Overview of the current influenza season

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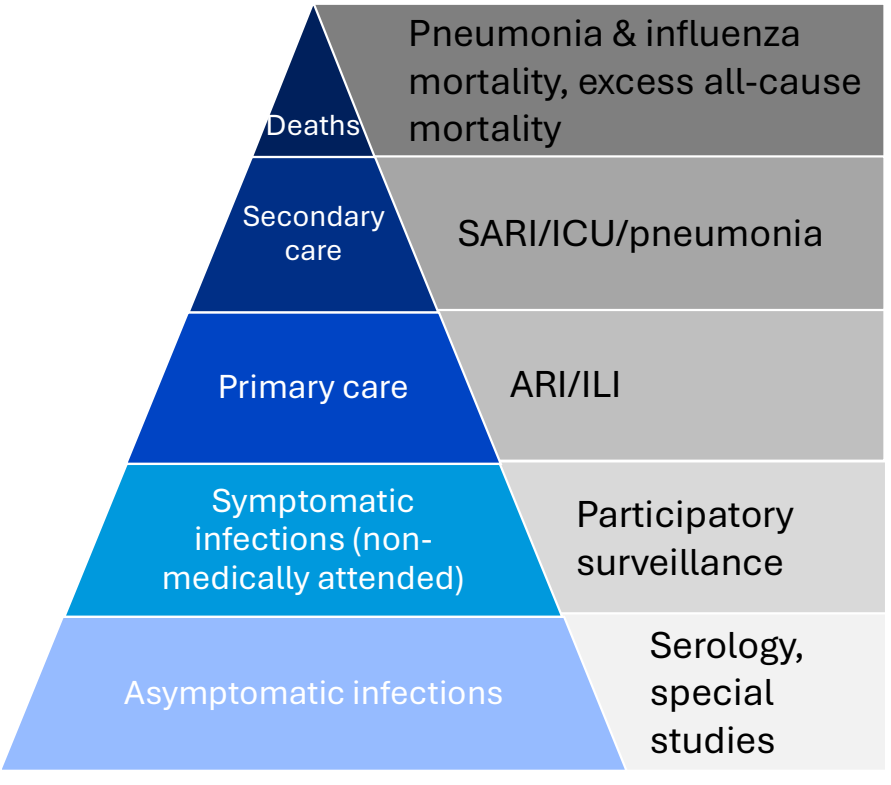
WHO Global Influenza Programme

EPI-WIN, 4 Feb 2026

World Health Organization

Surveillance of respiratory viruses



GISRS
GLOBAL INFLUENZA SURVEILLANCE & RESPONSE SYSTEM

SOURCE OF VIRUSES

GISRS virologic surveillance

Molecular testing: influenza, SARS-CoV-2, RSV and other respiratory viruses

Virus isolation and antigenic characterization of a subset of viruses

epidemiologic surveillance

Risk assessment, burden of disease, severity assessments, vaccine virus selection and candidate development, vaccine effectiveness and other control, prevention and response measures

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Guidance: GISRS integrated surveillance for respiratory viruses
https://iris.who.int/handle/10665/379678

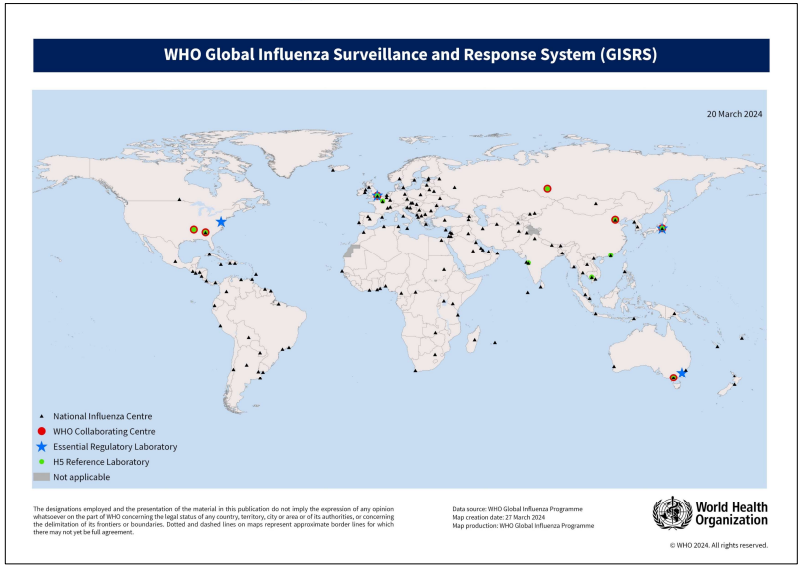
Global Influenza Surveillance and Response System (GISRS)

Global influenza surveillance has been conducted through WHO's GISRS since 1952.

GISRS is a system fostering global confidence and trust for over half a century, through effective collaboration and sharing of viruses, data and benefits based on Member States' commitment to a global public health model.

The mission of GISRS is to protect people from the threat of influenza by continuously functioning as a:

- **global mechanism** of surveillance, preparedness and response for seasonal, pandemic and zoonotic influenza;
- **global platform** for monitoring influenza epidemiology and disease; and
- **global alert** for novel influenza viruses and other respiratory pathogens.



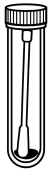
135 countries, areas and territories

www.who.int/initiatives/global-influenza-surveillance-and-response-system

GISRS surveillance and virus sharing and characterization

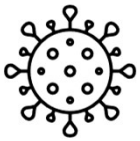
Sentinel sites
Patients meet case definition
Sample collected

Epidemiologic and virologic data shared with regional and global networks, including WHO and databases



Viruses and clinical samples to National Influenza Centres

WHO CCs for Influenza and Essential regulatory labs
Further characterization of viruses and development of vaccine viruses and WHO vaccine recommendations

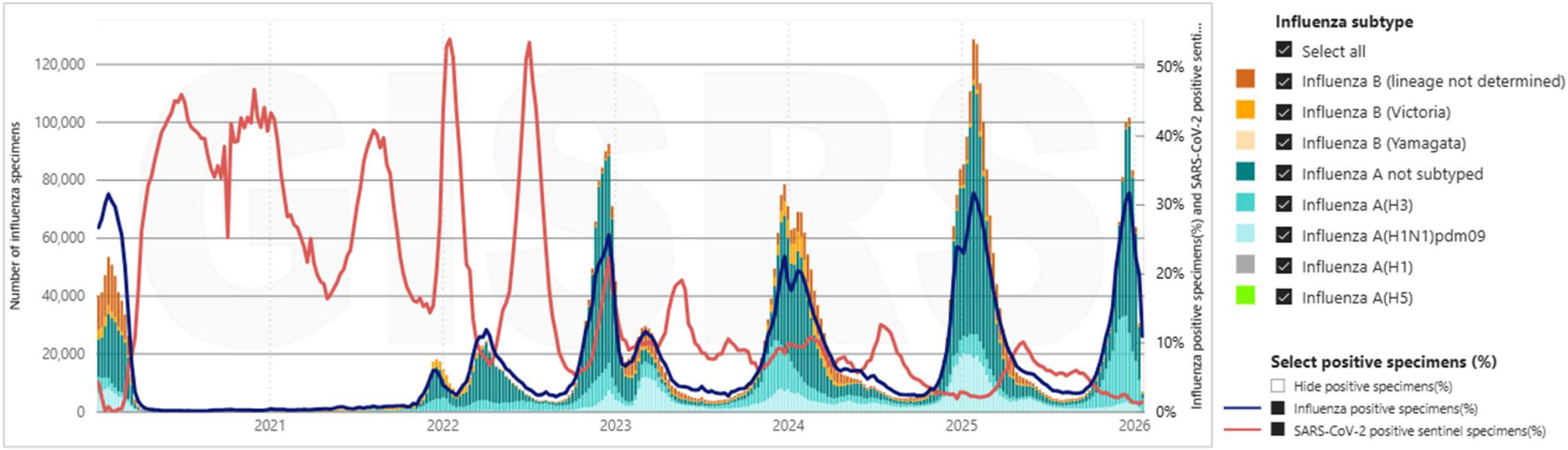


Vaccine manufacturers

Vaccination

World Health Organization

Influenza and SARS-CoV-2 activity since 2020



Source: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs

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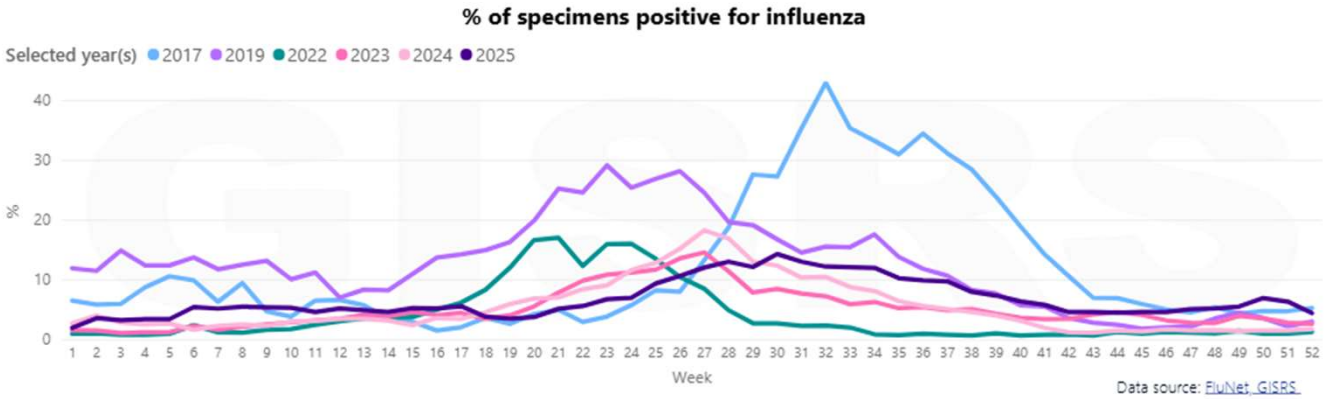
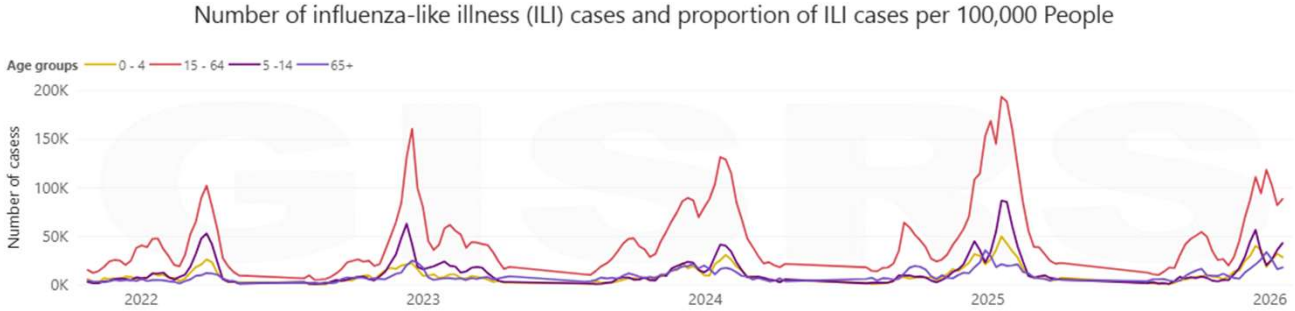
Summary of data through week 4, ending 25 January 2026

Seasonal influenza epidemics vary in timing, duration and intensity





- The exact timing of the onset, the duration, magnitude and the severity of each epidemic might vary by location, influenced by multiple factors such as type of circulating viruses (including influenza and other respiratory pathogens), relative population immunity and environmental conditions.
- The age group(s) most affected may also vary from season to season.

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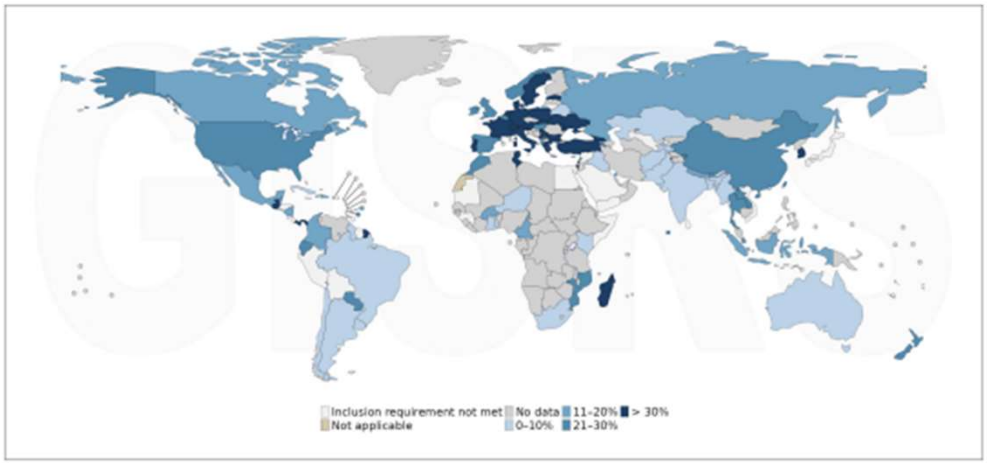
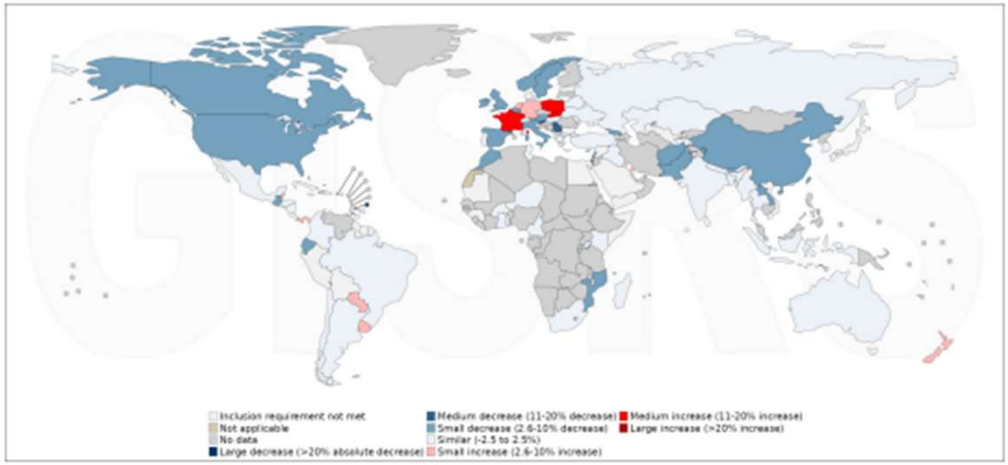
Source: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs

Seasonal influenza situation (week 3, ending 18 Jan 2026)

Percentage of specimens testing positive for influenza and virus type and subtype





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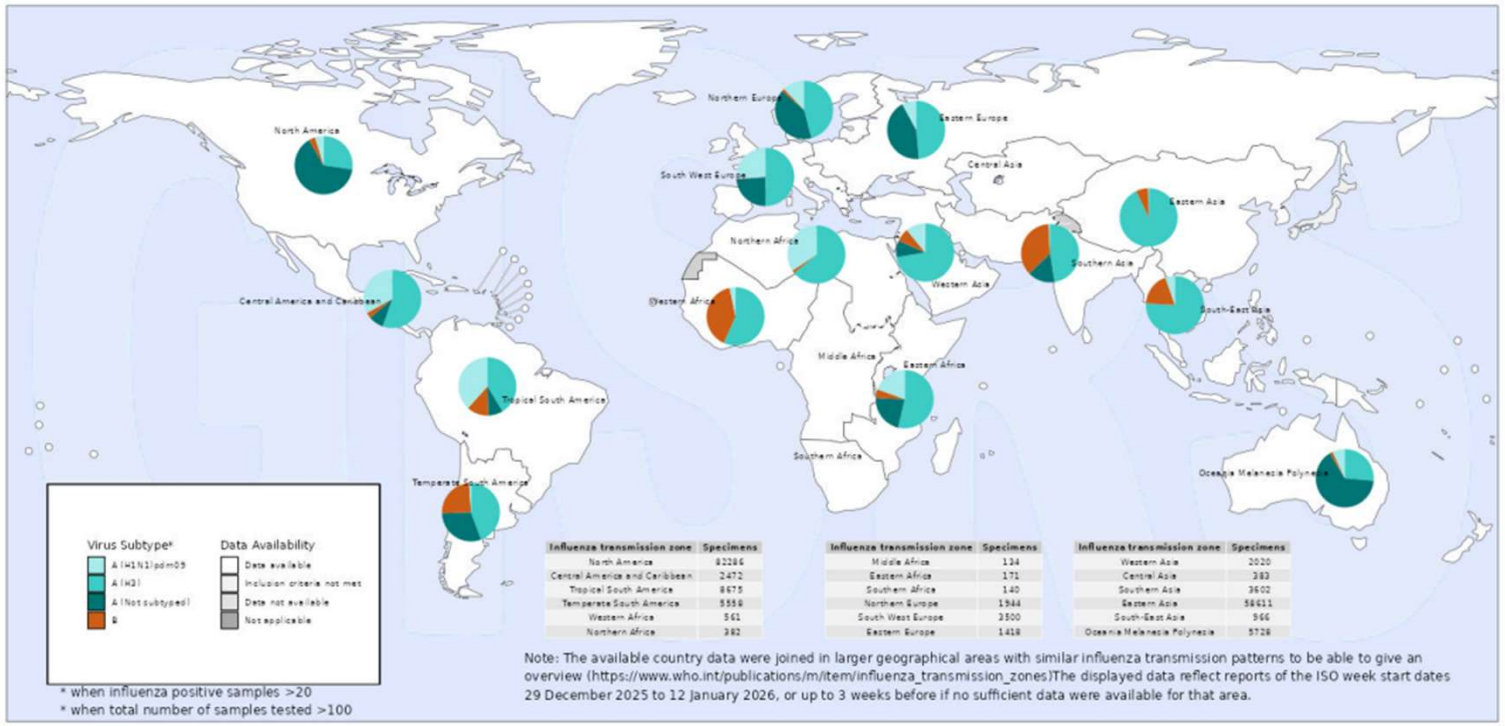
WHO weekly summary of situation monitoring

https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update

Seasonal influenza situation (week 3, ending 18 Jan 2026)

Proportion of influenza virus types and subtypes by influenza transmission zones



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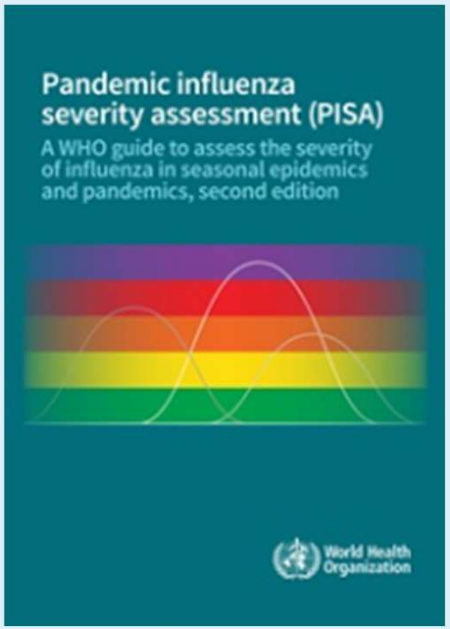
Severity assessments for influenza



https://www.who.int/publications/i/item/9789240093881

- WHO issued updated guidance on severity assessments in 2024.
- The approach enables the severity of current influenza and syndromic respiratory illness activity to be assessed relative to previous years by using historical data to set thresholds that then allow for the qualitative categorization of such activity.
- PISA is designed to be implemented continuously based on stable/ routine reporting systems, enabling activity during epidemic periods to be compared.
- Severity assessments can also be used to improve the interpretation, visualization, communication of influenza data during seasonal epidemics.
- Influenza severity is defined in terms of four indicators: **transmissibility** of an influenza virus, **seriousness of influenza disease, morbidity and mortality** and the **impact on healthcare capacity**.

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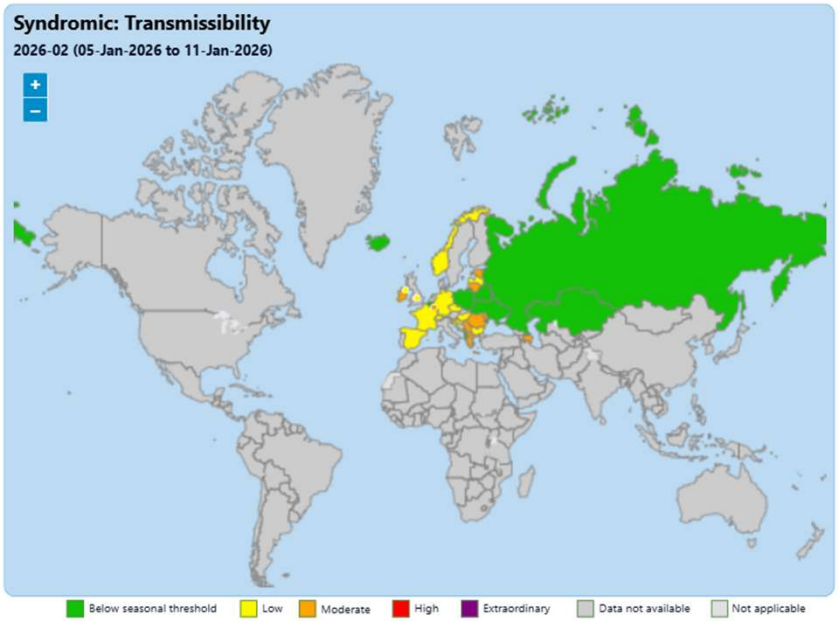
Influenza severity assessments



PISA outputs

- Transmissibility (outpatient visits) reached moderate to high in many countries, especially in children.
- The severity of the disease (hospitalizations, ICU admissions) was generally not unusual compared to previous seasons.

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Vaccination

[Vaccines against influenza: WHO position paper – May 2022]

- Vaccination remains our most effective defense, including against drifted strains, particularly for high-risk populations and those taking care of them.
- WHO recommends annual vaccination against seasonal influenza for health workers, older adults, pregnant persons, and people with chronic health conditions. WHO encourages countries to consider additional groups for vaccination, according to the national context, disease burden, resources, and feasibility.
- Influenza vaccine effectiveness is highly variable by season, product, and recipients.
- A number of factors impact VE - the vaccine recipient characteristics (e.g. age, presence of chronic underlying health conditions); the vaccine product (traditional versus high dose/adjuvanted vaccines); and technology platforms (e.g. egg, cell, recombinant).
- VE also wanes over time.
- As VE is typically lower in older adults and people with chronic conditions after receiving traditional vaccines, countries can use adjuvanted and high-dose influenza vaccines to provide increased protection where available.
- Evidence so far has shown that the 2025-2026 Northern Hemisphere formulation vaccines provide protection against severe cases of influenza, including for subclade K, preventing hospitalizations and saving lives.

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Vaccine effectiveness preliminary studies

Location	Endpoint	Dates	Circulating viruses	VE estimates
England	Against influenza-related emergency department attendances and hospital admissions	Sept-Nov 2025	Predominantly subclade K H3N2	Adults: 32-39% Children: 72-75% (Very few adults >65 yrs)
EURO	Against outpatient illness	Oct-Nov 2025	Predominantly H3N2	Overall: 44% (25–59) H3N2: 52% (29–69) 0-17 yr: 52% (21-72) 18-64 yr: 57% (4-84)
France	Against laboratory-confirmed influenza	Sept 2025-Jan 2026	Co-circulation of H1 and H3	Overall and for influenza A: 36% (29-42) >65 yr: 28 (17-37)
Beijing	Against outpatient illness	Sept –Dec 2025	Predominantly subclade K H3N2	Overall: 41% (29-51) H3N2: 40% (27-50)

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These are preliminary estimates and end-season estimates may change.
Support recommendations for seasonal vaccination.

Thank you

www.who.int/teams/global-influenza-programme

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