

## Influenza Update N° 427

05 September 2022, based on data up to 21 August 2022

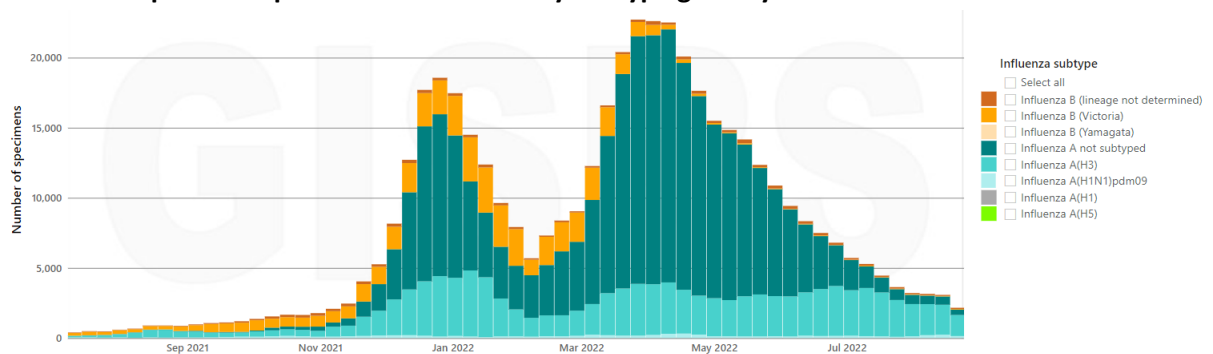
In this update, in addition to the influenza surveillance information, that of the SARS-CoV-2 virus detections from sentinel and non-sentinel surveillance performed by the Global Influenza Surveillance and Response System (GISRS) and GISRS-associated surveillance systems and reported to FluNet is included.

### 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.**
- Globally, influenza activity remained low. Generally, activity has decreased or remained low in most countries this period, except in some countries in tropical countries in Africa, the Americas and 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 was at or returned to low levels in most Pacific Island countries.
- In Southern Africa, influenza activity remained stable with continued detections of influenza A(H1N1)pdm09, influenza A(H3N2) and a few influenza B viruses.
- In temperate South America, influenza activity remained low. Influenza A(H3N2) viruses predominated among subtyped viruses.
- 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 decreased overall with influenza A(H3N2) viruses predominant.
- 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.

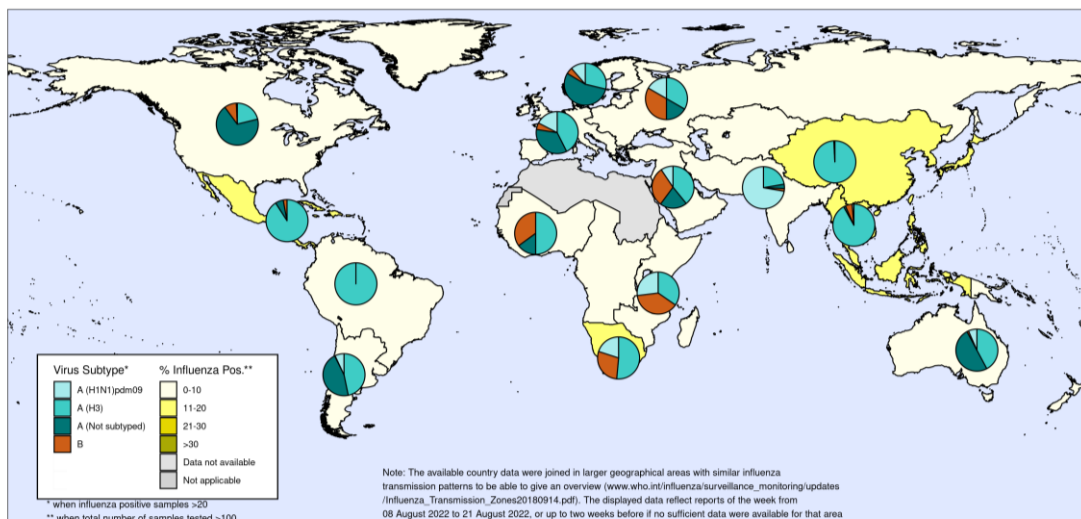
- In Europe, overall influenza activity remained at inter-seasonal levels with influenza A(H3N2) predominant among the subtyped viruses.
- In Central Asia, no influenza detections were reported.
- In Northern Africa, no influenza detections were reported.
- In East Asia, influenza activity of predominantly influenza A(H3N2) decreased overall, although a slight increase was reported in the northern 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/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

### Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone<sup>1</sup>. Map generated on 02 September 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/flunet](http://www.who.int/flunet))  
Copyright WHO 2022. All rights reserved.

<sup>1</sup>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](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 100 countries, areas or territories reported data to FluNet for the time period from 08 August 2022 to 21 August 2022\* (data as of 2022-09-02 04:38:51 UTC). The WHO GISRS laboratories tested more than 242 539 specimens during that time period. 5445 were positive for influenza viruses, of which 5188 (95.3%) were typed as influenza A and 257 (4.7%) as influenza B. Of the sub-typed influenza A viruses, 415 (10%) were influenza A(H1N1)pdm09 and 3737 (90%) were influenza A(H3N2). Of the characterized B viruses, 85 (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 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 to approximately 25% as of the most recent week. The highest positivity rate was reported in the region of the Americas while in the other regions it remained below 20%. The positivity rate decreased in most regions except in the South-East Asia and Western Pacific Regions, where there was a slight increase in the most recent week. Positivity from non-sentinel sites decreased to approximately 25% also.
- NICs and other national influenza laboratories from 55 countries, areas or territories from six WHO regions (African Region: 11; Region of the Americas: 16; Eastern Mediterranean Region: 3; European Region: 19; South-East Asia Region: 4; Western Pacific Region: 2) reported data from sentinel surveillance sites to FluNet for the time period from 08 Aug 2022 to 21 Aug 2022 (data as of 2022-09-02 04:38:50 UTC). The WHO GISRS laboratories tested more than 46 526 sentinel specimens during that time period and 13 298 (28.6%) were positive for SARS-CoV-2. Additionally, more than 579 941 non-sentinel or undefined reporting source samples were tested in the same period and 157 328 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 Eastern Mediterranean Region: <http://www.emro.who.int/health-topics/influenza/situation-update.html>
- WHO European Region: [www.flunewseurope.org/](http://www.flunewseurope.org/)
- WHO Western Pacific Region: <https://www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza>

---

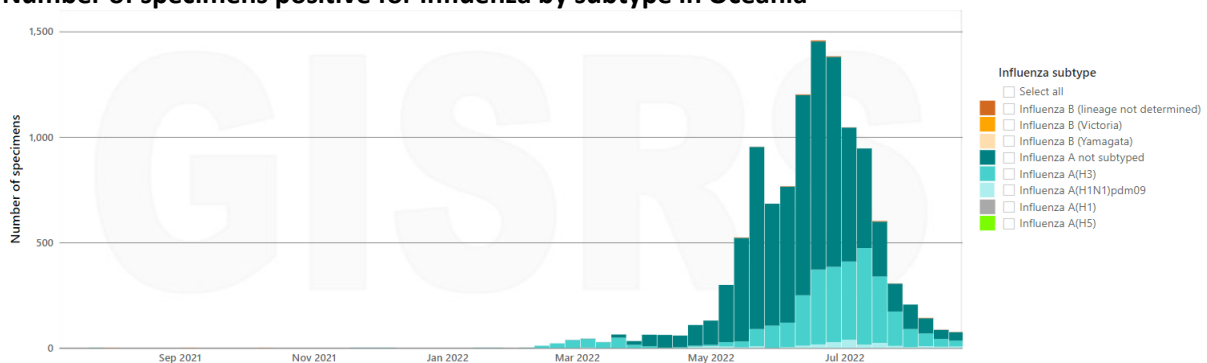
**Countries in the temperate zone of the southern hemisphere**

- 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 continued to increase in Western Australia. Influenza activity remained very low 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, rhinovirus and SARS-CoV-2 infections. In the Pacific Island countries, ILI activity was low or decreased except in Palau, Samoa, Solomon Islands and Wallis and Futuna, where increased ILI was reported.

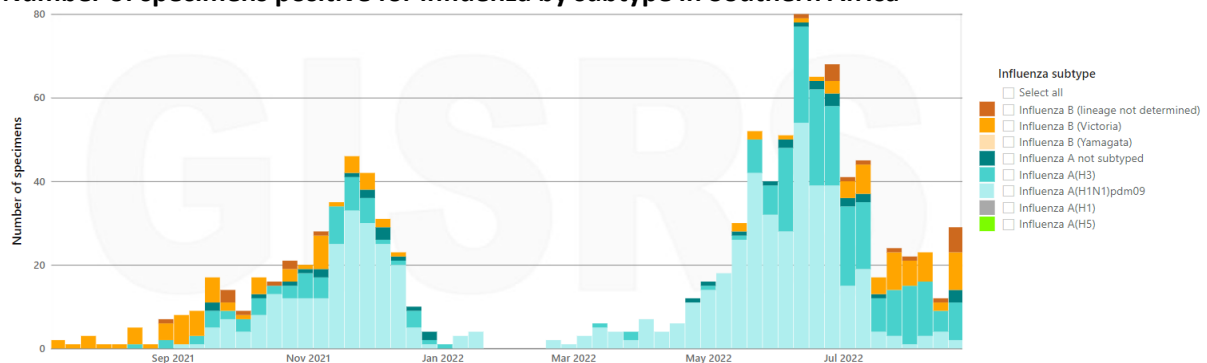
- In South Africa, the number of influenza A(H1N1)pdm09, influenza A(H3N2) and influenza B detections remained stable. The influenza detection rate in pneumonia surveillance and in ILI surveillance in primary health care clinics increased slightly but remained below the epidemic thresholds. There were few SARS-CoV-2 detections and the detection rate for SARS-CoV-2 remained low. RSV detections were few, and the detection rate in children under five years of age remained below the epidemic threshold.
- In temperate South America, influenza detections increased slightly this reporting period, but activity remained low and predominantly influenza A virus detections were reported with the majority A(H3N2) among those subtyped. SARS-CoV-2 activity decreased in most countries except Argentina. RSV remained elevated in Argentina and Chile and increased in Uruguay. In Argentina, ILI and SARI cases were reported below the seasonal threshold. In Chile, influenza detections continue to be reported and activity remains above the seasonal threshold at low levels, similar to the average for this time of year. SARS-CoV-2 activity also remained elevated. ILI cases increased, remaining at moderate levels and above average for this time of year and SARI cases also increased but remained low and similar to average levels for this time of year.

### Number of specimens positive for influenza by subtype in Oceania



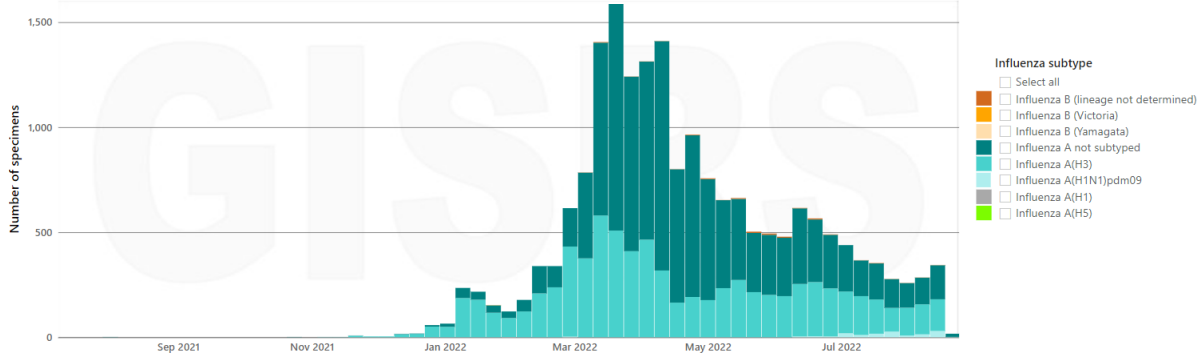
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

### Number of specimens positive for influenza by subtype in Southern Africa



Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

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



Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

## 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. Influenza positivity increased slightly in Mexico but remained at low levels, was at a moderate level in Belize and decreased to below the seasonal threshold in Nicaragua. In Panama, influenza activity increased above the seasonal threshold this reporting period, later than usual. RSV activity was low in the Caribbean but increased in Central America, with increases reported in Honduras and Panama. Elevated SARS-CoV-2 activity was reported in the Dominican Republic, Haiti, Mexico and Santa Lucia. ILI cases decreased to moderate levels in Mexico to the seasonal threshold in Guatemala. SARI activity decreased but remained at a moderate level in Guatemala and Haiti and decreased to low levels in Mexico.
- In the tropical countries of South America, influenza detections remained low, and A(H3N2) viruses predominated. SARS-CoV-2 activity decreased but remained elevated across most countries in the subregion. SARI activity remained at a moderate level in the Plurinational State of Bolivia. Pneumonia cases in Colombia and Ecuador and SARI activity in Ecuador decreased to low levels. RSV activity remained low in the sub-region.

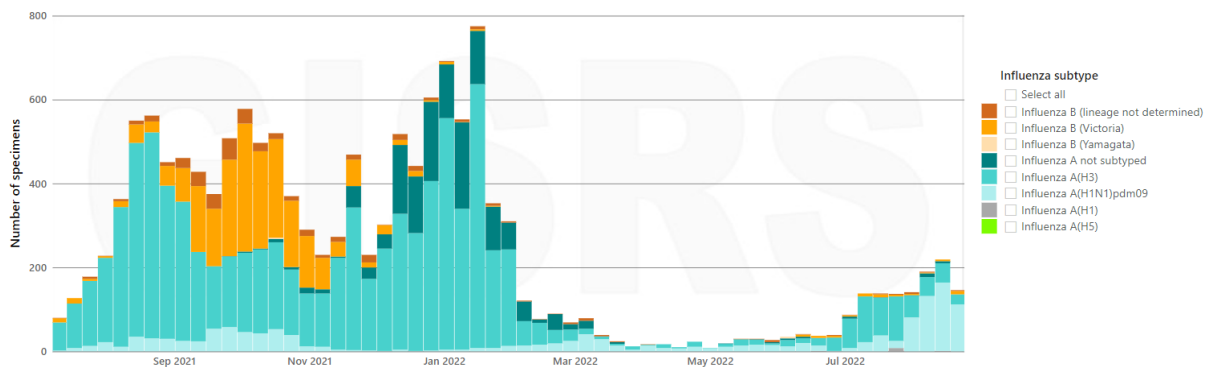
### Tropical Africa

- In Western Africa, influenza detections were few but increased slightly after having decreased in previous weeks. Detections were mainly influenza A(H3N2) viruses and some influenza B/Victoria lineage viruses. Burkina Faso, Guinea and Mali reported sporadic A(H3N2) detections. Ghana reported a slight increase in influenza A(H3N2) and influenza B/Victoria lineage detections. Mauritania reported sporadic influenza B/Victoria lineage detections.
- In Middle Africa, no detections were reported this period.
- In Eastern Africa, the number of influenza detections was stable. Ethiopia continued to report mainly influenza A(H3N2) and B virus detections, as well as one A(H1N1)pdm09 detection. Mozambique reported sporadic influenza A(H1N1)pdm09 detections. Uganda and Zambia reported influenza B (B/Victoria lineage viruses where determined) and influenza A(H1N1)pdm09 detections.

## Tropical Asia

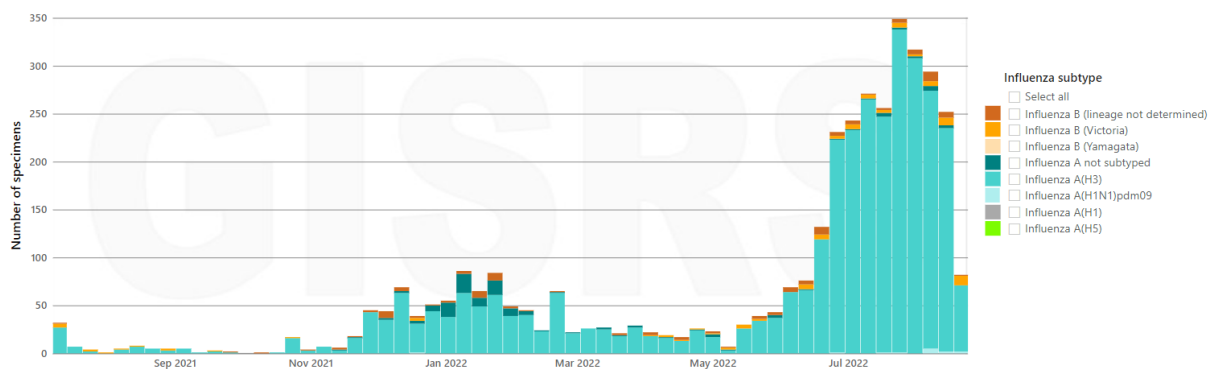
- In Southern Asia, influenza activity continued to be reported across most countries, with influenza A(H1N1)pdm09 viruses predominant in the recent weeks. Influenza A(H3N2) detections decreased in Bangladesh while influenza A(H1N1)pdm09 increased in India. India also reported a few A(H3N2) and B virus detections this period. Increased detections of influenza A(H1N1)pdm09 and A(H3N2) viruses were reported in Nepal and influenza A (not subtyped) in the Maldives. ILI cases in Nepal also increased in recent weeks. Pakistan reported continued influenza B/Victoria lineage virus detections and a few influenza A(H3N2) detections.
- In South-East Asia, influenza activity continued to be reported across most countries this reporting period. Increasing trends were reported in Lao People’s Democratic Republic (PDR), and Thailand, while detections decreased or remained stable in Malaysia, the Philippines and Singapore. In Lao PDR, activity was due to influenza B/Victoria lineage and A(H3N2) viruses, while elsewhere, influenza A(H3N2) predominated. ILI and SARI activity also increased in Lao PDR.

### Number of specimens positive for influenza by subtype in South 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 01/09/2022

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



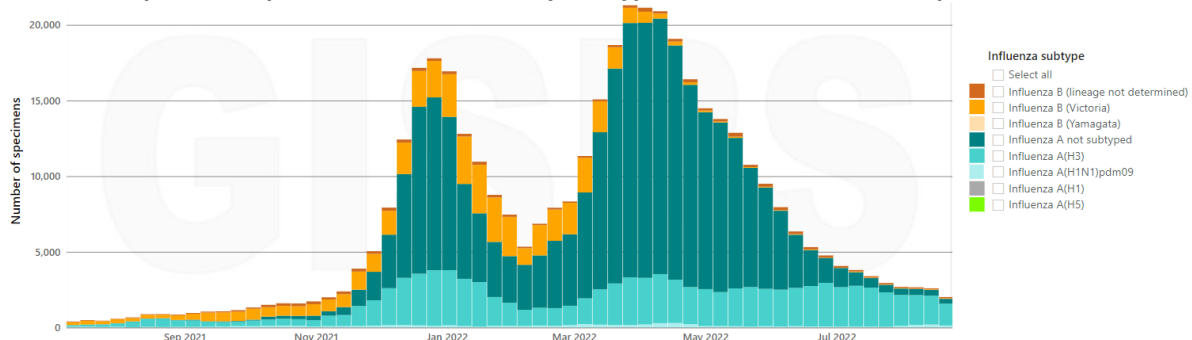
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022



## Countries in the temperate zone of the northern hemisphere

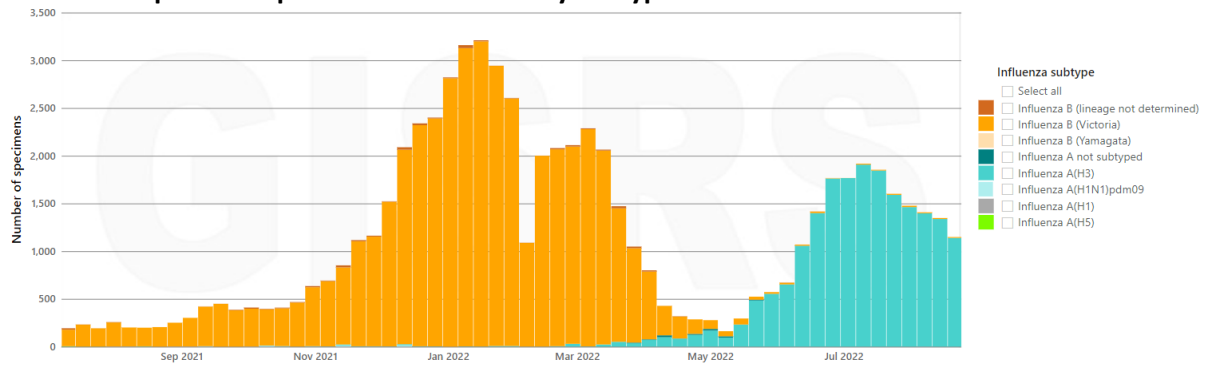
- In the countries of North America, influenza activity remained at inter-seasonal levels as typically observed at this time of year. Activity was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. In the United States of America (USA), ILI also remained below the seasonal threshold and 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. The majority of reported activity was due to influenza A viruses (mostly influenza A(H3N2) among the subtyped), and some influenza B viruses were also detected. Pooled all-cause mortality estimates from the EuroMOMO network showed increased excess mortality 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 except in some countries of the Arab Peninsula. Detections of influenza A and B viruses remained low in Oman and Qatar. Saudi Arabia reported increased detections of predominately influenza B viruses. Detections of influenza A(H1N1)pdm09, A(H3N2) and B/Victoria lineage viruses continued to be reported in the United Arab Emirates.
- In East Asia, influenza and ILI activity increased slightly in the northern provinces of China and continued to decrease in the southern provinces. Influenza A(H3N2) viruses were predominant across China. In the other countries of the subregion, influenza illness indicators remained low with a few detections of influenza A(H3N2) viruses reported in Japan and the Republic of Korea. In Mongolia, the ILI rate and the proportion of hospitalizations due to pneumonia continued to decrease to expected levels.

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



Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

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

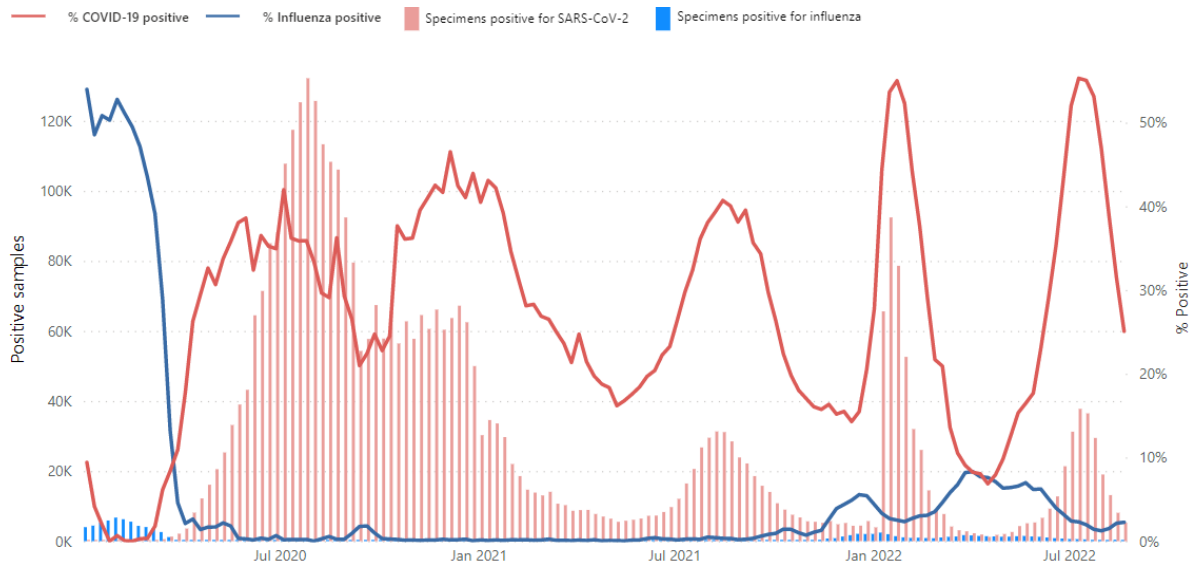


**Data source:** FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

### 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](#).

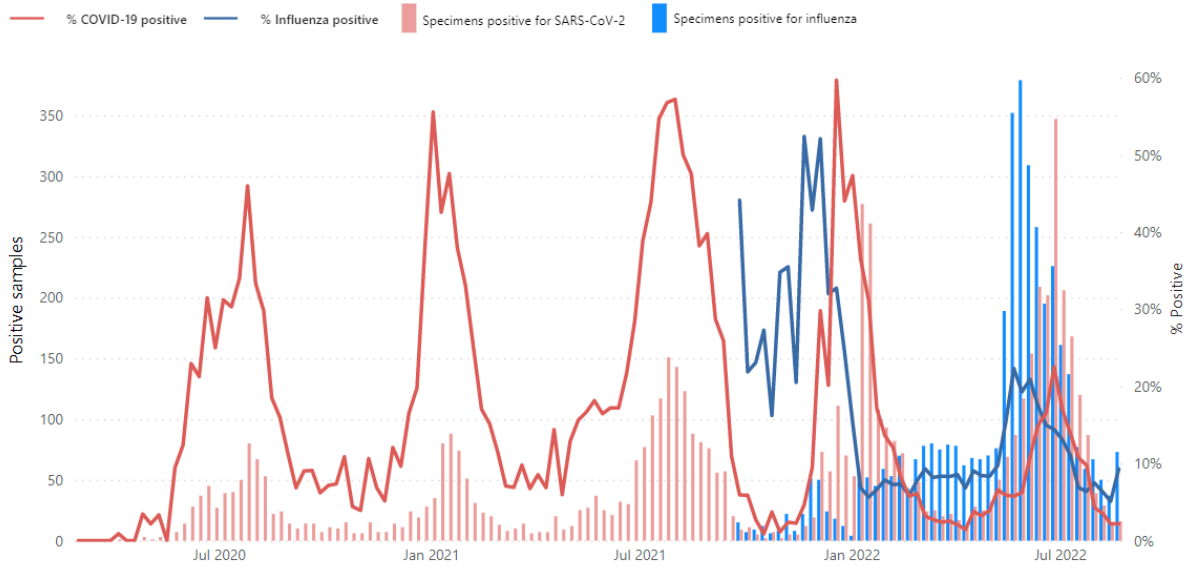
### Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet globally



**Data source:** FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

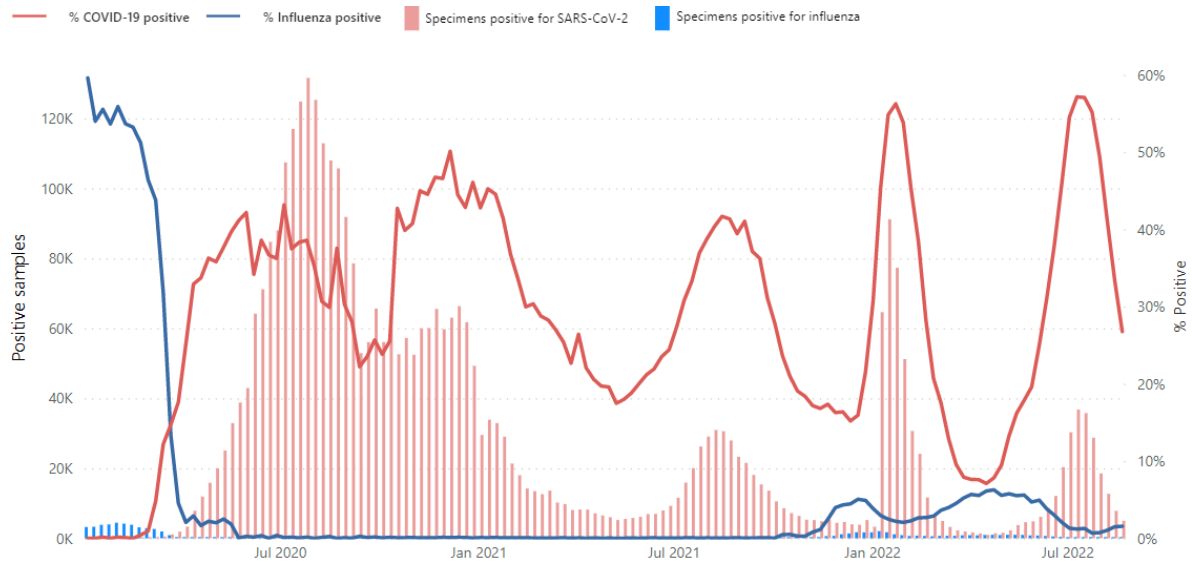


### Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO African Region



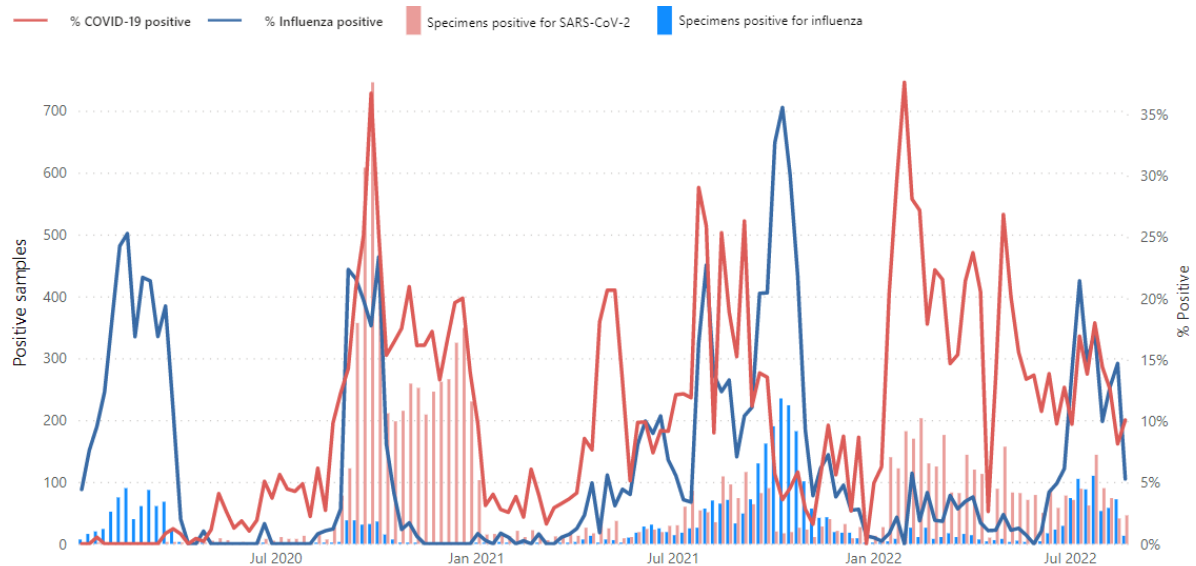
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

### 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



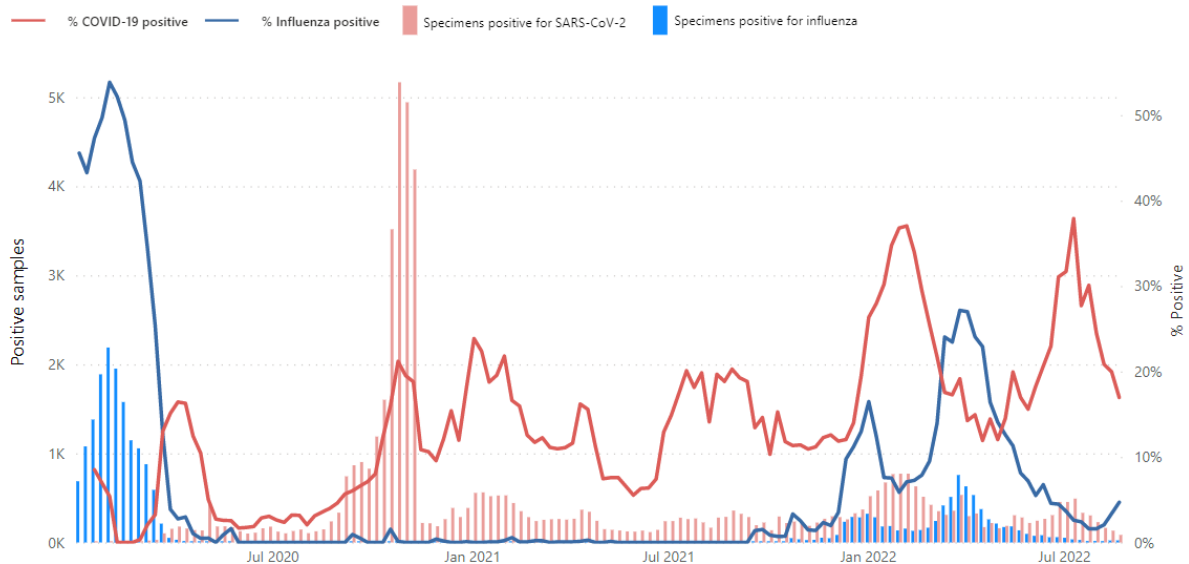
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

### 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



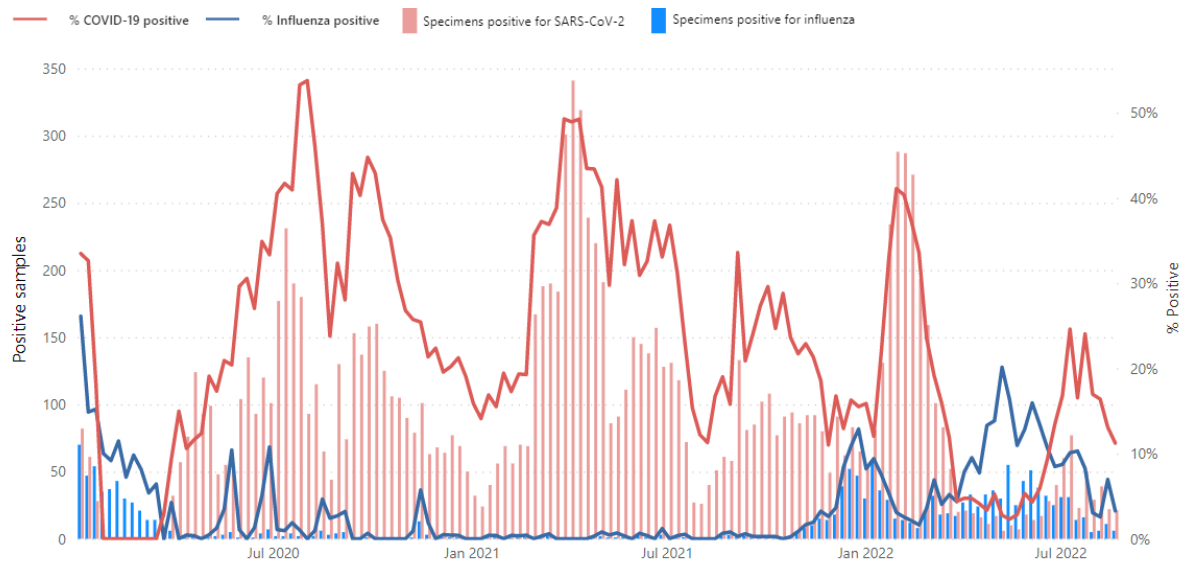
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

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



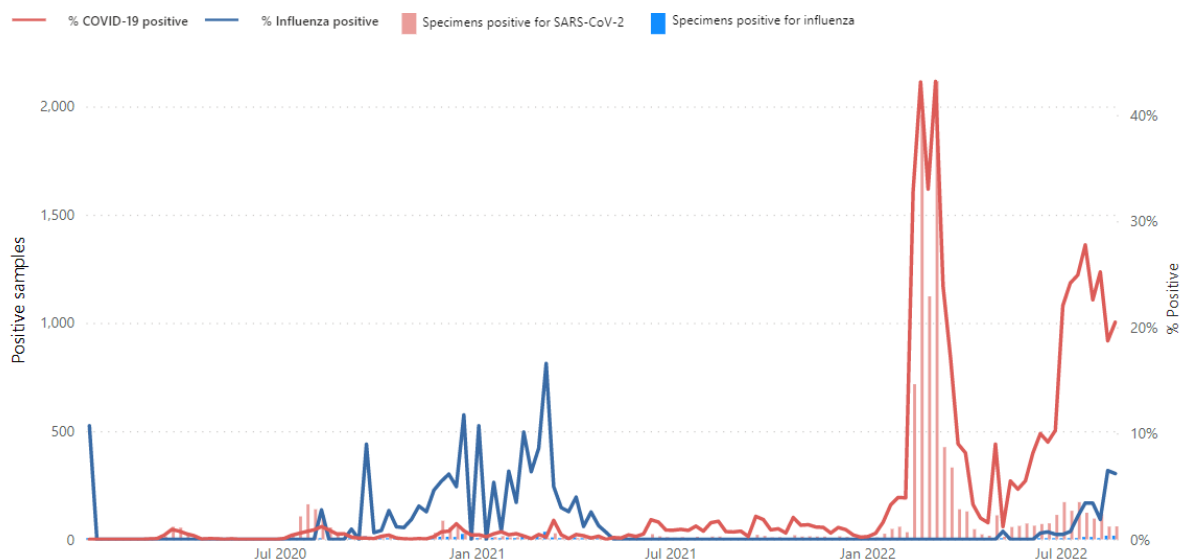
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

## 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](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

## 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](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 01/09/2022

### 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>

---

Contact: [fluupdate@who.int](mailto:fluupdate@who.int)