Influenza Update N° 420
30 May 2022, based on data up to 15 May 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 continued to decrease, following a peak in March 2022.
- 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 or remained stable. Detections were mainly influenza A(H3N2) viruses and B/Victoria lineage viruses, with some detections of A(H1N1)pdm09 viruses.
- In the countries of North America, influenza activity was stable compared to the previous period and influenza positivity was higher than usual for this time of year. Activity 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 Central Asia, no influenza detections were reported.
- In Europe, overall influenza continues to decline with influenza A(H3N2) predominant.
- In East Asia, detections of influenza B (Victoria lineage) viruses continued to decrease in China while influenza A(H3N2) detections increased in the Southern Provinces to make influenza A (H3N2) the predominantly detected virus in China. Elsewhere, influenza illness indicators and activity remained low.
- In Northern Africa, Tunisia reported a single influenza A (H3N2) detection.
- In Western Asia, influenza activity was low across reporting countries except Georgia and Qatar where elevated detections of influenza A (H3N2) and mainly influenza A(H3N2) and some influenza A(H1N1)pdm09 and B viruses were reported respectively.
- 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.
Influenza activity remained low with influenza A(H3N2) predominating followed by influenza B/Victoria lineage viruses.

In Southern Asia, influenza virus detections were at low levels with a few influenza A(H3N2), A(H1N1)pdm09 viruses and influenza B detections.

In South-East Asia, sporadic detections of influenza A(H3N2) were reported in Singapore and sporadic influenza A and B detections were reported in Malaysia.

In the temperate zones of the southern hemisphere, influenza activity was low overall, except in Argentina and Chile. Influenza detections increased in South Africa and Australia. RSV activity increased in parts of Australia and temperate South America and remained at moderate levels in South Africa.

Number of specimens positive for influenza by subtype globally

- National Influenza Centres (NICs) and other national influenza laboratories reported data to FluNet for the time period from 02 May 2022 to 15 May 2022* (data as of 2022-05-273 06:57:14 UTC). The WHO GISRS laboratories tested more than 224 033 specimens during that time period. 23 784 were positive for influenza viruses, of which 23 393 (98.4%) were typed as influenza A and 394 (1.6%) as influenza B. Of the sub-typed influenza A viruses, 153 (4.3%) were influenza A(H1N1)pdm09 and 3427 (95.7%) were influenza A(H3N2). Of the characterized B viruses, all 129(100%) belonged to the B-Victoria lineage.

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

Data generated on 30/05/2022
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. Revised interim guidance has just been published here: https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated_sentinel_surveillance-2022.1.

Overall COVID positivity from sentinel surveillance increased during the reporting period to 13%. The highest increases were observed in the African Region of WHO where positivity was around 20% and in the Region of the Americas of WHO where positivity was around 15%. Activity from non-sentinel sites was varied. Positivity was below 10% overall and in all reporting regions except in the Western Pacific Region of WHO where positivity was above 30% and the South-East Asia Region of WHO where positivity decreased but remained high at 24.8%. Positivity increased in the African Region and Eastern Mediterranean Region and fluctuated around 10% in the Region of the Americas.

National Influenza Centres (NICs) and other national influenza laboratories from 46 countries, areas or territories and six WHO regions (African Region: 1; Region of the Americas: 16; Eastern Mediterranean Region: 3; European Region: 18; South-East Asia Region: 4; Western Pacific Region: 4) reported to FluNet from sentinel surveillance sites for time period from 02 May 2022 to 15 May 2022* (data as of 2022-05-27 06:57:14 UTC). The WHO GISRS laboratories tested more than 31 755 sentinel specimens during that time period and 4118 (13%) were positive for SARS-CoV-2. Additionally, more than 463 147 non-sentinel or undefined reporting

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1Information 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
source samples were tested in the same period and 51,161 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.fluroweurope.org/](http://www.fluroweurope.org/)
- WHO Western Pacific Region: [https://www.who.int/westernpacific/emergencies/surveillance/seas-influenza](https://www.who.int/westernpacific/emergencies/surveillance/seas-influenza)

Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity was stable compared to the previous period and influenza positivity was higher than usual for this time of year compared to recent pre-pandemic seasons. Activity was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. In Canada, influenza-like illness (ILI) activity continued to increase. Influenza activity of predominantly A viruses continued to increase above the seasonal threshold. Pediatric influenza-associated hospitalizations also increased in recent weeks. RSV activity remained at expected levels. In the USA, ILI activity increased in all age groups to just below the national baseline. Influenza positivity decreased this period with influenza A virus detections, and with A(H3N2) viruses predominant among the subtyped viruses. Influenza hospitalizations were stable during this period. The percentage of deaths attributed to pneumonia, influenza or COVID-19 in the USA remained just above the epidemic threshold established from historical data. RSV detections remained low this period.
- In Europe, overall influenza activity continued to decline, with a lower 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 decreased to between 10 and 14% over the reporting period. Three countries reported positivity over 30% including Finland, Netherlands and Slovakia. Pooled all-cause mortality estimates from the EuroMomo network continued to show a decrease in excess mortality among all age-groups, but remained above baseline.
- In Central Asia, no detections were reported.
- In Northern Africa, Tunisia reported a single influenza A(H3N2) detection.
- In Western Asia, while detections of influenza remained low in most reporting countries, Georgia continued to report elevated detections of influenza A(H3N2) and Qatar reported increased detections of predominately influenza A(H3N2) followed by a smaller proportion of influenza A(H1N1)pdm09 and B viruses.
- In East Asia, influenza activity continued to decrease in the northern provinces of China but increased in the southern provinces, with influenza A(H3N2) becoming the predominant detected virus. In Mongolia, ILI rate and the proportion of hospitalizations due to pneumonia continued to be reported at elevated levels for this time of the year; a few influenza A(H3N2) viruses continued to be detected. 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

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

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 25/05/2022

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

![Graph showing number of specimens positive for influenza by subtype in the WHO European Region.](image)

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 26/05/2022
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 25/05/2022

Number of specimens positive for influenza by subtype in Northern Africa

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 25/05/2022
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 most reporting countries. Puerto Rico reported high ILI activity but decreasing influenza detections. In Guatemala, ILI case numbers remained above the average expected at this time of year and were at moderate levels. In Haiti, the number of severe acute respiratory infection (SARI) cases remained above epidemic levels. In El Salvador, influenza activity was low but above average levels for this time of year.

- In the tropical countries of South America, influenza A(H3N2) detections and the percent positivity for influenza remained below seasonal threshold levels except in Peru and Ecuador. In Peru, influenza positivity decreased but remained above the epidemic threshold and the average for this time of year. In Bolivia, SARI activity continued to increase, remaining at moderate levels and above average for this time of year. Influenza and RSV activity increased in Ecuador to levels higher than the average for this time of year.

Tropical Africa

- In Western Africa, Burkina Faso, Mauritania, Nigeria and Senegal reported sporadic influenza A detections (H3N2 where subtyped). Togo reported decreasing influenza A(H3N2) detections, while Ghana reported a sharp increase in influenza A(H3N2) detections. Niger reported a single influenza B (Victoria lineage) detection.

- In Middle Africa, no detections were reported.

- In Eastern Africa, fewer influenza detections were reported than in previous weeks. Ethiopia continued to report influenza A(H3N2) and influenza B detections as well as one influenza A (H1N1)pdm09 detection. Kenya reported sporadic influenza A(H1N1)pdm09 detections. Madagascar reported decreasing influenza A(H3N2) detections and a single influenza B detection. Mauritius reported increasing detections of influenza A(H3N2). Réunion remains in a pre-epidemic phase, while Mayotte progressed to an epidemic phase in week 18 with increasing confirmed cases of mainly influenza A(H1N1)pdm09. Zambia reported influenza A (H3N2) and (H1N1)pdm09 detections and a single influenza B detection.

Tropical Asia

- In Southern Asia, influenza detections were low overall, similar to previous weeks. India reported a few influenza A(H3N2) and A(H1N1)pdm09 detections. Iran reported a few cases of influenza A (H3N2 where subtyped). Sri Lanka reported a few detections of influenza A(H3N2) and influenza B (lineage not determined). There was a downward trend in ILI and SARI cases in Afghanistan, Bangladesh and Nepal while Bhutan continued to report a slight increase in SARI cases.

- In South-East Asia, activity remained low with a sporadic detections of influenza A and B viruses in Malaysia and influenza A (H3N2) in Singapore.
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 25/05/2022

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

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 25/05/2022
Countries in the temperate zone of the southern hemisphere

- In the temperate zones of the southern hemisphere, influenza activity was low except in Argentina and Chile.

- In Oceania, a sharp rise in influenza A detections (mainly influenza A(H3N2) where subtyped) was noted in some Australian territories and elevated RSV activity was notified in New South Wales and Queensland. An increase in ILI activity was reported in Fiji and Wallis and Futuna. ILI activity remains elevated in French Polynesia and the Solomon Islands.

- In South Africa, the number of influenza detections increased. The majority of detections were influenza A(H1N1)pdm09 with some influenza A (H3N2) and influenza B detections. The detection rate for SARS-CoV-2 increased in both ILI and pneumonia surveillance systems. The RSV detection rate was at moderate levels in children under 5 years of age.

- In temperate South America, influenza A (H3N2 where subtyped) detections continued to decrease overall, and there was also a single influenza B detection reported in Argentina. In Argentina, influenza detections decreased but remained elevated, with positivity at a high intensity level and much higher than normally seen at this time of year. In Chile, influenza detections increased and positivity remained above the seasonal threshold. ILI cases increased to moderate levels, higher than is usual for this time of year. Uruguay continued to report SARI rates above the seasonal threshold and the average expected at this time of year.

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

![Graph showing the 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 26/05/2022
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 and SARS-CoV-2 virus detections chart](chart1.png)

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 26/05/2022

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

![Influenza and SARS-CoV-2 virus detections chart](chart2.png)

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 26/05/2022
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 26/05/2022

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 26/05/2022
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 26/05/2022

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 26/05/2022
Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO Western Pacific Region

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

Contact: fluupdate@who.int