

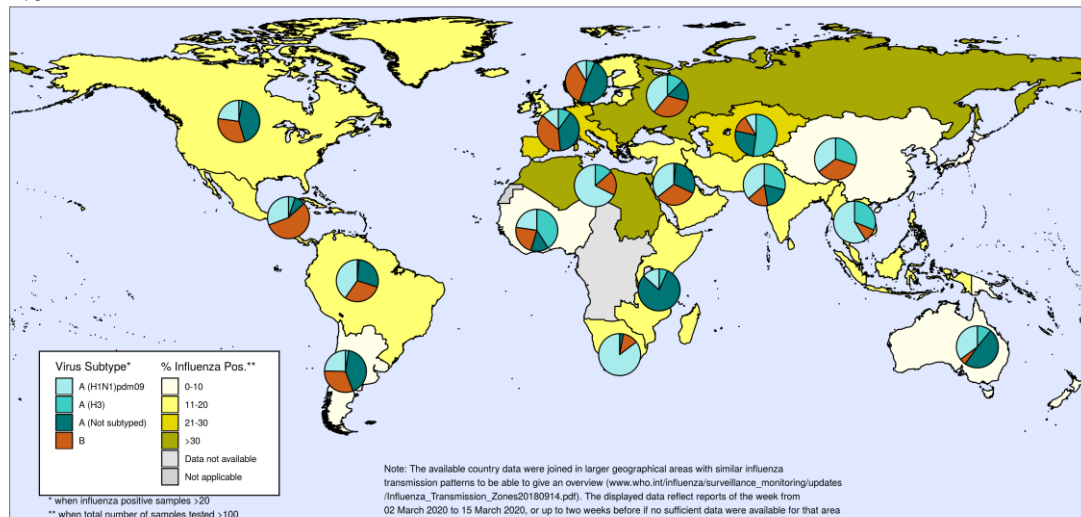
## Influenza Update N° 364

30 March 2020, based on data up to 15 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](https://www.who.int/influenza/surveillance_monitoring/updates/Influenza_Transmission_Zones20180914.pdf)

Percentage of respiratory specimens that tested positive for influenza  
By influenza transmission zone

Map generated on 31 March 2020



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: Global Influenza Surveillance and Response System (GISRS), FluNet (www.who.int/flu-net)  
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### Summary

- In the temperate zone of the northern hemisphere, influenza activity appeared to decrease overall.
  - In North America, influenza activity continued to decline but influenza-like illness (ILI) levels remained elevated.
  - In Europe, influenza activity decreased in most countries, but increased ILI activity was reported in some countries.
  - In Central Asia, influenza activity was low.
  - In Northern Africa, decreasing influenza activity was reported in Tunisia.
  - In Western Asia, influenza activity was low in most reporting countries.
  - In East Asia, ILI and influenza activity returned to baseline levels.
- In the Caribbean and Central American countries, influenza activity was reported in some countries. In Mexico, influenza activity continued to decrease, with influenza A(H1N1)pdm09 and B-Victoria lineage viruses co-circulating.

- In tropical South American countries, influenza activity decreased from the previous reporting period.
- In tropical Africa, influenza detections were low in most reporting countries.
- In Southern Asia, increased ILI activity was reported in Bhutan.
- In South East Asia, influenza activity decreased across 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 94 countries, areas or territories reported data to FluNet for the time period from 02 March 2020 to 15 March 2020 (data as of 2020-03-27 03:11:25 UTC). The WHO GISRS laboratories tested more than 213931 specimens during that time period. 35618 were positive for influenza viruses, of which 25675 (72.1%) were typed as influenza A and 9943 (27.9%) as influenza B. Of the subtyped influenza A viruses, 3777 (77.7%) were influenza A(H1N1)pdm09 and 1082 (22.3%) were influenza A(H3N2). Of the characterized B viruses, 14 (1.9%) belonged to the B-Yamagata lineage and 732 (98.1%) 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)

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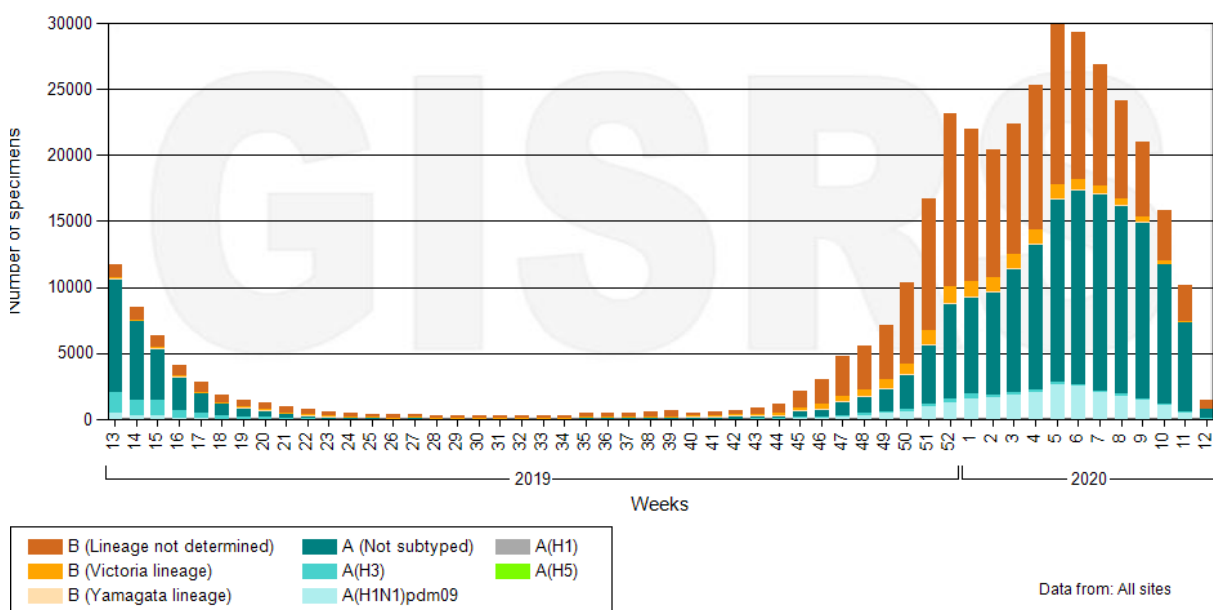
**Countries in the temperate zone of the northern hemisphere**

- In the temperate zone of the northern hemisphere, influenza activity appeared to decrease overall.
- In the countries of North America, influenza activity remained elevated, but some indicators, notably percent positivity for influenza, decreased this reporting period. 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 slightly to average levels observed in previous seasons for this time of year. The number of paediatric and adult hospitalizations decreased. In the United States of America as well, ILI activity increased and remained elevated. Hospitalization rates were reported at levels similar to previous seasons

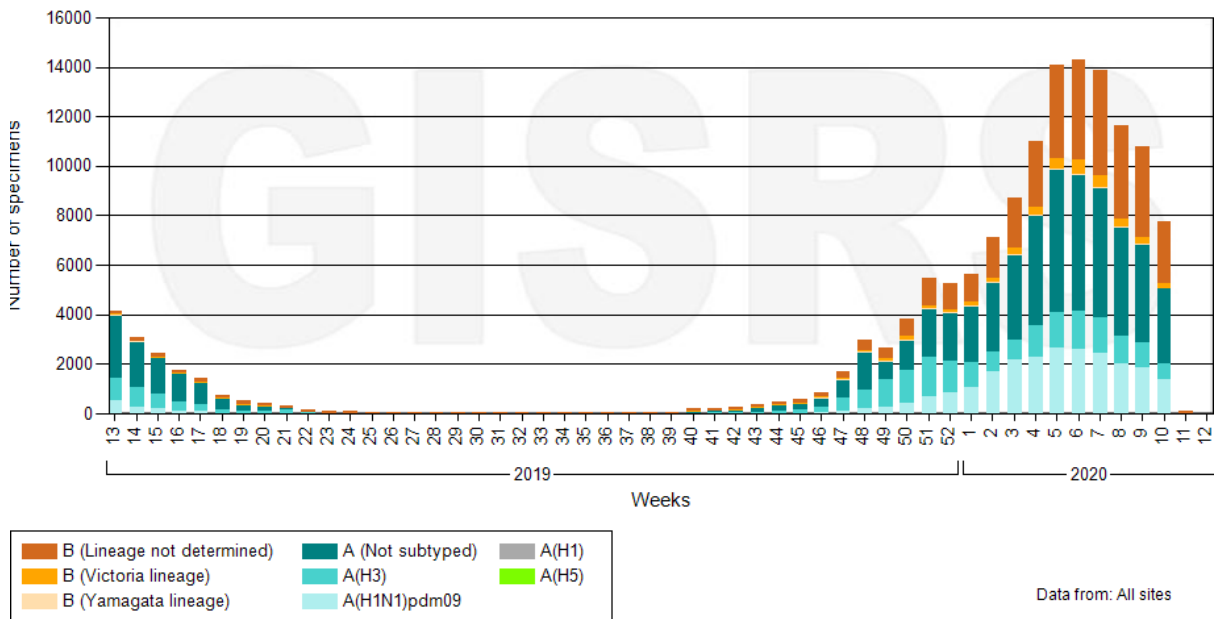
except in children and young adults, where rates were higher compared to past seasons. The percentage of deaths attributed to pneumonia and influenza was reported below the epidemic threshold.

- In Europe, influenza activity continued to decrease overall, except in some countries. In Northern Europe, influenza activity remained elevated in Denmark, Norway and Sweden. Ireland and the United Kingdom of Great Britain and Northern Ireland, where activity had returned to baseline levels, reported increased ILI levels in the past two weeks. All seasonal influenza subtypes co-circulated in the sub-region. In Eastern Europe, influenza activity remained elevated but declined in most countries. Influenza detections were low in Bulgaria and Kosovo [in accordance with Security Council resolution 1244 (1999)] though ILI levels remained elevated. All seasonal influenza virus subtypes co-circulated in the sub-region. In South West Europe, influenza activity decreased overall but remained elevated in Germany and Montenegro; influenza A viruses were predominantly detected, followed by a smaller proportion of influenza B viruses.
- In Central Asia, influenza activity decreased overall, with influenza A(H3N2) most frequently detected in recent weeks.
- In Northern Africa, decreased influenza activity was reported in Tunisia, with influenza A(H1N1)pdm09 most frequently detected followed by influenza B viruses.
- In Western Asia, influenza activity continued to decrease or was low in most reporting countries, with influenza A(H1N1)pdm09 viruses most frequently detected followed by influenza B viruses. In Qatar, influenza activity continued to decrease with influenza A(H1N1)pdm09 viruses predominant. ILI and severe acute respiratory infection (SARI) levels remained elevated in Armenia, Azerbaijan and Georgia.
- In East Asia, influenza illness indicators and influenza activity returned to baseline level across all reporting countries.

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

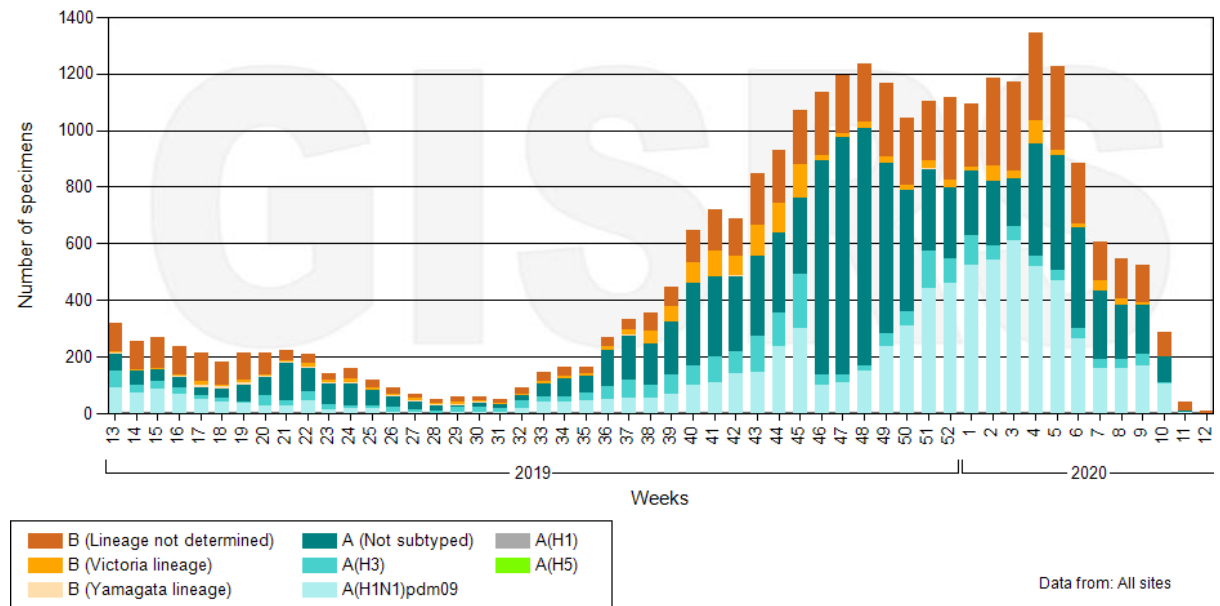


### Number of specimens positive for influenza by subtype in the European Region of WHO



Data source: FluNet ([www.who.int/flu-net](http://www.who.int/flu-net)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 26/03/2020

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



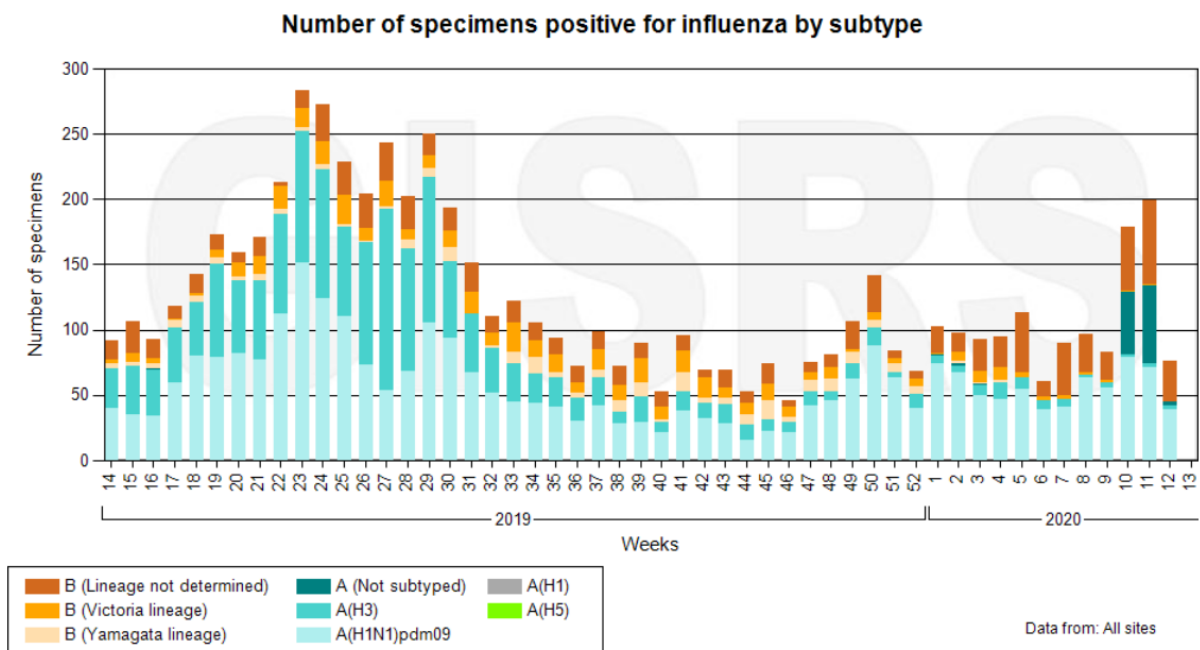
Data source: FluNet ([www.who.int/flu-net](http://www.who.int/flu-net)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 26/03/2020

## 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. In Cuba, influenza activity of predominately A viruses increased in recent weeks. Increased influenza A and B virus detections were reported in Belize. In Mexico, influenza activity continued to decrease, with influenza A(H1N1)pdm09 and B/Victoria lineage viruses co-circulating.
- In the tropical countries of South America, influenza activity decreased from the previous reporting period in Bolivia (Plurinational State of) and Brazil.

### Number of specimens positive for influenza by subtype in Tropical South America



**Data source:** FluNet ([www.who.int/flunet](http://www.who.int/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 31/03/2020

### Tropical Africa

- In Western Africa, influenza detections were low across reporting countries; low influenza A detections were reported in Nigeria. In Middle Africa, there were no influenza updates for this reporting period, but increased SARI levels were reported in Central African Republic. In Eastern Africa, influenza activity of predominantly A viruses increased in Uganda. ILI activity continued to be reported in Mayotte, with detections of influenza A(H1N1)pdm09.

## Tropical Asia

- In Southern Asia, influenza activity was reported in some countries. Influenza illness indicators increased in Bhutan in recent weeks. Influenza activity of predominantly influenza A(H1N1)pdm09 was low in Nepal and ILI and SARI activity continued to decrease.
- In South East Asia, influenza activity was reported in some countries. In Lao People's Democratic Republic, influenza activity decreased while ILI activity increased. Both ILI and influenza activity decreased in Singapore and Thailand.

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## 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.

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## 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](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/)

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