Influenza Update N° 407

22 November 2021, based on data up to 7 November 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 influenza activity remains low but in comparison with last year a slight increase in influenza detections is noticed.
- In the temperate zones of the northern hemisphere, influenza activity remained at inter-seasonal levels. Both influenza A and B were detected. Severe acute respiratory infections (SARI) as well as respiratory syncytial virus (RSV) were increased and higher than in previous years in some countries.
- In the Caribbean and Central American countries, sporadic influenza A and B virus detections, as well as elevated RSV activity were reported in some countries.
- In tropical South America, no influenza detections were reported, however RSV activity remained elevated in some countries.
- In tropical Africa, a few influenza detections of predominately influenza A and some influenza B viruses were reported. Previously increased activity in West African appeared to continue on a decreasing trend.
- In Southern Asia, the number of influenza virus detections reported was in a similar range to previous seasons with detections of influenza A and B viruses.
- In South-East Asia, few detections of influenza A(H3N2) and influenza B were reported from Malaysia.
- In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels, with exception of South Africa where increased influenza activity is reported out of season. Elevated RSV activity continued to be reported in some countries.
- Globally, among influenza detections, influenza B viruses predominated.
- National Influenza Centres (NICs) and other national influenza laboratories from 100 countries, areas or territories reported data to FluNet for the time period from 25 October 2021 to 07 November 2021* (data as of 2021-11-19 09:58:32 UTC). The WHO GISRS laboratories tested more than 400727 specimens during that time period. 3130 were positive for influenza viruses, of which 1420 (45.4%) were typed as influenza A and 1710 (54.6%) as influenza B. Of the sub-typed influenza A viruses, 148 (13.9%) were influenza A(H1N1)pdm09 and 917 (86.1%) were influenza A(H3N2). Of the characterized B viruses, 0 (0%) belonged to the B-Yamagata lineage and 1493 (100%) to the B/Victoria 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 continued to decrease. Activity remained under 10% positivity for all regions except the WHO region of the Americas and Europe. The WHO region of the Americas continued a downward trend in positivity and is currently 15%. The WHO European region observed an increase of about 4% and is also currently 15%. Overall positivity from non-sentinel sites continued to decrease, remaining just under 7%. While activity showed a decreasing trend among the WHO South-East Asian region non-sentinel sites, activity remained elevated and above 20%.

National Influenza Centres (NICs) and other national influenza laboratories from 42 countries, areas or territories reported data to FluNet for the time period from six WHO regions (African Region: 1; Region of the Americas: 13; Eastern Mediterranean Region: 3; European Region: 18; South-East Asia Region: 4; Western Pacific Region: 3) reported to FluNet from sentinel surveillance sites for time period from 25 Oct 2021 to 07 Nov 2021* (data as of 2021-11-19)

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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=dba8eca5_3
The WHO GISRS laboratories tested more than 56139 sentinel specimens during that time period and 8702 (15.5%) were positive for SARS-CoV-2. Additionally, more than 1324335 non-sentinel or undefined reporting source samples were tested in the same period and 89027 were positive for SARS-CoV-2. Further details are included at the end of this update and in the surveillance outputs here.

For more detailed information, see the Influenza reports from WHO Regional Offices:

- WHO Region of the Americas: [www.paho.org/influenzareports](http://www.paho.org/influenzareports)
- WHO European Region: [www.flunewseurope.org](http://www.flunewseurope.org)
- WHO Western Pacific Region: [https://www.who.int/westernpacific/emergencies/surveillance сезонный-инфлюенза](https://www.who.int/westernpacific/emergencies/surveillance сезонный-инфлюенза)

### 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 and detections were at low levels with detections of influenza A and B viruses. In Canada, influenza-like illness (ILI) activity remained below expected levels. In the United States of America (USA), ILI activity increased slightly but remained similar to levels seen in previous years at this time of year and below the national threshold. Influenza detections increased but remained low, with influenza A(H3N2) predominating. The percentage of deaths attributed to pneumonia, influenza or COVID-19 remained above the epidemic threshold for pneumonia and influenza mortality established from historical data. RSV activity remained higher than expected in some parts of Canada and decreased in most parts of the USA.
- In Europe, influenza activity remained low overall though detections appeared to be at levels similar to pre-covid-19-pandemic seasons in some countries. Detections of predominately influenza A(H3N2) viruses reported across the region. SARI rates were reported at high level for this time of the year in some countries of Eastern and South-West Europe. Pooled all-cause mortality estimates from the EuroMOMO network showed low level of excess mortality overall; high excess mortality was observed in Ukraine, likely related to SARS-CoV-2 circulation. RSV activity continues to be elevated in England (United Kingdom), Germany and Ireland, particularly for the 0-4 age group. RSV activity is also increased in the Russian Federation.
- In Central Asia, Kyrgyzstan reported detection of influenza A(H3N2), with activity remaining lower than previous seasons. No other country reported detections.
- In Northern Africa, no influenza detections were reported.
- In Western Asia, detections of predominantly influenza A(H3N2) were reported in Israel, Lebanon, Oman, Qatar and the United Arab Emirates (UAE). Smaller numbers of influenza A(H1N1)pdm09 detections as well as influenza B/Victoria lineage, where lineage was determined, were reported in Oman and Qatar. Saudi
Arabia reported one influenza A detections and the UAE reported one influenza A(H1N1)pdm09 detection.

- In East Asia, influenza indicators and activity remained low. Influenza B/Victoria virus detections increased slightly compared to the previous reporting period in both northern and southern China, with the vast majority of detections coming from southern provinces. Hong Kong SAR, China reported very few detections of influenza A and B viruses. In Mongolia, the proportion of hospitalizations and deaths due to pneumonia remained high but decreased relative to previous weeks. These deaths and hospitalizations are largely attributed to COVID-19.

**Number of specimens positive for influenza by subtype in the European Region of WHO**

![Graph showing influenza activity by week](image)

**Data source:** FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 19/11/2021
Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central American countries, sporadic influenza A(H3N2) and B virus detections were reported in Mexico. Although most countries across the subregion reported only a few RSV detections, Costa Rica and Mexico reported continued elevated levels of RSV. The number of SARI cases continued to decrease, though remained at moderate levels in Mexico.

- In the tropical countries of South America, no influenza virus detection was reported. RSV activity continued to be reported in Brazil, Colombia and Peru. The SARI rate was at moderate level in the Plurinational State of Bolivia.

Tropical Africa

- In Western Africa, the overall number of influenza detections has been decreasing in recent weeks. Influenza A viruses remain dominant, with influenza B detections (B/Victoria lineage where determined) reported in Burkina Faso and Guinea. Influenza A(H3N2) detections were reported in Burkina Faso, Ghana and Togo, influenza A (H1N1)pdm09 detections were reported in Ghana and Senegal, and influenza A (unsubtyped) detections were reported by Niger and Nigeria.

- In Eastern Africa, influenza A and B viruses were detected in similar proportions. Influenza B viruses (B/Victoria lineage where lineage was determined) were reported in Ethiopia, Madagascar and Mozambique. Unsubtyped influenza A viruses were reported in Mozambique and Zambia. Influenza A H3 viruses were detected in Ethiopia, Kenya and Mayotte. Notably, an influenza A(H3N2) epidemic is ongoing in Mayotte, although detections and influenza activity indicators are in decline. The number of detections reported in Kenya has also declined in recent weeks.
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Tropical Asia

- In Southern Asia, influenza activity continued to be detected at similar levels observed in previous seasons. Detections where predominately influenza A(H3N2), with some influenza B and A(H1N1)pdm09 also reported. The majority of influenza B detections were reported from India and Nepal, while the Islamic Republic of Iran and the Maldives reported more influenza A(H3N2).
- In South East Asia, Malaysia reported influenza A(H3N2) and influenza B.

Number of specimens positive for influenza by subtype in Southern Asia

Countries in the temperate zone of the southern hemisphere

- In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal levels but increased out of season activity was reported from South Africa.
- In Oceania, influenza is being detected at very low levels, even below the already low detection in 2020, despite ongoing testing.
- In South Africa, there has been increased influenza activity reported with detections of influenza B, influenza A(H1N1)pdm09, influenza A(H3N2) from ILI and pneumonia surveillance sentinel sites. While the detection rates for influenza exceed previous seasonal thresholds, the absolute numbers remain low in comparison with previous years. This increase in influenza activity is quit late for South Africa. COVID-19 detections are at low levels in both ILI and pneumonia surveillance systems and RSV is being detected below seasonal levels.
- In temperate South America, there were no influenza virus detections across reporting countries. RSV activity continued to be reported at moderate level in Argentina, Chile and Uruguay. SARI hospitalization rates remained at low levels in Uruguay.
Number of specimens positive for influenza by subtype in southern hemisphere

Data source: FluNet (www.who.int/toolkits/flunet), Global Influenza Surveillance and Response System (GISRS)
Data generated on 19/11/2021

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 to FluNet in a timely and consistent way. The charts below show the data globally and by WHO region from the data reported to date to WHO from a limited number of countries and thus the trends in percent positivity do not reflect the situation as a whole in the region.
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 19/11/2021

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 19/11/2021
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 19/11/2021

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 19/11/2021
Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO European Region

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 19/11/2021

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

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 19/11/2021
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 19/11/2021

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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