Influenza Update N° 426

22 August 2022, based on data up to 7 August 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, except in Southeast Asia where influenza activity increased.
- In the temperate zones of the southern hemisphere, overall influenza activity appeared to further decrease this reporting period.
- In Oceania, detections of primarily influenza A(H3N2) decreased overall and influenza-like activity (ILI) activity returned to low levels in most 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) most frequently detected.
- In the tropical countries of South America, influenza detections were low and A(H3N2) detections predominated.
- In tropical Africa, influenza activity continued to decrease with influenza A(H3N2) viruses predominant among the reported detections.
- In Southern Asia, influenza detections of predominantly A(H3N2) viruses decreased while detections of influenza A(H1N1)pdm09 increased in recent weeks, especially in India.
- In South-East Asia, influenza activity increased overall with influenza A(H3N2) viruses predominantly detected.
- In the countries of North America, influenza activity remained at inter-seasonal levels as typically observed at this time of year. Influenza A(H3N2) was 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 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

Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone1. Map generated on 22 August 2022.

---

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
National Influenza Centres (NICs) and other national influenza laboratories from 101 countries, areas or territories reported data to FluNet for the time period from 25 July 2022 to 07 August 2022 (data as of 2022-08-22 13:05:53 UTC). The WHO GISRS laboratories tested more than 263,527 specimens during that time period. 6193 were positive for influenza viruses, of which 5960 (96.2%) were typed as influenza A and 233 (3.8%) as influenza B. Of the sub-typed influenza A viruses, 292 (6.2%) were influenza A(H1N1)pdm09 and 4423 (93.8%) were influenza A(H3N2). Of the characterized B viruses, 48 (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 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 continued to decrease and was at approximately 40% in the reporting period. The highest positivity rate was reported in the region of the Americas while in the other regions remained below 20%. Activity from non-sentinel sites remained stable overall, with overall positivity around 40%.

NICs and other national influenza laboratories from 55 countries, areas or territories from six WHO regions (African Region: 9; Region of the Americas: 16; Eastern Mediterranean Region: 4; European Region: 19; South-East Asia Region: 4; Western Pacific Region: 3) reported to FluNet from sentinel surveillance sites for time period from 25 July 2022 to 07 August 2022 (data as of 2022-08-22 13:05:53 UTC). The WHO GISRS laboratories tested more than 71,551 sentinel specimens during that time period and 31,026 (43.4%) were positive for SARS-CoV-2. Additionally, more than 780,633 non-sentinel or undefined reporting source samples were tested in the same period and 316,005 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 continued to decrease. Detections were mainly influenza A(H3N2), some influenza A(H1N1)pdm09 and very few influenza B viruses. Respiratory syncytial virus (RSV) activity increased in Western Australia. A downward trend in influenza activity was observed in New Zealand. The elevated hospitalization rate for severe acute respiratory infection (SARI) in children under five years continued to be primarily driven by human metapneumovirus as well as SARS-CoV-2 infections. In the Pacific Island countries,
ILI activity was low or decreased except in Wallis and Futuna where ILI continued to increase slightly. In Vanuatu, ILI remained below the alert threshold, signalling the end of the influenza A epidemic.

- In South Africa, the number of influenza A(H1N1)pdm09, influenza A (H3N2) and influenza B detections remained stable. The influenza detection rate in pneumonia surveillance and in ILI surveillance in primary health care clinics decreased and remained below the epidemic thresholds. There were few SARS-CoV-2 detections and the detection rate for SARS-CoV-2 decreased a little. RSV detections decreased, with the detection rate in children under five years of age remaining below the epidemic threshold.

- In temperate South America, influenza activity continued to decrease and predominantly influenza A virus detections were reported with the majority A(H3N2) among those subtyped. SARI activity, which was driven by RSV and SARS-CoV-2 and other non-influenza respiratory viruses, decreased in Chile, Paraguay and Uruguay though remained between low and moderate levels. Percent positivity for influenza was below the seasonal threshold, except in Chile where it remained at low levels. SARS-CoV-2 percent positivity continued to increase in Argentina and Chile.
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. Elevated SARS-CoV-2 activity was reported in Costa Rica, Haiti, Honduras and Mexico. 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 increased to moderate levels in Nicaragua.
- In the tropical countries of South America, influenza detections were low and A(H3N2) viruses predominated. SARS-CoV-2 activity increased or remained elevate across countries in the subregion. SARI activity decreased a little but remained high in the Plurinational State of Bolivia. In Colombia, pneumonia cases decreased but remained at levels higher than average for this time of year. RSV activity remained low in the sub-region.

Tropical Africa

- In Western Africa, influenza detections overall continued to decrease, with the vast majority being influenza A(H3N2) and only very few influenza B/Victoria lineage detections. Côte d’Ivoire and Ghana reported a few influenza A(H3N2) and influenza B/Victoria lineage detections. Guinea reported sporadic influenza A(H3N2) detections and Mali reported sporadic influenza A detections.
- In Middle Africa, Central African Republic reported a few influenza A(H3N2) detections.
- In Eastern Africa, the number of influenza detections decreased. Ethiopia continued to report a few influenza A(H3N2) and influenza B detections, Madagascar reported mainly influenza B and one influenza A detection and Uganda reported a single influenza B/Victoria lineage detection. Réunion transitioned into a post-epidemic phase following a decrease in influenza detections and emergency consultations for influenza-like illness.

Tropical Asia

- In Southern Asia, influenza activity continued to be reported across the country in the subregion, with influenza A(H1N1)pdm09 viruses becoming predominant in the recent weeks. Influenza A(H3N2) detections decreased in Bangladesh while influenza A(H1N1)pdm09
increased in India. Few detections of influenza A(H1N1)pdm09 and A(H3N2) viruses were reported in Nepal and influenza A (not subtyped) in the Maldives.

- In South-East Asia, influenza activity of predominantly influenza A(H3N2) increased overall. Increasing trends were reported in Cambodia, Malaysia, Singapore, and Thailand. A few detections of influenza B viruses (Victoria where lineage was determined) were reported in Indonesia, Lao People’s Democratic Republic, and Timor Leste. Low detections of influenza A(H3N2) and A(H1N1)pdm09 viruses were reported in the Philippines.

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

![Graph showing influenza activity by subtype in South-East Asia]

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

Data generated on 19/08/2022

### 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, ILI and influenza activity remained below the seasonal threshold. Influenza hospitalizations were low 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 inter-seasonal levels. Pooled all-cause mortality estimates from the EuroMOMO network showed increases in excess mortality especially among the elderly, though not related to influenza circulation.

- In Central Asia, there were no influenza detections across reporting countries.

- In Northern Africa, no influenza detections were reported this reporting period.

- In Western Asia, detections of influenza remained low in most reporting countries. In the Arab Peninsula activity decreased after a peak in recent weeks. Low numbers of detections of influenza A) and B viruses were reported by Oman and Saudi Arabia. Qatar continued to report detections of predominantly A(H3N2) viruses followed by B viruses. Detections of influenza A(H1N1)pdm09, A(H3N2) and B viruses were reported in the United Arab Emirates.

- 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. During this reporting period, ILI activity continued to decrease in the southern provinces while increased slightly in the northern provinces of China. 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 decreased slightly compared to the previous reporting period.

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

![Graph showing 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 19/08/2022

**Number of specimens positive for influenza by subtype in Eastern Asia**

![Graph showing 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 19/08/2022

---

**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 22/08/2022

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 19/08/2022
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 19/08/2022

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 19/08/2022
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 19/08/2022

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 19/08/2022
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](https://www.who.int/tools/flunet/flunet-summary)

Contact: fluupdate@who.int