



2013-07-11-047 PRO/EDR> Influenza (41): WHO global update  
To: (01) Public health and One Health Initiative; (06) Virology, general; (07) Zoonoses, general;

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INFLUENZA (41): WHO GLOBAL UPDATE  
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A ProMED-mail post

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[http://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/)  
Influenza update no 189

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Summary

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- Influenza activity in the northern hemisphere temperate zones remained at inter-seasonal levels.
  - In most regions of tropical Asia influenza activity decreased, except for Sri Lanka and Viet Nam where influenza A activity remained relatively high.
  - In Central America and the Caribbean, influenza activity remained low or similar compared to previous weeks, except in Cuba and the Dominican Republic where high influenza activity was reported and in Costa Rica, El Salvador, and Panama, where influenza activity began to increase.
  - Influenza activity in the southern hemisphere increased considerably in South America and in Southern Africa but remained low in Oceania.

In South America, respiratory syncytial virus remained the predominant circulating virus, but the proportion of influenza positive viruses continued to increase.

- As of 5 Jul 2013, a total of 133 cases of H7N9 have been reported from China (132 from China's National Health Family and Commission, and 1 from Taipei Centers for Disease Control) including 43 deaths.

More and updated information will be posted at

<[http://who.int/influenza/human\\_animal\\_interface/influenza\\_h7n9/en/index.html](http://who.int/influenza/human_animal_interface/influenza_h7n9/en/index.html)>.

Countries in the temperate zone of the northern hemisphere

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North America

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Overall influenza activity in North America has continued to decrease to low levels throughout most of the region.

In Canada, the percentage of positive influenza tests continued to decline, with 1.1 percent testing positive in the 2nd week in June 2013. The national influenza-like-illness (ILI) consultation rate has remained stable during the last 10 weeks, but was still above the expected range for the past 7 weeks, which was most likely due to rhinovirus.

In the United States of America (USA), influenza activity remained low and at inter-seasonal levels. Nationally, the proportion of ILI outpatient consultations decreased to 0.8 percent, below the national baseline of 2.2 percent. Of 1925 specimens tested since 16 Jun 2013, 3.5 percent were positive for influenza, which showed a decrease from the previous week. The USA recently reported 4 human infections with influenza A(H3N2)v virus. For more details see <<http://www.cdc.gov/flu/spotlights/h3n2v-firstcases-2013.htm>>.

Mexico has reported relatively stable influenza activity over the last few weeks with the majority being influenza A. From the last week in May 2013 to the 3rd week of June 2013, 7.6 percent of specimens tested positive for influenza. Among the positive specimens, 51.5 percent of those were influenza A(H3N2) and 39.4 percent were A(H1N1)pdm09. Acute respiratory infection (ARI) cases increased slightly while the number of pneumonia cases decreased from the previous week, but both have shown decreasing trends overall.

Europe

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Influenza activity in Europe remained at inter-seasonal levels.



CENTAUR GLOBAL NETWORK

Consultation rates for ILI and ARI were at low levels for all countries in the region. None of the specimens collected from sentinel sites tested positive for influenza. Of the 231 influenza virus detections reported since 20 May 2013, 55 percent were characterized as influenza B.

Northern Africa and the Western Asia region

Influenza activity is low in Northern Africa and in Western Asia region. Influenza A(H1N1)pdm09 have mainly been detected throughout the season in most countries in the western Asia region, with the exception of Jordan, which reported a majority of influenza B.

Northern Asia

Influenza activity in much of the temperate region of Asia has decreased gradually over the past several weeks and is coming to inter-seasonal levels.

In China, as of 5 Jul 2013, 133 cases of influenza A(H7N9) have been identified, of which 43 have died, more and updated information is posted at [http://who.int/influenza/human\\_animal\\_interface/influenza\\_h7n9/en/index.html](http://who.int/influenza/human_animal_interface/influenza_h7n9/en/index.html).

Countries in the tropical zone

Tropical countries of the Americas/Central America and the Caribbean

In both the Caribbean and Central America, influenza activity remained low and or similar compared to previous weeks, except in Cuba and the Dominican Republic where high influenza A(H1N1)pdm09 activity continued to be reported, in Costa Rica where increased influenza A(H1N1)pdm09 activity was reported, and in El Salvador and Panama where increased influenza A(H3N2) was reported.

Influenza activity in Cuba remained high, with 35.3 percent of 604 specimens testing positive for influenza viruses since the end of May.

Of those that were positive for influenza A, 86.8 percent were influenza A(H1N1)pdm09 and 13.2 percent were influenza A(H3N2).

Rhinovirus and parainfluenza [virus infections] continued to circulate in Cuba. Influenza activity also remained high in the Dominican Republic. Out of 166 samples tested, the proportion testing positive for influenza increased from 14.6 percent 6 weeks ago to 45.9 percent in the most current week, with influenza A(H1N1)pdm09 being the most detected virus.

Costa Rica reported increasing influenza activity, with the percent of positive influenza viruses increasing from 5 percent at the end of May 2013 to 42 percent in the current week. Influenza A(H1N1)pdm09 is the main circulating virus. El Salvador and Panama also reported increasing influenza activity, with A(H3N2) constituting 100 percent of positive influenza samples in both countries for the past 3 weeks.

In tropical South America, ARI activity remained at same levels except in Colombia, Brazil and Venezuela , where activity seemed to increase.

In Colombia, the proportion of SARI [severe acute respiratory infection] hospitalizations and SARI ICU admissions continued to increase compared to the previous weeks. Of the 125 specimens analyzed in the past 2 weeks, 31 percent tested positive for all respiratory viruses. 28 percent of those that tested positive for all respiratory viruses were influenza A(H1N1)pdm09.

Venezuela reported increased ARI activity above the epidemic threshold for this time of year and the trend for reported pneumonia cases also increased in the last few weeks. Of the samples that were positive for influenza, 90.8 percent were due to influenza A(H1N1)pdm09 followed by influenza A(H3N2).

Brazil reported increasing trends of ILI and SARI cases, associated with co-circulation of influenza A(H1N1)pdm09 and Influenza B.



### Central African tropical region

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Many countries in this region reported low activity, with the exception of Cameroon, Cote d'Ivoire, and Madagascar in the past few weeks. Cameroon and Cote d'Ivoire reported co-circulation of influenza A(H1N1)pdm09 and B. After peaking at the end of May 2013, influenza activity in Madagascar is beginning to decrease, although the percent of specimens that tested positive for influenza is still high at 43 percent.

### Tropical Asia

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Influenza transmission in South East Asia gradually decreased and transmission in southern Asia remained consistently low in the past few weeks. The proportion of influenza A has also been higher compared to influenza B in both regions. In South East Asia, influenza activity remained low for most countries except for Viet Nam, with predominantly circulation of A(H3N2) and A(H1N1)pdm09 viruses in the past few weeks. Thailand also reported a small increase of A(H3N2) compared to the last few weeks. In southern Asia, Sri Lanka reported increased influenza A activity compared to influenza B for the past few weeks. In India A(H3N2) viruses remained predominant but at a decreasing rate compared to several weeks ago. Iran and Pakistan also experienced low activity. In Southern China the influenza A(H1N1)pdm09 activity gradually decreased.

### Countries in the temperate zone of the southern hemisphere

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#### Temperate countries of South America

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In temperate South America, acute respiratory illness activity was high and with increasing trends. Increased influenza-like-illness (ILI) and SARI activity was mainly due to respiratory syncytial virus (RSV), but the proportion of influenza positive viruses increased, with co-circulation of influenza A(H1N1)pdm09 and A(H3N2).

In Argentina, ILI and SARI activity were above the epidemic threshold and showed an increasing trend. So far in this season [2013] more than half of all samples positive for respiratory viruses were RSV, but the detection of Influenza virus has increased in the last weeks and the number of positive samples is higher than it has been in earlier seasons (excluding 2009). From the 736 samples that have been tested since May 2013, 99 percent (728) were influenza A and 1 percent (8) influenza type B. From the 574 influenza A samples subtyped 89 percent (509) were influenza A(H1N1)pdm09 & 11 percent (65) were influenza A(H3N2). While RSV is the main virus identified in children up to 10 years old, influenza is the main virus identified in those above 15 years of age.

Influenza activity in Chile is also increasing, also RSV remained to be the most prevalent virus detected. The national ILI consultation rate continued to show an increasing trend and was at the epidemic threshold level during the last weeks. Among the 3060 samples collected, 36 percent were positive for respiratory viruses and 12 percent were positive for influenza viruses. Among the positive samples, 48 percent were RSV and 29 percent were influenza A(H1N1)pdm09 or A not subtyped.

In Paraguay, ILI consultation rates, the ILI proportion, and the proportion of SARI-related hospitalizations remained similar to previous weeks with increasing trends. Of the 463 samples analyzed since 9 June, 57 percent tested positive for respiratory viruses and 16 percent for influenza viruses. Among the positive samples, RSV (69 percent) and influenza A(H3N2) (23 percent) were the viruses most detected. Among the 148 samples from SARI cases, RSV was the most detected virus.

In Uruguay, the proportions of SARI hospitalizations and SARI-related ICU admissions continued to increase, although SARI deaths have decreased over the past 3 weeks. Among 77 samples processed since 9 Jun 2013, 34 percent tested positive for respiratory viruses and 18 percent for influenza viruses. The proportion of samples that tested positive for influenza is increasing and RSV is no longer the predominant virus. Of the 26 samples that tested positive, 12 (46



percent) were influenza A(H1N1)pdm09 and 9 (35 percent) were RSV.

In South Africa, increasing trends of ILI and SARI cases have been reported. Influenza activity continued to increase since the season started in late April 2013. Influenza A(H1N1)pdm09 remains the predominant circulating strain, although influenza A(H3) has also been reported.

Oceania, Melanesia, and Polynesia

Australia, New Zealand, and the Pacific Islands continued to report low influenza activity. During 16 to 22 Jun 2013 in Australia, of 278 ILI samples received, 4 were positive for influenza A(H3). In New Zealand, during 7-23 Jun 2013, influenza activity continued to remain below the baseline threshold with increasing trends. 22 out of 226 samples received were positive for influenza: 11 were influenza B (lineage not determined), 6 were influenza A(H3N2), 3 were influenza A(H1N1)pdm09, and 2 influenza A (not subtyped).

Link to web pages

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 2012

<[http://www.who.int/influenza/surveillance\\_monitoring/updates/GIP\\_surveillance\\_2012\\_archives](http://www.who.int/influenza/surveillance_monitoring/updates/GIP_surveillance_2012_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/en/index.html](http://www.who.int/influenza/gisrs_laboratory/updates/en/index.html)>

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[The predominance of isolations of respiratory syncytial virus (RSV) in some countries in Southern America is striking, and their relative absence elsewhere is noteworthy. This situation could be no more than a statistical anomaly reflecting predominance of severe respiratory illness in young children relative to the rest of the population.

However it may reflect a more fundamental situation.

RSV is a major cause of severe respiratory disease in infants and the elderly. In the past RSV strains have been divided into 2 major antigenic groups (A and B), which are further divided into several genotypes. The main genetic and antigenic differences between genotypes are found within the 2 hypervariable regions of the attachment (G) glycoprotein. In 1999, a novel RSV B genotype, which contained a 60-nucleotide duplication in the 2nd hypervariable region of the G protein, was discovered in Buenos Aires and designated BA.

Since then, genotype BA has almost completely replaced other RSV B strains spreading globally from Argentina within a few years, and subsequently diversifying into several sub-types largely replacing the original B strains. The conditions facilitating this diversification and global expansion are presently unknown. - Mod.CP]

[see also:

Influenza (38): WHO global update 20130626.1793761 Influenza (37): WHO global update 20130625.1790629 Influenza (36): China (JS) H3N2/H7N9 coinfection 20130616.1775239 Influenza (33): WHO global update 20130527.1739591 Influenza (32): WHO global update 20130513.1710725 Influenza (31): H3N2 pandemic potential 20130513.1710144 Influenza (30): global update 20130426.167441 Influenza (26): European region update 20130322.1599132 Influenza (25): WHO global update 20130316.1590054 Influenza (24): USA, vaccine effectiveness, corr. 20130307.1576157 Influenza (24): USA, vaccine effectiveness 20130306.1574072 Influenza (23):



WHO global update 20130301.1566344 Influenza (18): European region update 20130208.1535572  
Influenza (10): European region update 20130126.1516108]