Influenza Update N° 363

16 March 2020, based on data up to 01 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

- In the temperate zone of the northern hemisphere, respiratory illness indicators and influenza activity appeared to decrease overall.
  - In North America, influenza-like illness (ILI) and influenza activity started to decline, with influenza A(H1N1)pdm09 and B viruses co-circulating.
  - In Europe, influenza activity remained elevated overall, though 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 decreased in most countries, except in Armenia, Azerbaijan and Qatar.
  - In East Asia, ILI and influenza activity decreased overall.
▪ In the Caribbean and Central American countries, influenza activity was reported in some countries. In Mexico, influenza activity decreased, 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, increased influenza activity was reported in Bhutan.

▪ 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 111 countries, areas or territories reported data to FluNet for the time period from 17 February 2020 to 01 March 2020 (data as of 2020-03-12 21:24:24 UTC). The WHO GISRS laboratories tested more than 233445 specimens during that time period. 62423 were positive for influenza viruses, of which 42013 (67.3%) were typed as influenza A and 20410 (32.7%) as influenza B. Of the sub-typed influenza A viruses, 7348 (74.5%) were influenza A(H1N1)pdm09 and 2516 (25.5%) were influenza A(H3N2). Of the characterized B viruses, 18 (1.1%) belonged to the B-Yamagata lineage and 1574 (98.9%) 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.

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 appeared to decrease overall.

- 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) decreased but continued to be higher compared to previous years for this period of the influenza season. The percentage of visits for ILI remained below the average of previous seasons for this time of year. The number of paediatric hospitalizations continued to decrease. This season, the cumulative number of paediatric hospitalizations was greater than that of the previous nine seasons and most paediatric hospitalizations occurred in children under five years and half were associated with influenza A viruses. Adult hospitalizations increased slightly in these weeks though there has been a general decreasing trend since the peak in January. This season, approximately 80% of adult influenza-associated hospitalizations were associated with influenza A viruses. In the United States of America, influenza activity continued to decrease 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 recent seasons on record (except for the 2009 pandemic for the 5-17 year-old age group). The percentage of deaths attributed to pneumonia and influenza was reported below the epidemic threshold.

- In Europe, influenza activity remained elevated across the region, though appeared to have already peaked in some countries. In Northern Europe, with the exception of Ireland and the United Kingdom of Great Britain and Northern Ireland, where activity was already reported at baseline levels, influenza activity continued to increase (Lithuania, Norway and Sweden) or remained elevated in most countries in the sub-region; influenza A detections predominated in most reporting countries, though influenza B detections increased in recent weeks. In Eastern Europe, ILI and influenza activity remained elevated in most countries, but appeared to have peaked in Bulgaria, Kosovo [in accordance with Security Council resolution 1244 (1999)] and Ukraine; all seasonal influenza virus subtypes co-circulated in the sub-region. In South West Europe, ILI and influenza activity appeared to decrease overall, though increased activity continued to be reported in Germany, Montenegro and North Macedonia; influenza A viruses were predominantly detected, followed by a smaller proportion of influenza B viruses.

- In Central Asia, influenza activity continued to decrease 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 and Morocco, influenza detections were low.
In Western Asia, influenza activity continued to decrease or was low in most reporting countries, with a few exceptions. In Azerbaijan, ILI levels remained elevated and influenza activity continued to increase, with influenza B viruses most frequently detected. In Armenia, respiratory illness indicators and influenza activity remained high with all seasonal influenza subtypes co-circulating. In Qatar, influenza activity appeared to decrease with influenza A(H1N1)pdm09 viruses most frequently detected. Georgia continued to report high severe acute respiratory activity (SARI) activity, though influenza detections remained low.

In East Asia, influenza illness indicators and influenza activity continued to decrease overall. In China, ILI activity decreased, and influenza detections of all seasonal influenza subtypes were low. In China, Hong Kong SAR, influenza activity and influenza illness indicators remained below seasonal baseline. In China, Taipei, ILI levels and influenza percent positivity continued to decrease. In Japan, influenza cases reported from sentinel sites continued to decrease and were low compared to previous seasons. In Mongolia, respiratory illness indicators returned to baseline level and influenza activity of predominantly influenza A(H3N2) viruses also decreased in recent weeks. In the Republic of Korea, ILI activity was at the baseline and influenza activity decreased, with influenza A(H1N1)pdm09 most frequently detected.

Number of specimens positive for influenza by subtype in North America

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 13/03/2020
Number of specimens positive for influenza by subtype in Northern Europe

Data source: FluNet (www.who.int/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 13/03/2020

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 13/03/2020
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 virus detections were reported in Belize and Dominican Republic. 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 was low overall.

Tropical Africa

- In Western Africa, influenza detections were low across reporting countries; increased ILI levels were reported in Mali and Togo. In Middle Africa, there were no influenza updates for this reporting period. In Eastern Africa, influenza activity of predominantly A(H1N1)pdm09 viruses was reported in Kenya and Mauritius.

Tropical Asia

- In Southern Asia, influenza activity was reported in some countries. In Afghanistan, ILI and SARI activity remained elevated. Influenza illness indicators and detections of all influenza seasonal subtypes increased in Bhutan in recent weeks. Influenza activity of predominantly influenza A(H1N1)pdm09 continued to decrease in Nepal, though moderate levels of ILI and SARI continued to be reported.
- In South East Asia, influenza activity was reported in some countries. Influenza activity continued to be reported in Lao People's Democratic Republic and Thailand, with detections of all seasonal influenza subtypes. Influenza activity of predominantly A(H1N1)pdm09 viruses decreased in Malaysia and Singapore.

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
Influenza update

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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