Influenza Update N° 457
30 October 2023, based on data up to 15 October 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 in integrated surveillance and report to RespiMART (FluNet and FluID) directly or via regional platforms. 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 remained low, with most activity reported from tropical areas and increased activity reported in the temperate Northern hemisphere in Western and Eastern Asia.
- In Oceania, influenza activity decreased with influenza A viruses predominant.
- In South Africa, influenza activity remained below the seasonal threshold.
- In temperate South America, influenza detections remained low overall but increased slightly in Chile with mainly influenza B detections.
- In the Central American and Caribbean countries, influenza activity remained low overall.
- In the tropical countries of South America influenza activity was low with detections of predominantly influenza B viruses.
- In tropical Africa, all seasonal influenza subtypes co-circulated. Influenza detections remained low in Middle and Eastern Africa and decreased overall in Western Africa but remained elevated.
- In Southern Asia, influenza activity remained low but increased, mainly due to increases in Iran.
- In South-East Asia, influenza activity decreased, with predominantly influenza A(H1N1)pdm09 and A(H3N2) virus detections reported.
- In the temperate zones of the northern hemisphere, indicators of influenza activity were reported at low levels or below seasonal threshold in most reporting countries. But increased influenza activity was reported in parts of Eastern and Western Asia. Detections were predominantly influenza A(H3N2) followed by influenza A(H1N1)pdm09 and B viruses.
- National Influenza Centres (NICs) and other national influenza laboratories from 124 countries, areas or territories reported data to FluNet for the period from 02 October 2023 to 15 October 2023 (data as of 27/10/2023 06:38:45 AM UTC). The WHO GISRS laboratories tested more than 357 752 specimens during that period. 11 470 were positive for influenza viruses, of which 9518 (83.0%) were typed as influenza A and 1952 (17.02%) as influenza B. Of the sub-typed influenza A viruses, 2239 (32.8%) were influenza A(H1N1)pdm09 and 4582 (67.2%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (902) belonged to the B/Victoria lineage.
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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 27/10/2023

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone

Map generated on 27 October 2023.

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 concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not be full agreement.

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

- Globally, SARS-CoV-2 positivity from sentinel surveillance remained just below 10%. Positivity was below 5% in the African Region and South-East Asia Region. Positivity decreased in the Region of the Americas and the Eastern Mediterranean and European Regions. Activity was highest in the European region at around 11%. In the Western Pacific Region, activity increased a little to around 10%. SARS-CoV-2 positivity from non-sentinel surveillance increased to around 20% globally.

- In countries with RSV surveillance in place, RSV activity was generally low or decreasing except in some countries in central America and tropical South America. Early signs of RSV activity were noted in parts of the European region and the United States of America.

- 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 85 countries, areas or territories from six WHO regions (African Region: 17; Region of the Americas: 19; Eastern Mediterranean Region: 4; European Region: 33; South-East Asia Region: 6; Western Pacific Region: 6) reported to FluNet from sentinel surveillance sites for time period from 02 October 2023 to 15 October 2023 (data as of 27/10/2023 06:38:45 AM UTC). The WHO GISRS laboratories tested more than 29 896 sentinel specimens during that period and 2555 (8.6%) were positive for SARS-CoV-2. Additionally, more than 27 586 non-sentinel or undefined reporting source samples were tested in the same period and 4944 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 activity decreased, with influenza A predominant. In Australia, influenza detections continued to decrease overall and were stable or decreasing in all states. Influenza A predominated.ILI rates were stable or decreasing and sentinel hospital admissions for influenza decreased. RSV activity was low. In New Zealand, ILI activity decreased and remained below levels usually seen at this time of year. SARI activity decreased to low levels, however SARI activity in children under 4 years of age remained high (with rhinovirus most commonly detected). Influenza SARI remained at low levels. Influenza A predominated. In the Pacific Islands, ILI activity was elevated in the Federated States of Micronesia, Tuvalu and the Northern Mariana Islands. In the Northern Mariana Islands, increasing ILI activity was driven primarily by influenza A and B viruses.
In Southern Africa, South Africa reported influenza activity indicators and RSV activity remained below seasonal thresholds. SARS-CoV-2 detections in sentinel surveillance programmes have increased slightly over the past few weeks. Sporadic influenza detections were reported in Namibia.

In temperate South America, influenza detections remained low and decreasing in all reporting countries except Chile, where detections of predominantly influenza B increased. Percent positivity for influenza increased and was above the epidemic threshold at low levels. ILI and SARI were stable at moderate and low levels respectively. SARI remained moderate in Paraguay. SARS-CoV-2 activity in sentinel surveillance decreased in Argentina and Paraguay and increased in Chile. RSV remained low across the countries in the subregion.

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Central American and Caribbean countries, influenza activity increased to moderate levels in the Caribbean and remained low in Central America with detections of predominantly influenza A(H1N1)pdm09 and B/Victoria lineage viruses. Influenza detections of all seasonal subtypes increased in Barbados. ILI and SARI activity were low in most reporting countries. SARS-CoV-2 activity was low overall but elevated in some countries in the Caribbean. RSV activity increased overall with increases reported in Barbados, the Dominican Republic and Panama and decreasing but elevated activity in El Salvador, Guatemala and Honduras.

- In tropical South America, detections of predominantly influenza B viruses were low and decreasing. A small increase in detections of primarily influenza A(H1N1)pdm09 was reported in Ecuador, however levels remained low. SARS-CoV-2 activity continued to be detected across the subregion. RSV activity continued to be reported in Colombia while it remained low in the other countries.

Number of specimens positive for influenza by subtype in Central America and Caribbean

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

Data generated on 27/10/2023
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Tropical Africa

- In Western Africa, influenza detections decreased overall, however the number of influenza A(H3N2) detections increased, largely due to increased detections in Burkina Faso. Ghana reported sustained detections of primarily influenza A(H3N2). Senegal and Togo reported decreasing detections of influenza A viruses. Côte d’Ivoire, Guinea, Mauritania and Niger reported few influenza detections. SARS-CoV-2 detections were low in all reporting countries.
- In Middle Africa, influenza detections were low. Cameroon and Gabon reported influenza A detections, Central African Republic reported influenza B detections and South Sudan reported all seasonal subtypes. SARS-CoV-2 detections were low in all reporting countries.
- In Eastern Africa, influenza detections of predominantly influenza B viruses decreased. Ethiopia continued to report low numbers of all seasonal subtypes. Mauritius reported influenza A(H3N2) detections. Mozambique and Rwanda reported sporadic influenza B detections. The United Republic of Tanzania reported a few detections of mainly influenza B. SARS-CoV-2 detections were low in reporting countries.

Number of specimens positive for influenza by subtype in Western Africa

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS) Data generated on 27/10/2023

Tropical Asia

- In Southern Asia, influenza activity remained low overall but increased due to high and increasing numbers of detections of predominantly influenza A in Iran. Increasing detections of all seasonal subtypes were also reported in Nepal, where ILI and SARI activity also increased. Bhutan, India and the Maldives all reported continuing detections of all influenza seasonal subtypes. Decreasing detections were reported in Bangladesh. SARS-CoV-2 detections in integrated surveillance were low in the region.
- In South-East Asia, influenza activity decreased, with influenza A(H1N1)pdm09 viruses and influenza A(H3N2) predominant detected. Influenza detections, ILI and SARI activity increased in Lao People’s Democratic Republic and Thailand, with influenza A(H1N1)pdm09 predominant in Lao People’s Democratic Republic and influenza A(H3N2) predominant in Thailand. Influenza detections decreased in Cambodia, Indonesia, Malaysia, Singapore and Vietnam and remained elevated in the Philippines. SARS-CoV-2 activity remained low in reporting countries.
Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity remained low with indicators of influenza activity at levels typically observed between influenza seasons. In the United States of America, small increases in influenza activity were observed in some parts of the country. Influenza A(H1N1)pdm09 was predominant. In Canada, sporadic influenza detections were reported in many regions, with influenza A predominant amongst the few detections. RSV activity was low in both countries, though an increasing trend was reported in the USA.

- In Europe, influenza activity was below baseline or low in all reporting countries except for Israel, where activity was moderate. Among the few influenza detections, influenza A viruses predominated. Influenza-like illness or acute respiratory infection activity were above the seasonal baseline in 8 out of 50 reporting countries. SARS-CoV-2 detections in sentinel surveillance were elevated overall, and increased in Belarus, Denmark and Germany. SARI hospitalizations were low and at usual levels for the time of year, with SARS-CoV-2 being the most commonly detected virus. RSV positivity from primary care sentinel surveillance increased in five countries in the region, and was highest in Scotland and Serbia. Hospitalizations for RSV increased in two out of five reporting countries (Ireland and Malta). Pooled all-cause mortality estimates from the EuroMOMO network showed excess mortality was within expected levels.²

² Please refer to the EuroMOMO website for a cautionary note relating to interpretation of these data.
In Northern Africa, no influenza detections were reported for this period.

In Eastern Asia, influenza activity continued to increase, mainly due to activity in Japan (H3N2), the Republic of Korea (H1N1)pdm09, and Southern Provinces of China with influenza A(H3N2) viruses more frequently detected. ILI and influenza-associated hospitalizations seem to have peaked in Hong Kong SAR, China, with influenza-associated hospitalizations going back to low intensity level. Decreased detections of influenza A(H1N1)pdm09 and A(H3N2) viruses were reported in Japan in recent weeks. In the Republic of Korea, influenza-like illness activity increased and influenza activity sharply increased in this reporting period with influenza A(H1N1)pdm09 predominately detected followed by A(H3N2) viruses; SARS-CoV-2 positivity in sentinel surveillance increased slightly in the past few weeks. In Mongolia, ILI rates and the proportion of pneumonia among hospitalized patients increased further above the tolerance limit.

In Western Asia, influenza activity continued to increase in some countries of the Arabic Peninsula with detections of influenza A(H1N1)pdm09 and A(H3N2) viruses reported from Bahrain, Oman, Qatar and the United Arab Emirates (UAE). Influenza activity remained low across other reporting countries while increased ILI activity was reported in Azerbaijan, Georgia and Türkiye. Slight increased SARS-CoV-2 positivity in sentinel surveillance samples was reported in Armenia and Georgia.
Number of specimens positive for influenza by subtype in the Northern hemisphere

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 positivity 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 27/10/2023
Influenza and SARS-CoV-2 virus positivity 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 27/10/2023

Influenza and SARS-CoV-2 virus positivity 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 27/10/2023
Influenza and SARS-CoV-2 virus positivity 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 27/10/2023

Influenza and SARS-CoV-2 virus positivity 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 27/10/2023
Influenza and SARS-CoV-2 virus positivity 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 27/10/2023

Influenza and SARS-CoV-2 virus positivity 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 27/10/2023
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

Contact: fluupdate@who.int