Influenza Update N° 400
16 August 2021, based on data up to 01 August 2021

In this update, information on SARS-CoV-2 virus detections from sentinel and non-sentinel surveillance performed by GISRS and GISRS-associated influenza surveillance systems and reported to FluNet is included in addition to the routine influenza surveillance information.

Summary

- The current influenza surveillance data should be interpreted with caution as the ongoing COVID-19 pandemic has influenced to varying extents health seeking behaviours, staffing/routines in sentinel sites, as well as testing priorities and capacities in Member States. The various hygiene and physical distancing measures implemented by Member States to reduce SARS-CoV-2 virus transmission have likely played a role in reducing influenza virus transmission.
- Globally, despite continued or even increased testing for influenza in some countries, influenza activity remained at lower levels than expected for this time of the year.
- In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels.
- In the temperate zones of the northern hemisphere, influenza activity remained at inter-seasonal levels.
- In the Caribbean and Central American countries, sporadic influenza B detections were reported from Mexico.
- In tropical South America, one influenza A detection was reported from Peru.
- In tropical Africa, influenza detections were reported in some countries in Western and Eastern Africa.
- In Southern Asia, influenza detections continued to be reported from Bangladesh, India and Nepal.
- In South East Asia, one detection of Influenza A(H3N2) was reported from the Philippines.
- Worldwide, influenza B detections accounted for the majority of the low number of detections reported.
- National Influenza Centres (NICs) and other national influenza laboratories from 74 countries, areas or territories reported data to FluNet for the time period from 19 July 2021 to 01 August 2021 (data as of 2021-08-12 15:56:37 UTC). The WHO GISRS laboratories tested more than 186,515 specimens during that time period. 894 were positive for influenza viruses, of which 383 (42.8%) were typed as influenza A and 511 (57.2%) as influenza B. Of the sub-typed influenza A viruses, 51 (14.2%) were influenza A(H1N1)pdm09 and 307 (85.8%) were influenza A(H3N2). Of the characterized B viruses, 456 (99.6%) belonged to the B-Victoria lineage and 2 (0.4%) to the B-Yamagata lineage.
During the COVID-19 pandemic, WHO encourages countries, especially those that have received the multiplex influenza and SARS-CoV-2 reagent kits from GISRS, to continue routine influenza surveillance, test samples from influenza surveillance sites for influenza and SARS-CoV-2 viruses where resources are available and report epidemiological and laboratory information in a timely manner to established regional and global platforms (see the guidance here: https://apps.who.int/iris/rest/bitstreams/1316069/retrieve).

At the global level, SARS-CoV-2 percent positivity from sentinel surveillance increased to 35%. Activity increased or remained stable in the WHO American, European and South-East Asia Regions and showed a decline in the WHO African and Eastern Mediterranean Region. Activity was low from sentinel surveillance in the WHO Western Pacific Region this reporting period.

NICs and other national influenza laboratories from 34 countries, areas or territories reported data to FluNet for the time period from six WHO regions (African Region: 1; Region of the Americas: 14; Eastern Mediterranean Region: 2; European Region: 10; South-East Asia Region: 3; Western Pacific Region: 4) reported to FluNet from sentinel surveillance sites for time period from 19 Jul 2021 to 01 Aug 2021 (data as of 2021-08-12 15:56:37 UTC). The WHO GISRS laboratories tested more than 118 519 sentinel specimens during that time period and 41 271 (34.8%) were positive for SARS-CoV-2. Additionally, more than 2 million non-sentinel or undefined reporting source samples were tested in the same period and 473 750 were positive for SARS-CoV-2. Further details are included at the end of this update.

1 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://cdn.who.int/media/docs/default-source/influenza/influenza-updates2020/influenza_transmission_zones20180914.pdf?sfvrsn=dbaBeca5_3
Countries in the temperate zone of the southern hemisphere

- In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels.
- In Oceania, influenza-like illness (ILI) and other influenza activity indicators remained low despite continued testing. Influenza detections remained very sporadic, while in some parts of Australia, other respiratory viruses (ORVs) have been detected at usual levels for this time of the year. In Western Australia, parainfluenza virus and human metapneumovirus activity is reported to be higher than historical levels at this time of year. In New Zealand, severe acute respiratory infection (SARI) rates decreased a little since the last report to below the seasonal threshold, with Respiratory syncytial virus (RSV) still the most commonly detected virus among SARI cases.
- In South Africa, sporadic detections of influenza B viruses (Victoria lineage for those where lineage was determined) were reported in this period although activity remained at inter-seasonal levels. RSV detections continued to be reported though activity remained below seasonal levels. SARS-CoV-2 virus detections appeared to decrease in both ILI and pneumonia surveillance systems.
- In temperate South America, no detections of influenza virus were reported. RSV activity remained elevated across all countries. The proportion of SARI cases among inpatients remained at extraordinary levels in Paraguay.

Number of specimens positive for influenza by subtype in southern hemisphere
Countries in the tropical zone

**Tropical countries of Central America, the Caribbean and South America**

- In the Caribbean and Central American countries, sporadic influenza B detections were reported in Mexico. A few RSV detections were reported from countries reporting data during this period.
- In the tropical countries of South America, one influenza A virus detection was reported in Peru. Percent positivity for RSV continued to decrease in Bolivia (Plurinational State of), Colombia and Ecuador. The proportion of SARI cases among inpatients decreased to low levels in Bolivia (Plurinational State of). The number of pneumonia cases returned below the epidemic threshold in Colombia.

**Tropical Africa**

- In Western Africa, influenza A(H1N1)pdm09 virus detections were reported in Ghana.
- From Middle Africa, no reports were received for this reporting period.
- In Eastern Africa, predominantly influenza B detections were reported from Kenya and Madagascar, followed by few influenza A(H3N2) detections from Kenya.

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1. **Tropical Asia**
   - In Southern Asia, influenza detections of predominantly A(H3N2) virus increased in India and Nepal. In addition, a few influenza A(H1N1)pdm09 virus detections were reported from India and a few influenza B/Victoria lineage detections were reported from Bangladesh and Nepal.
   - In South East Asia, one detection of influenza A(H3N2) virus was reported from the Philippines.

2. **Number of specimens positive for influenza by subtype in Eastern Africa**

3. **Number of specimens positive for influenza by subtype in Southern Asia**

Data source: FluNet (www.who.int/toolkits/flunet), Global Influenza Surveillance and Response System (GISRS)
Data generated on 13/08/2021
Countries in the temperate zone of the northern hemisphere

- In the temperate zones of the northern hemisphere, influenza activity remained below baseline overall.
- In the countries of North America, influenza activity indicators, including the percent of tests positive for influenza and ILI activity, were at very low levels. In the United States of America (USA), ILI activity increased in all age groups and the percentage of deaths attributed to pneumonia, influenza or COVID-19 remained slightly above the epidemic threshold for pneumonia and influenza mortality established from historical data. RSV and parainfluenza virus detections increased in some parts of the USA.
- In Europe, influenza activity remained at inter-seasonal levels with only a few detections of influenza A and B viruses reported from Spain and the United Kingdom of Great Britain and Northern Ireland. Detections of other respiratory viruses continued to be reported in some countries performing surveillance for ORVs. Pooled mortality estimates from the EuroMOMO network were at expected levels.
- In Central Asia, no influenza detections were reported across reporting countries.
- For Northern Africa, no reports were received for this reporting period.
- In Western Asia, influenza activity and ILI rates remained low overall. Qatar reported a few detections of influenza A(H3N2) following a period of B detections.
- In East Asia, influenza illness indicators and influenza activity remained low. ILI rates were at levels seen in previous years, except in Hong Kong SAR, China, where ILI consultations rates were lower than expected. Influenza B/Victoria lineage viruses continued to be detected in China, although decreased in northern China and at levels similar to the previous reporting period but lower compared to previous years in southern China. Hospitalizations due to pneumonia continued to increase in Mongolia.

Number of specimens positive for influenza by subtype in the northern hemisphere
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**Data source:** FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS) Data generated on 13/08/2021

**Number of specimens positive for influenza by subtype in Eastern Asia**

**SARS-CoV-2 sentinel surveillance data reported to FluNet**

- SARS-CoV-2 data are included from those countries reporting testing one or more sentinel specimens for SARS-CoV-2 per week. Influenza data are included from those countries reporting testing one or more sentinel specimens for influenza per week regardless of their reporting of SARS-CoV-2 testing data. Currently, there are a limited number of countries reporting such data.
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Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet globally

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 13/08/2021

Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO African Region

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 13/08/2021
Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO Region of the Americas

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 13/08/2021

Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO South-East Asia Region

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 13/08/2021
Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO European Region


Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO Eastern Mediterranean Region

Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO Western Pacific Region

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 13/08/2021

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. During the COVID-19 pandemic, FluNet has also been receiving updates on testing of samples obtained from routine influenza surveillance systems for SARS-CoV-2. Completeness can vary among updates due to availability and quality of data available at the time when the update is developed.

Virological surveillance updates: https://www.who.int/tools/flunet/flunet-summary
Influenza – COVID-19 Interface, including surveillance outputs: https://www.who.int/teams/global-influenza-programme/influenza-covid19

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