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Influenza Virological Surveillance in the WHO African Region

Epidemiological Week 11, March 13 to 19, 2017

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During the current epidemiological week (week 11), 276 specimens (281 collected) were processed by 9 laboratories in the AFR Influenza Laboratory Network (Cameroon, Cote d'Ivoire, Ethiopia, Madagascar, Mali, Mauritius, Mozambique Rwanda and South Africa). The positivity rate of specimens for influenza virus was 10%. The predominant influenza virus circulating during week 11 was influenza B, accounting for 78% of influenza positive specimens. Comparatively, the influenza positivity rate is slightly lower that observations for the same period in 2016 (positivity rate 12%) and influenza A(H1N1)pdm was the predominant subtype circulating in the region at this time in 2016.

When compared to week 10 influenza activity for week 11 in the region nearly doubled, despite the fact that less specimens were processed by fewer labs. The influenza positivity rate for the same period in 2016 is similar to that observations for epi week 11 in 2017 (Figure 1).

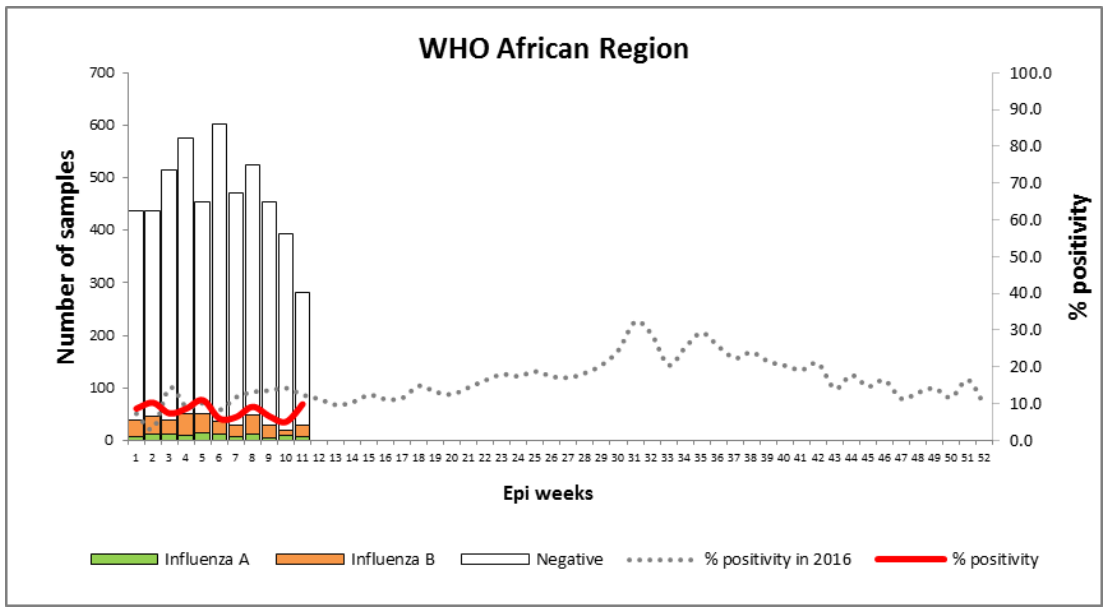
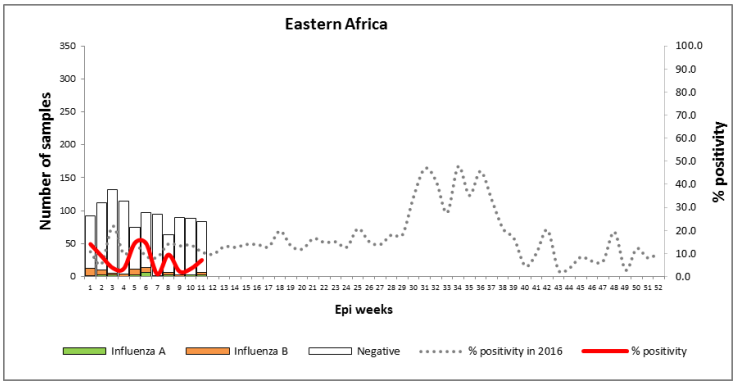
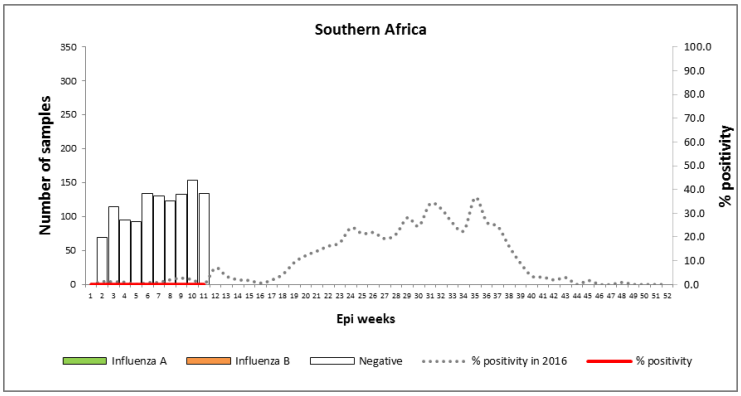


Figure 1 – Virological assessment of influenza specimens collected in the African region, weeks 1 to 11, 2017

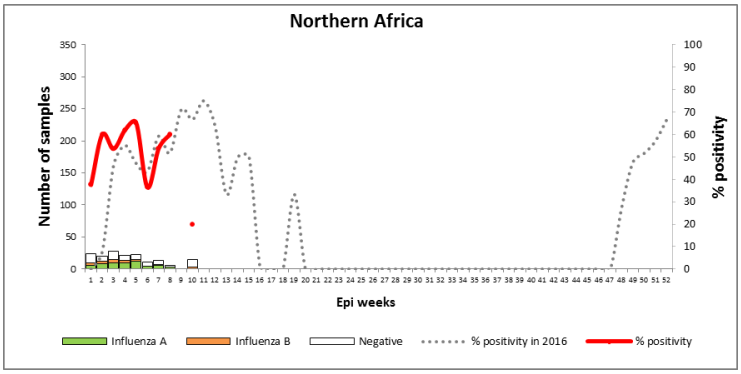
Figure 2. Virological analysis of influenza specimens collected from weeks 1 to 11



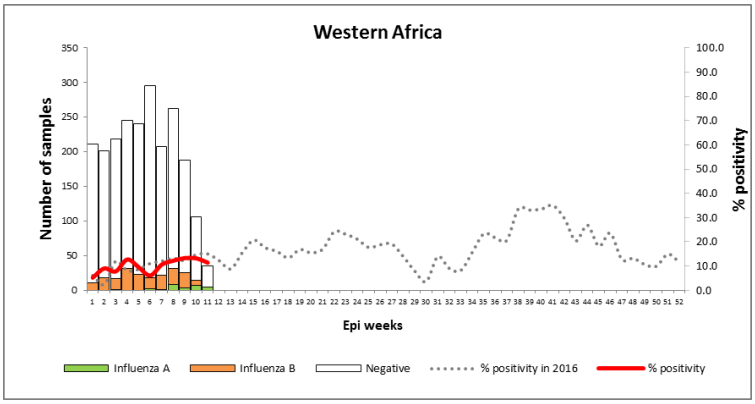
Eastern Africa: Burundi, Comoros, Eritrea, Ethiopia*, Kenya*, Madagascar*, Malawi, Mauritius*, Mayotte, Mozambique*, Rwanda*, Seychelles, Somalia, Uganda*, United Republic of Tanzania*, Zambia*, Zimbabwe



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



Northern Africa: Algeria*



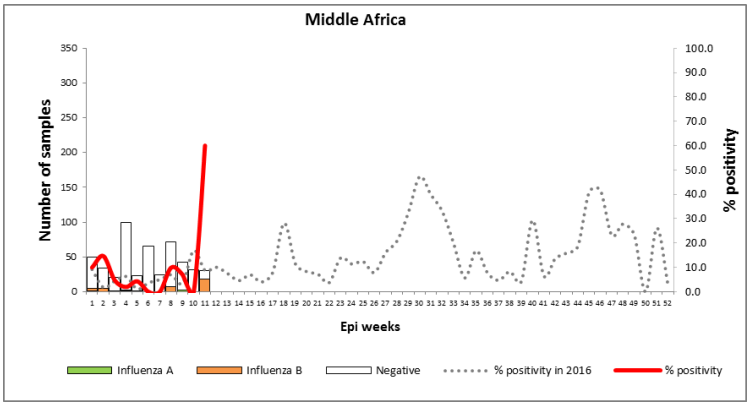
Western Africa: Benin, Burkina Faso*, Cape Verde, Côte d'Ivoire*, Gambia, Ghana*, Guinea, Guinea-Bissau, Liberia, Mali*, Mauritania, Niger*, Nigeria*, Senegal*, Sierra Leone, Togo*

During epi week 10 influenza activity remained low in the Eastern transmission zone but increased in comparison to the previous week (Figure 2).

Influenza was once again not detected in the Southern transmission zone (Figure 2).

In the Western transmission zone influenza activity decreased slightly in comparison to the previous week and was slightly lower than the same period in 2016 (Figure 2).

Influenza activity in the Middle transmission zone increased significantly from week 10 to week 11 with a number of cases of influenza B being detected in Cameroon. This also reqpresents a significant increase in activity (% positivity) in comparison to the same period in 2016 (Figure 2).



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

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

From epi weeks 1 to 11, the AFR influenza laboratory network tested 5,132 specimens, of which 8% (411 specimens) were positive for influenza virus. Influenza B remains the predominant type, circulating with a positivity rate of 74%.

In the 5 transmission zones in the WHO African region the most frequently reported influenza types/subtypes during epi weeks 1 to 11 in 2017 were influenza A(H3N2) in the Northern (influenza positivity rate of 69% (56/81)), influenza type B in the Western (influenza positivity rate of 10% (213/2,198)), Eastern (influenza positivity rate of 7% (75/1042), and Middle (influenza positivity rate of 9% (42/491)) African zones. The Southern zone has yet to record a positive influenza specimen (Figure 3).

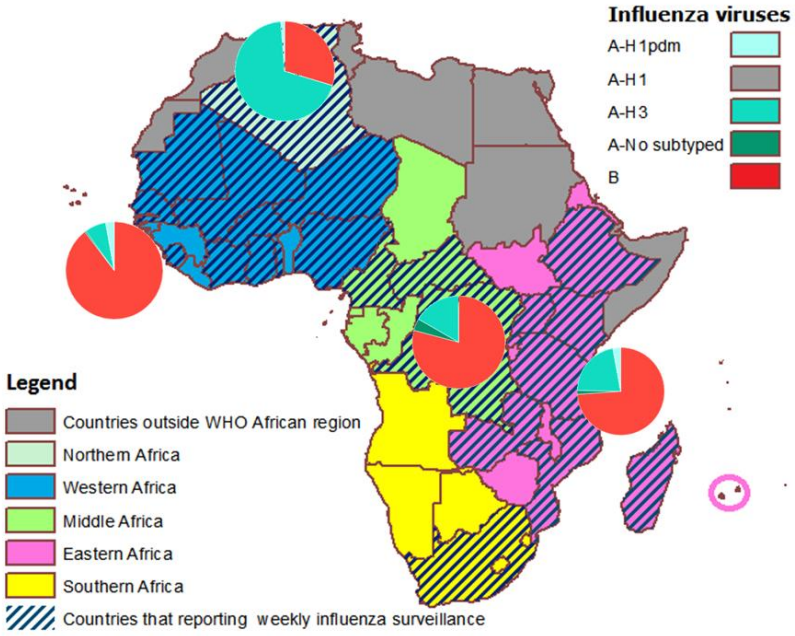


Figure 3. Influenza types and subtypes detected in the 5 transmission zones in the AFR.

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