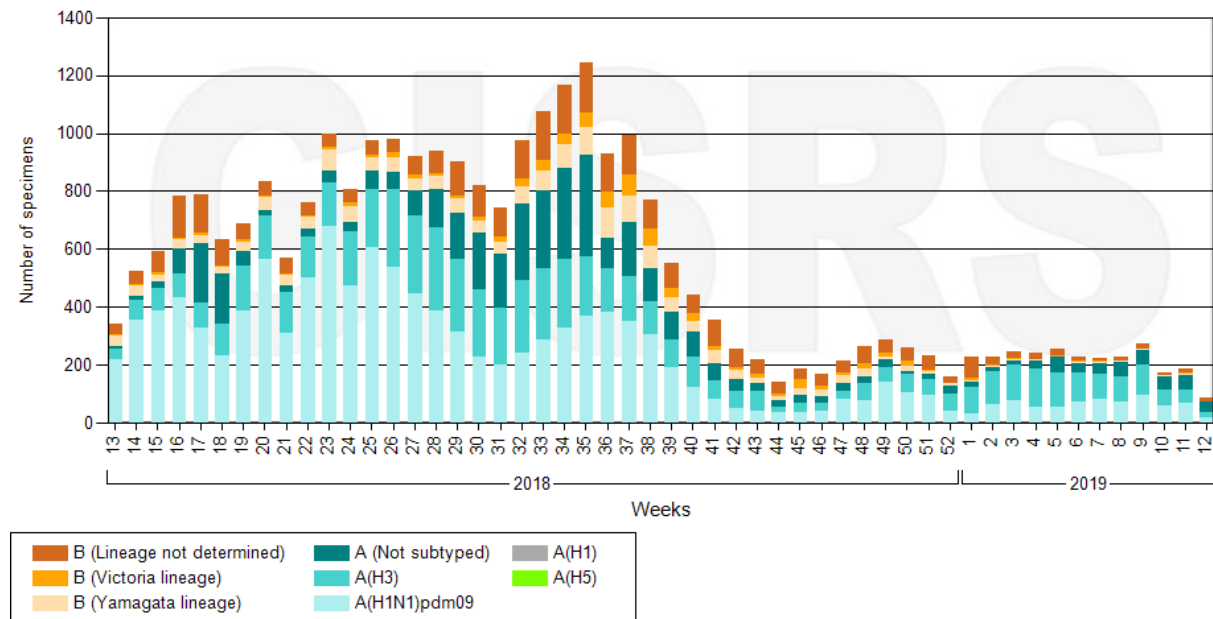


Data source: FluNet (www.who.int/flu-net). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/03/2019

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 in some parts of Australia influenza activity remained above inter-seasonal levels, with co-circulation of influenza A viruses.

Number of specimens positive for influenza by subtype in southern hemisphere



Data source: FluNet (www.who.int/flu-net). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/03/2019

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

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/

Contact

fluupdate@who.int