

Influenza Update N° 424

25 July 2022, based on data up to 10 July 2022

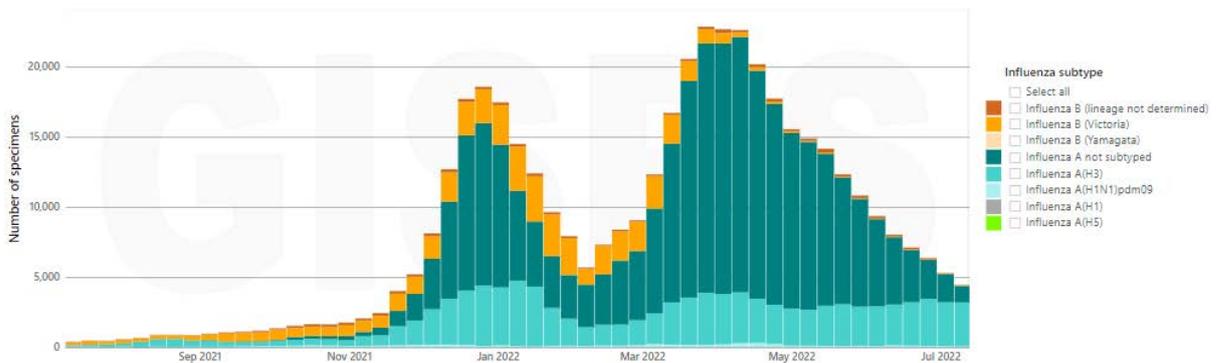
In this update, in addition to the influenza surveillance information, that of the SARS-CoV-2 virus detections from sentinel and non-sentinel surveillance performed by the Global Influenza Surveillance and Response System (GISRS) and GISRS-associated surveillance systems and reported to FluNet is included.

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 steadily decreased from a peak in March 2022.
- In the temperate zones of the southern hemisphere, overall influenza activity appeared to decrease slightly this reporting period.
- In Oceania, influenza detections appeared to have peaked in some regions of Australia and in New Zealand, with continued detections of predominantly influenza A(H3N2) viruses.
- In Southern Africa, influenza activity decreased slightly overall with continued detections of influenza A(H1N1)pdm09 and influenza A(H3N2) and a few influenza B viruses.
- In temperate South America, influenza activity decreased 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 viruses predominated among the reported detections.
- In Southern Asia, influenza detections of predominantly A(H3N2) increased in some reporting countries but remained at low levels overall.
- In South-East Asia, influenza virus detections increased. Influenza A(H3N2) predominated.
- In the countries of North America, influenza activity continued to decrease 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 Europe, overall influenza activity remained at low inter-seasonal levels 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.

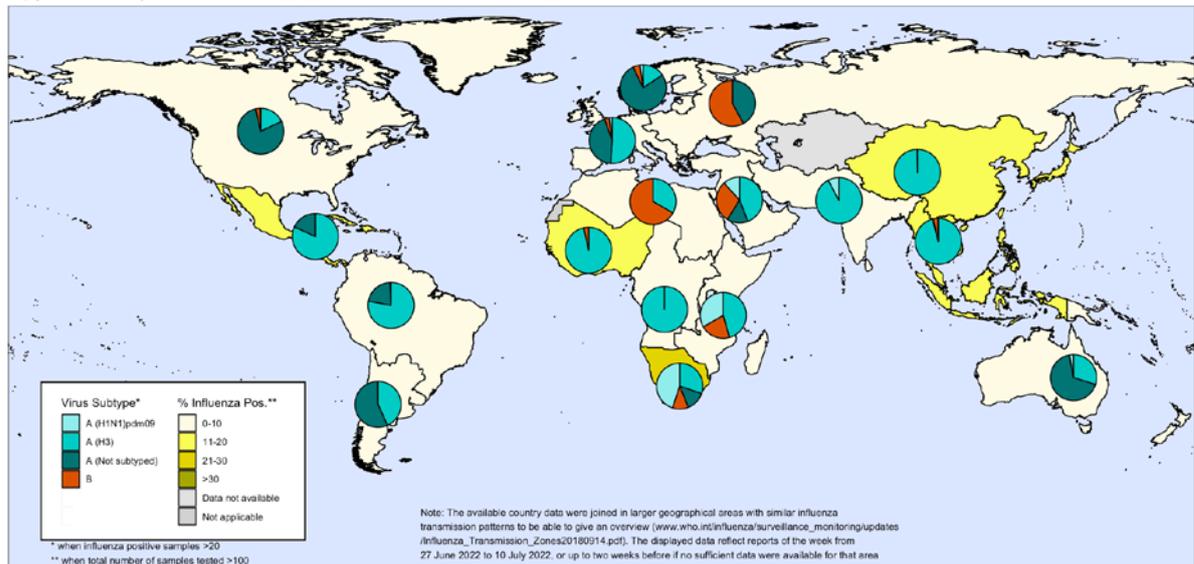
- In East Asia, influenza activity of predominantly influenza A(H3N2) continued to increase and influenza-like illness (ILI) activity decreased this reporting period in the southern provinces of China. Elsewhere, influenza illness indicators and activity remained low.
- In Western Asia, low numbers of 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/flu-net). Global Influenza Surveillance and Response System (GISRS)
Data generated on 22/07/2022

Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone¹. Map generated on 25 July 2022.



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: Global Influenza Surveillance and Response System (GISRS), FluNet (www.who.int/flu-net)
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- National Influenza Centres (NICs) and other national influenza laboratories from 102 countries, areas or territories reported data to FluNet for the time period from 27 June 2022 to 10 July 2022* (data as of 25/7/2022 3:46:21 AM UTC). The WHO GISRS laboratories tested more than 89 819 specimens during that time period. 4386 were positive for influenza

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

viruses, of which 4323 (98.56%) were typed as influenza A and 63 (1.44%) as influenza B. Of the subtyped influenza A viruses, 95 (2.19%) were influenza A(H1N1)pdm09 and 2587 (59.84%) were influenza A(H3N2). Of the characterized B viruses, 19 (100.00%) 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 can be found 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 to over 50%. Increases were observed in all regions of WHO, except in the African Region of WHO. Activity from non-sentinel sites continued to increase, with overall positivity around 50%.
- National Influenza Centres (NICs) and other national influenza laboratories from 69 countries, areas or territories from six WHO regions (African Region: 8; Region of the Americas: 21; Eastern Mediterranean Region: 4; European Region: 27; South-East Asia Region: 6; Western Pacific Region: 3) reported SARS-CoV-2 testing data from sentinel surveillance sites to FluNet for the time period from 27 June 2022 to 10 July 2022* (data as of 25/7/2022 13:32:50 PM UTC). The WHO GISRS laboratories tested more than 58 154 sentinel specimens during that time period and 31 695 (54.50%) were positive for SARS-CoV-2. Additionally, more than 413 899 non-sentinel or undefined reporting source samples were tested in the same period and 197 956 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>

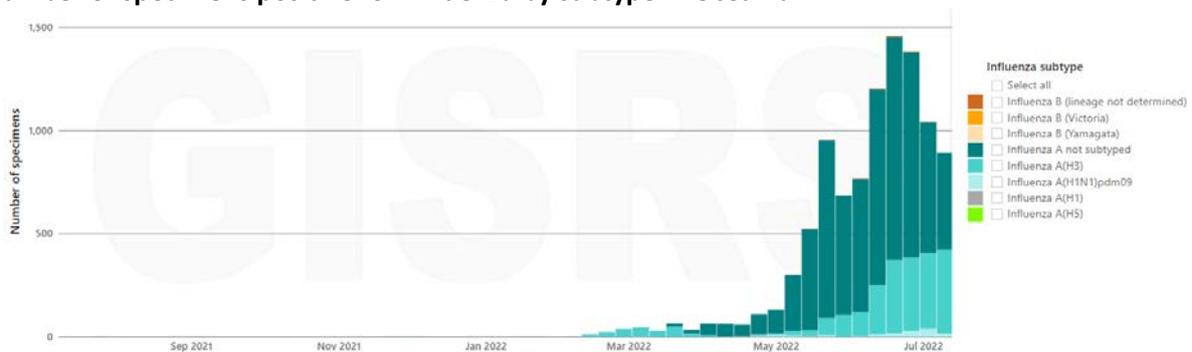
Countries in the temperate zone of the southern hemisphere

- In Australia influenza activity appears to have peaked in some areas, however, continued to increase 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. A decrease in influenza activity was observed in New Zealand with a decrease in ILI and severe acute respiratory infection (SARI) activity. In the Pacific Islands, in Palau, a steep increase in ILI and influenza cases due to influenza A viruses since the end of June was reported. An increase in influenza detections was also reported in Samoa.
- In South Africa, influenza detections decreased slightly overall and were predominantly influenza A(H1N1)pdm09 and influenza A(H3N2) with a few influenza B/Victoria lineage detections. The influenza detection rate in pneumonia surveillance systems increased slightly but remained low and the detection rate in ILI surveillance decreased and remained below

the epidemic threshold. The detection rate for SARS-CoV-2 decreased slightly in ILI surveillance and increased slightly in pneumonia surveillance. The RSV detection rate decreased below the epidemic threshold in children under 5 years of age in the most recent reporting week.

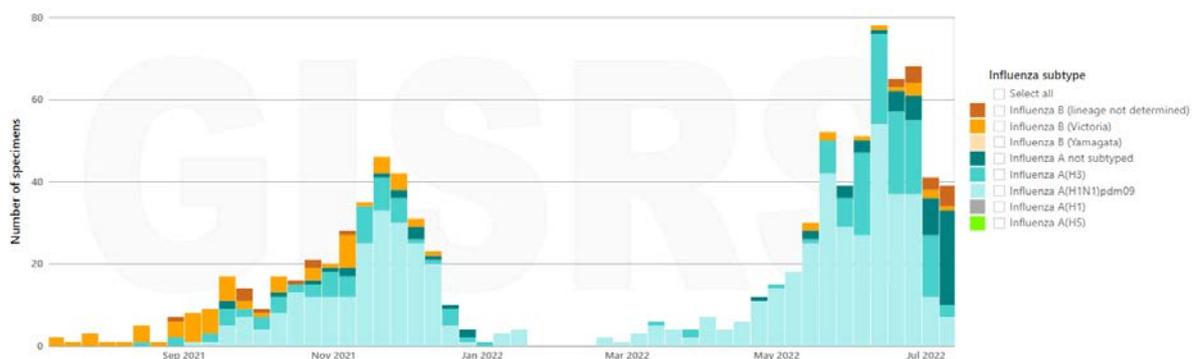
- In temperate South America, influenza activity decreased and predominantly influenza A virus detections were reported with the majority A(H3N2) among those subtyped. SARI activity remained at a low level in Chile, at a moderate level in Paraguay and increased to a high level in Uruguay. ILI activity was low in Argentina and Paraguay and moderate in Chile. Influenza percent positivity remained below seasonal threshold levels except in Chile and Uruguay where it remained at low levels. SARS-CoV-2 and RSV percent positivity remained elevated in Argentina and continued to increase in Chile. SARS-CoV-2 increased in Paraguay and Uruguay, but RSV remained low.

Number of specimens positive for influenza by subtype in Oceania



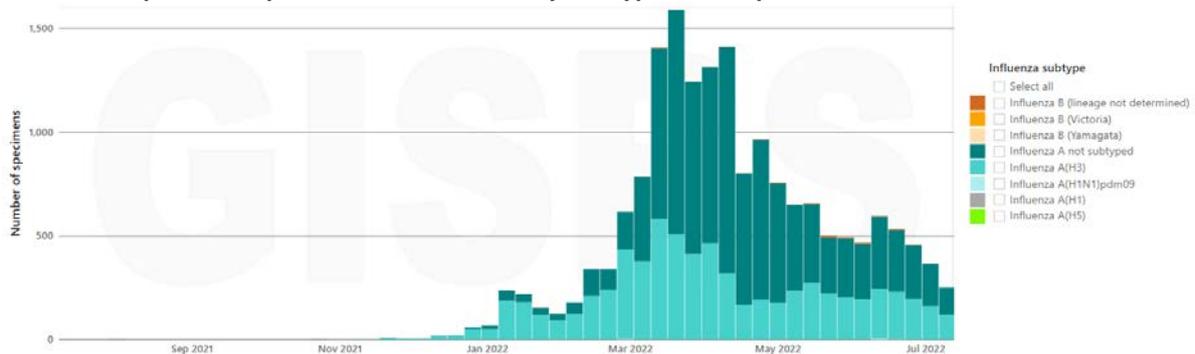
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 21/07/2022

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 21/07/2022

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



Data source: FluNet (www.who.int/toolkits/flu-net). Global Influenza Surveillance and Response System (GISRS)

Data generated on 21/07/2022

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. SARI activity remained near moderate levels in Haiti and increased to near moderate levels in Guatemala and Mexico. In Guatemala, ILI cases decreased but remained above the average expected at this time of year at a moderate level. ILI cases increased in Mexico to a high level. Influenza activity decreased and remained at a moderate level in El Salvador and decreased in Mexico and Nicaragua to low levels. SARS-CoV-2 increased in most countries. RSV was low in most countries except in the Dominican Republic and Nicaragua.
- In the tropical countries of South America, influenza detections were low, and A(H3N2) detections predominated. SARI activity was elevated above the average expected at this time of year in the Plurinational State of Bolivia (high level) and Ecuador (low level). The number of pneumonia cases was above the average level expected at this time of year at a moderate level in Colombia and low in Ecuador. Percent positivity for influenza remained below seasonal threshold levels except in the Plurinational State of Bolivia, where it continued to increase but remained at a low level. SARS-CoV-2 increased in most countries and RSV activity remained low in the sub-region.

Tropical Africa

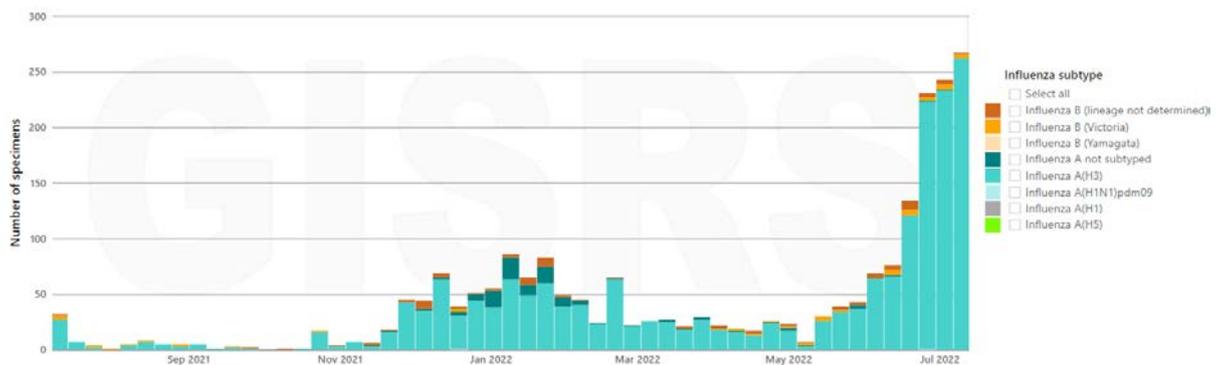
- In Western Africa, influenza detections decreased overall, with A(H3N2) predominant and only a few influenza B/Victoria lineage detections. Ghana and Senegal reported decreasing detections of influenza A(H3N2) and Burkina Faso reported a single A(H3N2) detection. Côte d'Ivoire reported elevated detections of influenza A(H3N2) and influenza B/Victoria lineage detections, while Togo reported sporadic detections of both viruses.
- In Middle Africa, Central African Republic reported a few influenza A(H3N2) detections.
- In Eastern Africa, several countries reported sustained influenza detections. Ethiopia reported decreased influenza A(H3N2) and influenza B detections. Mauritius reported mainly influenza A(H3N2) and some A(H1N1)pdm09 detections. Réunion reported an increase in influenza A(H3N2) detections in hospitals, and the number of emergency consultations for ILI remained above the epidemic threshold for three consecutive weeks, marking the beginning

of an epidemic phase in week 27. Uganda reported influenza A(H1N1)pdm09 and influenza B/Victoria lineage detections. The United Republic of Tanzania reported influenza A(H1N1)pdm09, A(H3N2) and influenza B detections. Zambia reported detections of influenza A(H1N1)pdm09.

Tropical Asia

- In Southern Asia, influenza detections of predominantly A(H3N2) increased especially in Bangladesh and Nepal. Nepal also reported some influenza A(H1N1)pdm09 detections. SARI activity also increased in Nepal. Bhutan and India also reported low levels of influenza A detections.
- In South-East Asia, influenza detections increased, and influenza A(H3N2) viruses predominated. Malaysia, Singapore and Thailand reported increased detections of A(H3N2) viruses, while the Philippines reported decreased A(H3N2) detections. Timor-Leste reported detections of influenza A(H3N2) and B/Victoria lineage viruses. Indonesia, Lao People's Democratic Republic (PDR) and Malaysia reported a few detections of influenza B/Victoria and B (lineage not determined) viruses.

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



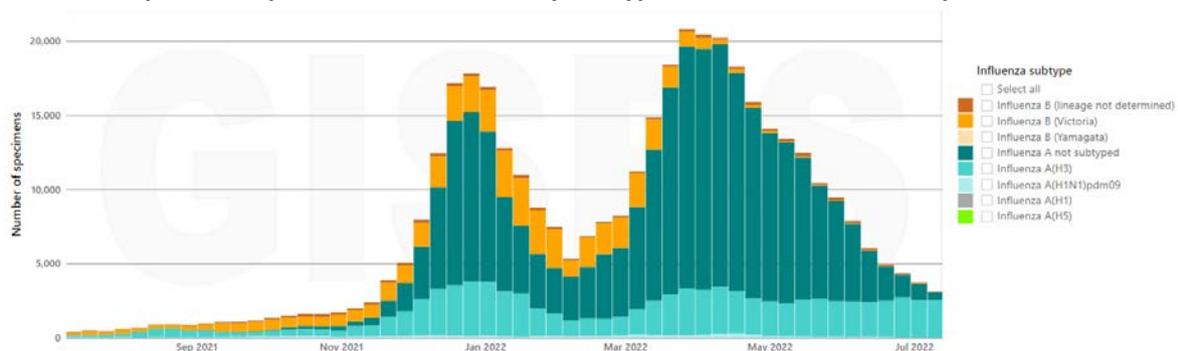
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 21/07/2022

Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity continued to decrease 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 activity of predominantly A viruses decreased and remained 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. The percentage of deaths attributed to pneumonia, influenza or COVID-19 in the USA remained above the epidemic threshold established from historical data, with the majority of recent mortality attributed to COVID-19. RSV activity remained low in Canada and in most regions of the USA.

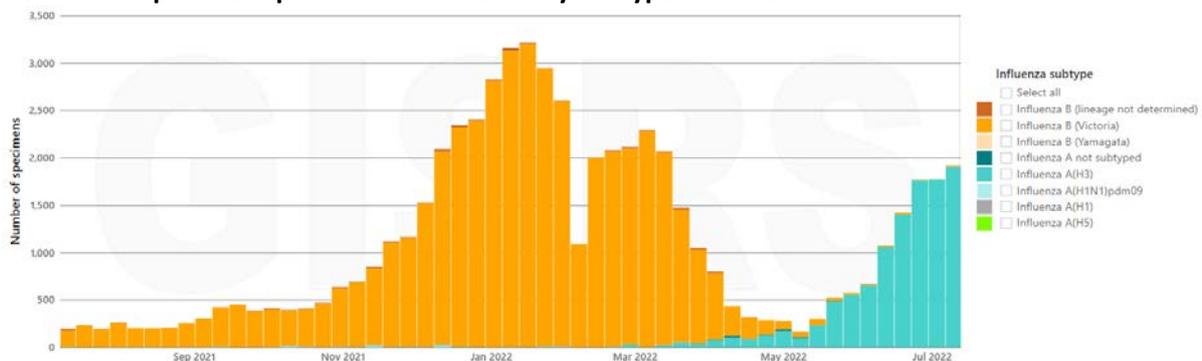
- In Europe, overall influenza activity remained at low inter-seasonal levels. Analysis of data submitted to GISRS shows that activity across all subregions has decreased to or below 1%. The majority of detections were influenza A and where subtyped, mostly influenza A(H3N2) and there were some B viruses detected. Pooled all-cause mortality estimates from the EuroMomo network showed increases in excess mortality among some age groups and remained 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(H3N2) and B viruses were reported by Oman and Saudi Arabia. Detections of influenza A(H1N1)pdm09 and A(H3N2) viruses increased slightly in the United Arab Emirates in recent weeks.
- 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 prior to 2020. ILI activity decreased during this reporting period and remained elevated for this time of year compared to years prior to 2020 in the southern provinces. A few detections of influenza A(H3N2) viruses were reported in Japan. 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 21/07/2022

Number of specimens positive for influenza by subtype in Eastern Asia

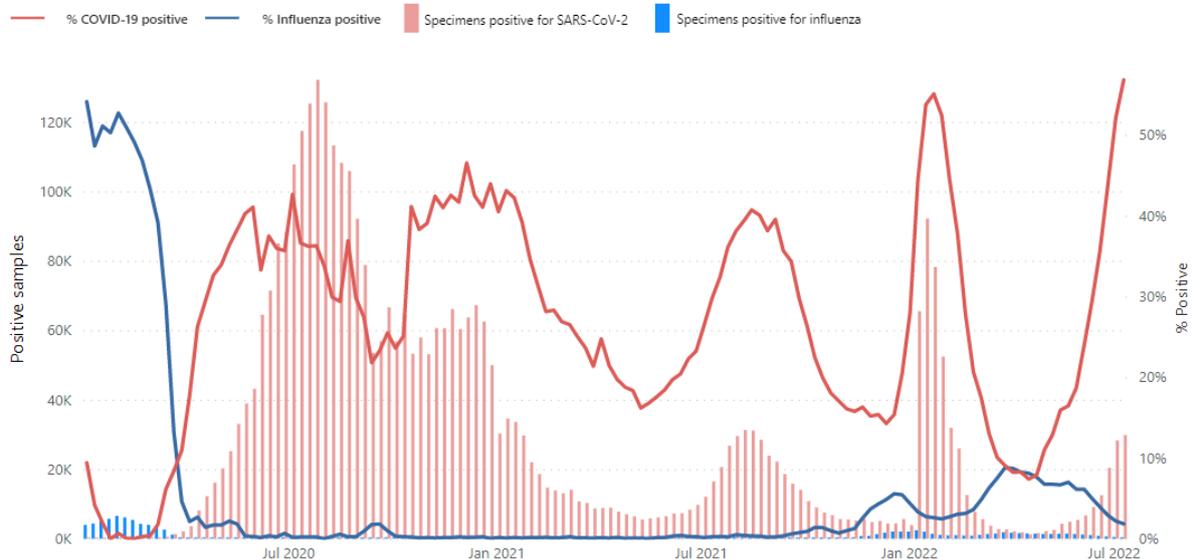


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 21/07/2022

SARS-CoV-2 sentinel surveillance data reported to FluNet

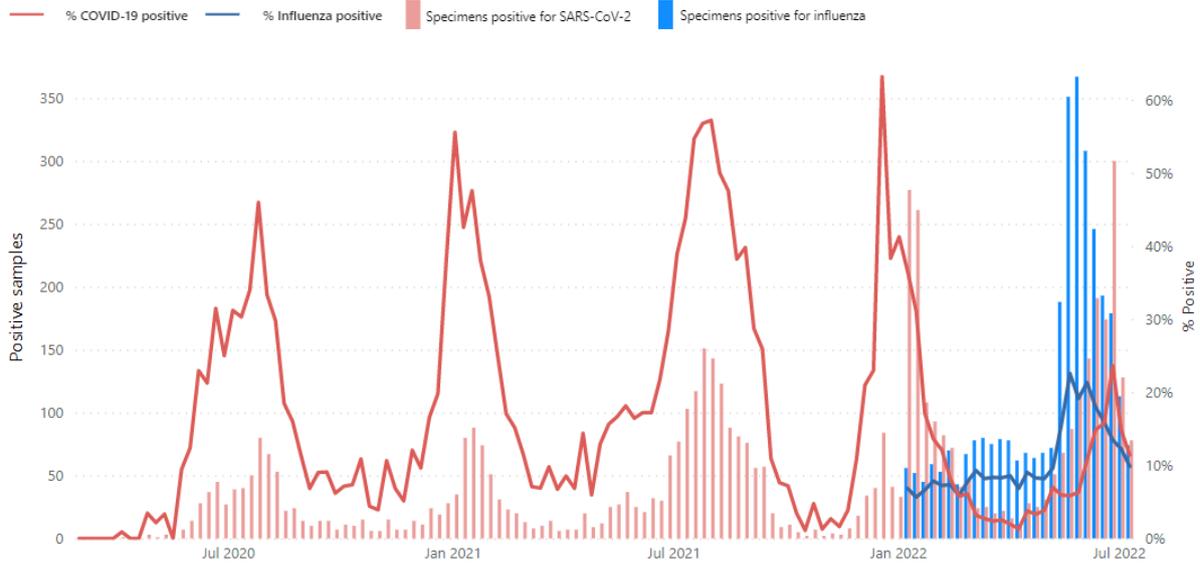
- SARS-CoV-2 data are included from those countries reporting testing one or more sentinel specimens for SARS-CoV-2 per week. Influenza data are included from those countries reporting testing one or more sentinel specimens for influenza per week regardless of their reporting of SARS-CoV-2 testing data. 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. Additional information on data reported from countries can be found on the Integrated influenza and other respiratory viruses surveillance outputs dashboard [here](#).

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



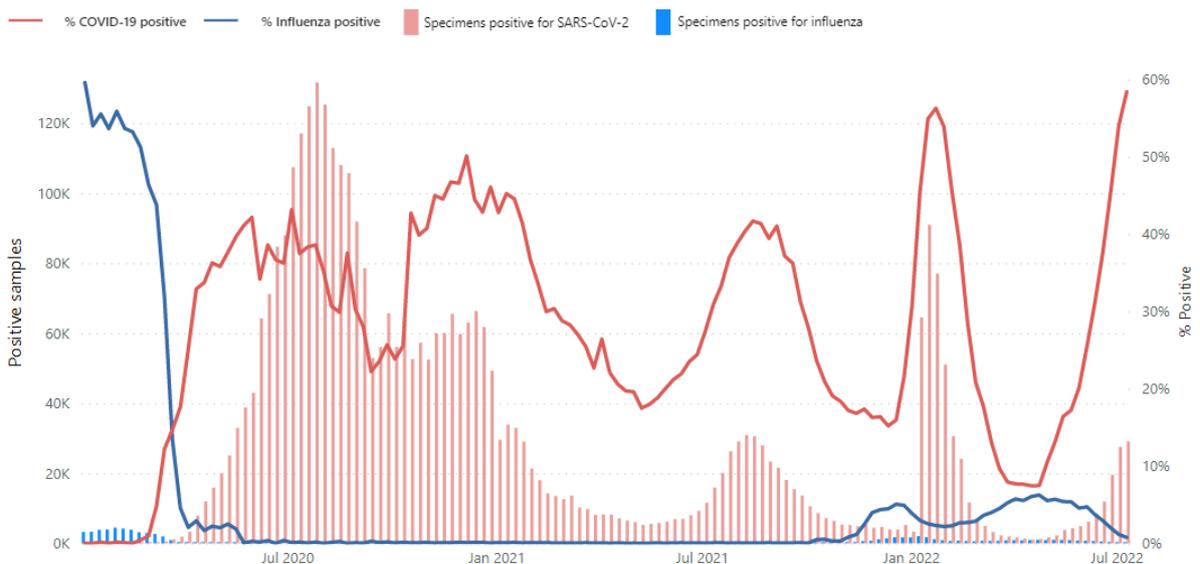
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
 Data generated on 22/07/2022

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



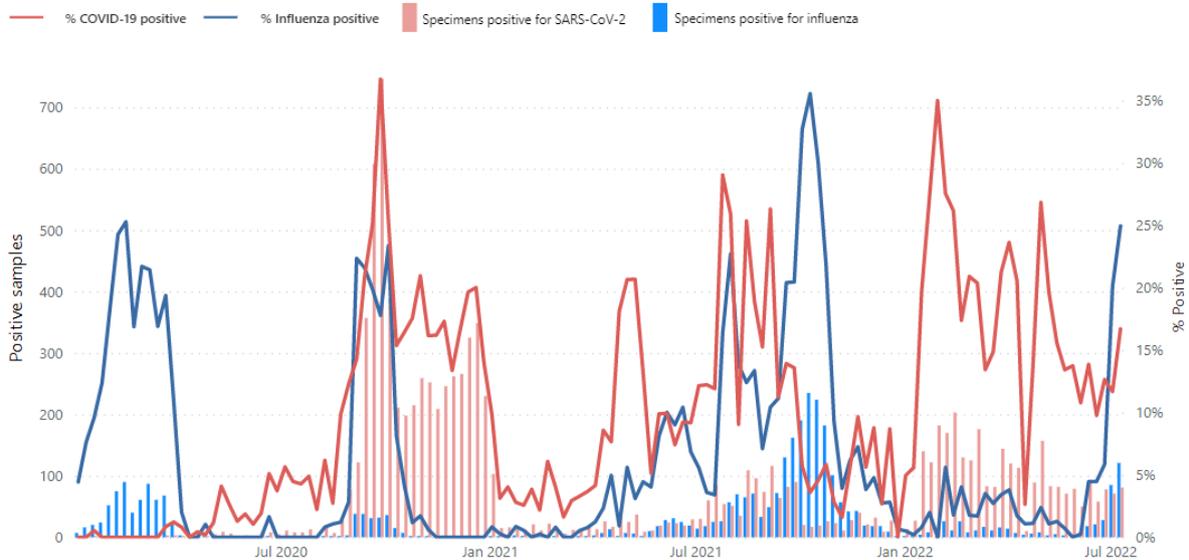
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 22/07/2022

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



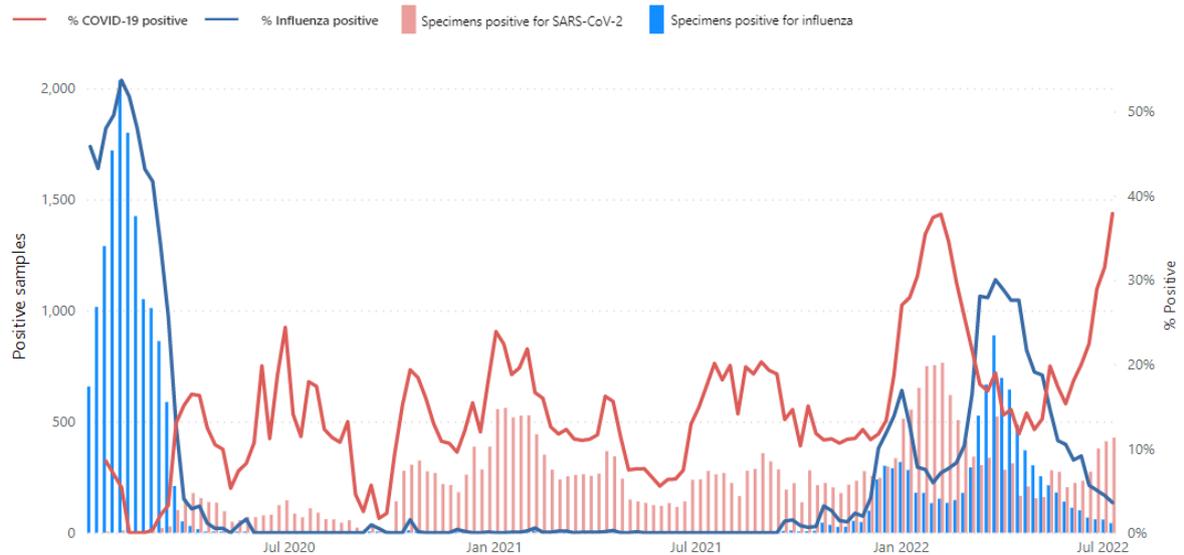
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 22/07/2022

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



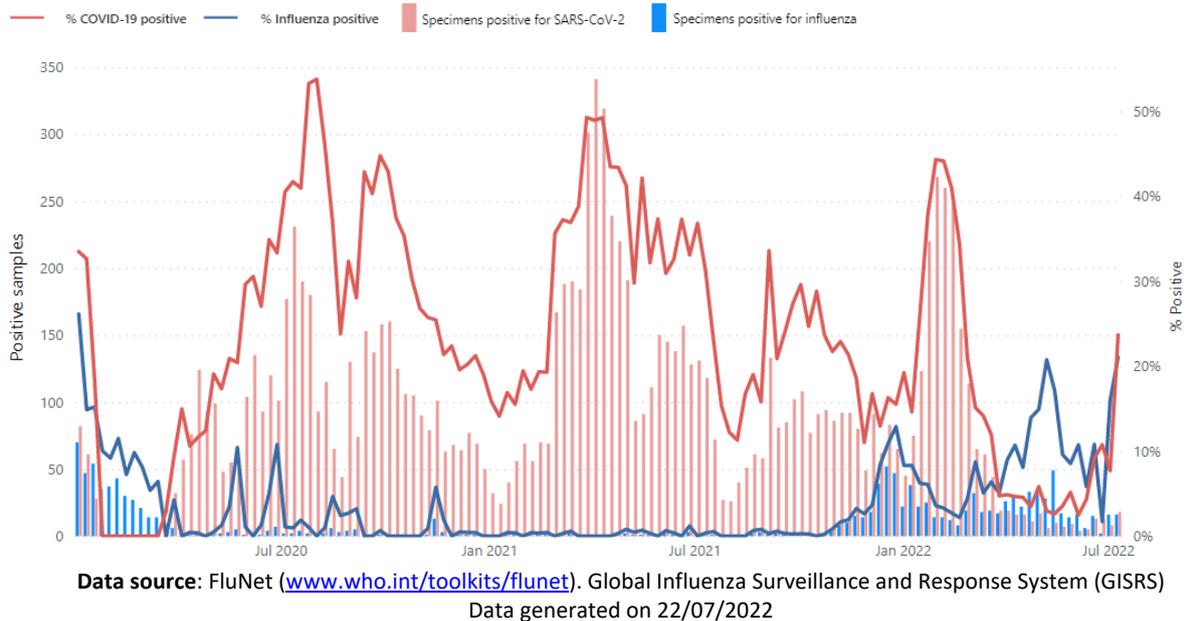
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 22/07/2022

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

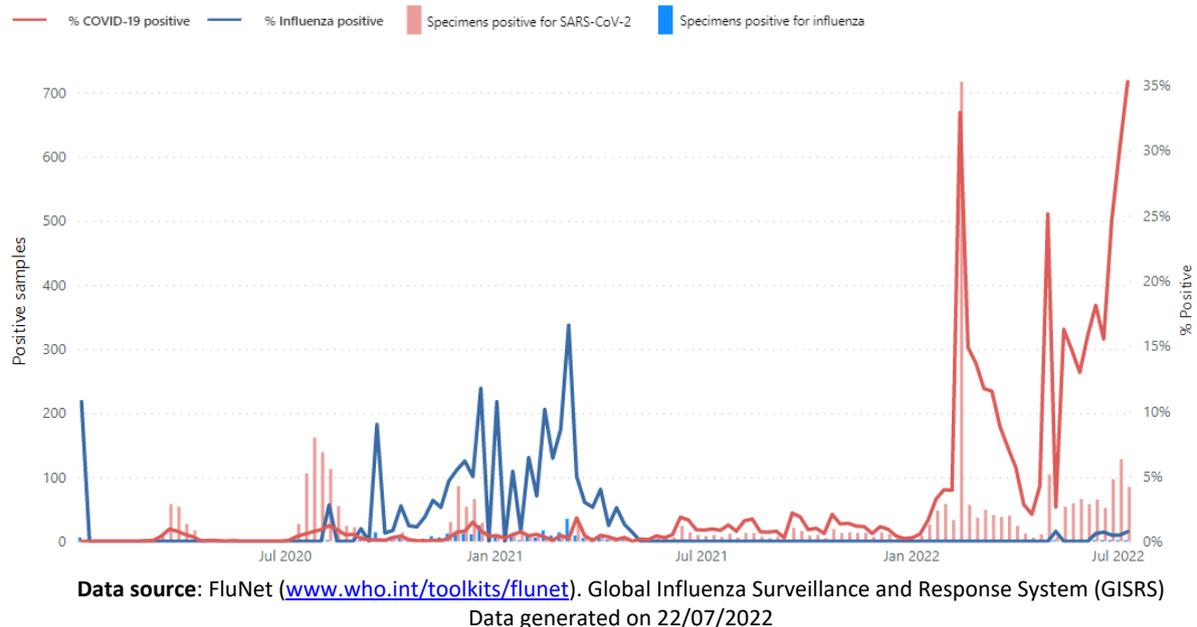


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 22/07/2022

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



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.

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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