Influenza Update N° 447

12 June 2023, based on data up to 28 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 Oceania, influenza activity increased slightly following trends similar to previous seasons.

- In South Africa, influenza activity increased above the seasonal threshold in pneumonia and influenza-like illness (ILI) surveillance with influenza A viruses predominately detected.

- In temperate South America, influenza activity continued to increase with A(H1N1)pdm09 viruses most frequently detected followed by B viruses, mainly reflecting an increase in Chile.

- In the Caribbean countries, influenza activity remained low overall, although increased activity was reported in a few reporting countries, with influenza A(H1N1)pdm09 and B/Victoria lineage viruses co-circulating.

- In the tropical countries of South America, overall influenza activity remained elevated though decreasing with detections of predominantly A(H1N1)pdm09 and B viruses.

- 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 remained stable in most reporting countries, with continued reporting of predominantly A(H1N1)pdm09 and A(H3N2) virus detections.

- In the temperate zones of the northern hemisphere, influenza activity continued to decrease and was reported at low levels or below seasonal threshold in most reporting countries. All seasonal influenza subtypes were detected in similar proportions overall.

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

- National Influenza Centres (NICs) and other national influenza laboratories from 119 countries, areas or territories reported data to FluNet for the time period from 15 May 2023.
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Number of specimens positive for influenza by subtype globally

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 09/06/2023

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone. Map generated on 09 June 2023.

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
SARS-CoV-2 sentinel surveillance

- Globally, SARS-CoV-2 positivity from sentinel surveillance increased just above 20%. Activity increased to approximately 35% in the Western Pacific 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 18% globally.
- 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 84 countries, areas or territories from six WHO regions (African Region: 14; Region of the Americas: 21; Eastern Mediterranean Region: 4; European Region: 33; South-East Asia Region: 6; Western Pacific Region: 6) reported to FluNet from sentinel surveillance for time period from 15 May 2023 to 28 May 2023 (data as of 09/06/2023 07:28:47 AM UTC). The WHO GISRS laboratories tested more than 47,181 sentinel specimens during that time period and 9,606 (20.4%) were positive for SARS-CoV-2. Additionally, more than 80,989 non-sentinel or undefined reporting source samples were tested in the same period and 13,919 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 southern hemisphere

- In Oceania, influenza increased slightly, mostly following trends similar to previous seasons. In Australia, influenza detections and activity further increased in most of the states or territories. The majority of detections were influenza A viruses. In New Zealand, ILI activity increased in this reporting period and influenza-associated severe acute respiratory infection (SARI) rates remained just above seasonal baselines; influenza A(H1N1)pdm09 and B viruses were most commonly detected. In the Pacific Islands, ILI activity was low overall except in Vanuatu where ILI activity continued to be reported with influenza A and B and other respiratory viruses detected.
- In South Africa, influenza activity increased above the seasonal threshold in pneumonia surveillance while influenza activity in ILI surveillance steeply increased and reached a moderate level. Influenza A viruses were predominately detected.
- In temperate South America, influenza activity continue to increase with A(H1N1)pdm09 viruses most frequently detected followed by B viruses, mainly reflecting an increase in Chile. In Chile, influenza positivity and SARI cases were at a moderate level and ILI cases reached...
the extraordinary level, all above average levels for this time of year. Influenza activity appeared to increase in Paraguay and Uruguay with influenza A(H1N1)pdm09 predominant. RSV activity was elevated in Chile and Paraguay and SARS-CoV-2 activity decreased or remained low across the countries in the subregion.

**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 09/06/2023

### Countries in the tropical zone

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

- In the Caribbean countries, influenza activity remained low in most reporting countries with influenza A(H1N1)pdm09 and B/Victoria lineage viruses co-circulating in the subregion. Increased influenza activity was reported in Panama and Saint Vincent and the Grenadines with A(H1N1)pdm09 and B/Victoria lineage most frequently detected, respectively. Detections of all seasonal subtypes steeply increased in Honduras and positivity reached the high threshold. In Mexico, a low level of influenza activity continued to be reported with B/Victoria lineage viruses predominant; 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 appeared to decline in Mexico.

- In tropical South America, overall influenza activity remained elevated though decreasing with detections of predominantly A(H1N1)pdm09 and B viruses. In Bolivia (Plurinational State of) influenza positivity and SARI cases decreased to low levels and moderate levels, respectively with detection of predominately influenza A(H1N1)pdm09. Influenza activity 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 appeared to decrease in Bolivia (Plurinational State of) and Colombia.
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Number of specimens positive for influenza by subtype in Tropical 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 09/06/2023

**Tropical Africa**

- In Western Africa, influenza detections of predominately influenza A(H1N1)pdm09 decreased and were low across reporting countries.
- In Middle Africa, low detections of influenza A(H3N2) viruses were reported in South Sudan in recent weeks.
- In Eastern Africa, influenza detections of all seasonal subtypes decreased and were low in reporting countries. SARI cases increased slightly in Kenya in this reporting period.

**Tropical Asia**

- In Southern Asia, influenza activity remained low across reporting countries with all seasonal subtypes detected. 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 remained stable in most reporting countries with influenza A(H1N1)pdm09 and A(H3N2) virus predominantly detected. In Cambodia, detections of influenza A(H1N1)pdm09 appeared to increase. SARS-CoV-2 activity as detected in integrated surveillance remained low in countries reporting this data during this reporting period.
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Number of specimens positive for influenza by subtype in South-East Asia

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 09/06/2023

Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity remained 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. RSV activity was low in both countries.
- In Europe, overall influenza detections continued to decrease and influenza positivity from sentinel sites decreased to 2%, below epidemic threshold of 10% at the regional level. At national level, only Norway and Slovakia reported influenza positivity above 10% in sentinel primary care. All countries reported low or below baseline intensity and most countries reported no or sporadic activity. Influenza detections were low in all reporting countries and influenza B viruses predominated in both sentinel and non-sentinel surveillance overall. Pooled all-cause mortality estimates from the EuroMOMO network showed no excess mortality across all age groups. The proportion of sentinel specimens testing positive for influenza was lower than the proportion testing positive for SARS-CoV-2.
- In Central Asia, no influenza detections were reported despite continued testing.
- In Northern Africa, no influenza detections were reported across 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 was low in both northern and southern provinces of China. In Hong Kong SAR, China, influenza positivity and hospital admission rates for influenza continued to decrease and returned below baseline threshold with influenza A(H1N1)pdm09 and A(H3N2) viruses co-circulating; SARS-CoV-2 activity as detected in integrated surveillance increased in recent weeks. In the Republic of Korea, influenza detections of predominantly influenza A(H3N2) and ILI increased slightly in recent weeks. In Japan and Mongolia, influenza

2 Please refer to the EuroMOMO website for a cautionary note relating to interpretation of these data.
detections were low with the latter reporting ILI and pneumonia cases just above the upper tolerance limit.

**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.](image)

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

Data generated on 09/06/2023

**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 09/06/2023

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 09/06/2023
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 09/06/2023

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 09/06/2023
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 09/06/2023

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 09/06/2023
Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO Western Pacific Region

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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