Influenza Update N° 431
31 October 2022, based on data up to 16 October 2022

In this update, in addition to the influenza surveillance information, that of the SARS-CoV-2 surveillance by the Global Influenza Surveillance and Response System (GISRS) through its associated sentinel and non-sentinel surveillance systems and reported to FluNet is included. Information on respiratory syncytial virus (RSV) is included where available.

Summary

- Countries are recommended to monitor the co-circulation of influenza and SARS-CoV-2 viruses. They are encouraged to enhance integrated surveillance, and in northern hemisphere countries 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 and where subtyped, influenza A(H3N2) viruses predominated. An increasing trend of influenza activity was observed in the northern hemisphere while a plateau was observed in the southern hemisphere.
- In the countries of North America, influenza activity increased slightly in recent weeks. Influenza A(H3N2) was predominant among the few subtyped viruses.
- In Europe, overall influenza activity remained at inter-seasonal levels, with a low but increasing trend. Influenza A viruses predominated among the reported detections in general with A(H3N2) viruses accounting for the majority of subtyped influenza A viruses.
- In central Asia, Kazakhstan reported increased influenza activity with B/Victoria-lineage viruses predominating.
- In East Asia, influenza activity of predominantly influenza A(H3N2) remained stable, at low levels, overall.
- In Western Asia influenza activity was elevated. Detections of influenza continued to increase in some countries of the Arab Peninsula.
- 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 remained low with detections of influenza A(H3N2), B/Victoria and A(H1N1)pdm09 reported.
- In Southern Asia, influenza activity remained low, with the exception of Iran (Islamic Republic of) where increased activity was reported. The majority of subtyped detections were influenza A(H3N2) and A(H1N1)pdm09, with few influenza B detections.
- In the temperate zones of the southern hemisphere, overall influenza activity appeared to further decrease this reporting period, except in temperate South America where activity increased in some countries.
- In Oceania, influenza activity remained low with detections of influenza A(H1N1)pdm09 and influenza A(H3N2) and some B viruses in Australia. ILI activity in New Zealand and, in general, across the Pacific Islands remained low except in a few countries.
- In Southern Africa, influenza detections decreased. Influenza B/Victoria viruses predominated, with some influenza A(H3N2) and only very few influenza A(H1N1)pdm09 virus detections.
- In temperate South America, influenza detections have continued to increase in Argentina and Chile. Elsewhere, influenza activity remained low or below the seasonal threshold. Influenza A viruses predominated with A(H1N1)pdm09 predominant among subtyped viruses in Argentina and other countries reporting mostly A(H3N2) viruses.

Number of specimens positive for influenza by subtype globally

![Chart showing number of specimens positive for influenza globally](chart.png)

**Data source**: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 28/10/2022

Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone\(^1\). Map generated on 28 October 2022.

![Map showing percentage of respiratory specimens that tested positive for influenza](map.png)

\(^1\)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://www.who.int/publications/m/item/influenza_transmission_zones
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National Influenza Centres (NICs) and other national influenza laboratories from 113 countries, areas or territories reported data to FluNet for the time period from 03 October 2022 to 16 October 2022* (data as of 10/28/2022 7:17:42 AM UTC). The WHO GISRS laboratories tested more than 311623 specimens during that time period. 13035 were positive for influenza viruses, of which 11782 (90.39%) were typed as influenza A and 1278 (9.80%) as influenza B. Of the sub-typed influenza A viruses, 872 (18.05%) were influenza A(H1N1)pdm09 and 3958 (81.95%) were influenza A(H3N2). Of the characterized B viruses, all 423 were of the B/Victoria lineage.

SARS-CoV-2 sentinel surveillance

COVID-19 positivity from sentinel surveillance increased above 10% during the latest week of reporting, after a long-term downtrend beginning in mid-2022. Activity fluctuated across all WHO regions except for the Region of the Americas of WHO where the trend continued to decrease. COVID-19 positivity from non-sentinel surveillance increased from 4% to 17% during the latest week of the reporting period.

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. The guidance can be found here: https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated_sentinel_surveillance-2022.1.

National Influenza Centres (NICs) and other national influenza laboratories from 68 countries, areas or territories reported data to FluNet for the time period from six WHO regions (African Region: 13; Region of the Americas: 16; Eastern Mediterranean Region: 4; European Region: 30; South-East Asia Region: 3; Western Pacific Region: 2 ) reported to FluNet from sentinel surveillance sites for time period from 03 October 2022 to 16 October 2022* (data as of 10/28/2022 7:17:42 AM UTC). The WHO GISRS laboratories tested more than 34652 sentinel specimens during that time period and 2070 (5.97%) were positive for SARS-CoV-2. Additionally, more than 232924 non-sentinel or undefined reporting source samples were tested in the same period and 11380 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: https://www.emro.who.int/health-topics/influenza/updates.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 northern hemisphere

- In the countries of North America, influenza activity continued to increase in recent weeks. In Canada ILI activity increased but remained at levels normally seen this time of year,
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whereas in the United States of America (USA) the percent of health care visits for respiratory illness surpassed the baseline in recent week. Increase in ILI was seen in all age-groups. Several respiratory viruses are co-circulating. Of samples tested for influenza, 4.4% were positive and influenza A(H3N2) was predominant among the subtyped influenza viruses. Influenza hospitalizations increased slightly in the USA. 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 increased further in the USA but remained low overall in Canada.

▪ In Europe, overall influenza activity remained at inter-seasonal levels, with a low but increasing trend. Influenza A(H3N2) predominated among the subtyped influenza A viruses, with some detections of A(H1N1)pdm09 and B viruses. Activity was highest in South West Europe (2.37% positivity) and Northern Europe (1.22% positivity), while activity in Eastern Europe and South Central Asia remained below 1% positivity. In South West Europe increased activity was observed in Portugal and Germany. In Northern Europe, continued increased activity was reported in parts of the UK. Pooled all-cause mortality estimates from the EuroMomo network continued to show increased excess mortality across most age-groups. An early RSV season was detected in Ireland.

▪ In central Asia, Kazakhstan reported increased activity with B/Victoria viruses predominating, as well as increased ILI activity. Tajikistan also reported a single unsubtyped influenza A detection – the first detection reported since early 2022.

▪ In Northern Africa, no detections were reported this period.

▪ In Western Asia influenza activity was elevated. Detections of influenza continued to increase (Oman, Qatar, and the United Arab Emirates) or remained stable (Bahrain) in some countries of the Arab Peninsula, with all seasonal influenza subtypes co-circulating. Detections of predominantly influenza B viruses also increased slightly in Saudi Arabia. Increased ILI activity was reported from Georgia, Saudi Arabia and Türkiye. SARI activity increased in Oman.

▪ In East Asia influenza activity remained low. Influenza and ILI activity in China remained stable compared to the previous reporting period with influenza A(H3N2) viruses predominant. A few detections of influenza A(H3N2) viruses were reported in the Republic of Korea with the ILI rate reported slightly above the seasonal threshold. RSV activity continued to increase in children under seven year of age in the Republic of Korea. In Mongolia, the ILI rate and the proportion of hospitalizations due to pneumonia remained above expected levels. Respiratory viruses other than influenza were detected at low levels in Mongolia in recent weeks.
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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. Increased influenza activity was reported in El Salvador, Guatemala and Nicaragua. RSV detections increased in El Salvador, Guatemala, Honduras and Panama.
- In the tropical countries of South America, influenza detections generally remained low and A(H3N2) viruses predominated. In Venezuela (Bolivarian Republic of), influenza positivity increased above the epidemic threshold and was above the average expected at this time of year. In Colombia, pneumonia cases increased to moderate levels and ARI cases remained at a moderate level; both were higher than average for the time of year. RSV activity also increase in Colombia. In Bolivia (Plurinational state of), SARI activity remained at epidemic levels and was above the average expected at this time of year. RSV activity remains high in Brazil.
Tropical Africa

- In Western Africa, reported influenza detections were stable. Côte D’Ivoire, Guinea and Mauritania reported sporadic influenza A(H3N2) detections. Ghana reported a slight increase in mainly influenza B/Victoria lineage and fewer influenza A(H3N2) detections. Togo reported elevated detections of influenza A(H3N2).
- In Middle Africa, Cameroon reported a few influenza A(H3N2) detections and a single influenza B/Victoria lineage detection.
- In Eastern Africa, few influenza A and B detections were reported. Ethiopia reported detections of influenza A(H3N2) and influenza B viruses. Kenya reported influenza A(H1N1)pdm09 detections and a single influenza B detection. Madagascar reported influenza B detections. Mozambique reported influenza A(H1N1)pdm09 detections. An influenza epidemic driven primarily by influenza A(H1N1)pdm09 with cocirculation of influenza A(H3N2) and influenza B continues in Réunion, though indicators of influenza activity declined. Zambia reported mainly influenza B detections and a single influenza A detection.

Tropical Asia

- In Southern Asia, influenza activity remained low, with the exception of Iran (Islamic Republic of) where a large increase in influenza detections was reported. Where subtyped, detections were mainly influenza A(H3N2) followed by influenza A(H1N1)pdm09, with few influenza B detections. Bhutan reported elevated detections of mainly influenza A(H3N2) and a fewer influenza A(H1N1)pdm09 detections. India reported detections of mainly influenza A(H3N2) followed by A(H1N1)pdm09 and A(H3N2) detections. Pakistan continued to report detections of influenza B/Victoria lineage. Sri Lanka reported few detections of influenza A(H3N2), A(H1N1)pdm09 and influenza B/Victoria.
- In South-East Asia, influenza activity of predominately influenza A(H3N2) continued to be reported across countries in the subregion. Influenza detections were reported at levels similar to the previous reporting period in Lao People’s Democratic Republic (influenza A(H3N2) and B/Victoria), Singapore and Thailand (influenza A(H3N2)). Influenza detections decreased in Malaysia (influenza A(H3N2) and B) and in the Philippines (influenza A(H1N1)pdm09 and A(H3N2)). Timor-Leste reported influenza activity of predominately B/Victoria in recent weeks. Detections of influenza B/Victoria increased in Viet Nam.

Number of specimens positive for influenza by subtype in South Asia

Data source: FluNet (www.who.int/toolkits/flunet), Global Influenza Surveillance and Response System (GISRS) Data generated on 28/10/2022
Countries in the temperate zone of the southern hemisphere

- Across Australia, influenza detections and activity remained low. Detections were mainly influenza A(H3N2) and some influenza A(H1N1)pdm09 and sporadic influenza B viruses. RSV activity has decreased across all regions. Influenza activity remained very low in New Zealand. The hospitalization rate for SARI remained elevated in children under 5 years and those over 80 years of age in the Auckland Region. RSV activity remains low. In the Pacific Islands, ILI activity overall was low. An increase in ILI activity was observed in Tuvalu.

- In South Africa, influenza detections decreased. The majority of detections were influenza B/Victoria, with some influenza A(H3N2) and only very few influenza A(H1N1)pdm09 detections. The influenza detection rate in ILI surveillance was below the epidemic threshold, while the detection rate in pneumonia surveillance was above the epidemic threshold although at low levels. There were few SARS-CoV-2 or RSV detections, and the detection rate for RSV in children under five years of age remained below the epidemic threshold.

- In temperate South America, influenza detections were elevated in Argentina and Chile. In Argentina, activity remained elevated at moderate levels, while in Chile activity continued to increase above the epidemic threshold. Influenza A viruses predominated with A(H1N1)pdm09 predominant among subtyped viruses in Argentina and other countries reporting mostly A(H3N2) viruses. In Chile, the number of ILI cases remained above moderate levels. The SARI hospitalization rate remained above the epidemic threshold in Chile, Paraguay and Uruguay. RSV remained low in the subregion, except in Uruguay where it decreased but remained elevated.
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 28/10/2022

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 28/10/2022

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 28/10/2022
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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 28/10/2022

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 28/10/2022
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 28/10/2022

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 28/10/2022
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 28/10/2022

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 28/10/2022
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 and other respiratory virus 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
Influenza – COVID-19 Interface, including surveillance outputs: https://www.who.int/teams/global-influenza-programme/influenza-covid19

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