Influenza Update N° 459

27 November 2023, based on data up to 12 November 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 increased due to increases in parts of the temperate Northern hemisphere, including parts of Europe and Central Asia, North America, and Eastern and Western Asia.

- In the countries of North America, influenza detections increased but remained low or below baseline. Influenza A(H1N1)pdm09 viruses predominated among the detections. Influenza-like illness (ILI) increased above the seasonal threshold in the United States of America (USA) and is within expected levels for this time of year in Canada. Influenza-associated hospitalizations increased in the USA.

- In Europe and Central Asia, in the most recent week, influenza activity remained below baseline or at low levels in all but three reporting countries, where activity was medium and geographic spread was regional in three reporting countries. Among the influenza detections in primary care sentinel surveillance, influenza A viruses predominated.

- In Northern Africa, few influenza detections were reported this period.

- In East Asia, influenza activity continued to increase mainly due to activity in China and the Republic of Korea, with influenza A(H3N2) and A(H1N1)pdm09 viruses more frequently detected, respectively.

- In Western Asia, influenza activity continued to increase in some countries of the Arab Peninsula and remained low in other reporting countries.

- In the Central American and Caribbean countries, influenza activity continued to increase in the Caribbean with detections of predominantly influenza A(H1N1)pdm09 and remained low overall in Central America with detections of predominantly B/Victoria lineage viruses.

- In tropical Africa, influenza detections decreased in Western Africa but increased in Eastern and Middle Africa. Influenza A(H3N2) viruses were predominant but all seasonal influenza subtypes were reported.

- In Southern Asia, influenza activity driven predominantly by influenza A(H1N1)pdm09 decreased overall and appeared to have peaked in Iran (Islamic Republic of) and India.

- In South-East Asia, influenza activity driven predominantly by influenza A(H1N1)pdm09 and A(H3N2) decreased overall with detections low in most reporting countries.

- In the temperate zones of the southern hemisphere, indicators of influenza activity were reported at low levels or below seasonal threshold in most reporting countries.
National Influenza Centres (NICs) and other national influenza laboratories from 122 countries, areas or territories reported data to FluNet for the period from 30 October 2023 to 12 November 2023 (data as of 24/11/2023 06:34:53 AM UTC). The WHO GISRS laboratories tested more than 431,756 specimens during that period. 25,876 were positive for influenza viruses, of which 21,711 (83.9%) were typed as influenza A and 4,165 (16.1%) as influenza B. Of the sub-typed influenza A viruses, 4,052 (27.8%) were influenza A(H1N1)pdm09 and 10,533 (72.2%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (2,073) belonged to the B/Victoria lineage.

Number of specimens positive for influenza by subtype globally

![Graph showing influenza positivity by subtype globally]

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

Data generated on 23/11/2023

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone¹

Map generated on 24 November 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 and RSV sentinel surveillance

- Globally, SARS-CoV-2 positivity from sentinel surveillance decreased to just above 5%. Positivity increased slightly but remained low in the African Region, Eastern Mediterranean and South-East Asia Region. Positivity decreased in the Region of the Americas and the Western Pacific Region. Positivity was highest in the European Region, where it was stable at around 14%. Positivity was around or below 5% in the other regions. SARS-CoV-2 positivity from non-sentinel surveillance increased to around 24% globally.
- In countries with RSV surveillance in place, RSV activity increased in parts of Europe and North America, remained elevated in central America and the Caribbean and was generally low or decreasing elsewhere.
- 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: 15; Region of the Americas: 19; Eastern Mediterranean Region: 4; European Region: 32; South-East Asia Region: 5; Western Pacific Region: 6) reported to FluNet from sentinel surveillance sites for time period from 30 October 2023 to 12 October 2023 (data as of 24/11/2023 06:34:53 AM UTC). The WHO GISRS laboratories tested more than 29 811 sentinel specimens during that period and 1679 (5.6%) were positive for SARS-CoV-2. Additionally, more than 25 854 non-sentinel or undefined reporting source samples were tested in the same period and 5317 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 African Region: https://www.afro.who.int/health-topics/influenza
- WHO Eastern Mediterranean Region: www.emro.who.int/health-topics/influenza/updates.html
- WHO European Region: https://erviss.org/
- WHO Western Pacific Region: ww.who.int/westernpacific/emergencies/surveillance/seasonal-influenza

Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity increased but remained low or below baseline. Influenza A(H1N1)pdm09 was predominant. In the United States of America, increased influenza activity was observed in most parts of the country. Influenza-like illness increased above the baseline and were typically higher in southern States. Influenza hospitalizations increased. In Canada, detections of predominantly influenza A(H1N1)pdm09 increased, but activity remained below the seasonal threshold. ILI increased but remained within expected levels for this time of year and a few regions reported localized spread, while the others reported sporadic or no activity. In both countries, SARS-CoV-2 detections were...
stable and elevated overall, with activity varying regionally. RSV activity increased in both countries.

- In Europe in the most recent week, influenza activity was below baseline or low in all reporting countries except for Denmark, Malta and Slovakia, where activity was medium. Influenza activity was reported as widespread in three countries (Denmark, Norway and Spain), regional in one (United Kingdom of Great Britain and Northern Ireland (Scotland)) and sporadic, low or no activity in the other reporting countries. Among the influenza detections in primary care sentinel surveillance, influenza A viruses predominated with similar numbers of A(H1N1)pdm09 and A(H3N2) virus detections. Influenza-like illness or acute respiratory infection activity were above the seasonal baseline in eight out of 31 reporting countries in the most recent week. SARS-CoV-2 detections in primary care sentinel surveillance remained stable overall but increased trends were reported in nine countries and decreased in sentinel SARI surveillance. RSV positivity from primary care sentinel surveillance increased in two reporting countries in the region, was stable in five and decreased in one. Severe acute respiratory infection (SARI) hospitalizations for influenza and RSV were low and lower compared to same period last year, while SARI hospitalizations for SARS-CoV-2 were elevated at similar levels to the same period last year. Non-sentinel hospitalizations for RSV decreased in three out of four reporting countries while an increase was reported in the United Kingdom of Great Britain and Northern Ireland (Scotland). Pooled all-cause mortality estimates from the EuroMOMO network showed excess mortality was within expected levels.²

- In Northern Africa, Tunisia reported sporadic influenza A(H3N2) activity. Egypt reported predominantly influenza A(H1N1)pdm09 activity in the weeks prior to this reporting period.

- In Eastern Asia, influenza activity continued to increase, mainly due to activity in China and the Republic of Korea, with influenza A(H3N2) and A(H1N1)pdm09 viruses more frequently detected, respectively. ILI and influenza-associated hospitalizations seem to have peaked in Hong Kong SAR, China, with influenza-associated hospitalizations reported at low intensity level. Decreased detections of influenza A(H1N1)pdm09 and A(H3N2) viruses were reported in Japan in recent weeks. Influenza-like illness activity sharply increased in the Republic of Korea in this reporting period; SARS-CoV-2 positivity in sentinel surveillance remained stable around 10%. In Mongolia, ILI rates and the proportion of pneumonia among hospitalized patients remained 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. ILI activity remained elevated in Türkiye with SARS-CoV-2 positivity in sentinel surveillance samples around 25%. Increased SARI activity was reported in Qatar in recent weeks.

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² Please refer to the EuroMOMO website for a cautionary note relating to interpretation of these data.
Number of specimens positive for influenza by subtype in North America

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 23/11/2023

Number of specimens positive for influenza by subtype in Europe

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 24/11/2023

Number of specimens positive for influenza by subtype in Eastern Asia

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 23/11/2023
Number of specimens positive for influenza by subtype in Western Asia

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 23/11/2023

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Central American and Caribbean countries, influenza activity continued to increase in the Caribbean with detections of predominantly influenza A(H1N1)pdm09 followed by A(H3N2) and influenza B viruses. In Barbados, influenza detections increased steeply with influenza A(H1N1)pdm09 predominant. Influenza and SARI activity was above the seasonal baseline at low levels in Haiti, with detections of influenza A(H1N1)pdm09 predominantly reported. In Jamaica, influenza detections were few but increasing and pneumonia increased to moderate levels. In St Lucia, influenza detections increased and SARI activity was high. Influenza activity remained below or close to the seasonal baseline in Central America with detections of predominantly B/Victoria lineage viruses, except in Mexico where detections of predominantly A(H1N1)pdm09 viruses continued to increase and activity was above the seasonal baseline at low levels. El Salvador, influenza activity was at low levels, with influenza A(H1N1)pdm09 predominantly detected. ILI and SARI activity were low or below baseline in most reporting countries and were moderate in Mexico due to influenza and SAR-CoV-2. SARS-CoV-2 activity was low overall but elevated in some countries in the Caribbean. RSV activity was elevated in the Dominican Republic and Panama and decreased in Guatemala, having been elevated in previous weeks.

- In tropical South America, influenza A and B detections were few overall. Detections of primarily influenza A(H1N1)pdm09 and percent positivity continued to increase in Ecuador, however activity remained above the seasonal baseline at low levels. SARI and pneumonia were also at low levels in Ecuador. In Bolivia, SARI increased to moderate levels. SARS-CoV-2 activity continued to be detected across the subregion at low levels. RSV activity continued to decrease in Colombia and 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](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS) Data generated on 23/11/2023

Tropical Africa

- In Western Africa, detections of mainly influenza A(H1N1)pdm09 and A(H3N2) decreased in all reporting countries. ILI cases increased in Côte d’Ivoire but decreased in all other reporting countries. SARI decreased in all reporting countries. SARS-CoV-2 detections were low in all reporting countries.
- In Middle Africa, influenza detections increased. All seasonal subtypes circulated, with influenza B/Victoria predominant. Increased detections of predominantly B/Victoria were reported from Cameroon. Detections of influenza A(H3N2) decreased in the Democratic Republic of the Congo and Gabon.
- In Eastern Africa, detections of influenza A(H3N2), A(H1N1)pdm09 and influenza B increased. Ethiopia, Madagascar and Mozambique reported increasing influenza detections and ILI activity. Tanzania reported decreasing influenza detections. ILI cases decreased in Zambia. Influenza continued to circulate at epidemic levels in Mayotte, while activity in Réunion was at post-epidemic levels. SARS-CoV-2 detections increased in Mauritius but remained low in other reporting countries.

Tropical Asia

- In Southern Asia, influenza activity decreased, primarily due to decreased detections of predominantly influenza A(H1N1)pdm09 viruses in Iran (Islamic Republic of) and India. Detections of all seasonal subtypes increased in Bhutan. Bangladesh, the Maldives and Nepal reported few detections of influenza A and B viruses. ILI and SARI decreased in Nepal. Pakistan reported very few influenza A(H3N2) detections. ILI and SARI increased in Afghanistan. SARS-CoV-2 detections in integrated sentinel surveillance were low in the region.
- In South-East Asia, influenza activity decreased, with influenza A(H1N1)pdm09 and influenza A(H3N2) viruses predominant. Influenza detections appeared to have peaked in Lao People’s Democratic Republic, Indonesia and the Philippines. ILI and SARI also appeared to be decreasing in Lao People’s Democratic Republic. Influenza detections continued to decrease slightly in Malaysia and Singapore. Thailand continued to report detections of all seasonal subtypes. SARS-CoV-2 activity remained low in reporting countries.
Number of specimens positive for influenza by subtype in Eastern Africa

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 24/11/2023

Number of specimens positive for influenza by subtype in Southern Asia

Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 23/11/2023

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 23/11/2023

Countries in the temperate zone of the southern hemisphere

- In Oceania, influenza activity remained low, with influenza A predominant. In Australia, influenza detections remained low and influenza A predominated. SARS-CoV-2 activity increased in some states. RSV activity was low in reporting states. In New Zealand, influenza activity was low. In the Pacific Islands, ILI activity and influenza A and B detections continued to decrease in the Northern Mariana Islands. In French Polynesia, influenza and COVID-19 cases increased.
In Southern Africa, South Africa reported influenza activity indicators and RSV activity below seasonal thresholds. Low numbers of influenza B detections were reported in recent weeks. SARS-CoV-2 detections in sentinel surveillance programmes remained stable.

In temperate South America, influenza detections were few and positivity remained below baseline, except in Chile where detections of predominantly influenza B/Victoria increased and positivity was above the seasonal threshold at low levels. In Chile, ILI and SARI decreased slightly to low and below baseline levels respectively, with SARS-CoV-2 accounting for most activity. In Paraguay, SARI remained above the seasonal baseline at low levels, with SARS-CoV-2 accounting for most activity. SARS-CoV-2 activity in sentinel surveillance was elevated in Chile and low in other reporting countries. RSV activity was low in all reporting countries.

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 24/11/2023
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 24/11/2023

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 24/11/2023
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 2/11/2023

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 24/11/2023
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 24/11/2023

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 24/11/2023

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](https://www.who.int/tools/flunet/flunet-summary)


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