Influenza Update N° 408

6 December 2021, based on data up to 21 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 continued to increase but remains well below levels observed in previous seasons.

- In the temperate zones of the northern hemisphere, influenza activity remained at inter-seasonal levels. Both influenza A and B were detected. Detections of respiratory syncytial virus (RSV) were higher than expected in Canada.

- 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, Influenza A(H3N2) detections were reported from Brazil. RSV activity continued to be elevated in some countries.

- In tropical Africa, influenza A predominated with some detections of influenza B. The number of influenza detections remained within inter-seasonal levels.

- In Southern Asia, the number of influenza virus detections reported continued on a decreasing trend, with detections of both influenza A and B viruses reported.

- In South-East Asia, no new influenza detections were reported.

- In the temperate zones of the southern hemisphere, influenza activity remained low in Oceania and temperate South America but was increased in South Africa. RSV activity remained elevated in some countries.

- National Influenza Centres (NICs) and other national influenza laboratories from 102 countries, areas or territories reported data to FluNet for the time period from 08 November 2021 to 21 November 2021* (data as of 2021-12-03 08:02:46 UTC). The WHO GISRS laboratories tested more than 335 864 specimens during that time period. 3844 were positive for influenza viruses, of which 1658 (43.1%) were typed as influenza A and 2186 (56.9%) as influenza B. Of the sub-typed influenza A viruses, 109 (10.7%) were influenza A(H1N1)pdm09 and 909 (89.3%) were influenza A(H3N2). Of the characterized B viruses, 1984 (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 and was under 10%. Activity remained under 10% positivity for all regions except the European Region of WHO, where an increasing trend in positivity was observed. Overall positivity from non-sentinel sites continued to decrease, remaining just under 7%. However, among the WHO South-East Asian region non-sentinel sites, positivity continued to increase to almost 35%.

National Influenza Centres (NICs) and other national influenza laboratories from 48 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: 4; European Region: 21; South-East Asia Region: 4; Western Pacific Region: 5) reported to FluNet from sentinel surveillance sites for time period from 08 Nov 2021 to 21 Nov 2021* (data as of 2021-12-03 08:02:46 UTC). The WHO GISRS laboratories tested more than 56 617 sentinel specimens.
during that time period and 8636 (15.3%) were positive for SARS-CoV-2. Additionally, more than 1 307 708 non-sentinel or undefined reporting source samples were tested in the same period and 90 228 were positive for SARS-CoV-2. Further details are included at the end of this update.

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/seasonal-influenza](https://www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza)

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 were 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 a slight increase overall; high excess mortality was observed in Ukraine, likely related to SARS-CoV-2 circulation. RSV activity appeared to decrease in England (United Kingdom), Germany and Ireland while increased in the Russian Federation.
- In Central Asia, influenza A(H3N2) detections were reported in Kyrgyzstan and Uzbekistan and influenza A (not subtyped) were reported in Tajikistan.
- In Northern Africa, no influenza detections were reported.
- In Western Asia, the number of influenza detections reported in Iraq, Israel, Lebanon, Oman and the United Arab Emirates has increased in recent weeks. Iraq, Israel, Jordan and Lebanon reported influenza A(H3N2) virus detections. Oman and the United Arab Emirates reported mainly influenza A(H3N2) virus detections followed by A(H1N1)pdm09 and influenza B/Victoria lineage detections. Similarly, Qatar reported mainly influenza A and a few influenza B viruses, with the majority of the subtyped influenza A viruses being identified as influenza A(H3N2). Saudi Arabia reported one influenza A virus detection.
In East Asia, influenza illness indicators remained low. Influenza B/Victoria lineage detections increased in China, with a particularly steep increase in northern provinces. One influenza A(H3N2) detection was reported from China. The number of detections remains low compared to previous seasons. Hong Kong SAR, China reported very few detections of influenza A(H3N2) and influenza B. 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 detections by subtype in the European Region of WHO](image)

**Data source:** FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS) Data generated on 3/12/2021
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. RSV continued to be reported at elevated levels in Costa Rica, El Salvador and Mexico. The number of SARI cases were elevated in Mexico and Jamaica. Pneumonia activity was above the epidemic threshold in Jamaica. The number of ILI cases reported in Saint Lucia increased above the alert threshold, with children aged 1 – 4 years most affected.

- In the tropical countries of South America, influenza A(H3N2) was detected in Brazil. RSV activity continued to be reported as elevated in Brazil and Colombia. SARI rate was at moderate levels in the Plurinational State of Bolivia.

**Tropical Africa**

- In Western Africa, influenza A viruses, and particularly (H1N1)pdm09 viruses, remain dominant with influenza B detections reported only in Burkina Faso. Influenza detections in several countries decreased (Senegal and Togo) or were sporadic (Côte D’Ivoire and Nigeria). Burkina Faso and Ghana reported similar numbers of detections to previous weeks, while Mauritania reported a relatively large number of A(H1N1)pdm09 viruses, having not reported any detections for several months.

- In Middle Africa, Cameroon reported decreasing detections of influenza A (H1N1)pdm09 and influenza A(H3N2) viruses.

- In Eastern Africa, influenza A and B viruses were detected in similar proportions. Madagascar reported only influenza B (Victoria lineage where determined). Ethiopia and Kenya reported both influenza A(H3N2) and influenza B detections. An influenza A (H3N2) epidemic is ongoing in Mayotte, where detections and influenza activity indicators remain at similar levels to the previous reporting period. In Réunion there has been an increase in influenza
activity indicators and in detections of influenza A(H3N2) in recent weeks, which might indicate a pre-epidemic period which is delayed relative to previous years. Rhinovirus, RSV and SARS-CoV-2 also circulate and likely contribute to consultations and hospitalizations for respiratory illnesses. Zambia reported influenza A (H1N1)pdm09 viruses.

Tropical Asia

- In Southern Asia, influenza detections were reported in Bangladesh, India, Iran and the Maldives. Influenza A(H3N2) predominated in the subregion, with some detections of influenza A(H1N1)pdm09 and influenza B. Bangladesh reported influenza A(H1N1)pdm09 and some detections of influenza A(H3N2). India reported decreasing detections of predominantly influenza B/Victoria and some detections of influenza A(H3N2). Iran and the Maldives reported predominantly influenza A(H3N2) and some detections of influenza B. The Maldives also reported influenza A(H1N1)pdm09 detections.
- No influenza detections were reported in South East Asia.

Number of specimens positive for influenza by subtype in Southern Asia

![Graph showing 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 3/12/2021

Countries in the temperate zone of the southern hemisphere

- Overall, influenza activity remained low in Oceania and temperate South America but influenza detections, although still low, further increased in South Africa.
- In Oceania, influenza is being detected at very low levels, even below the already low detection rate in 2020, despite ongoing testing.
- In South Africa, the number of influenza virus detections continued to increase. Influenza A viruses predominate – especially (H1N1)pdm09 viruses – with some influenza B (Victoria lineage where determined). The detection rate for influenza in ILI surveillance primary health clinics decreased from high to below the seasonal threshold, while the detection rate in pneumonia surveillance remained low. A sustained decline in detection rate for SARS-CoV-2 has been noted in ILI surveillance with a slight increase in pneumonia surveillance in week 46. RSV detections were below seasonal levels.
In temperate South America, influenza A(H3N2) was detected in Paraguay. However, overall influenza activity remained lower than previous seasons. RSV activity continued to be reported at moderate but decreasing levels in Argentina and remained at increased levels in Chile. SARI hospitalization rates in Chile and Paraguay were above epidemic thresholds.

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 3/12/2021

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 03/12/2021

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 03/12/2021
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 3/12/2021

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 3/12/2021
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 3/12/2021

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 3/12/2021
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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 3/12/2021

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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