



## Influenza Virological Surveillance in the WHO African Region

Epidemiological Week 10, March 6 to 12, 2017

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During the current epidemiological week (week 10), 365 specimens were collected by 10 laboratories in the AFR Influenza Laboratory Network (Algeria, Central African Republic, Cote d'Ivoire, Ethiopia, Kenya, Mali, Mauritius, Rwanda, South Africa and Togo). Three hundred and fifty-five specimens were tested for influenza virus and the positivity rate was 5%. During epi week 10, influenza activity in the WHO African region decreased in comparison to epi week 9, however less laboratories reported data in week 10. Influenza activity for epi week 10 is also lower than what was observed during the same epi week in 2016 (Figure 1).

The predominant influenza virus circulating during week 10 was influenza B (11 positive samples out of 19), in contrast to the same period in 2016 when the pandemic strain (A(H1N1)pdm) was the predominant subtype circulating in the region

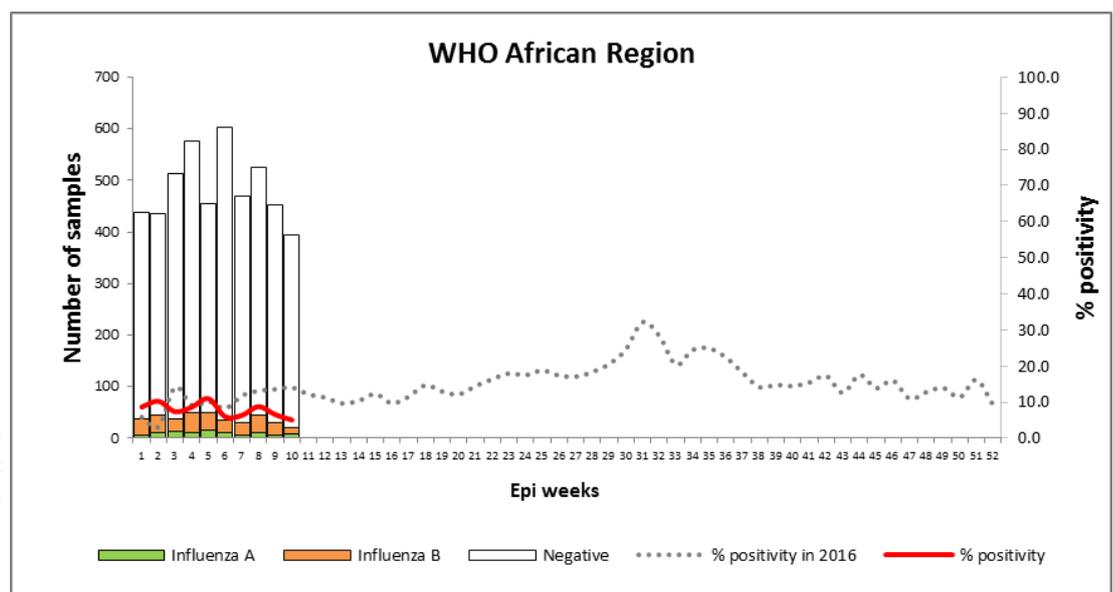
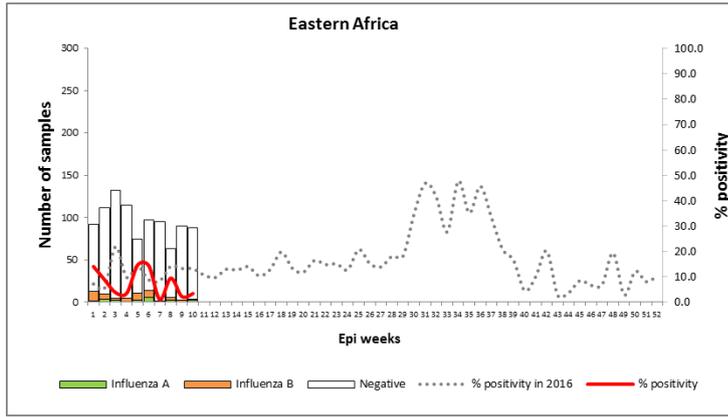


Figure 1 – Virological assessment of influenza specimens collected in the African region, weeks 1 to 10, 2017

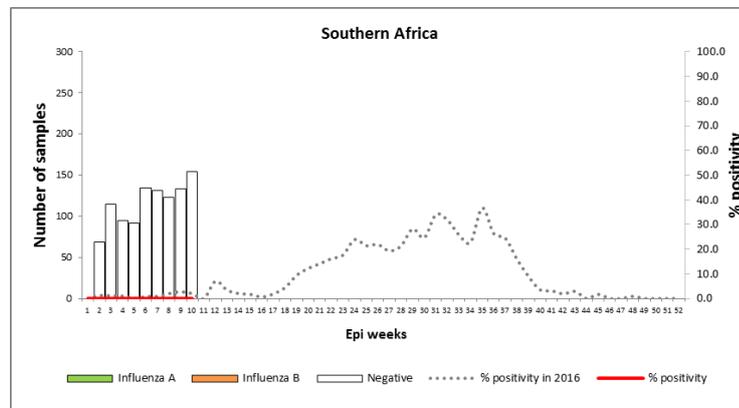


**Figure 2. Virological analysis of influenza specimens collected from weeks 1 to 10**



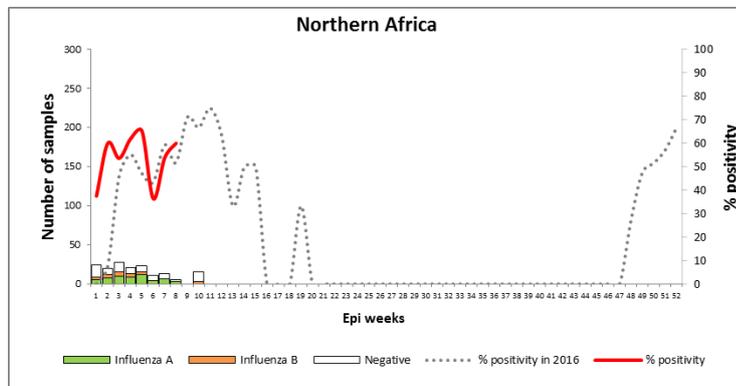
**Eastern Africa:** Burundi, Comoros, Eritrea, Ethiopia\*, Kenya\*, Madagascar\*, Malawi, Mauritius\*, Mayotte, Mozambique\*, Rwanda\*, Seychelles, Somalia, Uganda\*, United Republic of Tanzania\*, Zambia\*, Zimbabwe

During epi week 10 influenza activity remained low in the Eastern transmission zone with only a slight increase in positivity rate compared to week 9. Influenza was once again not detected in the Southern transmission zone (Figure 2).



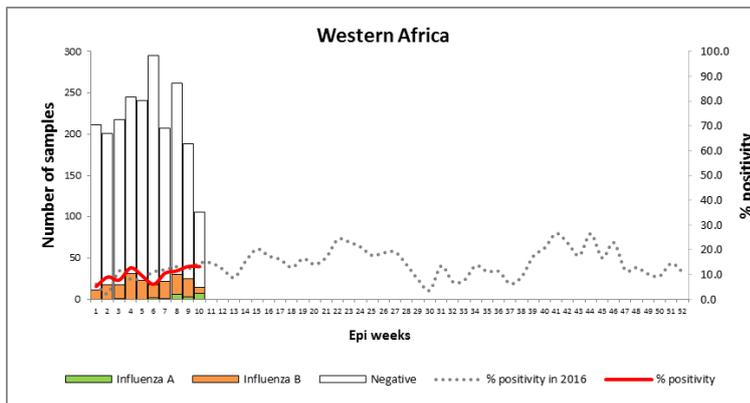
**Southern Africa :** Botswana, Lesotho, Namibia, South Africa\*, Swaziland

In the Western transmission zone influenza activity was similar to that observed during the same period in 2016. However, in comparison to week 9 decreased activity was observed. Similarly in the Middle transmission zone influenza activity decreased (not detected) and was significantly lower than the level of activity (% positivity), observed in 2016.

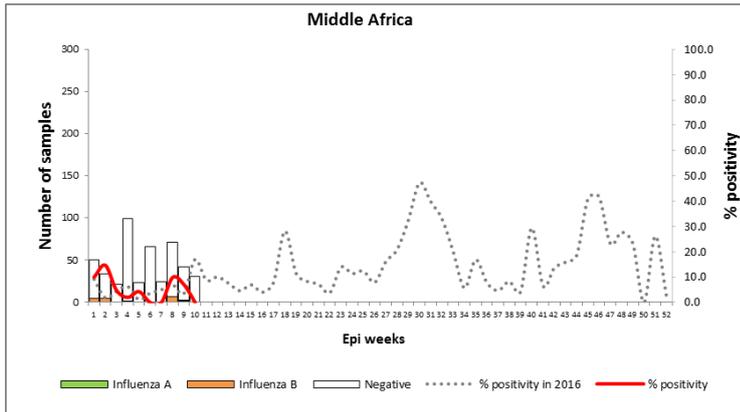


**Northern Africa:** Algeria\*

A decrease in influenza activity from week 8 to week 10 (no data available for week 9) was observed in the Northern transmission zone corresponding with the drop in influenza activity in the the northern hemisphere (NH), as the NH winter concludes. Although specimens were collected from patients presenting with illness consistent with the ILI/SARI case definitions all specimens were influenza negative. This contrasts with observations from the previous epidemiological week and the same period in 2016 where influenza activity was higher.



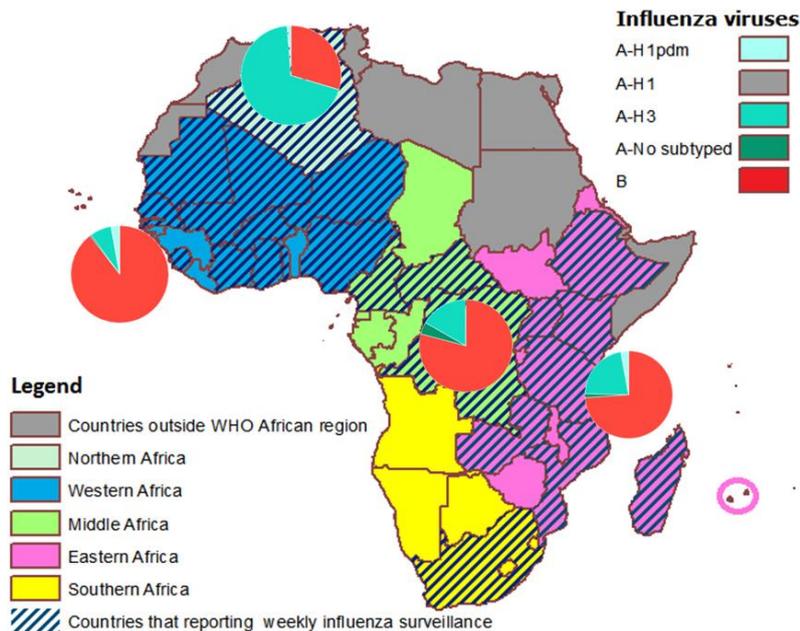
**Western Africa:** Benin, Burkina Faso\*, Cape Verde, Côte d'Ivoire\*, Gambia, Ghana\*, Guinea, Guinea-Bissau, Liberia, Mali\*, Mauritania, Niger\*, Nigeria\*, Senegal\*, Sierra Leone, Togo\*



\* Countries that report virological influenza data. Countries in blue text are those that have reported data for this epidemiological week.

**Middle Africa:** Angola, Cameroon\*, Central African Republic\*, Chad, Congo, Democratic Republic of the Congo\*, Equatorial Guinea, Gabon, Sao Tome and Principe

From epi weeks 1 to 10, the influenza laboratory network tested 4,856 specimens, of which 384 (8%) tested positive for influenza virus. Influenza B was the predominant influenza type detected (72% of influenza positive specimens) (Figure 3).



**Figure 3. Influenza types and subtypes detected in the 5 transmission zones in the AFR.**

*\*The information presented in this report are subject to change following completeness and verification Member States.*