Influenza Update N° 412

07 February 2022, based on data up to 23 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 decreased this period after a peak at the end of 2021.
- 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 decreased with detections of mainly influenza A(H3N2) viruses and B/Victoria lineage viruses reported.
- In North America, influenza virus detections decreased and were predominantly A(H3N2) among those detected and subtyped. Influenza detections remained low compared to similar periods in past seasons (except 2020-2021). Respiratory syncytial virus (RSV) activity decreased in the USA and Canada.
- In Europe, influenza activity appeared to decrease. Influenza A(H3N2) predominated.
- In East Asia, influenza activity with mainly influenza B/Victoria lineage continued in an increasing trend in China, while influenza illness indicators and activity remained low in the rest of the subregion.
- 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, some influenza activity was reported with influenza A(H3N2) predominating.
- In tropical Africa, influenza activity was reported in some countries with influenza A(H3N2) predominating followed by influenza B/Victoria lineage viruses.
- In Southern Asia, influenza virus detections of predominantly influenza A(H3N2) remained elevated, although several countries reported a decrease in detections.
- In South-East Asia, sporadic influenza detections were reported by a few countries.
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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 97 countries, areas or territories reported data to FluNet for the time period from 10 January 2022 to 23 January 2022* (data as of 2022-02-04 07:59:13 UTC). The WHO GISRS laboratories tested more than 608 024 specimens during that time period. 18 237 were positive for influenza viruses, of which 11 786 (64.6%) were typed as influenza A and 6451 (35.4%) as influenza B. Of the sub-typed influenza A viruses, 137 (3.2%) were influenza A(H1N1)pdm09 and 4116 (96.8%) were influenza A(H3N2). Of the characterized B viruses, 0 (0%) belonged to the B-Yamagata lineage and 6162 (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 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. Revised interim guidance has just been published here: https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated_sentinel_surveillance-2022.1.

At the global level, SARS-CoV-2 percent positivity from sentinel surveillance continued to increase overall during this reporting period. Positivity increased to above 30% in the Eastern

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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
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Mediterranean and European Region of WHO, and above 60% in the Region of the Americas of WHO. Positivity also increased in the South-East Asian and Western Pacific Regions of WHO but remained under 20%. In the African Region of WHO, positivity decreased to under 20%. Overall positivity from non-sentinel sites also continued on an increasing trend.

- National Influenza Centres (NICs) and other national influenza laboratories from 50 countries, areas or territories reported data to FluNet for the time period from six WHO regions (African Region: 1 Region of the Americas: 12; Eastern Mediterranean Region: 4; European Region: 26; South-East Asia Region: 3; Western Pacific Region: 4) reported to FluNet from sentinel surveillance sites for time period from 10 Jan 2022 to 23 Jan 2022* (data as of 2022-02-07:59:14 UTC). The WHO GISRS laboratories tested more than 167,575 sentinel specimens during that time period and 100,111 (59.7%) were positive for SARS-CoV-2. Additionally, more than 3,411,046 non-sentinel or undefined reporting source samples were tested in the same period and 2,149,621 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
- WHO European Region:www.flunewseurope.org/
- WHO Western Pacific Region: https://www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza

Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity decreased and remained predominantly due to influenza A(H3N2) viruses In Canada, influenza-like illness (ILI) activity was similar to levels 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. RSV activity decreased to below expected levels. In the United States of America (USA), ILI activity decreased but remained above the national baseline. Influenza positivity also decreased slightly this period. In the USA, RSV activity also decreased. 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, overall influenza activity decreased with most countries reporting baseline intensity and some reporting low or medium intensity. Armenia, France, Hungary, Israel, Russian Federation, Serbia and Slovenia reported positivity above 10% in sentinel primary care surveillance. Influenza A(H3N2) predominated overall with a few influenza B detections. RSV activity declined in most European countries. Influenza-confirmed hospitalizations in intensive care units (ICUs) decreased overall this period. Influenza positivity among severe

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2 A description of the intensity qualitative indicator in this context is available here: https://flunewseurope.org/.
acute respiratory infection (SARI) cases was 8% among those reporting data. Pooled all-cause mortality estimates from the EuroMOMO network remained elevated, particularly among the elderly.

- In Central Asia, there were some detections of A(H3N2) reported in Kazakhstan and influenza B viruses in Kyrgyzstan. ILI activity increased in these countries as well.
- In Northern Africa, Morocco reported a few influenza A(H1N1)pdm09 and A(H3N2) virus detections.
- In Western Asia, influenza detections decreased in reporting countries. The majority of detections were influenza A(H3N2) viruses. A few influenza A(H1N1)pdm09 detections were reported by Qatar and the United Arab Emirates (UAE) and a few influenza B virus detections were reported by Oman and the UAE (influenza B/Victoria lineage).
- 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 virus detections continued at elevated levels 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. Mongolia reported sporadic detections of influenza A(H3N2) while ILI activity and the proportion of hospitalizations due to pneumonia were elevated 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 03/02/2022
Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central American countries, influenza detections were predominantly due to influenza A(H3N2). Influenza detections decreased in recent weeks in Mexico to low levels and remained at moderate levels in Guatemala and Honduras.
- In the tropical countries of South America, several countries reported influenza A(H3N2) detections. The percent positivity for influenza decreased to low levels in Bolivia (Plurinational State) and remained at low levels in Brazil and Ecuador. Influenza A(H3N2) detections increased in Colombia this period.

Tropical Africa

- In Western Africa, a few influenza A(H3N2) virus detections were reported in Ghana and Senegal and a few influenza A(H1N1)pdm09 virus detections were reported in Senegal and Togo.
- In Middle Africa, no detections were reported.
- In Eastern Africa, Ethiopia reported influenza A(H3N2) virus detections and Mozambique reported increased detections of predominantly influenza B/Victoria lineage viruses as well as some influenza A(H3N2) and A(H1N1)pdm09 viruses. In the French territories of Mayotte and Réunion, influenza detections and activity indicators decreased to baseline levels.

Tropical Asia

- In Southern Asia, influenza detections remained elevated with predominantly influenza A(H3N2) detections. Activity decreased or remained stable in Bhutan, Iran (Islamic Republic of) and Pakistan. Very few influenza detections were reported by the Maldives and Nepal.
In South East Asia, one detection of an influenza A virus was reported by the Philippines and a few detections influenza A(H3N2) viruses were reported by Timor-Leste.

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, very few influenza virus detections were reported in the region except in French Polynesia, where respiratory illness indicators remained elevated due to continued influenza A(H3N2) virus detections and COVID-19.
- In South Africa, influenza transmission and impact remained below the seasonal threshold with only a few influenza A(H1N1)pdm09 virus detections reported in this period. The detection rate for SARS-CoV-2 decreased in ILI and pneumonia surveillance systems. RSV remains below seasonal levels in both ILI and pneumonia surveillance programmes.
- In temperate South America, influenza A(H3N2) virus detections continued to be reported from some countries in the subregion (Argentina, Chile and Paraguay). The percent positivity for influenza was at seasonal threshold level in Argentina and Paraguay. SARI hospitalisations remained above the baseline level in Chile and decreased below baseline in Uruguay. RSV declined in general but was still elevated in Chile.
Number of specimens positive for influenza by subtype in southern hemisphere

![Graph showing number of specimens positive for influenza by subtype in southern hemisphere.](image)

**Data source:** FluNet [www.who.int/toolkits/flunet](www.who.int/toolkits/flunet), Global Influenza Surveillance and Response System (GISRS)

Data generated on 03/02/2022

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**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.

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**Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet globally**

![Graph showing influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet globally.](image)

**Data source:** FluNet [www.who.int/toolkits/flunet](www.who.int/toolkits/flunet), Global Influenza Surveillance and Response System (GISRS)

Data generated on 03/02/2022
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 03/02/2022

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 03/02/2022
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 03/02/2022

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 07/02/2022
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 03/02/2022

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 03/02/2022

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](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](https://www.who.int/teams/global-influenza-programme/influenza-covid19)

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