Influenza Update N° 425
8 August 2022, based on data up to 24 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 this reporting period.
- In Oceania, detections of primarily influenza A(H3N2) decreased overall, but elevated influenza-like activity (ILI) was reported in some Pacific Island countries.
- In Southern Africa, influenza activity decreased 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) were at similar levels to previous weeks and remained at low levels overall.
- In South-East Asia, influenza virus detections decreased. 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 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) seemed to have peaked. 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

![Graph showing number of specimens positive for influenza by subtype globally.](https://www.who.int/toolkits/flunet)

**Data source:** FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 4/08/2022

### Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone

![Map showing percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone.](https://www.who.int/toolkits/flunet)

- National Influenza Centres (NICs) and other national influenza laboratories from 120 countries, areas or territories reported data to FluNet for the time period from 11 July 2022 to 24 July 2022 (data as of 5/8/2022 7:23:00 AM UTC). The WHO GISRS laboratories tested more than 145,086 specimens during that time period. 6,449 were positive for influenza viruses, of which 6,301 (97.7%) were typed as influenza A and 148 (2.3%) as influenza B. Of the subtyped influenza A viruses, 157 (2.7%) were influenza A(H1N1)pdm09 and 5,640 (97.3%) were influenza B.

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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
A(H3N2). Of the characterised influenza B viruses, 44 (100%) belonged to the B-Victoria lineage and none belonged to the Yamagata 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 decreased a little over the reporting period and remained over 50%. An increase was observed in the Western Pacific Region, but activity in all other regions decreased or remained stable. Activity from non-sentinel sites remained stable overall, with overall positivity around 45%.

- National Influenza Centres (NICs) and other national influenza laboratories from 82 countries, areas or territories reported data to FluNet for the time period from six WHO regions (African Region: 15; Region of the Americas: 23; Eastern Mediterranean Region: 3; European Region: 30; South-East Asia Region: 7; Western Pacific Region: 4) reported to FluNet from sentinel surveillance sites for time period from 11 July 2022 to 24 July 2022 (data as of 5/8/2022 7:23:00 AM UTC). The WHO GISRS laboratories tested more than 101 931 sentinel specimens during that time period and 56 496 (55.4%) were positive for SARS-CoV-2. Additionally, 1 016 516 non-sentinel or undefined reporting source samples were tested in the same period and 458 136 (45.0%) 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 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

- Across Australia, influenza detections and activity decreased. Detections were mainly influenza A (H3N2), some influenza A (H1N1)pdm09 and very few influenza B viruses. Respiratory syncytial virus (RSV) activity decreased but remained high in New South Wales, and increased in South Australia. In New Zealand a downward trend in influenza activity was observed. The hospitalization rate for SARI (severe acute respiratory infection) was stable overall but increased in children under five years. This was primarily driven by human metapneumovirus as well as SARS-CoV-2 infections. In the Pacific Island countries, elevated and increasing influenza-like activity was reported in Kiribati and Samoa. New Caledonia and Wallis and Futuna reported smaller increases in influenza-like activity. In Palau, the influenza A outbreak seems to have declined. Vanuatu reported decreasing influenza-like activity following highILI in recent weeks.
In South Africa, influenza activity decreased with fewer detections of influenza A(H1N1)pdm09, influenza A (H3N2) and influenza B/Victoria lineage reported. The influenza detection rate in pneumonia surveillance systems decreased below the epidemic threshold. The detection rate in ILI surveillance was stable, remaining below the epidemic threshold. There were few SARS-CoV-2 detections and the detection rate for SARS-CoV-2 was stable. Few RSV detections were reported, such that the detection rate remained below the epidemic threshold in children under five years of age.

In temperate South America, influenza activity decreased and predominantly influenza A virus detections were reported with the majority A(H3N2) among those subtyped. Elevated SARI activity was reported in Chile, Paraguay and Uruguay, which was driven primarily by SARS-CoV-2 in Paraguay and both SARS-CoV-2 and RSV in Chile and Uruguay. In Uruguay, SARI activity rose above the extraordinary threshold. Percent positivity for influenza was below the seasonal threshold, 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.

Number of specimens positive for influenza by subtype in Oceania

![Number of specimens positive for influenza by subtype in Oceania](image)

Data source: FluNet (www.who.int/toolkits/flunet), Global Influenza Surveillance and Response System (GISRS)
Data generated on 02/08/2022

Number of specimens positive for influenza by subtype in Southern Africa

![Number of specimens positive for influenza by subtype in Southern Africa](image)

Data source: FluNet (www.who.int/toolkits/flunet), Global Influenza Surveillance and Response System (GISRS)
Data generated on 03/08/2022
Influenza update

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 03/08/2022

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 and decreased, with A(H3N2) detections predominant. Elevated SARS-CoV-2 activity was reported in Belize, Costa Rica, Haiti, Honduras and Mexico. In the Dominican Republic, both RSV and SARS-CoV-2 activity rose, and SARI activity increased above the seasonal threshold. SARI activity was also above the seasonal threshold in Guatemala and Haiti and moderate in Mexico. ILI cases remained high in Mexico and moderate in Guatemala. Influenza positivity further decreased in El Salvador and Mexico to below the seasonal threshold and decreased in Nicaragua to low levels.
- In the tropical countries of South America, influenza detections were few. A(H3N2) detections predominated. SARS-CoV-2 activity increased in the Plurinational State of Bolivia, Colombia, Ecuador and Peru. SARI activity decreased a little but remained high in the Plurinational State of Bolivia. In Ecuador, both SARI activity and pneumonia cases decreased but remained above the seasonal threshold. In Colombia, pneumonia cases decreased but remained at moderate level and higher than average for this time of year. RSV activity remained low in the sub-region.

Tropical Africa

- In Western Africa, influenza detections overall decreased, with the vast majority being influenza A(H3N2) and only very few influenza B/Victoria lineage detections. Burkina Faso, Guinea and Senegal reported sporadic influenza A(H3N2) detections, with the number of detections in Senegal having decreased in recent weeks. Ghana continued to report decreasing numbers of A(H3N2) detections and sporadic influenza B/Victoria lineage detections. Côte d'Ivoire reported sustained detections of influenza A(H3N2) and influenza B/Victoria lineage viruses while Niger reported sporadic detections of both viruses.
- In Middle Africa, Central African Republic reported a few influenza A(H3N2) detections and Gabon reported one influenza B/Victoria lineage detection.
- In Eastern Africa, the number of influenza detections decreased. Ethiopia reported influenza A (H3N2) and influenza B detections. Kenya reported decreasing influenza A(H1N1)pdm09 detections. Mauritius reported mainly influenza A(H3N2) and some A(H1N1)pdm09
detections. An influenza epidemic driven mainly by influenza A(H3N2) continues in Réunion, though decreased emergency consultations and hospitalizations for influenza-like illness were reported. Uganda reported influenza A(H1N1)pdm09 detections. The United Republic of Tanzania and Zambia reported influenza A(H1N1)pdm09, influenza A(H3N2) and influenza B detections.

**Tropical Asia**

- In Southern Asia, influenza activity remained low with influenza A(H3N2), influenza A(H1N1)pdm09 and influenza B/Victoria detections reported. Influenza A(H3N2) detections were reported in Bangladesh, India, the Islamic Republic of Iran and Nepal. Bangladesh also reported a single influenza B/Victoria detection. Bhutan, India and Nepal continued to report Influenza A(H1N1)pdm09 detections. Maldives reported a single influenza A (not subtyped) detection.
- In South-East Asia, influenza detections of predominantly influenza A (H3N2), some influenza A (H1N1)pdm09 and influenza B/Victoria lineage (where determined) appeared to decrease. Lao People’s Democratic Republic (PDR) and Malaysia reported influenza A (H3N2) and influenza B detections. Malaysia reported fewer detections than in recent weeks. The Philippines reported influenza A (H3N2) detections only. Timor-Leste reported decreasing influenza B detections. Thailand reported increasing detections of influenza A(H3N2) and influenza B, and Singapore reported increasing detections of influenza A(H3N2) and influenza A(H1N1)pdm09.

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

![Image of chart showing influenza subtype detections in South-East Asia]

*Data source: FluNet ([www.who.int/toolkits/flunet](www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS) Data generated on 04/08/2022*

**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 and the USA, influenza activity of predominantly A viruses decreased and remained below the seasonal threshold. ILI remained low at typical levels for this time of year. 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 the USA.

- In Europe, overall influenza activity remained at low inter-seasonal levels. Analysis of data submitted to GISRS shows that influenza activity across all subregions remains below 1%. The majority of detections were influenza A and where subtyped, mostly influenza A(H3N2) and there were some influenza 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, no detections were 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, A(H3N2) and B viruses continued to be reported in the United Arab Emirates. Jordan updated data for 2022 indicating an increase in ILI and influenza activity in May and June. Reported detections were predominantly A(H3N2) viruses. Typically, influenza activity peaks at the end or beginning of the year in Jordan. Qatar also updated data for the past several months indicating influenza detections increased in May, peaked in mid-June and have decreased over the past few weeks. Reported detections were predominantly A(H3N2) viruses followed by B viruses. Similar peaks in influenza activity have been reported in previous years during these months. The Syrian Arab Republic also updated data indicating influenza A(H3N2) activity at the end of 2021 through early 2022 and an increase in SARI cases in early 2022.
- In East Asia, influenza activity was low in the northern provinces of China and seemed to have peaked 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 continued to decrease during this reporting period. In the other countries of the subregion, influenza illness indicators and activity remained low, but a few detections of influenza A(H3N2) viruses were reported in Japan and the Republic of Korea. In Mongolia, the ILI rate and the proportion of hospitalizations due to pneumonia increased slightly this period.

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 04/08/2022
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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 04/08/2022

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 04/08/2022
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 04/08/2022

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 04/08/2022
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 04/08/2022

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 04/08/2022
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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