Influenza Update N° 423

11 July 2022, based on data up to 26 June 2022

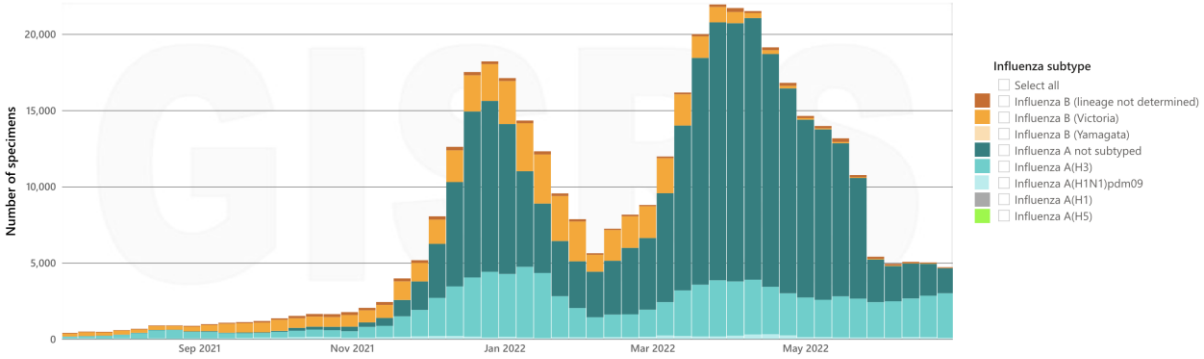
In this update, in addition to the influenza surveillance information, that of the SARS-CoV-2 virus detections from sentinel and non-sentinel surveillance performed by the Global Influenza Surveillance and Response System (GISRS) and GISRS-associated surveillance systems and reported to FluNet is included.

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.
- **Countries are recommended to monitor the co-circulation of influenza and SARS-CoV-2 viruses. They are encouraged to enhance integrated surveillance 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.**
- Global influenza activity has remained stable, following a decreasing trend from a peak in March 2022.
- In the temperate zones of the southern hemisphere, overall influenza activity appeared to plateau after increasing in recent weeks.
- In Southern Africa, influenza activity stabilized, with the majority of detections reported as influenza A(H1N1)pdm09, followed by some influenza A(H3N2) and some influenza B viruses.
- In temperate South America, influenza activity continued to decrease overall. Influenza A(H3N2) viruses predominated among subtyped detections.
- In the Caribbean and Central American countries, low influenza activity was reported with influenza A(H3N2) predominant.
- In the tropical countries of South America, influenza detections were low and A(H3N2) detections predominated.
- In tropical Africa, influenza activity continued to decrease. Influenza A(H1N1)pdm09 predominated.
- In Southern Asia activity fluctuated at low levels. Influenza A(H3N2) predominated.
- In South-East Asia, influenza virus detections increased. Influenza A(H3N2) predominated.
- In the countries of North America, influenza activity continued to decrease compared to the previous period and influenza positivity was close to levels typically observed at 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 overall in Canada and the United States of America (USA).
- In Europe, overall influenza activity continues to decline with influenza A(H3N2) predominant among the subtyped viruses.
- In Central Asia, no influenza detections were reported.
- In Northern Africa, no influenza detections were reported.

- In East Asia, influenza activity continued to increase driven by increased influenza A(H3N2) detections in the southern provinces of China where influenza-like illness (ILI) activity also increased . Elsewhere, influenza illness indicators and activity remained low.
- In Western Asia, low numbers of detections of influenza A(H1N1)pdm09, A(H3N2) and B viruses were reported.

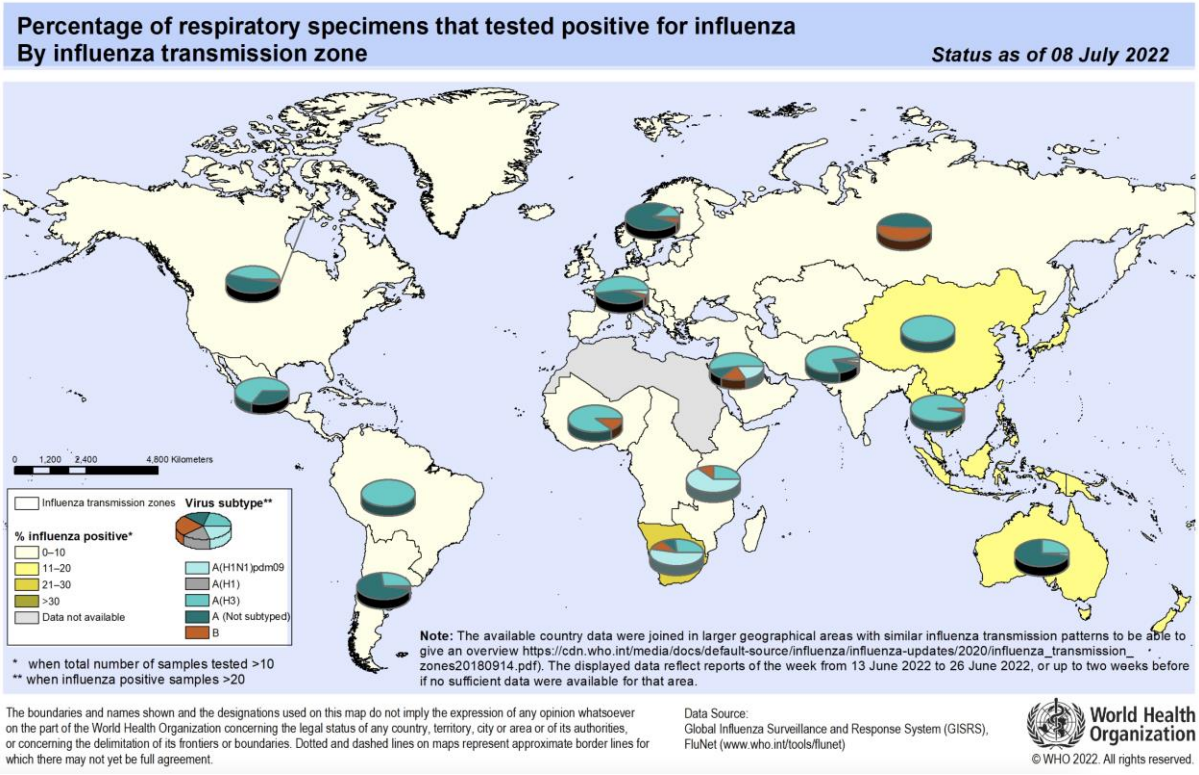
Number of specimens positive for influenza by subtype globally



Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 8/07/2022

- National Influenza Centres (NICs) and other national influenza laboratories from 91 countries, areas or territories reported data to FluNet for the time period from 13 June 2022 to 26 June 2022* (data as of 7/8/2022 3:46:21 AM UTC). The WHO GISRS laboratories tested more than 16 3505 specimens during that time period. 9741 were positive for influenza viruses, of which 9582 (98.37%) were typed as influenza A and 159 (1.63%) as influenza B. Of the sub-typed influenza A viruses, 211 (3.61%) were influenza A(H1N1)pdm09 and 5640 (96.39%) were influenza A(H3N2). Of the characterized B viruses, 46 (100.00%) belonged to the B-Victoria lineage.

Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone[1]. Map generated on 8 July 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.
- COVID-19 positivity from sentinel surveillance increased over the reporting period. The greatest increases were observed in the African Region of WHO, the European Region of WHO and Region of the Americas of WHO. In the other Regions of WHO positivity was below 25%. Activity from non-sentinel sites continued to increase, with overall positivity around 40%.
- National Influenza Centres (NICs) and other national influenza laboratories from 101 countries, areas or territories reported data to FluNet for the time period from six WHO regions (African Region: 16; Region of the Americas: 22; Eastern Mediterranean Region: 7; European Region: 43; South-East Asia Region: 6; Western Pacific Region: 7) reported to FluNet from sentinel surveillance sites for time period from 13 June 2022 to 26 June 2022* (data as of 7/8/2022 3:46:21 AM UTC). The WHO GISRS laboratories tested more than 11 312 936 sentinel specimens during that time period and 3 756 614 (33.21%) were positive for SARS-CoV-2. Additionally, more than 96 839 979 non-sentinel or undefined reporting source samples were

[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

tested in the same period and 21 712 298 were positive for SARS-CoV-2. Further details are included at the end of this update.

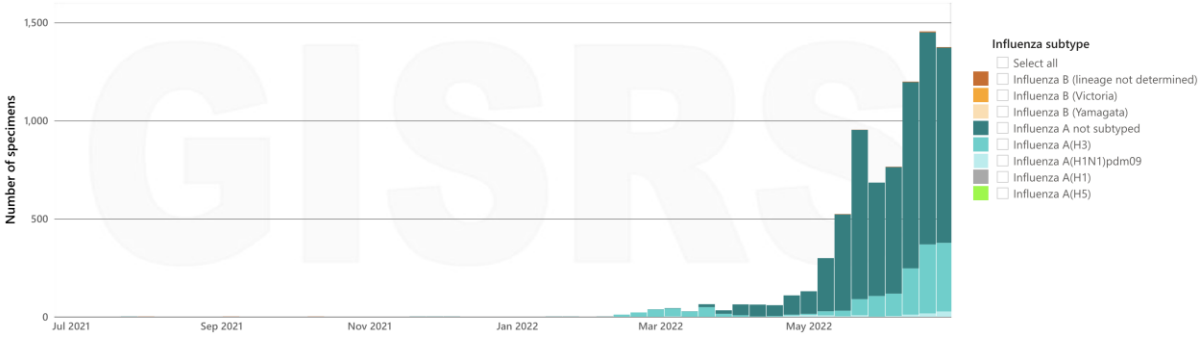
For more detailed information, see the Influenza reports from WHO Regional Offices:

- WHO Region of the Americas: www.paho.org/influenzareports
- WHO Eastern Mediterranean Region: http://www.emro.who.int/health-topics/influenza/situation-update.html
- 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 southern hemisphere

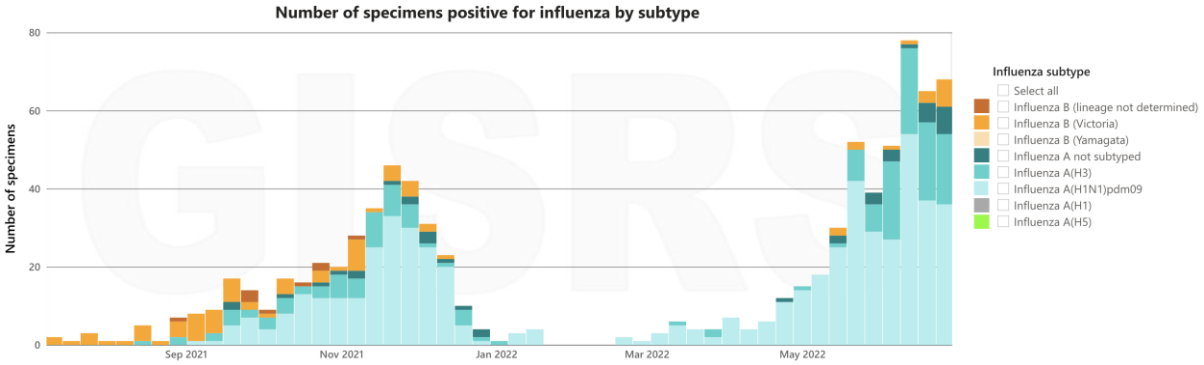
- In Australia influenza activity appears to have peaked in some states, however, still increasing in others. Detections were predominantly influenza A and where subtyped A(H3N2) predominated followed by A(H1N1)pdm09. RSV activity, previously reported as high, in New South Wales decreased. An increase in influenza activity was observed in New Zealand, with an increase in both ILI and positivity among tested samples. In the Pacific Islands, ILI activity increased in Kiribati, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands and the Cook Islands.
- In South Africa, the majority of detections were influenza A(H1N1)pdm09 with some influenza A (H3N2) and few influenza B/Victoria lineage detections. The influenza detection rate in pneumonia surveillance systems increased but remained low and the detection rate in ILI surveillance decreased to below the epidemic threshold. The detection rate for SARS-CoV-2 remained stable in both ILI and pneumonia surveillance systems. The RSV detection rate decreased and remained at low levels in children under 5 years of age.
- In temperate South America, influenza activity remained stable after a decrease in previous weeks and predominantly influenza A virus detections were reported with the majority A(H3N2) among those subtyped. Influenza percent positivity was at or below baseline in most of the subregion with exception of Chile where the percent positivity was further increasing and almost reached moderate levels. SARS-CoV-2 and RSV percent positivity increased in the sub-region. In Chile the number of ILI cases, although decreasing, remained elevated at moderate levels. SARI activity above the epidemic threshold was reported in Chile (low level), Paraguay (moderate level) and Uruguay (high level) with RSV and SARS-CoV-2 predominance in Chile and Paraguay and SARS-CoV-2 predominance in Uruguay.

Number of specimens positive for influenza by subtype in Oceania



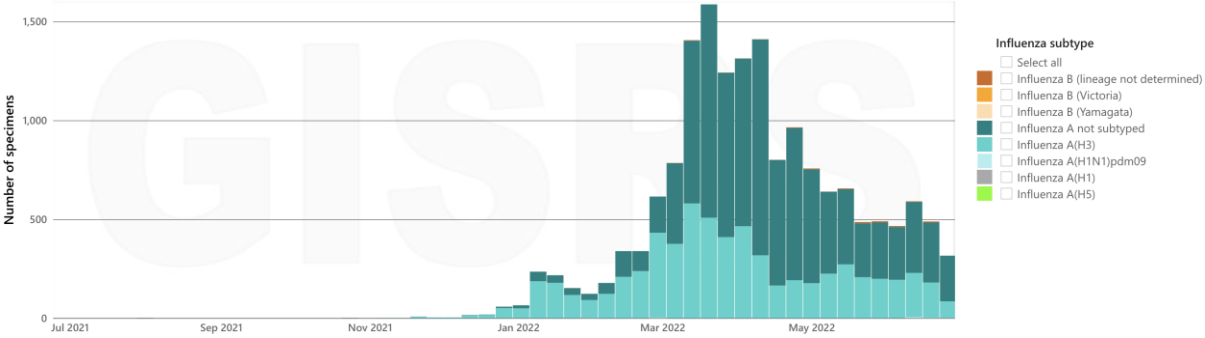
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 8/07/2022

Number of specimens positive for influenza by subtype in Southern Africa



Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 8/07/2022

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 8/07/2022

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central American countries, influenza activity remained low overall with A(H3N2) detections predominant. In Central America, Influenza and RSV activity increased in the subregion. SARS-CoV-2 remained moderate but is rising in all countries. Influenza activity in Nicaragua and Mexico remained elevated at moderate level and remained stable in Mexico, with percent positivity above average levels for this time of year. In Guatemala, ILI case numbers decreased but remained above the average expected at this time of year and were at moderate levels. In Haiti, the number of SARI cases remained above usual levels for this time of year. In Jamaica, the number of pneumonia cases was stable, but remained above the average expected at this time of year and were at epidemic levels. In Mexico, influenza positivity was elevated above levels expected this time of year, with SARI also elevated to epidemic levels and ILI elevated to moderate levels.
- In the tropical countries of South America, influenza detections were low and A(H3N2) detections predominated. Percent positivity for influenza remained below seasonal threshold levels except in the Plurinational State of Bolivia, where it continued to increase above the seasonal threshold. SARS-CoV-2 is increasing in most countries and RSV activity remains elevated in the sub-region. SARI activity was elevated above the average expected at this time of year in Peru (low level), Plurinational State of Bolivia (high level) and Ecuador (low for SARI). The number of pneumonia cases was above the average level expected at this time of year at moderate levels in Colombia and Ecuador. RSV activity continued to be reported in Ecuador and decreased in Brazil

Tropical Africa

- In Western Africa, influenza detections overall decreased, with the vast majority being influenza A(H3N2) and only a few influenza B/Victoria lineage detections. Côte d'Ivoire and Ghana both reported decreasing influenza A(H3N2) and influenza B/Victoria lineage detections. Mauritania reported sporadic influenza A(H3N2) detections and Senegal reported stable numbers of influenza A(H3N2) detections.
- In Middle Africa, Central African Republic reported a single influenza A(H3N2) detection.
- In Eastern Africa, Ethiopia continued to report influenza A(H3N2) and influenza B detections as well as a single influenza A(H1N1)pdm09 detection. Kenya continued to report increasing influenza A(H1N1)pdm09 detections and a single influenza A(H3N2) detection. Percentage positivity for influenza from SARI specimens was over 35%. Mauritius reported decreasing detections of influenza A(H3N2) and (H1N1)pdm09 viruses. Réunion reported an increase in influenza-like activity but remained in pre-epidemic phase. Uganda reported a single influenza B /Victoria lineage detection. Zambia reported sustained detections of influenza A(H1N1)pdm09 and single detections of influenza A(H3N2) and influenza B.

Tropical Asia

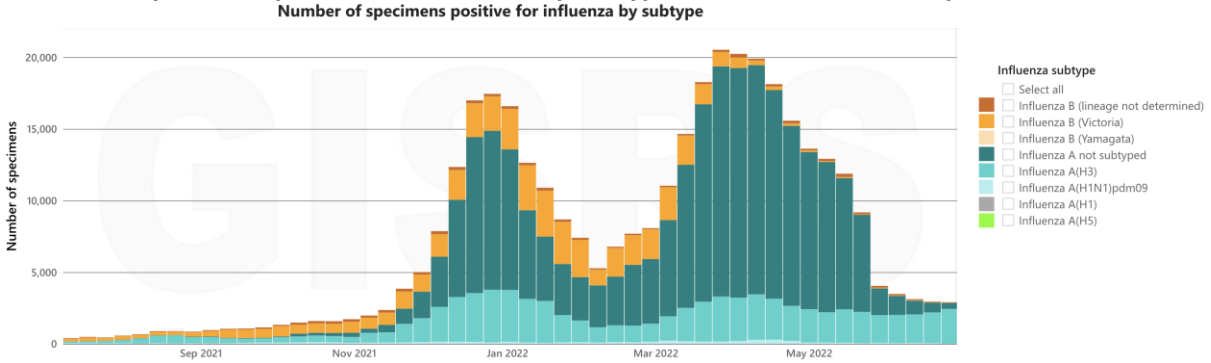
- In Southern Asia, influenza detections remained low across reporting countries.

  In South East Asia, influenza activity increased. Influenza A(H3N2) viruses predominated, with influenza A(H1N1)pdm09 and B viruses also detected. Cambodia, Malaysia, Philippines, Singapore and Thailand reported detections of influenza A(H3N2). Lao People's Democratic Republic (PDR), Malaysia, and Thailand reported detections of influenza B/Victoria and B (lineage not determined) viruses. Only Singapore reported influenza A(H1N1)pdm09. Lao PDR and Singapore seemed to show a slightly increasing trend for ILI cases.

Countries in the temperate zone of the northern hemisphere

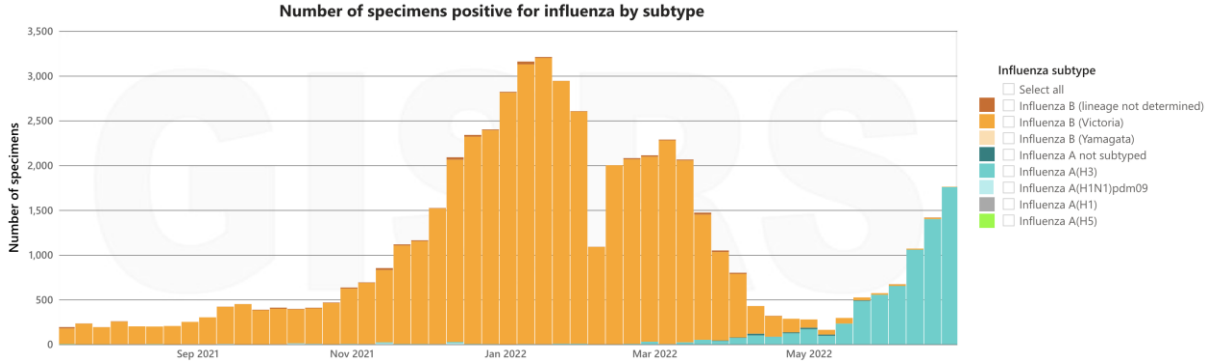
- In the countries of North America, influenza activity decreased compared to the previous period and influenza positivity was close to levels typically observed at this time of year . Activity was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. In Canada, influenza-like illness (ILI) activity and paediatric influenza-associated hospitalizations remained above expected levels for this time of year. Influenza activity of predominantly A viruses decreased to below the seasonal threshold. In the USA, ILI remained 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 also decreased this period. RSV activity remained low in Canada and in most regions of the USA, except for some states in the south where slight increases in RSV activity were reported.
- In Europe, overall influenza activity remained at low inter-seasonal levels. Analysis of data submitted to GISRS shows that activity across all subregions is below 2%. The majority of detections were influenza A and where subtyped, mostly influenza A(H3N2) and there were some B viruses detected. Pooled all-cause mortality estimates from the EuroMomo network showed increases in excess mortality among some age groups, and overall elevated above baseline.
- In Central Asia, there were no detections reported.
- In Northern Africa, no influenza detections were reported.
- In Western Asia, detections of influenza remained low in most reporting countries. Low numbers of detections of influenza A(H1N1)pdm09 and B viruses were reported by Oman and low numbers of detections of influenza A(H1N1)pdm09, A(H3N2) and B/Victorian lineage viruses were reported by the United Arab Emirates.
- In East Asia, influenza activity was low in the northern provinces of China and continued to increase in the southern provinces, with influenza A(H3N2) viruses predominant. Similar increases in influenza activity have been observed this time of year in past years. ILI activity increased and was also elevated for this time of year compared to previous years in the southern provinces. In Mongolia, the ILI rate and the proportion of hospitalizations due to pneumonia decreased to typical levels for this time of the year. No influenza detections were reported. In the other countries of the subregion, influenza illness indicators and activity remained low.

Number of specimens positive for influenza by subtype in the northern hemisphere



Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 8/07/2022

Number of specimens positive for influenza by subtype in Eastern Asia

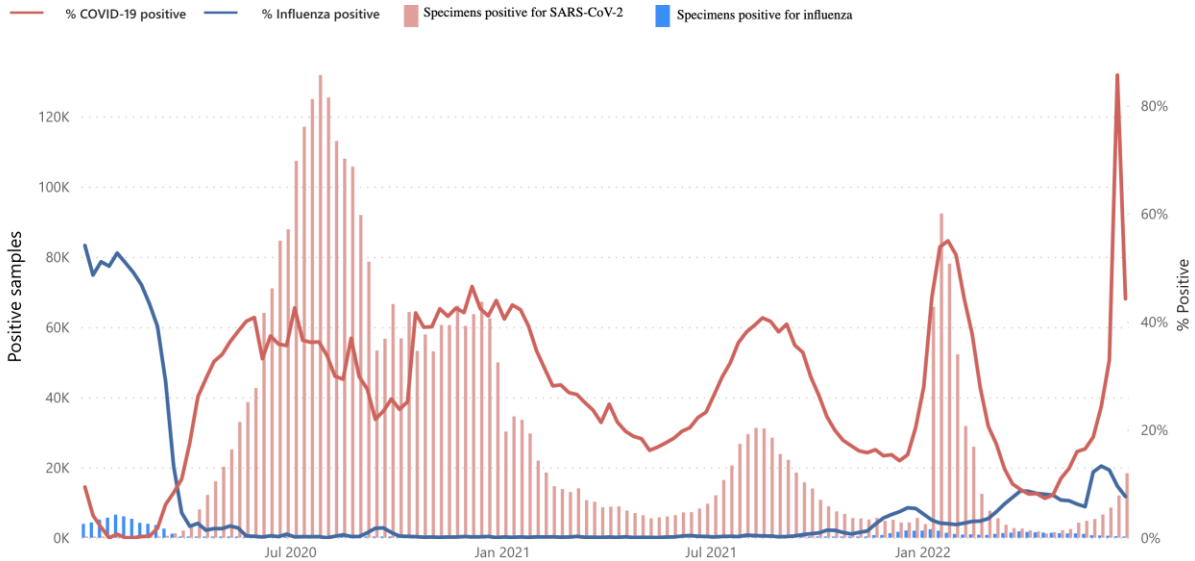


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 8/07/2022

SARS-CoV-2 sentinel surveillance data reported to FluNet

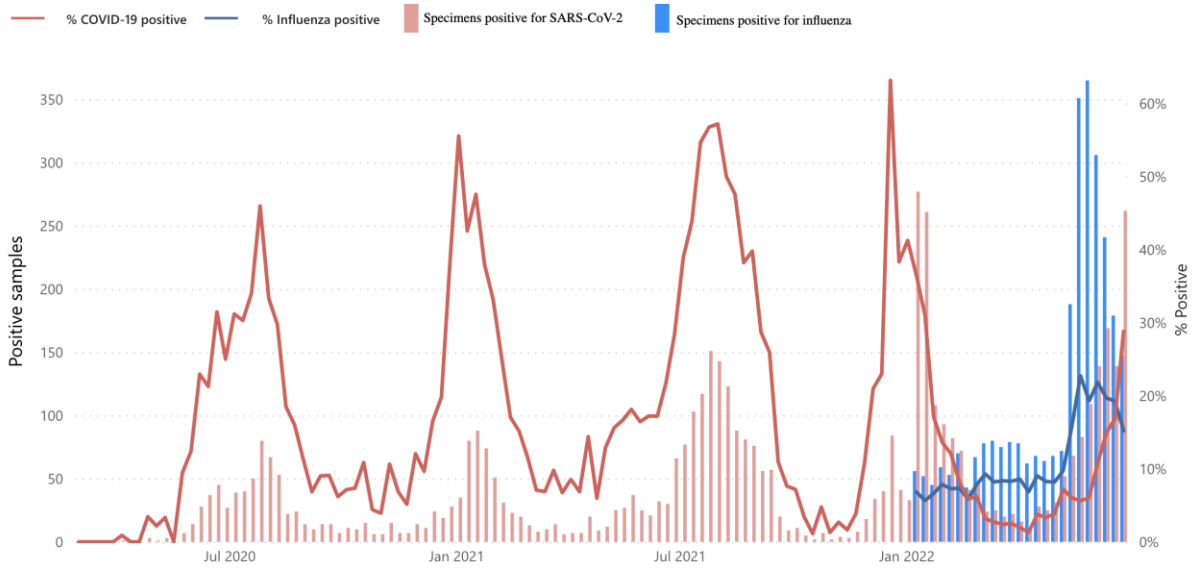
- SARS-CoV-2 data are included from those countries reporting testing one or more sentinel specimens for SARS-CoV-2 per week. Influenza data are included from those countries reporting testing one or more sentinel specimens for influenza per week regardless of their reporting of SARS-CoV-2 testing data. 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



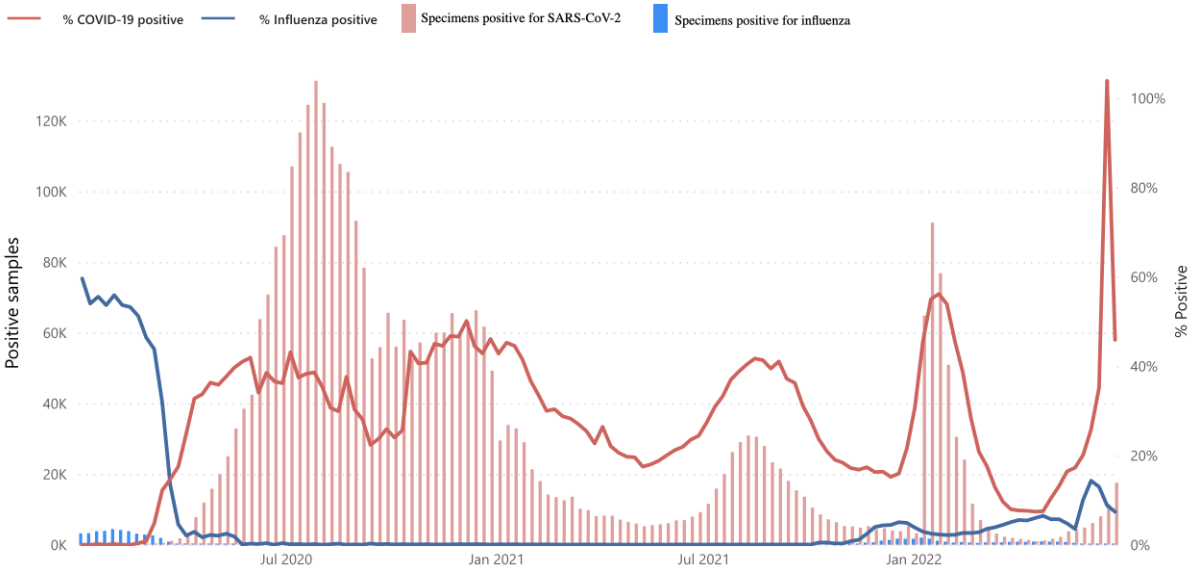
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 8/07/2022

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



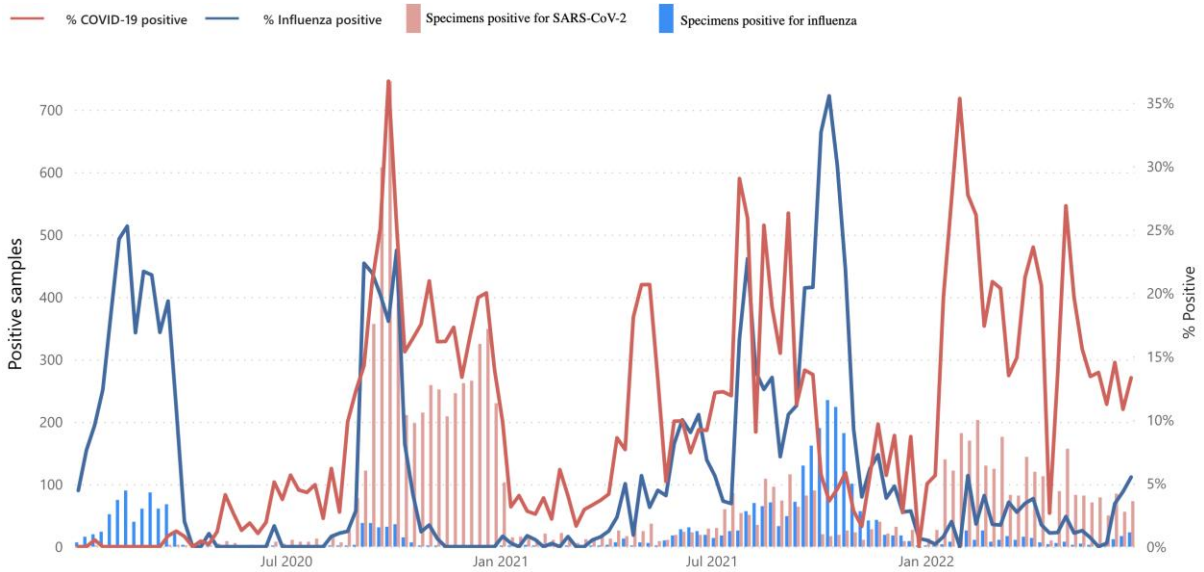
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 8/07/2022

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



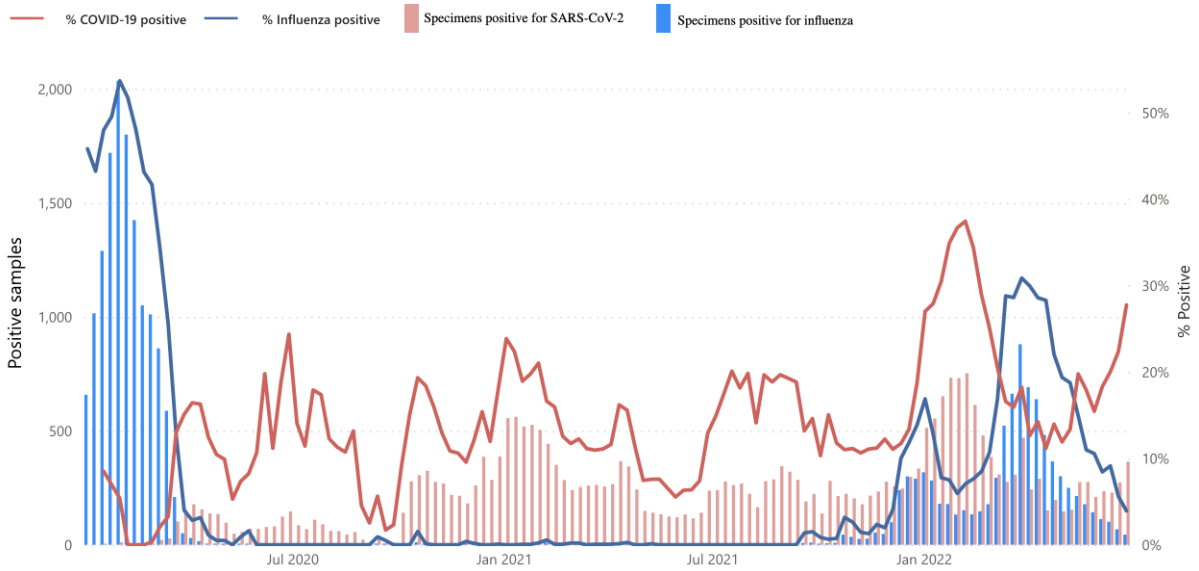
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 8/07/2022

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



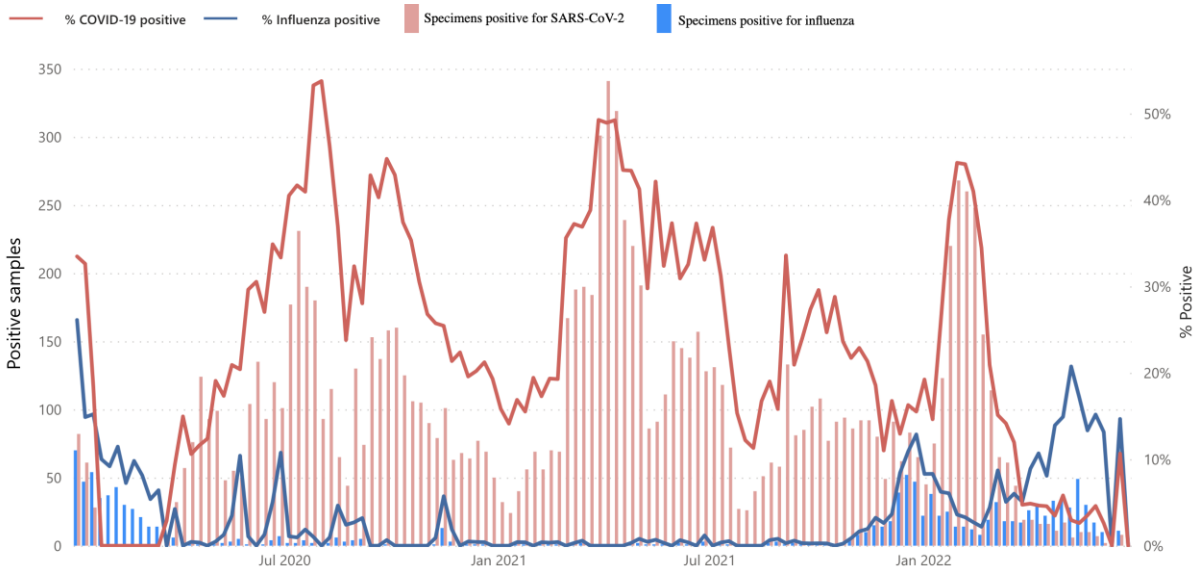
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 8/07/2022

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



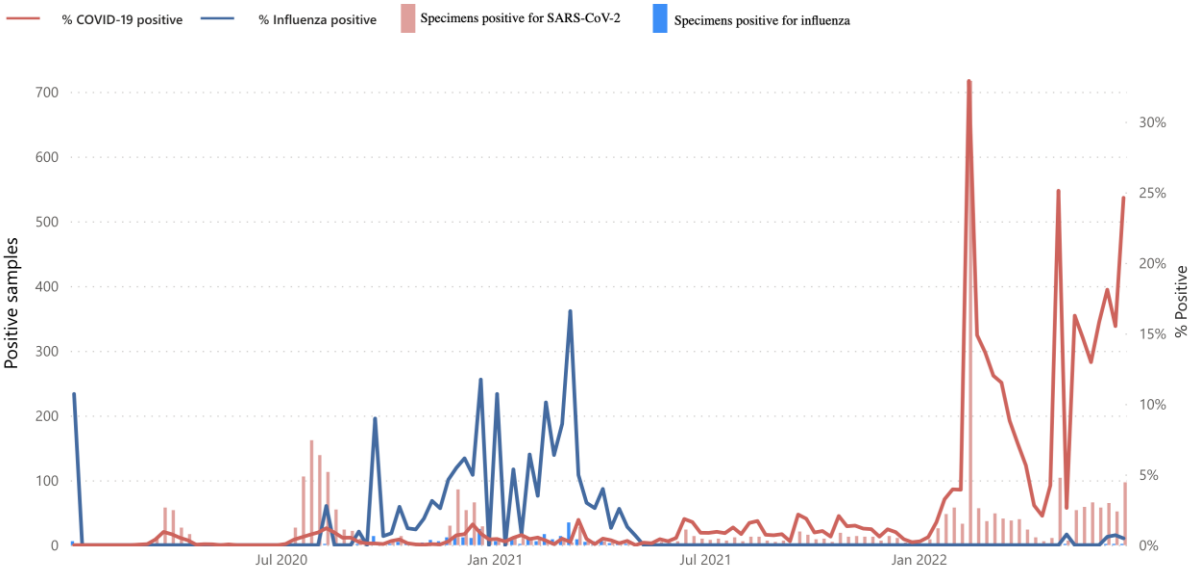
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 8/07/2022

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 8/07/2022

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 8/07/2022

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.

Seasonal influenza reviews: Review of global influenza circulation, late 2019 to 2020, and the impact of the COVID-19 pandemic on influenza circulation
Epidemiological Influenza updates: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates
Virological surveillance updates: https://www.who.int/tools/flunet/flunet-summary
Influenza surveillance outputs: https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs
Influenza – COVID-19 Interface, including surveillance outputs: https://www.who.int/teams/global-influenza-programme/influenza-covid19

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