Influenza Update N° 446

29 May 2023, based on data up to 14 May 2023

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 the surveillance data platform FluNet hosted by RespiMART is included. Information on respiratory syncytial virus (RSV) is included where available.

Summary

- Countries are recommended to monitor the relative co-circulation of influenza and SARS-CoV-2 viruses and report to RespiMART (FluNet and FluID) directly or via regional platforms. They are encouraged to enhance integrated surveillance, and in southern 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 and WHO guidance.

- Globally, influenza detections decreased further due to a decline in detections in the northern hemisphere, while some countries in the southern hemisphere reported an increase in influenza detections in recent weeks.

- In the countries of North America, most indicators of influenza activity were at levels typically observed between influenza seasons. Influenza B viruses predominated in Canada and the United States of America (USA).

- In Europe, overall influenza detections decreased and influenza positivity from sentinel sites decreased to 4%, below the epidemic threshold of 10% at the regional level. All countries reported low or below baseline intensity. The number of countries reporting widespread activity decreased to four out of 36. Overall, influenza B viruses predominated in both sentinel and non-sentinel surveillance as all subregions experienced a wave of influenza B activity after an initial influenza A wave. Only four countries (Germany, Poland, Slovakia and Slovenia) reported influenza positivity above 10% in sentinel primary care. Influenza detections were low in all reporting countries.

- In Central Asia, no influenza detections were reported this period despite continued testing.

- In Northern Africa, influenza detections were low in reporting countries.

- In Western Asia, influenza activity remained low overall with detections of all seasonal influenza subtypes.

- In Eastern Asia, influenza activity decreased overall, although influenza detections increased slightly in the Republic of Korea in recent weeks.

- In the Caribbean countries, influenza activity increased but remained low with influenza B/Victoria lineage viruses predominant. In Central American countries, influenza activity increased slightly with A(H1N1)pdm09 viruses accounting for just over half the influenza detections in recent weeks. In Mexico, influenza activity increased to a moderate level with B/Victoria lineage virus detections increasing slightly over the past few weeks.

- In the tropical countries of South America, influenza activity decreased overall during this reporting period although positivity remained at an extraordinary level in Bolivia (Plurinational State of).
Influenza update

In tropical Africa, influenza detections were low in reporting countries. Influenza A(H1N1)pdm09 viruses predominated among reported detections.

In Southern Asia, influenza activity remained low with all seasonal subtypes detected.

In South-East Asia, influenza activity was stable, with continued reporting of predominantly A(H1N1)pdm09 virus detections from Malaysia, and A(H3N2) virus detections from Singapore. Other countries reported predominantly A(H1N1)pdm09 virus detections.

In the temperate zones of the southern hemisphere, influenza activity remained low, however influenza activity increased in Australia, Chile, in pneumonia surveillance in South Africa (indicating the start of the season), and in SARI cases in New Zealand. Influenza A viruses were predominant and among the subtyped viruses and influenza A(H1N1)pdm09 predominated in these countries.

Globally, RSV activity was generally low except in Australia and a few countries in the Region of the Americas. RSV activity decreased but remained elevated in parts of Australia. In South Africa, the RSV detection rate among children under five years of age in pneumonia surveillance remained at a low level. RSV increased in several countries in tropical and temperate South America.

National Influenza Centres (NICs) and other national influenza laboratories from 115 countries, areas or territories reported data to FluNet for the time period from 01 May 2023 to 14 May 2023 (data as of 26/05/2023 9:06:27 AM UTC). The WHO GISRS laboratories tested more than 319 245 specimens during that time period. 13 436 were positive for influenza viruses, of which 9548 (71.06%) were typed as influenza A and 3888 (28.94%) as influenza B. Of the subtyped influenza A viruses, 4997 (68.79%) were influenza A(H1N1)pdm09 and 2267 (31.21%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all belonged to the B/Victoria lineage.

Number of specimens positive for influenza by subtype globally

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone¹. Map generated on 26 May 2023.

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://www.who.int/publications/m/item/influenza_transmission_zones
SARS-CoV-2 sentinel surveillance

- SARS-CoV-2 positivity from sentinel surveillance increased to 17% globally. Activity increased to over 30% in the Western Pacific region, remained around 20% in the Eastern Mediterranean region, and remained around 14% and 11% in the Region of the Americas and the European Region, respectively. Activity was around or below 10% in the other regions. SARS-CoV-2 positivity from non-sentinel surveillance was reported around 20% globally.

- 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.

- NICs and other national influenza laboratories from 81 countries, areas or territories from six WHO regions (African Region: 11; Region of the Americas: 20; Eastern Mediterranean Region: 4; European Region: 36; South-East Asia Region: 5; Western Pacific Region: 5) reported to FluNet from sentinel surveillance sites for time period from 01 May 2023 to 14 May 2023 (data as of 26/05/2023 9:06:27 AM UTC). The WHO GISRS laboratories tested more than 46 326 sentinel specimens during that time period and 9114 (19.67%) were positive for SARS-CoV-2. Additionally, more than 685 339 non-sentinel or undefined reporting source samples were tested in the same period and 16 291 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/influenzapreports
- WHO Eastern Mediterranean Region: https://www.emro.who.int/health-topics/influenza/updates.html
- WHO European Region: www.flunewseurope.org/
Countries in the temperate zone of the northern hemisphere

- WHO Western Pacific Region: [https://www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza](https://www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza)

In the countries of North America, influenza activity was low with most indicators of influenza activity at levels typically observed between influenza seasons. Influenza B viruses predominated. In the USA, the percentage of deaths attributed to pneumonia, influenza or COVID-19 remained just above the epidemic threshold established from historical data, with the majority of recent mortality attributed to COVID-19 and a small proportion due to influenza in the past few months. RSV activity was low in both countries.

In Europe, overall influenza detections decreased and influenza positivity from sentinel sites decreased to 4%, below epidemic threshold of 10% at the regional level. All countries reported low or below baseline intensity. The number of countries reporting widespread activity decreased to four of 36 in the most recent week. Overall, influenza B viruses predominated in both sentinel and non-sentinel surveillance as all subregions experienced a wave of influenza B activity after an initial influenza A wave. Influenza detections were low in all reporting countries. Pooled all-cause mortality estimates from the EuroMOMO network showed no excess mortality was at expected levels.2 The proportion of sentinel specimens testing positive for influenza was lower than the proportion testing positive for SARS-CoV-2. In Eastern Europe, influenza activity continued to decrease. Geographic spread was sporadic in most countries and regional in Ukraine. Influenza positivity among sentinel samples was above 10% in Poland and Slovakia. Influenza detections were low and decreasing and influenza B viruses were predominant in all reporting countries. In Northern Europe, the geographical spread of activity varied by country, with widespread activity reported in Ireland and Sweden, regional activity reported in Finland and local or sporadic activity reported in all other countries. Influenza positivity among sentinel samples was below 10% in all reporting countries. Influenza detections decreased across the subregion and were low or decreasing on all reporting countries. Influenza B viruses predominated. In South West Europe, the geographical spread of activity varied between countries with Germany and Türkiye reporting widespread activity, Albania, Croatia and Greece reporting regional activity and other countries reporting sporadic, local or no activity. Influenza positivity among sentinel samples was above 10% in Germany and Slovenia. Acute respiratory infections in Germany remained above the average level for the time of year in pre-pandemic years, however most indicators of influenza activity were low and decreasing. Influenza detections decreased overall and were low in all reporting countries. Influenza B viruses were predominant across the subregion, except in the Kingdom of the Netherlands.

- In Central Asia, no influenza detections were reported despite continued testing.
- In Northern Africa, influenza detections were low in reporting countries.
- In Western Asia, ILI rates and influenza activity remained low across reporting countries with detections of all seasonal influenza subtypes.
- In Eastern Asia, influenza activity of predominantly influenza A(H1N1)pdm09 followed by A(H3N2) continued to decrease in northern and southern provinces of China. In Hong Kong SAR, China, influenza positivity appeared to have peaked in recent weeks and returned below

2 Please refer to the [EuroMOMO website](https://www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza) for a cautionary note relating to interpretation of these data.
baseline threshold with influenza A(H1N1)pdm09 viruses predominant; hospital admission rates for influenza also decreased although remained above baseline threshold. In Japan, influenza detections were low. In the Republic of Korea, influenza detections of predominantly influenza A(H3N2) and ILI increased slightly in recent weeks. In Mongolia, ILI and pneumonia were reported above the upper tolerance limit.

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

![Chart showing number of specimens positive for influenza by subtype in the Northern hemisphere](chart.png)

**Data source:** FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)
Data generated on 25/05/2023

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**Countries in the tropical zone**

**Tropical countries of Central America, the Caribbean and South America**

- In the Caribbean countries, influenza activity increased but remained low influenza B/Victoria lineage viruses predominant. In Belize, influenza B/Victoria lineage virus detections decreased slightly with positivity at a low level. Jamaica reported influenza activity at a moderate level due to B/Victoria lineage virus detections. In Central American countries, influenza activity increased slightly with A(H1N1)pdm09 viruses accounting for just over half the influenza detections in recent weeks, reflecting activity in Costa Rica. In El Salvador, B/Victoria lineage viruses predominated among the increased detections, whereas all subtypes continued to be reported in Guatemala at a low level. In Mexico, influenza activity increased to a moderate level with B/Victoria lineage virus detections increasing over the past few weeks but other indicators remained low and SARI cases decreased to a low level though remained above average levels for this time of year. In other countries, influenza detections were low and influenza activity was close to or below baseline. RSV activity was low in the Caribbean and Central American countries. SARS-CoV-2 activity was low overall but increased in the Caribbean countries and remained elevated in Mexico.

- In tropical South America, influenza activity decreased overall during this reporting period though positivity remained at an extraordinary level in Bolivia (Plurinational State of), with increased detections of predominantly A(H1N1)pdm09 viruses and SARI cases reported at a high level. Detections of mainly influenza A(H1N1)pdm09 decreased in Peru where activity returned below the epidemic threshold. Influenza activity decreased and remained at a low
level in Brazil with influenza A(H1N1)pdm09 and B viruses co-circulating. SARI and pneumonia cases remained at moderate levels in Ecuador with elevated SARS-CoV-2 activity reported. Influenza activity was below or near the epidemic threshold and SARS-CoV-2 activity was low in other countries. RSV activity was elevated in Bolivia (Plurinational State of) and Colombia.

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

Tropical Africa

- In Western Africa, influenza detections decreased and were low in reporting countries. Detections of predominantly influenza A(H1N1)pdm09 viruses were reported in Côte d’Ivoire, Ghana, Niger and Togo.
- In Middle Africa, influenza detections were low in reporting countries.
- In Eastern Africa, influenza detections of all seasonal subtypes decreased and were low in reporting countries.

Tropical Asia

- In Southern Asia, influenza activity remained low with all seasonal subtypes detected. Influenza activity decreased in most countries except for Sri Lanka. SARS-CoV-2 activity as detected in integrated surveillance decreased or remained low in countries reporting this data during this reporting period.
- In South-East Asia, influenza activity was stable, with Malaysia continuing to report predominantly A(H1N1)pdm09 and A(H3N2) virus detections. ARI rates remained elevated in Singapore with A(H3N2) viruses predominant followed by A(H1N1)pdm09 and B virus detections. Cambodia, Lao People’s Democratic Republic, the Philippines and Thailand continued to report low numbers of predominantly influenza A(H1N1)pdm09 detections. SARS-CoV-2 activity as detected in integrated surveillance decreased or remained low in countries reporting this data during this reporting period except in Singapore and Thailand where positivity increased over the past few weeks.

Number of specimens positive for influenza by subtype in South-East Asia
Countries in the temperate zone of the southern hemisphere

- In Oceania, influenza continued to increase slightly mostly following trends similar to previous seasons. In Australia, influenza detections and activity remained low overall but increased in most of the states or territories. The majority of detections were influenza A viruses. In New Zealand, ILI activity remained low while SARI and influenza-SARI rates were above seasonal baselines. Influenza A(H1N1)pdm09 and B viruses were most commonly detected among SARI patients. In the Pacific Islands, ILI activity decreased overall except in Vanuatu where ILI has increased with influenza and other respiratory viruses detected.

- In South Africa, influenza activity increased above the seasonal threshold for two consecutive weeks in pneumonia surveillance, indicating the start of the season, while influenza activity in ILI surveillance increased but remained below the epidemic threshold. Influenza detections were predominately A(H1N1)pdm09 viruses.

- In temperate south America, influenza activity increased with A(H1N1)pdm09 and B viruses detected, reflecting an increase in Chile. In Chile, influenza positivity was at a moderate level and ILI cases reached the high threshold, both above average levels for this time of year. Influenza activity remained low in the other countries of the subregion. RSV activity increased in Argentina and Chile in recent weeks and SARS-CoV-2 activity remained elevated in Chile.

Number of specimens positive for influenza by subtype in Temperate South America
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 25/05/2023
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 25/05/2023

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 25/05/2023
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 25/05/2023

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 25/05/2023
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 25/05/2023

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). Global Influenza Surveillance and Response System (GISRS)
Data generated on 25/05/2023
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) hosted by WHO RespiMART platform 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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