Influenza Update N° 411
24 January 2022, based on data up to 9 January 2022

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

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. 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 remained low and appeared to decrease. In some countries influenza activity reached the levels seen this time of year in pre-COVID-19 period.
- With the increasing detections of influenza during COVID-19 pandemic, countries are recommended to prepare for the co-circulation of influenza and SARS-CoV-2 viruses. They are encouraged to enhance integrated surveillance to monitor influenza and SARS-CoV-2 at the same time, and step-up their influenza vaccination campaign to prevent severe disease and hospitalizations associated with influenza. Clinicians should consider influenza in differential diagnosis especially for high-risk groups for influenza, and test and treat according to national guidance.
- In the temperate zones of the northern hemisphere, influenza activity although still low appeared to increase in some countries with detections of mainly influenza A(H3N2) viruses and in China B-Victoria lineage viruses.
- In North America, influenza virus detections were predominately A(H3N2) among those detected and subtyped. Influenza detections remained low compared to similar periods in past seasons (except 2020-2021). RSV activity continued to decrease in the USA and Canada.
- In Europe, influenza activity appeared to decrease. Influenza A(H3N2) predominated.
- In East Asia, influenza activity continued on an increasing trend in China, while influenza illness indicators and activity remained low in the rest of the subregion. Influenza B-Victoria lineage viruses predominated.
- In Western Asia and Northern Africa, continuous influenza transmission has been reported in some countries.
- In the Caribbean and Central American countries, some influenza activity was reported with influenza A(H3N2) predominating.
- In tropical South America, influenza A(H3N2) detections remained elevated. Severe acute respiratory infection (SARI) levels were above the epidemic threshold in some countries.
- In tropical Africa, overall influenza activity continued on a decreasing trend.
- In Southern Asia, influenza virus detections of predominately influenza A(H3N2) increased overall, although several countries are reporting already declining influenza activity trends.
- In South-East Asia, sporadic influenza detections were reported in the Philippines.
In the temperate zones of the southern hemisphere, influenza activity remained low overall, although increased detections of influenza A(H3N2) were reported in some countries in temperate South America.

National Influenza Centres (NICs) and other national influenza laboratories from 99 countries, areas or territories reported data to FluNet for the time period from 27 December 2021 to 09 January 2022 (data as of 2022-01-21 07:58:14 UTC). The WHO GISRS laboratories tested more than 317198 specimens during that time period. 16862 were positive for influenza viruses, of which 10744 (63.7%) were typed as influenza A and 6118 (36.3%) as influenza B. Of the sub-typed influenza A viruses, 224 (4.3%) were influenza A(H1N1)pdm09 and 4930 (95.7%) were influenza A(H3N2). Of the characterized B viruses, 5959 (100%) belonged to the B-Victoria lineage.

Percentage of respiratory specimens that tested positive for influenza by influenza transmission zone1. Map generated on 21 January 2022.

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 conduct integrated surveillance of influenza and SARS-CoV-2 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).

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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-updates/2020/influenza_transmission_zones20180914.pdf?sfvrsn=dba8eca5_3
At the global level, SARS-CoV-2 percent positivity from sentinel surveillance continued to increase overall. Activity was under 10% positivity in the Eastern Mediterranean, South-East Asian and Western Pacific Regions of WHO. In the European Region of WHO, positivity continued on an increasing trend to 25%. In the African Region of WHO as well as the Region of the Americas of WHO, activity was very high with positivity above 40%. Overall positivity from non-sentinel sites also continued on an increasing trend.

NICs and other national influenza laboratories from 49 countries, areas or territories from six WHO regions (African Region: 1; Region of the Americas: 13; Eastern Mediterranean Region: 4; European Region: 25; South-East Asia Region: 2; Western Pacific Region: 4 ) reported to FluNet from sentinel surveillance sites for time period from 27 Dec 2021 to 09 Jan 2022 (data as of 2022-01-21 07:58:14 UTC). The WHO GISRS laboratories tested more than 34179 sentinel specimens during that time period and 11552 (33.8%) 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 690533 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 increased in some reporting countries.
- In the countries of North America, influenza activity continued and was predominantly due to influenza A(H3N2) viruses In Canada, influenza-like illness (ILI) activity increased to levels similar to those reported during the same time period in the seasons prior to the 2020-21 season. Influenza detections remained low and sporadic, with influenza A(H3N2) predominating, while other respiratory viruses are contributing to respiratory illness. RSV activity remained elevated but continued to decrease. In the United States of America (USA), ILI activity remained above the national baseline following similar trends of pre-COVID-19 years. Influenza detections decreased slightly this period. In the USA, RSV activity also decreased but remained at moderate levels compared to previous seasons. Hospitalizations due to influenza increased at the end of 2021 and decreased in early 2022, although this decrease could be due to delayed reporting during the holidays. Cumulative influenza hospitalization rates are increased compared to the previous season but less than recent pre-COVID-19 pandemic seasons at this time of year. The percentage of deaths attributed to pneumonia, influenza or COVID-19 in the USA increased and remained above the epidemic threshold established from historical data.
In Europe, influenza transmission is continuing with most countries reporting baseline or low intensity. The influenza positivity from sentinel primary care specimen decreased to 5% overall. However, Armenia, Belarus, Estonia, France, Georgia and Serbia reported positivity above 10%. The number of ILI and SARI cases increased in Georgia in recent weeks. Influenza A(H3N2) predominated overall, although influenza A(H1N1)pdm09 was also detected in France. RSV activity declined in most European countries. Pooled all-cause mortality estimates from the EuroMOMO network remained increased, particularly among the elderly.

In Central Asia, there were some detections of A(H3N2) reported in Kazakhstan.

In Northern Africa, continued influenza detections were reported from Morocco with predominantly A(H3N2).

In Western Asia, increased influenza activity was reported in most countries throughout the subregion. The vast majority of detections were influenza A(H3N2) followed by influenza A(H1N1)pdm09 and influenza B detections (Victoria lineage where determined). Oman, which contributed significantly to the overall pattern for detections in the region in recent weeks, reported low influenza detections in this reporting period.

In East Asia, influenza activity continued on an increasing trend, mainly driven by the activity reported from China. In the other countries of the subregion influenza illness indicators and activity remained low. In China, influenza B (Victoria lineage) detections continued to increase in both northern and southern provinces and the positivity rate was at levels similar to pre-COVID-19 periods for this time of the year. Hong Kong SAR, China reported low ILI activity and few influenza detections in recent weeks. Sporadic detections of influenza A(H3N2) were reported in Japan and Mongolia in recent weeks. In Mongolia, the proportion of hospitalizations due to pneumonia increased again likely attributed to an upsurge of COVID-19 cases.

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

Data source: FluNet (www.who.int/toolkits/flunet), Global Influenza Surveillance and Response System (GISRS)
Data generated on 24/01/2022
Number of specimens positive for influenza by subtype in Eastern Asia

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 24/01/2022

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- Influenza activity was reported in several countries.
- In the Caribbean and Central American countries, influenza detections were predominately due to influenza A(H3N2). Influenza detections increased in recent weeks in Guatemala, Mexico and Honduras with mainly influenza A(H3N2), with percent positivity at low to moderate levels.
- In the tropical countries of South America, several countries started to report influenza detections with influenza A(H3N2) predominating. The percent positivity for influenza was increased above the baseline levels in Brazil and Ecuador, reached high levels in Bolivia (Plurinational State) (but based on low numbers) and fluctuated between low and moderate levels in Peru. The number of ILI cases increased to moderate levels in Peru.

Tropical Africa

- In tropical Africa, influenza activity continues to decrease, though at higher levels compared to 2020 and 2021.
- In Western Africa, Côte d’Ivoire and Niger each reported a single influenza A(H3N2) detection.
- In Middle Africa, there were no reports for this period.
- In Eastern Africa, Madagascar reported a few influenza A virus detections and the United Republic of Tanzania reported a few influenza A(H3N2) and A(H1N1)pdm09 detections. The French territories of Mayotte and Réunion both remained in epidemic phase, although influenza detections and activity indicators declined. These data are difficult to interpret as surveillance systems in both Mayotte and Réunion are affected by high SARS-CoV-2 activity.
Tropical Asia

- In Southern Asia, influenza detections continued to be elevated with predominantly influenza A(H3N2) detections. While activity increased in Bhutan, Iran (Islamic Republic of) and Pakistan, it decreased or remained stable in India, the Maldives and Nepal.
- In South East Asia, the Philippines reported a few detections of influenza A.

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 low overall as expected at this time of year, though increased influenza detections were reported in temperate South America in recent weeks.
- In Oceania, overall influenza is being detected at very low levels, with exception of French Polynesia. An influenza outbreak of A(H3N2) was reported in French Polynesia.
- In South Africa, influenza transmission and impact remained below the seasonal threshold in week 52. There was a single influenza A(H3N2) detection. The detection rate for SARS-CoV-2 decreased in ILI surveillance but increased slightly in pneumonia surveillance systems. RSV remains below seasonal levels in both ILI and pneumonia surveillance programmes.
- In temperate South America, increased influenza A detections were reported from all countries across the subregion. The percent positivity for influenza was above the baseline level in Argentina, Paraguay and Uruguay. SARI hospitalisations remained above the baseline level in Chile and Uruguay. RSV declined but was still elevated in Chile.

Number of specimens positive for influenza by subtype in southern hemisphere
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
Influenza update | 24 January 2022

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 24/01/2022

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 25/01/2022
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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 Region of the Americas

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 25/01/2022

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 25/01/2022
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 25/01/2022

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 25/01/2022
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 25/01/2022

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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