Influenza Update N° 418
02 May 2022, based on data up to 17 April 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 the Global Influenza Surveillance and Response System (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, with a further decrease of activity in some areas.
- With the co-circulation of influenza and SARS-CoV-2 viruses, countries 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 seems to decrease except in North America. Detections were mainly influenza A(H3N2) viruses and B/Victoria lineage viruses.
- In North America, influenza activity continued to increase in recent weeks but remained lower than pre-COVID-19 pandemic levels at this time of the year and was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. Respiratory syncytial virus (RSV) activity remained low in the United States of America (USA) and Canada.
- In Europe, overall influenza activity appeared to decline, with influenza A(H3N2) predominant.
- In Central Asia, sporadic influenza B detections were reported in Kazakhstan.
- In East Asia, influenza activity with mainly influenza B/Victoria lineage detections continued to decrease in China. ILI rate and pneumonia hospitalizations remained elevated in Mongolia. Elsewhere, influenza illness indicators and activity remained low.
- In Northern Africa, decreased detections of influenza A(H3N2) were reported in Tunisia.
- In Western Asia, Georgia reported increased detections of influenza A(H3N2).
- In the Caribbean and Central American countries, low influenza activity was reported with influenza A(H3N2) predominant.
- In tropical South America, low influenza activity was reported with influenza A(H3N2) predominant.
- In tropical Africa, influenza activity was reported mainly from Eastern Africa with influenza A(H3N2) predominating followed by influenza B viruses.
- In Southern Asia, influenza virus detections were at low levels overall.
In South-East Asia, only Malaysia reported influenza detections of influenza A(H3N2) and B viruses.

In the temperate zones of the southern hemisphere, influenza activity remained low overall, although detections of influenza A viruses, predominant with A(H3N2), continued to be reported in some countries in temperate South America and South Africa.

Number of specimens positive for influenza by subtype globally, week 1/2016 – week 15/2022

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 29/04/2022

National Influenza Centres (NICs) and other national influenza laboratories from 112 countries, areas or territories reported data to FluNet for the time period from 04 April 2022 to 17 April 2022 (data as of 2022-04-29 06:59:32 UTC). The WHO GISRS laboratories tested more than 336,269 specimens during that time period. 33,676 were positive for influenza viruses, of which 33,139 (98.4%) were typed as influenza A and 537 (1.6%) as influenza B. Of the sub-typed influenza A viruses, 533 (9.5%) were influenza A(H1N1)pdm09 and 5,085 (90.5%) were influenza A(H3N2). Of the characterized B viruses, 337 (100%) belonged 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 decreased below 10% in all WHO regions during this reporting period. Overall positivity from non-sentinel sites also showed a decreasing trend.

NICs and other national influenza laboratories from 53 countries, areas or territories from five WHO regions (Region of the Americas: 16; Eastern Mediterranean Region: 4; European Region: 27; South-East Asia Region: 3; Western Pacific Region: 3) reported to FluNet from sentinel surveillance sites for time period from 04 Apr 2022 to 17 Apr 2022 (data as of 2022-04-29 06:59:33 UTC). The WHO GISRS laboratories tested more than 30 300 sentinel specimens during that time period and 2 290 (7.6%) were positive for SARS-CoV-2. Additionally, more than 547 099 non-sentinel or undefined reporting source samples were tested in the same period and 30 704 were positive for SARS-CoV-2. Further details are included at the end of this update and in the surveillance outputs.

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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
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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 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 countries of North America, influenza activity continued to increase in recent weeks but remained lower than pre-COVID-19 pandemic levels at this time of the year, and was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. In Canada, influenza-like illness (ILI) activity increased in recent weeks to levels observed at this time of year in previous years. Influenza detections of predominantly A viruses increased sharply. RSV activity remained below expected levels. In the USA, ILI activity continued to increase but remained below the national baseline. Influenza positivity increased slightly with influenza A virus detections, with A(H3N2) viruses predominant among the subtyped viruses. Influenza hospitalizations increased during this period and cumulative influenza hospitalization rates were 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 decreased but remained slightly above the epidemic threshold established from historical data. RSV detections remained low this period.

- In Europe, overall influenza activity appeared to decline over the current reporting period, with a similar number of countries reporting widespread activity/medium intensity compared to the previous two weeks. Among subtyped samples, influenza A(H3N2) predominated, followed by A(H1N1)pdm09 and influenza B viruses. The positivity of specimens from patients presenting with ILI and ARI at sentinel sites remained elevated between 25 and 30% in the past six weeks, above the regional epidemic threshold. Some countries continued to observe positivity over 30% including Estonia, France, Italy, Luxembourg, Netherlands, Norway, Poland, Serbia, Spain and Switzerland. Pooled all-cause mortality estimates from the EuroMomo network show that excess mortality appears to approach baseline levels among all age group.

- In Central Asia, Kazakhstan reported sporadic influenza B virus detections.
- In Northern Africa, Tunisia reported decreased detections of influenza A(H3N2) viruses.
- In Western Asia, influenza detections were low across reporting countries, with the exception of Georgia where increased detections of influenza A(H3N2) were reported in recent weeks.
- In East Asia, influenza activity continued to decrease in China. Though influenza B (Victoria lineage) remained the predominately detected viruses, increased detections of influenza A(H3N2) were reported across the southern provinces in China. In Mongolia, the ILI rate and the proportion of hospitalizations due to pneumonia decreased but remained elevated. In the other countries of the subregion, influenza illness indicators and activity remained low.
Number of specimens positive for influenza by subtype in North America

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

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 28/04/2022
**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 influenza A(H3N2) and activity remained low. Influenza activity decreased in Nicaragua. SARS-CoV-2 activity declined in most countries. In Costa Rica, the number of severe acute respiratory infection (SARI) cases continued to decrease but remaining at moderate-intensity levels. RSV activity was at baselines levels.
- In the tropical countries of South America, the percent positivity for influenza remained below seasonal threshold levels except in Peru which continued to report detections of influenza A(H3N2). In Bolivia (Plurinational State of), SARI hospitalization rate was at moderate-intensity level and above average for this time of year. RSV percent positivity increased in Brazil though remaining lower than levels observed in pre-COVID-19 pandemic seasons.

**Tropical Africa**

- In Western Africa, Togo continued to report decreased detections of influenza A(H3N2).
- In Middle Africa, no influenza detections were reported.
- In Eastern Africa, the number of detections decreased a little from previous weeks. Ethiopia continued to report detections of influenza A(H3N2) and B viruses at levels similar to previous weeks. As of week 14/2022, the French territory of Mayotte is in pre-epidemic phase due to circulation of influenza A(H1N1)pdm09. The French territory of Réunion entered a pre-epidemic phase in week 15/2022 due to steadily rising emergency consultations for influenza and hospitalizations for influenza A(H3N2). Mozambique reported few influenza A detections.
Tropical Asia

- In Southern Asia, influenza detections were low overall. Influenza A(H1N1)pdm09 activity decreased in Pakistan and sporadic influenza A(H3N2) virus detections were reported in India and Iran (Islamic Republic of).
- In South East Asia, Malaysia continued to report detections of influenza A (H3N2 where subtyped) and B viruses.

Number of specimens positive for influenza by subtype in Eastern Africa

![Graph showing influenza detections in Eastern Africa](image)

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 28/04/2022

Number of specimens positive for influenza by subtype in South East Asia

![Graph showing influenza detections in South East Asia](image)

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 28/04/2022
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, except in Argentina.
- In Oceania, influenza A virus detections started to increase in Australia and were at levels similar to the average of 2016-2019 seasons. ILI activity also increased, especially in those under 5 years of age. ILI continued at elevated levels of activity in New Caledonia.
- In South Africa, influenza transmission and impact remained below the seasonal threshold, with sporadic detections of influenza A (A(H1N1)pdm09 where subtyped). The detection rate for SARS-CoV-2 in routine influenza surveillance systems remained low as in previous weeks. The RSV detection rate decreased slightly from high to moderate levels in children under 5 years of age.
- In temperate South America, influenza A detections decreased slightly in recent weeks, with influenza A(H3N2) predominant among the subtyped viruses and only one influenza B virus reported. In Argentina, although ILI and SARI activity were below seasonal threshold, the influenza detections remained elevated and positivity remained in the extraordinary level and much higher than normally seen at this time of year. In Chile, ILI rates increased slightly but remained at low levels; influenza detections continued to be reported with positivity remaining just below the seasonal threshold. RSV detections also increased in Chile. Uruguay reported a few influenza A(H3N2) detections with percent positivity remaining at low level; SARI hospitalization rate increased steeply (although still at low-intensity levels) earlier in the season than previous years with 10% of the samples positive for influenza and 5% for SARS-CoV-2.

Number of specimens positive for influenza by subtype in Temperate South America

Data source: FluNet (www.who.int/toolkits/flunet), Global Influenza Surveillance and Response System (GISRS)
Data generated on 02/05/2022
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 28/04/2022

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 28/04/2022
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

![Graph showing influenza and SARS-CoV-2 virus detections](image)

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

Data generated on 28/04/2022

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

![Graph showing influenza and SARS-CoV-2 virus detections](image)

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

Data generated on 28/04/2022
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 28/04/2022

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 28/04/2022
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 28/04/2022

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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